By Susan M. Sprigg, Francie Wolgin, Jennifer Chubinski, and Kathryn Keller

School-Based Health Centers: A Funder's View Of Effective Grant Making

ABSTRACT **Health status and academic achievement have been found to be linked: When students have poor health status, they are at increased risk for poor academic outcomes. The school-based health center is a delivery model that supports improved access to health care, as well as healthy behaviors and outcomes, for students. Interact for Health is a private foundation that has provided funding to open school-based health centers in the Greater Cincinnati, Ohio, area since 1999. This article outlines grant-making strategies and effective policies that the foundation has identified as most conducive to creating sustainable school-based health centers. These include identification of the right partners, development of a business plan, and guidelines and policies that support long-term financial sustainability.**

Health status and academic achievement are connected in the life of a child.[1] Conditions such as chronic illness,[2] physical inactivity,[3,4] unhealthy eating,[5] child abuse,[6] food insecurity,[7] and other health-related conditions[8,9] have been linked to poor academic outcomes. In turn, students and adults who achieve less academic success are more likely to have long-term health challenges.[10]

A school-based health center (SBHC) can mitigate the effects of poor health on a child's academic performance. In a typical SBHC, a health care provider—often a nurse practitioner (NP)—provides care to students at a center located within a school. The provider can deliver primary care, manage chronic conditions, and treat short-term illness, and then bill the student's health insurance plan for the visit. SBHCs might also provide mental health care, dental care, vision services, reproductive health services, or health education.

Centers' patients might include students from schools in the district, school staff, and even other adults in the community. A well-developed business model allows an SBHC to become financially sustainable and to improve access to care in that community.

SBHCs have been shown to improve access to care, particularly in underresourced communities.[11,12] Research links SBHCs with improved health behaviors and outcomes, including healthy eating,[13] active living,[13] asthma control,[14,15] improved mental health,[16] improved reproductive health,[17] increased school attendance,[18] and improved health-related quality of life.[19]

Interact for Health, formerly the Health Foundation of Greater Cincinnati, began funding SBHCs in the Cincinnati, Ohio, area in 1999. Since that time, Interact for Health has awarded more than $25 million in grants to open forty-three SBHCs. Thirty-four of these centers remain open today. Because some SBHCs serve more than one school, at least forty-eight schools in the twenty-county Interact for Health service area[20] have access to an SBHC.

Opening a school-based health center is a complex process, and not all centers are successful. Over the past two decades, Interact for Health has identified strategies that are more and less likely to result in a sustainable SBHC.[21] Promising strategies include identifying the right partners, implementing a robust planning process, facilitating connections among stakeholders, and applying guidelines for productivity. These concepts, from the perspective of this grantmaker, are outlined in detail below.

Identify Partners

There are two essential ingredients when opening a school-based health center: a motivated health care provider and an interested school district.

HEALTH CARE PARTNER The first lesson learned by Interact for Health was that the right grantee for this work is a health care institution or federally qualified health center (FQHC). This was not obvious at first. Responses to early requests for proposals were typically from school districts. Interact for Health worked closely with these schools to secure physical space and contract with a medical partner to provide health care staff.

In most of these initial arrangements, the medical partner would provide medical services and then send a bill to the child's health insurance plan. Any costs

DOI: 10.1377/hlthaff.2016.1234: HEALTH AFFAIRS 36 NO. 4 (2017): 768–772

not reimbursed by the insurance company were then charged directly to the school district. Over time, the flaws in this arrangement became apparent. The medical provider had no incentive to put vigorous effort into billing insurance companies, because any shortfall was compensated by the school district. The SBHC was therefore unsustainable without continued financial support from the academic partner. As the initial multiyear funding from Interact for Health ended, continued funding for the SBHC was often not included in the school budget. Although schools recognized that students' health was important to their academic success, funding a medical clinic was not the primary school mission. In some cases, the school returned to Interact for Health to request additional funding or closed the SBHC's doors.

In two cases, an FQHC stepped in and began managing the SBHC. This was a more satisfactory strategy. The FQHC had both the expertise to administer a medical office and economies of scale in obtaining medical supplies. The medical partner became invested as the "owner" of the SBHC and was more motivated to aggressively enroll clients and bill health insurance companies for clinical services than a contracted medical partner had been. Over time, all of Interact for Health's existing SBHCs have transitioned to having a medical partner run the center.

Interact for Health's medical grantees have included both hospitals and FQHCs. Interact for Health has found particular success in partnerships with FQHCs and FQHC look-a-likes, which receive enhanced reimbursement—higher payments—for treating Medicaid patients than non-FQHC providers do. SBHC providers can and do bill private insurance as well as Medicaid. However, SBHCs are often located in schools with large populations of lower-income students, and these students are likely covered by Medicaid.

Hospitals have been another effective partner for SBHCs in the Greater Cincinnati region. But because they might not be eligible for the Medicaid enhanced reimbursement, hospital systems are more likely to rely on community benefit dollars (hospital funds budgeted for community health investments) to supplement SBHC billing. Both hospitals and FQHCs find nonfinancial benefits to working within the school, including good community relations, referrals for other services, name recognition, and increased patient trust. Many students and families seen in an SBHC select that same health care partner to serve as their medical home.

SCHOOL PARTNER School districts are vital partners in the project, although not as the primary grantee.[22] When selecting a school partner, it is important to identify a robust potential patient population. Interact for Health has determined that an SBHC is most likely to be sustainable if it has a potential patient population of at least 500 Medicaid-eligible patients in the school or community. Because many private providers do not accept Medicaid, these patients have fewer choices about where to be seen and are more likely to choose the SBHC. This contributes to the center's financial sustainability.

The next criterion for a school partner is a supportive administration and staff. Schools must commit over the long term to providing space and utilities, such as water, electricity, and Internet access, for the SBHC. School staff are an important link to the primary patient population. Most schools with SBHCs also have a traditional school nurse employed by the school, who is a key partner in connecting students to the health center.

SBHC Planning

Extensive planning is essential when funding a project of this complexity. To ensure that planning is given adequate attention and resources, Interact for Health initiates SBHC projects with a one-year planning grant—of typically $25,000 to $35,000—to the medical partner.

During the planning year, Interact for Health provides guidance as the medical partner creates a detailed business plan.

COMMUNITY INPUT To be successful, the school community must be engaged during the planning process. The medical partner and school administration should connect with school staff, parents, and students to educate them about SBHCs, learn about health needs, and gather community support. This outreach may extend beyond the school community. Getting input from the broader community may identify potential barriers to SBHC implementation.

During a planning year for a recently established SBHC, community members were concerned that the center would divert educational dollars into health care. The Interact for Health program officer created opportunities for local businesses and social organizations to meet with the foundation, school administration, and medical partner to get more information. This alleviated unfounded community fears and increased local cooperation.

IDENTIFYING PATIENTS One early step is to identify who will be included in the patient population. This requires close consultation with school leadership and the parents' organization, such as a Parent Teacher Association, who have the final say in who has access to the SBHC. In addition to the students in the school, the patient population may include their siblings, students in other district schools, teachers, parents, and community members. This decision affects several of the choices below.

HIRING STAFF Most SBHCs are staffed by a nurse practitioner. If the SBHC plans to provide medical services to adults, such as teachers, parents, or community members, then this should be a family NP instead of a pediatric NP. Family NPs provide care to all ages, so this choice increases the flexibility of the health center to expand the patient population to adults in the future, even if they are not included initially.

The ideal NP candidate is independent, flexible, and creative. Because the NP is usually the only on-site primary medical provider, she or he must be comfortable practicing independently. In addition, the NP must connect with the students and families in the patient population and be flexible around school schedules and priorities, such as academic testing.

Interact for Health has seen the most success when the SBHC includes a front-office staff member in addition to the medical provider. This person coordinates student appointments, manages the office, and greets patients. Depending on the size of the patient population, range of services, and available funding, it might be appropriate to add additional NPs, support staff, vision or dental care providers, mental health care providers,

or billing specialists.

Interact for Health prioritizes mental health services in schools. Currently, in the Cincinnati region, these services are usually not provided through the SBHC but elsewhere in the school building through an independent partner. When Interact for Health first started funding SBHCs in 1999, the region was in the midst of an effort to bring mental health services into school buildings, and the majority of districts already had an established mental health provider partner. In addition, by keeping mental health separate from the SBHC, there was more flexibility in billing, since in Ohio a provider cannot bill for a physical health visit and a mental health visit in a single day. Interact for Health planning grants for SBHCs have included a strategy to integrate existing mental health services with the SBHC. Alternatively, in the rare situations in which there is not a mental health provider in place, the plan includes steps to create this partnership.

HOURS AND SPACE For best patient flow, the SBHC space will include at least a small waiting area, two exam rooms, a bathroom, and office space for the provider. Ideally, there will be two entrances: an internal door so that students coming from class do not need to leave the building and an external door allowing entry and exit without going through the school. The external door allows sick children to enter the health center without exposing other students to illness and allows community members to avoid going through school security procedures, which saves time for school staff. An external door also allows flexibility in hours: The SBHC can be open during summer or winter school vacation or have hours that extend beyond the school day. Cameras or an intercom can assist with SBHC security.

PLAN FOR ENROLLMENT To be financially sustainable, each SBHC needs an active patient population. Before a student can visit an SBHC, a parent or guardian must sign a consent form. However, getting these forms signed can be extremely difficult. SBHCs are frequently located in schools with high poverty rates. The challenges associated with poverty often translate to increased family stress and lower family engagement in the student's academic life.

Continued communication among the NP, school staff, medical provider, and district board of education is important for a sustainable relationship.

Returning the SBHC consent form can be low on a family's list of priorities, particularly if the family is not clear about the benefits of this resource.

The medical partner should begin strategizing early about how to get consent forms signed and returned. Approaches include having the NP attend back-to-school nights, holding an open house, having drawings for prizes, and including the consent form with other back-to-school paperwork. The school staff is a great resource on how to best reach out to the school's students and families.

One large district in Greater Cincinnati has twenty-three SBHCs at multiple schools. When a parent signs a consent for one school's center, it applies to all of the centers run by that provider in the district. This expands the availability of health care to the many families who transition from school to school within the district during the year.

PLAN FOR BILLING Because many SBHC patients are on Medicaid, the medical provider must apply for a Medicaid billing number early in the planning process. This application process may take three to six months.

Making Connections

Interact for Health's program officer facilitates the many relationships involved in planning a new SBHC. An interested funder that does not have the needed staffing could hire a consultant or request support from the national School-Based Health Alliance.[23] This group provides education, research, and technical assistance for SBHCs around the country, as do its state affiliates.

The primary relationship is between the medical partner and the school. Health care and education professionals do not frequently overlap, and these partners might need assistance finding common ground or developing their memoranda of understanding. Having strong connections with both partners allows the funder to mediate any challenges and to identify potential problems early in the process.

The funder can also create valuable connections to other health or community foundations. Expanding the base of investors for an SBHC can be challenging and time-consuming for the lead foundation. However, having multiple funders expands the resources available to the center. Interact for Health has been able to connect SBHCs to foundations with a specific health focus, such as dental or vision care. With support from such foundations, several SBHCs in the region are now able to offer comprehensive primary care, vision, and dental health services in a single location.

Implementation And Beyond

It takes time for a school-based health center to reach full capacity after services start. The funder can provide guidance and financial support through the initial months.

Interact for Health has developed guidelines for the productivity level necessary to financially sustain one NP and one front-office person. For sustainability, the provider should average two well-child checkups and six to eight other visits for each day the SBHC is open. When using this guideline, the majority of SBHCs in the Cincinnati region were able to become financially sustainable within two to three years of opening.

Providing well-child checkups is good for both the student and the SBHC. Many children on Medicaid do not receive the recommended well-child checkup annually,[24] even though such checkups are important in screening for health conditions and for providing wellness education. These more complex visits are also reimbursed by Medicaid at a higher dollar amount than illness visits are. When an SBHC provides well-child checkups, it promotes student health, while the increased payment helps sustain the SBHC.

Funders and schools need to note that SBHC sustainability is linked to billable patient visits. If the school or funder would like the provider to undertake nonbillable tasks, such as health promo-

tion, community outreach, or health education, additional funding from some entity may be needed to offset the unbillable time and keep the SBHC financially solvent.

Continued communication among the NP, school staff, medical provider, and district board of education is also important for a sustainable relationship. Interact for Health recommends regularly scheduled meetings among these participants to build relationships and address concerns early.

Finally, once the SBHC is open and the foundation funding begins to wind down, the funder can help the health center connect to organizations that can provide ongoing support, such as the School-Based Health Alliance.

Interact for Health founded Growing Well, a nonprofit that promotes SBHCs in the region. Growing Well provides technical assistance to existing SBHCs, collects data on SBHC use, and serves as a link to national SBHC work. During the 2015–16 school year, twenty-five local SBHC sites, serving nearly 37,000 students and providing nearly 29,000 medical visits, participated in Growing Well data compilation. The program officer for SBHCs at Interact for Health, Francie Wolgin, became the executive director of Growing Well in 2015.[25]

Policy Implications

The ability to open and sustain an SBHC is affected by policies at the state and national levels. One policy that supports SBHC financial sustainability is the enhanced Medicaid reimbursement rate available to federally qualified health centers. However, not all SBHCs are run by FQHCs. Expanding the enhanced reimbursement rate to all SBHCs, even if run by a non-FQHC provider, could make school-based health care more attractive to a wider range of health care systems.

SBHCs in the Interact for Health region have also benefited from Ohio's Medicaid expansion under the Affordable Care Act, as well as the Children's Health Insurance Program. Maintaining this expanded coverage is an important factor in sustaining an SBHC. If the number of uninsured patients were to increase, this would affect the productivity model, requiring more patients to be seen so as to sustain SBHC staffing.

State-provided funding is another helpful policy for states to consider. Such funding decreases the pressure to provide billable services and therefore increases the opportunity for SBHCs to engage in nonbillable health promotion activities. However, state funding might be vulnerable to cuts.

After participating in this process over the years, Interact for Health can report that the results are well worth the effort.

Conclusion

To affect health access and outcomes in Greater Cincinnati, Interact for Health began funding and coordinating school-based health centers in 1999. Interact for Health quickly learned that funding and opening a new SBHC is a complex process with many stakeholders. After implementing more than forty of these projects over two decades, Interact for Health has identified some strategies and factors that are most likely to lead to successful, sustainable SBHCs. Having an involved and informed funder as a neutral party can provide vital support to the medical partner, school, and patients who benefit from improved access to care in an SBHC. After participating in this process over the years, Interact for Health can report that the results are well worth the effort. ■

Susan M. Sprigg (ssprigg@interactforhealth.org) is a research officer for innovation and learning at Interact for Health, in Cincinnati, Ohio. **Francie Wolgin** is senior program officer at Interact for Health and executive director of Growing Well, both in Cincinnati. **Jennifer Chubinski** is vice president of innovation and learning at Interact for Health. **Kathryn Keller** is vice president of system strategies at Interact for Health. The authors acknowledge that much of the literature referenced in this article on the connection between student health and academic achievement is several years old. These articles, though, are the most recent that they could identify.

NOTES

1 Michael SL, Merlo CL, Basch CE, Wentzel KR, Wechsler H. Critical connections: health and academics. J Sch Health. 2015;85(11):740–58.
2 Taras H, Potts-Datema W. Chronic health conditions and student performance at school. J Sch Health. 2005;75(7):255–66.
3 Carlson SA, Fulton JE, Lee SM, Maynard LM, Brown DR, Kohl HW 3rd, et al. Physical education and academic achievement in elementary school: data from the Early Childhood Longitudinal Study. Am J Public Health. 2008;98(4):721–7.
4 Wittberg RA, Northrup KL, Cottrell LA. Children's aerobic fitness and academic achievement: a longitudinal examination of students during their fifth and seventh grade years. Am J Public Health. 2012;102(12):2303–7.
5 MacLellan D, Taylor J, Wood K. Food intake and academic performance among adolescents. Can J Diet Pract Res. 2008;69(3):141–4.
6 Slade EP, Wissow LS. The influence of childhood maltreatment on adolescents' academic performance. Econ Educ Rev. 2007;26(5):604–14.
7 Jyoti DF, Frongillo EA, Jones SJ. Food insecurity affects school children's academic performance, weight gain, and social skills. J Nutr. 2005;135(12):2831–9.
8 Grant R, Brito A. Chronic illness and school performance: a literature review focusing on asthma and mental health conditions [Internet]. New York (NY): Children's Health Fund; 2010 Jun [cited 2017 Feb 23]. Available from: http://schoolhealthteams.aap.org/uploads/ckeditor/files/chronic-illness-and-school-performance.pdf
9 Basch CE. Healthier students are better learners: a missing link in school reforms to close the achievement gap. J Sch Health. 2011;81(10):593–8.
10 Robert Wood Johnson Foundation. Health Policy Snapshot: why does education matter so much to health? [Internet]. Princeton (NJ): RWJF; 2013 Mar [cited 2017 Feb 23]. Available from: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf403347
11 Wade TJ, Mansour ME, Guo JJ, Huentelman T, Line K, Keller KN. Access and utilization patterns of school-based health centers at urban and rural elementary and middle schools. Public Health Rep. 2008;123(6):739–50.
12 Guo JJ, Wade TJ, Pan W, Keller KN. School-based health centers: cost-benefit analysis and impact on health care disparities. Am J Public Health. 2010;100(9):1617–23.
13 McNall MA, Lichty LF, Mavis B. The impact of school-based health centers on the health outcomes of middle school and high school students. Am J Public Health. 2010;100(9):1604–10.
14 Mansour ME, Rose B, Toole K, Luzader CP, Atherton HD. Pursuing perfection: an asthma quality improvement initiative in school-based health centers with community partners. Public Health Rep. 2008;123(6):717–30.
15 Webber MP, Carpiniello KE, Oruwariye T, Lo Y, Burton WB, Appel DK. Burden of asthma in inner-city elementary schoolchildren: do school-based health centers make a difference? Arch Pediatr Adolesc Med. 2003;157(2):125–9.
16 Jennings J, Pearson G, Harris M. Implementing and maintaining school-based mental health services in a large, urban school district. J Sch Health. 2000;70(5):201–5.
17 Ethier KA, Dittus PJ, DeRosa CJ, Chung EQ, Martinez E, Kerndt PR. School-based health center access, reproductive health care, and contraceptive use among sexually experienced high school students. J Adolesc Health. 2011;48(6):562–5.
18 Walker SC, Kerns SE, Lyon AR, Bruns EJ, Cosgrove TJ. Impact of school-based health center use on academic outcomes. J Adolesc Health. 2010;46(3):251–7.
19 Wade TJ, Mansour ME, Line K, Huentelman T, Keller KN. Improvements in health-related quality of life among school-based health center users in elementary and middle school. Ambul Pediatr. 2008;8(4):241–9.
20 The service area includes the following counties: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren, in Ohio; Boone, Bracken, Campbell, Gallatin, Grant, Kenton, and Pendleton, in Kentucky; and Dearborn, Franklin, Ohio, Ripley, and Switzerland, in Indiana.
21 Eighteen US states make state funding available for school-based health centers. The availability of this state funding might change the applicability of the information in this article. See School-Based Health Alliance. School-Based Health Care State Policy Survey: 18 state governments commit resources to SBHCs [Internet]. Washington (DC): The Alliance; [cited 2017 Feb 23]. Available from: http://www.sbh4all.org/school-health-care/aboutsbhcs/school-based-health-care-state-policy-survey/
22 Interact for Health does occasionally provide grants directly to schools but only for specific physical projects, such as building or remodeling a space for the school-based health center. Capital dollars are difficult to raise in the Greater Cincinnati region. Interact for Health's participation in the project can make it more appealing to other funding partners.
23 For more information about the School-Based Health Alliance, see School-Based Health Alliance [home page on the Internet]. Washington (DC): The Alliance; [cited 2017 Feb 23]. Available from: http://www.sbh4all.org/
24 Burwell SM. 2015 annual report on the quality of care for children in Medicaid and CHIP [Internet]. Washington (DC): Department of Health and Human Services; 2016 Feb [cited 2017 Feb 23]. Available from: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2015-child-sec-rept.pdf
25 For more information about Growing Well, see Growing Well [home page on the Internet]. Cincinnati (OH): Growing Well; [cited 2017 Feb 23]. Available from: http://www.growingwell.org