INTERACT FOR HEALTH

The Impact of School-Based Health Centers in Greater Cincinnati

Interact for Health, Growing Well

January 11, 2024

Agenda

- The History of SBHCs in Greater Cincinnati
  - Previous evaluations
  - Lessons learned
- *The Evaluation of the Impact of School-Based Health Centers*
- Impact in Two Local Communities
  - Princeton City Schools
  - Bracken County
- State-Level Work and Advocacy

The Greater Cincinnati region has been a pioneer in school-based health.

- A total of **43 SBHCs** are currently operational in the region.
- Cincinnati Public Schools:
  - **24** health centers
  - **5** healthcare system providers
  - **5** comprehensive dental centers
  - **2** comprehensive vision centers
- Greater Cincinnati had the nation's first comprehensive and sustainable dental and vision centers.
- SBHCs in Greater Cincinnati were among the first to collect quality indicators and report at both the local and national level.

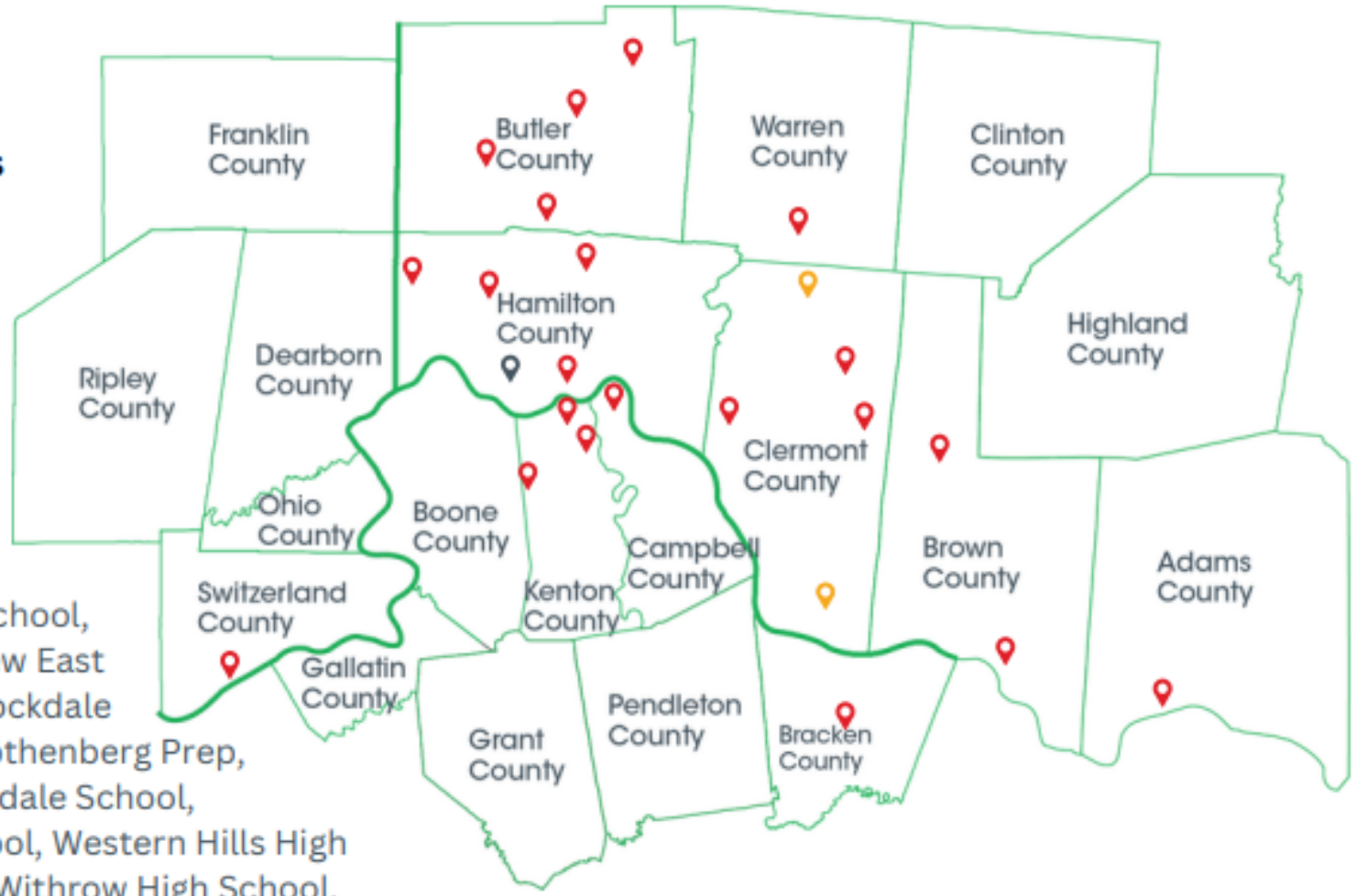
School-Based Health Centers, January 2023

Active SBHCs

Planned SBHCs

Cincinnati Public Schools SBHCs (see below)

Academy of World Languages, Aiken High School, Bond Hill Academy, Dater High School, Ethel M Taylor Academy, Hughes Center, John P Parker School, Levine Family Health Center, Mt Airy Elementary, Mt Washington School, Oyler School, Pleasant Hill Academy, Riverview East Academy, Roberts Academy, Rockdale Academy, Roll Hill Academy, Rothenberg Prep, Sayler Park School, South Avondale School, Taft Elementary, Taft High School, Western Hills High School, Winton Hills Academy, Withrow High School, Woodward Technical.



Over the years, important lessons have been learned in the region and shared broadly.

A Prescription for Success: How School-Based Health Centers Affect Health Status and Healthcare Use and Cost

THE HEALTH FOUNDATION
OF GREATER CINCINNATI

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A Prescription for Success:

How School-Based Health Centers Affect Health Status and Healthcare Use and Cost

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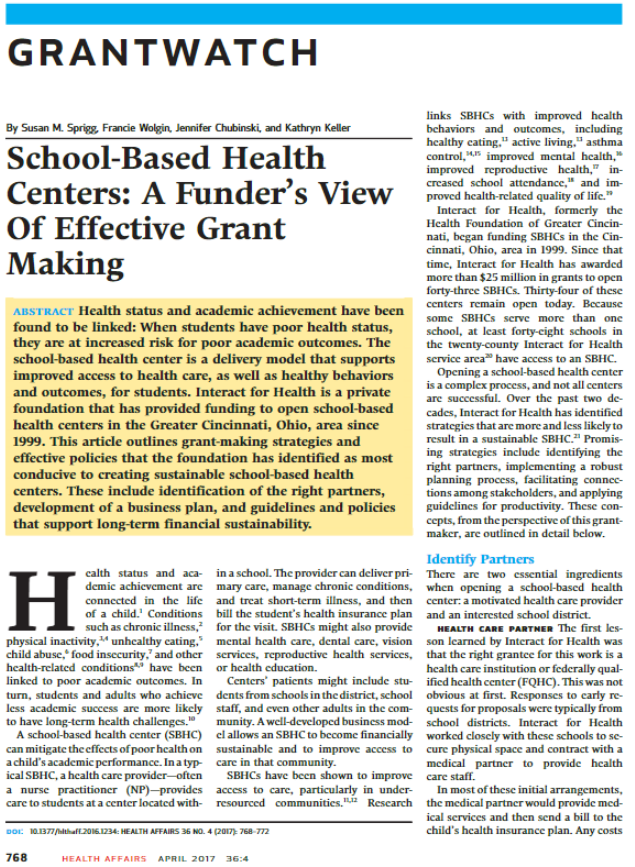
School-Based Health Centers: A Funder's View of Effective Grant Making


GRANTWATCH

By Susan M. Sprigg, Francie Wolgin, Jennifer Chubinski, and Kathryn Keller

School-Based Health Centers: A Funder's View Of Effective Grant Making

ABSTRACT Health status and academic achievement have been found to be linked: When students have poor health status, they are at increased risk for poor academic outcomes. The school-based health center is a delivery model that supports improved access to health care, as well as healthy behaviors and outcomes, for students. Interact for Health is a private foundation that has provided funding to open school-based health centers in the Greater Cincinnati, Ohio, area since 1999. This article outlines grant-making strategies and effective policies that the foundation has identified as most conducive to creating sustainable school-based health centers. These include identification of the right partners, development of a business plan, and guidelines and policies that support long-term financial sustainability.

Health status and academic achievement are connected in the life of a child.[1] Conditions such as chronic illness,[2] physical inactivity,[3,4] unhealthy eating,[5] child abuse,[6] food insecurity,[7] and other health-related conditions[8,9] have been linked to poor academic outcomes. In turn, students and adults who achieve less academic success are more likely to have long-term health challenges.[10]

A school-based health center (SBHC) can mitigate the effects of poor health on a child's academic performance. In a typical SBHC, a health care provider—often a nurse practitioner (NP)—provides care to students at a center located within a school. The provider can deliver primary care, manage chronic conditions, and treat short-term illness, and then bill the student's health insurance plan for the visit. SBHCs might also provide mental health care, dental care, vision services, reproductive health services, or health education.

Centers' patients might include students from schools in the district, school staff, and even other adults in the community. A well-developed business model allows an SBHC to become financially sustainable and to improve access to care in that community.

SBHCs have been shown to improve access to care, particularly in under-resourced communities.[11,12] Research links SBHCs with improved health behaviors and outcomes, including healthy eating,[13] active living,[13] asthma control,[14,15] improved mental health,[16] improved reproductive health,[17] increased school attendance,[18] and improved health-related quality of life.[19]

Interact for Health, formerly the Health Foundation of Greater Cincinnati, began funding SBHCs in the Cincinnati, Ohio, area in 1999. Since that time, Interact for Health has awarded more than $25 million in grants to open forty-three SBHCs. Thirty-four of these centers remain open today. Because some SBHCs serve more than one school, at least forty-eight schools in the twenty-county Interact for Health service area[20] have access to an SBHC.

Opening a school-based health center is a complex process, and not all centers are successful. Over the past two decades, Interact for Health has identified strategies that are more and less likely to result in a sustainable SBHC.[21] Promising strategies include identifying the right partners, implementing a robust planning process, facilitating connections among stakeholders, and applying guidelines for productivity. These concepts, from the perspective of this grantmaker, are outlined in detail below.

Identify Partners

There are two essential ingredients when opening a school-based health center: a motivated health care provider and an interested school district.

HEALTH CARE PARTNER The first lesson learned by Interact for Health was that the right grantee for this work is a health care institution or federally qualified health center (FQHC). This was not obvious at first. Responses to early requests for proposals were typically from school districts. Interact for Health worked closely with these schools to secure physical space and contract with a medical partner to provide health care staff.

In most of these initial arrangements, the medical partner would provide medical services and then send a bill to the child's health insurance plan. Any costs

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Financial sustainability is an attainable goal.

Critical components to consider:

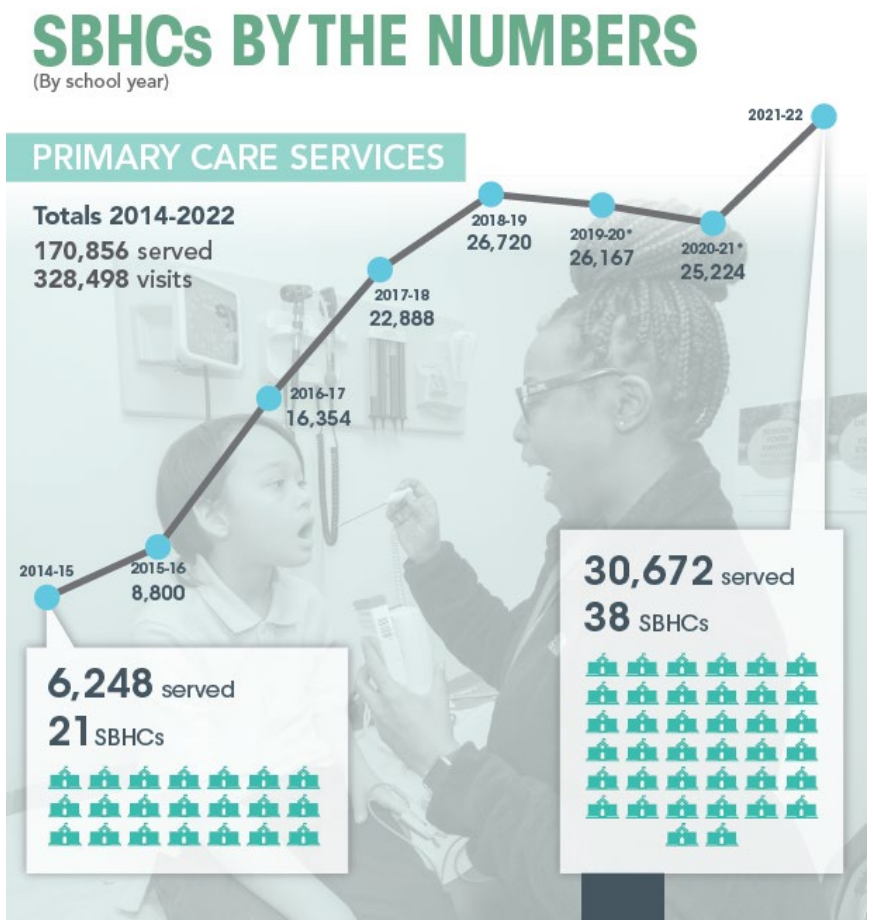
- **Design of the physical space**
  - Access for students
  - Efficacy for service provider
  - Direct access for community
- **Patient population**
  - Number of potential patients
  - Unmet need
  - Consent rate of school population
  - Community use
- **Type of community**
  - Urban, suburban, or rural
- Consent rate targets differ for sites serving school and sites serving districts – but are important for both.

Developing and maintaining strong relationships and comprehensive services are crucial to success.

- Strong relationships help mitigate issues related to leadership changes and staff turnover.
- The ability to problem-solve together (administrators and school staff with providers) is invaluable.
- School nurses play an important role.
- Community Learning Center Model

Quality data is necessary to tell the story of impact and to advocate for support.

- Presenting data on the impact of SBHCs can foster a more collaborative and robust relationship between SBHCs and school boards, Local School Decision Making Committees, funders, insurers, etc.
- Telling the story of impact is important to secure the funding needed to open new centers and make improvements to established sites.
- Pay-for-performance programs are extremely helpful in compensating centers for collecting data and incentivizing progress toward performance targets.



Investing in provider pipelines can help mitigate workforce issues.

- The lack of providers to fill open positions is often one of the biggest hurdles to opening new sites and maintaining care at established sites.
- Providing training for students improves the pipeline of new providers and exposes students to the SBHC model of care.
- Success Stories:
  - Cincinnati Health Department developed partnerships with Ohio State University, The University of Cincinnati, and Xavier University to address primary care and vision needs in the Cincinnati Public School District
  - Bracken County Health Department and Primary Plus developed a partnership with University of Kentucky to address dental needs in Bracken County

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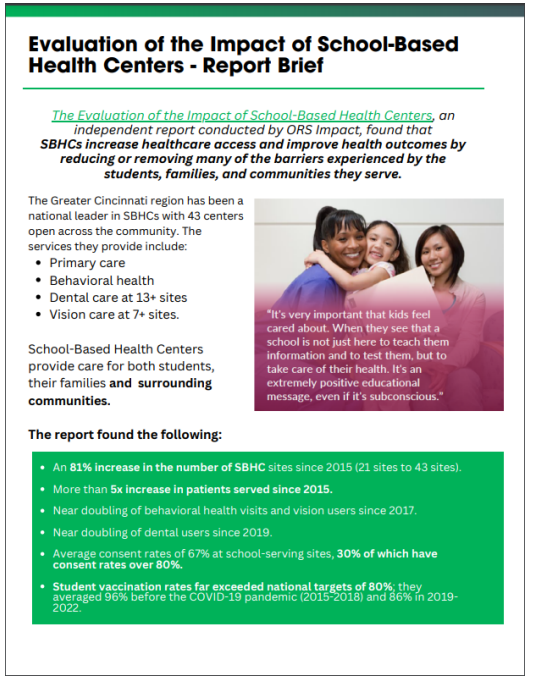
The Evaluation of the Impact of School-Based Health Centers

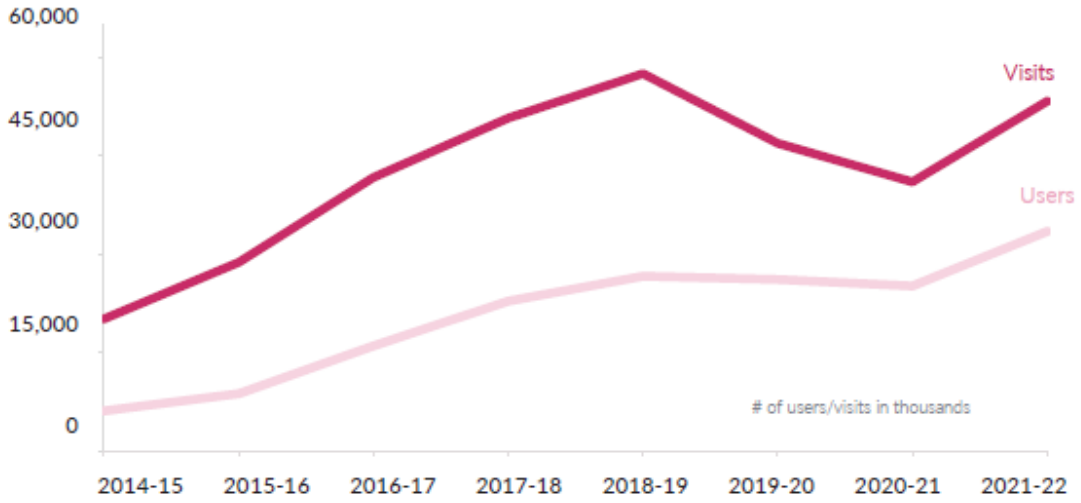
- Purpose:
  - To assess the impact of SBHCs on increasing access to care, narrowing disparities, and improving student outcomes.
  - To identify factors that facilitate or constrain the impact of SBHCs
- Timeline:
  - Data Collection: 2022-2023
  - Report and Brief Production: April – December 2023
- Conducted by ORS Impact
- Access the report:
  - Interact for Health website
    - Full report
    - Report brief



Key Findings

- An 81% increase in the number of SBHC sites since 2015 (21 sites to 43 sites).
- More than 5x increase in patients served since 2015.
- Near doubling of behavioral health visits and vision users since 2017 and dental users since 2019.

Figure 1: Primary Care Visits and Users, 2014–2022



Key Findings

- Average consent rates of 67% at school-serving sites, 30% of which have consent rates over 80%.
- Student vaccination rates far exceeded national targets of 80%; they averaged 96% before the COVID-19 pandemic (2015-2018) and 86% in 2019- 2022.

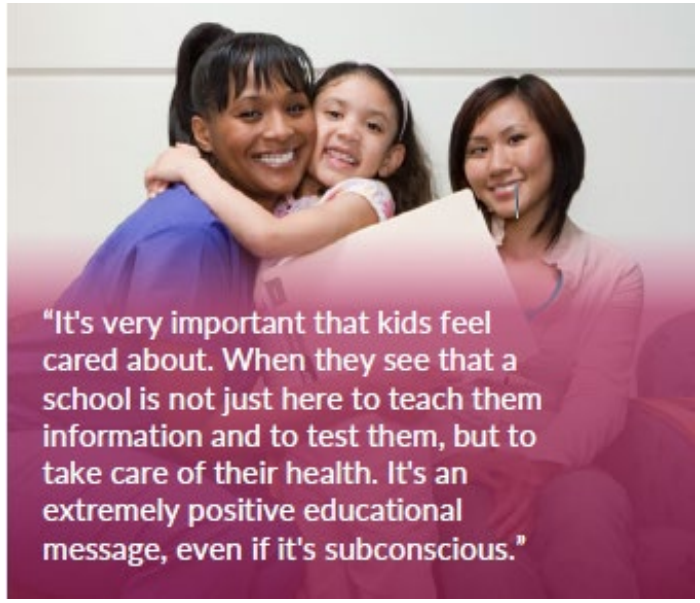
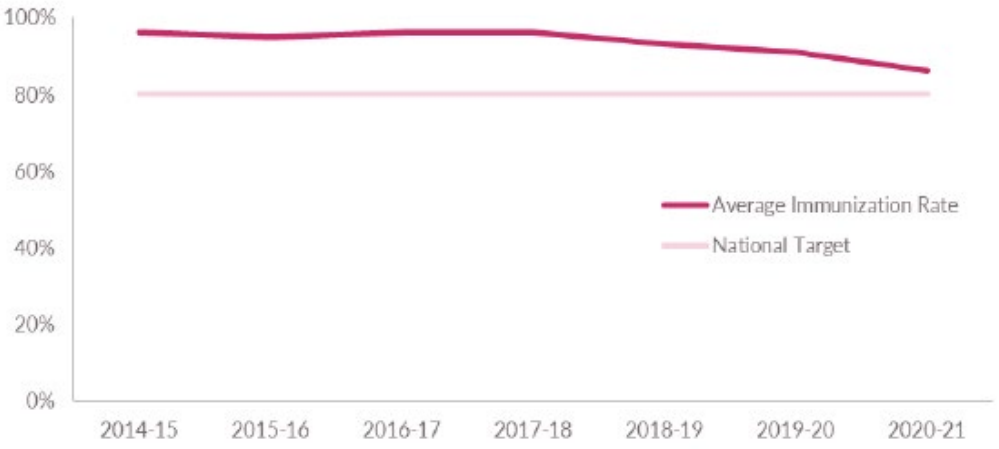
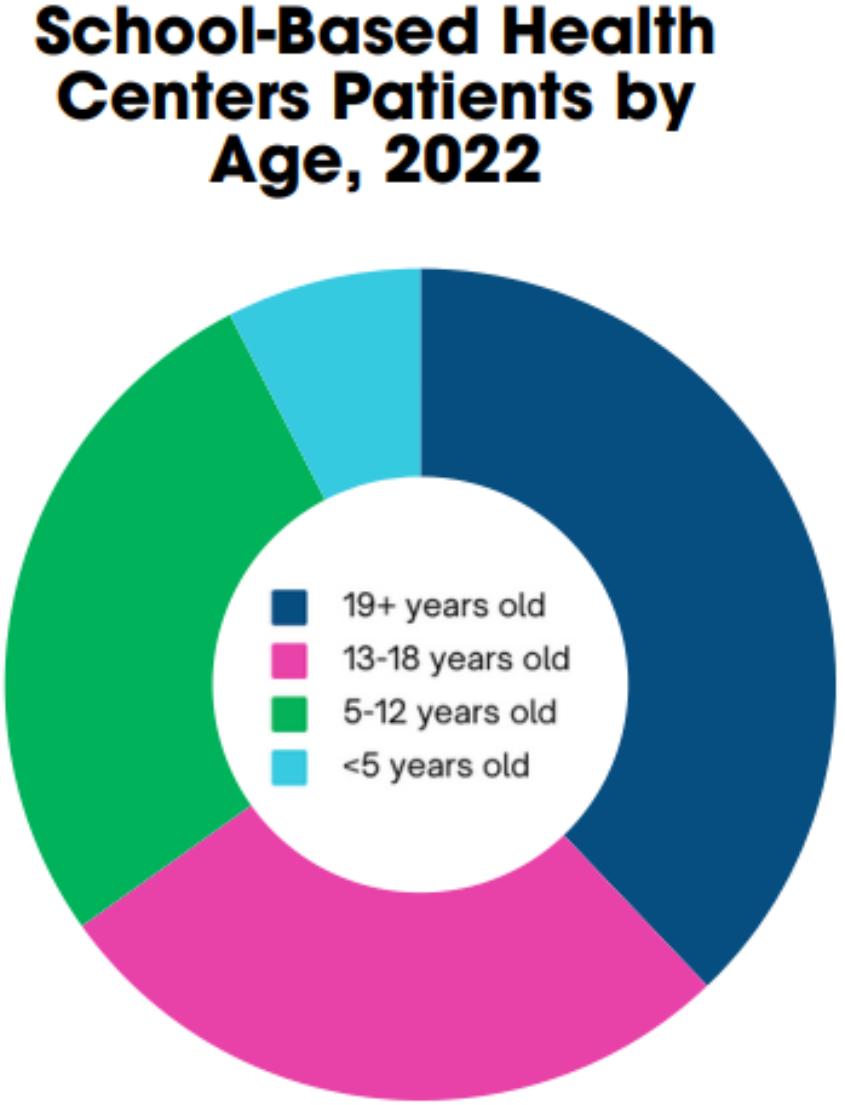


Figure 16: Rate of Immunizations, 2014–2022



SBHC serve students & surrounding communities



Key Themes and Recommendations

- **Theme #1: Health Equity and Access** — Promoting universal access while also providing targeted support for prioritized populations.
  - **Recommendation 1**: Expand telehealth, mobile care, transportation services and co-location services – including dental, vision, and mental and behavioral health
  - **Recommendation 2**: Align services with statewide frameworks
  - **Recommendation 3**: Employ the Thrive Rural Equity Framework
- **Theme #2: Student and Family Engagement** — Inviting student & family engagement knowing not all communities have positive prior experiences
  - **Recommendation 4**: Apply asset-based frameworks to facilitate equitable engagement
  - **Recommendation 5**: Proactive marketing and outreach, particularly with local and ethnic media outlets
- **Theme #3: Coordination, Collaboration, and Integration** — Providing free services while managing multiplying system constraints
  - **Recommendation 6**: Create a learning network for providers and educational partners
  - **Recommendation 7**: Allocate dedicated FTE to provide backbone support

Key Themes and Recommendations

- **Theme #4: Staffing and Capacity** — Leveraging innovative practice while maintaining standards
  - **Recommendation 8**: Support Grow Your Own pathways
  - **Recommendation 9**: Cultivate partnership with training/higher education institutions
  - **Recommendation 10**: Employ a braided-funds approach to leverage multiple funding streams
- **Theme #5: Assessment and Reporting** — Honor local autonomy while recognizing accountability, alignment, and shared learning
  - **Recommendation 11**: Redesign reports to allow for deeper outcome analysis and consistent reporting
  - **Recommendation 12**: Align local metrics with regional, statewide, and national datasets
  - **Recommendation 13**: Apply an equity lens to defining and accessing quality of care.

"Just as it takes a village to raise a child, it takes a village of partners to run a school-based health center."

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The state-level infrastructure in Ohio has grown significantly in recent years.

- In Ohio, the school-based health center infrastructure has been largely concentrated at the local level.
  - The Ohio Department of Medicaid has always been an important partner, even when there was no formal state infrastructure.
- In 2021, the Ohio School-Based Health Alliance was revitalized, allowing for more organized infrastructure and advocacy to expand SBHCs in the state.
- Local learnings can be applied at the state-level along with advocacy for even more robust statewide infrastructure growth.
  - For example, other states have used state-level support and funding to open SBHCs in nearly all public schools, create broad telehealth networks, and standardize data collection across all SBHCs.
- Learnings from Ohio and other states in the region can be applied to build robust infrastructure in Kentucky and Indiana.

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Viking Village

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Questions?