

Healthy Schools, Healthy Communities



Volume 1, Issue 3

Spring 2001

State PCOs and PCAs: Untapped Resources for School-Based Health Centers

While most School-Based Health Centers (SBHCs) are aware of Federal and local resources available to support their programs, few have taken advantage of the benefits and opportunities available from State-level partners, such as State Primary Care Offices (PCOs) and Primary Care Associations (PCAs).

Specifically, PCOs are federally-supported offices within State government that work toward identifying and addressing the needs of the medically underserved, while PCAs are private nonprofit membership associations that represent the community health centers sponsored by HRSA's Bureau of Primary Health Care (BPHC). According to Lynn Spector, Deputy Director for BPHC's Office of State and National Partnerships, "PCOs/PCAs are BPHC grantees, and as such, are encouraged to support other BPHC programs, including School-Based Health Centers."

Ms. Spector adds, that while PCOs and PCAs should not be thought of as a direct funding stream, they are an invaluable resource for providing capacity building, technical assistance (TA) and a network for building community relationships. The table below details some of the specific applications in which an SBHC might benefit from working with its State PCO or PCA.

SBHC Activity	PCO/PCA Resources/Benefits
Planning	Provides TA on strategic planning and needs assessment.
Program Implementation	Provides TA on recruitment/retention of providers, cultural competency, streamlining of enrollment procedures, and Medicaid reimbursement billings.
Community outreach/promotion	Establishes relationships within the community and with key decision makers and/or funding sources (e.g., Americorp, Robert Wood Johnson, etc.). Conducts statewide promotion campaigns and develops printed materials and directories. Provides access to a network of volunteers.
Other benefits	Provides best practices on evaluation, serve as a "strength in numbers" voice in influencing State policy and provide a networking opportunity for a SBHC to build relationships with other organizations in the primary health care community.

"As one example of a successful relationship between a PCA and a SBHC, the Illinois PCA is collaborating with the Illinois Coalition for School Health (the state chapter for the National Assembly on School-Based Health Care) to target key school health activates (e.g. identifying SBHC funding sources, establishing state standards and promoting SBHC advocacy). The PCA also has targeted initiatives to have SBHC apply for federally qualified health center look-a-like status and have National Health Service Corp. placements established in SBHCs.", according to Darryl Burnett, Deputy Director for BPHC's Center for School-Based Health. Similarly other State PCOs and PCAs have played key roles in their State in increasing SCHIP enrollment, and noted activities in the above table.

Of course, as part of the "front line" for primary health care, SBHCs also have a lot to offer to PCOs and PCAs, such as disseminating promotional materials; providing a critical access point to SCHIP enrollment activities; and sharing outcome data.

Additional information regarding PCOs and PCAs can be found on the HRSA website at <http://bphc.hrsa.gov/OSNP>. While SBHC grantees are encouraged to contact their BPHC Project Officer for additional information regarding PCOs and PCAs, this site also includes a directory listing, so that grantees can contact their State's PCO or PCA directly and begin bridging a new relationship with these untapped but natural partners within the primary health care community.

Contents

State PCOs and PCAs: Untapped Resources for School-Based Health Centers	1
Funding Opportunities	1
National Treatment Plan Initiative	2
Latest Findings from the Add Health Study	2
New NASBE Publication on School-Based Teen Pregnancy Prevention	3
Illicit Drug Use Among Teenagers	3
Primary Care Effectiveness Training	3

Priority Issues for PCAs/PCOs to Support SBHCs:

National Health Center Practice Improvement

PCAs/PCOs provide trainings for the Physician Services Practice Analysis which measures provider production and tracks practice patterns using relative value units.

Medicaid Prospective Payment System

PCAs/PCOs provide guidance and training on establishing the new Medicaid Prospective payment system for health centers to gain maximum reimbursement.



Funding Opportunities: Check the Healthy Schools, Healthy Communities web site for upcoming funding opportunities - www.bphc.hrsa.gov/hshc

National Treatment Plan Initiative

Ruby Neville, M.S.W.

Mental Health Representative, Center for School-Based Health

The Center for Substance Abuse Treatment (CSAT), under the Substance Abuse and Mental Health Services Administration, has worked collaboratively with constituency groups like the Health Resources Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) and the Maternal and Child Health Bureau in an unprecedented effort to develop a National Treatment Plan Initiative (NTP). These activities have culminated in the release of the NTP Report, entitled, "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative." This National Treatment Plan (NTP) Initiative Report, which was released on November 28, 2000, is a consensus report with recommendations for improving the way in which alcohol and drug treatment services are delivered and paid.

CSAT is actively addressing the recommendations included in the NTP. Some of the activities include support for the development of a Coalition on Alcohol and Drug Abuse treatment benefits, which is evaluating parity

benefits issues for substance abuse treatment on a State-by-State basis. Additionally, CSAT has partnered with the HRSA, the Robert Wood Johnson Foundation, and Harvard's Institute for Health Care Improvement, to develop models to treat and manage alcoholism in primary care settings.

Short-term effects associated with alcohol addictive/abusing behaviors are many and complicated, and as a result contribute to some of the leading causes of mortality among adolescents (Public Health Reports, 1993). Data analysis shows that at all levels of blood alcohol concentration, the risk of being involved in a motor vehicle crash is greater for teenagers and young people than for older people (<http://www.cdc.gov/ncipc>). Accordingly, in 1998, 6,168 people died in motor vehicle crashes and an estimated 2,210 (35.8 percent) of these fatalities were alcohol-related. Additionally, almost half of all youth weekend fatalities were alcohol-related compared to 28 percent for weekdays (<http://www.nhtsa.dot.gov>).

The BPHC and its Center for School-Based

Health understand the short-term effects associated with alcohol and other drug addictions among youth in addition to the general population. The Bureau maintains and continues to establish new partnerships to establish substance abuse, mental health and behavioral health care services in primary care settings. Bureau funded providers as the Healthy Schools, Healthy Communities grantees can benefit from the NTP Report and other such collaborative activities. Such resources as the NTP report can assist grantees in providing evidenced-based practices to populations that may not have the economic means to access treatment for substance abuse as well as for mental health and behavioral health services. As a recovered alcoholic stated, "Addiction is an equal opportunity illness; treatment should be an equal opportunity solution."

The report is entitled, "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative." The report can be accessed on line at <http://www.natxplan.org>.

Latest Findings from the Add Health Study

At a press conference held Thursday, November 30, 2000, new findings from the National Longitudinal Study of Adolescent Health (Add Health) study were released. The survey involved over 10,000 students ages 12-17 and their parents. Findings from the survey reveal that teens who are failing school and spending a lot of unsupervised time with friends are at high risk for a number of dangerous behaviors. Those teens are much more likely than other teens to drink alcohol, carry and use weapons, smoke cigarettes, or engage in early sex. Findings from the study also contradicted conventional thinking about the role of race, income, and family structure in youth health. Although the study finds that these factors play a role in risky behaviors, they are weak predictors of whether teens will actually participate in those behaviors. The study found that race, income, and family structure combined accounted on average for less than 5 percent of individual differences in all the risk behaviors studied. However, frequent problems with schoolwork and substantial time spent "just hanging out" with friends explained on average approximately 25 percent of those differences, ranging from as little as 9 percent for suicidal behavior among male adolescents to as much as 49 percent for smoking among female Adolescents.

Additionally, while the study revealed that more than half of young people have not participated in the risky behaviors studied, there are still many youth who are participating in these behaviors. According to the study, 26 percent of survey respondents reported using a weapon, carrying a weapon, or being in an incident where they or someone else was injured by a weapon. One out of every 10 youths say they drink weekly. More than one in seven 7th and 8th graders reported ever having intercourse. The study also found that the single biggest factor in whether teens engage in intercourse is whether they have an ongoing relationship.

Results from the survey are available in two articles: Blum, R.W., Beuhring, T., Rinehart, P.M. (2000). Protecting teens: Beyond race, income and family structure. Center For Adolescent Health, University of Minnesota, 200 Oak Street SE, Suite 260, Minneapolis, MN. Copies of this publication (up to three) may be obtained by contacting the Center for Adolescent Health, University of Minnesota, 200 Oak Street SE, Suite 260, Minneapolis MN 55455-2002, email: aph@umn.edu. This monograph is also available is also available online at <http://www.peds.umn.edu/peds-adol/di.html>.

"The Effects of Race/Ethnicity, Income, and Family Structure on Adolescent Risk Behaviors," by Robert Blum, MD, MPH, PhD; Trisha Beuring, PhD; Marcia L. Shew, MD, PhD; Linda Bearinger, PhD, MS; Renee Sieving, PhD, RN; and Michael Resnich, PhD, American Journal of Public Health, December 2000, Vol 90, No 12)

New NASBE Publication On School-Based Teen Pregnancy Prevention

The National Association of State Boards of Education (NASBE) published a policy guide to enhance school-based teen pregnancy prevention efforts. The report, *The Impact of Adolescent Pregnancy and Parenthood on Educational Achievement: A Blueprint for Education Policymakers' Involvement in Prevention Efforts*, reviews the consequences of teenage pregnancy, promising research-based prevention strategies, and specific action steps state boards of education and others can take to bolster school health programs. The report was developed as part of a project funded through a grant from the Centers for Disease Control and Prevention (CDC) and is being distributed to education and health policymakers and practitioners nationwide.

Brenda Welburn, NASBE Executive Director, hailed the report and the guidance it will provide state board members in their ongoing efforts to promote pregnancy prevention policies. "We have made progress in lowering the birth rates among female teens over the past decade, but the numbers are still too high. This year, half a million females will become pregnant before they graduate high school, giving us the dubious distinction of leading the industrialized world in this statistic," Welburn noted. Only 30% of teen mothers will complete high school by the age of 30.

"Our recommendations in this new report are light years beyond the traditional concept of sex education. Emphasizing academic skills and a youth's healthy physical, emotional, and social development, the report gives policymakers a comprehensive blueprint on how to prevent teen pregnancies. The result is a strategy that simultaneously helps reduce adolescent parenthood and promotes student achievement" said Welburn.

The four-pronged approach consists of enhancing the:

- Academic success of all youth;
- Health literacy and the health status of all youth;
- Career skills and aspirations of all youth; and,
- Family, community, and other supports for the success of all youth.

"The combined educational, social, and economic risks for young parents and their offspring create a vicious cycle that the education community cannot ignore. These components [supportive curriculum, auxiliary services, and extracurricular activities] not only are effective in preventing teen pregnancies; they also reduce dropout rates and increase achievement," the report's Blueprint for Action concludes.

NASBE is recognized as a national leader in its uniquely broad approach to the growth and development of children and youth beyond just academic learning to help children and youth successfully navigate the difficult transition to adulthood. As a result, NASBE has various initiatives to strengthen the capacity of state boards of education and state education agencies to address and improve the health status and academic achievement of students in grades K-12.

Some of NASBE's related initiatives include the Healthy Schools Network; the state policy database on school-health issues; and landmark policy guides such as *Someone at School has AIDS: A Complete Guide to Education Policies Concerning HIV Education*, *Code Blue: Uniting for Healthier Youth*, and *Fit, Healthy, and Ready to Learn: A School Health Policy Guide*.

A copy of the report will be available for \$7.00 by calling 800-220-5183.

Primary Care Effectiveness Training Available

The Center for School-Based Health will be offering training to clinicians who would like to serve as Clinical Consultants for the Healthy Schools, Healthy Communities (HSHC) School-Based Primary Care Effectiveness Review Site Visits.

The training will be held on June 26-27, 2001 following the 2001 National School-Based Health Care Conference (Annual Grantee Meeting) in Miami, Florida. If you are a clinical provider and would like to participate in this training, please call Gladys Perkins at 301 594-4471 or e-mail: gperkins@hrsa.gov to request a registration form. Training slots are limited to a first-come, first-served basis with preference given to HSHC Clinical providers. If you have any questions or need further information, please contact Gladys Perkins.

Illicit Drug Use Among Teenagers

Recently, the Department of Health and Human Services released the findings of the annual Monitoring the Future (MTF) survey. This is one of three annual surveys the Department conducts to monitor illicit drug use in the United States. The MTF survey measures use among 8th, 10th and 12th grade students. This year there were several encouraging findings: Cigarette use among teens dropped significantly for all grades. For the fourth year in a row illicit drug use stayed level or declined. Alcohol use remained largely unchanged. Several new trends appear to be emerging, however. For the second year in a row, there was an increase in the use of ecstasy among all grades. This trend is of great concern and to address it, the National Institute on Drug Abuse and private sector partners have launched a special Web site (<http://www.clubdrugs.org>) to alert teens to the serious consequences associated with the use of ecstasy, which include dehydration, hypertension, hyperthermia, and heart or kidney failure. Another emerging trend is the increase use of steroids among 10th graders. Information on steroid abuse for teenagers, parents and caring adults can be found at the NIDA Web Site, <http://www.steroidabuse.org>.

Project Officers and Staff

LaVerne Green, Director
Center for School-Based Health
(301) 594-4451

Darryl Burnett, Deputy Director
(301) 594-4449

Judy Oliver, Regions 1 & 8
(301) 594-4465

Ruby Neville, Regions 2 & 4
(301) 594-4442

Gladys Perkins, Region 4
(301) 594-4471

Mary Tom, Regions 5 & 6
(301) 594-0820

Sheri Downing-Futrell, Region 10
(301) 594-4468

Richard Jackson
(301) 594-4492



Calendar of Events

June
 2001 National School-Based Health Care Conference (Annual Grantee Meeting) Miami, Fl 24-26
 HSHC PCER Training Miami, Fl 26-27
 National Association of School Nurses 3rd Annual Conference Phoenix, AZ June 28 - July 1

March
 PCER Visits
 Jefferson Comprehensive Health Care • Coastal Family Health

April
 PCER Visits
 Alivio Medical Center Health Trust • Presbyterian Medical Services
 Great Brook Valley Health Center • Thundermist Health Associates, Inc.
 Health Start, Inc. • Rochester Primary Care
 Children's Defense Fund National Conference Washington, DC 18-21

May
 PCER Visits
 Blue Ridge Community Health Care
 Stanley C. Meyers Community Health Center • Dr. Jose S. Belaval

HSBC Bulletin

C/O JW Associates, LLC
 850 Sligo Avenue, Suite 300
 Silver Spring, MD 20910

Healthy Schools, Healthy Communities is published bi-annually by JW Associates, LLC under contract to the Health Resources and Services Administration's Bureau of Primary Health Care

Bureau of Primary Health Care

LaVerne Green, Director Center for School-Based Health	Judy Oliver Project Officer, HSHC Program
---	--

JW Associates, LLC

Susan Kerin - Project Director, Editor	Maurice Owens - Layout
--	------------------------