School-Based Health Centers

A HOME FOR HEALTH EQUALITY

2009
STATUS REPORT

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It's sports physical season, and kids can go to the fast track clinic in town for $25 and get a physical exam that takes five minutes and clears them for sports. Or they can come see me, and get a 45-minute "physical plus." For example, the student who just got cleared for wrestling by me, also got an antibiotic for his asymptomatic ear infection, an application form for the low-cost dental clinic, a referral to the local community health center for his medical home, and an appointment to have his cholesterol checked (due to family history).

- SBHC staff

School-based health center (SBHC) fast facts

Forty-four centers in 19 counties

- Twenty-seven high schools,
- Four middle schools,
- Eight elementary schools,
- Five combined-grade campuses.

Planning grants in 10 counties

- Twelve sites in Phase II Planning,
- Four sites in Advanced Phase I Planning.

2007–2008 highlights:

- There were 36,863 students with access to SBHCs at their schools.[+]
- Oregon SBHCs served 20,971 clients in 66,087 visits.*
- Forty-seven percent of SBHCs' clients were uninsured.*
- Sixty-two percent of students reported they were unlikely to receive care outside of the SBHC.**
- Sixty-one percent of students reported their health was better because of the SBHC.**

[+]Oregon Department of Education, 2007.
*Estimate based on 2007-2008 utilization data.
**2008 SBHC Patient Satisfaction Survey data.

The state of Oregon contributed $1,560,000 to SBHCs during the 2007–2008 service year. This funding supported the delivery of more than $2,929,000 in health care services, a 12 percent increase from the previous year. This included more than $1,273,000 to uninsured students,* which was a 9 percent increase from the 2006–2007 service year.

" Health care is the responsibility of a just society. School-based health centers are an example of how partnerships can deliver the outcome we want — access to both mental and physical health care, regardless of income, so our children can grow into healthy, productive adults."

-Governor Ted Kulongoski

SBHCs today

What is an SBHC?

Oregon's school-based health centers (SBHCs) represent a unique health care model for comprehensive physical, mental and preventive health services provided to youth and adolescents in a school setting, regardless of their ability to pay.

What do they look like?

An SBHC is staffed like a local pediatrician or family practice office with a receptionist, nurse, clinical provider (nurse practitioner, physician assistant or physician), and, at some sites, qualified mental health professionals. The centers incorporate student artwork on the walls, beanbag chairs and teen-friendly music in the lobby. They are comfortable and accessible to encourage kids to drop by when they need medical attention and/or want to learn more about health issues. Patient satisfaction surveys and staff report that students come in asking for aspirin and leave with help for abuse, depression or dental needs.

Why have one?

- Healthy kids learn better.
- SBHCs are prevention-oriented.
- SBHCs see children who otherwise would not get care.
- Students say SBHCs get them back to the classroom faster.

In the last year, Oregon's SBHCs helped …

- 20,301 students receive physical health care;
- 9,873 students without insurance receive health care;
- 6,053 students have sexual health-related visits;
- 4,572 students receive immunizations;
- 3,831 students have well-child/prevention visits;
- 2,870 students receive mental health-related care.

A high school sophomore came to the health center to 'talk.' After a few minutes of a superficial conversation, she revealed she had just taken an overdose of pills. The nurse intervened. Her parent was informed. The student was emotionally supported at school. She received medical care. The SBHC arranged for follow-up counseling in the community. She is back in school and 'hanging in there' with support. The SBHC is part of her school family, and is as committed as she is to her staying in school and graduating in two years.

- SBHC staff

Expansion

In fiscal year (FY) 2007-08, the SBHC State Program Office awarded Phase I Planning grants to 18 sites across the state to develop community readiness for new SBHCs. Of those 18 sites, 12 sites (located in 10 counties) advanced to Phase II Planning status for FY 2008-09; three of the counties currently do not have any certified SBHCs. Phase II sites continue their start-up planning and will be certified for the first time in spring 2009.

In addition, four of the Phase I sites (located in three counties) moved to Advanced Phase I status for FY 2008-09. One of those counties currently does not have any certified SBHCs. These sites have done extensive planning for an SBHC and have shown strong commitment to the model; however, they are unable to meet spring 2009 certification deadlines. The Advanced Phase I sites will continue with community development and plan for a certified SBHC in the near future.

One site will remain in a Phase I extended status. The SBHC State Program Office and the local planning committee determined that the community readiness and site planning were not advanced enough to open a certified SBHC. This site will continue to engage and educate the community to determine whether the SBHC model is a good fit.
See map for list of sites.

Sustainability

As Oregon's SBHCs continue to expand across the state, the question naturally arises of how to sustain this model during the current economic downturn. The sustainability, or long-term success, of an SBHC is most often determined by the strength of its community linkages and funding. Increasing community awareness of the benefits of an SBHC can be achieved through persistent and regular communication. The SBHC mission to deliver comprehensive physical, mental and preventive health services to students, regardless of the ability to pay, is important to parents, educators and policymakers. Addressing health concerns early, helps kids learn better and in turn become productive members of society. Employers can also appreciate the model as they see a reduction in lost work time, as parents are not asked to take their kids to a doctor when an SBHC exists. Studies show that adolescents are 10 to 21 times more likely to access an SBHC for a mental health concern than they are to access a community health center or a health maintenance organization.[1,2]

The need for stable funding is imperative for the sustainability of SBHCs. Two federal bills may be reintroduced in 2009 and offer new opportunities for SBHCs. The School-Based Health Clinic Establishment Act of 2007 would authorize $50 million for opening and operating SBHCs. The Healthy Schools Act of 2007 would allow SBHCs to be directly reimbursed under Medicaid and SCHIP. These bills can be read in their entirety at the National Assembly on School-Based Health Care's (NASBHC) Web site: www.nasbhc.org.

1 Juszczak L., Melinkovich P. and Kaplan D. Use of health and mental health services by adolescents across multiple delivery sites. J. Adol. Health 2003; 32S:108-118.

2 Kaplan, DW, Calonge BN, Guernsey BP and Hanrahan, MB. Managed Care and SBHCs Use of health services. Arch Pediatr Adolesc Med. 1998 Jan; 152(1):25-33.

Health equity

Fairness in access to and quality of health care are important ideals. The concept of health equities highlights the value placed on justice in the health care system. The International Society for Equity in Health defines health equity as "the absence of potentially remediable, systematic differences on one or more aspects of health across socially, economically, demographically or geographically defined population groups or subgroups."[3]

This is in contrast to health disparities that highlight differences in health that occur by gender, race, ethnicity, education, income, disability, geographic location or sexual orientation. Health disparities focus on what is broken in the health care system. Health equities emphasize the ways in which care can be unbiased and fair.

Elimination of health disparities is one of the two primary goals of Healthy People 2010.[4] Eliminating socioeconomic, racial and ethnic disparities in health requires efforts to prevent disease, promote health and deliver quality care. According to the U.S. Centers for Disease Control and Prevention, eliminating health disparities requires developing new knowledge about the determinants of disease, causes of health disparities, and effective interventions for prevention and treatment of disease. It also requires improving access to high quality preventive and treatment services.[5]

School-based health centers in Oregon help enhance health equity and eliminate health disparities by providing accessible, geographically-based care, regardless of insurance status that includes:

- Performing comprehensive physical exams and documenting body mass indices (BMI);
- Diagnosing and treating acute and chronic illness;
- Treating injuries;
- Providing vision, dental and blood pressure screening;
- Administering vaccinations;
- Providing screening and counseling for drug and alcohol problems;
- Health education and promotion, and chronic disease prevention counseling;
- Screening for and providing service or referral for mental health issues;
- Providing reproductive health services.

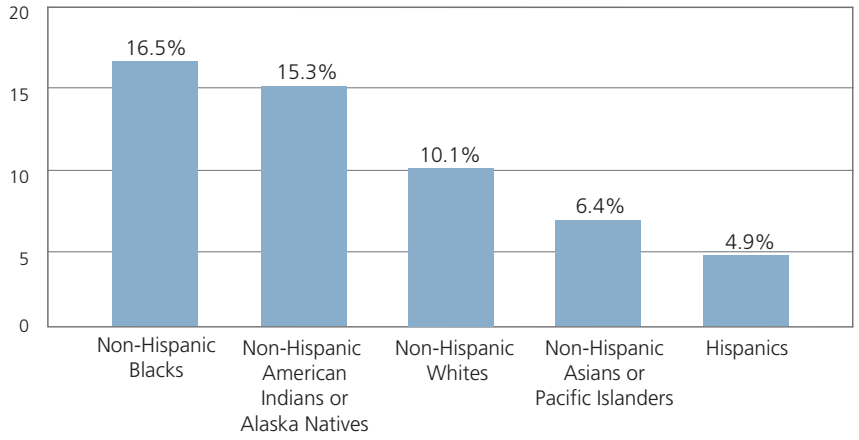
> Without our school-based health center, I would not have had care for my 5-year-old after a divorce, no money or health coverage. I now prefer coming here rather than anywhere else.
>
> - Parent of SBHC client

3 International Society for Equity in Health. Working definitions 2001.
4 www.healthypeople.gov/About/goals.htm
5 www.cdc.gov/omhd/About/disparities.htm

What do the data show?

Despite continued advances in health care and technology, racial and ethnic minorities continue to have greater incidence of disease, disability and premature death than non-minorities.[6] In Oregon, statistics regarding asthma illustrate this well. For example, asthma prevalence varied by race/ethnicity.

Asthma prevalance in Oregon by race/ethnicity 2004-2005



Asthma prevalence in Oregon also differs by socioeconomic status. Data for 2005 show:

- Higher asthma prevalence among those with a household income of less than $25,000;
- The prevalence of current asthma among the Medicaid population (20.7 percent) was more than double that of people who had private or Medicare insurance (9.2 percent). [7]

Data from Oregon SBHCs mirror these data. When analyzing the 2007 Oregon SBHC visit data for patients aged 11-19, non-Caucasian students were significantly more likely to visit a SBHC for asthma than were non-Hispanic white students.

The Safety Net

School-based health centers are considered part of the Safety Net health care system in Oregon. Oregon's health care Safety Net is comprised of a broad range of local non-profit organizations, government agencies and individual providers who share the common mission of delivering health care to persons who experience barriers to the health care services they need.[8]

At a federal level, the president recently signed the Health Care Safety Net Act of 2008. This bill authorizes monies through fiscal year 2012 for health centers to meet the health care needs of medically underserved populations and specifically calls for a study of the economic costs and benefits of school-based health centers and their impact on the health of students, including an analysis of: (1) the effect that federal funding could have on the operation of such centers; (2) any cost savings to other federal programs derived from providing health services in such centers; and (3) the effect of such centers in rural or underserved areas.[9]

6 www.omhrc.gov/npa
7 Oregon Asthma Surveillance Report, June 2007. Office of Disease Prevention and Epidemiology. Oregon Department of Human Services
8 www.oregon.gov/DHS/ph/hsp/safetynet/index.shtml
9 www.govtrack.us/congress/bill.xpd?bill=h110-1343&tab=summary

Access to care

What's happening: Significant needs for Oregon families and youth

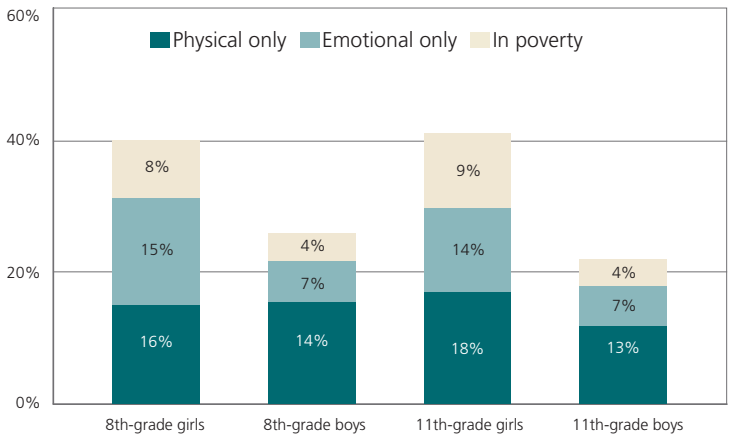
Oregon children and families face many barriers to consistent and reliable health care access. Oregon families bear a disproportionate economic and social burden to the rest of the U.S. population. An estimated 17 percent of Oregon children under 18 live in poverty (more than 145,000 children), the 25th highest rate in the U.S. and the fifth highest in the Western U.S.[10] In addition, an estimated 40 percent of Oregon children live at or below 200 percent of the poverty level. [11]

Health care needs are increasing for Oregon's youth:

- About 13 percent of Oregon's youth aged 0-18 are uninsured, the 15th highest rate in the nation.[12]
- Ninety-two percent of uninsured children in Oregon live in working families.[13]
- Close to 70,000 uninsured children in Oregon are income-eligible for public health insurance.[14]
- Uninsured children are 30 percent less likely to receive medical attention when they are injured. [15]
- On the 2008 Oregon Healthy Teens Survey, 31 percent of 11th-graders had an unmet physical or emotional need in the past year. Six percent reported unmet health care needs in both areas. Eleventh-grade girls were almost twice as likely as boys to have both physical and emotional unmet needs.

Students voted with their feet — Oregon's SBHCs served 20,971 students in 66,087 visits.

Percent of eighth- and eleventh-grade students reporting unmet health care needs



Oregon healthy teen 2008

10 American Community Survey, 2007
11 Ibid.
12 Kaiser State Health Facts, 2006
13 Campaign for Children's Healthcare, September 2006
14 Oregon Population Survey, 2006
15 Trends in Oregon Health Care's Market and the Oregon Health Plan, Office for Oregon Health and Policy Research report to the 73rd Legislative Assembly, 2005.

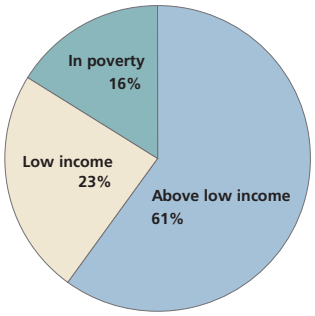
What SBHCs are doing to help

An SBHC offers health care access to a school's entire student population and, in some cases, to the entire school district or community. According to data from the Oregon Department of Education, during the 2007-2008 school year, 36,863 Oregon students had access to SBHCs at their schools. At an SBHC, access to health care is easy and convenient, relationships with providers are consistent, services are provided regardless of a student's ability to pay, and providers are focused on adolescent health issues.

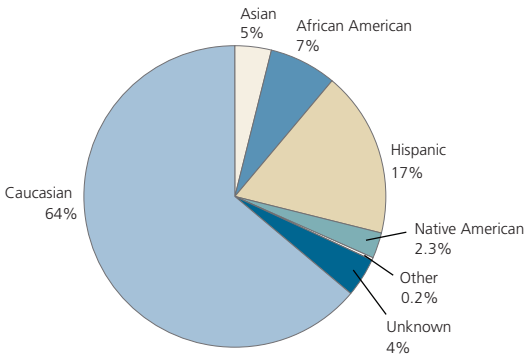
This care includes:

- Performing routine physical and sports exams;
- Diagnosing and treating acute and chronic illness;
- Treating minor injuries/illnesses;
- Providing vision, dental and blood pressure screenings;
- Administering vaccinations;
- Identifying and treating alcohol and drug problems;
- Health education, counseling and wellness promotion;
- Providing and/or connecting students with mental health counseling;
- Giving classroom presentations on health and wellness;
- Prescribing medication;
- Providing reproductive health services.

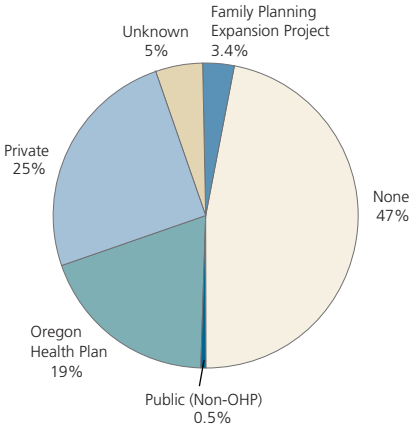
> The only other place I have to get help when I'm sick is at the emergency room. But now I have the school-based health center to help me out when I need it.
>
> -18-year-old female



Client race/ethnicity 2007-2008



Client-reported insurance stats at first visit 2007-2008



Wellness

What's happening out there

Both nationally and statewide, students face many challenges when it comes to wellness and healthy living. U.S. childhood obesity rates are on the rise while kids are getting less physical activity. Portion sizes are increasing and targeted fast food marketing to kids and teens is problematic. All of these factors make it more difficult for kids and families to stay healthy and make good choices.

According to the 2008 Oregon Healthy Teens Survey:

- More than one in four 11th-graders (27 percent) were either overweight or at risk for becoming overweight. There was a moderate gender gap with 31 percent of boys fitting into one of these categories as opposed to 23 percent of girls.
- Among 11th-grade boys, 16 percent reported being overweight versus only 9 percent in 2001.
- Only 21 percent of eighth-graders reported eating the recommended amount of fruits and vegetables during the past week. This is down from 30 percent in 2004.
- Twenty-three percent of eighth-grade girls and 68 percent of 11th-grade girls don't attend any physical education classes during an average school week.
- Students are becoming less likely to buy soft drinks at school. In 2008, 18 percent of 11th-graders said they bought soda at school compared to 35 percent in 2005.

Regular well-child checkups are an important part of preventive health care for children of all ages. After they reach kindergarten age, children are less likely to receive preventive care. In 2004-05, only about 10 percent of adolescents in Medicaid were receiving checkups, compared to 25 percent of 5-year-olds. [16]

DISPARITY FACTOID

Only white, Asian, non-Hispanic white, middle-income, and high-income children aged 19-35 months achieved the Healthy People 2010 goal of 80 percent of children receiving all recommended vaccines.

Source: National Healthcare Disparities Report, 2006

16 Division of Medical Assistance Programs, March 2006

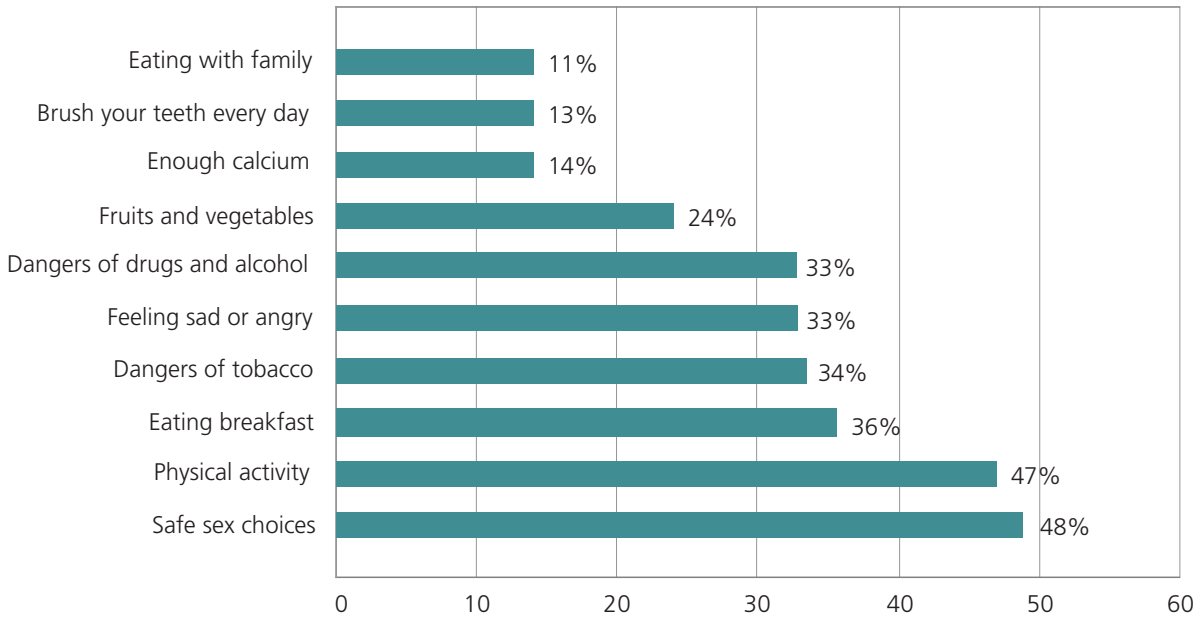
What SBHCs are doing to help

Prevention is at the forefront of SBHC care as illustrated by our focus on: well-child/prevention checkups, risk assessments, prevention messaging and immunizations. In 2007-2008, 4,572 patients had an immunization-related visit.*

In 2007, the Oregon Immunization Program started a two-year project to fund adolescent immunization activities in SBHCs. Thirty-three SBHCs are participating in the project. In year one, each SBHC submitted project plans to increase adolescent immunizations. In year two, the plans were implemented. Projects range from changing SBHC practices to screen for all recommended vaccines at routine visits by use of the ALERT IIS forecaster, to focusing on one or more specific vaccines (i.e., Tdap, MCV4 or HPV) through special campaigns such as "Vaccinate before you graduate." Evaluation of the interventions will be conducted in 2009.

SBHC providers consistently perform well-child/prevention exams. In addition, providers aggressively screen students for, and intervene in, potentially problematic health and behavioral risk factors. This is particularly important as health patterns established by the end of adolescence are carried through adulthood.[17] Health visits routinely include prevention messages and they are being heard by students. Eighty-two percent of students reported receiving one or more of the prevention messages below during their visit.

Prevention messages reported by students: 2008 patient satisfaction survery



Given the concerns about healthy eating among children, it is important to note that 46 percent of students received at least one of the nutrition messages. Hearing these messages consistently in the clinic, the classroom and at home encourages students to develop and maintain healthy lifestyles.

*Immunization data was calculated differently this year compared to previous years.

[17]Muscari, M. E. (1999). Prevention: are we really reaching today's teens? American Journal of Maternal Child Nursing, 24(2), 87-91.

Mental health

What's happening out there

It is not hard to see the connection between a person's mind and body when considering, for example, the cascading effects that depression can have on one's physical health. Health care providers, researchers and patients can agree that oftentimes mental health issues act as precursors for physical health problems and vice versa. Appreciating this concept has pushed institutions across the country, including Oregon's Department of Human Services, to place a priority on the integration of behavioral and physical health systems as a standard of care.

The integration of behavioral and physical health can be understood on a continuum, ranging from systems sharing client information to full integration of clinical, administrative and financial services. Integrating these two systems of care allows for better coordination and delivery of services, and in turn improved outcomes in both mental and physical health.

Not all youth who need mental health services are receiving them. Only about one in five children and adolescents with some type of mental health disorder receive the treatment they need.[18] An integrated system of care would address mental health concerns earlier, preventing further health issues, both mentally and physically, to develop later in life.

DISPARITY FACTOID

In 2005, suicide attempts for Hispanic girls, grades 9-12, were 60 percent higher than for Caucasian girls in the same age group.

Source: www.omhrc.gov/

Important mental and emotional health facts from the 2008 Oregon Healthy Teens (OHT) Survey of eighth- and 11th-graders:

- One in five 11th-graders reported feeling so sad and hopeless that they stopped all normal activities for at least two weeks.
- Twenty percent of eighth-grade girls seriously considered attempting suicide in the past year. Of those, more than half reported attempting suicide.
- Thirty-one percent of 11th-graders said they had been harassed in the last year at school.
- More than half of girls who were at a normal weight said they were actively trying to lose weight.

Oregon broke new ground in 2008 by asking eighth-grade students about their knowledge and participation in the "choking game," an activity defined by strangulation to achieve a high that can result in accidental injury or death. Practically no scientific data exist on this topic among youth, making Oregon a leader in this area. Results from the 2008 OHT show that, among Oregon eighth-graders:

- Thirty-one percent have heard of someone participating in the choking game.
- Six percent have participated in the choking game themselves; among those with fair or poor mental health, that rises to 12 percent.
- Fifty-seven percent of choking game participants reported alcohol use in the past month, versus 26 percent of non-participants.

What SBHCs are doing to help

The SBHC model offers an integrated holistic approach to addressing a spectrum of health care concerns among children and adolescents. Most youth are unfamiliar with navigating what can be a disjointed health care system. Integrated services break down traditional barriers, while addressing all health needs of the child, both mind and body. Along with physical health care services, all of Oregon SBHCs provide some level of mental health services, with systems spread across the integration continuum based on community need and resources.

> It's important to have a health center in a school. It helps a lot of teens to make better choices about their health. If it wasn't right here in the school, I think a lot of us wouldn't bother getting help.
>
> - 17-year-old female

The following information highlights some of the work done to support the mental health of youth in our SBHCs during 2007-08.*

- Fifteen percent of the visits had a mental health component. Among those SBHCs with an on-site mental health provider, 22 percent of visits had a mental health component. The top five mental health diagnoses in our SBHCs were for anxiety, mood, adjustment, attention deficit hyperactivity disorder, and alcohol, tobacco and other drugs.
- With only a little more than half of SBHCs with mental health providers on-site, SBHC medical providers play a crucial role in prevention and early intervention of mental health issues. Forty-four percent of all mental health visits were conducted by a primary care provider (nurse practitioner, physician assistant, medical doctor or osteopathic physician) or a registered nurse.
- In addition, having a mental health diagnosis is related to an increased number of average visits to the SBHC for any concern. In 2006-2007, clients with a mental health diagnosis had 3-1/2 times more visits than those without a mental health diagnosis.

DISPARITY FACTOID

While the overall death rate from suicide for American Indian/Alaska Natives is comparable to the white population, adolescent American Indian/Alaska Natives have death rates from suicide two to three times the rate for whites in the same age groups.

Source: www.omhrc.gov/

*Visit data are not reported by six SBHCs and are not included when describing the types of diagnoses and mental health services that were provided during the 2007-2008 service year.

Alcohol, tobacco and other drugs

What's happening out there

Research indicates that students who begin drinking before age 15 are nearly five times more likely to experience lifetime alcohol dependency than those who start drinking after age 21.[19]

According to the 2008 Oregon Healthy Teens Survey

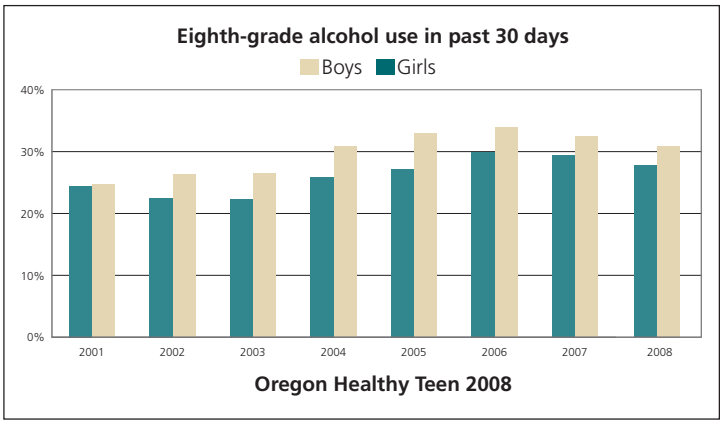
- Among eighth-grade girls, 30-day alcohol use increased from 25 percent to 31 percent between 2001 and 2008.
- Twelve percent of eighth-graders and 26 percent of 11th-graders had an episode of binge drinking (at least five drinks in one sitting) in the past month.

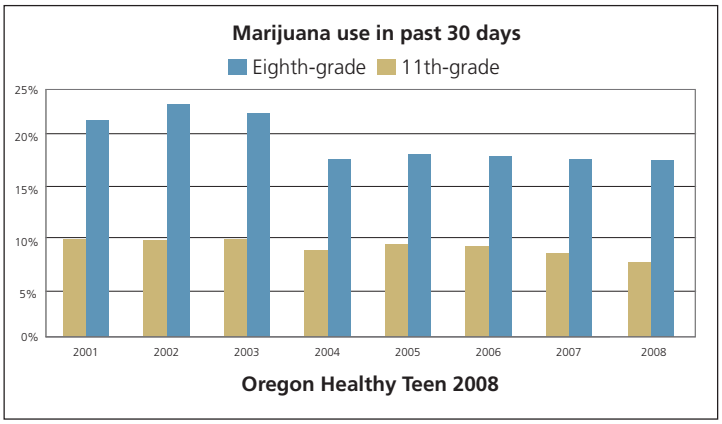
Tobacco prevention is also an important area to address. Similar to national trends, cigarette smoking among Oregon high school students has been declining. Still, access to tobacco remains a high-priority issue, and many schools have indicated their desire for more resources to continue focusing on the issue.

- Smoking rates continue to fall among youth across the state. However, 9 percent of eighth-graders and 16 percent of 11th-graders did report smoking a cigarette in the past 30 days.
- Of those who have ever smoked cigarettes, 72 percent of 11th-graders say it would be "very easy" for them to get tobacco if they wanted some. This is a large decrease from 85 percent in 2007.
- Thirty-one percent of 11th-graders have smoked flavored cigarettes, up from 20 percent in 2006.

Among 11th-graders in the past month …

- Nineteen percent used marijuana.
- Five percent used stimulants, cocaine, heroin, ecstasy or LSD.
- Less than 1 percent used methamphetamines.





19 Hingson RW, Heeren T, Winter MR. Age at drinking onset and alcohol dependence: age at onset, duration, and severity. Pediatrics 2006;160:739-746.

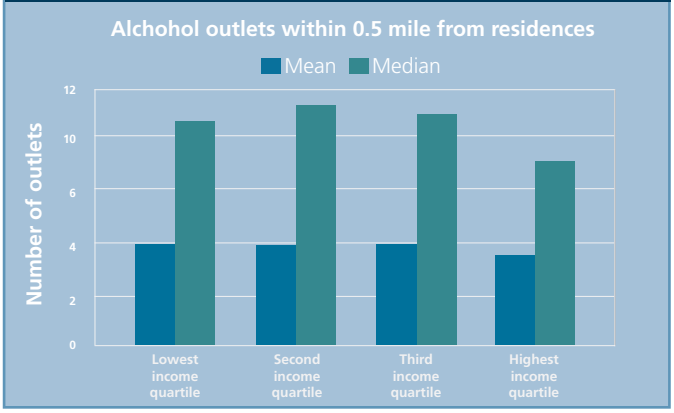
What SBHCs are doing to help

SBHCs are actively screening for alcohol, tobacco and other drugs as part of their wellness and behavior risk assessments. If students are not using drugs or alcohol, they are provided prevention messages on the dangers of substance use. In fact, 33 percent of students reported receiving a prevention message about the dangers of drugs or alcohol; 34 percent about the dangers of tobacco.

If a student does show signs of using alcohol and/or other drugs, he or she is screened further to allow for proper referral to closely linked behavioral health services either on-site or in the community. Diagnosis may be deferred until a qualified alcohol and drug counselor sees the student. Very few SBHCs have on-site qualified alcohol and drug counselors. However, providers will continue to follow students by providing support, education and prevention.

In 2007-2008, there were 662 visits associated with an alcohol, tobacco or other drug diagnosis. Based on the anecdotal reports from SBHCs and the prevalence data previously discussed, it is unclear why the number of alcohol, tobacco and other drug-related visits is lower than expected in SBHCs. Possible explanations include data tracking issues and the reality that providers are working with students very early in their use histories where a full substance use diagnosis may be premature and would cause long-term stigma.

DISPARITY FACTOID



Source: Truong, K, Sturm, R. Disparities in alcohol environments and adolescent drinking across socio-demographic groups in California. Academy Health Annual Research Meeting, June 4, 2007.

> I'm chewing tobacco and want to quit. My parents told me to go cold turkey. I'm grateful for the help the SBHC gave me because I wouldn't have been able to do it without you!
>
> - Male SBHC student

Sexual health

What's happening out there

When SBHCs began 20 years ago, one of their main goals was to address teenage pregnancy. Since then, teen pregnancy rates in Oregon have declined tremendously, from 52.55 per 1,000 in 1990 to a low of 23.75 in 2004.[20] However, the rate has increased in recent years[21] underscoring the continued need for SBHCs to engage in prevention and education efforts with youth.

It is vitally important to continue promoting improved sexual health of all youth. Recent data show there is still room for improvement. The Oregon Youth Sexual Health Plan (2009) was developed to guide local and statewide approaches to youth sexual health through policy development, program implementation and youth development promotion. The plan is designed so that each community, agency or group can approach the plan in a manner that is relevant to its setting and circumstances.[22]

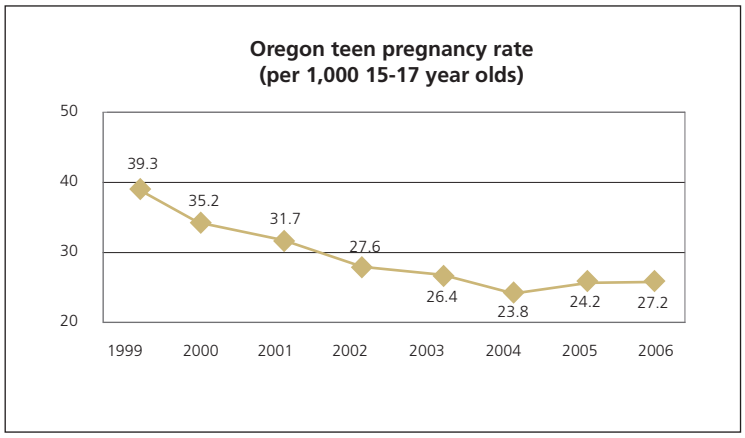
According to the 2008 Oregon Healthy Teens Survey:

- Seventeen percent of eighth-graders and 48 percent of 11th-graders reported having sex at least once.
- Among eighth-graders who had sex, 69 percent used a condom the last time they had sex.

In 2007, Oregonians aged 15-19 made up:

- Thirty percent of all chlamydia infections;
- Eighteen percent of all gonococcal infections;
- Twenty-three percent of all reports of pelvic inflammatory disease (PID).

The rate of chlamydia infections for females aged 15-19 in Oregon was 20.2 per 1,000 women, a figure that is on the rise.[23] The implications of all these infections are serious. Patients with chlamydia may not seek treatment because the infection often has no symptoms, allowing the infection to easily progress. Chlamydia is now one of the leading causes of PID. Long-term consequences of PID include infertility, chronic pelvic pain and future chance of ectopic pregnancies. [24] Active screening for these and other STIs coupled with sexual behavior risk reduction education is essential to keeping students healthy and safe.



20 Oregon Center for Health Statistics. All rates cited are for girls aged 15-17.

21 Rates for 2005 and 2006 were 24.22 and 27.18, respectively.

22 For more information, contact Youth Sexual Health Coordinator at 971-673-0252.

23 Oregon HIV/STD/TB Program Office

24 Chlamydia – National Institute of Allergy and Infectious Diseases, National Institutes of Health. Available at www3.niaid.nih.gov/topics/chlamydia/default.htm. Accessed October 25, 2008.

What SBHCs are doing to help

SBHCs are required to provide developmentally appropriate reproductive health services to their clients to ensure their reproductive health. These services include wellness exams (e.g., pelvic and testicular exams, pap smears), screening for sexually transmitted infections, and pregnancy testing. SBHCs are encouraged to provide comprehensive reproductive health services, but the decision on whether to offer some specific services on-site (e.g., family planning) is made locally. SBHCs that do not provide all services students are entitled to by state law are required to refer students to community providers.

In 2007-2008:

- Twenty-eight percent of all SBHC visits had a reproductive health component.
- Of clients ages 14-19, 91 percent of reproductive health-related visits were made by females and 9 percent by males.
- Abstinence counseling and safe-sex prevention messages were the most frequently reported (60 percent) of all prevention messages.

During 2007-2008, 6,053 clients received sexual health services at 14,507 visits. The diversity of sexual health visits is clearly seen in the table below – there were 18,170 diagnoses made.

DISPARITY FACTOID

Across Oregon in 2006, the overall birth rate for females under the age of 19 was 18.2 per 1000, but the rate was:

- 44.8 per 1,000 among Hispanics;
- 33.1 per 1,000 among American Indian or Alaska Natives;
- 22.7 per 1,000 among non-Hispanic blacks;
- 13.5 per 1,000 among non-Hispanic whites.

Source: Oregon Center for Health Statistics, 2006

Reproductive health diagnosis	Number of diagnoses	% Reproductive health diagnoses	
Breast condition	191	<1%	**Total reproductive health diagnoses 18,170**
Menstrual condition	2,197	12%	
Sexually transmitted infection	2,401	13%	
Other gynecological condition	624	3%	
Contraception	8,728	48%	
Pregnancy	1,024	6%	
Reproductive health maintenance	3,005	17%	

In their words: What do students say?

The annual Patient Satisfaction Survey is a chance for students to voice their opinions on the health care they receive at the SBHC.

The results from the 2008 survey demonstrate SBHCs' positive effect on student health:

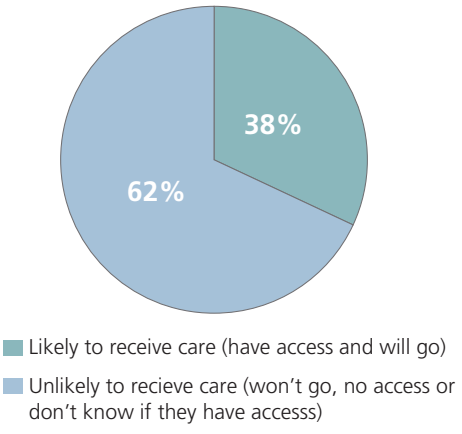
- Ninety-eight percent are comfortable receiving health care at the SBHC.
- Ninety-six percent find it easy to talk to SBHC staff.
- Ninety-two percent say they are likely to follow the advice given to them at the SBHC.
- Sixty-one percent say their health has improved because of the SBHC.

SBHCs see students who otherwise would not receive health care. On the 2008 Patient Satisfaction Survey, 62 percent of students reported they were unlikely to receive care if SBHCs were not at their schools.

The annual Patient Satisfaction Survey obtains a random sample of responses from 750 middle and high school clinic clients. Thirty-four schools participated and there was an 89 percent return rate. Many of the quotes from the survey appear throughout this report.

> Without the school-based health center it would be hard to find an alternative place to go to that doesn't conflict with my schedule and my financial situation. It's also a place where I feel the most comfortable.
>
> - 17-year-old female

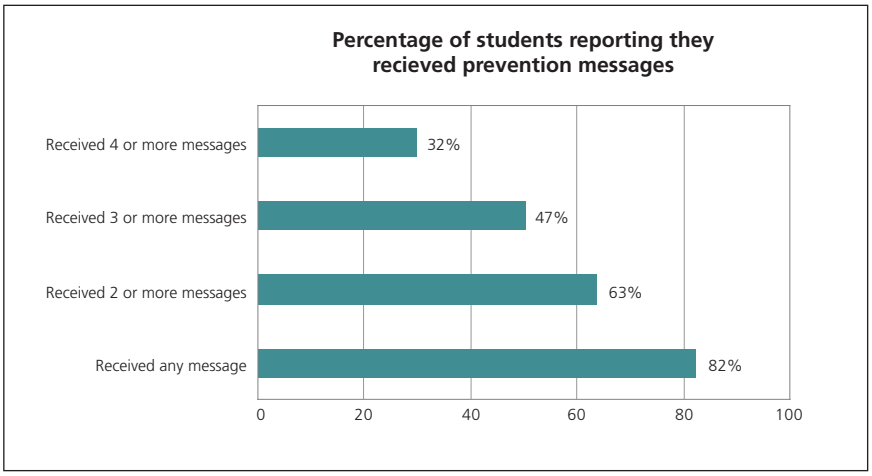
Students report likelihood of receiving care if their school did not have an SBHC



The SBHC model creates opportunities for health practitioners to discuss with students important topics ranging from the risks of alcohol, tobacco and other drugs to the importance of eating healthy foods and getting exercise.

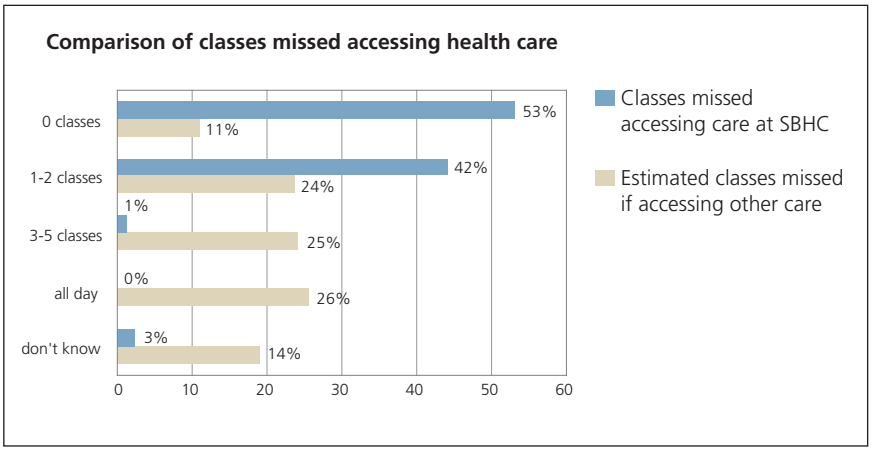
Eighty-six percent of SBHC students reported the discussion of at least one prevention message and 67 percent reported two or more prevention messages.

The most frequently reported prevention topics were making safe choices about sex (48 percent), importance of physical activity (47 percent) and feeling sad or angry (45 percent). (See page 11 for additional detail on individual responses).



Students report they miss less class time when using an SBHC than if they had to access care elsewhere. It is also likely that access to an SBHC helps parents miss less work since students do not have to taken to an off-site health care provider.

- Seventy-five percent of students said they would miss more than one class for the care they needed that day if they had to access care elsewhere, and 26 percent said they would miss the entire day.
- Fifty-three percent of students reported receiving health care in the SBHC without missing one full class.



Certification

A partnership between the SBHC State Program Office, Conference of Local Health Officials and the Oregon School-Based Health Care Network created Oregon's SBHC certification standards. The goals of standardization were to increase emphasis on best practices, decrease site-to-site variability, increase ability to study clinical outcomes and increase the potential for insurance reimbursement. The standards represent reasonable, but high, expectations. Included in the standards are guidelines for facilities, operations/staffing, laboratory and clinical services, data collection and reporting, quality assurance activities and administrative procedures for certification.

A typical SBHC operation is open at least three days per week during the school year and offers a total of 20 clinical hours per week of service. The average for all sites is 26 hours per week. Clinics are staffed by a primary care provider (i.e., nurse practitioner, physician's assistant or doctor), a registered nurse, and a health assistant. Qualified mental health professionals are also included if mental health services are offered.

Certification is a voluntary process, but the SBHC State Program Office only recognizes sites that have become certified, which makes their health departments eligible for funds. New certification and re-certification of an SBHC occurs every two years.

For more information about the certification standards, please see: http://egov.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml

> I think it's really good that there is a health center to go to at school because maybe without it a lot of kids wouldn't be able to get information that they do here.
>
> - 16-year-old female

Funding and operations

Oregon's school-based health center program has benefited from more than 20 years of support by the Oregon Public Health Division and the Oregon Legislature. What began with an initial commitment of $212,000 to partially fund four SBHCs grew to a commitment of more than $5,000,000 to support as many as 63 SBHCs in the 2007-2009 biennium. Expansion dollars allocated by the Legislature for the 2005-2007 biennium led to the successful opening and certification of two SBHCs in Marion and Wheeler counties. With the most recent expansion dollars we estimate up to 12 new centers will be opened and certified by the end of the 2008-2009 school year.

A funding formula was revised in July 2005 to disburse state dollars to help SBHCs align with the public health delivery system. Each county that has a state-certified SBHC is eligible for state dollars through their local public health authority (LPHA). The LPHA is provided funds to support their efforts based on the number of SBHCs in the county and the availability of legislatively approved dollars. If there are one to two SBHCs, the LPHA receives $60,000 a year; if there are three to five SBHCs, they receive $120,000 a year; if there are six to nine, they receive $180,000; and if there are more than 10 centers, they receive $240,000 a year. Each of these state dollars is used to leverage $3-4 local dollars. The funding formula requires an increasing local investment in the development of an SBHC system as the total number of centers increase. Local dollars may come through schools, school districts, county health departments, county government, hospitals, community providers, local businesses and individuals, grants and general fundraising.

Partners

Centers for Health and Health Care in Schools
Children First for Oregon
Community Health Centers
Healthy Kids Learn Better Coalition
Local Health Departments
National Assembly on School-Based Health Care
Northwest Health Foundation
Oregon Asthma Program
Oregon Department of Education
Oregon Addictions and Mental Health Division
Oregon Division of Medical Assistance Programs
Oregon Medical Association
Oregon Nurses Association
Oregon Primary Care Association
Oregon Safety Net Advisory Council
Oregon Safety Net Policy Team
Oregon School-Based Health Care Network
Oregon School Nurses Association
Public Health Division, Oregon Department of Human Services, Office of Family Health
State Agency Team for Youth Suicide Prevention
State and Local Insurance Industries

> The nurses are nice and very helpful. She diagnosed my asthma, called my parents and got me an appointment really fast.
>
> - 13-year-old female

Contact information

SBHC State Program Office Staff

Robert Nystrom, BS, MA
Adolescent Health Section Manager

Janet Matthews, MS, FNP, WHNP
SBHC Program Manager
971-673-0252

Loretta Gallant, BA
Research Analyst
971-673-0252

Eve Golden, MS, MD
Epidemiologist
971-673-0252

Rosalyn Liu, BS, MPH
Systems Development Specialist
971-673-0252

Carol Opheikens, RN, BSN
Quality Assurance Coordinator
971-673-0252

Additional information

Department of Human Services, School-Based Health Center Program Web site:
http://egov.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml

Oregon School-Based Health Care Network Web site:
www.osbhcn.org/

National Assembly on School-Based Health Care Web site:
www.nasbhc.org/

Healthy Kids Learn Better Web site:
www.hklb.org/

The Center for Health and Healthcare in Schools Web site:
www.healthinschools.org/

Acknowledgements

The SBHC State Program Office staff would like to extend its appreciation to all of the Oregon SBHCs and their staff who provided information used in preparation of this report. Special thanks to Sarah Ramowski, Adolescent Health Policy and Assessment Specialist, for the amount of time, research and dedication she put forth during the development of this report.

Oregon Department of Human Services
Public Health Division
Office of Family Health
800 NE Oregon St., Suite 825
Portland, OR 97232

Telephone: 971-673-0252
FAX: 971-673-0240

www.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml

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DHS 9859 Revised 02/09