

Building Bridges Between School-Based Health Clinics and Schools

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ABSTRACT

BACKGROUND: The 2 institutions that hold great promise in mitigating the negative cyclical relationship between poor health and educational readiness are schools and school-based health care facilities (SBHCs). In partnership with schools, SBHCs could have a profound effect on learning outcomes, which include, but are not limited to, poor concentration in school, attendance, and disturbances of normal sequential development. This article provides an overview of the role of federal, state, and local governmental agencies in the development and implementation of public educational policy and funding in an effort to provide SBHCs the foundation for building a bridge between the health and the educational lexicon.

METHODS: This article reviews literature from a wide variety of sources to develop a better understanding of the complexities associated with public K-12 education and provides suggestions for initiating meaningful interactions between SBHC supporters and educational decision makers.

RESULTS: Strategic reasoning between supporters of SBHCs and educational policy makers is critical because of the limitations of time and money for those delivering educational services. Additional projects (eg, SBHCs) no matter how well conceived will be difficult to promote unless officials can be convinced that collaboration in school-based health care actually enhances compliance with the No Child Left Behind Act.

CONCLUSIONS: Though SBHCs and schools are both committed to enhancing the lives of children, these institutions speak different languages and are accountable to very different types of public and private bodies.

Keywords: coordinated school health programs, policy, school-based clinics, school funding.

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It seems intuitive to deduce that children in good health are in a better position to maximize their intellectual potential than children battling health issues and that providing for their health in schools would be an efficient and cost-effective way to deliver services. Lloyd Kolbe noted, "Our world and our nation have changed; so too have our schools. Today, more than ever, school health programs could become one of the most efficient means available to improve the health of our children and their educational achievement."^{1(p226)} Concurring with Dr Kolbe, the Foundation for Child Development indicates good health, cognitive and literacy skills, and motivation are key predictors of academic achievement and childhood access to health services is crucial to facilitating transition to productive adulthood.²

To be fair, no single agency could possibly promote the fundamental changes in perception and practice required to facilitate optimal health and educational opportunity for children in general and economically disadvantaged youth in particular. Two institutions holding great promise in mitigating the negative cyclical relationship between poor health and educational readiness are schools and school-based health care facilities (SBHCs). In partnership with schools, SBHCs could have a profound effect on learning outcomes, which include but are not limited to poor concentration in school, attendance, and disturbances of normal sequential cognitive development if SBHCs could build a bridge between the health and the educational lexicon. This article provides an overview of the role of federal, state, and local governmental agencies responsible for the development and implementation of public educational policy and funding in an effort to provide SBHCs the foundation for building that symbolic bridge to educational bodies.

The tenet grounding this article is the notion that in forming alliances with schools, SBHCs could have a noteworthy impact by aiding in the management of chronic disease (eg, asthma and diabetes) and, by virtue of their location, decrease time out of the classroom. For purposes of this text, SBHCs include any formal organization or institution that offers health services in schools or in school-connected programs.

An in-depth analysis of poverty stressors and their attendant impact on optimal health and academic achievement are beyond the purview of this article. However, given the significant numbers of children living at or below the US poverty level, it is worth noting that children, because of their unique developmental processes and their inability to care for themselves, are most susceptible to the multiplied disadvantages associated with poverty.^{3,4} The longer children live in poverty the lower their educational achievement and the slower their general maturation processes, not necessarily because of innate deficits,

but because of poverty stressors (eg, poor health care, food insecurity, and inadequate housing).³ Unfortunately, children at greatest risk of inadequate health care as a function of income or the type of work their parents secure are also at the greatest risk of the concomitant threats to childhood educational potential because of the schools they attend. Stated another way, low-income children overwhelmingly attend majority-minority population schools that are poorly funded, which is significant inasmuch as cognitive and behavioral consequences linked to poor health can result in additional spending on educational interventions.^{4,5}

Investing in health increases the chance that youth will grow into healthy adults and maximize their intellectual potential as opposed to becoming a drain on social systems. Instead, children in greatest need of supplemental services are apt to attend schools with the fewest resources to mitigate their educational and health challenges. That said, one of disadvantaged children's best hopes for healthy starts are medical facilities that are easily accessible (eg, in schools) and affordable.

Though SBHCs and schools are both committed to enhancing the lives of children, these institutions speak different languages and are accountable to very different types of public and private bodies. As such it makes sense for SBHCs to understand the decision-making constraints faced by educational leaders when they seek to create, sustain, or enhance relationships with schools and school districts.

The merit of collaboration between SBHCs and schools is well grounded in public health, medical, and educational literature, ie, health markers particularly in children can directly and indirectly influence cognitive potential. There is in addition a preponderance of evidence that academic performance is related to health issues such as absenteeism (particularly with asthmatic youth) and conditions such as attention deficit hyperactivity disorder, attention deficit disorder, and lead poisoning (all of which are associated with disruptive behavior, shortened attention spans, and participation in extracurricular activities).^{3,5-8}

The mission of SBHCs requires a focus on health outcomes as opposed to educational outcomes and this article does not suggest that this focus should change. One of the dangers of diverting attention from health outcomes is the difficulty SBHCs will have quantifying correlations between their services and test scores, for example. Schools on the other hand are directly accountable for educational outputs such as graduation rates and test scores and only indirectly the promotion of health. Nevertheless, the documented advantages of health interventions are of short- and long-term value and include, increased student "seat time," reducing unnecessary

(and costly) visits to emergency rooms, and early detection, and management of chronic and acute diseases.^{6,9} Given the contemporary era of accountability, which requires SBHCs and schools to demonstrate their social worth measured increasingly by test scores and other quantifiable data, it makes sense for these institutions to forge collaborative relationships since to some degree their individual success is inextricably linked.

Though it seems clear that SBHCs and schools could be partners, the challenge lies in convincing educational leaders that time spent collaborating, space allocation, and funding of SBHCs will not detract from student-related compliance dictated by mandates such as No Child Left Behind (2001). On the contrary, investment of time, money, and space for SBHCs may be an efficient means of maximizing childhood learning potential. Prior to approaching schools about forging alliances, there is a need to understand public K-12 educational governance and funding structures so that requests to partner can be packaged effectively. The following section begins this process by considering the role of the federal government in public education.

THE FEDERAL GOVERNMENT, PUBLIC K-12 EDUCATION, AND SCHOOL FUNDING

To gain an appreciation of the many agencies and political bodies exercising authority over schools consider Figure 1. Because of the many political and policy-making bodies who exercise their prerogatives

relative to public school governance, educational leaders find themselves perpetually choosing between competitors for attention making it difficult to pursue worthwhile alliances.

The “right” to a publicly funded education is never mentioned in the US Constitution. In the 10th amendment to the Constitution, the responsibility for schooling is interpreted to be relegated to the states in the verbiage, “powers not delegated to the United States by the Constitution nor prohibited by it to the states are reserved to the states, respectively, or to the people.”^{10(p27)} Federal legislative bodies and agencies do, however, influence schools through incentive programs that tie funding to certain programs or practices.

The President influences the operation of schools through executive orders and approving legislation submitted by Congress. Presidents also influence educational policy through their appointments to key positions, such as the Secretary of Education and the Secretary of the Interior (the agency overseeing American Indian education).

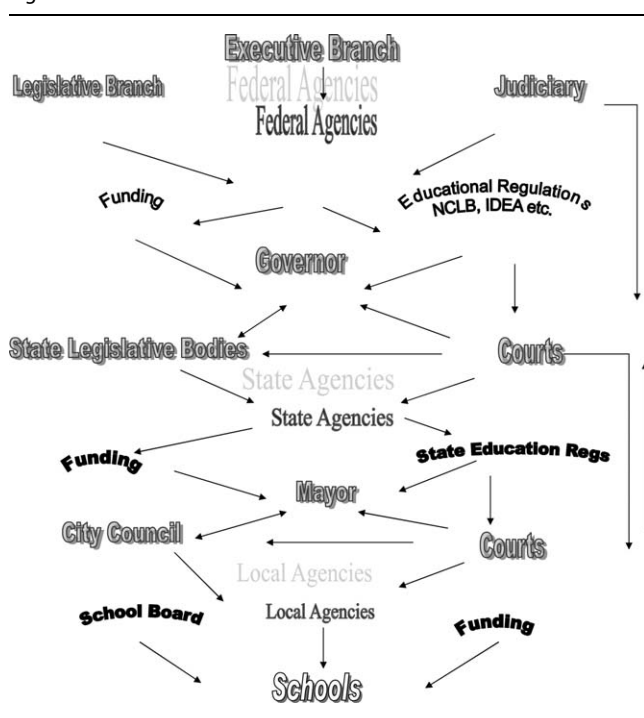
Congress (The House of Representatives and the Senate) can control schools through tying standards to funding. Distribution of resources in turn is tied to compliance criteria, enrollment, the grant submission process, and other forms of awards. For example, some federal funds are available only to schools in compliance with various legislated acts, such as the Civil Rights Act of 1964, The No Child Left Behind Act of 2001, and the Individuals with Disabilities Education Act (IDEA) of 2004.

The Department of Education is responsible for policy development, program oversight, evaluation, research, and ensuring the enforcement of legislated mandates through the establishment of regulations that prescribe measurable performance expectations. On a regular basis, the Secretary of Education reports on the progress and ongoing challenges of educating America’s children to Congress. The Department of Education is also the depository of volumes of statistical data generated by and about educational institutions, their students, and faculty.¹¹

Judicial decisions relative to schooling issues, such as access and desegregation, have historically mandated changes in practice through the interpretation of existing law, which can also entail policies or funding formulas. For example, in 2005 litigation targeting the ways in which public school facilities are funded were being decided in 29 states. Litigation questioning the constitutionality of K-12 funding formulas were in progress in 25 states the same year.¹²

SBHC directors do not need to comprehend all the intricacies of educational funding because the complex formulas are for the most part not influenced by health professionals. However, it is relevant to possess a general understanding to better appreciate the constraints imposed by the fiscal

Figure 1. K-12 Educational Governance



allocation process. Of the \$440.3 billion dollars spent in elementary and secondary education in the school year 2002-2003, only 8.4% came from federal coffers. Forty-nine percent of school budgets tend to be supplied by state sources and nearly 43% come from localities. The primary source of local monies is real estate taxes and state sources come from various tax assessments and in some cases lottery proceeds. Proportionately, the federal contribution to school districts is comparatively minimal. However, in districts where the needs of students exceed resources, 8% of the budget is too much to risk losing.

Comparing 4 state educational appropriations provides a vivid example of fiscal resource differences between states (Table 1). As reflected in Table 1, proportions of school budgets supported by federal, state, and local revenues and per pupil expenditures vary. Per pupil expenditures are generally calculated using a formula of district operating expenses and the numbers of pupils. SBHCs should note that the funding schema of their home state and the degree to which educational policy-making bodies control the distribution of said resources will be idiosyncratic.

No discussion of the federal role in public education would be thorough without at least some reference to the No Child Left Behind Act of 2001 because of its widespread implications for resource allocation and school accreditation. The No Child Left Behind Act of 2001, also referred to as NCLB, is actually the reauthorized Elementary and Secondary Education Act.^{14,15} The law represents an unprecedented increase in federal mandates complete with punitive consequences (both political and fiscal) for noncompliance. As was the case with its predecessor statutes, NCLB provides funding through appropriations and grants in exchange for accountability standards.¹⁵ Unlike its predecessors, many of the costs associated with compliance (primarily related to testing) are inadequately funded.

Governors and the National Conference of State Legislatures have decried the pressures of NCLB compliance on state budgets because of spiraling Medicaid and other health care expenses, which

deplete funds for public education.^{16,17} This is particularly problematic in light of rising costs associated with NCLB accountability standards.¹⁷ For example, it has been estimated that 5.5-14% of every dollar spent for public schools is now being spent on testing and test administration services.¹⁸

For purposes of the school-based health care programs, the most important aspect of NCLB is this, school districts and states are preoccupied with meeting the criteria of NCLB because failure to do so places 6-10% of school budgets and accreditation at risk. Furthermore, to comply, some states and municipalities have had to divert funding and attention from other programs that might have been beneficial to students to meet NCLB standards.

We can see from this overview, the principle influence of the federal government on public education systems is tied directly to funding. While the federal government influences largely with money, state governmental entities are the bodies exerting the greatest oversight of schools.

STATE AND LOCAL PUBLIC K-12 EDUCATIONAL GOVERNANCE

While the specificity of language differs from state to state, the general premise is the same; states have formally assumed the responsibility of providing public K-12 education to its citizens. State constitutions document the creation and structure of public education systems within their respective jurisdictions and in addition have created enforcement bodies who oversee compulsory attendance, and curricula.¹⁹ Because of the idiosyncratic nature of state control, each state, while having general procedures in common, is subject to its own governing nuances.

Consider Table 2 that compares the chief state-based educational decision makers and whether they are elected or appointed and by whom for the 4 states mentioned earlier for purposes of consistent comparison.

Governors, like the President, exert an indirect influence on schools. Their power is tied to their approval (or veto) of bills, the state budget, and the appointments they make to policy-making bodies. Governors in each of the states are elected; however, the direct and indirect avenues available to them to influence public education vary greatly as shown in Table 2.

Gubernatorial power relative to the state budget process is also idiosyncratic. Once the proposed budget is submitted some Governors possess line item veto power, while others (most notably in Maryland) do not. The more influence she or he has over the budget process the greater their control of public K-12 education allocations.

Table 1. Public K-12 Education Funding Sources and per Pupil Expenditures for 2002-2003 (In Dollars and Percent of Total Budget)

State	Federal (%)	State (%)	Local (%)	Per Pupil Expenditure
California	\$5,795,655 (10)	\$33,617,766 (58)	\$18,555,702 (32)	\$7691*
Oregon	\$407,432 (9)	\$2,348,070 (51)	\$1,823,933 (40)	\$7460*
Michigan	\$1,357,006 (8)	\$11,227,903 (63)	\$5,179,348 (29)	\$8588
Maryland	\$571,108 (7)	\$3,317,403 (38)	\$4,805,984 (55)	\$8921

*States with per pupil expenditures below the national average of \$8019. Data from US Census Bureau.¹³

Table 2. **Governors and K-12 Educational Policy and Funding***

State	Gubernatorial Term Limits	Secretary of Education	Superintendent of Public Instruction	State Board of Education or Equivalent	Governor's Role After Legislature Approves Budget
California	2 terms	Governor appoints	Elected	11 members appointed by the Governor	Line item veto and funding for an entire program or agency
Oregon	2 terms	N/A	Elected	7 members appointed by the Governor and confirmed by the Senate	Line item veto and funding for an entire program or agency
Michigan	No term limits	N/A	Appointed by the State Board of Education	8 members elected	Line item veto and funding for an entire program or agency
Maryland	2 terms	N/A	Appointed by the State Board of Education	12 members appointed by Governors on rolling terms	None

N/A, not applicable.

*Data from the National Conference of State Legislatures.²⁰

State legislatures have the broad authority to pass laws or delegate power to other bodies, such as a state department of education or a statewide board of education. They pass education laws that distribute funds, govern state licensure of teachers and administrators, delineate school districts, and can even prescribe curricula.

Relative to SBHCs, state legislatures are important because as it was noted earlier, these bodies can mandate practices that redirect resources and hinder (or facilitate) districts' ability to engage in collaborative projects. The power of the legislative chambers lies in their joint prerogative not only to establish and amend state law but also to distribute fiscal resources throughout the state. Both the funds collected within states (state and local revenue) and the disbursement of federal funds earmarked for districts tend to be controlled by the state budgeting process. If the legislature decided, for example, that certain groups (eg, low-income youth) or certain partnerships (eg, SBHCs) merited additional funding, the authority to appropriate resources are within the purview of Senators and Delegates.

After the state legislature, the next most influential body with respect to public education policy tends to be the State Board of Education. State boards of education are called upon to implement and enforce the mandates set forth by the federal government, state legislature and their designees (such as the Department of Education), and like their federal counterpart, dispense regulations guiding practices in schools that will be evaluated. State Board of Education composition also diverges between states (Table 2).

Local school boards, or local educational agencies as they are sometimes called, interpret state mandates, manage operating funds that are allocated by state-level entities, and in some cases, physical capital resources coming from federal, state, and local sources. Distribution of funds at the local level in

many cases is determined by school boards; however, there are districts whose budgets must be approved by a local popular vote. School districts tend to be headed by a superintendent who serves as a chief executive officer hired by local school boards. Schools with their administrators, faculty, and support staff are in turn charged with the implementation of directives from federal, state, and local authoritative bodies as Figure 1 implies.

BUILDING BRIDGES TO SCHOOLS

It would be wonderful to set forth a one-size-fits-all advocacy strategy that could be used by every SBHC. Templates are guides as opposed to foolproof interventions because of the many confounding variables influencing educational governance in each state and locality. That said, there are many political activist strategies. Most strategies emphasize the critical importance of (1) getting informed, (2) articulating a clear, concise, and credible message, and (3) developing strategic connections.²¹

Getting informed refers to SBHCs knowing the people or governing bodies who need to be influenced. Who has formal educational authority, who has informal authority, and what are their political pressure points? What is the scope of their authority in decisions pertinent to SBHCs' agenda? Getting informed also entails identifying common goals of potential partners and articulating issues of import to educational leaders. For example, below are examples of ways SBHCs directly and indirectly affect the educational outcomes of all children documented in the research literature, which will be of interest to educational policy makers.

- Healthy children attend school more regularly thereby are more apt to benefit from instruction.
- School children who are healthy and have learned to manage their health challenges, eg, asthma, are apt to be more attentive.

- Early detection of communicable childhood diseases such as measles, chicken pox, and mumps can provide school officials notification allowing them time to disburse notification that mitigates the spread of said diseases.
- If accidents occur on school grounds, treatment can be administered on site.
- SBHCs can assist schools in complying with federal mandates articulated in NCLB and IDEA.
- Requisite immunizations without which children cannot attend school can be administered by SBHCs.^{4,6}

Prior to approaching personnel, SBHCs should develop a clear concise and credible message that resonates within the educational community. Stated another way, craft persuasive documents and verbal messages appealing to the self-interests of the target audience. Using the language of education, below are some examples of how SBHCs can clarify how their services assist schools as they seek to meet NCLB mandates.

NCLB Criteria	SBHC Contribution
Title I—Part C: Education of Migratory Children	Immunizations and health records of migrant children served are required to be supplied to the national database. As SBHCs treat clients, data could be provided to the schools to input
Title I—Part D: Prevention and Intervention Programs for Children and Youth Who Are Neglected, Delinquent, or At-Risk	Prevention and intervention services, information, screening, and treatment of affected students could be performed at SBHC sites
Title IV—21st Century Schools	Drug and alcohol prevention education, testing, screening, counseling, and treatment options might already be provided in SBHCs

Strategic relationships should be pursued with individuals and groups most apt, by virtue of their mission and activities, to support SBHCs. It is at this point in the strategic process that SBHCs should decide whether their cause is best suited for a top-down, bottom-up, or mixed approach. Top-down strategy would involve key state or federal legislators. A bottom-up approach should begin with the Superintendent or her designee. Presentations to state and local school boards are a useful means of bringing SBHC issues to the attention of educational decision makers. Board meetings are public forums and require only a request to be included on the agenda. Professional and advocacy organizations can help as well. For example, on the National Association

of State Boards of Education (2005) Web site, each state's school health policy is articulated. Knowing state-based policies will help SBHCs develop strategies that speak to ways they can assist schools in complying with these statutes, as well as NCLB.

The purpose of this article was to provide a cursory overview of the complexities associated with public K-12 education and provide some suggestions for initiating meaningful interaction with educational decision makers. A significant challenge relative to collaborative success is convincing school officials that SBHCs can function as an integral part of federal and state compliance as opposed to an added responsibility, ie, activities enhancing health can bolster learning readiness. Strategic reasoning between SBHCs and educational policy makers is critical because of the limitations of time and money for those delivering educational services. Additional projects no matter how well conceived will be difficult to promote unless officials can be convinced that collaboration in school-based health care actually enhances compliance with NCLB.

Despite prevailing challenges, together SBHCs and schools could potentially make a compelling case for holistic interventions to governing bodies, which can reap long-term economic, social and health benefits for the most vulnerable of citizens, children.

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