GRANT MAKERS IN HEALTH

School-Based Health Centers

Enabling Health Care Access for Children and Youth "Where They Are"

A pressing need exists to improve the health of children in the U.S. school system as a disturbingly large number of school-aged children continue to lack essential health care and access to adequate health education. As a result, these children may likely suffer from poorer academic performance and long-term school achievement outcomes.

More than 50 million young people between the ages of 5 and 17 attend U.S. public schools (GIH 2008). Over 1,700 school-based health centers (SBHCs) serve nearly 2 million of these young people every year (NASBHC 2009). Almost half of these students have no other medical home. School-based health services merge partnerships between schools and community health organizations to "bring the doctor's office to the school." This has the benefit of providing primary care where school aged-children and adolescents happen to be most of the time. This care model can also be beneficial in reducing health-related absences and supporting students in being healthy and ready to learn in the classroom.

STRUCTURE OF SBHCs

SBHCs first appeared during the late 1960s through the efforts of the American Academy of Pediatrics' Community Access to Child Health program (Gustafson 2005). These centers exist within all school system levels, from elementary to high school. SBHCs have proliferated widely around the country and are interwoven into health care systems serving children (Silberberg and Cantor 2008). Though SBHCs are geographically diverse and dispersed, many are still predominantly located in urban areas with largely low-income and medically underserved populations. Additionally, the majority of students served are from racial and ethnic minority groups that have historically experienced disparities in health care access (Silberberg and Cantor 2008).

Within school systems, SBHCs are managed by various community-based organizations, including local hospitals, health departments, or nonprofit agencies. SBHCs provide a broad array of prevention and health promotion services to complement primary care services students may be receiving already. Services may include on-site medical, mental health, and/or oral health services through a variety of models such as:

- a combination of primary care and mental health services (34 percent of SBHCs);
- only primary care services (31 percent);
- a combination of primary and mental health services with additional components such as oral health care, nutrition counseling, or care for infants of students (31 percent); and
- "other" models, which may provide off-site, school-linked health services that are broader in scope than traditional services (4 percent) (NASBHC 2009).

The interdisciplinary teams of providers that staff SBHCs generally operate on either a full- or part-time basis. Over 70 percent of SBHCs serve as training grounds for many health care professionals (Weinstein 2006).

BENEFITS OF SBHCs

Many local communities play an active role in efforts to develop the content, quality, delivery, and financing of health care within their communities. Parental involvement, use of community resources, and continuity of care are also hallmarks of school-based health services. Another benefit is that some SBHCs also serve a broader population and geographic area beyond their enrolled student populations, including family members of students, students from other schools, faculty and school personnel, out-of-school youth, and other community members (NASBHC 2007).

Some of the success of SBHCs has been attributed to the convenience of their physical location within schools, as well as their acceptance as familiar members of the school's culture and community (Weinstein 2006). Evaluations of SBHCs indicate that they appear to reach many needy and "high-risk" children, including those needing chronic care management or mental health services (Silberberg and Cantor 2008). Additional research findings on the performance and outcomes of SBHCs show encouraging evidence such as:

- increased use of health services such as vaccinations, chronic disease management, and dental care;
- decreased use of urgent and emergency care;
- reduction in Medicaid expenditures and costs of hospitalizations;
- increased ability to reach ethnically diverse populations, adolescent males, the uninsured, and those without regular sources of care; and
- greater ability to complement services individuals receive elsewhere, without duplication of efforts (NASBHC 2009; Silberberg and Cantor 2008).

SBHC FINANCING AND SUSTAINABILITY

Despite the utility of SBHCs, it can be an ongoing struggle to secure reliable funding for sustaining them. Most survive through a mix of federal, state, and local funds; private foundation grants; tobacco taxes and settlement dollars; third-party

payer billing; and in-kind contributions from school and community agency partners. A national survey of SBHCs found that the most common sources of grant funding are from state government (65 percent), private foundations (49 percent), county/city government (33 percent), corporate entities (29 percent), and the federal government (28 percent) (NASBHC 2009). Nearly all SBHCs (80 percent) also reported billing students' health insurance directly. Unfortunately, less than one-quarter of SBHCs report successfully collecting reimbursements for the services they have billed to these entities.

For many health funders, supporting SBHCs provides a logical approach to supporting and expanding children's access to health care services. For instance, the W.K. Kellogg Foundation began its School-Based Health Care Policy Program in 2004. This program is a $16.3-million, five-year national initiative to support broad-based advocacy that affects health and education policies for the quality and financing of school-based health care at national, state, and local levels (W.K. Kellogg Foundation 2008). Funding helps build state associations' infrastructure and support advocacy and technical assistance activities on behalf of and in partnership with local SBHC partners. The foundation is also funding the National Assembly on School-Based Health Care to provide direct technical assistance to grantees, as well as to coordinate national communications efforts and build widespread support for policies, programs, research, and funding that advance school-based health care.

The Colorado Trust began a partnership in 2008 with the state Department of Public Health and Environment to provide $1 million over two years to expand SBHCs across the state (The Colorado Trust 2007). The funding is being used to create new SBHCs or help existing ones provide services ranging from primary care and immunizations to outpatient mental health and substance abuse treatment. As well as supporting direct services provided by SBHCs, the trust has provided an additional $250,000 to help create the School Health Leadership Task Force's comprehensive plan to strengthen the system of integrated school health in the entire state.

To counter the fragmented nature of school-based health in many areas, The Health Foundation of Greater Indianapolis, Inc. brought together the United Way of Central Indiana, local hospitals, and several school districts to explore collaborative models for accelerating the expansion of school-based health services. Based on its research, the foundation awarded its largest grant ever of $1 million in 2000 to provide these services to school children throughout Marion County, Indiana. To date, the Learning Well initiative is operating in nearly 80 clinics in the county and providing health care at no cost to students, parents, and schools, many of whom would not have access to quality health care services otherwise (The Health Foundation of Greater Indianapolis, Inc. 2008).

CHALLENGES AND FUTURE CONSIDERATIONS

There is broad acceptance that school-based health services provide a vehicle for delivering health care to all children, especially disadvantaged groups with inadequate or no health insurance coverage. In the future, much of the SBHC movement's priorities may focus on identifying and promoting sustainable funding, reimbursement, and growth opportunities for this model of care. Additional efforts are needed around raising the profile of SBHCs, supporting alternate models as part of the health continuum, and increasing mental health services offered to individuals. In terms of supporting SBHC national policy and advocacy efforts, numerous opportunities may be available for health funders.

SBHCs still face a range of challenges such as continued limitations in access; a need for mental health services that currently exceeds capacity; and difficulties addressing the needs of special populations such as transient students. SBHCs, however, continue to be a focus of interest at the state and national level. Support from the broader community, including foundations, providers, governmental organizations, and families, remains critical for equipping children with the resources they need to become, and remain, healthy and ready to learn and grow.

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