

# 2022 Ohio Rural Health Conference

Leveraging School-Based  
Healthcare to Address Unmet  
Rural Health Needs



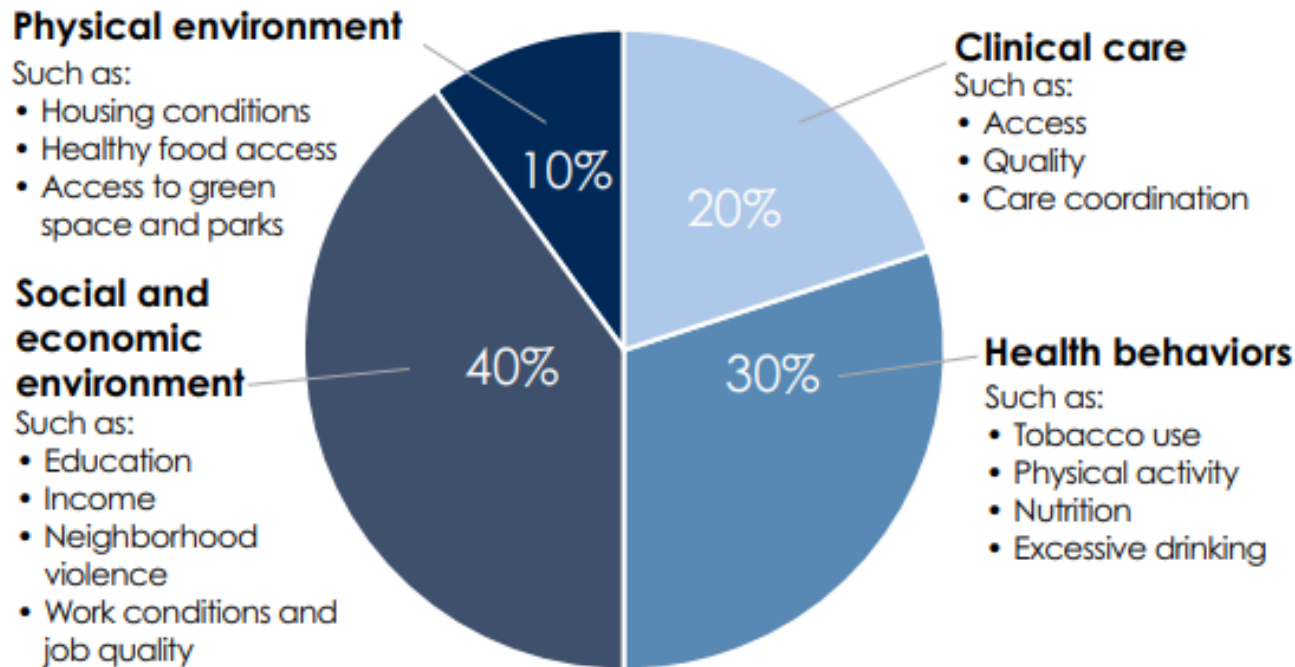
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# Learning Objectives

- Participants will be able to:
  - Understand the alignment between the Social Determinants of Health and Ohio's Whole Child Framework
  - Understand the value of school-based healthcare in addressing nonacademic barriers to learning
  - Identify successful models of school-based healthcare designed to meet the needs in rural communities
  - Identify strategies to engage local partnerships to support school and community-based models of care
  - Describe common misconceptions of school-based healthcare

# Student-Centered Frameworks

# Factors that Influence Health

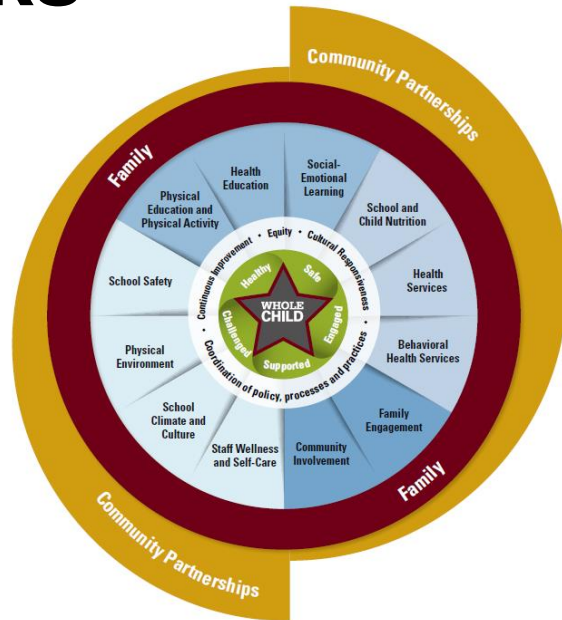


Source: Booske, Bridget C. et. al. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Public Health Institute, 2010.

# Student-Centered Support Frameworks



***Social Determinates of Health***



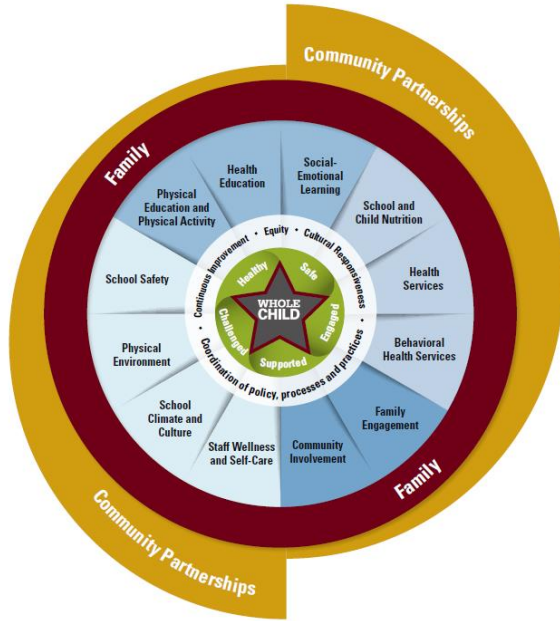
***Ohio's Whole Child Framework***

# Social Determinants of Health



- Non-medical factors that influence health outcomes
- Conditions in the environments where people are born, work, live, play, worship, and age that affect a wide range of health, functioning and quality-of-life outcomes and risks
- Influence health equity

# Ohio's Whole Child Framework



- Whole child approach broadens school and district focus beyond academics
- Includes meeting students' social and emotional, physical and safety needs
- Meeting these needs are foundational to a child's intellectual and social development and necessary for students to fully engage in learning and school



# Collaboration



## Services to Families

Health services; BH services;  
School & Child nutrition

Health Care Access

## Health Care Access

Increase access to comprehensive,  
high-quality health care services

## Healthy Behaviors

Health education; SEL, Physical  
activity

Stability

## Stability

Earn steady incomes that allow  
them to meet their needs

## Engage Others

Community involvement;  
Family engagement.

Social & Community  
Context

## Community

Increase social & community  
support

## Safe & Supportive

School safety; physical  
environment; school climate

Neighborhood

## Built Environment

Create neighborhoods &  
environments that promote health

## Systemic Practices

Coordinate processes, focus on equity  
& commit to continuous improvement

Education Access  
& Quality

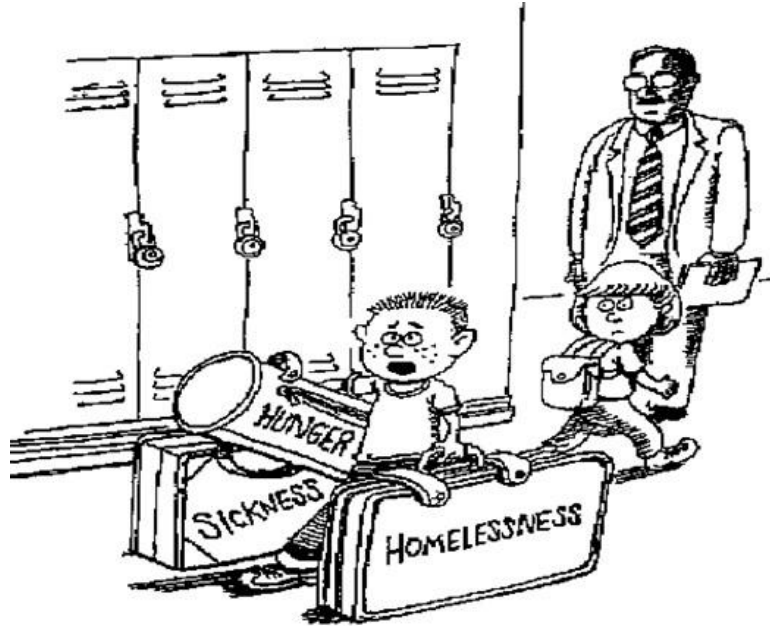
## Schools

Increase educational  
opportunities



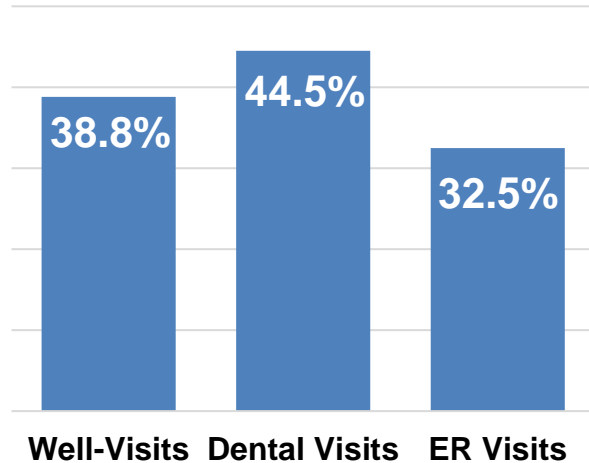
# Value of School Health

***“Could someone help me with these?  
I’m late for math class.”***

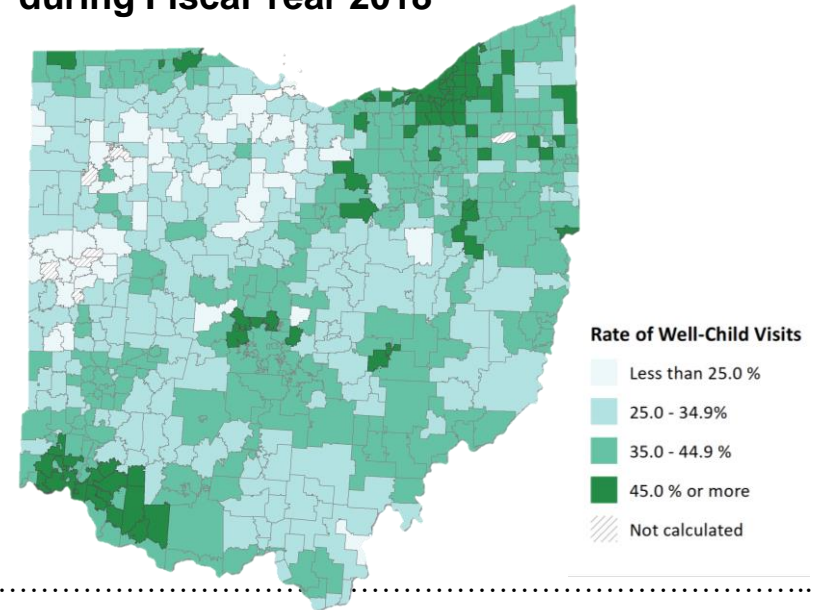


# Why School Health?

**Healthcare Interactions  
among Medicaid-Enrolled  
Students in Ohio (2019-  
2020)**



**Percent of Medicaid-Enrolled Students in  
School Districts with a Well-Child Visit  
during Fiscal Year 2018**



**Source:** Ohio Healthy Students Profiles,  
Ohio Department of Medicaid, Ohio  
Department of Education

# Why School Health?



Only 54% of Ohio's children have an established medical home<sup>1</sup>



Studies show that nearly 50% of the students who do not pass school vision screenings do not receive the needed follow-up care<sup>2</sup>

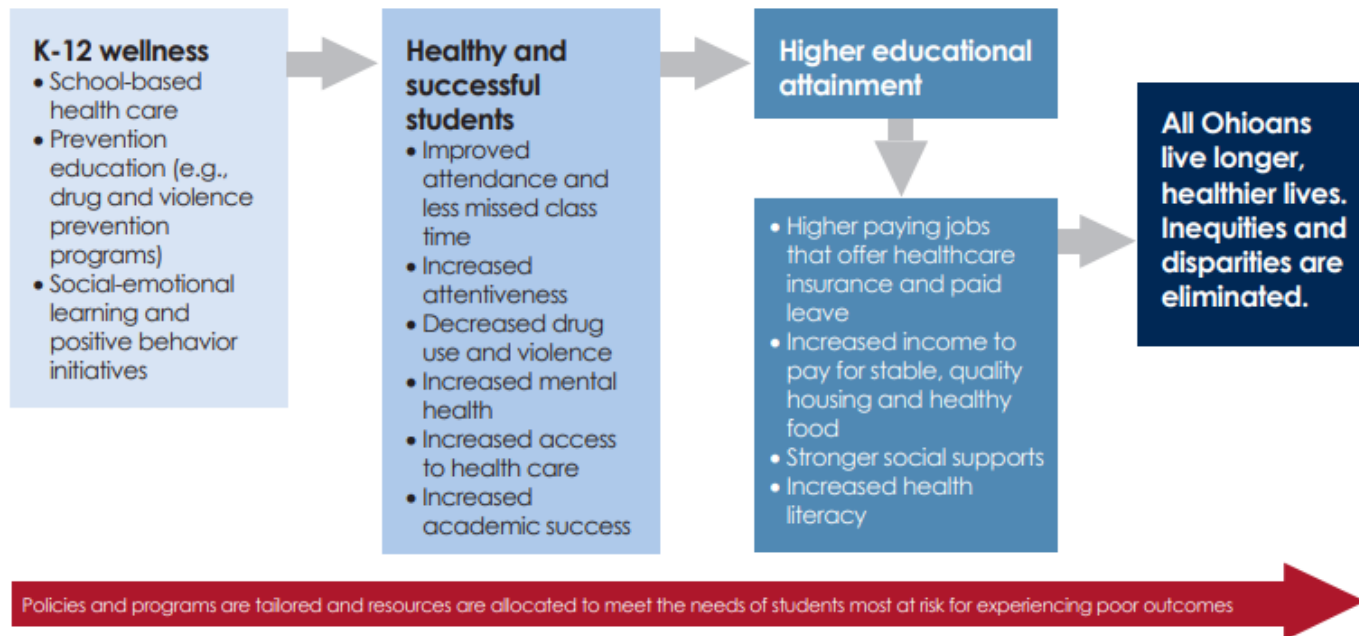
- 1) HPIO; 2021 Health Dashboard
- 2) Ohio Optometric Foundation



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*When your child needs a hospital, everything matters.*

# Why School Health?

What is the relationship between K-12 student wellness and health?



# Why School Health?

- Can be leveraged as a health equity strategy:
  - Provides meaningful access to care for students, caregivers and staff that may otherwise not access care
- Helps meet students' social and emotional, physical and safety needs
- Shows measurable impacts on student health and subsequent academic outcomes



# Why School Health?

## Health

- Improved access to care and insurance coverage
- Improved physical and mental health outcomes
- Reduced hospitalizations
- Community members experience optimal health

## Academic

- Lower rates of absenteeism
- Fewer disciplinary referrals
- Improved grades and test scores
- Improved classroom management
- Improved community perception of school quality or safety

# Successful Models of School Health



# School Health Models



**Fixed Site  
in school**



**Mobile  
Vans /  
Trucks**



**Mobile  
Providers**



**Telehealth**



**Hub &  
Spoke**

# Scope of SBHCs

## Type

- Primary Care
- Dentistry
- Vision
- Chronic Disease Management Programs
- Vaccine Programs
- Mental Health

## Commonalities

- Comprehensive in nature
- Minimize referrals out
- Target those without a medical home
- Medical home + linked to 24/7 care
- Consented care for youth
- Serves students, youth from surrounding community & sometimes adults (e.g., teachers, parents, grandparents)

# Primary Role for Schools

**Provide**

Provide space, tech & utility access



**Partner**

Partner on outreach



**Assist**

Assist with data analysis



**Identify**

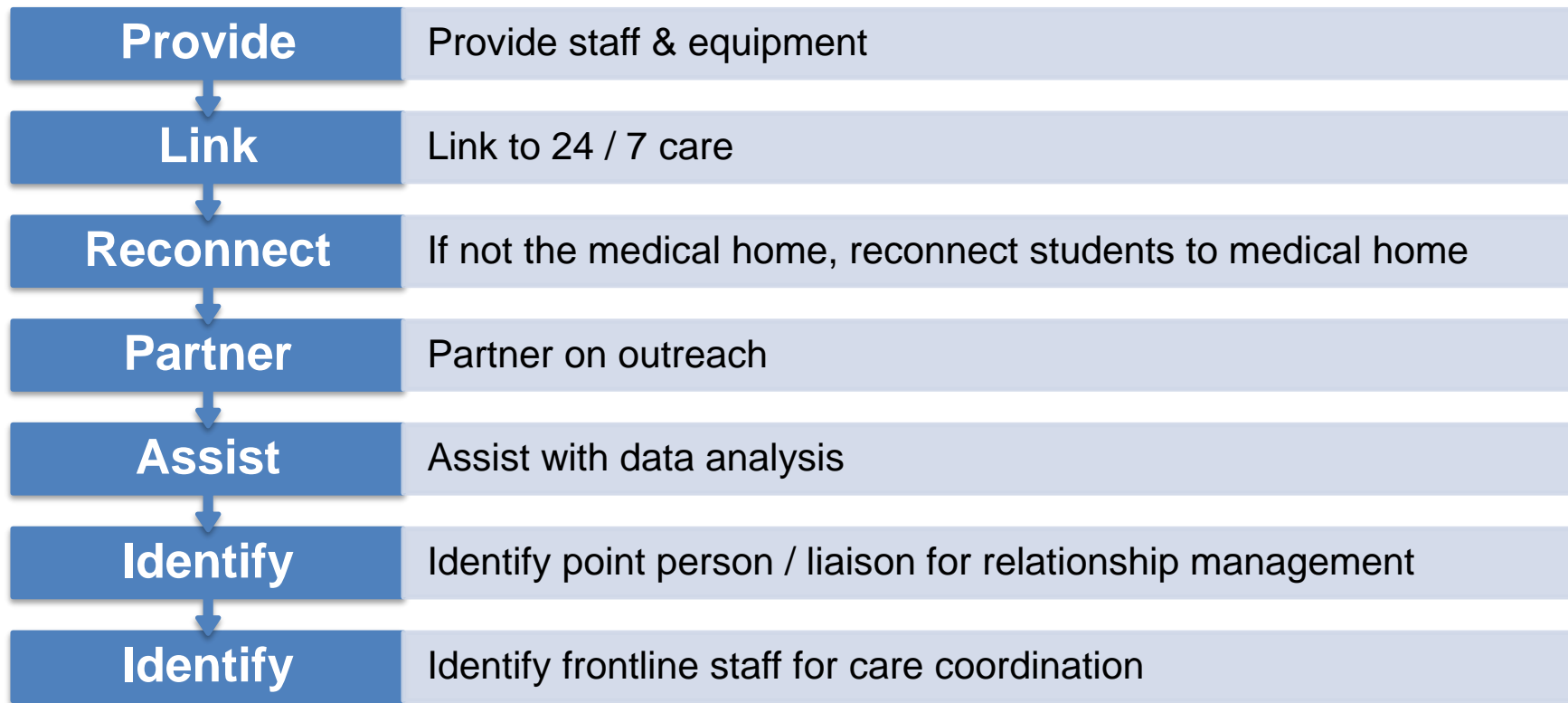
Identify point person / liaison for relationship management



**Identify**

Identify frontline staff for care coordination

# Primary Role for Providers



# NCH Learning Collaborative Process



A WHOLE CHILD APPROACH =  
HEALTHCARE + EDUCATION



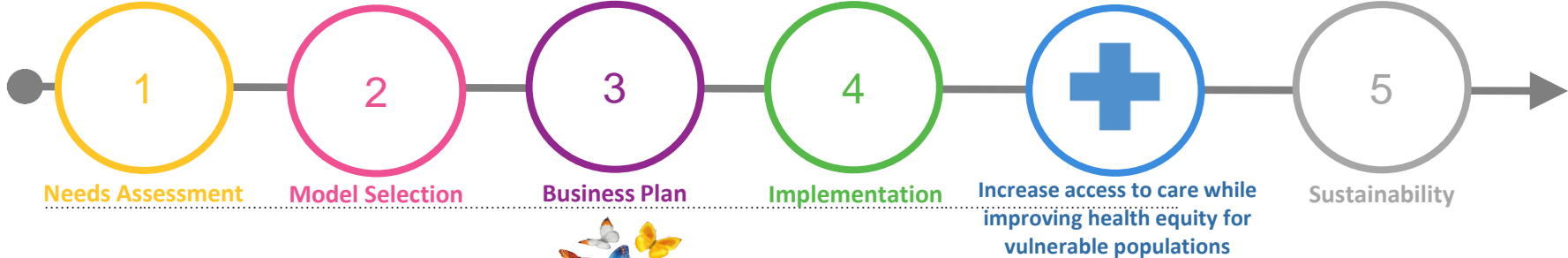
Black students 3 times more likely to be absent than their white peers



1 of every 2 children 7 & older do not have regular well checks



1 in 5 children living with mental illness



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# NCH School Health Professional Development

### School Health Training Academy (2022-2023):

- \$25.9M investment in 14 Healthcare Providers partnering with 29 School Districts
- **Impact:** ~180,000 students

### School Health Learning Collaborative (2020-2022):

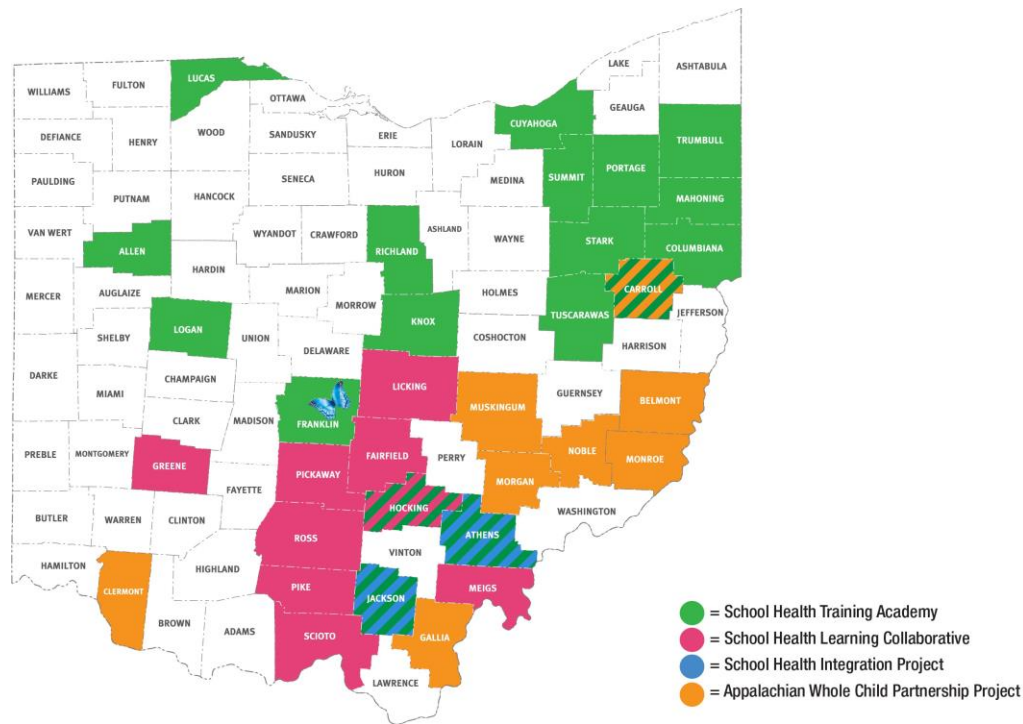
- \$1 Million investment in 7 Primary Care Providers working with 13 School Districts
- **Impact:** 67 school buildings, ~36,000 students

### School Health Quality Improvement Project (2020-2022):

- **Impact:** 7 school buildings, 3,700 students

## Appalachian Whole Child Partnership Project (2019-2021):

- **Impact:** 15 School Districts, 18 Community Partners



# Partnerships for Success



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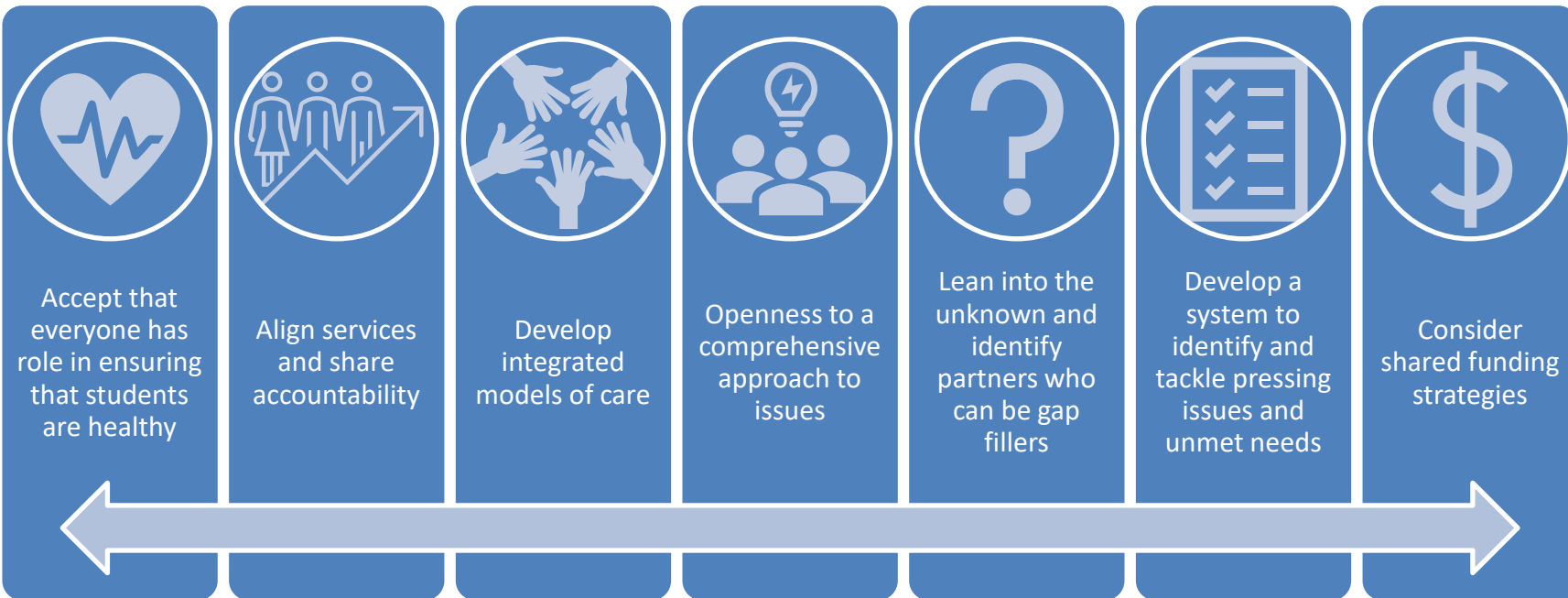
# Collaborative Partnership



- Ohio's youth present with more need than any one person, school or organization can manage
- Must leverage collaborative partnerships to develop well-coordinated, integrated systems of care
- Allow for the sharing of resources, content expertise, data sources and joint planning



# Partnerships that Work



# Partnership for Success

## Nursing in Schools

- Direct Nursing Services
- Triage
- Medication Administration
- Health Care Education
- Emergency Plans
- Training School Staff
- Health Assessments
- School Health Environment
- Health Policies and Programs

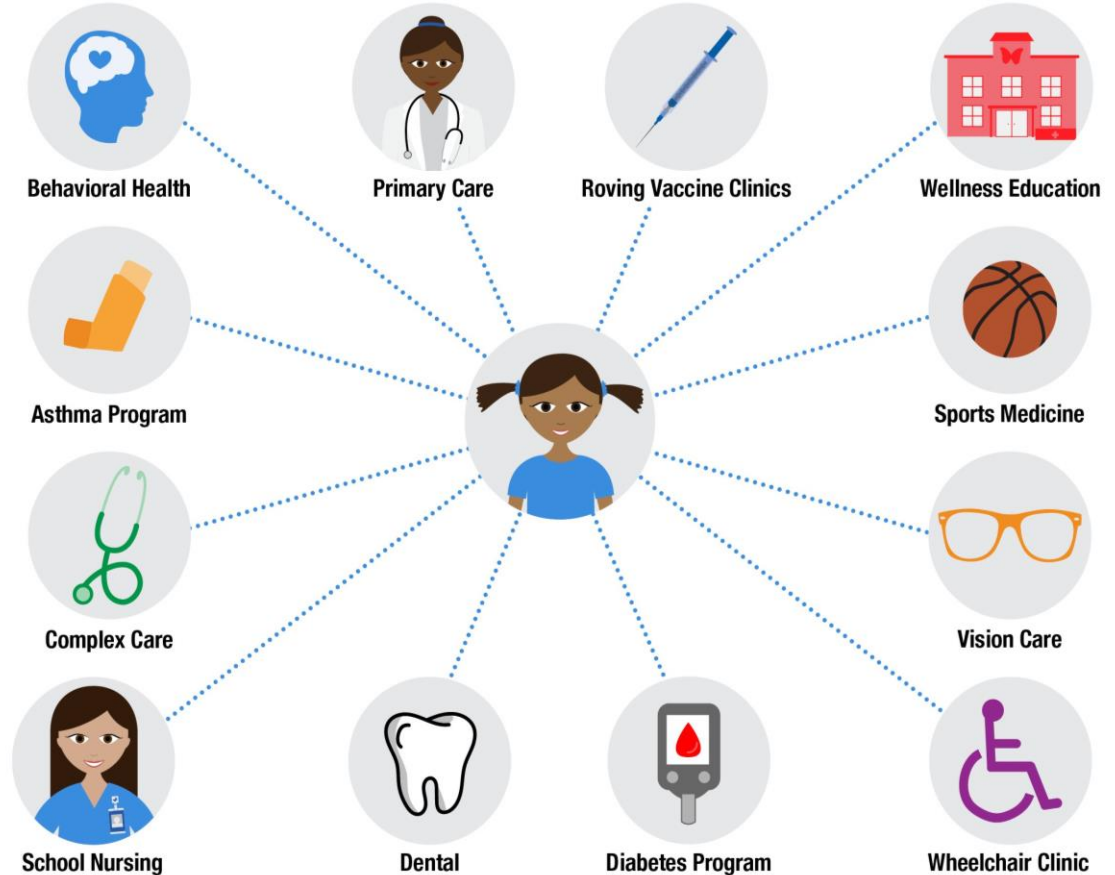


## School-Based Health Center

- Well-Child Care Physicals
- Primary Care Mental Health
- Laboratory Services
- Immunizations
- Teen Health
- Sick Visits
- Work Permits
- Sports Physicals
- Chronic Disease Treatment
- Referrals for Specialty Care

# Whole Child Model

## School Health Services



# Common Misconceptions



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# What School Health is NOT

## *Common Misconceptions*



Newest strategy for healthcare providers to make a lot of money



A way around parental involvement in care



A scheme to eliminate the school nurse



Simply sending a provider to a school with a stethoscope

# Leveraging Momentum



# Funding



- ARPA Funding (state depts, city, county)
  - ESSR Funding
  - Broadband Ohio
  - MCOs
  - Grants
  - Private Funding (NCH, FAO & others)
  - Billing
-

# Support



- SDOH / Whole Child Frameworks
- Technical Assistance (NCH)
- Ohio School-based Health Alliance (meeting Sept 28)
- State Office of Rural Health
- Rural Network
- ODE / ODH SBHC Project
- Broadband Ohio
- MCOs



# Questions?

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# Thank You

