The connection between health and education

HPIO Webinar

Health **Policy** Brief

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Connections between education and health ➊

This brief provides an overview of the relati[...]
a series of fact sheets discussing specific p[...]

Health and education are areas of sig[...]
Ohio policymakers, representing the la[...]
Ohio's biennial budget for state fiscal y[...]
(See Figure 1).[1] Among the 971 bills intr[...]
General Assembly between Jan. 1, 20[...]
42 percent were related to health and[...]

The relationship between ed[...]
health
There is widespread agreement that f[...]
healthcare system influence health. Re[...]
shows a strong relationship between e[...]
attainment and health, even after acc[...]
such as income, race, ethnicity and a[...]
care.[3]

People with more education live in hea[...]
practice healthier behaviors, have bet[...]
and live longer than those with less ed[...]
college graduates in the U.S. can expe[...]
longer than adults without a high scho[...]
that has been widening since the 1960[...]

Chronic conditions, such as arthritis, dia[...]
disease, hypertension and lung disease[...]
prevalent and tend to be more severe[...]
with lower levels of education.[6] Conse[...]
with less education are more likely to g[...]
healthcare spending in the long run.[7]

Figure 2. The rela[...]
1. Educa[...]

Education

3. Conditi[...]

Source: Adapted from Vir[...]
the Causes. Feb. 13, 2015[...]

Health **Policy** Brief

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Connections between education and health ➋

Health services in schools

Overview
In January 2017, HPIO released **Conne[...]**
Between Education and Health, the fir[...]
brief in a four-part series. It describes th[...]
two-way relationship between health [...]
education, explaining that people wit[...]
educational attainment generally hav[...]
health outcomes and that healthier ch[...]
are more likely to have academic suc[...]
brief (policy brief No. 2) and the two u[...]
briefs described in the box below expl[...]
evidence-based policies and program[...]
have demonstrated both health and e[...]
benefits.

Students with untreated physical and/[...]
health conditions often struggle acad[...]
They are more likely than healthier pe[...]
absent from school and often have di[...]
paying attention and learning while in[...]
Research has shown that schools can [...]
impact student achievement through [...]
improvement efforts.[1]

Schools cannot address the complex h[...]
related needs of children alone, espe[...]
limited financial resources. Effective so[...]
include parents and often require coll[...]
with others in the community. School le[...]
increasingly recognize the value of ad[...]
non-academic barriers to student suc[...]
partnering with community healthcare[...]
service providers to address these ba[...]
example, schools have begun to offer [...]

Additional HPIO education [...]
- **Policy brief No. 1** explains the re[...]
  factors impacting this relationshi[...]
- **Policy brief No. 3** will explore ea[...]
  childhood education and famil[...]
  release: August 2017)
- **Policy brief No. 4** will explore sc[...]
  education outcomes, including[...]
  prevent violence and drug abu[...]
- Additional resources can be fo[...]
  online resource page, which wi[...]

Health **Policy** Brief

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Connections between education and health ➌

The importance of early learning

Overview
In January 2017, HPIO released **Connect[...]**
between Education and Health, the first p[...]
brief in a four-part series. It first p[...]
describes the two-way relationship betw[...]
health and education; people with high[...]
educational attainment generally have[...]
health outcomes and healthier children[...]
more likely to have academic success. T[...]
brief illustrates the importance of a child'[...]
years for both health and future educati[...]
attainment.

The first five years of a child's life are a ti[...]
both great opportunity and vulnerability.[...]
childhood lays the groundwork for physi[...]
emotional, social and intellectual devel[...]
later in life.[1] The human brain grows m[...]
during infancy and early childhood than[...]
other time.[2] However, adverse environm[...]
experiences during these early years ca[...]
critical impact on development and sub[...]
functioning of the brain and biological sy[...]
leading to lifelong threats to educationa[...]
attainment and health.[3]

High-quality early care, education and f[...]
support programs, such as home visiting[...]
preschool, can improve school readines[...]
can also reduce, eliminate or counterac[...]
harms and stressors for children, especia[...]
those children living in poverty or other d[...]
circumstances.[4] Some programs, such a[...]
visiting, can also simultaneously benefit t[...]

Additional HPIO education an[...]
This is the third in a series of four poli[...]
education.
- **Policy brief No. 1** presents the rela[...]
  factors impacting this relationship[...]
- **Policy brief No. 2** explores the pro[...]
- **Policy brief No. 4** will describe sch[...]
  health and education outcomes, [...]
  activity, prevent violence and dru[...]
  date: early 2018).
- Additional resources can be foun[...]

Health **Policy** Brief

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Connections between education and health ➍

School-based drug and violence prevention
and mental health promotion

Overview
HPIO's *Connections between education and*
health series describes policy opportunities
with the potential to improve both health and
education outcomes. This fourth and final brief
in the series describes:
- Evidence-based approaches implemented
  in K-12 schools to promote drug-free
  living, safety, healthy relationships, mental
  wellbeing and academic achievement
  among children
- The extent to which Ohio is implementing
  these approaches
- Policy options to improve education and
  health outcomes through school-based
  prevention

The importance of prevention
With one of the highest drug overdose death
rates in the country, Ohio has been particularly
hard hit by the opiate crisis.[1] As thousands of
Ohioans struggle to recover from addiction,
policymakers are increasingly aware of the
importance of stopping addiction before it
starts. In addition, as the prescription opioid
epidemic shifts towards use of other drugs
(heroin, fentanyl, methamphetamine and
cocaine), many policymakers recognize
the need for a comprehensive approach to
prevent all forms of substance use disorder
across the life span.

School-based drug prevention is an effective
way to address these concerns. Most children
spend an average of six hours a day, five days
a week in school, making it an ideal setting
to promote healthy behaviors and personal
resilience.

Many approaches that are effective in
preventing drug use also improve other
outcomes of interest to policymakers and
educators, such as:
- Increased on-task behavior, school
  engagement and high school graduation
- Decreased school behavior problems and
  disciplinary problems
- Decreased depression, anxiety and suicide
- Decreased school violence and bullying

K-12 prevention approaches with
improved education and health
outcomes

Mental, emotional and behavioral problems	Alcohol, tobacco and other drug use	Violence and bullying

Left Fact Sheet

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Health policy fact sheet

The connections between education and health
Suspensions and expulsions among young children

The third policy brief in HPIO's four-part education and health series describes the importance of a child's early years for both health and future educational attainment. Adverse environments and experiences during these early years have a critical impact on development and can affect behavior in an educational setting. Certain school disciplinary practices, such as out-of-school suspensions and expulsions, can hinder academic success and reinforce behavioral problems instead of resolving them.

The most severe disciplinary sanctions a school can impose, suspensions and expulsions, involve the removal of a child from school, either for a limited period of time or permanently.[1] It is not uncommon for young children to be suspended or expelled. In the 2016-17 academic year, the Ohio Department of Education (ODE) registered approximately 34,000 suspensions and expulsions among students in kindergarten through third grade, including 16,400 for disobedient or disruptive behavior.[2]

Researchers have found the rate of expulsions in U.S. state-funded pre-kindergarten (pre-K) systems to be more than three times the national expulsion rate of K-12 students. The highest expulsion rates are in for-profit child care centers and faith-based settings. Rates in school-based and Head Start locations are lower.[3]

Rates of suspensions and expulsions are higher among black, male and economically-disadvantaged students – both in early childhood and K-12 education. For example, during the 2016-2017 school year, a black student in Ohio was 6.1 times more likely to receive an out-of-school suspension than a white student, and an economically-disadvantaged student was 6.4 times more likely to be suspended than a more financially-stable student. Also, in the 2016-2017 year, students with a disability were more than twice as likely to be suspended than students without a disability[4] (see figure 1).

Negative outcomes associated with suspensions and expulsions

Suspensions and expulsions can reinforce and perpetuate behavioral problems instead of resolving them. Many behavioral problems stem from developmental challenges

Figure 1. **Out-of-school suspensions per 100 Ohio students (2016-2017)**
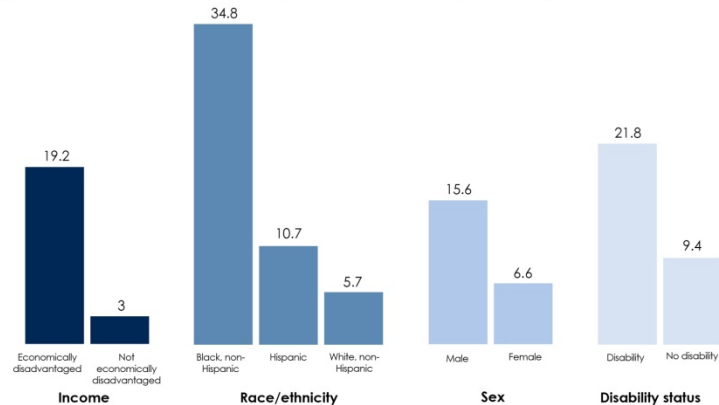
Note: Rates are calculated by dividing the total number of out-of-school suspensions received by students of a certain category in all grade levels by the total number of enrolled students in that category. This number is then multiplied by 100. This can include multiple suspensions for a single student.
Source: Ohio Department of Education interactive report card data (iLRC)

Right Fact Sheet

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Health policy fact sheet

The connections between education and health
Positive Behavior Interventions and Supports

The Positive Behavior Interventions and Supports (PBIS) framework is an example of an evidence-based strategy with both education and health benefits. The second and third policy briefs in HPIO's four-part education and health series describe the importance of student mental health services and supports and school-based social-emotional learning, respectively. Both can be more effectively implemented when combined with PBIS. This fact sheet provides additional detail on PBIS and how it works.

What is PBIS?

PBIS is based on the idea that children can be taught how to behave appropriately, similar to how they are taught mathematics or science. Instead of reactionary discipline policies, PBIS is a comprehensive, proactive approach to improving academic and social outcomes for all students, while preventing problem behaviors. It is a decision-making framework for selecting, organizing and implementing evidence-informed behavioral supports and interventions in a school community.[1] Recognizing that interventions will not have the same effects on all students, the PBIS framework is comprised of three tiers of interventions and supports which correlate with level of student need (see figure 1). PBIS implementation looks different in every school.

Effective schoolwide implementation of PBIS can create a positive and safe school culture and climate for all students and staff.[2] It can decrease behavioral disruptions, thereby increasing instructional time and reducing the need for disciplinary actions such as office referrals and suspensions.[3] However, appropriate structures and processes must be in place to support effective implementation of PBIS and achieve these outcomes.

There is strong research evidence that universal PBIS, which refers to strategies implemented schoolwide, improves behavior in school-age children.[4] Studies have also found that universal PBIS:
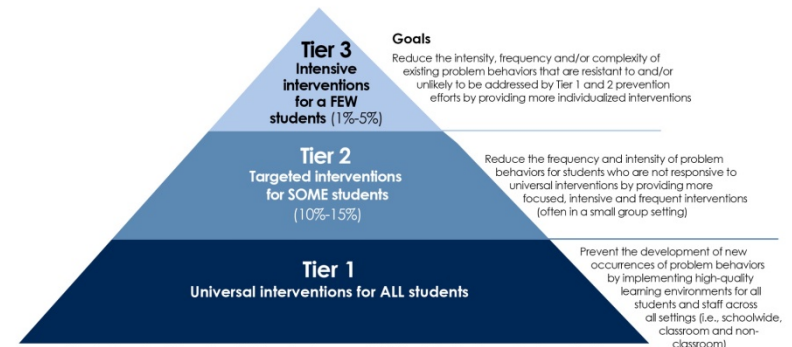• Increases academic achievement
• Improves school climate
• Improves social-emotional skills
• Reduces bullying[5]

How does PBIS work?
Problem-solving through data-based decision making
A schoolwide leadership or behavioral support team guides the process of developing and implementing the school's PBIS framework. The team is usually comprised of an administrator, grade level representatives, support

Figure 1. **Three tiers of Positive Behavioral Interventions and Supports (PBIS)**

Tier 3
Intensive interventions for a FEW students (1%-5%)

Goals
Reduce the intensity, frequency and/or complexity of existing problem behaviors that are resistant to and/or unlikely to be addressed by Tier 1 and 2 prevention efforts by providing more individualized interventions

Tier 2
Targeted interventions for SOME students (10%-15%)

Reduce the frequency and intensity of problem behaviors for students who are not responsive to universal interventions by providing more focused, intensive and frequent interventions (often in a small group setting)

Tier 1
Universal interventions for ALL students

Prevent the development of new occurrences of problem behaviors by implementing high-quality learning environments for all students and staff across all settings (i.e., schoolwide, classroom and non-classroom)

Source: Adapted from the Office of Special Education Programs (OSEP) Technical Assistance Center on Positive Behavioral Interventions and Supports

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Health Policy Institute of Ohio > Intersections between education and health

Intersections between education and health

Health and education are areas of significant focus for Ohio policymakers, representing the largest shares of Ohio's biennial budget for state fiscal years (SFY) 2016-2017. Among the 971 bills introduced in the 131st General Assembly between Jan. 1, 2015 and Nov. 4, 2016, 42 percent were related to health and/or education.

With support from the United Way of Central Ohio, HPIO has started to explore the intersections of education and health. In 2016, we convened an Education and Health Policy Advisory Committee, which has helped to guide this important work.

The first publication, Connections between education and health, was released in January, and we plan to release three additional publications later in 2017. We will also be updating this resource page on a continuous basis throughout the year.

Education basics for health stakeholders

⌄ Read more

Health basics for education stakeholders

⌄ Read more

How education and health are connected
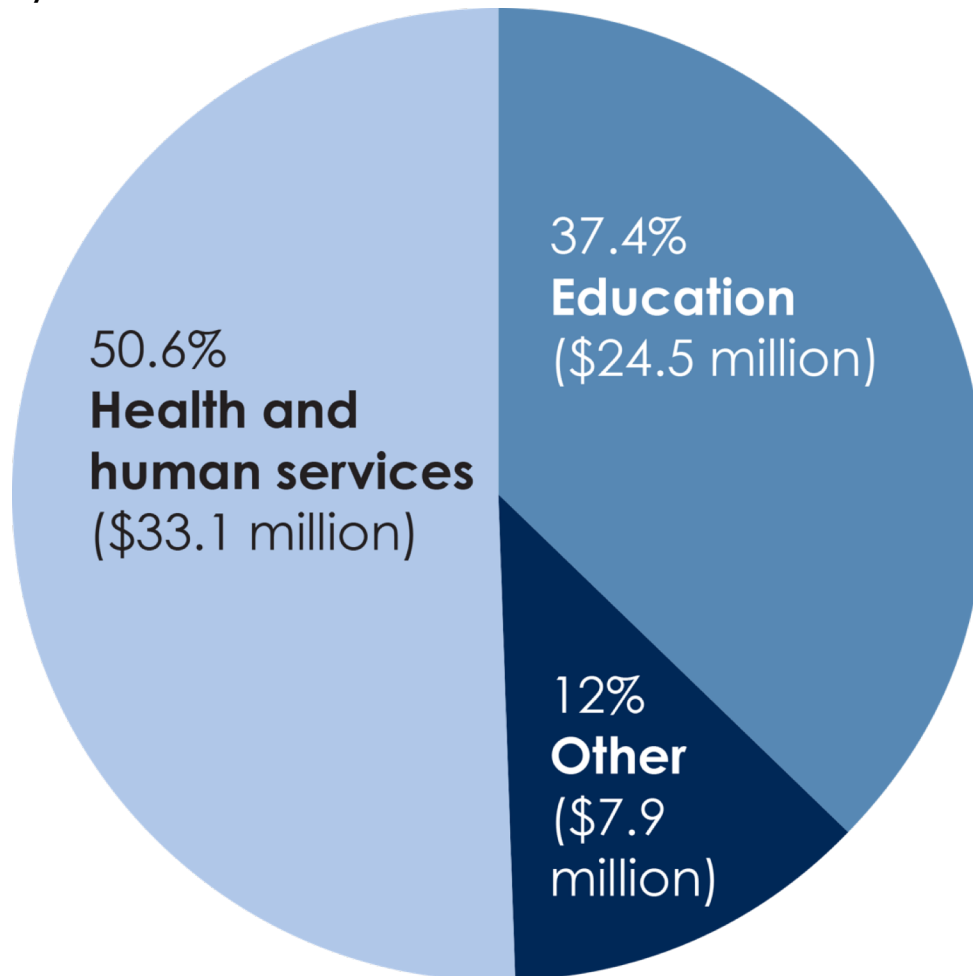
⌄ Read more

Specific areas of consideration for policymakers

⌄ Read more

Promising models to integrate education and health

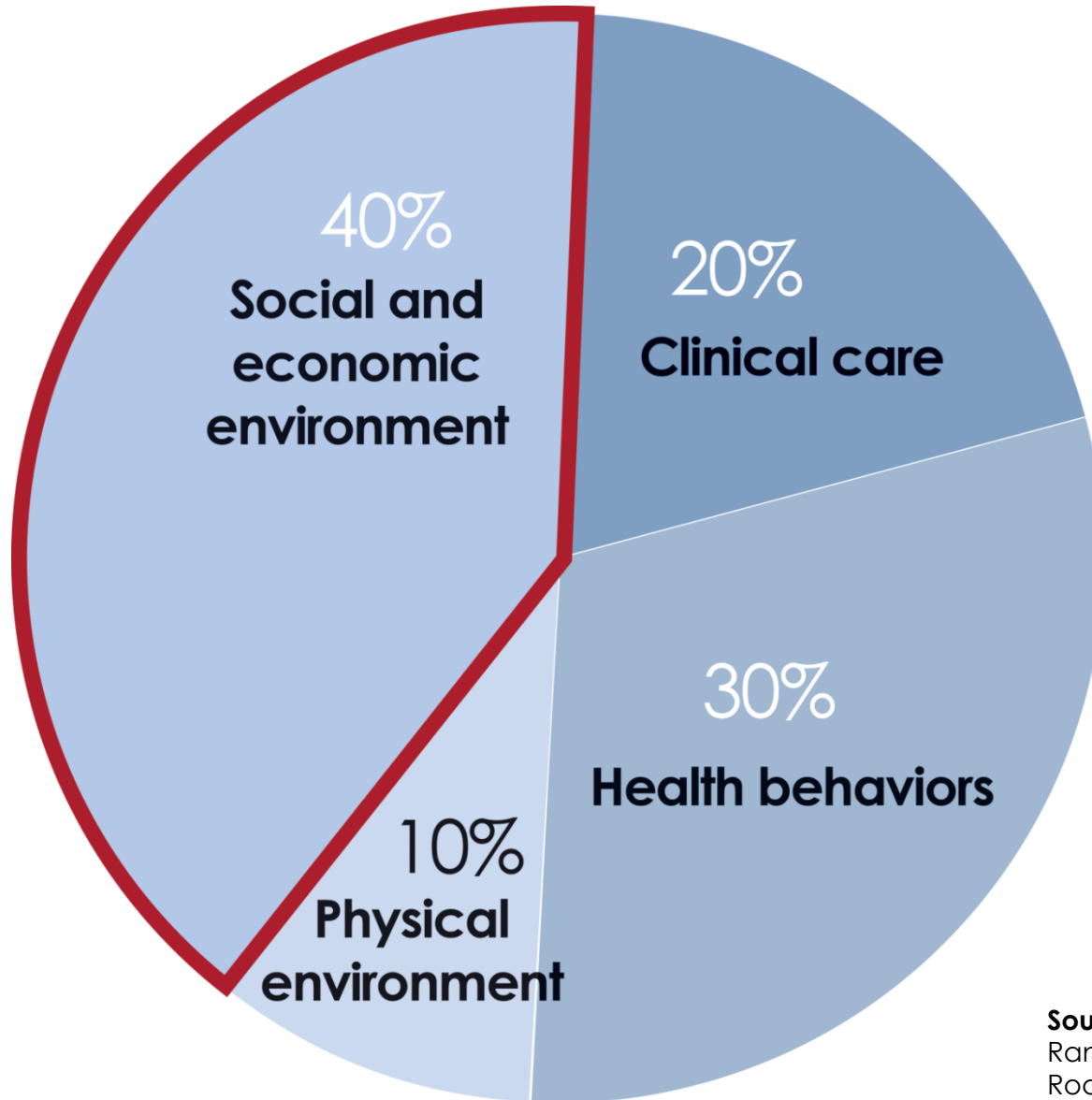# Ohio biennial budget appropriations

(SFY 2018-2019)

37.4%
Education
($24.5 million)

50.6%
Health and human services
($33.1 million)

12%
Other
($7.9 million)

Note: Includes total state and federal general revenue fund appropriations

Source: Ohio Legislative Service Commission Budget in Brief (House Bill 49 – As Enacted)

Modifiable factors that influence health

40%
Social and economic environment

20%
Clinical care

30%
Health behaviors

10%
Physical environment

Source: County Health Rankings and Roadmaps

Today

✓ Relationship between health and education (HPIO brief #1)
✓ Health services in schools (HPIO brief #2)
✓ Sarah Wickham (ODE) – School-based health care support toolkit
✓ The importance of early learning (HPIO brief #3)

Today

- ✓ School-based drug and violence prevention and mental health promotion (HPIO brief #4)
- ✓ Tia Marcel Moretti (Office of Ohio Attorney General) – Drug use prevention resource guide
- ✓ Sarah Wickham – How health fits into Ohio's strategic plan for education
- ✓ Q & A

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Health **Policy** Brief
Connections between education and health ①

This brief provides an overview of the relationship between education and health. In 2017, the Health Policy Institute of Ohio will release a series of fact sheets discussing specific policy recommendations to improve health and educational outcomes in Ohio.

Health and education are areas of significant focus for Ohio policymakers, representing the largest shares of Ohio's biennial budget for state fiscal years (SFY) 2016-2017 (See Figure 1).[1] Among the 971 bills introduced in the 131st General Assembly between Jan. 1, 2015 and Nov. 4, 2016, 42 percent were related to health and/or education.[2]

The relationship between education and health

There is widespread agreement that factors outside of the healthcare system influence health. Research consistently shows a strong relationship between educational attainment and health, even after accounting for factors such as income, race, ethnicity and access to health care.[3]

People with more education live in healthier communities, practice healthier behaviors, have better health outcomes and live longer than those with less education.[4] At age 25, college graduates in the U.S. can expect to live nine years longer than adults without a high school diploma, a gap that has been widening since the 1960s.[5]

Chronic conditions, such as arthritis, diabetes, heart disease, hypertension and lung diseases, are more prevalent and tend to be more severe among individuals with lower levels of education.[6] Consequently, individuals with less education are more likely to generate higher healthcare spending in the long run.[7]

Figure 1. **Ohio biennial budget appropriations (SFY 2016-2017)**
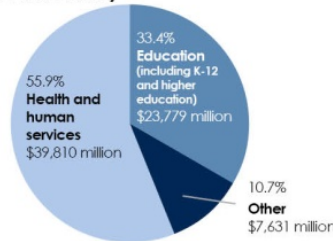
55.9% **Health and human services** $39,810 million

33.4% **Education** (including K-12 and higher education) $23,779 million

10.7% **Other** $7,631 million

Note: Includes total state and federal general revenue fund appropriations
Source: Ohio Legislative Service Commission Budget in Brief (House Bill 64 – As Enacted)

Researchers have identified three primary ways in which education and health are connected:
1. Education can create opportunities for better health
2. Poor health can hinder educational performance and attainment
3. Other independent factors, such as income, geography, stress and parenting, can influence both health and education[8]

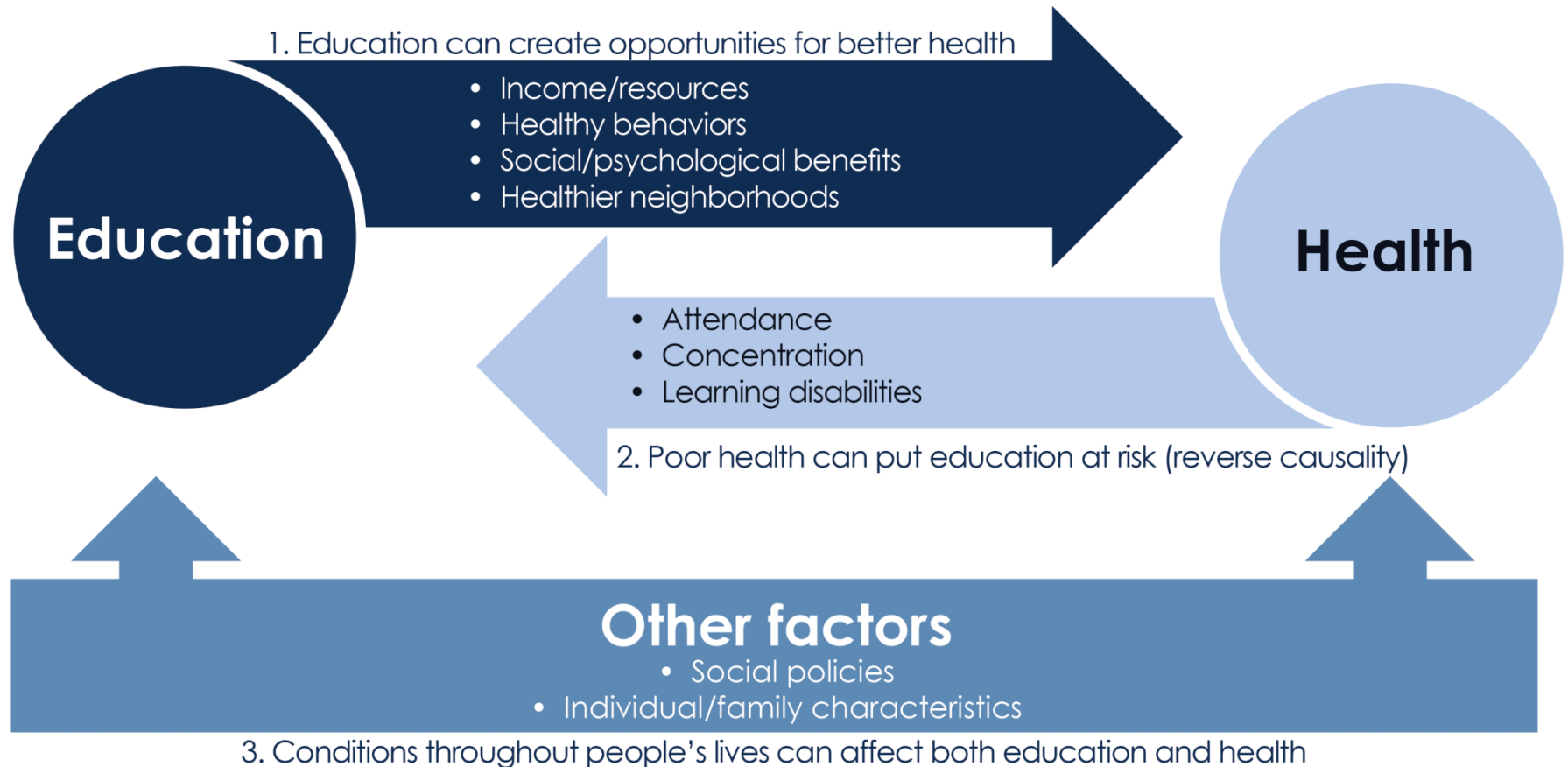Figure 2. **The relationship between education and health**

1. Education can create opportunities for better health
- Income/resources
- Healthy behaviors
- Social/psychological benefits
- Healthier neighborhoods

Education

Health

- Attendance
- Concentration
- Learning disabilities

2. Poor health can put education at risk (reverse causality)

Other factors
- Social policies
- Individual/family characteristics

3. Conditions throughout people's lives can affect both education and health

Source: Adapted from Virginia Commonwealth University. *Why Education Matters to Health: Exploring the Causes.* Feb. 13, 2015

Key takeaways

1. People with higher levels of educational attainment have better health outcomes.

2. Healthier students are better learners.

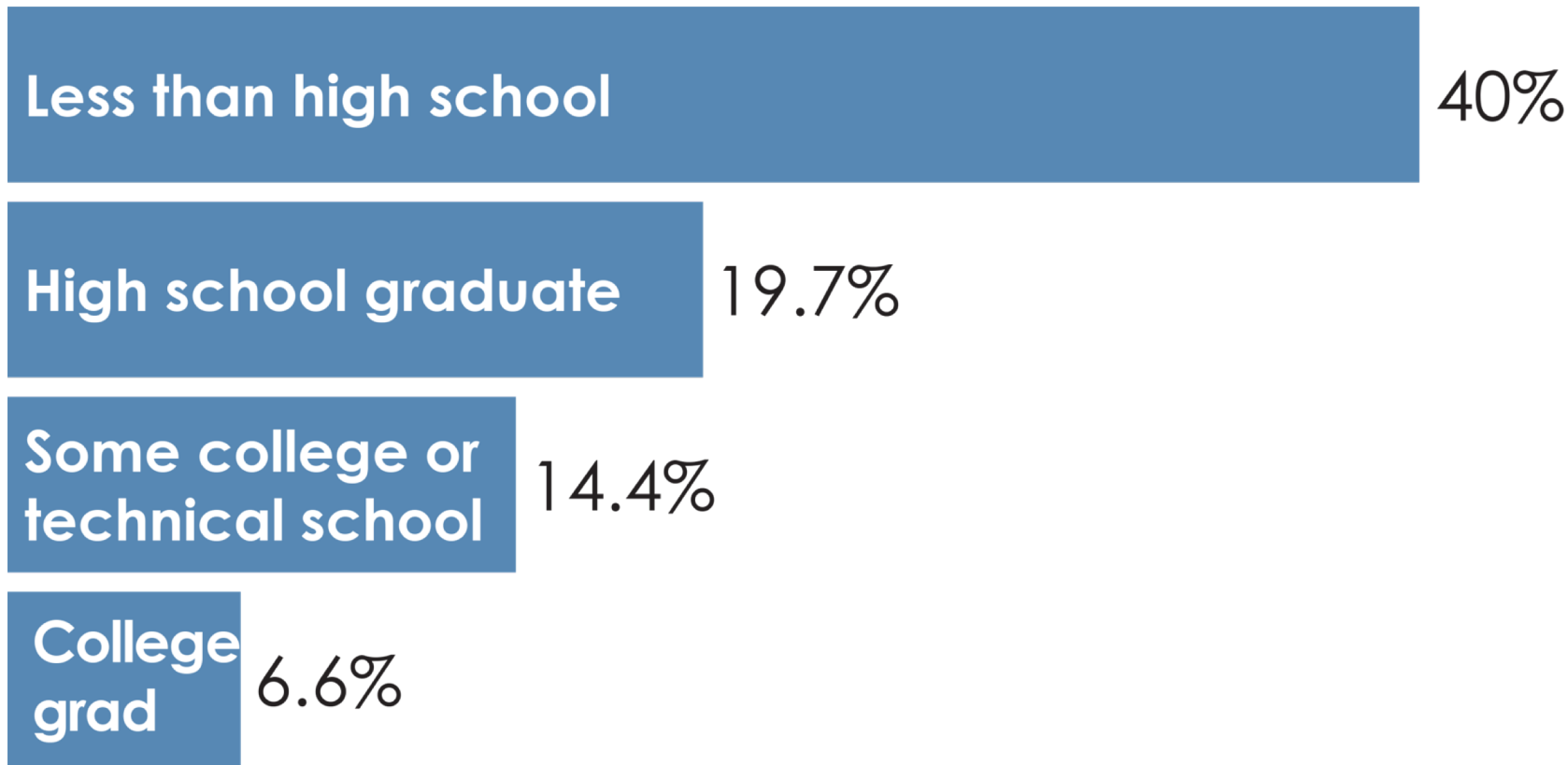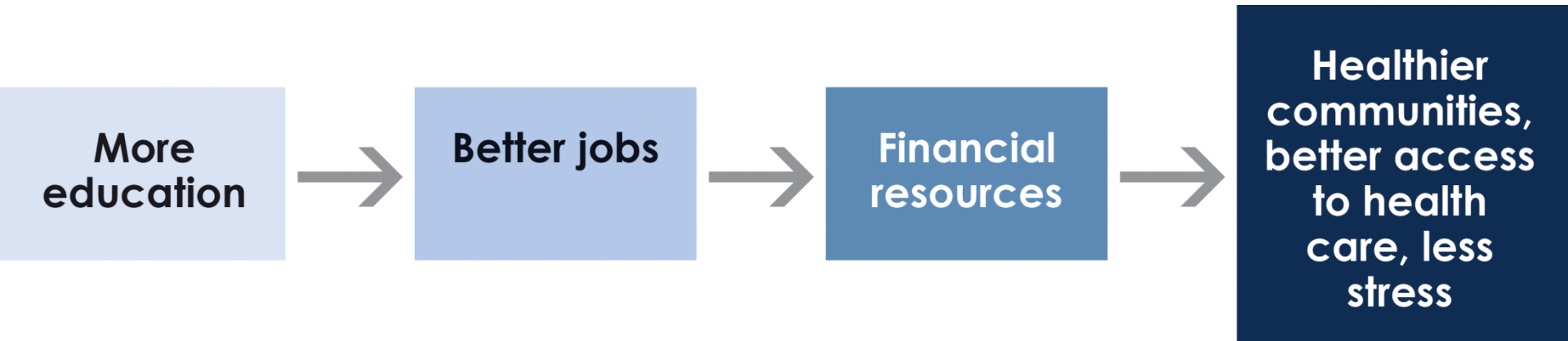3. Partnerships between the health and education sectors are valuable.

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The relationship between education and health

1. Education can create opportunities for better health

Education

- Income/resources
- Healthy behaviors
- Social/psychological benefits
- Healthier neighborhoods

Health

- Attendance
- Concentration
- Learning disabilities

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Other factors
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Source: Adapted from Virginia Commonwealth University. *Why Education Matters to Health: Exploring the Causes*. Feb. 13, 2015

Ohioans reporting fair or poor health (2016)

Percent of Ohio adults ages 25 and older reporting fair or poor health, by educational attainment

Less than high school — 40%

High school graduate — 19.7%

Some college or technical school — 14.4%

College grad — 6.6%

Example of how education impacts health

| More education | → | Better jobs | → | Financial resources | → | Healthier communities, better access to health care, less stress |

How health impacts student success

Student health
- Vision
- Asthma
- Teen pregnancy
- Aggression and violence
- Physical inactivity
- Breakfast
- Inattention and hyperactivity

Attendance and absenteeism

Health-related learning obstacles

School engagement

Academic achievement
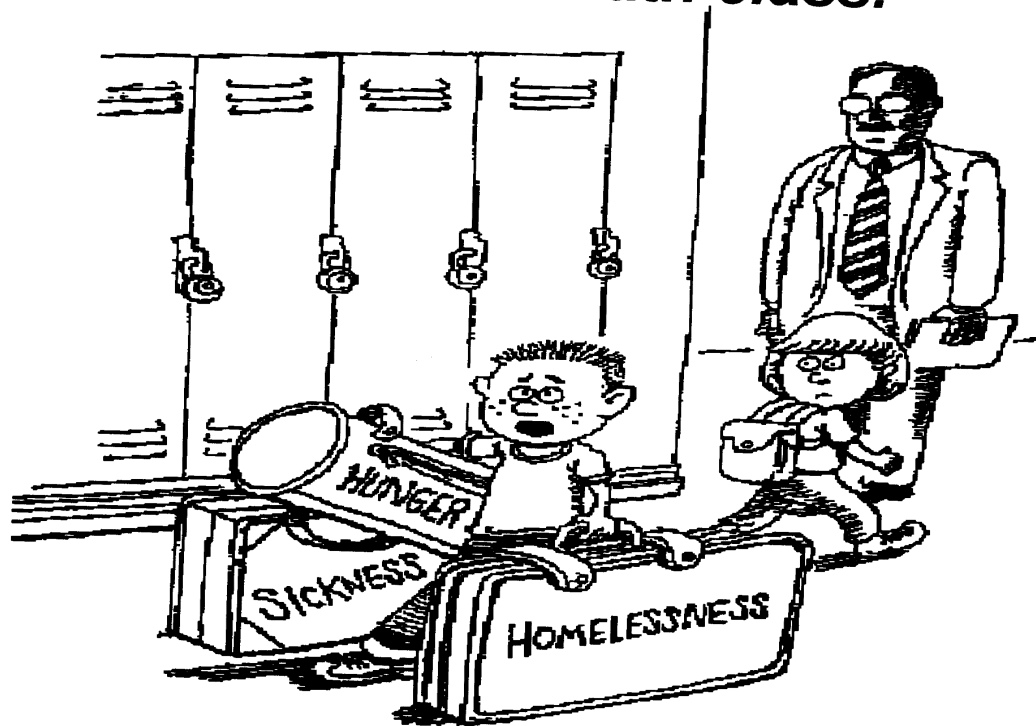
Several factors that impact both education and health

- Prenatal health
- Educational attainment of the mother
- Child malnutrition
- Exposure to toxins, such as lead
- Parent-child relationship
- Chronic stress
- Adverse childhood experiences (ACEs)

Better together

Opportunities for partnership

Education

State agencies

Ohio Department of Education

Ohio Department of Higher Education

Legislative committees

House Standing Committee on Education and Career Readiness

Senate Standing Committee on Education

Joint Education Oversight Committee

Local entities

School districts

Educational service centers

Health

State agencies

Governor's Office of Health Transformation

Ohio Department of Health

Ohio Department of Medicaid

Ohio Department of Mental Health and Addiction Services

Legislative committees

House Standing Committee on Health

House Standing Committee on Community and Family Advancement

Senate Standing Committee on Health, Human Services and Medicaid

Joint Medicaid Oversight Committee

Local health departments

ADAMH boards

Health systems

Federally qualified health centers

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Health **Policy** Brief
Connections between education and health ②
Health services in schools

Overview

In January 2017, HPIO released Connections Between Education and Health, the first policy brief in a four-part series. It describes the two-way relationship between health and education, explaining that people with higher educational attainment generally have better health outcomes and that healthier children are more likely to have academic success. This brief (policy brief No. 2) and the two upcoming briefs described in the box below explore specific evidence-based policies and programs that have demonstrated both health and education benefits.

Students with untreated physical and/or mental health conditions often struggle academically. They are more likely than healthier peers to be absent from school and often have difficulty paying attention and learning while in class. Research has shown that schools can positively impact student achievement through health improvement efforts.[1]

Schools cannot address the complex health-related needs of children alone, especially with limited financial resources. Effective solutions must include parents and often require collaboration with others in the community. School leaders increasingly recognize the value of addressing non-academic barriers to student success and partnering with community healthcare and social service providers to address these barriers. For example, schools have begun to offer students greater access to health services. Providing health services in schools has many benefits, including:

- Less missed class time for students
- Less lost work time for parents
- Enhanced access to healthcare services for low-income children who are uninsured or have other barriers to accessing care (e.g. transportation)
- Early detection of health issues
- Improved management of chronic conditions such as asthma and diabetes
- Prevention of more costly emergency room visits and hospitalizations
- Greater trust of providers in a school setting among parents and students[2]

Schools are well-positioned to identify and address student health needs, given that nearly all children attend school an average of six hours a day, five days a week, eight to nine months a year. In addition, schools often provide before and after school care and summer programming.

This brief describes how Ohio schools are providing health services to students, including an overview of relevant federal and state policies and programs and the types of health professionals commonly working in schools. The brief also explores school partnerships to provide health services, with an emphasis on school-based health centers. The provision of mental health and preventive services in schools is also discussed, along with policy options to expand health services in schools.

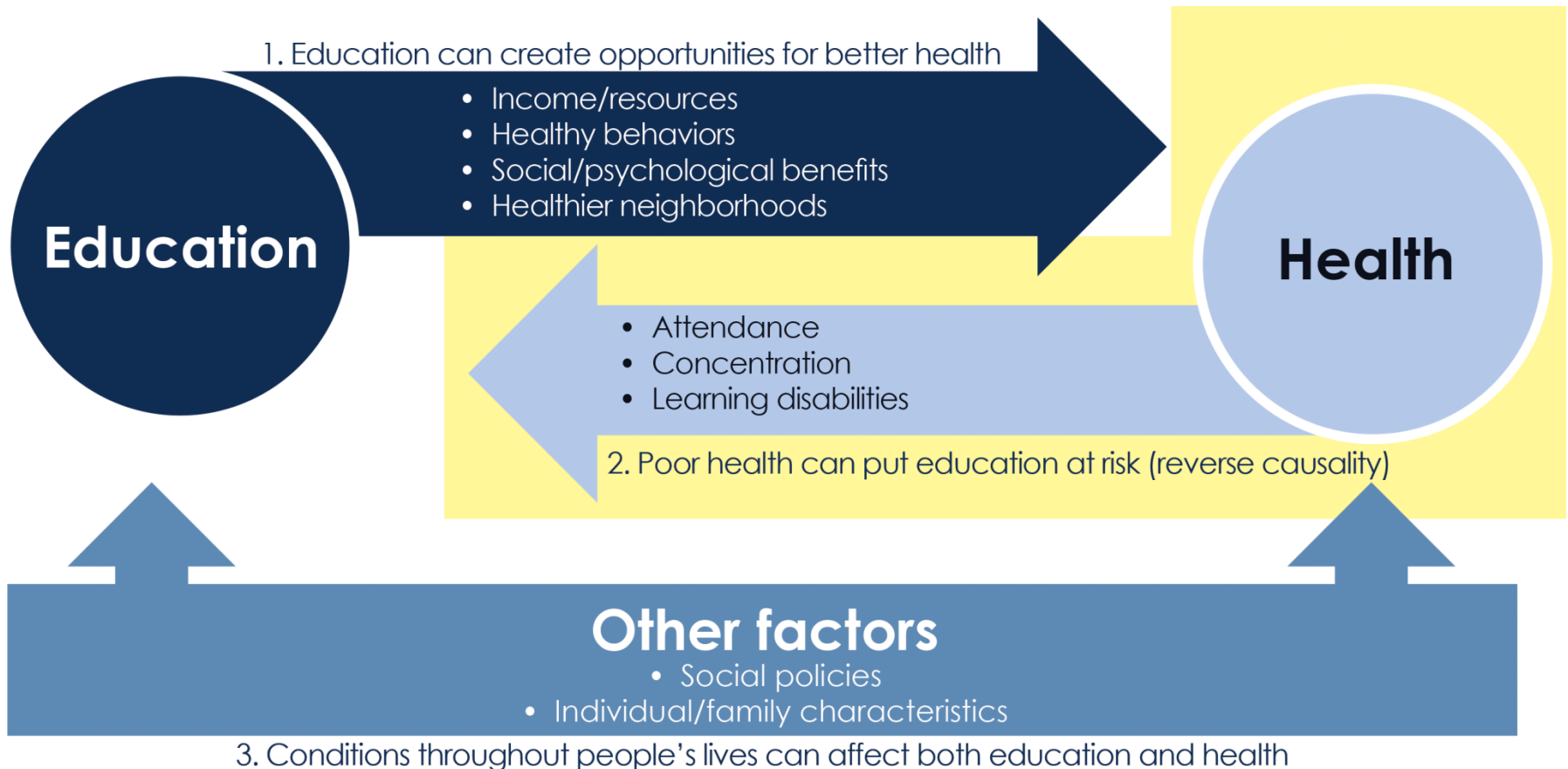### Additional HPIO education and health publications and resources

- **Policy brief No. 1** explains the relationship between education and health and describes factors impacting this relationship (Released: January 2017)
- **Policy brief No. 3** will explore early learning policies and programs, including early childhood education and family supports and social-emotional development (Target release: August 2017)
- **Policy brief No. 4** will explore school-based policies and programs that impact health and education outcomes, including strategies to improve nutrition, increase physical activity, prevent violence and drug abuse and increase health literacy (Target release: Fall 2017)
- Additional resources can be found on HPIO's Intersections between education and health online resource page, which will be continually updated throughout 2017
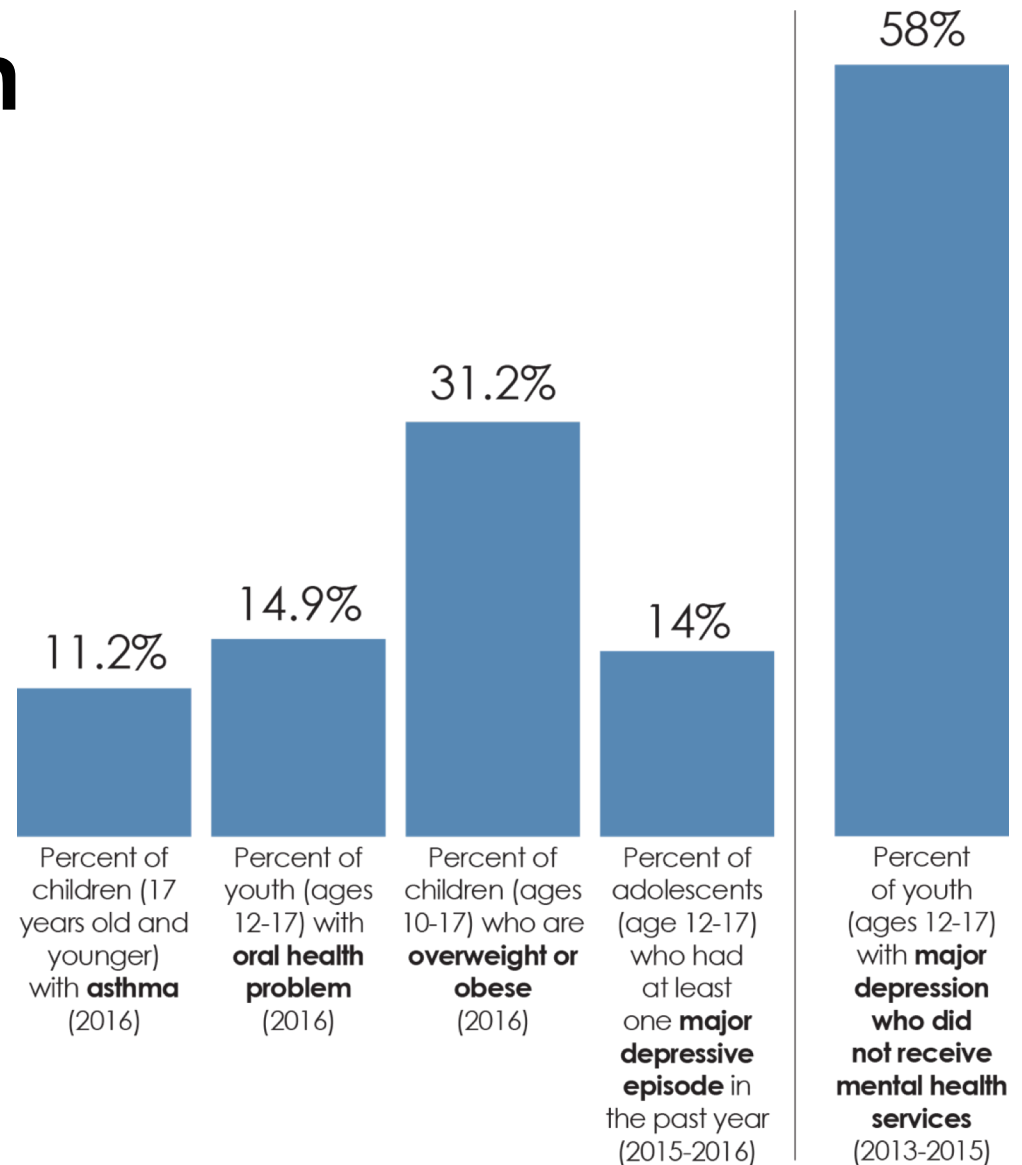
Key takeaways

1. A considerable number of Ohio children have mental or physical health conditions.

2. Schools are well-positioned to identify and address student health needs.

3. Schools can't address these health-related barriers to learning alone.

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The relationship between education and health

1. Education can create opportunities for better health
- Income/resources
- Healthy behaviors
- Social/psychological benefits
- Healthier neighborhoods

Education

- Attendance
- Concentration
- Learning disabilities

2. Poor health can put education at risk (reverse causality)

Health

Other factors
- Social policies
- Individual/family characteristics

3. Conditions throughout people's lives can affect both education and health

Source: Adapted from Virginia Commonwealth University. *Why Education Matters to Health: Exploring the Causes.* Feb. 13, 2015

Common health conditions among school-age children in Ohio

58%

31.2%

14.9%

11.2%

14%

Percent of children (17 years old and younger) with **asthma** (2016)

Percent of youth (ages 12-17) with **oral health problem** (2016)

Percent of children (ages 10-17) who are **overweight or obese** (2016)

Percent of adolescents (age 12-17) who had at least one **major depressive episode** in the past year (2015-2016)

Percent of youth (ages 12-17) with **major depression who did not receive mental health services** (2013-2015)

Sources: 2016 National Survey of Children's Health; 2015-2016 National Survey on Drug Use and Health; The State of Mental Health in America, 2013-2015

Current landscape: health services in schools

July 2017

hpio health policy institute of ohio ™

Health **Policy** Brief
Connections between education and health ②

Health services in schools

Summary of school health service requirements under Ohio law

Ohio law	Type of health services required	Description (as it relates to school health services)
ORC 3313.539	Concussions and school athletics	• Prohibits boards of education/school districts/governing authorities of chartered schools from allowing students to participate in school athletics until a concussion and head injury information sheet is signed by each parent/guardian and returned to the school • Prohibits boards of education/school districts/governing authorities from permitting individuals to coach or referee school athletics unless the coach/referee has been trained in recognizing the symptoms of concussions
ORC 3313.60	Academic health-related curriculum	• Requires boards of education/school districts to include instruction in nutrition, drugs/drug abuse, venereal disease (parents may opt out), personal safety/dating violence and first aid and physical education in their prescribed curriculums
ORC 3313.6021, 3313.6023, 3313.717, 3701.85, 3313.815	Automated external defibrillator and Heimlich maneuver	• Requires boards of education to train high school students and all staff in the use of an automated external defibrillator, and enables boards of education/governing authorities of chartered schools to require the placement of defibrillators in all schools under their control

Current landscape: health services in schools

The Individuals with Disabilities Education Act (IDEA)

Free care policy

Ohio Medicaid Schools Program

Benefits of health services in schools

- Less missed class time for students
- Less lost work time for parents
- Enhanced access to healthcare services for low-income children who are uninsured or have other barriers to accessing care (e.g. transportation)
- Early detection of health issues
- Improved management of chronic conditions such as asthma and diabetes
- Prevention of more costly emergency room visits and hospitalizations
- Greater trust of providers in a school setting among parents and students

Health professionals in Ohio school districts

Average number of health professionals in Ohio school districts per 1,000 students (FTE), 2015-2016

2.3 School counselors

1.4 Speech language pathologists

1.2 School psychologists

1.1 School nurses

0.8 Physical/ occupational therapists

0.2 Social workers

0 Audiologists
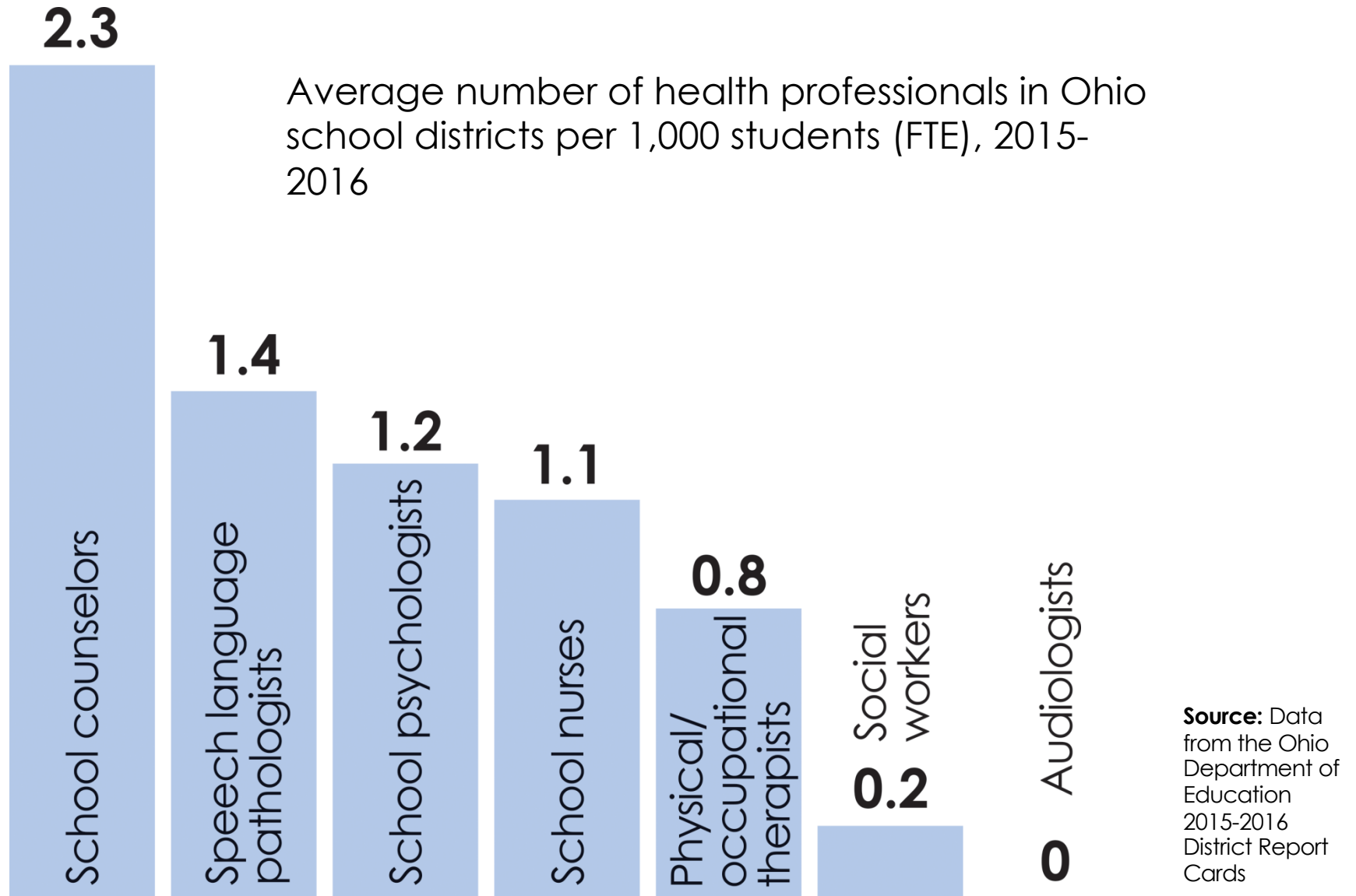
Partnership for providing health services in schools

Contracted or employed school health professionals	Referral network	School-linked health center	Mobile health clinic	School-based health center	Community school

Extent of collaboration and coordination with external partners increases →

Services that can be provided through school-based health care

Primary care

Behavioral health

Oral health

Health promotion, education and risk reduction

Other wrap-around services

School-based health centers
Cincinnati and Cleveland

Cleveland Plain Dealer

29

Perceived barriers to school-based health care

Reimbursement and financial sustainability

Prior authorization

Privacy issues

Space

Other challenges

Guest speaker

Sarah Wickham, Senior Policy Advisor
Ohio Department of Education

School-Based Health Care Toolkit

Sarah Wickham· September 26, 2018

Ohio | Department of Education

Ohio is working to support to schools who are interested in pursuing school-based health care partnerships.

Any school and care provider that wants to form a SBHC partnership will have access to a **support toolkit** that helps answer the most difficult questions in startup and implementation.

School-Based Health Care Support Toolkit

KEY QUESTIONS	MATERIAL
What is school-based health care and how can I use this toolkit?	» Vision for Ohio School-Based Health Care
How do we get started?	» Assessing community-specific issues and resources (FOR SCHOOLS) » Plan for engaging and partnering with the provider community (FOR SCHOOLS) » Principal design questions around building a care delivery model » Plan for engaging families, teachers and the broader community » Sample A: Need Assessments » Sample B: Outreach Materials
How do we operationalize our partnership?	» How key roles are defined and how they interact with one another » Information on data sharing between parties » Information on day-to-day logistics for working within a school (e.g. assimilating within the community, facility planning, safety and security) (FOR PROVIDERS) » State of Ohio consent form and service agreement templates » Sample A: Resource Coordinator Job Descriptions » Sample B: Floor Plans
How can we ensure a sustainable model?	» Working with and eligibility for potential support resources (e.g. possible Federal/state resources, applying for grants, partnering with local organizations) » Best practices for grant writing » Difference in billing between the Medicaid Schools Program and school-based health care (FOR PROVIDERS)
How do we measure success?	» Putting in place a performance measurement and continuous improvement plan » Sample A: Assessment surveys of process effectiveness
Resources for reference	» National examples of school-based health models and their outcomes » Further detail on the Medicaid Schools Program » Case studies on school-based health care in Ohio » Guidance and case studies from the Ohio Association of School Nurses » Data on school-based health care's effect on health and academic outcomes » Information on Ohio FQHCs » Ohio Affiliate of National School-Based Health Alliance (links to an external site) » Guidelines on cultural competence (links to an external site) » Glossary of key terms » School-based health guidance from Voices from Ohio's Children

The toolkit contains resources to help in overcoming the chief perceived barriers in launching school-based health efforts

Perceived barriers to starting	Toolkit resources to help
How do we get started?	Info from other schools on how they got started and steps to connect with necessary stakeholders
How can we pinpoint our chief health needs and find health care providers to partner with?	Plan for finding, engaging and reaching out to the right provider partner
How do we educate families, teachers and the community on our model and get them to buy in?	Engagement materials that highlight the benefits of school-based health care to that specific stakeholder
How will we be able to serve students and share data in a HIPAA/FERPA compliant way?	Information on data sharing and consent, including State of Ohio approved templates
What if we don't have space for this in our building?	Info on utilizing current space and potential options that require little additional space
Where are we going to find the resources to make this work?	Resources other schools have used to make their model sustainable
How will I organize my school-based team?	Roles and key responsibilities needed and information on how they interact and share data

Focus on: Need Assessment

KEY QUESTIONS	MATERIAL
~~chool-based~~ ~~how can I~~ use this	» Vision for Ohio School-Based Health Care
How do we get started?	» Assessing community-specific issues and resources (FOR SCHOOLS) » Plan for engaging and partnering with the provider community (FOR SCHOOLS) » Principal design questions around building a care delivery model » Plan for engaging families, teachers and the broader community » Sample A: Need Assessments » Sample B: Outreach Materials
How do we operationalize our partnership?	» How key roles are defined and how they interact with one another » Information on data sharing between parties » Information on day-to-day logistics for working within a school (e.g. assimilating within the community, facility planning, safety and security) (FOR PROVIDERS) » State of Ohio consent form and service agreement templates » Sample A: Resource Coordinator Job Descriptions » Sample B: Floor Plans
How can we ensure a	» Working with and eligibility for potential support resources (e.g. possible Federal/state resources, applying for grants, partnering with local organizations) » ~~Best practices for grant writing~~

Need assessment

Questions to define need

School academic and health issues

- What are the health issues (e.g. physical, mental, behavioral) affecting students and families in our community?

- To what degree are health issues affecting the academic metrics that matter most to your school community?

Community access to care

- What community health services exist that could help students in addressing their chief health issues?

- What are the key barriers that prevent students from using any existing or community health services (e.g. providers too far away, language)?

- For what health providers is students and community access the most limited and/or do students and community members see the least?

Readiness assessment

Questions to define readiness

Understanding the provider landscape

- What types of care providers (e.g. School Nurse, school psychologist) currently support my school's students?
- What types of care providers are in my school's community as potential partners?
- What payment options do potential provider partners accept?

Community interest in school-based health care

- Would students utilize the school-based health care services regularly?
- Are there populations beyond students (e.g. teachers, student families) that would utilize the services regularly?

Existing and potential resources

- To what degree would we need to retrofit existing space or build new space to include our desired range of health interventions?
- Does our school have access to capital to make necessary building changes feasible?
- Does our school need to serve volume beyond students to make building economics work?
- Do we have a single person in mind to coordinate the effort?
- Does our school have access to existing community mobile health services?

Types of data to help complete the need and readiness assessments

1	**Utilize data you already have**	Much of the data needed (e.g. absenteeism, available space) to define your key needs and potential resources you already can easily access
2	**Utilize publicly available data**	Existing public resources often have the data you need on topics like community health issues
3	**Collect community data**	For data that does not currently exist (e.g. community interest in school-based health care) you can survey key stakeholders, adding questions to existing surveys where possible

Needs assessment data resources

Data source	Description/Use case
Utilize data you already have	
Existing school-level data	Any data already tracked at the school level that corresponds to leading metrics, e.g. absentee rates
Utilize publicly available data	
Head Start community assessment	Contact a local Head Start program to identify the relevant county Head Start representative to access existing comprehensive community needs assessments. Head Start assessments provide comprehensive insight into a range of community needs beyond education
Local Ohio Population Health Plans and Assessments	County-level reports for hospitals and local health departments on the population's most significant health needs and plans and strategies to address those needs
Ohio State Health Assessment	State health assessment including 140+ metrics, data from regional forums, and a review of local health department and hospital assessments and plans. Includes community health profiles and indicator toolkits for mental health and addiction and chronic disease
County Health Rankings	Comparative county-level data on outcomes and factors that drive health (e.g. health behaviors, clinical care, socioeconomic and environmental factors)
Ohio KIDS COUNT	State and county-level health and education outcomes, e.g. reading achievement, healthcare coverage, children receiving developmental screenings
Health Professional Shortage Area database	Identifies geographic areas, populations, and facilities with shortages of primary care, dental care, or mental health providers
Northwest Ohio Community Health Assessments	The Hospital Council of Northwest Ohio works with local hospitals, health departments and other partners to conduct community health assessments and community health improvement plans in more than 40 counties in Ohio
School health profiles	Measure school health policies and practices to help education and health agencies monitor and assess characteristics of and trends in school-based health services
Collect community data	
Conduct new surveys[1]	Include student health surveys directed towards audiences of families and teachers/staff to help you understand how student health issues have affected academic outcomes or interviews, town halls and focus groups with stakeholders that reflect the community

1 Template surveys in this section's appendix

Focus on: Engaging Stakeholders

KEY QUESTIONS	MATERIAL
What is school-based ~~care and how can I~~ ~~it?~~	» Vision for Ohio School-Based Health Care
How do we get started?	» Assessing community-specific issues and resources (FOR SCHOOLS) » Plan for engaging and partnering with the provider community (FOR SCHOOLS) » Principal design questions around building a care delivery model » Plan for engaging families, teachers and the broader community » Sample A: Need Assessments » Sample B: Outreach Materials
How do we operationalize our partnership?	» How key roles are defined and how they interact with one another » Information on data sharing between parties » Information on day-to-day logistics for working within a school (e.g. assimilating within the community, facility planning, safety and security) (FOR PROVIDERS) » State of Ohio consent form and service agreement templates » Sample A: Resource Coordinator Job Descriptions » Sample B: Floor Plans
How can we ensure a	» Working with and eligibility for potential support resources (e.g. possible Federal/state resources, applying for grants, partnering with local organizations) » ~~Best practices for grant writing~~

Reaching out to providers in your community: Information to share and questions to ask

What is school-based health care and what are our goals?

- **Before the first meeting, it could be beneficial to send the provider the following in advance:**
  - Information on school academic and health goals, needs and available resources, as well as community interest in utilizing school-based health services
  - Link to the online toolkit, highlighting provider specific materials

What is the provider's role?

- **In the first meeting, the school can further share the high-level responsibilities of school-based health care**
  - Make clear you are looking for a partner in both designing and executing a care delivery model that is the best fit for the school community
  - Share high-level materials on care delivery models and how other schools have gone about designing their model

Is the provider a fit?

- **The following questions would be helpful for the school to ask to better understand if the partnership could work**
  - What is your experience with off-site care models?
  - Do you have a sense of your capacity and other resources that could be utilized for such a model?

There are many reasons care providers would want to enter a school-based health partnership

Improve access to care

- **More regular access to patients you treat** – Greater exposure to patients gives you a broader understanding of the student's functioning in his or her peer group
- **Increased adherence to treatment plan** – Students are more likely to attend scheduled appointments to receive and comply with treatment as needed
- **Access to new patients** – Treat a new group of patients, as well as increase name recognition and outside referrals to grow further

Improve patient experience

- **Greater convenience** – Connecting with providers becomes a simpler proposition for students and families
- **Reduced stigma of care** – Students receive treatment in a non-intimidating environment that becomes just another part of the school day

Improve quality of care

- **Increase rate of early intervention** – Potential to address physical and/or behavioral health issues earlier to minimize long-term issues
- **Increase depth of services** – Greater ability to weave preventative services and counseling into each visit to improve effectiveness and ability to follow-up
- **Improved clinical competency** – The experience can grow a provider's understanding of pediatric health issues

Improve community connections

- **Support an innovative model** - Join a statewide program that helps you support the health and academic outcomes of high need students in your community
- **Deeper impact** – Improve long-term relationships with patients/families and schools

When starting out, you should continuously share information on your efforts with the school and broader community to build their support

What questions could your outreach materials answer?

Your outreach materials could answer some or all of the following questions:
- What is school-based health care?
- Why will it be beneficial to [stakeholder group]?
- What types of services will be offered?
- How will it operate? (includes information on billing and confidentiality)
- How can I enroll my student? (intended for families only)
- Where should I go if I have additional questions?

The toolkit has template materials that you can use to build your outreach materials or examples of how other schools have answered these questions in their materials

What types of outreach materials could you create?

- **Brochures and fact sheets** to advertise your full range of offerings
- **Flyers and social media content** to advertise specific offerings (e.g. health trainings)
- **Press releases** to advertise events (e.g. center dedication, immunization drive)
- **Public presentations** to build support for your offerings

When could you connect with stakeholders?

Bring outreach materials anytime a key stakeholder group will be present, including:
- School events
- Registration/orientation
- Teacher in-service
- Open house
- Sports games/award banquets
- PTA meetings
- Community events
- City council meetings
- Health fairs
- City cultural events

Talking points – schools communicating with families

Problem Statement

- It can be difficult and inconvenient to get your child the health care attention they need (e.g., finding providers in your insurance network, scheduling and keeping appointments, taking leave from work)

Facets of school-based health care to highlight

- School-based health can play an important role in helping families manage the physical and mental health care needs of their children

- School-based health care is a convenient way to get your child seen by a clinician–no more leaving work to take your child to the doctor

- Gives a consistent care provider relationship – no more switching clinicians to fit your schedule or worrying about changes in insurance

- School-based health's goal is to minimize time your child is out of class and therefore maximize your child's time learning

- Students that receive school-based health care have fewer long-term health issues and improved academic outcomes

- Families maintain complete control over what health supports your student receives or does not receive

Talking points – schools communicating with teachers

Problem Statement

- You cannot be as effective if students are not in class, healthy and engaged

Facets of school-based health care to highlight

- School-based health care connects students to health care providers in a way that minimizes overall disruption to their learning activities (e.g. reduces student early dismissals and tardiness)

- Research also shows a positive impact of school health care on graduation rates, absenteeism, tardiness, grade promotion, withdrawal/dropout rates, failing grades and disciplinary problems

- You can support school-based health initiatives by alerting providers of possible student health issues to help them receive care when need is greatest

- You also will have additional information on student behavior that will help you better teach the whole student

Talking points – school health care providers communicating with community providers

Problem Statement

- Your patients may miss appointments, not follow prescribed treatment plans, and overall not reach their health potential

Facets of school-based health care to highlight

- You will have a partner in the schools helping ensure your treatment plans are followed and new health issues are flagged

- School-based health integrates services, including ones the student may not have been receiving (e.g. mental health treatment)

- You will receive increased patient referrals from school-based health and all needed patient information will be communicated in a HIPAA-compliant fashion

- School-based health care does not seek to replace any student's current provider – it serves as another touch point for students to receive health support and help ensure they comply with their treatment schedules

- Your patients will overall be healthier and more likely to achieve their full health academic potential

Talking points – schools communicating with the general community

Problem Statement

- The more difficult it is for students to access high-quality health care, the greater the burden will be on their academic careers and families' working schedules

Facets of school-based health care to highlight

- School-based health care supports the community by providing students a consistent way to receive needed care and families needed support and convenience

- Research shows a positive impact of school health care on community academic outcomes like graduation rates, absenteeism, tardiness, grade promotion, withdrawal/dropout rates, failing grades and disciplinary problems

- School-based health also leads to both improved community health outcomes, including fewer hospitalizations and emergency room visits

- School-based health care helps to reduce disparities as all students can avail themselves to high quality very much needed health services

Focus on: Working Within a School

KEY QUESTIONS	MATERIAL
What is school-based health care and how can I use this toolkit?	» Vision for Ohio School-Based Health Care
How do we get started?	» Assessing community-specific issues and resources (FOR SCHOOLS) » Plan for engaging and partnering with the provider community (FOR SCHOOLS) » Principal design questions around building a care delivery model » Plan for engaging families, teachers and the broader community » Sample A: Need Assessments » Sample B: Outreach Materials
How do we operationalize our partnership?	» How key roles are defined and how they interact with one another » Information on data sharing between parties » Information on day-to-day logistics for working within a school (e.g. assimilating within the community, facility planning, safety and security) (FOR PROVIDERS) » State of Ohio consent form and service agreement templates » Sample A: Resource Coordinator Job Descriptions » Sample B: Floor Plans
How can we ensure a	» Working with and eligibility for potential support resources (e.g. possible Federal/state resources, applying for grants, partnering with local organizations) » Best practices for grant writing

School leaders have consistently shared that a key early step in their success was assimilating care providers within the school community

WHY IS THIS IMPORTANT?

- **Helps create awareness** for your services and trust with students, families and the community

- **Accelerates the adoption rate** at which students/families sign consent forms and utilize school health services
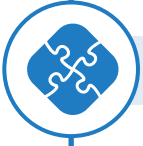
WHAT ARE TACTICAL STEPS TO FORMING THIS KIND OF RELATIONSHIP?

- **Campaign the services you provide**
  - Appear at events families attend to both help them learn about your role and build up levels of consent and Medicaid enrollment
  - Send direct mailers on the services provided to overcommunicate your role
  - Hold events for the general and at risk community to educate them on your scope of services
  - Hold sessions for staff educating them on your role and how you will work together to make their lives easier by increasing rates of attendance and engagement

- **Work with current school health staff**
  - Meet with school care providers early on to discuss how you will work together to grow the number of students receiving Health Care

- **Build an in-school presence**
  - Do not just be in your offices for the duration of the day – make an effort to be seen in the hallways and attend school activities when possible
  - Teach school health classes to students (e.g. improving nutritional outcomes) and/or the community (e.g. first aid)

School-based health facility planning tactical guidelines – security procedures

Ensuring providers understand school safety protocol

- The school should provide you onboarding logistics, the evacuation plan, information on lockdowns and other emergency strategies, as well as ensure you can join any schoolwide safety training
- Make sure the school knows when you will be on campus; also, you should know who at the school knows that information – that should be the same person that alerts you during a lockdown or another emergency procedure (e.g. via mass text) if you are not on campus
- Discuss the school Emergency Operations Plan with the school if there are sections where it does not match your procedures (e.g. schools and providers may have different protocol in responding to a student with a weapon or a suicidal child)
- Also ensure the Emergency Operations Plan does not list the provider as a necessary response if you are not there every day in a week – school needs to designate a responsible party for those other days (e.g. in the case of a choking student)

Plan for non-student visitors

- If your partnership allows for non-students to access school-based health services, consider the following:
  - Best practice is having separate entrances for students and non-students; if not feasible, ensure non-students make appointments with staff, check in when they arrive and are only allowed in the clinic portion of the school
- Think through the following questions before allowing access to non-student visitors:
  - How do you ensure outsiders are aware of school procedures (e.g. sign-in policies)?
  - How do you ensure outsiders stay only in the clinic area?
  - What is the procedure and who is available to help if something unexpected happens?

Focus on: Funding Your Partnership

KEY QUESTIONS	MATERIAL
...chool-based ... how can I use this	» Vision for Ohio School-Based Health Care
How do we get started?	» Assessing community-specific issues and resources (FOR SCHOOLS) » Plan for engaging and partnering with the provider community (FOR SCHOOLS) » Principal design questions around building a care delivery model » Plan for engaging families, teachers and the broader community » Sample A: Need Assessments » Sample B: Outreach Materials
How do we operationalize our partnership?	» How key roles are defined and how they interact with one another » Information on data sharing between parties » Information on day-to-day logistics for working within a school (e.g. assimilating within the community, facility planning, safety and security) (FOR PROVIDERS) » State of Ohio consent form and service agreement templates » Sample A: Resource Coordinator Job Descriptions » Sample B: Floor Plans
How can we ensure a	» Working with and eligibility for potential support resources (e.g. possible Federal/state resources, applying for grants, partnering with local organizations) » Best practices for grant writing

This section will help you consider a wide range of funding and resource options and give tactical advice on how to utilize each

The four main ways to build financial and operational capacity are:

1) **Receive state and federal allocations**

2) **Apply for competitive grants from state, federal, and/or private/nonprofit funding sources**

3) **Apply for non-competitive grants from state and federal funding sources**

4) **Build operational capacity through attracting high-quality practitioners and community partners**

We will highlight a list of federal, state, and private (corporate, foundation) sources you can use for start-up or ongoing costs of school-based healthcare (not comprehensive)

We will also highlight scholarship programs and community partnership models for enhanced operational capacity

Potential resources for school-based health programs

Who can apply?
- ■ (dark blue) Schools
- ■ (red) Schools & providers
- ■ (green) Providers
- ■ (purple) Practitioners

	Receive allocation	Apply competitively	Apply non-competitively	Build capacity
Federal and state	■ ESSA Title I-A ■ ESSA Title I-C ■ ESSA Title IV-A	■ SAMHSA ■ School-Based Health Care Capital Program ■ HRSA Maternal Child Health Services ■ Community Development Block Grant ■ OhioMHAS ■ ESSA 1003 School Improvement Grants ■ Direct Student Services Grant ■ Capital Budget	■ School Resource Officer Program ■ Medicaid Schools Program ■ Medicaid Administrative Claim Program	■ J-1 Visa Waiver Program ■ Ohio Physician Loan Repayment Program ■ Ohio Dentist Loan Repayment Program ■ Local chambers of commerce ■ Local departments of job and family services ■ Community behavioral health centers
Private/ nonprofit		■ WK Kellogg Foundation ■ Commonwealth Foundation ■ Robert Wood Johnson Foundation ■ Annie E Casey Foundation ■ American Electric Power Foundation ■ United Way Community Foundation ■ American Academy of Pediatrics		■ Ohio Optometric Association ■ Community service organizations ■ Local universities/dental schools

ESSA programs that allocate relevant funding

Grant	Eligibility	Description	Key Links
ESSA Title I-A	▪ LEAs and schools	▪ Federal grants to state education agencies go to local education agencies (LEAs) and schools with high percentages of students from low-income families	▪ [OH Title I allocations](#)
ESSA Title I-C	▪ LEAs and schools	▪ Federal grants to state education agencies go to LEAs to design programs to help migratory children overcome health-related problems and other factors that inhibit the ability to do well in school	▪ [OH Title I allocations](#)
ESSA Title IV-A	▪ LEAs and schools	▪ Federal grants to state education agencies go to LEAs to support safe and healthy students with comprehensive school mental health, drug and violence prevention, training on trauma-informed practices, and health and physical education	▪ [OH Title I allocations](#)

Competitive funding options from federal and state sources

	Grant	Eligibility	Description	Key Links
Federal	SAMHSA	▪ States ▪ Domestic public or private nonprofit organizations (schools/service providers)	▪ Grants focus on substance use/misuse prevention, substance use disorder treatment, and mental health services	▪ OH points of contact ▪ Developing Competitive SAMHSA Grant Applications
	School-Based Healthcare Capital Program	▪ School-based health centers ▪ Sponsoring facilities of school-based health centers	▪ Grants fund minor alteration/renovation projects and/or purchase of moveable equipment, including telehealth equipment	▪ Program information
	HRSA Maternal and Child Health Services	▪ Community-based health organizations	▪ Provides 90 different grants for community-based health organizations, including opportunities for rural health programs at critical access hospitals and other providers	▪ HRSA funding opportunities ▪ Rural Health funding opportunities
State	ESSA 1003 School Improvement Grants	▪ LEAs and schools	▪ Supplemental grant focused on providing support and oversight to build the capacity of districts/schools to engage in continuous improvement - can be used to fund capital projects or FTE costs of resource coordinators	▪ Ohio School Improvement Grants
	Direct Student Services Grant	▪ Schools	▪ New competitive grant that can be used to fund school-based health efforts as long as part of program is related to creating career pathways for students (e.g. health center that also is used for medical vocational training)	▪ Ohio Grants and Funding Management System
	Community Development Block Grant	▪ Counties and cities (depending on program)	▪ Grants can be used to benefit LMI persons and/or meet an urgent need that poses a serious and immediate threat to community health or welfare	▪ CDG Program Guides Tools, and Webinars ▪ Community development representatives by regional service area ▪ Ohio CDBG website
	OhioMHAS	▪ Administers funds to local ADAMH boards, which can then go to schools	▪ Administers two federal block grants from SAMHSA for prevention and treatment of substance abuse disorders and treatment for persons with serious mental illnesses	▪ Ohio Grants and Funding Management System
	Capital Budget	▪ School districts	▪ School districts should reach out to their state legislators to find out what could be available in the capital budget for a school-based project	▪ Capital Budget overview

National and local private and nonprofit organizations with relevant competitive grant opportunities

	Grant	Eligibility	Description	Key Links
National	WK Kellogg Foundation	• Organizations engaging in charitable activities, e.g. service providers	• Support community-based approaches in four areas of health, including continued access to good food and active living throughout a child's early development (prenatal through age 8)	• Online grant application
	Commonwealth Fund	• Tax-exempt organizations and public agencies, e.g. LEAs	• Supports independent research on health and social issues and makes grants to improve health care practice and policy	• Applicant resources
	Robert Wood Johnson Foundation	• Public agencies, public universities, and public charities, e.g. service providers	• Funds programs and policy initiatives in four health-related areas: health systems; healthy children, healthy weight; healthy communities; leadership for better health	• About grants and grant programs
	Annie E Casey Foundation	• No available specifications	• Gives grants to initiatives that have significant potential to demonstrate innovative policy, service delivery, and community supports to disadvantaged children and families. Community Change program promotes "healthy development and academic success for kids"	• Grant information
Local	American Electric Power Foundation	• 501(c)(3) public charity, state or political subdivision, public college/ university, or exempt operating foundation	• Emphasizes giving on local initiatives for relevant areas including improving lives through education from early childhood through higher education, and providing basic human services including health	• Grant application instructions
	United Way Community Foundations	• No available specifications	• Community impact grants are given by local United Way chapters. Program focus and requirements will vary by geography, but may include a focus on health and/or education	• Find your local United Way
	American Association of Pediatrics	• Schools, local foundations and non-profit agencies, community-based clinics and health centers, hospitals and health departments	• Community pediatric grants are given for innovative community-based health initiatives, particularly for projects that target vulnerable or underserved populations	• Community pediatrics grants

Non-competitive grants from federal and state funding sources

	Grant	Eligibility	Description	Key Links
Federal	School Resource Officer Program	▪ Schools	▪ Grants for School Resource Officers (SRO) support. In addition to law enforcement, SROs make referrals to social services and public health agencies	▪ COPS office (federal) ▪ Ohio School Resource Officers Association
State	Medicaid Schools Program	▪ Schools	▪ Federal Medicaid matching funding for medically necessary therapy services, certain administrative activities, and specialized transportation associated with accessing therapy services for Medicaid-eligible students	▪ Ohio Medicaid Schools Program
	Medicaid Administrative Claim Program	▪ Local health departments	▪ Reimbursement to Local Health Departments for administrative activities that directly support efforts to identify and enroll eligible clients into Medicaid, to bring them services covered by Medicaid, to remove barriers to accessing Medicaid services and to reduce gaps in Medicaid services	▪ Program website

Resources that provide financial support to medical professionals to provide health services in underserved areas

Grant	Description	Key Links
J-1 Visa Waiver Program	• J-1 visa waivers allow foreign medical graduates to remain in the United States after completing residency/fellowship training in exchange for a three-year commitment to provide health care services in underserved areas	• OH J-1 Visa waiver program
Ohio Physician Loan Repayment Program	• Goal of the program is to increase access to primary care for underserved communities and populations. In exchange for loan repayment assistance, physicians commit to practice for a minimum of two years at an eligible site in a Health Professional Shortage Area (HPSA) or Health Resource Shortage Area, accept Medicare and Medicaid, and see patients regardless of ability to pay	• Program website
Ohio Dentist Loan Repayment Program	• Program works with dentists that practice in areas of Ohio designated as having a dental professional shortage by the Ohio Dept. of Health. Dentists agree to provide dental services for patients without regard to the patient's ability to pay; other criteria are also stipulated through the contract. ODLRP dentists receive repayment for dental student loan debt at pre-determined amounts agreed upon in their individual contracts	• Program website

Community partnerships to enhance resources and capabilities for school-based health care

Organization	Description	Key Links
Ohio Optometric Association	▪ iSee School Eye Exam program provides eye exams to students identified by school nurses as needing follow-up vision care ▪ Works in conjunction with school districts to organize a 2-day event in schools to provide eye exams and eyewear to children at no charge to students who are at risk academically because they need eye care	▪ i-See program details
Community service organizations	▪ Programs will vary by location, e.g. — Lions Clubs run and support health programs that focus on vision, diabetes, and hunger — Rotary Clubs support programs in health and education	▪ Lions Club finder ▪ Rotary Club finder
Local universities and dental schools		
Local department of jobs and family services		
Community behavioral health centers		

Contact the support team:
schoolbasedhealthcare@education.ohio.gov

Learn more:
education.ohio.gov/SBHealthcareToolkit

Health **Policy** Brief

Connections between education and health ③
The importance of early learning

Overview

In January 2017, HPIO released **Connections between Education and Health,** the first policy brief in a four-part series (see box below). It describes the two-way relationship between health and education: people with higher educational attainment generally have better health outcomes and healthier children are more likely to have academic success. This third brief illustrates the importance of a child's early years for both health and future educational attainment.

The first five years of a child's life are a time of both great opportunity and vulnerability. Early childhood lays the groundwork for physical, emotional, social and intellectual development later in life.[1] The human brain grows more quickly during infancy and early childhood than at any other time.[2] However, adverse environments and experiences during these early years can have a critical impact on development and subsequent functioning of the brain and biological systems, leading to lifelong threats to educational attainment and health.[3]

High-quality early care, education and family support programs, such as home visiting and preschool, can improve school readiness. They can also reduce, eliminate or counteract many harms and stressors for children, especially those children living in poverty or other difficult circumstances.[4] Some programs, such as home visiting, can also simultaneously benefit the child's

parents. Investments in high-quality early care and education are also important to a number of key state policy goals, including kindergarten readiness, third grade reading proficiency, high school graduation rates, healthcare spending, criminal justice spending, workforce participation and earnings.

Despite the benefits of these programs, the proportion of Ohio children who are receiving home visiting services and/or are enrolled in early childhood education is fairly low. For example:
- At most, 4.7 percent of Ohio children under age 6 living below the Federal poverty level (FPL) received home visiting services from one of the state programs in state fiscal year (SFY) 2016.[5]
- Overall, only 45 percent of Ohio's 3 and 4 year-old children were enrolled in any public- or private-funded, formal early learning program in years 2013-2015. Of the 3 and 4 year-old children living at or below 200 FPL, 39 percent were enrolled.[6]

This brief discusses:
- How early childhood experiences influence health
- Evidence-based early learning and family support programs and polices including home visiting, high-quality early childhood education (e.g., child care, preschool, pre-kindergarten) and social-emotional learning
- The extent to which Ohio is implementing these initiatives
- Policy options to enhance early learning in Ohio

Additional HPIO education and health publications and resources
This is the third in a series of four policy briefs describing connections between health and education.
- **Policy brief No. 1** presents the relationship between education and health and describes factors impacting this relationship (Released January 2017).
- **Policy brief No. 2** explores the provision of health services in schools (Released July 2017).
- **Policy brief No. 4** will describe school-based prevention policies and programs that impact health and education outcomes, including strategies to improve nutrition, increase physical activity, prevent violence and drug abuse and increase health literacy (Target release date: early 2018).
- Additional resources can be found on HPIO's "Intersections between education and health" **online resource page,** which will be continuously updated throughout 2017.

Key takeaways

1. The first years of a child's life are extremely important for future health and educational attainment.
2. High-quality early care, education and family support programs have many beneficial outcomes that are important to policymakers.
3. Ohio can do more to ensure that all children have access to high-quality programs.

62

Adverse childhood experiences

Psychological, physical or sexual abuse

Witnessing violence against the mother

Living with household member who has:

Substance abuse or mental health conditions

Attempted or committed suicide

Ever been imprisoned

Source: Adapted from Felitti, Vincent J. et al. (1988)

Influence of adverse childhood experiences (ACEs)
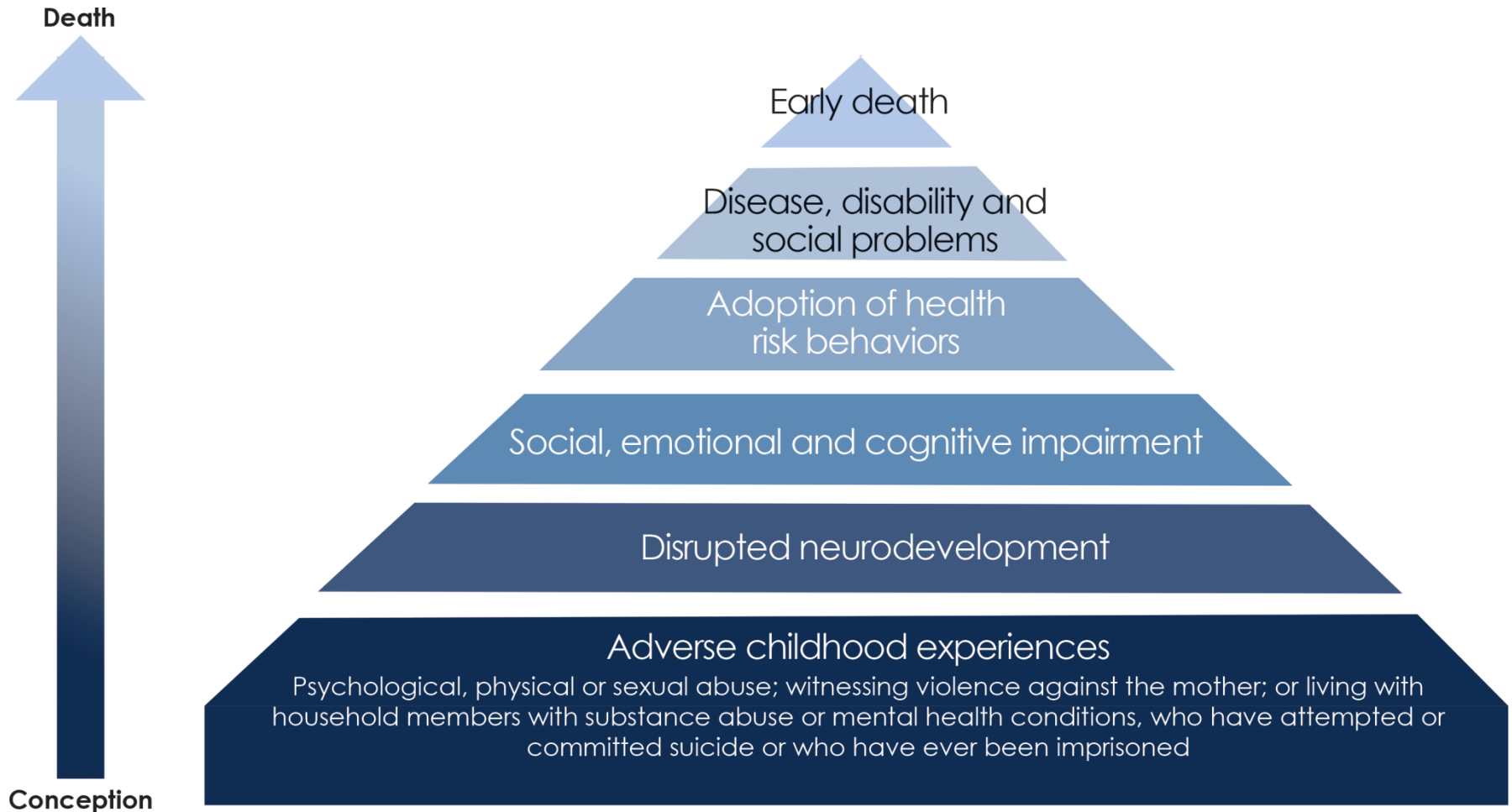
Source: Adapted from Felitti, Vincent J. et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study." American Journal of Preventive Medicine 14, no. 4 (1988): 245-258

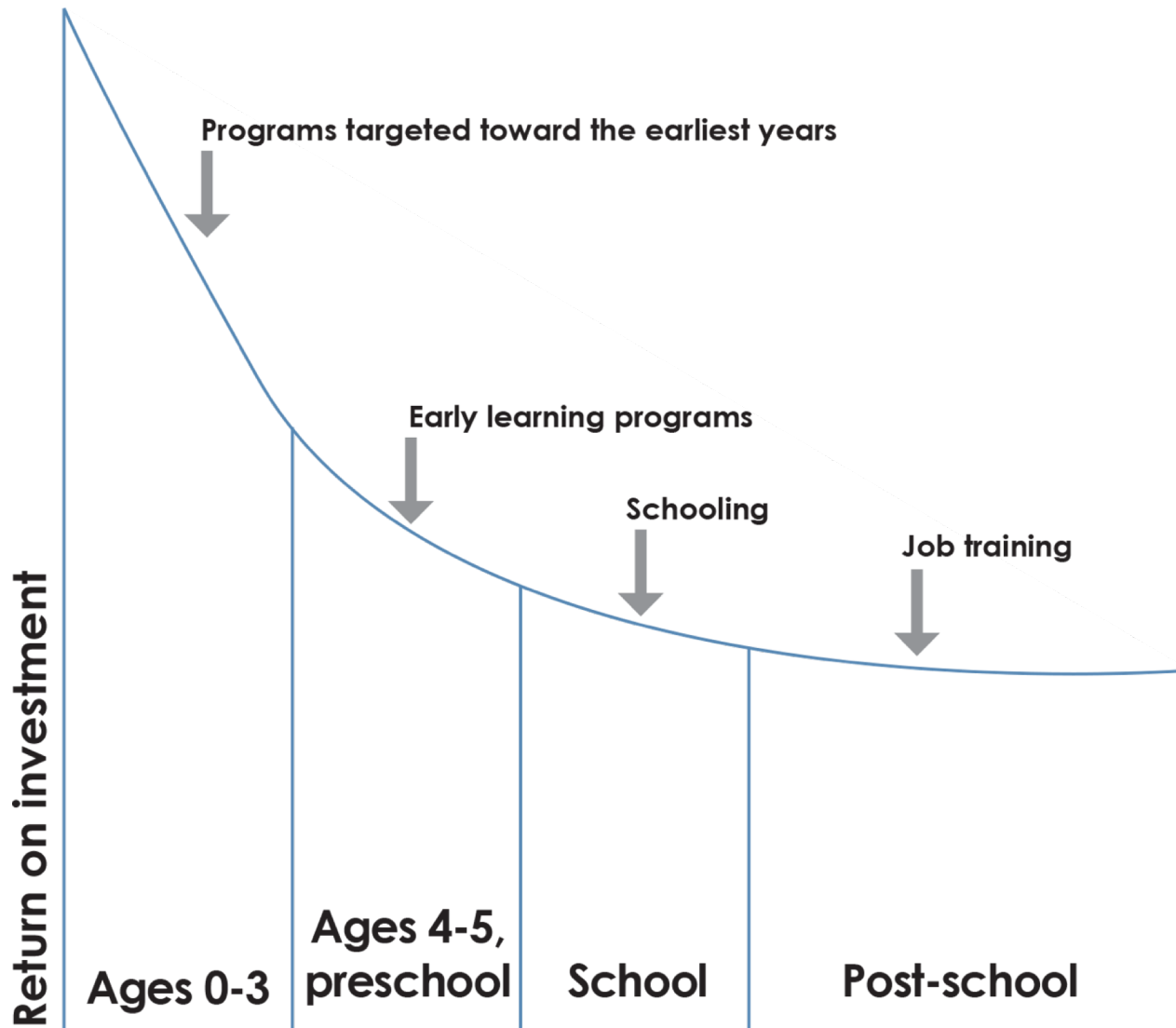# Evidence-based early learning and family support programs

Home visiting

Early childhood education

Social-emotional learning

Source: Collaborative for Academic, Social and Emotional Learning (CASEL)

Returns on investment at different ages

Programs targeted toward the earliest years

Early learning programs

Schooling

Job training

Return on investment

Ages 0-3

Ages 4-5, preschool

School

Post-school

Percent of 3 and 4 year-old children enrolled in a formal early education program by income, Ohio and U.S., 2011-2015

	Ohio	U.S.
All	45%	47%
Below 200% FPL	39%	40%
At or above 200% FPL	52%	55%

Note: Percentages for all children are from 2013-2015. Percentages for children below and at or above 200% FPL are from 2011-2015.
Source: Health Policy Institute of Ohio. "Connections between education and health No. 3: The importance of early learning." 2017
Data source: Population Reference Bureau analysis of data from the U.S. Census Bureau, pooled 2013-15 one-year American Community Survey, as reported by Kids Count Data Center

hpio
health policy institute of ohio

Health **Policy** Brief
Connections between education and health ④
School-based drug and violence prevention and mental health promotion

Overview

HPIO's *Connections between education and health* series describes policy opportunities with the potential to improve both health and education outcomes. This fourth and final brief in the series describes:

- Evidence-based approaches implemented in K-12 schools to promote drug-free living, safety, healthy relationships, mental wellbeing and academic achievement among children
- The extent to which Ohio is implementing these approaches
- Policy options to improve education and health outcomes through school-based prevention

K-12 prevention approaches with improved education and health outcomes

Mental, emotional and behavioral problems	Alcohol, tobacco and other drug use	Violence and bullying

The importance of prevention

With one of the highest drug overdose death rates in the country, Ohio has been particularly hard hit by the opiate crisis.[1] As thousands of Ohioans struggle to recover from addiction, policymakers are increasingly aware of the importance of stopping addiction before it starts. In addition, as the prescription opioid epidemic shifts towards use of other drugs (heroin, fentanyl, methamphetamine and cocaine), many policymakers recognize the need for a comprehensive approach to prevent all forms of substance use disorder across the life span.

School-based drug prevention is an effective way to address these concerns. Most children spend an average of six hours a day, five days a week in school, making it an ideal setting to promote healthy behaviors and personal resilience.

Many approaches that are effective in preventing drug use also improve other outcomes of interest to policymakers and educators, such as:

- Increased on-task behavior, school engagement and high school graduation
- Decreased school behavior problems and disciplinary problems
- Decreased depression, anxiety and suicide
- Decreased school violence and bullying

Additional HPIO education and health publications

This is the final policy brief in HPIO's four-part series describing the connections between education and health:

- **Policy brief No. 1** presents the relationship between education and health and describes factors impacting this relationship (Released: January 2017)
- **Policy brief No. 2** explores the provision of health services in schools (Released: July 2017)
- **Policy brief No. 3** describes early learning policies and programs including early childhood education, home visiting and social-emotional development (Released: October 2017)

For additional information on topics covered in this brief, see:

- **Intersections between Education and Health** online resource page
- **Addiction Evidence Project** webpage and **Addiction Overview** brief

Key takeaways

1. The same things that work to prevent youth drug use also improve other outcomes, such as school success, improved mental health, reduced violence.
2. A comprehensive approach involves prevention education, social-emotional learning and school climate improvement initiatives
3. Ohio can do more to scale up and coordinate school-based prevention.

K-12

Prevention approaches with improved education <u>and</u> health outcomes

Mental, emotional and behavioral problems

Alcohol, tobacco and other drug use

Violence and bullying

Major depressive episode in the past year, youth (ages 12-17), Ohio and U.S.

● 14% **Ohio**

● 12.6% **U.S.**

8.9%

8.7%

2011-2012   2012-2013   2013-2014   2014-2015   2015-2016
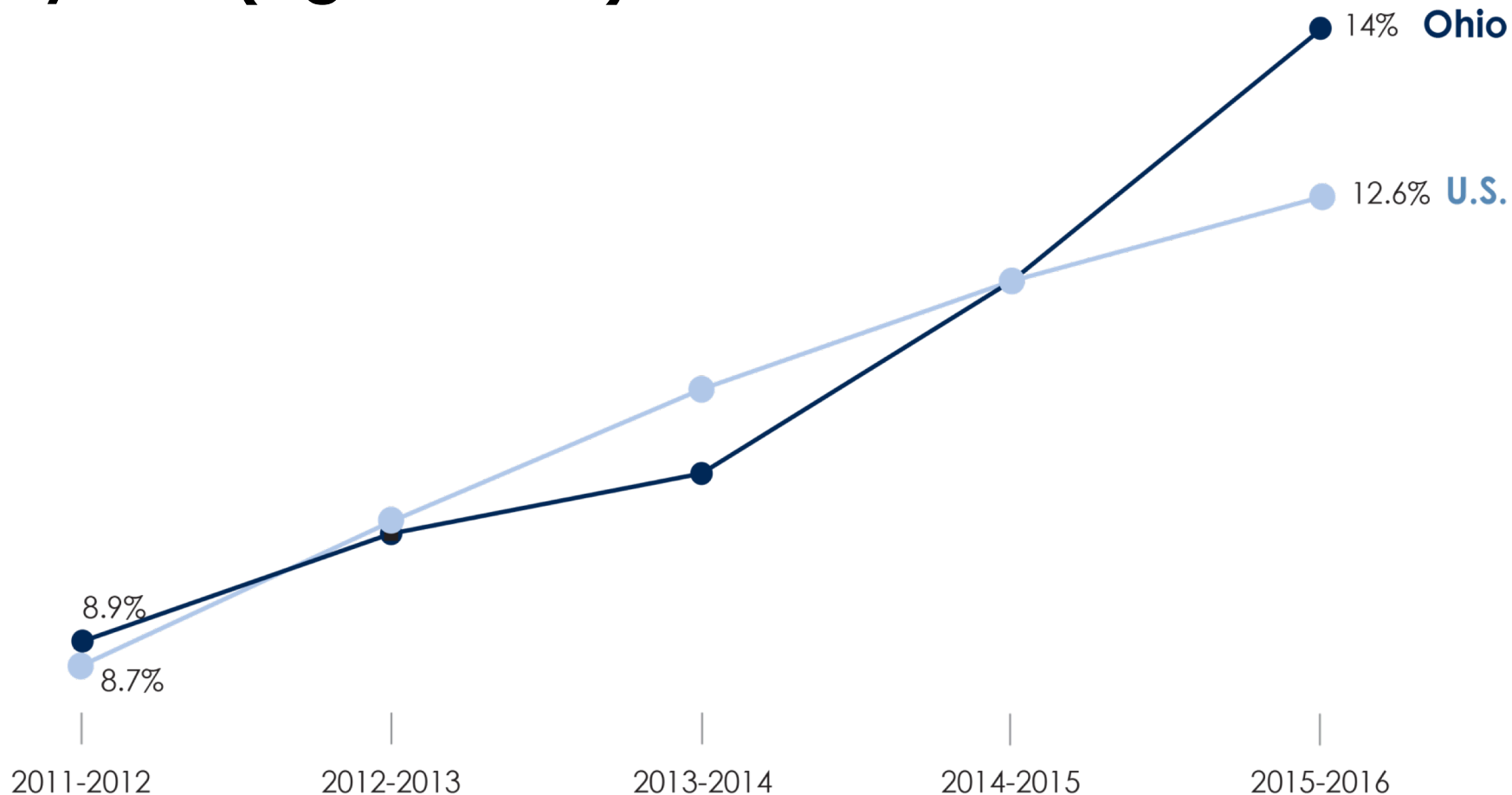
Note: Major depressive episode is defined as a period of at least two weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.
Source: National Survey on Drug Use and Health: Model-Based Prevalence Estimates

Out-of-school suspensions per 100 Ohio students (2016-2017)
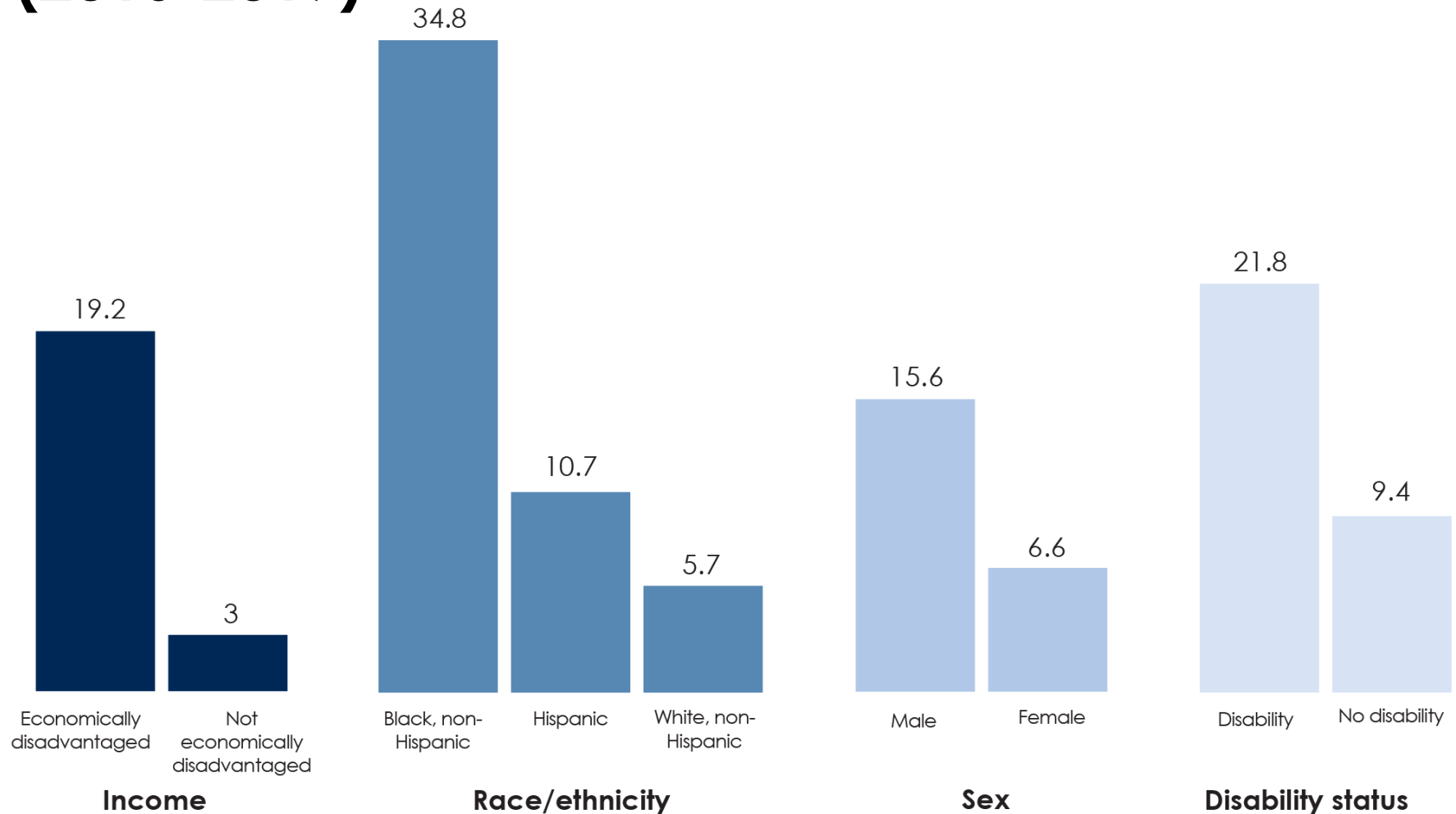
Note: Rates are calculated by dividing the total number of out-of-school suspensions received by students of a certain category in all grade levels by the total number of enrolled students in that category. This number is then multiplied by 100. This can include multiple suspensions for a single student.
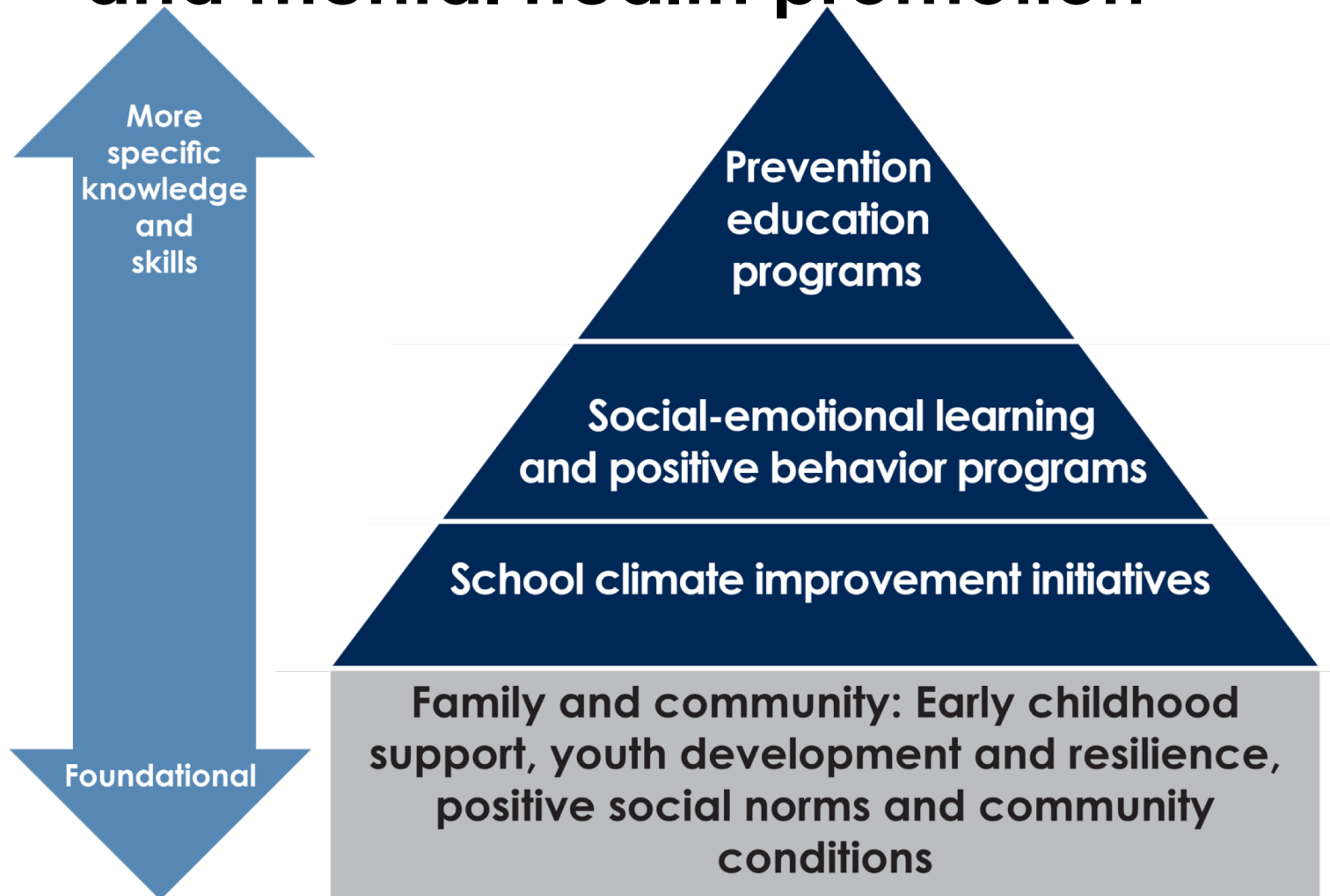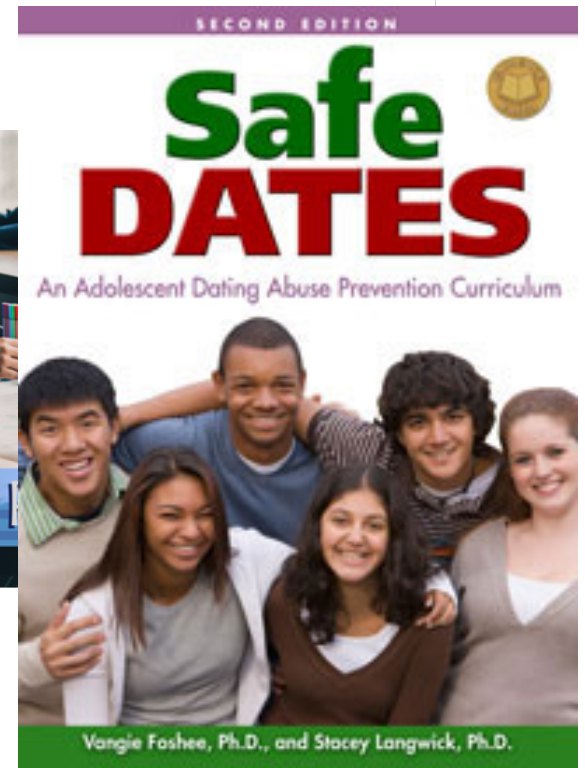**Source:** Ohio Department of Education interactive report card data (iLRC)

Out-of-school suspensions per 100 Ohio students, by disability status (2016-2017 school year)
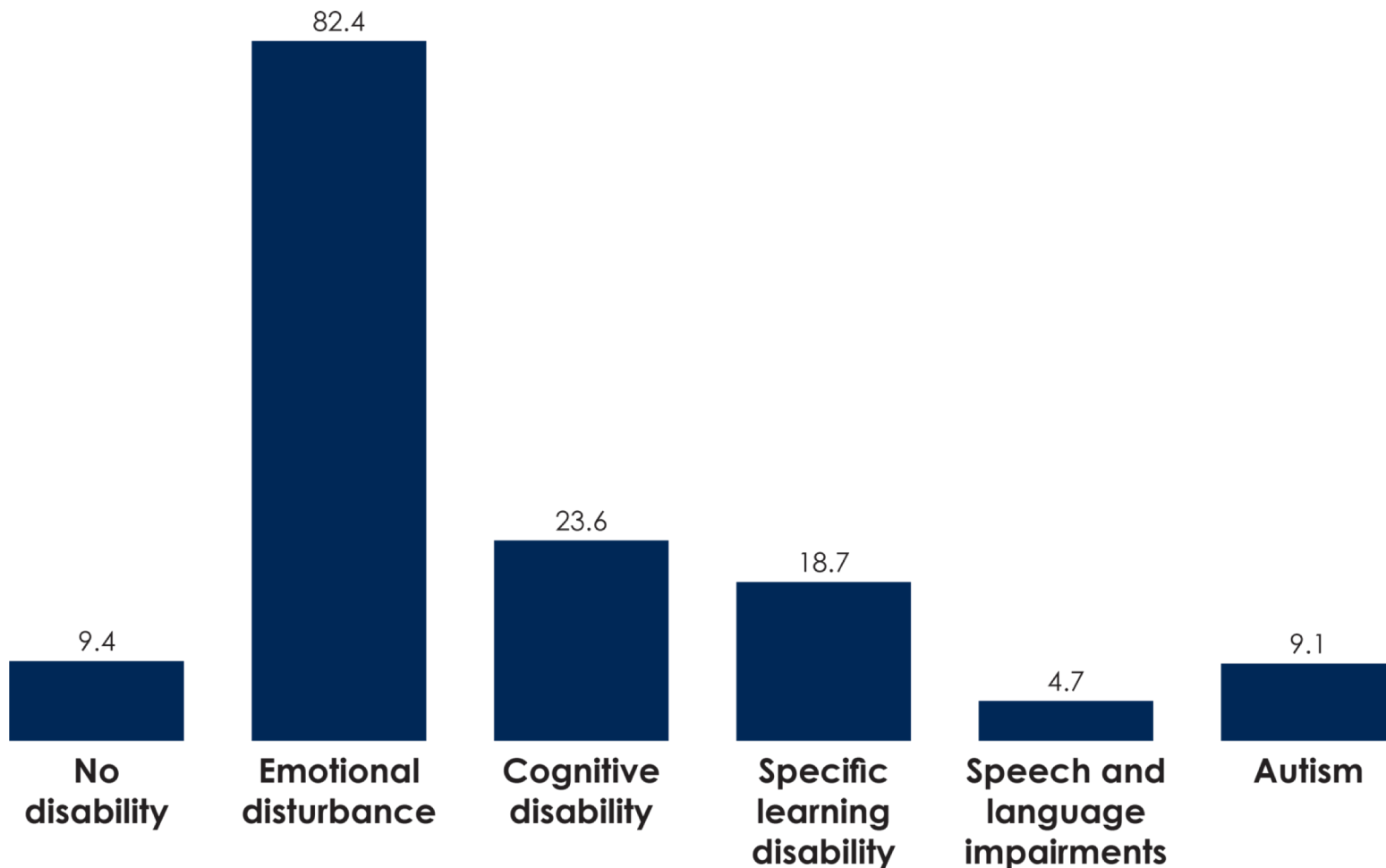
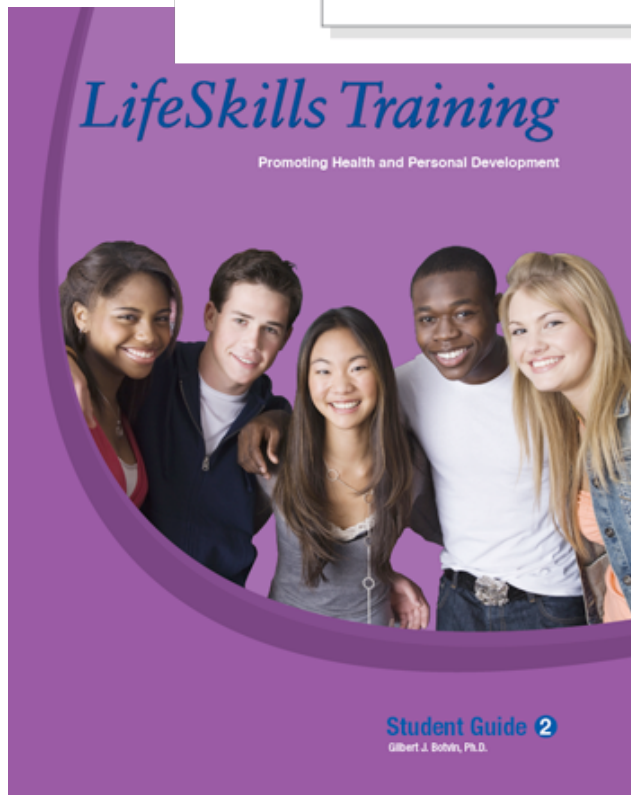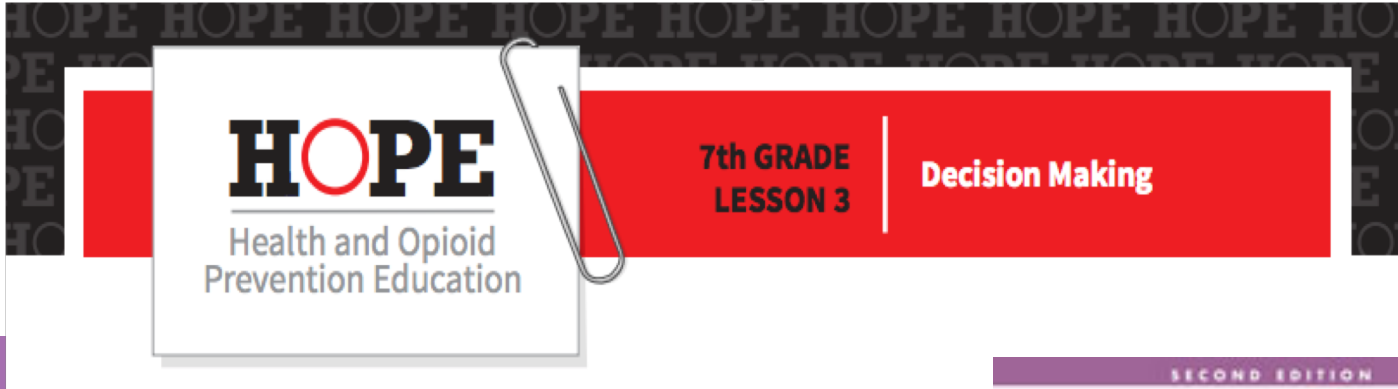| Category	Value
No disability	9.4
Emotional disturbance	82.4
Cognitive disability	23.6
Specific learning disability	18.7
Speech and language impairments	4.7
Autism	9.1

Note: Rates are calculated by dividing the total number of out-of-school suspensions received by students of a certain category in all grade levels by the total number of enrolled students in that category. This number is then multiplied by 100. This can include multiple suspensions for a single student.
Source: Ohio Department of Education interactive report card data

Evidence-based approach to universal K-12 drug and violence prevention and mental health promotion

More specific knowledge and skills

Foundational

Prevention education programs

Social-emotional learning and positive behavior programs

School climate improvement initiatives

Family and community: Early childhood support, youth development and resilience, positive social norms and community conditions

# Prevention education curricula examples

Health Education in Ohio

- Ohio is the **<u>ONLY</u>** state without health education standards.

- Health Education is the **<u>ONLY</u>** academic content area without academic content standards.

- General Assembly has oversight of health education, not the Ohio Department of Education (ODE).

  ◦ <u>NO</u> ODE health education consultant.

- ODE cannot develop or publish local curriculum, but they can provide links, resources, and model curriculum.

- Ohio is a local control state

OAHPERD
The Ohio Association for Health,
Physical Education, Recreation, and Dance

Ohio's Health Education Requirements:

- Graduation Requirement: One-half unit (60 hours)

- K-8: **NO** Time Requirement, but…

- **ALL Schools** MUST have a health education curriculum that includes:

- *Nutrition -* including natural and organically produced foods, the relation to health and the use and effects of food additives.

- Harmful effect and legal restrictions against the use of *drugs of abuse, alcoholic beverages, and tobacco.*

- *Venereal disease**

- *Personal safety and assault prevention**
  - K-6: child abuse prevention,
  - 7-12: Dating violence and healthy relationships.

- Prescription opioid abuse prevention.

- Anatomical Gifts

OAHPERD
The Ohio Association for Health, Physical Education, Recreation, and Dance

States with health education standards, 2018
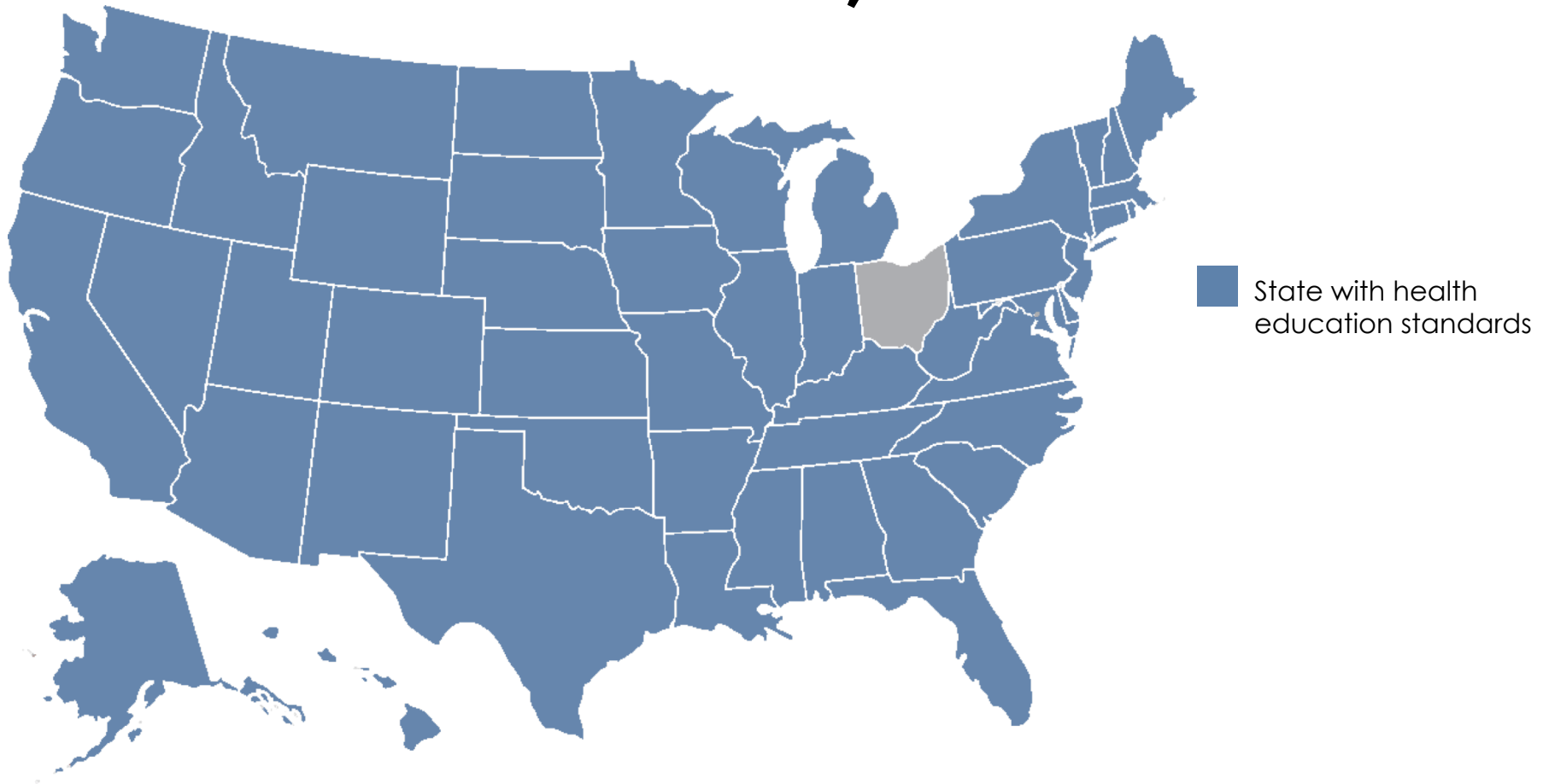
■ State with health education standards

As Introduced

132nd General Assembly
Regular Session   **S. B. No. 287**
2017-2018

Senator Sykes

Cosponsors: Senators O'Brien, Yuko, Thomas, Lehner, Tavares, Schiavoni

———

A BILL

To amend sections 3301.0718 and 3313.6011 and to	1
enact section 3301.0727 of the Revised Code to	2
require the State Board of Education to develop	3
and adopt health education standards for grades	4
kindergarten through twelve and to require only	5
venereal disease education standards and	6
curriculum adopted by the State Board to be	7
approved by concurrent resolution of the General	8
Assembly.	9

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:
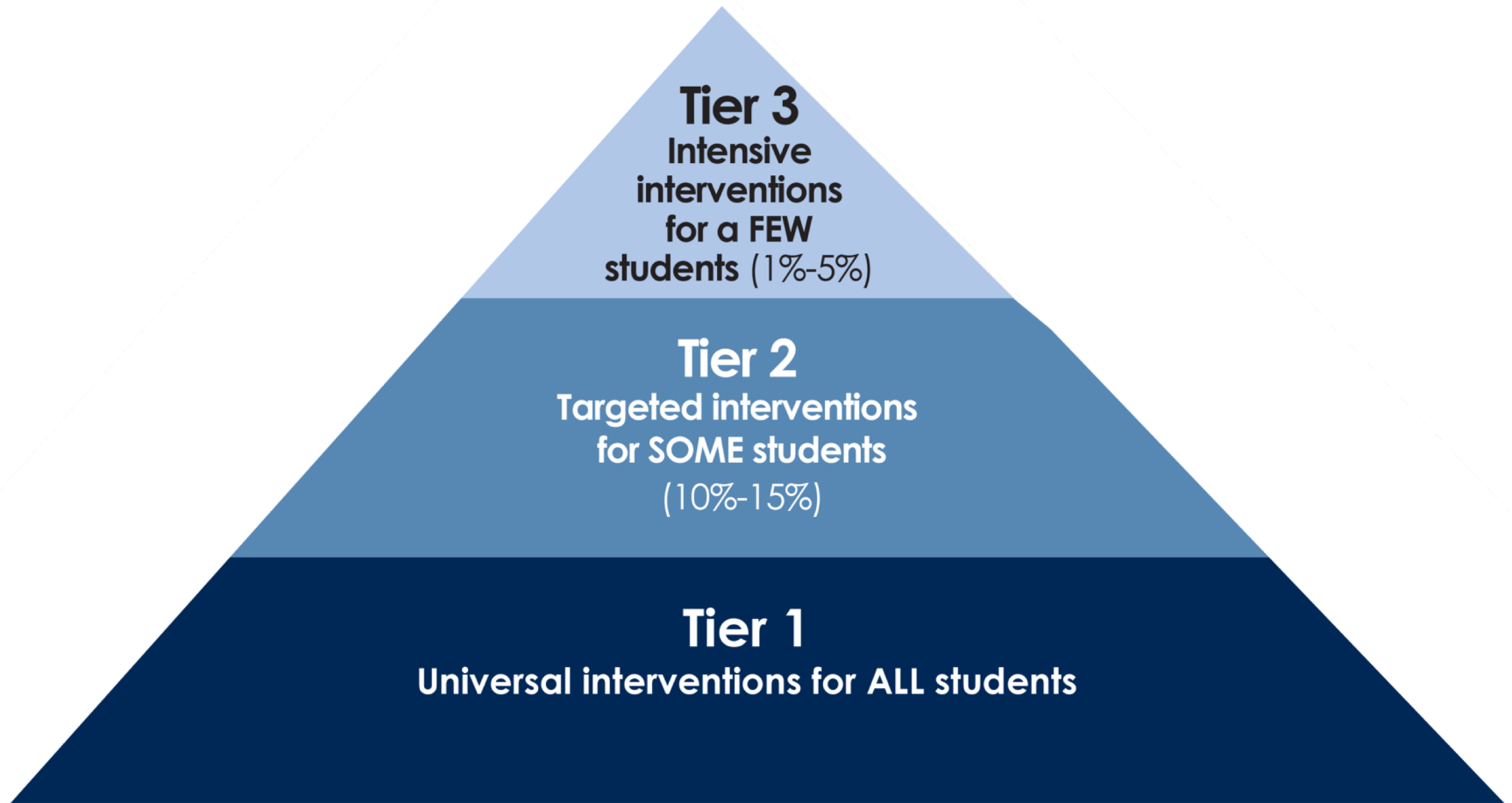
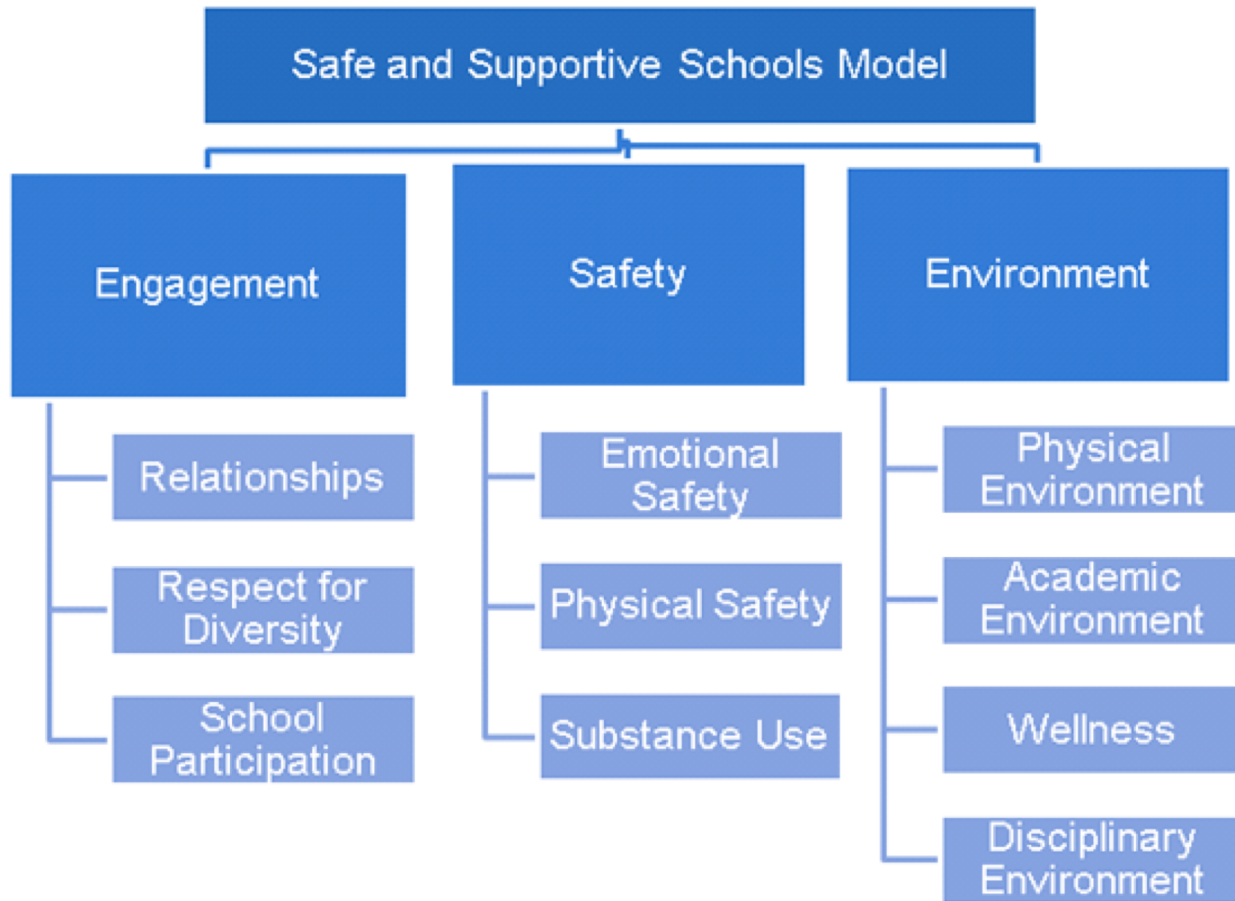|	
Section 1. That sections 3301.0718 and 3313.6011 be	10
amended and section 3301.0727 of the Revised Code be enacted to	11
read as follows:	12
Sec. 3301.0718. (A) The state board of education shall not	13
adopt or revise any standards or curriculum in the area of	14
~~health~~ venereal disease education unless, by concurrent	15
resolution, the standards, curriculum, or revisions are approved	16
by both houses of the general assembly. Before the house of	17
representatives or senate votes on a concurrent resolution	18

Source: Collaborative for Academic, Social and Emotional Learning (CASEL)

Three tiers of Positive Behavior Interventions and Supports (PBIS)

Tier 3
Intensive interventions for a FEW students (1%-5%)

Tier 2
Targeted interventions for SOME students (10%-15%)

Tier 1
Universal interventions for ALL students

Source: Adapted from the Office of Special Education Programs (OSEP) Technical Assistance Center on Positive Behavioral Interventions and Supports

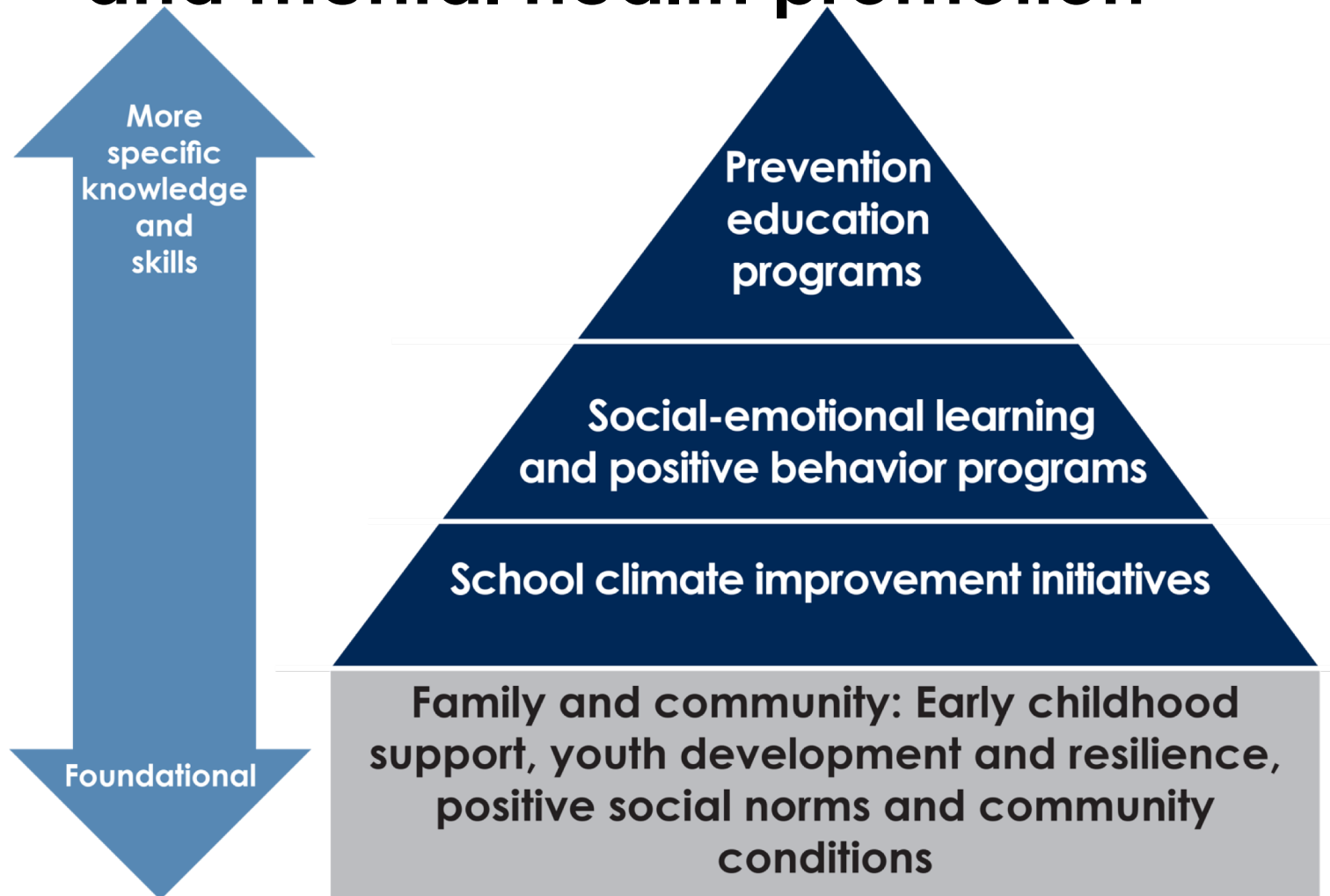# School climate:
Safe and Supportive Schools Model

The SAFE Act

Evidence-based approach to universal K-12 drug and violence prevention and mental health promotion

Ohio's current approach to K-12 drug and violence prevention and mental health promotion

Statutory health education topic requirements (HB 367, HB 19, etc.)

HOPE Curriculum

Prevention education by health education teachers

Prevention programs by external partners (DARE officers, ADAMH-funded organizations, LHDs, etc.)

OHYES! and YRBS surveys

OMHAS initiatives (PAX GBG training, Start Talking!, etc.)

ODE initiatives (Healthy Schools and Communities Resource Team, Ohio Interagency Council for Youth, PBIS Network, etc.)

ODH initiatives (SHIP, Adolescent Health Partnership, etc.)

ODE School Climate Guidelines

ODE Social Emotional Learning Standards

Attorney General's Joint Study Committee on Drug Use Prevention Education

State Board of Education Social and Emotional Learning Advisory Group (Behavioral Health Wellness Advisory Committee)

Guest speaker

Tia Marcel Moretti, Director of Substance Use & Social Services Office of Ohio Attorney General

Drug Use Prevention Resource Guide

Ms. Tia Marcel Moretti, LSW, OCPC

MIKE DeWINE
★ OHIO ATTORNEY GENERAL ★

Prevention Efforts

- 1980's
- Ohio Joint Study Committee on Drug Use Prevention
- State Law
- 15 Prevention Recommendations
- Practical Implementation
- Highlighted Efforts
- Drug Use Prevention Education Resource Guide

Prevention

- No one right way
- Should involve community
- Best practices and evidence based
- Avoids scare tactics
- Nothing for us without us

Resource Guide

- Inclusive

- Checklists

- Strategic Prevention Framework

- Examples

- Questions to ask

Assessing Needs

- Gap Analysis

- School Surveys

- Stakeholder Surveys

- Advisory Committee

School Recommendations

- Before – and- after school
- Cross – curricular prevention education
- Health education curricula
- Social-emotional Learning
- School climate ad drug-use surveys
- ADAMH engagement
- Caregiver engagement
- Law enforcement engagement
- Youth-led prevention
- Community-based health referrals
- School-based health care services

Your Programs

- Prevention is a team sport

- Community Collaboration

- Youth engaged

Drug Use Prevention Education Resource Guide

- https://www.ohioattorneygeneral.gov/Files/Publications-Files/Publications-for-Schools/Drug-Use-Prevention-Education-Resource-Guide.aspx

AGO Initiatives

- Heroin Unit

- Foundations4Youth

- Head Start Referrals

- 30 Days to Family

- OhioSTART (Sobriety, Treatment, and Reducing Trauma)

How to contact us

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Director of Statewide Substance Use & Social Services

30 E. Broad St. 17th Floor

Columbus, Ohio 43215

tia.moretti@ohioattorneygeneral.gov

MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★

www.OhioAttorneyGeneral.gov

Guest speaker

Sarah Wickham, Senior Policy Advisor
Ohio Department of Education

#EachChildOurFuture

In Ohio, each child is *challenged, prepared* and *empowered.*

Vision

In Ohio, each child is *challenged* to discover and learn, *prepared* to pursue a fulfilling post-high school path and *empowered* to become a resilient, lifelong learner who contributes to society.

Four Learning Domains

Foundational Knowledge & Skills

Literacy, numeracy and technology

Well-Rounded Content

Social studies, sciences, languages, health, arts, physical education, etc.

Leadership & Reasoning

Problem-solving, design thinking, creativity, information analytics

Social-Emotional Learning

Self-awareness & management, social awareness, relationship skills, responsible decision-making

WHOLE CHILD

One Goal

Ohio will increase annually the percentage of its high school graduates who, one year after graduation, are:

- Enrolled and succeeding in a post-high school learning experience, including an adult career-technical education program, an apprenticeship and/or a two-year or four-year college program;

- Serving in a military branch;

- Earning a living wage; or

- Engaged in a meaningful, self-sustaining vocation.

Three Core Principles
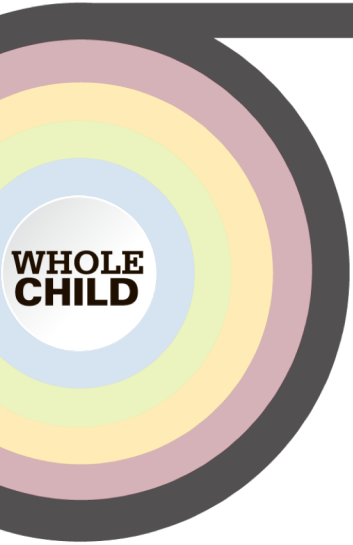
- **Equity**
- **Partnerships**
- **Quality Schools**

10 Priority Strategies

1. Highly effective teachers & leaders
2. Principal support
3. Teacher & instructional support
4. Standards reflect all learning domains
5. Assessments gauge all learning domains
6. Accountability system honors all learning domains
7. Meet needs of whole child
8. Expand quality early learning
9. Develop literacy skills
10. Transform high school/provide more paths to graduation

Ohio | Department of Education

Ohio Strategic Plan For Education: 2019-2024

Each Child Our Future

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WHOLE CHILD

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🤝 **Partnerships**

🏫 **Quality Schools**

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WHOLE CHILD

10 Priority Strategies

6 Accountability system honors all learning domains

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Each **Child** Our **Future**

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Learn more!

education.ohio.gov/StrategicPlan

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