NAPNAP Position Statement on School-Based Health Care

School-based health centers (SBHCs), which are located on or near school campuses, provide comprehensive primary care to infants, children, and adolescents living or attending school in the local area. SBHCs are a safe and convenient source of health care for children who may not otherwise have access to care. The National Association of Pediatric Nurse Practitioners (NAPNAP) supports the use of primary care pediatric nurse practitioners in SBHCs to maximize access to health care for children by providing comprehensive primary care, managing acute and chronic illnesses, and linking these services with other community resources.

There are major gaps in the health care system, including children's health insurance instability (Hill & Shaefer, 2011) and lack of access to health care and preventive services for youth (Guo, Wade, Pan, & Keller, 2010). SBHCs fill these gaps by providing comprehensive physical, mental, and dental health services to children in need of care at locations accessible to children (McNall, Lichty, & Mavis, 2010; Soleimanpour, Geierstanger, Katter, McCarter, & Brindis, 2010). Primary care pediatric nurse practitioners collaborate with school personnel to provide care coordination and promote effective, timely, and accessible services for children. Early intervention provided in SBHCs is cost-effective and has demonstrated improved school attendance and academic performance (Clayton, Chin, Blackburn, & Echeverria, 2010; McNall et al., 2010; Van Cura, 2010; Walker, Kerns, Lyons, Bruns, & Cosgrove, 2010). SBHCs do not replace an ongoing relationship a child may have with a primary provider; however, the centers are designed to overcome social and economic barriers to health care.

SBHCs face a constant struggle to maintain funding. An individual SBHC may receive financial support from one or more sources: local, state, and federal grants, including the Patient Protection and Affordable Care Act (2010); private local and national grants; donations; patient charges; insurance; and contributions by school districts, hospitals, health departments, federally qualified health centers, and/or colleges of nursing. Many SBHCs lack a stable funding source. Lack of stable funding affects their long-term sustainability (Keeton, Soleimanpour, & Brindis, 2012).

NAPNAP supports the following:

- All children deserve access to health-related programs and services necessary for them to derive maximum benefit from their education.
- School-based health care should be delivered in the context of the individual, family, and community.
- SBHC services should be inclusive and available to all school children. SBHCs should provide health care to the students, siblings of students, children of adolescent parents, and children who reside in the area served by the SBHC.
- SBHCs should provide access to a variety of disciplines involved in the health care of all youth. The interprofessional team should include, but not be
limited to, health care professionals, educators, social services, mental and dental health professionals, and parents, all collaborating to best meet the needs of children and adolescents.

- SBHC services offered should include comprehensive primary care, management of acute and chronic illnesses, mental and dental health, and health education with a focus on wellness.

- SBHCs should receive local, state, and federal legislative support on an ongoing basis.

- The services provided in SBHCs should be reimbursed if these services would be covered by any third-party payer.

- SBHCs should meet standards of care using current evidence-based practice guidelines.

- Systematic evaluation of the outcomes of SBHC services should document both the effectiveness and efficiency of SBHCs.

- SBHCs meeting the (federal) definition should declare themselves to be patient-centered medical homes in collaboration with their sponsoring agencies (American Academy of Pediatrics, 2012).

In summary, NAPNAP, an organization that promotes optimal health for children through leadership, practice, advocacy, education, and research, believes that SBHCs are an important and necessary component to health care for youth, from infancy through high school. They provide a comprehensive range of services that specifically meet the needs of children and deliver health care to all children, including many who are uninsured or underinsured. The multiple models of SBHCs allow for creativity in serving the specific needs of the school and community. The school-based health care setting provides a unique opportunity to implement an interdisciplinary team approach, using integrated services to manage issues affecting a child’s health and school performance.

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REFERENCES