



Illinois Coalition for School Health Centers

A project of the Illinois Maternal and Child Health Coalition

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How to Start a School Based/Linked Health Center Summary: Six Key Areas to Consider When Starting a School Health Center

I. Identify a Champion:

Each new school health center needs a person on the front lines to oversee the development process. This individual(s) should be familiar with the needs of the students and the school health center model and possess the enthusiasm, drive and leadership skills to start the project and keep it moving. Possible candidates include but are not limited to: a school nurse, principal, superintendent, community leader, teacher, medical personnel from a local hospital or health center or a parent.

II. Ensure the Need:

The Needs Assessment should provide a comprehensive profile of the physical and mental health needs of the students in the community to be served by the school health center. It should include both the students' and community's feelings about a school health center and the services that might be provided, along with information regarding the students' perception about their health care needs and the perceived barriers to accessing services.

The process should involve parents, students, school personnel, medical community, the school board, referral networks, the local health department, and community partners. It should also include community leaders whose participation, or lack thereof, could positively or negatively affect the establishment of the school health center.

The Needs Assessment process is critical in establishing the value, utilization and long-term sustainability of the services of the school health center in the school district or community being considered. When possible, use the data sources or results of needs assessments or plans already developed by community agencies. The Needs Assessment should include the following:

- A.** Characteristics of the population in terms of age, sex, socioeconomic status, health insurance (focusing on KidCare eligible children and their siblings),

ethnicity/culture, language, health status, housing, health care utilization patterns, disease, and health behavior patterns.

- B.** Severity of children's health problems, especially with regard to unintentional injuries, unmet medical and dental needs, too-early parenting, HIV infection, poor nutrition, stress, obesity, sexually transmitted disease, personal hygiene, immunization compliance, school drop-out rate, suicide, homicide, violence, and alcohol, tobacco and other forms of substance abuse, and provide a plan for how these needs will be addressed.
- C.** Sub-populations with special health care needs (e.g. homeless, recent immigrants, migrant/seasonal, HIV-infected, special needs).
- D.** Disparities in health status among subgroups of the population.
- E.** The health designation of the community as a Health Professional Shortage or Medically Underserved Area by the Department of Health and Human Services.
- F.** Other accessible providers of health and social services and their locations.
- G.** Gaps in the community's health services that the school health center plans to address.
- H.** The geographic, political, economic and social environment factors.
- I.** Community assets useful in the development and sustainability of the school health center.

III. Identify the Model and Timeline for Services:

A vision for what the health center will look like and how it will operate in terms of services, staffing and organizational structure is essential. I identify and demonstrate specific, measurable, time-framed goals and objectives that address the identified needs of the students through a specific model of care. Possible models include:

- A.** School-Based Health Center—any center in or adjacent to a school that is devoted primarily to performance of preventive medical, educational, counseling and/or diagnostic procedures.
- B.** School-Linked Health Center—any center located off school grounds which has a formal agreement to serve students attending one or several schools within a district.

In addition, models of care may extend services to students' siblings, family members, other schools and members of the community. These models are developed based on the assessment tool, community need, resources available and approval of the key partners and Advisory Board.

IV. Build a Budget:

- A. Identify Costs: Once the Needs Assessment and model of services to meet the identified needs have been developed, costs should be established for personal and contractual services, travel, supplies, equipment and patient care.
- B. Identify Resources: Once costs are established, begin to identify possible resources to cover these costs. These could include local, state or federal grants, loans, in-kind support and contributions from Key Partners.

V. Identify Partners:

There are two kinds of relationships that are essential to establishing and maintaining a successful school health center—

- A. Internal Relationships with the school personnel who may act as landlord, partner, advocate and/or funder. Establishing positive relationships with the principal, superintendent, school nurse, social worker, members of the Parent-Teacher Association, members of the school board/council, parents and students is essential to your school health center's success.
- B. External Relationships with key community partners who may serve the school health center with resources, expertise, extended relationships and political influence. These include the local hospital(s), health department, foundations and corporations, healthcare providers, the faith community, community businesses, state Department of Human Services, and other interested parties.

VI. Develop an Advisory Board:

The Advisory Board is essential to the success of the proposed school health center. The Board acts as the advisory body for the school health center, making recommendations about design, services and new opportunities. The Advisory Board also serves as a collective group to review and discuss policies, procedures and school health center practices and advocate for the center within the community. Support of the Board is essential to the long-term viability of the health center.

The Advisory Board should include key players from the community (parents of students, business persons, politicians), members of the student body, school administration and faculty (superintendent, principal, faculty, school nurse), the health department, faith community, and local healthcare providers. The Board should meet at least once a month or more during the planning stages of the health center and quarterly thereafter or as needed.

Site resources:

** Information for this guide was obtained from:

1. Illinois Department of Human Services School Based/Linked Health Center Standards: Title 77, Chapter IV, Subchapter J, Part 2200 (School-Based/Linked Health Centers), September 2000. For a copy of this document, please contact Judy Redick, Administrator of School Health Programs with the Department of Human Services, Ph: (217) 785-5368.
2. Bureau of Primary Health Care: Healthy Schools/Healthy Communities Primary Care Effectiveness Review, January 2000. To obtain a copy of this document, please refer to the BPHC website at www.bphc.hrsa.dhhs.gov.