1990

Potential sources of revenue for school-based health clinics

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Ranum, Raymond T., Jr., M.S.N.

San Jose State University, 1990

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POTENTIAL SOURCES OF REVENUE
FOR SCHOOL-BASED HEALTH CLINICS

A Thesis
Presented to
The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by
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May, 1990

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ABSTRACT

POTENTIAL SOURCES OF REVENUE
FOR SCHOOL-BASED HEALTH CLINICS

by Raymond T. Ranum, Jr.

There are 24 school-based adolescent health clinics funded by The Robert Wood Johnson Foundation. Two of these clinics are located in Santa Clara county, one at Overfelt, and the other at San Jose High School. These clinics are in desperate need of a recurrent funding base.

Recently, 2000 clinic charts were reviewed with 985 indicating clinic utilization during the 12 month period from July 1, 1988 to June 30, 1989. Results revealed (a) 3360 visits for 7 different categories, (b) 14% utilization of the clinics by Medi-cal or Medi-cal eligible dependents, (c) 20.5% visits made by Kaiser dependents, (d) 29.9% with unknown health-care providers, and (e) 20.6% identified as "others."

The results suggest that (a) attendance at "rap groups" be documented, (b) Kaiser Permanente and other providers be approached for fee-paid revenue, (c) results of this study be presented to Medi-cal officials, and (d) identification of student health-care providers is critical.

Acknowledgement

I wish to thank all those who have helped me towards completion of this research project with their energetic efforts and other support. I have come to the obvious conclusion that success in life is not measured by a one's own efforts, but by the willingness of others to help with the necessary time, support, and encouragement. Thanks!

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This thesis is dedicated to Margaret Goodwin, who in 1983 "lent a helping hand" in my time of greatest need. Thanks, Mrs. Goodwin!

TABLE OF CONTENTS

	Page
LIST OF TABLES.....	vii
LIST OF FIGURES.....	viii
Chapter	
1. INTRODUCTION.....	1
Problem Statement.....	1
Purpose of Study.....	4
Research Questions.....	5
Scope & Limitations.....	6
Definition of Terms.....	7
Assumptions.....	9
2. CONCEPTUAL FRAMEWORK AND RELATED LITERATURE.....	11
Conceptual Framework.....	11
Literature Review.....	16
Summary.....	17
3. THE METHOD.....	19
Discussion.....	19
Design.....	19
4. ANALYSIS OF DATA.....	22
Data.....	22
5. CONCLUSION AND RECOMMENDATIONS.....	34
REFERENCES.....	37

APPENDICES

A. Request From San Jose School Health Centers.....	41
B. Permission From San Jose School Health Centers.....	42
C. Data Collection Form.....	43
D. San Jose School Health Centers Registration Form.....	44
E. San Jose School Health Centers Consent Form.....	45
F. San Jose Health Centers Patient Agreement Form.....	46
G. Proposition 99 Letter.....	47

LIST OF TABLES

Table	Page
1. Type of Visits.....	20
2. Grade of Student.....	21
3. Sex of Clinic User.....	21
4. Ethnicity of Clinic User.....	22
5. Potential Source of Insurance.....	23
6. Food Stamp Recipients.....	24
7. Free Lunch Recipients.....	25
8. Medi-cal Visits.....	26
9. Food Stamp Visits.....	27
10. Free Lunch Visits.....	28
11. Kaiser Dependent Visits.....	29

LIST OF FIGURES

Figure	Page
1. Orem's Self-Care Concept of Nursing.....	13

Chapter 1

INTRODUCTION

Problem Statement

No stable recurrent funding base has been established for The Robert Wood Johnson Foundation School-based Adolescent Health Care Program in the San Jose Unified School District, San Jose, CA. This health care program needs financial stability to offer both expanded services and an increase to full-time professional staffing status in both clinics to better serve the health needs of all students. Some student health needs were formerly handled by school nurses assigned to the District. However, the implementation of Proposition 13 in 1980 resulted in severe reduction of the nursing positions from a full-time school nurse in each school to one part-time nurse for 13 different schools. These school nurses began their operations historically in the early 1800's, focused exclusively on excluding children with contagious disease from the classroom. During the early 1900's, the interest of these nurse's began to focus on health screening and disease prevention. In 1980, there were some 45,000 school nurses in the nation's high schools. The first school-based health clinic offering comprehensive services from a multidisciplinary team opened in West Dallas Youth Center at Pinkston High School a Dallas high school in 1970. The Robert Wood Johnson Foundation became interested in school-based health clinics after concluding that adolescents had medical problems exacerbated by their environment with poor access to appropriate medical care.

There are now 24 school-based health clinics sponsored by The Robert Wood Johnson Foundation in various locations with the first being established in 1986 (Weisfeld, 1990).

Across the United States, there are a total of 150 school-based health clinics in the 25,000 high schools of America (Weisfeld, 1990). Recently, a new nurse role has developed beginning at the University of Colorado in the mid-1960's, the family or school nurse practitioner who is licensed to diagnose, prescribe medications, and make professional referrals as needed (Igoe, 1980). A grant was received from The David and Lucile Packard Foundation of Palo Alto in 1985 to explore the need for a family/school nurse practitioner in the school-based health clinics within each high school in the San Jose Unified School District. Through intensive community efforts which included (a) written surveys of students and parents in six languages, (b) community meetings attended by parents, students, teachers, and (c) related community organizations, the approval of local school boards was obtained. The formation of advisory boards containing parents, students, teachers, and community representatives, with the hiring of approved health clinic staff began in 1986. Two school-based health clinics began operations in Santa Clara County through the auspices of The Robert Wood Johnson Foundation School-Based Adolescent Health Care Program, one at San Jose High Academy (December), and the other at Overfelt High School (September). Both centers operate through the Visiting Nurse Association, Inc. and are sub-contracted medically through San Jose

Hospital. The advisory boards focus on (a) recommendations of staff hiring practices, (b) services offered through the clinics, (c) mission statements including clinic philosophies, and (d) the creation of documentation forms. The school-based health clinics are currently funded through (a) The David and Lucile Packard Foundation, (b) The Robert Wood Johnson Foundation, (c) The Stuart Foundation, and (d) The Santa Clara County Community Foundation. Donated staff services include assistance from:

1. County Public Health Nursing
2. Alum Rock Counseling
3. Proyecto Primavera
4. Center for Life
5. Asian Americans Community Involvement
6. County Drug Abuse

and various graduate students from San Jose State University (Coray & Shardell, 1990).

Currently, this project and others like it across the United States is over-utilized (Children's Defense Fund, 1989), underfunded, and drastically needed by the students (Blendon, Aiken, Freeman, Kirkman-Liff, & Murphy, 1986). Although The David and Lucile Packard Foundation has renewed the original grant in decreasing amounts each year for these two school-based health clinics in Santa Clara County, stable funding is needed since private funds for payment of school-based health clinic expenses are not normally recurrent (Iglehart, 1985). A precedent for Medi-cal funding of

school-based health clinic staffing has been established in Illinois (Flint, 1985). There is now a variety of students of differing financial status who utilize the school-based health clinics in the San Jose Unified School District. An unknown percentage of these students have no other source of medical care. These school-based health clinics are severely restricted economically, but provide critically needed comprehensive medical care for a growing number of uninsured adolescents, estimated at 14% of the population (Newacheck & McManus, 1988). According to Oda (1985), these popular school-based health clinics must receive funding from a variety of sources if they are to survive.

Purpose of Study

The purpose of this study was to identify the number of Medi-cal, Medi-cal eligible, and Kaiser dependents who regularly utilize the school-based health clinics including the actual number and type of visits during a specified time period. If a significant percentage of clinic users are dependents on Medi-cal or are Medi-cal eligible, the State of California may be mandated to establish a recurrent funding base for these two and other school-based health clinics.

Additionally, if a significant number of Kaiser or other health care provider dependents (20%) utilize the school-based health clinics, the providers will be approached for monetary reimbursement or in-kind staffing hours for each school-based clinic. Similar studies in Orange County School District will be combined with this one at a preliminary meeting for presentation in Sacramento at a pre-

determined date. A recurrent budget or the addition of significant in-kind staffing will affect the adolescent population by increasing the professional practitioner staffing hours from 20 to 40 at Overfelt and San Jose High Academy Schools located in the San Jose Unified School District of San Jose, CA.

Research Questions

The study will attempt to answer the following questions concerning the time period from July 1, 1988 through June 30, 1989:

1. How many student visits were made to the school-based health clinics at Overfelt and San Jose High Academy Schools?
2. How many visits in each of the seven categories?
 - 2.1 Acute
 - 2.2 Chronic
 - 2.3 Sports Physical
 - 2.4 Reproductive Health
 - 2.5 Mental Health
 - 2.6 Substance Abuse
 - 2.7 Other
3. What were the number and percentage of visits from Medical dependents?
4. What were the number and percentage of visits from potentially eligible Medical students?
5. What were the number and percentage of visits from Kaiser dependents?

Scope and Limitations

Inherent limitations in this study include (a) possible statistical error, (b) population not representative of rural areas, (b) content validity of the design form, (c) limited time frame, and (d) student perspective of the health problem contained in the chart information. Overfelt and San Jose High Schools located in north San Jose, CA both contain large Hispanic populations which are not necessarily representative of all high school populations in the United States. The area is also located in a high-risk urban setting statistically identified with a high proportion of substance abuse and resulting crime incidences. This is not necessarily so in rural areas of the country containing school-based health clinics.

Statistical error comes mainly from entering the large number of datasets into the computer, each with 15 pieces of information. The volume of 985 datasets and the corresponding repetitions under time constraints may have introduced incorrectly key punched elements. An attempt to minimize this error was done through cross-checks of column totals horizontally and vertically.

The results of the study are not necessarily applicable to an extended time frame longer than five years, due to constantly changing conditions and values in society. Also, the results may be skewed due to the student's interpretation of the health problem and preceding events leading to the clinic visit. The visit may therefore be placed in a different category than the student initially indicated. Content validity of the design form was not scientifically established,

but based on (a) the approved clinic registration form, (b) the specific information needed for the survey, and (c) implemented through the program manager to the chart reviewers.

Definition of Terms

For this study, the following definitions shall apply:

1. School-based health clinics are professionally staffed health clinics located on school grounds offering comprehensive health care to adolescents.
2. Medi-cal eligible are students on either the free lunch or food stamp program.
3. Medi-cal refers to a person or families who receive state assistance for food, health care, or housing.
4. Dataset is a student ID # with 15 corresponding items of information.
5. Staffing hours are hours that the school-based health clinic provides professional staff for student health visits.
6. Professional staff includes family nurse practitioner, school nurse, school nurse practitioner, physician assistant, physician, registered nurse, counselor, social worker, and health educator.
7. In-Kind staffing refers to professionals from one facility providing staffing to another health care facility.
8. Population includes high school students at Overfelt and San Jose High Schools in San Jose Unified School District.
9. Comprehensive health service denotes health services that include acute and chronic treatments, sports physicals, reproductive

health concerns, mental health counseling, substance abuse problems and other services.

10. Acute visit is a treatment for injuries, fevers and pain.
11. Chronic visit is a treatment for recurring conditions such as acne.
12. Reproductive health visit includes pregnancy tests and instruction in birth-control methods.
13. Mental health visits are follow-up counseling for pregnancy, family and personal crisis.
14. Substance abuse visits entail counseling therapy for drug abuse.
15. Other visits include immunizations, ppd services, and professional referrals.
16. Ppd services is the administration of tuberculin bacilli for skin reaction test to check for prior exposure to tuberculosis.
17. Educational intervention is the act of impacting behavior in a course of events with systematic instruction (Houghton Mifflin Company, 1985).
18. Health is defined by Orem (Fawcett, 1984) as a "state of wholeness" with appropriate self-care maintenance (Orem, 1985).
19. Nurse practitioner is a registered nurse with advanced training in a certificate or degree program who performs complete health histories, physical exams, treats minor illness/injuries and prescribes medications under pre-established medical procedures defined by a physician (Igoe, 1980).

prescribes medications under pre-established medical procedures defined by a physician (Igoe, 1980).

20. HMO refers to health maintenance organizations.

Assumptions

It is assumed that the overall goal of the school-based health clinics is to actively reduce the absenteeism rate at the two schools due to health reasons, both on a short term (daily) and long term (drop out) basis, through the provision of comprehensive health care services easily accessible to the respective student populations in a non-judgemental atmosphere. Each center is staffed during pre-set hours by either a family nurse practitioner, physician assistant, or a school nurse, and a fulltime receptionist. In addition, the mental health counselor is located at these clinics on a regular pre-set basis, and other professionals are available on a referral basis.

Overfelt and San Jose High Schools have a high proportion of Hispanic populations who are located in an inner-city part of north San Jose, CA. It is assumed that this population has above-average proportion of Medi-cal dependents. It is also expected that there is a significantly increased proportion of students who utilize the free lunch program at school, and whose families receive food stamps. Furthermore, it is assumed that there are a low number of students who have either unknown sources of health insurance or unknown financial support due to identification of these factors in the school-based health clinic records. During school orientation each year, every student who attends Overfelt and San Jose High Schools is

was made that (a) each visit to the clinic was appropriately recorded, (b) the student's personal health-care provider was properly identified, and (c) the type of visit was identified in the clinic chart.

Chapter 2

CONCEPTUAL FRAMEWORK AND RELATED LITERATURE

Dorothea Orem's self-care model of nursing focuses on empowering health clients towards self-care (Nursing Theories Conference Group, 1980). More specifically, this model defines self-care needs and meeting those needs through preventive education. In this study, the client is the adolescent student who utilizes the services of the school-based health clinics at Overfelt and San Jose High Schools in San Jose, CA. The preventative education is a large part of the nursing interventions, initiated to change self-care deficits into therapeutic self-care behaviors. The nursing process is used to validate nursing diagnosis with corresponding nursing interventions to empower the health client to maximum self-care (Orem, 1985).

Orem (1985) explained self-care as the personal activities which maintain life, health, and well-being. School-based health clinic providers are uniquely positioned to positively influence the self-care activities of the adolescent client (English, 1988). Children's Defense Fund (1989) reported that such positive influence can affect the adolescent client over a lifetime of normal self-care activities.

Conceptual Framework

Orem (1985) stated that the client is the self-care agent who initiates self-care needs from three areas of self-care requisites (a) universal, (b) developmental, and (c) health deprivation. It is the

responsibility of the health care provider to recognize the impact of these requisites, to diagnose and successfully intervene to empower the adolescent client to obtain maximum self-care practices.

Universal self-care items include (a) air, (b) water, (c) food, (d) elimination, (e) activity, (f) rest, (g) solitude, (h) social interaction, (i) prevention of hazard, and (j) the promotion of human functioning (Orem, 1985). These are conditions necessary for normal human structure and functioning. Furthermore, self-care items related to development come from the impact of life events. These life events promote functional maturation when positive, and dysfunctional maturation when negative. Orem (1985) stressed these two developmental categories and emphasizes (a) maintaining the necessary conditions for positive maturation, and (b) providing the necessary interventions to prevent or overcome negative effects on developmental maturation. In school-based health clinics, the application of self-care principles that can positively influence maturation are nursing interventions focused on (a) active health problems, (b) reproductive health concerns, (c) mental health counseling, (d) substance abuse difficulties, and (e) other normal developmental processes such as necessary immunizations (Orem, 1985). These items cover development during the critical adolescent period by focusing on normal processes which may affect future human potential. Factors leading to self-care deficits in the adolescent include (a) ignoring acute health signs/symptoms, (b) chronic illness, (c) unwanted pregnancy/sexually transmitted

diseases, (d) anti-social behavior, (e) drug experimentation, and (f) non-preventive actions like avoiding proper immunizations. Health deprivation self-care items include behaviors and actions required when facing illness, injury, or disease (Orem, 1985). When the adolescent cannot meet these universal developmental self-care needs, the adolescent requires health deviation self-care interventions (Nursing Theories Conference Group, 1980).

According to the Children's Defense Fund (1989), the medical providers in the school-based health clinics are limited in their client impact by a lack of consistent funding for full-time staffing. The desired medical provider interventions are referred to as "Nursing Systems" (Orem, 1985). Orem (1985) identifies the three types of nursing systems as (a) wholly compensatory, (b) partly compensatory, and (c) educative-developmental. In the school-based health clinic when self-care demands fall in the wholly compensatory system, the dependent care agent is the professionally licensed medical agent totally responsible for meeting universal, developmental, and health deprivation self-care deficits. The partly compensatory system includes that area of self-care where individuals are partly self-sufficient. Therapeutic self-care in teaching preventive behavior to clients is the utilization of the educative-developmental nursing system (Orem, 1985).

Within the school-based health clinic, the three nursing systems may interact and overlap but the primary focus in this population is the educative-developmental system. The medical provider in the

school-based health clinic focuses on preventive teaching and the provision of a strong, supportive environment. The school-based medical provider encourages adolescents to meet their self-care deficits (Orem, 1985). Orem's model of self-care referred to in Figure 1 gives the health professional a theoretical framework for adolescent preventive education which facilitates self-care maturation.

Figure I . Orem's Self-Care Concept of Nursing from Orem , D . (1985)
Orem's concepts of practice . McGraw-Hill , New York .

Literature Review

Recent literature indicates the need for comprehensive health clinics for the adolescent (Oda, 1985). A study demonstrated the relationship between family financial status and the utilization of private medical providers (Newacheck, 1980). A similar study showed the realities of family finances which dictated real health care accessibility (Rosenbaum & Johnson, 1986). A recent study showed evidence that free health care can improve inequities in clinic utilization from low socioeconomic groups (Valdez, Leibowitz, & Ware, 1986). Another study suggests access to health care depends on availability of health care services on-site in school locations (English, 1988). National Center for Health Statistics publications show the number of uninsured adolescents at 11 million and rising (National Center for Health Statistics, 1986). A study of comprehensive adolescent health clinics showed these facilities to be critically important in the early detection of physical, emotional, and behavioral problems in adolescents (Children's Defense Fund, 1989). Literature suggests that adolescence is a critical period of transition from childhood to adulthood full of developmental changes (Kleinman, Kovar, & Brown, 1981). Another study demonstrated the need for increased attention towards adolescent family planning, mental health, and substance abuse (Blum, 1987). These health problems are shown in studies to be frequently excluded from care by private physicians (Resnick, Bearinger, & Blum, 1986). An in-

depth research report suggests school-based health clinics can be tailored to the unique needs of the adolescent (Freedman, Klepper, Duncan, & Bell, 1988). This is reflected in (a) easy access on school grounds, (b) required parent approval for care, and (c) no financial cost to the students. School-based health clinics in a recent review have been shown to demonstrate a high degree of success in reaching the health needs of the adolescent with a national repeat visit rate of 78% and an average visit of 20 minutes (English, 1988). The critical factor for the success of the school-based health clinics is accessibility. This is defined as the availability of comprehensive health services on school grounds, and the provision of care within a non-judgemental atmosphere (Weisfeld, 1990).

Summary

School-based health clinics are important sources for the health needs of the adolescent (Children's Defense Fund, 1989). These clinics can meet the short-term health crisis and the long-term health needs of the adolescent by utilizing Orem's theory of Self-care (Orem, 1985). Therefore, the school-based health clinic is an effective link in the community goal to provide comprehensive health care for all adolescents.

The school-based health clinics need financial support from a variety of sources if they are to continue their success (Oda, 1985). It was the purpose of this study to identify potential sources of revenue for the school-based health clinics at San Jose Academy and Overfelt High Schools located in San Jose, CA. Financial stability

would further contribute to these particular clinics success, utilization, and program development (Children's Defense Fund, 1989).

Chapter 3

THE METHOD

Discussion

A total of 2000 charts were reviewed by three reviewers in the school-based health clinics at Overfelt High School and San Jose High Academy from October 5, 1989, to December 5, 1989. The reviewers included two registered nurses and one physician. It was found that 985 charts had at least one recorded visit for the time period between July 1, 1988 and June 30, 1989. The remaining 1015 charts were initially set up for each student enrolled in school, but no visits to the school-based health clinics were recorded within the specified 12 month period. A Macintosh Plus computer with 4 megabytes internal memory utilizing a Radius math coprocessor was used for this project. The computer system was backed up with a Kensington 330 watt uninterruptible power source to prevent electrical distortion when the system was in use. A Jasmine Direct Drive 100 megabyte hard disk was used for memory storage. A statistical analysis program "Statview 512 Plus" was utilized for data input and the statistical output of all tabulated results. Descriptive statistics were utilized in the form of frequency distributions and tables.

Design

The researchers utilized a retrospective descriptive survey to collect data and review the health charts of students who utilized the school-based health clinics of San Jose and Overfelt High Schools for

at least one visit from July 1, 1988 through June 30, 1989. The total number of visits made during this period was broken down by the number of visits in the following categories (a) acute, (b) chronic, (c) sports physical, (d) reproductive health, (e) mental health, (f) substance abuse, and (g) an "other" category. Data collection sheets were noted with the student's ID and demographic data including the student's grade, sex, and ethnic group. Financial data included the source of payment for usual medical care: (a) private insurance, (b) Kaiser, (c) Medi-cal, (d) other HMO, (e) other, and (f) unknown. Data on those students whose families received food stamps and those students who received free lunches were tabulated since students on these programs would most likely be Medi-cal eligible. The design form was taken from the clinic registration form which focused on specific information. The three chart reviewers were all instructed by the program manager of San Jose School Health Centers Program. Weekly meetings between reviewers and the program manager over the three month collection period allowed periodic questions about chart interpretation to be effectively resolved. Spot checks by the program manager assured content validity of the information placed on the data collection form. It was felt that any other errors were probably statistically insignificant due to the large number of charts reviewed (2000) and the number of charts actually utilized (985).

The analysis attempted to show that there were 20% California Medi-cal eligible or current Medi-cal dependents who regularly

utilized the school-based health clinics during the selected period. This would justify a recurring funding base from State Medical funds. In addition, the survey attempted to show that there were 20% Kaiser Permanente Health Foundation dependents that utilized the school-based health clinics, to justify financial or in-kind staffing reimbursement from Kaiser. It also attempted to identify other insurance providers for the same purposes. Furthermore, the study attempted to define the total number of student visits, types of visit, and the number and percentage of visits by students with an unknown insurance status. The time period was chosen to cover one normal, recent school year plus the summer. The results were tabulated and statistically analyzed with descriptive statistics. The design tool and chart access was approved by the administrator of the San Jose School Health Centers Program for the Visiting Nurses Association under the auspices of San Jose Medical Center, San Jose, CA (G. C. Coray, personal communication, October 4, 1989).

Chapter 4

ANALYSIS OF DATA

Data Collected

There were a total of 985 students that visited the school-based health clinics for a total of 3360 visits over the selected 12 month period as seen in Table 1. Over a 365 day period, this averaged 9.2 visits per day, but 18.4 visits per actual school day. This indicated that a student utilized these clinics every 26 minutes of a normal school day. The largest percentage of visits were for acute (41.2%), followed respectively by mental health (20.5%), sports physical (15.2%), chronic (9.9%), reproductive health (8.8%), other (2.5%), and substance abuse (1.3%). It is noted that substance abuse results do not include attendance at "rap groups" left over from the school-based health clinics "Drop-out Prevention Program" initiated at Overfelt High School. This particular program was successful in attracting students and led to the formation of the existing "rap groups," but school politics resulted in two key positions being left unfunded. The schools denied that there was a dropout problem within their respective student populations. The program could not be maintained without school board support and therefore was dropped in May of 1989.

Table 1

Type of Visits(n = 985)

Type	Number	Percent
Acute	1410	41.2%
Chronic	332	9.9%
Sports Physical	510	15.2%
Reproductive Health	294	8.8%
Mental Health	688	20.5%
Substance Abuse	43	1.3%
Other	83	2.5%
Total Visits	3360	99.4%

Table 2 reflects a preponderance of twelfth graders in the review which probably reflected the fact that the school-based health clinics have now been in existence for 4 years and the students who have been in the school longer are more likely to know and utilize the clinics. Also, it may reflect age-appropriate behavior of seeking out assistance in periods of personal crisis and role confusion. Approximately 31.7% of the students were twelfth graders.

Table 2

Grade of Student

(n = 985)

Grade	Number	Percent
Ninth	215	21.8%
Tenth	265	26.9%
Eleventh	193	19.6%
Twelfth	312	31.7%
Total	985	100.0%

Table 3 shows approximately 53.7% of the students were female reflecting the slightly greater usage of the clinics by females.

Table 3

Sex of Clinic User

(n = 985)

Sex	Number	Percent
Female	529	53.7%
Male	456	46.3%
Total	985	100.0%

Table 4 indicates about 61.1% of the charts reviewed gave "Hispanic" as their ethnic category with 18.0% White, 10.6% Asian, 5.3% "Other," and 5.2% Black.

Table 4

Ethnicity of Clinic User

(n = 985)

Ethnicity	Number	Percent
Hispanic	602	61.1%
White	177	18.0%
Asian	104	10.6%
Other	52	5.3%
Black	50	5.2%
Total	985	100.2%

Over 505 of the students checked either "Unknown" (20.6%) or "Others" (30.0%). The "Other" category included many students who indicated their care was free, but did not further explain. This funding confusion has pointed out the need for health clinic staff to attempt to clarify all sources of student health insurance. About 2.8% of the students checked "Other HMO," and this was usually Family Health Foundation of Alviso. For the 16.5% of the students who checked "Private Insurance," it is not known whether (a) the student, or only the parent is covered under health insurance, (b) what the deductible is, or (c) whether the insurance covers such services as sports physical, mental health or substance abuse.

Table 5

Potential Source of Insurance(n = 505)

Insurance	Number	Percent
Other	295	30.0%
Unknown	203	20.6%
Kaiser	202	20.5%
Private Insurance	163	16.5%
Medi-cal	94	9.5%
Other HMO	28	2.8%
Total	985	99.9%

Table 6 shows approximately 11.4% of the students knew that their family received food stamps.

Table 6

Food Stamp Recipients

(n = 112)

Category	Number	Percent
No	873	88.6%
Yes	112	11.4%
Total Students	985	100.0%

Table 7 results showed 24.9% of the students are eligible for free school lunches. This is not necessarily the same group that checked Medi-cal as their care source, since many students receiving free lunches did not know their families' source of payment for medical care. There are other criteria for students receiving free school lunches, but for the purpose of this study students receiving free lunches were assumed to be potentially Medi-cal eligible.

Table 7

Free Lunch Recipients

(n = 245)

Category	Number	Percent
No	740	75.1%
Yes	245	24.9%
Total	985	100.0%

Table 8 shows a total of 94 students who knew that their source of medical costs was Medi-cal and used the respective health centers during the time period reviewed. These 94 students made a total of 292 visits for an average of 3.1 visits each over the specified time period.

Table 8

Medi-cal Visits

(n = 94)

Category	Number	Percent
Acute	125	42.8%
Chronic	17	5.8%
Sports Physical	44	15.1%
Reproductive Health	18	6.2%
Mental Health	56	19.2%
Substance Abuse	23	7.9%
Other	9	3.0%
Total	292	100.0%

Table 9 shows a total of 40 students checked that they knew their family received food stamps and checked either "Unknown" or "Other" as their source of health insurance for medical care. Some of these students were also receiving free lunches at school. These 40 students made a total of 118 visits for an average of 2.95 visits each over the specified time period.

Table 9

Food Stamp Visits

(n = 40)

Category	Number	Percent
Acute	57	48.3%
Chronic	14	11.9%
Sports Physical	13	11.0%
Reproductive Health	19	16.1%
Mental Health	12	10.2%
Substance Abuse	0	0.0%
Other	3	2.5%
Total	118	100.0%

Table 10 indicates there were 99 students who received free lunches who were not known Medi-cal, but who either did not know their payment source or who checked "Other". These 99 students made a total of 290 visits for an average of 2.9 visits each over the specified time period. If the students already on Medi-cal were combined with those whose families received food stamps who didn't know the source of medical insurance payments, there were a total of 134 (14%) students who were either on, or potentially eligible for Medi-cal. These students made a total of 410 visits, or an average of 3.0 visits each during the one year period.

Table 10

Free Lunch Visits

(n = 99)

Category	Number	Percent
Acute Care	153	52.7%
Chronic Care	35	12.1%
Sports Physical	46	15.9%
Reproductive Health	17	5.9%
Mental Health	24	8.3%
Substance Abuse	5	1.7%
Other	10	3.4%
Total	290	100.0%

Table 11 shows a total of 202 students who knew that their primary source of medical care was the Kaiser system. These students made a total of 761 visits for an average of 3.8 visits each over the specified time period. It should be noted that the percentage of Kaiser visits for mental health is much higher, in one case over three times as high, as for other categories. This may reflect the difficulty that students have in accessing mental health services through the Kaiser system. It may also show that the school-based health clinic is much more convenient to utilize.

Table 11

Kaiser Dependent Visits

(n = 202)

Category	Number	Percent
Acute	253	33.3%
Chronic Care	69	9.1%
Sports Physical	131	17.2%
Reproductive Health	77	10.1%
Mental Health	210	27.6%
Substance Abuse	10	1.3%
Other	11	1.4%
Total	761	100.0%

Chapter 5

CONCLUSION AND RECOMMENDATIONS

There was a significant failure found in the identification of student health-care providers of almost 30%. It is strongly recommended that the school-based health clinic staff insist on obtaining health-care provider information when the students charts are originally set-up during school enrollment periods, before student utilization of the school-based health clinic occurs under pressing circumstances. Furthermore, the school-based health clinics were significantly utilized by students having private health-care providers to justify an attempt to secure funding or in-kind staffing reimbursement for health services provided from these providers including Kaiser and other HMO's. The school-based health clinics were heavily utilized by their respective student populations, with more females and seniors accounting for visits. As expected, the most frequent school-based health clinic utilization was for acute health problems, but a small core of students frequently utilized the school-based health clinics for other types of health interventions. According to this study, substance abuse was the last reason to visit the school-based health clinics. This may be misleading since many heavy substance abusers have already left the educational system. This study did not have access to records kept on attendance in the "Drop-out Prevention Program" which was initiated and maintained through the school-based health clinics. A primary prevention program like the former "Drop-out Prevention Program" should be

developed within the school-based health clinics. This would allow the professional staff to focus on student risk-taking behaviors like substance abuse which would develop student awareness of the school-based health clinic as a resource center for drug prevention, education, and support. It was suggested that a grant proposal be made to the Office of Substance Abuse Prevention by April 15, 1990 to obtain funds to restart this "Drop-out Prevention Program" by funding the two necessary staff positions required for implementation.

Mental health was the number two reason for visiting the school-based health clinics. This ties in with Orem's theory that the adolescent population has a great need for educative-developmental interventions due to their developmental status. This is also illustrated in the other types of clinic visits. It would seem that the professionals in these school-based health clinics are correctly identifying the self-care deficits in the educative-developmental areas. This successfully assists students in improving their self-care practices.

The results of this study were combined with other similar studies of school-based health clinics in the State of California and presented at a preliminary meeting October 2, 1989 in Oakland for the purpose of soliciting Medi-cal funds on a recurring basis. However, the Legislature and the Governor agreed to include school-based health clinics in Proposition 99, which was successfully passed in November of 1989. This proposition is to assist in the

implementation of AB 75 which funds \$1.3 billion of tobacco taxes towards various health services in the State of California. This measure is yet to be implemented, with the issue of applying for recurring Medi-cal funds on temporary hold until the tobacco initiative is resolved.

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APPENDIX A

Request From San Jose School Health Centers

SAN JOSE SCHOOL HEALTH CENTERS

To: Dr. Bobbye Gorenberg
From: Georgiana Coray, Administrator
San Jose School Health Centers
Re: Proposed Master's Thesis Topic
Date: September 20, 1989

G. Coray

Bobbye, I have a project connected with the San Jose School Health Centers that I think would make an exciting Master's Project/ thesis for one of your administrative nursing students.

There is a possibility for the school health centers to obtain some badly needed Medi-cal money IF we can obtain specific data about our students. The data needed concerns their payment status and the number of visits that each student made who was on and/or eligible for Medi-cal.

This would involve a record search of the Medi-cal students registered during the last school year and determining the number and possibly type of visit that each made during the last school year. We would also be looking at the students who are enrolled in the Kaiser Health plan to determine the same information.

We would have all the records available at the clinic site and provide space for this to be done. I would assist in designing the data collection form. I also have an extensive library of data concerning access and affordability of medical care for adolescents which would be available!

If anyone is interested in this project, please have them contact either me or Nancy Shardell at 280-1566 as soon as possible. Thanks for your help.

cc: Dr Virginia Young

☐ Overfelt High School
1835 Cunningham Avenue
San Jose, CA 95122
408 259 0540

☒ Administration Office
677 E. St. John
San Jose, CA 95112
408 280 1566

☐ San Jose Academy
275 North 24th Street
San Jose, CA 95116
408 998 6439

APPENDIX B

Permission From San Jose School Health Centers

VISITING NURSE ASSOCIATION, INC.

2025 Gateway Place, Suite 260

San Jose, California 95110

ne: 408-452-1303

Fax: 408-452-1266

October 4, 1989

To Whom it May Concern:

Mr. Raymond Ranum, R.N., student at San Jose State University, has my permission to review the medical records of students who attended the San Jose High Academy and the Overfelt High School Health Centers during the 1988-89 school year.

The purpose of his review is to compile data on source of payment and the number and types of health care received by students. This information will be used by him for academic purposes and by Health Center Administration in requesting financial assistance from particular sources of payment.

It is expected that the review of records will be completed by the end of December 1989 or before.

Georgiana Coray, R.N., M.S.
Administrator
San Jose School Health
Centers

APPENDIX C
Data Collection Form

STANDARD REVIEW FORM

1. CLINIC ID# _____ 2. INITIALS _____

3. GRADE _____ 4. SEX _____ F _____ M _____

5. ETHNICITY (CHECK ONE)

_____ 1. HISPANIC _____ 4. ASIAN _____

_____ 2. BLACK _____ 5. OTHER (SPECIFY) _____

_____ 3. WHITE

6. SOURCE OF PAYMENT (CHECK ONE)

_____ 1. MEDI-CAL _____ 6. PRIVATE INSURANCE _____

_____ 2. KAISER

_____ 3. OTHER HMO

_____ 4. UNKNOWN

_____ 5. OTHER (EXPLAIN) _____

7. Is family on food stamps?

1. Yes _____ 2. No _____

8. Is student in free lunch program

1. Yes _____ 2. No _____

9. TOTAL NUMBER OF VISITS MADE DURING SCHOOL YEAR (CHECK ONE)

_____ 1 _____ 4 _____ 7 _____

_____ 2 _____ 5 _____ 8 _____

_____ 3 _____ 6 _____ MORE THAN 8 (WRITE IN
TOTAL # of VISITS)

10. TYPE OF VISIT (WRITE IN # OF VISITS FOR EACH NUMBER)

_____ 1. ACUTE _____

_____ 2. CHRONIC _____

_____ 3. SPORTS PHYSICAL _____

_____ 4. REPRODUCTIVE HEALTH (PREG. TEST, STD, ETC.) _____

_____ 5. MENTAL HEALTH _____

_____ 6. SUBSTANCE ABUSE _____

_____ 7. OTHER (EXPLAIN) _____

APPENDIX D

San Jose School Health Centers Registration Form

FOR OFFICE USE ONLY

REGISTRATION FORM

Registration Date: _____ Grade _____ New _____ Revised _____

1. _____ 2. Student ID #: _____
last name first MI3. _____
street address city state zip4. Sex: _____ female; _____ male 5. Marital Status _____ M _____ Single
_____ Sep _____ Div6. Date of birth: _____
month day year

7. Home phone #: _____ :check here _____ if no phone)

8. Racial/ethnic background (check one answer,
_____ Black; _____ Hispanic; _____ White; _____ Asian; _____ Other (Specify) _____

9. Parent or Guardian

a. Name of parent/guardian _____
last name firstb. Phone # parent/guardian Home _____
area code _____
Work _____
area code _____

10. Where do you usually get medical care?

_____ Private physician or clinic
_____ Emergency room
_____ No regular source of care

11. When was the last time you were seen for medical care?

_____ Within the last year
_____ 1-2 years ago
_____ More than two years ago

12. What adults do you live with now? (Check all that apply)

_____ mother _____ step father
_____ step mother _____ other adults
_____ father

13. Does your family get food stamps?

_____ Yes _____ No _____ Don't know

14. Are you in the free lunch program?

_____ Yes _____ No _____ Don't know

15. Whose idea was it for you to come to this health center?

_____ mine _____ teacher
_____ family member _____ other school staff
_____ school nurse/clerk _____ someone else
_____ friend

Insurance Status:

_____ Medicaid _____ HMO (Kaiser etc.) _____ None
_____ Private _____ Self pay _____ Free

APPENDIX E

San Jose Health Centers Consent Form

PARENT/LEGAL GUARDIAN CONSENT FORM
THE STUDENT HEALTH CENTER
OVERFELT HIGH SCHOOL
VALID FOR SCHOOL YEAR 1989-1990

NAME OF STUDENT: _____ GRADE: _____
LAST FIRST M.I.

ADDRESS: _____ HOME PHONE: _____

BIRTHDATE: _____ SOCIAL SECURITY NUMBER: _____

STUDENT'S SCHOOL I.D. NUMBER: _____

PARENT/LEGAL GUARDIAN EMERGENCY/WORK NUMBER: _____

MEDI-CAL BILLING NUMBER: _____ OTHER INSURANCE: _____
(YES / NO)

ALL SERVICES AT THE HEALTH CENTER ARE PROVIDED FREE OF CHARGE TO THE STUDENT

THE STUDENT HEALTH CENTER PROVIDES THE FOLLOWING SERVICES:

- Care for minor illness and injury
- Sports, employment and general physical examinations
- Diagnostic tests (blood pressure, blood sugar, throat and wound cultures, V.D. tests, urine tests)
- Services to prevent unplanned pregnancies (prescribing but not dispensing of prescription and non-prescription methods of birth control)
- Immunizations
- Dental hygiene
- Referral to other services providers, including referral to an appropriate agency such as "The Connection" for those students who are pregnant. The Connection's purpose is to support adequate prenatal care.

*Counseling, including Drug, Alcohol, Nutrition, Crises, Emotional and Peer counseling.
Education, including that directed to preventing unplanned pregnancy. Education might include value clarification, self esteem, human sexuality, family life and abstinence; parent/child communication, how to stop smoking; health maintenance (nutrition and exercise).

I have read and understand the services offered at the Student Health Center as described above. This student has my permission to receive all services offered by the The Student Health Center. I consent to such diagnostic and treatment services as might be provided by or at the direction of a physician, dentist or other qualified member of the staff of The Student Health Center. I understand this student will be able to receive a complete physical examination upon completion of a medical history. This may include necessary laboratory tests, immunizations and treatment of identified problems.

I also consent to the exchange of this student's health history between the health nurse practitioner and the clinic physician. I authorize The Student Health Center to release information regarding treatment to third party payors such as Medi-Cal or others for the purposes of billing and for any reason in accordance with acceptable medical practice and pursuant to the law.

I have listed below those services which I do NOT want this student to receive at The Student Health Center:

I understand this student may receive all services offered at the Student Health Center except those which I have specifically excluded above.

Relationship: _____
Printed Name of Parent or Legal Guardian Signing

Telephone number: _____
Address of Parent/Legal Guardian

Date: _____
Signature of Parent/Legal Guardian

Witness Signature: _____ Date: _____

Witness Address: _____ Phone: _____

Student's Signature: _____ Date: _____

APPENDIX F

San Jose Health Centers Patient Agreement Form

PATIENT / HEALTH CENTER AGREEMENT

This is an agreement between the Overfelt High School Health Center and _____

Last

First

MI

The Overfelt High School Health Center is located at Overfelt High School to provide primary health care services to students of this school. The obligations of the Health Center include:

1. Care will be given as rapidly as possible to minimize time lost in class periods.
2. When possible, appointments will be given at times when you are NOT scheduled for a class.
3. Initial care will be provided by a Family Nurse Practitioner or Physician Assistant. That person will refer you to other health care practitioners if necessary.
4. Your care will be kept totally confidential and what you say will not be shared with anyone else unless it is medically necessary. If it is medically necessary to share information, you will be asked permission and requested to sign a permit to do this.
5. All services and medications will be provided free of charge to you. A Medi-Cal sticker will be requested if you have Medi-Cal.

In return for providing these services, there are certain things that are required of you. These include:

1. You must keep appointments on time, or cancel them. If you are late or forget to cancel more than two appointments in a row, you may forfeit your right to receive care for that problem.
2. Fill out all required forms as accurately and completely as possible.
3. Respect the privacy of anyone else who is using the Health Center.

I have read and agree with both my obligations and the obligations of the Health Center.

Signed: _____
Student's name

Signed: _____
Health Center Staff

Date: _____

APPENDIX G
Proposition 99 Letter

October 2, 1989

TO: SCHOOL HEALTH CENTERS

FROM: SACRAMENTO--ARLENE BLACK AND ELVA RAISH

RE: PROPOSITION 99: FUNDS FOR HEALTH SERVICES AND SMOKING
EDUCATION

The Legislature and Governor have agreed upon a spending plan for Proposition 99 (Tobacco Tax) funds. Your health centers may be eligible to compete for some of this funding.

AB 75 allocates \$1.3 billion of tobacco taxes to various health services. \$1.02 billion will go to indigent health care and \$280 million for anti-tobacco health education. AB 75 also sets aside \$66 million to protect these programs against a drop in revenues.

The bill sends \$32.6 million per year into the schools on an ADA basis for anti-tobacco education and \$35.6 million to the public health departments for programs aimed at children and other high-risk populations.

The school program funding will be administered by the state Department of Education; all other programs will be administered by the Department of Health Services.

Of the \$1.2 billion for indigent health care, \$19.7 million is appropriated for expanded access to primary care for the 89-90 year. We believe that school clinics are uniquely qualified to receive money from this account. Other funding opportunities may be available through the anti-tobacco education program and the expanded CHDP.

Enclosed is a summary of the major provisions of AB 75 prepared by the Conference Committee and a summary of the Health Education Account prepared by the Los Angeles Unified School District. Copies of the bill itself will be available at the October meeting.