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CHIP Title: Partnerships for School Health Care Requirements

Project Description:

My initial point of inquiry was to better understand what we mean by “equity” and how to operationalize it. In June 2020, employees throughout San Mateo County Health walked out to collectively grieve the murder of George Floyd by police and publicly commit to dismantling the structural racism within our health care system. But what would this look like? How could we translate broad statements into actual wellbeing for our communities? For me, we needed to start by asking our patients and communities these questions and collaborating to implement solutions. If patients determine our health care system’s improvement priorities and co-create solutions, we ensure that those most impacted drive solutions responsive to their experiences. While laying groundwork for community engagement, an urgent need arose with which we could pilot our efforts to pilot equitable care: nearly 1,000 students, mostly Latinx and uninsured, were being excluded or threatened with school exclusion due to school vaccination status. In a novel partnership, the health department, county medical center, and county office of education collaborated to develop temporizing solutions including pop up vaccine clinics, direct scheduling opportunities, and policy guidance discouraging school exclusion.

These measures mitigated the immediate problem, but the county needed to address structural health care inequities to prevent recurrence. I convened a steering committee representing schools, clinics, the health department, and the health plan. We interviewed families who came to these clinics to understand the barriers that resulted in school exclusions despite their efforts to meet requirements. This led to three arms of work: 1) standardized communications to communities, and between health and schools; 2) health care access with specialized services for newcomer students and families, and new mechanisms for schools to connect students to appointments; and 3) learning communities for school staff to support each other with health-related services. So far, this academic year, we have identified fewer school exclusions, have decreased wait times for health care appointments within the safety net clinics, and continue to push coordinated communication to prevent school exclusion.

Key Findings and Lessons Learned:

Strengthening school and health care connections was very instructive. First, alignment across institutions for a coordinated message and plan is challenged by each institution having its own priorities and regulatory requirements. Second, even with a shared message, dissemination is imperfect and requires multiple streams and duplicate efforts. Third, successfully tackling multi-agency problems requires building robust relationships with ongoing communication. And finally, equity in practice requires understanding the structural barriers that disproportionately affect certain communities and a willingness to dismantle these barriers or devise alternative pathways around immovable obstacles.

Next Steps:

The interviews with families affected by barriers to accessing health care and consequently excluded from schools informed an important counternarrative to the prevailing assumption that families did not care about or prioritize their children’s health and education. We do not routinely

embed lived experience as a necessary arm of improvement work and this needs to change if we want to create structural solutions. Encouragingly, patient participation and community engagement are now strategic priorities for the San Mateo Medical Center and the County Health Department. We aim to build a “rolodex” of community partners with lived expertise trained in the Lean model of improvement who will be invited as valued contributors to improvement projects in the year to come.