

# ACCESS

## TO COMPREHENSIVE SCHOOL-BASED HEALTH SERVICES FOR CHILDREN AND YOUTH

### Louisiana's School-Based Health Centers Secure \$2.6 Million Annual Appropriation

**W**hen Louisiana Gov. Mike Foster (R) signed into law the state's \$12.1 billion operating budget for the fiscal year that began July 1, proponents of school-based health centers in the state celebrated a major success: a new \$2.65 million line item. School-based health centers had received state funding in previous years — a \$1.6 million line item in 1994 and some “below the line” funding, or funding that is not explicitly stated in the budget, in 1995 — but this new line item, which is authorized annually, is a significant budget increase for the centers.

The line item was one of the most heavily debated subjects of the legislative session, in which school-based health centers faced accusations of violating the state's ban on abortion referrals and distribution of contraceptives.

In the end, an overwhelming majority of lawmakers found those accusations baseless and sent the budget on to Foster with the line item intact. Moreover, the Senate passed a non-binding resolution urging the governor not to veto the line item.

But Foster, who was elected last fall, was concerned about the accusations, and wanted to make sure that the centers were indeed in compliance with the law before approving the funding. Press headlines at the time indicated that Foster was inclined to veto the line item.

Foster's ultimate decision to fund the centers boiled down to two factors, according to Andy Kopplin, special assistant to Foster for policy and planning. First, the centers and their advocates were able to show their commitment to and “vigilance” in following the law. Second, “there were enough community members who were familiar with the work the centers did and who could credibly make the case that they were providing valuable services, that they were following the law, and that if they weren't [following the law], they should be shut down,” said Kopplin.

#### Eight-Year History Wins Governor

Foster, said Kopplin, had to satisfy himself that the centers were doing what they were supposed to be doing. At the same time, the governor felt strongly that the centers were providing sorely needed health care services to school children, many of whom were low-income and underserved, and that



Louisiana Governor M.J. “Mike” Foster, Jr.

“we ought not to be taking health care away from them,” Kopplin said.

In fact, Foster was persuaded by the basic message that the centers have been demonstrating in their communities about the importance of child and adolescent health and the value of the services they provide. The message about these services reached Foster through lawmakers on both sides  
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## Louisiana's Health Centers

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of the political aisle, through lobbyists representing health care and children's advocacy organizations, through religious leaders, local politicians, business leaders, parents, teachers, the news media — in short, just about anyone who was familiar with the centers and the work that they do.

"The coalition for school-based health centers has been building for eight years," said Sylvia Sterne, director of adolescent and school health for the Louisiana Office of Public Health. "People have had a chance to see their benefits." By the time the line item became an issue, "there was so much support that had already built up for the centers, and it became such a visible thing that it had taken on a life of its own," she added.

It's important to stress that the widespread grassroots support that enabled the centers' advocates to overcome their opponents' accusations did not develop overnight in a time of crisis; it was planted on Day One and nurtured diligently over the long haul. It starts, said Sterne, with running a good program that is responsive to local needs and then inviting people from all sectors of the community to see firsthand how the program operates and what it accomplishes.

### Communications Played Key Role

During the past two and a half years, the Louisiana Adolescent School Health Initiative has stepped up its communication efforts as part of its participation in Making the Grade. "We found that our biggest challenge was overcoming misinformation at the local level," said Cheron Brylski, a consultant to the Louisiana Adolescent School Health Initiative. "Nevertheless, as we tried to seek budgetary commitment to the program from the state of Louisiana, we noticed that there was also a lot of misinformation about the program at the state level."

To combat that misinformation, "we sought the help of advisory committee members and some very simple fact sheets that explained what school-based health centers do," Brylski explained. In addition, "we constantly built up our factual base. We did statewide surveys, we documented why students used our school-based health centers, we compiled that information, and we



*Louisiana State Senator Jay Dardenne*

distributed it to the public, the media and the legislators."

The health center managers described their mission to provide essential primary and preventive health services. Reproductive health issues account for less than five percent of total visits to school-based health centers, which refer students who come in for those reasons to appropriate outside medical professionals. Health center managers also pointed to a study that gave Louisiana the lowest national composite score among all 50 states for child and adolescent health. That score took into account health indicators such as low birth weight, infant mortality, deaths among children aged 1-14, teen deaths due to automobile accidents and violence, and births to teenage mothers. In addition, at that time, Louisiana's school drop-out rate was the highest in the country.

Sterne recalled that opposition first became visible two years ago when full-page ads appeared in at least one local newspaper claiming that the health centers would be forced by the federal government to perform abortions, hand out contraceptives, and diminish parents' rights over their children. Sterne's response was simple: she sat down with a piece of paper. On the left side of the paper, she wrote down each "myth" from the ad, and on the right, "I put the fact. I told them the truth about what communities were doing." She made copies and sent them to everyone involved with Louisiana's school-based health centers. "Once we understood what opponents were saying, we were able to respond to them with the truth," Sterne said.

Support for school-based health centers cuts across all geographic areas of the state, all socio-demographic classes, and all political affiliations. "This was a proactive campaign that was enhanced by a strong community base — strong enough to convince the legislators that there was support for this idea," said Leslie Gerwin, another consultant to the Adolescent School Health Initiative. The legislators who believed in the program's merits became its most important champions in the State House. "The legislators themselves were the most important advocates for the line item," observed Brylski. "They were the ones who argued the case for school-based health centers on the floors of both houses, and that's important, because we cannot lobby. In the best grassroots fashion, our local school-based health centers had taken the time to educate these people, and it paid off in a very big way."

State Sen. Jay Dardenne, a Baton Rouge Republican and the governor's floor leader, was one of those advocates. He and other lawmakers encouraged Foster not to veto the line item, although Foster was under considerable pressure from the Christian Coalition to do just the opposite. "In the end," said Dardenne, "I think the governor satisfied himself that the concerns were unfounded, that the programs were meritorious, and that the clinics were serving a valuable health care need in our community."

Dardenne notes that he has had a generally good relationship with the Christian Coalition, which last year gave him a perfect score for his voting record. "But I disagreed with them on this issue," he said, adding that he's been supportive of school-based health centers for some time and has access to firsthand information because of his wife's involvement in the Baton Rouge program's community advisory board. "I felt very comfortable with the good work that they were doing and was also quite satisfied that the concerns of the coalition were not valid," he said.

State Rep. Renee Gill Pratt, a Democrat from New Orleans Parish, gave the governor her input as well, stressing to him the importance of the health centers' work and her certainty that they were not violating the law. Pratt too had firsthand knowledge because of her job as a compliance

monitor for the parish school system. She agreed with Dardenne that the crucial factor for Foster was "knowing that the clinics were truly serving their purpose and weren't giving any information on abortion."

Meanwhile, many of the newspapers in the state published editorials backing the health centers. One paper even supplied readers with contact information for Foster's office. "I don't know of any press that did not support the health centers," reported Sterne. Brylski noted that the program has always maintained an open-door policy with the news media and tries to keep

them informed of new activities or developments, even when that information does not generate news coverage.

Increasing support for the health centers also came from lobbyists for other groups. Among the most active groups, recalled Sterne, were Louisiana's Maternal and Child Health Coalition, the Agenda for Children, and a number of hospitals, including several Catholic institutions.

Foster's office was overwhelmed by phone calls, letters, and faxes from people on both sides of the issue, but the majority, recalled Kopplin, came

from people who backed the health centers.

According to Sterne, the line item will enable the Louisiana Adolescent School Health Initiative to expand its comprehensive school health program, open new health centers, and introduce more services into existing centers. In addition, said Sterne, the Initiative will continue to do what it's been doing all along: providing good services that are wanted and needed by local communities. That, she said, is the key to the program's survival — and its continued growth.

## Leaders Change; Support for SBHCs Remains the Same

In November 1994, the leadership of a number of states with well-established school-based health center programs changed. Of the 10 states with the largest school-based health center funding (see table), only two — Arkansas and Delaware — experienced no turnover in political control in either the governorship or legislature. To date, these changes in leadership have not reduced state support for school-based health centers.

Connecticut and New York, two pioneers in school-based health care, were among those experiencing the most dramatic political changes. In New York, Governor Mario Cuomo (D) was succeeded by George Pataki (R). And in Connecticut, Governor Lowell Weicher (I) was succeeded by John Rowland (R). Despite initial anxieties among school-based health center supporters, both states have maintained their commitments to the centers and extended state support into new areas. Not only has funding survived a period of fiscal belt-tightening, the new state leaders have included the centers as part of their plans for Medicaid managed care, and have launched aggressive programs to strengthen the centers' clinical programs and facilitate their participation in managed care provider networks.

"School-based health centers offer an important opportunity for the state, in partnership with local government and community health care providers, to

assure the availability of services to children in need," said Connecticut Governor John Rowland.

"School-based health centers are a key component in New York's efforts to improve the health of children and families," said Governor George Pataki. "Approximately 150,000 New York children rely on school-based health centers for primary health care needs."

Even without changes in political direction, the election of new leaders or the appointment of a new agency head requires that school-based health center programs make sure that the services of the centers are known and understood. The inevitability of changes in administrations and political party control and the importance of sustaining support through those changes has led Making the Grade state directors to emphasize information-sharing and communications. For example, to foster relationships between centers and



NY Gov. George Pataki

CT Gov. John Rowland

lawmakers, Lynn Noyes, Connecticut director, suggests inviting government officials to visit local centers to tour the facilities and meet parents.

Sylvia Pirani, New York coordinator, said that to be effective, school-based health center programs must reach out to a variety of constituencies and different organizations. "Support for children's services comes from all parts of the political spectrum and support for school-based health centers can be equally broad," she said.

### SBHC Funding Leaders: The Impact of Political Change

State	'94 Funding* (in millions)	'96 Funding* (in millions)	Change in party control** (Governor and/or legislature)
Arkansas	\$1.0	\$1.0	No Change
Connecticut	4.0	3.8	Change
Delaware	1.6	2.9	No Change
Florida	1.4	1.5	Change
Illinois	1.4	1.4	Change
Louisiana	1.1	1.4 (2.6 in '97)	Change
Massachusetts	1.5	2.3	Change
Michigan	2.6	2.9	Change
New York	10.0	10.0	Change
North Carolina	.9	1.0	Change
Texas	2.0	2.0	Change

\*State general funds and/or health block grant dollars. \*\* All elections were in 1994 except Louisiana, which was in 1995.