School-based Healthcare in Ohio

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About CDF-Ohio

Founded in 1981, Children’s Defense Fund-Ohio champions policies and programs that lift children out of poverty, protect them from abuse and neglect and ensure their access to appropriate and targeted health care, quality education and a moral and spiritual foundation.

To support children and families in Ohio, CDF-Ohio works to improve healthcare access and health outcomes for children and their families, stop the push out of students from our schools due to zero tolerance school discipline practices, create a juvenile justice system that rehabilitates our youth and reduces recidivism, build a high quality and stable early childhood care and education system, and harness the statewide and national CDF youth and community networks to change the lives of Ohio’s children.
Making sure all children have health coverage and access to services.

- Improving the rates of eligible children who are covered by Children’s Health Insurance Program (CHIP).
- Making sure children have access to health care so they can thrive and flourish.

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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 school nursing
Simply sending a provider to a school with a stethoscope
“Could someone help me with these? I’m late for math class.”
Why in Ohio?

Only 54% of Ohio's children have an established medical home\(^1\)

Nearly 50% of students who fail school vision screenings do not receive needed follow-up care\(^3\)

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Healthcare Interactions among Medicaid-Enrolled Students in Ohio\(^2\)

- Well-Visits: 38.8%
- Dental Visits: 44.5%
- ER Visits: 32.5%

2019-20

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1) HPIO; 2021 Health Dashboard
2) Ohio Healthy Students Profiles, Ohio Department of Medicaid, Ohio Department of Education
3) Ohio Optometric Foundation
The Opportunity

Social Determinates of Health

Ohio’s Whole Child Framework
So what is School Health?

A partnership…
designed to create critical access
Various Models

- Fixed Site in school
- Mobile Vans / Trucks
- Mobile Providers
- Telehealth
- Hub & Spoke
Various Models

Before

After

MetroHealth
School Health Program
216-957-1303

Children’s Defense Fund Ohio

DEAR LORD
BE GOOD TO ME
THE SEAS SO
WIDE AND
MY BOATS
SO SMALL
### Scope

**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)
Staffing

- Lean staffing models
  - Fewer
  - APN vs MD
- Work to top of their license
- Wear multiple hats
- Ingrained in school culture
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
Immunizations
Chronic Disease Treatment
Laboratory Services
Primary Care Mental Health
Teen Health
Sports Physicals
Work Permits
Sick Visits
Referrals for Specialty Care

Partnership for Success
Primary Role for Schools

- Provide space, tech & utility access
- Partner on outreach
- Assist with data analysis
- Identify point person / liaison for relationship management
- Identify frontline staff for care coordination
Primary Role for Providers

- Provide staff & equipment
- Link to 24 / 7 care
- If not the medical home, reconnect students to medical home provider
- Partner on outreach
- Assist with data analysis
- Identify point person / liaison for relationship management
- Identify frontline staff for care coordination
Sustainability

- Organizational and work alignment
- Building level meetings
- Steering team meetings
- Jointly established goals
- Accountability structure
- Outside funding
Outcomes

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

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

- **Providers:** combination of large hospital systems, community hospitals, community health centers, FQHCs, health departments

- **Varied funding:** Medicaid and some private insurance, grants, donors & some motivated by cost savings strategies

- Frequently comprehensive care and coordinated with school-based Behavioral Health

- Growing interest in telehealth
Why we need more

- Too many of Ohio’s youth do not have access to routine, high quality healthcare
- School leaders across the state continue to endorse many nonacademic barriers to learning
Barriers / Risks

• Can take up to 3 – 5 years to reach maturation
• Can be challenging to cover expenses
• Some potential partners may not be able to provide continuity of care
• Small schools cannot sustain an SBHC; yet have great need
Solutions

Funding:
- Start-up capital costs
- Initial general operating support
- Consider reimbursement rates to mimic FQHC model

More Providers:
- Technical assistance
- Support for more providers to establish hub & spoke models
Questions?
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