

HEALTHY CHILDREN IN HEALTHY FAMILIES

THE ROLE AND

Power

OF SCHOOL-BASED HEALTH

May 2005

by

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Henrie M. Treadwell, Ph.D.

Community Voices
HEALTHCARE FOR THE UNDERSERVED

NATIONAL CENTER FOR PRIMARY CARE AT THE MOREHOUSE SCHOOL OF MEDICINE

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The National Center for Primary Care at the Morehouse School of Medicine is the program office for the Community Voices initiative. Community Voices is designed to improve healthcare access and quality. The initiative involves eight learning laboratories across the nation and is targeted at ensuring the survival of the safety-net providers and strengthening community support services. For more information on Community Voices, please visit www.communityvoices.org. The W. K. Kellogg Foundation funds the Community Voices Initiative.

Opinions and conclusions expressed in this publication are those of the author(s) and do not necessarily reflect those of the W.K. Kellogg Foundation.

Overview

Children’s health has been a priority for policymakers and providers for many years. Yet, estimates suggest that in 2002 nearly 4 million children did not have a usual place of healthcare and 7.1 million had no health insurance. These underserved children — who are disproportionately from low income families or families of color — are more likely to have unmet medical needs and delayed medical care, and are more likely to experience poorer health outcomes.

According to the National Center for Education Statistics, fifty-four (54) million children attend school every day (NCES, 2003). What better place than schools to reach them and assist families. Elementary schools, middle schools, and high schools provide the best opportunities to address preventive and primary healthcare needs, reduce health-risk behaviors, promote health literacy, and prepare children to navigate the healthcare system. School-based healthcare is a crucial component of the healthcare safety-net, particularly as it relates to assuring the health of underserved children and adolescents. Immunizations, behavioral healthcare, and oral health screenings are among the preventive and primary care services provided through school-based healthcare.

Community Voices and the W.K. Kellogg Foundation – A Historical Investment in School-Based Health Care

In 1996 the W.K. Kellogg Foundation awarded a grant to the Tides Foundation to investigate the establishment of a sustainable organization to improve the health of children through the use of school-based health centers. In 1997 a subsequent grant in the amount of \$519,000 was made to formally initiate the National Assembly of School-based Health Centers. The rationale for this grant was based on the Foundation’s considerable experience in school-based health programs. Early program efforts included grants to Columbia University in New York to establish dental clinics in schools in the Washington Heights neighborhood of Manhattan; grants to



establish clinics in Wilcox and Lowndes County, Alabama; the Henry Ford Hospital in Detroit; California State University-Dominguez Hills; in the Bay Mills Community of Michigan’s Upper Peninsula near Sault Ste. Marie College; and in the Latin-American Youth Center in Washington, DC.

Continuing investment in school-based healthcare through Kellogg’s Community Voices initiative has occurred in Albuquerque, New Mexico; Denver Health and Hospital Authority in Denver, Colorado; Visions for Health/Baltimore Health Department in Baltimore, Maryland; FirstHealth of the Carolinas, North Carolina, serving several rural county schools; Ingham County Health Department in Lansing, Michigan; Miami Coalition for School-based Health Care in Miami, Florida; Northern Manhattan Collaborative, Manhattan; and, in La Clinica de la Raza/Asian Health Services in Oakland, California.

Services have evolved over the years to focus more attention on providing access to comprehensive primary care services including oral healthcare, mental healthcare, and where feasible and possible, to providing care for community members. In some cases where services were on site, ancillary services were also developed (e.g. children’s oral services) that were designed to serve all youth in the area, thereby meaningfully integrating oral healthcare into the primary healthcare framework.

Community Voices and School-Based Health Care

In 1998 the Kellogg Foundation, building upon lessons learned during ten years of community-based program awards, established a national initiative of local visionary models entitled *Community Voices: HealthCare for the Underserved* to integrate all lessons learned in comprehensive community models for primary healthcare/prevention health services.



The local visionary learning laboratories, working initially in 13 and now 8 communities across the United States, continue to expand and improve services. These service delivery models,

including SBHCs, offer integrated and comprehensive services that are financially sound and can be maintained for future generations. Current grants from the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation support efforts to assist communities with sharing the results of their work and help policymakers, healthcare providers, educational systems, parents and community members take action that will improve health for all.

Community Voices (CV) learning laboratories across the country are specifically engaged in innovative community-based strategies to assure access to quality care for all children and their families. These CV communities are working to promote and sustain school-based healthcare as a cornerstone of the healthcare safety-net for children and adolescents and are recognizing the importance of mental health and oral health as essential and integral building blocks of a primary healthcare system of care. This report presents an overview of the themes and lessons resulting from the efforts of Community Voices.

■ **School-based health centers (SBHCs) provide preventive and primary care services that prevent the spread of disease, reduce health risks, and promote good health.**

Like many other SBHCs, the Denver School-based Health Centers operate as primary care centers located in Denver public schools. The newest clinic opened in 2005. Immunizations, well-child care, and upper

respiratory infections are among the top five physical diagnoses at elementary, middle, and high schools.

Health promotion and education are important, as underserved children are more likely to be at risk for poor health outcomes related to factors such as obesity or tobacco use. At one Washington Heights Elementary School in northern Manhattan, New York, 31 percent of students are obese and 22 percent of students are overweight. In comparison, 15 percent of children nationwide were overweight in 2002. At SBHCs in Washington Heights, the Healthy Choices program targets students, parents, and staff and focuses on healthy living through nutrition and physical activity.

In West Virginia, the Healthy Schools Program, which began in 1991, demonstrated improved physical fitness within its first five years. The passage rate on the President's Physical Fitness Test increased from 17.7 percent to 22.3 percent for West Virginia children from kindergarten through 8th grade. In other words, 5,500 more children each year met or exceeded national fitness standards.



■ **SBHCs fill critical preventive healthcare service gaps in mental health and substance use treatment, as well as in dental health, where available.**

Approximately 20 percent of children and adolescents have mental health disorders. Yet only 30 percent of those children will receive treatment. In Denver SBHCs, 27 percent of visits are for mental health and 11 percent are for substance use. Mental health and substance use encounters at Denver SBHCs involve families as well as children. Of the nearly 5000 alcohol and drug counseling encounters in 1999, families of students receiving counseling were involved in fifty-eight percent of cases. At New Mexico's SBHCs, 21 percent of visits in 2000 were for mental health and 9 percent of referrals were for additional mental healthcare. SBHC referrals for dental care ranged from 0 to 22 percent in New Mexico, depending upon the individual SBHC. Even when dental services are not



available, dental health is a core element in health education curriculums.

In North Carolina where SBHCs lack

dental chairs, FirstHealth of the Carolinas established pediatric oral health clinics to fill the service gap. FirstHealth recognized the impact of poor oral health on children in terms of unnecessary tooth pain, missed school days, and general well-being. SBHCs referred children to the pediatric dental clinics for comprehensive care. For uninsured children, local foundations have pitched in so they can receive the specialty dental services they need.

■ **SBHCs are part of state strategies to assure primary healthcare in rural and underserved areas.**

West Virginia's School Health Initiative is part of a far-reaching strategy to emphasize health promotion and increase access to primary care in rural areas. The state helped build an extensive system of rural primary care, clinics, emphasized healthy lifestyles and preventive care in schools and communities, and expanded access to care for high-risk pregnant women and needy children. By 2004, West Virginia had 36 school-based health centers and one school-linked program, serving a total of 46 schools in 19 of the state's 55 counties. These SBHCs serve approximately 25,000 students. During the 2002-2003 school year the statewide average for enrollment in the SBHCs was 75 percent. This enrollment rate is one of the highest in the nation for a statewide system. Sixty-three percent of the 11,400 students enrolled used the health center at least once during the school year. There were 57,270 visits reported.

■ **SBHCs serve more than youth; they also serve communities.**

As a result of their accessible location and their function as part of the safety-net, some communities have expanded the reach of their SBHCs to include community members. In Michigan, the Otto Community Health Center is a joint initiative between the Ingham County Health Department and the Lansing School District. The health center is open to students, families, and community members. In 2003, community patients made 17 percent of all visits.

■ **Potential benefits of SBHCs beyond health include reduction of missed school days for children and workdays for parents, averted emergency room visits, and potential cost savings.**

The East Middle Health Center in Montgomery County, North Carolina determined that as a result of the 2,750 visits made during the 1999-2000 school year, 849 children remained in school due to a health center intervention, 3,819 hours (or 477 days) of parent employment hours were saved, and 681 emergency department visits were averted with a potential cost-savings of \$102,150. While more is needed to document the impact of SBHCs on children, their families, and their communities, there is a growing body of evidence demonstrating the benefit of SBHCs.

■ **Youth can be proactive in promoting health as peer educators and advocates.**

At the Willow Plaza Services Adolescent Health Center in Ingham County, Michigan, the Peer Education Program utilizes college aged and young adults trained as older peer models to conduct health workshops related to adolescent health and reproductive health. In 2003, more than 10,000 youth were reached through 1,611 peer education presentations.

FirstHealth of the Carolinas has engaged youth who have made substantial contributions in tobacco control. They have been active as peer educators through the American Lung Association's Teens Against Tobacco Use (TATU) program, reaching 4,400 students in a two-county area. As tobacco control advocates, the TATU teens were instrumental in educating school officials and school board members about the importance and value of having tobacco-free campuses. As a result, three of the four targeted school systems have adopted the gold standard – a policy towards 100% tobacco-free schools.

■ **Strong community coalitions, partnerships, and collaboratives are essential for SBHC sustainability, development and growth.**



Effective community partnerships that, at the very least, include parents, health providers, mental health providers and educators, provide

the building blocks for school-based health. As part of the governance structure or in an advisory role, community boards and coalitions have an active role in defining the mission, identifying needs to be addressed, deciding the scope of services, providing oversight of SBHC activities, and building and maintaining linkages between SBHCs and communities. For example, Denver Health and Denver Public Schools are lead agencies in a seven-organization partnership that involves shared fiscal and managerial responsibility of the Denver SBHCs. This community partnership model promotes integrated care and promotes sustainability by solidifying the linkages between health, education, and community.

Miami's Multi-Agency Consortium, made up of healthcare providers, community-based organizations, advocates, educators, business leaders and researchers convened to address the need to improve access to healthcare. "The Miami Action Plan for Access to Health Care," a product of the Multi-Agency Consortium, sets a roadmap for improving access that specifically identifies the need to expand school-based health, among other key strategies. More recently, the Miami Coalition for School-based Health, with representatives from the public health sector, academic health institutions, education, health providers and social service organizations, has made their top priority the sustainability of all SBHCs currently in operation. As a result, Members of the Coalition are



now focused on advocacy and education to inform community members, legislators, and other key stakeholders about the importance of SBHCs.

■ **Effective SBHC advocacy resides in a variety of community constituencies.**

Since the advent of SBHCs in the 1970's, communities are increasingly becoming more organized and strategic in their advocacy. In states such as New Mexico and New York, multiple groups of constituents have become active in supporting and expanding SBHCs. These groups include the SBHCs and their active and vocal staff, youth advisory groups, Offices of School-based Health at state and local levels, State Assemblies of SBHCs, and Primary Care Associations.

There are also a growing number of educators who view SBHCs as either part of and/or partners with the schools.



In New York and Michigan, two states that have faced severe SBHC cuts in the past five years, vocal youth have informed policymakers and decision-makers by sharing their personal experiences. Their stories have helped to keep SBHCs open and have demonstrated the need and the value of being able to access health services through SBHCs.

■ **Institutional support provides the base for SBHC operations. SBHCs must tap multiple sources and be creative with their revenue.**

Institutional support provides the base for SBHC operations and is critical to their sustainability. From education, SBHCs are generally supported with in-kind space and other financial support. Sponsoring institutions (e.g. hospitals, health systems, community health centers) contribute staff, as well as cover major portions of the unbillable costs generated primarily from uninsured children. Patient care reimbursement depends upon contractual agreements, billing and collections systems, and billable services. For institutions such as Denver Health and FirstHealth of the Carolinas, efforts to collect patient revenue are supported by the parent organization's management information system. It is important to note that patient revenue is limited because of the large percentage of uninsured using SBHC services.

Major funding streams include federal funds (Healthy Schools, Healthy Communities Grant available to SBHCs that have 330 designations), state funds, city and county funds, private funds from foundations and corporations, patient revenue, and in-kind contributions as described above.

Institutional support and state and local dollars continue to provide the fiscal backbone for SBHCs. This fiscal commitment reflects the importance of SBHCs as part of the healthcare safety-net and the consideration they are given by state and local entities.

■ **States and local regions recognize SBHCs as part of the healthcare safety-net.**



Much of the growth in SBHCs over the past 20 years has resulted from state/local government and private foundation support. Few federal dollars have been spent

on research or expansion of SBHCs, even with the current emphasis on community-based health. At the federal level, there is no appropriation specifically for SBHCs. In Alameda County, California, the recent passage of Measure A institutes a half-penny sales tax that will generate revenue for Alameda's healthcare safety-net. Of the revenue generated, approximately \$1 million is dedicated for school-based health clinics. In New Mexico, Governor Bill Richardson has announced his intention to double the number of SBHCs so that there is at least one in every county. The New Mexico Legislature has appropriated \$2 million of the Governor's funding request in his FY06 budget for capital costs for the new SBHC sites.

■ **SBHCs have re-emerged as a method to increase access and provide essential services, such as oral health and behavioral health.**

With this renewed interest in SBHCs, school-based health coalitions and their partners are becoming more strategic in maximizing potential resources. Demonstrations underway include efforts to maximize state dollars with matching Medicaid dollars, by ensuring that children eligible for publicly funded coverage are enrolled, and by obtaining reimbursement from managed care organizations and other third-party payors.

■ **SBHCs are having a positive impact on the health of children and their families.**

Parent surveys and patient satisfaction surveys consistently demonstrate the value of SBHCs. Well-defined standards and quality assurance mechanisms allow SBHCs to provide quality care to many underserved patients and their families who otherwise would go without care. Future evaluation and research efforts are needed to demonstrate the impact of utilization of health service on health outcomes and educational outcomes. This type of data and information is especially important as policymakers and decision-makers are faced with allocating limited

resources and as the priorities evolve among federal, state, and local governments. In addition, it is important for communities to continue collecting the personal stories of how SBHCs have impacted the lives of youth and their families. These stories inform policymakers about how SBHCs are both an important outlay for the public good and a wise investment of taxpayer provider resources that ultimately reduce costs by reducing expensive treatment of disease.

School-Based Health and Public Policy

SBHCs continue to struggle to reach long-term stability. However, they are gaining visibility at federal and state levels. In the 109th Congress there are signs of growing support for SBHCs and the role they serve in caring for the nation's youth. There is also a continued focus on the important role that SBHCs play in addressing the mental health needs of youth. States are clarifying their intent for SBHCs as points of access to primary care and are seeking support for SBHCs. Community Voices is working to document and demonstrate how SBHCs are a critical component of the primary healthcare safety-net. Community Voices continues to actively inform local, state, and national policymakers and decision makers about the role of SBHCs in assuring the health of all children in the United States.

Bills from the 109th Congress (status as of 5/13/05)

HRes 164

Title: Expressing the sense of the House of Representatives that there should be established a National School-Based Health Centers month to raise awareness of health services provided by school health centers.

Summary: This resolution calls for the establishment of a School-Based Health Center Awareness Month to raise awareness of the health services provided by schools and the extent to which these services improve the health and well-being of the Nation's youth.

Status: *Referred to the House Committee on Government Reform*



HR 559

Title: To amend the Elementary and Secondary Education Act of 1965 to direct the Secretary of Education to make grants to States for assistance in hiring additional school-based mental health and student service providers.

Summary: This bill amends the Elementary and Secondary Education Act of 1965 to establish a program to assist states and local educational agencies to recruit, train, and hire additional school-based mental health and student service providers, including additional school counselors, psychologists, and social workers (in order to reduce the student-to-counselor ratios nationally in elementary and secondary schools to an average of one school counselor for every 250 students, one psychologist for every 1,000 students and one social worker for every 800 students, as recommended in a report by the Institute of Medicine of the National Academy of Sciences relating to schools and health).

Status: Referred to the Subcommittee on Education Reform

Bills from Community Voices States (2005 – status as of 5/13/05)

FL SB1248

Summary: This bill defines “school-based health center” as an entity that provides comprehensive primary care services and does not deny access to healthcare services to students based upon insurance status or ability to pay, or discriminate with regard to race or ethnicity, religion, national origin, age, disability, gender, or sexual orientation.

Status: SB1248 – Died in Committee on Education; HB1401 Referred to Health Care General Committee

FL SB1646

Summary: This bill provides matching funds for public and private entities committed to enhancing the availability of school nurse service. The intent is to make resources available so that every public school in the state has a nurse.



Status: Died in Committee on Health Care

FL SB2464

Summary: This bill creates a School-based Health Care Task Force.

Status: Died in Committee on Education

MD HB549

Summary: This bill requires each county board of education to designate a school health services program coordinator with authority to implement state and local health policies in the public schools; ensure that public schools adhere to local health services guidelines; and communicate state and local health policies to the parents and guardians of public school students.



Status: Passed House. Referred to Senate Education Health & Environmental Affairs

NM HB552 / SB761

Summary: This bill appropriates \$2 million from the general fund to the department of health for expenditure in FY06 to support existing services in school-based health clinics.

Status: HB552 – Referred to House Appropriations & Finance; SB761 – Referred to Education

NM HB637 / SB456

Summary: This bill makes school-based health centers and tele-health sites eligible entities pursuant to the Primary Care Capital Funding Act.

Status: Passed

NM HB885

Summary: This bill appropriates funds for school-based health center tele-health sites statewide; appropriates funds to make improvements to school-based clinics and department of health facilities to meet the requirements of the school-based health initiative statewide; and appropriates funds to plan, purchase, install and set up hospital equipment for school-based health centers in New Mexico.

Status: Passed, partial veto

NM SB779

Summary: This bill appropriates \$3 million from the general fund to the public health division of the department of health for expenditure in FY06 to expand and operate school-based health centers in the state.



Status: *Referred to Finance*

NM SJM 61

Summary: This memorial requests the public education department, the department of health, and state universities collaborate to implement suicide prevention and response programs in all school districts and all institutions listed in article 12, section 11 of the Constitution of New Mexico.

Status: *Passed*

NY A02207

Summary: This bill provides direct access for covered services to school-based health centers for eligible children under child health plus.

Status: *Referred to Ways and Means*

NY A03270

Summary: This bill amends the social services law, to assure that Medicaid managed care enrollees have continued access to school-based health services.

Status: *Referred to Ways and Means*

NY S01802

Summary: This bill creates a personal income tax check-off box for donations to the school-based health centers fund; creates the school-based health centers fund; and specifies the use for which moneys of the fund may be expended.

Status: *Referred to Investigations and Government Operations*

NY A00385

Summary: This bill authorizes school district property to be used for not-for-profit health clinics and dental clinics providing care to families in the district upon the approval of the trustees or board of education of a school district.

Status: *Referred to Education*

NY A00702

Summary: This bill makes permanent the duration of school health services projects for pre-school and school-age children authorized by Chapter 198 of the laws of 1978.

Status: *Referred to Ways and Means*

NY A00864 / S00246

Summary: This bill requires each elementary and secondary public school in the City of New York be staffed by at least one full-time school health service aide.

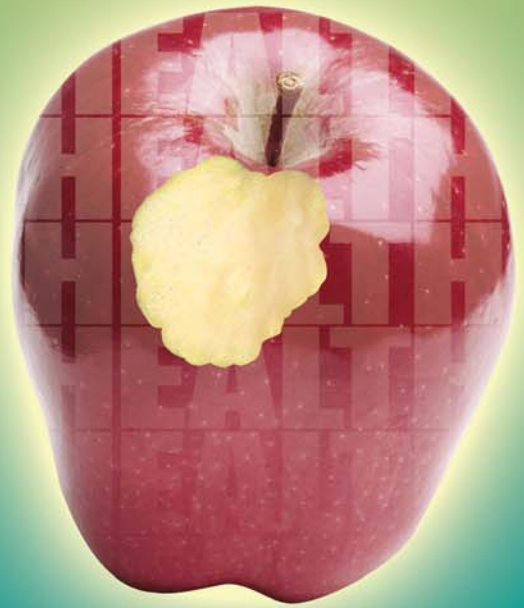


Status: *Referred to Education*

Assuring the Future of School-based Health

School-based health simply makes sense. Assuring the health of children is an investment in their future and our collective future. Children and youth who are healthy do better in school and have the greatest potential for becoming productive adults. Community Voices is dedicated to ensuring the health of all children regardless of income, race/ethnicity, gender, class or religion. School-based health centers are central to the healthcare safety-net for children and their families – assuring that health problems can be detected early, services are provided conveniently, and good health behaviors are promoted. Community Voices is committed to promoting school-based health until every child has a medical home and has adequate health insurance coverage.

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