## SCHOOL-BASED HEALTH CARE KEEPS CHILDREN IN SCHOOL AND READY TO LEARN.



### Percentage of children absent from school by reason

According to a study of nine large school districts in the U.S., children with chronic conditions or untreated medical needs, such as asthma, tooth pain, diabetes, and other conditions, are more likely to be chronically absent from school.

Source: E3 Alliance analysis of absence data from 9 schools in PISD & HCISD, 1/14/13-3/8/13

Acute Illness	48%
Skipping	5%
Chronic Illness	4%
Family Emergency	4%
Routine Dental Appt	3%
Preventative Medical	2%
Travel	2%
Medical Health Issue	2%
Suspension (not ISS)	1%
Family Responsibility	1%

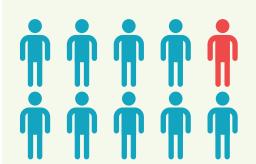


### of Ohio 3rd graders have untreated cavities.

Source: ODH's Oral Health Screening Survey of Third Grade Schoolchildren in Ohio, 2017-18

## An estimated <u>69,000</u> school-aged children in Ohio were not able to access needed health care.

Nearly 5% of the public school student populations in Ohio were not able to access care, such as a yearly check-up, mental health counseling, care for an earache, or treatment for a toothache. Source: 2019-2020 National Survey of Children's Health



1 in 10 Ohio children miss more than 7 days of school each year due to illness or injury.

Source: 2019-2020 National Survey of Children's Health Resources and Services Administration

## SCHOOL-BASED HEALTH CARE KEEPS CHILDREN IN SCHOOL AND READY TO LEARN.



The research is clear: children who attend school regularly do better academically. We also know that children who are healthy are less likely to miss school and more likely to be engaged in learning.

## Children throughout Ohio struggle with common health issues that can affect their academic progress.

Students with persistent health issues have a higher probability of school failure, repeating grades, and leaving high school without a diploma.

8.1%

of children 17 & younger have been diagnosed with asthma.

(2018-2019)

Source: America's Health Rankings; Health of Women and Children

48%

of 3rd graders have a history of tooth decay. (2017-2018 school year)

Source: Oral Health Screening Survey of Third Grade Schoolchildren in Ohio, 2017-18, Ohio Department of Health

17.2%

of youth ages 10-17 are at an unhealthy weight. Ohio ranks 17th nationally. (2019-2020)

Source: State of Childhood Obesity

52.2%

of youth (ages 12-17) with major depression do not receives any mental health treatment. Ohio ranks 11th nationally.

(2017-2018)

Source: Mental Health America Youth Data 2021

Children who are Black and Hispanic are more likely than white children to have poor or fair health.

Students of color are facing more health challenges and represent the highest percent of children with poor or fair health.



#### Percentage of childen with fair or poor health

1.9% Hispanic

3.0% Black, Non-Hispanic

**1.0%** White, Non-Hispanic

1.3% Other, Non-Hispanic

Source: 2019-2020 National Survey of Children's Health

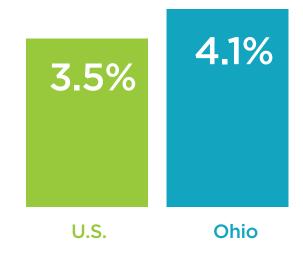
## MANY CHILDREN IN OHIO ARE NOT RECEIVING THE HEALTH SERVICES THEY NEED TO BE SUCCESSFUL AND THRIVE.





4.1% of Ohio children did not receive needed health care.

Source: 2019-2020 National Survey of Children's Health





# Only about half of school-age children who have behavioral health conditions recieved treatment.

Percent of children ages 3 to 17 yrs accessing treatment or counceling with mental/behavior health conditions.

Source: 2019-2020 National Survey of Children's Health



Did not receive treatment or counseling



Receieved treatment or counseling

## INTERVENTIONS EXIST TO IMPROVE CHILDREN'S ACCESS TO HEALTH CARE & EDUCATIONAL OPPORTUNITIES.



For students in many areas of Ohio, school-based health care often represents the only access to critical services such as mental health, dental, vision, chronic disease management, and immunizations. Providing health care in schools is one of the best ways to ensure that children are healthy and ready to learn. Increasing access to school health services is a proven strategy for improving quality of care and reducing overall health care costs.

### School nurses are frontline providers supporting healthy students.

In 2017, there were an estimated 1,528 full-time equivalent registered nurses employed in schools. That makes Ohio's ratio of nurses to students:

#### 1:1,048 STUDENTS \*

The American Academy of Pediatrics recommends a nurse to student ratio of 1:750, meaning Ohio falls short of the nationally recommended standards.

### School-based Registered Nurses Reported Spending Time on the Following Activities

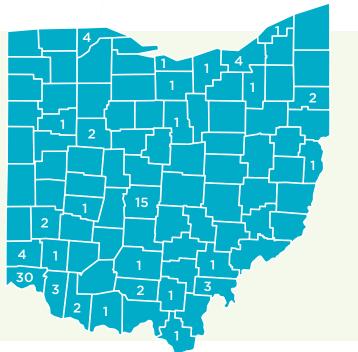
. 35.8%
18.2%
17.9%
17.5%
6.0%
5.1%

Source: 2017 Survey of Health Services in Ohio Schools

# School-based health centers are one model of how to provide health services to students that schools can adopt.

Nearly 100 School-based health centers operate throughout Ohio.

Source: Ohio School-Based Health Alliance



#### OHIO CAN FLIP THE SCRIPT: SUPPORT CHILDREN'S HEALTH & ACADEMIC OUTCOMES.



## Children Need Consistent Access to Health Care to Thrive, Flourish, and Learn



Annual Physical Check-ups



Prevention Education to Develop Healthy Habits



Twice Annual Dental Visits



Education to Manage & Control Chronic Conditions (e.g., diabetes, asthma, etc.)



Keep up on Scheduled Immunizations

Ohio must break down all barriers that prevent children and families from accessing health care. Expanding access through school-based health care for these children and their families could make all the difference

#### **Recommendations:**

- School districts across Ohio can use federal American Rescue Plan Act (ARPA) funding to create sustainable plans and bridge funding to meet children's health needs.
- Increase the number of school nurses in schools to ensure that all school districts are meeting the national standard of 1 school nurse to 750 students.
- Expand the type of services and providers that are allowed to bill Medicaid through the Medicaid in Schools Program to expand access to health coverage and services for students while achieving financial stability.
- Grow partnerships between school districts and community health centers, hospital systems, ADAMH boards, or singular providers to leverage health service capacity in communities and to forge community connections between service providers and families.
- Dedicate capital dollars to support school-based health care to provide services through the following:
  - Build new spaces dedicated to providing needed health services for students.
  - Retrofit an area already existing that could be used to provide care to students.
  - Invest in medical mobile units that can drive to several different schools and provide care to students.

#### **Learn More:**