

# HEALTH IN



By Linda F. Cormier, RN, MS and Cheryl Thomson

It's a pleasure to report that when school nurses in a part of western Massachusetts were asked to identify barriers to healthcare for children, they did not mention health insurance. This was not always the case. Thanks to an innovative collaboration between a community hospital and a regional school district, almost all school children in the three-town area have health insurance. Fewer children are without healthcare, allowing them access to healthcare more freely and minimizing acute and primary care in the local emergency department, which is typically an outcome for the uninsured.

## Introduction

Berkshire Hills Regional Schools (BHRSD) is one of 109 districts that participates in the Massachusetts Department of Public Health Enhanced School Health Services Grant Program. The grants are designed to provide high-quality health services in schools. The aim is to strengthen the administrative infrastructure of the school health program, coordinate health education activities (including tobacco prevention and cessation), link the students with local health providers and health insurance, and computerize the school health office. A school nurse leader was hired to manage school health services on a level beyond that of direct care delivered by the school nurse. The leader was to be a proactive force in addressing some of the larger issues of health care among the student population.

As the school district was addressing the issue of student health insurance coverage, a simultaneous effort, spearheaded by the local healthcare provider, Berkshire Health Systems (BHS), was targeting the unmet medical needs of the community. BHS was in the

process of establishing an Advocacy for Access Program office in the southern Berkshire community at its affiliate community hospital, Fairview Hospital, in Great Barrington.

## Building and Guiding a Program

The Advocacy for Access program grew out of the regional Community Health Network Association (CHNA) and was designed to identify and address gaps in health care access in the region. The office and coordinator, which are funded by various grant sources, including Blue Cross Blue Shield and BHS, have a primary focus to guide people through the Masshealth (Medicaid) application process, educate them about the health care delivery system, and empower them as consumers of health care. Referrals and linkages are made to a variety of community services. Fairview Hospital and its physicians have embraced this program and provide easy access, since the program office is located in the hospital lobby. Over 1,200 persons are seen yearly and are in publicly funded health insurance options.

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The two efforts converged in the spring of 2001, when school nurses of BHRSD were seeking ways to identify and refer uninsured families to health insurance programs. A survey taken the previous year had identified 81 students in the district who had no insurance coverage at all. After looking at various alternatives for reaching parents of uninsured students, the school nurse leader and access program coordinator decided to capitalize on the attention that final report cards would receive from parents. With the school secretaries' assistance, information and promotional materials stating "You Don't Have to Go Without Health Insurance" were enclosed in the report cards. These 4 x 8 inch cards invited those who could not afford health insurance to contact Advocacy for Access to obtain health insurance coverage. In the next 3 months, many families called or walked into the Advocacy for Access office at Fairview Hospital, noting that the insert in the report card had been the link that had brought them there. These families further spread the information through word-of-mouth that user-friendly access to health insurance was available locally.

The BHRSD school nurses traditionally send home 3 x 5 inch emergency cards each summer for updating demographic information and emergency contacts. Additions were made to these cards to include health problems, medications, health insurance status, and a release of information to the primary health care provider. The return rate on the emergency cards is almost 100% in the elementary schools and middle schools; only in the high school is it less. In the fall of 2001, only 46 students reported having no health insurance. The school nurse leader identified sibling clusters, and subsequently the school nurses sent home letters introducing them to Advocacy for Access. A second letter was included from Advocacy for Access, describing how to access this service; Spanish translations of these letters were sent to Spanish-speaking families. This initiative was supported by an aggressive public awareness campaign in the local community, which included posters, local radio programs and school newsletters.

Follow-up meetings continue to take place between the school nurse leader and the Advocacy for Access coordinator as they continue to monitor the status of identified students. The number of uninsured children dropped dramatically, but to almost none. The survey was completed again with emergency cards this past fall.

Efforts were made to improve the return rate in the high school; we are confident that siblings of most uninsured high school students were identified. Other uninsured persons in the community have been identified and referred to Advocacy for Access. These include students who are living with friends and relatives, graduating seniors who are not going to college, and part-time employees of the school district who are not eligible for insurance or cannot afford to enroll.

The benefit of this collaboration has meant a sense of relief for the families, who no longer must hesitate to obtain health care on account of affordability. In fact, in many cases, entire families were found qualified to receive comprehensive illness and wellness care, and such health services as dental care, eye examinations, and regular wellness care are no longer beyond their reach. In addition, the Fairview Hospital emergency department has seen a decrease in unnecessary emergency visits.

The majority of students referred to Advocacy for Access require more than health insurance applications. Important referrals and linkages are made to community resources such as WIC, mental health providers, homeless shelters, fuel assistance programs, women's health services, dental services, the food stamp program, and even private health insurance. Additional health insurance options for Massachusetts residents whose income is too high for Medicaid (Masshealth), including The Insurance Partnership, Citizen's Health, Healthy Start, and the Children's Medical Security Plan, are identified.

## Conclusion

The collaboration between the school nurses and a hospital-based health insurance access program has proven to be an efficient and effective way to provide health insurance to children, making a tremendous impact on their ability to succeed in school. Although specific tactics, participants and implementation measures may be unique to a specific community, collaboration between existing organizations is a powerful strategy to improve the health of school children. 🐾

## ABOUT THE AUTHORS

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