

School-based health care support toolkit: Vision for Ohio School-Based Health Care

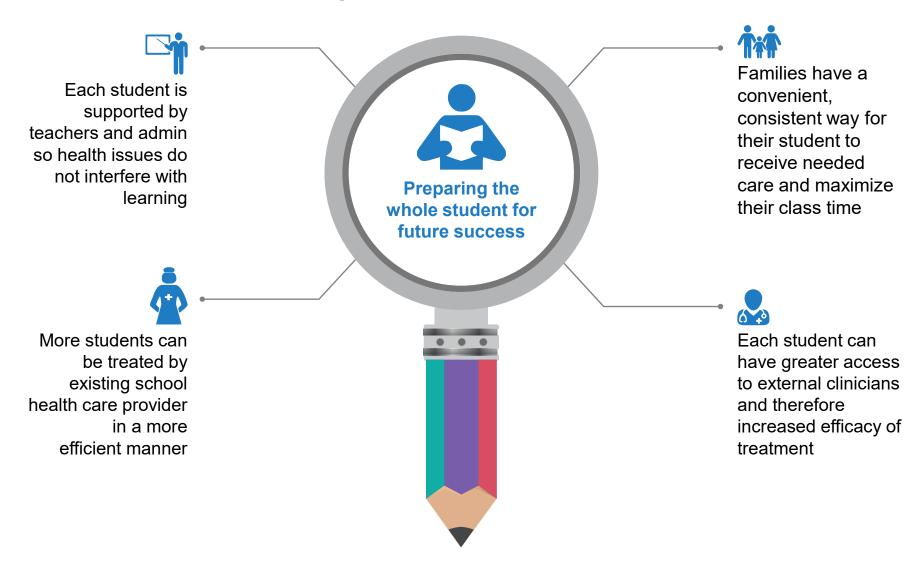








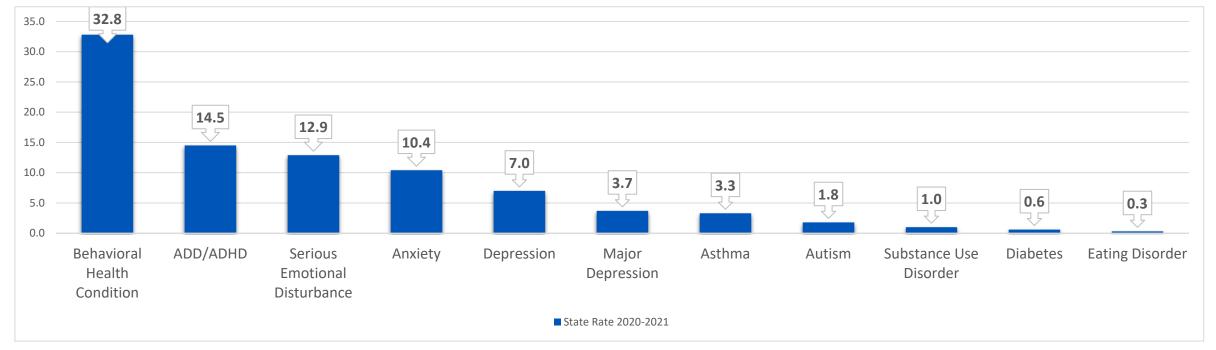
Ohio School-Based Health Care seeks to create an accessible, connected community of caring adults around each student to keep them in class and learning



School-aged children in Ohio struggle with many common health issues that lead to academic issues

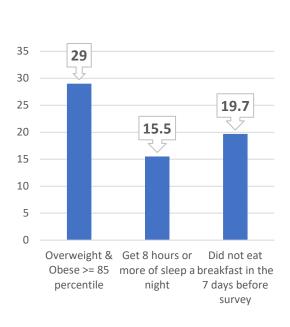
Most Common Health Conditions of Ohio Students Enrolled in Medicaid 2020/2021

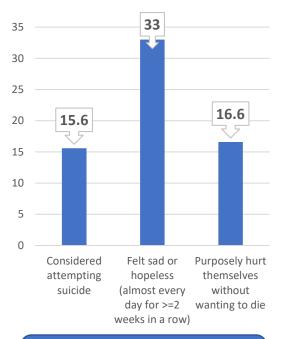
The Ohio Department of Education (ODE), in partnership with Ohio Department of Medicaid (ODM), released the third annual edition of the Ohio Healthy Students Profiles as a data resource for needs assessments and planning. The profiles include measures on health care interactions, health conditions and education indicators for the Medicaid-participating subgroup of students. There is a separate profile for each district and school with sufficient enrollment (30 students participating in Medicaid). The information is intended for educators and other community stakeholders who influence the policies and programs that support student wellness in Ohio. Importantly for education administrators, the profiles can inform the specific aims of Student Wellness and Success Funds (SWSF) and Base Costs, Disadvantaged Pupil Impact Aid, positive behavioral interventions and supports (PBIS) and School-Based health care partnerships. In the 2020-2021 school year over 694,000 students participated in Medicaid for at least three months, accounting for 41% of Ohio's K-12 public school enrollment. Visit the Ohio Department of Education's website for more information on Ohio's Healthy Student Profiles.



Ohio's 2019 Youth Risk Behavior Survey Results

The Youth Risk Behavior Survey is part of a nationwide surveying effort conducted every two years in a sample of high schools across the state. This effort is led by the U.S. Centers for Disease Control and Prevention (CDC) to monitor students' health risks and behaviors in six categories identified as most likely to result in adverse outcomes. These categories include unintentional injury and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and disease; dietary behaviors; and physical inactivity. The YRBS is the largest public health surveillance system in the U.S. and the only reliable source of state-level, health behavior data for the teen population in Ohio. Ohio has participated in the YRBS since 1993. For more information on the survey visit Ohio Department of Health's Youth Risk Behavior Survey website.





29.7

30

25

20

16.2

15

10.3

10

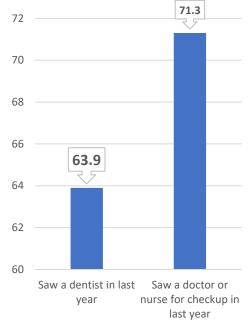
First drink of alcohol before age alcohol before age 13 years

13 years

29.7

10.3

Used marijuana or cigars at least 1
day in the 30 days before the survey)



Weight, Sleep & Nutrition

Mental Health,
Suicide & Self-Harm

Tobacco & Substance Use

Tobacco & Substance
Use

Ohio Department of Health 3rd Grade Oral Health Screening Survey 2017-2018

The Ohio Department of Health conducted an open-mouth oral health screening survey of third grade schoolchildren during the 2017-18 school years. This survey is the seventh conducted by ODH, dating back to the 1980's. Oral health surveillance of this population has enabled ODH and other state and local partners to monitor trends in oral health status and access to dental care. Third grade students are the target population for these surveys to enable ODH to report data to the Centers for Disease Control and Prevention National Oral Health Surveillance System and to allow comparisons with the Healthy People 2020 national oral health objectives. Visit Ohio Department of Health's website to view the <u>full data report.</u>

Overall Findings



screened had a
history of
tooth decay
(at least one filling,
crown, untreated
cavity or tooth
extracted due to
decay).

20% of children

screened had at least one untreated cavity. 48% of children

screened had one or more dental sealants on a permanent molar. 84% of children

reportedly had a dental visit within the past year.

Table 1: Comparison of 2017-18 Ohio Survey Results to National Targets for 2020²

	National Target	2017-18 Survey	Target Met?
Percentage of children with history of tooth decay	49%	48%	Yes
Percentage of children with untreated cavities	26%	20%	Yes
Percentage of children with one or more dental sealants	28%	48%	Yes
Percentage of children who had visited the dentist within the past year	49%	84%	Yes

² Healthy People 2020. U.S. Department of Health and Human Services. https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health. Accessed 6.25.19.

School-based health care initiatives have shown measurable impact on student health and consequently academic outcomes

Outcomes from different nationwide school-based health care initiatives

Health outcomes

- Improved access to care
- Improved mental health outcomes
- Improved oral health outcomes
- Improved vision outcomes
- Improved nutrition
- Reduced hospitalizations





mental health services had an 85% decline in

health center or HMO¹

disciplinary referrals³

health for mental health services than a community

Adolescents are 10X more likely to utilize school-based

Academicrelated outcome

- Lower rate of absenteeism
- Fewer disciplinary referrals
- Fewer students in restrictive classroom environments
- Reduced academic stress



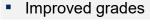
Improved community perception of school quality or safety

In a sample of 400+ schools with and without schoolbased health care, parents and students in schools with health care rated "academic expectations" and "school engagement" significantly higher than in those without4

Students in Dallas' School-Based Health Care program

saw absences decrease by 50%; students utilizing

Academic achievement



- Improved test scores
- Increased classroom engagement



The Connecticut School-Based Health Care program found a 31% decrease in course failure among the 16K+ students that received services⁵

^{1 &}quot;Use of Health and Mental Health Services by Adolescents Across Multiple Delivery Sites", Journal of Adolescent Health (2003) 2 San Diego M-SPAN program (2008)

³ Dallas Independent School District Youth and Family Centers Program (2000-2001) 4 US Department of Education Learning Environment Survey (2007)

⁵ Connecticut Association of School Based Health Centers (2011)

School-based health care has shown transformative results across Ohio in a diverse set of communities with diverse needs

How has school-based health care impacted your school community?





For all hours our doors are open, we're here to help the whole community

- Superintendent



We get students back to school and learning ... and have saved parents a great sum in lost wages

- Hospital network



My son can attend more school because there is more available care

- Parent



I can help so many more children get the treatment they need

- School care provider



We have access to students in need we never could have had otherwise

- Community Health Center



Our doctors show up at the football games ... they've become a true part of our school

- Teacher

School-based health care has been defined in a range of ways – any could be appropriate depending on your community

- School-based health in Ohio ranges from a large school health center that houses full-time medical staff to a smaller part-time clinic that may only have a single staff person
- Many school-based health efforts are housed on-site within renovated rooms or an adjoining building, while others are housed off-site and linked to providers through their facilities or a mobile clinic
- School-based health can include a range of culturally sensitive services, a list of common options schools have included is provided below:

Primary Care

- Annual and sports physicals
- TB testing
- Hearing and vision screening
- Management of chronic conditions (e.g. diabetes, asthma)
- Immunizations and lab tests
- Reproductive health services
- Over-the-counter medications and prescriptions
- Referrals to outside services

Mental Health

- Alcohol and substance abuse counseling
- Mental health awareness and outreach, including suicide prevention
- Screening for depression
- Individual, group, and family therapy
- Crisis intervention
- Clinical and behavioral case management

Oral Health

- Screenings
- Fluoride varnish
- Sealants
- Dental cleanings
- Oral health education
- Referrals to treatment and specialty services off-site
- Basic restorative services

Other Wraparound Services

- Health promotion and risk reduction
- Nutrition and physical activity promotion
- HIV/AIDS and STI prevention education
- Pregnancy prevention
- Peer health education and youth advisory boards
- Parent education programs

Ohio School-Based Health Care's chief goal is reducing the rate of chronic absenteeism across the state



Chronic absenteeism is tied to both health and academic outcomes



Students treated for recurring health issues are less likely to be chronically absent and more likely to respond to academic improvement efforts

Improved attendance is associated with higher math and reading achievement outcomes, educational engagement and social engagement

School-based health care can have an impact



School-Based Health Care initiatives have shown a significant effect on rates of absenteeism, tardiness and early dismissal, as well as level of student engagement in class

This toolkit contains resources to help in overcoming the chief perceived barriers in launching school-based health efforts

perceived parriers in launching school-based health efforts			
Perceived barriers to starting	Toolkit resources to help		
How do we get started?	Info from other schools on how they got started and steps to connect with necessary stakeholders		
How do we find health care providers to partner with?	Plan for finding, engaging and reaching out to the right provider partner		
How do we educate families, teachers and the community on our model and get them to buy in?	Engagement materials that highlight the benefits of school-based health care to that specific stakeholder		
How will we be able to serve students and share data in a HIPAA/FERPA compliant way?	Information on data sharing and consent, including State of Ohio approved templates		
What if we don't have space for this in our building?	Info on utilizing current space and potential options that require little additional space		
Where are we going to find the resources to make this work?	Resources other schools have used to make their model sustainable		
How will I organize my school-based team?	Roles and key responsibilities needed and information on how they interact and share data		
Who's going to help us when we have an issue?	Additional resources beyond the toolkit including peer		

network of schools excited to provide guidance

(FORTHCOMING)