

School-Based Health Centers: Focusing on our Future

2011 Status Report



“ I think the health center is the only place where kids can come and make sure they are safe, no matter what happens. I personally love to come here for help and advice.

Female SBHC student



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“ They are very private and comfortable to be around. I haven't had one problem with anyone from the health center, and it's better than the other health centers or hospitals I've ever been to.

Female SBHC student



School-Based Health Centers — On Target for Oregon's Triple Aim

With 25 years of experience, Oregon's School-Based Health Centers are at the forefront of our current and emerging health care delivery system. With a wealth of experience and "lessons learned," School-Based Health Centers can make important contributions to health care reform.

Oregon's Health Authority (OHA), the agency tasked with implementing health care reform in Oregon, has set goals to improve health care outcomes through three key initiatives known as "The Triple Aim." The three outcomes OHA is focusing on are (1) A Healthy Population, (2) Extraordinary Patient Care, and (3) Reasonable Costs. Oregon's School-Based Health Centers hit the target in all three areas!

School-Based Health Centers Focus on Improving Lifelong Health

OHA wants health care providers to evaluate the needs of the populations they serve with a particular focus on wellness, prevention and chronic disease management. Oregon's SBHCs do just that! For example, each center must provide comprehensive medical and psychosocial histories; physical exams; immunizations; age-appropriate risk assessments; and patient education. Additionally, centers maintain demographic and encounter data. These data better inform program development at the state and local level to ensure youths' health care needs are being appropriately met. SBHCs are creating healthier generations and empowering youth to be healthy!

School-Based Health Centers Increase the Quality, Reliability and Availability of Care

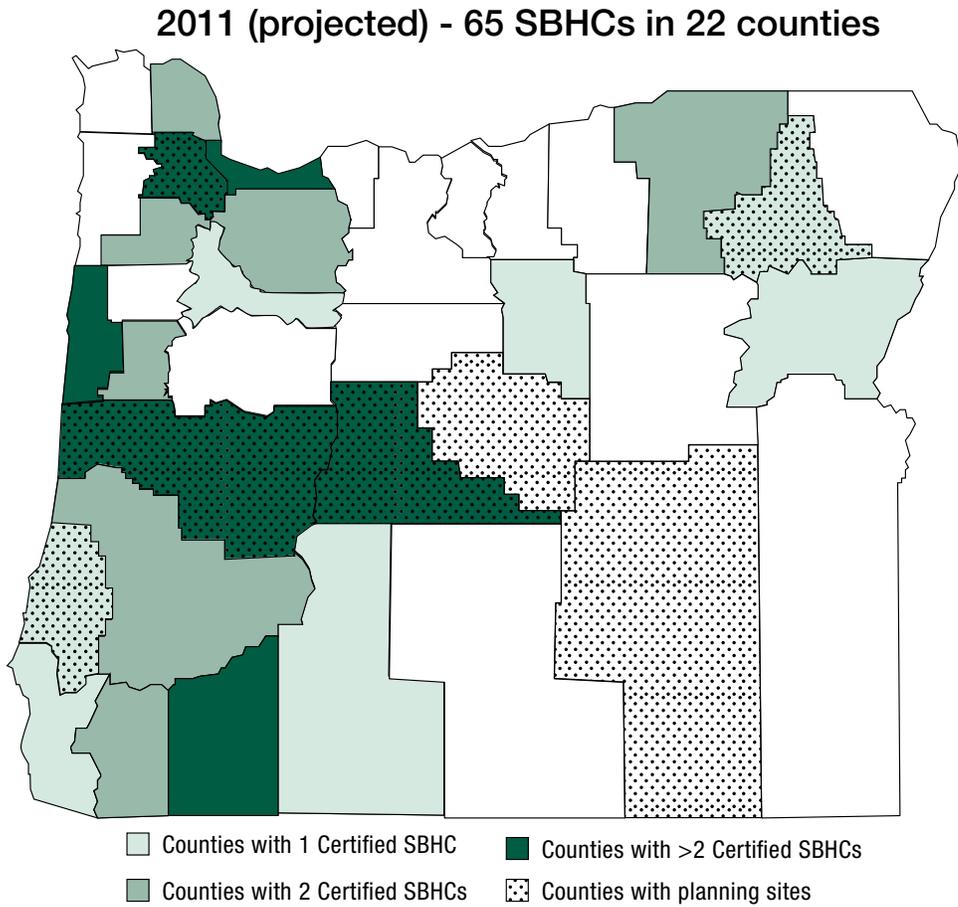
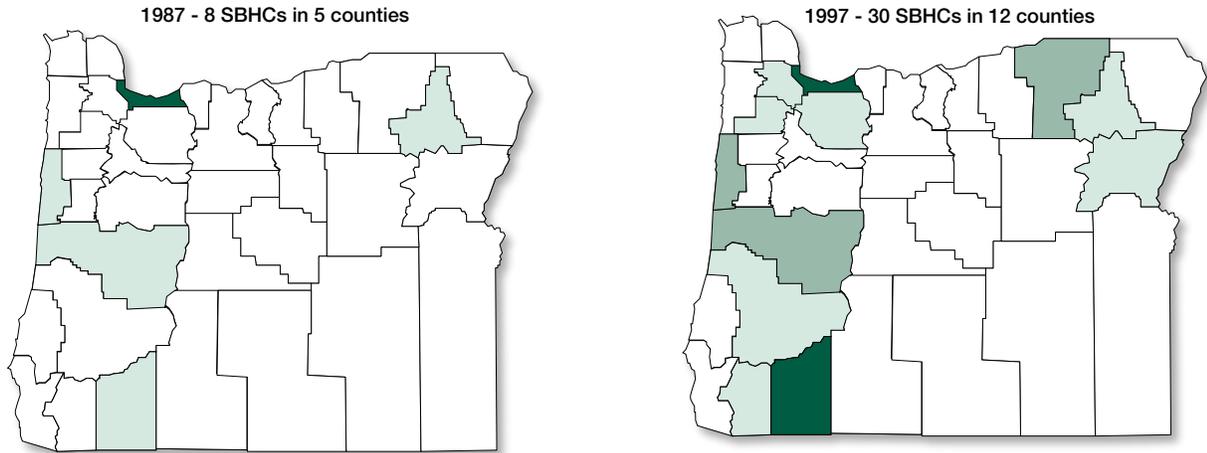
OHA wants to make sure that patients have personal, continuous relationships in accessible patient-centered clinics with services they want and need. Sounds like SBHCs! SBHCs provide Oregon's youth with easy access to preventive, physical and mental health services. Students establish trusting relationships with providers who can follow the students' health care needs over time with a focus on prevention and wellness. SBHCs also support families where transportation and loss of work time for parents are significant barriers to getting timely care. For SBHCs, the focus is on the youth and their families!

School-Based Health Centers Offer Access to Affordable Care

OHA is attempting to reduce unnecessary costs by establishing requirements for coordination of care and chronic disease prevention and early intervention. SBHCs are a hub for students' health care needs! One of the key roles of Oregon's SBHCs is to coordinate care for their clients. Because SBHCs are expected to provide comprehensive services (primary care, screening, oral health, prescriptive services, reproductive health, preventive health, mental health and social services) each center enlists a team of community resources to get the job done. Additionally, all SBHCs serve students regardless of their ability to pay. Through easy access and by focusing on prevention and early identification, SBHCs reduce the need for expensive acute care and reduce potential development of chronic conditions. Cost-effective care is front and center with SBHCs!

Health Care Reform, both nationally and in Oregon, seeks to focus on wellness and prevention — changing the priority from our current treatment model. SBHCs have been doing this for decades and offer a wealth of experience. They know what works and what doesn't. They have strong community alliances and fully engage their patients and families. Oregon's School-Based Health Centers stand ready to take on Oregon's Triple Aim and provide a vital health care role for Oregon's youth.

Twenty-five Years of Oregon's SBHCs



During the past 25 years, Oregon's SBHCs served nearly one-third of a million clients in more than one million visits.

School-Based Health Center (SBHC) Fast Facts

Fifty-five centers in 20 counties

- Thirty-two high schools
- Four middle schools
- Eleven elementary schools
- Eight combined-grade campuses

Ten new centers in eight counties plan to open by Spring 2011

2009–2010 highlights:

- There were 45,203 students with access to SBHCs at their school.⁺
- Oregon SBHCs served 23,881 clients in 69,468 visits.*
- On average, clients utilized the SBHC nearly three times per year.
- Forty-one percent of SBHC clients were uninsured.*
- Sixty-four 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.**

The State of Oregon contributed \$2,846,000 to SBHCs during the 2009–2010 service year. This funding supported the delivery of more than \$3,265,600 in health care services, which included more than \$1,176,000 to uninsured students.*

During the 2009–2010 service year, Oregon’s SBHCs services included...⁺⁺

- ◆ 56,883 physical health care visits
- ◆ 26,318 visits where the client reported no insurance
- ◆ 13,959 well-child/prevention visits
- ◆ 12,780 mental health-related visits
- ◆ 12,165 reproductive health-related visits
- ◆ 8,383 immunization visits

⁺ Oregon Department of Education 2009.

* Estimate based on 2009–2010 Utilization Data.

** 2010 SBHC Patient Satisfaction Survey data.

⁺⁺ Multiple services were sometimes provided during the same visit.

SBHCs Yesterday, Today and Tomorrow

What is an SBHC?

Nationally, 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. While each Oregon SBHC is uniquely situated to meet the needs of its youth, all SBHCs have common attributes. In short, an SBHC is a medical clinic either within or on the grounds of a public school. Each SBHC is staffed by a primary care professional

who may be a doctor, nurse practitioner or physician's assistant, other medical or mental health professionals and support staff, such as a receptionist. The centers incorporate student-made artwork on the walls, beanbag chairs and teen-friendly music in the lobby. They are comfortable and accessible to encourage kids to either make an appointment to come in or to drop by when they need medical attention and/or want to learn more about health issues.

“ I really like that this school has a health clinic because it is really easy and fast to get help whenever we need it. The people and staff at the clinic are really friendly and it feels really comfortable to talk with them.

Female SBHC student ”

How long have they been in existence?

In Oregon, SBHCs have been in existence for 25 years and constitute a unique public-private partnership through collaborative relationships that include the local school district, county public health authority, public and private practitioners, parents, students and the State Public Health Division.



Growing Opportunities for Oregon's SBHCs

As the number of SBHCs in Oregon continues to grow, the question naturally arises of how to sustain the model during the current economic climate. The sustainability, or long-term success, of an SBHC is most often determined by the strength of its community partnerships and funding.

Community partnerships are a critical success factor

SBHCs in Oregon have a strong history of engaging multiple partners from the community to assist in the planning, development and operation of their SBHC. Local schools and their boards play a key role in identifying the appropriate school location and make the necessary space or property available for use by the SBHC. The medical community, including hospitals, community health



centers, and medical providers work together to obtain the necessary equipment and staff to operate the SBHC. Teachers, parents and the students become involved through advisory boards. Other community resources including not-for-profit organizations, local businesses and faith organizations often assist with fundraising. These linkages allow for continued community engagement and awareness regarding the services to be offered by the SBHC and the benefits of using the SBHC. These community partnerships enhance the health promotion and disease prevention service delivery model that is part of every Oregon SBHC.

Funding opportunities in Oregon

During fiscal year (FY) 2010, the SBHC State Program Office awarded Phase I planning grants to 13 communities in 10 counties. The expectations of the first year of planning are to assess and develop the community readiness for an SBHC and create sustainable partnerships to advance a strategic plan. Of the 13 Phase I sites, 10 received Phase II Planning grants for 2010–11. The awarded sites are located in six counties with currently certified SBHCs and two counties without existing SBHCs. The Phase II planning sites are expected to continue their SBHC planning efforts and become operational and certified in spring 2011.

For the first time, the State Program Office awarded one community an Advance Phase planning grant that required a site to open and be certified within one year. This community showed strong community readiness and partnerships going into the planning grant and therefore was able to open and become certified by spring 2010 and, in turn, enter the state funding formula July 1, 2010. See map for list of planning sites.

In addition to expansion opportunities in 2009, counties also received a modest increase in their funding to support currently certified SBHCs. Not only did an increase in funding help SBHCs, a change in the funding formula in 2009 allowed for a revised formula that works to improve both sustainability and expansion efforts.

Federal Funding Opportunities for SBHCs

This past year, Congress passed fundamental health care reform legislation designed to improve access to care, emphasize prevention and control costs. The Patient Protection and Affordable Care Act (PPACA) signed into law by President Obama on March 23, 2010, included language designating SBHCs as programs authorized to receive federal funds. This represents vital federal recognition and support for the vision and mission of SBHCs nationally. The Act includes two important provisions for SBHCs: (1) an emergency \$200 million appropriation for SBHC construction and equipment needs; and (2) an authorization for an SBHC grant program for operations.

“ This health center has helped and is still helping me through the hardest point in my lifetime. I need the staff here; they’re all that I have.

Male SBHC student



The first provision, Section 4101(a) of the Affordable Care Act, allows for SBHCs to access \$200 million in competitive federal funds over the next four years. The grants are limited to facilities expenditures — such as the acquisition or improvement of land, construction costs, equipment, and similar expenditures. Several Oregon SBHCs have applied for funds and the first year of grant awards is expected to be announced in July 2011.

The second provision, Section 4101(b) of the Act, recommended an annual \$50 million federal appropriation for SBHC operations. However, a recommendation does not guarantee funding, and advocates are currently working to get this recommendation funded through the House and Senate Appropriations Committees. If appropriated, this money would be available through a competitive grant program to be used for SBHC clinical and administrative staff salaries, training and other operations needs.

Aside from addressing SBHCs directly, the PPACA also makes several changes to our health insurance system that may positively affect youth and adolescents. Among them¹:

- Health insurance plans are not permitted to exclude children with pre-existing conditions,
- No lifetime limits on benefits,
- Certain preventive services² must be fully covered with no deductible, copay or co-insurance,
- Young adults are permitted to stay on their parents’ insurance up to age 26.



Access to Care

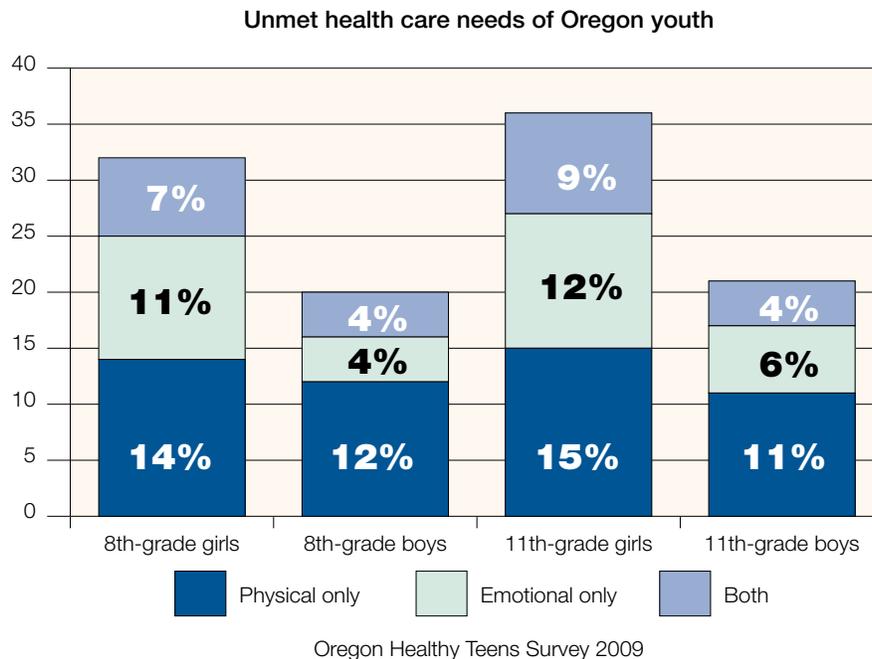
Oregon’s families face many barriers to accessing consistent and reliable health care. Families in Oregon bear a disproportionate economic and social burden compared to the rest of the United States. An estimated 18 percent of Oregon children under the age of 18 live in poverty (more than 185,000 children), the 24th highest rate in the U.S. and the eighth highest in the Western U.S.³

“ This health center has made it easy for me to go. I don’t have to call my parents to take me all of the time.

Female SBHC student ”

Health care needs are increasing for Oregon’s youth:

- About 11 percent (one out of every seven) of Oregon’s youth ages 0–18 are uninsured, the 20th highest rate in the nation.⁴
- Of the uninsured children, about 50 percent (60,000) are likely eligible for public health insurance.⁵
- Approximately 88 percent of uninsured children live with families that have at least one working parent.⁶
- According to the 2009 Oregon Healthy Teens Survey, 29 percent (21 percent of boys, 37 percent of girls) of 11th graders had an unmet physical or emotional need in the past year.
- Eleventh grade girls are more than twice as likely than boys to have an unmet mental health need and 1.5 times as likely to have an unmet physical health need.⁷



Access to Care: 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. During the 2009–10 school year, 45,203 Oregon students had access to SBHCs at their schools. SBHCs benefit local communities by providing access to health care in an easily accessible, convenient

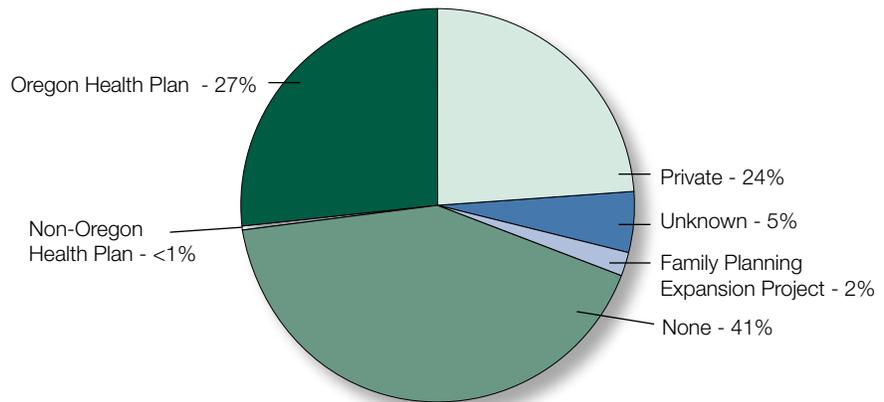
location. In addition, providers with an adolescent health focus are available on a consistent basis and services are provided regardless of a student's ability to pay. These services include:

- Performing routine physicals, well-child exams, and sports exams;
- Diagnosing and treating acute and chronic illnesses;
- Treating minor injuries/illnesses;
- Providing vision, dental and blood pressure screenings;
- Administering vaccinations;
- Preventing and treating alcohol and drug problems;
- Promoting health education, counseling, and wellness, targeted to adolescents;
- Providing and/or connecting students with mental health counseling;
- Giving classroom presentations on health and wellness;
- Prescribing medication;
- Providing reproductive health services.

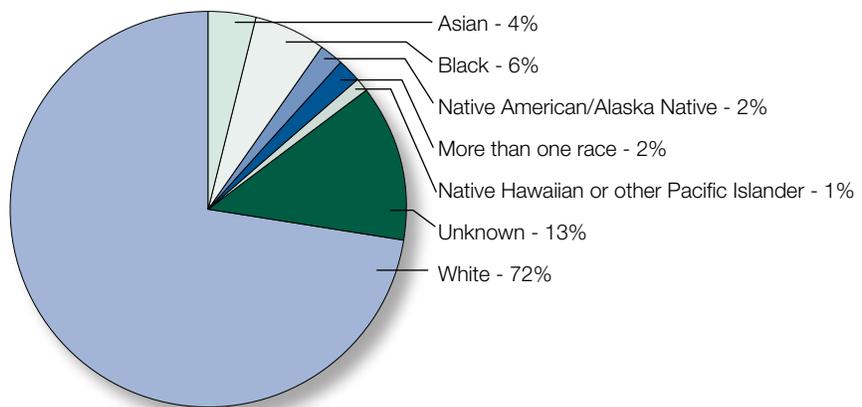
In 2009 more students gained access to health care services through activities such as:

- The addition of 10 SBHCs across the state;
- Partnering with local organizations to increase outreach and enrollment in the Healthy Kids program.

Client-reported insurance status at first visit



Client-reported race 2009 – 2010



In Their Words: What Do Students Say?

Data from the 2010 Patient Satisfaction Survey were collected from a random sample of 900 students grades six through 12. The anonymous and confidential annual survey is a chance for students to voice their opinions on the health care they receive at their SBHCs.

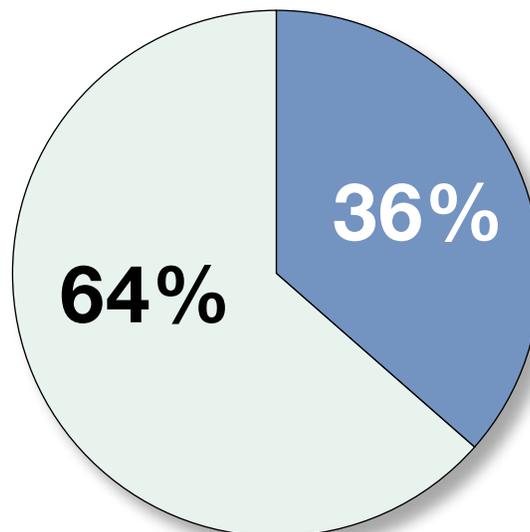
The results from the survey demonstrate how much value SBHCs have for students:



- Ninety-seven percent are comfortable receiving health care at the SBHC.
- Ninety-five percent find it easy to talk to SBHC staff.
- Eighty-nine 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.

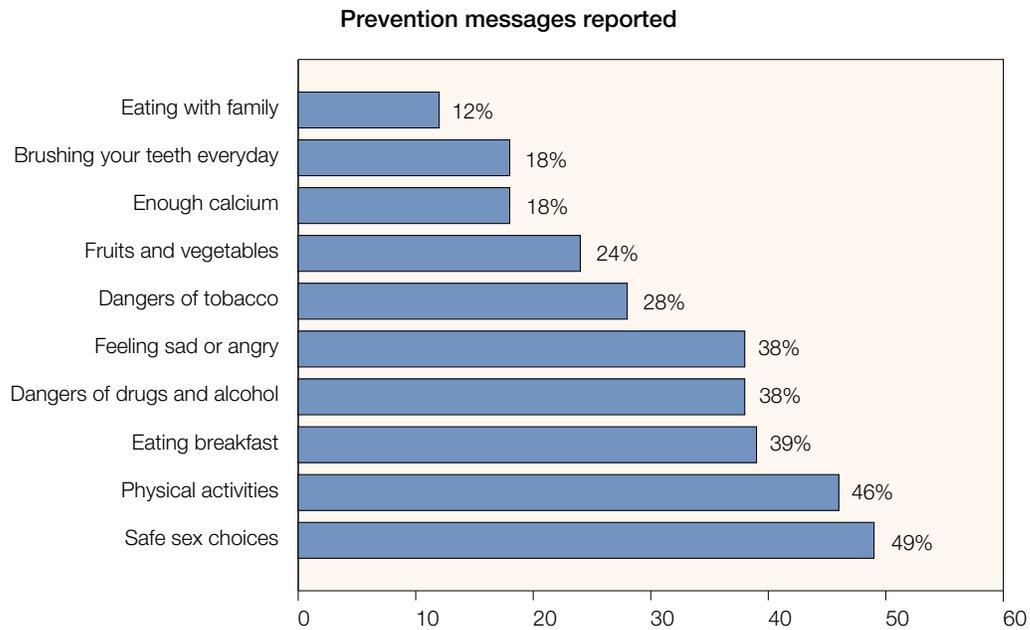
Likelihood of receiving care without SBHCs



- Likely to receive care (have access and will go)
- Unlikely to receive care (won't go, no access or don't know if they have access)

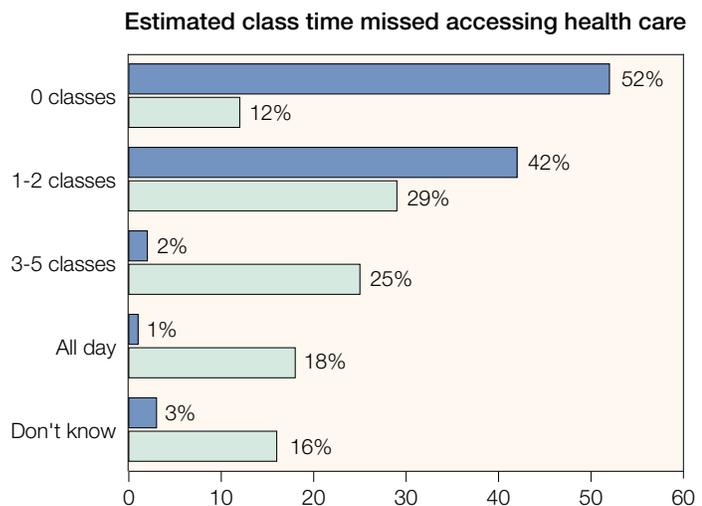
The SBHC model creates opportunities for health practitioners to discuss with students important topics ranging from the risks of alcohol, tobacco and other drugs to the importance of eating healthy foods and getting exercise.

Eighty percent of SBHC students reported the discussion of at least one prevention message and 64 percent reported two or more prevention messages. The most frequently reported prevention topics were making safe choices about sex (49 percent), importance of physical activity (46 percent), importance of eating breakfast (39 percent), dangers of drugs and alcohol (38 percent) and feeling sad or angry (38 percent).



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 because students do not have to be taken to an off-site health care provider.

- Fifty-two percent of students reported they did not miss a full class when they received care at the SBHC.
- Seventy-two percent of students estimate they would miss more than one class for the care they needed that day if there weren't an SBHC and they had to access care elsewhere. Eighteen percent said they would miss the entire day.



Wellness

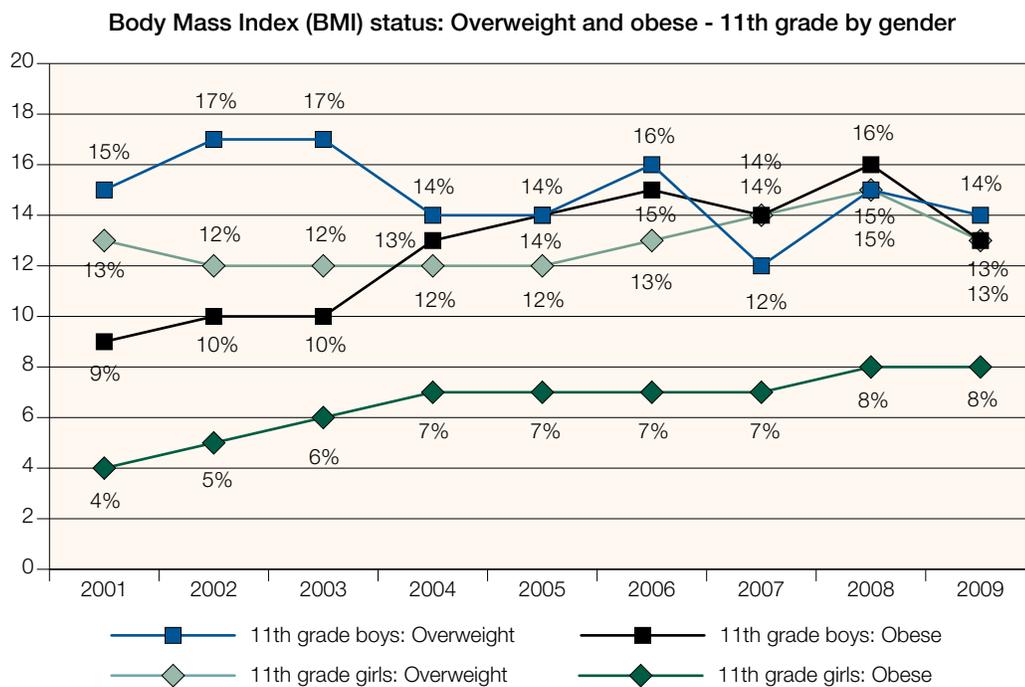
Nationally and statewide, students face many challenges when it comes to wellness and healthy living. U.S. childhood obesity rates are on the rise while kids are getting less physical activity. Portion sizes are increasing and nutrition content and targeted fast food marketing to kids and teens is problematic.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

“ It’s been a really good thing to have a health center so close. Otherwise I would have to drive across town to be seen.

Male SBHC student ”

In 2009, Oregon students report:

- Twenty-three percent of 11th-graders are overweight or obese. There was a moderate gender gap with 27 percent of boys fitting into one of these categories as opposed to 21 percent of girls.
- Among 11th-grade girls, 21 percent are overweight or obese versus only 17 percent in 2001.
- Only 21 percent of eighth-graders are eating the recommended amount of fruits and vegetables during the past week. This is down from 30 percent in 2004.
- In the past 12 months, 16 percent of eighth-graders and 18 percent of 11th-graders are eating less than they should because there wasn’t enough money to buy food.
- Nineteen percent of eighth-grade girls and 73 percent of 11th-grade girls don’t attend any physical education classes during an average school week.

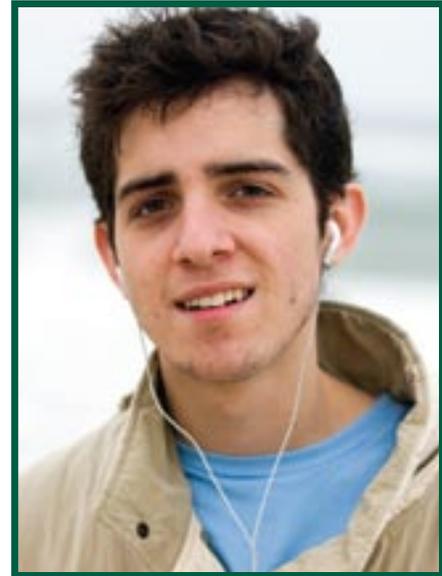


Oregon Healthy Teens Survey 2009

Wellness: What SBHCs Are Doing to Help

Prevention is at the forefront of SBHC care. School-based health centers provide well-child/prevention check ups, risk assessments, prevention messaging, and immunizations. In 2009–2010, SBHC providers completed 13,959 well-child/prevention visits, conducted 5,867 comprehensive physical exams and administered immunizations to 6,930 SBHC clients over the course of 8,383 visits.

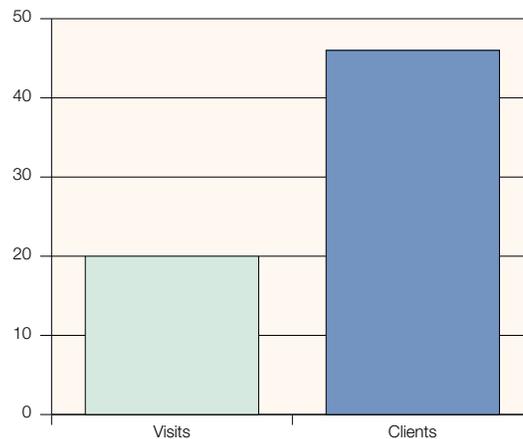
Providing immunizations at school prevents students from being excluded from school when they are not up-to-date. In partnership with ALERT IIS, Oregon’s statewide Immunization Information System, all immunizations administered by SBHCs are reported so that students’ medical providers have a complete immunization record. ALERT IIS also provides SBHCs with forecasts of vaccines due and a variety of reports that help them make sure their students are protected from vaccine-preventable diseases.



In addition, providers aggressively screen students for potentially problematic health and behavioral risk factors and develop interventions based on individual/family needs. This is particularly important as health patterns established by the end of adolescence are carried through adulthood.⁸ Health visits at the SBHCs routinely include prevention messages, and we know students are hearing them. According to the 2010 annual Patient Satisfaction Survey, 80 percent of students reported receiving one or more prevention message during their visits.

Given the concerns about healthy eating among children, it is important to note that 47 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.

Wellness services received as percentage of total services*

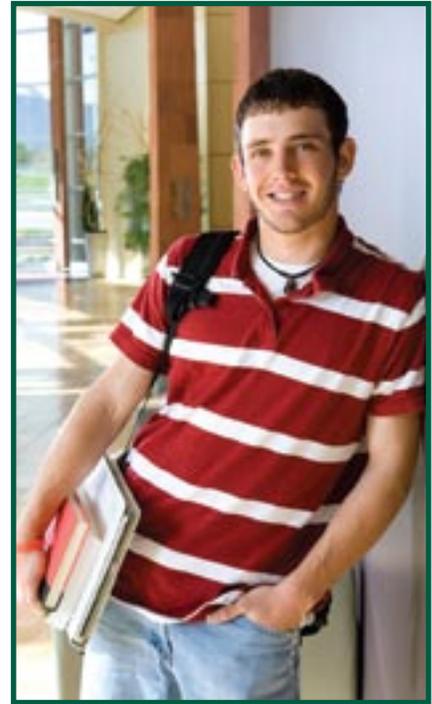


*Wellness services include a well visit, BMI screen, health risk assessment or immunization

Mental Health

Mental health issues can interfere with normal youth development and function, creating social and academic difficulties.^{9,10} The age of onset for major mental health disorders can occur as early as 7 to 11 years old; therefore, addressing mental health needs early in children’s lives can affect their future well-being.¹¹

Children of all ages require mental health services and many of those who require services have difficulty receiving care to meet their specific needs. Based on the 2007 National Survey on Children’s Health, younger children represent the largest gap in unmet mental health needs. Of those children who needed mental health services, about 42 percent of 6–11 year olds and 38 percent of 12–17 year olds did not receive them.¹²



Among Oregon students:

- Of those eighth-graders who report unmet emotional or mental health care needs, there is a significant association with higher levels of risk behaviors and lower levels of healthier behaviors. See table below for details.

Health or risk behavior	Eighth-graders	
	Unmet mental health need	No unmet mental health need
30-day alcohol use	37%	21%
30-day cigarette smoking	20%	8%
Harassed in past 30 days	70%	36%
Mostly As or Bs	66%	75%
High self-confidence	63%	87%
Sufficient physical activity	49%	59%

- Forty-one percent of eighth-graders reported they had been harassed in the last year at school.
- Twenty-three percent of eighth-grade girls reported they seriously considered attempting suicide, and of those, 44 percent reported attempting suicide.
- Twenty-one percent of 11th-graders reported feeling so sad or hopeless that they stopped all normal activities for at least two weeks.

In Oregon, about 35 percent of eighth-graders reported gambling in the past 30 days, compared to 31 percent of 11th-graders. Boys were more likely to report gambling than girls in both age groups.

Mental Health: What SBHCs Are Doing to Help

Addressing emotional and mental health care needs among children and adolescents continues to be a top priority in SBHCs. Although not all of Oregon's SBHCs are staffed with a mental health provider on-site, all centers are required to provide some level of mental health services, such as mental health assessments and referrals. The level of integration of physical and mental health services within Oregon's SBHCs varies across the integration continuum based on community resources and need.¹³

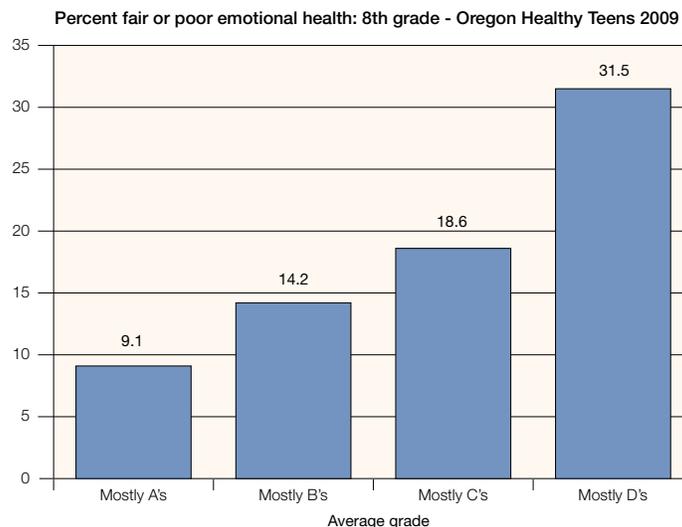
The following information highlights some of the work done to support the mental health of youth in Oregon SBHCs during 2009–10.

- Eighteen percent of all visits had a mental health component. Among those SBHCs with an on-site mental health provider, 26 percent of visits had a mental health component.
- The top five mental health diagnoses were mood, anxiety, adjustment, attention deficit hyperactivity disorder, and alcohol, tobacco and other drugs.
- With 21 SBHCs with a mental health provider on-site, SBHCs medical providers play a crucial role in prevention and early intervention of mental health issues. Fifty-six percent of all mental health visits were conducted by a primary care provider (nurse practitioner, physician's assistant, medical doctor) or registered nurse.

By reducing the traditional barriers to care by meeting the youth where they are located, students are able to be healthy learners. A recent study revealed the relationship between receiving mental health services in the SBHC and increased grade point averages among students.¹⁴

Based on the 2010 SBHC Patient Satisfaction Survey, 12 percent of surveyed SBHC clients reported an unmet emotional or mental health care need.

Data from the 2009 Oregon Healthy Teens Survey illustrate the link between emotional health and academic performance.



Alcohol, Tobacco and Other Drugs

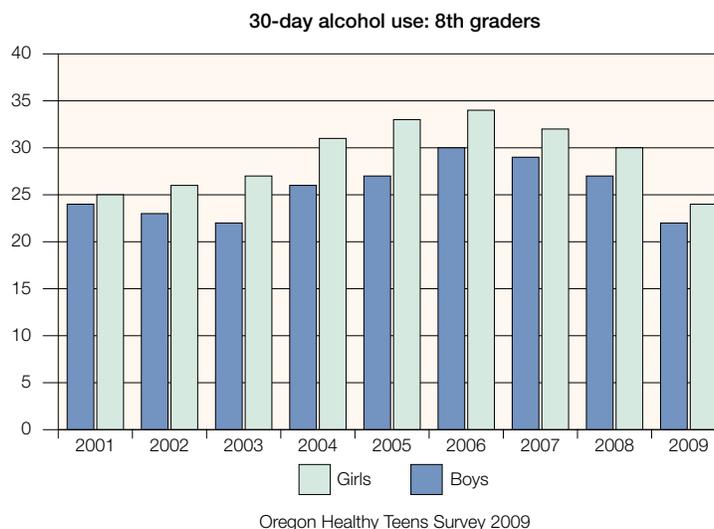
Substance abuse

Substance abuse at an early age can have detrimental effects in a youth's life not only in areas of health but also school. Research has shown a relationship between adolescent substance abuse and academic performance; students who performed poorly in school were at greater risk for using alcohol and drugs, and vice versa.^{15,16} Those associations also seem to hold true among some of Oregon's youth.

Alcohol use

Among Oregon students who begin drinking before age 15 are nearly five times more likely to experience lifetime alcohol dependency than those who start drinking at age 21.¹⁷

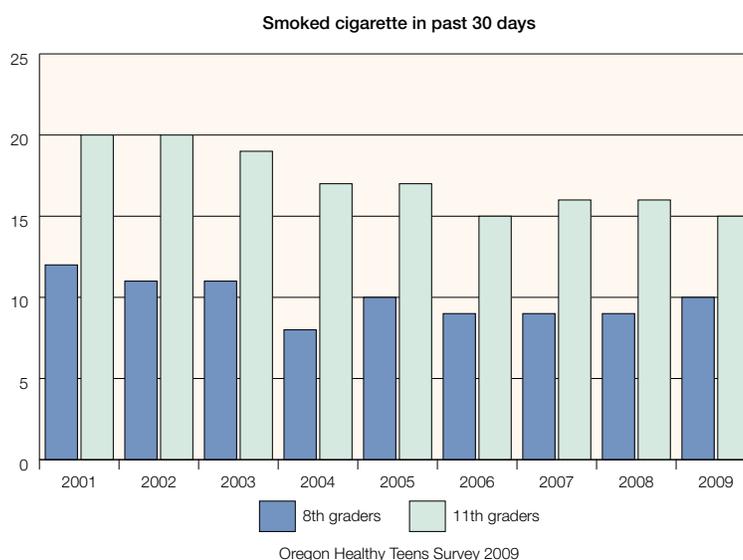
- Eleven percent of Oregon eighth-graders and 23 percent of 11th-graders had an episode of binge drinking (at least five drinks in one sitting) in the past month.
- During 2007, the leading cause of death for youth under the age of 21 was motor vehicle accidents of which 28 percent involved alcohol.*



Tobacco use

For decades, public health professionals have focused on tobacco prevention, particularly for youth, due to the immediate and long-term health effects caused by cigarettes and smokeless tobacco. Research shows that adolescents who started smoking at an earlier age were more likely to use drugs and were also at a higher risk for poor academic performance.¹⁸

- Among Oregon eighth-grade girls, the percentage who reported getting As or Bs was almost twice as high among nonsmokers (80 percent) versus smokers (42 percent).



*Oregon Department of Transportation Safety Division, DUI Data Book 2007.

Alcohol, Tobacco and Other Drugs: What SBHCs Are Doing to Help



Screening for alcohol, tobacco and other drug use is an important part of the wellness and behavior risk assessments that SBHCs provide. As part of Oregon's SBHC Certification Standards, all SBHCs must provide alcohol and drug pre-assessment services on-site. Students who are identified as using alcohol and/or other drugs are screened further for proper referral for additional behavior health services in the community, if they are not available in the center.

Very few SBHCs in Oregon have an on-site qualified alcohol and drug counselor and therefore having strong linkages to behavioral health services in the community is necessary. Although the staffing of qualified behavioral health counselors is limited, providers in the center continue to track the student once referrals are made.

Regardless of whether a student is using substances or not, SBHC providers focus on prevention and education and talk with students about the dangers of substance use. Based on the SBHC Patient Satisfaction Survey, 38 percent of survey students reported receiving prevention messages about the dangers of drugs and alcohol and 28 percent about the dangers of tobacco.

In 2009–2010, there were more than 1,000 visits associated with an alcohol, tobacco or other drug diagnosis. Based on prevalence data previously discussed, the number of alcohol, tobacco and other drug-related visits is lower than expected. Although the reason for this is unclear, possible explanations include data tracking issues or the increase in risk assessments done by SBHC providers that may intervene with students early in their use history.

“ Without the health center a lot of people would be making unsafe decisions due to the lack of counseling.

Female SBHC student



Sexual Health

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 2004.¹⁹ However, Oregon had two consecutive years of increased rates in 2005 and 2006. Preliminary information from 2008–2009 and data from 2007 show a

downward trend in teen pregnancy rates.^{20,21} To continue to reduce teen pregnancy, it is imperative that SBHCs continue to engage youth through prevention and education efforts.

“ The SBHC staff has always been there for me and my girlfriend. We need to discuss private stuff and get information and help with it. They always know how to help us. They are essential to a teenager’s life!”

Male SBHC Student

It is vitally important to continue promoting the sexual health and well-being of all youth. Recent data show there is still room for improvement. The Oregon Youth Sexual Health Plan was developed in 2008 to guide local and statewide approaches to youth sexual health through policy development, program implementation and positive youth development. 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

Among Oregon students:

- Eighteen percent of eighth-graders and 48 percent of 11th-graders reported having sex at least once.
- Sixty-seven percent of eighth-graders who had sex used a condom the last time they had sex.

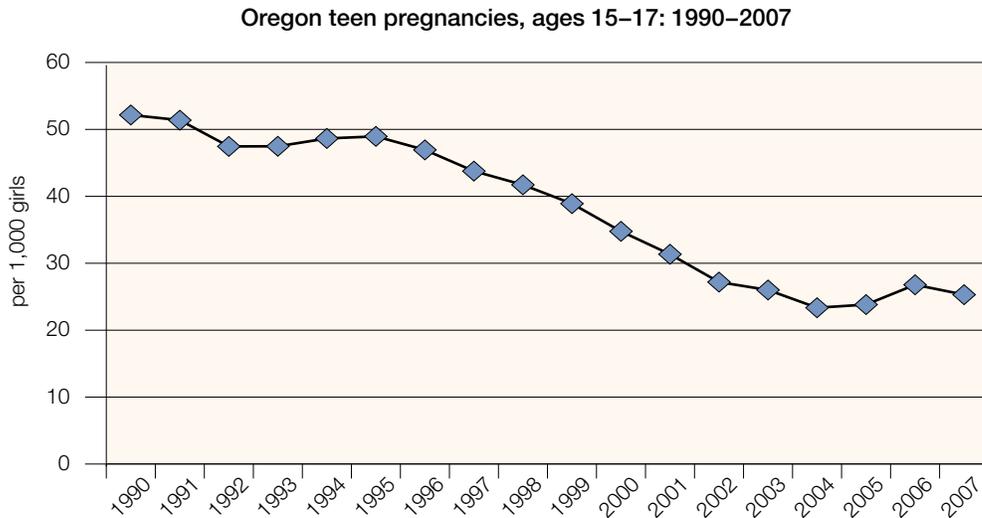
In 2009, Oregonians aged 15–19 accounted for:

- Thirty-two percent of all chlamydia infections;
- Twenty-two percent of all gonococcal infections;
- Forty-one percent of all reports of pelvic inflammatory disease (PID)²³.

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. The largest number of reported cases of both chlamydia and gonorrhea in 2008 was among girls between 15 and 19 years of age and the implications of these infections are serious. Chlamydia is frequently undiagnosed because many patients will have no symptoms and are not aware they are infected. Chlamydia is now one of the leading causes of PID. Long-term consequences of PID include infertility, chronic pelvic pain, and an increased risk of ectopic pregnancies.²⁴ Active screening for these and other sexually transmitted infections coupled with sexual behavior risk reduction education is essential to keeping students healthy and safe.

Sexual Health: What SBHCs Are Doing to Help

SBHCs are required to provide developmentally appropriate reproductive health services to their clients to ensure the health of the client's reproductive system. 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 specifically on-site (e.g., family planning) is made locally. SBHCs that do not provide all reproductive health services that youth are entitled to by state law must refer students to community providers.



Since 2008, the Oregon School-Based Health Care Network has awarded 15 grants (supported by the E.C. Brown Foundation) to SBHCs or SBHC planning sites to focus on projects or programs that support healthy relationships among youth. Some examples of grant-funded activities include classroom presentations, professional development opportunities, youth mentor programs, and the development and implementation of youth councils.



In 2009–2010, in Oregon SBHCs:

- Eighteen percent of all SBHC visits had a reproductive health component.
- Of clients aged 14–19, 85 percent of reproductive health-related visits were made by females and 15 percent by males.
- On the 2010 Patient Satisfaction Survey, prevention messages about safe sex were the most frequently reported (49 percent) of all prevention messages.

Oversight of SBHCs

Oregon provides an important, but modest, amount of funding to support SBHCs. In order to receive funding, SBHCs must meet Oregon SBHC Certification Standards. Additionally, the SBHC State Program Office provides technical assistance, data analysis and reporting on state-funded SBHCs.

Funding

Oregon's School-Based Health Center program, located within the Public Health Division in the Oregon Health Authority, has benefited from nearly 25 years of support by the Oregon Legislature. What began with an initial commitment of \$212,000 in 1985 to partially fund four SBHCs grew to our current investment of about \$5.8 million dollars in General Fund moneys and \$1.4 million dollars in Healthy Kids provider tax funding for the 2009–2011 biennium. Utilizing the Healthy Kids expansion dollars, it is estimated up to 10 new centers will be opened and certified for a total of 65 centers by the end of the 2010–2011 school year.

During the 2007–2009 biennium, the largest expansion in Oregon's SBHC history occurred with 11 new sites opening in counties with and without existing centers. Working within the 2005 funding formula, many counties began to reevaluate the sustainability of their current centers when presented with the opportunity to open new centers. This initiated the discussion of the

“ It helps to have an adult to talk to about quitting smoking and better plans for birth control.

Female SBHC student



current effectiveness of the 2005 funding formula within the context of sustainability and expansion. In response, in January 2009, the funding workgroup convened to (1) revisit how state General Fund dollars support the overall mission of SBHCs in Oregon; (2) examine the effectiveness of the current funding formula in the present times; and (3) explore other funding formula models to improve sustainability and expansion efforts with the possibility of recommending a revised formula.

Based on the workgroup discussions a new funding formula was implemented July 1, 2009, stating:

- Counties with only one certified SBHC receive \$60,000 per year;
- Counties with more than one certified SBHC receive \$41,000 per year for each center;
- Each state dollar is used to leverage \$3–\$4 local dollars. Local dollars may come through schools, school districts, county health departments, county government, hospitals, community providers, local businesses and individuals, grants and general fundraising.

Certification

A partnership among the SBHC State Program Office, Conference of Local Health Officials and the Oregon School-Based Health Care Network established Oregon's SBHC Certification Standards in 2000, which are periodically reviewed and revised. 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. For more information about the certification standards, please see: www.oregon.gov/DHS/ph/ah/sbhc/.



At a minimum, SBHCs are required to be open three days per week during the school year and offer a total of 20 clinical hours per week of service. On average, SBHCs are open 26 hours per week. Clinics are staffed by a primary care provider (i.e., nurse practitioner, physician's assistant, medical doctor or osteopathic 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; however, the State Program Office only funds county health departments based on the number of certified centers. New certification and re-certification of an SBHC occur every two years.

Key Performance Measures

In an effort to support and encourage high-quality, age-appropriate health care for Oregon's school-age youth, the State Program Office (SPO) implemented the collection of Key Performance Measures (KPMs). The SPO works with SBHC partners to determine the sentinel conditions and measurement levels. As part of the KPM process, the SBHCs are required to perform a random chart audit to ensure the following services are being provided for clients who have had three or more visits during the year: comprehensive physical exam; calculation of body mass index (BMI); and a health risk assessment. During the 2009–2010 service year, 98 percent of SBHCs met the statewide KPM targeted goals for both the risk assessment and the physical, and 100 percent met the goals for the BMI.

SBHC Supporters

- 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 Health Authority Addictions and Mental Health Division
- Oregon Health Authority Division of Medical Assistance Programs
- Oregon Health Authority Public Health Division Immunization Program
- Oregon Health Authority Public Health Division Office of Family Health
- Oregon Medical Association
- Oregon Nurses Association
- Oregon Positive Youth Development Alliance
- Oregon Primary Care Association
- Oregon Safety Net Advisory Council
- Oregon Safety Net Policy Team
- Oregon School-Based Health Care Network
- Oregon School Nurses Association
- State Agency Team for Youth Suicide Prevention
- State and Local Insurance Industries

*“ I like the clinic. Nice, cool people.
My mom would have to take time off
work if it was not here.*

Male SBHC student



Contact Information

SBHC State Program Office
sbhc.program@state.or.us
971-673-0249

Additional Information

Oregon Health Authority Public Health Division School-Based Health Center Program website:
www.oregon.gov/DHS/ph/ah/sbhc/

Oregon School-Based Health Care Network website:
www.osbhc.org/

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

Healthy Kids Learn Better website:
www.hklb.org/

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

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This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. E-mail sbhc.program@state.or.us, call 971-673-0249 (voice) or call 503-731-4021 (TTY) to arrange for the alternative format that will work best for you.

References

- 1 All changes listed here are effective as of September 23, 2010. Health insurance plans must implement them during their next renewal period.
- 2 Those given a grade of “A” or “B” by the United States Preventive Services Taskforce (USPSTF).
- 3 American Community Survey, 2008.
- 4 Kaiser State Health Facts, 2009.
- 5 Trends in Oregon Health Care’s Market and the Oregon Health Plan, Office for Oregon Health and Policy Research report to the 75th Legislative Assembly, 2009.
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- 15 Bergen, H. A., Martin, G., Roeger, L., and Allison, S. (2005). Perceived academic performance and alcohol, tobacco, and marijuana use: Longitudinal relationships in young community adolescents. *Addictive Behaviors*, 30, 1563-1573.
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- 19 Oregon Center for Health Statistics. All rates cited are for females aged 15-17.
- 20 Rates for 2005 and 2006 were 24.22 and 27.18, respectively.
- 21 Rate for 2007 was 25.7. Preliminary rates for 2008 and 2009 were 25.2 and 21.9, respectively.
- 22 For more information, contact the Youth Sexual Health Coordinator at 971-673-0249.
- 23 Oregon HIV/STD/TB Program Office. Chlamydia and gonorrhea data are from 2009, PID data are from 2008.
- 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.

