

Implementing Successful School- Based Health Centers: Lessons from the Chicago Elev8 Initiative

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Introduction

School-based health centers (SBHC) are a targeted approach for providing health services to students who may otherwise lack them. They ameliorate health problems that make learning more difficult and reduce the amount of time students are absent from school (Dryfoos, 1998; Rienzo, Button, & Wald, 2000; Brindis et al., 2003; Silberberg & Cantor, 2008; Wade, Mansour, Line, Huentelman, & Keller, 2008). They provide opportunities to integrate primary health care with school-based health education, and they can be a hub that links students, schools, parents, and other community resources. However, many SBHCs are operated by health partners rather than schools themselves, and their success inside schools is affected by the quality of the health center's relationships with school staff and others in the school's neighborhood.

In this brief, we highlight strategies that can improve the working relationship between SBHCs, schools, and communities. For SBHCs, a healthy working relationship with schools and communities can strengthen their ability to meet challenges to sustainability and success. Many challenges to SBHCs are the result of factors outside the individual school or neighborhood, including medical reimbursement rates, labor markets for key medical staff, and school policies determined by school district administrators. A healthy partnership can help the SBHC respond to these and other challenges and provide opportunities to strengthen the local community.

This issue brief draws on insights gathered from three years of observations and more than 30 interviews conducted as part of our implementation evaluation of the “Elev8” initiative in Chicago. Elev8 is a multiyear initiative of The Atlantic Philanthropies that operates in four states with school, neighborhood, city, and state partners. At its core, Elev8 was designed to bring supports, including SBHCs, into middle schools to address a broad range of youth developmental needs. It is also designed to link resources in the school to the broader neighborhood. For SBHCs specifically, this initiative was intended to improve youth health in the critical period leading up to high school. The successes and challenges of Elev8 implementation in Chicago offer lessons for SBHCs elsewhere.

Background: The Case for and Challenges of SBHCs

School-based health centers are effective for targeting health needs that affect students’ participation and success in school. They typically offer services regardless of families’ income or insurance status and provide accessible and familiar service locations. They can screen for common physical and behavioral health risk factors and determine eligibility for subsidized health insurance (Swider & Valukas, 2004). SBHCs appear to improve health-related quality of life among students, particularly those of low socio-economic status, and may increase attendance and grade point average (American Academy of Pediatrics, 2012).

However, the efforts of SBHCs face a number of challenges, including those that arise when a hosting school and external health provider collaborate.

Different, Changing, and Competing Priorities and Practices

Opening an SBHC raises questions for school officials, medical partners, and community members about common goals, and about the durability of these goals. Each partner operates within a context of shifting policy priorities and established organizational routines (Wade et al., 2008). Schools that are under pressure to prioritize attendance, academic achievement, and test results may view the potential value of an SBHC through a lens inflected by the immediate school-based measures of success. However, the value of the SBHC also lies in broader and longer-term student health and development. In addition, in Chicago and elsewhere, the increasing demands for school accountability lead directly and indirectly to teacher and principal turnover, entire school “turn-around” efforts, and school closures, which can create instability or discontinuity in partnerships.

Further, health care organizations must find ways to either recoup or justify the ongoing costs of providing services in these settings during a time of uncertainty and change in the health care market. For example, SBHCs are affected when Medicaid funding is cut or when managed care models supplant a pay-for-service funding approach.

Finally, individuals and organizations in the school neighborhood may want the SBHC to extend beyond its typical student service targets. Elev8 intentionally focused on community-wide benefits, making the relationship between the SBHC and the community especially important. The community context may also affect SBHC operations even where this connection is not as intentional. Especially in community school settings, which are becoming increasingly popular, SBHCs may be expected to serve as a resource for the larger community, divert resources to adult health needs, and provide an opportunity for a community voice to shape its work.

Avoiding “Guest” Status

One core challenge for SBHCs is that school staff may view health centers as guests within the school, assuming that they can and will align their work with the hosting school’s rules and priorities. Naturally, however, health organizations have other priorities, legal requirements, and modes of working. For example, the priority of an SBHC to ensure that students feel as comfortable as possible coming to the health center may seem to conflict with a school’s interest in maximizing student “time on task” and determining the movement of students through the building. Also, health center requirements for confidentiality may need to be explicitly explained and justified to school administrators.

These different perspectives and lack of awareness of what each partner needs to be successful can also lead to missed opportunities. Schools, for example, may not use their existing outreach and orientation activities to proactively support obtaining parental permission for students to use the SBHC (Dryfoos, 1994; Jennings, Pearson, & Harris, 2000). In the absence of an effective mechanism that identifies a range of possible shared goals and supports their satisfactory implementation, conflicts and missed opportunities in the relationship between the SBHC and the school are to be expected.

Need to Align Incentives

A robust model for implementing an SBHC, therefore, should recognize the need for effective collaborative relationships and ongoing incentives for partners to continue investing in the partnership. Because partners often lack effective ways to reconcile individual priorities when operating such a collaborative effort, however, SBHCs can be difficult to launch and even more difficult to sustain.

Below, we describe the Elev8 initiative and the specific role envisioned for SBHCs. Then we assess four key Elev8 implementation strategies intended to strengthen collaboration and communication among partners. We conclude by considering some of the ongoing challenges at the end of the initial 3-year phase of Elev8 implementation (currently extended into its next phase) and offer thoughts about progress going forward.

The Elev8 Initiative

Sponsored by the Atlantic Philanthropies, the Elev8 initiative was rolled out between 2007 and 2009 in four locations throughout the United States: Chicago, IL; Oakland, CA; Baltimore, MD; and multiple sites in New Mexico. All Elev8 sites implemented four pillars of activity targeting middle school students, their families, and their communities: (1) extended-day learning and academic enrichment; (2) comprehensive, youth-friendly preventative and primary health-care services; (3) family economic and social supports; and (4) parent and community engagement. From the outset, the initiative was expected to pursue a high level of integration among activities organized under these four pillars.

The lead partner for the Chicago Elev8 initiative is the Local Initiatives Support Corporation/Chicago (LISC). Prior to Elev8, LISC had been working for several years in 16 Chicago neighborhoods which were experiencing especially high rates of poverty and collateral problems, including high levels of crime, gang violence, unemployment, and foreclosures. LISC selected five of these neighborhoods as locations for the Elev8 initiative in 2007, in order to extend and deepen existing community organizing and community development activities. The anchor partner in each neighborhood was a lead community-based agency and each lead agency initially partnered with an individual neighborhood K–8 or middle school. Initiative planning broadened in early 2007, incorporating school administrators, teachers, parents and students, community members, and representatives from prospective health partners.

While some of the partnerships were based on prior relationships among participating organizations, many were new. In three of the five neighborhood sites, neither the lead agency nor the school had previously worked with the health partner ultimately selected by LISC and the school and community partners. Beginning with the implementation of Elev8 activities in January of 2009, the original partnerships expanded again to include a range of other stakeholders, including after-school program providers and providers of programs and supports for parents, in order to fulfill the broader four-pillar Elev8 mandate.

At all five sites, the lead community agency hired and supervised an Elev8 director and an AmeriCorps Health Corps member. Site directors were expected to lead overall implementation in the neighborhood, drawing upon the expertise of partners who met as established and ad hoc committees. A health care consultant to the Elev8 project hired by LISC also convened neighborhood-specific and cross-neighborhood health meetings with key health staff and others.

Health Care in the Elev8 Initiative

The national Elev8 initiative articulated goals for health care in Elev8 sites that were based on the assumption that unhealthy children cannot learn and develop to their full potential. An SBHC was expected to play a critical role in supporting health, and the initiative planned for other health supports for students and families outside the health center. Integrated medical and school services, greater health advocacy efforts, and increased enrollment of children in health insurance programs were all important goals identified by LISC and the Atlantic Philanthropies. Partners in each of the five Chicago neighborhood sites developed specific goals for their SBHC and health outreach activities intended to meet perceived health needs of their students and community. These included greater access to preventative health care services, a better understanding among students and community members of healthy practices such as nutrition and exercise, the availability of health-related educational programs and health information events, access to mental health services, and increased student knowledge of sexual health, including sexually transmitted diseases and pregnancy prevention. The specific role of the SBHC in leading or directly providing services was marginally different across schools, with SBHCs all directly providing physicals, immunizations, mental health services, and referrals to other services.

The Elev8 Health Centers and Elev8 Health Activities

After an extensive planning and construction period—during which school officials, health center staff, and

other key partners met frequently to prepare to serve students and families—each Elev8 site opened up a federally-qualified health center (FQHC) at their target school between May and October of 2009. Certification as a FQHC permitted them to obtain higher reimbursement rates and certification by the State of Illinois allowed them to directly bill Medicaid.

In the months following their opening, the schools and health centers implemented routines for recruiting students and other patients. The health centers served an increasing number of patients. During the 2010–11 academic year, the third year of the first Elev8 phase, the Chicago Elev8 SBHCs averaged between about 50 and 150 unique visitors each month. At three of the five sites, patients included nonstudent residents of the neighborhood. These additional patients increased the potential for the SBHC to be sustained and allowed family members to use the same medical provider. In addition to physical health services, all sites offered social, emotional, and behavioral health services to students. As of the end of the 2010–11 school year, each health center had at least one full-time (equivalent) social worker or counselor, or psychologist. These services were the second-most utilized health service across the sites, after school physicals and immunizations. At one site, different organizations provided the physical and behavioral health services, requiring additional coordination and collaboration.

In addition to the services provided at the health centers, each site partnered with mobile dental and vision providers that visited the school. Dental services were typically offered monthly and ranged from routine preventative care to more complex procedures such as root canals and extractions. The health care staff who organized student use of these services reported high levels of demand, especially in the early years of the initiative as a backlog of untreated vision and dental health problems were addressed.

At the end of the 2010–11 school year, Elev8 stakeholders reported that students, parents, and school staff had a high level of satisfaction with the health component of the initiative. The SBHCs were credited with identifying important medical problems in students, connecting them to services, and sharing important

health information. One indicator of this success was that 95 percent or more of the students were in compliance with the school district's physical and immunization requirements. In earlier years and at some comparable schools, this rate was much lower.

Successful Structures and Strategies Used in Elev8 to Support Collaboration

As outlined previously, SBHCs and their host schools and communities often face challenges in developing collaborative relationships based on shared goals. These challenges lead to difficulties in coordinating activities which would benefit from joint action. However, there are three key structural supports and strategies offered through the Elev8 initiative to help develop collaborative relationships. We describe them below. Elev8 stakeholders said these supports and strategies improved connections between the school and health center staff and increased the use of physical and behavioral health services. These approaches raised the profile of the health center and health activities in each school, and mutually benefited school and health center staff.

Health Committees

During initial planning, each site was required to establish a health committee to oversee the activities of their respective SBHCs and other health-related activities at the schools, and provide a forum to identify and solve problems. (There were similar requirements to establish a governing committee for other Elev8 activities as well.) These health committees included a diverse group of school, lead agency, and health center staff and administrators who began meeting regularly in the fall of 2008. They continued to meet during planning and construction of the SBHCs during 2008 and early 2009. Construction was delayed during this phase because of unexpected building permit disputes, but stakeholders credited having this additional planning time with a successful transition when operations eventually began and for deepening the relationship among partners. Each health committee had several extra and unexpected months to agree on

the role of the health centers in the school context, formalize and agree upon procedures, and preview logistical concerns.

After the opening of the SBHCs, the established committee structure, leadership, and working relationships provided a mechanism to address new challenges and to maintain close, regular communication between school and health center staff. For example, health committees were able to discuss and develop site-specific plans for adjusting health center procedures, increasing the number of students with parental permission to use the center and increasing the number of students with the necessary physical and immunization information on file. Health committees also coordinated planning for additional health services to meet the needs of the school community. One site chose to hire a full-time health teacher who implemented an expanded health curriculum throughout all middle school classrooms. Another site planned a series of "health challenges" designed to encourage students to drink more water, eat healthier food, and get more sleep at night.

Overall, these health committees were an early boon to planning, and a stabilizing mechanism during the start-up of SBHC operations. In addition, they also helped to foster shared goals and improve communication between school and SBHC staff.

Health Consultant

In order to help the local sites manage SBHC implementation and integrate services into a larger health outreach network at each school, LISC hired a consultant with extensive SBHC experience to facilitate activities at the five neighborhood sites. Stakeholders felt that this consultant was a critical support to the site health committees. In addition to chairing these site-specific meetings, the health consultant also identified looming concerns and upcoming tasks, provided background information about how other SBHCs had addressed similar issues, brought in outside partners to inform and advise, and shared information and technical assistance to ensure that sites were in compliance with state and federal laws. She also effectively reframed personal disputes into more benign operational challenges that could be deliberately

addressed. Overall, the consultant served to improve and extend the capacity of the health committees to maintain and promote collaborative relationships between school staff, lead agency staff, and the health partners.

The consultant also organized and facilitated regular cross-site meetings of health providers from each of the five Chicago Elev8 sites and other key individuals (such as the school district official overseeing all SBHCs in Chicago Public Schools) for networking, information sharing, and problem solving. Each site experienced delays in opening, and the experiences of the vanguard Elev8 SBHCs, and those that operated SBHCs already, were shared with the other Elev8 sites. These meetings involved staff from the partnering health agencies, but, importantly, not from school or lead agency partners. Excluding nonhealth organizations allowed health providers to speak openly about the challenges in their work and partnerships, concentrate upon complicated issues specific to the health field, and provided a way for them to air grievances openly, learn from each other, and collaborate on solutions. Having this semiprivate space was therefore an important element in supporting the overall collaborative aims of the school and health center.

Health Coordinator

Through the Elev8 initiative, each site was able to contract a full time AmeriCorps member from the Chicago Health Corps to facilitate communication and collaboration between the health center, school staff, and others. The health coordinator played a key role at each of the Chicago Elev8 sites, raising awareness of health center services in the schools, tracking compliance rates for required student physicals and vaccinations, supporting special health initiatives (e.g., STD awareness campaigns), and escorting students to and from appointments. The health coordinator also organized for students to receive onsite dental and optometric services. These types of services are often difficult to incorporate and sustain with more traditional SBHCs, because they are not billable medical services for health center staff. As members of AmeriCorps, the health coordinators were able to facilitate these

services at a modest cost and with great benefit. In the Elev8 initiative, the health coordinator was almost always hired and supervised by the lead community agency. This supported the community-level focus of the initiative, though it resulted in a less direct relationship with the SBHC staff and patients.

Challenges

Embedding health centers within the Elev8 initiative supported SBHC planning, leadership, and coordination, but also created challenges. For SBHC staff, the initiative created additional expectations that staff would participate in Elev8 functions, such as health fairs, or provide health education opportunities to students during the school day. While health center staff could accommodate these expectations at times, their inability to bill for these activities resulted in an ongoing gap between what the Elev8 initiative hoped for and what health care staff were able to provide. In this context, the contributions of AmeriCorps staff, who were able to carry out nonbillable activities, were especially important.

Supervision and Organization Responsibilities in a Collaborative Effort

At the same time, stakeholders—including health coordinators themselves—did not agree about the best way to supervise and support the AmeriCorps health coordinator position. In the Elev8 Chicago model, hiring and supervision occurred through the lead community-based agency and was part of a larger strategy to strengthen the community oversight and leadership role in the initiative. Because of this affiliation, however, the health coordinator was an employee of neither the health center nor the school, and had no legal access to such key documents as school health compliance records or SBHC medical records. On the one hand, accessing medical documents and carrying out other duties might be more straightforward if the school or health center hired the coordinator. Moreover, the individuals brought into this position because of their interest in the medical field would have a more direct connection to it. On the other hand, it was

not clear whether health center staff consistently had the time or skills to supervise and support the person in this position.

Community Role

The tension between whether to structure the initiative to increase community influence or to support individual agencies was perhaps most evident in the largely unsuccessful effort to create new community advisory groups to review SBHC activities and funding. The State of Illinois requires SBHCs to establish an advisory board to meet at least annually to advise, make recommendations, and provide community support and feedback. In addition, LISC expected each site to host quarterly meetings of an advisory group, with the majority of its members to be nominated by the community-based agency, and to recommend (or not) the release of Elev8 funding allocated to the health partner.

Further, broadening the base of patients to include more than only students at the school expanded the breadth of presenting health problems. It also competed with the goal of staffing and operating the SBHC to serve the needs of middle-school students first and best. These school-based health centers were screening patients who were more appropriate for a community-based health center or other provider.

Lines of Authority

The advisory group meetings were ultimately not successful as decision-making meetings among health center staff, community residents, and school staff. Health partners were frustrated that, in principle, their funding was to be regulated this way, especially when no similar additional “community” process regulated funds for other Elev8 work. At a practical level, the identified community representatives typically lacked a nuanced understanding of the work of SBHCs and the context in which they operated. For this and perhaps other reasons, attendance by individuals other than health professionals was sparse.

The challenges observable in these meetings were consistent with a recurring tension for the health care organizations within the Elev8 partnership. Health

partners were part of much larger organizations unaccustomed to being directed by staff from community agencies who lacked background in the health field. Moreover, the lines of authority within the Elev8 structure were not always clear about when the lead community agency should serve as a mediator or consultant between school and health partner and when the school and health partner should work bilaterally.

These challenges are intertwined with the challenge of obtaining sustainable funding. SBHCs may be initiated with capital development and other grants from foundations and state and federal governments, but they must ultimately be sustained through multiple sources of ongoing support. Reimbursements from Medicaid and private insurance are important, but have not by themselves historically met operating costs, neither for SBHCs in the Elev8 initiative nor for SBHCs elsewhere (Nystrom & Prata, 2008; Silberberg & Cantor, 2008). Therefore, developing the SBHC into a resource that is valued by the school and enjoys community support not only can improve how an SBHC operates in the short term, but it can create a base of individuals and organizations to help solicit support to sustain its operation long term. Given the different interests of different parties, an effective mechanism for managing expectations and supporting successful implementation is critical.

Dynamic Environment

Finally, though stakeholders pointed to the benefits of the three Elev8 structures and processes, these partnerships continue to operate in a dynamic and difficult environment. These approaches by themselves, even when feasible, may not be sufficient to maintain functioning SBHCs or effective partnerships.

Summary

School-based health centers can play an important role in providing services to youth and families who are most at risk for developing physical and behavioral health problems that limit school and life success. But they often operate in a challenging setting as a “guest” of a school and neighborhood where planning and

partnership are easily compromised by the existing priorities and routines of partners. The Elev8 initiative was structured to improve and sustain the working relationship between schools, medical providers, and community stakeholders and the experiences from Elev8 may help SBHCs in other settings. These include understanding the value of early and sustained collaborative planning, the facilitation of networking with other providers with experience running school-based health centers and with the school district central office, and the strategic use of AmeriCorps volunteers to provide affordable and critical support. These supports do not address all of the challenges to the stable operation and long-term success of SBHC. However, in the Elev8 initiative these supports were widely valued for their contributions to health programs that have been successful in serving a range of important health needs for large populations of students—and, increasingly, community residents—and for strengthening the ability of individuals and organizations to address inevitable changes and challenges.

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