Learning from South Carolina School-Based Health: Best Practices for Growth and Integration

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Speaker Spotlight

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Medical University of South Carolina

Learning Objectives

1. Describe the MUSC Boeing Center for Children's Wellness model, including its theoretical grounding in the CDC Whole School, Whole Community, Whole Child framework.

2. Identify the evidence base supporting school-based health as a strategy for health promotion, prevention, and equity.

3. Discuss the expansion of the model to include prevention and treatment of behavioral health

History

Jann Owens, NP and Burke Principal Lee Gaillard opened the first SBHC in South Carolina in 1994.

Students enrolled in the Burke SBHC had 18% greater reduction in ED utilization over a 2-year time period compared to those not enrolled ($p < 0.05$).

Source: Key, Washington and Hulsey. Reduced emergency department utilization associated with school-based health center enrollment. JAH 2002;30:273-278.

Who We Are

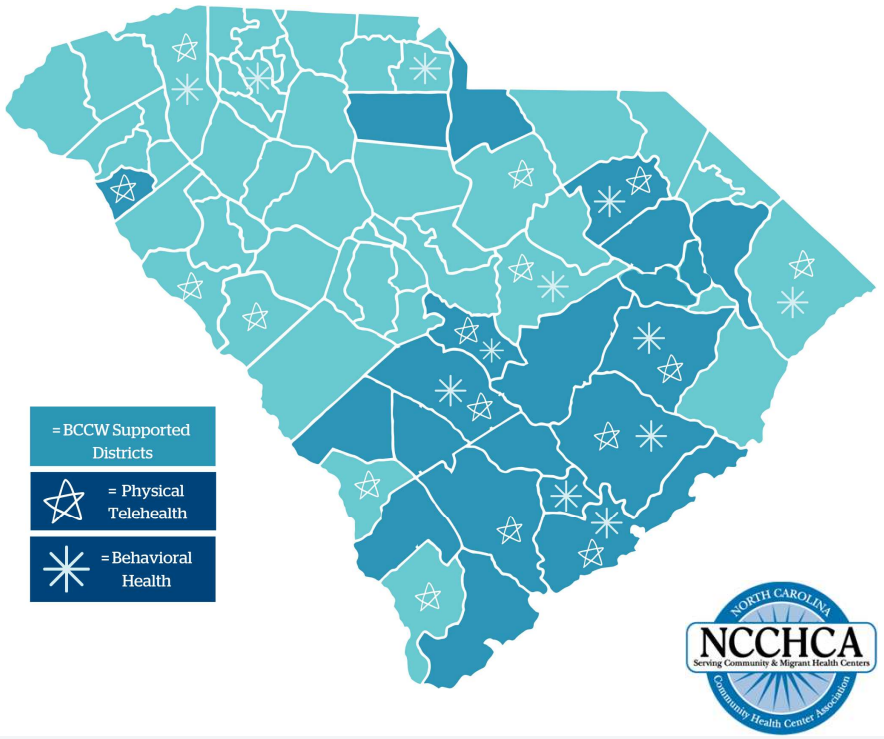
Medical University of South Carolina Boeing Center for Children's Wellness

- **Mission**

  The MUSC Boeing Center for Children's Wellness (BCCW) supports schools in the adoption of proven strategies that promote optimal health and well-being for all.

- **Vision**

  Our vision is a South Carolina where all children are healthy, succeed in school, and thrive in life.



Growth Since 2007

2007

1 school district

11 schools

11,000 K-12 students

2025

19 school districts

277 schools

166,200 K-12 students

Why School Wellness

- Although **children account for only about one-quarter of the Carolina's population**, their well-being has a profound influence on both the current and future health of the states.
- Schools are uniquely positioned to serve as powerful levers for prevention and health promotion. **More than 90% of school-aged children spend the majority of their weekdays in school settings**, where they learn, eat, and engage in physical and social activities.
- Creating **health-promoting school environments are associated with improved academic performance, stronger attendance, and reduced risk of chronic disease.**

A healthy kid is a better learner!

Framing of School Wellness

Image Source:
Centers for Disease Control, 2024

- The World Health Organization defines a health-promoting school as **"a school that is constantly strengthening its capacity as a healthy setting for living, learning and working."**

- MUSC school-based services **aim to** support this concept by **facilitating school systems to foster the physical, social emotional, and psychological conditions for health as well as for positive education outcomes.**

What We Do

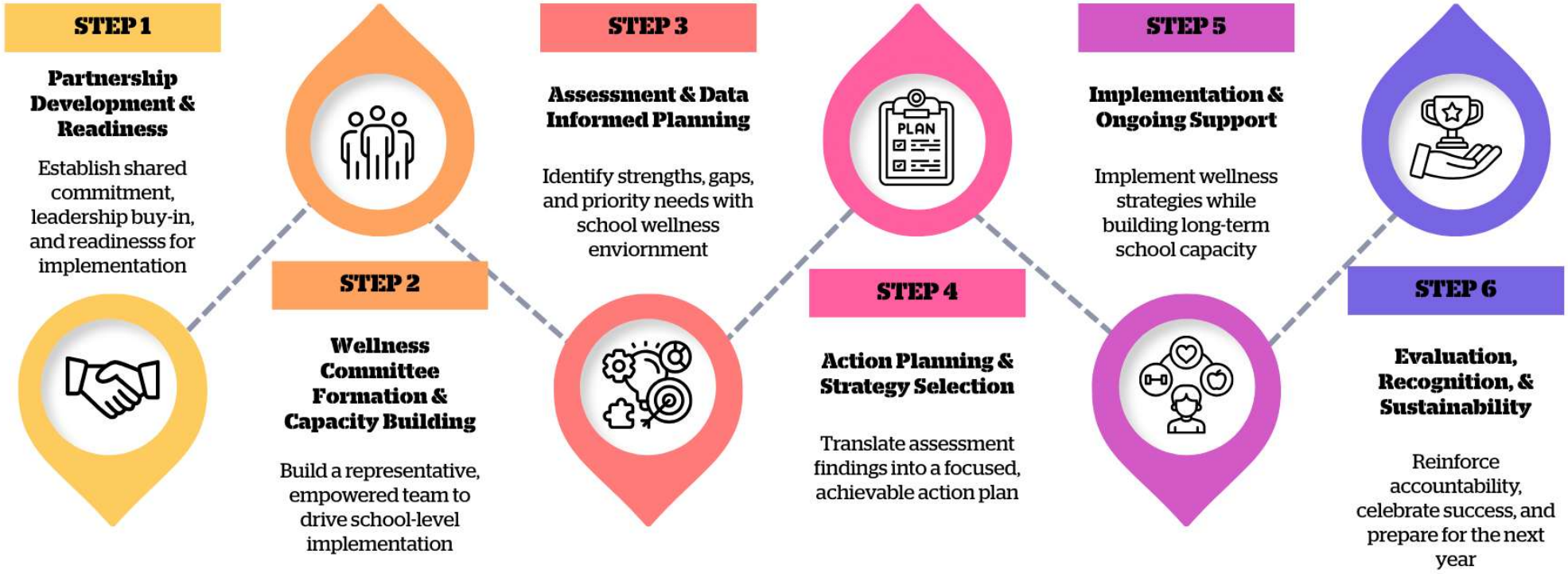
In pursuit of our mission, MUSC BCCW supports schools in implementing evidence-based policy, systems, and environment (PSE) strategies that build and sustain a culture of wellness that impacts their whole school community. We do this through the following Initiatives:

1. **School-based Wellness Initiative**
2. Local Wellness Policy District Technical Assistance
3. **School-centered Wellness, Prevention, and Treatment Model**
    - **Behavioral/Mental Health**
    - Diabetes Prevention
4. Handle With Care

School-based Wellness Initiative

- An implementation method that promotes evidence-based strategies targeting **nutrition**, **physical activity**, and **social emotional wellness** of students and staff.
- Implemented through three main components:
  - Hands-on support and motivation for district and school leaders
  - Establishment of a School and District Wellness Committee
  - Utilization of an implementation tool (School Wellness Checklist) for accountability and sustainability

School-based Wellness Initiative



School-based Wellness Initiative

Implementation Tool: School Wellness Checklist (SWC)

Example: create a wellness committee, SMART Goals, and action plan

Example: vegetable-based salads for student lunch, water drinking, and food-based gardens

Example: physical activity breaks, Action Based Learning, and non-competitive PA opportunities

Example: school-wide SEL program, mentoring, and school-based mental health supports

Example: non or healthy food fundraisers, wellness policies, and wellness included in family events

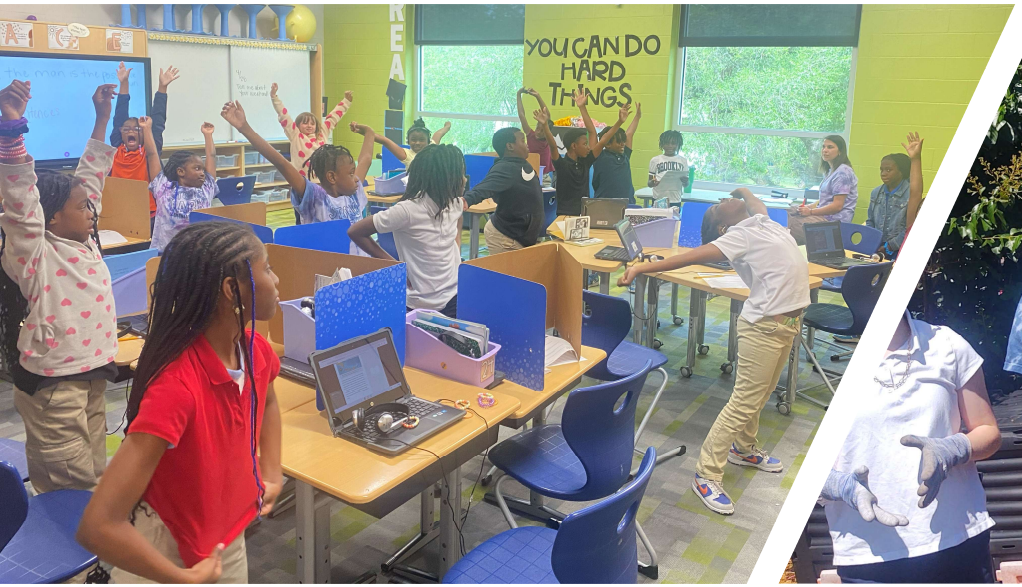
Example: staff wellness challenge, health screenings, and fitness classes

Example: community partners, wellness related grants, and attend wellness related training

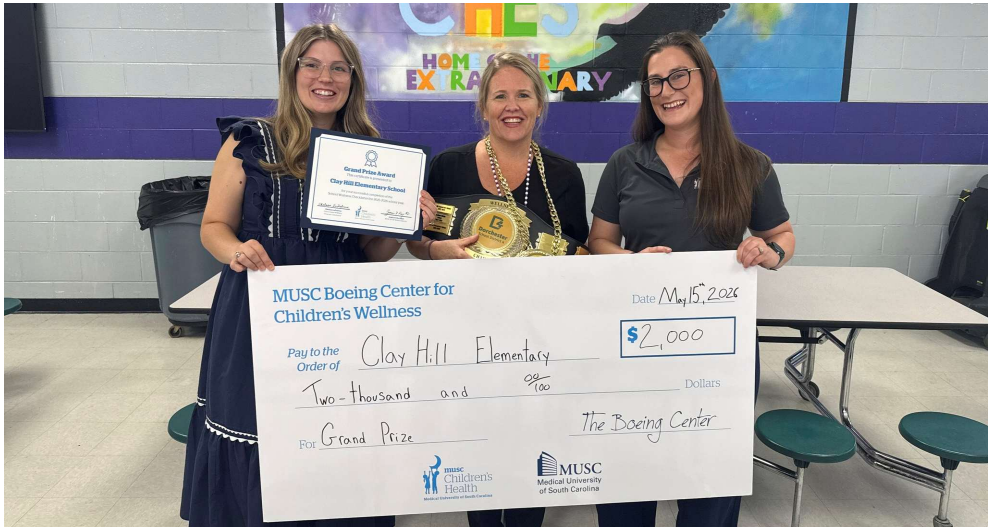
Annual Minimum Requirements:

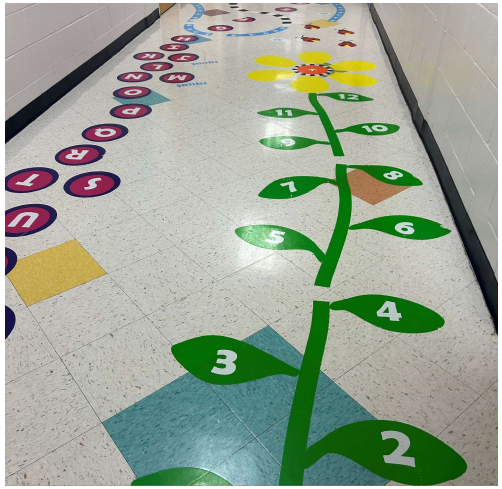
- ✓ Log at least one point in each category
- ✓ Log a minimum of 50 points
- ✓ Form a wellness committee with at least three members
- ✓ Hold a minimum of four wellness committee meetings each school year

Schools that meet minimum requirements earn a wellness award! The school earning the most points earn an additional award (Grand Prize).

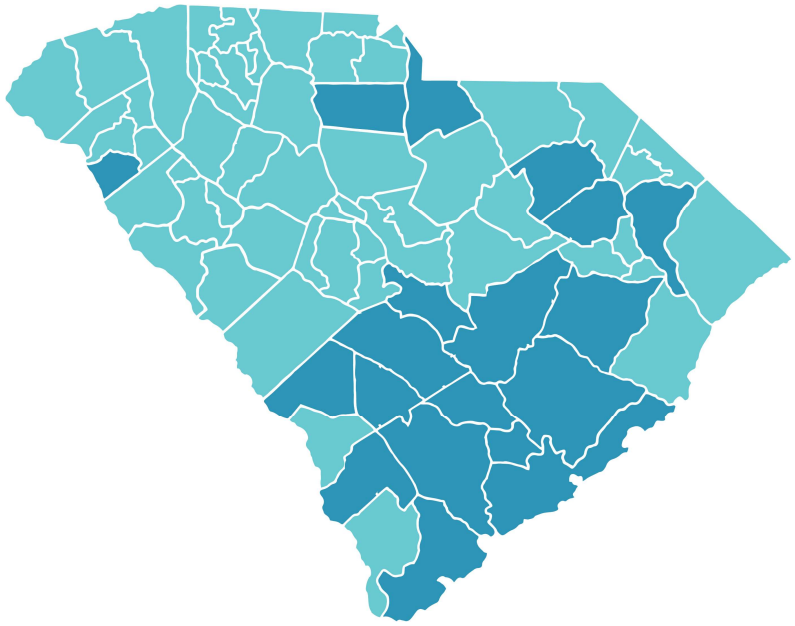

YOU CAN DO
HARD
THINGS


RISE


MUSC Boeing Center for Children's Wellness
Date May 15, 2025
Pay to the Order of Clay Hill Elementary
$2,000
Two-thousand and 00/100 Dollars
For Grand Prize
The Boeing Center
musc Children's Health
MUSC Medical University of South Carolina



South Carolina Participation



By the Numbers 2024-2025

19 school districts

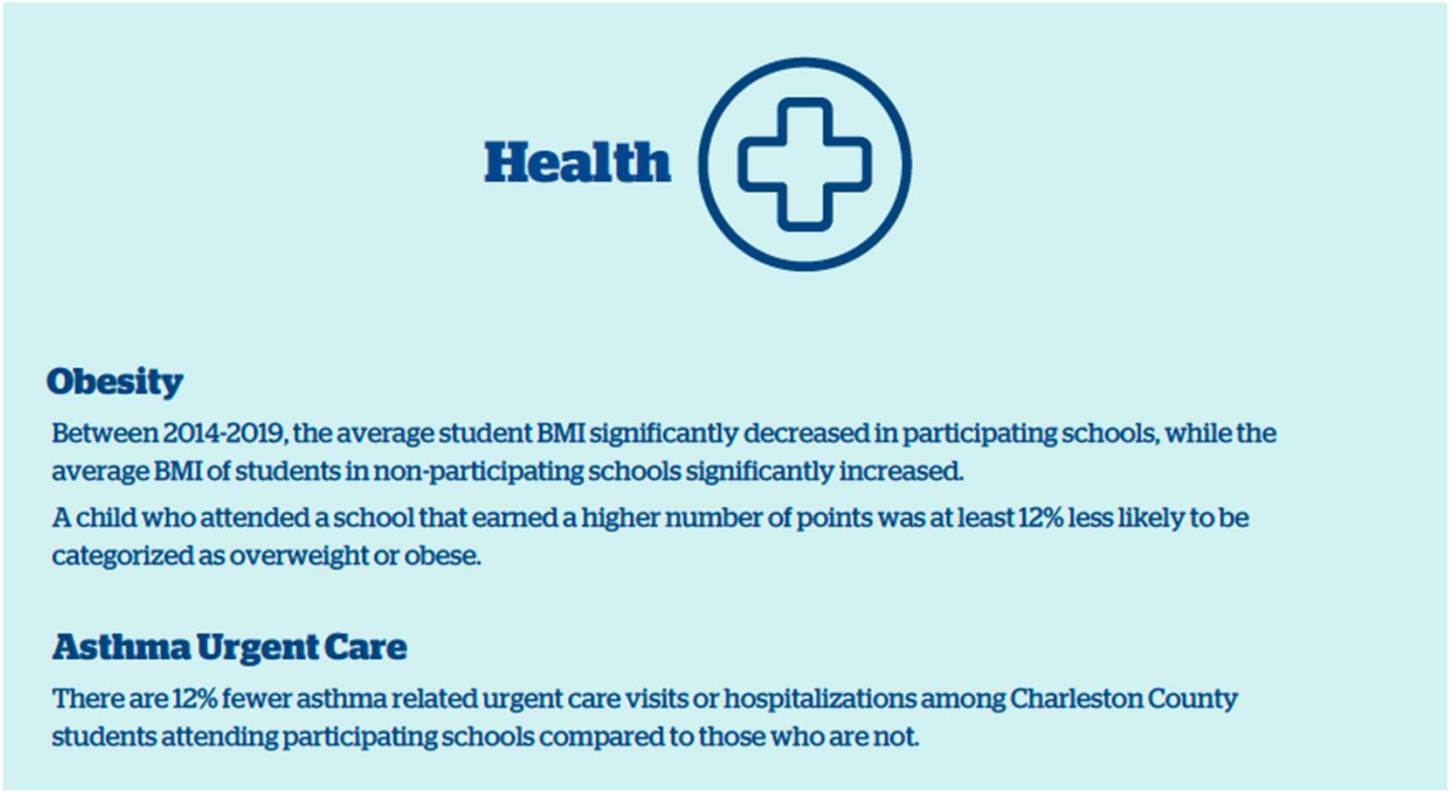
277 schools

166,200 K-12 students

91 adopting health care professionals

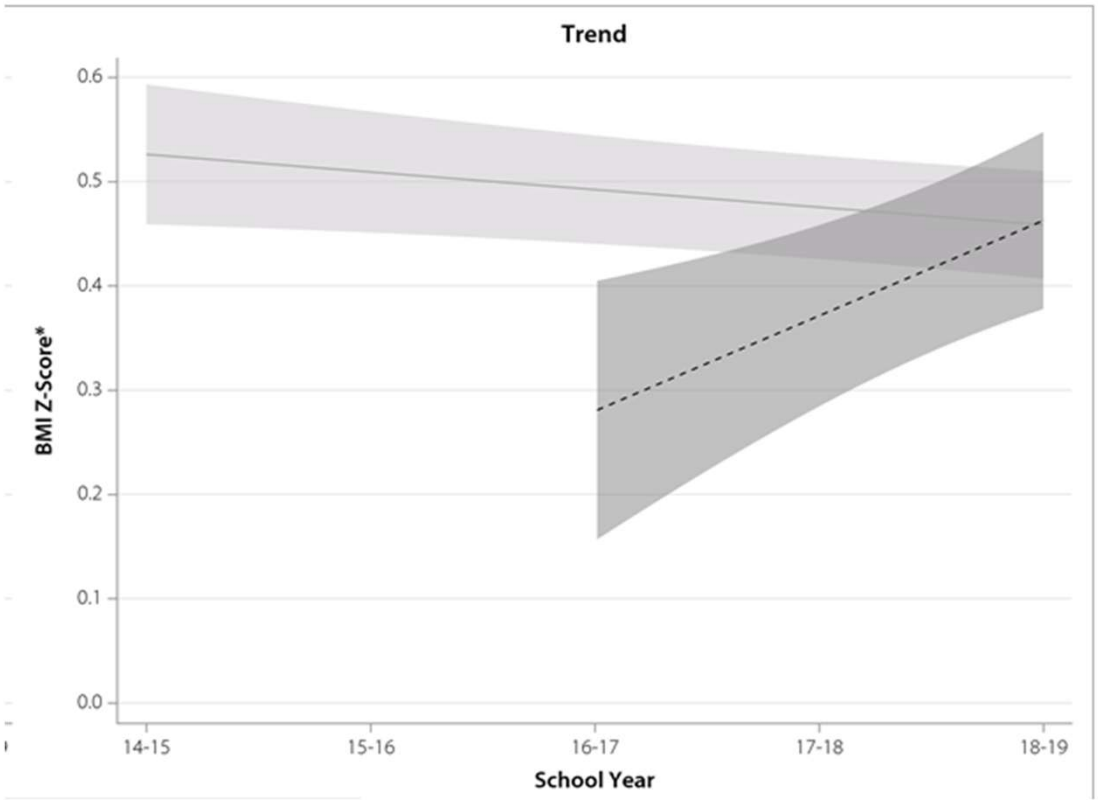
$233,600 wellness funds awarded to schools

Health Outcomes



Health Outcomes

Participating Schools Have Improved Average Student Body Mass Index Over Time School Years 2014-2018

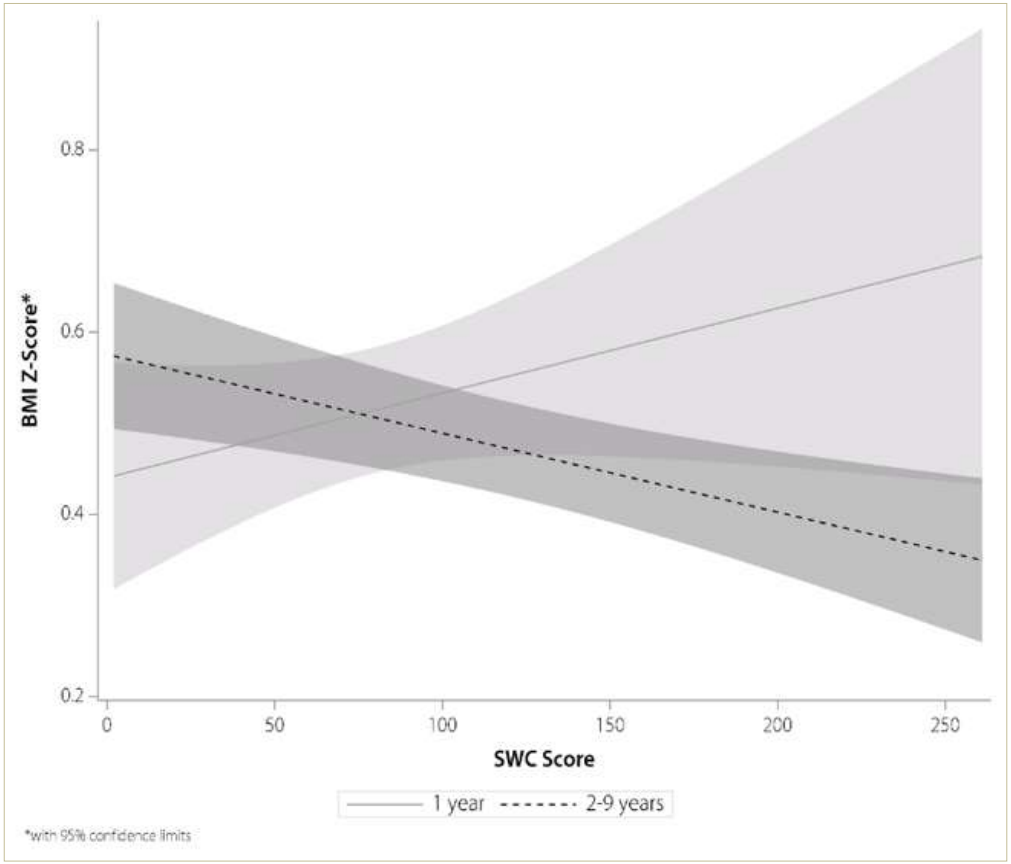


Retrospective study

113 K-12 SC Schools

- Participating: 87 schools; 27,855 students
- Non-participating: 16 schools; 3,608 students

Health Outcomes



Inverse relationship between SWC score and student BMIz

Children who attended school that earned 200 points on the SWC were **12% less likely** to be overweight or obese than children who attended a school that scored 50 points.

This increased to **15% less likely** when a school earned 250 points.

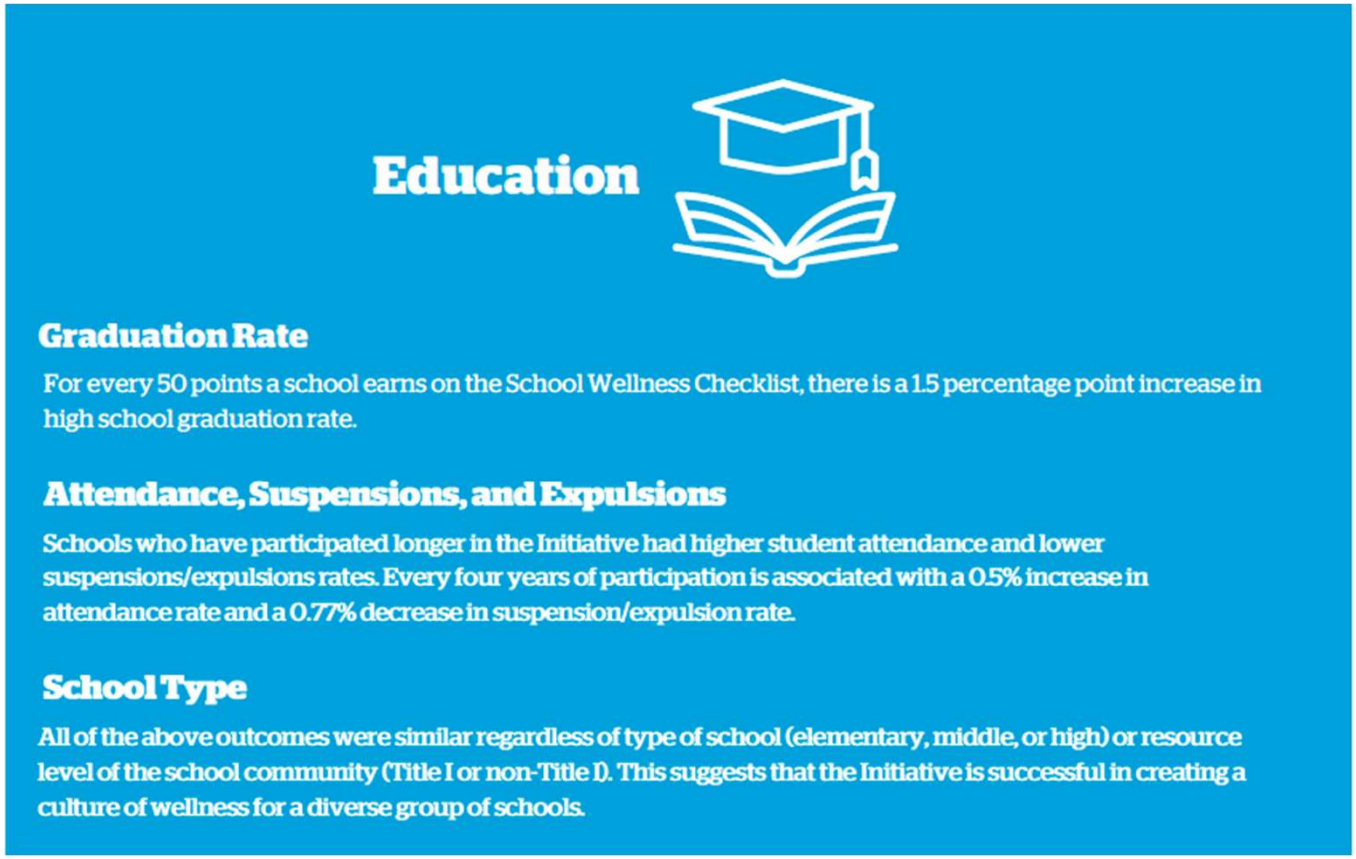
Addressing risk factors matters:

- Similar association with Getting Started, Physical Activity, Stress Management, Employee Wellness

Results consistent across diverse settings

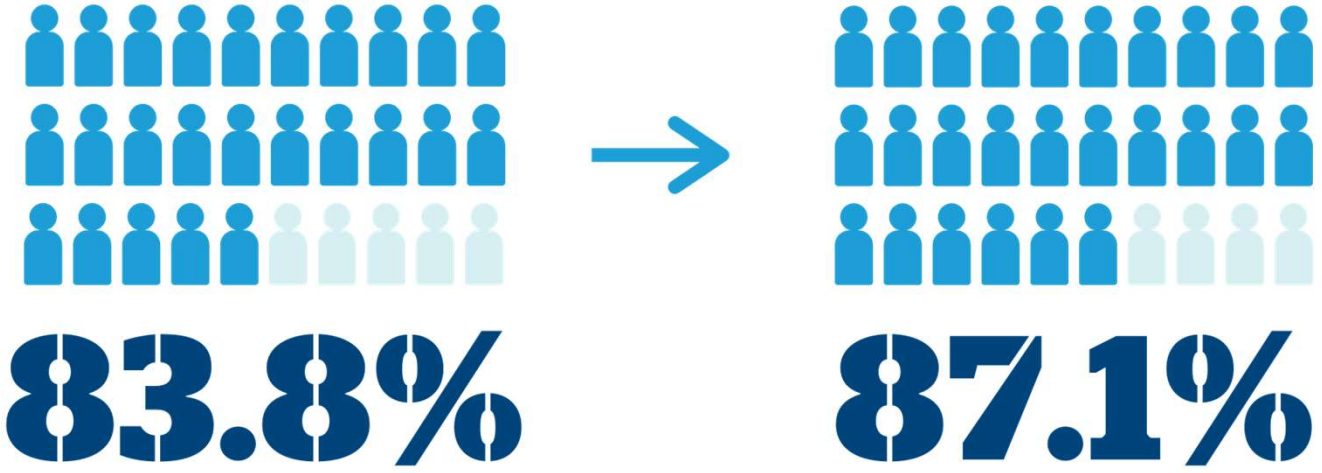
- Relationship did not differ by school type, rural/urban location, Title 1 status, or student sex.

Education Outcomes



Education Outcomes

Greater Participation = More Kids Graduating



83.8%

On average, schools that achieved 50 points on the School Wellness Checklist had an 83.8% graduation rate.

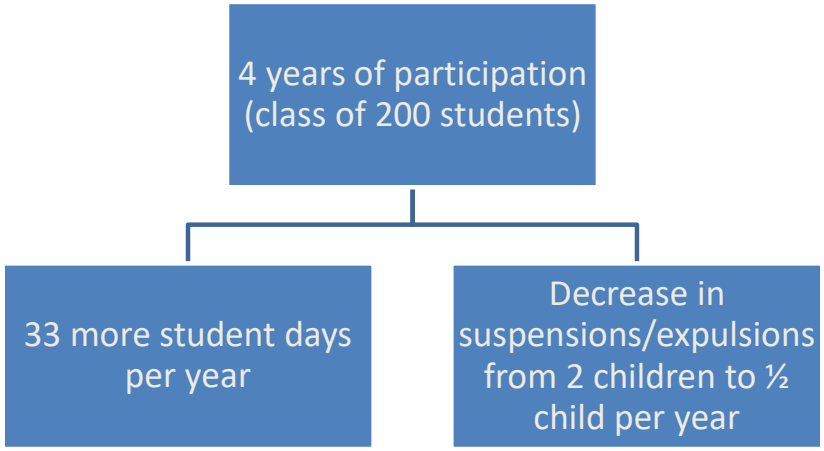
87.1%

On average, schools that achieved 150 points on the School Wellness Checklist had an 87.1% graduation rate.

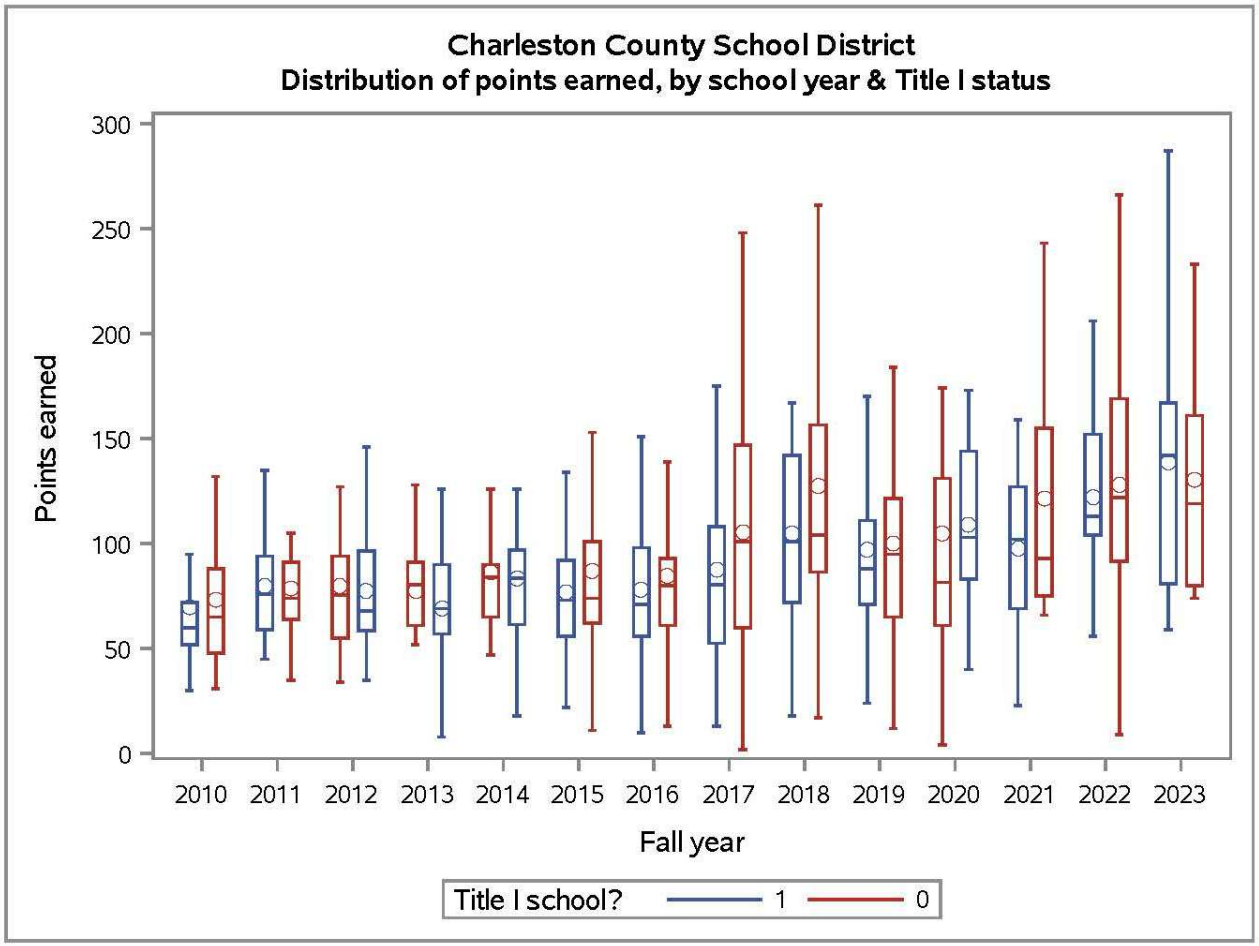
Education Outcomes

Longer Participation = Better Attendance and Behavior

- Schools who have participated longer in the Initiative had higher student attendance and lower suspensions/expulsions rates.
- Every four years of participation is associated with a 0.5% increase in attendance rate and a 0.77%decrease in suspension/expulsion rate.



Historical Participation by School Type



Participation Charleston County School District by Year:

- **2010**: 51 schools, mean of 71 points
- **2023**: 44 schools, mean 135 points, 19 schools over 150 points

School-centered Wellness, Prevention and Treatment Model

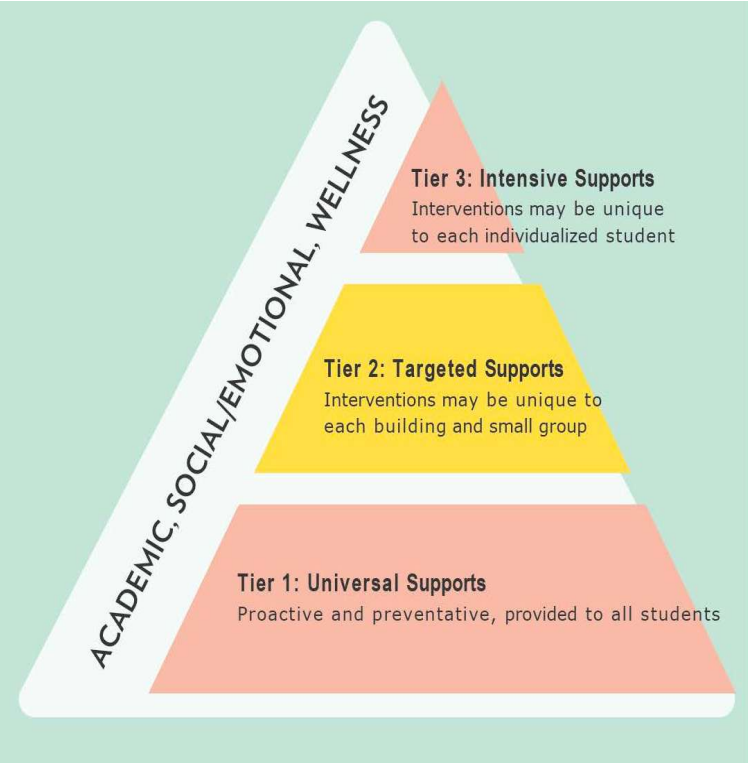
In 2021, we expanded beyond universal wellness to include coordinated and targeted mental health supports.

This model utilizes the Multi-tiered System of Supports (MTSS) to integrate effective mental health and wellness strategies into existing school systems.

MTSS is an evidence-based framework that integrates academic and behavioral interventions in varying intensities (tiers):

- Tier 1: universal for all students
- Tier 2: targeted interventions for some students
- Tier 3: intensive interventions for a few students

Multi-tiered System of Supports (MTSS)

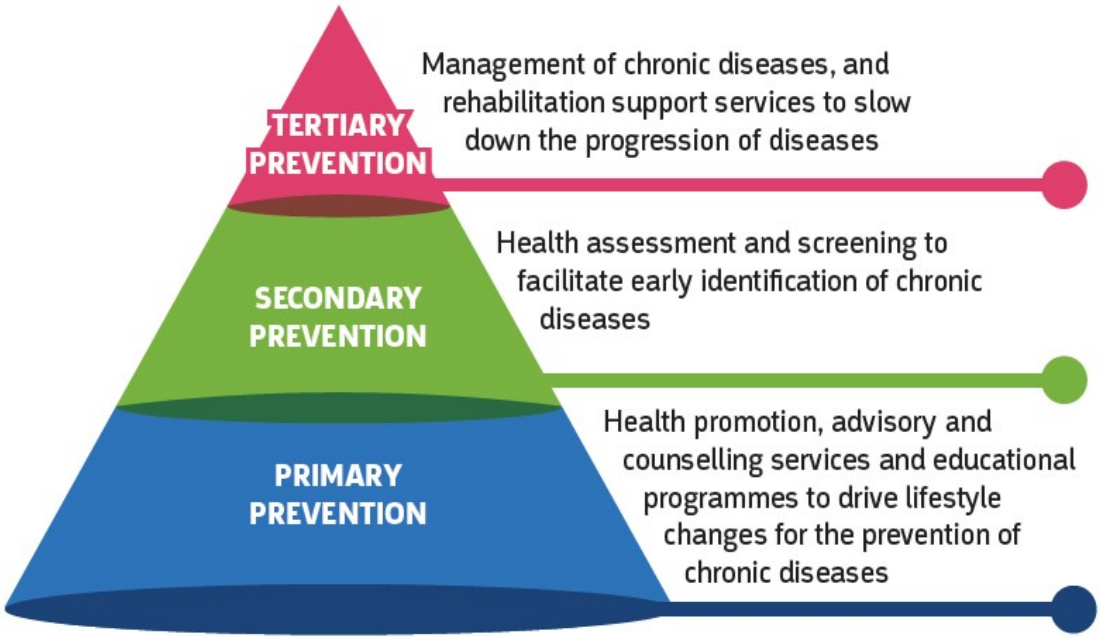


School-centered Wellness, Prevention and Treatment Model

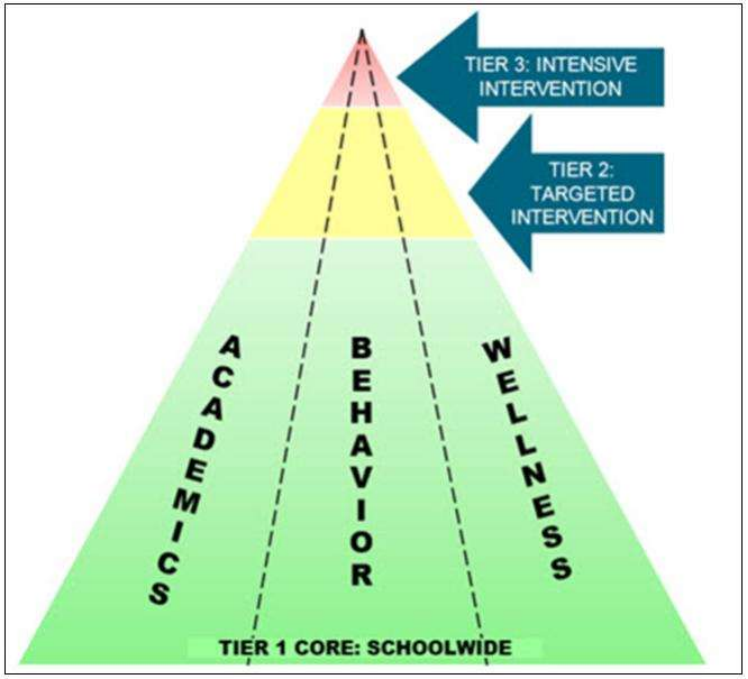
Steps for Implementation of Model:

School and Health System Integration

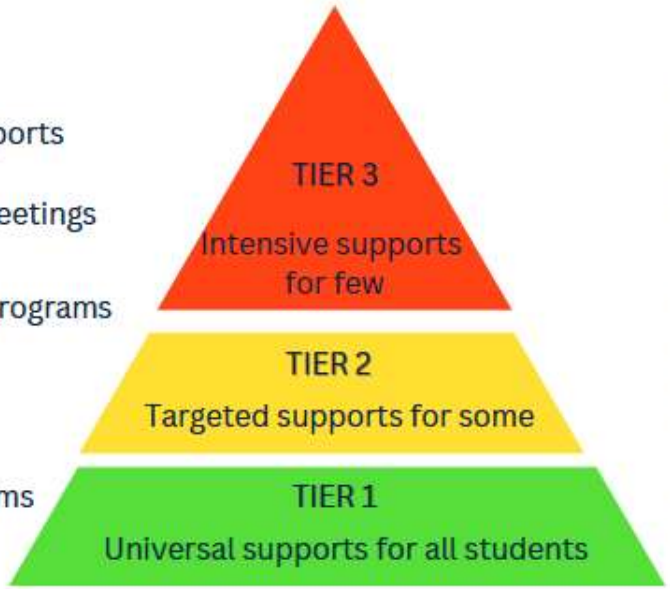
Public Health Approach to Prevention



Multi-Tiered Systems of Support (MTSS)



School and Health System Integration



School Directed

- Intensive behavior plans
- Special education and 504 supports
- Crisis response protocols
- Grade-level student strategy meetings

- Targeted lunch & after-school programs
- Parent/family outreach
- Student behavior plans
- Differentiated small groups

- Classroom managements systems
- Whole school culture efforts
- Teacher/staff wellness and PD
- Parent/family engagement

Healthcare Directed

- Onsite / Telehealth 1:1 therapy
- Crisis de-escalation and acute stabilization
- Coordination with other providers
- Ongoing care updates w/ school/family

- Short-Term 1:1 and small group therapy
- Lead groups focused on well-being
- Manage referral and consents
- Joint planning with school teams

- Universal Mental Health Promotion and Education
- Trauma-Informed Training for Staff
- Universal Screening and Early Identification

Schools and healthcare share a common language and expectations for student wellbeing.
Operational systems are aligned so support can occur during the school day, not outside of it.
Families, educators, and providers function as one coordinated support network.

School-Friendly Healthcare System

Healthcare and education working as one support system for student, staff, and family wellbeing.

A School-Friendly Health System integrates healthcare expertise into everyday school functioning, supporting prevention, early help, and treatment when needed.

School+Healthcare Community Stakeholders

Shared Operational Coordination

School Roles	Shared Roles	Healthcare Roles
observe and communicate concerns	joint problem-solving meetings (MTSS, intervention team, re-entry planning)	collaboration with school staff
engage families	communication with families about support options	care navigation support
support attendance and participation	planning supports that work during the school day	proactive and preventative care
provide space and scheduling support	follow-up when a student disengages	communication with school teams
participate in planning meetings	designing wellness-integrated course curriculum	treatment and care planning

Healthcare is not something students travel to. It is integrated into the school environment.
Wellness care is part of everyday school life, not only illness and crisis response.
Coordinated, proactive wellness support across the school environment.
Together, support works where the student actually lives and learns.

Lessons Learned

- Start with Community, not curriculum
  - The needs assessment and formation of a school-level committee is a mechanism by which community buy-in is generated and sustainability is built. Skipping these steps to accelerate implementation can lead to failure or a lack of integration into school culture.
- Integrate, not add
  - School health and wellness succeeds when it is embedded in existing workflows and systems, ie: the school day, MTSS structure.
- Patience is required
  - Implementation takes time. System-level change is incremental and requires sustained commitment over time

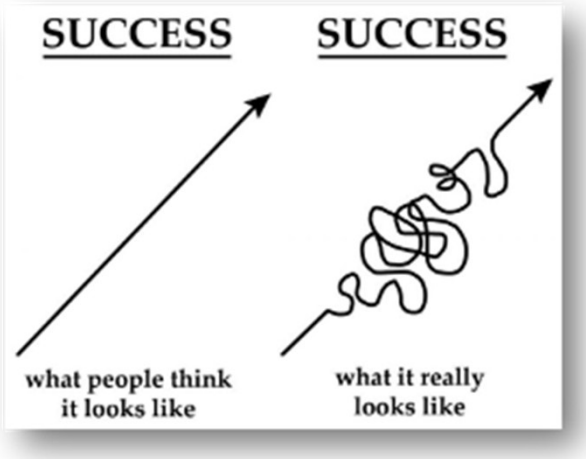


Image Source: https://www.lessbad.org/systems/make-progress/

Key Messages

1. Schools are an efficient health and wellness access point.
Schools reach more than 90% of school-aged children every day, in the communities where they live, in a setting that families already trust. The question is not whether schools should serve as an access point. The question is whether we resource and support them to do it well.

2. Sustainable impact requires building community capacity.
The MUSC BCCW model has operated continuously for more than 15 years with multiple funding sources because it supports school communities in taking ownership from the beginning. School wellness committees, annual needs assessments, and locally generated action plans mean that the model builds school and district-level capacity and infrastructure.

3. Physical health, behavioral health, and academic success are the same problem.
Treating chronic disease management, mental health support, and educational outcomes as separate domains requires separate systems, separate funding, and separate accountability structures. The MUSC BCCW model treats these as mutually reinforcing outcomes of the same investment, and the peer-reviewed evidence confirms that participating schools show improvements across all three simultaneously, at a cost of less than $10 per student per year.

4. Treat evaluation as a learning cycle, not a reporting requirement.
Our model is built around an annual improvement cycle that integrates both quantitative outcome data and qualitative feedback. Annual integration of this data allows the model to improve year over year.

Closing & Next Steps

Before you go…

- Complete evaluations
- Download slides/resources
- Save the date for next year

Contact

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- Website: musckids.org/boeingcenter

Thanks for joining us.

We’re glad you’re here—let’s keep moving health forward.