



School based health centers are centers for primary health care located in schools. They are most often comprehensive including physical, mental health and dental care with strong emphasis on health promotion and well-being. They are well-known in the United States for their impact on reducing absenteeism and health care costs. Education Plus Health operates eleven (11) in Philadelphia and one (1) in Reading, Berks County.

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Organizational Background: Education Plus Health is the leading nonprofit in the region advocating for school-based health centers (SBHCs) as a critical source of healthcare for underserved students. In conjunction with afterschool programming and postsecondary education, Education Plus Health is working to create new opportunities for students at every life stage by increasing academic performance and access to high quality healthcare. Understanding that education and health outcomes are closely interrelated, our model supports the whole student from elementary school through high school and beyond with afterschool enrichment programs and post-secondary educational opportunities in addition to our school-based health centers.

Organizational Revenues:

| | |
|------------------------|-----------|
| FY18 Revenue | 1,798,060 |
| FY19 Projected Revenue | 2,022,956 |

Investment Needs: Education Plus Health needs an investment of \$100,000 to launch a full time Practice Manager position for the School Based Health Centers program to more proactively manage all aspects of clinicals and revenue cycle management for increased revenue and student outcomes, and grow the network from 12 to 20 clinics by fiscal year 2023.

Scaling the model now with organizational readiness and new investments in infrastructure growth enables the full scale of the policy advocacy agenda, for State support of school based health centers in Pennsylvania.

Social Impact Dashboard:



School Based Health Center Goals
Improved academic outcomes of students through improved health care and wellness;
Improved student health outcomes.

Objectives to meet the Health Center goal:

- ❖ High quality state mandated screening for related quality care coordination.
- ❖ High impact disease management and acute sick care for decreased absenteeism.
- ❖ Comprehensive routine well-child care including immunizations and reproductive health care for prevention, health education, and quality care coordination.

Indicators of Success:

- Decreased absenteeism
- Decreased ER/hospitalization for asthmatics
- Improved health outcomes
- Increased student and family health insurance

2016/2017 School Year Program Evaluation
Performed by Public Health Management Corporation ~ Research for Better Schools

Analysis of Student Cohorts by time spent in the SBHC in SY2017

Time spent in the SBHC in SY2017

| School | n | 1-5 visits | 6-20 visits | 21+ visits |
|--------------|-------------|-------------|-------------|------------|
| TOTAL | 4449 | 3531 | 883 | 35 |

n = students who visited the SBHC at least once.

Excludes basic medication administration.

Changes in absences for asthmatic students from the 2015-2016 year to 2016-2017 year, in aggregate

| | n | Mean Days Absent | | | t(df) | significance |
|--------------|------------|------------------|--------------|--------------|---------------------|--------------|
| | | 15-16 | 16-17 | SD | | |
| TOTAL | 762 | 12.33 | 11.88 | 11.65 | -1.077 (761) | 0.282 |

Note: Excludes paired T test for one school due to discrepancies in student IDs

Students' Hospital Visits, School Years 2015 through 2017

| Year | School # Unique Students | % of Enrolled Students Visiting Hospital | Average # of Hospital Visits for each Student | Max # of Hospital visits per Student | # of Enrolled Students |
|----------------|--------------------------|--|---|--------------------------------------|------------------------|
| 2014-15 | 210 | 3.1 | 1.79 | 20 | 6687 |
| 2015-16 | 254 | 4 | 1.83 | 12 | 6362 |
| 2016-17 | 220 | 3.3 | 1.71 | 10 | 6687 |
| Average | 228 | 3.5 | 1.78 | 14 | 6579 |

Note: 2014-2015 includes 9 schools, 12 schools all other years

"I value [the nurses] very much. I feel that they have really increased the amount of time the students are present in the classroom through the advice that they have given our students, and the healthcare that they have provided them."

Teacher from a school with an EPH-operated School-based Health Center, 2017

Quantify the number across all schools, all students missing 18 or more days of school and for all asthmatic students – chronic absenteeism.

Absences for Students with and without asthma in the 2016-2017 school year, in aggregate

| | Students without Asthma | | | | | Students with Asthma | | | | | TOTAL | Proportion of students with Asthma Diagnosis |
|--------------|-------------------------|--------------------|-------------|----------------------|----------------------|----------------------|--------------------|-------------|----------------------|----------------------|--------------|--|
| | n | Days Absent (mean) | SD | # Chronically Absent | % Chronically Absent | n | Days Absent (mean) | SD | # Chronically Absent | % Chronically Absent | | |
| TOTAL | 6098 | 11.7 | 12.2 | 1311 | 21.5% | 953 | 12.4 | 13.2 | 224 | 23.5% | TOTAL | 13.5% |

Difference between days absent for asthmatic and non-asthmatic students is not statistically significant (p=0.07)

Total Schools: 12

Quantify by each school the number of all students missing 18 or more days of school and for all asthmatic students – chronic absenteeism.

Absences for Students with and without asthma in the 2015-2016 school year, in aggregate

| | Students without Asthma | | | | | Students with Asthma | | | | | TOTAL | Proportion of students with Asthma Diagnosis |
|--------------|-------------------------|--------------------|-------------|----------------------|----------------------|----------------------|--------------------|-------------|----------------------|----------------------|--------------|--|
| | n | Days Absent (mean) | SD | # Chronically Absent | % Chronically Absent | n | Days Absent (mean) | SD | # Chronically Absent | % Chronically Absent | | |
| TOTAL | 5806 | 9.8 | 11.8 | 1048 | 18.1% | 937 | 12.6 | 12.6 | 228 | 24.3% | TOTAL | 13.9% |

Total Schools: 11 - excludes attendance data from one school as a result of discrepancies in student ID

Student Risk Identified & Addressed in the SBHC in SY2017

| | MH screened (PHQ-2*) | Risk Identified | % w/Risk Identified | Asthma Control Screening (ACT**) | % Uncontrolled (ACT) | Sexual Health Screening (high school only) | % w/Risk Identified | % STD Tested |
|-------|----------------------|-----------------|---------------------|----------------------------------|----------------------|--|---------------------|--------------|
| Total | 2506 | 203 | 8% | 376 | 47% | 366 | 48% | 23% |

* Patient Health Questionnaire 2 (PHQ-2) - 2 questions assessing for depression and anxiety

** Asthma Control Test (ACT) - child/parent survey on symptoms

17 of 18 post-evaluated Asthma Control Test showed improved score



Investment Request:

| SCHOOL BASED HEALTH CENTERS GROWTH PLAN | | | | | |
|---|----------------|-----------------|----------------|----------------|----------------|
| | FY19 Budget | FY20 Budget* | FY21 Budget | FY22 Budget | FY23 Budget |
| INCOME | | | | | |
| Total Revenue | 2,022,956 | 2,522,956 | 3,022,956 | 3,522,956 | 4,022,956 |
| EXPENSES | | | | | |
| Total Expenses | 2,021,763 | 2,521,763 | 3,021,763 | 3,521,763 | 4,021,763 |
| Balance | 1,193 | 1,193 | 1,193 | 1,193 | 1,193 |
| Health Centers Expansion | 12 SBHCs | 14 SBHCs | 16 SBHCs | 18 SBHCs | 20 SBHCs |
| *Includes \$100,000 investment | | | | | |

<https://www.dropbox.com/home/Social%20Innovations>

Organizational Leadership: The Education Plus Health leadership team is comprised of the Executive and Finance Directors, a senior leadership team with both a School Based Health Center and Secondary/Post-Secondary Director, and seven supervising School Nurse Practitioners.

The Executive Director has over twenty years of experience developing and leading health and human services programming with strong evaluation of metrics and outcomes, as well as policy advocacy related to the pressing social problems of our time (teen pregnancy, domestic violence, mental health, foster care, and pediatric and adolescent health). She holds a Master’s degree in Social Work from Temple University. In her role for less than five years, Julie Cousler Emig has grown the organization from a \$500,000 organization operating just one school based health center and two Harcum College collaboration sites in Philadelphia to a \$2 million organization with twelve school based health centers with clear metrics and vision for core program growth and impact.

Suzie Long is recently hired as the School Based Health Centers’ Clinical Director. She holds a Master of Science degree in Nursing from the University of Pennsylvania and is an advanced practice nurse practitioner, a licensed medical provider with nearly twenty years of experience serving low-income pediatric populations in this capacity. She has served as primary care provider primarily for federally qualified health centers (FQHC) where she will now facilitate the role of school based health centers in helping primary care providers to better achieve the goals of the *medical home* for better health outcomes among the diverse high need low-income pediatric and adolescent population in Philadelphia.

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Barbara Cousar was recently hired to direct the organization's secondary and post-secondary programs, a federally funded 21st Century high school after school program and a Harcum College/I-Lead community-based partnership site. She holds a Master of Science degree in Organizational Management from the University of Pennsylvania. While helping the program to deepen its outcomes in ensuring that all *regularly attending* students make academic gains, she will work to broaden the model at this public high school to launch a Harcum College site for students and families, and a school based health center for holistic student impact.

Policy Advocacy: Education Plus Health is working to prove out the well-documented impact of the school based health center model in Pennsylvania, along with our counterparts among the very few other school based health center providers in the state. More than 2,400 school based health centers exist across the country. Many are at the center of very successful turnaround stories like in New York City. They have grown over the last 30 years, with hundreds of studies demonstrating their effectiveness, particularly in reducing student absenteeism and hospital visits and hospitalizations, and health care costs overall. In the many states where they thrive they enjoy strong support from the State government and the legislature. An affiliate to the national School-Based Health Alliance in each state serves as the primary partner to State offices to develop and manage policies and results.

Education Plus Health serves as the *emerging* affiliate to the national School-Based Health Alliance for Pennsylvania. With communication and information sharing among the five other school based health center (SBHC) operators in the state, Education Plus Health is working to gain the support of the legislature and State government for school based health centers. Backed with compelling data from hundreds of studies over the last thirty years, Education Plus Health is using a grant-funded outside evaluator to evaluate our own impact in reducing student absenteeism and hospital visits and hospitalizations and health care costs overall, and demonstrate the potential in SBHC-primary care provider collaboration realized through increased capacity. This advocacy and data has enabled an expansion of support from several Medicaid Managed Care Organizations contracted by the State. State support to offset uncompensated care and expand upon prevention and schoolwide efforts will fuel the growth of the model and begin to reverse the very poor health and academic outcomes experienced in Pennsylvania.

Organizational Diversity and Environmental Impact: The highest paid employee in the organization is the executive director at just \$100,000 followed closely by the school nurse practitioners where increased fiscal well-being has enabled more competitive rates for the medical providers, and very low staff turnover. A bonus structure has been launched this year to provide financial incentive for increased productivity and revenue earned. With success from this new incentive-based model, the next step will be to increase the salary scale for the school nurse assistants, licensed practical nurses, to help the organization to retain the very best staff. Program staff represent fairly strong diversity, 79% of the 24 permanent program and administrative staff are of a racial minority, are non-white.

The board of directors is equally diverse, just two of the six board members are white, all but one are female. The organization's environmental footprint is minimal, with just 500 square feet in communal



office space and all program services delivered inside schools where space is donated in-kind for service to students. With much attention in the health services to students focused on air quality and environmental triggers related to asthma, this year the organization will widen its environmental work through collaboration with Comcast's sustainability team to provide education in the classroom on sustainable practices and gardening ultimately creating community gardens at each school harvested for a farm-to-table meal with peers and families that emphasizes the benefits of family meal time.

Organizational Readiness to Scale: School based health centers (SBHC) have proved to be one of the most effective models to help students decrease absenteeism in order to improve academic outcomes, and to decrease health care costs, particularly for students with chronic health conditions like asthma, and for low-income students that often struggle with other social determinants of health. Many of the states that have risen to the top in the last decade for public education and outcomes boast school based health centers as a central part of their strategy including Massachusetts, New York, and New Jersey. Pennsylvania has yet to embrace the model. State funding is critical to the growth and stability of the model, a critical advocacy platform for Education Plus Health in proving out the model locally with data that mirrors the national studies on SBHCs. The organization's data analyzed by an outside evaluator over the last two years has shown decreases in student absenteeism and Medicaid costs. Having refined the model over the last several years without the much-needed State support, the organization is ready to scale and demonstrate the impact.

Education Plus Health's model is unique in that it blends school nursing and primary care, a model that has begun to set us apart from others on the national scene, a hybrid model that will likely be embraced in the coming years for impact. As the *emerging* affiliate for the national School-Based Health Alliance, Education Plus Health will present the full scope of the model nationally next summer at the annual convention of more than 2,400 SBHCs across the country. The time is now to scale the model, with organizational readiness for impact *and* effective advocacy at the State level.