


## Disclosures

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the presenters or other activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
- The views expressed in this presentation are those of the presenter(s) and may not reflect official policy of Community Health Center, Inc. and its Weitzman Institute.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion. 




### An Equity Approach to SBHC Enrollment: Develop Your Enrollment Action Plan!

2023 National School-Based Health Care Conference  
June 28, 2023

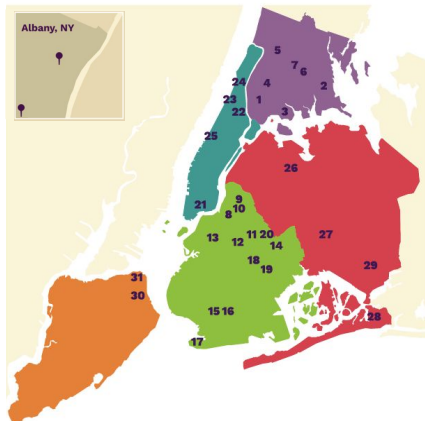
**Mia Martinez**  
*Technical Assistance Program Manager*

**Katie Savage**  
*Community School Director*

**Mesha Joseph**  
*District 21 Community Engagement Director*

## United Community Schools (UCS)

- Launched by the United Federation of Teachers in 2012 with support from the New York City Council, the Partnership for New York City and Trinity Wall Street.
- We **facilitate** partnerships between schools, non-profits, business and government to **connect vital services** to public school buildings, **improve student achievement** and **meet the health, safety and social service needs of students and communities.**



## Who are you?

What best describes you and your role?

What types of on-site health services do you have at your school(s) or site(s)?





## Session Objectives

As a result of today's session, the learner will:

1. Examine the importance of an equity based approach for enrollment in and utilization of school-based health services at their school.
2. Analyze barriers to enrollment in school-based health services for high need student groups at their school.
3. Inventory key stakeholders at their school who can strategically support enrollment.
4. Formulate their own three tiered plan for enrollment to advance health equity using community school best practices.



Go to  
**menti.com**

Enter the code:  
**7554 5093**



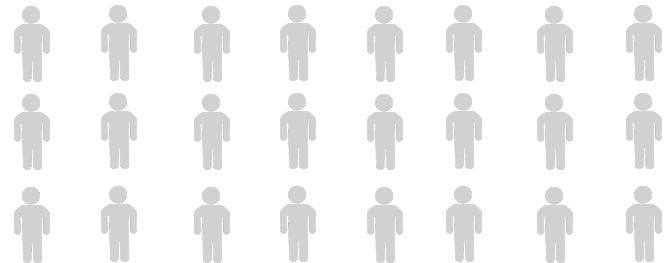
What does *equitable access to school-based health services* mean to you?



## Availability of Services

Students attending a school with a school-based health center

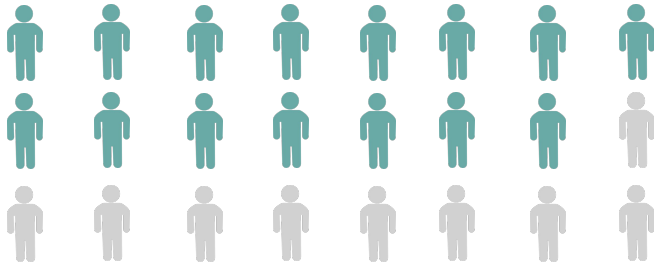
**100% have available services**





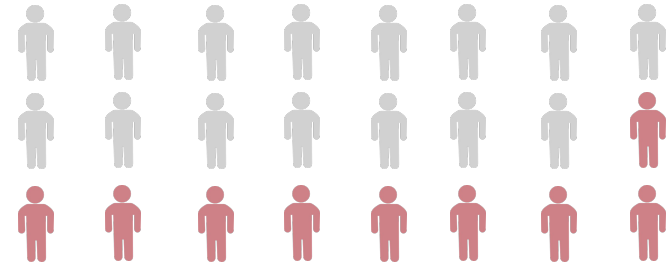
## Access to Services

62% of students are enrolled in services!



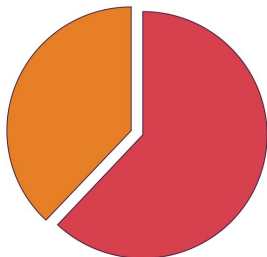
## Equitable Access to Services

An equity lens leads us to ask, why have 38% of students *not* enrolled in services?



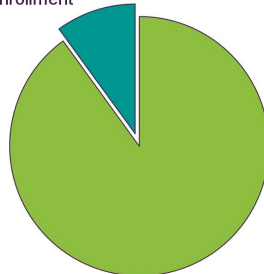
## Evidence of Impact

School-Based Health Centers in New York State Fact Sheet (SBHC)



● 62% Enrolled ● 38% Not Enrolled

UCS School-Based Health Centers Enrollment



● 90% Enrolled ● 10% Not Enrolled

Number of students in NY schools with SBHCs: 253,390 students (based on 2020 - 2021 data)

UCS SBHCs average 85% or higher enrollment in the first year of opening and 90% or higher in subsequent years.

<https://www.health.ny.gov/statistics/school/sbhcfacts.htm>



## UCS Keys to Success

# 1

Identifying Barriers



# 2

Leveraging Stakeholder Relationships

# 3

Creating a Strategic Plan



# STEP 1: Identifying Barriers to Enrollment



## Enrollment Challenges

Services at the school? Those can't be good!

I am not enrolling my child. Stop calling me!

Isn't that what the school nurse is for?

Enrollment forms are very long and only come in English.

I didn't know we have a dentist at the school.

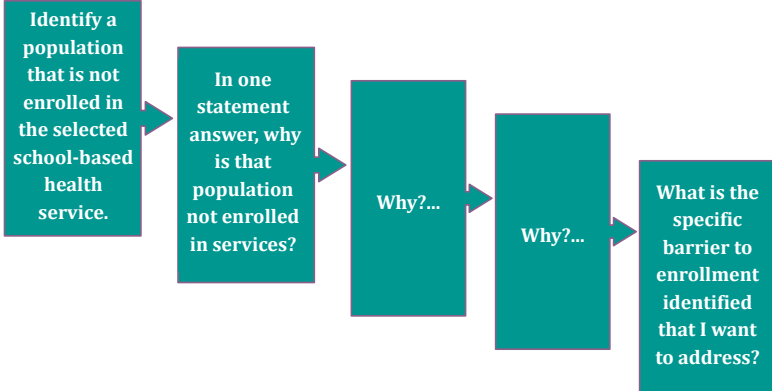
I don't want to give up my child's doctor.

I don't have insurance.

Who is Dr. Jane? Why is she calling me?

A parent from my child's class told me they received a bill in the mail from the health center.

## Using a WHY Protocol to Identify Barriers



## Action Planning Practice: Step 1



**PAGE 1 of the  
Action Plan  
Template:**

**“Step 1:  
Identifying  
Barriers”**



## STEP 2: Leveraging Stakeholder Relationships



### What is your enrollment like?

How often do school staff and health service providers work together at your site to enroll students in school-based health services?

- a. Very often
- b. Every once in a while
- c. Rarely/never

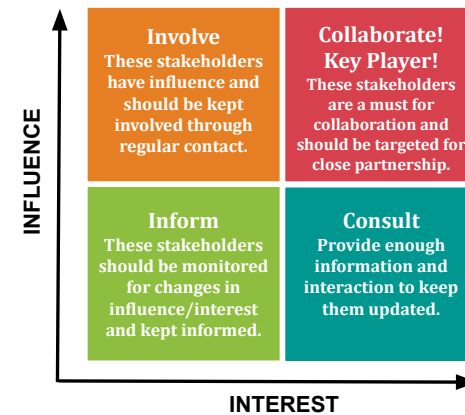


### Power of Relationships

- Recognizing the importance of trust
- Building a strong relationship between school and provider to maximize connection with students
- Leveraging relationships to mitigate barriers
- Identifying stakeholders who can help you!



### Stakeholder Analysis

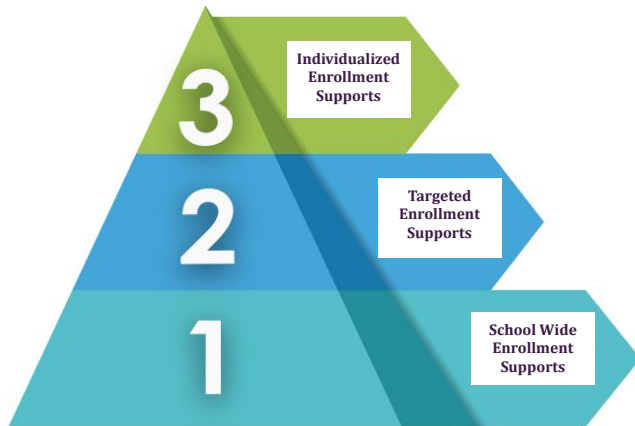


## Action Planning Practice: Step 2

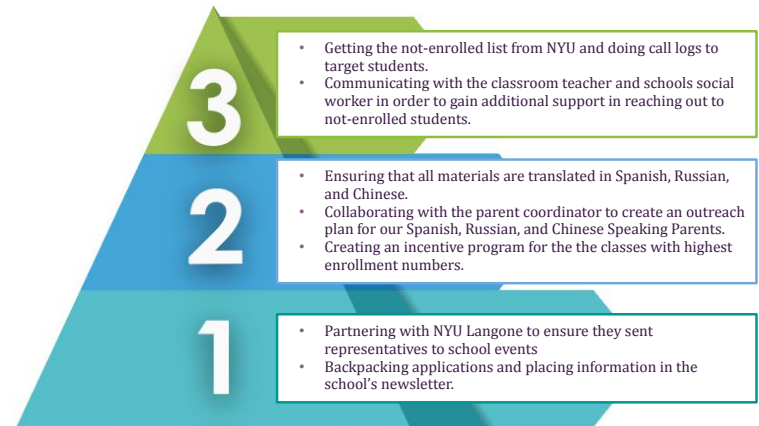


**Action Plan  
Template:  
“Step 2:  
Leveraging  
Stakeholder  
Relationships”**

## A Strategic Enrollment Plan: Using a Tiered Approach



## A Strategic Enrollment Plan in Action: PS 188K School Based Health Center



# A Strategic Enrollment Plan in Action: PS 18X School Based Health Center



3

- Partnering with Pre-K & K teachers and Educational Assistants with trusted relationships with families for one-on-one outreach.
- Health center staff outreach to caregivers of individual students when they arrive for a visit but are not yet enrolled.

2

- Spanish speaking staff and partners as translators at Enrollment Drive event
- Incentive giveaways for enrollment (classwide, teacher, first to respond)

1

- Teacher information and parent information sessions with Community School Director and health center staff
- Enrollment Drive event during parent/teacher conference night

# A Strategic Enrollment Plan in Action: PS40K School Based Dental Clinic



3

- partnering with ELL teacher and school social worker who have trusted relationships with specific unenrolled families for one-on-one outreach
- provider calls to individual students not yet enrolled

2

- integrating providers into school Welcome Back event for families to connect, ask questions, and build relationships with SBHC staff

1

- school wide distribution of enrollment forms in Welcome Packet in 3 languages
- promotion of clinic with photos and link to enrollment forms in school newsletter and over school app
- staff tour of clinic to build understanding and excitement

New York City Department of Education Oral Health Clinic Program - School Parental Consent Form

Page 1 of 2  
(2019 Approved)

**STUDENT INFORMATION**

Student's Last Name: \_\_\_\_\_  
 Student's First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Student Address: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Teacher's Name: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian's First Name: \_\_\_\_\_  
 Parent/Guardian's Last Name: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Contact Information for parent or guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**MEDICAL/MEDICAL QUESTION**

Does your child have any medical conditions that may affect his/her ability to receive dental treatment? This may include heart, breathing, or hearing devices, asthma, diabetes, immunosuppressive conditions, chronic disorders, etc. If Yes, explain it. NO, LEAVE BLANK.

**INSURANCE INFORMATION**

Does your child have Medicaid?  Yes  No  Not Sure  
 Does your child have Child Health Plus?  Yes  No  Not Sure  
 Which Plan?  Family  Single  Family Plus  Single Plus  Family Plus  Single Plus  Family Plus  Single Plus  
 Name of Insured Adult: \_\_\_\_\_  
 Services will be provided to your child regardless of whether or not your child has health insurance, at no cost.

**PARENTAL CONSENT FOR SCHOOL-BASED HEALTH CLINIC SERVICES**

I understand that my child will be receiving oral health services and my signature provides consent for my child to receive services provided by the staff of the school-based health center. I hereby authorize the school-based health center staff to provide dental services to my child. I understand that I will report any significant changes in my child's health to the provider.

Signature of Parent/Guardian (or Student if 18 years or older or otherwise permitted by law) \_\_\_\_\_ Date \_\_\_\_\_

**PS40 HAS A DENTIST!  
PS40 TIENE UN DENTISTA!**

We are excited to announce the opening of our dental clinic in Room 14.7! Our dentist will provide cleanings and check-ups. Enroll your child using the attached form and they can visit the dentist without missing school for an outside appointment!

**Register your child now!  
Registre a su hijo ahora!**

**STUDENT INFORMATION**

Student's Last Name: \_\_\_\_\_  
 Student's First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Student Address: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Teacher's Name: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian's First Name: \_\_\_\_\_  
 Parent/Guardian's Last Name: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Contact Information for parent or guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**MEDICAL/MEDICAL QUESTION**

Does your child have any medical conditions that may affect his/her ability to receive dental treatment? This may include heart, breathing, or hearing devices, asthma, diabetes, immunosuppressive conditions, chronic disorders, etc. If Yes, explain it. NO, LEAVE BLANK.

**INSURANCE INFORMATION**

Does your child have Medicaid?  Yes  No  Not Sure  
 Does your child have Child Health Plus?  Yes  No  Not Sure  
 Which Plan?  Family  Single  Family Plus  Single Plus  Family Plus  Single Plus  Family Plus  Single Plus  
 Name of Insured Adult: \_\_\_\_\_  
 Services will be provided to your child regardless of whether or not your child has health insurance, at no cost.

**PARENTAL CONSENT FOR SCHOOL-BASED HEALTH CLINIC SERVICES**

I understand that my child will be receiving oral health services and my signature provides consent for my child to receive services provided by the staff of the school-based health center. I hereby authorize the school-based health center staff to provide dental services to my child. I understand that I will report any significant changes in my child's health to the provider.

Signature of Parent/Guardian (or Student if 18 years or older or otherwise permitted by law) \_\_\_\_\_ Date \_\_\_\_\_

# Action Planning Practice: Step 3



**Action Plan Template:  
"Step 3: Creating a Strategic Enrollment Plan"**



## UCS Keys to Success in Review



# 1

### Identifying Barriers



# 2

### Leveraging Stakeholder Relationships

# 3

### Creating a Strategic Plan

## Questions?



## Thank you!

## Reach out for more!

[UnitedCommunitySchools.org](http://UnitedCommunitySchools.org)

Mia Martinez  
[mmartinez@ucsuft.org](mailto:mmartinez@ucsuft.org)

Katie Savage  
[aksavag@gmail.com](mailto:aksavag@gmail.com)

Mesha Joseph  
[mjoseph@ucsuft.org](mailto:mjoseph@ucsuft.org)

**weitzman**  **institute** inspiring primary care innovation

## Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Community Health Center Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This conference is intended for Nurses, Nurse Practitioners, Physicians, Physician Assistants/Associates, Psychologists, Registered Dietitians, and Social Workers

**Please go to the link for the CME web platform (Weitzman Education) posted in the mobile app to complete the post-session survey to access your continuing education credit.**

A comprehensive certificate will be available in the CME platform after completing the post-session surveys for all sessions you attended.

