

Academic + Public Health Partnership Development for Evaluation of School Based Health Centers

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Agenda

- Partnership background
- Lessons learned
- Discussion
- Results of the evaluation
- Discussion



Partnership Background



History

- University Of Washing (UW) + Public Health-Seattle & King County (PHSKC)
- 2015 MOU
 - Formalize and guide the partnership
 - Establish collective **goals**
 - Outlines student placements, data sharing, dissemination of shared results

New Resource for Collaboration

- 2020- Special joint faculty appointment
- UW School of Nursing, UW School of Public Health, PHSKC Appointment
- \$ by UW Population Health Initiative



UW Population Health Initiative

"The UW's [Population Health Initiative](#) prioritizes our School's goals of educating new public health leaders; delivering effective interventions with greater speed, efficiency and quality; creating evidence-based planning tools; and reducing health disparities."

--Interim Dean Joel Kaufman, MD, MPH '90



How often do you have students work with you on evaluation?

How often do you have faculty work with you on evaluation?

If you had a project to propose, do you know who to contact?



Lessons Learned



What Worked Well

- Multi-year evaluation strategy
- Placements historically were short term, now can be longer
- Supporting career pathways for students at PHSKC
- Variety of students: DNP, MPH, MSW, postdoc/ND, BSN



Outcomes

- Allowed for evaluation that otherwise wouldn't have been possible
- Produced concrete actionable recommendations for SBPP
- Submitted collaborative papers for publication
- Involved providers/other system partners in program improvement
- Decreased burden to providers vs. one-off evaluation projects
- Supported ongoing culture shift of data literacy and evidence-based decision-making

Challenges and Future Directions

- Recruiting students in a more intentional way/ DEI lens on recruitment
 - Outreach and recruitment changes: wider project posting, systematic interviewing, standardized compensation, etc.
 - Scoping projects that are more student-driven
- Strapped system
 - Challenging to implement recommendations with no additional resources
 - Asking for engagement from providers difficult when the workforce is stretched thin
- Inclusion of student/parent voices
- Funding and ongoing project sustainability

In what ways do you involve students and faculty in your evaluations?

What has supported the success of these projects/activities?

What barriers have come up? How did you overcome them?





Evaluation Results





Data quality

Strong partnerships

Culturally sensitive and equitable services

Equity in screening and referral practices

Equity in student health care access

Student/family satisfaction

Sustained health care access

Student health outcomes

Student academic outcomes



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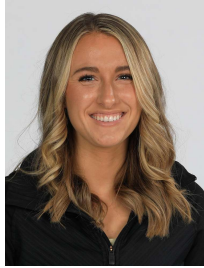
Data quality



Culturally sensitive and equitable services



Equity in screening and referral practices



Equity in student health care access



OBJECTIVES: Data Quality Analysis



- Describe variation in data collection and reporting across school-based health centers (SBHCs)
- Obtain understanding of SBHC provider practices surrounding data entry, coding, and billing practices
- Obtain understanding of goals for data users
- Summarize findings to inform data set use and future improvements



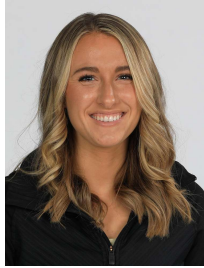
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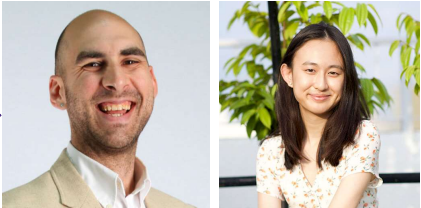
Culturally sensitive and equitable services



Equity in screening and referral practices



Equity in student health care access



Activities/ Implementation

Culturally
sensitive and
equitable
services

Interviews with providers (n=17)

- Questions about equity in service delivery
- Natalie Beaugard, MPH/MPP



Examining Provider Perspectives of Equity at School-Based Health Centers

Theme 2 – Provider diversity, attitudes, behaviors, and activities are key to equitable access and care for students.

“...if our clinics want to serve people of different backgrounds, we need to have providers that represent those different backgrounds as well.”
– high school mental health provider (12)

“I mean, at a very basic level, I think [equitable access] means doing outreach to ensure that our student population entirely knows what services are available...” – high school mental health provider (01)



Beauregard, N. et al.

Examining Provider Perspectives of Equity at School-Based Health Centers

- Theme 3 – Cultivating strong relationships with the school community, families, students, and other community organizations facilitates equitable service delivery.

“...a big one is that leadership, school leadership, and the school leadership feeling that [the clinic] is valuable and important; and allowing students to leave class [...] to actually access the care if they want to is also a big piece.” – high school mental health provider (01)

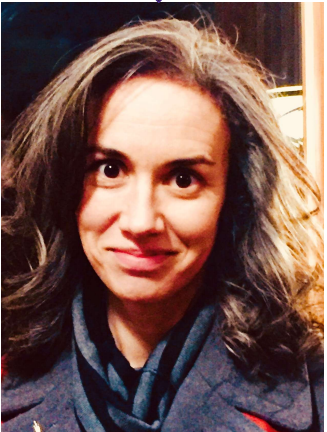
“Half the time [school] staff have no idea what we do.... They think we're the school nurse.” – high school medical provider (10)



Beauregard, N. et al.



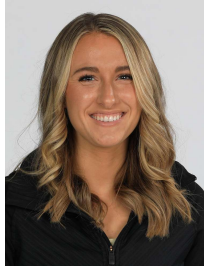
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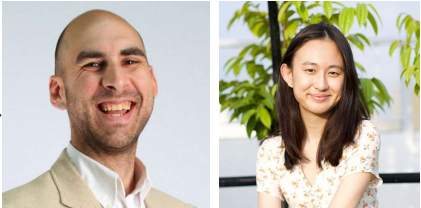
Culturally sensitive and equitable services



Equity in screening and referral practices

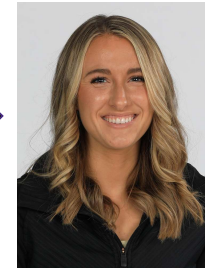


Equity in student health care access



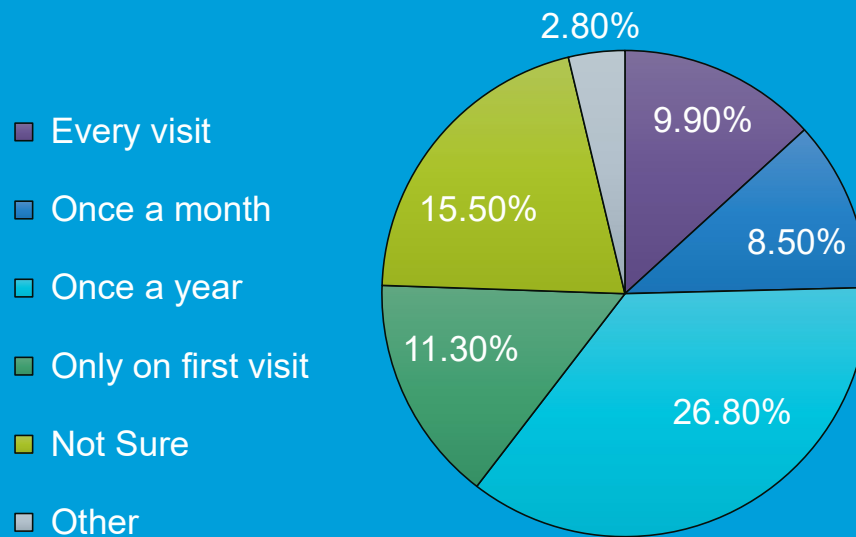


Equity in screening and referral practices



1. Short survey for all providers
- Questions about assessing student needs and making referrals
 - Victoria Gersh, MPH

Assessing and Addressing Social Determinants of Health in School-Based Health Centers



Gersch, V. et al.

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Assessing and Addressing Social Determinants of Health in School-Based Health Centers

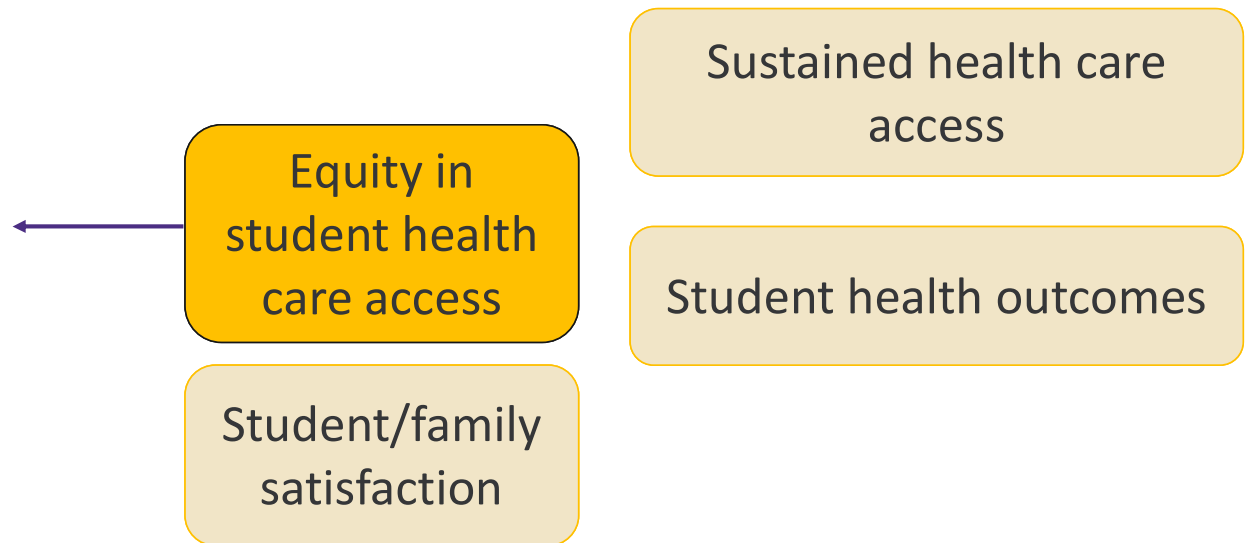
- Top six “negative” SDOH (60% of respondents)
 - Food, housing, health insurance, absenteeism, language barriers, ACES
- Top six “positive” SDOH (40% of respondents)
 - Social cohesion, food, housing, transportation, financial stability, resilience
- How providers screen for or assess SDOH
 - 55% use standardized screening tools



Gersch, V. et al.



Retrospective cohort using clinic visit data, 2017-2021 - SBHC use patterns and predictors – Luciano Garofalo, ND, MS; Brenda Goh, MPH student



Sex counts

Individuals served in SBHCs

Sex	N (total=19,269)	%
Female	10,648	55.3
Male	8,573	44.5
Unknown/Other	48	0.2

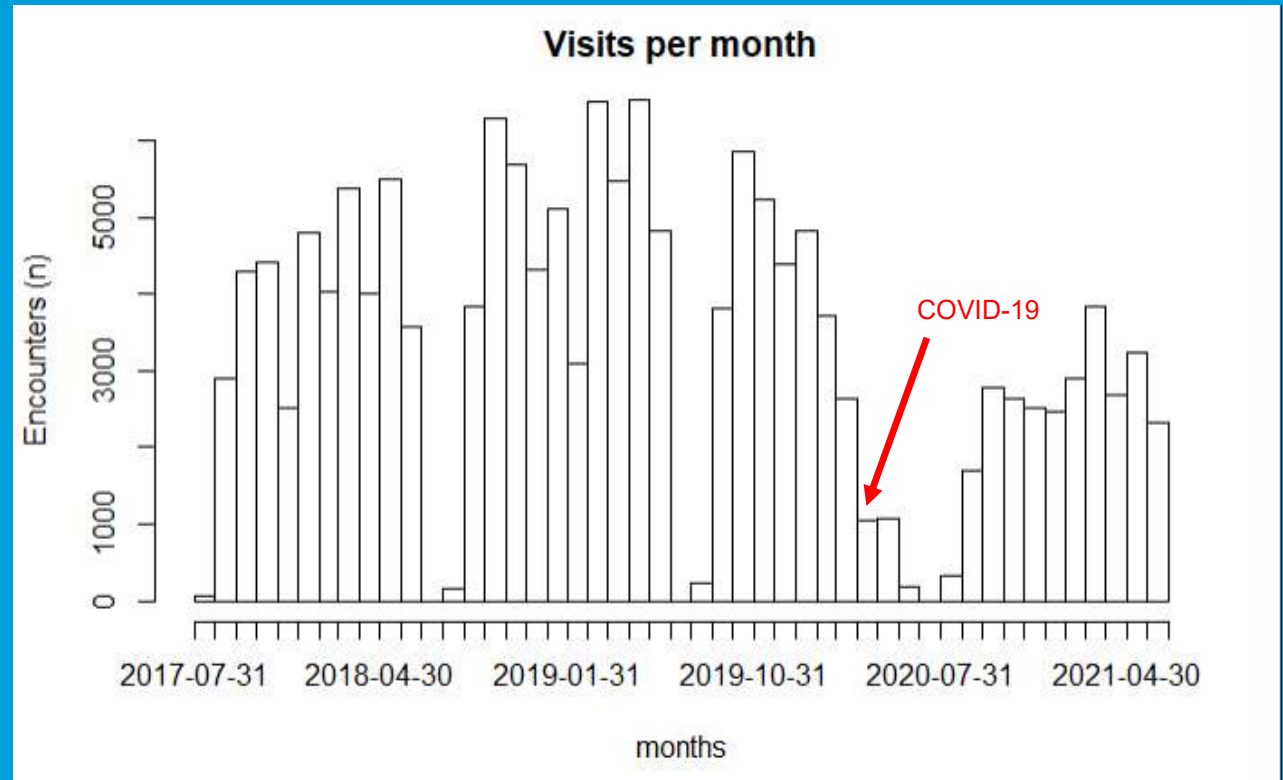
All visits, 2017-2021

Sex	N (total = 155,657)	%
Female	102,502	65.9
Male	49,879	32.0
Unknown/Other	402	0.25

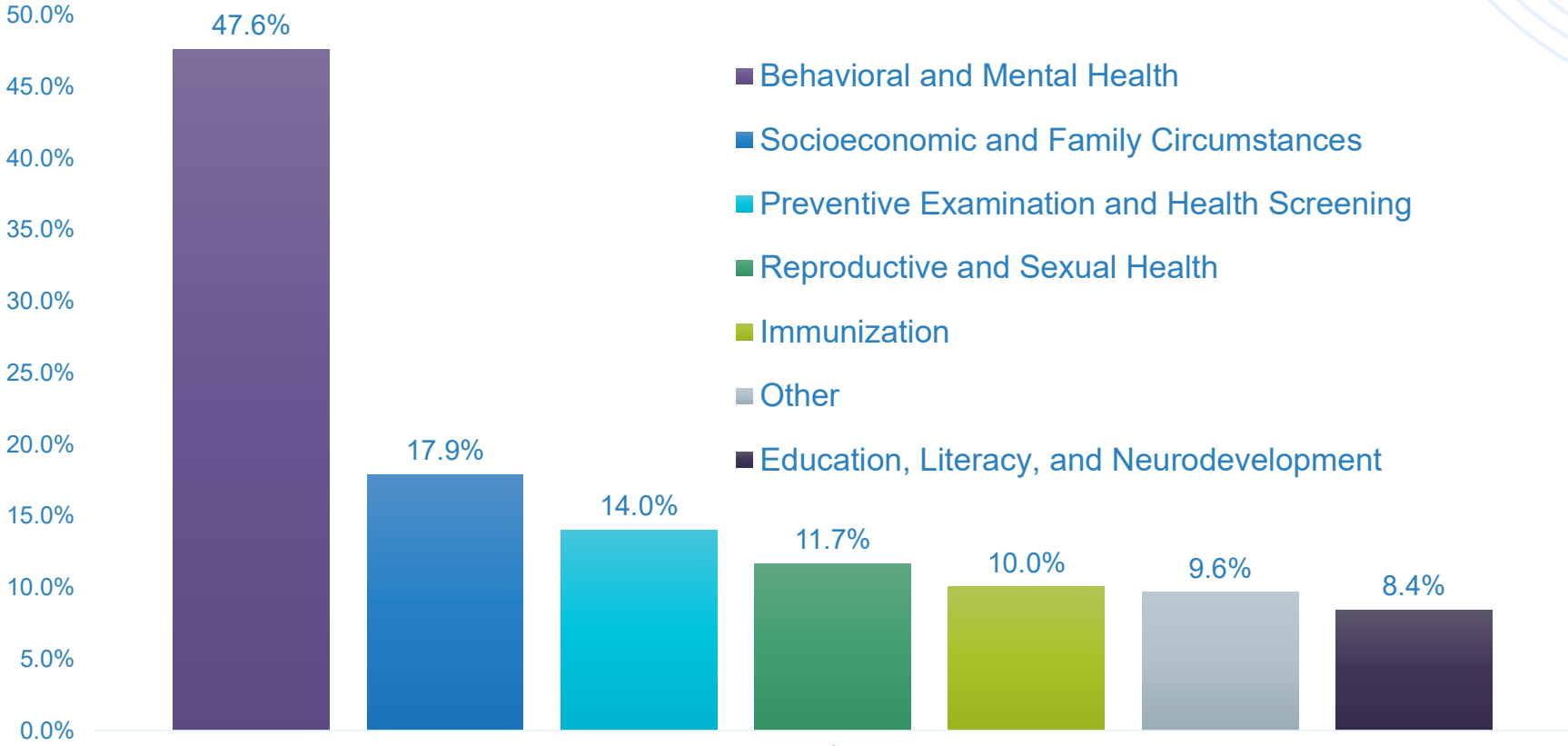
SBHC visits by time

School year	Total encounters (n)
2017-18	41,453
2018-19	51,866
2019-20	33,056
2020-21	27,417

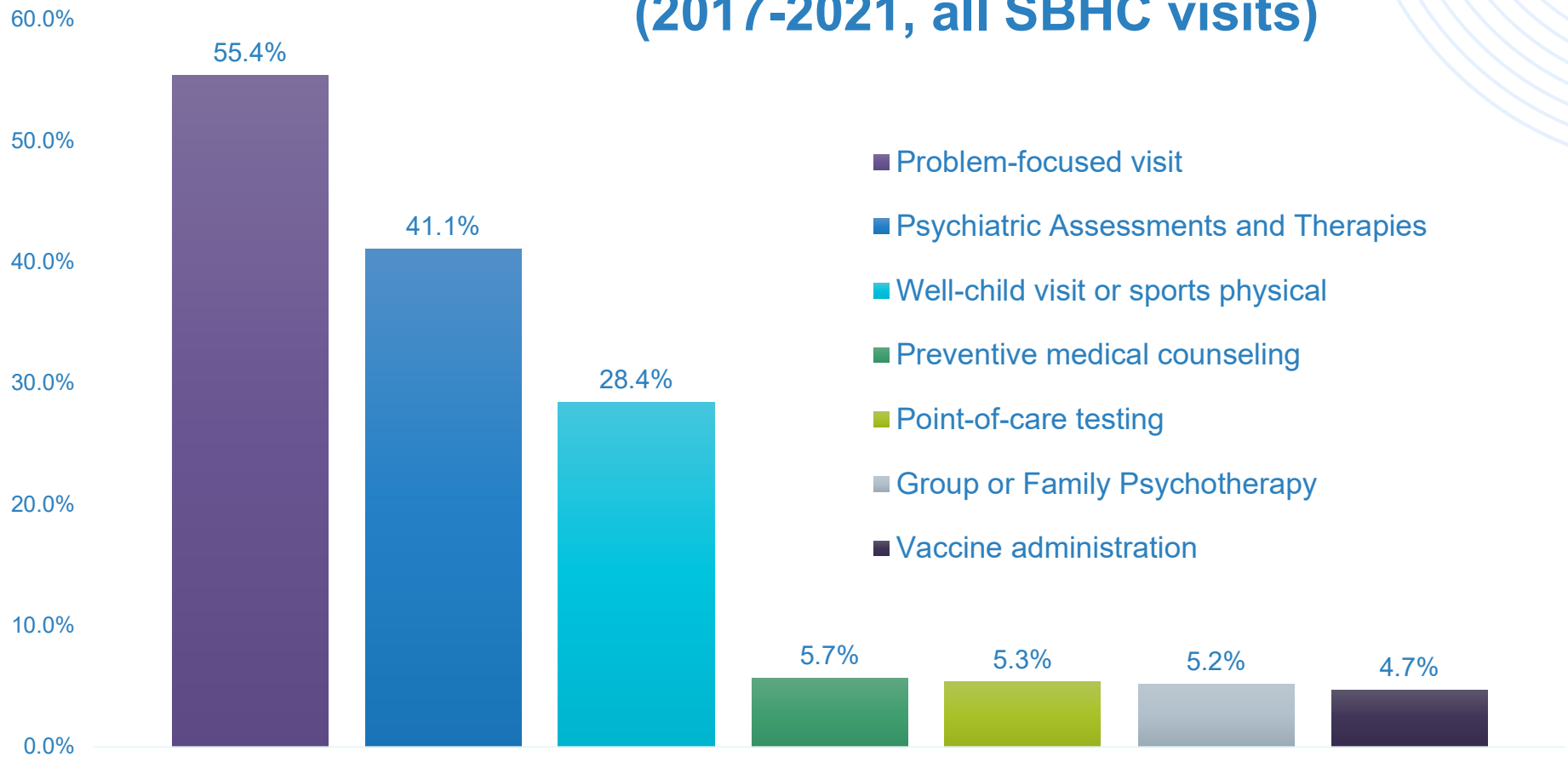
School year	Individuals served (n)
2017-18	7,902
2018-19	9,259
2019-20	7,509
2020-21	6,199



Most common health domains addressed per ICD-10 codes (2017-2021, all SBHC visits)



Most common services provided per CPT codes (2017-2021, all SBHC visits)



Next Steps

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Questions? Ideas?