

*State of New York*  
*Office of the State Comptroller*  
*Division of Management Audit*

**STATE EDUCATION DEPARTMENT**  
**SCHOOL DISTRICT HEALTH SERVICES**  
**REPORT 96-S-6**



*H. Carl McCall*  
*Comptroller*



# State of New York Office of the State Comptroller

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## Division of Management Audit

### Report 96-S-6

Mr. Carl T. Hayden  
Chancellor of the Board of Regents  
The University of the State of New York  
State Education Building  
Albany, New York 12234

Dear Mr. Hayden:

The following is our report on the health services provided in New York State school districts and the State Education Department's oversight of the delivery of these services.

This audit was done according to the State Comptroller's authority as set forth in Section 1, Article V, of the State Constitution and Section 8, Article 2 of the State Finance Law. We list major contributors to the report in Appendix A.

Office of the State Comptroller  
Bureau of Management Audit

February 25, 1998

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# Executive Summary

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## State Education Department School District Health Services

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### Scope of Audit

The State Education Department (Department) is the administrative agency of the State Board of Regents. Article 19 of the State Education Law (Article 19) and various other sections of the Education and Public Health Laws (State Laws) require school districts to provide a health services program for all students in public elementary and secondary schools, and in non-public schools upon request. This program must include periodic health examinations, specific screening services and immunization compliance. The Department's Office of Elementary, Middle, Secondary and Continuing Education (Office) is responsible for enforcing school district compliance with Article 19. The Cities of New York, Buffalo and Rochester are exempt from most provisions of Article 19. However, local health departments in the "exempt" districts have developed their own policies and procedures for providing health services to students in these city schools.

For the 1994-95 school year (July 1, 1994 through June 30, 1995), the most recent available data at the time of our audit, the State's 711 school districts reported student enrollment of about 2.7 million, and total spending of \$26 billion, including \$187.4 million for student health services. As of July 24, 1996, the Office had 593 full-time equivalent employees, or almost 23 percent fewer positions than it had as of June 29, 1994.

Our audit addressed the following questions about New York State's school district health services for the period July 1, 1994 through July 31, 1996:

- Do school districts statewide deliver comparable health services to students?
- Do school districts comply with student health services requirements?
- Does the Department effectively oversee school district health services?

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### Audit Observations and Conclusions

Our audit found that exempt school districts provide students with fewer health services than do non-exempt districts. Further, while the 15 school districts we contacted appear to provide health services which are generally in compliance with Article 19 and other relevant requirements, we concluded that Article 19's requirements themselves should be updated and made applicable to all school districts, including exempt districts. We also found the Department does not monitor districts' compliance with Article 19. We believe an information system that gathers critical health services data from

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school districts, will enhance the Department's ability to monitor districts' health services program compliance with Article 19.

According to various provisions of State Laws and regulations, all school districts are required to perform health services functions, such as maintaining comprehensive student health records. School districts subject to Article 19 (non-exempt districts) must provide additional services, such as scoliosis screening for students aged 8 to 16. Since the exempt districts are not subject to Article 19, the 40 percent of the State's students who live in these districts do not receive the same level of services as do the students in non-exempt districts. (See pp. 5-8)

Department officials indicated that, since Article 19 has not been systematically updated since the 1940s, many of its provisions use dated terminology and prescribe requirements that are inconsistent with current standards in the health care profession. We support the Department's proposed revisions to Article 19 (such as reducing the number of required vision tests), and its efforts to make exempt districts subject to Article 19's provisions. We suggest additional revisions as well. For example, the requirement for a sickle cell anemia test could be eliminated, since this test is performed on all newborns in the State. (See pp. 8-11)

We found the Department provides technical assistance to school districts but does not actively monitor school districts' compliance with Article 19's requirements. In addition, the Department does not collect information needed to evaluate school district health services operations, or to measure the success of its service-oriented approach. We recommend that the Department obtain information about district health services operations statewide, and develop performance indicators (e.g., health services cost per student, extent of staff availability) to assess and compare school districts' effectiveness and efficiency in delivering health services. By analyzing such data, the Department will be better able to use its limited staff to monitor school districts' compliance with Article 19, to identify significant variances in health services delivery and to promote effective practices. We also recommend that the Department review the oversight practices used in other states. (See pp. 13-17)

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## **Comments of Department and District Officials**

Draft copies of the matters contained in this report were provided to officials from the Department and from the 15 school districts we contacted for their review and comment. Department officials agreed with our recommendations and indicated actions being taken to implement those recommendations.

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# Introduction

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## Background

The State Education Department (Department) is the administrative agency of the State Board of Regents. Article 19 of the State Education Law (Article 19) and various other sections of the Education and Public Health Laws (State Laws) require school districts to provide a health services program for all students in public elementary and secondary schools, and for students in non-public schools upon request. The Department's Office of Elementary, Middle, Secondary and Continuing Education (Office) is responsible for enforcing school district compliance with Article 19's requirements pertaining to periodic health examinations and assessments, screening services, health referrals and immunization compliance at school districts.

All school districts in the State are subject to Article 19 except for the New York City, Buffalo and Rochester city school districts, which are exempt from most of its provisions. When Article 19 was enacted in 1913, they were believed to be already providing adequate health care to school students through their municipal health departments. In most cases, school health services are provided by school district employees or local health departments. However, in some high-risk areas of the State, which are primarily in the exempt districts, privately operated School-Based Health Centers (SBHCs) deliver health services to students.

Districts must provide the State Department of Health (Health) with immunization data for new students. Health performs random audits at school districts to verify the accuracy of this data and to ensure compliance with immunization requirements. Health reports indicate that the statewide immunization rate was 94 percent for the 1995-96 school year.

For the 1994-95 school year, July 1, 1994 through June 30, 1995 (the most recent data available at the time of our audit), New York State's 711 school districts reported a total student enrollment of about 2.7 million, and total spending of \$26 billion, including \$187.4 million for student health services. The Office had 593 full-time equivalent staff as of July 24, 1996, a 22.6 percent decrease from the 766 staff the Office employed as of June 29, 1994.

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## **Audit Scope, Objectives and Methodology**

We audited the health services provided in school districts in New York State, and the Department's oversight of the delivery of those services, for the period July 1, 1994 through July 31, 1996. The objectives of our performance and compliance audit were to determine: whether districts statewide deliver comparable health services to students; whether school districts comply with student health services requirements; and if the Department effectively oversees school district health services.

To accomplish our audit objectives, we reviewed relevant laws and regulations and compiled and analyzed relevant Department data. We also interviewed Department officials to determine their roles with regard to school district health services activities. Further, we contacted officials in 15 school districts from throughout the State to assess the following district information: the level of services provided; the method and cost of service delivery; the level of compliance with applicable State laws and regulations; and, the local requirements and opportunities for service improvements and possible cost reductions. Our assessments were based on officials' written and verbal input, and on our analyses of other data they provided. In addition, we visited six of the 15 school districts to obtain further information about the health services offered at these locations. We also contacted health services representatives from the states of Florida, Pennsylvania and Connecticut to determine the health services provided in school districts in those states, and the methods the states use to ensure that services were properly performed.

In making our selection of districts to audit, we considered such factors as student enrollment, reported health services cost per student and location. Our objective was to obtain a sample that would represent a cross-section of the various kinds of school districts in the State. Exhibit A of this report identifies the 15 school districts we contacted (and the six we visited), and lists each district's reported enrollment, total health services cost and cost per student for the 1994-95 school year.

We did our audit according to generally accepted government auditing standards. Such standards require that we plan and do our audit to adequately assess Department and district operations included within the audit scope. Further, these standards require that we understand the Department's internal control system and compliance with those laws, rules and regulations that are relevant to the Department's operations that are included in our audit scope. An audit includes examining, on a test basis, evidence supporting transactions recorded in the accounting and operating records and applying such other auditing procedures as we consider necessary in the circumstances. An audit also includes assessing the estimates, judgments, and decisions made by management. We believe that our audit provides a reasonable basis for our findings, conclusions and recommendations.

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We use a risk-based approach when selecting activities to audit. This approach focuses our audit efforts on those operations identified through a preliminary survey as having the greatest probability for needing improvement. So, by design, we use our finite audit resources to identify where and how to make improvements. Thus, we devote little audit effort to reviewing operations that may be efficient or effective. As a result, we prepare our audit reports on an "exception basis." This report, therefore, highlights those areas needing improvement and does not focus on activities that may be functioning properly.

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## **Comments of Department Officials**

A draft copy of this report was provided to officials from the Department and from the 15 school districts we contacted for their review and comment. The comments we received were considered in preparing this report. A copy of the Department's response is included as Appendix B.

Department officials agree with our recommendations and have also indicated actions that are planned or have been taken to implement the recommendations.

Within 90 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of Education shall report to the Governor, the State Comptroller, and leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons therefor.



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# Status of School District Health Services

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State Laws require that district health services programs include periodic health examinations, specific screening services, health assessments, health referrals and immunization compliance. Local boards of education implement these provisions by employing physicians, nurses, and other health professionals to deliver the required health services. In exempt districts (cities of New York, Buffalo and Rochester), local health departments have developed policies and procedures for providing health services to students in their city schools.

All students in New York State schools should receive adequate health services, no matter what school district they attend. While we found that the districts we contacted were generally in compliance with the relevant health services requirements, we identified significant variances in the ways districts provide health services and in the level of services provided. We also concluded that the Department should continue its efforts to modify and update the health requirements.

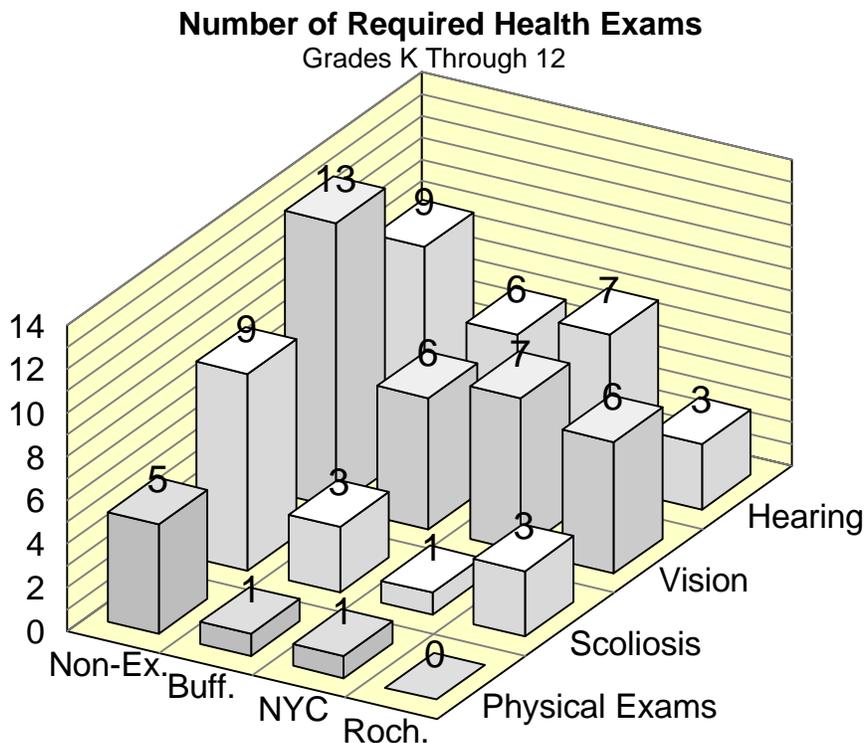
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## Level of Health Services Provided by Districts

Districts provide health services through a variety of methods:

- School physicians, school nurses, and/or other health services staff (prevalent among non-exempt school districts) can deliver student health services.
- A school-based health center (SBHC), a privately-run clinic operating in a school building (found in some, but not all, schools in New York City, Buffalo, Rochester and a few other districts), can deliver comprehensive student health services.
- In exempt districts, the local health department can place nurses and/or other health staff in schools.
- Districts may use a combination of two or more of the above methods.

We found significant variances in the level of health services at the school districts we contacted. For example, the number of scoliosis (i.e., lateral curvature of the spine) screenings required for students from kindergarten through Grade 12 ranged from one in New York City to nine in the non-exempt districts. The following graph illustrates this and other differences in physical examination and screening requirements among the exempt and non-exempt school districts:



Non-exempt district officials, we contacted, indicated health staff are usually available in all classroom buildings throughout the school day. In the exempt districts, health staff are not available throughout the school day in all buildings. Further, in non-exempt districts, as well as in the New York City and Rochester districts, health staff provide first aid and medications to students. In the Buffalo district school principals or their designees provide such services.

The reason for this wide variation between exempt and non-exempt districts is that municipal health departments in exempt districts have established school health services requirements that are often significantly less than those of non-exempt districts. As a result, the 40 percent of the State's school

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children who reside in exempt cities receive fewer health services than do the children in other districts throughout the State.

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## **District Compliance With Health Requirements**

According to various provisions of State Laws and regulations, all school districts, including exempt districts, must currently meet the following requirements:

- provide color perception, distance acuity and near vision tests within six months of admission to school;
- provide physical examinations before participation in strenuous physical activity and periodically throughout the seasons (sports physicals);
- provide physical examinations for issuance of work permits;
- provide initial physical examinations for handicapped students;
- maintain comprehensive health records for each student;
- obtain proof of immunization from every student entering the school district in accordance with Section 2164 of the Public Health Law;
- provide, upon the request of non-public schools, the same health and welfare services and facilities to district students in non-public schools as are provided to district students in public schools; and
- ensure that coaches are certified in first aid and cardiopulmonary resuscitation techniques (CPR).

Article 19 requires non-exempt districts to fulfill these additional requirements:

- employ a licensed physician to conduct physical examinations;
- hire Registered Nurses (RNs) if the district employs nurses (however, Article 19 does not require districts to hire school nurses);
- obtain health certificates or perform physical examinations on all new students entering the district and for each student entering Grades 1, 3, 7, and 10;
- test vision annually;

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- test hearing annually in Grades 7 and below, and in Grade 10;
  - screen for scoliosis annually from age eight to age 16; and
  - include a one-time sickle cell anemia test in the school physical examination. (This requirement applies only to non-exempt city school districts such as Syracuse, Albany, Plattsburgh, etc.)

To determine the extent of compliance with the requirements listed above, we sent questionnaires to 15 school districts, including 12 non-exempt and the three exempt districts. We also visited six of these districts to confirm their questionnaire responses, review health records for compliance and observe operations. At these districts, we toured a total of 19 school health offices, met with health staff and talked to each school principal. We list the 15 districts we contacted and the six districts we visited in Exhibit A.

We found that, by and large, the 15 school districts appear to comply with State Laws and/or local laws related to health services.

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## **Need for Changes in School Health Services Requirements**

Department officials indicated many Article 19 requirements have not been updated since the 1940s. In a April 1996 legislative proposal to update Article 19, Department officials stated that many of its provisions use outmoded terminology and prescribe requirements that are inconsistent with accepted standards in the health care profession. Our review of State Laws and regulations, our discussions with Department and school district officials and our responses from school health professionals in other states, lead us to conclude that the Department should continue its efforts to revise Article 19.

### **Department Efforts to Update Student Health Requirements**

In February 1994, Department officials held several hearings throughout the State to solicit input from school and community representatives about improving the quality of school health services. These representatives expressed concern that changes in Article 19 are needed to make delivery of school health services more current, efficient and cost-effective.

In response, Department officials have proposed changes to make the mandates more consistent with current health practices and with recommended national standards for school health services. For example, they proposed to reduce the frequency of required vision and hearing screenings to reflect current standards of practice. (e.g., The American Academy of Pediatrics recommends vision screening every two years, rather than every year as Article 19 requires.) They also proposed that physical examinations

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be done in accordance with national practice standards, and that districts be allowed to hire nurse practitioners as school health services directors if the districts have a demonstrated difficulty in hiring physicians for such positions.

Department officials expect these changes will reduce districts' health services costs, since districts would no longer need to provide as many vision and hearing screenings as they currently do. These proposals would also repeal obsolete provisions and ensure that school health examinations are provided in a manner consistent with current practice in the health professions and with national standards for school health services.

The State Senate passed the proposal “An Act to Amend the Education Law in Relation to the Provision of Health Services” during the 1996 legislative session. We understand the bill went to the Assembly Education Committee and no further action was taken.

The Department has also proposed removing Buffalo, Rochester and New York City from exempt status. During the 1991-92 school year, Department officials, in conjunction with various other groups, studied school health services in the exempt districts and found that services were inadequate and at risk of further decline because of the lack of mandates and declining resources. However, they also concluded that these districts were unlikely to receive additional resources in the immediate future to improve health services. The Department has proposed compelling the municipal health departments in these cities to provide physical exams and other health services at levels similar to those of non-exempt school districts. According to Department officials, they have proposed this action since 1979. However, the proposal's potential fiscal ramifications for the three localities have impeded its progress in the Legislature. Erie County Health Department and Buffalo City School District officials agree that requiring the county and/or the district to provide services in accordance with Article 19 would probably result in better health care for students, but they stated that neither the county nor the district could afford the increased costs. We believe that the exempt districts' concerns about the additional cost of complying with Article 19 make it even more important to revise the existing mandates. Omitting outdated or unnecessary tests, such as those noted above and others listed in the following section, would make compliance both easier and less expensive to achieve.

#### **Other Changes to Health Requirements Should Be Considered**

Certain mandates not included in the Department's proposed changes also appear to be outdated or inefficient. For example, non-exempt city school districts, such as Syracuse or Peekskill, are required to perform a one-time sickle cell anemia test. However, since at least 1986, New York and most

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other states have required that all children be tested at birth for sickle cell anemia. Another requirement states that new entrants to a school district must have a physical examination even though they may be entering a grade level where a physical examination is not normally needed. This requirement results in the student's family or the school district paying for an additional physical exam just because the student moved from one school district to another. Article 19 also states that immunization records must be verified at every school district a student may attend. Officials at one district we visited suggested that New York should consider maintaining a statewide registry for student immunizations.

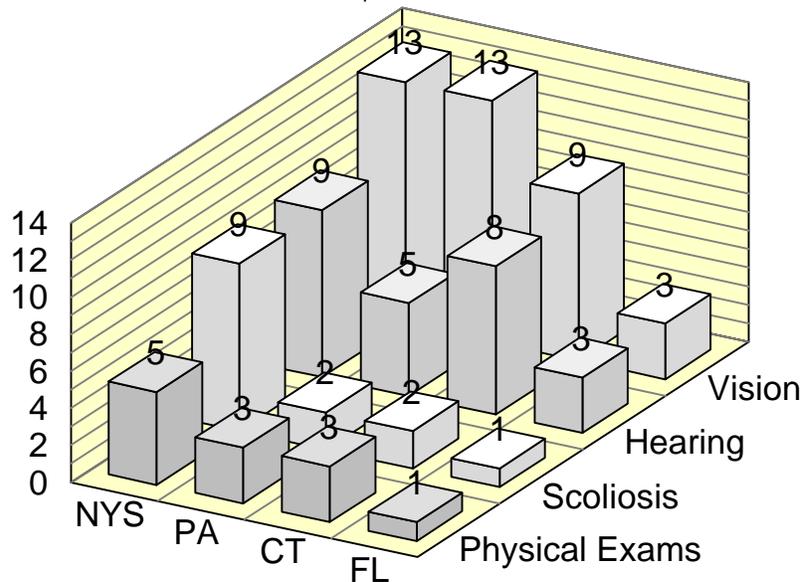
**Comparison of New York State's Student Health Requirements to Those of Other States**

We contacted School Nurse Consultants in Connecticut, Florida and Pennsylvania to determine what school health services are required in those states, and how their requirements compare to those of New York State. The results are summarized in the following graph:

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## Required Health Exams (Grades K-12)

New York Compared To Other States



As the graph indicates, New York State requires physical examinations, vision, hearing and scoliosis screenings more frequently than do the other three states. The exception is vision screening in Pennsylvania, which is required every school year, the same as in New York State.

As long as current mandates remain in effect, school districts may be incurring unnecessary costs to comply with service mandates that do not always conform to current medical practice standards, and are generally more demanding than those of other states. Moreover, the service mandates do not apply to students in exempt districts, who may not be receiving adequate health services. We encourage the Department to continue its efforts to update the relevant sections of Article 19 - including the additional revisions we have indicated - and to make all districts in the State subject to Article 19's provisions.

### Recommendation

1. Reevaluate school district health services requirements and consider whether additional changes are necessary to improve the delivery of services and to reduce costs.



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# The Department's Oversight and Monitoring of District Health Services

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We found the Department provides technical assistance to school districts but does not actively monitor school district compliance with Article 19's requirements. In addition, Department officials have not developed school district health services performance measures to analyze and compare districts' health services delivery. Further, the Department does not collect vital information needed to monitor school district compliance. With an information and reporting system, the Department could share vital school health services data and health practices with all districts to allow them to compare their health services to those of other districts.

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## Level of Oversight Provided by the Department

We found that very few Department resources are devoted to overseeing health services and enforcing compliance. Within the Department's Office of Elementary, Middle, Secondary, and Continuing Education, the Health Services Team (Team) is responsible for overseeing school district health services and for ensuring that districts comply with Article 19. The Team consists of just four staff: only two, the School Health Services Coordinator and a secretary, are assigned to the Team full-time. Team members recognize their responsibilities but indicated that they have insufficient staff for on-site monitoring at districts.

Rather than monitoring and enforcing compliance, the Team has adopted a service-oriented operating style. The Team devotes little or no effort to on-site reviews of school health programs. Team members attempt to serve as many districts as possible, conducting conferences and workshops and providing technical assistance to keep school health practitioners informed of requirements and concerns. The Team also develops plans for work activities, with objectives based on resolving matters identified by school health practitioners. The Team has participated in prior studies of health services at exempt school districts, has found problems and has developed work plans to resolve them. Although Team members stated their approach is effective and health services at schools are better, they have no data to demonstrate that this is so.

However, even if the Team's service-oriented approach to oversight does help districts resolve specific problems, we do not believe that this approach is an adequate substitute for a monitoring function that can provide information to assess compliance with Article 19. To establish effective monitoring, the Department needs to develop performance measures to use in assessing the quality of district health services statewide and the effectiveness and efficiency

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of districts' health services operations. Effective monitoring further requires that the Department systematically collect information about how the programs are operating. Without an adequate monitoring function, the Department cannot measure the success of its service-oriented approach or determine whether districts provide students with mandated health services.

In addition, the Department should ensure that it provides guidance with regard to certain basic standards for school district health services facilities. For example, the Department has not provided guidance on the proper maintenance of screening equipment, such as audiometers, to ensure that the screening results are accurate. In addition, while the Department requires every school to have a health office, it has not established minimum space or configuration requirements to ensure that the office is adequate.

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## **School District Health Services Information and Reporting System**

The Department has no computerized or manual system in place for monitoring school district compliance or for monitoring the effectiveness of its efforts at providing technical assistance and guidance to school districts. Department officials' monitoring is limited to the feedback they receive during technical conferences and over the phone, which they use to focus future training and technical assistance. They do not collect data on services provided, the methods of delivering the services, or the extent of districts' compliance with requirements.

However, Department officials do collect district health services cost and staffing information. With such information, the Department could begin the process of performance measurement by determining the health services cost per student at each district. Department officials could use the results as an indicator of district efficiency, and possibly focus their limited resources on districts that may be inefficient. With the development of a system to collect health services and compliance information, the Department could similarly analyze and compare these aspects of district health services performance statewide.

For example, New York State's 711 school districts reported health services cost totaling \$187.4 million during the 1994-95 school year to serve about 2.7 million students. We calculated a per student cost for each school district and found that these districts' health services costs ranged from \$6.64 per student to \$1,887.44 per student. Most school districts (595, or 83.7 percent) spent between \$25 and \$125 per student.

A number of factors, including the following, can affect the reported health services cost per student in a school district:

- All costs may not be reported. For example, the costs incurred by Erie and Monroe County Health Departments and by SBHCs are not reported to the Department.
- Reported costs may be incorrect. For example, in the 1994-95 school year, the New York City Board of Education reported school health services aides' salaries of \$3.9 million as teaching and attendance costs rather than as health services expenditures.
- The type and amount of staffing districts employ vary. For example, according to reports received by the Department, the statewide student/nurse ratio during the 1994-95 school year was 712 students for every professional nurse. However, at the districts we visited, there were wide variations in this ratio, as shown in the table below. There were also differences in two other potential performance indicators, the type of staff used and the amount of health services coverage provided.

School District	1994-95 Nurse/Student Ratio	Type of Health Services Staff	Extent of School Building Coverage
Newburgh	1:494	Nurse Practitioners (NPs); School Nurse Teachers (SNTs); health aides; clerks.	Health staff are available during school days.
Windsor	1:704	Registered Nurses (RNs).	Health staff are available during school days.
Plattsburgh	1:378	NP; SNTs; health office assistants.	Health staff are available during school days.
Cambridge	1:1,192	One RN, one health aide.	Health staff are available during school days.
Buffalo	Not reported to the Department	ECHD nurses and NP; District nurses; various SBHC nurses and assistants.	Health staff <i>not</i> available at all times during school days.
New York City	Not reported to the Department	NYCHD nurses and health advisors; Board of Education nurses and health aides; various SBHC nurses and assistants.	Health staff <i>not</i> available at all times during school days.

Two similar-size districts we visited (Plattsburgh and Windsor) both provide the mandated health services. However, as shown in Exhibit A, Windsor's 1994-95 cost per student was \$38.18 compared to Plattsburgh's cost of \$174.30 per student. Plattsburgh's cost was much higher because its student/nurse ratio was 378:1, while Windsor's ratio was 704:1. In addition, Plattsburgh employs school nurse/teachers as well as a nurse practitioner, while Windsor employs registered nurses. Therefore, Plattsburgh employs

more and higher paid staff per student than does Windsor, which contributes to Plattsburgh's higher costs.

## Comparison of Department Monitoring Practices to Those of Other States

We asked School Nurse Consultants in Connecticut, Florida and Pennsylvania how they monitor student health services in their respective states. In the following table, we compare the Department's oversight methods to those used in other states:

Oversight Methods	New York	Connecticut	Florida	Pennsylvania
<b>Collect School Health Services Data</b>	The Department does not collect health services data from school districts.	The Department of Education does not collect health services data from school districts.	The Department of Health and Rehabilitative Services collects school health services data from districts.	The Department of Health collects school health services information from districts.
<b>Analyze and Report School Health Services Data</b>	Not applicable.	Not applicable.	This state produces an annual report on a statewide basis.	This state uses reported data to determine whether districts are in compliance with state mandates.
<b>Perform Site Visits to Ensure Compliance</b>	Not done.	This state makes on-site visits only as a follow-up to complaints. Otherwise, no systematic on-site reviews.	Quality Assurance visits are done at county health departments and in schools at which the counties provide services.	This state may make on-site visits as a follow-up to determine cause of potential or actual problem.  State auditors also do bi-annual audits at school districts and report problems to the Health Department.

The Department should contact comparable other states to determine how they monitor school health services and assess compliance with student health requirements. Using the data gathered, the Department could then determine if New York State should model an existing monitoring system or develop its own.

By collecting and analyzing health services data such as cost, staffing, level of compliance and services provided, and by developing performance indicators, the Department could focus its efforts to obtain greater assurance that districts are providing the required health services. In addition, by sharing information about some districts' innovative practices, the Department

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may be able to promote more efficient and effective operations in other districts throughout the State.

For example, in Buffalo, hearing tests are done by one audiologist who is unable to test everyone in the district. However, in New York City, the Board of Education trains parent volunteers to do vision and hearing screening. If Buffalo were to use parent volunteers, it might be able to provide the required tests to all students. Also in New York City, health aides who are certified in first aid and CPR are used to provide health coverage at schools. In Buffalo, the nurses who provide health services must cover several schools. As a result, a nurse is not available at each school throughout each school day. By hiring lower paid employees, districts that currently do not have full-time health coverage in a school may be able to afford to provide this service.

### **Recommendations**

2. Assess the extent to which additional Department resources can be dedicated to monitoring school district health services and ensuring that districts comply with Article 19's requirements.
3. Develop health services performance measures and an information system to gather critical health services data from school districts to enhance the Department's ability to monitor districts' health services programs.
4. Identify and evaluate significant variances among districts in the services provided, methods of delivery, type and amount of staffing and cost per student.
5. Establish and coordinate a process for sharing health services experiences and approaches among school districts.
6. Review the techniques used by other states to oversee school district health services and determine if New York State should model an existing monitoring system or develop its own.

**Summary of School Year 1994-95 Health Services Cost Per Enrollee  
For the 15 School Districts Included in Our Review**

District Name		Reported En- rollment	Reported Cost (\$)	Cost Per Enrollee (\$)
BUFFALO CITY	*	45,454	432,973	(Note 2)
CAMBRIDGE	*	1,192	50,313	42.21
CENTRAL SQUARE		4,801	275,689	57.42
GREENBURGH		1,986	473,095	238.22
HARBORFIELDS		2,626	198,877	75.73
LAWRENCE		3,734	723,992	193.89
NEWBURGH CITY	*	11,228	1,498,556	133.47
NYC - BOARD OF EDUCATION (Note 1)	*	1,034,235	51,585,574	49.88
PEEKSKILL CITY		2,636	294,513	111.73
PLATTSBURGH CITY	*	2,267	395,137	174.30
ROCHESTER CITY		34,881	518,738	(Note 2)
SYRACUSE CITY		22,680	1,641,547	72.38
WEEDSPORT		1,107	38,995	35.23
WILLIAMSVILLE		10,492	520,811	49.64
WINDSOR	*	2,112	80,628	38.18

\* Indicates districts included in our site visits.

Note 1: The New York City Health Department provides most health services in New York City schools. The cost of these services is reported to the Department, along with the Board of Education's health services cost.

Note 2: In this district, the county health department provides most school health services. The cost of county services is not reported to the Department. The Reported Cost is the cost incurred by the District itself.

### Health Services Requirements and Coverage Among State School Districts

District	Health certificates/ Physical Exams	Vision Screening	Hearing Screening	Scoliosis Screening	Extent of School Building Coverage	First Aid and Medication Dispensed By
<b>Non-exempt districts</b>	New entrants to district and in Grades 1, 3, 7, 10; for sports participation and work permits.	New entrants and annually in each grade.	Every school year in Grades 7 and below, and in Grade 10.	Every year from ages 8 to 16.	Health staff available during school days.	School nurses, health assistants and aides.
<b>Newburgh (non-exempt)*</b>	New entrants; Grades Pre-K, K, 4, 7, 10; for sports and work permits.	New entrants; Grades Pre-K, K, 4, 7, 10.	New entrants; Grades Pre-K, K, 4, 7, 10.	Every year from ages 10 to 16.	Health staff available during school days.	Nurse practitioners, school nurse-teachers, health aides.
<b>New York City (exempt)</b>	New entrants; for sports and work permits.	New entrants; Grades Pre-K, 1, 2, 3, 5, 7, 10.	New entrants; Grades Pre-K, 1, 2, 3, 5, 7, 10.	New entrants; sports participation; work permits.	Health staff not available at all times during school days.	NYC Health Dept. Nurses and health advisors; NYC Board of Ed. Nurses and aides; school principals or designees when health staff are absent; School-based health centers in some schools.
<b>Buffalo (exempt)</b>	New entrants; for sports.	New entrants; Grades 1, 3, 5, 7, 10.	Pre-K, K, Grades 1 through 5.	Grades 5, 7, 10.	Health staff not available at all times during school days.	School principals or designees; School-based health centers in some schools.
<b>Rochester (exempt)</b>	For sports and work permits.	Grades Pre-K, K, 1, 2, 3, 5, 7.	At ages 4, 5, 6 and 10.	Grades 5, 7, 9.	Health staff <i>not</i> available at all times during school days.	Monroe County Health Dept. Nurses and health aides. School-based health centers in some schools.

\* The Newburgh school district received the Department's permission to alter the frequencies of school physical examinations and screenings as part of a school health demonstration project, intended to provide less frequent but more comprehensive services.

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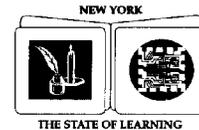
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## Major Contributors to This Report

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July 15, 1997

Mr. David R. Hancox  
Audit Director  
State of New York  
Office of the State Comptroller  
Alfred E. Smith Office Building  
Albany, NY 12236

Dear Mr. Hancox:

Thank you for the opportunity to share our responses to the draft audit findings and recommendations resulting from the Office of the State Comptroller's review of Health Services Provided in New York State School Districts and the State Education Department's Oversight of the Delivery of These Services (No. 96-S-6).

- 1. Recommendation – Reevaluate school district health services requirements and consider whether additional changes are necessary to improve the delivery of services and to reduce costs.**

We agree with the recommendation. The Office of Elementary, Middle, Secondary and Continuing Education and the Office of the Professions are working jointly to make further legislative, policy and program revisions to improve the quality of school health services. We have also extended an invitation to the professional nursing associations in the State and have developed a workplan. The Department also introduced legislation in April 1997 to update school health service mandates consistent with this recommendation.

- 2. Recommendation – Assess the extent to which existing Department resources can be dedicated to monitoring school district health services and ensuring that districts comply with Article 19's requirements.**

We agree with the recommendation. The Comprehensive Health and Pupil Services Team is developing performance indicators for all of its programs. School health services were reviewed in four coordinated program monitoring visits conducted by the Department over the last six months.

- 3. Recommendation – Develop health services performance measures and an information system to gather critical health services data from school districts to enhance the Department's ability to monitor districts' health services programs.**

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We agree with the recommendation. The Statewide Advocacy for School Health Services Office is developing performance indicators for school health services. Eighteen workshops were conducted this spring to identify potential indicators and identify pilot schools to test out the performance indicators. Once the tool is tested, we will administer it on a yearly basis with a random sample of school districts to further develop our monitoring procedures.

4. **Recommendation – Identify and evaluate significant variances among districts in the services provided, methods of delivery, type and amount of staffing and cost per student.**

We agree with the recommendation. See response to recommendation #2. The workplan includes an assessment of the items included in this recommendation.

5. **Recommendation – Establish and coordinate a process for sharing school health services experiences and approaches among school districts.**

We agree with the recommendation. The Statewide Advocacy for School Health Services Office included this component in the 18 regional workshops that were conducted statewide this spring.

6. **Recommendation – Review the techniques used by other states to oversee school district health services and determine if New York State should model an existing monitoring system or develop its own.**

We agree with the recommendation. The Comprehensive Health and Pupil Services Team, the Office of the Professions, and the Statewide Advocacy for School Health Services Office have contacts with other states and can easily access information about how they oversee school district health services. We will incorporate successful practices into New York State's procedures for improving the quality of school health services. Twenty states were contacted this spring to assess the level of school nursing services.

Please contact me at (518) 474-2547 if any of these responses are unclear.

Sincerely,



Richard H. Cate