

**School-Based Health Centers
+ School Nurses
= Student Success**

School-Based Health Centers (SBHCs)

- ✓ Provide primary care, mental health care, and oral health care screening and treatment
- ✓ Offer physical exams and sports physicals
 - ✓ Prescribe and dispense medication
 - ✓ Bill public and private insurance for reimbursable services
 - ✓ Conduct clinical and lab tests
 - ✓ Treat chronic illnesses

School Nurses

- ✓ Screen for barriers to learning, i.e. vision, hearing, vaccination status
- ✓ Triage or treat accidents and illnesses
- ✓ Administer medications and manage chronic illness, i.e. diabetes, tube feedings
- ✓ Support educational success through IEPs, IHPs, and disaster plans

SBHCs & School Nurses

- ✓ Educate students and families about healthy behaviors and nutrition
- ✓ Enroll students and families in public insurance programs
- ✓ Offer immunizations

Benefits of Working Together

- ✓ Enhance students' health, academic outcomes, and overall well-being
- ✓ Plan and implement health promotion and disease prevention programs
 - ✓ Increase information sharing to protect student privacy and continuity of care
- ✓ Reduce emergency room visits and hospitalizations
 - ✓ Detect health problems before onset of chronic conditions



School-based health centers (SBHCs) and school nurses know that healthy students learn better. They share an important mission: providing preventive care for all students they serve, with the goal of keeping students in class learning.

Questions & Answers

Q When budgets are already so tight, how can we justify funding both school nurses and school-based health centers?

A Funding comes from different sources because the school nurse and SBHC play separate but complementary roles in the health of the student and overall school population. The majority of school nurses are salaried through the education system, recognizing the value of keeping children healthy, in school, and ready to learn. SBHCs are predominantly funded by state departments of health to assist in carrying out a public health agenda. Reimbursement for covered services is provided in varying degrees in public and private insurance. A greater investment in both school nurses and SBHCs would reduce the disparities that prevent children from recognizing their potential. In the school nurse/SBHC model, the overall savings to the tax payer increase dramatically. Students spend more time in school, which decreases dropout rates; and disease is prevented, which reduces the expensive care of the emergency room.

Q Don't school-based health centers and school nurses do the same thing?

A No. The **school nurse** is responsible for the day-to-day management of the school population's health. **School-based health center staff** – which may include medical doctors, nurse practitioners, physician assistants, social workers, psychiatrists, dentists, and dental hygienists – are primarily sponsored by local hospitals and community health centers. School nurses and SBHCs work in collaboration. In a model setting, which includes both a school nurse and a SBHC, there is a clear delineation between the services provided.

Q Should the model of schools having access to both a school nurse and a school-based health center be part of health care reform?

A Yes! With 98 percent of school-aged children in the U.S. attending school, effective health promotion and prevention of chronic disease could be cost-effectively addressed in schools when both school nurses and SBHCs are accessible. School nurses provide screening, daily health services, care planning, work with families for enrollment in public insurance programs, and refer to SBHCs for complex issues. SBHCs diagnose and treat illnesses, prescribe and dispense medication in accordance with local and state policies, and provide oral and mental health care services. Unnecessary school absences and emergency room visits and hospitalizations are avoided when this collaborative model is part of the health care safety net.

MAY 2010