

North Carolina's School-Based and School-Linked Health Centers

Steve North, MD, MPH; Constance Parker, MSN, RN

North Carolina was one of the first states to have a school-based health center (SBHC), and North Carolina continues to be a national leader in the management of and collaboration among these facilities. Greene County Health Care's Student Health Services program on the campus of Greene Central High School in Snow Hill, North Carolina, was among the first SBHCs in the nation when it opened in 1983. Currently, the center provides comprehensive physical and mental health services to all students at Greene Central High School. Since this site opened, the number of SBHCs and school-linked health centers (SLHCs) in North Carolina has expanded significantly, and currently there are 56 centers in the state.

Why School-Based and School-Linked Health Care?

Providing comprehensive health care to children and adolescents can be difficult because of several reasons, including accessibility, clinician comfort with adolescent health issues, and health insurance status.¹ Establishment of a health services facility in a school allows health visits to become a normal part of school life and improves access for students who may be stigmatized by their disease, require management of chronic health problems, or lack routine access to a health care professional. SBHCs provide developmentally appropriate physical and mental health services in a school or on school grounds as a means of improving attendance and academic outcomes. SLHCs have the same goals but are geographically separate from the school to better meet community needs, including providing care to multiple schools and having an expanded scope of services. In North Carolina, SBHCs and SLHCs target vulnerable urban and rural populations and have expanded beyond adolescent care to caring for students at every grade level.

There is clear evidence that supports the use of SBHCs

and SLHCs to reach underserved populations. Students with access to an SBHC or SLHC are more likely to receive care than are students without access.² Examination of the use of mental health services demonstrates that adolescents are 10 to 21 times as likely to come to an SBHC or SLHC for care than to a community health center or a health maintenance

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organization.^{3,4} Additionally, the use of SBHCs and SLHCs was found to reduce inappropriate emergency department use⁵ and in an elementary school setting was shown to reduce Medicaid expenditures related to inpatient and emergency department use.⁶ Emerging data demonstrate a positive impact on academic outcomes.

Providing multidisciplinary care allows SBHCs and SLHCs in North Carolina to place an emphasis on comprehensive care that includes physical and mental health and nutrition

Steve North, MD, MPH, practices family and adolescent medicine at the Bakersville Community Medical Clinic. He can be reached at steve.north@mac.com.

Constance Parker, MSN, RN, is the executive director of the North Carolina School Community Health Alliance.

and health education. A key to providing comprehensive care for adolescents is the use of screening tools to identify both individual strengths and risk-taking behaviors. This allows clinicians to focus their prevention and treatment efforts on issues such as obesity, tobacco use, substance use, sexually transmitted diseases, and unintended pregnancy.

Management and oversight of SBHCs and SLHCs is unique in that it requires an understanding of FERPA (Family Educational Rights and Privacy Act) and HIPAA (Health Insurance Portability and Accountability Act) to ensure the privacy of student patients. Two essential components of SBHCs and SLHCs in North Carolina are a system for obtaining parental permission for children to receive health care services and an advisory board drawn from the entire school community.

State Support for SBHCs and SLHCs

A minority of states have a state-level office that supports SBHCs and SLHCs. The North Carolina Office is the Department of Health and Human Services (NC DHHS) School Health Center Program. The legislated goals of this program are to improve access to health care for school-aged adolescents, collaborate with individual schools and local education agencies, address a wide range of health challenges facing adolescents, provide comprehensive services for adolescents in high-risk communities, and develop community-based, multiagency partnerships. The program office provides support for SBHCs and SLHCs through two independent sources.

The first means of support is direct financial assistance for comprehensive and alternate-model SBHCs and SLHCs. Comprehensive SBHCs and SLHCs provide physical and mental health care in addition to nutritional and health education. By definition, these centers must have a physician assistant, nurse practitioner, or physician, as well as a mental health professional, on staff. Alternate models provide a different level of services, which include risk screening, basic medical services that can be provided by a registered nurse, and one of the following: nutritional counseling, health education, mental health services, or medical care. Of the SBHCs and SLHCs in North Carolina, approximately one-half receive some form of financial support from the NC DHHS. Unfortunately, the recurring budget for the program remained stagnant at \$1.5 million for each state fiscal year (SFY) during 2001-2009, and was cut in SFY 2009-2010, resulting in the loss of all funding for two centers. The amount of funds available can only provide partial support to 26 of the 56 centers in North Carolina. There are no funds for expanding into the many communities that desire new centers, nor are there funds to help existing centers that have only local resources to grow and improve.

The second means of state support is the credentialing program for SBHCs and SLHCs, facilitated by the School Health Center Program office. This program is nationally recognized and is unique in that it is independent of

the sources of funding for the individual center. Becoming a credentialed SBHC or SLHC not only signifies the quality of service provided, but it also creates a financial advantage. State-credentialed centers are exempt from the need for prior authorization from Carolina Access for services received from primary care professionals. The credentialing process is currently suspended by the state because of financial limitations that restrict visits to candidate sites.

In addition to the challenges listed above, the current financial condition of North Carolina is limiting the quality and further development of SBHCs and SLHCs. Currently, the state is unable to provide technical assistance to centers, creating a challenge in keeping SBHCs and SLHCs on the cutting edge of prevention and practice developments. Vacant positions in the program office are hindering the data analysis for outcomes of the program's funded centers. Limited state-level comprehensive data on the effectiveness of SBHCs and SLHCs makes it more difficult for both state funded and independently supported programs to leverage funding from private and community sources.

Challenges to Successful Development and Implementation of Programs

In a national survey conducted in 2003, 82% of Americans supported SBHCs and SLHCs.⁷ A total of 88% of respondents believed that teaching kids how to keep healthy is as important as teaching them how to read, write, and do math; 81% believed that schools may be the only place for uninsured children to receive care; and 80% believed that SBHCs and SLHCs will help keep kids healthy.

Beyond the ongoing financial challenges faced by SBHCs and SLHCs, moving from a concept to the successful implementation of a program can be a difficult path to negotiate. Developing broad-based support is often difficult because of resistance from several parts of the community. Parents are often concerned about the scope of services that will be provided to their children, potentially without their knowledge. Local practitioners are often concerned about the possible loss of patients to the SBHC or SLHC. Schools and school districts are often concerned about the potential liability and disruption that an SBHC or SLHC could create.

Recommendations for Improving SBHCs and SLHCs in North Carolina

The SBHCs and SLHCs in North Carolina work to improve the health and academic performance of students on a daily basis. To improve the quality of these centers in North Carolina, the state, the North Carolina School Community Health Alliance, and the individual centers need to collaborate to increase evaluation of academic and health outcomes. In addition, the scope of the North Carolina School Health Center Initiative should expand to include all students, regardless of grade level, who have difficulty accessing health care. To support this work, the state should mandate that all insurers reimburse for services provided at

state-credentialed SBHCs and SLHCs. Dental care, a critical component of comprehensive health care, is missing from all SBHCs and SLHCs in North Carolina. To expand dental

care to students, the dental board will need to make policy changes to allow dental hygienists to perform cleanings and screenings without a supervising dentist on site. **NCMJ**

REFERENCES

1. Klein J, Wilson K. Delivering quality care: adolescents' discussion of health risks with their providers. *J Adolesc Health*. 2002;30(3):190-195.
2. Kisker EE, Brown RS. Do school-based health centers improve adolescents' access to health care, health status, and risk-taking behavior? *J Adolesc Health*. 1996;18(5):335-343.
3. Juszczak L, Melinkovich P, Kaplan D. Use of health and mental health services by adolescents across multiple delivery sites. *J Adolesc Health*. 2003;32(6 Suppl):108-118.
4. Kaplan DW, Calonge BN, Guernsey BP, Hanrahan MB. Managed care and school-based health centers. Use of health services. *Arch Pediatr Adolesc Med*. 1998;152(1):25-33.
5. Key JD, Washington EC, Hulsey TC. Reduced emergency department utilization associated with school-based clinic enrollment. *J Adolesc Health*. 2002;30(4):273-278.
6. Adams EK, Johnson V. An elementary school-based health clinic: can it reduce Medicaid costs? *Pediatrics*. 2000;105(4):780-788.
7. healthinschools.org. Parents speak out on health and health care in schools. The Center for Health and Health Care in Schools Web site. <http://www.healthinschools.org/Publications-and-Resources/Polls-and-Surveys/Public-Opinion-Polls/Parents-Speak-Out-on-Health-and-Health-Care-in-Schools.aspx>. Published 2007. Accessed September 28, 2010.



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