



**United
Community
Schools**

An Equity Approach to SBHC Enrollment: Develop Your Enrollment Action Plan!

Maryland Assembly on School Based Health Care

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United Community Schools (UCS)

- Launched by the United Federation of Teachers in 2012 with support from the New York City Council, the Partnership for New York City and Trinity Wall Street.
- We **facilitate** partnerships between schools, non-profits, business and government to **connect vital services** to public school buildings, **improve student achievement** and **meet** the health, safety and social service **needs of students and communities.**





Session Objectives

As a result of today's session, the learner will:

- 1.** Examine the importance of an equity based approach for enrollment in and utilization of school-based health services at their school.
- 2.** Analyze barriers to enrollment in school-based health services for high need student groups at their site.
- 3.** Inventory key stakeholders at their site who can strategically support enrollment.
- 4.** Formulate their own three tiered plan for enrollment to advance health equity using community school best practices.



What does *equitable access to school-based health services* mean to you?



Availability of Services

**Students attending a school with a
school-based health center**

100% have available services





Equitable Access to Services

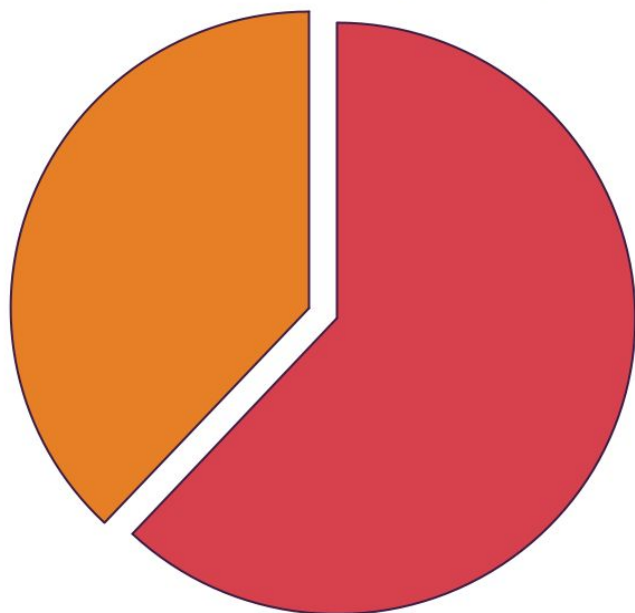
An equity lens leads us to ask,
why have 38% of students *not* enrolled in services?





Evidence of Impact

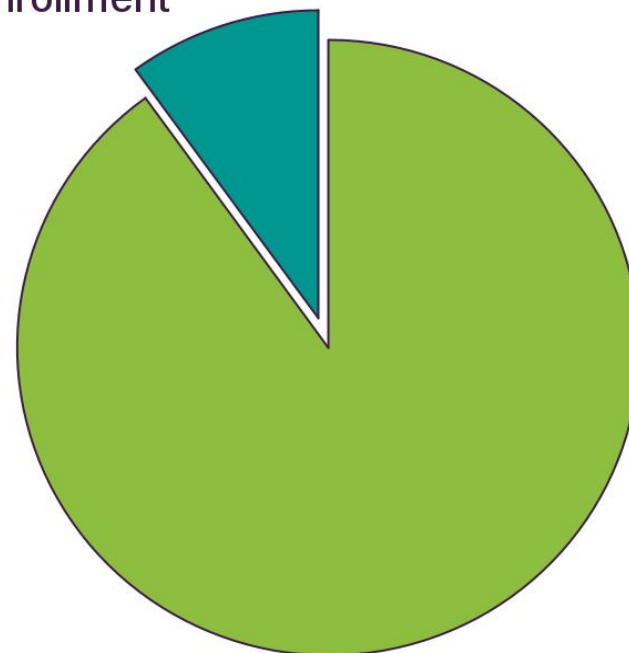
School-Based Health Centers in New York State Fact Sheet (SBHC)



● 62% Enrolled ● 38% Not Enrolled

Number of students in NY schools with SBHCs: 253,390 students (based on 2020 - 2021 data)

UCS School-Based Health Centers Enrollment



● 90% Enrolled ● 10% Not Enrolled

UCS SBHCs average 85% or higher enrollment in the first year of opening and 90% or higher in subsequent years.



UCS Keys to Success

1

Identifying Barriers

2

Leveraging Stakeholder Relationships

3

Creating a Strategic Plan



STEP 1: Identifying Barriers to Enrollment



Enrollment Challenges

Services at the school? Those can't be good!

I am not enrolling my child. Stop calling me!

Isn't that what the school nurse is for?

Enrollment forms are very long and only come in English.

I didn't know we have a dentist at the school.

I don't want to give up my child's doctor.

I don't have insurance.

Who is Dr. Jane? Why is she calling me?

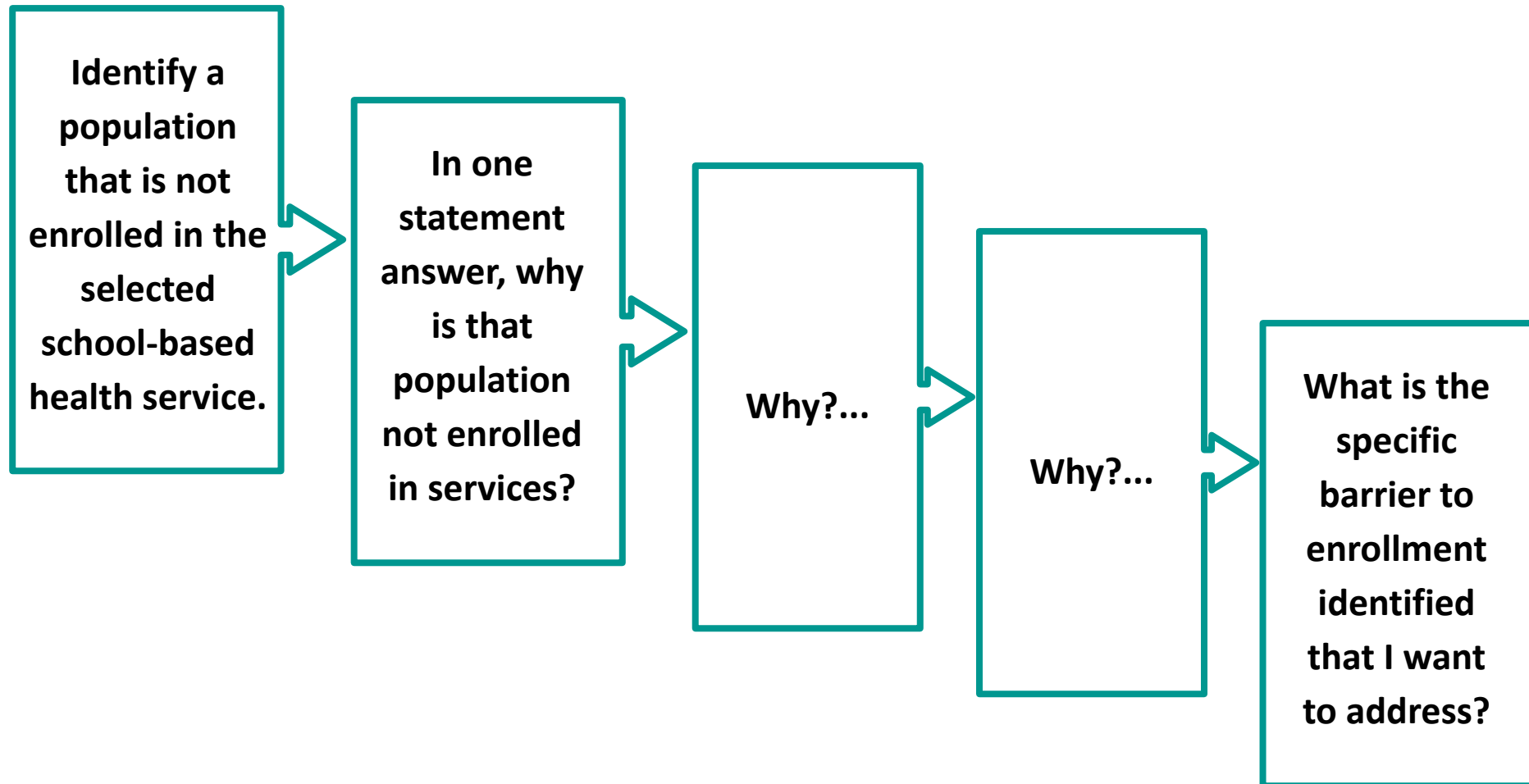
A parent from my child's class told me they received a bill in the mail from the health center.



Getting to Know your School Site

- School Demographics
- Attendance Data
- Students in Temporary Housing
- Languages Spoken
- Title 1
- Other?

Using a WHY Protocol to Identify Barriers



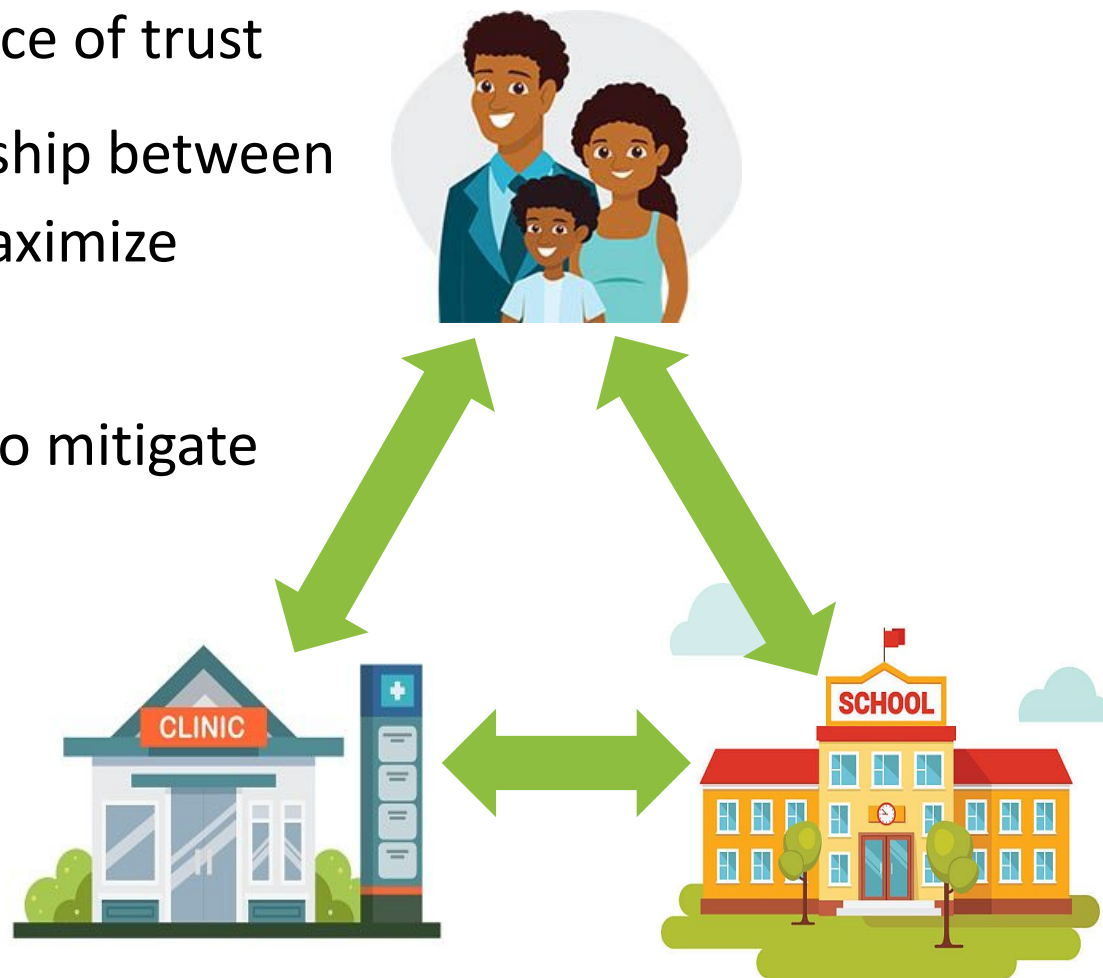


STEP 2: Leveraging Stakeholder Relationships



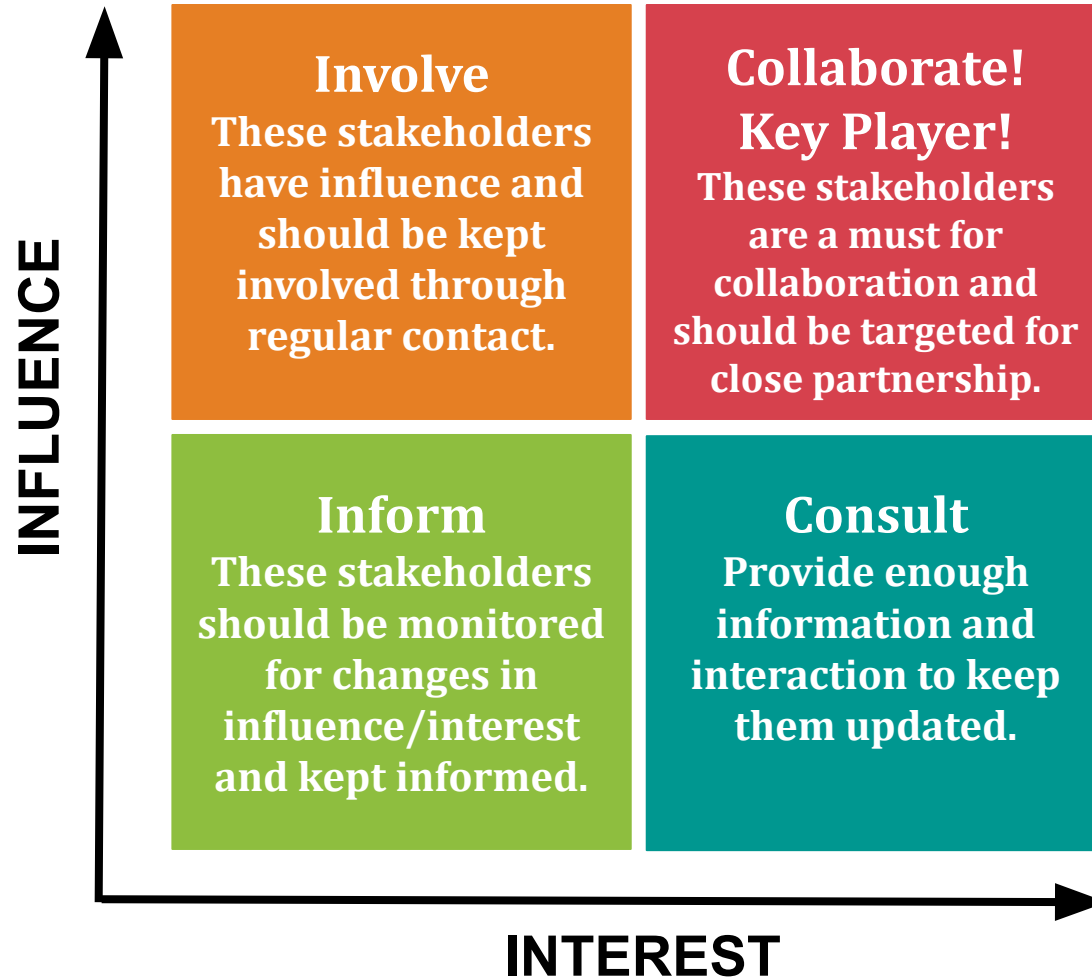
Power of Relationships

- Recognizing the importance of trust
- Building a strong relationship between school and provider to maximize connection with students
- Leveraging relationships to mitigate barriers
- Identifying stakeholders who can help you!





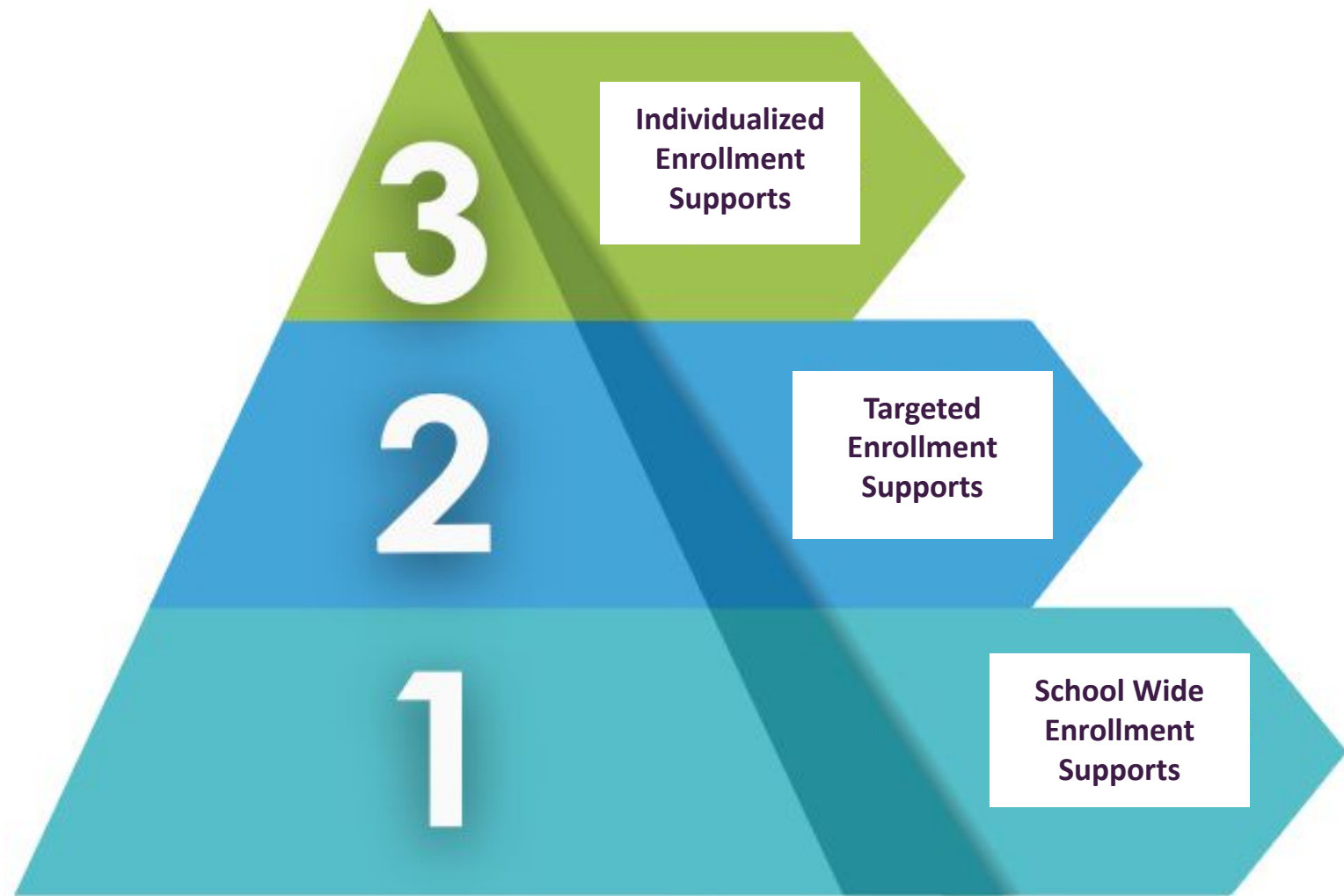
Stakeholder Analysis





STEP 3: Developing a Strategic Plan

A Strategic Enrollment Plan: Using a Tiered Approach





A Strategic Enrollment Plan in Action

3

- Partner with classroom teachers and the school's social worker with trusted relationships with families for one-on-one outreach to not-enrolled students.
- Health center staff outreach to caregivers of individual students when they arrive for a visit but are not yet enrolled.

2

- Provide all materials in the primary languages of the student and family population.
- Spanish speaking staff and partners as translators at Enrollment Drive event.
- Create an incentive for the the classes with highest enrollment numbers.

1

- Partner with school personnel to identify key school events that you can attend to encourage enrollment.
- Backpack enrollment forms.
- Market services with photos and digital links to enrollment forms in school newsletter or over school message app.
- Invite school staff tour the clinic to build understanding and excitement.

New York City Department of Education Oral Health Clinic Program - School Parental Consent Form

(OHCP)

(OHCP Address)

STUDENT INFORMATION	PARENT/GUARDIAN INFORMATION
Student's Last Name: _____	Mother Last Name: _____ First Name: _____
Student's First Name: _____	Father Last Name: _____ First Name: _____
Date of Birth: _____ / _____ / _____ Month Day Year	Legal Guardian, if Applicable Last Name: _____ First Name: _____
Student Address: _____ City State Zip Code	Relationship of legal guardian to student <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt or Uncle <input type="checkbox"/> Other: _____
School: _____ Grade: _____	Contact Information for parent or guardian Home Tel: _____ Work Tel: _____ Cell: _____ Email: _____
Teacher's Name: _____	Additional Emergency Contact Name: _____ Relationship to Student: _____ Home Tel: _____ Work Tel: _____ Cell: _____ Email: _____
IMPORTANT MEDICAL QUESTION Does your child have any medical condition that may affect or complicate dental treatment? This may include heart, breathing or bleeding issues, seizures, allergies, communicable diseases, immune disorders, etc. If Yes, explain IF NO, LEAVE BLANK.	
INSURANCE INFORMATION	
Does your child have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes: Medicaid ID # _____	Does your child have coverage through an employer based plan or other type of health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes: Health Plan: Member ID or Social Security Number: _____
Does your child have Child Health Plus? <input type="checkbox"/> No <input type="checkbox"/> Yes: CHP # _____	Health Insurance Phone: _____ Name of Insured Adult: _____ Birth Date of Insured Adult: _____
Which Plan? <input type="checkbox"/> Affinity <input type="checkbox"/> Fidelis <input type="checkbox"/> Healthfirst <input type="checkbox"/> Health Plus Amengroup <input type="checkbox"/> HIP <input type="checkbox"/> MetroPlus <input type="checkbox"/> WellCare <input type="checkbox"/> United Healthcare <input type="checkbox"/> MVP <input type="checkbox"/> Empire BlueCross BlueShield	Services will be provided to your child regardless of whether or not your child has health insurance, at no cost.
PARENTAL CONSENT FOR SCHOOL-BASED HEALTH CLINIC SERVICES	
I understand that my child will be receiving oral health services and my signature provides consent for my child to receive services provided by the OHCP for as long as my child is enrolled in school. I may withdraw my consent at any time by written notice to the OHCP. I understand that I will report any significant changes in my child's health to the provider.	
NOTE: By law, parental consent is not required for students who are 18 years or older or for students who are parents or legally emancipated. My signature indicates I have received a copy of the Notice of Privacy Practices.	
Signature of Parent/Guardian (or student if 18 years or older or otherwise permitted by law) _____	Date _____
HIPAA COMPLIANT PARENTAL CONSENT FOR RELEASE OF HEALTH INFORMATION	
I have read and understand the release of health information on page 2 of this form. My signature indicates my consent to release information as specified.	
Signature of Parent/Guardian (or student if 18 years or older or otherwise permitted by law) _____	Date _____



PS40 HAS A DENTIST! PS40 TIENE UN DENTISTA!

We are excited to announce the opening of our dental clinic in Room 147! Our dentist will provide cleanings and check-ups. Enroll your child using the attached form and they can visit the dentist without missing school for an outside appointment!

¡Nos complace anunciar la apertura de nuestra clínica dental en Room 147! Nuestro dentista proporcionará limpiezas y chequeos. ¡Inscriba a su hijo usando el formulario adjunto y podrá visitar al dentista sin faltar a la escuela para una cita externa!

Register your child now!
Registre a su hijo ahora!

INSURANCE INFORMATION	
Does your child have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes: Medicaid ID # _____	Does your child have coverage through an employer based plan or other type of health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes: Health Plan: Member ID or Social Security Number: _____
Does your child have Child Health Plus? <input type="checkbox"/> No <input type="checkbox"/> Yes: CHP # _____	Health Insurance Phone: _____ Name of Insured Adult: _____ Birth Date of Insured Adult: _____
Which Plan? <input type="checkbox"/> Affinity <input type="checkbox"/> Fidelis <input type="checkbox"/> Healthfirst <input type="checkbox"/> Health Plus Amengroup <input type="checkbox"/> HIP <input type="checkbox"/> MetroPlus <input type="checkbox"/> WellCare <input type="checkbox"/> United Healthcare <input type="checkbox"/> MVP <input type="checkbox"/> Empire BlueCross BlueShield	Services will be provided to your child regardless of whether or not your child has health insurance, at no cost.
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Questions?



Thank you!

Reach out for more!

UnitedCommunitySchools.org

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