School-based health centers in Greater Cincinnati:

Improving student health to promote community well-being

trong schools are the foundation of a healthy community, but sick or absent students cannot learn. Recognizing the fundamental connection between student health, academic achievement and stable communities, The Health Foundation of Greater Cincinnati has spearheaded a public-private initiative to improve access to care for area students by funding school-based health centers. Since 1999 the Health Foundation, working with a broad coalition of health, education and civic partners, has increased the number of school-based health centers in Cincinnati Public Schools (CPS) from serving four to 18 schools.

The model emphasizes sustainability and the use of medical providers located in the schools so they are responsive to the needs of each school and its community. It has proven so effective that eight school districts in surrounding communities have adopted it. Today, some 25,000 students in the Greater Cincinnati region have access to 26 school-based health centers, and the number continues to grow.

From crisis comes opportunity

The Health Foundation and a few community partners began aggressively working to plan and implement school-based health centers in Cincinnati area schools in 1999. Their efforts largely coincided with a movement within CPS to transform schools into Community Learning Centers that would serve the needs of both students and the broader community. Under the Community Learning Center model, schools work with local partners



that provide self-sustaining services to address community-identified needs while supporting the overall objectives of the school.

As Cincinnati schools transformed themselves into Community Learning Centers, many were eager to include school-based health centers. By the end of 2010 the Health Foundation and Growing Well Cincinnati, a coalition of local providers that coordinates health services within CPS, had helped 10 Cincinnati Public Schools implement school-based health centers. Research funded by the Health Foundation found the centers improved health status and access to care, enabled working parents to stay on the job and reduced spending on hospitalizations and ER visits for children with asthma by 84 percent.¹

While progress was steady, the movement became urgent in December 2010 when the City of Cincinnati unexpectedly announced

¹ Health Foundation of Greater Cincinnati, The. (2005). A prescription for Success: How SBHCs Affect Health Status and Healthcare Use and Cost – Executive Summary. Cincinnati, OH: Author.

"The magic in the mix is community members who are willing to come together and be creative about solving a problem with an eye for the long term."

Dr. Marilyn Crumpton, Director, Growing Well Cincinnati

plans to eliminate its school nurse program as a budget-cutting measure.

For many CPS students, the prospect of losing the program spelled disaster. Nearly half of Cincinnati children live at or below the poverty line. In CPS three of four students qualify for free or reduced lunch and 30 percent suffer from health problems and chronic disease. Without the school-nurse safety net, some students would lose their access to care for both acute and chronic illnesses. Attendance and academic performance would suffer, and immunization rates would plummet. Collectively these would have a devastating effect on already struggling communities.

While providing a total of \$400,000 in emergency funding as a stopgap measure to ensure uninterrupted school health services, the Health Foundation stepped in to lead a coalition of public and private partners committed to finding a sustainable, long-term solution to improving students' access to care.

A sustainable model

The coalition quickly recognized the potential of school-based health centers as a viable model for providing care.

Each center is staffed by a nurse practitioner affiliated with a Federally Qualified Health Center (FQHC) or hospital. Nurse practitioners educate students about health, perform physicals, treat and manage chronic and acute conditions, prescribe medications, provide basic lab tests, conduct oral health assessments and perform mental and behavioral health screenings. Because many of these services are billable, centers can support themselves through payments from third-party payers if they are able to generate enough caseload.

Increasing the number of school-based health centers throughout the district presented challenges. The coalition needed to recruit more service providers to staff the centers and solicit support from additional funders to cover start-up costs. It also had to determine which schools had enough potential patient



volume to support a center.

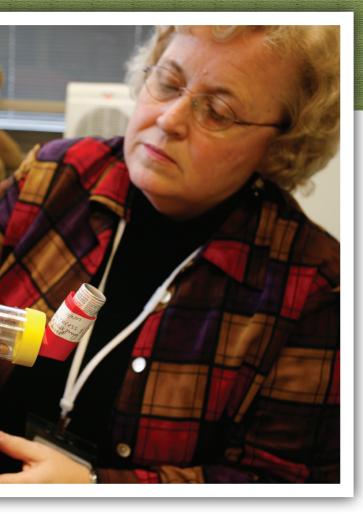


"Providing quality healthcare to a significant portion of the school's population is essential to the center's success," said Tony Woods, chairman of Deaconess Associations, Inc. "Becoming self-sustaining is a key objective of the Deaconess Health Clinic model. This

expectation was a basic consideration in our decision to financially support this initiative. All parties involved need to be on board with this thinking."

Using data from Growing Well and the Cincinnati Health Department's school nurse program, the group devised financial sustainability formulas. The most cost-effective formula calls for placing centers in schools with at least 600 students, 75 percent of whom are Medicaid eligible.

The Health Foundation and funding partners apply these formulas when considering grant applications. The Health Foundation provides grant funding for



planning and start-up. Health service and funding partners cover a center's early costs. With aggressive enrollment plans, centers can be self-sustaining in less than two years.

Overcoming challenges

Seamlessly integrating health centers into the fabric of schools isn't without challenges. Partners have to address space, staffing and software challenges. They must also establish systems to ensure patient privacy and to gather parental consent forms, which are essential to enrolling students in the program.

All of this requires close collaboration. To help stakeholders identify like-minded partners, the Health Foundation hosted meetings where potential FQHCs, primary care medical partners, hospitals, funders and interested schools could mingle and discuss their needs and interests.

"The right medical partner is there to make an impact, not just to provide a service," says Dr. Marilyn "We faced a difficult reality when funding for school nurses was cut and we used it as an opportunity to make our service better and sustainable over the long term. That couldn't have happened without the public-private partnership. This is the future."

Rocky Merz, Public Information Officer, Cincinnati Health Department



Crumpton, director of Growing Well. "The partner shares the school's goal to reduce lost seat time in class and to improve student success."

Once alliances are established, health partners must become an integrated,

Crumpton visible part of the school community, says Tracy Hauer, who manages four school-based health centers for Mercy Health. Center personnel need

to engage in school activities, educate the school community about health and develop close ties with teachers, coaches and administrators.

"You need to develop a really good working relationship with the champions in your school system," Hauer says. "You need to get the word out about the centers and you need champions to help you do it."

Community-based solutions

Today 18 Cincinnati Public Schools have schoolbased health centers, more than any other district in Ohio. Although eight centers have been open less than a year, partners say the response has been overwhelming.

Deaconess Health Check on the Western Hills-Dater campus opened in August 2012. By year's end – just 81 days later -1,100 students with chronic conditions had been identified and more than 800 of the schools' 2,000 students had made medical visits to the center. According to Deaconess Associations Foundation, the demand has been so impressive that consideration is being given to employing a second nurse practitioner and adding dental care to the menu of services.

Oyler Community Learning Center, one of the district's more mature facilities, epitomizes what a school-based health center can achieve. A health-needs assessment conducted in 2008 before the center's opening found 22 percent of Oyler students suffered from a chronic condition but fewer than 10 percent were receiving recommended care. A quarter of the students were not current with their immunizations

"I encourage other funders to step up and use their financial resources to duplicate this model in their school systems. By providing funding that will help staff and equip school-based centers like ours, you will be enabling atrisk patients to get treatment for health problems that often are ignored. You have an opportunity to make a meaningful difference in the lives of young people in your community . . . and their learning environment."

Tony Woods, Chairman, Deaconess Associations, Inc.

and more than half needed dental treatments.

By 2012 more than 70 percent of Oyler's 700 students were receiving care from the school-based nurse practitioner. Attendance had improved from 89 percent in 2008 to 93 percent in 2012. The health center's nurse practitioner had referred nearly 250 students to a nearby health department dentist for care. Last year Oyler became the first school in the country to house a self-sustaining vision center. The center, which is expected to serve 2,000 CPS students annually, provides comprehensive eye exams, glasses, fittings, adjustments, eye care and vision therapy.

CPS isn't the only district benefiting from school-based health centers. The Health Foundation has funded 10 centers in rural and suburban districts in Northern Kentucky and Southwest Ohio.

This spring Manchester Local School District in Adams County will expand its current SBHC to a new facility to provide primary care, vision and dental services for nearly 1,000 students as well as other community members. About 70 percent of Manchester students or their families receive some type of federal assistance and many must currently must drive nearly an hour to receive primary care.



Because they effectively address such critical needs in a sustainable way, Health Foundation President and CEO James Schwab says school-based health centers are only beginning to realize their potential.

"The centers have a snowball Schwab effect," he says. "Success breeds success and when new funders get involved, other organizations are encouraged to do the same. That puts new resources and ideas and energy to work for the community. It's really an incredible process."

Coalition Partners

- The Health Foundation of Greater Cincinnati
- Cincinnati Public Schools
- Cincinnati Board of Education
- Cincinnati Board of Health
- Cincinnati Health Department
- Growing Well Cincinnati
- Cincinnati Children's Hospital Medical Center
- MindPeace
- Community Learning Center Institute
- United Way of Greater Cincinnati
- The Children's Home of Cincinnati
- Deaconess Associations Foundation
- The Greater Cincinnati Foundation
- Neighborhood Health Care
- WinMed Health Services
- Mercy Health
- TriHealth
- Oyler School
- Cincinnati Eye Institute Foundation
- Cincinnati Woman's Club
- Ohio Optometric Association
- OneSight
- CincySmiles Foundation

About The Health Foundation of Greater Cincinnati

The Health Foundation of Greater Cincinnati is an independent 501(c)(4) social welfare organization dedicated to improving community health. The foundation awards grants to nonprofit and governmental organizations for programs and activities that improve health in Cincinnati and 20 surrounding counties in Ohio, Kentucky and Indiana. Since 1997, the Foundation has awarded \$136 million through 2,641 grants. To date the foundation has awarded \$25 million through 279 grants to improve healthcare for school-aged children.

Health Foundation funded School-Based Health Centers

