



School-based Healthcare *in Ohio*

Mary Kay Irwin, EdD
Senior Director, School Health
Nationwide Children's Hospital

Francie Wolgin, MSN
Executive Director
Growing Well

Adrienne Sirbu, MHI, BSN, RN
School Nursing Supervisor
Cincinnati Health Department

Kelly Vyzral
Senior Health Policy Associate
Children's Defense Fund-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.



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Reaching the Finish Line



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.

We want to thank and recognize the generous supporters of this work:

Sisters of Charity Foundation, St. Luke's Foundation of Cleveland, Medical Mutual Foundation, Bruening Foundation



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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

The Why

“Could someone help me with these? I’m late for math class.”



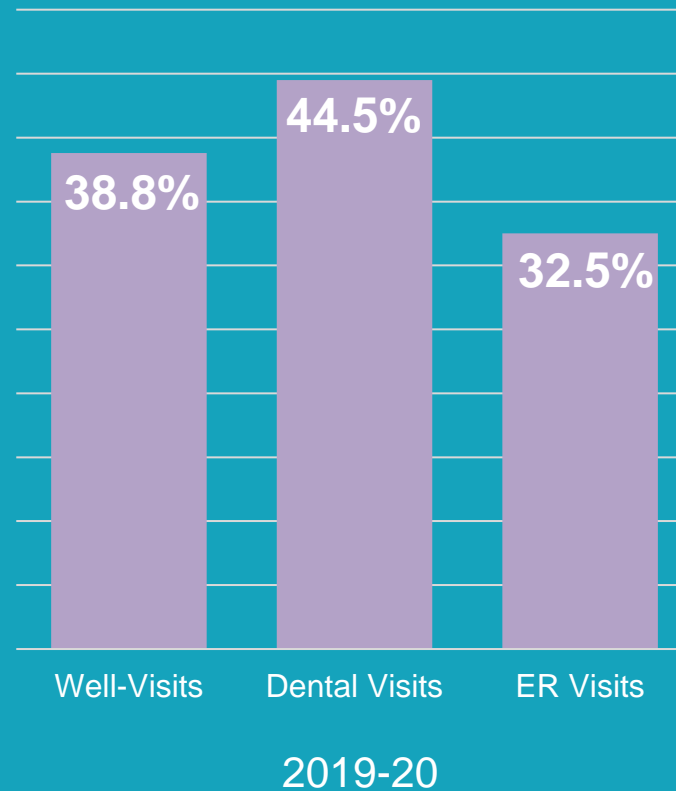
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Why in Ohio?



Only 54% of Ohio's children have an established medical home¹

Healthcare Interactions among Medicaid-Enrolled Students in Ohio²



Nearly 50% of students who fail school vision screenings do not receive needed follow-up care³

1) HPIO; 2021 Health Dashboard

2) Ohio Healthy Students Profiles, Ohio Department of Medicaid, Ohio Department of Education

3) Ohio Optometric Foundation



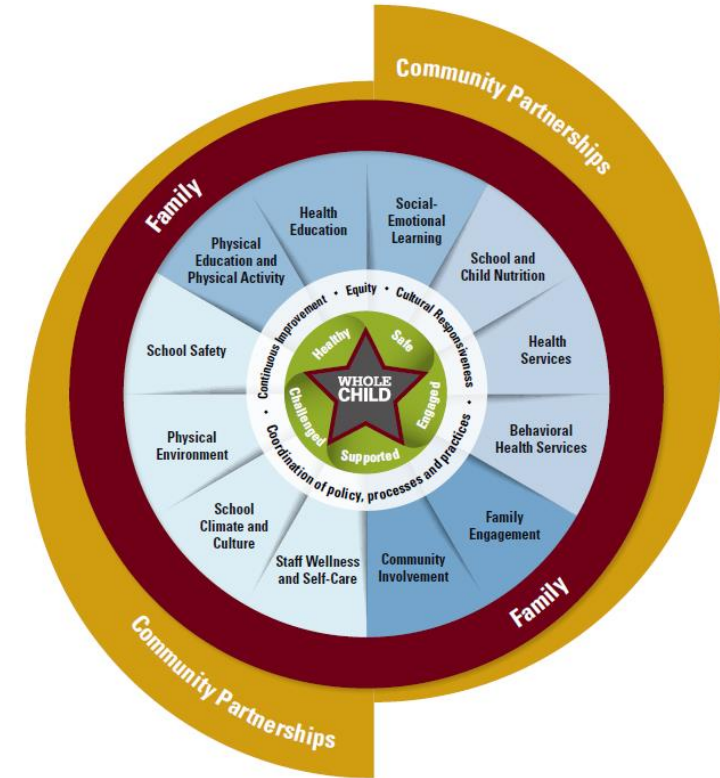
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The Opportunity

Social Determinates of Health



Ohio's Whole Child Framework



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So what is School Health?

A partnership...
designed to create
critical access



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Various Models



Fixed Site
in school



Mobile Vans
/ Trucks



Mobile
Providers



Telehealth



Hub &
Spoke

Various Models



Before

After



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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)



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Staffing

- Lean staffing models
 - Fewer
 - APN vs MD
- Work to top of their license
- Wear multiple hats
- Ingrained in school culture



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Partnership for Success

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



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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



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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



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Sustainability

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



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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



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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



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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



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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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395 East Broad Street, Suite 330

Columbus, OH 43215

(614) 221-2244

www.cdfohio.org