Exploring School-Based Health Centers in a Rural State: Research and Advocacy in Action

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Objectives

1. Describe the current landscape and key characteristics of SBHCs in Vermont, based on findings from an exploratory study
2. Discuss lessons learned from combining research and digital media to advance understanding and support of SBHCs

History of Vermont SBHCs

- Health HUB
- Burlington Public Schools
- Winooski

JOINT PROGRAM: COUNCIL ON CHILD ABUSE AND NEGLECT AND SECTION ON MINORITY HEALTH, EQUITY, AND INCLUSION | MARCH 01 2021

Establishing A School-Based Health Center For An Underserved Community In Vermont: Collaboration Between Pediatric Residents, School Nurse, And The Community. 🛒

Anna Zuckerman, MD; Vivian Pauley, MD; Elizabeth Parris, BSN, RN, NCSN

Pediatrics (2021) 147 (3_MeetingAbstract): 215–216.
https://doi.org/10.1542/peds.147.3MA3.215

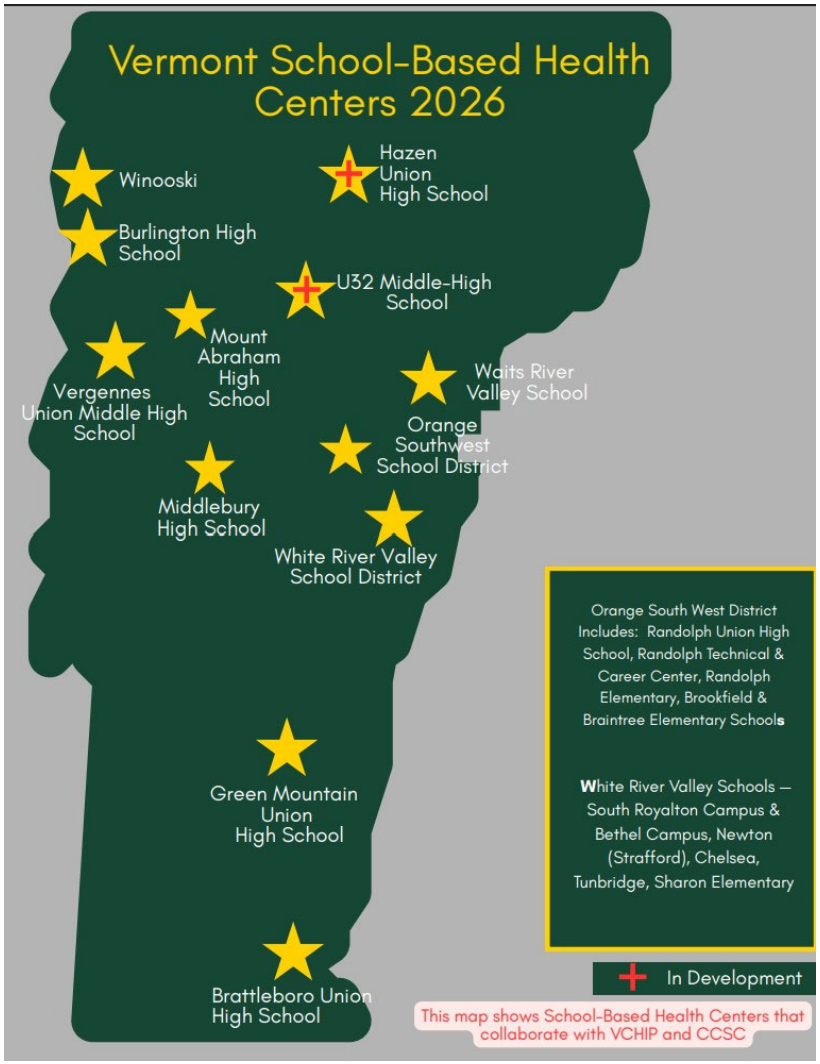
Frank Lamson, co-founder and board president of HealthHUB, introduces "Rosie," a 42-foot mobile dental clinic, Tuesday morning in the Royalton municipal offices parking lot. Photo courtesy of Maryellen Apelquist for the White River Valley Herald

This story by Maryellen Apelquist was first published in the White River Valley Herald on Aug. 28.

What do SBHCs look like in Vermont?

- 2024 survey showed 23 schools have access to a SBHC in Vermont.[1]
- Types of care provided at SBHCs in VT vary:
  - Pediatric primary care
  - Dental care
  - Physical therapy
- SBHCs in VT work in partnership with students' medical homes or primary care providers.
- VT SBHCs operate part-time

1. Vermont Department of Health, 2024, unpublished data.



Vermont SBHC Strengths

Flexibility and community-based design

Vermont SBHCs often operate part-time and adapt to local needs

This "grassroots" model allows customization for each community

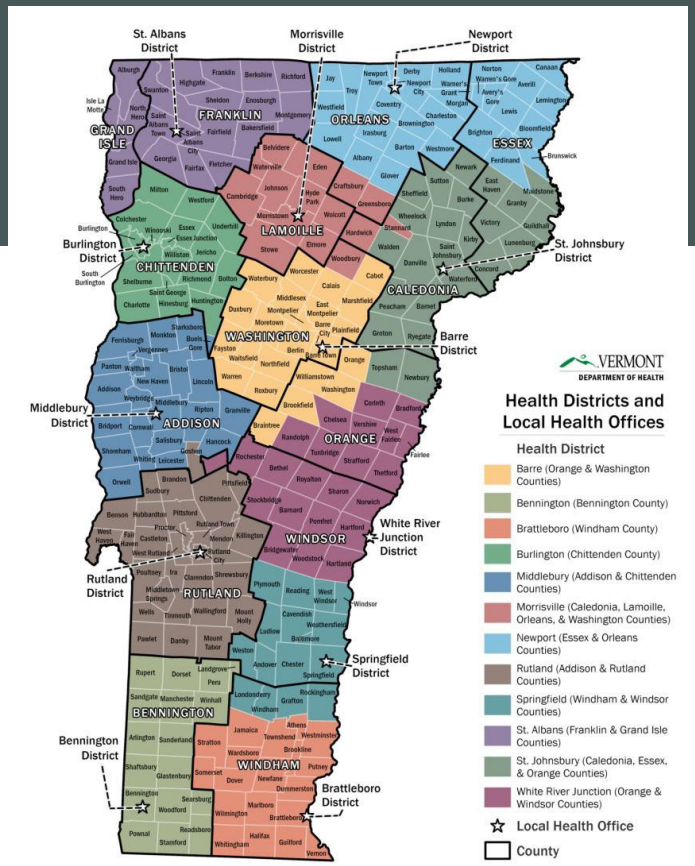
Strong collaboration with community providers

Vermont SBHCs are usually run in partnership with local hospitals, FQHCs, or practices

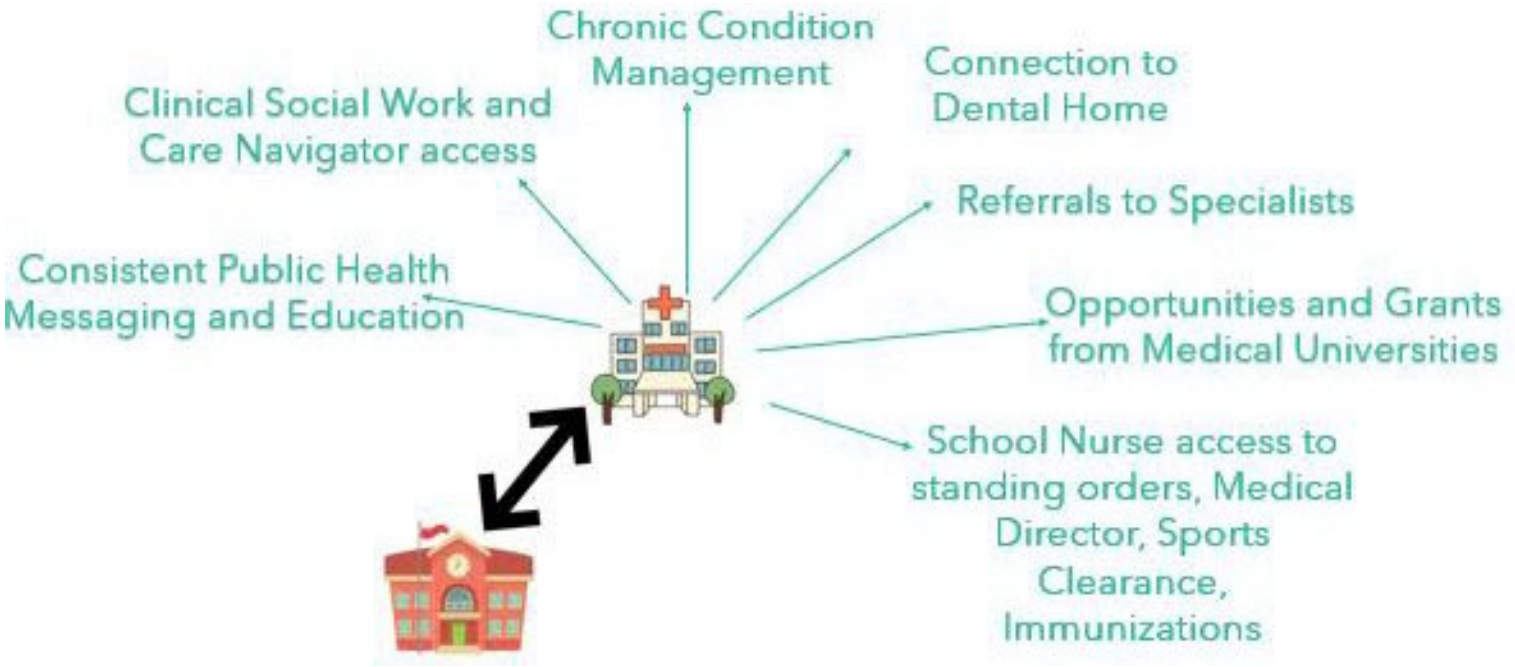
They coordinate with a student's primary care provider rather than replacing them

Vermont SBHC Strengths: Department of Health School Liaisons

- One in each of 12 Local Health Offices around the state
- Each School Liaison has caseload of schools they support and update SBHC data assessment annually.
- Facilitate connection with local provider offices, school medical and dental clinics
- Share public health initiatives, school wellness opportunities, interdistrict peer sharing
- Support schools in their Wellness Committees, Student Wellness Goals



SHBC's Expand Schools Network of Health Access and Resources



Vermont SBHC Peer Collaborative

Quarterly calls

- Started with providers involved in SBHCs
- Expanded to include School Liaisons and other school partners engaged with the SBHC work or acting as champions.
- University of Vermont and Vermont Child Health Improvement Program Partners
- Share information, experiences

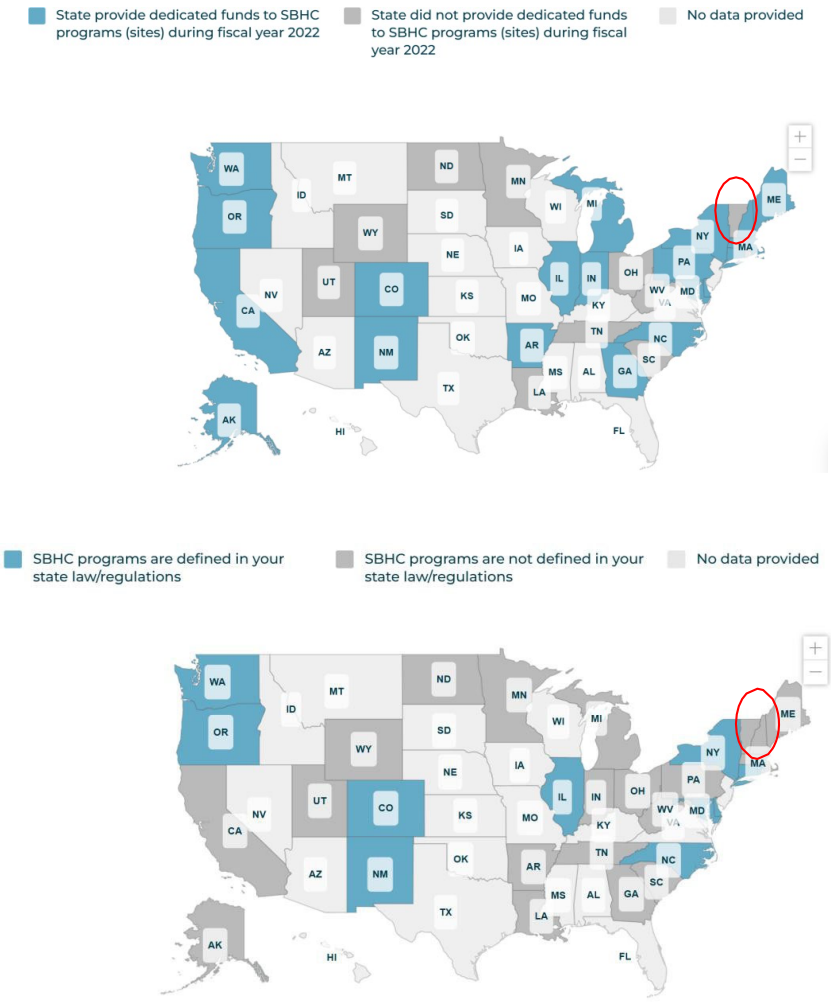
Planning Group

Vermont SBHC Challenges

Barriers to Healthcare for Vermont Youth

- **Rural geography:** Long travel distances limit access to providers and cause additional transportation-related stressors for Vermont youth and their families.
- **Rising mental health needs:** Anxiety, depression, and behavioral health concerns have surged among school-aged youth
- **Economic disparities:** Even with insurance coverage, costs and logistical challenges prevent consistent care.

Lack of State Funding & Policy



Source: School-Based Health Alliance. (2023). *State policy maps*. https://www.sbh4all.org/federal-policy-and-advocacy/state-policy-maps/

Vermont SBHC Study

- **Participants:** Six Vermont SBHCs (16 schools total)
- **Data:** Spring 2025, information collected over two weeks to assess various factors associated with the use of SBHCs by students.
  - Reasons for visits
  - Student outcomes (sent home versus stayed at school)
  - Educational time saved.

School-Based Health Alliance: "Seat Time Tool"

Appendix A. Sample Seat Time Data Collection Log

SBHC Name:		School Name:	
School Start Time:		School End Time:	

Notes: 1) Please be sure to list school start/end times above and not the SBHC hours. These times will be used in seat time saved calculations. 2) For Time In/Time Out fields below, please use a 24 hour clock, if possible (i.e., 1:00 pm = 13:00).

Date	Staff Initials	Time In	Reason for Visit	Time Out	Where Did Client Go After Visit?
			☐ Allergy related ☐ Asthma related ☐ Cold/flu/cough/ sore throat ☐ Crisis intervention ☐ Injury ☐ Immunizations ☐ Pain (stomach, head, tooth ache, etc.) ☐ Skin/rash ☐ Sports physical ☐ Well exam ☐ Other:		☐ Sent back to class (or lunch/ recess) ☐ Sent home (during school day) ☐ Other (e.g., emergency room) ☐ Not applicable (e.g., client is an adult/community member)
			☐ Allergy related ☐ Asthma related ☐ Cold/flu/cough/ sore throat ☐ Crisis intervention ☐ Injury ☐ Immunizations ☐ Pain (stomach, head, tooth ache, etc.) ☐ Skin/rash ☐ Sports physical ☐ Well exam ☐ Other:		☐ Sent back to class (or lunch/ recess) ☐ Sent home (during school day) ☐ Other (e.g., emergency room) ☐ Not applicable (e.g., client is an adult/community member)
			☐ Allergy related ☐ Asthma related ☐ Pain (stomach, head, tooth ache, etc.)		☐ Sent back to class (or lunch/ recess) ☐ Sent home (during school day)

SBHA Seat Time Log

t Name:	Kathleen Bryant	Primary Contact Email:	kbryant@giffordhealthcare.org
	Gifford SBHCs	School Name:	RES, RUHS, Braintree, Brookfield
me:	8:00 AM	School End Time:	2:00 PM

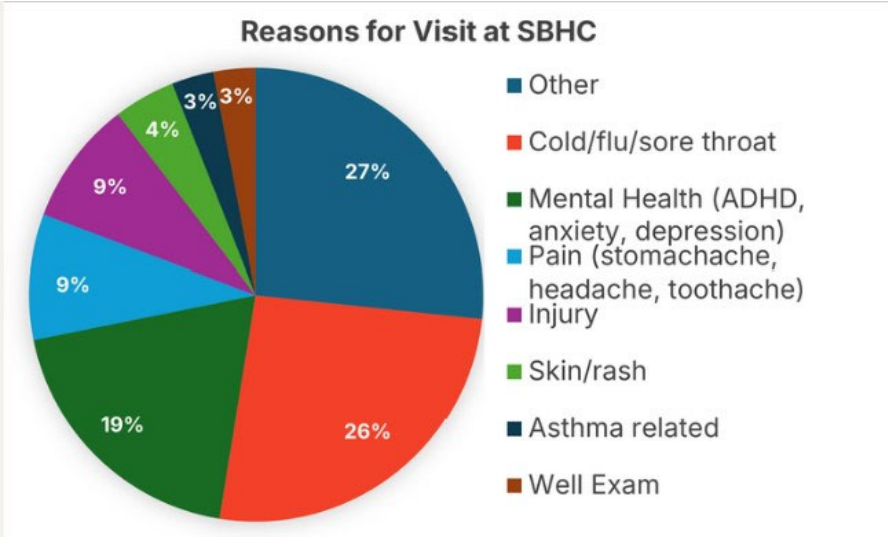
be sure to list school start/end times above and not the SBHC hours. These times will be used in seat time saved calculations.

ime Out fields below, please use a 24 hour clock, if possible (i.e., 1:00 pm = 13:00).

Staff Initials	Time In	Reason for Visit	If other visit reason, please specify:	Time Out	Where Did Client Go After Visit?
KB	8:00	Cold/flu/cough/sore throat		8:20	Sent back to class (or lunch/ recess)

Health Outcomes

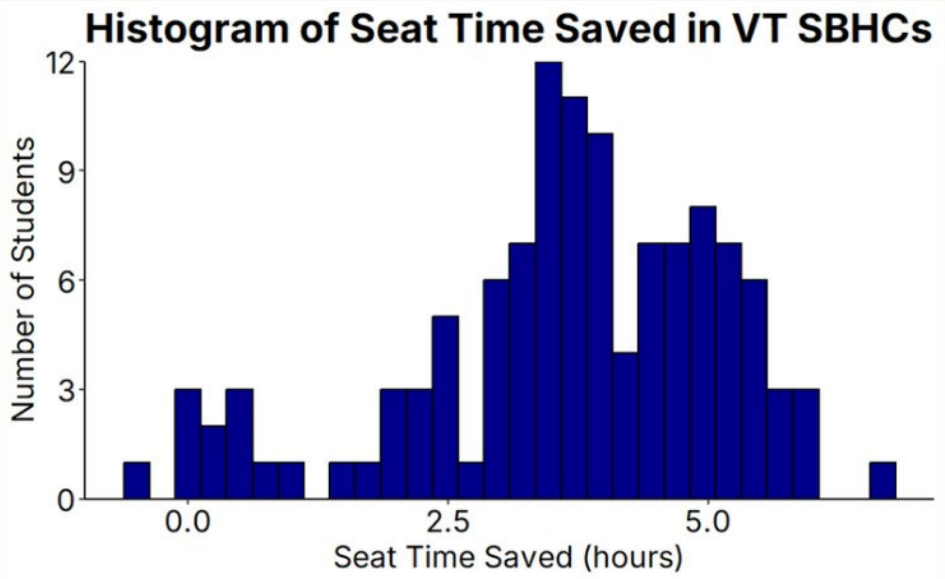
- 134 Patient Interactions
- “Other” reasons
  - Reproductive health
  - Eye Exams
  - Physical Therapy



Educational Outcomes

- 86.7 % Returned to class
- 12.6% Sent home

Instructional Time Saved



- Of 117 students sent back to class, mean classroom instruction time saved was **3.67 hours*** (SD= 1.5 hours)

Conclusions of Data Collection

- In Vermont, SBHCs primarily address **acute illnesses and mental health concerns**, while also offering a wide range of services—from physical therapy to well-child and eye exams.
- **Most students return to class after their visit**, reducing time away from school and minimizing disruptions for caregivers who might otherwise need to miss work.
- An average of **3.67 hours** in instructional time was saved for students who used their school-based health center and were sent back to class/recess afterward.
- **Even part-time models can improve student health and well-being**

Conclusions of Data Collection

- **Youth Mental Health** is an important aspect of Vermont SBHCs
  - Need for more integration of behavioral health and counseling
- SBHCs can serve as an important **low-cost element of care**
- Need for more **consistent data collection**

Telling the Vermont Story

Creating the video

- Story Board
- Ethnographer
- Stakeholder Engagement

CCSC
CATAMOUNT COMMUNITY SCHOOLS COLLABORATIVE
University of Vermont

Telling the Vermont Story

https://vimeo.com/1143224588/f898ee24fe?share=copy&fl=sv&fe=ci

Sharing the Video

- SBHC Peer Collaborative Call
- Creating Websites
- Vermont Principals Association
- Vermont State School Nurses Association
- Healthcare/FQHC Social Media

From Data to Advocacy

Policy implications

Cross-sector partnerships

Opportunities for enhancing SBHCs statewide

Policy Recommendations

Establish

Sustainable Funding

- Create dedicated state funding streams for SBHC operations
- Provide multi-year funding commitments to ensure stability

Expand

Access

- Prioritize SBHC expansion in underserved and rural areas
- Support mobile or hybrid models for smaller schools
- Expand telehealth capabilities to supplement in-person services

Strengthen

Mental Health Services

- Behavioral health staffing
- Integrate SBHCs into statewide mental health strategies

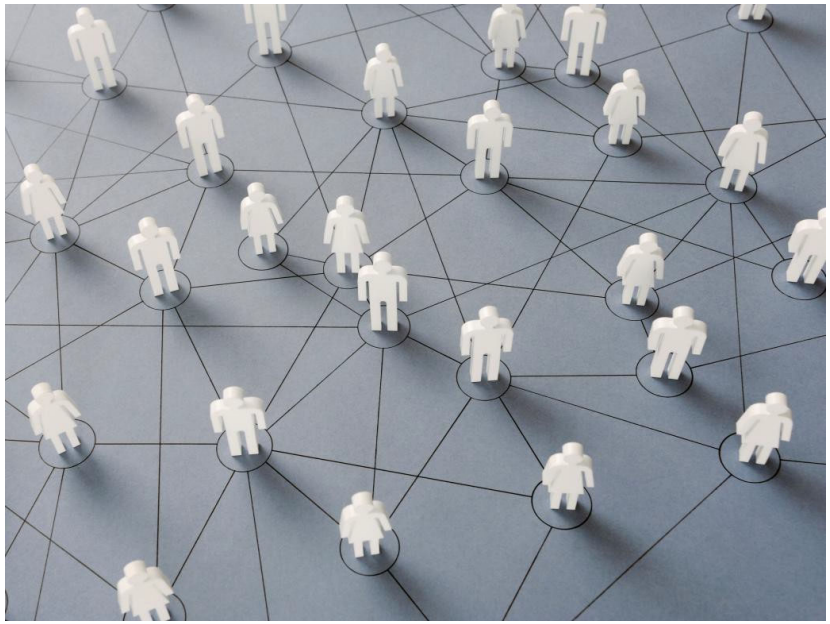
Improve

Data and Evaluation

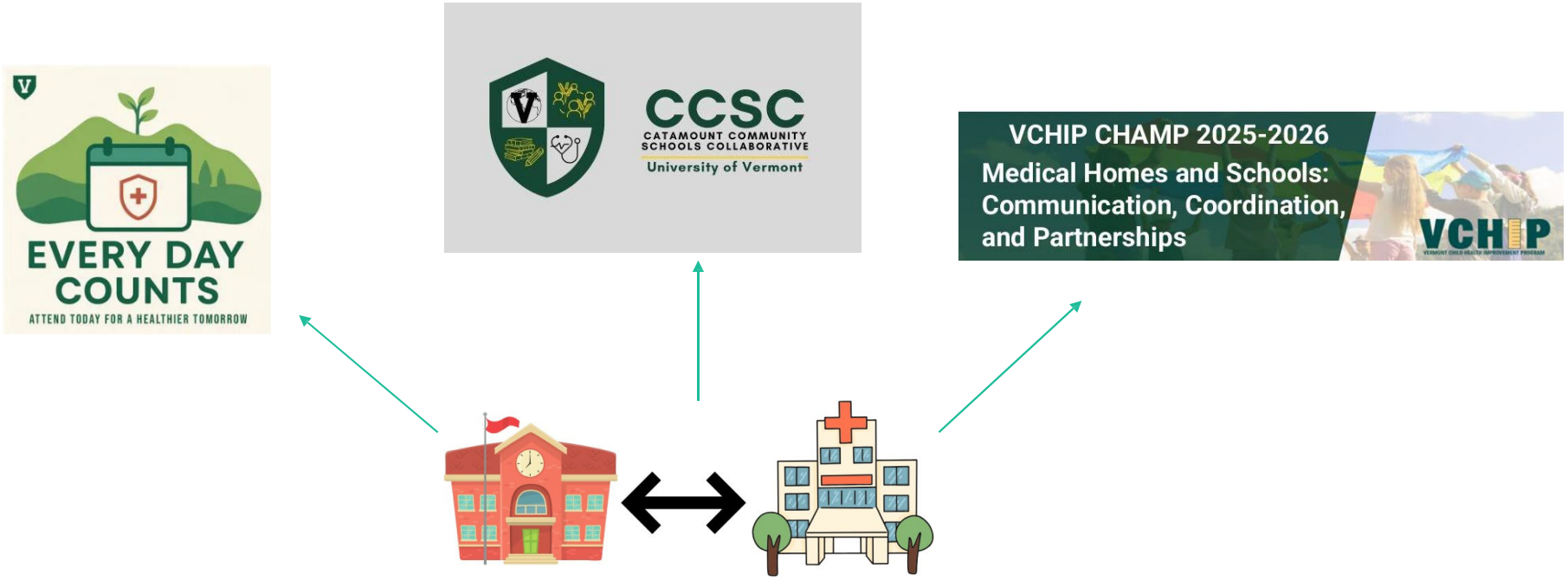
- Standardize SBHC data collection leveraging existing state-wide data surveillance, including the School Health Profiles (administered by the Vermont Department of Health) and the Annual MTSS Survey (administered by the Vermont Agency of Education)
- Use data to guide policy decisions and resource allocation
- Support continuous quality improvement initiatives

Cross Sector Partnerships

- **Local Level:** SBHC providers and school staff invest time on individual student health/educational outcomes
- **Larger Health Ecosystems:** School/Provider Unit participates in statewide initiatives
  - Every Day Counts
  - Community Schools
  - VCHIP Medical Homes and Schools 2025/2026 Project
- **State-Level Investments:** Vermont makes intentional investments in child health and gathers input from local level stakeholders

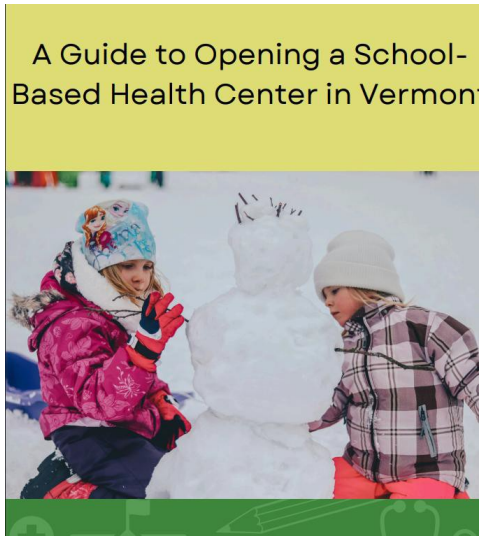


SBHC/School Teams participate collaboratively in statewide initiatives



Enhancing SBHCs Statewide

- Assessing school capacity
- SBHCs are a supportive intervention
- Data collection of current sites identifies strengths and gaps
- SBHC peer mentorships evolve through statewide groups
- Site visits and technical assistance are beneficial and could be expanded



https://www.uvm.edu/d10-files/documents/2025-02/VCHIP_Youth_guide-open-school-based-health-centers.pdf

Theme 1: Data Collection, Evaluation and Evidence

How have people with small teams and limited resources been able to capture meaningful data?

If you are doing data collection in your SBHC, what is the most relevant piece of data that you collected?

What additional data would you want collected in a future SBHC study?

What data or stories are most persuasive in SBHC advocacy?

Theme 2: Storytelling, Advocacy and Funding

Have others had successes with storytelling about SBHC efforts?

Has anyone else built coalitions at state-level in support of SBHC funding and infrastructure?

What data or stores are most persuasive in SBHC advocacy?

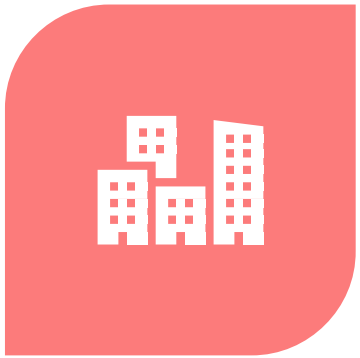
Theme 3: Systems Integration & Community Partnerships

How have others integrated their SBHC work into bigger ecosystems/project?

Who was your biggest community asset in strengthening your rural SBHC?

What is one action needed to strengthen SBHCs in rural communities?

Theme 4: Rural Models, Scale and Lessons Learned



HOW DO YOU SEE DIFFERENCES IN LARGE VS. SMALL SYSTEMS/ URBAN VS. RURAL?

WHAT ASPECTS OF VERMONT'S SBHC MODEL STOOD OUT TO YOU MOST TODAY?

WHAT IS ONE ACTION NEEDED TO STRENGTHEN SBHCS IN RURAL COMMUNITIES?

Next Steps

- More robust data collection on SBHCs is needed https://mthf.org/resource/sbhc-landscape-analysis/
- Improve visibility of SBHCs and make start-up accessible
- Unify stakeholders to identify statewide goals and priorities for policy change

Vermont Resources:

University of Vermont's Larner College of Medicine Every Day Counts

- Every Day Counts |Vermont Child Health Improvement Program |The University of Vermont

Catamount Community Schools Collaborative

- School-Based Health Centers (SBHC) –Catamount Community Schools Collaborative (CCSC)

Child Health Advances In Measured Practice (CHAMP)

- VCHIP_CHAMP-Resource-Document-Medical-Homes-and-Schools_Feb2026.pdf