Joining Hands

News from the National Assembly on School-Based Health Care

Summer 2003

Focus on States 2
We Got Letters 4
Practice Improvement Plans .. 5
Adolescent Acne 8
NASBHC Board Members ... 9
Research in Brief 10

From the President

Jane McGrath

My grandmother was a very proper lady who was never very fond of children. She sent my mother to boarding school, "for her health" at the tender age of eleven. When the school protested that they didn't take boarders that young she arranged to have my mother stay with a family in town she had never met. One of her favorite sayings, "children should be seen but not heard" was embroidered on a pillow on the couch along with her other favorite pillow, "guests fill me full of sorrow, here today and here tomorrow." I am reminded of my grandmother when I advocate for children's health care. Children can't speak for themselves, they are not seen and not heard. It is up to us to get their voices and their issues in front of legislators.

I hope you are all planning to come to Reston, Virginia the end of June for the school-based health center convention. It should be a grand time. Make sure to come a day early to meet with your congresional representatives. If you have never been to Capitol Hill this is an opportunity you shouldn't pass up. Wandering through the halls of power in Washington is a truly wonderful experience and a way to gain appreciation for our system of democracy. There they all are, the guys (and a few women) that you read about in the paper and see on CNN — in person, making the day-to-day decisions that keep this great country of ours rolling. They need to hear from us.

We will gather in Reston for a briefing before our Capitol Hill visit. The National Assembly will provide packets of information, encouraging words of wisdom and clear instructions about how to get around. Its best if you buddy up with someone from your state. Wear comfortable shoes, take a snack and get brave.

My first experience on Capitol Hill is probably typical. I went as part of the American Academy of Pediatrics' bi-annual advocacy convention. We had a couple of days of training and were sent to Capitol Hill with a prepared message, large lapel buttons and tote bags announcing who we were, and a highly detailed map. I felt a little like someone on a Carnival cruise.

Coming from New Mexico we were advised on which of our legislators to visit. One congressman for example had never voted in favor of anything even vaguely supportive of children's healthcare and we were told not to bother visiting his office. Our two senators were out of town but we met with their legislative aides — both friendly and informative and vague. I was warned that legislative aides tended to be young — but be prepared, they really are young and in one case the aide was from another state and didn't have a clue about New Mexico. One aide was subsequently a great contact and the other one must have left their job almost immediately.

One day on Capitol Hill left me feeling a little elated — I had seen all kinds of interesting and famous people and had even talked to some of them. But perhaps most importantly I realized that my visit and input is how democracy works. If we want our legislators to know what school-based health centers are and why they are important, we need to get out there and tell them. The children in our communities don't have much of a voice politically. It is our job to make sure that they get seen and heard.

The following testimony was given by a high school student in support to maintain level funding for a school-based health center.

Testimony of One High School Student

I am a senior this year at a high school that has a school-based health center. Being an asthmatic is a tough enough endeavor, but not having any reliable resources when I'm having an attack is a whole different story.

The two worst feelings in the world through my eyes would have to be loving someone who doesn't feel the same way, and not being able to breathe. These are two problems that I would never have resolved without the help of the school-based health center. I first discovered this program when I was in the middle school and the school nurse didn't know what to do with me. I had terrible asthma attacks and my mother couldn't pick me up or get me to the clinic in Hartford because we didn't own a car. When my attacks got bad, I would usually end up in the emergency room, and out of school for days. Luckily, the school nurse sent me to the SBHC nurse practitioner who

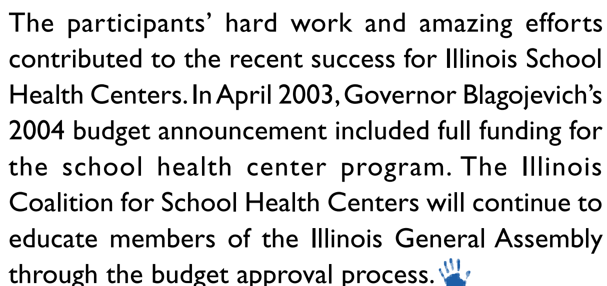
Continues on page 3...

FOCUS ON **States**

ILLINOIS'S AWARENESS CAMPAIGN ACTIVITIES PAYING OFF

School-Based Health Center Awareness Month was a big success in Illinois. Governor Rod Blagojevich and Chicago Mayor Richard Daley issued proclamations recognizing the month. A statewide event was held at the Roosevelt High School Health Center sponsored by Swedish Covenant Hospital in Chicago. Over seventy-five people attended to celebrate the successes of school health centers across the state of Illinois. U.S. Congressman Rahm Emanuel, State Senator Iris Martinez, State Representative Richard Bradley and Chicago Aldermen Margaret Laurino and Richard Mell heard from students and supporters then followed up the presentation with a tour of the health center. Two additional open house events were held at Huginnie-Crane Adolescent Health Center, sponsored by St. Luke's Medical Center, and Maine East High School Health Center, sponsored by Lutheran General Hospital/Advocate Healthcare. Each health center welcomed state and federal legislators including U.S. Congressman Danny K. Davis and U.S. Congresswoman Janice Schakowsky. Over 1,000 postcards and letters from students, parents, school personnel, staff and supporters were sent to Governor Blagojevich, state and federal legislators. Letters to the editor and articles were printed in papers across the state in support of school health centers. Throughout the month staff and supporters educated the public about the successes and benefits of school health centers and the need for support at local, state and national levels.

The participants' hard work and amazing efforts contributed to the recent success for Illinois School Health Centers. In April 2003, Governor Blagojevich's 2004 budget announcement included full funding for the school health center program. The Illinois Coalition for School Health Centers will continue to educate members of the Illinois General Assembly through the budget approval process.



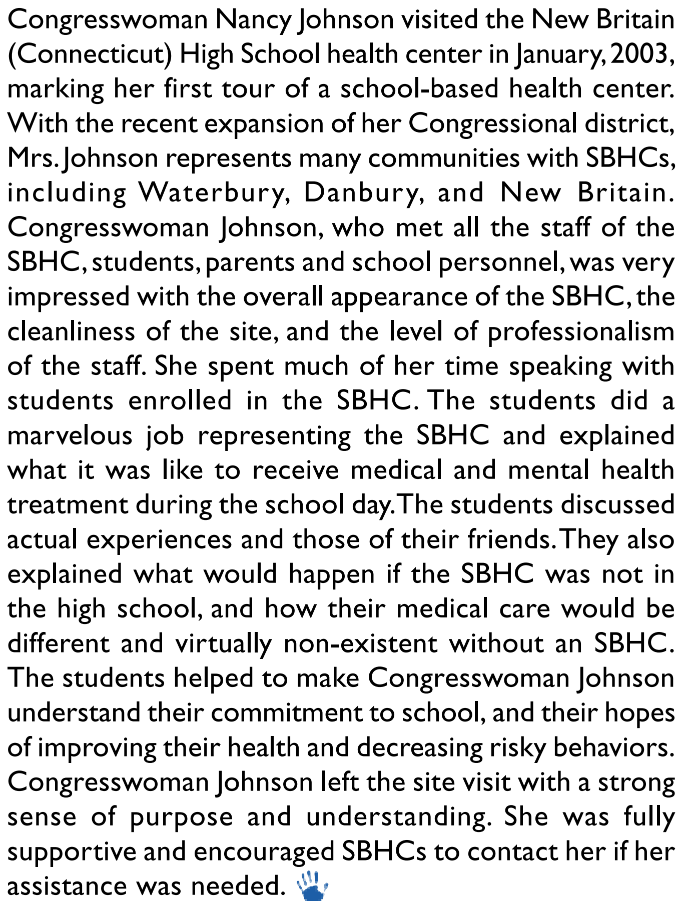
Illinois Advocates Celebrate SBHC Awareness Month

Illinois State Representative Richard Bradley, Chicago Alderman Margaret Laurino, Roosevelt High School student and health center advisory board member Antonia Palermo, Alderman Richard Mell, Congressman Rahm Emanuel tour Roosevelt's health center, sponsored by Swedish Covenant Hospital.

Open house dignitaries include: Dr. Tariq Butt, Chicago Board of Education, Congressman Rahm Emanuel, Craig Cathcart, Swedish Covenant, Alejandra Alvarez, Roosevelt High School Principal, Tony Vancauwelaert, Roosevelt health center medical director, Mark Newton, Swedish Covenant CEO, Phil Hansen, Illinois State Board of Education.

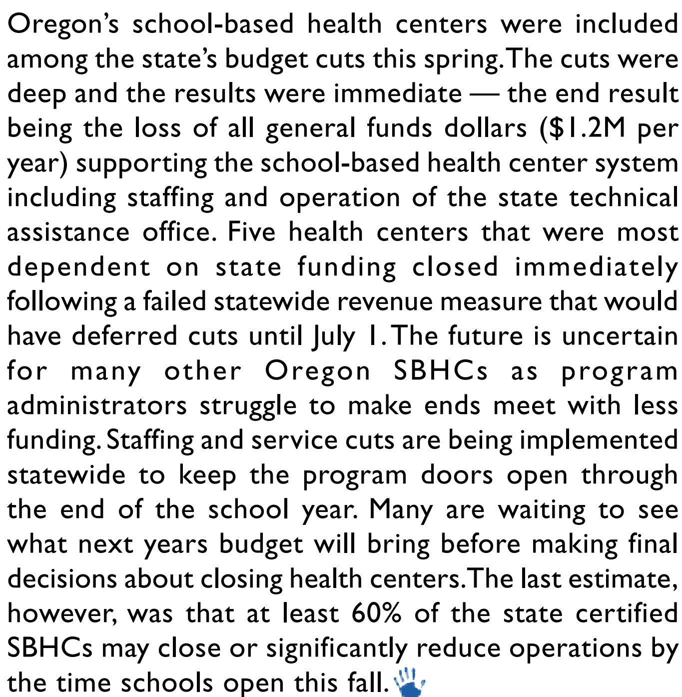
Congressman Danny K. Davis and Shikenda Washington, Crane student and health center advisory board member, at Huginne-Crane Adolescent Health Center open house.

CONNECTICUT CONGRESSWOMAN NANCY JOHNSON VISITS SBHC



Congresswoman Nancy Johnson visited the New Britain (Connecticut) High School health center in January, 2003, marking her first tour of a school-based health center. With the recent expansion of her Congressional district, Mrs. Johnson represents many communities with SBHCs, including Waterbury, Danbury, and New Britain. Congresswoman Johnson, who met all the staff of the SBHC, students, parents and school personnel, was very impressed with the overall appearance of the SBHC, the cleanliness of the site, and the level of professionalism of the staff. She spent much of her time speaking with students enrolled in the SBHC. The students did a marvelous job representing the SBHC and explained what it was like to receive medical and mental health treatment during the school day. The students discussed actual experiences and those of their friends. They also explained what would happen if the SBHC was not in the high school, and how their medical care would be different and virtually non-existent without an SBHC. The students helped to make Congresswoman Johnson understand their commitment to school, and their hopes of improving their health and decreasing risky behaviors. Congresswoman Johnson left the site visit with a strong sense of purpose and understanding. She was fully supportive and encouraged SBHCs to contact her if her assistance was needed.

STATE BUDGET AX WHACKS SBHCS IN OREGON



Oregon's school-based health centers were included among the state's budget cuts this spring. The cuts were deep and the results were immediate — the end result being the loss of all general funds dollars ($1.2M per year) supporting the school-based health center system including staffing and operation of the state technical assistance office. Five health centers that were most dependent on state funding closed immediately following a failed statewide revenue measure that would have deferred cuts until July 1. The future is uncertain for many other Oregon SBHCs as program administrators struggle to make ends meet with less funding. Staffing and service cuts are being implemented statewide to keep the program doors open through the end of the school year. Many are waiting to see what next years budget will bring before making final decisions about closing health centers. The last estimate, however, was that at least 60% of the state certified SBHCs may close or significantly reduce operations by the time schools open this fall.

Testimony continued from cover page...

gave me a breathing treatment and sent me back to class in a matter of minutes. They also gave me medications I could bring home. You see, picking up my medications was difficult too since we didn't have a car, so I ran out a lot. My absences from school for my asthma decreased, and the nurse practitioner talked to my clinic doctor often so I always had someone to call.

Advancing to the high school I became part of many different organizations, especially those in the music department that had to do with singing. I love to sing, but was required to sing songs that required me to hold notes for long periods of time. When my asthma was bad, I would go to the SBHC for a breathing treatment before I sang, breath management wasn't an issue for me. My asthma didn't interfere with my participation in these groups at all. A place like this was a comfort zone to me. I could go for problems with my breathing, and for moral support because they always cared about me. If there was ever a problem in my life and I felt like I needed someone to talk to, all I had to do was to make a right turn in the middle of the hallway and go to the SBHC to let it out. This place has become a part of me, and a part of a lot of other kids too. Taking away any of the SBHC staff or decreasing their services would hurt the state far more than giving up some money.

Be wise, open your eyes. See the beauty that is the school-based health center.

Now I can truly go home and breathe again!

Thank You!

Literary Column

We want your literary work whether poetry, creative non-fiction and short stories. Submissions should be no more than 40 words for poetry, 750 for creative non-fiction and 1000 words for short story. Send no more than three poems or one piece of prose. Include a SASE for return of entries. Deadline for the fall 2003 issue is August 8th. Send submissions to Deidre Washington, editor, at deidrew@nasbhc.org, fax to (202) 638-5879 or mail to 666 11th St. NW, Ste 735, Washington, DC 20001. Please see "Testimony of One High School Student," on page 1, for an example of a submission.

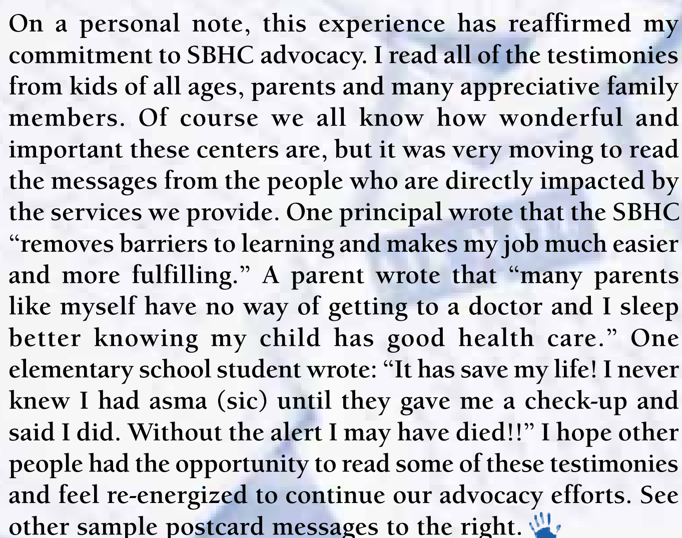
We Got Letters, Lots of Letters......

Pat Hauptman, Maryland Assembly on School-Based Health Care

And postcards too! Maryland had a very successful experience with the letter/postcard campaign during National SBHC Awareness Month. We were one of the states that overwhelmed the National Office with postcard requests and many folks downloaded the letterhead from the web site. For several weeks SBHC staff members were busy asking students, teachers and parents to take a minute to write down their reasons why SBHCs were important to them.

I requested that all postcards and letters be mailed to me. The old adage "be careful what you ask for" certainly rang true in very short order. I had hoped to be able to determine each individual's legislator by the address on the card or letter and had planned to send each respective legislator a packet. As it turned out, the only information on the cards was city, state and zip code, which made it impossible to search for their legislators using our state web site. I was able, however, to determine which schools the cards and letters came from and match the school with each legislator's district. This enabled me to send certain legislators a packet of cards and letters from schools within their district.

Maryland has $2 million dollars in the state budget dedicated to SBHCs. Like many other states this year, we were facing severe budget cuts and our dedicated dollars were very much at risk. There were several legislators on the two key budget committees in the House and Senate that had SBHCs in their district. Fortunately I had received cards and letters from most of these schools. I put together packets that included our Maryland Assembly policy agenda, a "What You Should Know About SBHCs in Maryland" factsheet, a colorful map showing the location of our 61 cites, and a stack of cards and letters from schools in their district. I was able to get the packets to the legislators a few days before the budget hearing. Of course, I have no way of knowing exactly what impact these packets had, but I am happy to report that as of this writing we still have our money in the budget.



On a personal note, this experience has reaffirmed my commitment to SBHC advocacy. I read all of the testimonies from kids of all ages, parents and many appreciative family members. Of course we all know how wonderful and important these centers are, but it was very moving to read the messages from the people who are directly impacted by the services we provide. One principal wrote that the SBHC "removes barriers to learning and makes my job much easier and more fulfilling." A parent wrote that "many parents like myself have no way of getting to a doctor and I sleep better knowing my child has good health care." One elementary school student wrote: "It has save my life! I never knew I had asma (sic) until they gave me a check-up and said I did. Without the alert I may have died!!" I hope other people had the opportunity to read some of these testimonies and feel re-energized to continue our advocacy efforts. See other sample postcard messages to the right.

Sample Postcard Messages From Students, Parents and School Personnel

FROM THE STUDENTS

"It's a safe place to go to deal with my anxiety attacks. They helped me gain control of my life."

"It's an easy and confidential way to keep healthy"

"I don't miss any appointments because it's right here in the school."

"I don't have health insurance. Where else can I go? They care about me here!"

"They make me more responsible and involved with my health care."

FROM THE PARENTS

"My daughter has been treated for illnesses in the center. The health counseling is fabulous. A wonderful service for my child AND I didn't have to miss work!"

"Without the SBHC, I would have waited a lot longer to get my child into care. The follow up at the center has made all the difference."

FROM THE SCHOOL PERSONNEL

"The health of our students is integral to their learning"
-Principal

"The SBHCs are indispensable, ensuring that all our students get the care they need to be able to learn."
-Teacher

"The SBHC has helped me meet the health needs of my students. It has improved their overall health and school attendance and gives them a safe place with a caring adult."
- School Nurse

PRACTICE IMPROVEMENT PLANS TAKE OFF IN WEST VIRGINIA

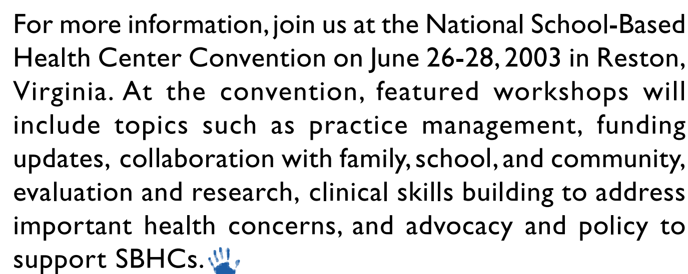
By Sally Hurst, BS, West Virginia School-Based Health Center Initiative, Technical Assistance and Training Office and Laura Brey, MS, Associate Director, National Assembly on School-Based Health Care.

School-based health center practice management is getting lots of attention in West Virginia (WV) these days. The West Virginia technical assistance and evaluation team from Marshall University agreed to participate in field testing site visits related to the *SBHC Practice Operations and Management Improvement Tool Kit* that is being developed by the National Assembly and MED3000, a national practice management improvement firm headquartered in Pittsburgh, Pennsylvania. The purpose of the site visits were twofold: to allow MED3000 an opportunity to become familiar with SBHC operations in rural health centers, and to pilot test a walk-through assessment process and workflow assessment tools that would be included in the tool kit.

In November 2002, a MED3000 representative spent three days in WV learning about SBHC operations. At Ritchie and Calhoun County Wellness Centers, the MED3000 representative followed the process they have coined as “Life of a Charge”. This process includes examining procedures and workflows related to telephone triage, patient presentation at the center, clinical and non-clinical encounters, and all associated activities including logging, referrals, charges, payments, and communications. MED3000 prepared a summary assessment report for the two centers, including recommendations for practice operations improvement in the format of a “Strengths-Weakness” checklist in the areas of billing and collection, care management process, daily operations, facilities, human resources, and information systems.

The site visits were a good learning experience for everyone involved. The assessment process was positively received by both Ritchie County and Calhoun County Wellness Center staff. As a result of the assessment, both school-based health centers have improved their coding practice and are more aware of the complexity of confidentiality issues. Additionally, the West Virginia technical assistance and evaluation team is currently working on developing a review tool and on-going review process for continuous quality improvement at the WV SBHCs.

The National Assembly and MED3000 have been conducting additional field testing for the tool kit in SBHCs sponsored by hospitals, schools of nursing, community health centers, and health departments to refine the assessment process and tools to be used in evaluating practice functions in SBHCs nationwide.



For more information, join us at the National School-Based Health Center Convention on June 26-28, 2003 in Reston, Virginia. At the convention, featured workshops will include topics such as practice management, funding updates, collaboration with family, school, and community, evaluation and research, clinical skills building to address important health concerns, and advocacy and policy to support SBHCs.

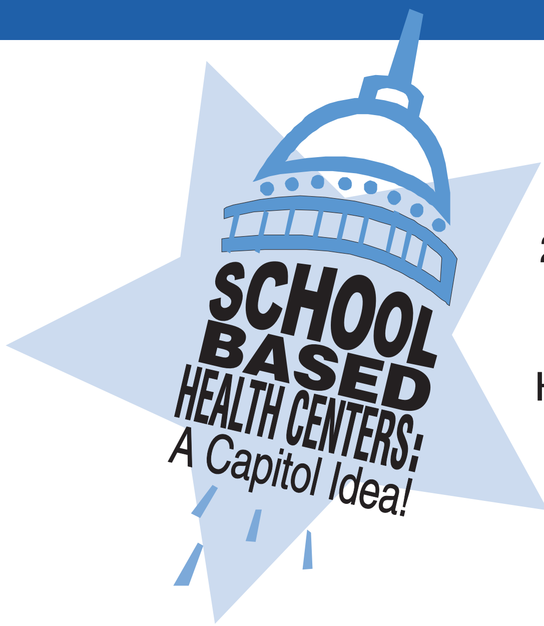
Practice Operations and Management Improvement Web-based Resources

www.aafp.org/fpm/990300fm/23.html
Posted on the website are three articles on quality improvement (QI) in medical practices from the American Academy of Family Practice’s e-journal, Family Practice Management including: *Finding and Prioritizing Opportunities for Improvement*(Mar. 2003), *Assembling a Team to Carry Out the Changes*(April 2003), and *Holding the Gains*(May 2003).

www.med3000.com/FAQ/pi.asp
This website exhibits a set of frequently asked questions and answers about practice improvement prepared by MED3000, a national practice management improvement firm.

www.hrsa.gov/tpr/schedule-registration.htm, www.hrsa.gov/tpr/audio-conferences.htm, and **www.hres.gov/tpr/tech-assistance.htm**
HRSA’s Third Party Reimbursement Training and Technical Assistance Program offers practice management related training and technical assistance including: free state level two-day trainings, web-assisted audio conferences, technical assistance assessment and consultations on-site or at the end of the two-day trainings, and technical assistance tools.

www.physicianspractice.com
The physician’s practice website has articles, frequently asked questions and answers, products and services, an ask the expert query, and free tools that address practice management areas including: billing and collections, career, coding, finance, human resources, legal, operations, strategy, and technology.



2003 National School-Based Health Center Convention June 26-28, 2003

Hyatt Regency Reston, Virginia

We return to the Nation's Capital in 2003 for the same high quality workshops, plenaries and networking that you've come to expect.

- **Funding updates**
- **Collaboration with family, school, and community**
- **Evaluation and research**
- **Clinical skills building to address important health concerns**
- **Advocacy and policy to support SBHCs**

NASBHC ON THE HILL

This summer, school-based health center advocates are going to Capitol Hill to tell Congress that America's children deserve a national SBHC policy. The National Assembly's first-ever "Hill Day" will be held in conjunction with the national convention in Reston, Virginia. On Wednesday, June 25, 2003, advocates will receive training in preparation for Congressional meetings. On Thursday morning, June 26, 2003, Hill visitors will be bused to the Capitol for their appointments. Our goal is to flood the Capitol with SBHC advocates, so make plans to attend. If you don't tell the story of your school-based health center, who will? To register, go to the convention registration web site at **www.nasbhc.org/2003AM_cover.htm**

SCHEDULE AT A GLANCE

Wednesday, June 25

2:00-5:00pm	Capitol Hill Training Session

Thursday, June 26

8:30-12:30pm	Capitol Hill Visits
8:30-12:30pm	Preconference Workshops
2:00-3:00pm	Welcome
3:30-5:00pm	Concurrent Workshops

Friday, June 27

7:15-8:15am	New Member Orientation,Roundtables
8:30-10:00am	Concurrent Workshops
10:30-12:00pm	Concurrent Worshops
12:00-2:00pm	Luncheon and Business Meeting
2:00-4:00pm	Concurrent Workshops
4:00-5:30pm	State Coalition Meetings
6:30-10:30pm	Dinner and Dancing Evening Event

Saturday, June 28

8:30-10:00am	Concurrent Worshops
10:30-12:00pm	Concurrent Workshops
12:00-2:00pm	Closing Plenary Luncheon
2:00-4:00pm	Concurrent Workshops

REGISTRATION INFORMATION

Registration information is available on the NASBHC website at **www.nasbhc.org/2003AM_cover.htm**. To be placed on the mailing list, contact LaSharn Belton at 1-888-266-8727, ext. 200

VOLUNTEERS NEEDED FOR SCHOOL-BASED HEALTH CENTER CONVENTION!!!!!!

Would you like to become more involved with the NASBHC annual convention? NASBHC needs volunteers to assist with a variety of activities at the annual convention in Reston, Virginia from June 26-28, 2003. For more information or to sign up as an annual meeting volunteer contact Deirdre Taylor at 202-638-5872 ext 204, or by email at dtaylor@nasbhc.org.

NEGATIVE BEHAVIOR CAN BE A DEPRESSION SMOKESCREEN

By Kristine Carrillo, LISW, Program Manager with the New Mexico School Mental Health Initiative, and member of the Technical Assistance and Training Center Advisory Panel

Something happened recently that profoundly shook me. A young friend of mine tried to kill herself. How did we miss that she was depressed? I'll tell you how: her negative behaviors obscured her emotional pain. We thought she was bad, not sad. Instead of getting weepy, she got angry. She raged at her parents, ditched school, blew off her friends and engaged in risky activities. And then, after a particularly nasty fight in which she hurt a loved one, she took 30 sleeping pills and lay down to die. When she didn't die, she got up and took 20 more.

It is a story that has become all too familiar. An adolescent girl overdoses on sleeping pills. A high school sophomore shoots himself with his grandfather's gun. A top athlete hangs himself. Nationally, suicide is the third leading cause of death for ages 10-19. It is too painful a concept for many adults to consider when faced with a troubled adolescent that teenagers can be so unbearably unhappy they would choose to end their life. Although, it is difficult to understand the depth of adolescent pain, or comprehend all of the various triggers that would prompt a teen to self-injury, more than 90 percent of suicides are associated with mood disorders, the most common of these being depression (Shaffer, Gould, et al. 1996, from Emotional & Behavioral Disorders in Youth, vol.1, no. 2, Spring 2001).

Depression is a killer. It strikes people of all ages, nationalities, backgrounds and lifestyles. It is characterized by feelings of gloom, sadness, and despair. More than just a low mood state, depression is a "whole being" illness that involves one's body, perceptions, moods, thoughts and behaviors. Adolescents are particularly hard hit. Estimates vary, but somewhere between five and eight percent of the general adolescent population experience major depression.

Adolescent depression is often invisible. It can be difficult to distinguish between depression and the normal mood swings of adolescence. How many of us know teens that are moody, stormy, unmotivated, and willful? Particularly difficult for many depressed adolescents is that their behavioral symptoms can alienate them from the very people who are their lifeline: parents, teachers, and friends. We might respond with concern to the *emotional* symptoms of depression (persistent sadness, crying, hopelessness, loss of pleasure), or to the *physical* symptoms (major changes in sleeping or eating patterns, dramatic changes in weight, excessive fatigue, chronic somatic complaints); however, we react less kindly to the *behavioral* symptoms, such as rage, aggression, negative attitude, risky behaviors, sulkiness, substance abuse, sexual acting out, or antisocial behavior. In addition, *thought process* symptoms, such as difficulty concentrating, inability to make decisions, polarized or distorted thinking, combined with *school performance* signs, like excessive school absences, lack of motivation and effort, failing grades, can result in a teen having to face harsh consequences at home or school. Adolescents who act out their depression in angry, negative behavior get suspended from school. They get grounded. They can be removed from the very things that sustain them, such as friends, sports, or music. They get kicked out of their homes. They do drugs. Their behavior can get them into trouble with the law. They are told to "shape up" or "get it together" or to "try harder," especially in school.

Most depressed teens can't articulate why they act the way they do. They see themselves and the world through a distorted lens. They act in ways that reinforce their negative self-perceptions. As adults, we have to develop ways to see through their behaviors to get them the help they need. We must seek to understand and support these struggling adolescents, based upon a realistic and objective understanding of the illness of depression and not based upon our emotional reactions to their confusing behavior. We get angry when our attempts to intervene with a troubled teen are met with indifference, apathy, hostility or noncompliance. Ever had a discussion with a teen that quickly became a monologue? How many of us have compounded the problems of a depressed adolescent by blaming them for acting they way they do?

There is a certain irony in the fact that depression, while being a lethal mental illness, is also one of the most treatable. Antidepressant medications, combined with individual or family therapy, can help teens get on a track toward recovery. If a toddler is cranky and sleepless, or behaves in ways that are contrary to what we have come to expect, we are quick to think that there might be something wrong, and we find the right help. Not unlike a toddler, a teen might not be able to articulate how we can help them.

Youth of all ages do best when the adults in their lives communicate with each other. Talk to a teacher if you're

Continues on page 11...

Adolescent Acne

By Lisa Kimmey-Walker, MSN, RN, CPNP, Pediatric Nurse Practitioner, Memorial Hermann Health Centers for Schools and member of the Center for Technical Assistance and Training Advisory Panel

Pimples! Why me? Since about 80% of teens get acne vulgaris to some degree and all acne is hormonal, chances are you will have the opportunity to help a student with this problem. Lets start with an anatomy review. The high levels of hormones in teens lead to an increase in sebum(oil) production, which can clog hair follicles (pores) and lead to pimple formation. This occurs usually about one to two years prior to the onset of puberty so the "tweens" (pre-teens) may also be affected. The sebum can combine with dead skin cells and dirt on the skin. Pimples may become infected and lead to pustules. The bacteria are propionibacterium acnes. "Blackheads" have oxidized melanin that lead to the darker color. Stressful events can worsen acne and genetics certainly contribute to likelihood and degree of acne. Providers should also incorporate assessment for creatine or anabolic steroid use in students with a history of severe acne.

Education is key in the management of this condition. Reassurance that acne is not diet related and is manageable is important in preserving or restoring self-esteem. Affected areas of the face, back, or chest should be washed two or more times daily to remove the excess sebum. Soap and water or OTC Salicylic acid acne washes can be used. To minimize scarring, the teen should not traumatize the lesions in any way, including the use of adhesive strips to clean out pores.

Patience is not typically associated with adolescents, but help them "hang in there" since improvement takes months, not days. And the bad news…. Once initiating treatment, the acne frequently gets worse before it gets better, resulting in premature cessation of therapy and failure to keep follow-up appointments. Adolescents need a good support system and regular feedback. Serial photographs help document progress whether by the student or clinician.

There are many medications available for the treatment of acne in various presentations. Benzoyl peroxide (BPO) has antimicrobial activity against propionibacterium. acnes and is available in 2.5%, 5% and 10% strengths OTC. It is very effective with mild acne and as a combination therapy for moderate acne. The American Academy of Pediatrics recommends starting with the lowest doses for initial management of acne. There are a variety of prescription medications for acne available including topical and systemic antibiotics. A topical agent like Tretinoin (Retin A) is used with mild to moderate acne. Retin A cream should be the initial therapy with progression to the gel if needed. The newer micro gel is less irritating. Moderate to severe acne may be treated with Benzamycin (BPO + erythromycin) and Benzaclin (BPO + clindamycin) alternating with Retin A to avoid systemic antibiotics. Benzamycin must be refrigerated. Erythromycin gel is an inexpensive topical solution option for mild to moderate acne.

Systemic or oral antibiotics used to treat moderate to severe acne are tetracycline, erythromycin, minocycline, clindamycin, trimethoprim/sulfamethoxazole (Bactrim), and isotretinoin (Accutane). The pros and cons of each drug should be discussed with both the student and family. For example, Minocycline can cause a lupus- like skin reaction, Tetracycline and Accutane are teratogenic (harm fetuses) and Bactrim can cause a severe allergic reaction (Stevens-Johnson). A depression assessment is needed prior to initiation of Accutane. Oral contraceptives must be free of norgestrel, norethindrone and norethindrone acetate as these hormones exacerbate acne.

Whatever the treatment plan, the adolescent needs education, ongoing support and reassurance. Initial and ongoing assessment of self-esteem, coping and perceptions of progress are key components of acne management. The school-based health center team is in the optimal position to provide education, support, many of the treatments and coordination of care with dermatologists and primary care physicians.

Acne Web-Based Resources

- Pictures by diagnosis, type of lesion, area of body at: **www.medscape.com/px/dermatlas/DiagnosisSearch?diagnosis=Acne+Vulgaris**
- Teen education on acne and treatments at: **www.coolnurse.com/acne.htm**
- Teen education and Acne Quiz at: **www.kidshealth.org/teen/diseases_conditions/skin/acne.html**

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- LaSharn Belton — Administrative Assistant

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NASBHC Board Members

Welcome to our new members who will join the NASBHC Board of Directors this June.

Debbie Brinson, MPA currently serves as the Director of the School-Community Health Alliance of Michigan, a state wide advocacy organization on behalf of school-based and school-linked health centers and programs through the Michigan Primary Care Association(MPCA). Prior to coming to MPCA, Debbie served as the Adolescent Health Coordinator for 13 years with the Ingham County Health Department, where she implemented and oversaw SBHCs and programs. She was also responsible for overseeing children's dental services. Debbie has more than 20 years experience working with adolescents and developing community based programming. She has extensive experience working with school-systems, implementing school-based and school-linked health services, billing, staff development, advocacy and community development. In addition, Debbie played a central role in working with legislatures to restore lost funding in the State of Michigan. She has her master's degree in public administration with an undergraduate degree in family and community development

Veda Johnson, MD received a Bachelor of Science Degree from Alma, Michigan and her Medical Degree from Emory University School of Medicine in Atlanta, Georgia where she also completed a Residency in Pediatrics. After completing an additional year as Chief Resident, Dr. Johnson served a four-year obligation with the National Health Service Corps in Meridian, Mississippi where she served as Medical Director at the Meridian Community Health Center. Her interest in school health began during this time when she developed a school health program for the clinic's adopted elementary school and the local Head Start program. In addition to serving as Medical Director and Program Director for the Whitefoord and Coan School Clinics, she is an assistant professor of Pediatrics at Emory University School of Medicine and acts as the Medical Director for two other community based pediatric primary care clinics affiliated with the Grady Health System. Dr. Johnson serves on the Boards of the Whitefoord Community Program, a community-based support program for the children and families of the Whitefoord Community and the Good Samaritan Health Center, a health center catering to the poor and homeless of Atlanta.

Paul Melinkovich, MD is the Medical and Program Director for the Denver SBHCs, a network of 13 SBHCs located in the Denver Public Schools. He is also the Associate Director of Denver Community Health Services, a community-oriented primary care program with 11 primary care centers serving the low-income residents of Denver. A Board Certified Pediatrician, he has served as the president of the Colorado chapter of the American Academy of Pediatrics and the Chair of the Committee on Community Health of the AAP. He is currently a member of the Board of Directors of the Colorado Assembly for School-Based Health care and has been the co-chair of the Public Policy and Advocacy Panel of the National Assembly on School-Based Health Care. He received his undergraduate degree from the University of Wyoming and his Medical Degree from the University of Washington. He completed his Residency in Pediatrics and a Community Pediatric Fellowship at the University of Colorado Health Sciences Center and has been practicing community pediatrics and child advocacy since that time. He was a founding member of the Colorado Children's Campaign, the child advocacy organization for Colorado and served as their 2nd Board President. He is an Associate Professor of Pediatrics and Preventive Medicine at the University of Colorado Health Sciences Center. His areas of interest include school health; community pediatrics; immunization delivery; and quality improvement.

Jacob Moody, MDiv, MSW is a program officer with The California Endowment. In his six-year tenure as Director of the Balboa Teen Health Center in Northern California, Moody managed an interdisciplinary primary care school-based health center where his duties included managing medical, mental health, health education and professional training services responding to over 6,000 patient visits each year. The National Assembly's second president from 1996-97, Jacob is rejoining the NASBHC Board after a five-year absence. Jacob also has eight years experience as a member of various national, state and local advisory work groups in program development, policy development and review, grant screening, and strategic planning. Jacob is a graduate of the University of Cincinnati, College of Music. He earned a Master of Divinity from the Pacific School of Religion in 1977, and also received a Master of Social Work from San Francisco State University, Department of Social Work Education, in 1989. Moody is a resident of San Rafael, California.

Harrison PA, Beebe TJ, Park E, Rancone J. The adolescent health review: test of a computerized screening tool in school-based clinics. *Journal of Pediatric Health Care*. 2003; Jan 73(1):15-20.

The authors tested the viability of a stand-alone screening process in school-based health centers, and described its acceptance by patients and providers. Additionally, they examined the prevalence of a variety of health risks disclosed in response to the new screening instrument and the relationship between these health risks and the stated purpose for the clinic visit. Seven school-based clinics located in six high schools and one alternative school in an urban school district participated in the study; 692 patients (83% female, 67% minority) completed the Adolescent Health Review (AHR), a multidimensional screening instrument. Females reported risk in significantly more domains than males, including higher risk in family interaction problems, a history of physical or sexual abuse, emotional distress, suicidal behavior, marijuana use, and sexual activity. Males reported more violent behavior than females. The use of the AHR increased routine screening and the process was well accepted by patients and providers.

Johnson BT, Carey MP, Marsh KL, Levin KD, Scott-Sheldon LAJ. Interventions to reduce sexual risk for the human immunodeficiency virus (HIV) in adolescents, 1985-2000. *Archives of Pediatric and Adolescent Medicine*. 2003; 157:381-387.

The authors summarized 44 studies and 56 interventions that were available as of January 2, 2001. The synthesized data showed that reductions in sexual risk were greater for adolescents who received the HIV risk reduction intervention compared with those in the comparison condition for four areas: condom use negotiation skills, communications with sexual partners, condom use, and sexual frequency. The intervention achieved greater success with condom use in non institutionalized settings,when condoms were provided, and with more condom information and skills training than the comparison group who received more non-HIV related sexual education.

Burstein GR, Lowry R, Klein JD, Santelli JS. Missed opportunities for sexually transmitted diseases, human immunodeficiency virus, and pregnancy prevention services during adolescent health supervision visits. *Pediatrics*. 2003; 111: 996-1001.

The authors describe prevention counseling received by sexually experienced youth in the primary care setting and test associations between recent sexual risk behaviors and preventive counseling. Data from the 1999 Youth Risk Behavior Survey were analyzed. The authors found that more than half of United States high school students surveyed reported a preventive care visit in the 12 months preceding the survey. There was a positive association between sexual experience and having a preventive health visit for females and a negative association for males. Sexual experience overall was associated with a higher likelihood of discussing sexual health once a student entered the health care system. Of the students who reported a preventive health care visit in the 12 months preceding the survey, 42.8% of female students and 26.4% of male students reported having discussed STD, HIV, or pregnancy prevention at those visits. This study concluded that primary care providers miss opportunities to provide STD, HIV, and pregnancy prevention counseling to high-risk youth.

Weist MD, Goldstein A, Morris L, Bryant T. Intergrating expanded school mental health programs and school-based health centers. *Psychology in the Schools*. 2003; 40: 297-306.

Delivering mental health services through a school- based health center promotes an interdisciplinary approach and helps make the link between physical and behavioral health care.This article presents advantages and challenges of providing expanded mental health services through schools.

Nabors L. Evaluation in school-based health centers. *Psychology in the Schools*. 2003;40(3): 309-320.

The article reviews information that would be helpful in the evaluation of school-based health centers, whose growth, the author asserts, has outpaced evaluation efforts. A review of evaluation theory, ideas for evaluation in school-based health centers, challenges to implementing research in schools, and future directions for evaluation efforts are presented.

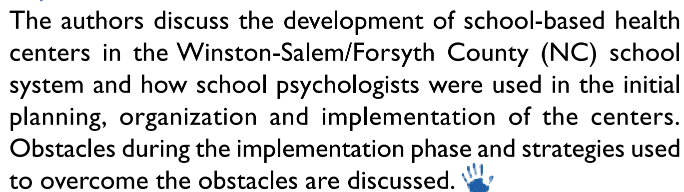
Claus-Ehlers C. Promoting ecologic health resilience for minority youth: enhancing health care access through the school health center. *Psychology in the Schools*. 2003; 40: 265-279.

An ecologic framework that introduces cultural values and community structure into the school health centers is presented as a model to address problems of accessing quality health care for minority youth. The article reviews demographic realities of children of color in the United States with a focus on health care needs and access issues that influence health status.

Videon TM, Manning CK. Influences on adolescent eating patterns: the importance of family meals. *Journal of Adolescent Health*. 2003; 32(5):365-373.

The authors describe national estimates of the frequency and determinants of adolescents' consumption of fruits, vegetables, and dairy foods. Their analysis is based on 18,177 adolescents from the first interview of the National Longitudinal Study of Adolescent Health. Adolescents with better-educated parents had greater consumption patterns of fruits and vegetables than those with less-educated parents. Adolescents who perceived themselves to be overweight were significantly more likely to have poor consumption patterns of fruits and vegetables. Parental presence at the evening meal was associated with a lower risk of poor consumption of fruits, vegetables, and diary foods as well as the likelihood of skipping breakfast. The authors concluded that nutrition and health professionals should educate parents about the role of family mealtimes for healthy adolescent nutrition.

Trivette PS, Thompsom-Drew C. Implementing a school-based health center: the Winston-Salem/Forsyth County Experience. *Psychology in Schools*, 2003; 40; 289-296.



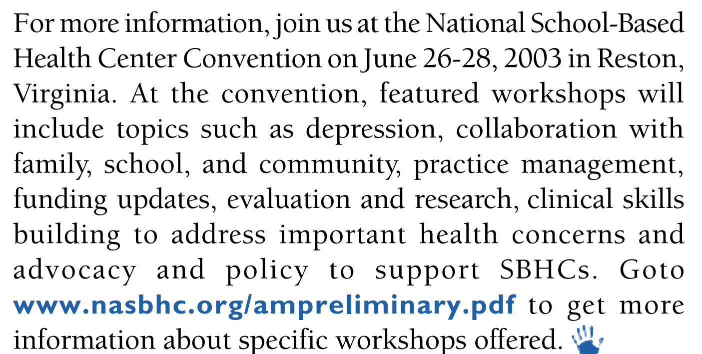
The authors discuss the development of school-based health centers in the Winston-Salem/Forsyth County (NC) school system and how school psychologists were used in the initial planning, organization and implementation of the centers. Obstacles during the implementation phase and strategies used to overcome the obstacles are discussed.

CENSUS RESPONSE RATE IS HISTORIC

The 2001-02 census is all but wrapped up and a final report and data analysis are to be released this summer. The National Assembly extends its gratitude to the SBHC providers and administrators who contributed to the largest ever sample of census responders. Of the 1378 school-based health centers that received a survey, 1165 provided data to the census effort - an 84 percent response rate. "The large response rate is very significant because it enables us to say with confidence that the data we use to report to policymakers and funders are representative of the entire field," said Linda Juszczak, Director of NASBHC's Center for Evaluation and Quality.

Negative Behavior continued from page 7...

worried about a change in your child's school performance. Teachers, talk to a parent about a troubled or apathetic student. School nurses, counselors, and primary care physicians can uncover a myriad of symptoms, and ways they can help, if they just ask. Coaches, got a kid with attitude? Ask him how his life is going. Are you a probation officer facing a youth with persistent, negative behavior? Drugs? Don't take it at face value. We have to ask the questions. We have to ask the right questions, and we have to keep asking them. How do we know if our teens are depressed? *We have to ask*. They are dying to tell us.



For more information, join us at the National School-Based Health Center Convention on June 26-28, 2003 in Reston, Virginia. At the convention, featured workshops will include topics such as depression, collaboration with family, school, and community, practice management, funding updates, evaluation and research, clinical skills building to address important health concerns and advocacy and policy to support SBHCs. Goto **www.nasbhc.org/ampreliminary.pdf** to get more information about specific workshops offered.

Depression Web-Based Resources

- **http://smhp.psych.ucla.edu**
  This website is maintained by the Center for Mental Health in Schools and contains a wide variety of resources including tools, publications and links.

- **www.nami.org/youth/depression.html**
  This website offers general information about depression awareness.

- **www.nimh.nih.gov/publist.sp_023561.cfm**
  This website offers general depression information.

- **www.intramural.nimh.nih.gov/mood/**
  This website offers information about current research projects on mood and anxiety disorders funded by the National Institutes of Mental health and information about symptoms, diagnosis, and treatment of mental illness.

- **www.aacap.org/publications/factsfam/depressed.htm**
  This fact sheet presents parents with an overview of childhood and adolescent depression, including a discussion of the incidence and prevalence, signs and symptoms, diagnosis, and appropriate treatment.

Joining Hands

News from the National Assembly on School-Based Health Care

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