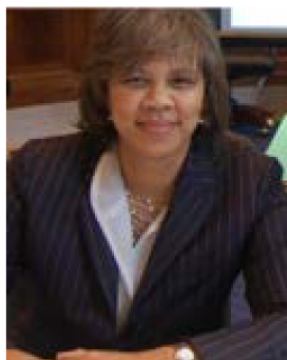


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## CHAIRMAN'S LETTER



Thirty years ago, Dr. George Brumley approached me requesting that I join him in creating a comprehensive school-based health center (SBHC) for Whitefoord Elementary in an under-resourced community in southeast Atlanta. Little did we know that we were embarking upon a journey that would take us from the known (pediatric healthcare) to the unknown. The unknown encompassed the impact of home, community, and school on the student's physical, social, and emotional well-being served by the SBHC. For eight years, Dr. Brumley and I canvassed the landscape, sought input and guidance from school administrators and staff, families, and community members, partnered with existing service agencies, and solicited backing from a wide variety of funders to create a system of support aimed at maximizing the achievement for the students of Whitefoord and every child living in the Whitefoord community.

The Whitefoord Community Program (WCP) grew out of these efforts. The WCP, a community-based, community-driven organization, was designed to empower residents of the Whitefoord community to take charge of themselves, their children, and their community. The primary focus of this program was school health and early childhood development. It evolved over the years to address the important issues of access to health care, early childhood development and stimulation, quality after-school programs, family education (adult literacy and GED training), high-risk parenting, community activism, and economic development (job training). At its peak, the program comprised two full-serviced SBHCs (Whitefoord Elementary and Sammie E. Coan Middle School Health Clinics), a Family Resource Center, A Child Development Center, and a Family Learning Center.

In July 2003, Dr. and Mrs. Brumley and 10 family members were tragically killed in a plane crash in Kenya while on holiday. The loss of this remarkable family sent shock waves worldwide, most noticeably in the Atlanta community, where the Brumleys leave their mark in pediatric healthcare, early childhood development, community development, the arts, and philanthropy.

I continue to feel this loss. Dr. Brumley was more than a mentor and colleague. He was a dear friend. All who were lost that day continue to hold a special place in my heart...Mrs. Brumley (decorator extraordinaire and program champion), Richard (exemplary legal counsel with an ever-present smile), Lois and Beth (gracious servants of the program), George III and his wife Julia, along with Bill (Beth's husband), who were all supportive of WCP, and the beloved grandchildren (George IV, Jordan, Alex, and Sarah) who were taken from us much too soon.

The remaining Brumley daughters, Nancy Brumley Robitaille and Marie Brumley Foster, have done an exceptional job in continuing the legacy of their parents and siblings. They, along with the emerging young Brumley philanthropists (Next Generation Board) and the entire Zeist Foundation family, are commemorating this tragic loss by awarding gifts to programs and institutions that serve children, youth and families, education, and the arts. PARTNERS for Equity in Child and Adolescent Health was one of the organizations chosen. We are incredibly grateful for this honor and the enormous support the Zeist family has given to our work for over 29 years. This commemorative gift will be applied to expanding our Center for Family Resilience that supports child/caregiver relational health, increasing the role of school-based health centers to address student mental health with the intent to disrupt the school-to-prison pipeline, and increasing student achievement by improving student vision. It is our intent to strengthen the Brumley legacy by improving the lives of children and their families through these efforts.

# GASBHA OVERVIEW

## OBJECTIVES

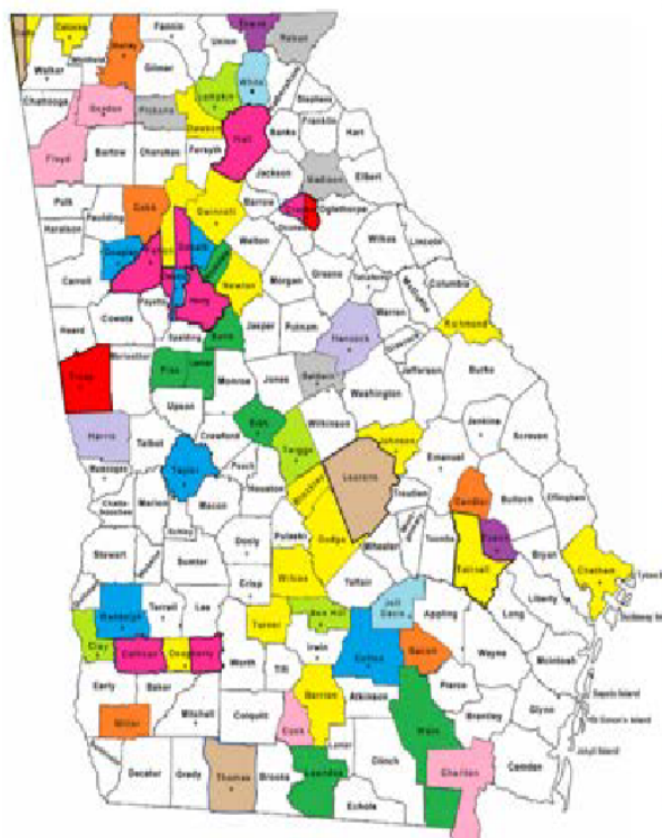
- Increase access to healthcare for the uninsured, Medicaid, and CHIP eligible children and adolescents
- Improve health outcomes for under-resourced children and adolescents
- Improve academic achievement through reduced absenteeism

## MISSION

GASBHA advances the health and success of Georgia's children through community partnerships to develop and support SBHCs

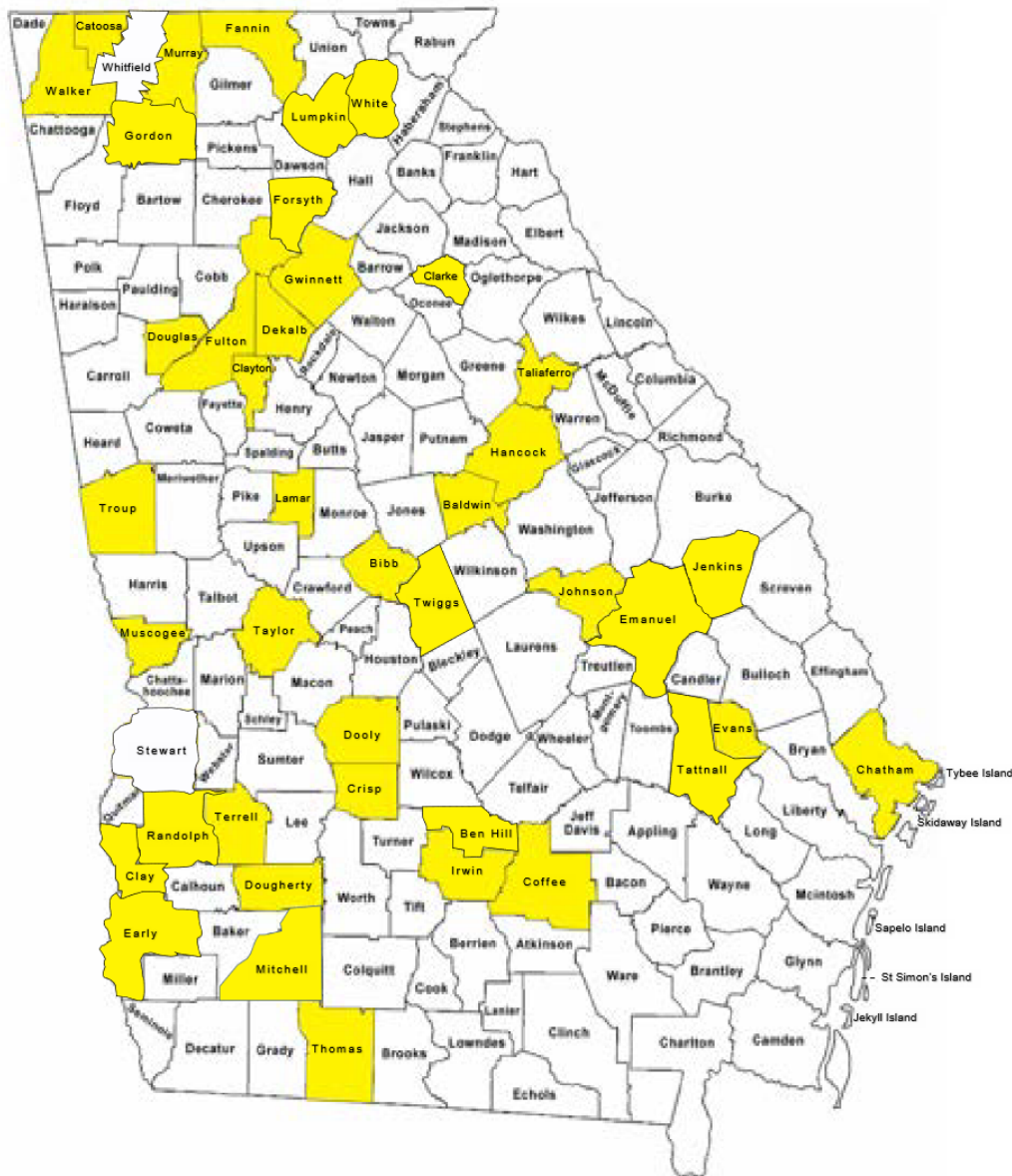
## PLANNING GRANTEES MAP

### Planning Grantees SBHC Centers Legend



- **Round 1, Sept 2010** (11 grantees representing 16 counties)  
Dodge consortium includes Beckley, Johnson, Tattnall, & Wilcox counties
- **Round 2, Sept 2011** (7 grantees)
- **Round 3, Sept 2012** (5 grantees)
- **Round 4, Sept 2012** (5 grantees)
- **Round 5, Sept 2013** (3 grantees)  
Includes DeKalb Board of Health
- **Round 6, Sept 2016** (5 grantees)
- **Round 7, Sept 2017** (3 grantees)
- **Round 8, Sept 2018** (2 grantees)
- **Round 9, Sept 2019** (2 grantees)
- **Round 10, Sept 2020** (2 grantees)
- **Round 11, Sept 2021** (4 grantees)
- **Round 12, Sept 2022** (3 grantees)
- **Round 13, June 2023** (8 grantees)

# OPERATIONAL SBHCs



# LET'S GET BACK TO SCHOOL SAFELY!

*Terri McFadden, MD, MPH, FAAP*

*Professor of Pediatrics, Emory University School of Medicine*

## Safety Tips for Keeping Our Children Safe

Although the lazy, hazy, crazy days of summer are behind our students, and they are starting to find their new rhythm for the school year, it is never too late to think about keeping them safe both in and on their way to school. This transition period is a great time for parents and educators to think about safety for students. According to the CDC, schools have direct contact with more than 95% of children aged 5 to 17 years. Since children spend about 6 hours a day for up to 13 years of their most critical years in schools, they play an important role in promoting children's health and safety. Schools can partner with parents to teach the health and safety concepts that are so important for lifelong learning and health. Since unintentional injuries are a leading cause of illness and death in children, it is important to think about keeping them free of injuries as they return to school. During the first few months of school, everyone is adapting to new routines, bus routes, and new activities, which can put children at risk for injury.



## How can parents lessen the risk of injuries?

One way that parents can lessen the risk of injury is by ensuring that children are well rested before each school day. Establishing a bedtime routine, such as putting away devices at least an hour before bedtime, encouraging reading a book to settle down, and avoiding rough play shortly before bedtime can help health sleep habits and ensure adequate rest. The added benefit is that when children are well rested they attend school ready to learn.

# LET'S GET BACK TO SCHOOL SAFELY (CONT'D)

## *Terri McFadden, MD, MPH, FAAP*

Let's think about some common causes of injury that can happen in the school setting, as well as some mechanisms for preventing these injuries. Transit to school can be an important part of the safety equation. There are some simple ground rules that can help students arrive at school healthy and safe.

### **Children who walk to school should:**

- Only walk to school alone when they are old enough and ready to make the walk safely—usually at about 10 years old.
- Have a little extra time built into their schedules so that they don't feel rushed and take unnecessary risks to hurriedly cross streets.
- Walk on the sidewalk when one is available and face traffic if forced to walk on the street.
- Stop fully and look left and right—twice—to make sure there are no cars coming before crossing a road.
- Use streets with sidewalks, crosswalks, and crossing guards. Cross streets at crosswalks and make eye contact with drivers to ensure they are stopped and will remain so
- Avoid distracted walking, such as walking and using a mobile phone at the same time.
- Look for cars backing out of parking spots, driveways, and busy streets.
- Have a safety plan if approached by a stranger.
- Walk with a friend or in a group.



### **Children who bike to school should:**

- Wait until around age 10 to bike alone to school. At this age children typically have the combination of cognitive and motor skills that are needed to safely ride their bikes to school.
- Wear a properly fitting helmet and bright colors so that they are easily visible to drivers.
- Stop completely before crossing a street and walk the bike across the road.
- Ride on the right side of the road

The back-to-school season can be an exciting time for children, parents, and educators alike. With attention and planning, we can all work together to keep our students safe and healthy. After all, healthy students are better learners, and academic achievement can lead to a lifetime of good health and well-being.



## Children who ride the bus to school should:



- Learn and practice safety rules for getting on and off the bus. According to the American Safety Council, the biggest risk regarding school buses is children approaching and exiting the bus.
- Get to the bus stop early. Do not run to the bus.
- Stand 6 feet away from the curb—about 3 giant steps.
- Wait until the bus has come to a complete stop before walking toward it.
- Always cross where the driver can see them. If crossing the street, wait for a signal from the bus driver. Look both ways to make sure there is no moving traffic from either direction.
- Walk on the side of the road until they are 10 feet ahead of the bus before crossing in front. The bus driver and child should always be able to see each other.
- Avoid trying to retrieve anything dropped near the bus. Instead, let the bus driver know and ask for help.
- Avoid walking behind the bus or in other places the driver cannot see.
- Use lap and shoulder belts if the bus has them.
- Sit facing forward and remain seated as the wheels on the bus get rolling.
- Do not stand up to get off the bus until it has completely stopped.
- Listen to the bus driver and report anything unusual, such as an unfamiliar adult or bullying.

## Children who are dropped off from parents' cars should:



- Buckle up with every ride, every time, using the right car seat, booster seat, or seat belt for each person's age and size.
- Be extremely careful in the carpool line and exit from the car at the curbside nearest the school.
- Cross in front of cars if walking from another point in the parking lot
- Drivers should also play a role in keeping kids safe and should:
  - Be aware of children walking to school or to the bus stop. Everyone can follow safety tips to help kids get to school safely.
  - Watch out for children walking to school when backing out of driveways.
  - Watch for children trying to cross the street when there is no crossing guard.
  - Be careful on streets without sidewalks or on streets with on-street parking. It might be hard to notice a child behind a car.
  - Be alert. Children may dart into the street without looking.
  - Slow down
  - Obey school bus laws designed to keep kids safe.

***Beyond transit to and from school, other sources of injury while at school include falls, concussions, heat injuries, and dental injuries. It is important to remember that most school-related injuries are completely preventable***



### Falls

Falls are a leading cause of injury among children, and while slides, swings, and climbing walls are playground favorites, they can also be a source of injury. According to the CPC, each year, more than 206,000 children under the age of 16 are treated in hospital emergency rooms across the US for injuries occurring on playgrounds. Playgrounds should be outfitted with shock-absorbing substances like rubber or wood chips, and these surfaces should be inspected periodically and undergo routine maintenance. Teachers and school staff should remind students to go down the slide only one person at a time, slide sitting down, and face forward.



### Concussions

Concussions can occur when children fall or return to sports that are high impact. Concussions are, unfortunately, a common injury among student athletes. Common symptoms after a concussion include headache, memory loss, and confusion, and symptoms can last for days, weeks, or longer. Concussions can be prevented by having appropriate safety surfacing on playgrounds and ensuring that children wear properly fitting helmets for any contact sport or use of wheeled toys.



### Strangulation

Necklaces and backpacks with drawstrings can be caught on playground equipment and cause strangulation. Parents and schools should monitor clothing for this type of clothing or accessories that can injure children when they are jumping or playing.



### Heat Injury

This year has brought some of the hottest temperatures recorded to our country. It is important to remember that young children can become overheated and dehydrated quickly. Children can suffer from heat exhaustion or heat stroke if their condition is not properly monitored. Hot weather precautions include:

- Having the children rest and take breaks during exercise or outdoor play.
- Following protocols regarding restrictions for outdoor exercise and play based on temperatures and air quality.
- Having children to drink lots of water when exercising or playing in hot conditions.



### Dental Injury

Nearly 50% of children will have some type of injury to a tooth during childhood, and many are preventable. Falls and sports-related injuries are the most common causes of tooth injury in the school setting. Mouth injuries can also occur when a child trips or is pushed while holding an object in the mouth. Enforcing playground rules regarding running, especially with objects, or safe play can help to prevent injuries. Also, school staff should work to ensure that playground safety surfaces and equipment are well maintained and that trip hazards are removed. One of the best ways to prevent dental injuries during contact sports activities is to have children use a mouthguard. According to the American Dental Association, properly fitting mouthguards can significantly reduce the risk of mouth and dental injuries in young athletes.

# ANNOUNCEMENTS

A successful School-Based Health Centers 101 workshop was held on Aug. 21, 2023. The attendees of this workshop included eight counties\* that have been awarded a planning grant managed by the Georgia Department of Education, the Office of Whole Child Supports. This planning grant is intended to support a one-year planning process to explore the establishment of a school-based health center within CSI, TSI, and Promise Schools.

*\*Eight counties: Calhoun, Clarke, Clayton, DeKalb, Dougherty, Fulton, Hall and Henry County Schools*



Hybrid Facilitation- The National School-Based Health Alliance & Dr. Veda Johnson



Site Visit to Doraville United School-Based Health Ctr.

## ***Parental Rights and Responsibilities Related to SBHC Services***

- Parental/legal guardian consent and notification are an essential – and required – part of delivering services to students through SBHCs.
- Parents and legal guardians have the right to utilize SBHC services as they see fit, with the freedom to choose or opt out of services offered.
- Parents and legal guardians can request and receive health information and records for their child at any time. Student health data must follow federal FERPA (Family Educational Rights and Privacy Act) and HIPAA (Health Insurance Portability and Accountability Act) guidelines.

Parents and legal guardians can terminate services through the SBHC at any time.