



School-Based Health Centers

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History and Overview of School-Based Health Centers in the US

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SBHCs are filling a gap in health care needs for many of our nation's children. They provide services to an underserved population of children and adolescents, focusing on provision of health services and the promotion of health through population-based education programs. Schools with SBHCs are finding that significant physical, mental, and dental health issues are being addressed during the school day, allowing children to remain in school. The mission of SBHCs to contribute to the health of children by providing access to primary health care and preventive health care services is being actualized.

School of Nursing Sponsorship of a School-Based Health Center: Challenges and Barriers

Judith Scully and Diana Hackbarth

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School-based health centers (SBHCs) are a growing phenomenon in the United States and appear to be an ideal fit for school of nursing (SON) sponsorship. However, nationally only about 6% of existing SBHCs are sponsored by either an SON or a school of medicine. Sponsorship of health care in schools is consistent with the mission of university-based SONs, but also presents many challenges. Despite these challenges, the authors believe that the benefit to nursing students, faculty, and the profession far outweigh constraints. This article describes the many benefits that can occur when SONs create and maintain a SBHC in their own community. Extensive practical suggestions for how to overcome the barriers that constrain university faculty from developing service-oriented programs in the community are also emphasized.

Funding, Technical Assistance, and Other Resources for School-Based Health Centers

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To facilitate the successful implementation of school-based health centers (SBHCs), funding streams and technical assistance are needed from various resources. The core funding models for service delivery

include federal grants, state grants, local funding, community partnerships, foundations, and patient revenue. Technical assistance opportunities are available through professional organizations, SBHC associations, state health departments, and primary care associations at the national and state levels. This article explores the various federal, state, and local funding sources, and the technical assistance resources and opportunities available to SBHCs and their staff.

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Susan M. Murray

School-based health centers provide accessible quality health services to culturally diverse student populations. Numerous challenges exist in providing culturally competent services in a school setting. This article presents models of culturally competent care, practice recommendations, and practical resources in an attempt to improve the provision of culturally competent services. In addition, one school health center's initiative to outreach culturally diverse students into health careers is highlighted.

Beyond the Physical Examination: the Nurse Practitioner's Role in Adolescent Risk Reduction and Resiliency Building in a School-Based Health Center

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Teresa K. Davis

School-based health centers in high schools provide a unique setting in which to deliver risk-reduction and resilience-building services to adolescents. The traditional health care system operating in the United States focuses on the treatment of illness and disease rather than on preventing problems originating from health risk behaviors. Nurse practitioners can promote healthy behavior in adolescents through linkages to parents, schools, and community organizations; by conducting individual risk assessments; and by providing health education and access to creative health programs that build resilience and promote protective factors. With a focus on wellness, nurse practitioners as advanced practice nurses and specialists in disease prevention and health promotion can establish students' health priorities in the context of the primary health care they deliver on a daily basis.

Childhood Obesity: a School-Based Approach to Increase Nutritional Knowledge and Activity Levels

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Beth Edwards

Although the incidence of childhood obesity is rising at an alarming rate, weight loss programs for children are few and often inaccessible for various reasons, including cost, transportation difficulties, and lack of parental involvement. School-based programs, offered free of charge, make weight management more accessible. School-based health centers

have a unique opportunity to assure that schools stay in the forefront of obesity prevention and management. This article discusses one such program that was designed and implemented by the staff of a Louisiana school-based health center.

The Impact of Violence on Adolescents in Schools: a Case Study on the Role of School-Based Health Centers 671

Henry J. Perkins and Carolyn R. Montford

School-based health centers (SBHCs) emerged in the late 1960s as a response to concerns about the health care needs of undeserved children and adolescents who were often left out of the health care system. Most SBHCs provide an array of primary health care services such as routine health screenings, immunizations, acute care for common conditions, behavioral risk assessments, and health education on various topics. One of the most important functions of an SBHC is the provision of psychological services for teenagers experiencing depression, adjustment difficulties, substance abuse, and trauma. SBHCs may also serve as an important resource for those students affected by violence through the provision of crisis intervention, grief counseling, and on-going violence prevention education.

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Linda Gilliland and Judith Scully

Prevention programs are a valuable component of the comprehensive services offered at school-based health centers (SBHC). Reducing risky adolescent behaviors is an effective way to reduce the morbidity and mortality burden among the school-age population. Programs using peer educators and youth-initiated websites can increase knowledge and self-esteem and help reduce risky sexual behaviors. Because many SBHCs provide services beyond traditional primary care, there is great need to support and increase the number of SBHC prevention programs targeted at communities at risk.

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Valerie Webb and Brenda Bannor

Problems that affect the health and well-being of the nation's children and youth are becoming increasingly complex and interrelated, requiring the joint efforts of education, health, and social service systems. School-based health centers (SBHCs) provide a bridge between these disciplines. Professionals who staff SBHCs routinely interface with key partners within their host schools. This article provides lessons from the field, exploring the intricacies of the collaborative process from the perspective of 17 nurse practitioners working in an SBHC in Cook County, Illinois.

Interdisciplinary Teamwork in a School-Based Health Center

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Teresa K. Davis, Carolyn R. Montford, and Carolyn Read

The goal of school-based health centers (SBHCs) is to provide culturally competent primary, preventive, and mental health care services for students who otherwise may not have access to care. Often, an SBHC is the primary health care provider for students because many adolescents are uninsured or lack access to other health care service providers. At other times, the SBHC works in collaboration with primary care providers and other health professionals to provide health care services for students and their families. Complex health and social problems and changes in professional practice make it impossible to serve clients effectively without collaborating with professionals from other disciplines. One process used in SBHCs to assure that students' needs and concerns are addressed is an interdisciplinary case review (ICR). The ICR is a method of evaluating complex cases with members of the health care team to ensure that the physical and mental health and social needs of students are meeting or exceeding the standard of care.

Evaluation of School-Based Health Center Programs and Services: the Whys and Hows of Demonstrating Program Effectiveness

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Diana Hackbarth and Gail B. Gall

Evaluation and dissemination of the outcomes of school-based health center (SBHC) services is essential for the continual growth and funding of SBHCs in the United States. Since their inception, SBHCs have been practice sites for nurse practitioners and have used interdisciplinary teams to provide care for underserved school-aged children. Early research and evaluation focused on describing the types of services and the quality of care provided. Supporters of SBHCs were anxious to demonstrate that the care provided was "as good as" care delivered in traditional primary care practices. Documentation of program impacts, such as changes in population health indicators or improved academic achievement, has been more elusive. Current evaluation priorities outlined by the National Assembly on School-Based Health Care include evaluation of mental health services using a new online tool; assessing productivity of SBHC staff; measuring quality; and attempts to link SBHC care with improved academic outcomes.

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Barbara Rideout

**The Nurse-Managed Health Center Safety Net:
a Policy Solution to Reducing Health Disparities****729**

Tine Hansen-Turton

Nurse-managed health centers are critical safety net providers. Increasing support of these centers is a promising strategy for the federal government to reduce health disparities. To continue as safety net providers, nurse-managed health centers need to receive equal compensation as other federally funded providers. Ultimately, the long-term sustainability of nurse-managed centers rests on prospective payments or similar federally mandated funding mechanisms.

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Linda Campbell

Community-based nurse-managed practice (CBNMP) brings primary health care to local, typically vulnerable, populations. Despite cost-effective, high quality care, a 21% decline in academic CBNMPs was documented in the 1990s. A multiple case study addressed factors that hindered or facilitated diffusion and sustainability of CBNMPs in prevalent practice settings. To promote sustainable practice, CBNMPs should articulate a practice mission, identify the practice as nursing, create a team approach, balance mission with margin, and promote attractive sites. Other recommendations include planning for growth and evolution of health care and applying for awards to increase the visibility and political clout of CBNMPs.

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to Reduce Health Disparities****747**

Laura Anderko, Claudia Bartz, and Sally Lundeen

Practice-based research networks (PBRNs) can provide a range of opportunities for nurses working in primary care settings. This article reports on the early experiences of the Midwest Nursing Centers Consortium Research Network (MNCCRN), one of only two nursing PBRNs in the nation. Findings from the MNCCRN's first research study, Wellness for a Lifetime, indicate success with implementing

research across geographically distant sites, and positive client outcomes related to improving nutrition and physical activity. Lessons learned in establishing a PBRN and implementing research studies in the real world are described as well as challenges for the future.

Ethical Considerations for Nurse-Managed Health Care Centers

Susan M. Beidler

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Ethical issues are commonplace in the health care delivery system. Nurse practitioners (NPs) working in nurse-managed health centers (NMHCs) frequently care for patients who are vulnerable and marginalized as a result of their culture, language, low income, or lack of insurance. Because a nurse's commitment is to care for patients without considerations of social or economic status, personal attributes, or the nature of health problems, the distress that occurs while advocating for patients through and around existing barriers to health care access needs to be anticipated and addressed.

The Collaboration of Public Health Nursing and Primary Care Nursing in the Development of a Nurse Managed Health Center

Anne Ferrari and Barbara Rideout

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Historically, public health nurses have been the cornerstone of keeping communities healthy. Ideally, primary care is the point of access for health care and nurse practitioners provide cost-effective, high quality primary care. It is a natural progression to build a nurse-managed health center on the foundation of public health nursing with primary care provided by nurse practitioners. Such collaboration produced the 11th Street Family Health Services of Drexel University serving the most vulnerable census tracts in Pennsylvania.

Integrated Primary and Mental Health Care: Evaluating a Nurse-Managed Center for Clients with Serious and Persistent Mental Illness

Judith McDevitt, Susan Braun, Margaret Noyes, Marsha Snyder, and Lucy Marion

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Nurse-managed centers have been at the forefront of providing ambulatory care alternatives for underserved populations lacking access to care. Following this model, the Center for Integrated Health Care of the College of Nursing at the University of Illinois in Chicago delivers primary and mental health care services to a population of people with serious and persistent mental illness. The authors' experience illustrates the many rewards and challenges that nurse-managed centers face. This article describes their center's model of integrated care, examines selected performance indicators, and discusses the implications, opportunities, and challenges ahead.

A Health Care Program for Homeless Children Using Healthy People 2010 Objectives

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Yvonne Yousey and Michelle Carr

A health care program based on Healthy People 2010 objectives provides screening and treatment to homeless children residing in a homeless shelter through a nursing center located on site. In addition to treatment for minor acute illnesses, children receive physical assessment and screening for health problems for which they are at increased risk. Interventions address these problems within the context of the complex psychosocial issues they face. Outcomes of interventions are monitored to support the value of case management and health education with these families.

"My Nurse Taught Me How to Have a Healthy Baby and Be a Good Mother:" Nurse Home Visiting with Pregnant Women 1888 to 2005

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Katy Dawley and Rita Beam

Nurse home visiting with pregnant women and new mothers in the early decades of the twentieth century was designed to improve birth and newborn outcomes, hasten Americanization of immigrant mothers, and improve their parenting skills. Today the Nurse Family Partnership home visitation program improves newborn and child outcomes by positively influencing maternal role attainment and significantly decreasing maternal smoking and other substance abuse, child abuse and neglect, and children's emergency room visits. It also improves life possibilities for vulnerable young women by decreasing the interval and frequency of subsequent pregnancies and reduces dependence on welfare by increasing workforce participation. This article reviews the history of home visits by nurses to pregnant women and demonstrates the benefits achieved by these programs today.

Using the Omaha System to Document the Wellness Needs of the Elderly

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Lisa Ann Plowfield, Evelyn R. Hayes, and Bethany Hall-Long

Capturing health promotion, education, and disease prevention outreach service data and outcomes is difficult. The rapid pace of health fairs that offer free health services challenges record keeping. To address this issue, the University of Delaware Nursing Center developed short, efficient survey tools using the Omaha System of documentation. These tools allow for standardization of data, easy record keeping, and focused health assessments by various providers.

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