



**ncscha**

**North Carolina School Community Health Alliance**

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**Embracing Comprehensive Healthcare in Schools.**



# School Health Centers

Strategies for Providing Cost Effective  
Access to Health Care

# What are school-based and school-linked health centers?

- *Why are they an effective health care delivery system?*
- *Where are school health centers located in North Carolina communities?*
- *Who uses them, who sponsors them, and how are they funded?*

# What is a School Health Center (SHC)?



## What is a School Health Center?

- A health center located on a school campus (school-based) or affiliated with schools in the community (school-linked).
- Employs a variety of professional health care providers (primary care, mental health, nutrition, health education) and administrative support staff.
- Is sponsored by a health care organization.
- Requires parents to sign written consents for their children to receive the full scope of services offered.
- Monitored by an Advisory Committee to ensure compliance with standards, evaluate services offered, and make policy recommendations.

# Why School Health Centers?



# Adolescent Health Challenges

70% of adolescent morbidity and mortality are caused by six behavioral risk factors

- Intentional / unintentional Injuries
- Drug & alcohol use
- Sexually transmitted diseases & unintended pregnancies
- Tobacco use
- Inadequate physical activity
- Dietary habits and overweight

Source: [World Health Organization Data](#)





# Why School Health Centers?

- Uninsurance among children, especially adolescents
- Geographic and financial barriers to health, mental health and dental access
- Nonexistent/fragmented/singular discipline systems of care
- Decreased educational attainment

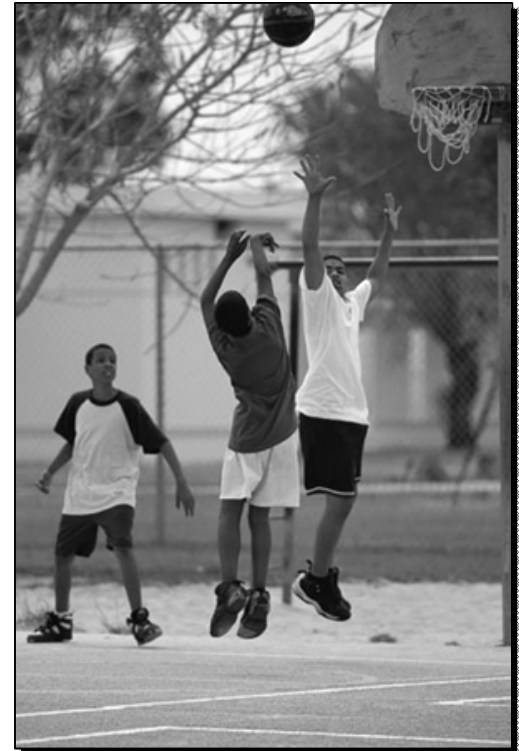


# SHC Program Goals

- Improve access to health care for school age adolescents (10-19 years old) by providing care on or near school grounds.
- Collaborate with individual schools / local education agencies (school districts) in the delivery of primary health care.
- Address a wide range of health challenges facing adolescents.
- Provide comprehensive services for adolescents in high risk communities.
- Develop community-based, multi-agency partnerships

# School Health Center Benefits

- Access to health care
- Early ID/TX of disease and injury
- Decrease in health-related school absences
- Reduction in school drop-out rates
- Access to counseling on importance of avoiding risky behavior



# What Does the Literature Tell Us About *Emergency Room Use and SHCs?*

- Reduced inappropriate emergency room use,
- Increased use of primary care, and
- Fewer hospitalizations

*Santelli J, Kouzis A, et al. Journal of Adolescent Health 1996; 19:267-275*

- Prevention-oriented care in SBHCs results in decreased utilization of emergency departments

*Key JD, Washington EC, and Hulsey TC, Journal of Adolescent Health 2002: 30:273*

## What Does the Literature Tell Us About *Asthma* and SHCs?

- > 50% reduction in asthma related emergency room visits for students enrolled in SBHCs in New York City

*Webber MP et al. Archives of Pediatric and Adolescent Medicine. 2003; 157: 125-129*

- \$3 million savings in asthma-related hospitalization costs for students enrolled in SBHCs in New York City

*Analysis by the Empire Health Group for the NY Coalition of School-Based Primary Care, 2005*

## What Does the Literature Tell Us About *Mental Health* and SHCs?

- Attract harder-to-reach populations, especially minorities and males, do a better job at getting them crucial services such as mental health care and high risk screens
- Adolescents were 10-21 times more likely to come to a SBHC for mental health services than a community health center network or HMO

*Juszczak L, Melinkovich P, Kaplan D. Journal of Adolescent Health 2003; 32S:108-118.*

*Kaplan D, et al. Archives of Pediatric and Adolescent Medicine. 1998 Jan;152(1):25-33.*

# What Does Science Tell Us About *Education* and SHCs?

- Health has both direct and indirect effects on school failure
- Good education predicts good health
- Inequities in health and education are closely linked: young people who experience inequities in educational achievement also experience inequities in health care access
- Public health and education are linked toward a common cause: school success

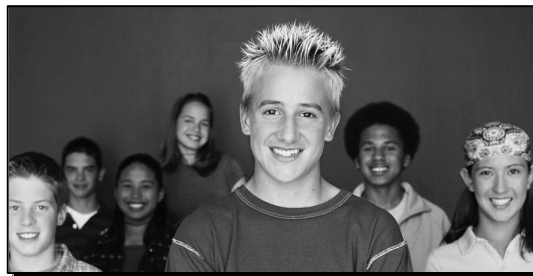
# What Do We Know Intuitively?

- Healthy students make better learners
- You can't teach a child who is not healthy
- A child who succeeds in school is more likely to enjoy lifelong health



# History and Status of NC School Health Centers

- 1991: State study showed limited access to health care providers for adolescents
- 1992: NCGA appropriated funds for 4 school health centers.
- 1993: NCGA funded 10 more centers that were comprehensive in scope and developed in partnership with community organizations.
- 1995-97: The Robert Wood Johnson Foundation and The Duke Endowment funded the State and individual centers to support development.



# State Funding of Centers in 2010

- The State now provides partial funding for 26 school health centers in 15 counties.
- There are 56 total centers in 24 counties; 30 with no State funding.
- Recurring funding has been stagnant at \$1.5 million since 2001, with the exception of non-recurring funds of \$375,000 and \$250,000 in the 07-08 and 08-09 budgets.
- This year's budget reflects a cut of \$124,000 that partially supported 3 centers.
- The revised budget is now approximately \$1.36 million, and all centers except those sponsored by health departments are asked to voluntarily cut 10% in admin costs.

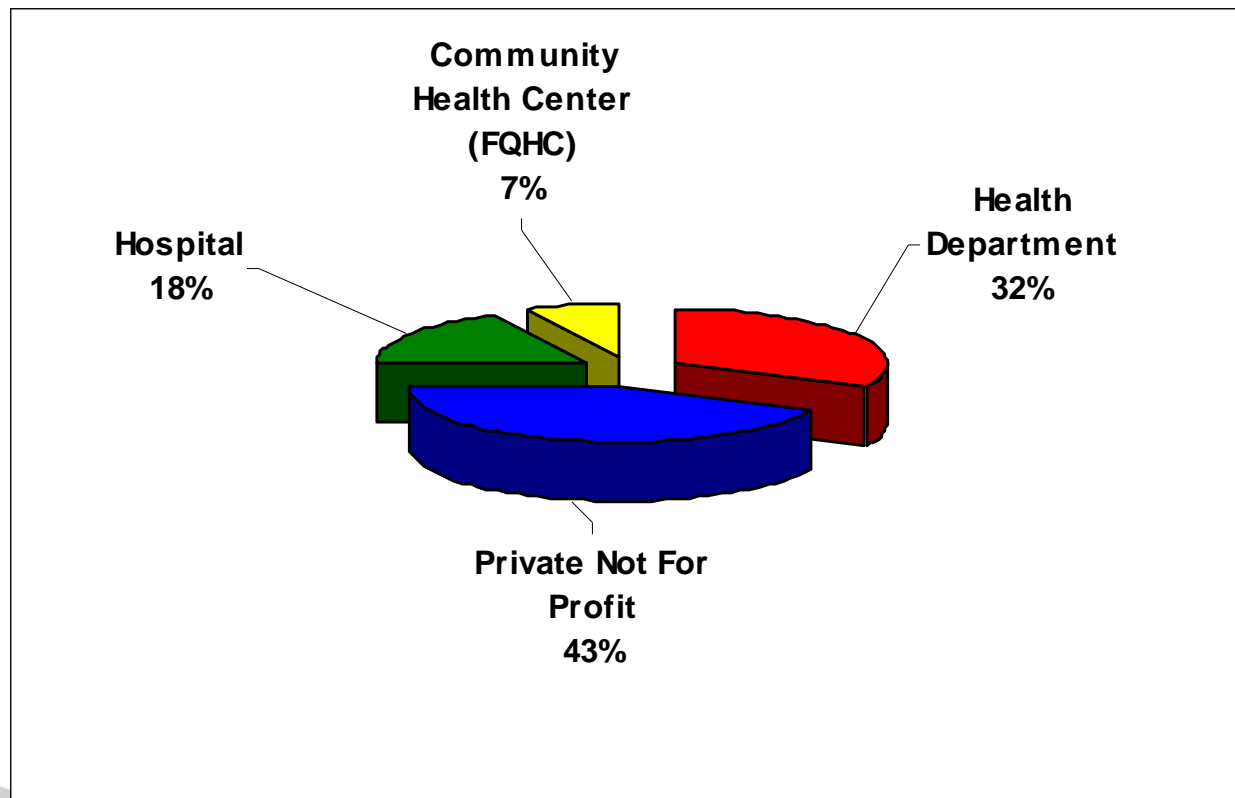


# NC School Health Center Initiative Today

- There are 56 School Health Centers in 24 NC counties. Two are mobile units serving 8 schools.
- DPH provides partial funding support for 26 school health centers throughout the state.
- Twenty-five centers are school-based.
- Three centers are school-linked.
- The data that follow have been reported by DPH-funded sites.



# Sponsorship of DPH-Funded SHCS



Source: North Carolina School Health Center Database.

# School Health Center Funding

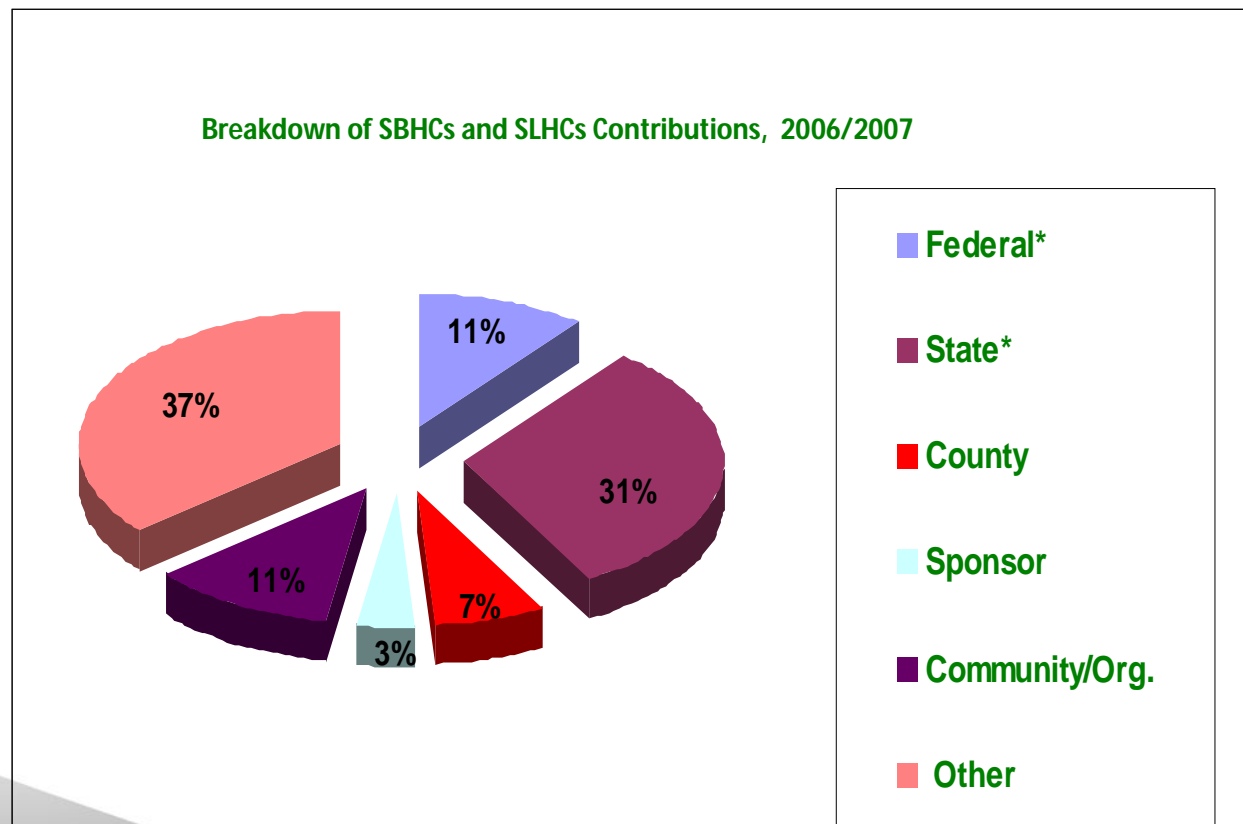
According to a national survey conducted by the W.K. Kellogg Foundation:

- Approximately 2/3's of Americans believe it is important for school-based health centers to have a stable funding source.
- Americans felt concerned that school health centers have to continually look for resources on a year to year basis to stay in business.
- There are 2,000 school health centers across the country.

Source: Nationwide WK Kellogg Foundation Survey



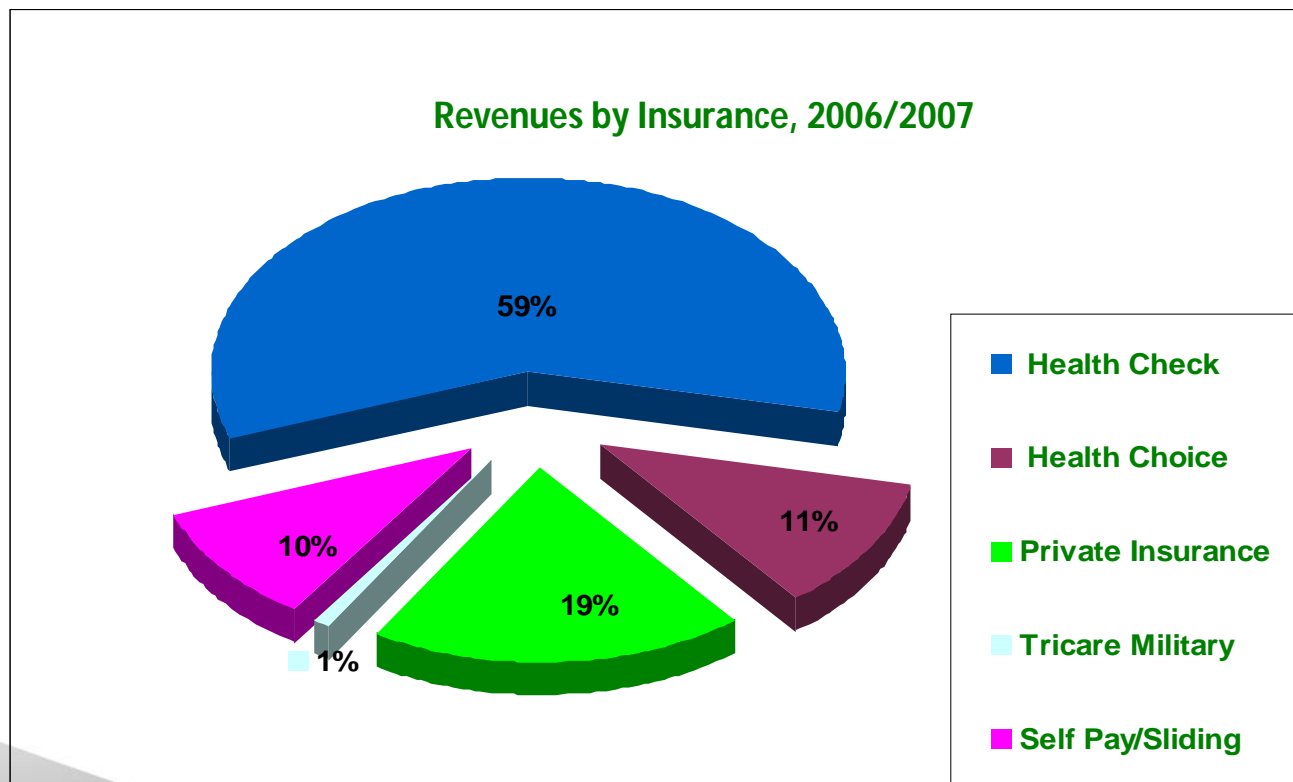
# Sources of Funding Contributions for NC's School Health Centers



Source: NC School Health Center Database.

\* Does not include revenues from collections including HC/NCHC.

# Revenues Generated from Insurance and Patient Collections



Source: North Carolina School Health Center Database.



# School Health Center Demographic and Visit Data from SY 2008-09

\* Data shown only for state-funded centers.

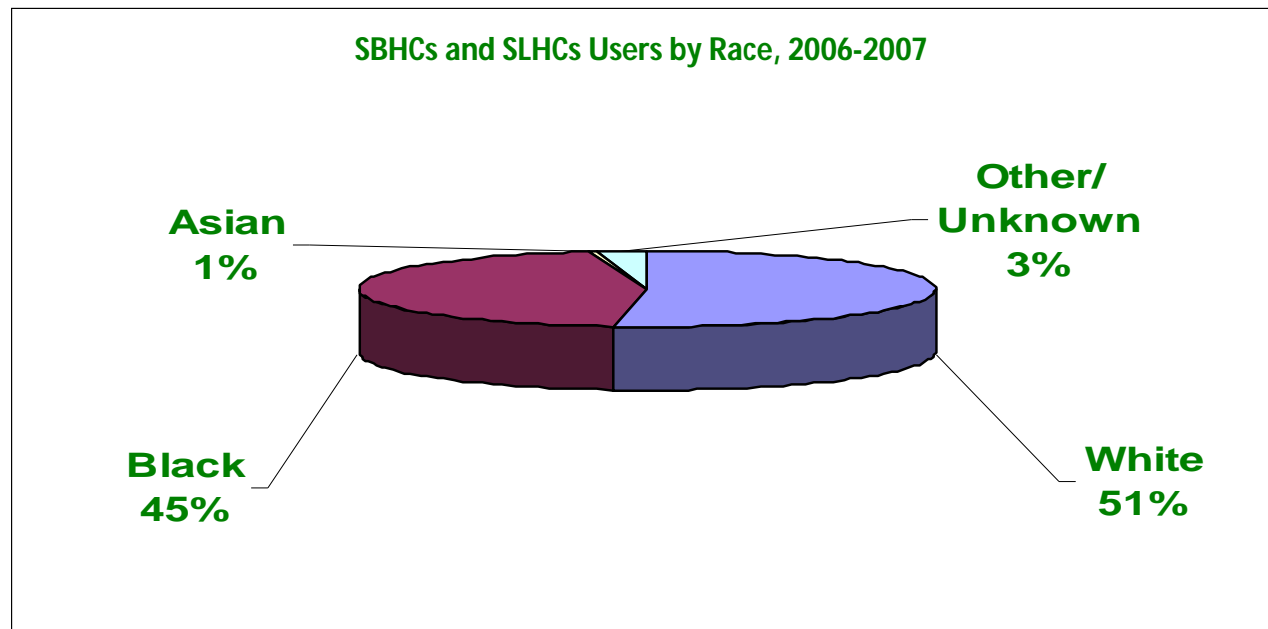


# Target Population at a Glance

- Total Registrants = 16,626
- Total Users = 13,581
- Total Visits = 85,984
- % Registrants in Medicaid/NCHC/Uninsured = 70%
- % School Health Centers in Rural Areas = 40% (13 centers)
- % School Health Centers in Urban Areas = 54% (15 centers)
- % School-Based Health Centers in High Schools = 32%
- % School-Based Health Centers in Middle Schools = 46%
- % SBHCs in a Combination Primary, MS, and/or HS = 11%
- % School-Linked Health Centers = 11%

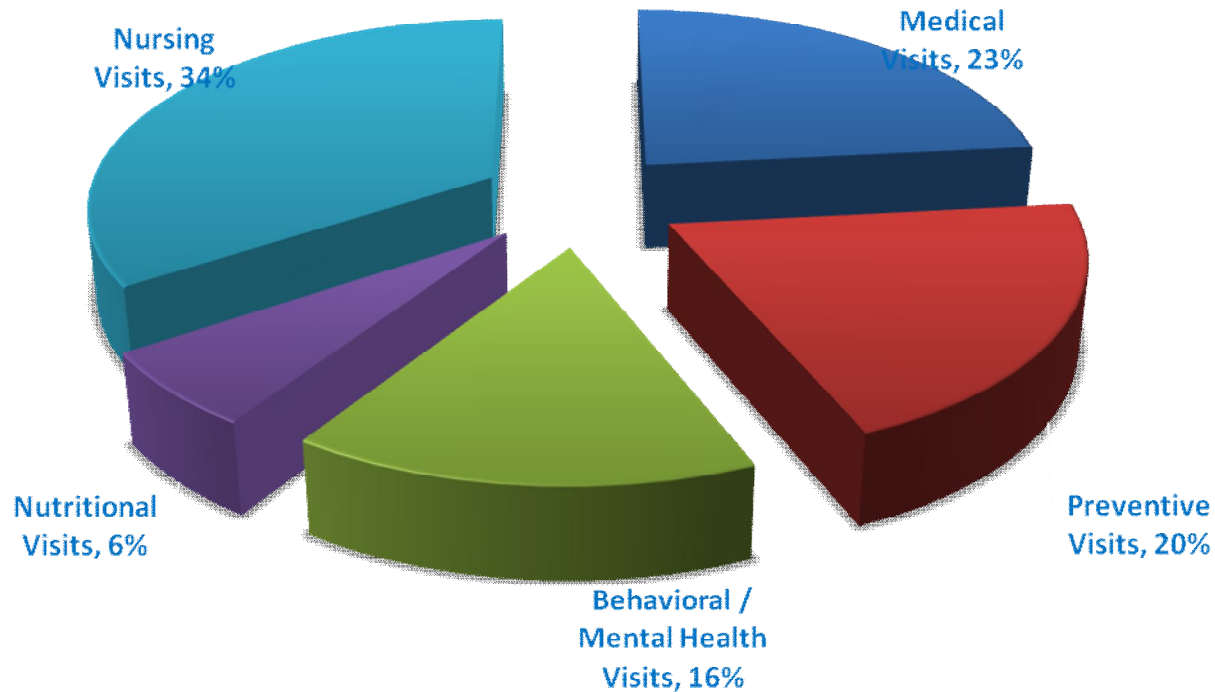
Source: North Carolina School Health Center Database.

# Users By Race



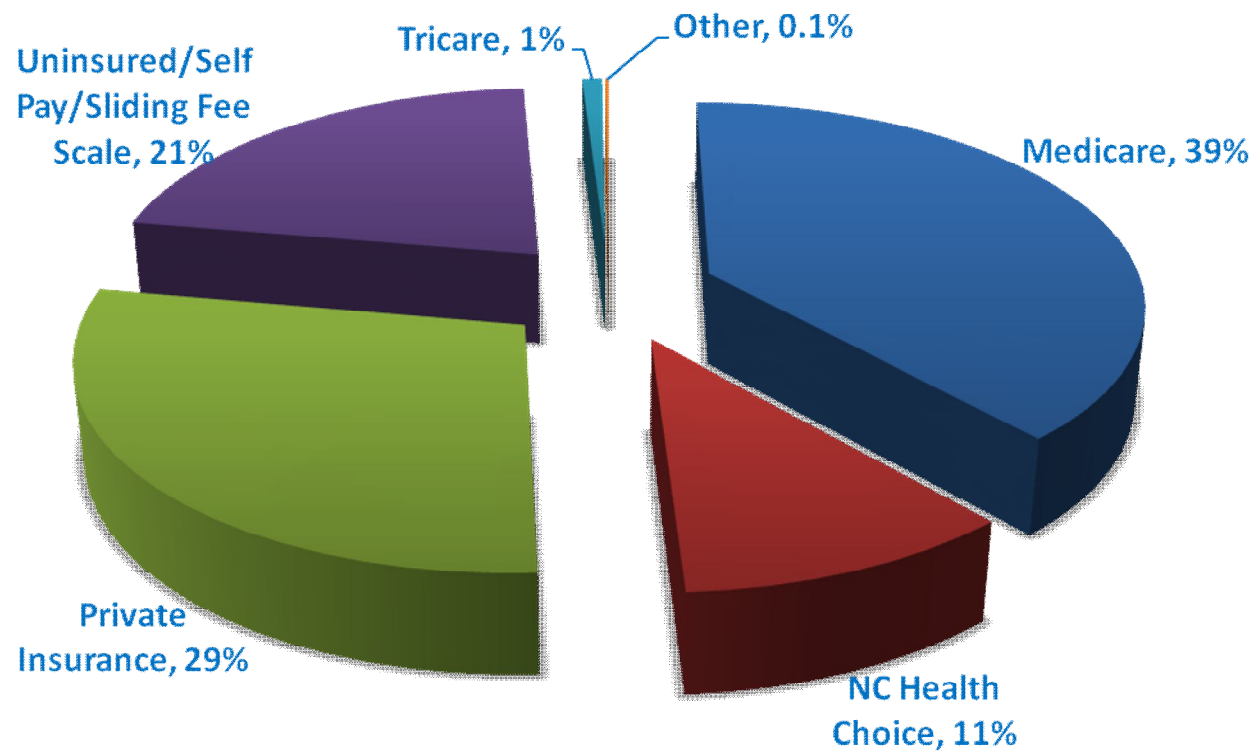
Source: North Carolina School Health Center Database.

# Percent of Visits by Type of Visits



Source: North Carolina School Health Center Database.

# Registrants by Insurance Type



## This just in . . .

North Carolina data from recent national census

- Total School Health Center Programs (2007-2008) = 51
  - On school property – 46
  - Outside school property – 3
  - Mobile - 2
- % School Health Centers in Rural Areas = 53% (27 centers)
- % School Health Centers in Urban Areas = 45% (23 centers)
- % School-Based Health Centers in High Schools = 38%
- % School-Based Health Centers in Middle Schools = 17%
- % SBHCs in a Combination Primary, MS, and/or HS = 15%
- % School Health Centers serving populations in addition to school location population = 51%

# What do School Health Centers look like?





# Seven Principles of School Health Centers

- Supports the school/educational success of children
- Responds to the community
- Focuses on the student-patient
- Delivers comprehensive care
- Advances health promotion activities
- Implements effective administrative and clinical systems
- Provides leadership in adolescent and child health

# Comprehensive Model

- FT coverage if possible
- *Primary care and mental health plus:*  
(one or more of the following)
  - Dental Services
  - Reproductive Health Services that include contraception education/prescribing
  - Nutrition Counseling
  - On-site Substance Abuse Treatment

# Comprehensive Model

(not all full time staff)

- Nurse
- Medical Provider (NP/PA/MD)
- Mental Health provider
- Nutritionist
- Health Educator
- Social Worker

# Barriers & Opportunities

- **Barriers**

- Cost \$220,000 average (state provides approximately one-fourth)
- School setting requires appreciation of health role by educators
- Parental Consent required to be seen in school
- Reproductive health care limited by statute

- **Opportunities**

- National Health Care Reform includes authorization for centers
- Priority recommendation in recent Adolescent Task Force Recommendations
- NCSCHA affiliation with National Assembly on School-Based Health Care
- New research studies in health and education show positive impacts
- Shining light on Quality of Care/Improved Outcomes for kids = Cost savings to Medicaid

# Recommendations

- Important to keep state funding for existing centers and expand to other communities that have or want centers when possible, as state support leverages additional funds from community organizations and statewide foundations
- Add support positions back into Program Office to assure technical support and evaluation data collection
- Continuing support for comprehensive model of school health centers and the state's nationally recognized Credentialing process.
- Connect school health centers and opportunities for funding with Obesity prevention, Dropout prevention, EHR grants, and more, as they are innovative ways to impact health and education outcomes.

# Questions and Answers

