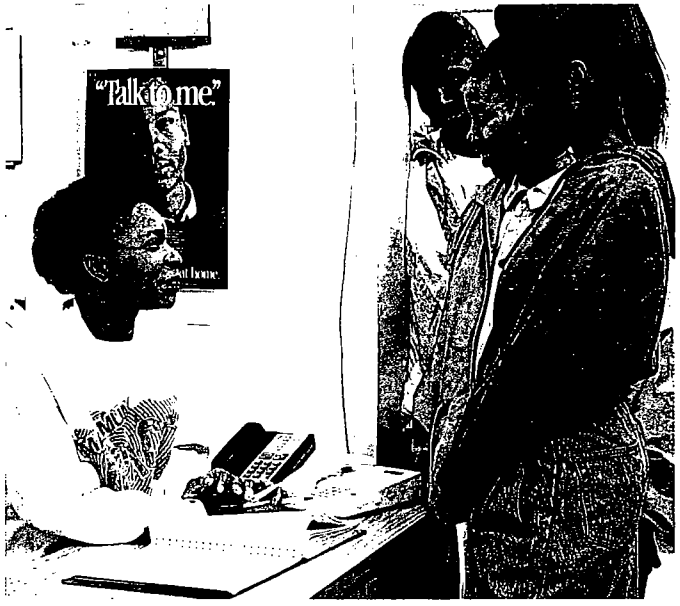

The Answer Is At School:

Bringing Health Care to Our Students

For everyone who has helped make school-based health care the answer.

The Answer Is At Cancer

Bringing Health Care to Our Students

This report is based primarily on the experience of the grantees in The Robert Wood Johnson Foundation's School-Based Adolescent Health Care Program. Additional information was gathered from national data sources and selected communities that have undertaken similar health projects.

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An Idea Whose Time Has Come

Rarely does an idea come along that solves several longstanding health problems at once, inspires broad support among diverse groups and creates a successful model with wide applicability. Comprehensive school-based health care does all of this and more. By bringing medical and mental health services to underserved students, school-based health centers provide a direct response to the health needs of young people.

Parents, health professionals, educators and anyone else concerned about the health of our nation's youth will find pragmatic and encouraging information in the story of school-based health care. This book tells that story, from experience.

In 1987, The Robert Wood Johnson Foundation awarded grants to 18 community institutions around the country to establish school-based health centers. The grantees have launched health centers in 24 schools that provide on-site, comprehensive physical and mental health care for adolescents at risk—everything from physical exams and lab tests to prescriptions and counseling.

While this program has focused on adolescents, school-based health centers have proved effective for younger students as well. Indeed, there are many models of school-based health care that serve many different populations. Because the experience of The Robert Wood Johnson grantees has been well developed in a variety of communities and has achieved a high level of acceptance, this report concentrates primarily on that model.

The Need for School-Based Health Care

Children and teenagers today face more dangerous health risks than have recent generations. The dangers are greatest for those disadvantaged by poverty. In addition to being threatened by a general increase in risky behavior among all young people, these youngsters grow up surrounded by community problems such as poor schools, unemployment and limited health services.

In poor communities, rural and urban, even the most concerned parents cannot afford to miss work to take their children to the doctor. In rural communities, lack of transportation can render health care particularly inaccessible. Red tape and waiting lists make it difficult for poor families everywhere to obtain even the basic health services that most of us take for granted.

Access is not the only obstacle. Our health care system is ill-suited to deliver the multidisciplinary, preventive and often time-intensive care required to address today's adolescent health problems. Most publicly funded services for low-income youth are packaged in categories: one for immunization, another for health education, a third for substance abuse. But children's needs do not come in neatly packaged categories; young people need a comprehensive approach to health care—one which views them as whole people with multiple, interrelated problems.

A Matter of Where You Park Your Car

When students carry the burden of physical and mental health problems into school, they cannot learn well. Schools possess neither the resources nor the expertise to provide the health care these students need. What they do provide is a central location where care can be delivered effectively by those most qualified to do so.

Rather than expecting students to make their way to local health providers, why not bring the providers to the students? Make it possible for a variety of health professionals to begin delivering services at school, and the problem of connecting students with services is solved.

It all boils down to where our health care providers park their cars. Placing health services in schools assures students access to immediate care and guarantees that services fit students' needs.

From Fringe to Mainstream

Six years ago, school-based health centers were viewed as a controversial experiment. Today, they can be found in hundreds of schools throughout America. Their number has doubled in the past two years alone.

The earliest health centers were mainly in urban high schools, but the school-based model has expanded. Health centers are now thriving in elementary schools, middle schools and high schools in urban as well as rural communities. No other model has so successfully delivered comprehensive care to students and won such widespread support.

- In 1990, the U.S. Public Health Service's *Healthy People 2000* cited school-based health centers as model programs for improving the health of America's youth. In 1991, the congressional Office of Technology Assessment repeated this recommendation in its report, *Adolescent Health.*
- The President's Advisory Commission on Social Security recommended that school-based health centers be established in elementary schools and urged the federal government to allocate $3 billion to help fund them. President Bush's 1993 budget requested funds for a program to support these health centers in numerous high-risk communities.
- From Oregon to Florida, states have launched new, comprehensive school-based health services as a way to meet the needs of underserved children and teenagers.
- The American Medical Association, the American Academy of Pediatrics, the American Nurses Association, the National Association of School Health Nurses and other professional organizations have endorsed the establishment of school-based health centers in medically underserved areas.

How do school-based health centers operate? How much do they cost? What impact have they had? This report provides answers, as well as practical information, for those who want school-based health care in their communities.

Chapter 1

The State of Adolescent Health

"We haven't appeared to be a very caring society to our adolescents," said Representative Pat Schroeder (D-Colo.) to her colleagues in the House of Representatives. "We view them as a problem or a bother, and things are not going well as a result."

That is an understatement. Over the past 30 years, adolescents have been the only age group in the country whose health status has not improved.

Teenagers are naturally risk-takers. But today, a growing number of them live in environments where natural risk-taking can be deadly. These adolescents grow up surrounded by a host of health threats, including poverty, sexually transmitted diseases and violence.

Poverty

More than one in four adolescents lives in poverty or near-poverty. Fourteen percent have no health insurance, and more than 15 percent have no regular source of health care.

Teens in poor families have more health problems than their more fortunate peers but are less likely to receive treatment. The results cost us all. Poor adolescents miss one-and-a-half times as many school days due to illness or injury as do those in families making more than $35,000. They average nearly one-and-a-half times as many hospital stays.

Pregnancy and Sexually Transmitted Diseases

Fifty-four percent of high school students have had sex, and nearly 20 percent report four or more partners, according to a recent Centers for Disease Control and Prevention survey. Other studies report an even higher level of sexual activity.

Each year, 3 million teens are infected with sexually transmitted diseases, and more than 1.1 million become pregnant. Between 1950 and 1988, the number of babies born to single adolescent mothers rose from just under 60,000 to more than 322,000, according to the Children's Defense Fund.

"Tell me of one community in the country that doesn't have a problem with teen pregnancy and sexually transmitted diseases," said Karen Hein, M.D., director of the Adolescent AIDS Program at Montefiore Medical Center in the Bronx. "The only thing that some communities are missing is HIV, and that is spreading quickly and silently."

Injury and Violence

Today, injury and violence account for three out of four adolescent deaths. During 1988, nearly 36 percent of these deaths were due to motor vehicle accidents, while 35 percent were due to homicide and suicide.

In recent surveys, one-third of Seattle's 11th-graders said they had easy access to handguns, and 30 percent of teens in New Haven said they had seen at least one violent crime in the past year.

Substance Abuse and Other Dangers

Substance abuse specialists view cigarettes, alcohol and marijuana as "gateway drugs," the first steps on a slippery slope toward abuse. The slope is not only slippery, but crowded.

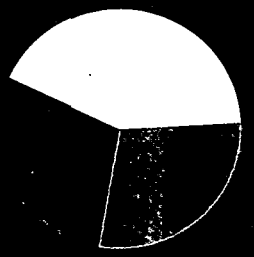
In a 1990 national survey, many high school students said they had used tobacco, alcohol or marijuana in the past 30 days: 36 percent had used tobacco, 37 percent had five or more drinks on one occasion, and 14 percent had used marijuana, according to the Centers for Disease Control and Prevention.

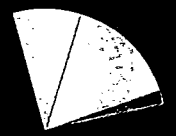
All of these numbers do not even touch upon the impact of poor mental health, sexual abuse, physical abuse and other community problems that harm teenagers' health. Yet, as a mental health counselor in one school-based health center said, "The resilience of these kids is remarkable. It's a testament to their strength that they survive."

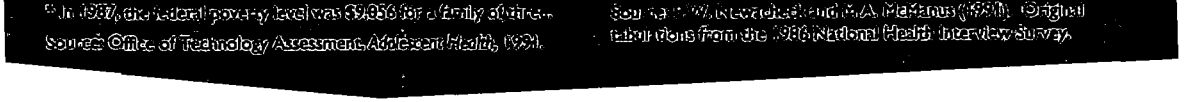
Many adolescents are at-risk for serious health problems...

Ever had sexual intercourse 54%
Had sexual intercourse with four or more partners 19%
Used tobacco in past 30 days 36%
Used marijuana in past 30 days 14%
Had 5 or more drinks on one occasion in the past 30 days 37%
Was in fight that required treatment in the past 30 days 8%
Carried weapon for protection in past 30 days 20%
Did not always wear seatbelt 76%
Ever vomited to control weight 14%
Attempted suicide in past year 12%

Poor, uninsured youth have special problems in securing access to health care...







To Fix Kids, Change the System

"It's probably going to take 10 years to work out a good model for care, but it'll be worth it," said Anne St. Germaine, Ph.D., coordinator of the Adolescent Health Program for the Minneapolis Public Schools. "Society wants us to fix the problem kids. We can't do that unless we change the system and break down the barriers to care."

School-based health centers can help accomplish these goals, one student at a time.

"I'd just moved here sophomore year from a farming community," said one senior. "I felt really alone. I was confused, upset. Everyone in my family was dealing with losing our farm. Both my parents grew up in alcoholic families, and my brother has been abusive," she said.

"When I made some friends, one said, 'Come in and talk to Susan [the health center social worker].' I thought the health center staff would just do a quick check up, but they'll talk to you about whatever. It's not hello and goodbye. Instead of condescending attitudes, you have someone trying to get on your level and understand what you're thinking.

"I've been learning to deal with my feelings and express them. I like myself now, instead of feeling worthless."

Chapter 2

The Model: What Is School-Based Health Care?

Delivering health services in schools is not a new idea. What is new is delivering comprehensive care on-site—bringing students direct treatment for a broad range of physical and mental health problems through school-based health centers.

Though the health centers in the School-Based Adolescent Health Care Program (hereafter referred to as the Program) vary in many respects, they share features that, taken together, clearly distinguish them from other health programs.

1. The Program's school-based health centers are located in the schools. Why locate health centers in schools? Because that is where young people are. "Health services need to be where students can trip over them," said Philip J. Porter, M.D., director of the Program. "Adolescents do not carry appointment books, and school is the only place where they are required to spend time."

School-based health centers make getting health care easy. Students can remain where they are most comfortable, rather than having to travel off campus to unfamiliar providers. They don't need to have insurance. In short, the centers give students a "medical home."

Also, by being on campus, health center staff participate in health education programs, organize sports clinics and health fairs, serve on crisis-response committees, work with guidance counselors on drop-out prevention, offer clinical back-up to schools' day care centers and train faculty in adolescent health and development.

2. The Program's school-based health centers are operated by health professionals. Students receive care from multidisciplinary teams of professionals, including nurse practitioners, physicians, social workers, nurses and health educators. Moreover, each school-based health center in the Program is a unit of a larger health care institution, such as a health department, academic health center or community health center. With the backing of these parent organizations' staff and facilities, the health centers provide a much wider range of services than the average school health program can.

3. The Program's school-based health centers provide comprehensive services. From diagnosis and treatment of diseases to counseling for students and families, Program health centers address a broad spectrum of health problems. When off-campus referrals are required for special lab work, radiology or medical consultation, the health centers, through their sponsoring institutions, provide access to specialists and hospital care.

"By offering on-site care, referral and follow-up, school-based health centers can provide long-term solutions to serious problems," said Debra Delgado, the Program's associate director.

4. The Program's school-based health centers are not funded by school systems. Because every Program health center is part of a health care institution, they all obtain their funding primarily from third-party reimbursement, private and public grants, and local government support, not school district funds. The schools' traditional health-related services, such as counseling, school nursing, and drug and alcohol prevention programs, are integrated with the health center, and their effectiveness is enhanced by this connection to a comprehensive system of care.

"The beauty of this system," said Julia Graham Lear, Ph.D., co-director of the Program, "is that school-based health centers provide comprehensive, on-site, professional care at no cost, or very low cost, to those who so badly need it."

Students checking in for a medical appointment—without leaving school.

Chapter 3

The Politics of School-Based Health Care

From California to Florida, the Program has launched 24 school-based health centers in five years, but success has not come without struggle. The health centers encountered vocal opposition in several communities. Most objections were raised not by parents in the schools considering health centers, but by people living outside those communities.

Sometimes the protests become highly visible. The best antidote, said one state health official, is to keep parents and community leaders informed so that they can tell protestors, "You don't live here. Go home and take care of your own children."

But straightforward public education is not always enough; health center advocates also need to understand local politics.

"You have to know your community, know the movers and shakers, and know what strategies to employ when problems come up," said Mary Baca, a seasoned community activist and strong supporter of Denver's school-based health centers.

In public hearings before the establishment of Oregon's 18 school-based health centers, for example, all who testified were simply required to state where they lived and whether their children attended a school that was considering a health center. Most of the opponents were revealed as outsiders.

Persuading With Proof

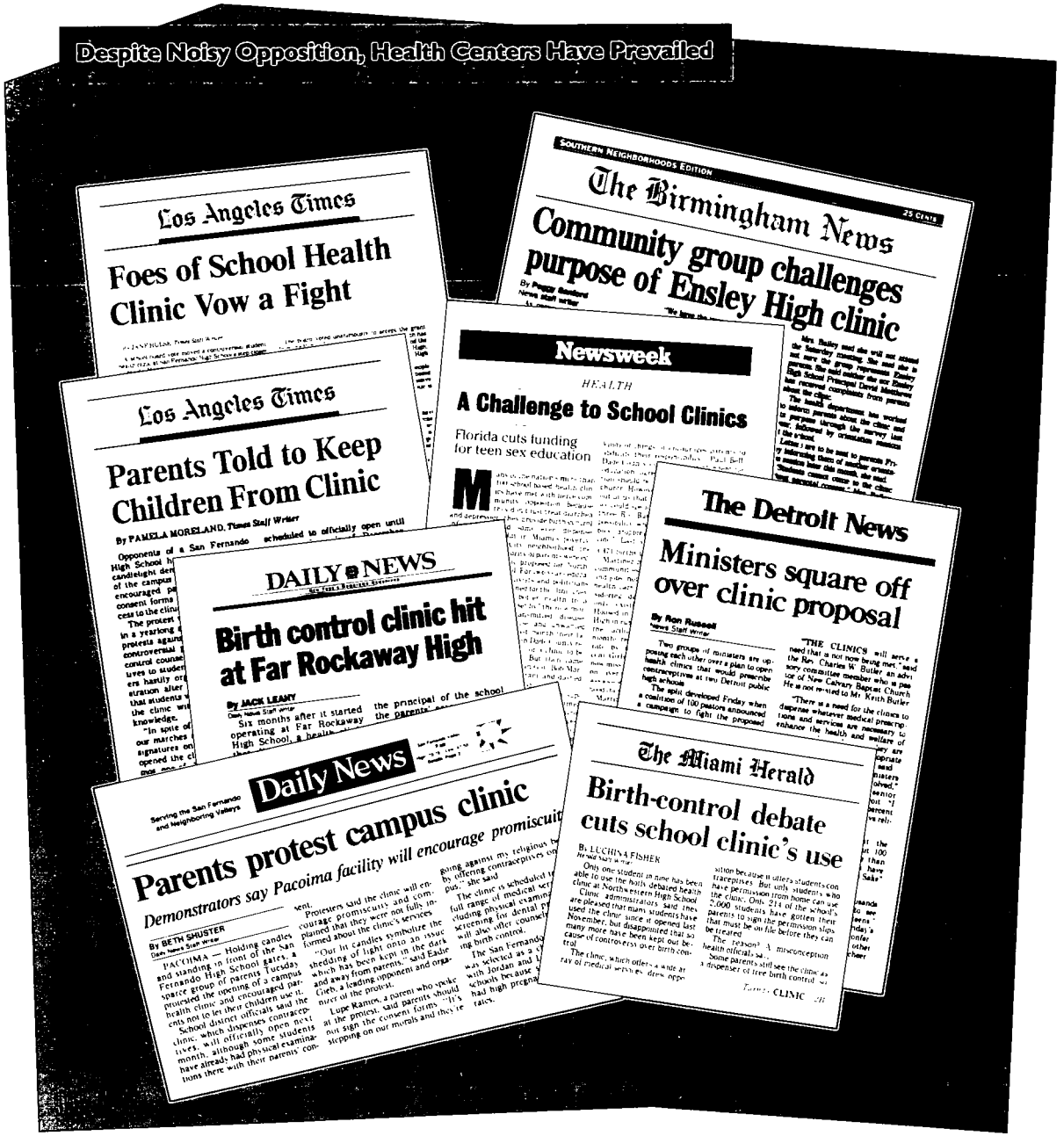
Controversy over new health centers almost always focuses on two sensitive issues: reproductive health care and parents' rights. Program health centers have found that the best way to defuse public concern is with facts: Only 10 to 15 percent of health center visits are for reproductive health care. While some health centers, in consultation with their community leaders, decide to dispense contraceptives, others refer students elsewhere for these services. In all Program centers, parents must sign a written consent for their children to become patients.

Once a health center is up and running, protests stop and parents in surrounding communities frequently end up wanting health centers for their own children. For instance, after witnessing the success of health centers in Birmingham and St. Paul, parents in nearby school districts approached health center directors to help them open health centers in their schools.

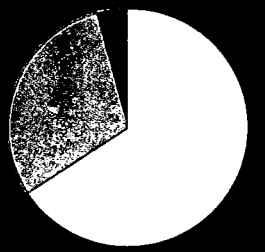
This kind of imitation is the most flattering proof of success, but the true test of political support is measured at the bottom line. In Memphis, during widespread state and local funding cutbacks, the health centers passed this test, according to Kathleen Johnston, R.N., M.S., School Health Supervisor for Tennessee's Memphis & Shelby County Health Department.

"When many programs were being considered for major budget cuts," said Johnston, "the chief administrative officer for the Shelby County government and other high-level county officials said, 'Don't touch the school-based health center program.' While other programs were cut back, our health center funding was preserved."

Despite Noisy Opposition, Health Centers Have Prevailed



Parents Favor Clinics in High School



A *Miami Herald* survey of 619 parents found that 66% would favor a health clinic at their neighborhood high school that would provide contraceptives with parental approval.

Showdown in Miami

Newspapers usually bury stories about school board meetings deep inside their pages. Not the *Miami Herald* on June 5, 1986. The day before, amidst bomb threats, the Dade County School Board had voted to allow a school-based health center in a local high school.

"We had our escape route all worked out," recalled school board president Janet McAliley. "The police barricaded the doors, and their dogs sniffed our meeting room for explosives."

That experience taught McAliley a lesson: Local leaders can prevail if their decisions do three things — protect students' well-being, reflect the community's will and reserve parents' right to consent to a child's health care.

In public voting, local parents overwhelmingly approved the health center, and a *Miami Herald* poll showed that two-thirds of all Miami residents supported it.

"For all the noise they made, the members of the opposition were just a noisy minority," McAliley said. "Their perceived power was way out of proportion to their numbers."

Chapter 4

Community Support: Foundation for the School-Based Health Center

In 1991, a budget crisis led Maryland's governor to propose ending state support for six school-based health centers and all school nurses in Baltimore. Parents besieged the governor's and mayor's offices, demanding that the cuts be made elsewhere. The politicians were persuaded.

Similarly, a Denver city council member attempted to get votes by opposing school-based health centers and introduced a resolution forbidding the city hospital to support the centers. Former Colorado Governor Dick Lamm led the more than 300 parents who filled city council chambers and halted the politicizing of the health centers. The council member withdrew the resolution.

The message is clear: The desperate need for good adolescent health care unites communities around their school-based health centers.

The Strength of Community Advisory Boards

"The health centers are only as successful as the people behind them," said Jane M. Foy, M.D., medical director of the Student Health Project in Guilford County, North Carolina. "With a network of parents and community leaders in your corner, a lot can be accomplished."

To organize strong community support, all of the health centers in the Program have created advisory councils made up of parents, students, health care providers, legislators, clergy and other community leaders. The councils provide input on local needs, help formulate health center policies and educate the community about adolescent health.

"The partnership we've developed with community groups has been one of the health center's strongest points," said Holley Galland, M.D., who directs two school-based health centers in Baton Rouge, Louisiana. Her health center's community advisory council, like many in the Program, has evolved since the health center's start-up. Now it focuses on long-range goals—strengthening alliances, planning strategically and securing funding.

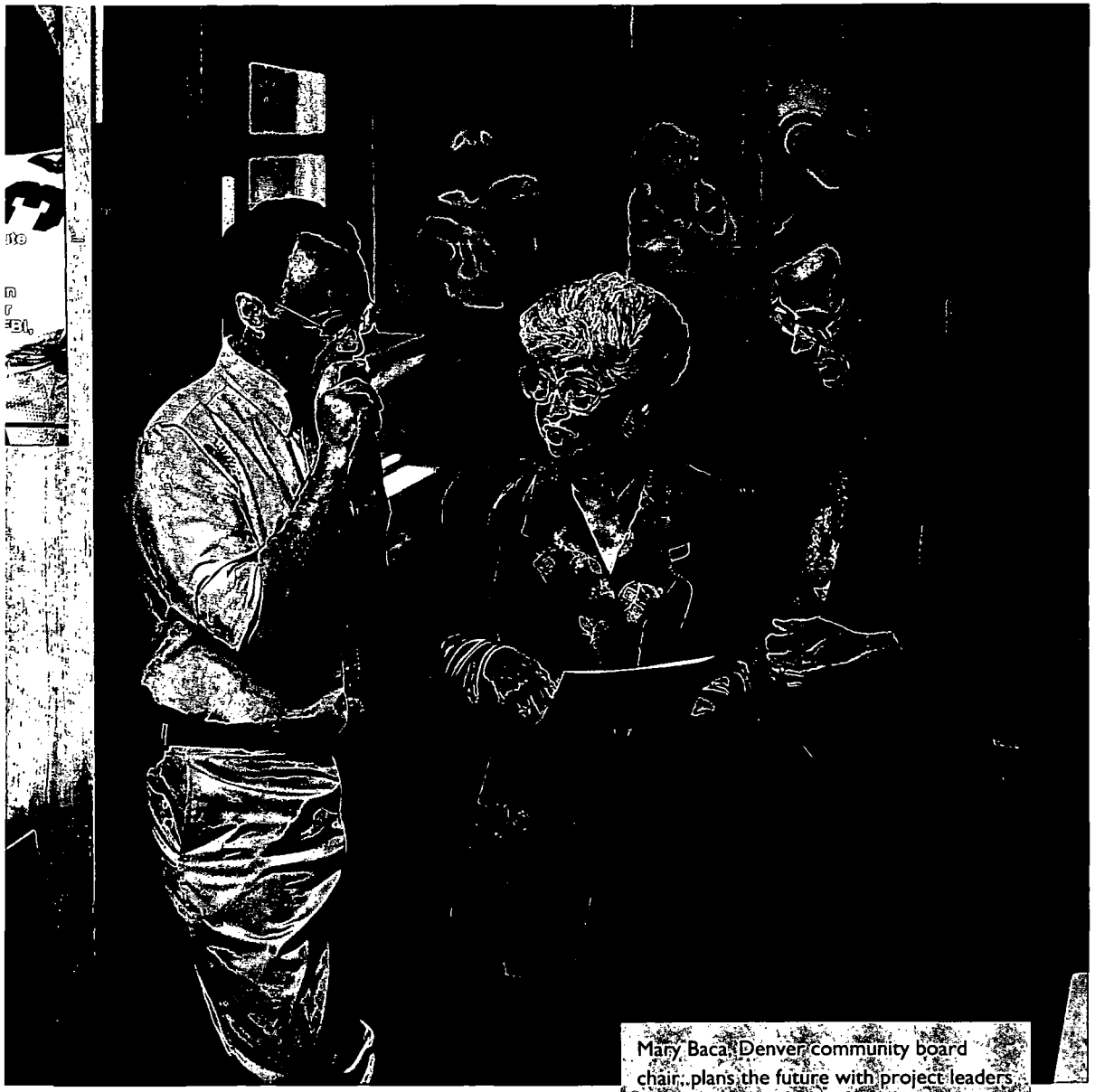
A Symbiotic Relationship

Perhaps no school-based health center has developed a better relationship with its community than the one at Ensley High School in Birmingham, Alabama. A long-term effort to meet community needs has paid off, according to Deborah Bailey, R.N., M.S.N., who supervises the health center for the Jefferson County Health Department.

"Our physician has spoken to local medical societies. Our social worker and nurse practitioner helped start a summer day camp with the housing authority and a local drug treatment program. And this summer, we're hiring 10 Ensley students to help conduct a health education program at our school," Bailey said.

Through this kind of outreach, school-based centers connect communities to their schools and inspire local organizations to pitch in. For example, in San Jose, California, the Rotary Club furnished funds for health center microscopes. In Greensboro, North Carolina, Junior League volunteers help transport students to medical specialists. And in Los Angeles, health center staff receive continuing education from a community-based training program in adolescent health.

The essence of a successful relationship with the community is summed up best by Deborah Bailey. "Our school health center is so much a part of the community," she said, "people can't even remember what it was like before we were here."



Mary Baca, Denver community board chair, plans the future with project leaders David Kaplan and Bruce Guernsey.

Caring in a Community Crisis

Long after the sirens died and the smoke cleared, Maria Avina, a mother of two high school students, told the U.S. Senate about the Los Angeles High School health center's performance during the 1992 riots.

"Students were beaten up, and a student was shot in the leg in front of school," she said. "However, the school-based clinic staff was available to treat the injured students and counsel them.... The school-based clinic became a lifeline to obtain information, numbers and advice."

Diana Juarez, M.P.H., is the health center coordinator at L.A. High, her alma mater. "After the riots weekend, students began coming in with problems," she said. "Some had lost their homes to fires and looting. We offered referrals to community providers and helped students find food and shelter."

In the ensuing months, the health center and student health advocates helped organize multicultural activities, including a school assembly and a series of lunchtime discussions. They also began working with a local youth center to obtain additional mental health counseling.

Juarez has observed a stronger sense of community among students and local residents. "Everyone is talking to each other more," she said. The health center staff can take a bit of the credit.

Chapter 5

Helping Parents Help Their Children

Your daughter has just entered a high school with a health center. Is it a blessing or a threat? She'll have a convenient source of health care, but will the health center interfere in your relationship with her? Will it give her easy access to contraception without your knowledge?

All of the health centers in the Program require written parental consent before they accept students as patients. They have thus addressed this common parental concern with the stroke of a pen. The consent forms allow parents to exclude any services they do not want their children to receive. Less than 10 percent of parents limit services.

In a life-threatening situation, parents are immediately informed about their children's condition and treatment, but otherwise adolescents must be able to trust health center staff never to breach their privacy against their will. Staff protect this trust while strongly encouraging family communication.

"In over 80 percent of cases, confidentiality is simply not a problem," said Steven Tames, M.D., project director of New York's Morris High School Adolescent Medicine Program. "Most kids we see, with some encouragement, are willing to discuss even very private problems with their family. Often, they just don't know how to talk about the issues, so we help them do that. Sometimes we tell their parents together."

Caring for Busy Caretakers

The demands of work and family make taking their children to a doctor difficult for many parents. School-based health centers make it easier for families to obtain health care.

"I must work to support my children, and missing work is not part of the plan," said one single parent. "Accessible, free, competent services at the school my daughters attend makes me at ease that they are cared for at the place where they spend most of their time."

In addition to opening at least a half hour before school so that parents can visit without missing work, school-based health centers find creative ways to get parents more involved in their children's lives and health before problems arise.

The Denver school-based health centers, for example, publish parent newsletters, organize teen theater troupes that introduce difficult topics to parents through skits and discussions, and hold seminars on family communication.

Keeping Families Healthy

Lack of communication is often the source of students' problems. In these situations, the health center seeks to help the entire family.

When a student at Taft High School in the Bronx announced he was moving out of his mother's house, Nancy Todd, C.S.W., the health center coordinator and social worker, convinced him to bring his mother in for a talk. The mother, who perceived her son's frequent questioning of her rules as disrespectful and disobedient, said she could not understand him. The son, in turn, felt that his mother did not respect him.

"He wouldn't even look at his mother when they first walked in," Todd said. "By the end, he decided not to move out, and they had a contract for curfew, car use and helping with family finances."

A blessing or a threat? As one parent of two teenagers put it, "Without the health center, I don't know how I would have been able to get the care that my kids needed."

A health teacher talks with parents and children on back-to-school night.

Concerned Parents Take Action

They traveled more than 20 minutes by bus or subway from their homes in Washington Heights, a neighborhood in upper Manhattan. But nearly 50 parents made the trip once a week for 15 weeks to attend a workshop on the emotional and physical development of adolescents.

"They came the first time to learn about their children," said Lorraine Tiezzi, M.S., one of the workshop's organizers. "They kept coming back because of what they learned about themselves."

Under the aegis of Columbia University's School of Public Health, the program was created to help parents get more involved in the health care their children receive at four local junior high schools.

"Many of the exercises were geared toward what they went through as adolescents," Tiezzi said. She recalled the time one of the fathers told about his first sexual experience: "As he spoke, he suddenly understood what his son was going through. A lot of parents forget their own experiences and what they can contribute to their children's struggles."

The parents were given dinner, baby-sitting and a transportation stipend, but the key to enrolling them was Tiezzi's hiring two parents as outreach workers. "Their one-on-one conversations convinced parents to come," she said. "The parents realized that their concerns were normal and that, maybe, by understanding their teens better, they would be better able to help them through the risks of adolescence."

Chapter 4

Working With the School

"The adolescent health problems of the '90s are no longer solvable by a nurse practitioner or doctor working in isolation," said Martin Fisher, M.D., chief of adolescent medicine at New York's North Shore University Hospital. "They require multidisciplinary attention. When medical and mental health providers work alongside teachers, you get a comprehensive approach to complex issues. You encourage common purpose."

School-based health centers demonstrate this common purpose, but they do not always achieve instant harmony. They must integrate into a structure that includes a host of players, from a school board to a school nurse.

"When a health center and a school join together, there are bound to be issues that cause tension," said Bruce Guernsey, L.C.S.W., M.S.W., director of three school-based health centers in Denver. "For us, space and professional independence became issues which posed a potentially severe morale problem."

Guernsey hired a consultant to work on team-building. "Now, we are better able to address issues before they become problems," he said.

The Need to Network

Health center personnel—who are not school district employees—must not only form a team with the school's own health staff, but also work well with the academic and administrative staff. One key reason is that teachers and administrators can account for more than half of patient referrals.

Teamwork must be nurtured. During September, most health directors devote considerable energy to meetings with principals, assistant principals, teachers, coaches, guidance personnel and front office staff. Throughout the year, health centers host open houses, attend faculty conferences, teach staff workshops on adolescent health, organize health fairs and find many other ways to participate in—and contribute to—the life of their school. One health center even made a homecoming float and entered a nurse practitioner in the Miss Homecoming contest.

Keeping Schools Full

"One of our main purposes here is to help kids graduate," said Michael Godfrey, M.S., who coordinates three health centers for the Los Angeles Unified School District. By providing same-day appointments and medication on-site, school-based health centers keep students in class instead of home sick. But this is just one way in which they contribute to academic performance.

The health center at San Jose Academy in Northern California, for instance, created a group therapy program with the goal of improving grades and attendance for some of the school's lowest-achieving students. Prime drop-out candidates, 19 students participated; 14 were still in school at the end of the academic year, and all but one had an improved grade point average. "Without this intervention, almost none of the students would be in school right now," said project coordinator Nancy Shardell, R.N., M.A.

"In the fours years since I've been here, attendance has increased, and I believe the health center had something to do with that," said Robert Kane, principal of Far Rockaway High School in New York. "In fact, I think school-based health centers should be in every school."

Robert Kane, principal and biology teacher, says the health center has improved attendance at Far Rockaway High School.

Advice from the Front Office

While many of today's school principals are acutely aware that their students suffer from inadequate health care, they may balk at the thought of developing a school-based health center. It is a task that challenges the skill and political acumen of the most seasoned administrator. Below, principals who have successfully negotiated the challenge offer encouragement and advice.

"Do it, no matter what difficulties you may encounter. The need for school-based health care becomes clearer as you become more involved in adolescent health problems. The health centers can make a wonderful difference in children's lives."

— Dana Gage, principal, Industrial Art and Design High School, former principal at Far Rockaway High School, New York

"Space was the toughest issue. Moving teachers and reassigning classrooms creates tension. My advice is to look at the entire system and to figure out which location best integrates the health center into the school."

— Bruce B. Strauchen, principal, Jordan High School, Los Angeles, California

"Anticipate some of the uneasiness and uncertainty that a new school-based health center will create. Inform faculty and staff about the new resources and how to use them. Teachers here at Lincoln have learned to regard the health center as a service that improves student health, well-being, attendance and academic performance."

— James Trevino, principal, Abraham Lincoln High School, Denver, Colorado

Chapter 2

Who's in Charge?

"School-based health centers rely on collaborative support, but without a leader, things fall apart," said Robert L. Smith, M.P.A., executive director of the Northeast Valley Health Corporation in San Fernando, California. "The buck needs a final resting place."

For this reason, every health center must be organized by a single sponsoring institution. Nationwide, more than 75 percent of school-based health centers are administered by health care institutions—community health centers, health departments, hospitals and medical schools.

Sponsors provide or arrange comprehensive health services, including lab work, X-rays and consultation with specialists. They offer expertise in all aspects of patient services, from infection control to continuing education. Most importantly, they are experienced, enthusiastic providers of primary care to adolescents.

Below are some pros and cons of various sponsors, as described by those who know best.

A Medical School

Holley Galland, M.D., directs two school-based health centers sponsored by the Louisiana State University School of Medicine. "Being attached to such a reputable organization gives us credibility and opportunities for getting grants," she said. The health centers also tap into the university's extensive team of clinicians, one of whom is working with Westdale Middle School to immunize adolescents against hepatitis B.

If there is a down side, it is that the health centers sometimes are not an administrative priority in such a large institution, Galland said.

A Community Organization

Administrative matters such as billing become easier when a community organization—such as a health clinic or health advocacy group—runs multiple health centers, according to Donna Zimmerman, M.P.H., executive director of Health Start, a nonprofit manager of five school-based health centers in St. Paul, Minnesota. Administration is less time-consuming and less costly due to economies of scale and centralized billing.

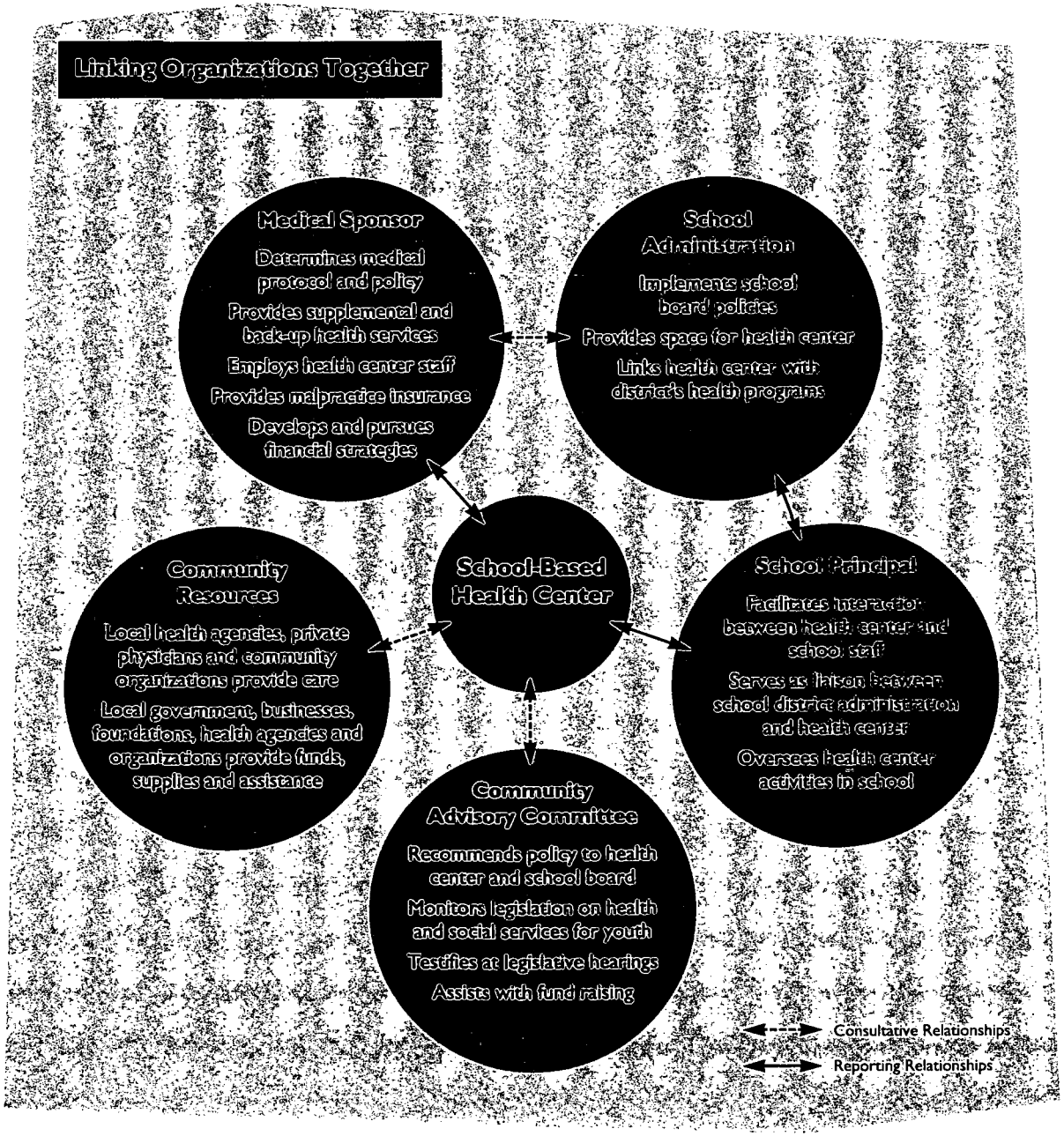
The main disadvantage, said Zimmerman, is that financing a large program is complex and involves a great deal of fund raising.

A Health Department

Kathleen Johnston, R.N., M.S., School Health Supervisor for Tennessee's Memphis & Shelby County Health Department, believes the strengths of health department sponsorship stem largely from philosophy. "Colleges of medicine tend to see through a lens that focuses on illness rather than wellness," she said. "Starting from the whole concept of public health—trying to promote health and prevent illness—is better for people, for taxpayers and for society."

The only drawback she cites is the difficulty of linking up with specialists. "My guess is that if we were operated by a college of medicine, we could get those link-ups more easily," she said.

No matter which kind of organization sponsors the school-based health center, collaboration remains the key. And for any sponsor striving to foster cooperation among institutions, the challenge is getting those institutions to commit funds, personnel and equipment.



Sponsorship Collaboration

Chapter 8

The Management Challenge

When Edna Batiste, M.P.H., hired a director for her school-based health center, she looked only at applicants who had a specific package of skills. "We hired someone who was highly respected in adolescent education, who had the ability to communicate with the community in a positive way, who had good negotiating skills and commitment to this project," said Batiste, administrator of the Detroit Health Department's Family Primary Care Network.

When Stan Friedman, M.D., professor of pediatrics at New York's Albert Einstein College of Medicine, selected his school-based health center director, he looked for a seasoned nurse practitioner who worked well with other kinds of health providers.

While the skills of health center managers vary among sites, in all cases, this person plays a critical role in a school-based health center's success. He or she must possess a strong knowledge of adolescents' clinical and behavioral needs, a detailed comprehension of all health center activities and a sophisticated understanding of the political environment.

Who Is Best for the Job?

Health center directors come from a variety of backgrounds, including social work, nursing and health education. Linda Juszczak, P.N.P., M.P.H., director of the Far Rockaway High School health center in New York, feels they should not only have clinical training but should actually deliver care.

"A lot of what you do as a manager requires intimate knowledge of the problems the kids present with," she said. "Also, a big part of the job is being an advocate, and someone with direct experience can best articulate students' problems and needs."

Others disagree. "We believe that the clinician-manager probably is not a good model," said Hugh Barnes, M.P.H., administrator of the Memphis & Shelby County Health Department's Bureau of Personal Health Services. "Even in a small operation, I don't think a person has time for both management and hands-on clinical work."

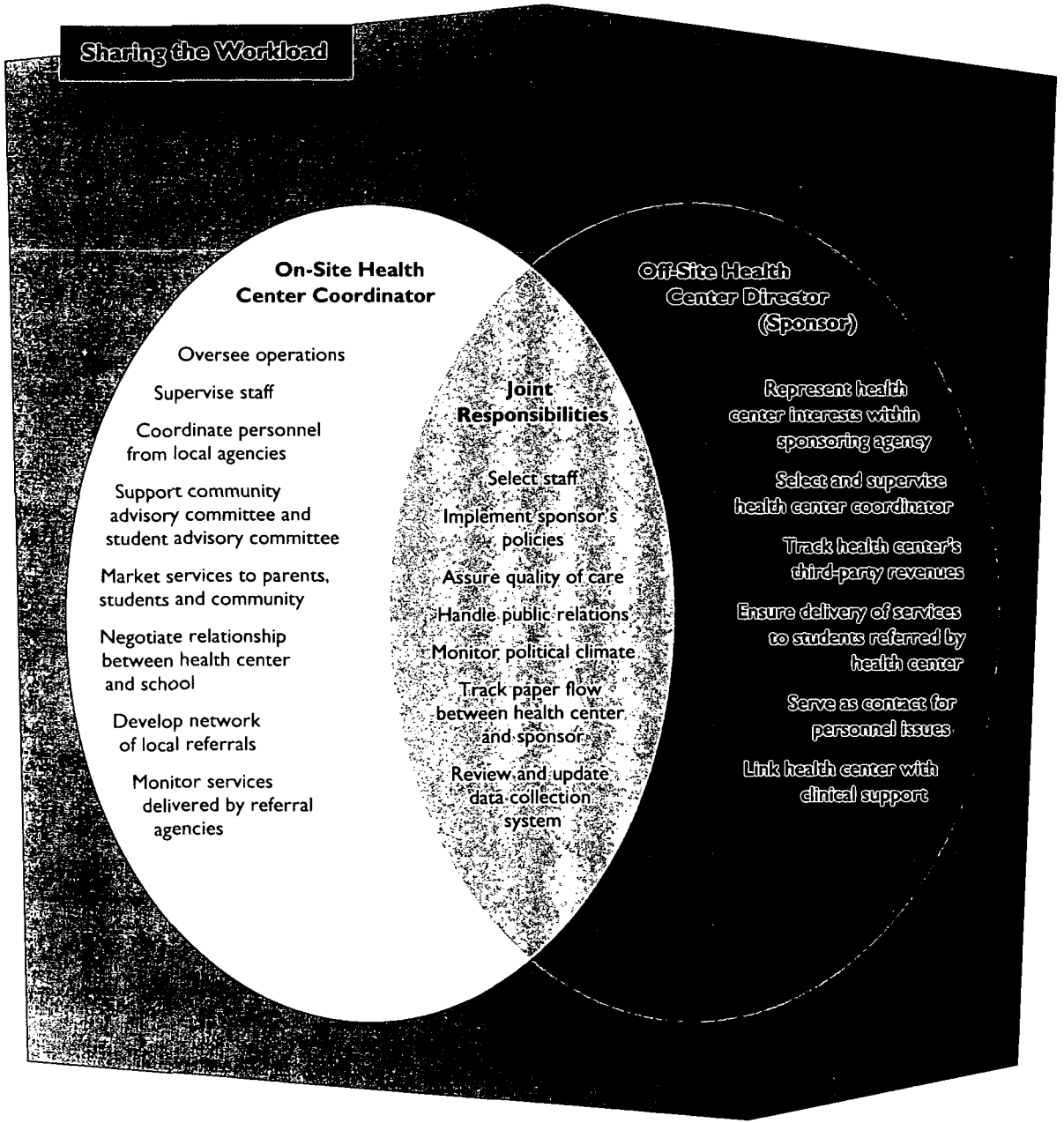
All agree that it's easy to expect a health center director to do too much, a mistake that can lead to burnout. "People often don't realize what they're getting into," observed Debra Delgado, associate director of the Program. "They see only a piece of the picture."

Collaboration, Communication, Commitment

Once a health center is off the ground, the typical director can expect to spend the largest portion of time on day-to-day clinic operations; the second largest working with parents, faculty and community leaders; and the third largest working to secure ongoing financial support. In many health centers, however, financial issues and other longer-term concerns are handled by a senior manager at the sponsoring organization.

Senior managers say that, in most respects, school-based health centers are much like other facilities they oversee, with some important differences. "The big difference in managing a school-based health center is the amount of work you have to do with the advisory committee, the school administrators and the community," said Detroit's Batiste. She spends much of her time "keeping communication flowing, keeping people committed to the project and making changes in small increments so that everyone remains on board."

Sharing the Workload



Not in the Job Description

Every school health center director encounters certain unusual problems that can turn out to be the most stressful management challenges. Below, three health center directors say why.

"The hardest part of the director's job is the sheer number and variety of constituencies you relate to. You have to grapple with them every day, and everyone has a different view, a different need, a different priority."

—Anne St. Germaine, Ph.D., coordinator, Adolescent Health Program, Minneapolis Public Schools

"All of the sudden you're out there taking care of patients and you have to do everything else, too. Your staff ends up cleaning, filing —you do it all. It can be a very large strain."

—Georgiana Coray, F.N.P., Ph.D., director, San Jose School Health Centers

"What makes a school-based health center staff special is that it includes professionals with different kinds of training. Sometimes it's hard for staff to work across disciplines, to draw on each other to benefit the patient."

—Sue Grosse-Macemon, N.P., health center coordinator, Harding High School, St. Paul, Minnesota

Chapter 9

The Health Care Team: Dedication and Cooperation

Dr. Anne Nucci's examination confirmed that the student, a recent immigrant from Ghana, had lost the sight in one of her eyes. Taking time out of her busy schedule as medical director of New York's Taft High School health center, Dr. Nucci accompanied the girl to Bronx Lebanon Hospital's ophthalmology department. The diagnosis: acute ocular toxoplasmosis, a rare and potentially devastating disease.

Dr. Nucci took further time to educate her staff about the condition and the importance of making sure the girl completed her treatment. In a short time, her vision was restored to 20/20.

Going to great lengths to give students the best treatment possible is typical of school-based health center personnel. "I am privileged to work with a highly trained, devoted group of health care providers," said Dr. Nucci. "I believe students' respect for us reflects the quality of care and attention that we give them."

Above and Beyond, and All-Around

School-based health centers are staffed by a multidisciplinary team of professionals, each of whom can address a broad range of problems. A medical assistant supports a nurse practitioner or physician assistant. Mental health services are typically provided by a master's level social worker. A part-time pediatrician or family practitioner rounds out the core staff, which may be augmented by a part-time nutritionist, dental hygienist, substance abuse counselor, conflict resolution counselor and others.

Together these providers become, in the words of one social worker, "case managers and advocates for the students." Their work often encompasses assistance far beyond the scope of health care, from helping a student get a train pass so she can stop missing school, to answering a personal crisis call on a weekend. At Northside High School's health center in Memphis, the social worker helped more than 30 students fill out job applications, learn interviewing techniques and obtain summer employment.

The Traits That Spell Success

The key characteristic all health center staff must have is a genuine love for adolescents, according to Sheila Sholes-Ross, M.A., director of the Carver School-Based Health Clinic in New Orleans. Nearly as important is experience working with teenagers. "Teenagers are a unique population," she said, "because they have so many psychosocial issues to deal with."

Teamwork is another essential, said Bruce Guernsey, L.C.S.W., M.S.W., director of Denver's school-based health centers. Not only do the members of the health center staff learn each others' roles and skills, but the team coordinates with all other staff in the school, including school nurses and social workers, teachers and guidance counselors.

Like many school-based health centers, Denver's Lincoln High School center brings together personnel affiliated with a variety of institutions—the school, the city health department and several independent health organizations. To coordinate care, the entire staff gathers for case conferences every other week and meets with school administrators and counselors weekly.

"There's always a lot of talk about collaboration, but real collaboration is rare," Guernsey said. "We've created an interdisciplinary team that gets resources to kids without worrying about turf issues or where the services come from."

Health center staff help students and their children.

It Helps to Know the Territory

Twice a week, throughout the school year, Jose Cárdenas, Ph.D., travels to California's San Fernando High School to "help students help themselves." A former San Fernando High School student himself and now a clinical psychologist, Cárdenas is familiar with the neighborhood and the cultural orientation of the predominantly Hispanic school population.

"The most common diagnosis I make is depression, deeply rooted in family problems," Cárdenas said. "These kids feel isolated. We have a large percentage of kids whose families recently emigrated from Mexico. Their problems include the language, the culture and poverty. Therapy helps them deal with the transition and the prejudice. It validates what they are feeling."

A number of health centers in the program have hired staff members like Cárdenas who have grown up in the same kinds of neighborhoods as their students. Doing so helps overcome cultural barriers to care and helps tailor services to students' needs.

"Identifying a problem creates a responsibility," Cárdenas said. He believes that once a student is diagnosed, the health center must follow through with culturally appropriate care.

Chapter 10

Patient Services: Broad and Deep

Though reproductive health care looms large in some people's image of school-based health centers, it has a comparatively modest place in the spectrum of services the health centers deliver. Program health centers report that reproductive health care prompts only 10 percent of student visits.

The other 90 percent of visits illustrate what health center staff mean when they say they offer "comprehensive services."

- The largest number of visits to Program health centers—29 percent of the total in 1991-92—are for treatment of acute illnesses and injuries. Staff write prescriptions, suture wounds and perform all the functions necessary to treat patients on-site.
- The second largest category is mental health, which accounts for 18 percent of visits. "It's overwhelming," said Leslie Morris, M.S.W., M.P.H., coordinator of Jersey City's Snyder High School health center. "You really have to prioritize. You have to know your students' mental health needs and target your actions accordingly."
- Physical exams represent 15 percent of visits, and other important services, such as immunizations, nutrition counseling and dental care represent 18 percent. "We don't just hand out aspirin," said Deborah Bailey, R.N., M.S.N., who supervises the Ensley High School health center in Birmingham, Alabama. "Our students get tested for vision and hearing problems as well as conditions like sickle cell. They get lab work and anything else they need for a complete physical examination and diagnosis."
- Finally, chronic disease management accounts for 6 percent of visits, and skin problems account for 4 percent.

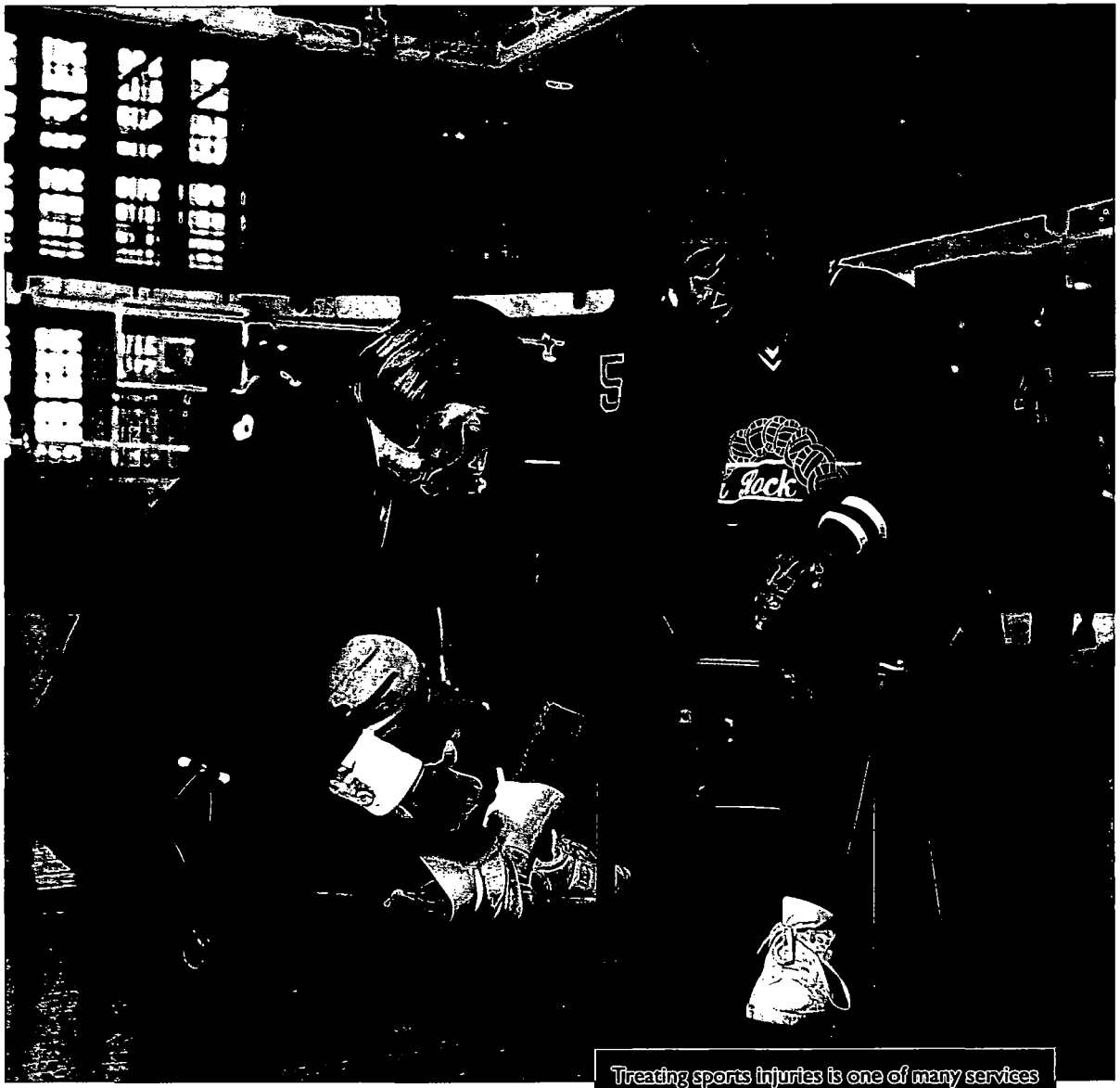
Quality as Well as Quantity

The breadth of these services is matched by a deep commitment to quality care. In 1991-92, Program health centers reported nearly 65,000 visits—an average of 2,700 per center. While nationally, 80 percent of adolescent visits to medical providers last less than 16 minutes, school-based health centers report that nearly half of their visits last longer than 20 minutes—clear evidence that staff take more time to understand students' problems.

This emphasis on intensive service and quality follows students when they must be referred elsewhere for X-rays or other special services. In addition to maintaining a network of providers who treat students regardless of their insurance status, each health center has a follow-up system to make sure referral care is obtained and information about that care comes back to the center.

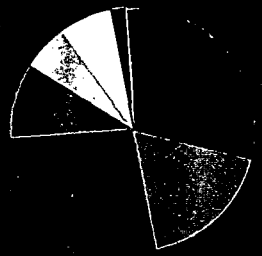
School-based health center staff can easily stay in touch with patients who are in school. In contrast, community-based clinic workers often have trouble tracking down their patients once they leave the clinic. In fact, the average school-based health center user makes nearly four visits per year, indicating that the centers provide good continuity of care.

As for reproductive health care, it too is characterized by the drive to meet students' needs, regardless of the time and effort required. "It's not about handing out birth control," explained one health educator in Los Angeles. "It's about counseling—working on kids' self-esteem and giving them the strength to say no."



Treating sports injuries is one of many services school-based health centers provide on-site.

Health Services Provided
1991-92 School Year



- Acute illness 29%
- Mental health 18%
- Physicals 15%
- Other/immunization/vision/hearing 12%
- Reproductive health/STDs/family planning 10%
- Chronic health problems 6%
- Acne/skin problems 4%
- Nutrition/eating disorders 3%
- Drug/alcohol abuse 2%
- Prenatal care 1%

SOURCE: School-Based Adolescent Health Care Program, The George Washington University, 1993

The Need for Mental Health Services

[illegible] services school-based health centers [illegible] staff say mental health services are [illegible]. According to Henry [illegible], clinical social worker at Birm[illegible] Junior High School health center, [illegible] have grown significantly in the [illegible] years.

[illegible] the United States, as many as [illegible] of children and teenagers may have [illegible] mental disorder, according to the [illegible] Office of Technology Assess[illegible]. School-based health centers provide [illegible] for a wide range of these problems, [illegible] depression, anxiety, physical and sexu[illegible] as family difficulties.

Health Education and Promotion

"We cannot rely on treatment alone to solve the major causes of death and disability in the United States," according to Philip J. Porter, M.D., director of the Program. "We're far better off putting our energies behind prevention."

School-based health centers do exactly that, through classroom education, parent seminars, teacher training, schoolwide immunizations, health fairs, student clubs, school newspaper columns and myriad other activities.

Health + Education = Chain Reaction

"One benefit of school-based health care is that the whole school is the patient, not just individual students," said Harriet Smiley, health educator for two school-based health centers in Detroit. "The health center can be part of an effort to transform the entire school environment."

Integrating health providers into all aspects of school life not only can help teachers insert health information into the curriculum, but can greatly increase health providers' opportunities to influence students' behavior. Consider two examples:

■ Obese young women at a Connecticut high school, embarrassed about their bodies, were skipping school to avoid gym class. The health center's nurse practitioner organized before-school meetings with them for a nutrition class, a healthy breakfast and special exercises. The project was so successful that the health center and the physical education director developed a full-credit personal fitness course that now involves more than 50 students.

■ By testing their students at a nutrition fair, the Ensley High School health center in Birmingham, Alabama, discovered that 40 percent had high cholesterol. As a result, the health department created a program to train city school cafeteria workers in cholesterol reduction.

Students as Teachers

Even bigger changes occur when students conduct their own health promotion and education programs. "Student initiation makes a tremendous difference," said Lynn Noyes-Letarte, supervisor of school and adolescent health for Connecticut's health department. "Kids are more receptive when health messages are delivered by their peers." In Program health centers throughout the country, students have taken a variety of creative approaches.

■ Students in Denver, Birmingham and Greensboro, North Carolina, have organized drama troupes, written plays about adolescent health issues and performed them in their communities. Many have even produced videos. "Acting things out in front of other kids helps us learn more about ourselves and others," said one student. "I've never done drugs or alcohol, but through the group, I've learned I can help students who do."

■ In Los Angeles, San Jose, St. Paul and other cities, trained student counselors educate their peers about many teen health issues, including violence, suicide and AIDS.

■ And at New York's Far Rockaway High School, students who complete a special health careers program can gain certification to be employed as health aides in the community.

"What we're trying to do is help students become more in charge of their own health care," said Kay McCann, R.N., B.S.N., school nurse at Lincoln High School in Denver. "If we can do this, we've done our job."

Students Address Problems

At Harding High School in St. Paul, Minnesota, it's not just the health center staff who take on the job of health education. Student envoys to the health center identified three ways to improve the health of students and their community:

- heightening students' awareness of environmental issues;
- promoting nonviolent solutions to problems; and
- increasing students' sensitivity to racism.

They organized an Earth Day celebration, bought 350 small evergreens to resell to faculty and staff and by 11 a.m. sold the entire batch.

To address violence and racism, the students teamed up with the Family Studies class and Students Against Drunk Driving to organize a schoolwide Peace Week. They composed peace poems, developed rap videos, performed skits, created T-shirts and buttons, and held a "flower power" celebration that included distributing 350 donated flowers to students and staff.

Harding is just one of many schools where students are tackling community health issues. At Connecticut's Stamford High School, for example, students educated themselves about AIDS, met with a local legislator, and drafted a bill allowing minors to obtain HIV testing and counseling without parental consent. The law is now in effect statewide.

Chapter 12

Designed for Success: The Health Center Facility

What does a school-based health center look like? If you haven't seen one, you may picture anything from a school nurse's office, with a cot and sink, to a hospital emergency room, full of high-tech equipment. The answer lies somewhere in between.

Perhaps everywhere in between is more accurate, because these health centers spring up in all kinds of settings and come in all shapes and sizes. One in Denver was formerly a classroom full of sewing machines. One in Memphis was a food services classroom. And Snyder High School in Jersey City built its health center from three math classrooms.

Whether it is a spartan facility with furniture that doesn't match or a spacious suite with wall-to-wall carpeting, every school-based health center has to contain, at a minimum, these essentials:

- A waiting area that is not visible to people who aren't using the health center.
- At least two examination rooms and a counseling room.
- A small laboratory that contains a refrigerator, a microscope, a place to store blood specimens and a sink.
- A bathroom.
- Separate telephone lines from the school's and an answering machine telling students how to obtain emergency services after hours.
- Private areas: Rooms where consultations cannot be overheard. Offices and administrative space where staff can work privately with records.
- Secure areas: File cabinets and drawers that lock, to protect medical records. Some health centers lock expensive equipment and medication in a sturdy cabinet.

Space and Locale

Adequate equipment is not the only necessity for a health center's success; location is crucial, according to Terrance Keenan, special program consultant to The Robert Wood Johnson Foundation.

"The most important thing is that you are in a part of the school that students can get to easily and that they see as part of the school's support services," he said. "A place where you can integrate counselors, administrators and school nurses is best."

Sufficient size is also important, because inadequate space can limit providers' productivity and impede the flow of services to students. When one health center outgrew its space, it expanded into additional rooms and doubled the number of patient visits per year.

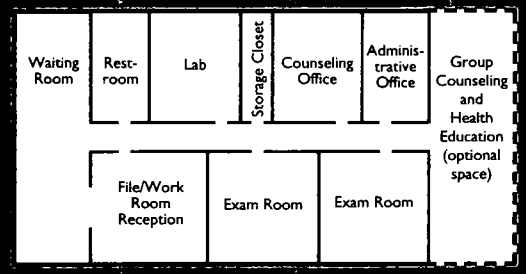
Warmth

If a school-based health center is a medical home for students, it should feel like one. To that end, all health centers in the Program are well-lit, clean and attractive, with a welcoming look that tells students they will be treated with respect.

In fact, many centers have included students in the design process. At Taft High School in the Bronx, students helped choose the health center's colors, carpet and furniture. And in Minnesota, students painted murals on the health center's walls.

"Making the facilities pleasant is important, because it says to the students, 'We care,'" said Christel Brellochs, director of the School Health Medicaid Project at Columbia University's School of Public Health.

School health centers are designed to maximize privacy and professionalism.



Things to Remember

Space planners for clinical services can offer good advice on how to make a clinic function effectively. Here are a few of their recommendations:

Laboratory

Environment:
- Visually private space
- Adequate counter space for equipment
- Electrical outlets (1 outlet for every 18 inches of counter space)

Equipment:
- ☐ Refrigerator for specimen storage
- ☐ Sample-taking chair
- ☐ Waste receptacle with lid
- ☐ Infectious waste receptacles
- ☐ Cabinet/area to stock daily supplies

Exam Room

Environment:
- Minimum space 8' x 9'
- Exam table should be accessible from 4 sides
- Private and soundproof door (no view into exam area)

Equipment:
- ☐ Exam table and stool
- ☐ Foot stool
- ☐ Waste receptacle with lid
- ☐ Gooseneck lamp
- ☐ Cabinet/area to stock daily supplies

Patient Waiting Area

- ☐ Chairs that can be arranged in various ways
- ☐ Patient education display unit
- ☐ Clock

Receptionist/Records Storage Area

- ☐ Desk/work counter and chairs
- ☐ Telephone
- ☐ Answering machine
- ☐ Locked medical records storage files
- ☐ Photocopier
- ☐ Adding machine
- ☐ Adequate number of electrical outlets

Chapter 13

The Health Center Budget

First, the bottom line on the cost of running a school-based health center: Pennies of prevention are worth dollars of cure.

Now, the longer explanation: Costs vary, depending upon geographic location, number of personnel, scope of services and a variety of other factors. In the Program's 24 school-based health centers, for example, expenses for 1991-92 ranged from $130,000 to $325,000.

What are the largest items in a typical health center's budget? Staff salaries and benefits compose 80 to 90 percent of Program health centers' total costs. Additional expenses include laboratory work, X-rays, medications, medical supplies, equipment maintenance, office supplies and insurance.

School-based health centers pay the bulk of these expenses with money from grants, Medicaid billing and government appropriations, but in-kind contributions play a key role in every health center's budget. Space and utilities are usually provided by the school, medicines are often donated by pharmaceutical companies or the health center's sponsoring institution, and frequently local hospitals and health agencies pay a portion of staff salaries.

"If we had to pay for things like medicines and office supplies," said one health center administrator, "we couldn't stay in business."

Small Investments, Large Payoffs

In-kind contributions are a wise community investment, because school-based health centers help reduce demands on the budgets of hospitals, health departments and other public agencies. "Almost all of these kids would be showing up at a public health provider if not for us," said Jan Marquard, M.P.H., health center director at San Fernando High School in California.

Consider teen pregnancy. Premature, low birthweight infants can cost from $60,000 to $100,000 in neonatal intensive care, and complications can raise the costs to as much as $600,000, according to Mary Mikell, administrator and social worker at two school-based health centers in Baton Rouge, Louisiana.

In light of these enormous costs, Mikell's health center at Istrouma High School has paid for itself many times over. In 1988, half the babies born to Istrouma students weighed less than 5 pounds. After the health center began its program of early pregnancy identification and monitoring, none of the nearly 30 babies born to students in the following two years had low birthweights.

Making the most of a limited budget is something school-based health centers do quite well. In Denver, for instance, they provide a full year of comprehensive health services for only $125 per student, according to David W. Kaplan, M.D., M.P.H., who chairs the board of Denver's school-based health centers.

"One of the reasons we can do it so inexpensively is that we avoid high-tech medicine," Kaplan said. "We do a very good job of providing basic services."

School-Based Health Center Sample Budget

Expenses

Personnel*

- Nurse practitioner or physician assistant
- Clinical social worker
- Receptionist/data entry clerk
- Other staff, including physician, nurse, nutritionist, health educator, substance abuse counselor
- Fringe benefits

Other operating expenses

- Laboratory
- Medical supplies
- Pharmaceuticals
- Office supplies and medical records
- Telephone
- Staff travel
- Professional insurance
- Printing/duplicating
- Patient education materials
- Staff development/training
- Equipment leases (photocopier/computer)
- Rent**
- Utilities**

Revenues

Operating revenues

- Medicaid
- Private insurance
- Managed care contracts

Non-operating revenues

- In-kind contributions
- Private grants
- State/local revenues
- Federal grants

* One of these positions also serves as clinic coordinator

** School district in-kind contribution

Adding It All Up

When local agencies make in-kind contributions to school-based health centers, their impact is felt far beyond the balance sheet. Among the many organizations that provide staff and services to Denver's Lincoln High School health center are the school district's counseling program and Arapahoe House, a local substance abuse treatment program. Below, a student describes the contribution they have made to her life.

"I came to this school as a ninth-grader with an alcoholic family. My student advisor was the first person I told. If it weren't for him, I wouldn't be here now. I was missing school, smoking pot, drinking, fighting—you name it. He sent me to the health center.

"The health center staff taught me how to control my temper and stop using drugs. I was ashamed and scared, but they helped me talk about my problems.

"I've brought friends and family to the health center. My mom's boyfriend was beating her and me. Now she is in counseling through Arapahoe House, and it's going well. She's realizing she doesn't need this guy beating on her.

"The health center has done so much for me. I wish more people would enroll their kids."

Chapter 14

Finances: Making Sure There's a Tomorrow

"School-based health centers sound like a great idea, but where am I going to get the money to support one in my school?" It's an old question, but one with a surprisingly upbeat answer, particularly now. Health center staff around the country are devising creative funding strategies to obtain public and private support. They are generating an impressive response, because their health centers address two vital concerns of the American public: education and health care.

Rarely do school districts foot a significant part of the health center's bill. They may maintain funding for any health services that existed before the creation of a health center and integrate them with the health center's services, but they generally do not carve out additional funding for health centers in their budgets.

Nationwide, 24 percent of health center funding now comes from state health departments; 18 percent from private foundations; 17 percent from the federal Maternal and Child Health Block Grant program; 12 percent from city and county governments; 8 percent from school districts; 7 percent from community health centers and 14 percent from other sources, including 2 percent from Medicaid. Overall, state support has risen while foundation support has declined, and that trend will likely continue.

Foundation Grants: Here Today, Gone Tomorrow

"Foundations are the venture capitalists of the nonprofit world," said Peter Conrad, vice president of administration for the Colorado Trust, which awarded $500,000 over five years to Denver's school-based health centers. After foundations help health centers establish a track record, Conrad said, health centers must find "long-term shareholders."

"I see school-based health care as a company that is still in the start-up stage and needs capital to succeed," he said. "But dollars are tight out there. Even good ideas sometimes fail."

Long-term financing is a critical issue that health centers funded by The Robert Wood Johnson Foundation have been asked to address. Grants runs out in 1993, and each health center is pursuing a different strategy to replace that money. Most are striving to increase their Medicaid billing, while many also are trying to garner tax dollars through legislative appropriations or new levies.

Survival Strategies

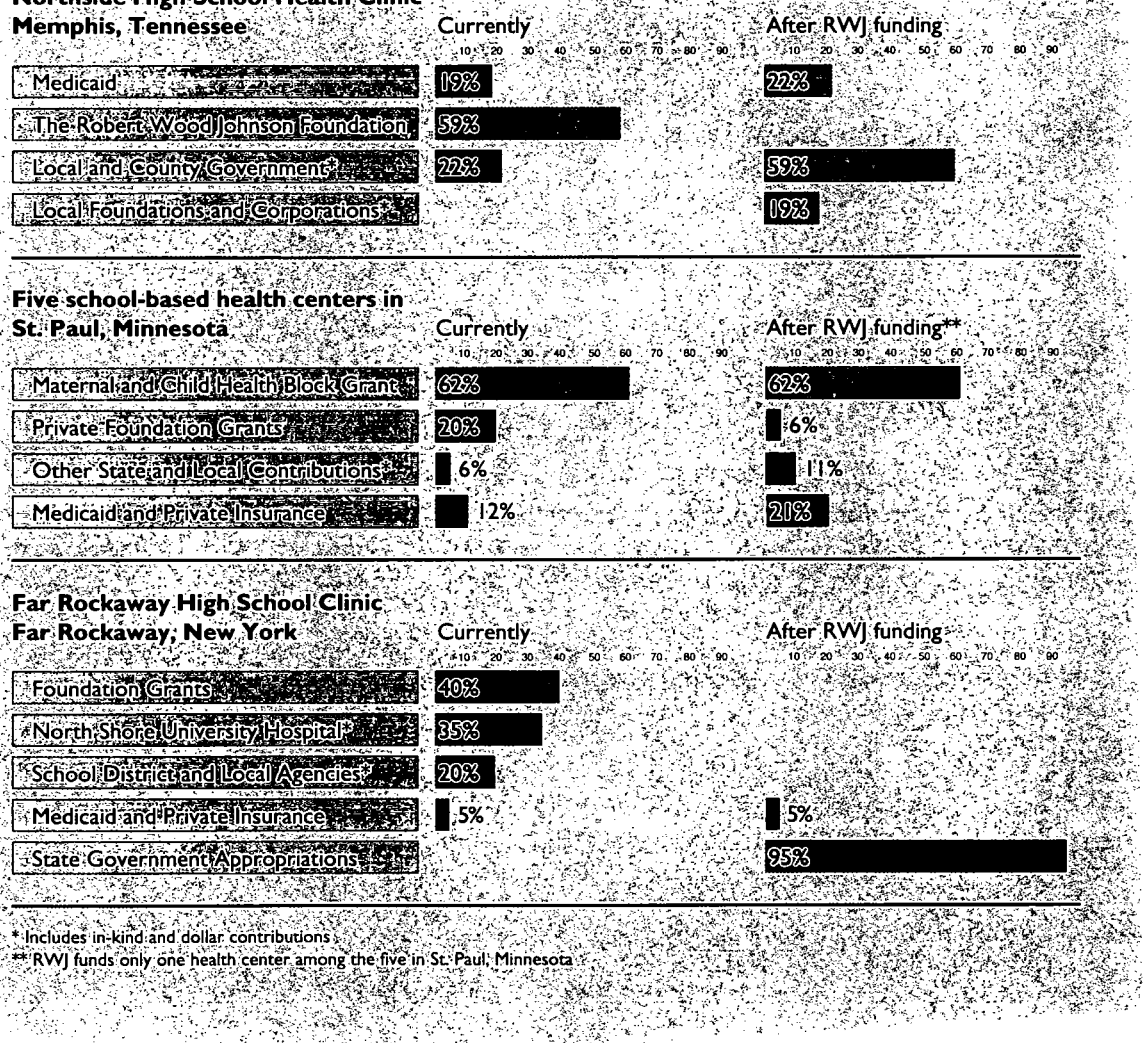
Hugh Barnes, M.P.H., administrator of the Memphis & Shelby County Health Department's Bureau of Personal Health Services, is covering all the bases. He has expanded Medicaid billing to account for one-third of the Northside High School health center's 1993 funding. He is applying for grants from local foundations and corporations. And he is counting on local government appropriations to cover the balance. "There's enough commitment in the city and county that government officials have assured us the health center will stay open," Barnes said.

Some health centers have had to take other approaches to win more taxpayer funds, such as mounting large public education and lobbying efforts. In Dade County, Florida, for example, citizens successfully campaigned to support public health care with a half-penny sales tax. The new tax yields nearly $80 million a year, and Northwestern High School's health center is a direct beneficiary.

Sandy Sears, vice president of ambulatory services for the Public Health Trust of Dade County, said supporters of the tax emphasized that the care delivered by health centers like Northwestern's would reduce the financial burden on public hospitals. "You've got to go beyond traditional means of support and help the public understand the mission of your organization," she said.

Projected Funding: Three Approaches

Program health centers have explored different ways to replace their Robert Wood Johnson Foundation (RWJ) funding, as illustrated by the three projects below.



* Includes in-kind and dollar contributions

** RWJ funds only one health center among the five in St. Paul, Minnesota

Medicaid: Problems and Solutions

Medicaid potentially offers a vast, stable source of funding to school-based health centers. For those that are eligible for funding through a Federally Qualified Health Center (FQHC), it is particularly helpful, providing cost-based payment for Medicaid-enrolled students, not just the amount specified in Medicaid's fee schedule.

While most health centers could obtain more funds from Medicaid billing, few maximize this option. One reason is confidentiality; in many states, Medicaid sends statements to students' parents.

Another problem is that health center staff must overcome a "cultural gap," according to Steven Rosenberg, a health policy consultant from Bolinas, California. "Health center staff are not business-oriented," he said, "and Medicaid is a business-driven world of arcane rules."

Unable to master these rules, the San Jose School Health Centers contracted out their Medicaid billing to a private company. "We've gone from a 14 percent reimbursement rate to more than 40 percent," said Georgiana Coray, F.N.P., Ph.D., director. Even though the company takes a 15 percent cut, the health center is ahead.

Currently, Medicaid holds varying promise for school-based health centers, depending on how many of their students are enrolled or Medicaid-eligible. Because Medicaid is scheduled to cover all children and teenagers living below the federal poverty line by the year 2001, it may be an increasingly important source of support for school-based health care.

Conclusion

The Wave of the Future

By any measure, school-based health centers clearly work. Whether you count the number of students who visit them; the number of parents, educators and health providers who support them; the number of problems they address; or the number of dollars they save, the tally is success.

But numbers tell only part of the story: School-based health centers provide many benefits that are simply immeasurable. Ask the student whose eyesight was saved, the young man who decided not to move out of his mother's house, or the young woman who stayed in school and overcame her substance abuse.

"School-based health centers provide more than just health care," said Laura Secord, R.N., F.N.P., manager of the Ensley High School health center in Birmingham, Alabama. "We provide healthy caring—an ongoing experience that builds self-esteem, builds relationships and builds students' ability to care for themselves. That is the difference that school-based health care makes. It gives us a chance to develop a daily relationship with the young people we serve. And that relationship builds a bridge to help them finish school and become contributing members of society."

The Next Step

Still, school-based health care is not a panacea, said Leslie Morris, M.S.W., M.P.H., health center coordinator at Snyder High School in Jersey City, New Jersey. "We are limited in our ability to turn problems around, especially at the high school level," she said. "We really need to get these health centers into elementary schools."

Indeed, placing health centers in grade schools is the wave of the future. The earlier students' problems are addressed, the less likely they are to burgeon into serious, deep-rooted, costly conditions in the future.

"We all own a part of these problems, and we all have responsibility for solutions," said Mary Baca, a community leader in Denver. "Without these services, it's Russian roulette for the kids—it's life or death."

With the stakes so high, school health services cannot afford to remain entrenched in the past. "We are still addressing problems as if this were the 1940s, when the major problems were chewing gum, running the halls and the dress code," said M. Joycelyn Elders, M.D., U.S. Surgeon General-designate, who has supported school-based health care.

"Our teachers, children and future depend on our dedication to turn things around," according to Antonia Novello, M.D., U.S. Surgeon General. "Some will tell us that it can't be done or that it might be beyond hope. But I know in my heart that isn't true."

The Robert Wood Johnson Foundation's School-Based Adolescent Health Care Program has worked in all kinds of communities, all across the country. As the Program comes to a close, it leaves our communities and our nation with a powerful new solution to the many health problems that face underserved children and teenagers.

"I don't know what the future holds," said Philip J. Porter, M.D., director of the Program, "but I know who holds the future. You can have school-based health care if you want it. You don't have to wait until someone decrees it or writes you a million-dollar check. All it takes is wanting better health care for young people in your community. The local health resources are there. You can integrate them at your school. You can make it work."


VICE

For more information, contact
The School-Based Adolescent
Health Care Program
1350 Connecticut Avenue, NW
Suite 505
Washington, DC 20036
202-466-3596
Fax 202-466-3467

Participating Schools and Health Care Providers

Alabama
Birmingham
Ensley High School
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North Carolina
Greensboro
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Guilford County Health Department

Tennessee
Memphis
Northside High School
Memphis/Shelby County Health Department

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Writing: Stephen Garfinkel, Burness Communications

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The School-Based Adolescent
Health Care Program
1350 Connecticut Avenue, N.W.
Suite 505
Washington, DC 20036
202-466-3396