

Expanding School Based Health Centers in Pennsylvania

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Thank you for this opportunity to speak to the impact and potential of school based health centers. Later this year Family First Health (FFH) will be celebrating 25 years of continuous operation of a school based health center located in Hannah Penn K-8 School, located in the City of York.

In 1997, with a shared goal of increasing access to primary care and addressing specific health needs of youth in our community, FFH formed a partnership that included WellSpan Health - York Hospital, York City Bureau of Health and the School District of the City of York. Today, that partnership remains strong and has been essential to the success of our work.

The Hannah Penn School is a community hub, housing not only a health center that provides comprehensive primary care year round to students, staff/faculty and community members but also a satellite social service center of Community Progress Council, York County's anti-poverty organization and HeadStart and Pre-K classrooms. Each school day approximately 700 students ages 3 to 13 enter the building. Over 90% of children come from households with incomes at or below the poverty line. Nearly 80% of students are from black or brown communities and almost 1/3 speak a language other than English at home. This makes for a beautifully diverse population consisting of young people with limitless potential and many challenges, particularly after the impact of the past two years. We have seen the power of school based health care addressing key challenges in ways that allows that potential to emerge.

The ability to impact health in a school setting is relationship based. Our staffing model includes a position focused on fostering connections between our health centers and students, staff and families. We focus on three primary populations, the students first, their families and then school staff and faculty. Our model leverages relationships to address health needs broadly by providing primary care visits and working closely with the school nurse to identify students that

would benefit from health services. In addition, based on input from parents and school administrators we offer mobile dental services to students during the school day and deploy community health workers health workers to navigate access to needed health services beyond the health centers scope.

Currently almost of 50% of students have a medical home provided by FFH. In addition, FFH team members screened 599 students for dental disease and conducted vision screening for 376 students. When follow up needs are identified through screening our community health workers team up with the school nurse to ensure the identified issue is addressed. In our current school year 67 students needed further vision care and 85 students needed urgent dental treatment. Anyone that has been unable to see the front of the room or had a toothache knows how imperative these services are to academic success and these services are uniquely supported in this school based model.

The Hannah Penn school nurse says it best, "because of the involvement of the school based health center I am able to move beyond Band-Aids and medication distribution and think about the health of student and family in ways that would be impossible without this expanded team."

While we are proud of the work and impact to date, we look forward with some anxiety. Collectively, our kids are not all right and our school based team has a unique vantage point to understand and develop interventions.

Our current county health needs assessment, along with national data, highlights needs in our county for connecting kids to coverage, addressing youth healthy weight and lifestyle issues, and charges us to design new interventions for increasingly complex and prevalent mental health conditions for our young people. School based health centers can enhance the capacity of our schools to meet the significant health issues our youth are facing but current funding allocations to education and healthcare will not support the optimization of this impactful model.

Funding is needed to support the work outside of the current billable visit with an eligible provider, typically a doctor, nurse practitioner or dentist. Our health care team is expanding to include community health workers, health and wellness coaches and behavioral health consultants. Funding must be directed

to support a wider variety of professionals to meet the increased need at a time when both the education and health care workforces are strained.

Ultimately, school based health centers can be the place where the dream of education and healthcare intersect. Both sectors describe our work as providing opportunity for advancement and civic engagement. Our school based health center places equity into that equation. Our students deserve to see themselves as our next nurses, dentists and counselors, and our community needs them to fill those roles.

By infusing access to primary care into a school environment we have the opportunity to impact individual health and health of the school environment. In closing, I want to share an example of how our work can positively impact both health outcomes and educational achievement.

Who remembers the Welcome Wagon? In addition to lots of “freebies” the intention of that service was to connect new community members to needed services. At the Hannah Penn Center we have our own version designed to help new students get off on the right foot. When a new student is registered the school based health center program manager is notified. She reaches out to the new family in three ways; phone, email and door drop. In conjunction with the school we know the items that are important to school success; uniforms, alarm clocks and paperwork, including vaccinations and health history. We are able to connect with the new family, with district support ensure important school information is communicated and ensure any open health issues are addressed before heading into the classroom. In addition, if any social needs or broader health issues are identified our community health workers are deployed. In the past school year over 50 families identified health related needs through this process and have been enrolled in the school based health center.

Healthy schools are needed and possible, but we can no longer accept and fund siloed efforts. School based health centers and educators support each other in seeing the whole child and family unit. This model is proven effective and I think we are only just getting started.

Thank you for your time and attention to this afternoon. I'm glad to answer questions.