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Welcome to Issue Three: A Focus on School Health Centers

This is an exciting time for many schools in the Appalachian region of Ohio as they establish new school-based health centers. Governor Mike DeWine announced funding for a transformative Appalachian School and Community Health Project that will impact 36 communities across 20 Appalachian Ohio counties and involve 34 school districts and 16 health care partners. This work will dramatically improve access to health care for many children and families across the region. The funds came to the Appalachian Children Coalition to coordinate the construction and development work.

It is important to note that increasing access to care through school-based health centers is most helpful if those working in the centers use best practices. In this issue of Strengthening Appalachia's Children, there are three articles from national and state experts on best practices for care in school-based health centers. If these approaches are widely implemented, then the funds from the state can have optimal impact to improve the health of thousands of children and families.

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ACC Announces New Data Dashboard!

As part of our commitment to providing access to the best health and well-being information related to Appalachian Ohio children, the Appalachian Children Coalition recently activated the Ohio Child & Family Health Data Dashboard. The dashboard, developed with funding from the Ohio Department of Mental Health and Addiction Services and in partnership with the Ohio University Voinovich School of Leadership and Public Service, is a one-stop source of Appalachian Ohio community health and wellbeing data. It includes over 200 child and adult health indicators with more to be added over time. The tools and data on this site are available to assist healthcare practitioners, health departments, ADAMH boards, school districts, social service agencies, policymakers, local leaders, researchers, and community members better understand and address root causes of inequities across Appalachian Ohio and improve the health and well-being of our region's children and families. The Dashboard can be accessed at [this link](#).

The Dashboard includes data for the entire 32-county Appalachian Ohio region as well as separate data summaries for each of those 32 counties. Over the coming weeks, we will continue to add indicators to the dashboard as those data are made available to us. We will also

be regularly updating the dashboard so you will know you are accessing the most current data available.

The screenshot shows the homepage of the Appalachian Ohio Child & Family Health Data dashboard. At the top, a dark green header contains the text "APPALACHIAN OHIO CHILD & FAMILY HEALTH DATA" on the left and the Appalachian Children's Coalition logo on the right. Below the header is a navigation bar with four menu items: "EXPLORE DATA -", "HOW WE COMPARE -", "RESOURCES & FUNDING -", and "ABOUT ACC -". The main content area features a large background image of a waterfall in a forest. On the left, a dark green box contains the title "Appalachian Ohio Child & Family Health Data" and a paragraph of text: "The Appalachian Ohio Child & Family Health Data dashboard, made available by the Appalachian Children's Coalition (ACC), is a one-stop source of Appalachian Ohio community health and wellbeing data, consisting of over 200 community indicators. The tools and data on this site help healthcare practitioners, health departments, ADAMH boards, school districts, policymakers, local leaders, researchers, and community members better understand and address root causes of inequities across Appalachian Ohio and improve the health and well-being of our region's children." Below this text is a "Find data" search bar. On the right, a dark green sidebar contains four icons and their corresponding labels: "Build a Custom Dashboard", "Create a Custom Report", "Promising Practices", and "FAQ".

The banner features a photograph of a young boy in a blue shirt standing in a field of purple flowers, holding a wooden stick. Overlaid on the image is the text "Background Information" in a large, white, sans-serif font. Below the image is a solid green bar with the text "School-Based Health Centers in Ohio" in a white, sans-serif font.

A Closer Look at SBHCs: Ensuring Ohio's Children are Healthy and Ready to Learn

Across Ohio, school-based health centers (SBHCs) serve as a leading, evidence-driven model for advancing school-based health care. SBHCs are created through a partnership between a school/ school district and a healthcare provider to increase access to, at minimum, primary healthcare services to students on a school campus. The healthcare provider serves as the operator and administrator of the SBHC, employing staff to provide healthcare services, and working closely with the school health team to ensure student needs are met. By removing barriers to accessing needed health care, SBHCs have wide ranging impacts including:

- Keeping kids in school, and providing the health services and supports for students to be healthy and ready to learn
- Supporting parents/guardians to stay at work so they are better able to earn an income and care for their families, and preventing work productivity loss for employees
- Reducing high costs to the healthcare system and Medicaid, through reduced emergency department visits, hospitalizations, and improved medication management

Need for SBHCs in Ohio

Health is an important factor that contributes to a child's success both inside and outside of school. Students who are sick or who have unaddressed health conditions often cannot focus inside the classroom and are more likely to miss school altogether. When a child is not in school, their education is negatively impacted. The consequences they face from interruptions in their education carry throughout their lifetime include a greater risk for poor health as an adult, higher healthcare spending, and increased economic instability in their future.

In Ohio, children face increasing health and education challenges:

- More than one in eight Ohio children (13.1%) reported being depressed or having anxiety in 2020, up 42% percent from 2016 (9.3%). [Child Wellbeing Indicators & Data: Kids Count Data Center, 2022].
- More than a quarter (27%) of Ohio K-12 students were chronically absent in the 2022-2022 school year. [Ohio Department of Education]

Even more concerning, many Ohio children do not have access to the comprehensive and timely healthcare services they need to improve their health and reduce obstacles to academic achievement. In fact, one out of every five (21.5%) school-aged child, ages 6-17, does not have a place to go or consult when they are sick [National Survey of Children's Health, 2021-2022].

SBHCs bring health care to where our youngest Ohioans spend most of their time - school - placing children at the center of services and delivering care in a safe and nurturing environment. SBHCs also remove barriers to accessing care, such as those that working parents or guardians may face if they are unable to take time off work to take a child to a healthcare provider or lack transportation. By making health care accessible and overcoming these barriers, SBHCs have shown strong evidence for improving student health and education outcomes, advancing equity, and reducing burdensome costs to society.

History of SBHCs

Over the last several decades, SBHCs have served many Ohio communities. These centers provide access to primary care, and can also provide access to behavioral, oral, and vision health services. While the main focus of SBHCs is to deliver health care to students, some centers also provide health care to: school personnel and faculty, families of students, and community members. In this capacity, SBHCs serve as a multi-generational approach to improving access to health care. In some parts of Ohio, particularly underserved

Appalachian and rural regions of the state, SBHCs are the only available healthcare provider for students and the broader community.

In the 1990s, SBHCs emerged in Ohio as small-scale seed projects and pilots. In the early 2000s, a concentrated network of SBHCs was developed with investment and support cultivated primarily at the local level in Southwest Ohio. While the number of SBHCs has steadily increased over time, in just the past few years Ohio has seen greater support and expansion of SBHCs marked by:

- Relaunch of the Ohio School-Based Health Alliance ("Ohio Alliance") in 2021 to serve as the statewide organization focused on strengthening Ohio's school-based health care infrastructure through capacity building, technical assistance, advocacy, and data tracking and evaluation
- The first ever large sum allocation of state funding to support 136 new or expanded school based health centers in Ohio in Spring of 2022 by Governor Mike DeWine
- Inclusion of \$15 million in Ohio's SFY 2024-2025 budget to support the setup and expansion of SBHCs, spearheaded by the Ohio Alliance and a coalition of more than 55 school-based health care partners across the state, including SBHC providers, school districts, trade associations, county health departments, and advocacy groups

Governor DeWine's administration has continued strong support for SBHCs in 2024, spotlighting the impact of SBHCs in the Governor's 2024 State of the State Address and distributing over \$64 million to support the expansion of SBHCs in Appalachia through the Appalachian Community Grant Program managed by the Appalachian Children Coalition.

Ohio's SBHC Landscape

The Ohio Alliance conducted the state's first comprehensive census of SBHCs in Ohio for the 2023- 2024 school year. The census provides information on the

scope and breadth of SBHC services provided across Ohio communities. According to the census, the SBHC landscape across Ohio is rapidly changing, with new and innovative SBHC partnerships created every year. As of February 28, 2024, there were 135 verified SBHCs in Ohio, serving 74 school districts and 794 school buildings in the state. Of these, 62% had been established in the last five years.

While SBHCs are located in nearly half (37) of the 88 Ohio counties, Southeast Ohio is home to only 6% of the SBHCs in the state. Through the Appalachian Community Grant Program, the number of school-based health care partnerships in Ohio is expected to grow bringing access to health care to students and families living in Appalachia. However, there are still many communities in Appalachia and other parts of the state that could benefit from the SBHC model but are hindered by lack of access to resources to support SBHC implementation.

Call to Action

Advancing SBHCs is an evidence-driven strategy that invests in student well-being and lays the groundwork for Ohio's students to be healthy and ready to learn. Supporting and expanding SBHC partnerships is critical to ensure that, in the face of increasing health and education challenges, students across Ohio have access to needed care. A few key opportunities to strengthen Ohio's SBHC infrastructure include:

- Increasing education and awareness on the need for continued state funding to create, support, and expand the reach of SBHCs in Ohio
- Supporting schools in their exploration of SBHCs and other innovative school-based health care models
- Incentivizing the partnership of schools with community healthcare providers to increase student access to comprehensive school-based

health services and supports

- Engagement and outreach to students, families, and communities to ensure they are aware of the services SBHCs can provide within their communities

For Ohioans, SBHCs are truly a transformational cross-sector partnership that can raise the bar on health and education outcomes statewide.

About the Ohio Alliance

The Ohio Alliance is the only statewide organization created to advance and support the sustainability and expansion of school-based health care. The organization's mission is to improve access to comprehensive, integrated health services through school-based health care to advance equity and improve health and education outcomes for students, their families, and communities. Ohio partners interested in championing school-based health care in their communities are encouraged to sign up for the Ohio Alliance mailing list for the latest school-based health care news and updates. Schools and community healthcare providers interested in exploring the SBHC model can contact the Ohio Alliance's Director of School-Based Health Care Initiatives at katherine@osbha.com.



About the Author

Rachael Schilling serves as the Program Manager for the Ohio Alliance, managing Ohio Alliance collaboratives, programming, and data collection and evaluation efforts. She also supports the Ohio Alliance's communication



channels, including the organization's social media accounts and newsletter. Rachael comes from an academic background, where she gained experience in quantitative and qualitative research, data management, and data visualization. Through her work in graduate school, she developed an interest in community well-being and health equity, especially among youth. She holds both a Bachelor of Science in criminal justice and a Master of Science in criminal justice from the

University of Cincinnati, as well as a PhD in criminology from the University of Delaware.



Why School-Based Health Centers Matter for Rural Communities

Xue Zhang, PhD, Sharon Tennyson, PhD, Mildred E Warner, PhD, & Wendy Brunner, PhD

School-based health centers (SBHCs) are healthcare facilities in or near schools that provide health care services to students, often at little to no cost. Authorized by federal and state laws, SBHCs expand healthcare access for underserved youth through partnerships between schools, healthcare systems

or hospitals, community-based organizations, parents and youth (Kjohede & Lee, 2021; Knopf et al., 2016; School-Based Health Alliance, 2023). Schools are crucial partners in rural areas, where healthcare access is limited and many communities lack health service providers and public services (Warner, Reece & Zhang, 2025; Warner & Zhang, 2023; Zhang, Warner & Wethington, 2020). As of 2022, there are about 3,900 SBHCs in the U.S., with 36% located in rural schools (Love et al., 2019; School-Based Health Alliance, 2023).

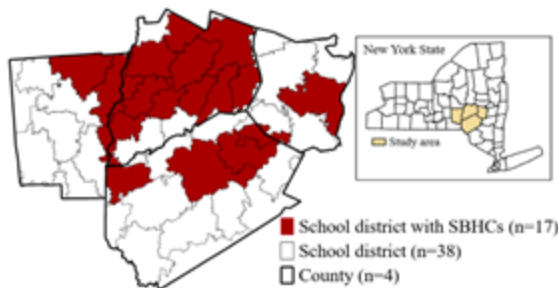


Figure 1 Study area

Based on a partnership that grew out of a pediatrician's interest in understanding and addressing patient population's needs, our multidisciplinary research team, representing the fields

of sociology, economics, planning, education, nursing, biostatistics, epidemiology and primary care received an NIH grant in 2023 to study the impact of SBHCs on rural communities in central New York State¹. Broadly, our project focuses on evaluating the impact of rural SBHCs on healthcare utilization and investigating how school-SBHC partnerships facilitate cross-agency collaboration in rural communities, and may create structures that address social determinants of health (Zhang et al., 2024). Our study area includes 4 rural counties where Bassett Healthcare Network (Bassett) is the main healthcare provider and operates a network of 21 SBHCs in 17 of the 38 school districts (Districts in this region are small with most having only 1-2 school buildings, Figure 1). This "natural experiment" allows us to compare students living in districts with SBHCs to their peers living in districts without SBHCs.

School-Based Health Centers Increase Healthcare Access and Utilization

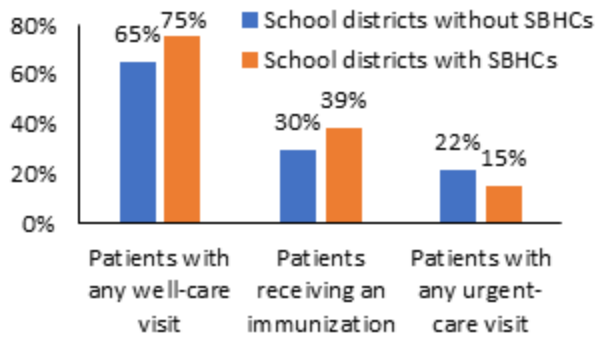


Figure 2 Patient visits (ages 4–19) by type of encounter for 2017

Source: Tennyson et al., 2022

Using electronic health record (EHR) data from Bassett, we examined how availability of an SBHC may affect students' use of healthcare services. Our recent article (Tennyson et al., 2023) based on 2017 data shows that compared with students living in school districts that do not have SBHCs, students with access to

SBHCs are more likely to have an annual well-care visit, are more likely to receive an immunization, and are less likely to visit an emergency or urgent care facility (Figure 2). These findings suggest that SBHCs improve access to regular and preventive health care for children in schools.

SBHCs and Chronic Disease Management

Convenient access to medical care through SBHCs is particularly important for students with chronic conditions like asthma for whom regular office visits may prevent the onset of acute exacerbations that could lead to an emergency department visit. Our analysis of EHR data indicates that among students with asthma, access to an SBHC is associated with higher rates of asthma-related office visits and fewer respiratory-related urgent care and emergency department visits.

School-SBHC Collaboration Builds Patient Centered Medical Homes for Rural Youth

To explore the school-SBHC collaboration, we conducted semi-structured interviews with school district superintendents, SBHCs medical providers, and healthcare network administrators to ask about the motivation, challenges and benefits of school-SBHC collaboration, and the impact of collaboration on children's and health and community wellbeing. We learned that SBHCs have

the potential to operate as patient-centered medical homes, aligning with the core principles of accessibility, continuity, comprehensiveness, family-centeredness, coordination, and compassion (American Academy of Pediatrics, 2024; Kjolhede & Lee, 2021). During the interviews, we heard that the collaboration between SBHC staff, school nurses, teachers, social workers, and school administrators ensures accessible, comprehensive, and family-centered care. The compassionate and continuous care provided by the school-SBHC collaboration could build a culture of health for rural youth. One interviewee mentioned “Our goal here at Bassett and our mission is to try to meet the needs of our communities... In the schools, where the kids are coming to, again battling those social determinants of health and our very rural communities, no transportation, parents needing to work, struggling to get them to seek dental care, healthcare, mental healthcare, and how do we bring the services to them? School based health has really transformed our ability to meet that need.”

School-Based Health Centers Help Address School Absenteeism

With their availability in school buildings, SBHCs decrease the need for students to leave the school campus for medical appointments. Additionally, regular medical care may address health conditions that might keep a student out of school. To study this hypothesized association, we analyzed data from school district attendance reports as submitted to the NYS Education Department. We compared absenteeism rates between districts in the region with and without SBHCs and found that students with access to SBHCs had lower rates of absenteeism than those who did not.

In conclusion, our research shows the critical role of SBHCs in medically underserved rural communities, including increasing healthcare access and utilization, providing patient-centered medical homes, and improving education outcomes. These results conform with broader research which finds that schools can be critical partners in community development and public health, especially in lower income and rural communities (Warner, Reece & Zhang,

2025). Our research also conforms with national level studies which find that sharing services between health care, community agencies and schools requires sharing power to achieve a shared vision of building better communities for children (Warner & Zhang, 2023). SBHCs are a shining example of what is possible when schools and health providers collaborate.

About the Authors

Dr. Xue Zhang, an Assistant Professor of Biobehavioral Health at Penn State University, is a social epidemiologist who specializes in social and structural determinants of health, with a focus on rural health disparities. Dr. Sharon Tennyson, a Professor of Public Policy at Cornell University, is an economist with expertise in the empirical analysis of consumer behaviors and policy interventions in healthcare and insurance. Dr. Mildred Warner, a Professor of City and Regional Planning and Global Development at Cornell University, is an expert in local government service delivery, intergenerational planning, and population health. Dr. Wendy Brunner, Director of the Center for Rural Community Health at the Bassett Research Institute, is a chronic disease epidemiologist with 20 years of experience in public health practice at the Minnesota Department of Health.



Practice Perspective

What is a School-Based Health Center and Why Would You Want One?

Chris Kjolhede, MD, MPH, Jane Hamilton, RN, & Wendy Brunner, PhD

Health care in schools is not a new idea. Vaccines have been given by school nurses since the 1950's and the scourge of polio. School nurses still serve an important role in schools. Many states require periodic physical exams for sports and at certain grade levels; often these screenings are provided at the schools especially for students without ready access to a primary care provider. Schools have NOT traditionally had provision of healthcare as one of their primary roles despite the impact that poor health may have on the ability of students to attend and to learn (1).



School-Based Health Centers (SBHCs) have been in existence since the 1980's. The earliest SBHCs were located in urban settings, often in middle or high schools. The paradigm of SBHCs

has varied over time and models differed between states and local sponsors. Nevertheless, the common goal of SBHCs has been to deliver easily accessible, good quality care to students where they spend so much of their time: in school (2,3).

The Bassett Healthcare Network covers largely rural populations in central, upstate New York. Bassett's model of SBHC care is to deliver comprehensive care. In rural upstate NY, our 22 SBHCs provide well care, acute care, chronic care, as well as mental health care, and both preventative and operative dental health care. These school-based primary care sites are patient centered medical home (PCMH) recognized by the National Committee for Quality Assurance, a designation held by few SBHCs. This recognition indicates that there is accessible, coordinated, high quality care provided in these sites. Realizing the geographic barriers to health care and increasing paucity of primary care providers in rural America, particularly child health care providers (4), SBHCs are a concept of care whose time has come.



The Bassett experience has been that with a school-based health program of consistent, high quality, accessible, evidence-based care, coupled with both local and regional advocacy for child

and adolescent health, many aspects of student wellbeing improve. The vaccine component of the care in the SBHCs is very important and vigorously promoted. Most vaccines are required for school enrollment in New York State. HPV vaccine is not required but with careful advocacy, the acceptance and delivery of HPV vaccine, the only vaccine typically given to children that prevents cancer, has improved to levels significantly above the upstate NY average. Also, the care of asthmatics uses National Heart, Lung, Blood Institute and the American Academy of Pediatrics (AAP) guidelines. These efforts ensure the most accurate diagnoses and also follow not only recommendations for periodic care for students with asthma but also appropriate use of medications in treatment. Importantly, periodic follow-up visits are more easily arranged within the SBHC, at the school. The onsite integration of somatic, mental health and dental health is remarkable and convenient for rural families. Such collocated services for the care of rural children are rarely found elsewhere. And last, but far from least, the accessibility for students and their families' means that if a student can get to school, they can get care. Limited public transport and distances make access to care an issue for many students in rural settings. The students' working parents and caregivers are very appreciative of the SBHCs as they are able to stay on the job while their children get care in school. If a student can ride the bus to school, they can access these SBHCs. SBHCs make good sense on many levels.

It takes a community effort to start a School-Based Health Center. The process starts with an invitation to address the local school administrators and the Board of Education. Typically, we present our model of SBHC, the timeline for establishing one, rough estimates of costs for the school and for the sponsor, and the tasks required to finally open the doors. Community engagement is an important component of the planning process. A community advisory group that includes school administrators, teachers, the school nurse, parents, community members and students help define the needs and wants from this group of stakeholders. The New York State (NYS) Department of Health (DoH) and the State Education Department (SED) have guidelines and requirements to be met before granting the sponsoring agency (in our case, Bassett Healthcare Network) permission to begin scheduling and seeing patients. The SBHC team works closely and collaborates regularly with the school nurses (school employees). Our model is to provide well care, acute care and chronic health care as well as mental health and dental health care. We are very realistic about the costs and the timeline to opening.

SBHCs sponsored by the Bassett Healthcare Network take pride in providing healthcare to students carefully following the AAP guidelines with due consideration of NYS DoH recommendations for frequency of well visits, screenings, and medication management in conjunction with the school nurse. AAP protocols for well, acute and chronic disease care serve as our standards. Our mental health providers make diagnoses, plan therapy and work in conjunction with our pediatricians and advanced practice clinicians to provide mental health care, often the most sought after service from the community.

SBHCs are worth promoting as a way to address the changing and challenging healthcare landscape. With the future of rural access to care and of healthcare financing being as uncertain as it is, we need innovative, creative and effective models to provide the important care for our children and adolescents. We need easily accessible, good quality sources of dental health care, mental health care, and both well and acute health care for students. SBHCs are a proven model in many locations. Schools have become more than just a site for education. They provide food and emotional support for students. So why not health care as well?

About the Author

Chris Kjolhede, MD, MPH, has been a practicing pediatrician at the Bassett Healthcare Network in Cooperstown, NY for 30 years. The concept of taking care of kids, where they spend so much time, provoked the interest in Dr. Kjolhede to consider health care delivery in the school setting. For students and their families in rural, economically challenged areas of upstate NY, school-based health centers simply made good sense.

**Upcoming Professional
Development**

**Check out these upcoming professional development
opportunities**

- **Mid-Ohio Psychological Services Public Trainings ([MOPS](#))**
 - All trainings are virtual with CE credits available
 - **Teaching Parents the Positive Discipline Way** (9/30/24 from 8:45am-1pm)
 - **SAB Series: Treatment of Sexual Abuse Youth Survivors** (12/2/24 from 8:45am-1pm)
 - **ADHD Assessment and Treatment Across the Lifespan** (12/9/24 from 8:45am-1pm)
 - **Working with Individuals in Poverty** (1/20/25 from 8:45am-4pm)
- **Ashtabula County Suicide Prevention Coalition Meeting** (10/2/24; 3-4pm)
 - The Ashtabula County Suicide Prevention Coalition meets quarterly. Meetings are held at the MHRS board office (Ashtabula County Mental Health & Recovery Services Board, 4817 State Rd. Suite 203, Ashtabula, Ohio 44004) and are open to the public.
 - Virtual option available upon request.
 - Check out [this link](#) to learn more
- **Ashtabula County Prevention Coalition Meeting** (8/21/24; 3-4pm)
 - Mission: To implement effective, evidence-based strategies to prevent and reduce high risk behaviors and substance misuse among youth in Ashtabula County
 - Meeting location: Ashtabula County District Library (4335 Park Ave., Ashtabula, Ohio 44004)
 - Virtual option available
 - Learn more at [this link](#)
- **Montgomery County ADAMHS Board Trainings**
 - For providers and educators interested in building knowledge and skills surrounding prevention of child abuse
 - **Stewards of Children** (8/7/24 from 2-4:30pm)
 - located in-person at ADAMHS — Montgomery County ADAMHS — Suite 201 (2nd floor), 409 E. Monument Ave, Dayton, OH 45402
 - **Child Abuse: Identifying, Responding, and Preventing** (9/25/24 from 1-4pm; virtual)
 - Continuing education requirements available for both programs

- For more information, check out [this link](#)

Want your professional development opportunity to be in the next newsletter?

- email SACnews@appchildren.org with details about your event.

About the Editors

The editor of this newsletter is Dr. Steven Evans who is a Distinguished Professor of Psychology at Ohio University (SACeditor@appchildren.org). The assistant editor is Ms. Carolyn Campbell (SACnews@appchildren.org) who is a doctoral student in clinical psychology working with Dr. Evans.

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