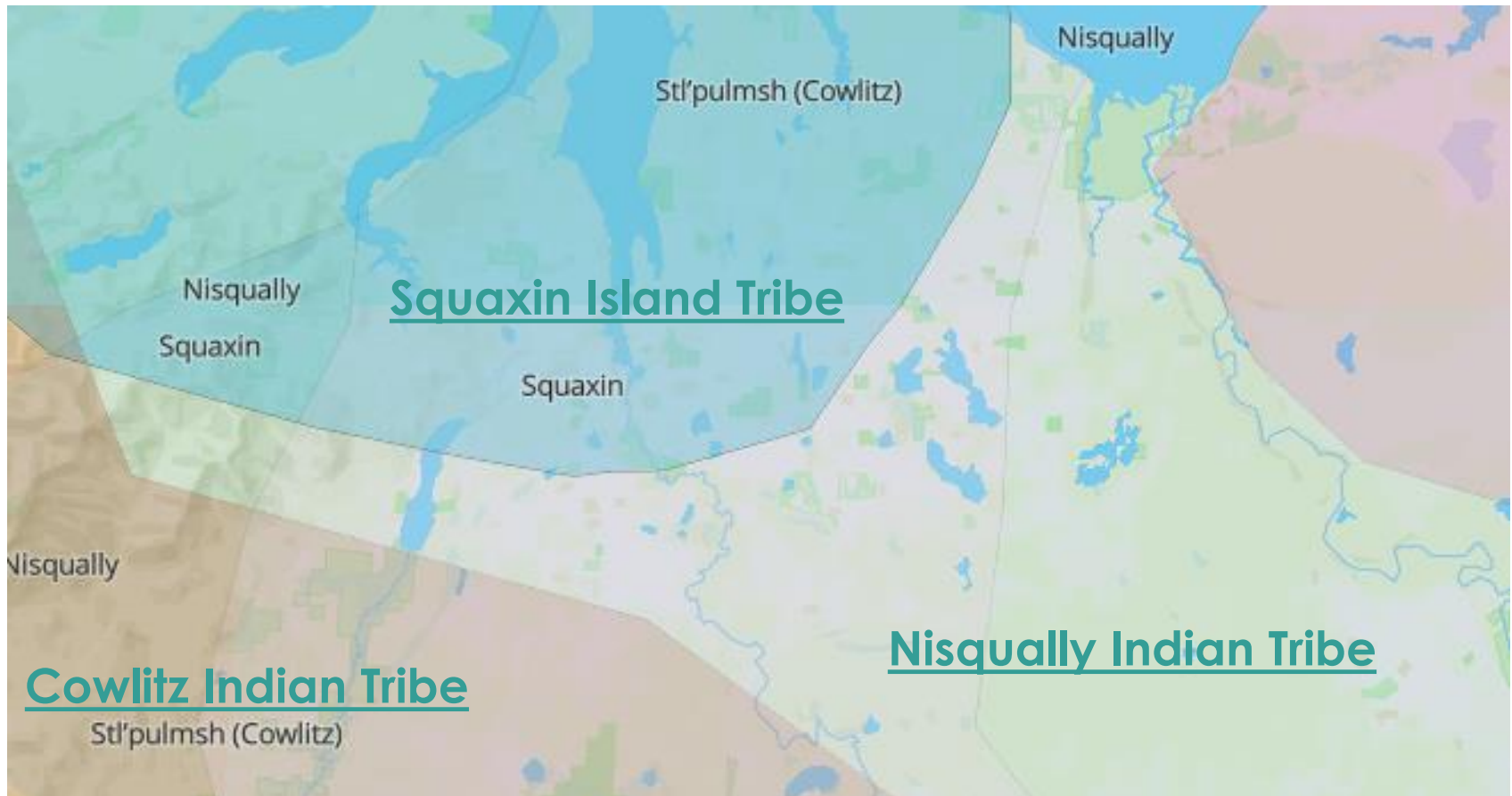




**PARTNERING WITH SCHOOL-BASED HEALTH CENTERS
TO IMPROVE CARE FOR PATIENTS: A HEALTH EQUITY
AND SYSTEMS APPROACH**

Land Acknowledgement

The Department of Health and my home are located on the traditional lands of the Squaxin Island Tribe, the Nisqually Indian Tribe, and the Cowlitz Indian Tribe. Tumwater, Olympia and the South Puget Sound region are covered by the Treaty of Medicine Creek, signed under duress in 1854. These communities have lived on and stewarded these lands and waterways since time immemorial.



For more information about where you live, go to Native Land Map at <https://native-land.ca>



Labor Acknowledgement

I also want to make space to recognize and acknowledge that most of what we know of the United States today has been made possible by the unpaid labor of enslaved Africans, and by ancestors and descendants of immigrants – both voluntary and involuntary, paid and unpaid - whose labor was essential to the development and maintenance of the systems that allow us to be housed, nourished, and to work.

We are committed to intentionally creating inclusive and respectful partnerships that honor indigenous traditions and sociopolitical realities of people who are Black, Indigenous, and People of Color.

Learning Agenda

1. Presenter introductions
2. Introduction to the topic – background of SBHC work at DOH
3. Overview of SBHCs in Washington
 - Definition and meeting community needs
 - SBHC model, services and staffing
 - SBHCs in Washington
 - SBHC benefits and impact on health equity
4. Panel discussion – partnerships and collaboration with SBHCs
5. Q&A with panelists, DOH and WA SBHA

Presenters and Panelists

Today's panelists:

- Dr. Peter Asante, MD, Yakima Pediatric Associates
- Dr. Cory Mitchell, MD, Providence Health in Walla Walla
- Ms. Norma Hernandez, Executive Director at the Health Center SBHC in Walla Walla
- Ms. Shoshana Mirel, ARNP, C-PNP-PC, Kaiser Permanente SBHC in Seattle

Today's presenters:

- Sandy Lennon, Washington School-Based Health Alliance
- Michelle Mitchell, MSW, Washington School-Based Health Alliance

Today's host and discussion moderator:

- Alexis Bates, MSW, MA, Adolescent Health Consultant, WA DOH

Background: SBHCs and DOH

- 15+ years
- Grants/contracts
- Support/promotion role at systems level
- DOH Needs assessment in 2015
 - 36 SBHCs in the state
 - 90% located in urban areas
 - All provided primary care, behavioral health, oral health screening, and health education
 - Needs/challenges: sustainability, defining SBHC and standards of care, awareness

Background: SBHCs and DOH

- Since 2015: significant growth of SBHCs statewide
- 2020: Legislator-convened work group to define challenges and opportunities for expanding and sustaining SBHCs, and to recommend next steps
- 2021: WA DOH directed to establish a [SBHC Program](#) and with partners ([RCW 43.70.830](#))
- 2022: WA DOH collaborated with partners and awarded over \$2 million in planning, start up, operations and behavioral health improvement grants

Learning Objectives

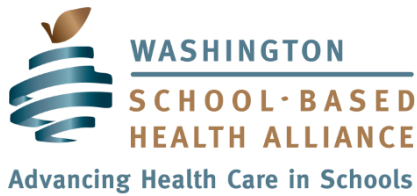
- Describe SBHCs in Washington and where to find more information
- Describe the role SBHCs play in healthcare services for young people
- Describe the benefits of SBHCs and how they improve health equity
- Describe how SBHCs partner with local pediatric and family care providers to care for shared patients
- Create new or strengthen existing partnerships among family and pediatric care providers and local SBHCs to strengthen and better coordinate our health care system, reduce barriers to care, and ultimately better serve young patients

School-Based Health Centers in Washington State

Partnering with School-Based Health Centers to
Improve Care for Patients: A Health Equity and
Systems Approach

November 3, 2022





Washington School-Based Health Alliance

Our vision:

We envision a racially just and inclusive society where every child can reach their full potential in health, learning, and life.

Our mission:

We advance and advocate for school-based health care, working with communities and partners to achieve equity in health and educational opportunity for children and youth statewide.

What we do:

- Policy & Advocacy
- Capacity-Building (training & technical assistance)
- Stakeholder Engagement & Communications

Since 2010

State affiliate of the National School-Based Health Alliance

www.wasbha.org

Who We Are

Sandy Lennon

Executive Director

slennon@wasbha.org

Michelle Mitchell

Program Manager

mmitchell@wasbha.org

School-Based Health Care in WA

School health services

- Services and/or assessments provided by school staff or school-contracted providers (school nurse, counselor, social worker, psychologist, other services for students with disabilities)

School-based health services

- School-community partnership
- For example, behavioral health services, dental screenings and sealants, sports physicals, or vaccination clinics provided by a community provider on site at a school
- May be entry point for a school-based health center collaboration

School-based health centers

- School-community partnership
- Integrated primary medical, behavioral, oral and other health care on site at a school and embedded with the school community

School-Based Health Centers Defined

What is a school-based health center (SBHC)?

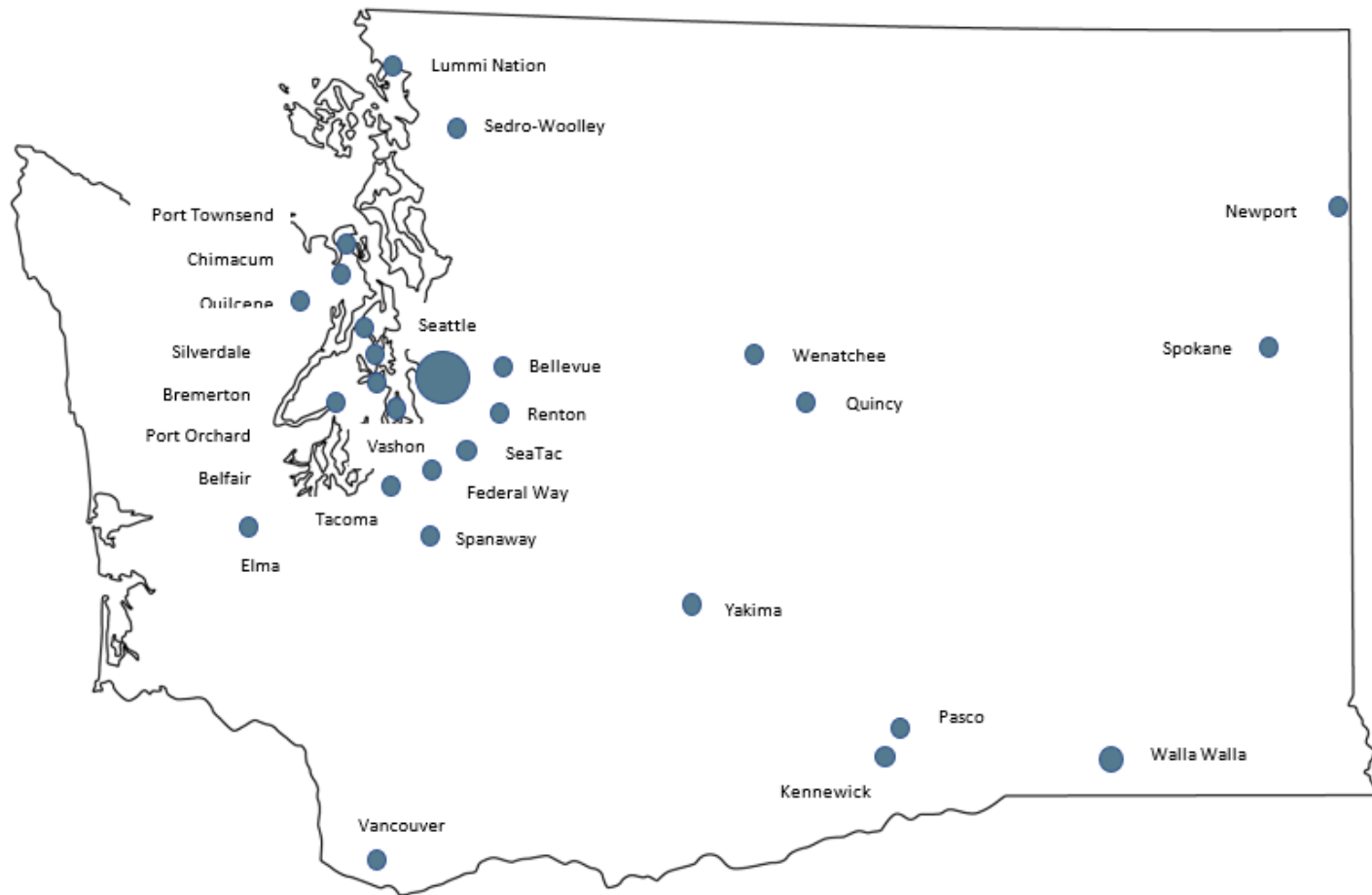
- A SBHC is a **student-focused health center** located in or adjacent to a school where students can receive **integrated medical, behavioral health, and other healthcare services**.
- A SBHC is a collaboration between the community, the school and a **healthcare sponsor**.
- The healthcare sponsor can be a community clinic or healthcare system, hospital, public health department, or tribal program. The **sponsor staffs and manages operations of the SBHC**.
- A SBHC **serves all students in a school regardless of insurance status or ability to pay**.



SBHC History in WA

- 1989: First SBHC pilot in Seattle
- 1990: Seattle levy (Families & Education)
- 2010: Washington School-Based Health Alliance (WA SBHA) established
- 2016: King County levy (Best Starts for Kids)
- 2017-to date: Significant growth of SBHCs and interest across the state
- 2020: Bill to convene SBHC work group (did not pass)
- 2020: SBHC work group convened anyway by Rep. Monica Stonier in partnership with WA SBHA
- 2021: SHB 1225 passed establishing state SBHC program office at WA Department of Health (DOH) and state grant funding
- 2022: Supplemental SBHC funding in state operating budget in support of behavioral health
 - First round of state SBHC grants
 - Second round of SBHC grants in support of behavioral health

School-Based Health Centers in Washington

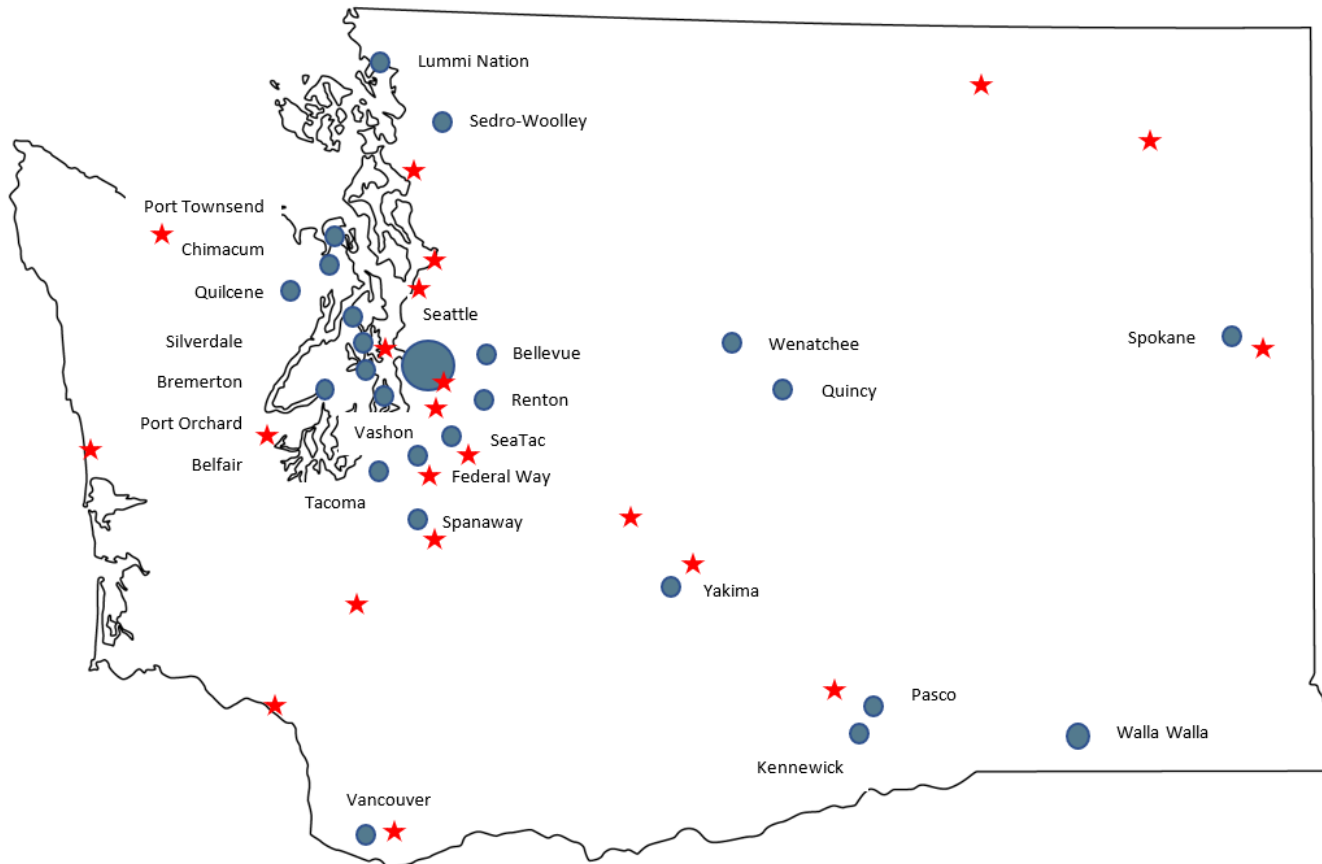


1989: first SBHC in WA opened as a pilot at Rainier Beach High School in Seattle

2022: 65+ SBHCs in WA

Growing demand for SBHCs

★ Where WA SBHA knows of school districts inquiring, planning or starting up new SBHCs



SBHC Services

Integrated Physical, Mental and Other Healthcare services

- Preventive well-child care & sports physicals
- Immunizations
- Screenings (depression, SBIRT for substance abuse)
- Chronic disease management
- Acute care
- Reproductive health care
- Mental & behavioral health counseling
- Preventive and primary dental care
- Health education
- Care coordination

Youth-Based Population Health and Preventive Services

- Student support and counseling groups
- Health education in classrooms

Community-Based Population Health & Preventive Services

- Attend family-oriented school events and resource fairs
- Facilitate/support parent groups
- Coordinate with other community resources

School Coordination and Engagement Services

- Coordinate with school staff and administration for student support
- Support teachers and school staff with health expertise and resources



SBHC Model of Care

- A youth-centered, whole-child approach
- Integration with the school
- Coordination with families, school nurse, school counselors, teachers and other school staff
- Coordination of care with other providers in the community



Common SBHC Staffing Model (varies by site)

Core staffing might look like:

- Primary care provider: PA or ARNP
- Behavioral health provider: LISW or LMHC
- Clinic coordinator

Plus other staffing for e.g.:

- Dental care
- Substance abuse counseling
- Health education
- Insurance enrollment / health care navigation / care coordination

Benefits of SBHCs

School-based health centers:

- Provide easy access to health care (5)(9)(10)
- Identify problems earlier (6)(10)
- Improve student health (3)(4)(9)(10)
- Reduce barriers to learning (3)(4)(10)
- Increase attendance (1)(2)(10)
- Save parents and employers time and money (2)(9)(10)
- Engage parents and community (6)(9)
- Increase school connectedness (10)(13)
- Support teachers and school staff (10)(12)

Defining Health Equity

- CDC defines health equity as "the state in which everyone has a fair and just opportunity to attain their **highest level of health...that requires ongoing societal efforts to address** historical and contemporary **injustices**; overcome economic, social, and other **obstacles** to health and health care; and eliminate preventable health **disparities**.
- Washington State Health Care Authority defines health equity as "everyone [having] a fair and just **opportunity to be as healthy as possible...which requires removing obstacles to health** such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care....When we recognize that health inequities exist, we can work to address them."

Factors that impact Health Equity

including but not limited to:

Education/Academic Success

Problem: Poor health severely limits a child's motivation and ability to learn ⁽¹⁾⁽¹⁰⁾

Healthcare Access and Utilization

Problem: Systemic/structural/cultural barriers to healthcare access and utilization, such as insurance status, immigration/migration status, childcare, ability to take time from work, language barriers, historical experience/mistrust in healthcare system⁽²⁾

Neighborhood/Physical Environment

Problem: Communities/neighborhoods/school districts (e.g., rural areas, urban areas) that lack access to healthy food, transportation, healthcare, financial resources, community resources, and/or experiencing higher rates of houselessness, community violence, etc. ⁽²⁾⁽¹⁰⁾

Income and Wealth Gaps

Problem: Low-income levels are associated with higher risks for suicide, smoking, excess alcohol consumption, depression, obesity, and other behavioral risk factors among youth. ⁽³⁾⁽⁴⁾

Youth living in impoverished are less likely to have regular health visits ⁽⁹⁾

Systemic Racism and Discrimination

Problem: Historical and ongoing experiences with bias, discrimination, prejudice, and systemic racism that impact communities of color, LGBTQIA+ communities, communities with disabilities, communities of lower SES, etc. ⁽⁸⁾⁽⁹⁾⁽¹⁰⁾⁽¹²⁾

SBHC Health Equity Benefits

Education

- Walter et.al (2009, 2010) found that SBHC use is significantly associated with improvements in GPA and attendance.(1)(2)
- The CPSTF and Colorado study found that SBHC improve GPA, grade promotion, and high school completion (3)(4)(11)

Access/Utilization

- SBHCs increase access to health care.(4)
- SBHC users are likely to use primary care—both medical and behavioral health—more consistently.(4)(9)(10)
- SBHC users are less likely to go to the Emergency Room or be hospitalized, which provides a cost-benefit for patient and healthcare agency.(4)
- CPSTF study found that SBHC improve regular access and usage, immunizations, and other clinical interventions (3)(4)(9)(10)

Neighborhood/Community

- CPSTF suggests implementation and maintenance of SBHCs in low-income communities based on evidence of improved educational and health outcomes (3)(4)

SBHC Health Equity Benefits

Income and Wealth Gaps

Relating to higher health risks in lower-income communities:

- Adolescent SBHC users engage in more physical activity and consume more healthy foods.(6)
- Adolescents were 21 times more likely to access mental health services at the SBHC than community clinics.(7)

Systemic Racism and Discrimination

- SBHCs are located in schools whose students are likely to be members of racial and ethnic groups (and other marginalized groups) who face barriers to care.(8)(9)(12)

Resources / Citations

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8. Juszczak, L., Schlitt, J., Moore. School-based health centers: National census school year 2004 – 05. 2007.
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Receive SBHC News

through blog posts and newsletter

<https://wasbha.org/receive-school-based-health-news/>

SBHC Resources:

<https://wasbha.org/>

SBHC Training

- May 2019: Hosted 2019 Student Health Summit
(state SBHC conference)
- 2019-2022: Hosted 18 webinars for SBHC field
Hosted other SBHC communities of practice and
networking events
- 2022-2023: Upcoming SBHC training opportunities posted by WA SBHA
on blog/website and in newsletters



Technical assistance (TA) and other resources

Responsive to community needs, we can:

- Provide SBHC data / checklists / guidance / examples / samples / resources
- Advise in SBHC planning, start-up or improvement process, in regular meetings or on ad hoc basis
- Participate in SBHC steering committees, community meetings, presentations to stakeholders, school/SBHC site visits
- Connect communities with other SBHCs for site tours, peer learning
- Coordinate with DOH and other state agencies for systems-level troubleshooting
- Once SBHC is operational, connect SBHC staff with peers in Washington through SBHC message board & SBHC Coffee Connections events

Panelist Discussion

PARTNERING AND COLLABORATING WITH SBHCS:
STORIES AND EXPERIENCES WITH SBHCS

Panelists

- Dr. Peter Asante, MD, Yakima Pediatric Associates
- Dr. Cory Mitchell, MD, Providence Health in Walla Walla
- Ms. Norma Hernandez, Executive Director at the Health Center SBHC in Walla Walla
- Ms. Shoshana Mirel, ARNP, C-PNP-PC, Kaiser Permanente SBHC at Aki Kurose Middle School in Seattle

Questions and Answer

PANELISTS, DOH AND WA SBHA

Post-test, CME and Evaluation

- Post test – what did we learn?
- Tell us what you think! Complete [the evaluation](#) survey so we know if we should do more of these and how we can do better
- To request CME information, email Alexis at alexis.bates@doh.wa.gov



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