(Music)

Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, I hope you had a nice Thanksgiving.

Margaret Flinter: It was wonderful. I hope yours was as well.

Mark Masselli: Well, we had a great time; we were traveling. But it turned out that the news didn't stop on health care just because we were enjoying Thanksgiving and the President was giving a party to those turkeys. But he also was doing some serious work. He announced that Marilyn Tavenner was to succeed Dr. Don Berwick as the Head of the Center for Medicare and Medicaid.

Margaret Flinter: And it seems not so long ago that Dr. Berwick took over that post which was never confirmed by the Senate but instead it was a recess appointment made by President Obama and with that appointment expiring on December 31st of this year, Dr. Berwick decided to step down on December 2nd. And Mark, you know his tenure was short but I think he made a huge impact on rallying the health care community and consumers around that Triple Aim: better quality, improved outcomes, reduce costs.

Mark Masselli: You know it's sad to see him go, and his successor had been in the position before Don took it over on an interim basis and we wish her the best. Unfortunately, the partisan nature of Washington has led a good person like Dr. Berwick head back home to Boston.

Margaret Flinter: Well, I have no doubt he will continue to be a major force and leader in improving health care. Now Marilyn has also been working with Dr. Berwick as the agency's Principal Deputy Administrator and this is an individual who's seen the health care system from lots of angles and I think has a pretty unique perspective both in understanding public policy and also understanding the impact that policy has on people. And I am betting she is pretty excited about that billion dollars in funds that are going to be released this year under the CMS Innovations project, very significant opportunities for projects that can show collaboration and an ability, again hit that Triple Aim quality, safety, reduce costs.

Mark Masselli: Well, let's hope that she gets through the confirmation process. It has been contentious in Washington; there has been a big divide. And we are going into the 2012 elections and let's hope people keep focused in on our government needs leaders in these key positions and we wish her the best.

Margaret Flinter: We do, and focused but also forward movement. I was at an event last night and heard a very seasoned Washington health care person say, "In an election year, everything comes to a grinding halt in June". We don't have the time to do that, we have too much coming up with the implementation of health reform so we hope that this year will be the exception.

Mark Masselli: Well, we also heard the news that Karen Davis, who has been fixture in health policy in Washington DC and New York for decades, will enter 20 years as President of the Commonwealth Fund next year. And Dr. Davis of course has been on our show and has been a real thought leader in health care and health care reform in this country.

Margaret Flinter: Right. I put Dr. Davis in the category of living legends. Her work as a health care economist, really one of the first health care economists in the country goes back to the very early days certainly of the anti-poverty programs in the community health centers and we certainly wish her well as well.

Mark Masselli: We have got a great guest today, Linda Juszczak, President of the National Assembly on School-Based Health Care joins us to talk about how school-based health centers are eliminating barriers for children, teens and families to access comprehensive health services and how they are expanding and why they have become a national model for delivering quality health care.

Margaret Flinter: We are delighted that Linda can join us today. And no matter what the story, you can always find our shows and hear more about us by Googling www.chcradio.com.

(Music)

Mark Masselli: Today, Margaret and I are speaking with Linda Juszczak, President of the National Assembly on School-Based Health Care. Welcome Linda.

Linda Juszczak: Hi.

Mark Masselli: Since 1995, the National Assembly on School-Based Health Care has been the national voice for school-based health centers. We share your passion for eliminating barriers and delays for kids and their families to get quality health services. Start out by telling us how school-based health centers help with this goal, in what ways they are most effective and how they have grown to become a national model for health care delivery.

Linda Juszczak: The clinics, when they first started on one of their growth trajectories, were focused on improving access to care for adolescents primarily. So in that instance, the way that they eliminate barriers is that they go where the young people are and that was given. But for many young people moving

outside of their usual area to go get health care was a stretch and a reach that they weren't making. So that's now moved I think overtime. That's still certainly one of the ways that the clinics eliminate barriers is being right there where there is no transportation issues or geologic barrier that they have to face. But they also are incredibly easy to use. So again, most of us go in to see a health care provider and we are faced with forms that we have to fill out and waits and a number of people that we talk to before we ever get to the point that we are seeing the person that we came to see. And in the case of school-based health centers, most of those steps are eliminated or minimized and so the ease of use and the ease of getting exactly what you want and when you want it is much more fluid.

There are no financial barriers in most school-based health centers meaning that students are seen regardless of their ability to pay. And then of course, we like to also say that they are culturally appropriate and they are designed in a way that they meet the needs of the families and the students in the schools and in a way that's comfortable.

Mark Masselli: Linda, what would you say the size of school-based health centers are, the number of people they are serving across America?

Linda Juszczak: We estimate based on our last census which was three years ago now that we are providing access to care to approximately 1.7 million children and adolescents. That's probably an underestimate. We are expecting the numbers to go up this time around and our census just went out to the field that last week so stay tuned.

Margaret Flinter: Linda, obviously, the Assembly and really the movement itself has been very successful in garnering support in key areas around the country and in Congress one would think because the Federal health reform bill, the Patient Protection and Affordable Care Act provides a support for the further development and expansion of school-based health centers. Tell us about that support and what kind of progress have you seen so far related to the support in terms of expansion, maybe what do you see coming up in terms of additional expansion tied to the Affordable Care Act.

Linda Juszczak: The Affordable Care Act has provisions for school-based health centers specifically related to equipment purchases and construction. And the first round of money was released not this past summer but the summer before; the grants were released and the applications were due in a year ago January and the money this spring, early this spring, the clinics were informed whether or not they were funded. And what we know is that $95 million was released, 278 grants were awarded and approximately 66 of those grants were for construction and 110 for alteration and renovation. What the details are behind that we are still trying to collect the data from the sites. Whether or not those are, the construction grants are all new clinics or not, we are not quite sure, we know

there are new clinics in there but we also know there are some existing programs that are having their sites moved from right outside the school to inside the school and a variety of different things. The equipment purchases, some of them have to do with putting medical records in place and others have to do with the clinics getting new exam tables and new exam room or laboratory kinds of equipment.

Margaret Flinter: Linda, I think it was back in 2002 the National Assembly laid out seven key characteristics of school-based health centers which rang very true to me as I was reviewing them and I would actually love to talk about all of them but I don't think time will permit. So let me just take a couple that I thought were particularly interesting for our listeners, one that there are always partnerships created by schools and communities, two, that the school-based health center team works in collaboration with the school nurse not in place of the school nurse, and three, the school-based health cares have very clear policies on parental consent. Now when I read those, I read here is the voice of experience that has learned from experience, learned what is challenging sometimes in establishing these, anticipated those concerns and really tried to come up with good strategies to address them upfront. Maybe you could tell us a little bit about that, how important this collaboration with the community, the partnership with the school nurse and the clarity of issues around parental consent in a situation where kids are going and accessing care themselves always and not usually in the presence of a parent. Would you like to try and tackle that?

Linda Juszczak: They are all critical elements and you actually picked out some of the most important of our principals Margaret so good selection. I will start with the partnership with the school. If a school does not want you there, if a school does not see what you are doing to contribute to their mission which is not directly health care but is certainly academic achievement of the students in the school and if they don't get that contribution and if they don't want you there, you are not going to stay, you are not going to succeed at what you do. It needs to be a respectful relationship and one where the health care providers understand what it is that the school is focused on and the school understands what it is that the health care providers can do in partnership with them to make students more successful and achieving in school.

So a critical element, the principal, and in fact I think I would go so far as to say from my experience is that the principal and the relationship with the principal is the most critical element for a school-based health center. And rarely I do hear where there has been a change of administration in schools and the new administration doesn't either understand or value what the school-based health center is doing in the school. And that can be a really very difficult situation to work out because there, as you can imagine, are issues of urgency, issues of confidentiality all of which require development of some trust and respect on the part of both partners.

The school nurse, often times people look at what's happening in a school and they go oh well you have a clinic, you don't need a school nurse. Well in fact we don't believe that, the National Association of School Nursing doesn't believe that, and we have gone out of our way to articulate the importance of a collaborative relationship. They are different, the functions of the school nurse are not the same as the school-based health center and the school-based health center is not the same as the school nurse. And ideally, when in fact both are there, which about 45% of the time both are present in the school, the care that the students receive is optimal and all their needs are met. So again, collaborative, it's a wonderful partnership when it works, and the results are much better outcomes for the kids.

So for the great majority of school-based health centers, students cannot be seen in the school-based health center without a parent's consent. And what we know is that in the rare instances where they can be that that allowance is consistent with state law. So if a state law allows a student to access certain kinds of services on their own without parental consent, the student may be able to access those in the school-based health center. More often than not even though the state law may allow a young person to get certain services without their parent's consent, the school-based health center still requires that parental consent. So each community decides how they are going to approach this but within the confines of the law that's present in the state, the school-based health centers are not more flexible, if anything they are a little bit more inflexible about parent involvement and parent consent.

Margaret Flinter: Linda, when people speak about the school-based health centers and you are a pediatric nurse practitioner who has been in school-based health you know this probably to be true, they often describe them first in terms of the treatment of what I would call the simple and the acute, things which you can treat and get the kids back into the classroom, save the parent maybe a trip to the primary care office or the emergency room. And then there is the whole management of chronic disease, asthma in particular, I think school-based health centers have had a huge impact. But when we look in our experience at what's most important to communities, what they are really seeking so often it's the behavioral health services that are their first priority about getting those into schools. And we know what problems we have had in the country in terms of access to behavioral health services for children, eliminating waits and delays, and involving parents in care. Maybe you could tell us a little bit about what outcomes are being looked at in school-based health center in terms of behavioral health services. It would seem there must be some obvious benefits to that early and upstream identification in each event but I haven't seen a lot of outcome data. So could you share any outcome data that you have with us?

Linda Juszczak: Well I think the outcome data that you are going to see with school-based health centers relative to behavioral health in many instances is

first of all based on use so utilization. That's probably more process than outcome technically but the fact that the students are using those kinds of services more frequently. We often cite data that speaks to populations that don't access mental health services such as adolescent males and in particularly minority males and they are used when behavioral health services are offered in a school-based health center far exceeds what their utilization would look like in any other environment, hospital-based clinics or community health centers for example. So utilization, although it's a process measure I think that you are never going to chase the outcomes unless someone walks through the front door and they are walking through the front door.

The other data aside from utilization on mental health is probably most closely tied to what's beginning to come out around academic performance and a suggestion particularly from data that was collected in Seattle and reported in the professional literature over the last three years I think its been, might be two times wise, right, can't keep track some days, that have really looked at those students who are in highest need getting services in a school-based health center, improving their academic performance and improving their graduation rate. So that connection is being documented probably more than one would say improvement in depression inventory scores or some such thing.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Linda Juszczak, President of the National Assembly on School-Based Health Care. School-based health centers are perfectly positioned to address multiple health problems; we have just talked about one in terms of behavioral health. But also one of the major issues affecting young people today is childhood obesity and the report was just out that starting at 11 years old it's recommended to get a cholesterol test on young people. But you are right there at the point of where best practices emerge in terms of how to deal with children facing obesity. Tell us a little bit about what you are seeing around the country in terms of great work that school-based health centers are doing in this field and are there any recommendations that you have for people who might be eliciting of intervention methodologies that are working well.

Linda Juszczak: I think the clinics are saying to us much like providers in any other setting are saying is that there is a lot more to this issue than just individual one-on-one counseling with a young person and even with their family about the need to lose weight. And so what we are seeing is that there is more interest especially when the clinics can be appropriately resourced to reach further than the confines of the clinic themselves and to begin to partner with the school to look at the effects of other in-school environmental issues affecting childhood obesity and community-based.

So there are programs, one in particular that is coming to mind is that _____18:59 who developed community health programs where the school-based call center program sees its responsibilities as extending beyond the clinic

themselves and into the community and looking at issues like community gardens, walking paths, access to physical activity on school grounds, partnering with the school and other advocates to improve the quality of the school, lunch programs. So it's a complex problem which requires multiple points of addressing it and very often if the clinic is not a partner with the school and other community members, it actually can be the catalyst for those kinds of changes. And I think those are likely the best practices that we are seeing that school-based health centers are connected with. And there certainly is some value to the fact that if you are following a young person who has expressed an interest in trying to change their eating behaviors and physical activity level that you can see them frequently and that there again are no barriers to them getting in and that does I think give you an access to them. But I am not convince that that would be enough that the individual counseling and the recommendations to limit television, eat properly, exercise more are all adequate in our current culture; the environment these kids are in really needs and requires change in and of itself.

Margaret Flinter: We couldn't agree with you more. And the school-based health centers are well staffed, professionally staffed, nice facilities in neighborhoods of need certainly often and yet certainly many school-based health centers across the country, they are open the hours and the days that the schools are open. We are seeing an emerging demand and maybe even a trend for school-based health centers not only to continue to be open in the summer and other times when school is closed but to also be available to the families of the children who are enrolled in the school-based health centers to function as primary care centers within that neighborhood. What's the story on that trend? Is that something that the assembly is advocating and sees as a contribution to our country's shortage of primary care in general?

Linda Juszczak: It was one of the major changes that we saw the last time we did the census is that there was a very significant uptake in the number of school-based health centers who reported back to us that they were seeing more than just the students in the school. And we certainly are hearing anecdotes about well-existing clinics who are opening their doors to other populations and/ or new clinics are being designed specifically with a much broader reach in mind. And we are very supportive of that. I mean it clearly contributes to the sustainability of the program. If you don't have a critical mass of kids in the school, that can allow you to run an operation that's sustainable, this allows you to increase the numbers of people being served because often times it can be the family members and other community members. The caveat would be that we hope that when programs do that that they don't lose sight that their priority population is the young people in the school and that their activities go far beyond just providing individual services behind an exam room door, that the interaction between the clinic and the school is critical and important and that the clinic is expected to show up in all health related activities and health related issues that the school is coping with. So teacher conferences around students who are in difficult straits, partnering with the school to address issues like gang

violence, partnering with the school when there is an issue around a loss or grief in the school and the list just goes on and on. Those are no billable or reimbursable services very often and yet are the critical element, part of the critical element that makes the clinic, puts a clinic in a place where it has a bigger impact beyond just improving immunization rate, decreasing asthma, emergency room visits and so forth.

Margaret Flinter: Today, we have been speaking with Linda Juszczak, Pediatric Nurse Practitioner and President of the National Assembly on School-Based Health Care. Linda, thank you so much for joining us today on Conversations.

Linda Juszczak: It is my pleasure. It was nice to meet you both Mark and Margaret.

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives.

This week's bright idea recognizes one of the winners of this year's Healthy Living Innovation Awards. The Department of Health and Human Services awarded the nonprofit group North Carolina Prevention Partners for its approach to promoting health and hospitals across the states. The **Red Apple Project** seeks to increase the number of hospitals that meet the standards for healthy food. Hospitals in North Carolina serve more than 500,000 meals each week so beginning in January of 2008, the Red Apple team began developing assistance tools to make sure these hospitals were serving healthy foods. In order to be recognized, the hospitals must offer 24 hour access to healthy foods for staff and visitors. It should also promote healthy food with pricing incentives, educate people about healthy items and provide wellness incentives and insurance benefits to staff to encourage long term behavioral change like quitting smoking. Today, all hospitals in North Carolina are actively engaged in creating a healthy food environment and the majority has received Red Apple recognition. In addition, other states including South Carolina are working alongside North Carolina's prevention partners to bring these resources and lessons to its hospitals. A replicable and sustainable innovation for promoting health and wellness in hospital settings, now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli. Peace and health.

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