

LESSONS LEARNED

FUNDING SCHOOL-
BASED HEALTH
SERVICES IN
INDIANAPOLIS

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RICHARD M.
FAIRBANKS
FOUNDATION



THE AVAILABILITY OF HEALTH SERVICES IN SCHOOLS IS VITAL TO ADDRESSING INDIANA'S PUBLIC HEALTH CHALLENGES.

To say healthy students make better learners would be an understatement, as [studies](#) have shown the link between health and positive academic outcomes. [Research](#) shows students with chronic health conditions, of which children from low-income families are more [at risk](#), may miss school more often than others, affecting academic performance. Additionally, risky health behaviors, such as physical inactivity, poor nutrition and substance use, are linked to poor grades, absenteeism, low test scores and lower educational attainment.

An effective way to keep students healthy is to provide health services in schools. There is clear [evidence](#) the presence of health services in schools has been associated with improved academic and health outcomes for children. When students are healthier, they experience better attendance rates and improved academic achievement. These services have also been [shown](#) to have a positive economic impact. For example, for every \$1 spent on school nursing, the savings equal \$2.20, coming from fewer emergency room visits and less work missed by parents when caring for sick children.

In August 2021, Indiana Governor Eric Holcomb established the [Governor's Public Health Commission](#) to examine the strengths and weaknesses of Indiana's public health system and make recommendations for improvements. Included in the Commission's [final report](#), issued in July 2022, were recommendations to increase the availability of school-based health services to support child wellness. Over the course of 12 years, the Richard M. Fairbanks Foundation awarded grants totaling \$13.6 million to support school-based health services in Marion County's public charter schools.

\$1

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FAIRBANKS FOUNDATION FUNDING OF SCHOOL-BASED HEALTH SERVICES

2005-2014
\$9.4M TO LEARNING WELL

2014-2016
\$4.2M TO FOUR GRANTEES TO IMPLEMENT PILOT PROGRAMS:
ESKENAZI HEALTH, HEALTHNET, SHALOM HEALTH
CARE CENTER AND COMMUNITY HEALTH NETWORK

RICHARD M. FAIRBANKS FOUNDATION'S WORK IN SCHOOL-BASED HEALTH.

As key drivers of a community's well-being, health and education are two of the three focus areas of the Richard M. Fairbanks Foundation. Recognizing the link between student wellness and positive educational outcomes, the Foundation began funding health services in Marion County public charter schools in 2005. Between 2005 and 2014, the Foundation awarded grants totaling \$9.4 million to a not-for-profit organization called Learning Well, which helped schools and healthcare providers establish health clinics in schools that were staffed by registered or licensed practical nurses. A variety of local healthcare providers supplied the services for an annual fee through a contract with Learning Well. Neither schools nor students' families paid a fee for these services.

When Learning Well was created, its long-term plan for sustainability was based on a source of funding the clinics expected to receive: reimbursements via Medicaid Administrative Claiming. The hope was that these funds, once approved, would replace the need for philanthropic dollars. In 2012, MAC reimbursement was approved, and schools began to collect this funding stream. However, it soon became clear the amount of funding schools were able to collect was not enough to pay for the healthcare services provided. It was also clear that there was not enough

philanthropic funding to pay for the services at a larger number of schools.

To help schools address this challenge, the Fairbanks Foundation launched a planning initiative in 2013 that included schools, healthcare providers and a broad array of other stakeholders to explore whether other models could be implemented that were not entirely dependent on grant funding. In 2014, the Foundation launched a multi-year \$4.2 million initiative to support the development of sustainable models for providing health services in schools. The Foundation awarded three-year grants to two health systems and two federally qualified health centers* to try out different models in Marion County public charter schools. These models included placement of nurses in some schools who were employed by the healthcare providers and the creation of health centers in other schools that were managed by an FQHC and used nurse practitioners to provide a broader range of health services that were eligible for Medicaid reimbursement.

*Federally qualified health centers, a benefit under Medicare, are safety net providers that primarily provide services typically furnished in an outpatient clinic. FQHCs include community health centers, migrant health centers, healthcare for the homeless health centers, public housing primary care centers and health center program "lookalikes."

While each pilot program differed in the type of model and delivery system, many opportunities and challenges came out of the three-year grant period, allowing the Fairbanks Foundation to identify **five key lessons learned** for implementing future healthcare programs in schools.

- 01** HEALTH SERVICES PROVIDED IN A SCHOOL INCREASE ACCESS TO HEALTHCARE AND IMPROVE STUDENT OUTCOMES.
- 02** STRONG PARTNERSHIPS BETWEEN SCHOOLS AND HEALTHCARE PROVIDERS CONTRIBUTE TO OVERALL STUDENT WELLNESS.
- 03** IT IS CRITICAL TO HAVE A STABLE FUNDING SOURCE TO IMPLEMENT SCHOOL-BASED HEALTH SERVICES.
- 04** SCHOOLS AND DISTRICTS, ALONG WITH HEALTHCARE PROVIDERS, MUST EFFECTIVELY COMMUNICATE WITH PARENTS.
- 05** SCHOOL-BASED HEALTH SERVICES CAN ACT AS A BRIDGE FOR STUDENTS TO ACCESS ADDITIONAL TREATMENT.



01

HEALTH SERVICES PROVIDED IN A SCHOOL INCREASE ACCESS TO HEALTHCARE AND IMPROVE STUDENT OUTCOMES.

Having healthcare workers in a school who were focused on the students' health was clearly beneficial to students, families and schools. Often, when treatment was provided on-site, students were able to get care, then return immediately to the classroom instead of missing class. This also kept parents from having to leave work to pick up their student and find treatment elsewhere. Teachers were also able to stay in the classroom and continue teaching rather than tend to the health needs of individual students, which could be disruptive to the entire classroom.

The school-based health center model staffed by nurse practitioners was able to offer more comprehensive treatment to students, which was especially helpful in schools where many students struggled with chronic health conditions.



02 **STRONG PARTNERSHIPS BETWEEN SCHOOLS AND HEALTHCARE PROVIDERS CONTRIBUTE TO OVERALL STUDENT WELLNESS.**

When integrating two completely different industries – in this case, education and healthcare – you are bound to have communication disconnects. To be successful in implementing health services in schools, the school personnel and healthcare professionals learned they needed to commit to understanding each other's roles and everyday challenges. This allowed the healthcare professional to focus on the health needs of the students and freed up the teachers to focus on teaching.

There were other benefits to schools in having strong relationships with healthcare professionals. In addition to providing immediate treatment to students, the healthcare providers were also able to provide support to school administrators in creating and implementing activities to support students. Examples included providing guidance and assistance with vision or dental screenings, vaccinations and sports physicals, as well as in planning healthier meals for students. Many schools shared that having a healthcare professional on-site increased their understanding of the importance of student wellness and how to implement activities to support student health.



03

IT IS CRITICAL TO HAVE A STABLE FUNDING SOURCE TO IMPLEMENT SCHOOL-BASED HEALTH SERVICES.

Having a stable and sufficient funding source to support the costs of the healthcare provider was critical to the sustainability and stability of the health services in the schools. In the pilot programs, school leaders recognized the value of health services but struggled to cover the cost of a nurse. This barrier often forced them to make the difficult choice between hiring a school nurse or hiring a teacher.

When the test program was run by a federally qualified health center, and the school had many students who were eligible for Medicaid, the health center could partially or fully cover its costs. However, there were times that was not the case because the school did not have enough eligible students. This learning is important for schools, as depending on each school's situation, they may need to use some of their own funding to support a health center.



04

SCHOOLS AND DISTRICTS, ALONG WITH HEALTHCARE PROVIDERS, MUST EFFECTIVELY COMMUNICATE WITH PARENTS.

When implementing a school-based health center, it is critical schools and health providers first establish strong relationships with parents through direct outreach and education, as well as continue to proactively communicate, both broadly and with individual parents as issues arise.

It is important parents understand the role of the healthcare provider so they can provide the consent necessary for the students to be seen by the provider. Getting signed consent forms from parents can be difficult due to a variety of factors, including mistrust of the healthcare system and a desire to not have their child be seen by a healthcare provider when a parent is not present. Therefore, it is critical to build relationships with families to increase awareness of the importance of student wellness and the ability of the healthcare provider to support their child at the school.



05

SCHOOL-BASED HEALTH SERVICES CAN ACT AS A BRIDGE FOR STUDENTS TO ACCESS ADDITIONAL TREATMENT.

In all models implemented, the healthcare providers were able to provide parents with information and referrals for the child if additional treatment was required, which increased the child's access to treatment. These referrals were especially important for children with untreated chronic health conditions, sudden serious illnesses and mental health struggles. When these situations arise, it can be confusing and scary for parents who are unsure about where to turn. Having this additional support can help families connect to resources when needed.

IMPLEMENTING SCHOOL-BASED HEALTH SERVICES IN INDIANA'S PUBLIC SCHOOLS IS CRITICAL TO IMPROVING BOTH HEALTH AND EDUCATION OUTCOMES FOR STUDENTS.

As the Fairbanks Foundation's grant initiative demonstrated, there are numerous examples of Indiana schools and healthcare providers successfully implementing health services in schools. These examples demonstrate the school-based health recommendations included in the Governor's Public Health Commission report would lead to enhanced student wellness and positive academic outcomes.

Since the grant initiative ended, it is important to note there have been advancements in healthcare, such as the use of telehealth and changes in Medicaid reimbursement policies, that could make providing access to health services easier and, likely, more successful. When every student has access to robust health services at school, it helps them stay healthier so they can focus on learning.

