

The Landscape of School-Based Health Services in Ohio
Results from a Fall 2021 Survey

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tooth decay, depression, being overweight, and/or being obese (Ohio Department of Education, 2021a). The presence of SBHCs allows for students to remain in school while receiving healthcare, reducing time out of the classroom and increasing time spent learning (The Health Foundation of Greater Cincinnati, 2005). Research has shown an association between the presence of SBHCs and reduced absenteeism (Barnet et al., 2004; Gall et al., 2000). Moreover, SBHCs can act as an important safety net by improving healthcare utilization and access for Medicaid-insured youth who would not otherwise have healthcare (Hussaini et al., 2021; Wade, et al., 2008). Youth in schools with SBHCs are ten times more likely to utilize an SBHC for mental health services than a community health center or HMO (Juszczak, 2003). Given their known benefits, SBHCs in Ohio, including SBHCs, can play a critical role in student education and healthy development.

Creating and maintaining a sustainability plan is a core aspect of SBHC models. In Ohio, SBHC providers may receive funding from public and private insurance billing and grants from community, state, federal, private, or nonprofit sources (Ohio Department of Education, 2021c). Maintaining a continued source of funding is an ever-present challenge for SBHCs and a key driver for accurate and current data collection (Nystrom and Prata, 2008).

Survey Purpose for Ohio

Recognizing the value of SBHCs in Ohio, the Ohio School-Based Health Alliance developed a survey to better understand the reach and needs of schools that rely on SBHCs, including SBHCs and other models of SBHC delivery. This survey data will be used to provide the Ohio School-Based Health Alliance with accurate, expanded information about SBHCs' demographics, services provided, utilization, and prevention activities. This data will be used to update statewide and national census information on current SBHCs' practice and inform partnerships between Ohio SBHCs to facilitate data sharing and collaboration. This data will also be used for future SBHC advocacy efforts, to inform the broader effort in Ohio to improve child health and well-being and build support for public policies and investments that are informed by research.

Project Overview

The Ohio School-Based Health Alliance has a history of convening state school-based health partners and reporting state updates to the National School-Based Health Alliance. The Schubert Center for Child Studies at Case Western Reserve University focuses on bridging research, practice, policy, and education for the well-being of children and adolescents.

The Ohio Alliance identified a need to better understand the school-based health services landscape in Ohio and partnered with the Schubert Center for Child Studies to accomplish the

following project goals: update the Ohio School Based Health Alliance contact list of existing Ohio SBHS providers; understand the SBHSs landscape in Ohio, including scope and basic operating procedures; and utilize data to inform collaborative planning to better serve statewide SBHSs.

Survey Methods & Sample

The survey was developed collaboratively by the Ohio Alliance and Schubert Center teams. Questions on the National School-Based Health Care survey were evaluated to determine if they aligned with the Ohio Alliance's needs and aims. In consultation with the Schubert Center, key questions were derived, including the addition of COVID-19-related questions, and Ohio Alliance leadership provided feedback on the format of questions (e.g., multiple choice options). The survey was created in Google forms and pilot tested on Ohio Alliance members. Edits were made after the pilot of the survey for clarity and the survey was finalized. The final survey included 29 general (pre

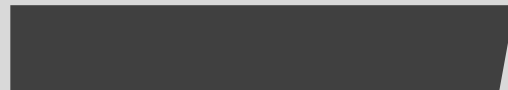
School Based Health Services in Ohio

Of the 64 SBHS sites represented in the survey, 89.06% (57) were traditional school-based health centers co-located within a school, 6.25% (4) were mobile school-based health care, and 4.69%

Types of School-Based Health Services

SBHS sites offered a range of seven (7) to 14 services. All sites (100%) offered sick visits, well-child visits, and vaccinations. The types of services offered by SBHS sites are depicted in Figure 4. Most sites (95.31%, 62) offered telehealth services with an average of 5.78% of services being delivered through telehealth. Specific types of outcome measures were reported by 34 sites, in which single sites could report multiple outcome measures.

- Twenty-eight (28) sites used healthcare outcome measures (e.g., UDS Measures for HRSA; HEDIS; PCMH; Social Determinants of Health; developmental screenings; immunization compliance; emergency department utilization; clinical indicators across primary care, vision, dental).
- Nine (9) sites use operational outcome measures (e.g., operational efficiency, patient satisfaction, data; billing data; staff satisfaction; community health needs assessments; surveys).
- Eight (8) sites use patient health outcome measures (e.g., patient health status, clinical indicators).
- Eight (8) sites use community health outcome measures (e.g., community health status, community health needs assessments).



COVID-19 Related Services

Most sites (96.88%, 62) offered services during the COVID-19 Pandemic. When asked if the site offered testing or vaccinations in the past and currently (i.e., at the time of survey completion), 79.69% (51) reported offering COVID-19 testing in the past, while 78.13% (50) offered testing currently, and 46.88% (3) reported offering COVID-19 vaccinations in the past, while 23.44% (15) offered testing currently. Based on conversations with the Ohio Alliance leadership, the decrease in COVID-19 related-services was likely attributable to facility restrictions (e.g., refrigerators, storage,

References