

# School-Based Health Models of Care

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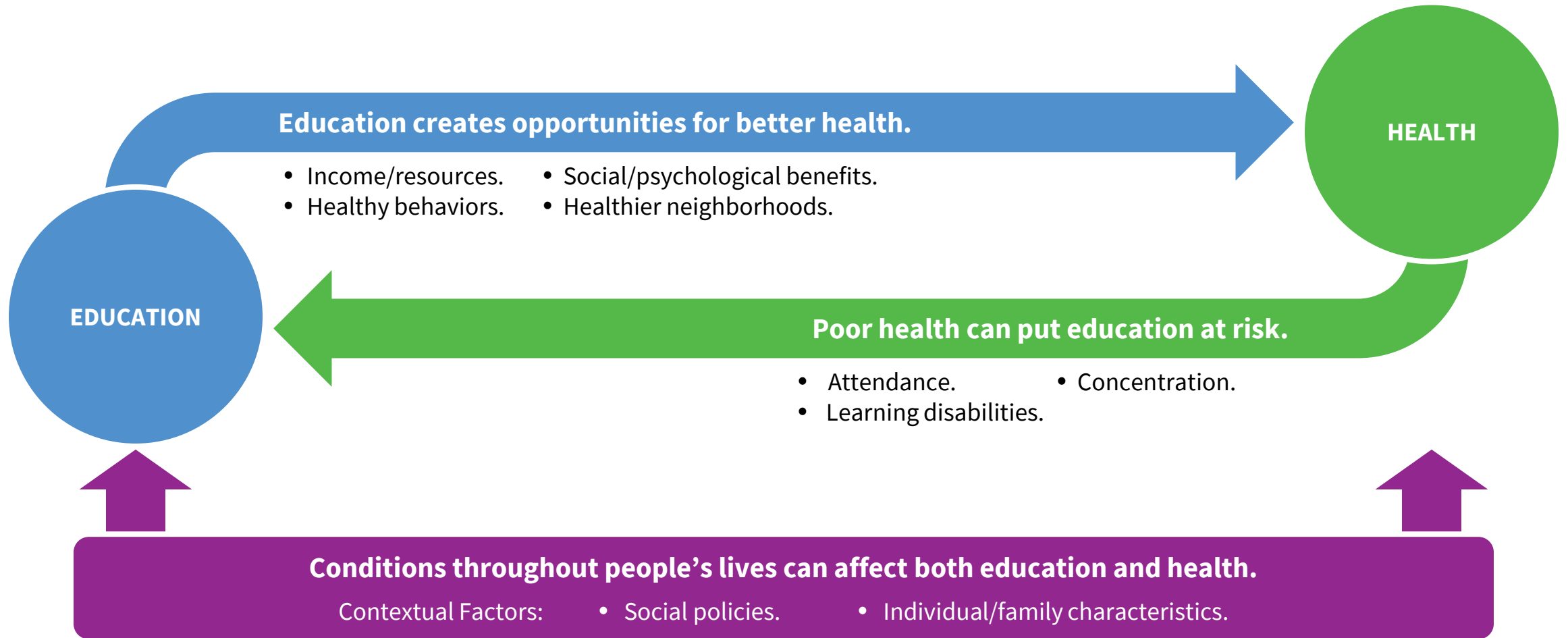
This training is one of six funded by the Ohio Department of Health and developed in partnership with Nationwide Children's Hospital.

### **Objectives:**

- Demonstrate the link between health and education.
- Define School-Based Health and outline the impacts on student health and academic achievement.
- Review the different models of school-based health care.



# Relationship between Health and Education



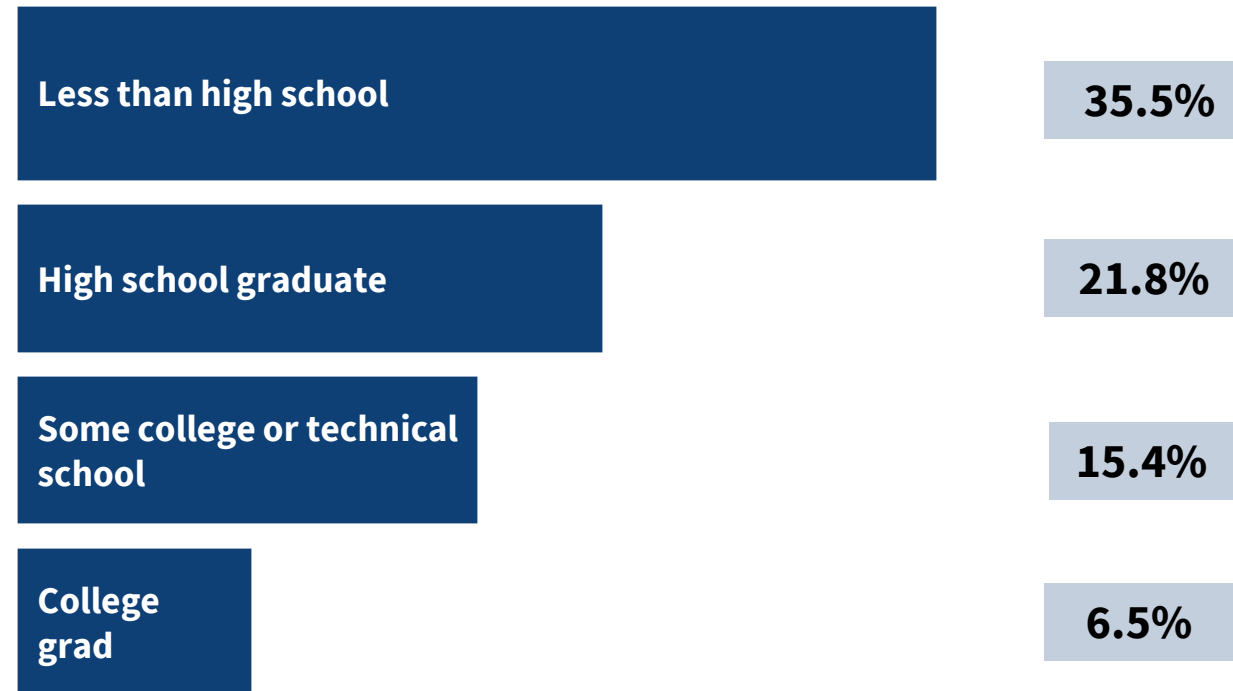
Graphic adapted from:

Virginia Commonwealth University. (2015, Feb. 13). *Why Education Matters to Health: Exploring the Causes*. Center on Society and Health.

<https://bit.ly/3LEuLl0>

# Education → Health

Percent of Ohio Adults Ages 25 and Older Reporting Fair or Poor Health by Educational Attainment



**Source:**

SHADAC analysis of the Behavioral Risk Factor Surveillance Survey as compiled by the RWJF DataHub (HPIO)



# School-Age Health Status in US

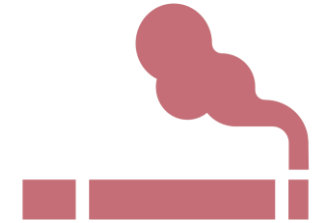
Less than half of children (6-11) have dental sealants.



Children from lower-income households twice as likely to have untreated cavities.



2 in 5 US students are living with a chronic condition.



Nearly 24% of US high school students use at least one tobacco product.

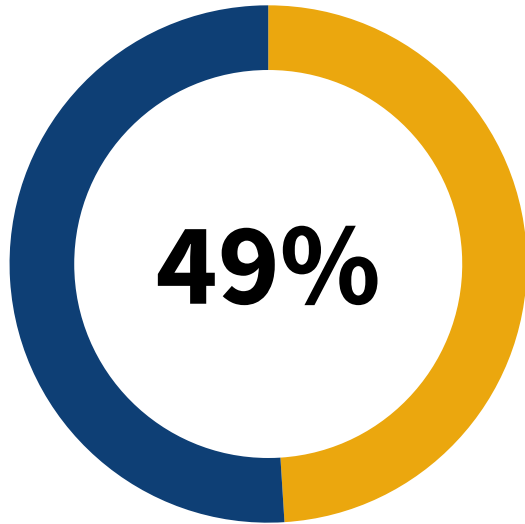


Over 20% of adolescents have obesity.

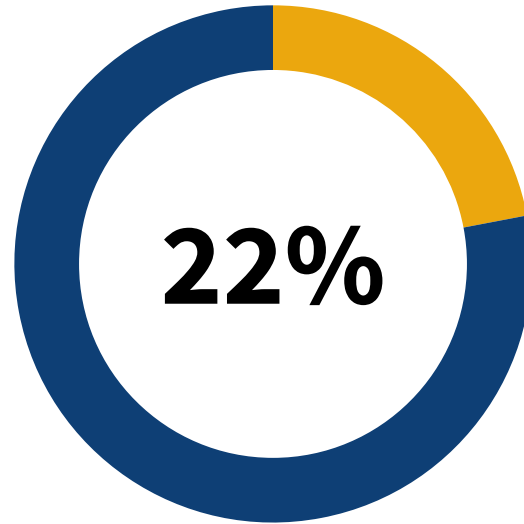
**Source:**

Centers for Disease Control and Prevention  
<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/children-health.htm>

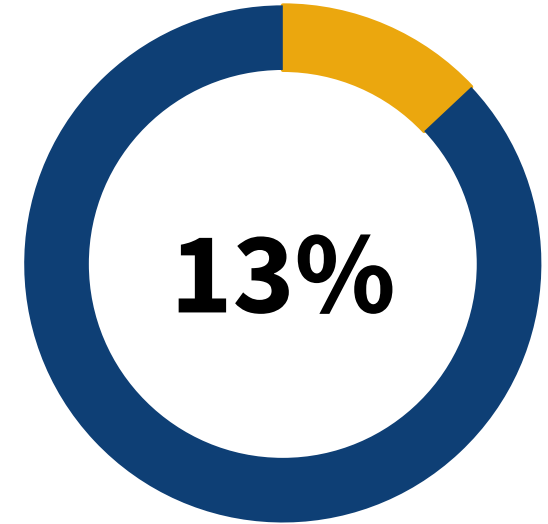
# School-Age Health Status in Ohio



Had a medical home to provide a usual source of care.



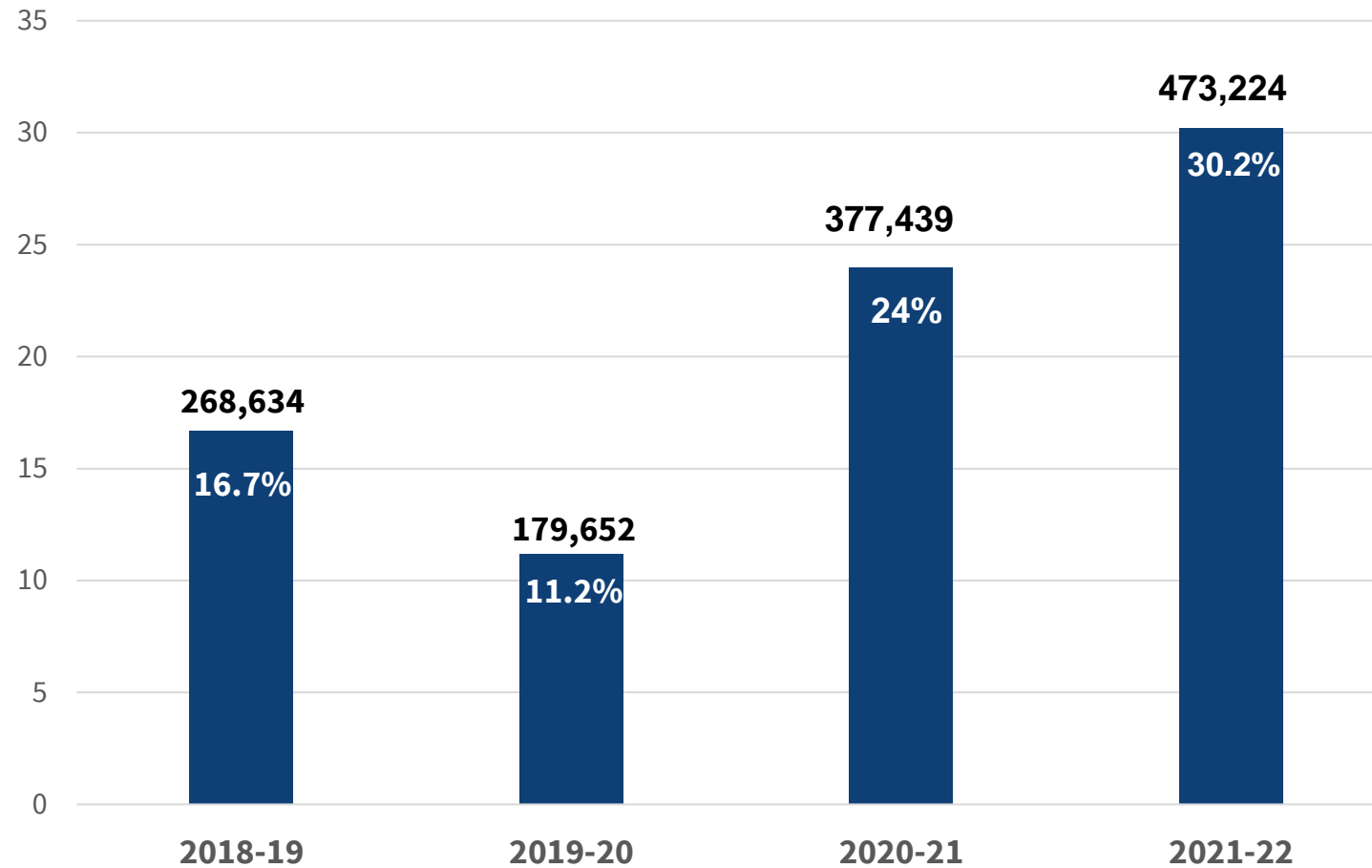
Did not have a place to go or consult when they were sick.



Reported being depressed or having anxiety.

**Source:**  
Ohio School-Based Health Alliance. (2023). *School-based health care in Ohio: A closer look at school-based health centers (SBHCs)*.

# Chronic Absenteeism Trend in Ohio



**Source:**  
Ohio Department of Education and Workforce,  
2022





# Being Present Routinely Counts!

Students who have never  
been chronically absent are  
**6.7 times** more likely to  
achieve reading success by  
3<sup>rd</sup> grade



Students who were never  
chronically absent during  
high school are **9 times**  
more likely to graduate  
on time

**Source:**  
Ohio Department of Education and Workforce,  
2022



# Solution? School Health!

## **Overarching Goal:**

Develop authentic partnerships by leveraging integrated models of care to eliminate non-academic barriers to learning.



## **Intervene Early**

## **American School Health Association Definition:**

School Health is the comprehensive efforts of developing, implementing, and evaluating services, both within the school and the community, that provide each and every student with the resources needed to thrive within a healthful environment.

# Patient & Student-Centered Frameworks

## Social Determinants of Health



Source:  
Office of Disease Prevention and Health Promotion.  
<https://health.gov/healthypeople/priority-areas/social-determinants-health>

## Ohio's Whole Child Framework



Source:  
Ohio Department of Education and Workforce.  
<https://education.ohio.gov/Topics/Student-Supports/School-Wellness/Ohios-Whole-Child-Framework>



# Why School Health?

Can be leveraged as a health equity strategy:

- Provides meaningful access to care for students, caregivers, and staff that may otherwise not access care.

Helps meet students' social and emotional, physical and safety needs.

Shows measurable impacts on student health and subsequent academic outcomes.



# Why School Health?

## Health

- Improved access to care and insurance coverage.
- Improved physical and mental health outcomes.
- Reduced hospitalizations and urgent care utilization.
- Patients develop trusting relationships with provider.
- Community members experience optimal health.

## Academic

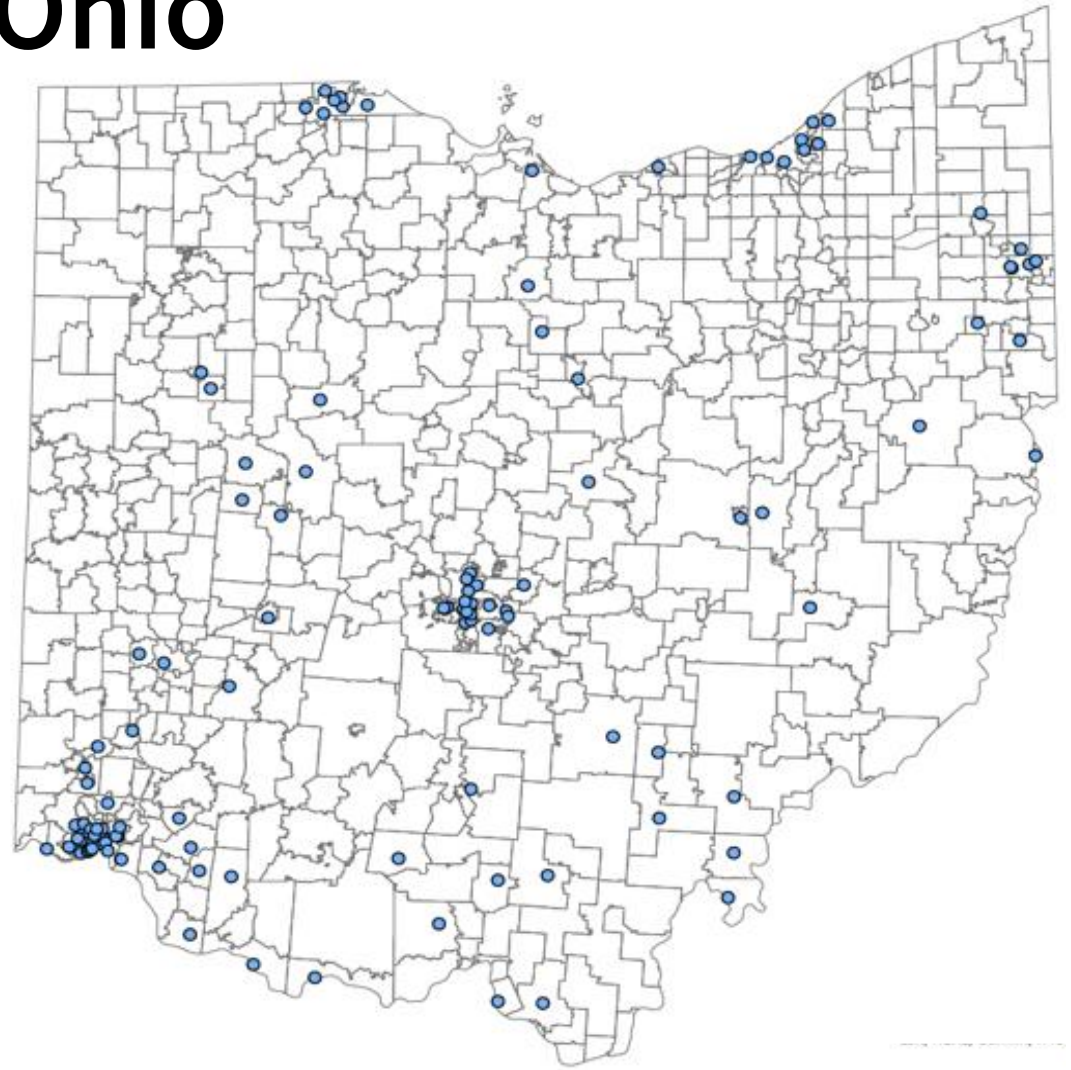
- Lower rates of absenteeism.
- Fewer disciplinary referrals.
- Improved grades and test scores.
- Improved classroom management.
- Improved community perception of school quality or safety.



# SBHCs are Growing in Ohio

62 SBHCs in 2017

150+ SBHCs in 2023



**Source:**

Nationwide Children's Hospital & Ohio University. (2023, May). *Map of Ohio's School-Based Health Centers.*



# School Health Models

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**School-Linked**



**Mobile Provider**



**Mobile Unit**



**Fixed Site in School**

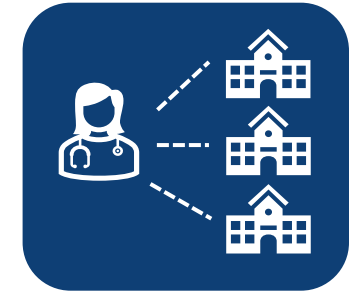


**Telehealth Exclusive**



**Hub & Spoke**

# School-Linked



## The Basics:

- Leveraging a clinic near a school campus; often have dedicated appts for students at partner school(s).
- Providers deliver care primarily on-site at the nearby location (e.g., outpatient clinic).
- May require some remote services.
- Benefits from dedicated transportation system.

## Considerations:

- Financial burden heavy on provider side; school may fund transportation.
- Co-branding.
- Shared communication strategy critical to help students and families identify offsite location as a school-linked resource.
- Providers embedded in school culture.
- Transparency related to other provider commitments.
- Flexing with evolving school schedule can be challenging.

### Source:

Nationwide Children's Hospital. (2021). *School-Linked Models of Care* [Fact Sheet].





# Mobile Providers



## The Basics:

- Medical providers traveling to various locations to offer care.
- Providers typically use mobile equipment.
- Gap care or specialty service (e.g., vaccine clinic, STI testing services, dental, chronic disease management program, etc.).

## Considerations:

- Scope and volume are often limited.
- Need to select a desirable location to set-up and operate, and make plans for logistics (e.g., getting students to and from the provider).
- Shared communication strategy.
- Need to be clear in messaging regarding the services that can and cannot be provided.

### Source:

Nationwide Children's Hospital. (2021). *Mobile Providers* [Fact Sheet].



# Mobile Units



## The Basics:

- Mobile unit parked on or near school campus.
- Providers deliver care primarily on-site in the mobile unit.
- May require some remote services.
- Can respond to need in various locations.
- Commonly used for gap care.
- Convert for various specialties.

## Considerations:

- Financial burden heavy on provider side; mechanical issues are expensive and can unexpectedly shut down access.
- Co-branding.
- Shared communication strategy.
- Recruiting and retaining drivers can be challenging.
- Storing and cleaning can be expensive.

### Source:

Nationwide Children's Hospital. (2021). *Mobile Units* [Fact Sheet].



# Fixed Site in School



## The Basics:

- Traditional model.
- Fixed site on school campus.
- Providers deliver care primarily on-site at the school.
- May require some remote services.
- Can be leveraged as telehealth site.

## Considerations:

- Shared financial burden.
- Co-branding.
- Shared communication strategy.
- Providers embedded in school culture.
- Other organizations or providers that might be on-site offering services.

### Source:

Nationwide Children's Hospital. (2021). *Fixed Site Models of Care* [Fact Sheet].



# Telehealth Exclusive



## The Basics:

- Fixed, private site on a school campus.
- Providers deliver all care remotely; can facilitate expansive reach.
- Most have a referral process and connection to in-person care, as needed.
- Parents can sometimes simultaneously engage in visit.

## Considerations:

- Sophisticated internet connection and equipment may be necessary.
- Need to identify on-site facilitator (ideally not the school nurse).
- Scheduling can be complicated if facilitator has other responsibilities.
- Shared communication strategy.
- Need to be clear in messaging relative to the services **can and cannot** be provided.

### Source:

Nationwide Children's Hospital. (2021). *Telehealth Exclusive Models of Care* [Fact Sheet].



# Hub and Spoke



## The Basics:

- Fixed site on a school campus – typically in a high school.
- Providers deliver care primarily on-site at the school.
- Dedicated remote connection to all other buildings in district.
- Remote schools have dedicated private space and a facilitator.
- Reduces need for transportation between buildings.
- Leverage intra-district transportation for students at spoke locations when in-person care is required.

## Considerations:

- Shared financial burden.
- Sophisticated internet connection and equipment may be necessary.
- Co-branding.
- Shared communication strategy.
- Providers embedded in school culture.
- Scheduling can be complicated depending on number of spokes.
- Need to clear about what **services** are **available at the Hub** and what **services are available at the Spokes**.

### Source:

Nationwide Children's Hospital. (2021). *Hub and Spoke Models of Care* [Fact Sheet].



# Scope of School-Based Health Centers

## Types of Services

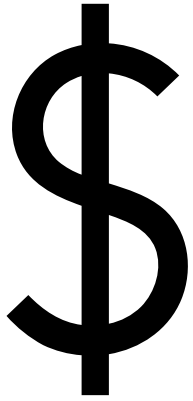
- Primary care.
- Dentistry.
- Vision.
- Chronic disease management programs.
- Vaccine programs.
- Mental health.

## Commonalities

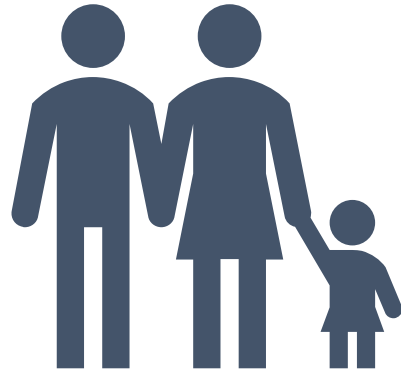
- Comprehensive in nature.
- Minimize referrals out.
- Target those without a medical home.
- Medical home and linked to 24/7 care.
- Consented care for youth.
- Serves students, youth from the community and sometimes adults.

# 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 the school nurse.



Simply sending a provider to a school with a stethoscope.

# Thank You

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