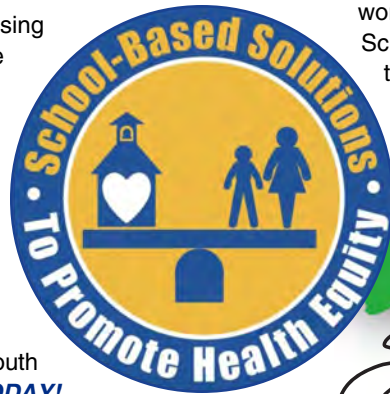


School-Based Solutions to Promote Health Equity

Join us in Hollywood, Florida, June 24-27 for the 2009 National School-Based Health Care Convention. This year's convention is sure to be the premiere networking and technical assistance event for school-based health care professionals. NASBHC will bring experts in the field to the convention to inform and facilitate discussion on successful interventions in addressing health care inequities and creative ways to sustain the school-based health center (SBHC) model. Attendees will also have the opportunity to visit local SBHCs, attend high-quality workshops on a number of SBHC topics, and earn continuing education credits. Come have fun in the sun with us at the beautiful Westin Diplomat Resort and Spa and other local South Florida attractions! **REGISTER TODAY!**



Experience School-Based Health Care in Miami Friday, June 26, 2009 / 8:00 am - Noon

Whether you are new to school-based health care or a seasoned school-based health center (SBHC) professional, come join your colleagues on a site visit to two SBHCs in north Miami, Florida to get a view from the ground of SBHC operations, services provided, and youth engagement! NASBHC and the Miami SBHC providers are pleased to offer 2009 National School-Based Health Care Convention attendees the opportunity to visit two SBHCs – one in a middle school and one in a high school. Both are sponsored by the University of Miami with funding from the Dr. John T. MacDonald Foundation. In addition, participants will have the opportunity to tour several mobile health care programs that deliver specialty children's health care services through partnerships with community organizations.

To register for the site visit, please check the box on the

registration form under "optional items." At only \$25, the value of this continuing education opportunity far exceeds the cost! You also have the opportunity to register at the convention, if space is still available.

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Youth at NASBHC!

In 2008, NASBHC responded to continued requests to create opportunities that contribute to the development of youth leaders from around the country and acknowledge the importance of the youth voice in our work. As a result of this work, we are excited to announce that the 2009 National School-Based Health Care Convention is prepared to host up to 50 national youth leaders!

There will be unique youth focused programming for high school aged youth at this year's convention enabling them to add their voice to SBHC operations decisions, strengthen their leadership skills, and give them a safe and meaningful place to share their ideas and inspirations. Youth can register for the convention for a reduced fee of \$295.

Whether you have student leaders in your SBHC or your son/daughter is a budding youth leader, please bring them to



Hollywood, Florida

this year's conference to experience youth networking and development!

Contact Tiffany Clarke at tclarke@nasbhc.org for more information.

Keynote Speaker

Shay Bilchik, JD, will deliver a presentation on promoting health equity for children and adolescents, focusing on efforts in the realm of juvenile justice. He currently serves as Research Professor and Director of Georgetown University's Center for Juvenile Justice Reform. Prior to his current position, Mr. Bilchik was President and CEO of the Child Welfare League of America (CWLA). In that position, he was instrumental in formulating CWLA's child welfare financing reform initiative; beginning a series of collaborations to strengthen support for Native American children and families; and championing issues



Shay Bilchik

Continued on page two

Convention News *Continued from page one*

related to lesbian/gay/bisexual/transgendered youth. He has been named among *The NonProfit Times* 'Power and Influence Top 50' in four of the past eight years for his work in public policy arena surrounding child welfare issues. At the request of the governor of Maryland, Mr. Bilchik served for three years as chair of the State Advisory Board to the Department of Juvenile Justice. He has also served on the Ad Council's Children's Campaign Advisory Board since April 2003.

Closing Plenary Panel Discussion **Not a Quick Fix: Building Support for SBHCs Panel**

Private foundations, federal and state government agencies, and private insurance companies provide funding for school-based health care. Ongoing commitment and financial support from these three groups of funders is a winning formula for the sustainability of SBHCs around the country. A moderated panel of SBHC funders representative of these groups will grapple with the question of how to build sustainable financial support for SBHCs.

LaVerne M. Green, RN, MSN, Captain, U.S. Public Health Service is the Senior Advisor of the Office of Minority and Special Populations, in the Health Resources and Services Administration's Bureau of Primary Health Care. She has been a commissioned officer in the U.S. Public Health Services for 25 years and has been practicing nursing for 36 years. She is responsible for the School Based Health Center Programs, Health Care for the Homeless, Public Housing Primary Care Programs and numerous federally funded Cooperative Agreements to organizations that target training and technical assistance to special and underserved populations who have limited access to comprehensive primary health care. In addressing the needs of these populations she collaborates with several federal agencies to promote a comprehensive approach to health care.



LaVerne M. Green

Captain Green has served in numerous administrative and supervisory roles in health care delivery and programmatic policy and planning and implementation. She serves and is active in public, private, and nonprofit committees with a focus on improving access to health care.

Kim Greene, LCSW, is the Executive Director of the Dr. John T. MacDonald Foundation in Coral Gables, Florida. The Foundation's focus is to provide funding for programs and



Kim Greene

projects designed to improve, preserve or restore the health and health care of the people in Dade County, Florida. Ms. Greene has worked closely with the Foundation's Board of Directors over the past nine years to create funding opportunities that would be most beneficial to the Miami-Dade community and its children. In addition to her work at

the Foundation, she maintains a private practice locally and nationally as a management consultant, organizational trainer, and psychotherapist. Prior to her work at the Foundation, Ms. Greene served as the Project Director at The Miami Coalition for a Safe and Drug-Free Community and as President of the International Learning Center. She is Chairman of the Board of Directors for Up Front, Inc. is on the Allegany Franciscan Ministries Board of Trustees (covering Florida), and sits on the Advisory Council for the Florida International University College of Medicine.

Marilyn A. Kacica, MD, MPH is the Medical Director for the Division of Family Health at the New York State Department of Health overseeing maternal and child health programs. She is a pediatric infectious disease specialist and epidemiologist who has been active in both clinical and population-based epidemiologic research. She was an attending physician and Associate Professor of Pediatrics at Albany Medical College where she conducted research in infectious diseases including neonatal sepsis. She completed a preventive medicine residency and obtained her MPH at the State University of New York Albany School of Public Health where she is now a Clinical Associate Professor of Epidemiology and a guest lecturer in several courses. During her tenure at the Department of Health, Dr. Kacica continues her epidemiologic research focusing on hepatitis, methicillin-resistant *Staphylococcus aureus*, Indian Health, child health in SBHCs, and child health data integration and quality improvement in maternal and child health populations. She is co-chair of the Association of Maternal and Child Health Programs' Emergency Preparedness Committee and Adolescent Health Committee.



Marilyn A. Kacica

Donna Zimmerman, RN, MPH is the Vice President of Government and Community Relations for HealthPartners, a nonprofit, consumer-governed health care organization in Bloomington, Minnesota. HealthPartners provides health care coverage to nearly one million members in medical, dental, individual, and Medicare/Medicaid products. In her role, Ms. Zimmerman is responsible for directing public policy, community affairs, and Medicare sales for the HealthPartners organizations. She also leads HealthPartners Equitable Care Sponsor Group, which plans and coordinates the organization's activities to reduce identified health care disparities in their members. She was previously the Director of Government Programs with responsibility for the Medicare and Medicaid product lines, including strategic planning, product development, and state and federal government relations. Ms. Zimmerman has been with HealthPartners for 11 years. Her background is in community health administration, with leadership experience in public and nonprofit sectors, including being the first president of NASBHC's Board of Directors. ■



Donna Zimmerman

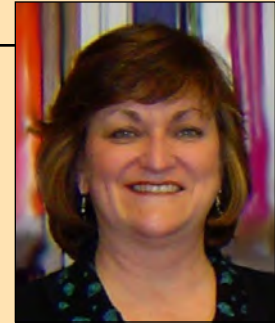
Laura Brey, Training Director

In my role as Training Director at NASBHC, it is my privilege to lead the planning of NASBHC's annual school-based health care convention, the premiere networking and continuing education event of the year for school-based health center (SBHC) providers and advocates. This year's convention theme, *school-based solutions to promote health equity*, parallels the nation's current themes of hope and recovery. Building on last year's convention theme of *taking action against health inequities* we're using school-based solutions as the foundation for promoting health equity for today's children and youth.

The 2009 convention program demonstrates the positive impact of new partnerships at the national, state, and local levels working toward the expansion of the school-based health care model. The metaphorical tent has widened to include areas of health policy, juvenile justice, dropout prevention, oral health, and school-based mental health. School-based solutions for promoting health equity are interwoven throughout this year's plenary sessions, workshops, and posters. In this tough economic climate, I am continually energized by conversations with commissioned speakers, abstracts submitted for convention workshops, commitments of convention sponsors and exhibitors, and the tenacity of individuals, states, and communities to overcome obstacles so that they can join together for networking, learning collaboratively, showcasing their achievements, and creating new and innovative school-based programs that promote health equity.

The convention's youth leadership track, in its second year, is quickly becoming an integral part of NASBHC's convention programming. Tiffany Clarke, State Relations and

Membership Manager, is leading these activities with assistance from the California Youth Board and volunteers from youth development organizations in Florida. It is critical to have the youth perspective as we think about improving our practice. Their voices remind us why we do what we do.



Laura Brey

The opening plenary features a presentation on *Promoting Health Equity for Children and Adolescents*, focusing on efforts in the realm of juvenile justice by Shay Bilchik, JD, Research Professor and Director of Georgetown University's Center for Juvenile Justice Reform. The closing plenary features a panel discussion entitled *Not a Quick Fix: Building Support for SBHCs* moderated by Captain LaVerne M. Green, Senior Advisor of the Office of Minority and Special Populations, in the Health Resources and Services Administration's Bureau of Primary Health Care. The plenary speakers will not only inspire us with strategies for moving school-based health care into the spotlight as a viable solution for promoting health equity, but show us how to position our programs to be sustainable.

Come join us in Hollywood, Florida, and be part of the solution. I look forward to seeing you there. ■



**IT'S NOT TOO LATE
TO REGISTER!
[CLICK HERE!]**

NASBHC NEWS

NASBHC Receives Grant for Health Information Technology

NASBHC, in partnership with the Louisiana Public Health Institute and Interactive E-Solutions LLC has been selected as a host for a Health Information Technology (HIT)/Electronic Health Records workshop from the Health Resources and Services Administration's Office of Health Information Technology. The \$11,000 award will be issued to develop programming to connect the SBHC field with resources and knowledge on the importance of being connected to HIT. These workshops are an essential part of the technical assistance available to those HRSA grantees interested in HIT. NASBHC looks forward to working with the field in the mid-Atlantic region (Washington, DC, Maryland, Delaware, Virginia, and Pennsylvania) to promote HIT and share our experience with the field at large.

If you are from the mid-Atlantic region and are interested in participating, please contact Tiffany Clarke at tclarke@nasbhc.org. ■

NASBHC Expands School Mental Health Capacity in West Virginia

State and local school mental health (SMH) stakeholders from West Virginia came together on May 14 and 15 in Charleston, WV, to participate in NASBHC's two-day School Mental Health Capacity Building Partnership pilot training.

"The State of West Virginia has exhibited considerable commitment toward advancing a SMH agenda through its state-level leadership around SMH, strategic planning, extensive collaborations and partnerships, and involvement of diverse stakeholders, including SBHCs, family members, and youth" reports Laura Hurwitz, NASBHC's Director of School Mental Health.

Based on this impressive work and the content of their competitive application, West Virginia was selected from ten states to receive the pilot SMH Capacity Building Partnership training.

The pilot training was divided into four modules, each

Continued on page four

SMH in West Virginia *Continued from page three*

focusing on key areas of capacity building: fundamentals of SMH at the building level, marketing SMH to school administrators, quality assessment and improvement, and statewide planning. Each module incorporated interactive learning opportunities, and the training culminating with a half-day statewide planning session.

“This is exactly what we needed!” exclaimed one participant, “This training will kick-start our efforts in expanding our school mental health capacity and help grow our leadership group within the state.”

The pilot training is a result of the work by NASBHC’s SMH capacity building partnership (SMH-CBP) and its partner organizations and is funded through a five-year cooperative agreement with the Centers for Disease Control and Prevention’s (CDC), Division of Adolescent and School Health (DASH). The goal of the cooperative agreement is to build capacity of state and local education agencies (SEAs and LEAs) to provide effective and sustainable school mental health services – along the continuum of prevention through treatment – to young people. Through the SMH-CBP, NASBHC disseminates model policies, programs, and practices to SEAs, LEAs, and partner agencies in order to improve student access to high

quality school mental health programs and services.

For further information on the SMH-CBP, contact Laura Hurwitz, at LHurwitz@nasbhc.org or go to http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.3012657/k.EDD0/MH_SMHCBP.htm. ■



Participants demonstrate how to coordinate services in schools through a “relationship web” activity.

Federal Trade Commission’s Red Flag Rules

On May 1, 2009, Sections 114 and 315 (Red Flag Rules) of the Federal Trade Commission’s Fair and Accurate Credit Transactions Act of 2003 went into effect. These new rules, designed to help protect against identity theft, may be relevant to your SBHC operations, because SBHCs will need a system to authenticate users that follows the rules. The Red Flag Rules apply to “creditors” which are broadly defined as businesses or organizations (e.g. SBHCs) that regularly defer payment for goods or services or provide goods or services and bill customers later. If it is determined that your organization is defined as a “creditor” by the standards of the Red Flag Rule, you are required to develop and implement an Identity Theft Prevention Program which addresses the following:

1. Identifying relevant patterns, practices, and specific forms of activity that are “red flags” signaling possible identity theft and incorporate those red flags into the Program;
2. Detecting red flags that have been incorporated into the Program;
3. Responding appropriately to any red flags that are detected to prevent and mitigate identity theft; and
4. Ensuring the Program is updated periodically to reflect changes in risks from identity theft.

The program must include reasonable policies and procedures for detecting, preventing, and mitigating identity theft and needs to be approved by the board of directors of your organization, be integrated into the daily operations of your business, and include staff training, as appropriate. The Red Flags Rules give the organization the flexibility to design a program appropriate for the organization’s needs – its size and potential risks of identity theft. While some organizations may need a comprehensive program that addresses a high risk of identity theft in a complex organization, others with a low risk of identity theft could have a more streamlined program.

For more information on the Red Flag Rules and developing your Identity Theft Prevention Program, please consult these resources:

The Red Flags Rule:

www.ftc.gov/os/fedreg/2007/november/071109redflags.pdf

New “Red Flag” Requirements for Financial Institutions and Creditors Will Help Fight Identity Theft:

www.ftc.gov/bcp/edu/pubs/business/alerts/alt050.shtm

The “Red Flags” Rule: Are You Complying with New Requirements for Fighting Identity Theft?:

www.ftc.gov/bcp/edu/pubs/articles/art10.shtm

Federal Advocacy Update

State Children's Health Insurance Program

There are multiple initiatives in SCHIP pertaining to child health quality. The legislation requires the Department of Health and Human Services (HHS) to develop child health quality measures for children enrolled in CHIP and/or Medicaid by January 1, 2010. The bill includes language about quality of care and a demonstration project to address pediatric obesity and SBHCs could make contributions to both.

Health Resources and Services Administration

NASBHC continues to have conversations with Health Resources and Services Administration (HRSA) staff, including its new chief, Mary Wakefield, regarding opportunities for SBHCs in this federal department.

SBHC Legislation

Last month, Senators Stabenow (D-MI) and Snowe (R-ME), along with Sens. Bennet (D-CO), Levin (D-MI), Wyden (D-OR), Durbin (D-IL), and Kerry (D-MA) introduced the Healthy Schools Act of 2009 (S. 1034) which would mandate reimbursement for SBHCs that provide covered services under SCHIP and Medicaid to patients included in the programs. Representatives Dingell (D-MI), Sarbanes (D-MD), and Towns (D-NY) are planning to introduce a companion bill in the House of Representatives in the coming week. The only change in this bill from the 110th Congress, is language stipulating that state and local law regarding family planning services and supplies will not be superseded. This legislation does not prescribe how the states will reimburse SBHCs but does require that they have a mechanism to do so.

The School-Based Health Clinic Establishment Act of 2009 will be introduced in the coming week(s) by Sens. Dodd (D-CT) and Alexander (R-TN). The major change in the bill language from the 110th Congress is a match requirement of 20%. On the House side, we anticipate having four different members involved in the bill's introduction including Reps. Capps (D-CA), Rogers (R-MI), Capito (R-WV), and Davis (D-CA). This bill will create a Federal SBHC program like the community health center authorization Sen. Dodd has indicated that he would like the authorization bill to be included in Health Care Reform.

Health Care Reform

The full language from the School-Based Health Clinic Establishment Act has been included in the Senate Health, Education, Labor, and Pensions (HELP) Committee health care reform draft legislation, led by Sen. Kennedy (D-MA). While there will surely be other drafts of this legislation from the House of Representatives, this is one of the leading proposals and one of only two in the Senate. This is an enormous success for SBHCs.

NASBHC participates in weekly discussions surrounding health care reform and children and adolescents. A group of child health advocates, including Children's Defense Fund, First Focus, the American Academy of Pediatrics, Voices for America's Children, Association of Maternal and Child Health Programs, March of Dimes, National Association of Children's Hospitals and Related Institutions, Children's Dental Health Project, The National Alliance to Advance Adolescent Health, and NASBHC is concerned that the needs of children and adolescents are not well represented in the work thus far, and supports the SBHC model as a mechanism to address child and adolescent needs.

American Recovery and Reinvestment Act (Stimulus)

Please visit www.nasbhc.org for information on Community Health Center Infrastructure and Health Information Technology funds (HRSA), increase in Title I dollars (Department of Education - DOE), the Strengthening Communities Fund (Administration for Children and Families), and the Innovation Fund (DOE).

Call to Action

IN ORDER FOR THIS BILL TO MOVE SUCCESSFULLY THROUGH THE LEGISLATIVE PROCESS, WE NEED YOU ALL TO TAKE ACTION TODAY!

Call your Senators' offices and ask the health legislative assistant to get the Senator to support S. 1034 by signing on to the bill. To find the contact information for your Senators, go to <http://www.congressmerge.com/online/db/index.htm> or www.senate.gov. The health legislative assistant can contact Oliver Kim in Senator Stabenow's office if they have any questions or want to cosponsor. Oliver can be reached at Oliver_Kim@Stabenow.senate.gov or 202-224-4822.

OR, log into [NASBHC's action center](#) to send an automated e-mail to your Senator. ■

NASBHC is on FACEBOOK®!

NASBHC is on Facebook®. Join our ever-growing network of supporters by becoming a fan of the National Assembly on School-Based Health Care. Stay connected with our up-to-date announcements, discussion boards, and photos. Visit www.facebook.com and search for NASBHC! ■



NASBHC NEEDS YOU!

NASBHC has reached a **critical time** in regards to the **2007-2008 National Census**. **Currently, our response rate is very low.** Without the information gathered from the Census we are unable to provide critical support to your efforts and our national advocacy. Without an increased response rate there will be missed opportunities for legislative victories and increased visibility to our issue at the local, state, and federal levels. While we appreciate the efforts of those SBHCs who have completed the Census, **we need your help in addressing this critical situation.**

See the table to the right which indicates where your state stands in its Census efforts. Please help us to increase the response rate!

The Census can be accessed by going to www.nasbhc.org and from the left toolbar, click on "Census 2007-2008". After reviewing the information page, from the right toolbar, click on "Census Login". You will need your NASBHC ID to log into the Census. If you are unsure of your NASBHC ID, please call Alicia Newell at 888-286-8727.

Thank you for your prompt attention to this critical issue! ■

NASBHC Breaks Webinar Records

Starting in January, NASBHC has hosted a series of webinars on its tools, including the SBHC Road Map, productivity template, and the cost survey. There were almost 100 participants in each of the three webinars and feedback has been resoundingly positive. The website has been inundated with SBHC professionals accessing the tools and we will continue making updates to the tools, as appropriate.

Stay tuned to the [training opportunities section of the NASBHC website](#) for the fall webinar schedule and copies of previous presentations. ■

Status of 2007-2008 NASBHC National Census, By State

Current as of 5.27.09

State	Total Number of Open SBHCs	Completed Census	
		Number	Percent
Alaska	3	0	0.0
Arizona	85	27	31.8
Arkansas	1	0	0.0
California	198	79	39.9
Colorado	48	18	37.5
Connecticut	81	24	29.6
Delaware	29	27	93.1
District of Columbia	6	1	16.7
Florida	200	13	6.5
Georgia	3	0	0.0
Illinois	55	39	70.9
Indiana	89	14	15.7
Iowa	14	10	71.4
Kansas	2	0	0.0
Kentucky	20	9	45.0
Louisiana	67	7	10.4
Maine	28	13	46.4
Maryland	73	60	82.2
Massachusetts	63	32	50.8
Michigan	94	34	36.2
Minnesota	18	10	55.6
Mississippi	42	2	4.8
Missouri	3	1	33.3
Nebraska	1	1	100.0
Nevada	6	0	0.0
New Hampshire	1	1	100.0
New Jersey	41	1	2.4
New Mexico	79	57	72.2
New York	205	81	39.5
North Carolina	53	50	94.3
Ohio	27	5	18.5
Oklahoma	11	0	0.0
Oregon	50	38	76.0
Pennsylvania	26	5	19.2
Puerto Rico	2	2	100.0
Rhode Island	7	0	0.0
Saskatchewan	1	0	0.0
South Carolina	9	1	11.1
South Dakota	5	1	20.0
Tennessee	21	9	42.9
Texas	70	9	12.9
Utah	5	0	0.0
Vermont	5	0	0.0
Virginia	21	0	0.0
Washington	20	19	95.0
West Virginia	54	31	57.4
Wisconsin	15	0	0.0

Two New Resources Are Available From Action For Healthy Kids to Help Youth Make Better Food Choices

By Mary Haley, Director Partner Programs, Action for Healthy Kids

Action for Healthy Kids has released two resources based on the findings of their 2008 research report, *Helping Youth Make Better Food Choices: Perceptions, Barriers and Promising Approaches Among Nutrition, Health and Public Health Professionals*. The survey includes the responses of NASBHC members regarding their work with students to make food choices in keeping with the 2005 *Dietary Guidelines for Americans*' "Food Groups to Encourage." These food groups include fruits, vegetables, whole grains and low-fat and fat-free milk and milk products, while limiting their intake of "junk" foods that contribute little or no nutritional value to their diets.

Among the resources developed from the research report is a 12-page guide, *Helping Youth Make Better Food Choices: Ideas By and For Nutrition, Health and Public Health*

Professionals Leading the Way, which offers opinions of these leading professionals on how to address the most common barriers to helping kids make more healthful food choices. The guide recommends action-oriented steps to overcoming these challenges, and suggests additional resources for related information. Also available are three tip sheets targeted specifically to schools, community organizations, and parents and caregivers, the latter in English- and Spanish-language versions. These tip sheets present key suggestions from the guide in a colorful, user-friendly format that would work equally well as a handout or poster. Both resources are available at: www.ActionForHealthyKids.org. In addition, a limited quantity of free hard copies is available upon request at: MakingBetterFoodChoices@actionforhealthykids.org. ■

The Safe School Ambassadors® Program

By Rick Phillips, Executive Director, Safe Schools Ambassadors

Following the tragedy at Columbine High School, schools focused on school safety from the "outside-in," by installing metal detectors and security cameras. They largely ignored the role that students can play in reducing violence and mistreatment. The Safe School Ambassadors® (SSA) program provides a complementary "inside-out" approach, which harnesses the power that students have to make change happen from within and puts them at the center of the solution. SBHCs that partner with the SSA have been successful in states, including Massachusetts.

Students see, hear, and know things adults do not. They can intervene in ways adults cannot. While adults may make and enforce the rules at school, students create and maintain the social norms that allow peer mistreatment to happen.

Research shows that 70-85 percent of students have been passive bystanders to peer mistreatment. Most often, they do not intervene because they fear retaliation or don't know what to do or say. Their silence amounts to tacit consent, which reinforces an environment where it's "cool to be cruel."

The SSA program was developed in 1999 to help prevent and stop peer mistreatment and violence among 4th- to 12th-grade students. Since then, over 650 public and private schools in 26 states and Canada have adopted this powerful program.

SSA trainings mobilize the bystanders, but not just any bystanders. Socially-influential, student leaders from the diverse groups and cliques on campus are carefully identified and chosen by both the school faculty and their peers. They are trained to use proven nonviolent communication and

intervention skills to prevent, de-escalate and stop mistreatment among their peers.

As a result of having implemented the SSA program, schools report a reduction in violence, mistreatment and tension among students. Schools also report improvements in social-emotional climate, where respect is the norm, students feel welcome, safe, and included, and they can focus on learning.

For more information, please contact Dr. Sally Ember, Outreach Coordinator for Community Matters at 707-823-6159 or visit our website at www.community-matters.org. ■



Taking Wellness Outreach to Another Level

By Donna Sheler, RN, Assistant Coordinator, Woodson, Adolescent Wellness Center

The DC Department of Health's Woodson Adolescent Wellness Center has been proactive in addressing health issues with teens in their school community. With the recent formation of their Teen Health Leadership Council (THLC), the Center has had much success in reaching out to youth. The THLC has covered topics such as nutrition, HIV/AIDS, and STD awareness. When addressing alcohol abuse the Council, in partnership with Woodson Students Against Destructive Decisions (SADD) Chapter, held an alcohol prevention fair. The theme "Don't Depend on the Luck of the Irish" (centering around St. Patrick's Day) was well received by the student body. Students participated in Alcohol Prevention Bingo, Test UR Knowledge, and the Fatal Vision game. The Chapter received a first place award and recognition for its creative efforts through the Washington Regional Alcohol Program.

In April, the Council held STD Awareness Day in which stations were set up for Guess the STD,

STD Roulette, Condom Scramble, HIV Testing Demo Station, and the Abstinence Stop. Both the alcohol prevention fair and the STD Awareness Day reached a school-wide audience of approximately 400 students. While the Wellness Center has been reaching out to youth through school-wide events and individual classroom sessions, this marks a new era of appointing the youth they serve as partners in prevention. ■



NEWS IN THE FIELD

REPORT CARD: Report Card Offers Policy and Program Solutions to Child Homelessness

America's Youngest Outcasts: State Report on Child Homelessness provides a snapshot of child homelessness in America today. The report card, published by the National Center on Family Homelessness, describes homeless children (from birth to age 18) who are accompanied by one or more parent(s) or caregivers. Brief reports on each state include the state's overall rank and information about four domains that comprise the score: the extent of child homelessness; child well-being; structural risk factors; and policy and planning efforts. Selected sub-domains also received individual scores and ranks, which contributed to the overall score.

An executive summary, the full report, state rankings, and state-by-state report cards are available at: <http://www.homelesschildrenamerica.org/about.php>.

DOCUMENT: Using ARRA Funds to Drive School Reform and Improvement

This document includes a guide to framing questions for decision-making and examples of potential uses of funds to improve educational outcomes from early learning through high school. It is intended to spark ideas about how school districts and schools might use ARRA funds – particularly those available under the State Fiscal Stabilization Fund, Title I, and IDEA, Part B programs. While many districts may need to use a portion of their ARRA funds to save jobs, every district and school should be considering how to use these funds to improve student outcomes over the next two years and to advance reforms that will have a long-term impact.

This document is available at <http://www.ed.gov/policy/gen/leg/recovery/guidance/uses.doc>.

PUBLICATION: New Publication on *School Connectedness* from CDC's Division of Adolescent and School Health (DASH)

School Connectedness refers to the belief by students that the adults and peers at their school care about their learning and about them as individuals. Research indicates that students who feel connected to their school are more likely to engage in healthy behaviors and succeed academically. To help schools enhance this important protective factor, CDC scientists have created a guide that synthesizes available research on school connectedness and outlines strategies for fostering it. *School Connectedness: Strategies for Increasing Protective Factors Among Youth* identifies six evidence-based strategies that teachers, administrators, school staff, and parents can implement to increase the extent to which students feel connected to school.

This strategies document is available for free download at:
<http://www.cdc.gov/healthyyouth/AdolescentHealth/connectedness.htm>.

GUIDE: Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers

Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers covers the latest information and tools for health care providers to take a sexual history with adolescent and adult patients, improve delivery of chlamydia screening to patients, make chlamydia screening and care a routine part of a medical practice, and provide confidential care to adolescents.

Why Screen for Chlamydia? was developed by the Partnership for Prevention with the assistance of members of the National Chlamydia Coalition, whose members are working together to increase chlamydia screening rates.

The 12-page booklet can be downloaded for free or purchased at www.prevent.org/NCC.

BRIEF: Summarizes Social Marketing Strategies to Promote Adolescents' Health Care Use

Recommended Adolescent Health Care Utilization: How Social Marketing Can Help examines the use of commercial marketing strategies to promote adolescents' use of health care services. The issue brief, produced by the National Institute for Health Care Management, summarizes the basic elements or stages of social marketing and discusses the application of social marketing theory and techniques to health care. Topics include audience segmentation, messages tailored to individuals, branding and social modeling, and evidence about the efficacy of social marketing to change health behaviors.

The brief is available at <http://www.nihcm.org/pdf/NIHCM-SocialMarketing-FINAL.pdf>.

FACT SHEET: Improving the Health Care System for Mothers and Children

Making Maternal and Child Health a Priority looks at state policy choices that promote access to quality health care for mothers and children. The fact sheet, produced by the National Center for Children in Poverty, summarizes the research about early childhood health and maternal health. The summary is followed by a discussion of the current landscape, including the percentage of young children from families with low incomes who are without health insurance. The fact sheet concludes with information on what states can do to address the barriers children and parents face in accessing health care.

The fact sheet is available at http://www.nccp.org/publications/pdf/text_860.pdf.

GUIDE: MCH Library Releases New Edition of Knowledge Path About Autism Spectrum Disorders

Autism Spectrum Disorders: Knowledge Path is an electronic guide to resources about screening for autism spectrum disorders, diagnosis, treatment and intervention, communication, education, vocational challenges, and impact on family life. The new edition of the Knowledge Path, produced by the Maternal Child Health Library, contains information on websites, publications, distance learning resources, databases, and social media. The Knowledge Path is intended for use by health professionals, educators, researchers, policymakers, and families and will be updated periodically.

The knowledge path is available at http://mchlibrary.info/KnowledgePathskp_autism.html.

BRIEF: MCH Library Releases Online Resource Brief About Adolescent Health

Adolescent Health: Resource Brief is an electronic guide to recent resources on websites and other related resources for health professionals and families. The brief, produced by the MCH Library, contains links to related bibliographies, knowledge paths, organizations lists, and other resource briefs developed by the library. Selected topics include adolescent pregnancy and parents, adolescent pregnancy prevention, health insurance and access to care for children and adolescents, school health, sexuality education, and social and emotional development in children and adolescents.

The brief is available at <http://www.mchlibrary.info/guides/adolescent.html>.

REPORT: Provides Policy Recommendations to Help Young Families

A Policy Platform to Promote Health and Success Among Young Families identifies challenges that young families face today and the federal programs that are currently, or could be, responsive to those challenges. The report, produced by the Healthy Teen Network, constitutes a set of federal policy recommendations aimed at establishing or reforming programs and systems that influence whether young families may achieve health and success after an adolescent birth.

The report is available at <http://healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B41458658-81E5-4F66-AB03-827353A1DE32%7D.PDF>.

BRIEFS: New Series Examines Program and Financing Changes Following the Reauthorization and Expansion of the Children's Health Insurance Program

CHIP TIPS is a series of briefs that examines opportunities for covering children under Medicaid and the Children's Health Insurance Program (CHIP). The series, jointly produced by the Kaiser Commission on Medicaid and the Uninsured and the Center for Children and Families at the Georgetown University Health Policy Institute, explores a range of topics relevant to provisions in the Children's Health Insurance Program Reauthorization Act of 2009.

The series is available at <http://www.kff.org/medicaid/kcmu040609pkg.cfm>.

BRIEFING: Reports on Using Data to Support Improvements in the Delivery of Child Development Services

Findings from *Measurement to Support Effective Identification of Children at Risk for Developmental Delay* examine the experiences of 19 states, the District of Columbia, and Puerto Rico in collecting and using data to improve pediatric primary care health professionals' identification of children with or at risk for developmental delay. This State Health Policy Briefing, produced by the National Academy for State Health Policy, is the third in a series that summarizes findings from the Assuring Better Child Health and Development (ABCD) Screening Academy members in developing and testing models for improving the delivery of developmental services.

The briefing is available at http://www.nashp.org/files/screening_academy_results.pdf.

RECOMMENDATION: Task Force Updates Recommendations on Screening for Depression

Screening and Treatment for Major Depressive Disorder in Children and Adolescents: Recommendation Statement updates the 2002 U.S. Preventive Services Task Force (USPSTF) recommendation on screening for depression. The recommendation, published by the Agency for Healthcare Research and Quality, now recommends screening of adolescents (ages 12-18) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (e.g., cognitive-behavioral, interpersonal), and follow-up. Contents include the rationale, clinical considerations, and research needs and gaps.

The recommendation statement is available at <http://www.ahrq.gov/clinic/uspstf09/depression/chdeprss.htm>.

REPORT: Economic Impact of Achievement Gap in American's Schools

The Economic Impact of the Achievement Gap in America's Schools from international consulting firm McKinsey & Company, quantifies the cost of the achievement gap both within the United States and in terms of competition with other high-performing nations. Among other things, the report calculates that closing the educational achievement gap between white U.S. students and their African-American and Latino peers could increase annual GDP by as much as \$525 billion, or about 4 percent. The report also found that closing the gap between the U.S. and countries such as South Korea and Finland could boost annual GDP by as much as \$2.3 trillion, or 16 percent.

The report is available at http://www.mckinsey.com/clientservice/socialsector/achievement_gap_report.pdf.

BRIEF: Explores Ways to Use Economic Recovery Act Funds to Reduce Childhood Obesity

Supporting Healthy Communities Through the American Recovery and Reinvestment Act of 2009 outlines specific ways that state and local policymakers can use new funding from the economic recovery act to create safe places for physical activity and improve access to healthy foods in communities. The policy brief, produced by Leadership for Healthy Communities, is especially targeted toward decision-makers serving vulnerable communities, including low-income, rural, and racial and ethnic minority populations. The brief presents recommendations supported by research and provides examples of how similar funds have been used to achieve healthy eating and active living objectives.

The report is available at

http://www.leadershipforhealthycommunities.org/images/stories/lhc_policybrief_econ_4.6.09_final.pdf.

REPORT: Closing the Graduation Gap

Prepared for the America's Promise Alliance by the Editorial Projects in Education Research Center, *Cities in Crisis 2009: Closing the Graduation Gap*, a follow-up to the original *Cities in Crisis* report released in April 2008, calculates that only 53 percent of young people in the nation's largest cities are graduating from high school on time, compared with 71 percent nationally. The report also found that the median income for high school dropouts in the largest U.S. cities is \$14,000, compared with \$24,000 for high school graduates and \$48,000 for college graduates. Nationally, high school dropouts are the only group of workers who saw their income levels decline over the last thirty years.

This report is available at <http://www.americaspromise.org/Our-Work/Dropout-Prevention/Cities-in-Crisis.aspx>.

JOURNAL SUPPLEMENT: Examines Measures of the Food and Physical Activity Environments

The supplement to the April 2009 issue of the *American Journal of Preventive Medicine* reports on research in food and physical activity measurement. The papers in the supplement focus on the proceedings of a workshop held in November 2007 which was organized by the National Cancer Institute and several other partners. The purpose was to review the state of the science on measures of food and physical environments, synthesize emerging developments in measuring these environments, define gaps in existing knowledge, and shape the future research agenda. All the papers discuss particular challenges associated with their topic area and offer recommendations.

The supplement is available at [http://www.ajpm-online.net/issues/contents?issue_key=S0749-3797\(09\)X0003-6](http://www.ajpm-online.net/issues/contents?issue_key=S0749-3797(09)X0003-6).

BROCHURES: HPV Resources for Native American Women

CDC's HPV brochures for American Indian (AI) and Alaska Native (AN) women are now available online and in print (free ordering).

You can access them from the *Common Infections Common Reality* brochures page at www.cdc.gov/std/hpv/common or from the 'feature' sections on the HPV page (www.cdc.gov/std/hpv) and STD home page (www.cdc.gov/std/).

American Journal of Public Health
Call for Manuscripts
School-Based Health Care

The *American Journal of Public Health (AJPH)* intends to publish a theme issue in the **Fall of 2010** featuring current research, practice, and policy essay submissions contributing to the advancement of school-based health care policy and practice. This issue of *AJPH* is intended to help build the evidence that can inform health programming and policy. Key topics to be addressed include but are not limited to: meaningful engagement of youth, parents, and other community stakeholders for policy advocacy at the local, state and federal levels; employing strategic communications to reach target audiences for policy change; organizational development for policy advocacy; engaging multicultural communities including Native Americans; engaging other strategic partners particularly the educational community; building a sustainable resource base; the state, role and future of school-based health care; applying a multicultural lens to policy advocacy; using evaluation to inform decision making; and other interdisciplinary or practitioner-based articles adding to the advancement of school-based health care and its sustainability.

Empirical studies, as well as essays that address these issues and provide innovative insights into the influence of economic, political, and social factors on the status of school-based health care and the populations they serve will be considered.

Guidelines for all types of manuscripts may be found at <http://www.ajph.org/misc/ifora.pdf>.

Please submit a brief abstract with your intent to offer a manuscript including its categorization (research, practice or policy essay) to ajph@wkkf.org by July 15, 2009.

Final manuscripts are due to <http://submit.ajph.org> by October 30, 2009. All manuscripts will undergo the standard peer review process by the *AJPH* editors and peer referees as defined by the *AJPH* policy.

May 11, 2009

Illinois School Health Center Advocacy Day

By Megan Erskine

“When we say school-based, you say health centers! School-based – health centers! School-based – health centers, school-based – health centers!”

Over 375 SBHC advocates from 20 Illinois schools, joined together for the Student Health Rally during the Illinois Coalition for School Health Centers’ (ICSHC) Advocacy Day, taking place on April 1, 2009. Along with ICSHC members and Youth Advisory Council (YAC) speakers, seven legislators spoke in support of SBHCs during the rally. Students came all the way from the southern-most part of the state to the northern-most part to ask legislators to include \$3 million for SBHCs in a state capital budget plan. Over the course of the day, school health advocates were able to communicate the importance of SBHCs to 55 legislators.

Beyond being the most attended and most geographically diverse, the 2009 Illinois School Health Center Advocacy Day was also the most student-led. The ICSHC YAC helped plan the agenda and training for the day and also helped promote it at their respective schools. YAC, consisting of nine students from six different Chicago-area schools, led the Advocacy Day training, and helped facilitate the Student Health Rally.

The ICSHC is still working to include SBHC funding in a state capital budget plan and YAC members continue to be

involved in that process. The Illinois General Assembly will vote on a capital plan this month. Recently, the ICSHC YAC won first-place for their work in organizing and leading School Health Center Advocacy Day at a Chicago-wide Civics Fair that showcased 48 school projects. ■



Putting Prevention into Practice: Successful Strategies for Keeping Students Safe and Healthy

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- School nurses and social workers
- Oral health providers
- Community based organizations
- Policymakers, funders, and advocates

For sponsor or exhibitor information, contact: info@ctschoolhealth.org

Health Affairs, *Stimulating Health IT*, March/April 2009 - Volume 28, Number 2

The March/April 2009 issue of Health Affairs examines the impact of information technology (IT) on health care and the challenges of implementation and adoption. The issue was produced with support from the Markle Foundation, the California HealthCare Foundation, and the federal Agency for Healthcare Research and Quality. Two of the articles in the supplement document Kaiser Permanente's electronic health record (EHR) system and model of online health care. Other articles in the supplement address EHR's impact on patient safety; state-backed efforts to implement health IT among independent physician practices; the use of social media tools in health care; the potential of personal health records (PHRs) to promote better self-management for chronic conditions and how health insurers are developing and promoting PHRs; e-prescribing and computerized physician order entry; privacy; health IT systems; and state health information exchange.

The issue is available at: <http://content.healthaffairs.org/content/vol28/issue2>.

Barry CL, Brescoll VL, Brownell KD, et al. 2009. Obesity metaphors: How beliefs about the causes of obesity affect support for public policy. *The Milbank Quarterly* 87(1):7-47.

The study described in this article applied a general theory of metaphor-based reasoning to the policy concern: the "obesity epidemic" in America. The authors posit that people think about the causes of obesity using metaphors. They examine whether individuals' beliefs about the causes of obesity have affected their support for specific policies aimed at stemming obesity rates.

The abstract is available at: <http://www.milbank.org/quarterly/8701feat.html>.

Bauer KW, Larson NI, Nelson MC, et al. 2009. Fast food intake among adolescents: Secular and longitudinal trends from 1999 to 2004. *Preventive Medicine* 48(3):284-287.

The study described in this article used data from Project EAT (Eating Among Teens), a 5-year longitudinal study of two cohorts of adolescents, to examine simultaneously (1) the time-dependent change in fast food consumption among middle adolescents between 1999 and 2004 and (2) longitudinal trends in fast food intake among adolescents as they move from early to middle adolescence and from middle to late adolescence.

The authors found that overall, middle adolescent females' weekly fast food intake increased .4 times per week and no change in males' overall weekly fast food intake was observed.

The abstract is available at: [http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WPG-4VB01PX-2&_user=655954&_coverDate=03%2F31%2F2009&_rdoc=17&_fmt=high&_orig=browse&_srch=doc-info\(%23toc%236990%232009%23999519996%23968059%23FLA%23display%23Volume\)&_cdi=6990&_sort=d&_docanchor=&_ct=21&_acct=C000035538&_version=1&_urlVersion=0&_userid=655954&md5=7ca5c7e2acdd23c99dfe03d7affab521](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WPG-4VB01PX-2&_user=655954&_coverDate=03%2F31%2F2009&_rdoc=17&_fmt=high&_orig=browse&_srch=doc-info(%23toc%236990%232009%23999519996%23968059%23FLA%23display%23Volume)&_cdi=6990&_sort=d&_docanchor=&_ct=21&_acct=C000035538&_version=1&_urlVersion=0&_userid=655954&md5=7ca5c7e2acdd23c99dfe03d7affab521).

Declercq E, Labbok MH, Sakala C, et al. In press. Hospital practices and women's likelihood of fulfilling their intention to exclusively breastfeed. *American Journal of Public Health* [published online ahead of print on March 19, 2009].

The goal of the study described in this article was to provide clinical and hospital administrative decision-makers with the information they need to institute policies and practices that enhance a woman's ability to achieve her intended duration of breastfeeding. The authors examined the results of a national survey that asked mothers about their feeding intentions as the end of their pregnancies approached and their actual feeding patterns 1 week after the birth. The authors also asked mothers to report on their experiences with hospital practices known to influence breastfeeding success.

The authors concluded that "practices [that inhibit breastfeeding] must be changed at the hospital and professional levels to ensure that the hospital experience more consistently contributes to the health and welfare of mothers and babies."

The abstract is available at: <http://www.ajph.org/cgi/content/abstract/AJPH.2008.135236v1>.

Iannotti RJ, Kogan MD, Janssen I, et al. 2009. Patterns of adolescent physical activity, screen-based media use, and positive and negative health indicators in the U.S. and Canada. *Journal of Adolescent Health* 44(5):493-499.

The article describes a study to examine the independent relationships of physical activity (PA) and screen-based media (SBM) with positive and negative health indicators in adolescents.

"These patterns provide a strong argument for the promotion of PA and the reduction of SBM in adolescents," conclude the authors.

The abstract is available at: [http://www.jahonline.org/article/S1054-139X\(08\)00585-5/abstract](http://www.jahonline.org/article/S1054-139X(08)00585-5/abstract).

Oshiro BT, Henry E, Wilson J, et al. 2009. Decreasing elective deliveries before 39 weeks of gestation in an integrated health care system. *Obstetrics and Gynecology* 113(4):804-811.

Induction of labor in the United States as a proportion of all births rose from 9 percent in 1989 to 21 percent in 2002, with a sharper increase in elective than in medically indicated inductions. It is known that perinatal morbidity is higher in infants delivered before 39 weeks of gestation, with cesarean delivery being an independent risk factor for increased respiratory morbidity at term. Although the American College of Obstetricians and Gynecologists has stated that elective delivery should not be performed before 39 weeks of gestation to minimize prematurity-related neonatal complications, the authors found that in their health care system, a significant number of deliveries were being performed before 39 weeks. In this article, the authors report on a program that has produced a sustained decrease in early term elective deliveries in this health care system.

The authors conclude that “early elective delivery seems to be a problem nationwide. Indeed, the National Quality Forum and the Institute for Healthcare Improvement have recently taken up prevention of elective deliveries before 39 weeks of gestation as a measure of quality. We hope this article will stimulate initiatives in other hospitals and institutions as well.”

The abstract is available at: <http://www.ncbi.nlm.nih.gov/pubmed/19305323>.

Singh GK, Kogan MD, Yu SM. 2009. Disparities in obesity and overweight prevalence among US immigrant children and adolescents by generational status. *Journal of Community Health* [published online ahead of print on March 31, 2009].

The purpose of the study described in this article was (1) to estimate the prevalence of obesity and overweight among immigrant-born U.S. children and adolescents from birth through age 17 after adjusting for age, gender, race/ethnicity, socioeconomic status, place of residence, neighborhood safety, television viewing, computer use, and physical activity using a large, nationally representative sample and (2) to examine the extent to which immigrant obesity and overweight patterns in immigrants vary by ethnicity and level of acculturation.

The authors conclude that “to reduce disparities in childhood obesity, prevention programs need to target at-risk children of both immigrant and U.S.-born parents.”

The abstract is available at: <http://www.springerlink.com/content/v734047648873288/?p=b38df8fc6d5548dc87135215b1b11ef8&pi=7>.

Songer T, Stephens-Stidham S, Peek-Asa C, et al. 2009. Core competencies for injury and violence prevention. *American Journal of Public Health* 99(41):600-606.

Injury and violence remain significant public health issues. Current efforts to reduce the burden of injury and violence are often viewed as inadequate. One factor underlying this observation is the now well-recognized lack of infrastructure for injury and violence prevention in public health practice. The State and Territorial Injury Prevention Directors Association and the Society for Advancement of Violence and Injury Research have been leading an initiative to address this shortcoming. The primary objective of this collaboration has been to identify, develop, and promote a common understanding of the essential skills and knowledge necessary for individuals to excel as violence- and injury-prevention professionals in public health. In this article, the authors report on the competency set identified to meet this objective.

The authors conclude that “the primary purpose of the competencies and their measurable objectives is to provide the public health professional with a standard set of skills for practice in injury- or violence-prevention efforts. This competency set will begin the process of development and implementation of a systematic training effort in the field and, ultimately, the enhancement of the infrastructure necessary to practice injury prevention effectively.”

The abstract is available at: <http://www.ajph.org/cgi/content/abstract/99/4/600?ck=nck>.

Zuckerman KE, Boudreau AA, Lipstein EA, et al. 2009. Household language, parent developmental concerns, and child risk for developmental disorder. *Academic Pediatrics* 9(2):97-105.

Pediatric health professionals monitor child development and behavior through developmental and behavioral (DB) surveillance, which involves observation of a child and elicitation of concerns from parents and other caregivers. Language differences may affect whether health professionals ask about parental concerns and thus whether DB surveillance is performed in the primary care setting. The article presents findings from a study to assess whether language differences are associated with variation in (1) provider elicitation of parent DB concerns during health visits and (2) child risk for DB disorders.

“This study is important because it shows that language and ethnic differences may be one of the reasons that pediatric providers perform developmental and behavioral assessment at variable rates, and that language differences may correlate with differential child risk on standard developmental screening instruments,” conclude the authors.

The abstract is available at: [http://www.academicpedsjnl.net/article/S1876-2859\(08\)00310-0/abstract](http://www.academicpedsjnl.net/article/S1876-2859(08)00310-0/abstract).

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OUR VISION

All children and adolescents are healthy and achieving at their fullest potential.

OUR MISSION

NASBHC's mission is to improve the health status of children and youth by advancing and advocating for school-based health care.

OUR VALUES

- Children and adolescents need high quality, accessible, culturally competent, comprehensive health care.
- The school setting is a sensible and appropriate place to deliver health care because that is where the students are.
- Ideally, the full scope of services is provided directly in a SBHC; alternative models may be dictated by resources and the needs of the community.
- SBHCs reduce health inequities and improve health outcomes for underserved youth.
- SBHCs should be fairly reimbursed for the high-quality health services they provide.

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