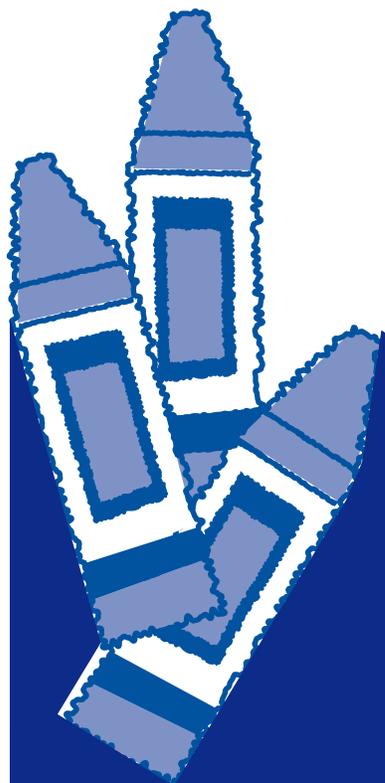


Healthy Schools, Healthy Communities



Volume 1, Issue 1

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U.S. Department of Health and Human Services



Health Resources and Services Administration

Healthy Schools, Healthy Communities

The Healthy Schools, Healthy Communities (HSHC) mission is to promote and establish comprehensive school-based health centers (SBHCs) which improve the health of vulnerable children and adolescents through treatment and services such as: counseling, mental and dental health services, nutrition, and health education.

The HSHC program provides funding for 64 organizations and delivers comprehensive primary care services to over 100,000 at-risk school aged children. In FY 99 11.5 million dollars was allotted to fund 35 new and 17 continuing school-based health centers. Another 1.38 million dollars was used to expand 12 existing sites.

Models That Work

BPHC is pleased to announce the fourth Models That Work (MTW) A Competition. This search process is integral to the MTW campaign which is designed to identify and promote the replication and adaptation of effective community-based approaches for delivering primary and preventive health care to underserved and vulnerable populations. For more information please go to: www.bphc.hrsa.dhhs.gov/mtw/mtw2.htm.

Call for Abstracts

As you heard on the conference call in January, the annual grantee meeting will be held in conjunction with the National Assembly on School-Based Health Care (NASBHC) Annual Meeting. The Meeting is scheduled for June 25-27, 2000, at the Hyatt Regency Dearborn in Dearborn, MI.

The theme for the meeting is "Fulfilling Prevention's Promise." We are seeking presentations in the following areas:

- Prevention
- Cultural Competence
- Integrating Services
- Clinical Management: Nursing
- Clinical Mental Health Skills
- Program Administration
- Communication/Advocacy
- Health Services
- Evaluation
- Rural School-Based Health Centers

If you are interested in submitting a workshop proposal or poster abstract, you must respond as soon as possible to your project officer.



Health Status and Performance Improvement Collaborative

In collaboration with the Institute for Healthcare Improvement (IHI), BPHC has initiated an exciting ongoing program to improve health outcomes for underserved people. Thus far, over 180 health centers are involved in accomplishing the overall goal of improving access to quality diabetes care for the underserved populations. Beginning in February, five school-based health centers (Hill Health in New Haven CT, G.A. Carmichael in Canton MS, Brownsville Community Health Center in Brownsville, TX, Denver Health and Hospital Authority Community Health Services in Denver, CO, and Cherry Street Health Services in Grand Rapids, MI) will participate in a collaborative to improve the Asthma Management of underserved populations. Selections for the Depression collaborative are still underway.

Health Centers participating in the collaborative select teams will attend three learning sessions and receive ongoing support from IHI to make accelerated improvements in the care they give to patients with asthma. The collaborative emphasizes team cooperation to obtain optimal patient care outcomes. Teams submit monthly reports which 1) document their performance on key patient care measures, and 2) assess their progress as a team.

The collaborative uses three models. The model *care* is a population based model that relies on knowing which patients have the illness, assuring that they receive evidenced based care, and actively aiding them to participate in their own care. The model of *improvement* asks three questions: What are we trying to accom-

plish? How will we know that a change is an improvement? What changes can we make that will result in an improvement? The *learning* model focuses on transferring knowledge to promote positive breakthrough changes through expert panels, learning sessions, national congress, and developing a support system.

Lessons learned and successful changes are shared with all on the listserv. To continue to promote lessons learned and replicate the successes of the collaborative, health centers are encouraged to participate in this and future collaboratives to improve access to quality care for underserved populations. Information on the collaborative initiatives can be found on www.CNF.org.

Project Officers and Staff

LaVerne Green
Branch Chief, Child, Adolescent and School Health Branch
(301) 594-4451

Darryl Burnett
(301) 594-4449

Judy Oliver, Regions 1 & 8
(301) 594-4465

Ruby Neville, Regions 2 & 4
(301) 594-4442

Susan Lumsden, Regions 3 & 9
(301) 594-4472

Gladys Perkins, Region 4
(301) 594-4471

Arnette Wright, Regions 5 & 6
(301) 594-4458

Sheri Downing-Futrell, Region 10
(301) 594-4468

Alfreda Teel, Secretary
(301) 594-4478

PCER Training

The Primary Care Effectiveness Review (PCER) is a comprehensive performance review tool that supports continuous quality improvement of health center programs funded by the BPHC under Section 330 of the Public Health Service Act, as amended by the Health Centers Consolidation Act of 1996. This document is designed specifically for school-based health centers funded through the HSHC Program.

The HSHC PCER training was held on December 7 and 8, 1999 in Bethesda, MD for consultants who wished to assist the HSHC Program staff in conducting their site visit assessments beginning mid January. We will target 13 competing continuations and 13 new sites for the Year 2000.

The primary purposes of the PCER are to assess health center compliance with law, regulation, and program expectations and to identify areas requiring improvement. The PCER may also be used to provide consultation to school-based health centers related to areas where improvement, though not required, would enhance health center performance and its ability to provide high quality, cost-competitive health services.

Clinical Network

As the number of Healthy Schools, Healthy Communities grantees increases, the HSHC branch is putting a major priority on measuring the quality of care we provide in the school-based health programs in order to further demonstrate it as an effective way to improve the health status of vulnerable children and their families. To date 90% of HSHC grantees indicated an interest in participating in a clinical network or similar avenue.

Proposed goals included:

- To further foster an integrated approach to school-based health care;
- To provide measurable quality care to underserved children and their families; and
- To strengthen collaboration, and share information and expertise in the area of school-based health programs.

Proposed practice topics included:

- Health promotion/prevention
- Clinical issues (screening/diagnosis/treatment); and
- Family support

Proposed programmatic areas of interest included:

- Quality assurance/measures/outcome;
- Program evaluation; and
- Funding sources

Over 90% would recommend forming regional clusters. The Bureau fully supports and shares information and expertise on practice and program issues to continuously improve the quality of care we give our patient population. The combination of being patient-focused and results oriented will surely lend success to any network.

Did You Know...?

Based upon the latest HSHC awards* and the school health expansions, the BPHC now supports school-based health centers (SBHC's) through the following mechanisms:

- **195 primary sponsoring agencies** (community based organizations) implement SBHC that receive some type of BPHC dollars (e.g., HSHC grantees, school health expansions, community health center funds, migrant health center funds, health care for the homeless funds, etc.);
- **451 SBHCs** are currently implemented by these 195 agencies/community health providers. Currently there are over 1,150 SBHCs nationally;
- Students from **531 schools** receive accessible comprehensive primary and preventive health care services from these 451 SBHCs, 80 schools have formal arrangements to receive health services from these SBHCs - a.k.a. school-linked health center; and
- Over **616,000 students**** have access to the 451 SBHCs that the BPHC supports directly or indirectly via the 195 primary sponsoring agencies.

With the goal to increase the number of school health services programs as a part of the BPHC "safety net" programs and the number of underserved, these numbers indicate that the BPHC is well on its way to supporting 600 SBHCs through 350 primary sponsoring agencies by 2002.

* This includes the 8 grantees that are currently receiving BPHC support even though they will close out their HSHC grant funds by June 30, 2000.

** Based upon 60 schools that average 1,160 students enrolled.

Related Web Sites

www.hrsa.gov
Health Resources and
Services Administration

www.hcfa.gov
Health Care Financing
Administration

www.childrensdefense.org
Children's Defense Fund

www.nasbhc.org
National Assembly on
School-Based Health Care

www.gwu.edu/~mtg/
Making the Grade

www.ashaweb.org
American School Health
Association

<http://smhp.psych.ucla.edu>
UCLA Center for Mental Health
in Schools

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**Bureau of
Primary Health Care**

LaVerne Green
Branch Chief
Child, Adolescent and
School Health Branch

Judy Oliver
Project Officer, HSHC Program

JW Associates, LLC
Em'Ria Briscoe - Project Director
Michelle Tapp - Editor
Maurice Owens - Layout

Calendar of Events

Grantee Meeting
June 25-27, Dearborn, Michigan

Quarterly Progress Reports Due
January 15, April 15, July 15, and October 15

April

East Tenn State Hancock Elem	4-5
Lexington-Fayette Co. Health Dept.	13-14
Multnomah Co Health Dept.	18-19
Centro de Salud Familiar	27-28
G.A. Carmichael	27-28

May

Consejo de la Salud Playa	8-9
Brownsville Community Health Center	11-12
North Broward Hospital District	TBD
Children's Health System	TBD
University of 11 Mile Square H Center	TBD
Hildago Co. Health Care Corp	TBD
San Bernardino County	TBD

June

The Children's Hospital	5-6
Denver Health & Hospitals Authority	7-8
Siskiyou Community HC, Inc.	TBD
St. Helene Community HC	TBD
Morris Heights Health Center	TBD

