A group of diverse children and adults are smiling and holding a globe. The globe is the central focus, with the children's faces and hands visible around it. The background is a light, faded image of the same group.

# **School-Based Health Centers: Accessible Health Care for Youth**

**2006 Status Report**





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*“School-based health centers are the best resource available to students and their families who have nowhere else to turn.”*

*—15 year old female*

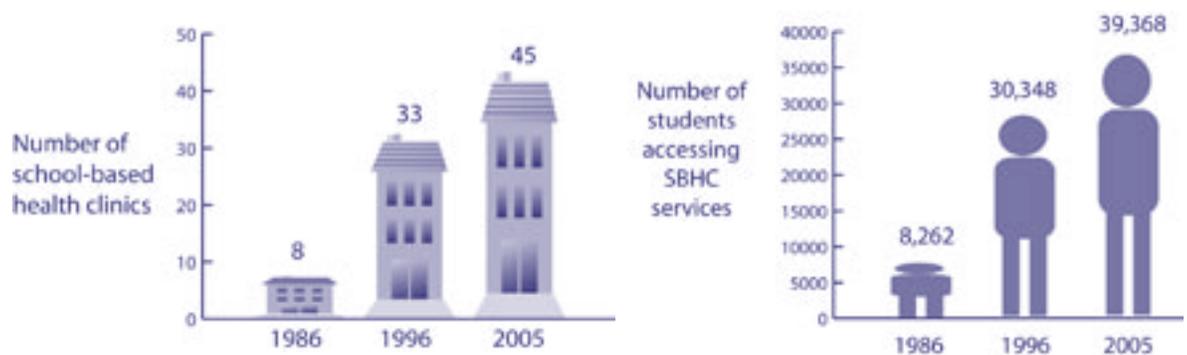


## SBHCs: 20 years in Oregon

2006 marks the 20 year anniversary of School-Based Health Centers (SBHC) in Oregon! The first SBHC opened in Multnomah County in February 1986. Thanks to dollars appropriated by the 1985 state Legislature and investment by local communities, at the end of 1986, a total of eight centers were open and serving clients. The original goal of SBHCs was aimed at improving adolescent health and decreasing teen pregnancy. Twenty years later, the model has evolved to include prevention, primary care, and mental health services delivered in an accessible, developmentally appropriate framework that helps support the educational mission. We know “healthy kids learn better.”

The Legislature has continued its support of SBHCs over the years. After a six-year Robert Wood Johnson Foundation grant focused on creating state-level infrastructure and expanding the number of SBHCs, the legislature appropriated an additional \$1 million for SBHCs. In Service Year 1999-2000, the State Program Office was established to provide technical assistance and data management/surveillance, support for the certification process to ensure quality and clinical standards in clinics, and begin work on sustainability. The SBHC movement continued to gain traction in communities as centers worked to improve adolescent physical and mental health, and reduce risky behaviors (e.g. alcohol and drug use, violence, sexual activity). Unfortunately, funding was interrupted in February 2003 due to the popular vote failure of Measure 28. This decision impacted health services statewide, forcing seven SBHCs and the State Program Office to close. Staffing levels were reduced at 75% of state-funded SBHCs, and most remaining centers were forced to make operational changes (including the elimination of mental health services and/or reduction in hours or days open). Within six months, the 2003-2004 Legislature recognized the local impact of these cuts and fully restored the program; by the next biennium they provided the SBHC program \$500,000 for expansion.

SBHCs have grown over their 20 years in Oregon and continue to engage communities as a public-private model that works toward improving access to care and the health of adolescents. The number of state-funded



SBHCs in the state has doubled each decade, and today, there are 45 certified SBHCs and three planning sites. Since the inception of SBHCs in 1986, additional sites have made it possible for three times more clients to be seen. The need for these services is growing at a significantly rapid

rate as children and their families are increasingly uninsured and may not have access to affordable, developmentally appropriate care. SBHCs are seen as part of the solution—they work because they are where the students are—in schools.

## School-based health center (SBHC) fast facts

45 Centers in 17 Counties

- 28 High Schools
- 8 Elementary Schools
- 1 K-12 School
- 8 Middle Schools

3 counties received funds to plan new SBHCs

### In Service Year 2004-2005:

- 39,249 students had access to SBHCs at their school
- Oregon SBHCs served 17,702 clients in 56,633 visits
- 53% of SBHC's clients were uninsured
- 71% of SBHC clients reported they were unlikely to receive care outside of the SBHC
- 68% of students reported their health was better because of the SBHC
- Students estimate they would miss more class time accessing health care if there was not an SBHC in their school

The State of Oregon contributed \$1,250,000 to SBHCs, which supported the delivery of over \$1,841,000 in health care services, including nearly \$897,000 in health care services to uninsured students.\*



“When children don’t have access to health care, we all suffer. Without health care, kids don’t do as well in school; treatable illnesses and injuries go untreated - increasing reliance on expensive emergency room care; and our children become sick more often, missing school and requiring parents to miss work to care for them, which impacts productivity for employers and creates additional financial strains on working families. We have an obligation to our children to ensure they have the knowledge, skills and opportunities to pursue their dreams – and that means having access to affordable, quality physical and mental health care.

Expanding school-based health centers is one of several key strategies to reaching every child in Oregon and we owe it to them – our kids – to invest in this critical program.”

**Governor Ted Kulongoski, February 2006**

\* Estimated based on 2004-2005 utilization data.

## Expansion dollars

In 2005, the Legislature expanded state funding for SBHCs, increasing the number of counties with centers from 14 to 19 over the course of the 2005-2007 biennium. The State SBHC Program awarded funds to three newly certified sites: Coos County's Marshfield High School, Deschutes County's LaPine K-12 (LaPine), and Jefferson County's Madras High School. With the addition of these three schools, 3,660 students have access to primary care and other services on-site.



The remaining two counties to receive awards will be identified through a two-part competitive grant process. Linn, Marion, and Wheeler counties are actively planning sustainable centers (2005-2006). Two of these counties will advance into a final planning phase (2006-2007) wherein they must become certified sites within the year and be eligible for funding. Ongoing technical assistance will be provided to the remaining site as it continues planning and moves toward SBHC implementation based on availability of community financial support.

*"Until the time the school-based health center opened in Madras, children in our community without insurance or Oregon Health Plan did not have access to care. This has been the beginning of breaking barriers to health care in our community. This is truly a community success story."*

*—Health Department & SBHC Administrator*

*"Thank you guys for being so kind and helpful you gave me so much good advice and I trusted you every time. So thank you for being here for me and everyone else."*

*—13 year old female*



# SBHCs today

## What is an SBHC?

School-based health centers in Oregon are primary care clinics located at schools. They provide developmentally appropriate physical, emotional, and preventive health care to students regardless of their ability to pay.

## What do they look like?

SBHCs are 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. At the same time they incorporate the school and student surroundings with student-made artwork on the walls, bean-bag chairs in the lobby, and teen-friendly music in the lobby. They are made to be comfortable and accessible so that kids drop by when they need medical attention or want to learn more about a health issue. This is validated by patient satisfaction surveys and staff reporting that students come in asking for aspirin and leave having gotten help about abuse, depression, and 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

## What's happening today in Oregon's SBHCs?

- ▶ 281 Students are receiving physical health care
- ▶ 147 Students without insurance are receiving health care
- ▶ 84 Students are receiving sexual risk reduction visits
- ▶ 42 Students are receiving mental health care
- ▶ 28 Students are receiving immunizations
- ▶ 21 Students are receiving well/prevention visits

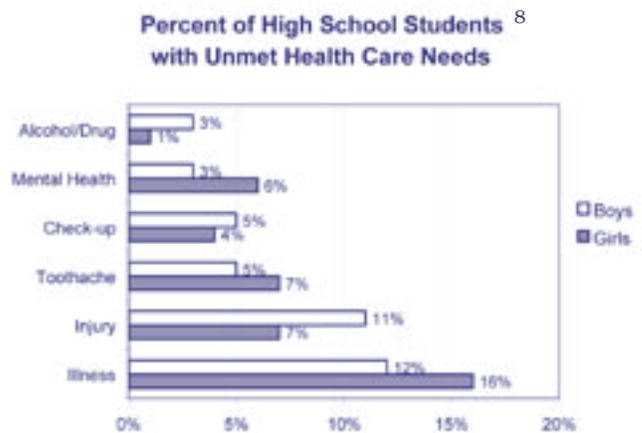
# Access to care

## What's happening out there

Oregon's children and their families are facing many barriers to obtaining consistent and reliable access to health care. Compared to the rest of the population, families bear a disproportionate economic and social burden. An estimated 19% of Oregon children under 18 live in poverty, the 20th highest rate in the U.S. and the 5th highest in the Western U.S.<sup>1</sup> In addition, an estimated 40% of Oregon children are living at or below 200% of the poverty level.<sup>2</sup> Nationwide, parents in low-income jobs can have a more difficult time accessing health care for themselves and their children, with transportation and affordability being particularly problematic.<sup>3</sup>

### Health care needs are increasing for Oregon's youth:

- Rates of un-insurance are rising among children under 18, and are highest for adolescents.<sup>4</sup>
- Between 2000 and 2004, the rate of youth under 18 with no health insurance in Oregon climbed from 8.5% to 12.3%.<sup>5</sup>
- 1 out of 4 children in Oregon were on the Oregon Health Plan.<sup>6</sup>
- More than 66,000 uninsured children are income-eligible for public medical coverage.<sup>7</sup>



*"Without the health center a lot of kids and myself would have no other health care provider. Thanks!"*

*— 15 year old female*

It is no surprise then, that Oregon students are reporting a lack of access to health care. The rate of Oregon high school students with one or more unmet health care need rose from 29% to 36% between 1999 and 2005. Rates of unmet health care needs vary substantially by racial/ethnic group, where Black, Hispanic and Pacific Islander students have much higher rates of unmet need.<sup>9</sup>

<sup>1</sup> American Community Survey

<sup>2</sup> 2002 National Center on Child Poverty survey: 200% of poverty level was \$37,700 for family of four

<sup>3</sup> Flores, G., Abreu, M., Olivar, MA, et al. (1998). Access barriers to health care for Latino children. Archives of pediatrics and adolescent medicine, 152(11): 1119-25.

<sup>4</sup> 2003 National Survey of Children's Health

<sup>5</sup> Oregon Population Survey

<sup>6</sup> OMAP, May 2005

<sup>7</sup> Covering Kids in Oregon. Office for Oregon Health Policy & Research, May 2005

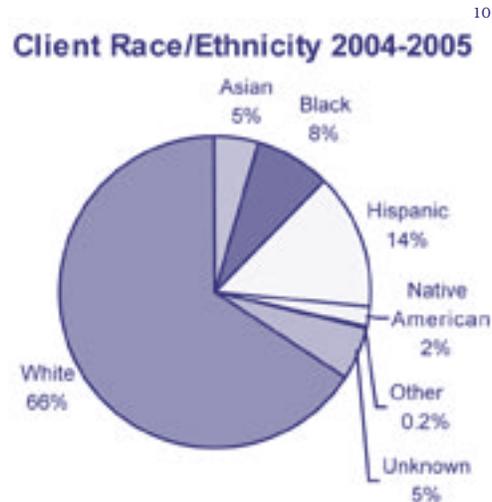
<sup>8</sup> Oregon Healthy Teens 2005

<sup>9</sup> Ibid.

## What SBHCs are doing to help

SBHCs provide health care access to the entire student community at that school, and in some cases to the entire school district or community. Access to health care is easier and more convenient, relationships with providers are consistent, services are provided regardless of a student's ability to pay, and SBHC providers are focused on adolescent health issues. This care includes:

- Performing routine physical exams, including sports physicals
- Diagnosing and treating acute and chronic illness
- Prescribing medications
- Treating minor injuries
- Providing vision, dental and blood pressure screenings
- Administering immunizations
- Health education, counseling, and wellness promotion
- Providing or connecting students with mental health services
- Giving classroom presentations on health and wellness



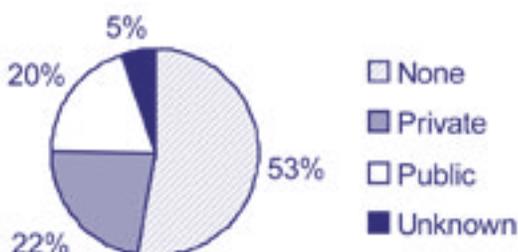
*"Being a single parent is very difficult to be able to find time to get my children to a health provider. Our income also puts us right between being able to afford health care."*

*—Parent of SBHC clients*

### Patient Satisfaction Survey 2004-2005:

- 71% of students say they were unlikely to access health care without an SBHC.
- 53% of clients had no health insurance.
- 58% of SBHC clients were female representing 65% of the total visits; 42% were male.
- 98% of students rate the health care they receive at the SBHC as good or excellent.
- 68% say that their health has improved because of the SBHC.<sup>11</sup>

**Client Insurance Coverage 2004-2005**



Students voted with their feet —Oregon's SBHCs served 17,702 students in 56,633 visits.

<sup>10</sup> Racial and ethnic minorities utilize SBHCs at a higher rate than non-minority students.

<sup>11</sup> Increase from last reporting period that may be due to changes in data collection system.

# Wellness

## What's happening out there



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

### According to the 2005 Oregon Healthy Teens survey:

- One in four 8th and 11th graders were either overweight or at risk for becoming overweight. Boys had higher rates than girls in both categories.
- Two-thirds of 8th graders reported they ate less than the recommended amount of fruits and vegetables over the past week.
- 21% of 11th graders ate breakfast on fewer than two occasions in the last week.
- 31% of 8th grade girls and 72% of 11th grade girls don't attend any PE classes during an average school week.

Immunizations are the cornerstone of public health prevention. While many people identify immunizations only with early childhood, there are several important immunizations for older children and adolescents, including meningitis and pertussis. This is an area where school-based health centers can have a major impact.

- In 2005, 16% of 8th and 11th graders identified a personal need for immunizations.

Regular well-child check-ups are an important part of preventive health care for both younger and older children. As children age, they are less and less likely to receive this important service through traditional methods, so that by adolescence, less than 10% of enrolled children were receiving check-ups.

The National Association for Sports and Physical Education recommends that secondary students receive at least 225 minutes of weekly physical education. However, many schools and districts are facing financial struggles and are cutting back PE programs for students. The importance of prevention and wellness messaging cannot be overlooked.

*"I have known the health center for 3 years now and they really try to help you get better and I have changed since the day I met the health clinic."*

*—13 year old male*

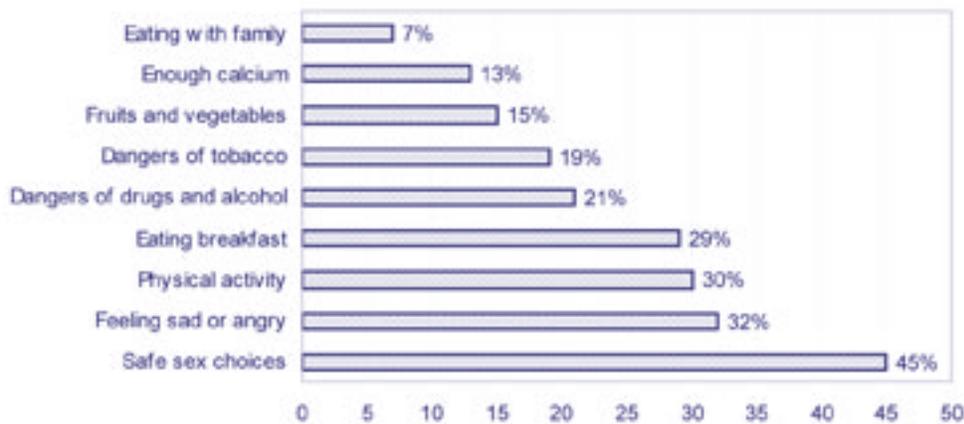
*"I bring my 3 boys here for their shots. The people are great."*

*—Parent of SBHC clients*

## What SBHCs are doing to help

Prevention care is at the forefront of SBHC care as seen in these areas: well-child/prevention check-ups, risk assessments, prevention messaging, and immunizations. SBHC providers provide well-child/prevention exams on an ongoing basis. In addition, providers aggressively screen students for health and behavior risk factors that might be the first sign of a problem and intervene. This is particularly important as health patterns established by the end of adolescence are carried through adulthood.<sup>12</sup> Prevention messages are given routinely as part of visits, and students report high numbers of prevention messages. In fact, 77% of students reported receiving at least one or more of the prevention messages below during their visit.

**Prevention Messages Reported by Students  
2005 Patient Satisfaction Survey**



Given the current obesity epidemic among children, it is important to note that 40% of students received nutrition messages and 31% received physical activity messages. Hearing these messages consistently in the clinic, the classroom, and at home may help students shape healthy lifestyles.

In 2004-2005, 7,369 immunizations were administered to SBHC students—plus those that were referred back to their primary care provider!

*"I think that the shots I was given will protect me in the future and I'm glad I got them."*

*—14 year old male*

*"I've learned you can exercise while having fun!"*

*—11 year old female participant in SBHC-led Nutrition and Physical Activity Group*

<sup>12</sup> 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



Oregon children and teens face a growing number of mental health concerns that need to be addressed. Among the issues needing support are depression, suicide, self-mutilation, violence/harassment, and eating disorders. Early intervention and accessibility to services are crucial to successfully addressing these issues. More than 33,000 youth were served by the public mental health system in 2004-2005, which represents a 17% increase from 2002-2003.<sup>13</sup>

### Some things to consider from the 2005 Oregon Healthy Teens survey of 8th and 11th graders:

- 10% of girls reported having a need for personal or emotional counseling in the past year. Of these, almost one in four said that need was not met.
- Two-thirds of girls and 41% of boys reported feeling depressed in the last week.
- One in six students (one in four girls) also had stopped doing all normal activities for at least two weeks because of feeling so sad and hopeless.
- 38% said they had been harassed in the past year at school.
- One in 10 students said they had attacked someone on school property in the past year with the intent of seriously hurting them.
- One in six boys said they had carried a handgun at least once in the past year.
- More than half of girls who were at a normal weight said they were actively trying to lose weight.
- 13% of high school students seriously considered suicide in the past year. For girls, the rate was 17%. Six percent reported attempting suicide in the last year, of those 9% were girls.

Suicide is the second-leading cause of death for Oregon teens ages 10 to 19 and the third leading cause of death nationally. Historically, Oregon's adolescent suicide rate has been higher than the national rate. For every youth suicide death, an estimated 134 attempts are treated in emergency rooms.

Oregon is the only state that has a hospital-based Adolescent Suicide Attempt registry, and program evaluation indicates it likely under-captures suicide attempts reported in the setting. However, it still presents a troubling picture of teen suicide. In 2004, 920 attempts were recorded by youth under 18, with the vast majority made by teenage girls.<sup>14</sup>

*"I'm glad our school has a health center. I'm very rough on myself I usually don't tell people about my problems... thanks for being there when I need help."*

*—14 year old female*

<sup>13</sup> Office of Mental Health and Addiction Services

<sup>14</sup> Oregon Youth Suicide Prevention Program

## What SBHCs are doing to help

SBHCs recognize the clear need for mental health services. In fact, SBHC providers report anecdotally that mental health services are among their top student needs.

By being located within schools, SBHCs are part of the logical solution to providing mental health services for students. Unfortunately, this is a resource that has yet to be fully utilized. Prior to 2003, 68% of SBHCs had some mental health services available. However, after the failure of Measure 28 in February 2003, these services declined to approximately 44% due to lack of funding and sustainability. As a result, primary care providers in the SBHCs are diagnosing and referring students to the mental health care they need within the community.

Approximately 51% of student visits for mental health conditions were cared for by a mental health provider—leaving 49% to be cared for by other staff, usually the primary care provider. Only 13% of all SBHC visits had a mental health component, with girls making up 62% of these. Based on the prevalence of mental health problems, one would expect more mental health-related visits. Reasons for this discrepancy may include: lack of or limited mental health care on-site, primary care providers' reluctance to initiate a new mental health diagnosis based on their expertise, stigma, and limitations in data collection.<sup>15</sup> It is generally expected that should on-site services become readily available, they would be more frequently accessed and additional students would be served.

On the state level, the Program Office continues to work with the State Youth Suicide Prevention Team and Office of Mental Health and Addiction Services in planning and expanding mental health services in a school-based setting.

## Where we need to go...

**The state SBHC Program Office is working with partners and local sites to:**

- Assess the youth needs and barriers to care for mental health services in Oregon's SBHCs and their communities. Once these are more clearly understood, they will better guide future planning efforts.
- Collaborate with other youth-serving mental health systems (e.g. education, child welfare, juvenile justice) to identify needs and provide evidence-based services at SBHCs. This also helps to maximize local resources as communities are faced with the reality of mental health provider shortages, especially in rural and frontier communities.
- Advocate for sustainable funding for mental health services for children.

*"A student had been seen here several times for various concerns, felt comfortable enough to come into the counseling office, and then the health center to reveal that although she had been using cutting as a coping method in the past, she was considering cutting deeper to kill herself. She was able to come in and ask for help because she had developed a safe and caring relationship with the staff of the SBHC. With help from SBHC staff and county Mental Health she was admitted to the hospital for inpatient care, counseling, and support. Without the help of the SBHC she might not have been able to express her deep depression and concerns."*

*—SBHC Primary care provider*



<sup>15</sup> Data are not reported by six SBHCs and are not included in the number of sites with on-site mental health service.

# Alcohol, tobacco, and other drugs

## What's happening out there



Research indicates that students who begin drinking before age 14 are nearly five times more likely to experience lifetime alcohol dependency than those who start drinking after age 21.<sup>16</sup> The data on alcohol use and abuse by Oregon teens gives a startling picture. Among both 8th and 11th graders, alcohol use is on its way up.

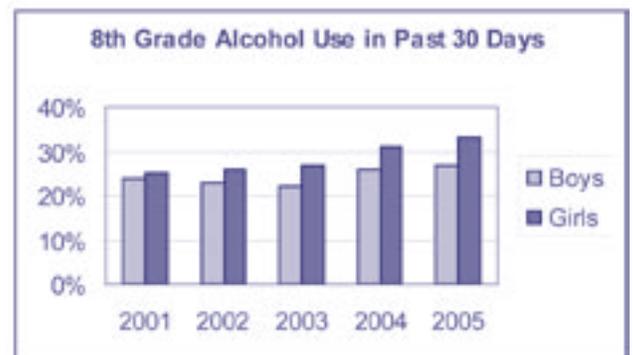
- Among 8th grade girls, 30-day alcohol use increased from 25% to 33% between 2001 and 2005.
- 11th grade female binge drinking rose from 21% in 2002 to 28% in 2005.
- Three-fourths of health educators said they would choose to expand substance abuse (78%) and tobacco cessation (76%) services in their schools.
- Lead health educators most often named alcohol and drug counselors as a staff they wanted to add to their school (79%).<sup>17</sup>

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

- While Oregon remains below national rates, 19% of Oregon high school students reported using cigarettes in the past 30 days.
- Two-thirds of 11th graders and one-third of 8th graders said it would be “very easy” for them to get tobacco if they wanted some. Both grades saw 11% increases from 2004.<sup>18</sup>
- One in seven 11th grade boys got tobacco from a grocery store, convenience store, drug store or gas station in the past month.<sup>19</sup>

### Among 8th and 11th graders in the past month...

- 16% used marijuana
- 4% used stimulants, cocaine, heroin, ecstasy or LSD
- 2% used methamphetamines



<sup>16</sup>Grant, BF & Dawson, DA (1997). Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse* 9: 103-110.

<sup>17</sup>2004 Oregon School Health Profile Survey

<sup>18</sup>2004 was the first year the question was asked in this way.

<sup>19</sup>Oregon Healthy Teens, 2005

## What SBHCs are doing to help

SBHCs are actively screening for alcohol, tobacco and other drugs as part of their wellness and behavior risk assessment. If students are not using, they are provided prevention messages on the dangers of substance use. In fact, 21% of students reported receiving a prevention message about the dangers of drugs or alcohol; 19% about the dangers of tobacco.

If a student does show signs of using alcohol and/or other drugs, they are screened further to allow for proper referral to closely linked mental health services either on-site or to community providers. An actual diagnosis may be deferred until a qualified alcohol and drug counselor sees the student. Very few SBHCs or their schools offer alcohol and drug counseling on-site. Providers will continue to follow students by providing support, education, and prevention.

In 2004-2005, there were 1,314 visits occurring 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 ATOD related visits is low 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. Clearly, more information is needed.

## Where we need to go...

**The State SBHC Program Office is working with partners and local sites to:**

- Increase screening for alcohol, tobacco, and other drugs
- Partner for referral sources either on-site or in the local community
- Improve current data tracking systems to accommodate pre-diagnosis/early use and intervention
- Advocate for fiscal policies that reimburse for early intervention of substance use
- Partner with local community for continued education and prevention, especially on underage drinking and tobacco use

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

*—Male SBHC student*



# Reproductive health and sexual risk reduction

## What's happening out there



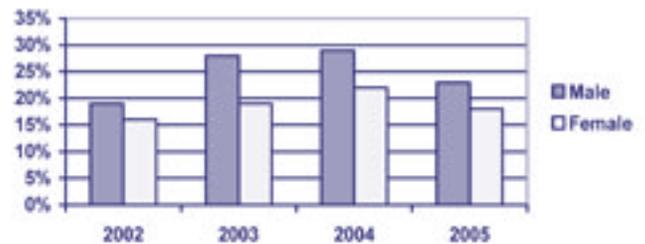
When SBHCs began 20 years ago, one of the main goals was to address teenage pregnancy. Happily, the data on teen pregnancies in Oregon over the past several years is very positive. Prevention and education remain a high priority to SBHCs and their local communities in order to continue this positive trend.

Sexual activity among teenagers is another area of concern. Recent data shows that prevention and education in this area is still very much needed.

### In 2005:

- One in seven 8th graders and 43% of 11th graders reported having had sex at least once.
- Among 11th graders who have had sex, 84% used contraception the last time they had intercourse.<sup>20</sup>

Percentage of Sexually Active 11th Graders Using Drugs and/or Alcohol During Recent Encounter



### In Oregon, between 1999 and 2004:

- Pregnancies for girls ages 10-17 decreased by 36%
- Teens between the ages of 15 and 19 were 32% less likely to become pregnant.<sup>21</sup>

While the rate of sexually transmitted infections (STIs) in Oregon is rising overall, the rate of teenage STIs is not seeing similar increases.

### In 2004, Oregonians aged 15-19 made up:

- 30% of all chlamydia infections
- 18% of all gonococcal infections
- 22% of all reports of pelvic inflammatory disease (PID)

These figures represent a substantial drop in rates in all three groups between 2001 and 2004. Regardless, the implications of these infections are great. For example, chlamydia can create an infection that is asymptomatic, so patients often delay seeking treatment. The danger is

<sup>20</sup> Oregon Healthy Teens 2005

<sup>21</sup> 2004 Oregon Vital Statistics Report, Oregon Center for Health Statistics

*"A couple of other boys and I were in a boys group in the clinic and we learned about our bodies in the program"*

*—SBHC student*

that this allows the infection to progress and is one of leading causes of PID. Long-term consequences of PID include infertility, chronic pelvic pain, and future chance of ectopic pregnancies.<sup>22</sup> Active screening for these and other STIs coupled with sexual risk reduction education is essential in keeping students healthy and safe.

*"I missed my period and I'm worried."*

*—Female SBHC student*

## What SBHCs are doing to help

SBHCs are required to provide developmentally appropriate reproductive health services to their clients to ensure the health of their reproductive organs. 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 a wide range of services, but the decision on whether to offer family planning services on-site is a local-level decision. SBHCs that do not provide these services are required to refer students to community providers.

### In 2004-2005:

- 26% of all SBHC visits had a reproductive health component
- 75% of those visits were made by females
- 63% of reproductive health-related visits were made by females and 20% by males ages 14-19
- Abstinence counseling and safe sex prevention messages were the most frequently reported (45%) of all prevention messages

*"Every time I speak to a class on reproductive health, there's a rush of students that come in afterwards wanting to get tested. They say they were worried, thought their parents didn't feel comfortable talking about it, and didn't know where to go."*

*—SBHC Primary care provider*

The diversity of reproductive health visits is clearly seen in the table below, wherein 19,926 diagnoses were made over 14,641 visits.

Diagnosis	N	% of total
Breast Condition	1,000	5%
Menstrual Condition	1,000	5%
Sexually Transmitted Infection	2,064	10%
Other Gynecological Condition	421	2%
Contraception	11,475	58%
Pregnancy	1,062	5%
Reproductive Health Maintenance	3,457	17%
Other Male Reproductive Condition	21	>1%
<b>Total Diagnoses</b>	<b>19,926</b>	

<sup>22</sup> Chlamydia-- National Institute of Allergy and Infectious Diseases, National Institutes of Health. Available at <http://www.niaid.nih.gov/factsheets/stdclam.htm>. Accessed March 28, 2006.

## In their words: What do students say?

The annual Patient Satisfaction Survey is an opportunity to hear the students' voices on the health care they receive at the SBHC.

**The results from the survey demonstrate how SBHCs have a positive impact on a student's health:**



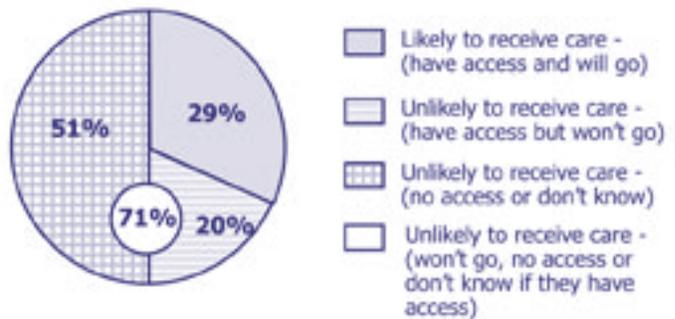
- 98% are comfortable receiving health care at the SBHC
- 96% find it easy to talk to SBHC staff
- 96% say they are likely to follow the advice given to them at the SBHC
- 68% say their health has improved because of the SBHC
- 77% of students reported receiving at least one prevention message during their visit

SBHCs see students who otherwise would not receive health care. On the 2005 Patient Satisfaction survey, Seventy-one percent of students reported they were unlikely to receive care if there was not an SBHC at their school.

The goal of the annual Patient Satisfaction Survey is to obtain a random sample of responses from 700 middle and high school clinic users. Thirty-two schools participated and there was a 92% return rate.

The number of surveys to be completed at each SBHC was in proportion to the percentage of total patients seen in the clinic during the previous school year. At the end of the multiple-choice survey, students had the opportunity to make comments and many of those quotes are used throughout this report.

Students Report Likelihood of Receiving Care



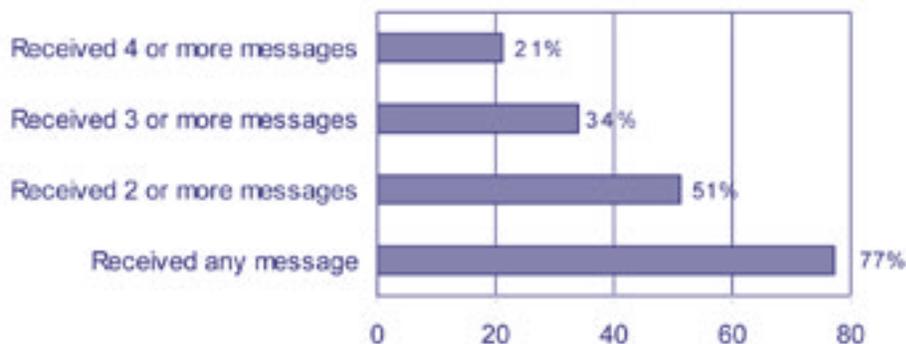
*"I think the health center is very helpful because I don't have anyone else to go to and if I do need to see the nurse I know she would be here for me."*

*—18 year old female*

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

Sevety-seven percent of SBHC students reported the discussion of at least one prevention message and 51% reported two or more prevention messages.

Percentage of Students Reporting Prevention Messages

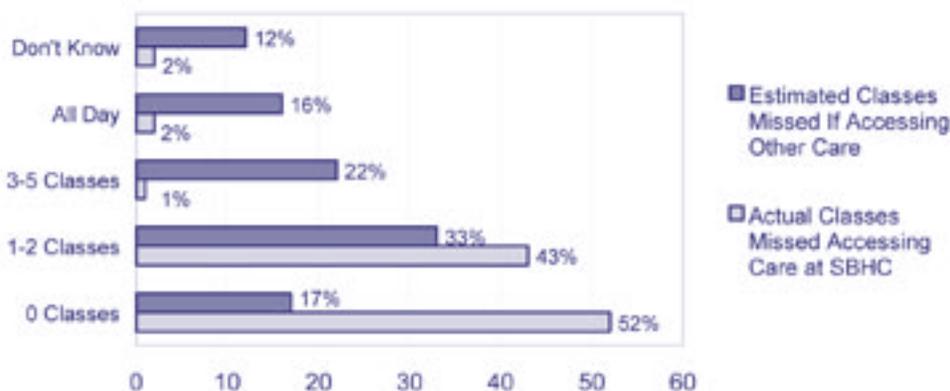


The most frequently reported prevention messages were making safe choices about sex (45%) and feeling sad or angry (32%).

Students report they miss less class time when using an SBHC than if they had to access care elsewhere. It is also a likely conclusion that the presence of an SBHC helps parents miss less work since students do not have to be picked-up and taken to another health care provider.

- 71% of students said they would miss more than one class for the care they needed that day if they had to access care elsewhere.
- 16% said they would miss the entire day.
- 52% of students reported they were not missing even one class to receive health care in the SBHC that day.

Comparison of Classes Missed Accessing Health Care



*"It's a convenient place to go if you're sick and need a doctor. Plus you don't miss as much school this way!"*

*—17 year old female*

*"They are so cool. They are very friendly and I like them there. They are so awesome they just know everything you know and have good solutions for everything. Thank you health centers yeah!"*

*—14 year old male*

# Certification

Oregon's SBHC certification standards were developed through partnership with the Oregon School-Based Health Care Network, Conference of Local Health Officials, and the SBHC State Program. 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 are meant to represent reasonable, but high expectations. Included in the standards are guidelines for: facilities, operations/staffing, laboratory services, clinical services, data collection and reporting, quality assurance activities and administrative procedures for certification.



A typical SBHC operation that offers core services is open at least 3 days per week during the school year and offers a total of 20 clinical hours per week of service. The average site offers 26 hours per week. Clinics are staffed by a primary care provider (i.e. nurse practitioner, physician assistant, or doctor), a registered nurse, and a health assistant. Qualified Mental Health Professionals are also included if mental health services are being offered. The combination of these providers offer:

- Performing routine physical exams, including sports physicals
- Diagnosing and treating acute and chronic illness
- Prescribing medications
- Treating minor injuries
- Providing vision, dental, and blood pressure screenings
- Administering immunizations
- Health education, counseling, and wellness promotion
- Providing and/or connecting students with mental health services
- Giving classroom presentations on health and wellness



Certification is a voluntary process, but only sites that have become certified are recognized by the state and as such their health department is eligible for funds. Certification occurs every 2 years at the end of legislative biennium. The next cycle will occur over the 2006-2007 school year.

For more information about the certification standards, please see: [www.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml](http://www.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml)

*"I think its really good that the school has 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 yr old Female

*"Excellent service, great staff, an asset to the community."*

—16 year old Male

## Funding

Oregon's School-Based Health Center program (SBHC) has benefited from 20 years of support by the Oregon Department of Human Services and the Oregon Legislature. What began with an initial commitment of \$212,000 to partially fund four SBHCs grew to a commitment of \$3,100,000 to support 47 SBHCs in the 2005-2007 biennium.

Prior to July 1, 2005, SBHCs were historically funded through a competitive grant process wherein the successful SBHCs in the state received grants of \$52,619 per SBHC, while the remaining 24 that grew over the years received no direct state funds. All centers maintained similar levels of care, but without State compensation. This created considerable inequity statewide. However, when there was a legislative interruption of funds in February 2003 due to the failure of Measure 28, state-funded SBHCs were more severely impacted than those clinics that were less reliant on state dollars. As state dollars were fully reinstated in fall 2003, the opportunity arose to re-evaluate the funding formula. After discussions with the Oregon School-Based Health Care Network and the Conference of Local Health Officials, a new funding formula emerged that aligned SBHCs with the public health delivery system for stability and ongoing support, while leveling most inequities.

On July 1, 2005, the new funding formula was implemented. Each county that has a state certified SBHC is eligible for state dollars through their local public health authority (LPHA). The LPHA receives funds to support their efforts based on the number of SBHCs in the county and the availability of legislatively approved dollars. For example, if there are: one to two SBHCs the LPHA receives \$50,000/year, three to five SBHCs they receive \$100,000/year, six to nine SBHCs they receive \$150,000, and over 10 centers they receive \$200,000/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 from schools, school districts, county health departments, county commissioners, hospitals, community providers, local businesses and individuals, grants, and general fundraising. Stable sources of ongoing revenue and operational funds remain a significant concern for most SBHCs.

## Operations

The average SBHC in Oregon costs an estimated \$150,000-250,000/year to operate. Remaining budget needs are met through billing and supplemental dollars from local sources. Current data systems do not allow for detailed budget summaries. However, the State Program office is involved in a nationwide cost-modeling project to assist with the identification of all dollars that go toward SBHC operations. This will provide a better understanding of SBHC financing and help identify ways to maximize efficiency and strategically plan for improved sustainability. Efforts may include advocating for reimbursement of early intervention and more prevention services as provided in SBHCs, and identify best practices for public/private partnerships supporting SBHCs.

## Partners

Centers for Health and Health Care in Schools

Children First For Oregon

Community Health Centers

Department of Education

Department of Human Services, Office of Family Health

Healthy Kids Learn Better Coalition

Local Health Departments

National Assembly on School-Based Health Care

Northwest Health Foundation

Office of Mental Health and Addiction Services

Office of Medical Assistance Programs

Oregon Asthma Program

Oregon Medical Association

Oregon Nurses Association

Oregon Primary Care Association

Oregon Safety Net Advisory Council

Oregon Safety Net Policy Team

Oregon School Nurses Association

Oregon School-Based Health Care Network

State Agency Team for Youth Suicide Prevention

State and local Insurance Industries



## Contact information

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## Additional information

Department of Human Services Web site:  
[www.oregon.gov/DHS/ph/ah/](http://www.oregon.gov/DHS/ph/ah/)

Oregon School-Based Health Care Network Web site:  
[www.osbhc.org/](http://www.osbhc.org/)

National Assembly on School-Based Health Care Web site:  
[www.nasbhc.org/](http://www.nasbhc.org/)

Healthy Kids Learn Better Web site:  
[www.hklb.org/](http://www.hklb.org/)

The Center for Health and Healthcare in Schools Web site:  
[www.healthinschools.org/](http://www.healthinschools.org/)

## Acknowledgments

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