

AMERICAN ACADEMY OF PEDIATRICS

Integrated School Health Services

Task Force on Integrated School Health Services*

Morbidity and mortality for today's school-age children and youth are most often linked to complex behavioral patterns and psychosocial risk factors. Prevention and treatment of these conditions often require a multidisciplinary approach utilizing educational and case management strategies; social, mental health, dental, and nutritional services; as well as traditional medical services. Viewed in this way, it becomes evident that many children do not have access to comprehensive health services and that even available services may be fragmented among a variety of public and private agencies.

The American Academy of Pediatrics (AAP) believes all children and adolescents should receive high-quality health care. Every child should have a "medical home"¹ that provides health supervision and medical care that is continuous, comprehensive, family centered, culturally sensitive, compassionate, coordinated, and provided by a pediatrician or other physician well trained in child and adolescent health.

Schools are recognized as a community focal point where most children are present and an established or potential family linkage exists; hence, some initiatives to improve access to health services have focused on the school site to access and coordinate these services. "Integrated school health services" defines a community-based approach to identify the needs and resources in the educational, health care, and social services areas and to develop a delivery system that may more effectively and efficiently meet these needs. With this approach, needs are identified and services are provided to children and their families through collaboration among schools, health care providers, and social services agencies. Pediatricians, school nurses, community representatives, and other health and human services providers plan and organize collaborative efforts to provide necessary services at sites that may be school-based or school-linked. "School-based services" refers to the delivery of services on the school site. "School-linked services" refers to the delivery of services off campus. Coordinated health and social services linked with a comprehensive school health program can be a prevention-oriented, child and family

focused system applicable to a wide variety of populations of children and youth. An effective system should also be collaborative and ensure linkages with a medical home. When integrated school health services address unmet child and adolescent health needs, the Academy endorses the concept as defined throughout this statement.

Health services can be provided by certified nurse practitioners, physician assistants, or both working with pediatricians from the community at the school or at a site accessible to the school, such as private pediatric practices, community health centers, or other community clinical sites. Although school personnel are actively involved in identifying children who need services, they should not be required to actually provide these services.

A growing number of demonstration projects have drawn attention to the utility of the school as an access point for integrated health services, yet each community should develop its own approach to integrated services based on local needs. Certain basic principles apply to every community. If a community considers establishing an integrated school health services program, the programmatic issues highlighted below should be addressed.

I. ADMINISTRATIVE STRUCTURE (COOPERATIVE COMMUNITY ORGANIZATION)

An "Integrated School Health Services Council," with representatives of the community to be served as well as both private and public sector providers, needs to be established.² This council should include, but not be limited to, the following: students (especially adolescents); parents; pediatricians; nursing personnel; school administrators, faculty, and school board members; and representatives from hospitals, community health centers, higher education institutions, social services, public and private mental health care agencies, local health department, local government, and the business community. This council establishes communication within community disciplines and agencies, evaluates needs, and defines the integrated services required. If an integrated system is developed, a governing structure will most likely be needed, again reflecting the appropriate disciplines and agencies. Membership should be at an authority level that can ensure appropriate agency participation. While this group may begin as a loose confederation or coalition, a more formal association should be the goal. Verbal working agreements may be initially utilized, but written agreements, such as memoranda of under-

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The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.

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standing, should evolve in order to codify the integrated working arrangements. Some councils may choose to establish a nonprofit corporation to administer the program and to provide a more efficient management structure protected from specific agency turf and control issues.

II. COMMUNITY NEEDS ASSESSMENT

Before an integrated school health services program is attempted, the established council should conduct a comprehensive community needs assessment to identify existing health care resources and determine availability of services. This assessment should be collaborative with the pediatric community working closely with other service agencies to evaluate the current status of child health in their area and to define any unmet needs. Services already available to children should not be duplicated. The needs assessment should be supported by credible data and include the following key elements: 1) understanding of the purpose of the needs assessment task; 2) knowledge of existing health care resources and existing child health data in the community; 3) inclusion of parents, pediatricians, and community groups in the needs assessment process; and 4) recognition that needs assessment is an ongoing process.

III. DELINEATION OF SERVICES

The extent and type of services provided through an integrated school health services program is determined by the assessed unmet needs, the existing community resources, and the specific school population involved. Such services might include any of the following: screening for acute and chronic health problems; preventive health care (disease prevention and health promotion); acute illness care; family planning and reproductive health care; mental health, social work; substance abuse counseling; dental services; nutritional services; and health counseling and education.

The AAP recommends that the medical service component of an integrated and comprehensive school health program meet the provisions of the current policy statements and manuals of the AAP, ie, "The Medical Home,"¹ *School Health: Policy and Practice*,² "Recommendations for Preventive Pediatric Health Care,"³ *Guidelines for Health Supervision II*,⁴ and "School-Based Health Clinics."⁵

IV. STRUCTURE OF THE INTEGRATED SCHOOL HEALTH PROGRAM

The structure of the delivery system should be developed to fit the specific needs of a given community. If integrated school health services are to operate efficiently and cost-effectively, supervision and decision making regarding operational issues need to be the responsibility of the professional staff, including the pediatrician. If primary medical services are delivered on-site by non-physician providers, pediatrician or other physician backup by telephone should be available at all times. On-site consultation, supervision, and quality assurance with periodic chart review should occur. Definite

after-hours and weekend services also must be established. Within an integrated school health services program, a team of health care providers can be designed to create a collaborative approach and maximize chances for successful health interventions. These services should be coordinated with the school's existing health program and locally available medical care. Services already available within the community should not be duplicated. If the school has its own physician or consultant, this individual should be actively involved in the planning and direction of the integrated school health services program. Similarly, school nursing personnel should be actively integrated into the service delivery team. Issues of medical liability and confidentiality should be identified and addressed during initial planning.

V. FINANCING CONSIDERATIONS

Financing mechanisms require careful analysis and development, inasmuch as an integrated school health services program requires an acceptable financial base such that neither quality of care nor continuity in a medical home is lost. The program should ensure that a comprehensive spectrum of services, including pediatric subspecialists and mental health specialists, is available even during periods when school is not in session. Appropriate financial support for providers who agree to supply after-hours care during the week and on weekends must be included as a budgeted program cost. Funding must also support ongoing program evaluation efforts.

Any such model broadly defining a continuum of services needs to include a comprehensive review of existing resources and to identify funding mechanisms (ie, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program; Medicaid; Chapter I; Title X; Title XX; or traditional school health categorical programming, including special needs and special education moneys). These resources and financial supports should be integrated for efficiency of delivery and management. Designated educational funds should not be utilized for health services nor should health funds be used for local school district education programming. Systems must be designed so that care and continuity of care are not fragmented in an attempt to capture dollars. With community physicians as a core component of the program, funding for services can easily be integrated with already established community-based medical homes (private practices, managed care plans, or community health centers).

Since children enter the health care system at multiple points, financial support should be made available at all such points, especially the medical home. Emphasis must be on the need for quality and continuity of care.

Funding (local, state, or federal) should be provided for communities to accomplish a comprehensive needs assessment before integrated school health services programs are developed. New mechanisms of health care financing, at both state and national levels, should ensure that dollars can flow to all health and human services providers in a seamless web of service for the child and family.

VI. PROGRAM EVALUATION

An ongoing process of evaluation should be incorporated into all integrated school health programs. Programs should adopt clearly stated goals for process and outcomes designed around the data-based needs assessment and have the means to collect data and establish mechanisms for analysis and reporting. Quality assurance and improvement are important parts of the evaluation. Systematic evaluation should provide information about whether the integrated school health services approach is effective and worth the investment.

VII. SPECIAL CONSIDERATIONS FOR THE ADOLESCENT POPULATION

Adolescents have long been recognized as an underserved population that is particularly difficult to reach with health services. Emancipation, independence, and a desire for confidential care create significant access barriers for teenagers.

Adolescents are particularly susceptible to financial barriers and integrated school health services providing subsidized services may reduce these barriers.⁶ Assurances of confidentiality are essential to adolescents, yet efforts should be made to include the family when possible. School-integrated care can address this need by securing parental permission to enroll for services and then by providing health care in accordance with state laws regarding confidentiality. Since adolescent health problems involve a complex array of interrelated psychosocial issues (substance abuse, depression, and other emotional issues, violence, sexual risk taking, human immunodeficiency virus infection and acquired immune deficiency syndrome), integrated school health programs coordinating comprehensive school health education, classroom teaching activities, the availability of peer group support and interaction, and continuity over time, may be successful at behavioral modification⁷ and therefore particularly helpful for adolescents.

SUMMARY

When integrated school health services are implemented according to an assessment of community needs and resources, and with adequate attention to quality assurance and evaluation, they may be a way to expand access to health care services for underserved populations. They can also become a coordinated extension of an ongoing medical care home.

This approach may be an effective vehicle for integrating psychosocial care and education with medical care.

Pediatricians practicing in public and private sectors should become actively involved in any community effort to develop an integrated school health services initiative. The well-designed integrated health services program, when coupled with comprehensive school health education, could significantly advance the state of health of the nation's children, youth, and families.

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REFERENCES

1. American Academy of Pediatrics, Ad Hoc Task Force on Definition of the Medical Home. The medical home. *Pediatrics*. 1992;90:774
2. American Academy of Pediatrics, Committee on School Health. *School Health. Policy and Practice*. Nader PR, ed. Elk Grove Village, IL: American Academy of Pediatrics; 1993
3. American Academy of Pediatrics, Committee on Practice Ambulatory Medicine. Recommendations for preventive pediatric health care. *AAP News*. July, 1991
4. American Academy of Pediatrics, Committee on Psychosocial Aspects of Child Family Health. *Guidelines for Health Supervision II*. Elk Grove Village, IL: American Academy of Pediatrics; 1988
5. American Academy of Pediatrics, Task Force on School-Based Health Clinics. AAP guidelines: School-based health clinics. *AAP News*. April, 1987
6. Newacheck PW, McManus MA, Gephart J. Health insurance coverage of adolescents: a current profile and assessment of trends. *Pediatrics*. 1992;90:589-596
7. Milstein SG. *The Potential of School-linked Centers to Promote Adolescent Health Development*. Washington, DC: Carnegie Council on Adolescent Development; 1988

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