

Bridging the Gap Between Principals and School-Based Health Center Staff

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Abstract

The principal's support is a key component for the success of a school-based health center (SBHC). This paper identifies the main issues that affect the relationship between principals and SBHC staff and suggests ways to improve it. A satisfaction survey was e-mailed to all (n=206) New York City (NYC) school principals whose students are being served by a SBHC. Principals as well as health care service providers (HCSP) completed a satisfaction survey using a five-point Likert scale which also included an open comment section. Additionally, phone interviews, email communications, and focus group sessions with principals and HCSP followed up the surveys. On average principals are quite satisfied with the services that SBHCs provide to their students. However, both principals and providers highlight three key areas for improving their working relationship: (a) communication between SBHC staff and school administration, (b) integration between the SBHC and the school community, and (c) SBHC continuity of medical coverage. In conclusion, it is important that SBHC staff and school principals nurture and sustain a friendly, effective collaboration, as well as ongoing communication. They should focus on common interests and work as a team. Otherwise, the long-term effectiveness of a SBHC could be seriously compromised.

Background

Currently, there are 120 school-based health centers (SBHC) in New York City (NYC) serving 206 schools (PK-12). SBHCs are like a doctor's office inside a school and provide a full range of primary care services including preventive services, health education and counseling, comprehensive physical examinations, urgent care and laboratory testing. They have been operating in NYC schools for up to 20 years. They are sponsored by 32 health care services providers (HCSP).

Research indicates that SBHCs remove access barriers to comprehensive primary care services for medically underserved students, especially the uninsured (Dowden, Calvert, Davis, & Gullotta, 1997; Allison, Crane, Beaty, Davidson, Melinkovich, & Kempe, 2007). They improve access to mental health services (Kaplan, Calonge, Guernsey, & Hanrahan, 1998; Kirby & Coyle, 1997). They also serve as the first line of defense to school outbreaks (e.g., MRSA and H1N1 influenza). In fact, SBHCs increase school attendance as students receive medical care without leaving the school and reduce the need for parents to miss work to bring their child to a doctor's appointment (McCord, Klein, Foy, & Fothergill, 1993). Some studies highlight that SBHCs contribute to student achievement, promotion, and graduation since they help reduce student engagement in risk-taking behaviors (Shearer, 1997; Robinson, Harper, & Schoeny, 2003).

The principal's leadership is an important component for achieving school success (Purkey & Smith, 1983; Levine & Lezotte, 1990) and, certainly, it also plays a vital role in the school-based health center's (SBHC) effectiveness. In fact, the National Association of School-Based Health Care report highlights the importance of communicating with educational partners (Geierstanger & Amaral, 2005). Therefore, having clear and professional channels of communication between the school administration and the SBHC is essential for providing students with comprehensive

services. Since there is limited research on how to improve the relationship between principals and SBHC staff, the purpose of this study is to identify ways to help bridge this relationship gap.

The job of a principal can be quite challenging, demanding, and ever changing (Fullan, 2002; King, 2002; Van Cleve, Crowson, Porter-Gehrie, & Hurwitz, 1984); therefore, they must efficiently allocate time and establish clear and concise lines of communication with the SBHC. In fact, new expectations for schools, high stakes testing, a more diverse student body, and a complex environment have increased the already high demands on principals (Leithwood & Riehl, 2003). Among other challenges principals have to deal with limited funding and technological innovations, while having the task to meet and maintain citywide student achievement standards (Cetron & Cetron, 2004).

In this context, principals need SBHCs to support the well-being of students. NYC principals are held responsible for all services and activities within their school building. Therefore, they need to understand the role of the SBHC. At the same time, SBHCs' administrative and clinical staff must understand the protocols and operations of schools. This could be best achieved by ongoing and effective communication between SBHC staff and the school administration.

There is a clear challenge for SBHCs to produce evidence that they have a positive effect not only on the health and lives of the students they serve, but also on their attendance and academic achievement (Dryfoos, Brindis, & Kaplan, 1996). Even though there is little research that documents a direct correlation between SBHCs and some key indicators of students' health and/or academic outcomes (e.g., student attendance, health status, involvement in risk-taking behaviors, and academic performance), a basic assumption is that a healthy student is better equipped to learn and succeed in school.

Method

The main focus of the research is to improve the procedures and develop best practices for the services provided by the SBHC program.

A survey was e-mailed to all NYC principals (n=206) whose students are being served by a SBHC. This five-question survey was designed to gain a broad understanding of key issues affecting the communication between the school administration and the SBHC's staff. The questions asked for a five-point Likert scale rating on level of communication, familiarity with SBHC services, ability to reach SBHC personnel, efficiency of the SBHC to return students to class, and overall satisfaction. Additionally, principals had the opportunity to provide suggestions for improvement of the principal/SBHC staff relationship in an open comment section. The services of all SBHCs were evaluated by at least one of the principals of the schools they serve.

A similar survey that consisted of two questions on a five point Likert scale and three open ended questions was sent to all (n=32) NYC health care services providers to gain their perspective about the issues they face in their working relationship with principals. The questions asked for the providers' rating on the level of principal support of the SBHC, and level of communication with the school administration. Additionally, the open ended questions asked for comments on key issues affecting the SBHC staff relationship with principals, suggestions to improve relationships with principals, and any other issue they deemed important.

We developed the surveys to examine the operational dynamic between the SBHCs and the schools they serve. We followed up the surveys with phone interviews and email communications with principals and SBHC staff and we scheduled several focus groups with them to discuss suggestions for improvement.

We coded the data collected into themes to identify major concerns between principals and SBHC staff and identify possible solutions. We reviewed our suggestions with principals and providers.

Results

There was a 77% response rate (158/206) to the principals' survey and a 72% response rate (23/32) to the providers' survey. Both principals and providers are aware of the quality of their professional relationship. This is supported by a significant correlation between principals and SBHC providers' satisfaction rate of .473 at $p < .001$. On a weighted average scale, the mean principals' satisfaction rating was 85 (25 points on the Likert scale equals 100 percentage points) and the HCSPs' satisfaction rating was 79 (15 points on the Likert scale equals 100 percentage points) out of a maximum of 100 percentage points. On average principals are quite satisfied with the services that SBHCs provide to their students. Principals rated six of the 32 providers (18.75%) with the maximum of 100 points, and 20 of the providers (62.5%) with 80 points or better.

Likewise, on average health care services providers pointed out that they are satisfied with their working relationship with principals and provided positive feedback about the support and collaboration they receive from the school administration. Providers rated 23 of the 101 principals (22.77%) with the maximum of 100 points, and 62 of the principals (61.39%) with 80 points or better. However, in the open-ended comments section, both principals and providers highlight four key areas for improvement.

Key Issues and Strategies for Improvement

Besides indicating their overall satisfaction with the SBHCs, principals as well as HCSPs identified three key areas they can collaborate on to strengthen their relationship: (a) improve communication between SBHC staff and school administration, (b) increase integration between SBHC and school community, and (c) ensure SBHC continuity of medical coverage. What follows is a summary of these issues from the views of both principals and HCSPs and suggestions for improvement:

1. Improve Communication between SBHC staff and school administration

Some principals reported that SBHCs can improve the communication with the school staff (e.g., guidance counselors, parent coordinator, and health aides). Sometimes school staff is not well informed about all the services that their SBHC offer to students. Furthermore, principals highlighted that SBHC staff does not communicate with them unless there is a problem. In fact, they do not schedule regular meetings with the principal or their representatives to plan proactively; therefore, operating in isolation without realizing the magnitude of the impact a SBHC can have on the overall school success.

On the other hand, HCSPs point out that while many principals are willing to meet with them, they find it difficult to schedule such meetings. Setting regular meetings with principals can be especially complicated when a SBHC serves a campus building with several schools, each with its own principal and schedules.

A few principals indicated that some of SBHC on-site personnel is not as friendly, helpful, and professional as the off-site based personnel (directors and medical doctors). In their view, the staff's attitude does not contribute to optimal utilization of the SBHC. On the other hand, some HCSP highlighted that a few principals and school staff are difficult to communicate with creating

some animosity with the SBHC staff. They add that this is evident in campuses where several schools (up to seven) are being served by the same SBHC and principals may not share the same goals for the SBHC.

While some principals want SBHCs to report to them all the situations in which a student was treated for an injury, others prefer to receive information only about the most significant incidents. In the SBHC's view, it is a common dilemma for their staff to decide on what kind of incident they can report to the principal. A common problem highlighted by principals is when a SBHC staff member phones a student's parents to notify them about a treatment their child received at the clinic. Most parents would then call the principal to find out about the details of the incident; therefore, if the SBHC staff does not inform the principal, it would be a frustrating situation for the principal to find out about a student's accident on school grounds through a phone call from parents. However, it is quite challenging for SBHC staff to find a balance between informing the principal and maintaining patient's confidentiality.

Suggestions for improvement

In identifying solutions to open lines of communication between the SBHCs and principals, the first step is to establish regular meetings where open, friendly, constructive, and positive discussions can take place. The main goal of the initial meeting should be to clarify the SBHC services offered to students, identify a school liaison who will serve as a daily conduit for communication with the SBHC, establish protocols for students to access the SBHC services during class time, and finally identify a mutually convenient time for monthly/quarterly meetings. In case the principal cannot attend monthly or quarterly meetings, they should designate a school representative. Meeting minutes should include a list of attendees with their contact information, a summary of the items discussed, details of

next steps, responsibility designation, and timelines for task completion should be clearly written and distributed to all attendees for review and feedback.

Additionally, principals in campuses should be aware of the complications that arise when a SBHC tries to align its goals to the multiple, and sometimes incompatible, goals of principals. In this sense, principals should have meetings with their staff and other principals in the building to reach consensus about how to relate to the SBHC.

As part of ongoing communication, SBHCs should also ensure that principals have an understanding of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations and the limits this law places on the sharing of confidential medical information. Principals must be informed that this law limits the clinical information that SBHC staff can provide to them. At the same time, SBHCs must recognize that principals must receive the information they need to protect the health and safety of a student during the school day. Balancing these two requirements should be the subject of explicit discussions between the SBHC and the principals.

Ongoing communication should also address the particular day to day operations so that the SBHC becomes an integral part of the school community. A quarterly newsletter with information about SBHC staff, hours of operations, best practices, upcoming events, and health tips, among other topics, to distribute among school staff, students, and parents can serve as one of the SBHCs links to the school's community.

Finally, it is important that principals and SBHC managers clarify professional courtesy expectations for SBHC and school staff and provide appropriate training to improve their communication skills.

2. Increase integration between SBHC and school community

Principals highlighted that SBHCs, like all other organizations in the school (e.g., health insurance enrollers, and reserved officers training corps), must work in collaboration with the school to conduct student/parent health workshops, health fairs, SBHC open houses, and other events. Participating in such events would help SBHC staff build support and strengthen their relationships with key school staff including parent coordinators, guidance counselors, and teachers.

From the SBHC's perspective, schools sometimes fail to integrate the SBHC into their activities, and do not provide timely notice about student test dates, field trips, and parent-teacher conferences; therefore, creating unnecessary scheduling conflicts. Furthermore, SBHC staff indicated that principal's support is critical to enroll as many students as possible. While some principals make great efforts to advise parents about the value of SBHC enrollment, others can do more outreach.

Another issue on integration relates to the role the SBHC will play in the school's emergency response plan. While most SBHCs have an active role in drafting a school safety plan, in some cases, the SBHC staff's roles and responsibilities are not as clearly outlined as expected. For example, some SBHC staff is not aware of what is expected from them in responding to incidents that fall outside the daily activities of the SBHC.

A further concern of principals is to have a protocol in place to send students from classroom to the SBHC and back to the classroom. In most cases, this is done by providing a sick student with a health pass to go to the SBHC. But, there in some situations, students go to the clinic without a health pass. While many students that go to the SBHC without health passes have legitimate health concerns, some of them go to the SBHC to avoid being in class.

Suggestions for improvement

SBHCs should play an important role in the school's daily activities. This means that they not only have to provide medical care to students, but also actively participate in and co-organize health related events with the schools administration, teachers, and parent coordinator. SBHC staff should participate in drafting the school's emergency response plan and school safety drills, and be aware of their responsibilities in an actual emergency.

Principals must play a key role in encouraging students' enrollment in the SBHC by communicating to parents the services available and the benefits of enrolling their child into this program. Principals can send a detailed letter to all parents indicating the importance of enrolling their children in the SBHC. Also, another strategy to increase SBHC enrollment has been for principals to invite HCSPs to participate in school events and provide them with an updated school calendar of activities. Additionally, principals must provide to the SBHCs the roster of enrolled students with their contact information, so that they can reach out to those parents whose students are not enrolled in the SBHC.

To ensure student's accountability and safety, principals can implement a protocol in which students going to the SBHC must have a school health pass. In situations in which a student arrives to the SBHC without a pass, the SBHC staff must communicate this to the principal's office. This protocol is currently implemented successfully in some SBHCs.

3. Ensure SBHC continuity of medical coverage

Schools are a dynamic place where students are active throughout the day and continuous medical coverage is required. Indeed, principals value medical staff continuity since frequent staff turnover compromises the provision of services, especially for students with chronic illnesses who require daily treatment. In fact, some SBHCs have experienced a number of staff changes, for

example, physician's assistants and/or nurses. In the principals' view, these transitions affect the SBHC because the staff needs time to get to know students and flow of activities.

A further concern for principals relates to SBHC medical staff absences that complicate the normal operation of a SBHC, in particular when the SBHC does not have funding to provide coverage. In this regard, principals highlighted they need to be informed in advance about SBHC staff absences and what services may be affected so that they can plan accordingly to ensure the safety of all students and inform parents as needed.

Finally, principals indicated that there is some confusion about when the school should contact Emergency Medical Services (EMS). They need to have a better understanding of what services can be handled by the SBHC and what requires EMS.

Suggestions for improvement

Ideally, a SBHC should have no breaks in service during school hours and in case of absence of the nurse practitioner or physician assistant, the SBHC must make every effort to provide alternative coverage. SBHC staff must have an open discussion with the principal about medical staff absences and policies for minimizing them. Any change in the SBHC's daily schedule and its potential impact on the provision of medical services should be reviewed in advance with the principal. SBHC staff must meet with the principal/s at the beginning of the school year and plan the yearly schedule of medical coverage. Any new medical staff must be introduced to the school administration. If an unexpected closing of the SBHC is necessary, the SBHC staff must notify the principal as soon as possible so that they can seek alternative nursing coverage.

Furthermore, SBHC staff must clarify what services can be provided onsite and when it is necessary to contact EMS. In case a principal is unsure if a student requires EMS they must contact the SBHC staff for medical advice.

Conclusions

A key element in the long-term effectiveness and sustainability of a SBHC is to bridge the communication gap between principals and SBHC staff. Principals can have significant influence in the success of the SBHCs; therefore, it is important that SBHC staff nurture and sustain a friendly environment, as well as ongoing communication with the principal/s. Principals and SBHC managers should analyze the issues that affect their relationship, both positively and negatively, and jointly find solutions for improvement. Most conflicts arise when there are no clear protocols for communication between them. It is essential to set up regular meetings between principals and SBHC staff to discuss issues and plan collaboratively for improvement, thus minimizing the potential for conflict. Maintaining a friendly and positive attitude helps in nurturing their relationship to improve the effectiveness of the SBHC.

In general, principals want to be informed of all activities that relate to the health and well being of the students. Challenges and conflicts arise when protocols for interaction with the SBHC staff are not clearly defined. For example, when a principal requests information about a sick student that is sent home or to the hospital, the SBHC staff must provide as much information as possible without breaching confidentiality or compromising compliance with health care regulations.

Under the current economic crisis and, because of the limited funding they receive, SBHCs need as much support from the school as possible. Principals must recognize the value of having a

SBHC in their school and provide the necessary support to maintain an effective working relationship with the SBHC staff. Undoubtedly, a positive relationship between the principal and SBHC staff plays a significant role in the SBHC's success and long term sustainability.

References

- Allison, M. A., Crane, K. A., Beaty, B. L., Davidson, A. J., Melinkovich, O., & Kempe, A. (2007). School-based health centers: Improving access and quality of care for low-income students. *Pediatrics* 2007, 120, e887-894. Retrieved on May 16, 2008 from <http://pediatrics.aappublications.org/cgi/reprint/120/4/e887>.
- Cetron, M., & Cetron, K. (2004). A forecast for schools. *Educational Leadership*, 61(4), 22-29.
- Dowden, S. L., Calvert, R. D., Davis, L., & Gullotta, T. P. (1997). Improving Access to Health Care: School-Based Health Centers. In *Establishing preventive services*. Weissberg, R. P., Gullotta, T. P., Hampton, R. L., Ryan, B.A., & Adams, G. R. (eds.). Thousand Oaks, CA: Sage Publications.
- Dryfoos, J. G., Brindis, C., & Kaplan, D. W. (1996). *Research and Evaluation in School-Based Health Care*. Adolescent Medicine: Health Care in Schools. In: *State of the Art Reviews*, 7, 207-220.
- Fullan, M. (2002). *The role of leadership in the promotion of knowledge management in schools*. Paper presented at the OECD Conference. Ontario Institute for Studies in Education. University of Toronto.
- Geierstanger, S. P. & Amaral, G. (2005) School-Based Health Centers and Academic Performance: What is the Intersection? April 2004 Meeting Proceedings. White Paper. Washington, DC: National Assembly on School-Based Health Care.
- Kaplan, D. W., Calonge, B. N., Guernsey, B. P., & Hanrahan, M. B. (1998). Managed care and school-based health centers. Use of health services. *Arch Pediatric Adolescent Medicine*, 152, 25-33.
- King, D. (2002). The changing shape of leadership. *Educational Leadership* 59(8), 61-63.

- Kirby, D. & Coyle, K. (1997). School-Based Programs to Reduce Sexual Risk-Taking Behavior. *Children & Youth Services review, 19*, 415-436.
- Leithwood, K. & Riehl, C. (2003). *What we know about successful school leadership*. Philadelphia, PA: Laboratory for Student Success, Temple University.
- Levine, D.U. & Lezotte, L.W. (1990). *Unusually effective schools: A review and analysis of research and practice*. Madison, WI: National Center for Effective Schools Research and Development.
- McCord, M. T., Klein, J. D., Foy, J. M., & Fothergill, K. (1993). School-based clinic use and school performance. *Journal of Adolescent Health, 14*, 91-98.
- New York City Department of Education (2008). *Memorandum of Understanding*. (p. 17). New York City.
- Purkey, S. & Smith, M. (1983). Effective schools: A review. *Elementary School Journal, 83*(4), 427-452.
- Robinson, W. L., Harper, G. W., & Schoeny, M. E. (2003). Reducing substance use among African American adolescents: Effectiveness of school-based health centers. *Clinical Psychology: Science and Practice, 10*(4) 491-504.
- Shearer, C. A. (1997). *Success Stories: How School Health Centers Make A Difference*. A Special Report of the National Health and Education Consortium. National Health & Education Consortium, Washington, DC.
- Van Cleve, M., Crowson, R. L., Porter-Gehrie C., & Hurwitz, E. Jr. (1984). *Principals in action: The reality of managing schools*. Columbus, OH: Merrill.

Acknowledgements

We would like to thank all the principals and SBHC providers who participated in this study. Their contributions have been invaluable. Also, we would like to thank Dr. Roger Platt, Director, NYCDOE Office of School Health, and Ms. Ava Mopper, Director, NYCDOE Office of Related and Contractual Services, for their input and editing contributions.