How one School-Based Health Center Network Transformed a Community by Addressing Asthma

September 10, 2015
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• School-Based Health Alliance Tools

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Poll Question

Are you familiar with the EPR-3 asthma guidelines?

1) Yes
2) No
Poll Question

Are you currently using any validated tools for your patients?

1) Yes
2) No
Poll Question

Are you working with your community partners to improve health outcomes in population health?

1) Yes
2) No
Today’s Presenters

Debra Gerson, MD

Ellette Hirschorn, RN
How One School Based Health Center Network Transformed a Community

Debra Gerson, Medical Director
Ellette Hirschorn, Director of Clinical Programs

Open Door Family Medical Centers
Presenters’ Disclosures

The presenters have no financial or conflicts of interest to disclose.
Objectives

1. Understand how a school based health center network transformed a community by addressing asthma.
2. Identify tools for asthma measurement to improve clinical outcomes.
3. Identify strategies that school based health centers and community health clinics can replicate.
Community Partners

- Hudson Valley Asthma Coalition
- American Lung Association
- Westchester Children’s Environmental Center
- Westchester County Visiting Nurse Services
- Port Chester School District
- Health Plans
- Pharmacies

- Westchester Community Opportunity Program-WestCop/Head Start Programs
- Tobacco Free Schools
- Power Against Tobacco
Open Door Family Medical Centers

- Five FQHCs in Westchester and Putnam Counties
- Six school-based health centers (Community Schools model)
- Two dental trucks
- Served 42,995 unique patients in 2014
- 216,686 visits in 2014
- 5,462 are children over five years old

- Pediatric residency program
- Family practice residency program
- Dental residency program
- ACO and Health Home
- Level 3
- Patient-Centered Medical Home
- JCAHO accredited
- Wellness Center for patients and staff
Community Snapshot

• One community health center
• Five school based health centers
• 3 day care centers
• 30% of families are between 150 – 200% below poverty level
• Free and reduced lunch rate is 69%. The county-wide rate, by contrast, is only 28% and the statewide rate is 39%.
• Lowest per capita income ($21,000) of the 44 communities in Westchester County

• 31,960 residents
  — 6,658 are children
  — 6%, under 5 years of age
  — 15%, 5-17 years of age
• 72% of the population is Hispanic
• School district officials estimate that more than 75% of Hispanic children are children of recent immigrants
Community Snapshot, continued

• Health Indicators:
  – 18% of children in the district have an asthma diagnosis
  – 36% of infants had delayed or no prenatal care
  – 6% of children are born underweight
  – 45% of children are obese or overweight

Data Sources: New York State Education Department; Open Door Family Medical Centers; Westchester County Department of Health; Westchester Children’s Association 2015 Community Snapshot.
## 2007 School Based Health Center Asthma Metrics: 2007-2008

Data Sources:
Open Door Family Medical Centers; Port Chester School District, Westchester County Sparks Data 2006-2008

<table>
<thead>
<tr>
<th>Missed School Days</th>
<th>Asthma Severity</th>
<th>% with persistent asthma on an ICS</th>
<th>Asthma Action Plan</th>
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<th>Acute Care Visits to SBHC</th>
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The Plan and Measurement Metrics

1. Reduce the number of unscheduled asthma-related visits to OD-SBHC by 50% among the elementary, middle and high school students with asthma enrolled at SBHC
2. Reduce number missed school days by 50% among elementary, middle and high school students with asthma enrolled at SBHC
3. 80% of the elementary, middle and high school students with asthma enrolled at SBHC will have documented levels of asthma severity
4. 
5. 90% of the elementary, middle and high school students with asthma enrolled at SBHC with persistent asthma will be prescribed inhaled corticosteroids
6. 100% of the elementary, middle and high school will have updated Asthma Action Plans (AAP) at the SBHC
7. Increase the number of updated AAPs in the school health offices to 75% among elementary, middle and high school students with asthma enrolled at SBHC
Tools to Improve Care
EPR-3 GUIDELINES: FOUR COMPONENTS OF CARE

Assessment and Monitoring of Asthma Severity and Control

Control of Environmental Factors and Co-Morbid Conditions that Affect Asthma

Education for a Partnership in Care

Medication
SIX PRIORITY MESSAGES

- Asthma Severity
- Asthma Control
- Inhaled Corticosteroids (ICS)
- Asthma Action Plan
- Allergen and Irritant Exposure Control
- Follow-up Visits
Care Model for Child Health

Community
Resources and Policies

Self-Management Support

Health System
Health Care Organization

Delivery System Design
Decision Support
Clinical Information Systems

Informed, Activated Patient

Prepared, Proactive Practice Team

Productive Interactions

Improved Outcomes
Care Model for Child Health

Delivery System Design

- Asthma Champion identified and integral to implementation
- Identify students with asthma - ensure adequate health records
- Collect baseline data on student attendance records, acute care visits and ED visits
- NHLB guidelines embedded in EMR
- Planned care visits at least 2x year; more as needed

Improved Outcomes
Asthma Visit Template

Patient: test, testeCW  DOB: 01/01/1999  Age: 8Y 11M  Sex: Female
Phone: 914-600-5858  Primary Insurance:
Address: 232 SEMOURD RD Apartment 4B, PORT CHESTER, NY-10573
Pcp: Thomas Yuen, MD
Encounter Date: 12/08/2007  Provider: Sam Willis, M.D.

Subjective:
Chief Complaint(s):
HPI:

Asthma
Asthma Severity before treatment  Underlying Asthma  Current Asthma Control  Asthma Control: # Acute and or ER
Visits in past 6 months: Total 0  Asthma Action Plan  Current last update.
Complete Asthma Flow Sheet.

Self-Management
Medication Compliance  Diet  Exercise  Goal  Self Management: --

Current Medication:
Medical History:

• Chronic headaches for past 3 years
Allergies/Intolerance:
Surgical History:
Hospitalization:
Family History:

Current Asthma Control
Asthma Control:
- Well Controlled.
- Not Well Controlled.
- Very Poorly Controlled.
Improvement Tools

Asthma Flow-sheet
- Diagnosed (year)
- Asthma Severity
- Asthma Control
- Acute or ER Visits
- Asthma Action Plan
- Peak Flow
- Best Peak Flow
- Percent of Best PF
- Old Asthma Action Plan
- Education Inhaler
- Triggers Assessment
- Asthma Video
- Flu Shot Baby
- Flu Shot Child
- Advocate Visit
Clinical training on NHLB guidelines for providers
Assess asthma severity yearly
Asthma control assessed every visit
OD and school nurse assess students to determine who is using pre-exercise meds and children who are appropriate taught about carrying and self-administration
Childhood Asthma Control Test for children 4 to 11 years old.

Know the score.
This test will provide a score that may help your doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

How to take the Childhood Asthma Control Test
Step 1 Let your child respond to the first four questions (1 to 4). If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining three questions (5 to 7) on your own and without letting your child's response influence your answers. There are no right or wrong answers.
Step 2 Write the number of each answer in the score box provided.
Step 3 Add up each score box for the total.
Step 4 Take the test to the doctor to talk about your child's total score.

Have your child complete these questions.

1. How is your asthma today?
   - Very bad
   - Bad
   - Good
   - Very good

2. How much of a problem is your asthma when you run, exercise or play sports?
   - It's a big problem, I can't do what I want to do.
   - It's a problem and I don't like it.
   - It's a little problem but it's okay.
   - It's not a problem.

3. Do you cough because of your asthma?
   - Yes, all of the time.
   - Yes, most of the time.
   - Yes, some of the time.
   - No, none of the time.

4. Do you wake up during the night because of your asthma?
   - Yes, all of the time.
   - Yes, most of the time.
   - Yes, some of the time.
   - No, none of the time.

Please complete the following questions on your own.

5. During the last 4 weeks, on average, how many days per month did your child have any daytime asthma symptoms?
   - Not at all
   - 1-3 days/mo
   - 4-10 days/mo
   - 11-18 days/mo
   - 19-24 days/mo
   - Everyday

6. During the last 4 weeks, on average, how many days per month did your child have any nighttime asthma symptoms?
   - Not at all
   - 1-3 days/mo
   - 4-10 days/mo
   - 11-18 days/mo
   - 19-24 days/mo
   - Everyday

7. During the last 4 weeks, on average, how many days per month did your child wake up during the night because of asthma?
   - Not at all
   - 1-3 days/mo
   - 4-10 days/mo
   - 11-18 days/mo
   - 19-24 days/mo
   - Everyday

Please turn this page over to see what your child's total score means.
<table>
<thead>
<tr>
<th>Name</th>
<th>Strength</th>
<th>Take</th>
<th>Freq</th>
<th>Duration</th>
<th>Refills</th>
<th>Route</th>
<th>Formulation</th>
<th>Dispense</th>
<th>Del</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuterol</td>
<td>CFC-free 90 mcg/inhalation</td>
<td>2 puffs</td>
<td>every 6 hours as needed for asthma symptoms</td>
<td>30 days</td>
<td>5</td>
<td>inhaled orally</td>
<td>Aerosol</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ProAir HFA</td>
<td>CFC-free 90 mcg/inhalation</td>
<td>2 puffs</td>
<td>every 6 hours as needed for asthma symptoms</td>
<td>30 days</td>
<td>5</td>
<td>inhaled orally</td>
<td>aerosol with adapter</td>
<td>1</td>
<td></td>
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<tr>
<td>Ventolin HFA</td>
<td>CFC-free 90 mcg/inhalation</td>
<td>2 puffs</td>
<td>every 6 hours as needed for asthma symptoms</td>
<td>30 days</td>
<td>5</td>
<td>inhaled orally</td>
<td>aerosol with adapter</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Proventil HFA</td>
<td>CFC-free 90 mcg/inhalation</td>
<td>2 puffs</td>
<td>every 6 hours as needed for asthma symptoms</td>
<td>30 days</td>
<td>5</td>
<td>inhaled orally</td>
<td>aerosol with adapter</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Albuterol</td>
<td>0.083%</td>
<td>3 ml</td>
<td>every 6 hours as needed for asthma symptoms</td>
<td>30 days</td>
<td>5</td>
<td>inhaled orally</td>
<td>solution for nebulization</td>
<td>25</td>
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<tr>
<td>Flovent HFA</td>
<td>CFC-free 44 mcg/inhalation</td>
<td>2 puffs</td>
<td>2 times a day</td>
<td>30 days</td>
<td>5</td>
<td>inhaled orally</td>
<td>aerosol with adapter</td>
<td>1</td>
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<tr>
<td>Flovent HFA</td>
<td>CFC-free 110 mcg/inhalation</td>
<td>2 puffs</td>
<td>2 times a day</td>
<td>30 days</td>
<td>5</td>
<td>inhaled orally</td>
<td>aerosol with adapter</td>
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<td>Flovent HFA</td>
<td>CF-free 220 mcg/inhalation</td>
<td>1 puff</td>
<td>2 times a day</td>
<td>30 days</td>
<td>5</td>
<td>inhaled orally</td>
<td>aerosol with adapter</td>
<td>1</td>
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<tr>
<td>Pulmicort Respules</td>
<td>0.25 mg/2 mL</td>
<td>2 mL</td>
<td>2 times a day</td>
<td>30 days</td>
<td>5</td>
<td>inhaled orally</td>
<td>suspension for nebulization</td>
<td>60</td>
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<td>Pulmicort Respules</td>
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<td>2 mL</td>
<td>2 times a day</td>
<td>30 days</td>
<td>5</td>
<td>inhaled orally</td>
<td>suspension for nebulization</td>
<td>60</td>
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</tr>
<tr>
<td>Pulmicort Respules</td>
<td>1 mg/2 mL</td>
<td>2 mL</td>
<td>2 times a day</td>
<td>30 days</td>
<td>5</td>
<td>inhaled orally</td>
<td>suspension for nebulization</td>
<td>30</td>
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<tr>
<td>Description</td>
<td>Dose</td>
<td>Delete</td>
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<td></td>
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<tr>
<td>Orapred sodium phosphate 15 mg/5 mL</td>
<td>as directed</td>
<td>orally</td>
<td>liquid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Prednisone 20 mg</td>
<td>as directed</td>
<td>orally</td>
<td>tablet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Labs**
- ALLERGY PROFILE
- Spirometry - Midmark
- NEB/MDI RX INITIAL
- Asthma Action Plan

**Immunizations**

**Smart Forms**
- Asthma
- Tobacco Control

**Appointments**
- Next available with Patient Advocate
- 1 day for asthma exacerbation follow-up
- 2 days for asthma exacerbation follow-up
- 3 days for asthma exacerbation follow-up
- 1 week for asthma exacerbation follow-up
- Asthma stable/controlled. Follow-up when needed.
- Asthma stable/controlled. Follow-up in 6 months.

**Physician Education**

**Patient Education**

- [http://familydoctor.org/online/famdoces/home/com](http://familydoctor.org/online/famdoces/home/com)
<table>
<thead>
<tr>
<th>Health Measure</th>
<th>Goal</th>
<th>2nd Qtr 2014</th>
<th>2nd Qtr 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with A1c &lt;7</td>
<td>58%</td>
<td>48%</td>
<td>49%</td>
</tr>
<tr>
<td>% with A1c &gt;9</td>
<td>&lt;15</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>% with LDL in past 1 year</td>
<td>85%</td>
<td>80%</td>
<td>77%</td>
</tr>
<tr>
<td>% with LDL &lt;100</td>
<td>58%</td>
<td>54%</td>
<td>41%</td>
</tr>
<tr>
<td>% with Microalbumin in past 1 year</td>
<td>37%</td>
<td>78%</td>
<td>75%</td>
</tr>
<tr>
<td>Hypertension controlled &lt;140/90</td>
<td>61%</td>
<td>68%</td>
<td>69%</td>
</tr>
<tr>
<td>% with Pap in last 3 years</td>
<td>93%</td>
<td>75%</td>
<td>66%</td>
</tr>
<tr>
<td>% with Mammogram in last 2 years</td>
<td>81%</td>
<td>64%</td>
<td>58%</td>
</tr>
<tr>
<td>% with Colon Cancer Screening</td>
<td>70%</td>
<td>29%</td>
<td>34%</td>
</tr>
<tr>
<td>% with Depression Screening</td>
<td>2%</td>
<td>40%</td>
<td>45%</td>
</tr>
<tr>
<td>% with Asthma Severity Assessed</td>
<td>50%</td>
<td>74%</td>
<td>58%</td>
</tr>
<tr>
<td>% persistent asthma patients on a current control medication</td>
<td>90%</td>
<td>74%</td>
<td>69%</td>
</tr>
<tr>
<td>% patients &gt;13 assessed for smoking in past year</td>
<td>68%</td>
<td>85%</td>
<td>71%</td>
</tr>
<tr>
<td>% of smokers with intervention</td>
<td>21%</td>
<td>89%</td>
<td>88%</td>
</tr>
<tr>
<td>% Adults &gt;65 with a Pneumovax</td>
<td>90%</td>
<td>71%</td>
<td>65%</td>
</tr>
<tr>
<td>% Adults With a Tdap in 10 years</td>
<td>80%</td>
<td>41%</td>
<td>49%</td>
</tr>
<tr>
<td>% Adolescents UTD with 3 HPV, 1 Tdap, and 2 varicella 15 y/o</td>
<td>50%</td>
<td>53%</td>
<td>56%</td>
</tr>
<tr>
<td>% 2 years olds UTD with Imms No Flu and 1 HepA</td>
<td>80%</td>
<td>93%</td>
<td>88%</td>
</tr>
<tr>
<td>% with Child weight assessment and counseling</td>
<td>15%</td>
<td>56%</td>
<td>64%</td>
</tr>
<tr>
<td>% with Adult weight assessment and counseling</td>
<td>31%</td>
<td>55%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Goals are from Healthy People 2020
Asthma registry developed and maintained to track patient visits
Yearly Spirometry
Students who present to the SBHC with respiratory-related symptoms are assessed by the nurse. Control levels and medication management are reassessed.
Patients get a reminder phone call prior to each planned care visit and all "no show" appointments are tracked and patients are recalled.
Partnering with community organizations for to build a healthy community!

- Not-on-Tobacco Adolescent Smoking Cessation Program. Tobacco free parks and recreation areas, no idling policies.
- Asthma Friendly Schools Initiative
- Day Care Programs
- Pharmacy’s
- Health Plans
- Visiting Nurses
- ALA
Seven Steps to Creating an Asthma Friendly School

1. Identify students with asthma.
2. Allow students to carry inhalers
3. Create a school-wide protocol for handling asthma
4. Identify and reduce common triggers
5. Educate school nurses, coaches, students and staff about pre-medications and participating in sports
6. Educate entire school personnel about asthma
7. Collaborate amongst families, health care providers and school personnel
Rescue Inhalers

- New York law allows students to self-carry their rescue asthma inhaler and severe allergy medication at school
- The law also provides for the storage of backup medication at school
- For students who do not self-carry their asthma medication, it is still vital that they have access to their rescue medication at all times, including off-campus sporting events and field trips
School-Wide Protocol

Protocol for Responding to an Asthma Episode

If a student is coughing, wheezing, is short of breath, or has chest tightness:

1. Help child to sit upright: speak calmly and reassuringly

2. Follow the individualized asthma action plan for use of quick-relief inhaler

3. If quick-relief inhaler is not available, call school nurse or designated staff member to come and assess the student.

4. Get emergency help from nurse or designated staff if student has any of these:
   - Inhaler not helping
   - Breathing hard and fast
   - Nostrils open wide
   - Can’t walk or talk well

Designated staff
Name __________ Room # ____ Phone _______
Name __________ Room # ____ Phone _______

CALL 911

If not breathing, unconscious, lips are blue, struggling to breathe (hunched over or ribs show) or other signs of distress

Notify parent or guardian.
Helping you Breathe with Ease

This guide will help you find and remove irritants in your home that can trigger asthma, allergies and other health conditions.

WHAT’S INSIDE:

- Cleaning the Air in Your Home
- How to Remove Asthma Triggers From Your Home
- How to Identify an Asthma Attack
- Recipes for GREEN (Non-Toxic) Cleaning Methods

Open Door
FAMILY MEDICAL CENTERS
### Port Chester School Based Health Centers

#### Asthma Metrics:

2007-2008 vs. 2014

<table>
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<tr>
<td>2014</td>
<td>28</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
<td>100%</td>
<td>23</td>
<td>S= less than 5-10=Too low to count</td>
</tr>
</tbody>
</table>

Data Source: Open Door Family Medical Centers, Port Chester School District, Westchester County age 0-17 ED visit data 2010-2012 SPARCS data as of Nov 2013
Spreading the Love
Day Care Centers

AN ORGANIZATIONAL APPROACH TO CARING FOR CHILDREN WITH ASTHMA AGES 3-5 AT THE HEAD START PROGRAMS IN PORT CHESTER WHO ARE PATIENTS OF OPEN DOOR FAMILY MEDICAL CENTERS WAS IMPLEMENTED USING THE CHRONIC CARE MODEL.
Port Chester Head Start Programs

1. Screening with Brief Respiratory Questionnaire (BRQ)
2. Referral to Open Door
3. Education of parents and staff
4. Decrease acute care visits
5. Decrease missed school days
6. Decrease hospitalizations
1. In the past 12 months, has your child experienced wheezing or whistling in the chest, or a cough that lasted more than a week?
2. In the past 12 months, how many times did your child experience wheezing or whistling in the chest, or a cough that lasted more than a week?
3. In the past 12 months, how many nights did your child have trouble sleeping because of wheezing or whistling in the chest, or a cough that lasted more than a week?
4. I am going to read you the names of some health conditions. For each one, please tell me if a doctor, medical care provider, or clinic ever used that name to describe your child’s condition:
   * Asthma, RAD (Reactive Airway Disease), Bronchitis or bronchiolitis, Asthmatic or Wheezy Bronchitis or wheezing
5. In the past 12 months, has a doctor, medical provider or clinic prescribed any medicine, inhaler, nebulizer, or breathing machine treatments for any of these conditions, that is for asthma, reactive airway disease, bronchitis or bronchiolitis, asthmatic or wheezy bronchitis, or wheezing?
6. In the past 12 months, how many times did your child have an emergency visit to a doctor, clinic or an emergency room for asthma, wheezing, cough, chest tightness, or shortness of breath?
7. In the past 12 months, how many times did your child have to stay overnight in the hospital for asthma wheezing, cough, chest tightness, or shortness of breath?
8. Is your child currently under the care of a doctor, nurse, or clinic for asthma, wheezing, cough, chest tightness, or shortness of breath?
HEAD START ASTHMA OUTCOMES 2010 VS 2014

- **PATIENTS**
  - **PRE-PROJECT 2010**: 48
  - **SINCE PROJECT 2014**: 48

- **CONTROL**
  - **PRE-PROJECT 2010**: 0
  - **SINCE PROJECT 2014**: 0

- **HOSPITALIZATION**
  - **PRE-PROJECT 2010**: 37
  - **SINCE PROJECT 2014**: 257

- **ACUTE CARE VISITS TO FQHC**
  - **PRE-PROJECT 2010**: 8
  - **SINCE PROJECT 2014**: 8
Links

• EPR-3 National Heart, Lung and Blood Institute Guidelines
  www.nhlbi.nih.gov/guidelines/asthma/

• Asthma Friendly Schools Initiative – American Lung Association
Contacts

Ellette Hirschorn: ehirschorn@odfmc.org

Deb Gerson: dgerson@odfmc.org

Jacque Rubino: jrubino@lungne.org
Questions?

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