

August 26, 2009

Pat McConnon
Executive Director
Council of State and Territorial Epidemiologists (CSTE)
2872 Woodcock Blvd. Suite 303
Atlanta GA 30341

Via Email

Dear Mr. McConnon:

Thank you for sharing the Council of State and Territorial Epidemiologists' (CSTE) position statement, "Access to Student Health Data for Public Health Practice." Our interests in this issue are closely aligned. NACCHO's Board of Directors recently approved a similar position statement at our annual conference in July, a copy of which is attached for your review.

I am committed to NACCHO participating as an active partner in moving forward the desired action outlined in your position, namely to "work together with CSTE [and other governmental public health national partners] to seek congressional support for amending the Family Education Rights and Privacy Act (FERPA) to include language that parallels the provisions in HIPAA for the release of information for us by public health authorities."

I look forward to hearing your thoughts about next steps for our collaboration.

Sincerely,



Robert Pestronk
Executive Director



09-07

STATEMENT OF POLICY

Protecting Student Health through Access To School-Based Data

Policy

Local health departments (LHDs) should be allowed access to health information from education records, by law or agreement, for the purpose of data collection for public health surveillance and other programs. The U.S. Department of Education and the U.S. Department of Health and Human Services should develop a mechanism for state and local health departments to access school health data or Congress should amend the Family Education Rights Privacy Act (FERPA) to specifically authorize the disclosure of school health information to state and local health department officials. Electronic sharing of password-protected data allows multiple uses of data within an LHD while protecting privacy and security.

Justification

FERPA was enacted in 1974 to protect the education privacy rights of students and their families and is administered by the Family Policy Compliance Office (FPCO) of the US Department of Education.¹ School health records maintained by federally funded schools are covered by FERPA, not the Health Insurance Portability and Accountability Act (HIPAA). Information covered by HIPAA can be shared for public health purposes without a written authorization to release information.²

FERPA does not allow information sharing for public health purposes without written authorization from parents or students over the age of 18. Recent U.S. Department of Education memorandums issued in response to inquiries by public health agencies clearly state that identifiable student health information in education records may not be shared for surveillance and immunization compliance purposes, contrary to earlier practice. FERPA has no specific exception for public health purposes other than for emergencies.³ Recent and anticipated surveillance for the spread of Novel Influenza A (H1N1) highlights the need for uniform national policy allowing for general access to school-held student health information, including absenteeism data, for public health practice.

Collecting data from schools would also enable LHDs to do the following:

- Detect emerging infectious disease health events, such as outbreaks of staph infections or community acquired methicillin-resistant *Staphylococcus aureus* (MRSA) infections;
- Identify and evaluate environmental exposures related to health outcomes, such as exposure to lead or other toxic substances;
- Track immunization coverage to verify immunization status, reduce duplicate vaccinations, and prevent outbreaks of infectious diseases;



- Determine immunization coverage to identify populations and geographic areas with low coverage and target scarce resources to those at greatest risk for underimmunization and for acquiring vaccine-preventable diseases;
- Identify trends in chronic and environmental diseases in children and adolescents, such as the prevalence of autism, developmental disabilities, and asthma;
- Target health promotion and disease prevention programs and identify specific health needs within population sub-groups; and
- Track long-term health outcomes and evaluate public health programs for effectiveness.

There are few mechanisms for systematically monitoring the health of U.S. children and adolescents. Lack of access for LHDs to school health data impedes their ability to effectively assess the health of students in their jurisdictions and make effective health recommendations.

Record of Action

*Approved by NACCHO Board of Directors
July 2009*

1. U.S. Department of Education. Family Educational Rights and Privacy Act (FERPA). Available at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>. Accessed July 8, 2009.
2. Standards for Privacy of Individually Identifiable Health Information. 45 CFR Part 160 and Subparts A and E of Part 164. Available at: www.hhs.gov/ocr/hipaa. Accessed July 8, 2009.
3. American Public Health Association, November 2007. Promoting School Information Sharing for Public Health Purposes. Available at <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1353>. Accessed July 8, 2009.