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?
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
Inputs

- Data quality
- Strong partnerships

Activities/Implementation

- Culturally sensitive and equitable services

Outputs

- Equity in screening and referral practices
- Equity in student health care access
- Student/family satisfaction

Outcomes (Short, Medium, Long Term)

- Sustained health care access
- Student health outcomes
- Student academic outcomes

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Public Health
Seattle & King County
Inputs

- Data quality
- Strong partnerships

Activities/Implementation

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Outcomes (Short, Medium, Long Term)

- Student academic outcomes
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Inputs

Data quality

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Culturally sensitive and equitable services

Outputs

Equity in screening and referral practices

Equity in student health care access

Outcomes (Short, Medium, Long Term)

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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
Inputs

Data quality

Activities/Implementation

Culturally sensitive and equitable services

Outputs

Equity in screening and referral practices

Outcomes (Short, Medium, Long Term)

Equity in student health care access

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Activities/Implementation

Culturally sensitive and equitable services

Interviews with providers (n=17)
- Questions about equity in service delivery
- Natalie Beauregard, 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.

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Public Health
Seattle & King County
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.
Inputs

Data quality

Activities/Implementation

Culturally sensitive and equitable services

Outputs

Equity in screening and referral practices

Equity in student health care access

Outcomes (Short, Medium, Long Term)

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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

- Every visit: 2.80%
- Once a month: 8.50%
- Once a year: 26.80%
- Only on first visit: 15.50%
- Not Sure: 11.30%
- Other: 9.90%
• 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
Inputs

Activities/Implementation

Outputs

Outcomes (Short, Medium, Long Term)

Equity in student health care access

Student/family satisfaction

Sustained health care access

Student health outcomes

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

<table>
<thead>
<tr>
<th>Sex</th>
<th>N (total=19,269)</th>
<th>%</th>
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<tbody>
<tr>
<td>Female</td>
<td>10,648</td>
<td>55.3</td>
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<tr>
<td>Male</td>
<td>8,573</td>
<td>44.5</td>
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<tr>
<td>Unknown/Other</td>
<td>48</td>
<td>0.2</td>
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</table>

#### All visits, 2017-2021

<table>
<thead>
<tr>
<th>Sex</th>
<th>N (total = 155,657)</th>
<th>%</th>
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<tbody>
<tr>
<td>Female</td>
<td>102,502</td>
<td>65.9</td>
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<tr>
<td>Male</td>
<td>49,879</td>
<td>32.0</td>
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<tr>
<td>Unknown/Other</td>
<td>402</td>
<td>0.25</td>
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</table>
### SBHC visits by time

<table>
<thead>
<tr>
<th>School year</th>
<th>Total encounters (n)</th>
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<tbody>
<tr>
<td>2017-18</td>
<td>41,453</td>
</tr>
<tr>
<td>2018-19</td>
<td>51,866</td>
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<tr>
<td>2019-20</td>
<td>33,056</td>
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<tr>
<td>2020-21</td>
<td>27,417</td>
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</table>

<table>
<thead>
<tr>
<th>School year</th>
<th>Individuals served (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td>7,902</td>
</tr>
<tr>
<td>2018-19</td>
<td>9,259</td>
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<tr>
<td>2019-20</td>
<td>7,509</td>
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<tr>
<td>2020-21</td>
<td>6,199</td>
</tr>
</tbody>
</table>
Most common health domains addressed per ICD-10 codes (2017-2021, all SBHC visits)

- Behavioral and Mental Health: 47.6%
- Socioeconomic and Family Circumstances: 17.9%
- Preventive Examination and Health Screening: 14.0%
- Reproductive and Sexual Health: 11.7%
- Immunization: 10.0%
- Other: 9.6%
- Education, Literacy, and Neurodevelopment: 8.4%
Most common services provided per CPT codes (2017-2021, all SBHC visits)

- Problem-focused visit: 55.4%
- Psychiatric Assessments and Therapies: 41.1%
- Well-child visit or sports physical: 28.4%
- Preventive medical counseling: 5.7%
- Point-of-care testing: 5.3%
- Group or Family Psychotherapy: 5.2%
- Vaccine administration: 4.7%
Next Steps
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