



SBHC Data Collection and Best Practices: University, State, and Alliance Partnership

*2023 National School-Based Health Care Conference
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About the presenters



Shawna Hedlund, MPH

Executive Director, MN School-Based Health Alliance

- Formerly directed mobile care, shelter-based clinics, and the Health Start Program, a network of 10 school-based health centers in St. Paul Public Schools sponsored by the state's largest FQHC.
- Prior classroom health sciences teacher, clinical health educator and lobbyist for public education.



Ingie Osman, MPH

Research Project Specialist, University of Minnesota Prevention Research Center

- Researcher in the Division of General Pediatrics and Adolescent Health.
- Background in evaluation, intervention development and implementation, and community engagement.

Learning Objectives



01

Demonstrate how alignment of metrics between the state Alliance, state program office, and National School-Based Health Alliance streamlines data collection, analysis and application of findings.



02

Demonstrate how SBHC data collection and analysis in an emerging state system can drive capacity building.



03

Share best practices in resource sharing between University, State, and Alliance.

Background: MN SBHCs



Brief History

- **1973**

The Health Start Program in St. Paul Public Schools was one of the nation's first SBHCs.

- **1999**

Robert Wood Johnson, Title V, HRSA and local public health funding have helped expand SBHCs to most public high schools in Minneapolis and St. Paul.

- **2016**

School-based health center leaders work with the MN Department of Health to convene a statewide, volunteer-based affiliate of the national alliance. Six sponsors now participate in MN Alliance and data collection begins, modeled after SBHA.

- **2020**

In response to COVID-19, Minnesota's SBHCs prove a durable part of Minnesota's safety net for children.

- **2022**

MDH grants CDC COVID Workforce funds to school nurses and SBHCs. Remaining funds staff SBHC support at MDH, subcontract with the PRC for evaluation, and assist the MN Alliance to staff for technical assistance. In one year of operations, the SBHC growth rate moves from **2% to 55%**.

- **2023**

After 7 years of advocacy and 50 years of success, the MN Legislature passes a state definition of SBHCs and the first-ever dedicated state funding for SBHCs and infrastructure.

School-Based Health Centers

MULTIDISCIPLINARY MODEL
addresses social determinants of health that also lead to improvements in education outcomes

NURSE PRACTITIONERS

THERAPISTS

HEALTH EDUCATORS

NUTRITIONISTS

- Identify unmet needs
- Screen for risk and SDOH
- Treat medical conditions
- Provide preventive care
- Assess for referral

- Assess trauma history
- Screen for mental health conditions
- Provide treatment plan and therapy
- Assess for referral

- Assess health literacy
- Listen to their story
- Provide information
- Teach skills
- Assure understanding
- Assess for referral

- Assess health status and family history
- Consider food access
- Provide motivational interviewing
- Recruit for Fit Team
- Assess for referral

PILLARS

1
PATIENT-CENTERED
HOLISTIC CARE

2
TRAUMA INFORMED
ENVIRONMENT

3
STRENGTHS-BASED
APPROACH

4
EQUITABLE
ACCESS

SBHC Logic Model

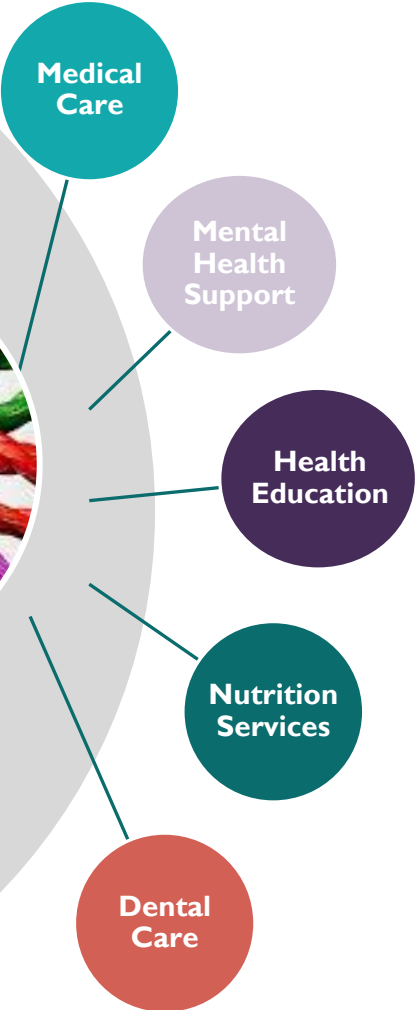
ACCESS TO CARE

MULTIDISCIPLINARY

IMBEDDED

OUTCOMES

School-Based Clinics offer students equitable access to integrated health care that supports their learning



Works hand in hand with school nurses

Supports teachers

Aligns with mission to educate and graduate

Integrates with schools' tiered support system

Disrupts disparities in education

Works for families and with families

Increased attendance and time in class

Improved student behavior & less disciplinary referrals

Barrier-free access to mental health care

Lower dropout rates & higher graduation rates

Improved school climate or learning environment

Increased likelihood of continuous care

Minnesota School-Based Health Centers

Minnesota Community Care

10 “Health Start Clinics” in St. Paul Public Schools

NorthPoint Health and Wellness

2 clinics in Minneapolis Public Schools

Minneapolis Health Department

8 clinics in Minneapolis Public Schools

Park Nicollet Foundation

4 clinics in Richfield, Burnsville, Brooklyn Center,
St. Louis Park Schools

Ortonville Area Health Services

1 clinic in Ortonville K-12 School

Mayo Clinics

1 clinic in Rochester ALC + rural telehealth

MyHealth

1 clinic in Hopkins Public Schools

Minnesota State University, Mankato

1 clinic in Bloomington Schools

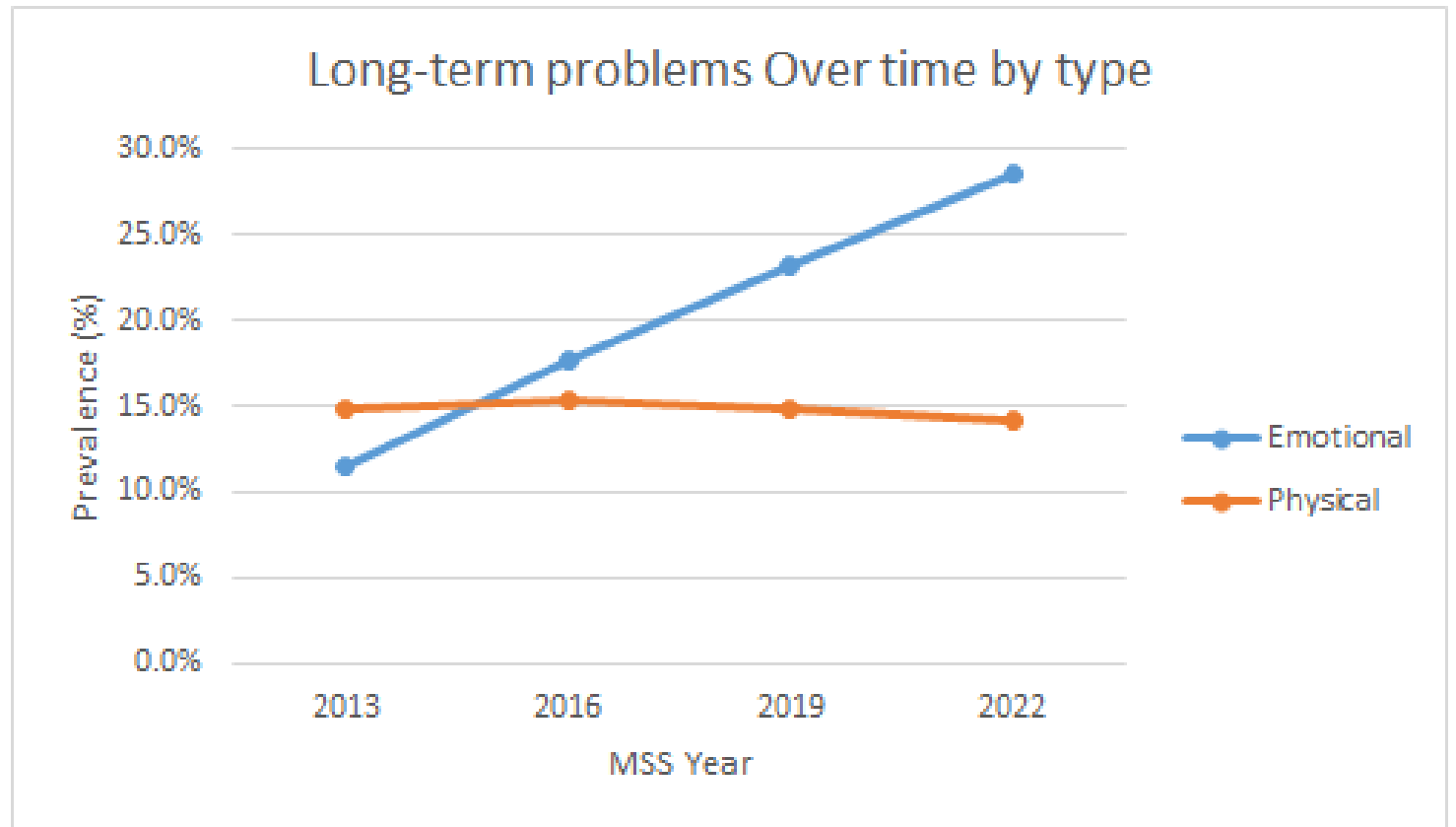
Rise Up Health Clinics

2 clinics: Bear Care in White Bear Lake Public Schools
St. Paul City School (charter school)

Map: 30 SBHCs
in Minnesota
+ 11 emerging

A look at Minnesota student health

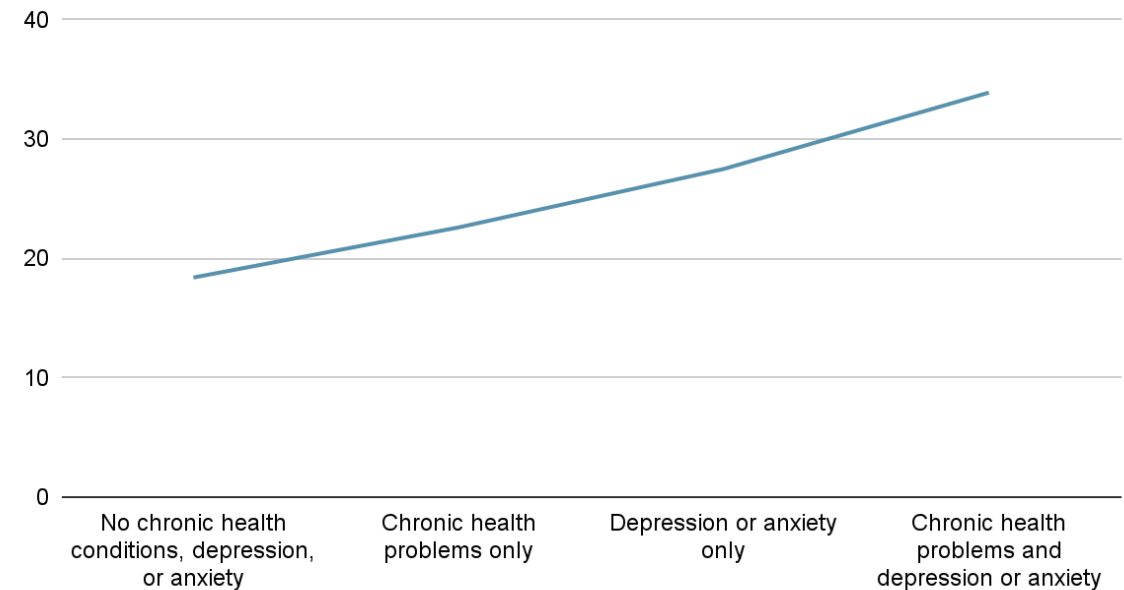
- Long-term physical health problems among students have stayed around 15% since 2013, while long-term mental health, emotional, and behavioral problems **have increased steadily** over the same time.



A look at Minnesota student health

- In 2022, when asked more specifically about their health conditions, **18%** of students reported having at least one chronic health condition, **28%** reported a positive screen for depression, and **32%** reported a positive screen for anxiety.
- For example, according to 2022 MSS data, **34%** of students with both chronic health conditions & anxiety/depression were **chronically absent** from school compared to **18%** of those with no chronic health conditions, anxiety, or depression.

Chronic Absenteeism



Working together for students

- School nurse - SBHC collaboration
- Minnesota Department of Health
- University of Minnesota Prevention Research Center
- State Offices – MDE, DHS
- Tribal nations
- MN Children’s Cabinet
- MNACHC
- Children’s oral health organizations
- School-linked mental health infrastructure
- Community leaders, students and parents
- Local healthcare organizations



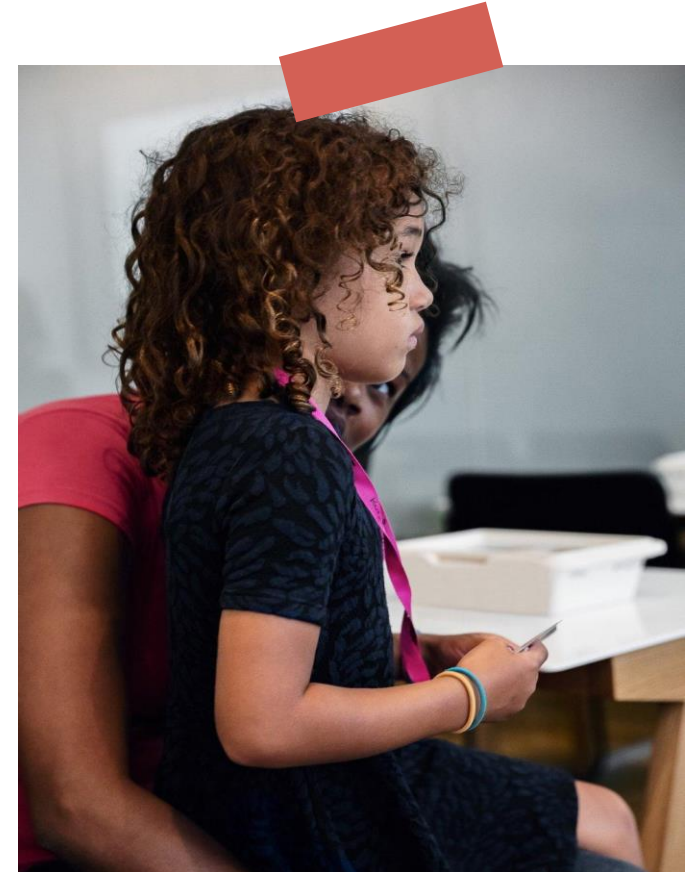
Data and Evaluation

- Data collection was instigated by volunteer-based MNSBHA in 2017
- In 2022, a cooperative decision was made between the MN Alliance, the leaders of each SBHC system, and MDH to move data collection to MDH
- In 2023, MDH subcontracted with the PRC at U of MN for evaluation support
- Goals:
 - Identify every SBH “initiative” in MN
 - Ensure every SBHC in MN participated in the **National Census** of SBHCs
 - Replicate **Quality Counts**



Justification

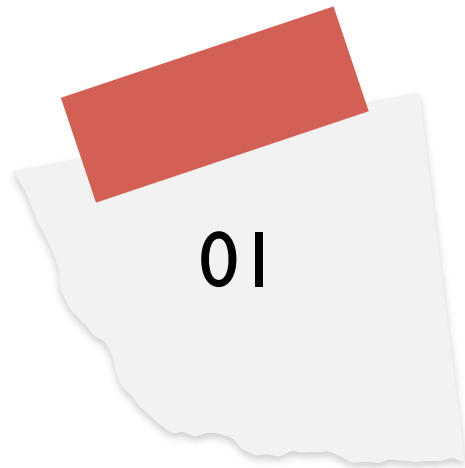
- Decreased reporting burden on our SBHCs,
- Agreement with the selected measures and their alignment with UDS and HRSA requirements,
- Modeling a time-tested, evidence-based evaluation practice with measures selected by the field as standardized National Performance Measures based on their sensitivity, feasibility, importance, and usability to SBHCs,
- Engaging in national alignment to strengthen advocacy and messaging the contribution of SBHCs to improving children's health.



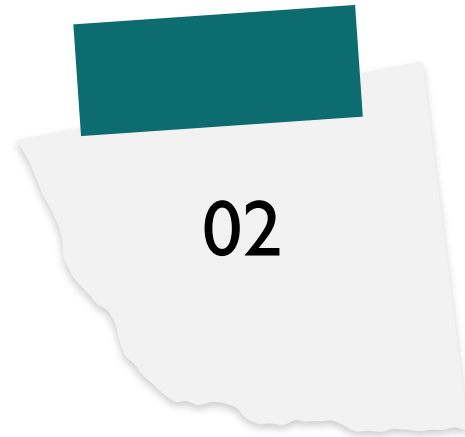
Data Collection, Alignment, & Capacity Building



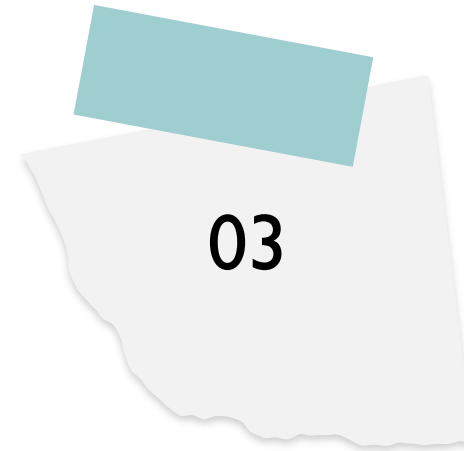
Different Types of Data Systematically Collected



Locations and
Services Log



Quality Counts



Census Data



01

Location and Services Log

Purpose:

- Identify locations with school-based healthcare services
- Inventory which children's health services across MN are partnering with schools
- Study gaps in services

Alignment of Measures:

- The Locations and Services Log is MN-specific and identifies key partnerships, gaps in services and reach in communities

Frequency of Data Collection:

- Yearly

Usage:

- This year: 100% in MN



01

Practice

Location and Services Log

1. MN Alliance organizes a focus group with SBHC leaders from MN to identify fields
2. MN Alliance interviews community partners on data points of interest
3. MDH identifies data points of interest to State (DOE, DOH, DHS)
4. MN Alliance creates a sharable tool in Excel with definitions on each data point
5. MN Alliance and MDH both participate in supportive technical assistance with SBHCs
6. Information is shared with PRC, MDH and deliberately disseminated to key collaborators

[Locations and Services Log](#)



02

Quality Counts

Purpose:

- Standardized quality metrics were developed by the National School-Based Health Alliance to inform improvement of care delivery in SBHCs and measure outcomes across SBHCs

Alignment of Measures:

- SBHCs monitor and improve care
- Offers comparability with other child healthcare delivery systems
- Reduces duplication of work

Frequency of Data Collection:

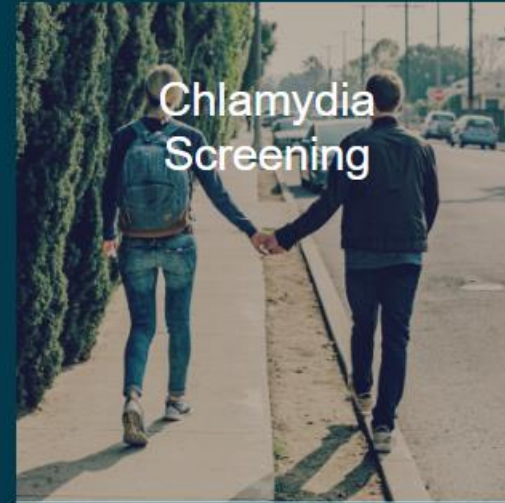
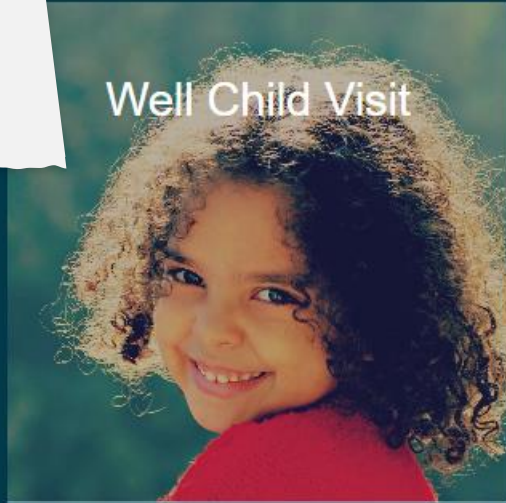
- SBHA starts data collection yearly on July 1
- MN plans to submit yearly for the school year

Usage:

- MN goal: 100% for SBHCs eligible for MDH funding

Quality Counts

02



[Link](#)



03

Census Data

Purpose:

- The School-Based Health Alliance Census collects descriptive information on school-based health center operations and service delivery across the U. S.

Alignment of Measures:

- MN offers TA to complete the SBHA census (no duplication)

Frequency of Data Collection:

- National: every 3 years since 1998:1998–99, 2001–02, 2004–05, 2007–08, 2010–11, 2013–14, 2016-2017, 2019-2020*, 2022-2023

Usage:

- SBHA goal: 50% of SBHCs
- This year, 100% in MN

*The 2019-2020 Census was replaced with a survey of COVID responses among national SBHCs



03

Census Data

Practice:

1. Data sharing agreements are secured between SBHA, PRC, and MN Alliance. MN Alliance builds interest: share Census findings over MN Basecamp
2. Every three years, MN Alliance provides a participant “preview” by webinar
3. Alliance offers one-on-one technical assistance prior to Census
4. Goal is for 100% participation of all SBHCs in MN
5. PRC analyzes data and provides reports to MN Alliance and MDH

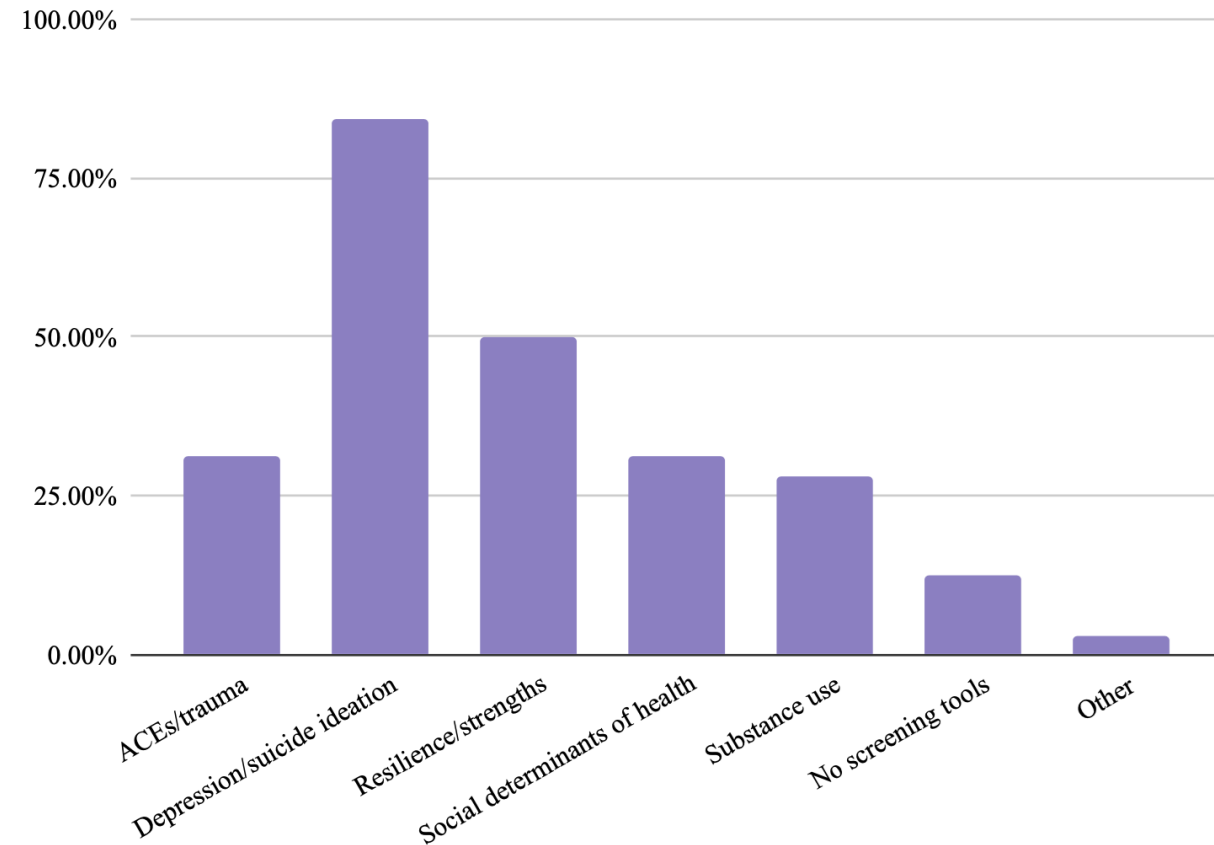


[Link](#)

Data-driven capacity building: Census results and implications

Example: SDOH Screening

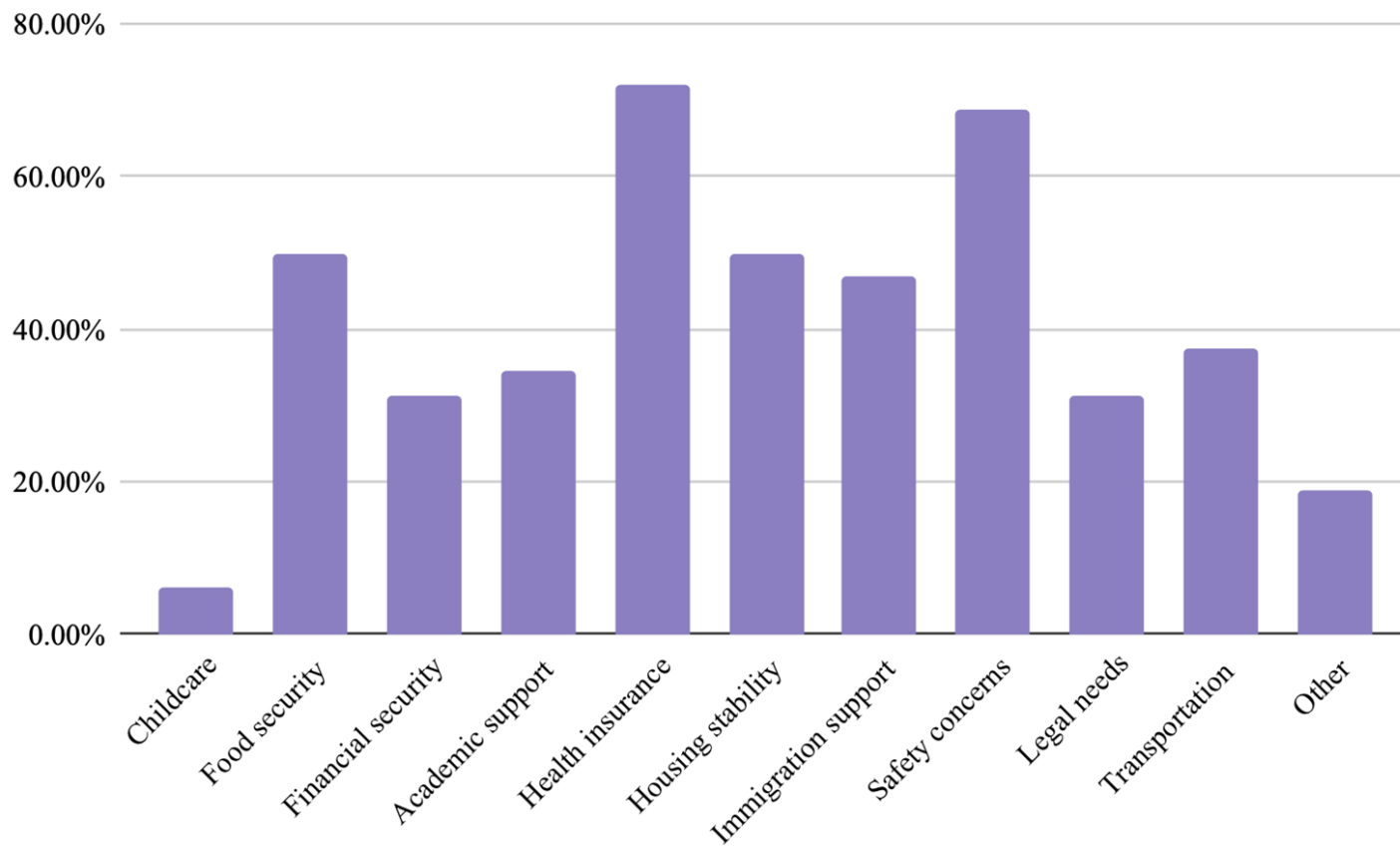
Does the SBHC use a standardized tool to screen clients for the following topics?
Select all that apply. (n=32)



Data-driven capacity building: Census results and implications

Example: SDOH Screening

Does the SBHC support clients and/or their families in obtaining services related to any of the following SOCIAL NEEDS? Select all that apply. (n=32)



Data-driven capacity building: Census results and implications

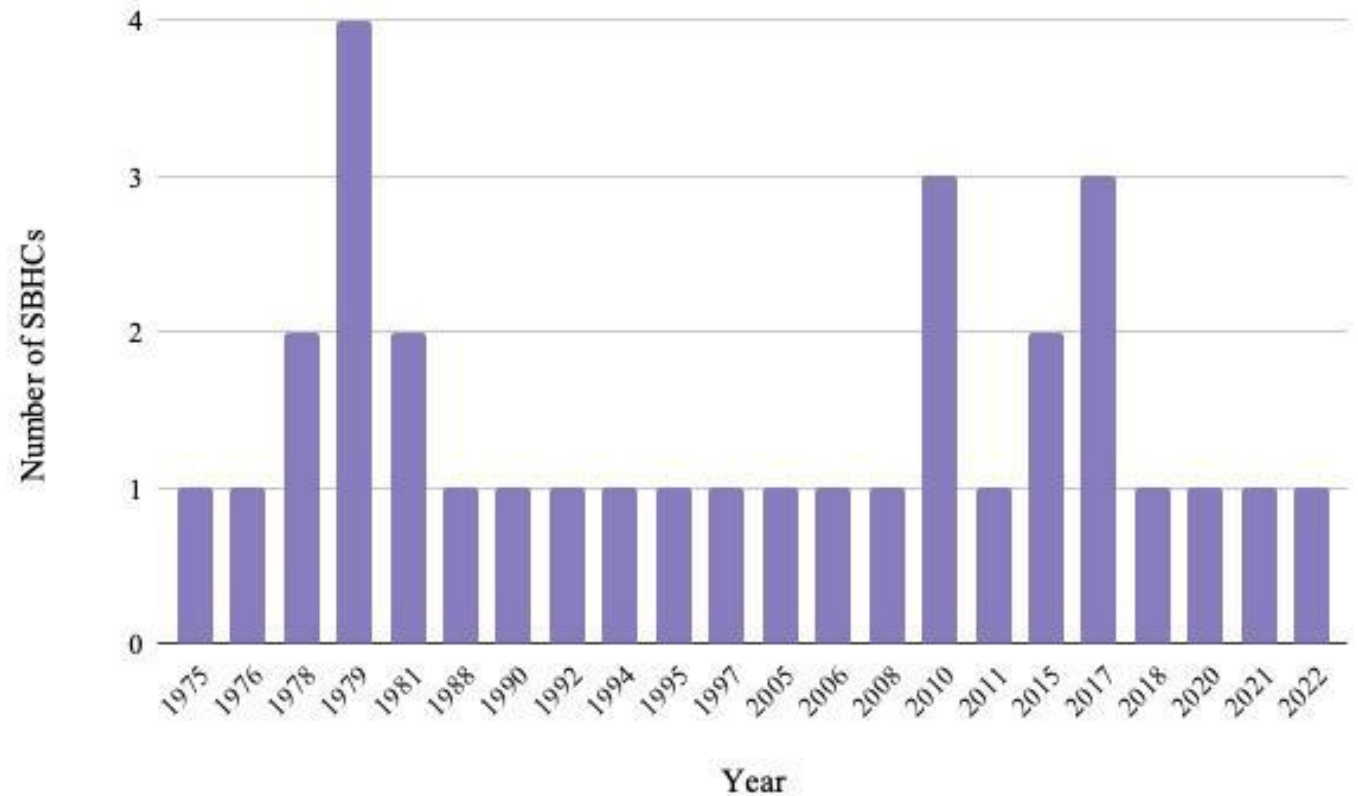
Example: SDOH Screening

- Using these data, we can better understand:
 - 1) Are SBHCs screening for SDOH?
 - 2) Among schools that are screening for SDOH, are appropriate services and/or referrals being offered?
 - 3) If screening occurs but referrals are not made, how can we better work with SBHCs to standardize screening and offer resources, tools, and supports to ensure that if screening occurs, appropriate services and/or referrals are being offered in response?
- One example where data can help us better understand what is happening in SBHCs, prompt inquiry, and support improvement and capacity building within certain areas

Data-driven capacity building: Census results and implications

Example: SBHC History

In what year was the SBHC first established? (n=32)



Data-driven capacity building: Census results and implications

Example: SBHC History

- Using these data, we can better understand:
 - 1) The inception of clinics, inception of MN Alliance, initial state funding, and rate of expansion of services – how have things changed over time?
 - 2) What are the contextual factors that have supported the expansion of SBHCs in different years?
 - 3) What supports are necessary to adopt to support expansion?

Advocacy win!

MN Definition:

“School-based health center’ or ‘comprehensive school-based health center’ means a safety net health care delivery model that is located in or near a school facility and that offers comprehensive medical care, including preventive and behavioral health services, provided by licensed and qualified health professionals in accordance with federal, state, and local law, to all students and youth within a school or district regardless of ability to pay, insurance coverage, or immigration status.”

-State Law 2023

Dedicated State Funding

- Build the state program office at MDH and ensure continued evaluation
- Fund Minnesota’s nonprofit technical assistance organization
- Fund SBHCs that meet specific eligibility requirements



Partnerships & Resource Sharing



I. Strengths-Based Approach

- Each organization is working within their strongest capacity toward common goals
 - MN Alliance: technical assistance to SBHCs and school districts
 - MDH: compliance, grant management, oversight of state's safety net for children
 - PRC: research and evaluation
 - SBHA: guidance on national core competencies, best practices and measurement
- Practice data collection in MN to ensure accuracy when reported nationally
- Strength in advocacy for sustainability of a critical care model for children and youth
- Decreased data collection and technical assistance burden on SBHA

2. Purposeful Diversity of Labor



- The benefits of braiding streams
 - Expands involvement in SBHCs to purposes beyond the interests of the State of MN
 - Challenges the influence of politics and dependence on advocacy for strong SBHCs
 - Enables wider sharing of information at a time when interest in education and health equity are at the forefront

Where are we now?

- ✓ Subcontracts between U of MN Prevention Research Center, MDH, and MN Alliance
- ✓ Data sharing agreements with SBHA, MDH, Alliance and PRC
- ✓ Census data evaluation
 - Census data is thin 2017-2019
 - 2019-2022 are outliers
 - 2021-2022 is under analysis
- ✓ Add qualitative data collection by survey (storytelling)
- ✓ Prepare for Quality Counts data submission starting July 1
- ✓ Sustain funding and infrastructure secured for ongoing evaluation



Best Practices

1. Every great evaluation starts with a strong logic model
2. Start with data agreements with SBHA as early as possible
3. Generate buy-in with SBHCs
 - a. Query your SBHC leaders about their required reporting
 - b. Provide information about potential impact, particularly funding
4. Attempt to compare data to the most disaggregated local data possible to identify disparities in outcomes and gaps in care across race and ethnicity
5. Start collection before promising dissemination as ensuring accurate data is a process
6. Share the impact with SBHCs, schools, and other key partners!





Questions?

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