Carolyn Orr [1]

In the rural southern Indiana school district that Rep. Terry Goodin not only represents in the state Capitol but also leads as its superintendent, there is no pharmacy or hospital. The district, too, has no full-time school nurse.

“We have a lot of students without access to a local doctor or health care,” he adds, “and sick children can’t learn.”

But because of last year’s passage of HB 1263 [2], a new model of delivering care to young people has been opened — school-based clinics that connect students with a health provider via telecommunication technologies. Along with establishing new standards for telemedicine, that 2016 state law allows prescriptions to be dispensed remotely and for physician-patient relationships to be established without an in-office visit.

For many students in Goodin’s school district (the majority of them qualify for reduced-price or free lunches), the opening of an on-site health care facility was not simply a matter of convenience. It has been the difference between having medical care or none at all.

Today, his local school district partners with the Marian University College of Osteopathic Medicine, whose fourth-year medical students serve as school nurses in the on-site school clinic — all day, every day. The district also partners with the only doctor in a nearby community to provide telehealth services at the school-based clinic, which is equipped with a laptop and digital cameras, along with medical devices such as a stethoscope, otoscope and dermascope that plug into the computer.

Students can visit the clinic for a quick diagnosis. If the medical student/school nurse determines that the student needs to see a doctor, a virtual telehealth visit is set up. Parents are contacted, too, to see if they want to join in. Under the doctor’s orders, the medical student/school nurse uses a web-connected camera to examine the young person’s eyes, ears, throat and skin. A special stethoscope is used to hear heart and lung sounds.

The doctor determines if the student can stay at school, should go home or needs to set up an additional appointment with the doctor. If a student needs medication, the physician can call in a prescription to the family’s preferred pharmacy.

“The whole goal is to help those kids who really don’t have access to a physician be able to receive that care right at school,” Goodin says.

‘Making the school a resource’

Across the country, the number of School Based Health Care Centers is on the rise, from a total of 1,135 in 1998-99 to 2,315 in 2013-14, according to a census of these facilities done by the nonprofit School-Based Health Alliance [3]. Most of these centers are located on school property, but some are mobile health clinics, rely solely on telehealth, or link services to a school without a physical presence on the property.

Nationwide, most of these school-based centers serve students in suburban and urban areas, but the largest growth is occurring in rural communities such as Crothersville Community Schools, the Indiana district where Goodin serves as superintendent.

The Crothersville clinic is one of a handful of school-based health centers up and running via the Indiana Rural School
Clinic Network. This network is a program of the Indiana Rural Health Association, which works with schools to help secure grant funding and open the school-based clinics. It wants to open five new centers every year between now and 2020.

“It provides another link for parents in rural areas,” Goodin says, “making the school a resource in communities where there may be few resources.”

The academic benefits are significant, too — research has shown that on-site health centers improve school performance and student attendance. The center in Crothersville, as well as in some other schools in Indiana, is unique in part because of the level of involvement by the local district. The school system itself manages the program. In contrast, a vast majority of the nation’s School Based Health Care Centers have some kind of outside sponsor, such as a hospital, a community health center or local health department.

Illinois, Michigan help fund centers

To this point, direct fiscal support from states to these types of school-based health centers has been limited. According to the School-Based Health Alliance, two Midwestern states — Illinois ($1.3 million) and Michigan ($3.5 million) — were among the 16 states nationwide providing general-fund dollars to School Based Health Centers as of 2014. (Indiana's support was coming via a federal block grant.)

The state-funded centers in Michigan are strategically placed in medically underserved communities and provide students with primary and mental health services. According to the Illinois Department of Healthcare and Family Services, its state-funded centers provide routine medical and physical exams, immunizations, testing of and treatment for sexually transmitted diseases, pregnancy testing, gynecological exams, and mental health services or referrals. All students must have parental permission to receive services.