

INTERACT  
FOR HEALTH

# **National Advisory Council on the National Health Service Corps**

School-Based Health Centers In  
Greater Cincinnati

June 26, 2024



# Agenda

- **Overview of School-Based Health Centers in Greater Cincinnati**  
*Kate Schroder, Interact for Health*
- **School-Based Health Center Providers**
  - **HealthSource of Ohio:** *Chelsie Hornsby*
  - **The HealthCare Connection:** *Angie Hartman*



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

- A total of 44 SBHCs are currently operational in the region, with many located in the Cincinnati Public School District. The services provided vary, including medical only, medical and dental, or medical, dental, and vision. Depending on the location, some centers are open to the community.
- 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.





# What is the Difference?

## **SBHC**

- Primary care delivered by a nurse practitioner (CNP) or physicians assistant (PA)
- Provides comprehensive care (medical, behavioral/mental health, and oral health care)
- Typically employed by a health care organization
- Includes diagnostics and prescriptive services
- Can bill insurance companies (mostly Medicaid)

## **School Nurse**

- Typically, a registered nurse
- Serves the entire school population
- Typically employed by school/district
- Responsible for health-related elements of educational record (immunization records, 504s, individualized health plans, emergency plans)



# 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

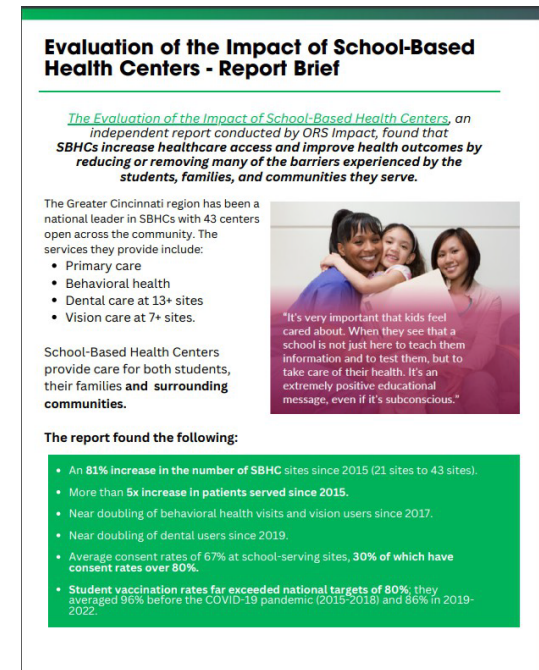
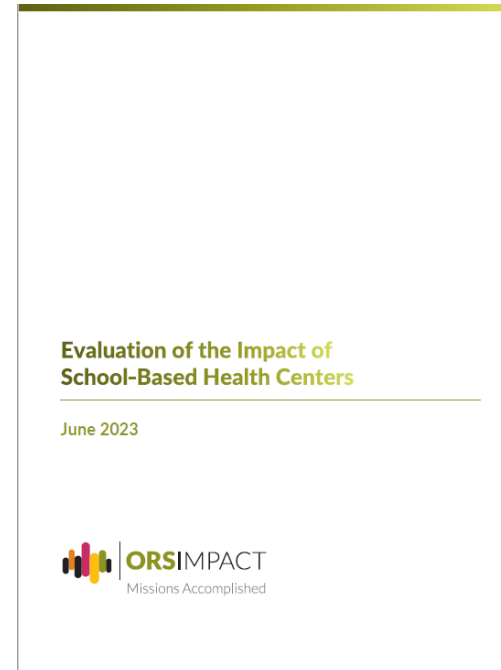
Consent rate targets differ for sites serving school and sites serving districts





# The Evaluation of the Impact of School- Based Health Centers

- Purpose:
  - To assess the impact of SBHCs on access to care, reducing disparities, and improving 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 > Insights and Reports
    - [Full report](#)
    - [Report brief](#)

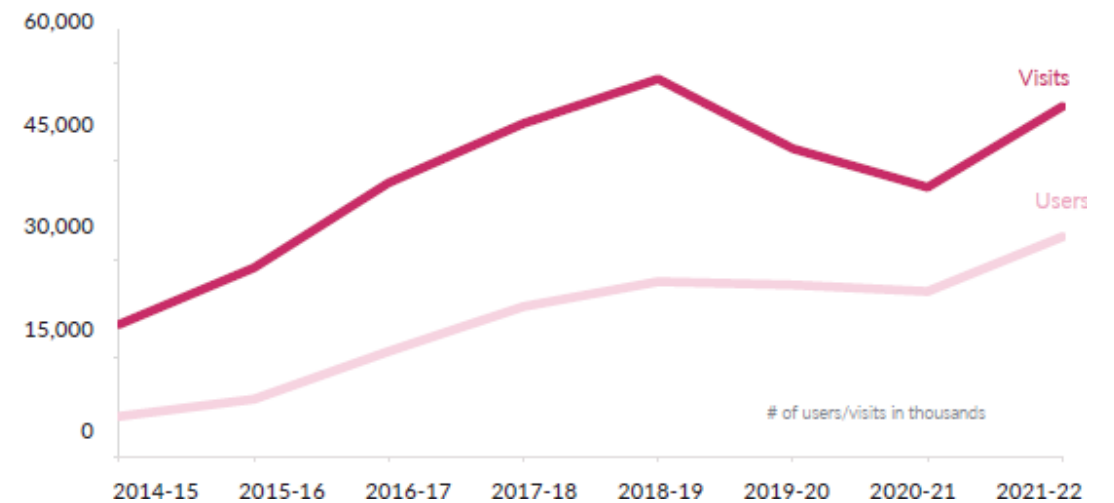




## Key Findings

- 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

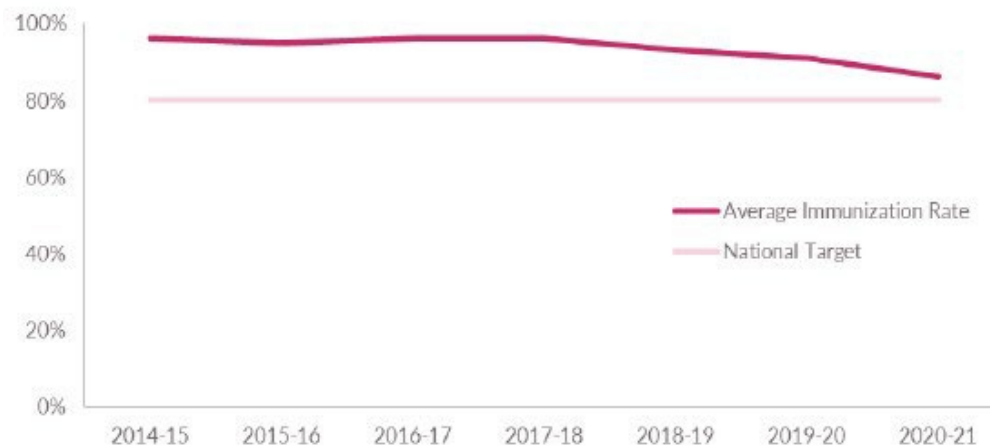




# Key Findings

- 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

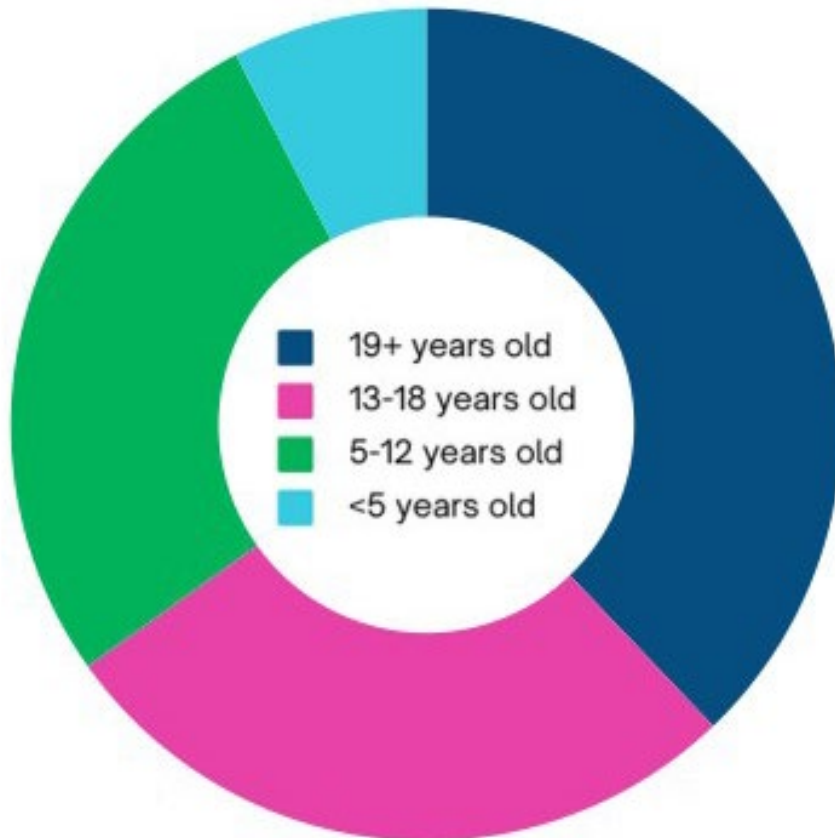






# SBHC serve students & surrounding communities

## School-Based Health Centers Patients by Age, 2022



### Patients Served:

- All students who attend a school within the district are eligible to receive services
- Siblings of students can receive care
- Teachers/Staff within the district
- Community Members (District specific)



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

# Key Themes and Recommendations

**Health Equity and Access** — Promoting universal access while also providing targeted support for prioritized populations.

- Expand telehealth, mobile care, transportation services and co- location services – including dental, vision, and mental and behavioral health
- Employ the [Thrive Rural Equity Framework](#)

**Coordination, Collaboration, and Integration** — Providing free services while managing multiplying system constraints

- Create a learning network for providers and educational partners
- Strong relationships and ability to problem-solve across school, district, and provider staff are key
- Allocated dedicated FTE to provide backbone support

**Student and Family Engagement** — Inviting student & family engagement knowing not all communities have positive prior experiences

- Proactive marketing and outreach, particularly with local and ethnic media outlets

**Staffing and Capacity** — Leveraging innovative practice while maintaining standards

- Cultivate partnerships with training/higher education institutions (e.g. Ohio State, UC, Xavier, UK)
- Employ a braided-funds approach to leverage multiple funding streams



## Key Themes and Recommendations (continued)

**Data & Reporting:** Data helps to tell the story of impact and to advocate for support.

- Data on the impact of SBHCs strengthens relationship between SBHCs and school boards, funders, insurers, etc. Also helps secure the funding for new centers and improvements to established sites.
- Pay-for-performance programs are helpful in compensating centers for collecting data and incentivizing progress toward performance targets.

**Staffing and Capacity:** Investing in provider pipelines helps 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.
- Important to cultivate partnerships with training/higher ed institutions (e.g. University of Kentucky & Bracken county for rural dental services)





**HealthSource**

of Ohio

# Who We Are

- Private, not-for-profit federally qualified health center
  - Established in 1976  
(48 years of experience)
- Mission: To provide exceptional health care to everyone in the community and to be passionate advocates for those who need us most.



for award winning primary  
health care in the community.

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# Eight County Service Area

## 22+ Locations

- Adams
- Brown
- Clermont
- Clinton
- Fayette
- Hamilton
- Highland
- Warren

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**Our Services:**

- Family Practice
- Pediatrics
- Ob/Gyn
- Pharmacy
- Dental
- Vision
- School Based Health
- Integrated Behavioral Health

**WARREN**  
Lebanon

**CLINTON**  
Wilmington

**FAYETTE**  
Washington CH

**HAMILTON**  
Anderson  
Mt. Washington

**HIGHLAND**  
Hillsboro

**CLERMONT**  
Loveland  
Eastgate  
Goshen  
West Clermont  
Batavia  
Williamsburg  
Mt. Orab  
Western Brown

**BROWN**  
New Richmond  
Felicity  
Georgetown

**ADAMS**  
Seaman

[healthsourceofohio.org](http://healthsourceofohio.org)

QR Code

Facebook, YouTube, Twitter, Instagram, LinkedIn, TikTok

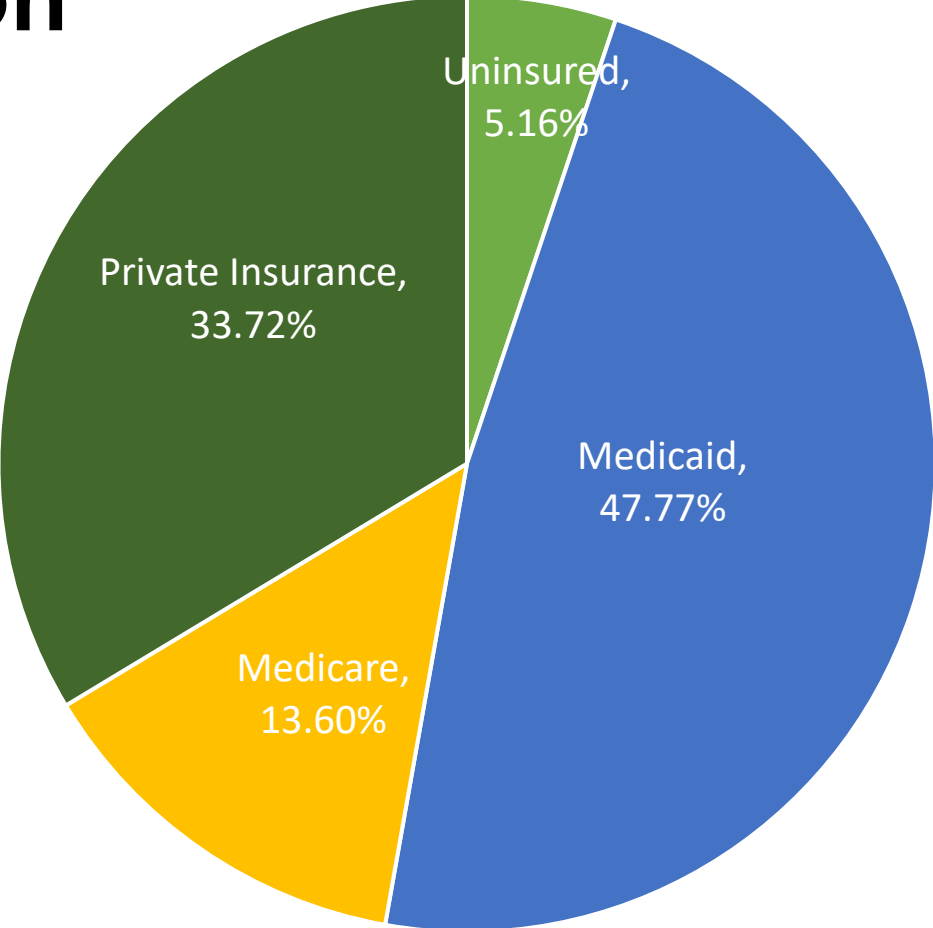
### Services:

- ☞ Integrated Behavioral Health
- ☞ Dentistry
- ☞ Family Medicine
- ☞ OB/GYN
- ☞ Pediatrics
- ☞ School-Based Health
- ☞ Pharmacy
- ☞ Vision

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# Patient Population



76.73% of patients at/below 200% Federal Poverty Guideline



# School-Based Health



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# Medical Services Provided

- Serves as an urgent care for students and faculty
- Physical
- Well Child Checks
- Testing: Flu, Covid, Strep, etc.
- Lab work
- Acute care
- Breathing treatment
- Immunizations
- Chronic disease care
- Sports Physicals
- Minor Procedures
- Well visits

## Why School-Based Health Matters

Remove barriers to health which include

- Lack of transportation to doctor's appointments
- Parents getting time off from work
- Delayed treatment for child/staff
- Cost of care

# School-Based Health Strategy

- **Strategy:**

- Many schools “want” a school-based health center, but not all models are sustainable
- If you have seen one school-based health center, you have seen one
  - There are many different models of providing care
- Utilize telehealth services in rural areas where it is not financially stable to have a full-time clinician
- SBH Clinicians work 4 days per week and utilize telehealth services
  - Goshen
  - Blanchester
  - Williamsburg
- **“Meeting families/students/faculty where they are”**
  - HSO has focused on medical desert areas
    - Williamsburg and Felicity-Franklin: schools had not had a clinician within 15 miles for 20+ years
    - Blanchester: one clinician in town, no longer accepts patients and does not accept Medicaid

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of Ohio

February is National School  
Based Health Awareness Month



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# School-Based Health Strategy

- **Lessons Learned:**

- Need boots-on-the-ground efforts early on during the process to gain buy-in from community key stakeholders
- Communicate with local medical providers and school faculty
- Focus on being three-person deep within the school leadership
  - As leaders retire/leave/be promoted, it is important to have the relationship remain intact





# Mobile Health Services: Dental and Vision



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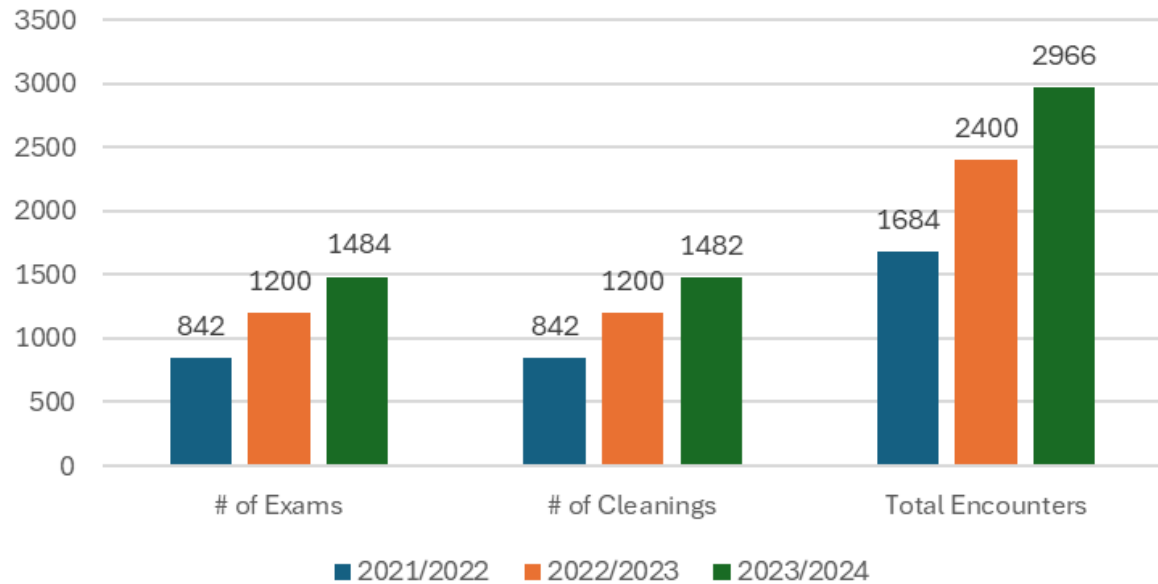
# Mobile Health Services

- Mobile Dental began in 2019
- Added a second Mobile Dental Hygiene Team
  - Began February 2024
    - Dental Assistant, Dental Hygienist, and Dentist
- Added Mobile Vision in 2023
  - Comprised of Optometrist, Tech, and Optician

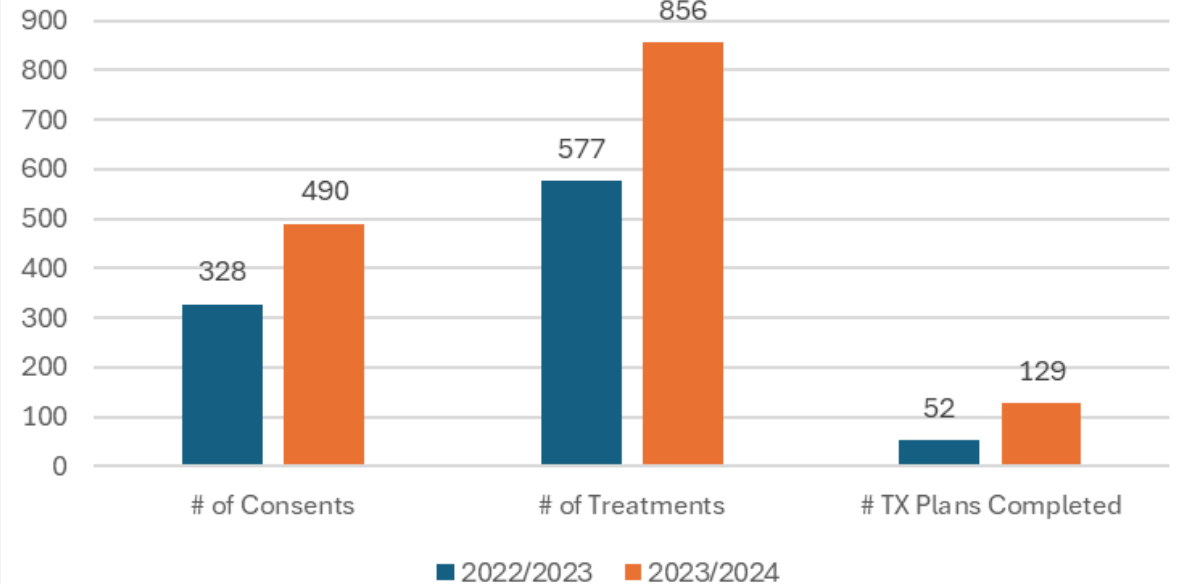
# Mobile Dental



### Mobile Dental Hygiene Encounters by Year

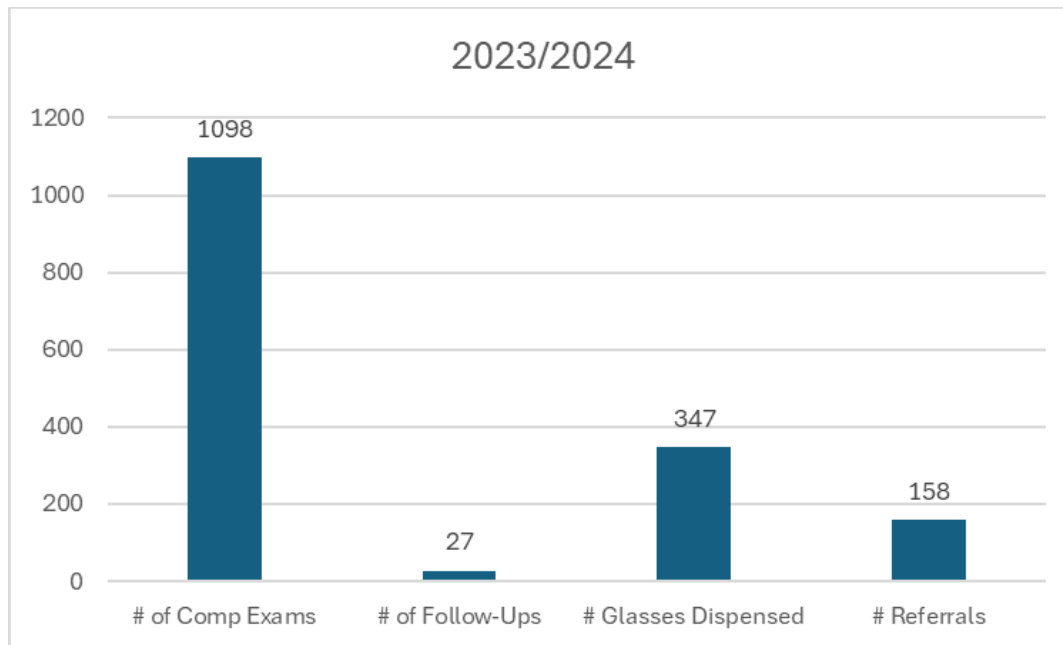


### Mobile Treatment Encounters by Year



# Volume Recap (23/24 School Year) Mobile Vision

- Visited 19 school buildings in 7 school districts



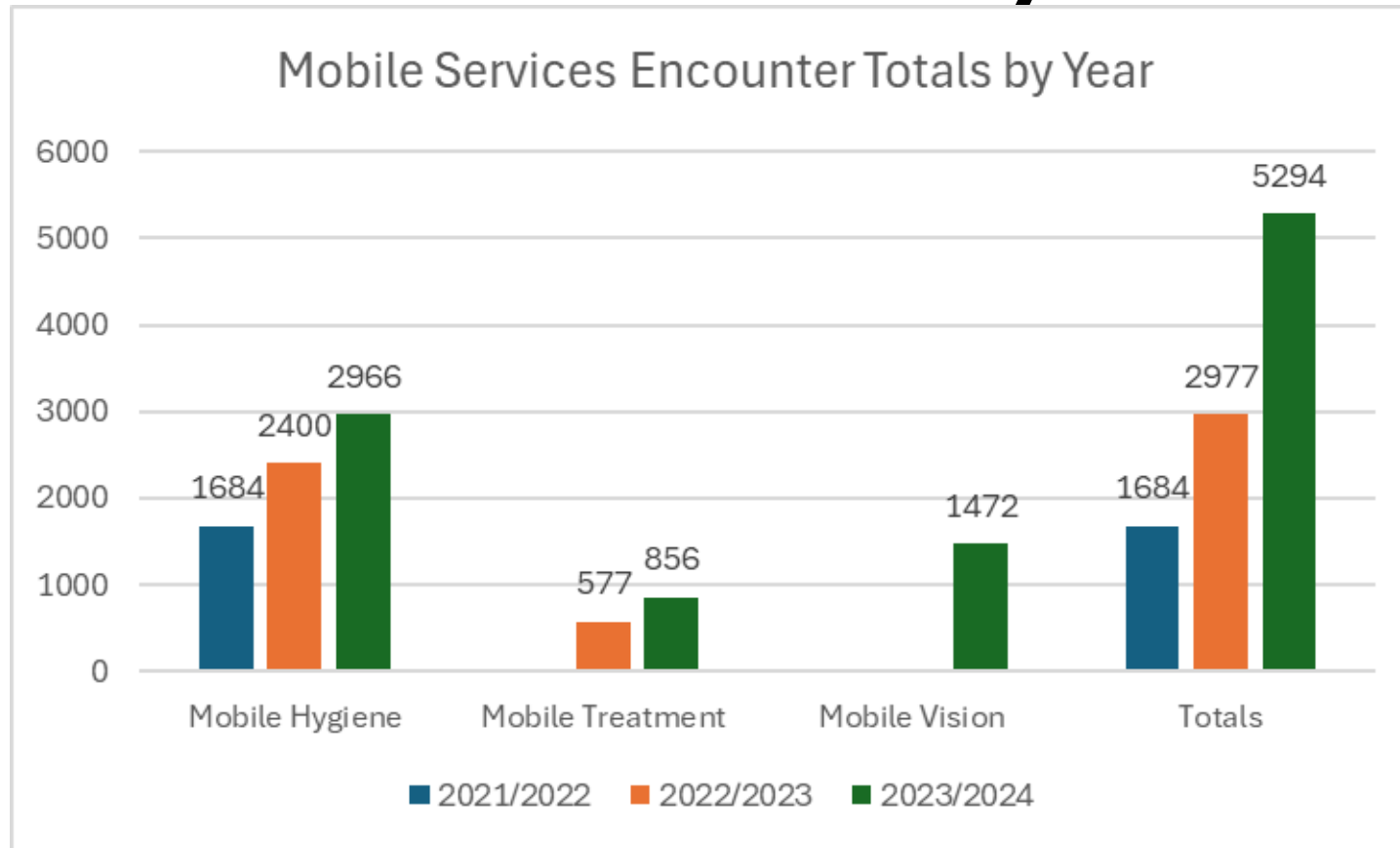


# Mobile Health: Consent Growth by School Year

School Year Received	# Consents Received
2021/2022	149
2022/2023	856
2023/2024	1262



# Mobile Health: Encounter Growth by Year





# What's Next

- **Focus on center utilization:**
  - HSO used to drive the number of consents and defined success by this
    - Now we are focused on center utilization
- Connect SBH centers with other HSO centers
- Provide integrated behavioral healthcare via telehealth
- Continue to meet with schools quarterly to discuss barriers, successes, and center utilization
- Mobile Health
  - Added vision space at one of our centers to provide follow-up care
  - Schedule time at schools during the summer for dental treatments



Together we can make  
happy, healthy communities.







DELA

The HealthCare Connection  
SCHOOL-BASED HEALTH CENTERS

# The HealthCare Connection

- Federally Qualified Health Center – began in 1967
- Mission is to provide quality, culturally sensitive, and accessible primary healthcare services focusing on the underserved, underinsured and uninsured residing in Northern Hamilton County and surrounding areas.
- We provide comprehensive, integrated primary healthcare services that include medical, dental, and behavioral health.
- Operate in 9 locations (currently 3 SBHC sites + 1 school linked location) across Northern Hamilton County.



# SBHC Sites

Viking SBHC – Princeton City Schools 2013



Mt. Healthy SBHC 2022



Lockland School-Linked Services 2021



Winton Woods SBHC 2023



# School-Based Health Services

- **Medical**

- Well-child/preventative care
- Acute care visits: colds, URI, strep throat, conjunctivitis, etc.
- Treatment for illness & injury/Lab tests
- Flu Shots/Immunizations/COVID vaccines
- Sports physicals
- Health education and promotion

- **Behavioral Health**

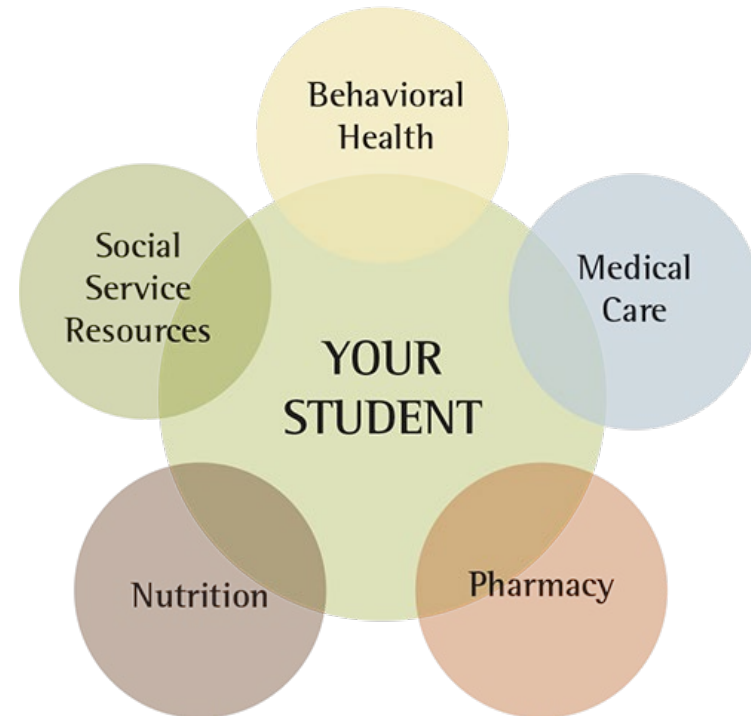
- Screenings for MH and SUD
- Crisis intervention
- Assessments and counseling

- **Dental**

- Oral health education
- Oral health screenings, cleanings, x-rays, fluoride
- Caries Risk Assessment, sealants, full dental exams

- **Pharmacy**

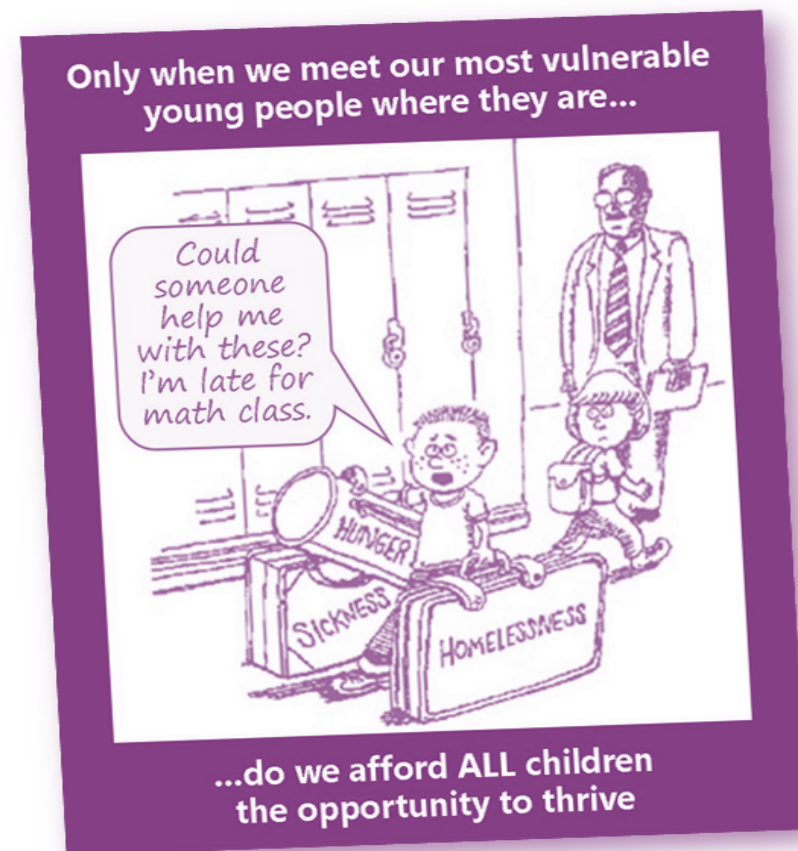
- 340B pricing
- Delivery to schools and SBHCs



# Why School-Based Health Care?

A **school-based health center** is a shared commitment between a school, community, and health care organization to support students' health, well-being, and academic success by providing preventative, early intervention, and treatment services where students are: ***in school.***

SBHCs help students and their families overcome access barriers to transportation, time, language and reduce financial barriers.





# Why Now?

**Regional Community Health Needs Assessment** (2021) has indicated top priority areas to include: Access to Health Care, Behavioral Health/Substance Use, Dental, Vision and impacting Social Determinants of Health.

The assessment underscores key health needs impacting youth and supports community input on student health needs.

- *23% of Hamilton County children are living in poverty and 53% uninsured rates among Black residents*
- *54% of children (5 to 14 years) do not get the recommended amount of physical activity per week*
- *Suicide attempts in Ohio rose 31% in 2020 and 59% of youth with major depression do not receive mental health treatment*

# Behavioral Health Needs / Integration

- Nationwide, 1 in 5 youth suffer from a diagnosable emotional, mental or behavioral disorder
  - 52% of Youth in Ohio with a mental health diagnosis do not receive treatment
- Consequences of untreated mental health disorders
  - Greater risk for poor academic outcomes
  - Suicide
  - Substance Use
  - Unemployment in adulthood
- 70% of children who receive MH services access them at school
- Integrated health and mental health reduce barriers such as stigma, non-compliance, inadequate access
  - BHPs in the SBHCs
  - Warm hand offs and partnership with other mental health partners



National School-Based Health Alliance, 2018. *Mental Health*. Retrieved from <https://www.sbh4all.org/school-health-care/health-and-learning/mental-health/#one>

Mental Health America, 2017. *State of Mental Health in America-Access to Care Data*. Retrieved from <http://www.mentalhealthamerica.net/issues/2017-state-mental-health-america-access-care-data>

# SBHC Outcomes = Health and Educational Equity

- Increased immunization rates
- Decreased use of the emergency room
- Improved screening and identification of students at risk for depression and anxiety
- Improved screening and early intervention to address risky substance use
- Decreased teen pregnancy and STIs
- Improved identification and screening of overweight/obese students
- Improved educational outcomes
  - Better school performance
  - Grade promotion
  - High school completion



# Reflections and Key Lessons

- Relationship building is key to success.
- Raising awareness and continuous communication. Start early.
- Finding the right team: flexible, resilient, driven to build relationships and create patient flow / access to care.
- Advisory Councils – key stakeholders and partners with the district. Meet regularly.
- Integration with the district builds trust.

# Current Priorities

- Expansion of SBHCs
  - 3 new partnerships / districts:
    - North College Hill
    - Finneytown
    - Northwest
- Launching vision services line
  - Upgraded vision screenings
  - Portable vision program
  - Traditional vision center
- Telehealth services – expansion
- Improved utilization and consents rate
- Utilization of dental services and dental upgrade at Viking SBHC
- Utilization of in-house pharmacy and delivery services



Questions?

WELCOME TO  
THE NEW  
S.B.H.C!

