



### **Childhood Preventative Health Care Services:** Making Life Easier for Students and Families

March 13th, 2025 12:00 – 1:00 pm ET





## School-Based Health Alliance Transforming Health Care for Students

#### Our Focus

The School-Based Health Alliance Works to Support & Grow SBHCs



We support the improvement of students' health via school-based health care by supporting and creating community and school partnerships.

#### www.sbh4all.org



## REMINDERS

#### **All attendees are in listen-only mode.**

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<sup>1</sup> The recording, slides, and resources will be shared via email.



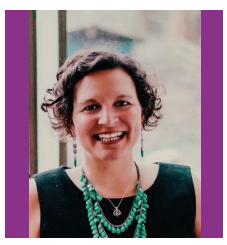
## Learning objectives

Participants will be able to...

- Remember the importance of preventive health care in supporting and enhancing the overall well-being of adolescents.
- Understand key components of adolescent preventive health care services, developmental screenings, and health education.
- Create a plan to collaborate with families around why and how school-based health centers can improve children's health



### **Today's Speakers**









Mandy LeBlanc Contractor School-Based Health Alliance Donnie Greco Associate School-Based Health Alliance Tammy Greenwell, MPH Senior Vice President <u>School-Based</u> <u>Health Alliance</u>

Anamaria De Nardo, FNP-BC Family Nurse Practitioner, Associate Medical Director School-Based Health Blue Ridge Health

## How Do Schools Support Student Health?



Provide students with comprehensive school health and wellness services.



<u>Create and uphold intersecting systems of care</u> that support children in being healthy, feeling safe, and effectively engaging with school.



Schools can support student health through several models: school health services and school-based health care.

## What Are School Health Services?



#### School health services include, but are not limited to:



## What Is School-Based Health Care?



School-based health care is healthcare provided to students at school by a community healthcare organization in collaboration with school administration and health services staff.

#### This care includes but is not limited to



School-based health <u>centers</u> (SBHCs) offer the most comprehensive type of school-based health care. An SBHC is a collaborative effort among school administration, school health service staff, community-based healthcare organizations, and community members to make health services (at a minimum, primary care) available to students at school in a consistent location on a consistent schedule.



# Students come to school with strengths and with health and social needs.

SBHCs work to maximize children's potential by building on their strengths and working across systems to address their needs.



## SBHCs: Evidence-Based Approaches and Recommendations







**SBHCs:** recommends implementing and maintaining SBHCs in lowincome communities to improve educational and health outcomes.



**Cost Savings:** The economic benefit of SBHCs exceeded the intervention operation cost. Further, SBHCs were related to net savings to Medicaid.

## SBHCs reduce barriers for students and their families





SBHCs are planned and implemented via partnerships at the local level to meet the specific needs of the students, families, schools, and communities they serve.

## How Do School-Based Health Centers Support Students?

Includes but is not limited to medical care, mental, oral health, vision, etc.

#### Provide care that is:

- youth-centered
- coordinated with families
- coordinated with community providers
- supported by and coordinated with educational and communitybased partners
- age-appropriate
- within applicable laws and provisions
- convenient and timely
- available to all students regardless of ability to pay







SBHCs are a collaboration and shared commitment among a school, health care organizations, and a community

## What is an SBHC?

- SBHCs offer the most comprehensive type of school-based health care to support student health, well-being, and academic success.
  - Located in or near a school
  - Prioritizes providing health services for students
  - At a minimum, services includes comprehensive primary care (federally defined)
  - May also provide mental health, oral health care, vision care, and other services
- Works with existing school services and community providers but <u>does not</u> replace









#### **Consent and Scope of Services**

- Parent/guardian involvement is important and encouraged. Their consent for services is <u>required</u>, except as allowed by state minor consent law. Importantly, SBHCs do not necessarily provide services to which minors can consent under state laws.
- Services are determined at the local level and in accordance with state and local policies and/or law.
- Confidentiality laws and requirements between patients and providers differ across states.

#### **Existing Services**

- Does NOT replace required school health services for Free Appropriate Public Education but instead supports and enhances
- Does NOT replace parents/guardians, school nurses, school counselors, pediatricians, or other existing services.

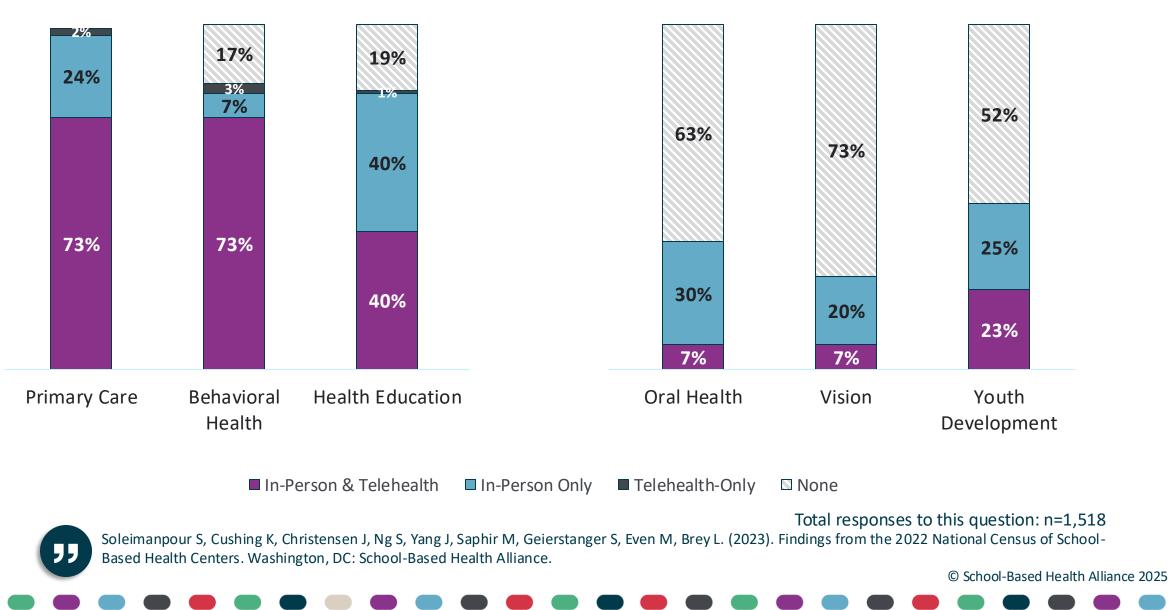
## **Characteristics of Successful SBHCs**



- Advisory committee
- Student and/or family engagement
- Strong memorandum of understanding
- Comprehensive range of services
- Adequate space in school
- Appropriate staffing

## **Service Delivery Mode**









## What are the Key Childhood Preventive Health Care Components?

- Regular well-child checkups
- Developmental screenings
- Vision and hearing screenings
- Growth monitoring
- Nutrition counseling
- Physical activity promotion
- Mental health assessments
- Education on safety and injury prevention

## **Early Intervention is Key**

#### Identifying potential health issues early through preventive care can lead to better outcomes



#### **Parent Education:**

A crucial aspect of preventive care is educating parents about healthy lifestyle choices and how to promote their child's well-being.

#### Follow-up Care:

Consistent follow-up with a healthcare provider is essential to ensure ongoing monitoring and address any concerns.

#### **Tailored Approach:**

Preventive care should be individualized based on a child's unique needs and developmental stage.



- Federally Qualified Health Center
- Providing SBH Services in a 7-county service area in Western North Carolina with over 30 SBHC sites
- Providing over **13,000 SBHC visits** annually
- SBHC Services are provided by a combination of:
  - Physical location with services (in school or on school campus)
  - School-linked (other students can access physical location)
  - Telehealth medical services
  - Tele-mental health services
  - Behavioral health only sites



- Thorough Well Child Checks
- Vision and hearing screening
- BMI screening
- Hyperlipidemia screening
- Risk assessment screening (RAAPS)
- Depression screening (PHQ-2/9)
- Hypertension screening







- Once a year (may be completed every 365 days by most insurance)
- BMI screening, HTN screening, depression screening, vision/hearing, risk assessment, lipid screening (if indicated)
- Early detection of acute/chronic health conditions (Ex- Diabetes, heart murmurs)







- NCIR- Immunization scheduled based on CDC guidance
- Partnership between school RN and SBHC
- Immunizations administered in SBHC with parental consentprivate and state

### **Health Education**



- BMI 5-85%- Normal, BMI- 85-94%-Overweight, BMI ≥ 95%- Obesity
- 5-2-1-0 Approach
  - 5 servings of fruit and vegetables
  - 2 hours or less of screen time
  - 1 hour of physical activity/play
  - 0 sweetened beverages/concentrated sweets

### **Screening Tools – PHQ-2**



## **PHQ-2** Questions

Over the last 2 weeks how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

A cut-off score ≥ 3 is positive

#### PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)



Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "✔" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0 1		2	3
<ol> <li>Trouble falling or staying asleep, or sleeping too much</li> </ol>	0	1 2		3
<ol> <li>Feeling tired or having little energy</li> </ol>	0	1 2		3
5. Poor appetite or overeating	0	1	2	3
<ol> <li>Feeling bad about yourself — or that you are a failure or have let yourself or your family down</li> </ol>	0	1	2	3
<ol> <li>Trouble concentrating on things, such as reading the newspaper or watching television</li> </ol>	0	1	2	3
<ol> <li>Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</li> </ol>	0	1	2	3
<ol> <li>Thoughts that you would be better off dead or of hurting yourself in some way</li> </ol>	0	1	2	3

FOR OFFICE CODING \_\_\_\_\_ + \_\_\_\_ + \_\_\_\_ +

=Total Score: \_\_\_\_\_

CONFIDENTIAL - ADOLESCENT	HEALTH RAAPS-YA
	ID #:



Name:

Date of Birth:

.

Today's Date:

Health Risk Profile: Confidential

.Your answers will only be seen by the center staff



		Circle one			
<ol> <li>In the past 3 months, have you taken diet plils or laxatives, made yourself vomit (throw up) after eating, starved yourself, or obsessively exercised to lose weight?</li> </ol>	1	No	Yes		
2. Do you eat some fruits and vegetables every day?		Yes	Nø		
3. Are you active (walking, running, dancing, swimming, biking, playing sports) for at least 1 hour, on at least 3 or more days each week?		Yes	No		
4. When you are driving or riding in a car, truck, or van do you always wear a lap/seat belt?		Yes	No		
5. Do you always wear a helmet when you do any of these activities: ride a bike, rollerblade, or skateboard; ride a motorcycle, snowmobile, or ATV; ski or snowboard? I don't do any of these activities.		Yes	No		
6. In the past 6 months, have you been in a relationship with someone who put you down, yelled at you, stalked you through social media or texting, or tried to control where you go, who you talk to or what you wear?		Nö	Yes		
<ol><li>Has anyone ever physically injured you (by hitting, slapping, kicking) or forced you to have sex or be involved in sexual activities when you didn't want to?</li></ol>		No	Yes		
8. Do you carry a weapon (gun, knife, club, other) to protect yourself from another person?		No	Yes		
9. In the past 3 months, have you used any form of nicotine including vaping (e- cigarettes, Juul, RUBI, Suorin, Blu, hookah, vape pens), smoking (cigarettes, cigars, black and mild) or orally (dip, chew, snus, gummies, or lozenges)?		No	Yes		
10. In the past 12 months, have you driven a car while texting, drunk or high, or ridden in a car with a driver who was?		No	Yes		
11. In the past 3 months, have you drunk more than a few sips of alcohol (beer, wine coolers, liquor, other)?		No	Yes		
12. Have you ever drunk so much alcohol that you passed out, vomited, or couldn't remember things the next day?	<b>.</b>	Nö	Yes		
13. In the past 3 months, have you used marijuana (weed, pot, cannabis, THC) in any form such as vaping, smoking, edibles, drinks, pills, oil, or any other type?		No	Yes		
14. In the past 3 months, have you taken a prescription medication (codeine, OxyContin, Norco, Vicodin, Adderall, Ritalin, Xanax, other) without a prescription, taken more than the prescribed amount or continued to take it after you no longer needed it?		No	Yès		
15. In the past 6 months, have you had any type of sex (vaginal, anal or oral sex)?		No	Yes		
16. If you have had sex, do you always use a condom and/or another method of birth control to prevent sexually transmitted infections and pregnancy?		Yes	No		
17. When you get angry, is it hard for you to control yourself?		No	Yes		
18. During the past month, did you often feel sad or down as though you had nothing to look forward to?		No	Yës		
19. Do you often feel anxious or worry a lot about things at home or at school?		No	Yes		
20. In the past 12 months, have you seriously thought about killing yourself, tried to kill yourself, or have you purposely cut, burned, or otherwise hurt yourself?		No	Yes		
22. In your everyday life have you felt stressed because someone has treated you differently based on your race, ethnicity?		'No:	Yes		
			杨秋路		

Rapid Adolescent Prevention and Screening Tool



13 y/o presents to SBHC for well child check. Per the teacher, the student has been having a lot of trouble seeing far away and close up. The student had 20/200 vision in their left eye and shared that one year ago, they had an accident where a piece of glass got into their eye, requiring surgery. They have not followed up with an eye doctor since their surgery one year ago.

How did the staff at the SBHC support this student?





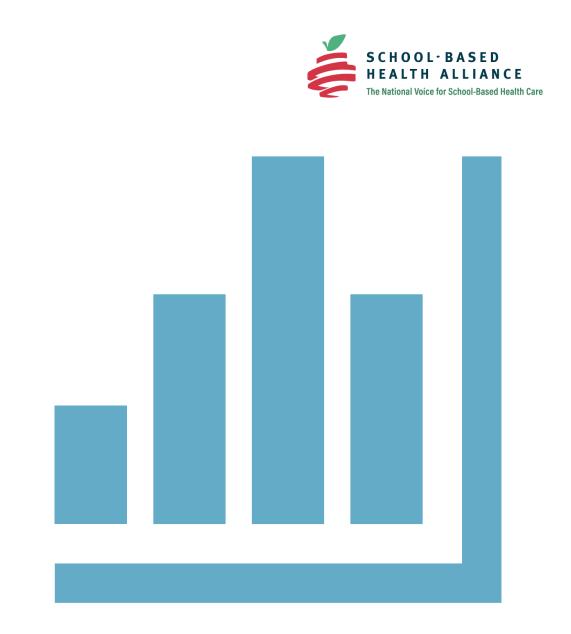
A 14-year-old female student presented to SBHC for two days of feeling "off." She had nausea and vomited a few times, but her vital signs were stable. She was alert and oriented. The Nurse Practitioner noticed that her skin was jaundice (yellow).

How did the staff at the SBHC support this student?



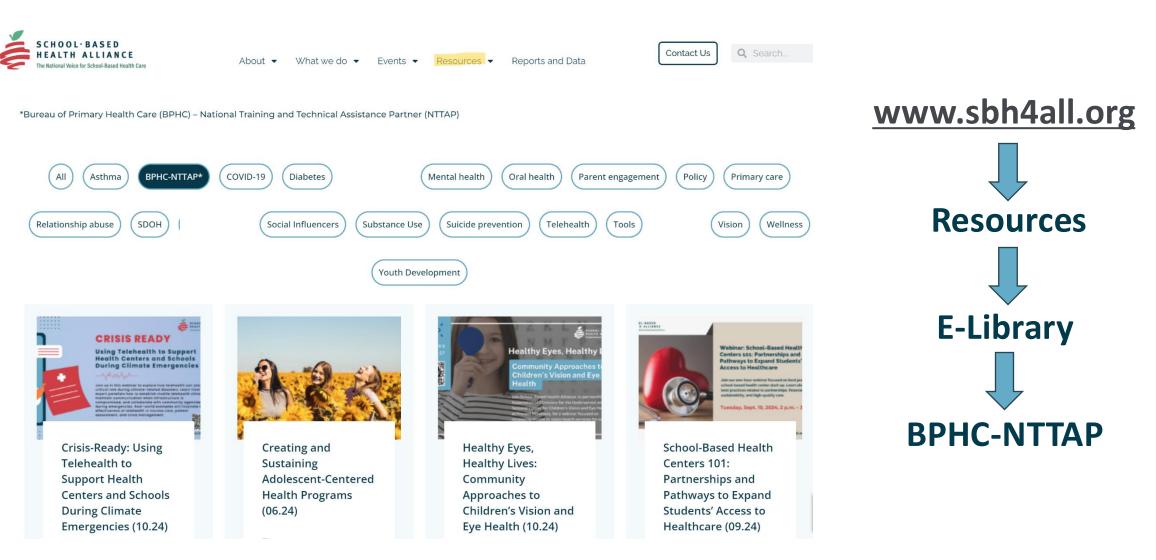
# We look forward to your feedback.

Please complete our Zoom poll.



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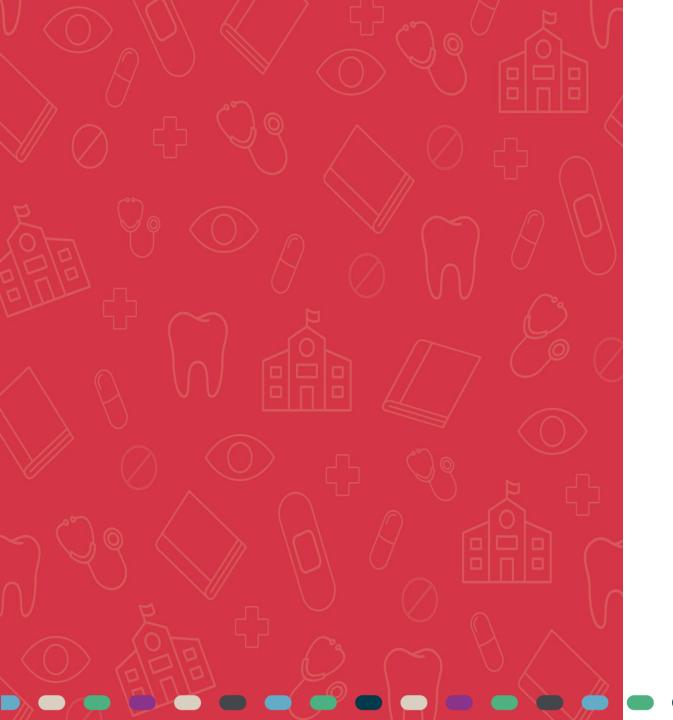


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## Thank you!