

Philanthropy Profile

Supporting the School-Based Health Care Movement in North Carolina

Students who are hungry, sick, troubled, or depressed cannot function well in the classroom, no matter how good the school.

Carnegie Council on Adolescent Development

Adolescents are among the most underserved populations in America's health care system and are often overlooked in the larger debate on health care reform. Many youths face barriers in accessing preventive and primary health services because of factors such as lack of access, socioeconomic status, and insufficient or no medical insurance coverage. One way to address these issues is to consider school-based health centers (SBHCs) as access points to comprehensive health care for younger populations. SBHCs are partnerships created by school and community health organizations and serve as comprehensive medical homes, promoting the health, wellness, and emotional success of school-aged youths. SBHCs have also been shown to improve the level of educational success.¹ The state of North Carolina considers these centers as safety net providers of student access to essential services, which include primary, dental, and mental health care in the most comprehensive centers. At the time of writing, there are 56 SBHCs in 23 counties across the state. The majority of the SBHCs are based in high schools. There are approximately 17 SBHCs in middle schools and 5 in elementary schools. The North Carolina Department of Health and Human Services currently funds 28 SBHCs. Over the past 13 years, the Kate B. Reynolds Charitable Trust (hereafter, "the Trust") has made 30 grants totaling more than \$5 million to support SBHCs in 21 counties.

The Trust's strategy to support SBHC services in North Carolina over the years has been driven by the alignment of the Trust's Health Care Division funding priorities in the Prevention and Treatment program areas. Initially, the bulk of these grants supported direct operating costs, such as those associated with the start-up and expansion of services (ie, staff salaries, technology, and capital). As the Trust increased its focus on the provision of a medical home through its Access to Primary Medical Care program area, the interest in increasing the number of SBHCs grew. In North Carolina, SBHCs serve as a medical home for many school-aged persons, specifically because the centers provide core services such as preventive care, mental health care, and integrated primary medical care. After years of the Trust's investment in direct services, the conversation about sustaining these efforts through favorable policy advancement began.

In North Carolina, SBHCs are predominantly located in communities where access to care for a significant number of youths is limited because of low household income, lack of health insurance, lack of access to primary care professionals, or geographic isolation. SBHCs throughout North Carolina have been essential in increasing health care coverage to low-income and disadvantaged students who may not have otherwise had access. In 2000, the Trust made a grant to the North Carolina School Community Health Alliance (NCSCHA), the statewide SBHC association, for \$48,181 to establish a centralized office that provides technical assistance to SBHCs and to lead advocacy efforts by raising awareness about the value of SBHCs in North Carolina, particularly in rural areas. The SBHC movement in North Carolina was essentially initiated by the formation of this association. Years later, in 2007, the Trust made a second investment in the NCSCHA that went beyond grantmaking. While the second grant of \$310,759 allowed for a more robust, established central association, the Trust's involvement after the grant was distributed resulted in the leveraging of additional resources, partnerships, and support for the advancement of the movement.

In 2009, the partnership between the Trust and the NCSCHA resulted in the leveraging of additional resources for the state from the W. K. Kellogg Foundation. For many years, the Kellogg Foundation has been the leader in influencing SBHC public policy at the national level, resulting in great achievements in the recent national health reform legislation. As a result of the Trust's partnership with the Kellogg Foundation and the NCSHCA, local SBHCs have had the unique opportunity to benefit from a wealth of technical assistance in advancing policy through advocacy efforts and strategic communication. Much of the advocacy has been accomplished through a youth-empowerment model.

There is a demonstrated return on investment as a result of the Trust's support of the SBHC movement. The greatest gains are found among disadvantaged, vulnerable youths who have experienced improved health and educational outcomes. At present, the NCSCHA member organizations reach approximately 34,000 young people aged 5 to 18 years; 48% to 65% of participants are enrolled in Medicaid or the Children's Health Insurance Program, and an additional 10% to 22% are uninsured.

The important role of leadership in the success of the SBHC movement in North Carolina cannot be ignored. With the emergence of a more robust state association, efforts were made to take a stronger stance in public policy at all levels and to engage key stakeholders, including youths, in the value of the movement.

The Trust has had the unique opportunity to influence public policy focused on school-based health care in North Carolina by partnering with the NCSCHA to raise awareness about the "value add" of SBHCs and about their potential to increase access to health care for vulnerable adolescents. In partnership with the Kellogg Foundation, the Trust has been better positioned to support policy and advocacy work associated with school-based health care. Several key lessons are illustrated by the Trust's strategy to fund the SBHC movement, including the importance of establishing partnerships and collaborations, leveraging resources, and making timely, calculated risks. The Trust's support of the SBHC effort came about because the SBHCs' work is directly aligned with the mission of the Trust. Going the extra mile to create partnerships and opportunities and to leverage additional expertise and dollars for North Carolina has resulted in greater opportunities for SBHCs across the state and for the NCSCHA to sustain their work through advancement of favorable policy.

REFERENCE

1. Walker SC, Kerns SEU, Lyon AR, Bruns EJ, Cosgrove TJ. Impact of school-based health center use on academic outcomes. *J Adolesc Health*. 2010;46(3):251-257.

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