

School-Based Health Center

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Objectives

1. Define School Based Health Centers including operations, how we provide medical care in the school setting, what population we serve.
2. Identify barriers to medical care and how utilizing community health workers can alleviate burdens to the patient's family.
3. Compare and contrast asthma outcomes of students receiving asthma treatment in the school clinic vs home setting for high-risk asthmatics.
4. Discuss patients lost to follow up and adapting care coordination within the SBHC to meet their medical needs.
5. Discuss how the School Based Health Center benefits the school, community, and students



Disclosures

No disclosures related to this presentation



ABC's of a School-Based Health Center

01.

ACCESS TO
CARE

02.

BREAKING
DOWN
BARRIERS

03.

BENEFITS TO
THE SCHOOL
DISTRICT

04.

CREATING AN
INTEGRATED
CULTURE





SBHC American Academy of Pediatrics

“School-based health centers (SBHCs) are unique health care settings for our nation’s school-aged children and adolescents. SBHCs represent the collaboration between the health and school communities to support the health and mental health needs and the academic achievements of children and adolescents, particularly students with health disparities or poor access to health care. SBHCs improve access to health care services for students by decreasing financial, geographic, age, and cultural barriers.”¹

Telling the story

“Everyone has a story or a struggle that will break your heart. And if we’re really paying attention, most people have a story that will bring us to our knees.”

-Brene Brown

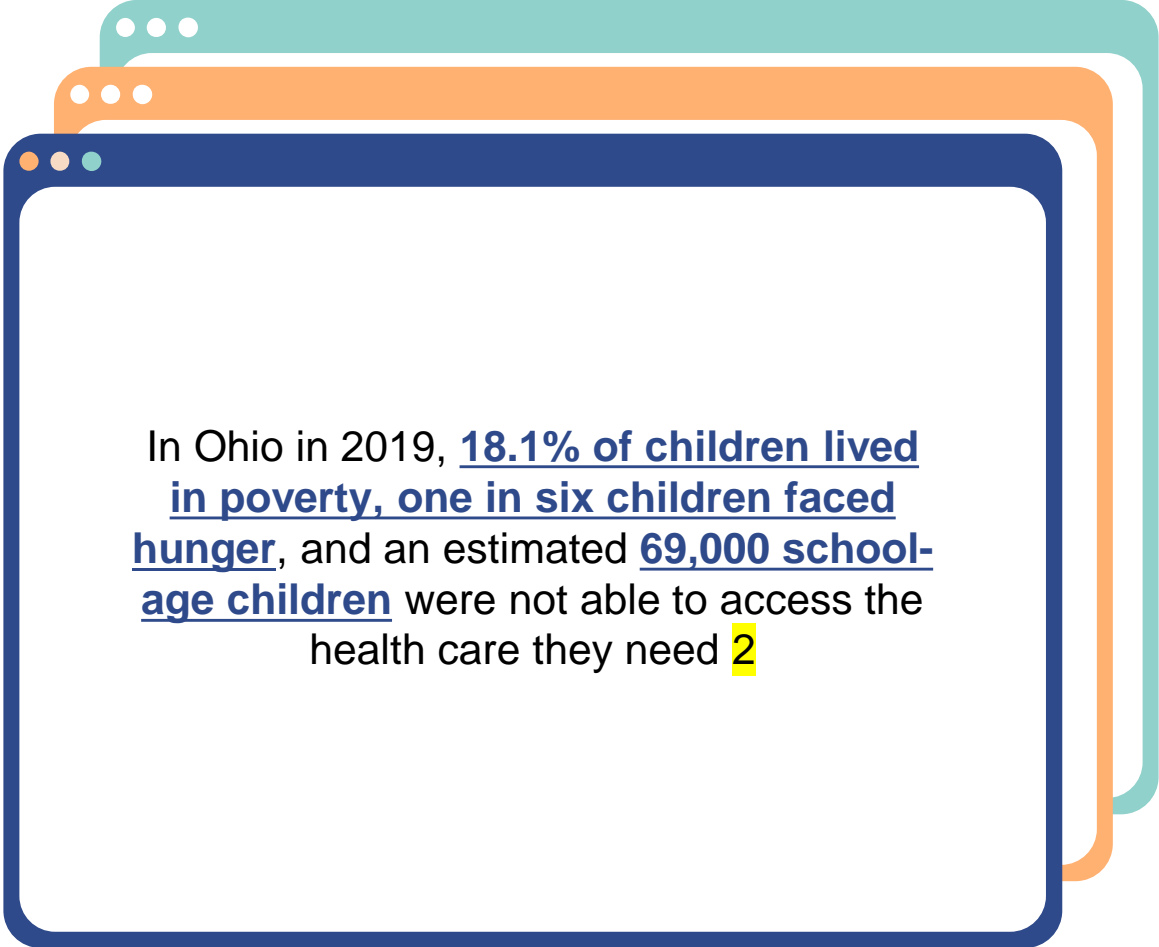


01.

Access to care

If you can't see them you
can't treat them





In Ohio in 2019, 18.1% of children lived in poverty, one in six children faced hunger, and an estimated 69,000 school-age children were not able to access the health care they need **2**

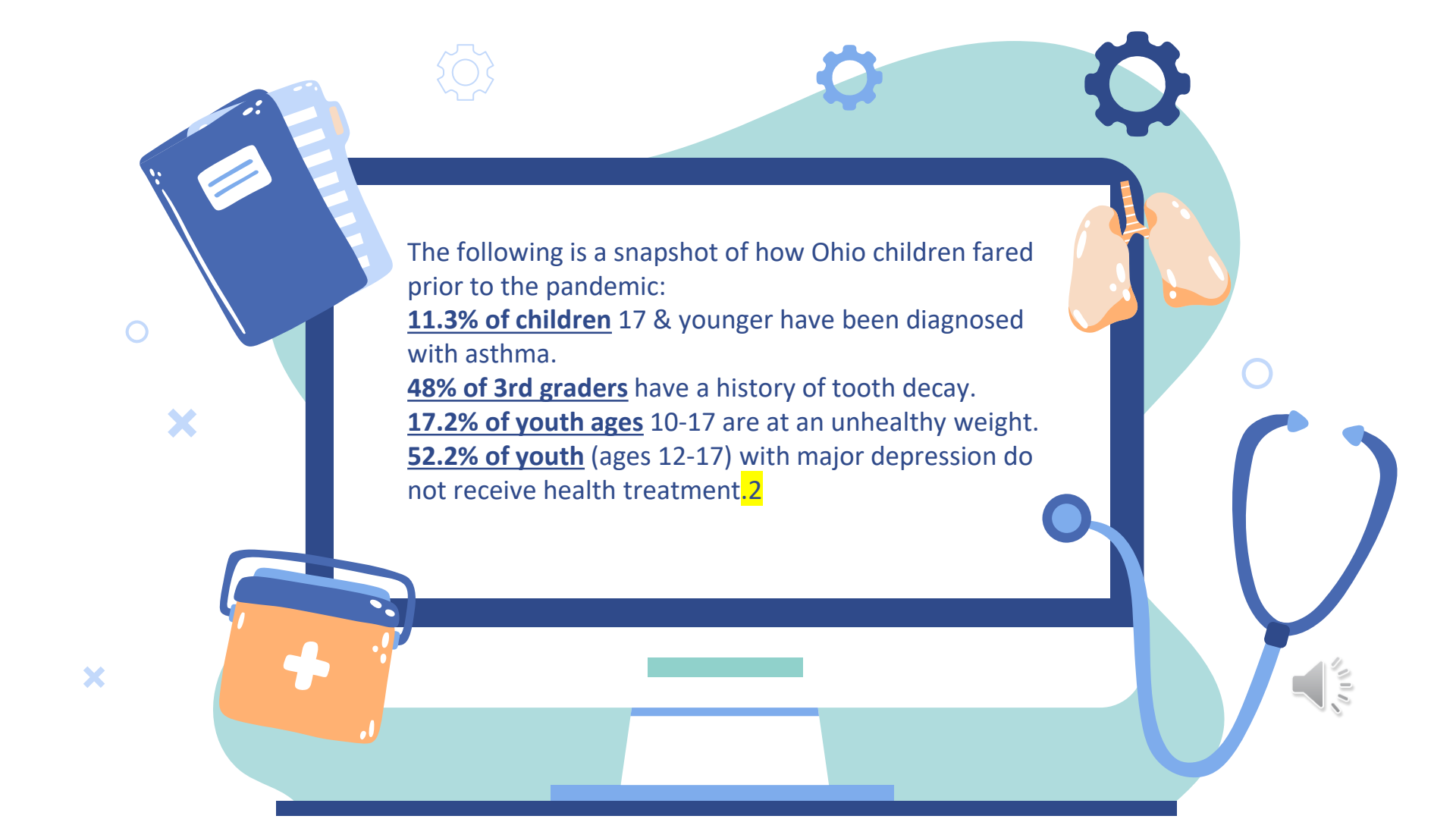


Ohio's access to care

According to the [Health Resources & Services Administration Data Warehouse](#), 51 of Ohio's 88 counties have been designated as Health Professional Shortage Areas, areas where accessibility of primary care and mental health services and providers is inadequate to meet the needs of that geographic region.

Children who are Black, brown, and from low-income areas – especially in Ohio's Appalachian region, typically have worse health outcomes and fewer opportunities to access needed care.²



The image features a central computer monitor with a dark blue frame. The screen displays text about Ohio children's health. Surrounding the monitor are various icons: a blue folder with a white label on the top left, a blue first aid kit with a white cross on the bottom left, a pair of orange lungs on the top right, a blue stethoscope on the bottom right, and a grey speaker icon on the far right. Three blue gears are positioned at the top, and several blue 'x' and 'o' symbols are scattered around the monitor. The background is a light teal color.

The following is a snapshot of how Ohio children fared prior to the pandemic:

11.3% of children 17 & younger have been diagnosed with asthma.

48% of 3rd graders have a history of tooth decay.

17.2% of youth ages 10-17 are at an unhealthy weight.

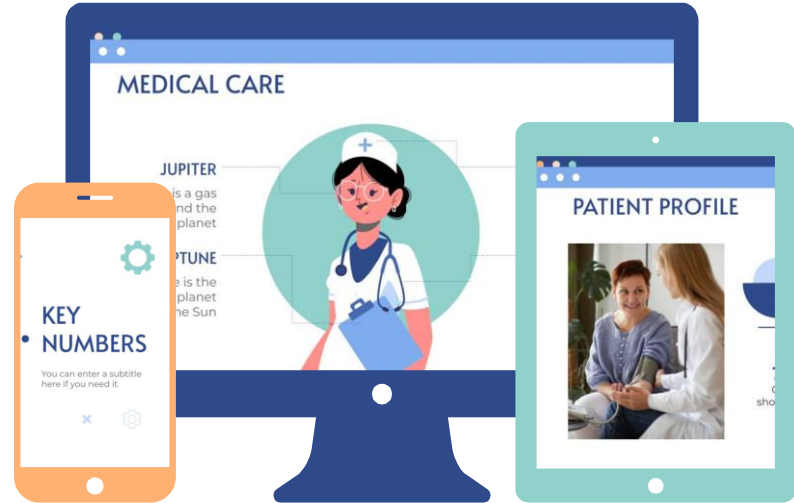
52.2% of youth (ages 12-17) with major depression do not receive health treatment.²

SBHC OPERATIONS & ACCESS THROUGH TELEHEALTH

- No parent/guardian present during visit
- Visit time must account for all aspects of visit, not just provider/patient time
- Before the Visit : consent, registration, Pre-visit planning
- After visit: Communicating with family, care coordination, courier services for lab work

Additional challenges

- Equipment/Technology Issues, Tytocare, School Wi-Fi
- Shared space
- Traveling with equipment, computer, POCT, medications





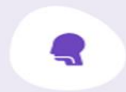
Ear



Lungs



Heart



Throat



Heart rate



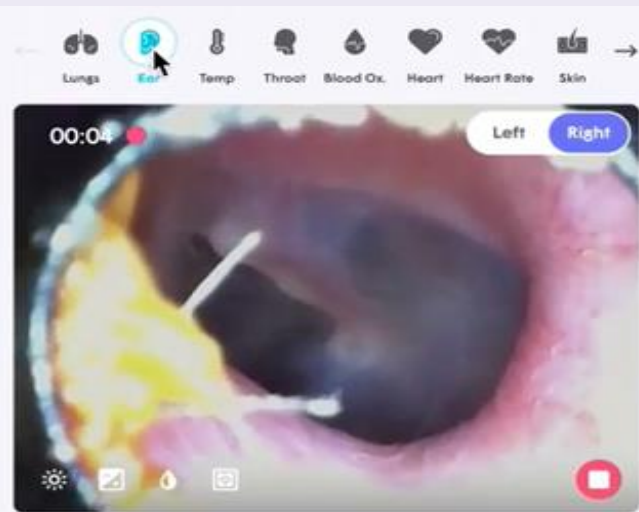
Temperature



Skin



Abdomen

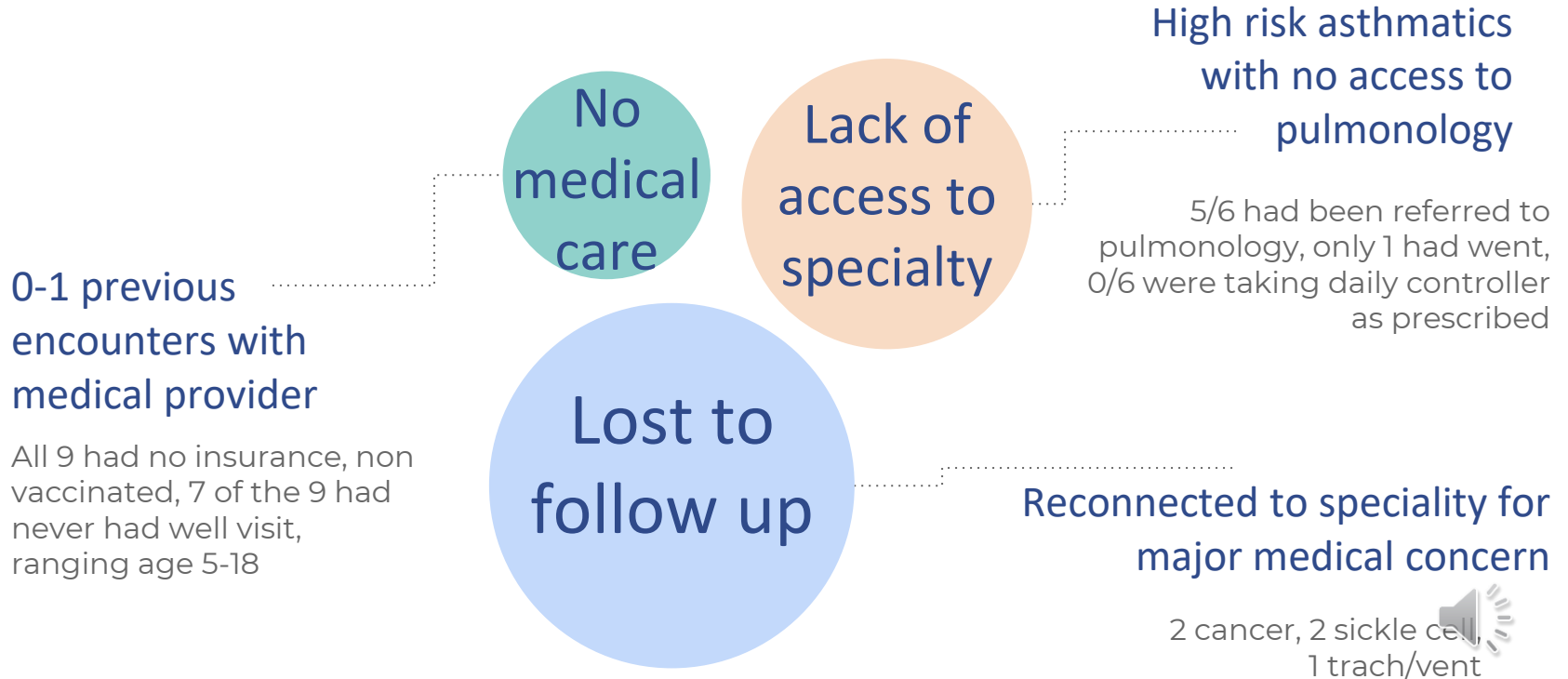


1:30

My Queue



ACCESS has many layers



School Based Asthma Treatment (SBAT)

Patients identified by School RN or SBHC as poor asthma control

Parents gave permission to be enrolled

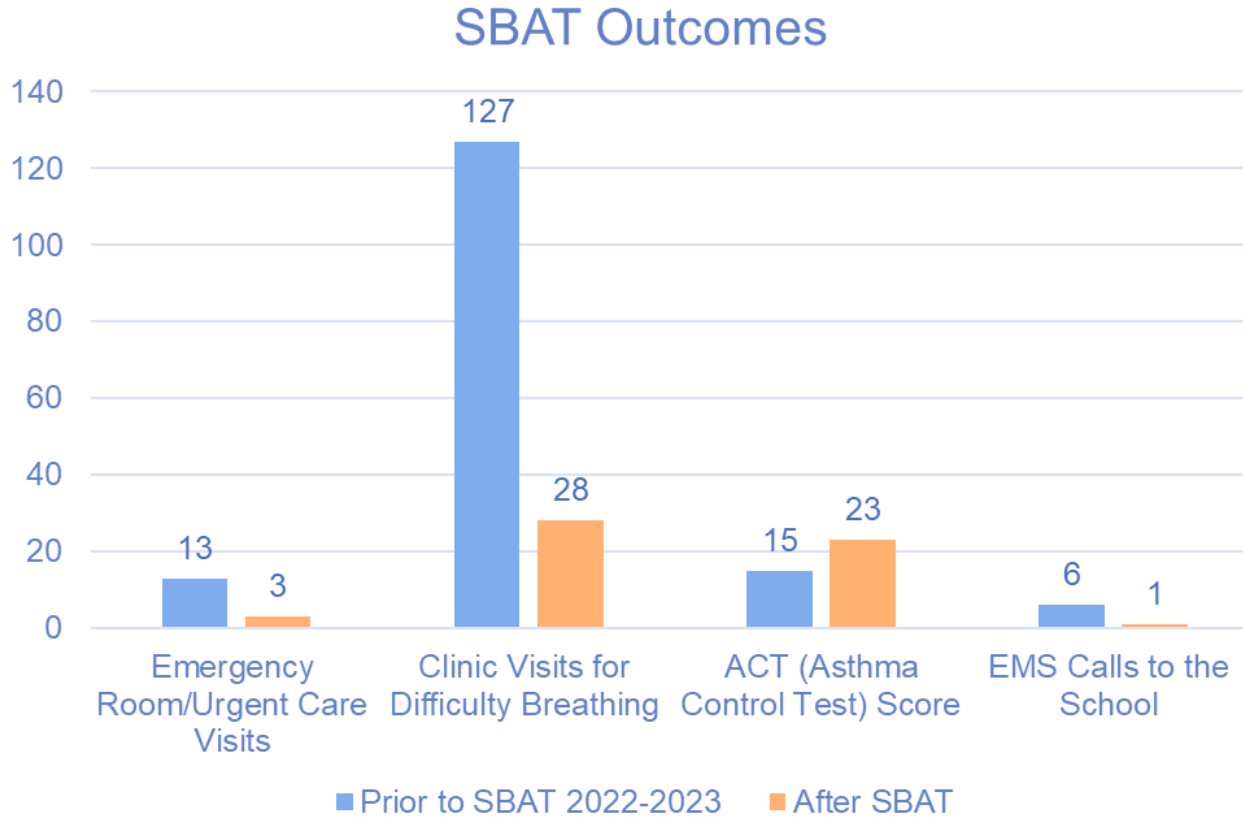
Community health worker assisted in getting school medication forms, medications from pharmacy to school

Students take controller medication at school twice daily

Started with 6 students



SBAT DATA



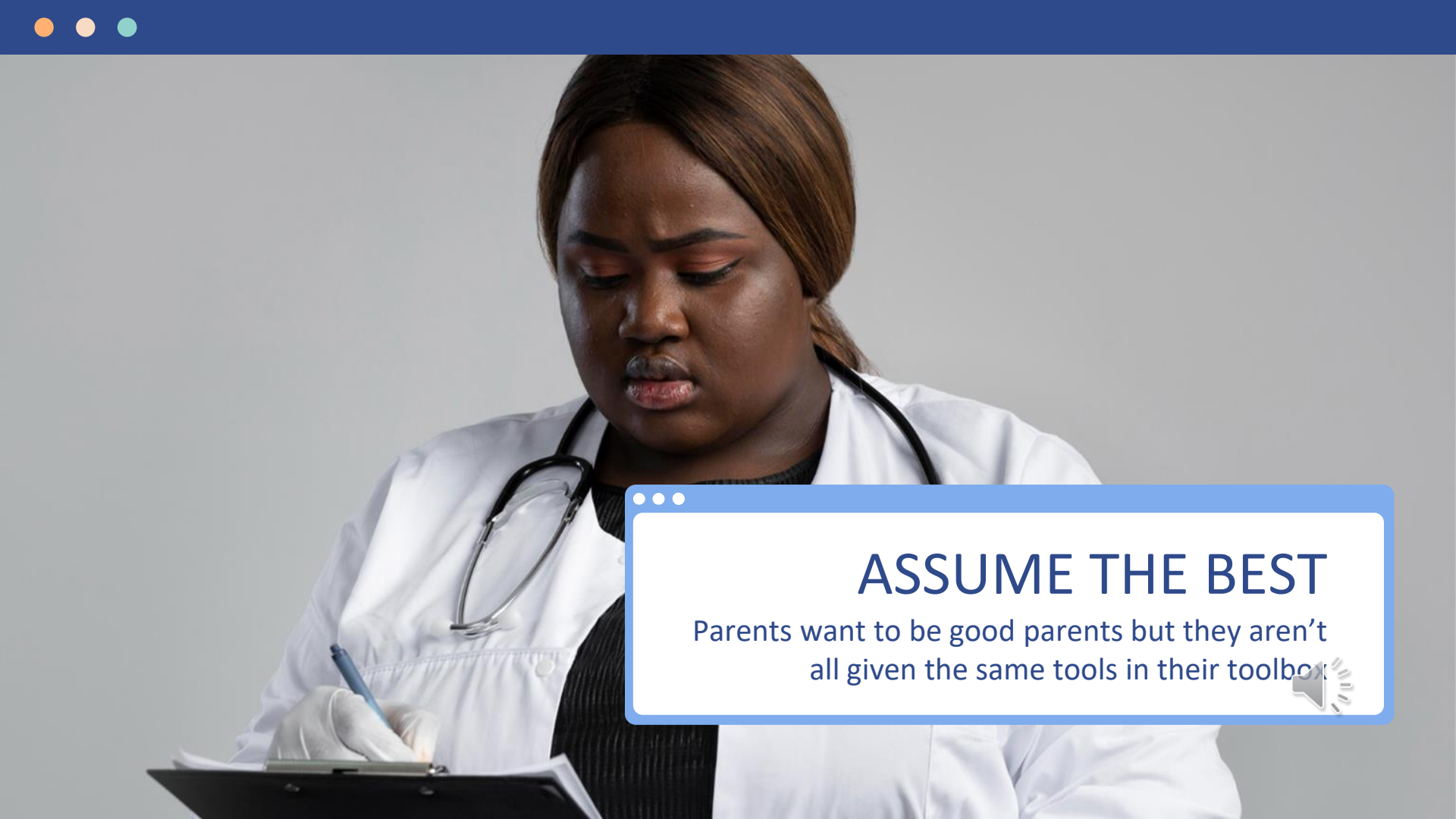


02.

BARRIERS TO CARE

Enable, empower,
sometimes both





ASSUME THE BEST

Parents want to be good parents but they aren't all given the same tools in their toolbox



Children's Services or a Community Health worker?

Is there any intervention to assist this family before reporting them?

BARRIERS TO

Transportation

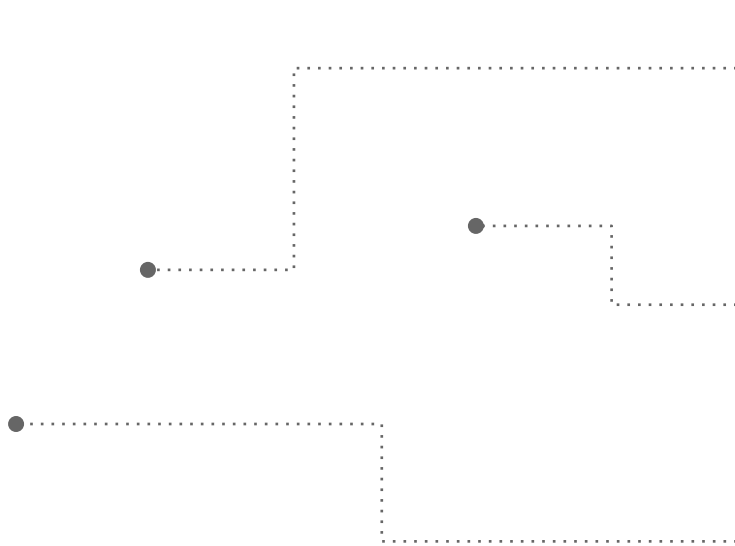
Requires car, gas money, waiting for insurance

Medications

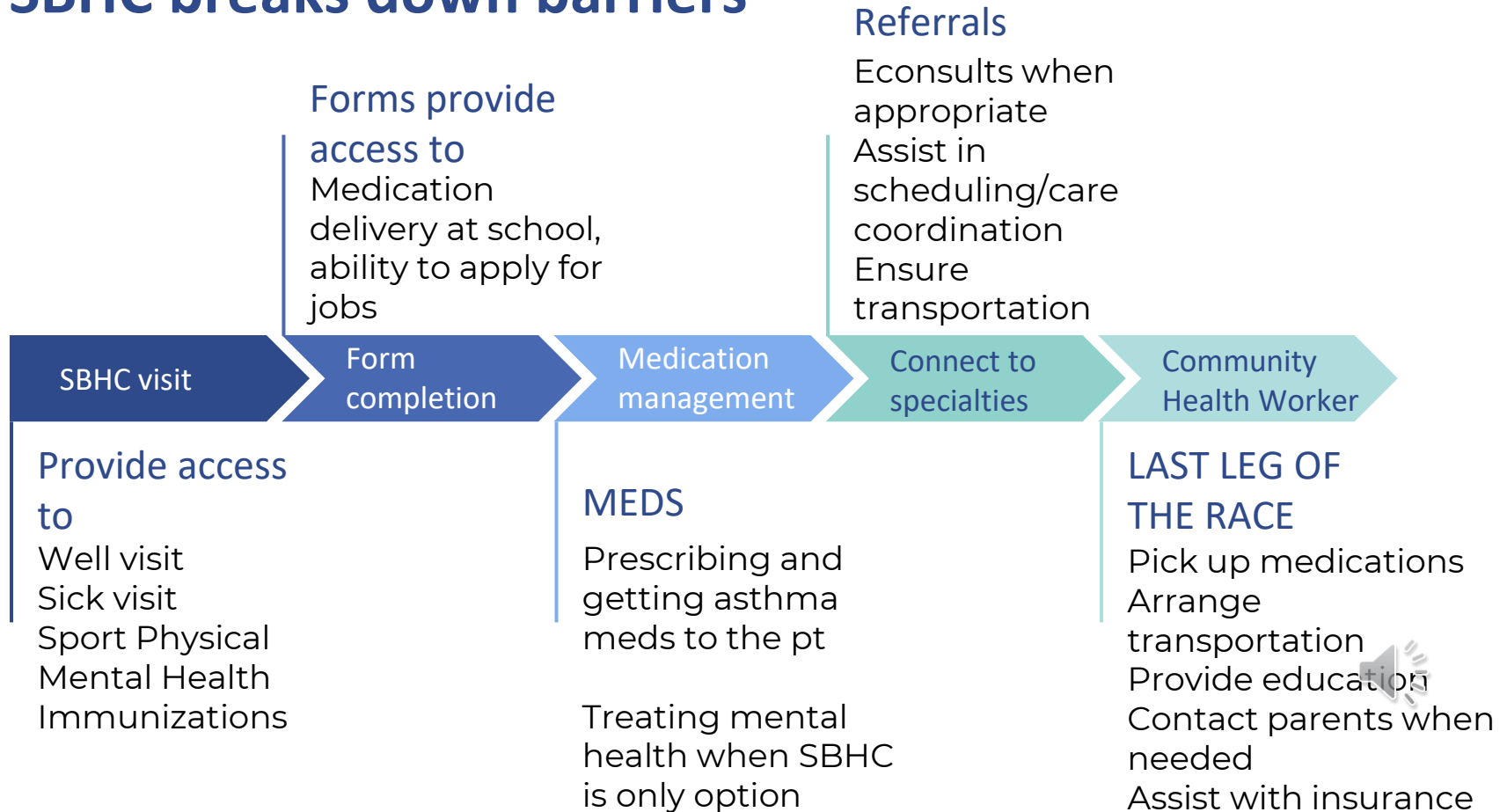
Requires transportation, medical insurance

Appointments

Requires transportation, times off work, capacity to organize and keep appointment



SBHC breaks down barriers





03.

Benefits to the school district

Measuring impact beyond
billable visits



ABSENTEEISM IS STRONG PREDICTOR OF LONG TERM SUCCESS

Chronic absenteeism, as defined by Ohio's Every Student Succeeds Act Plan, is missing 10 percent or more of the school year for any reason. It includes excused and unexcused absences. **3**

Approximately 18 or more days of absences per school year (2 or more days per month) = chronic absenteeism

30%

Of students in Ohio are chronically absent



60%

Less likely to read on grade level by end of third grade if chronically absent

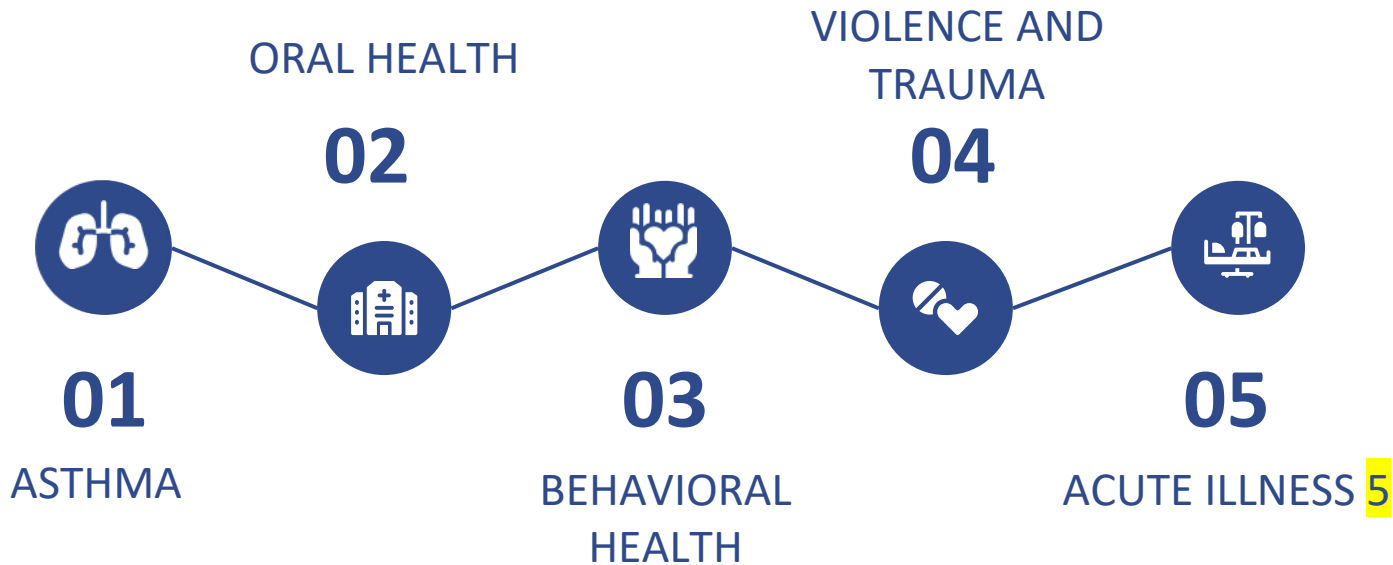


89%

Less likely to graduate on time if chronically absent **4**



TOP 5 HEALTH-RELATED REASONS FOR ABSENTEEISM



SEAT TIME SUMMARY

School Based Health Center-Warren Spring 2023

Acute illnesses, such as colds, cases of flu, or injuries; chronic diseases, such as asthma or diabetes; and preventive care can keep children out of school. School-based health centers (SBHCs) can help address these concerns and minimize school tardiness, absences, and early dismissals by providing needed health services on or near school campuses. SBHCs can address health issues and quickly get most students back to class. Students without access to SBHCs often need to be picked up by parents or caregivers to seek care in the community, leading to early dismissals and missed classroom instruction.

In 11 clinical days the School Based Health Center-Warren at Jefferson, Lincoln, McGuffey, Willard, Harding HS had 88 student visits. On average, there were 8 student visits per day lasting 22 minutes.



Of the 88 student visits, 63 were sent back to class after their appointment. This saved 4 hours 22 minutes per student and 275 hours 45 minutes total for all students seen over the 11-day period.



Unexpected benefits to the district

School employees' children seen in SBHC decrease call offs by employees, increase attendance for student

- Average of 1 student per week has a parent who works in the district



A photograph of a doctor with dark curly hair, wearing a white lab coat and a purple stethoscope, sitting at a desk and writing in a notebook with a pencil. A female patient with long blonde hair is standing behind the desk, looking down at the doctor. In the background, there is a white cabinet and a poster of a human muscular system. A blue speech bubble with a white background and a dark blue border is overlaid on the left side of the image, containing the text '4. Creating an intergrated culture'. A small speaker icon is visible in the bottom right corner of the image.

4.

Creating an
intergrated
culture

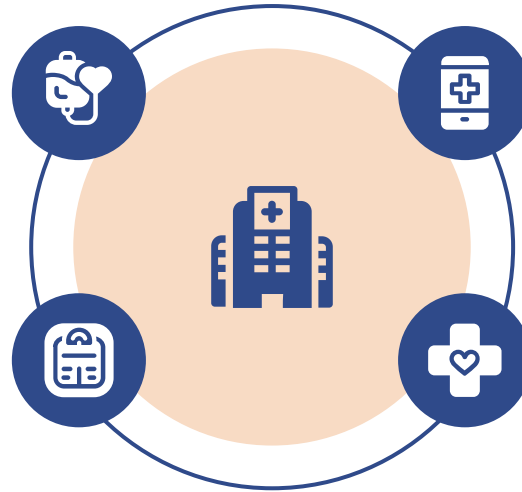
PARTNERING HEALTHCARE AND EDUCATION

Students and families

Consent, communication, and trust are vital as majority of visits take place without parent

Clinic staff

Best at identifying chronic care needs, high risk students, acute illness



School employees

SBHC are guest in the school, important to build relationship with admin, teachers, ancillary staff

Local healthcare partners

Intention to keep kids connected to their PCP if a barrier to care presents, will offer intermediate care

Policy Crosswalk



LICE

Most Ohio schools follow no nit policy which contributes to unjust absenteeism

SBHC able to implement next day return with offering visit and treatment covered by insurance along with education



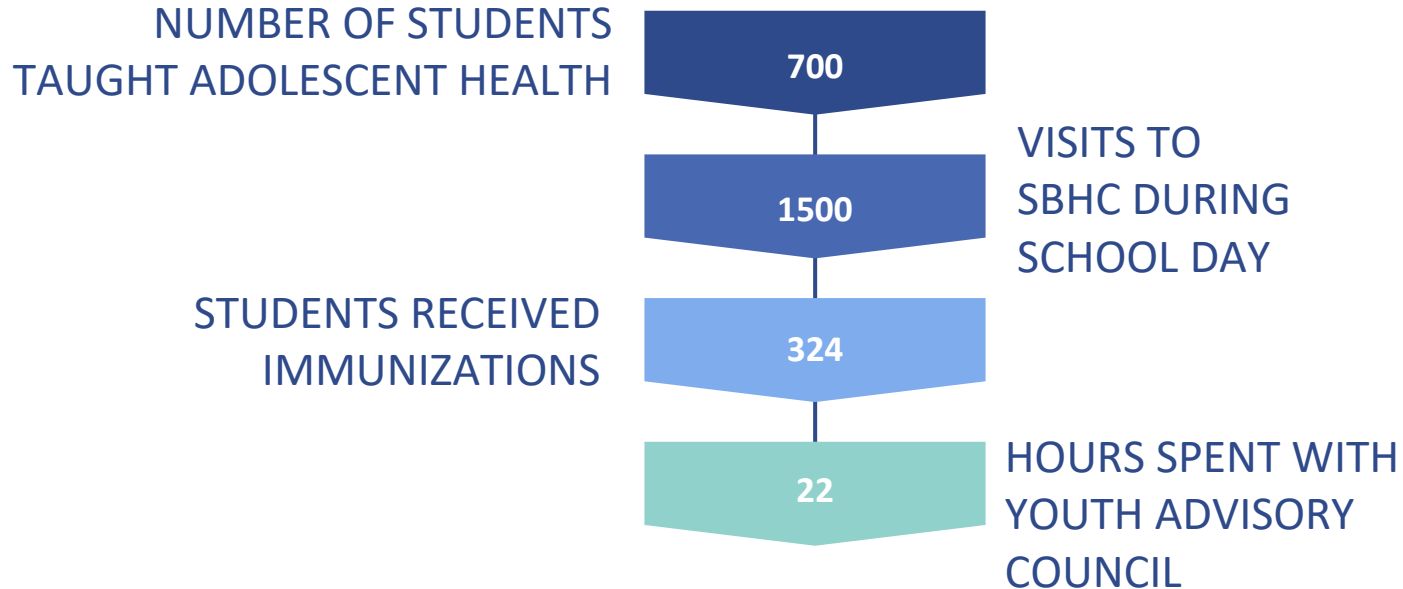
IEP EVAL

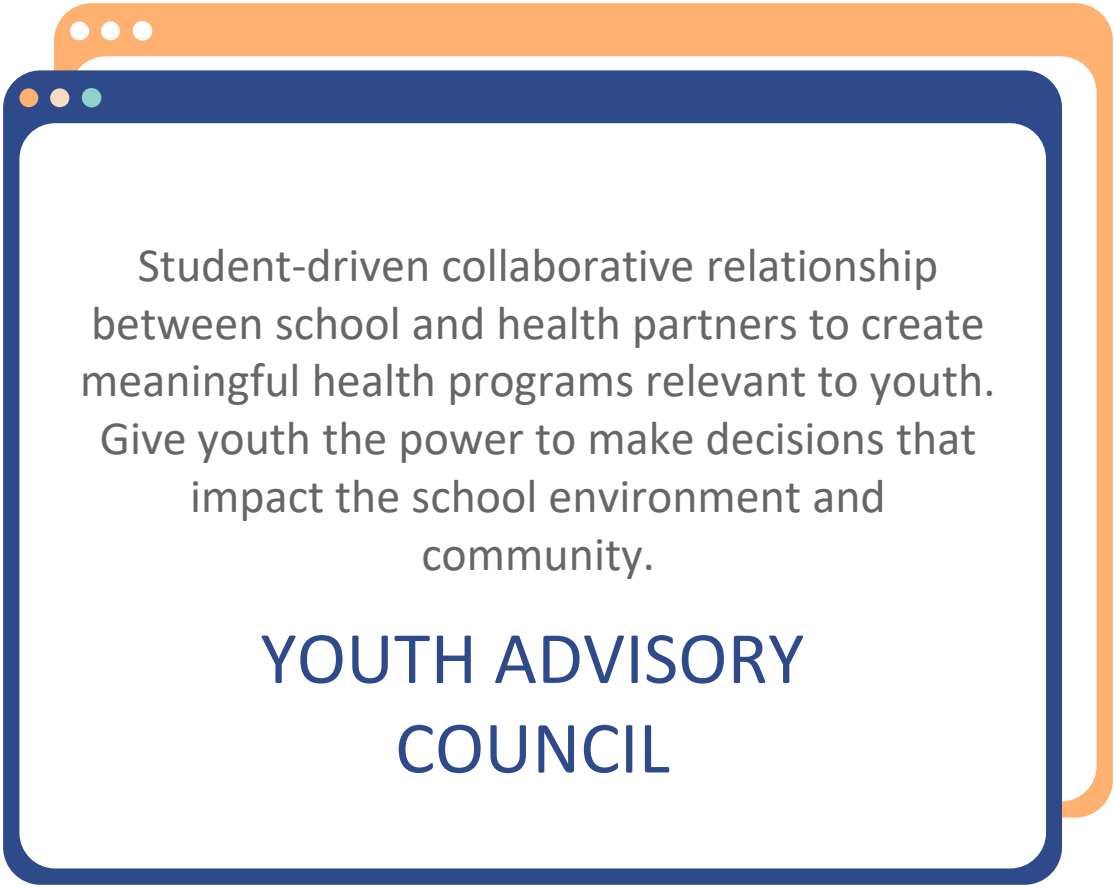
School questioning why providers send IEP eval requests, creates unclear expectations for parents

Had meeting to provide education to special education team, take what we learned back to local pediatric providers

Culture of Integration at Warren City Schools

Aug 2022-March 2024





Student-driven collaborative relationship
between school and health partners to create
meaningful health programs relevant to youth.
Give youth the power to make decisions that
impact the school environment and
community.

YOUTH ADVISORY COUNCIL



YOUTH ADVISORY COUNCIL

IDENTIFY STUDENTS



Intentionally chose students

Parent permission

COMPLETE PROJECTS



Resource commercial

Fundraiser ad campaign

Vaping posters

BUILD RELATIONSHIPS



Students presented at School Board meeting

Vision boards



Ohio School-Based Health Alliance

Key impacts of school-based health centers⁹



Health and health care impacts

- ✓ Increased utilization of critical healthcare services, such as well child visits, immunizations, preventative screening, prenatal care, substance use treatment, and mental health counseling
- ✓ Decreased unnecessary healthcare utilization, emergency department visits, and hospitalizations
- ✓ Increased identification and management of chronic disease
- ✓ Reduced engagement in poor health behaviors, including smoking, alcohol consumption, and illicit drug use
- ✓ Improved physical activity and consumption of healthy foods
- ✓ Increased health literacy



Education impacts

- ✓ Increased rate of high school completion and graduation
- ✓ Increased school engagement
- ✓ Higher GPA and grade promotion
- ✓ Decreased absenteeism
- ✓ Decreased school disciplinary actions and suspensions










Cost impacts

- ✓ Reduced societal costs associated with unnecessary healthcare utilization, economic productivity loss (including averted parental/guardian time off work), and decreased transportation needs
- ✓ Net savings to Medicaid programs



SBHCs in Ohio...

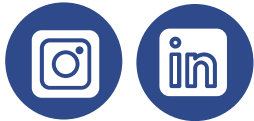
Ohio School- Based Health Alliance

 Do not		 Do
replace the role of school nurses.		work in collaboration with school nurses to coordinate services, close referral loops, and ensure that a comprehensive range of healthcare services are provided to meet the health needs of students.
take away parental rights.		view parents as instrumental in the care of their children and follow state consent laws about how and when healthcare services are provided to minors.
replace an existing relationship with a child's primary care provider or medical home.		refer children to their existing primary care provider and/or communicate with the child's provider about their care.
place additional burdens on teachers and school administrators.		provide supports to teachers and school administrators by ensuring students have the healthcare services they need to be healthy,
provide additional, not needed care that increases healthcare costs.		reduce costs by providing critical healthcare services to students who do not otherwise have access, preventing unnecessary emergency department visits and hospitalizations.

THANKS!

Feel free to reach out!

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