



Issue Brief

School-based health care in Ohio: A closer look at school-based health centers (SBHCs)

Across Ohio, **school-based health centers (SBHCs)** are being deployed as a leading, evidence-driven model for advancing school-based health care.

SBHCs are created through a partnership between a school/school district and a healthcare provider to increase access to, at minimum, primary healthcare services to students on a school campus. This collaborative health and education partnership is transformational in reducing disparities and improving health and education outcomes for students.



School-based health care is an umbrella term that refers to the provision of healthcare services in schools. SBHCs, school nurses, and school behavioral health providers are among the different school-based health care partnership models that can work together to strengthen and improve access to health services for students.

Why do Ohio's children need SBHCs?

The challenges facing Ohio's children over the past few years have only been exacerbated by the pandemic, resulting in a worsening of outcomes and widening of disparities. SBHCs play a critical role in improving children's access to healthcare services and closing gaps in health and education outcomes to ensure every child in our state can thrive.



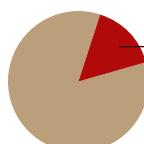
There were
41,786
asthma emergency
department visits and
hospitalizations
for children in Ohio
(2017-2018)

A rate of
80.3 per 100,000
residents¹

More than one in eight children (13.1%) reported being depressed or having anxiety² (2020)



Up
42%
since 2016

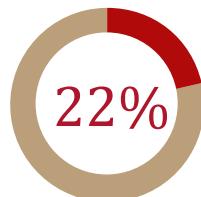
 **15.6%** of Ohio high school students surveyed reported that they had seriously considered attempting suicide³ (2019)



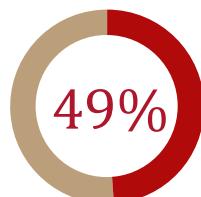
Up
25%
from prior year

Nearly one in three (30%) Ohio K-12 students were chronically absent⁴ (2021-2022 school year)

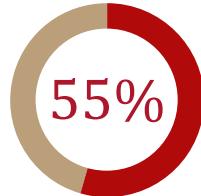
Additionally concerning, many Ohio children do not have access to comprehensive and timely healthcare services that can improve their health and reduce obstacles to academic achievement:



One in every five school-age children, ages 6-17,
did not have a place to go or consult when they were sick⁵
(2021-2022)



Only half of school-age children, ages 6-17, reported they
**had a medical home to provide a usual source of
coordinated, family-centered health care⁶**
(2020-2021)



Barely half of adolescents enrolled in Medicaid
received their well-child visits⁷
(CY 2019)

What are the impacts of SBHCs?

We know that health is an important factor that contributes to a child's success both inside and outside of school. Students who are sick or who have unaddressed health conditions often cannot focus inside the classroom and are more likely to miss school altogether. When a child's education is negatively impacted, they face lifelong consequences — including a greater risk for poor health, higher healthcare spending, and increased economic instability in their future. The research is clear, healthy students learn better and are, in turn, better equipped and supported to reach their full potential.⁸

“Starting early, empowering and encouraging kids to invest in their health...will be beneficial to kids in the long run, as they will make healthy decisions throughout their life moving forward.”

- SBHC partner



SBHCs bring health care to where our youngest Ohioans spend most of their time – school – placing children at the center of services and delivering care in a safe and nurturing environment. SBHCs also remove barriers to accessing care, such as those that working parents or guardians may face if they are unable to take time off work to take a child to a healthcare provider or lack transportation. By making health care accessible and overcoming these barriers, SBHCs have shown strong evidence for improving student health and education outcomes, advancing equity, and reducing burdensome costs to society.

“The mission [of SBHCs] is to serve vulnerable populations who may not otherwise be able to receive care. SBHCs are the future of primary care...”

- SBHC partner



Key impacts of school-based health centers⁹



Health and health care impacts

- ✓ Increased utilization of critical healthcare services, such as well child visits, immunizations, preventative screening, prenatal care, substance use treatment, and mental health counseling
- ✓ Decreased unnecessary healthcare utilization, emergency department visits, and hospitalizations
- ✓ Increased identification and management of chronic disease
- ✓ Reduced engagement in poor health behaviors, including smoking, alcohol consumption, and illicit drug use
- ✓ Improved physical activity and consumption of healthy foods
- ✓ Increased health literacy



Education impacts

- ✓ Increased rate of high school completion and graduation
- ✓ Increased school engagement
- ✓ Higher GPA and grade promotion
- ✓ Decreased absenteeism
- ✓ Decreased school disciplinary actions and suspensions



Cost impacts

- ✓ Reduced societal costs associated with unnecessary healthcare utilization, economic productivity loss (including averted parental/guardian time off work), and decreased transportation needs
- ✓ Net savings to Medicaid programs

Equity impacts

The positive impacts of SBHCs are more pronounced in communities that experience economic or social disadvantage or are medically underserved, across urban, rural and Appalachian school districts. Studies show that SBHCs can markedly improve outcomes and reduce disparities for students of color, who are experiencing economic disadvantage, with disabilities, are homeless, and/or who are English as a second language learners.

How do SBHCs operate?

SBHCs are typically sponsored by a federally qualified health center (FQHC) or FQHC Look-Alike, a hospital or health system (adult or pediatric), or a local health department. In fewer instances, an SBHC may be sponsored by a school district, a nonprofit, or a community-based organization. A sponsor serves as the operator and administrator of the SBHC, employing one or more staff to provide healthcare services. Although the SBHC sponsor provides clinical and billing operations that are independent of the school or school district, strong collaboration between both partners ensures that student needs are met.

Services

Services offered from one SBHC to another vary and can change over time, but are typically tailored and targeted based on student, school, and community need and input. At minimum, SBHCs provide primary care services to students. Other services offered may include oral, vision, and/or behavioral health. SBHCs can also provide:

- health education and prevention programming,
- care coordination for chronic disease,
- nutrition counseling,
- lab work and prescriptions, and
- social services and wraparound supports.



Model type

Traditionally, an evidence-based SBHC model delivers services in a designated space or fixed facility that is co-located in the school building or on the school campus. However, the SBHC model has evolved over time to meet student and community needs in new and innovative ways. For example, SBHCs may deliver services via a hub and spoke model, with one SBHC site serving multiple school buildings, a mobile van or bus parked on school grounds, or via telehealth. The **national set of core competencies**, developed by the national School-Based Health Alliance, provides a common guiding framework for SBHCs to achieve excellence in care delivery and student wellness.

School-based health center model types



Designated on-site (traditional)

Operates from a designated space co-located in a school building



Hub and spoke

Operates from a designated space in a school building; students from other school buildings within the district are transported to and from the SBHC site



Traveling team

SBHC clinical staff travel from building to building, operating in spaces as designated or as available



Mobile van

Operates from a mobile van or bus parked on school grounds



Telehealth

Services are delivered to students at the school via telehealth

Population served

The primary focus of SBHCs is to deliver healthcare services to students. However, depending on the characteristics, needs, and resources available to the SBHC sponsor and school partner, SBHCs may

also choose to serve the following populations: school personnel and faculty, families of students, and/or surrounding community members. For example, an FQHC-sponsored SBHC is uniquely positioned to serve both children and adults. Alternatively, a children's hospital may extend its services to students as well as other children within the community.

Continuity of care

SBHCs can serve as a primary care provider or medical home in circumstances where a student does not have a previously existing relationship with a healthcare provider. As a best practice, for students who already have an established relationship with a provider, SBHC staff will provide healthcare services as needed and communicate with a student's existing provider to ensure continuity of care is achieved. SBHCs can also connect students to community pediatricians or other providers, and close specialist referral loops.

SBHCs in Ohio...

 Do not	 Do
replace the role of school nurses.	work in collaboration with school nurses to coordinate services, close referral loops, and ensure that a comprehensive range of healthcare services are provided to meet the health needs of students.
take away parental rights.	view parents as instrumental in the care of their children and follow state consent laws about how and when healthcare services are provided to minors.
replace an existing relationship with a child's primary care provider or medical home.	refer children to their existing primary care provider and/or communicate with the child's provider about their care.
place additional burdens on teachers and school administrators.	provide supports to teachers and school administrators by ensuring students have the healthcare services they need to be healthy,
provide additional, not needed care that increases healthcare costs.	reduce costs by providing critical healthcare services to students who do not otherwise have access, preventing unnecessary emergency department visits and hospitalizations.

Operational factors

There are several factors that pose as distinct operational hurdles for an SBHC provider as compared to a traditional primary care provider, which can impact SBHC sustainability and reach. A few of these factors are highlighted below:

Clinic space. Space is a precious commodity within a school building. SBHCs must compete with other school priorities to identify designated space to operate out of and, as a result, may have to work in small areas that do not enable them to operate at full capacity. The capital costs required to construct or expand on existing school space to accommodate an SBHC can contribute to high SBHC startup costs.

Partnership. A trusted, supportive relationship must be established between the SBHC sponsor and school partner. An SBHC sponsor must be versatile, innovative, and flexible in responding to and navigating school administrative rules and parameters. At the same time, a school partner must be highly communicative and engaged to help an SBHC sponsor overcome identified barriers to operation. Maintaining positive relationships between SBHC staff and school administration can be additionally challenging when there is turnover in school administrative leadership.

Reimbursement. SBHCs work to eliminate healthcare access cost barriers for students. Often, SBHCs will offer sliding fee scales or charity care to patients with low incomes or without insurance, contributing to their low overall reimbursement rates. In addition, SBHCs do not receive payment for their full scope of activities, including the additional time needed to support students in navigating health needs, enrolling in health insurance, engaging with parents, establishing parental consent, and taking part in school-wide health promotion and prevention activities. SBHCs are also not recognized as a separate, designated provider type by health payers, which may limit a sponsor's ability to access full payments for healthcare claims.

Utilization. SBHC providers spend more time with each of their student patients to identify and treat health concerns and address underlying social issues that a student may present with. The scheduling of clinic visits has to be balanced with school and academic needs, including ensuring that there is minimal interruption to student classroom time, working around academic testing, and taking into consideration academic or school events. SBHCs also must ensure parental engagement and consent to increase awareness and utilization of services. These factors contribute to SBHCs seeing a smaller panel of patients per day than a provider may see in a traditional healthcare setting.



What is the landscape of SBHCs in Ohio?

The SBHC landscape across Ohio is rapidly changing, with new and innovative SBHC partnerships created every year. A survey of SBHCs conducted in the Summer of 2021 by the Schubert Center for Child Studies at Case Western Reserve University, under contract with the **Ohio School-Based Health Alliance**, provides the following insights into Ohio's SBHC operations, services, and utilization.

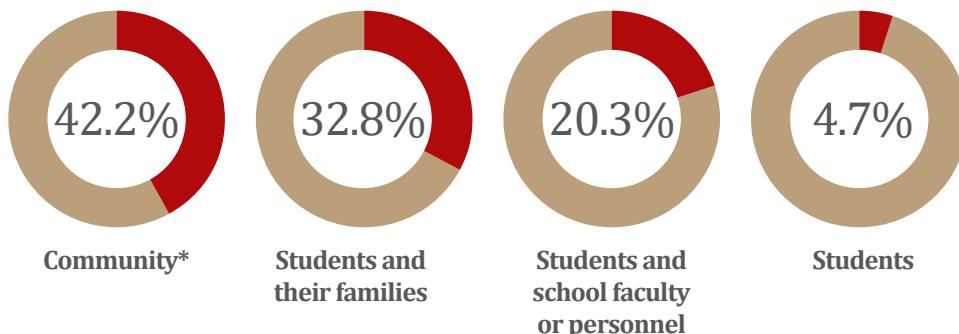
Model type



The majority of the SBHC sites surveyed were open to students:

- year-round (67.2%)
- five days per week (68.8%)
- 30+ hours per week (71.9%)

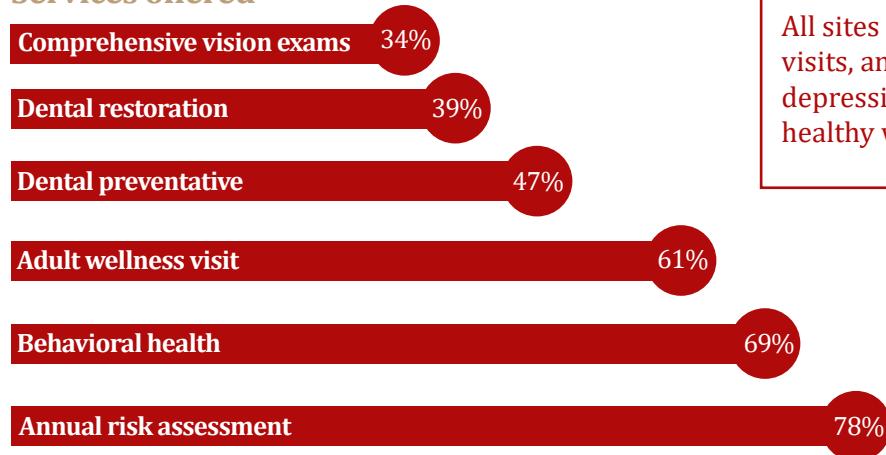
Population served



On average, most sites surveyed (70.3%) were able to see about 9 patients per day, with utilization ranging from 2 to 30 patients per day.

* Community includes students, their families, school faculty and personnel, and other community members

Services offered



All sites provided sick visits, well child visits, and vaccinations. Nearly all provided depression screening and nutrition/ healthy weight counseling (97%).

Note: Graphics reflect survey responses from 64 SBHC sites across all five regions of Ohio.

What opportunities lie ahead for Ohio's SBHCs?

Expansion and support of SBHCs is much needed to ensure that, in the face of increasing health and education challenges, students are receiving access to integrated, comprehensive health services. However, to grow impact, the unique operational hurdles SBHCs face must be addressed.

A few key opportunities to strengthen Ohio's SBHC infrastructure include:

- State funding to create, support, and expand the reach of SBHCs in Ohio
- Exploration of payment models that remove barriers to market entry and enhance school-based health care provider reimbursement
- Flexibility in designated space allowances for SBHCs in school facilities planning and construction to support the provision of quality, on-site healthcare services that meet student needs
- Incentivizing the partnership of schools with community healthcare providers to increase student's access to physical and behavioral health services and supports
- Implementation of policies that strengthen the provision of collaborative, comprehensive, integrated, and sustainable health services in schools across evidence-driven school-based health care models

For additional opportunities to support school-based health care to improve child health and well-being, see the 2024-2025 Ohio Children's Budget Coalition brief [here](#).

Ohio School-Based Health Alliance

The Ohio School-Based Health Alliance ("Ohio Alliance") is a professional, nonpartisan, nonprofit organization headquartered in Columbus, Ohio. The Ohio Alliance serves as the only statewide organization created to improve access to comprehensive, integrated health services by advancing and supporting the sustainability and expansion of school-based health care.



@OSBHAlliance



company/ohioalliance



www.osbha.com



Notes

1. "Burden of Asthma in Ohio." Ohio Department of Health, 2022.
2. "Child Wellbeing Indicators & Data: Kids Count Data Center." KIDS COUNT data center: A project of the Annie E. Casey Foundation, 2022. <https://datacenter.kidscount.org/data#OH/2/0/char/0>. Last accessed February 3, 2023.
3. "High School YRBS, Ohio 2019 Results." Centers for Disease Control and Prevention, 2019. Available at [Youth Online: High School YRBS - Home Page | DASH | CDC](#). Last accessed February 3, 2023.
4. "Chronic Absenteeism Trend." Ohio Department of Education Reports. Available at <https://reports.education.ohio.gov/report/report-card-data-state-attendance-rate-with-student-disag>. Last accessed February 3, 2023.
5. "Usual Source for sick care." National Survey on Children's Health, 2020-2021. Available at [NSCH Interactive Data Query \(2016 – present\) - Data Resource Center for Child and Adolescent Health \(childhealthdata.org\)](#). Last accessed February 3, 2023.
6. "Medical home." National Survey on Children's Health, 2020-2021. Available at [NSCH Interactive Data Query \(2016 – present\) - Data Resource Center for Child and Adolescent Health \(childhealthdata.org\)](#). Last accessed February 3, 2023.
7. "Report on Pregnant Women, Infants and Children." Ohio Department of Medicaid, 2020.
8. Michael, Shannon L., Caitlin L. Merlo, Charles E. Basch, Kathryn R. Wentzel, and Howell Wechsler. "Critical Connections: Health and Academics." Journal of School Health 85, no. 11 (2015): 740-58. <https://doi.org/10.1111/josh.12309>. See also Basch, Charles E. "Healthier Students Are Better Learners: High-Quality, Strategically Planned, and Effectively Coordinated School Health Programs Must Be a Fundamental Mission of Schools to Help Close the Achievement Gap." Journal of School Health 81, no. 10 (2011): 650-62. <https://doi.org/10.1111/j.1746-1561.2011.00640.x>.
9. Knopf, John A., Ramona K.C. Finnie, Yinan Peng, Robert A. Hahn, Benedict I. Truman, Mary Vernon-Smiley, Veda C. Johnson, et al. "School-Based Health Centers to Advance Health Equity." American Journal of Preventive Medicine 51, no. 1 (2016): 114–26. <https://doi.org/10.1016/j.amepre.2016.01.009>. See also Ran, T, S Chattopadhyay, and R Hahn. "Economic Evaluation of School-Based Health Centers: A Community Guide Systematic Review." Value in Health 19, no. 3 (2016). <https://doi.org/10.1016/j.jval.2016.03.326>; Love, Hayley E., John Schlitt, Samira Soleimani, Nirmita Panchal, and Caroline Behr. "Twenty Years of School-Based Health Care Growth and Expansion." Health Affairs 38, no. 5 (2019): 755–64. <https://doi.org/10.1377/hlthaff.2018.05472>.