

Healthy Students Promising Futures

Cross-Sector Collaboration to Expand Ohio School Health

A Healthy Students, Promising Futures Learning Collaborative Case Study

New opportunities exist in health and education policies and programs to advance the role schools can play in supporting children's health and improving equity in health and education. The Healthy Students, Promising Futures Learning Collaborative (HSPF) is pleased to elevate promising practices and innovative models for leveraging these opportunities.

In 2016, with support from Healthy Schools Campaign and Trust for America's Health, the U.S. Departments of Education and Health and Human Services launched HSPF out of the growing recognition of the connection between health and learning. Healthy Schools Campaign and Trust for America's Health now lead HSPF and provide supports to 15 states teams working to create healthier students by increasing Medicaid services in school and promoting safe and supportive learning environments. State teams include representatives from the state education agency, state Medicaid agency, school districts, and in some cases, state and local advocates, public health or others. HSPF provides an opportunity for state teams to come together to rethink how school health services are delivered, leverage policy opportunities to create more comprehensive and coordinated care in schools and provide safe and supportive learning environments to support the current and future health and success of children across the country. This Collaborative is supported by a network of national partner organizations.

The following case study highlights the HSPF Ohio team's progress in building capacity, strengthening cross-agency relationships, and launching its statewide initiative to align health outcomes with academic success through the development of a School-Based Health Care Support Toolkit.

Ohio's Story: Cross-Sector Collaboration on School Health

Background

Ohio has a history of leading when it comes to addressing unmet health needs among students. Over the past decade, Ohio government officials in education, Medicaid, and health – along with school districts, health care providers, and public/private sector allies throughout the state – have built a culture of cross-sector cooperation.

In 2018, the Governor's Office of Health Transformation along with the Departments of Education, Medicaid, Health, and Mental Health & Addiction Services came together with schools and health care providers to develop [Ohio's School-Based Health Care Support Toolkit](#). The Toolkit aims to better serve students, families, and communities by providing a blueprint for expanding school-based health services in districts across the state.

Already, this effort is being lifted up to help other states seeking guidance on ways to build out school health infrastructure. With the introduction of the Toolkit, Ohio expects positive outcomes associated with their investment in cross-sector cooperation to continue.

Ohio Medicaid By the Numbers

Two of every five children in Ohio are covered by Medicaid.¹ And approximately 46% of children with special health care needs are covered by Medicaid.² Ohio has a robust statewide Medicaid managed care program. Participation is required for most children and adults with low-incomes and/or disabilities.³ About 99% of eligible children and families (approximately 1.536 million) are currently enrolled in Ohio Medicaid managed care.⁴

Key School Health Issues in Ohio

- Ohio serves a diverse population of students. The state has more than 3,500 public schools⁵. Most are located in rural areas (38%) and small towns (33%), along with suburban (20%) and urban (9%) areas.⁶
- A recent survey administered to school officials by Ohio agencies shows that mental health is a top health concern.⁷ In 2016, 10% of adolescents in Ohio report at least one major depressive episode.⁸
- Childhood obesity is also a major school health issue in Ohio. Over 30% of school children and adolescents are overweight or obese.⁹
- Oral health is another critical school health issue. Approximately 50% of all children in Ohio have untreated cavities, fillings, crowns, and extractions.¹⁰
- Major child health disparities persist. For example, kids in the Appalachian region of the state drink about three to four more sugar-sweetened beverages per day and experience up to 69% more untreated oral health problems than their peers across the rest of Ohio.¹¹

The Ohio State Team

Since its inception in 2016, the HSPF Ohio team has engaged a diverse, multi-sector group of members from state agencies (Ohio Departments of Education, Medicaid, and Health) and statewide advocates (Voices for Ohio’s Children, Universal Health Care Action Network of Ohio). As part of its work in the Learning Collaborative, the Ohio team identified the following core goals:

- Finding ways to bring more clinical services and community health providers into schools to address critical issues (such as mental/behavioral health needs and suicide prevention);
- Developing strategies to improve outcomes tied to health and learning, such as lowering chronic absenteeism, increasing classroom engagement, and reducing drop-out rates.

The Ohio team also identified barriers to expanding access to school health services. Although Ohio has a relatively comprehensive system for delivering school-based health services and managing Medicaid reimbursement for students with individual education plans (IEPs) in both public and charter schools, many kids with significant mental and behavioral health needs do not have IEPs.

The Ohio team determined that time spent seeking mental/behavioral health services outside of school causes students to miss significant class learning-time and results in other disruptions to their wellbeing. Thus, their work in the Learning Collaborative centers upon the idea that school health partners should strive to meet the needs of all children in Ohio – regardless of IEP status. Ultimately, through school-based health, Ohio seeks to “create an accessible, connected community of caring adults around each student to keep them in class and learning”.¹²

Ohio School-Based Health Support Toolkit: The Basics

Members of the Ohio team embarked on a shared effort with the Governor’s Office of Health Transformation, the Ohio Department of Education, and the Ohio Department of Medicaid to increase school health partnerships to improve health and academic outcomes. This effort was bolstered by technical assistance from consultants at McKinsey & Company. Leaders were able to make swift progress on developing the School-Based Health Support Toolkit by understanding the state’s school populations and eschewing one-size-fits-all approaches.

In response, the Ohio team and their partners took an inclusive path: they explored a range of existing options to expand school-based health, such as partnering or contracting with local healthcare providers to serve children’s unmet health concerns in schools. In addition, they worked to ensure that the Toolkit addressed:

1. Practical ways for school districts to engage their students, families and communities to better understand the unmet healthcare needs and to garner support for potential school-based health services;

2. Healthcare provider specific information around data-sharing, roles and responsibilities, consent forms and example floor plans;
3. Clarity on ways to financially incentivize primary care practices that focus on student health and work with Medicaid managed care plans in the Ohio's provider network; and,
4. Examples of proven school health partnerships throughout the state.

Assembling the Scaffolding for School Health Infrastructure

All sections of the Toolkit – including operationalization, sustainability, and resources - can be viewed through the [Table of Contents](#). To support the roll-out of the Toolkit in 2018, the Ohio team executed several strategies discussed below.

Building a Bigger Table:

Early on, the Ohio team determined that it would take a broad set of agencies to improve health and academic outcomes. One of the team's critical roles was to pull key staff into important policy discussions, as their expertise was especially critical for figuring out how to collectively address persistent, complex challenges surrounding care for children receiving services outside of school (e.g. access to adequate visits, obtaining prior authorization, etc.). The Ohio team worked to involve experts in policy and service provision as well as information technology, analysis, and data management from within the State Medicaid, Education, Health and Mental Health & Addiction Services agencies and the Governor's office.

Investing in Capacity & Deepened Relationships:

One of the most critical aspects of the Ohio team's approach has been creating strong relationships between the Departments of Medicaid and Education. Leaders from both Departments have demonstrated a commitment to ongoing communication and the resolution of any conflicts that may arise at the decision-making table. Through this process, the state teams realized additional staffing was needed at the agency level to properly support school districts and health care providers in this work. Additional staff was brought on at both agencies in late-2018 to jointly work to expand school-based health infrastructure and collaboration across the state.

Transformational Thinking:

The team engaged in a dynamic, reflective process that significantly enhanced their awareness of how vital student health is to ensuring academic success. The Ohio team is raising stakeholder awareness about how students are prevented from reaching their potential when they cannot access health care services. As a result, many stakeholders involved in school health expansion no longer view their chief roles as educators or healthcare experts – but rather as essential cross-sector partners in a process for advancing the health of the whole child in schools.

Data Sharing & Cooperation:

As part of their efforts to advance school-based health in 2018, the Ohio Departments of Medicaid and Education began work on an ambitious data-sharing initiative. Previously, school health stakeholders often had to rely upon anecdotal evidence or fragmented data. Ohio's Toolkit now includes clear guidelines on how to share information between parties while maintaining compliance with privacy laws. The data-sharing initiative, [profiled in the School-Based Health Support Toolkit](#), has quickly accelerated school health partnerships. For example, since launching a data-sharing agreement between the Departments of Medicaid and Education, Ohio has been able to administer surveys to school health stakeholders and gather primary data on unmet mental health needs. The Ohio team hopes that gathering enhanced information on student health needs will continue to deepen the respective agencies' understanding of gaps and solutions.

Key Takeaways

The Ohio team example demonstrates several key takeaways about to advance school health.

- ***Statewide focus on school-based health:*** Ohio's success is grounded in a commitment from the highest level of state government, agencies and key school health allies to a shared mission – expanding school-based health care to improve student outcomes.
- ***A diverse coalition with decision-makers from all interested parties:*** The Ohio team's success rests on the diverse group of people at the table, including decision-makers, visionaries, and people who are willing to do the work and move things forward. This diversity and commitment are a critical for driving an agenda forward and getting buy-in at all levels.
- ***Work plan around mutual goal:*** The Ohio team started with a shared goal: to reduce the rate of chronic absenteeism across the state. This directive was supported by state policy makers and external factors. Having the clear mission helped the team coalesce and collaborate.

- *Working relationship defined by trust and mutual success:* While the different parties of the Ohio team bring various resources to the table, their success was propelled forward by the fact that they were working towards the same, shared goal. This allowed the team to develop trust between all players and for each party to believe that the success of the team would be shared by all. This empowered the partners to work together to improve health and learning outcomes for all students.
- *Development of a shared language and perspective:* Ohio team members have different backgrounds, jobs, and professional languages. The success of the team is in part because they were able to look past their differences and work to understand each other's point of view.
- *Accountability to team and shared objectives:* In part due to external pressure, and in part because they were supported by HSPF, the Ohio team developed a "can do" attitude and engaged in ambitious deliverables with deadlines. They worked to meet those benchmarks and held themselves accountable.

Next Steps

Moving forward, the Ohio team is exploring additional, innovative options for expanding mental and behavioral health services in schools. The team sees opportunities in school-based telehealth, especially since most communities in the state are small/rural. Ohio team leaders have observed a clear need to expand mental health services and they posit that telehealth could be a cost-effective way to jumpstart increased delivery in schools.

In addition, Ohio is keenly focused upon another critical goal identified at the state level and set forth in the School-Based Health Support Toolkit: reducing chronic absenteeism.¹³ Leveraging data on chronic absenteeism and co-occurring issues such as mental health, Ohio hopes to be able to offer incentives to schools to establish deeper relationships with Medicaid managed care plans and providers. Ohio is hoping that these relationships can be used to identify gaps and address unmet health and behavioral health needs in schools.

Ohio also established a School-Based Health Care Network, through which it is providing support to schools to develop health centers and other types of partnerships identified in the Toolkit. In the 2018-2019 school year, there were 17 school districts, including 71 school buildings participating in the School-Based Health Care Network. As part of their participation, school districts receive technical assistance from the state to develop their own school health infrastructure and additional support from a network of peer advisor districts across Ohio who have existing school-based health relationships.

The Ohio team's success demonstrates that through investments in interprofessional cooperation, collaboration, transformational thinking, and information-sharing collective change is possible to expand school-based health services.

**For Questions and More Information on
Ohio's School-Based Health Support Toolkit**

Visit: <http://education.ohio.gov/Administrators/School-Based-Health-Care-Support-Toolkit>

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Suggested citation for this case study: *Healthy Schools Campaign & Trust for America's Health. (2019). Cross-sector cooperation to expand Ohio school health: A Healthy Students, Promising Futures Learning Collaborative Case Study.*