



Oregon School-Based Health Centers and Public Health:  
**PARTNERS IN STUDENT SUCCESS**  
2013 Status Report

Oregon  
**Health**  
Authority

PUBLIC HEALTH DIVISION  
Center for Prevention and  
Health Promotion





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This year’s School-Based Health Center (SBHC) Status Report demonstrates how SBHCs are valuable partners in helping secure a positive future for Oregon’s children and adolescents. SBHCs not only support the Oregon Public Health Division priority areas and health reform goals, but also support students in achieving academic success.

Oregon is working to become a national leader in health care delivery and population health. To support the state’s vision of lifelong health for all Oregonians, the Oregon Public Health Division set two strategic goals: to make Oregon the healthiest state in the nation, and to make Oregon’s public health system a national model of excellence. Six priority health outcomes were identified in the strategic planning process:

- Preventing **tobacco use**;
- Decreasing **obesity/overweight**;
- Reducing **suicide**;
- Preventing or reducing **heart disease and stroke**, and increasing survivability;
- Preventing **family violence**; and
- Increasing **community resilience to emergencies**.

*I really appreciate the kindness and respect which the nurses and doctors treat me with. They explain things in ways that are understandable and are always welcoming questions. They care about my health and I feel comfortable talking to them about private information. I am glad that the health center was added to our school because it gives me the privacy of health concerns I might have.*

—15-year-old student

Simultaneously, Coordinated Care Organizations (CCOs) are being organized across the state to help achieve the Triple Aim goals of better care and better outcomes at lower costs for the state’s Oregon Health Plan (Medicaid) members. Currently, there are 15 newly formed CCOs offering opportunities to advance the public health agenda through their focus on prevention and integration of physical, mental and oral health services.

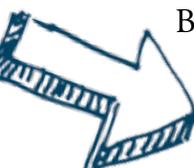
In order for Oregon’s public health system to be recognized as a national model of excellence, CCOs support local partners to achieve community health goals as part of the Oregon Public Health Division strategic plan.

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## School-Based Health Centers (SBHCs) are an important part of achieving the state's health care transformation goals.

The SBHC system of care supports communities in promoting the health and well-being of Oregon's school-aged population through evidence-based best practices within a public health framework.

### PREVENTION-FOCUSED



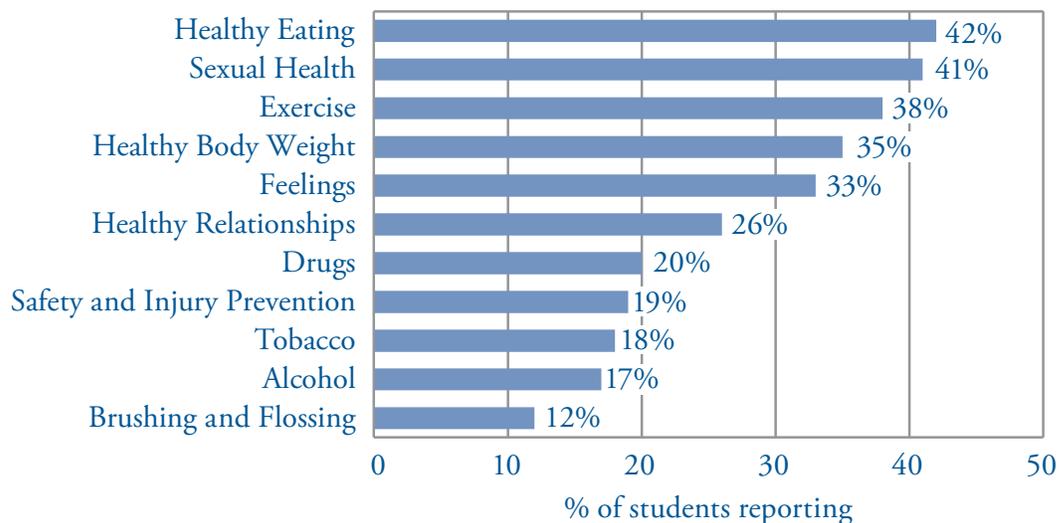
By the nature of the model, almost all Public Health priority areas are supported by SBHC activities. SBHCs not only provide physical and mental health services, but focus on prevention activities such as well-child exams and health assessments. The well-child exam and health assessment address key health promotion topics such as family support, healthy weight and development, nutrition and physical activity, mental health and substance abuse, healthy sexuality development, safety and

**SBHCs are central to increasing student awareness of the health issues that shape their lives.**

injury prevention, and oral health. With just over half of Oregon's eighth- and 11th-graders reporting they had a well-visit in the past year, SBHCs are working to reduce traditional barriers to accessing care that young people experience.<sup>1</sup>

## Health topics discussed at SBHC visits

2012 SBHC Patient Satisfaction Survey



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When students come in to the health center for a visit, staff members take the opportunity to discuss prevention topics. Based on the 2012 SBHC Patient Satisfaction Survey results, seventy-five percent of SBHC students reported the discussion of at least one prevention message and 61 percent reported discussing two or more prevention messages with SBHC staff in the past year.

### PATIENT-CENTERED CARE

SBHCs are natural partners in the evolution of Coordinated Care Organization development by providing patient-centered care through community-driven partnerships that meet local needs. SBHCs provide services to children and adolescents, regardless of their ability to pay; a majority of youth who go to SBHCs report being uninsured or covered by Medicaid. In addition, SBHCs provide easily accessible care in a youth- and family-friendly environment which allows for a safe and trusted relationship; 98 percent of surveyed SBHC patients report being comfortable receiving health care in their SBHC.<sup>2</sup>

### INVESTING IN THE FUTURE

SBHCs not only support the health of our children and adolescents, but also affect student learning and academic achievement. Having an SBHC in a school allows students to get back to the classroom faster and be ready to learn. Extensive research shows the connection between health and academic achievement. Therefore, by investing in our



children's health, we are ensuring better outcomes in the future. See the Section "School-Based Health Centers and student success" on page 23 for more information.

*This report is organized according to the six priority health areas that were identified by the Oregon Public Health Division; in each priority area, we highlight how SBHCs are engaged in the process to achieve these desired health outcomes. The report also emphasizes how SBHCs are supporting the mission of CCOs through easily accessible patient-centered care. Incorporating the youth perspective is a crucial element that is woven throughout the report. We include data from youth responses to health survey questions as well as direct quotes from the SBHC Patient Satisfaction Survey.*

For more information about Oregon's Public Health priorities visit: <http://public.health.oregon.gov/ABOUT/Pages/Goals.aspx>.

For more information about Oregon's Coordinated Care Organizations visit: [www.oregon.gov/oha/OHPB](http://www.oregon.gov/oha/OHPB).



## What is an SBHC?

Nationally, School-Based Health Centers (SBHCs) represent a distinctive 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 the youth in their community, all SBHCs have common attributes. In short, an SBHC is a health clinic that offers primary care services either within or on the grounds of a school. Each SBHC is staffed by a primary care provider (i.e., doctor, nurse practitioner or physician's assistant), other medical or mental health professionals and support staff, such as a receptionist. The centers work to create a youth-friendly environment by incorporating such elements as student artwork on the walls, beanbag chairs and teen-friendly music in the lobby. SBHCs are comfortable and accessible to encourage kids to make an appointment to come in or to drop by when they need medical attention and/or want to learn more about health issues.

## How long have they been in existence?

In Oregon, SBHCs have been in existence since 1986 and constitute a unique public-private partnership through collaborative relationships that include the local school district, county health departments, public and private practitioners, parents, students and the Oregon Public Health Division.

## What do SBHCs do?

SBHC health care practitioners provide a full range of services for all students, regardless of whether or not they have health insurance coverage, including:

- 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;
- Helping students access social supports;
- Giving classroom presentations on health and wellness;
- Prescribing medication;
- Providing reproductive health services;
- Supporting students' transition to adulthood and assuming responsibility for their own health care.



# School-Based Health Centers: Fast Facts

**63**

**centers in 21 counties**

37 high schools  
5 middle schools  
12 elementary schools  
9 combined-grade campuses

**6**

**planning grants**

in 4 counties

## During the 2011–2012 service year ...

### Access to an SBHC

Based on 2011–2012 Utilization Data ...

**23,502 clients were served by Oregon SBHCs in 70,275 visits**

**52,429 students had access to an SBHC at their schools<sup>+</sup>**

- On average, SBHC clients utilized an SBHC three times per year
- 32 percent of SBHC clients were uninsured at their first visit
- 80 percent of students reported they were unlikely to receive care outside of the SBHC\*
- 17,087 mental health-related visits occurred
- 10,166 visits with a reproductive health-related service occurred
- 7,187 visits occurred where an immunization was administered
- 5,811 well-child/prevention visits were performed

### Student health outcomes

- 95 percent say the SBHC helped them keep healthy behaviors\*
- 83 percent say the SBHC helped them change unhealthy behaviors\*

### SBHC operations

- 40 of the 63 SBHCs (63%) are operated by Federally Qualified Health Centers (FQHC)
- 33 of the 63 SBHCs (52%) are operated by local public health departments, 20 of which have FQHC status
- 29 of the 63 SBHCs (46%) have been recognized as Patient-Centered Primary Care Homes
- 53 of the 63 SBHCs (84%) use electronic health records

<sup>+</sup> Oregon Department of Education 2012

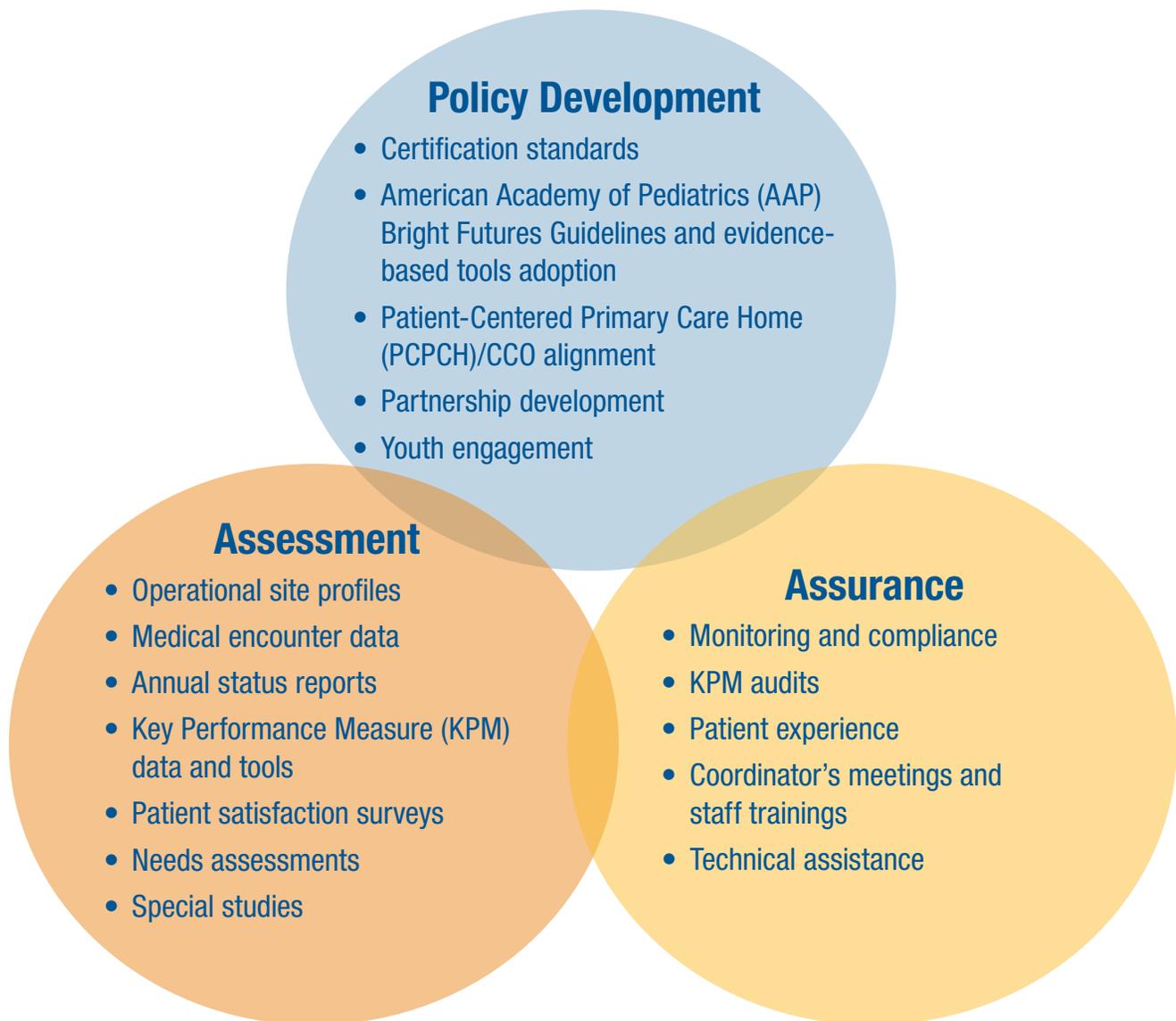
<sup>\*</sup> 2012 SBHC Patient Satisfaction Survey

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## Oversight of SBHCs

Oregon's School-Based Health Centers are part of the safety net system, providing health care and promoting evidence-based best practices and prevention from a public health perspective. The State Program Office provides oversight of the public health functions: policy development, assessment and assurance.

Ongoing activities embedded within the public health framework include:



School-Based Health Center Model and System

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## Funding

Oregon's SBHCs are funded through a variety of sources, including the state. Although state funds do not cover all costs associated with operating an SBHC, the funds are valuable in helping local communities leverage additional dollars to support their SBHCs. Oregon's School-Based Health Center program has benefited from more than 25 years of support by the Oregon Public Health Division and the Oregon Legislature. What began with an initial commitment of \$212,000 in 1985 to partially fund four SBHCs has grown to a current investment of about \$4.9 million in General Fund moneys and \$1.8 million from other funding sources. We estimate up to six new sites will open during the 2012–13 school year.

The funding formula for SBHCs is based on a legislatively approved budget:

- 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.

## Certification

A partnership between the SBHC State Program Office (SPO), Conference of Local Health Officials and the Oregon School-Based Health Care Network created Oregon's SBHC Certification Standards. The goals of standardization are 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.healthoregon.org/sbhc](http://www.healthoregon.org/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.

Certification is a voluntary process; however, the State Program Office only funds county health departments based on the number of certified centers. Re-certification of an SBHC occurs every two years. See page 8 for an illustration of this process.

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## SBHC Certification Process



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## SBHC Program Review

Representatives from the State Program Office, Conference of Local Health Officials, Oregon School-Based Health Care Network and various SBHC systems met during 2012.

The goal of the SBHC program review was to evaluate the functions, processes and policies of the State Program Office to better align with health care transformation and the Oregon Public Health Division's goals and priorities.

Areas of focus included:

- Adoption of Patient-Centered Primary Care Home (PCPCH) recognition;
- Adoption of electronic health records (EHR);
- Insurance billing requirements;
- Certification function and process;
- Certification standards requirements;
- Criteria for eligibility of state funding.

## PRIORITY HEALTH AREA

### TOBACCO, ALCOHOL AND OTHER DRUGS

Biological, psychological and social processes shape youth risk for substance use and abuse. Self-esteem, coping skills, parental and peer relationships, academic achievement, neighborhood attributes, media, and advertising all contribute to or protect against substance use.<sup>3</sup> Conversely, research shows that youth who abuse substances are at higher risk for injury, violence, risky sexual behavior, and poor academic performance.<sup>4</sup>

#### TOBACCO USE

**Preventing tobacco use is a priority for the Oregon Public Health Division** because it remains the number one cause of preventable

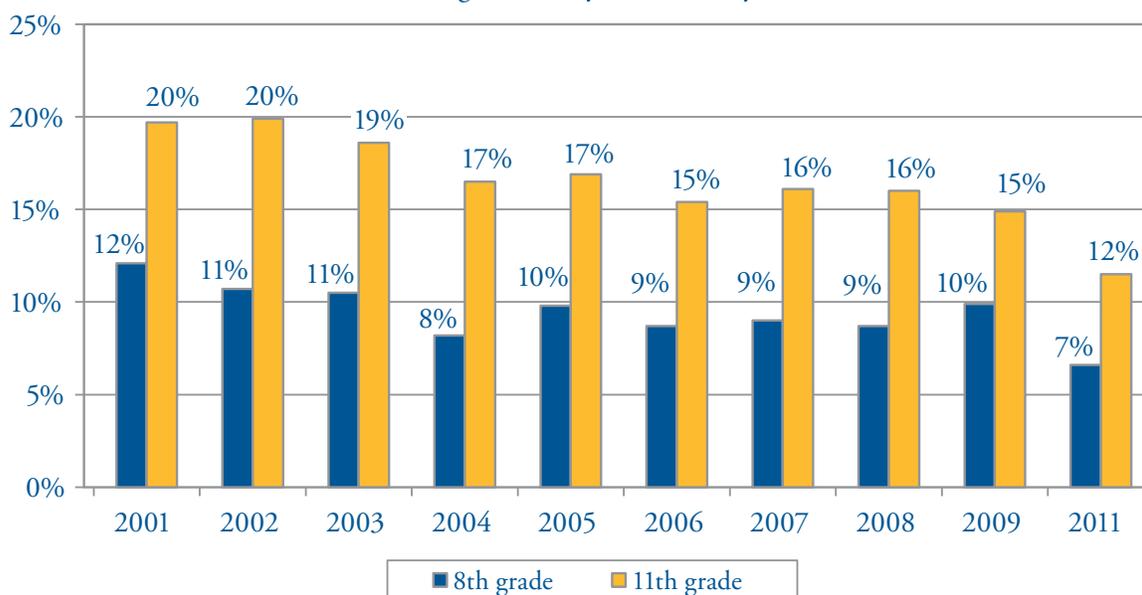
*You have an amazing staff that is always helpful and kind, and always explain things in a very understandable way! I feel you guys are much more helpful than going to my regular doctor and talk about the same stuff I do here.*

—15-year-old student

death in the state, and across the nation. Tobacco use is especially harmful to the developing brains of children and youth. Compared to adults, teen smokers experience more episodes of depression and cardiac irregularities, and are more likely to become quickly and persistently dependent.<sup>5</sup>

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### 30 Day Cigarette Use Oregon Healthy Teens Survey



## 30 Day Alcohol Use

Oregon Healthy Teens Survey



### ALCOHOL USE

Youth who begin drinking at 14 or younger are nearly five times more likely to become alcohol dependent than those who wait until they are 21. Those with a family history of alcohol abuse are at even greater risk.<sup>6</sup> Oregon youth who began drinking at 14 or younger exhibit higher risk drinking behaviors than youth who began drinking at 15 or older; 36 percent of 11th-graders who began drinking at 14 or younger reported binge drinking (at least five drinks in one sitting) at least once in the past 30 days, compared to 20 percent of youth who began drinking at 15 or older.

Overall, 9 percent of Oregon eighth-graders and 23 percent of 11th-graders had an episode of binge drinking in the past month.

### WHAT ARE SBHCS DOING TO HELP?

Very few SBHCs in Oregon have an onsite qualified alcohol and drug counselor; therefore, strong linkages to behavioral health services in the community are a necessity. 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 currently using substances or not, SBHC providers focus on prevention and education and talk with students about the dangers of substance use.

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In 2011–12, only about 2 percent of visits (1,163) were associated with an alcohol, tobacco or other drug diagnosis. Based on what we know about Oregon Healthy Teens data, this number is lower than expected. Likely explanations for this include the lack of onsite alcohol and drug counselors and provider sensitivity to student stigma. Considering the fact that one component of the health assessment includes alcohol, tobacco and other drug screening, we can estimate from the encounter data that roughly 1,600 youth received this service during the 2011–12 school year.

*This health center has been an amazing part of me finally feeling better. The staff is always so nice and I feel comfortable here and know I am in a safe place. Thank you!*

—16-year-old student

#### WELL-CHILD VISIT

American Academy of Pediatrics (AAP) Bright Futures recommends that screening for alcohol, tobacco and substance use be done annually as part of a comprehensive health assessment. Providers can assess factors in a youth's environment (such as parental relationship, family history, and educational aspirations) that either protect against or put the youth at risk for substance abuse. Providing a place where the adolescent can speak confidentially is associated with greater disclosure of risk behavior involvement. Evidence-based screening tools and other resources for discussing substance use with children and youth can be found at [www.brightfutures.aap.org](http://www.brightfutures.aap.org).

## PRIORITY HEALTH AREA

### HEALTHY WEIGHT

Children and youth who maintain a healthy weight, eat nutritious foods and get plenty of physical activity tend to have higher self-esteem, lower incidence of depression, and better performance in school.<sup>7, 8</sup> Ensuring youth have easy access to safe and nutritious foods and adequate physical activity is critical to their healthy development. Supporting youth to reach and maintain a healthy weight now can help prevent adult obesity and its related chronic diseases, such as diabetes, heart disease, stroke and cancer. Moreover, ensuring children and youth achieve and maintain a healthy weight will go a long way to supporting the **Oregon Public Health Division's priorities of decreasing obesity and overweight, and preventing heart disease and stroke.**



Recent National Health and Nutrition Examination Survey (NHANES) data show that rates of child and adolescent obesity may be stabilizing among certain groups after a long period of sharp increase.<sup>9</sup> However, far too many children and youth still struggle to maintain or achieve a healthy weight. Nationally, 34 percent of youth aged 12–19 are overweight, and 18 percent are obese.

In Oregon, 21 percent of 8th-graders and 25 percent of 11th-graders are overweight or obese. In 2011, among Oregon students:<sup>10</sup>

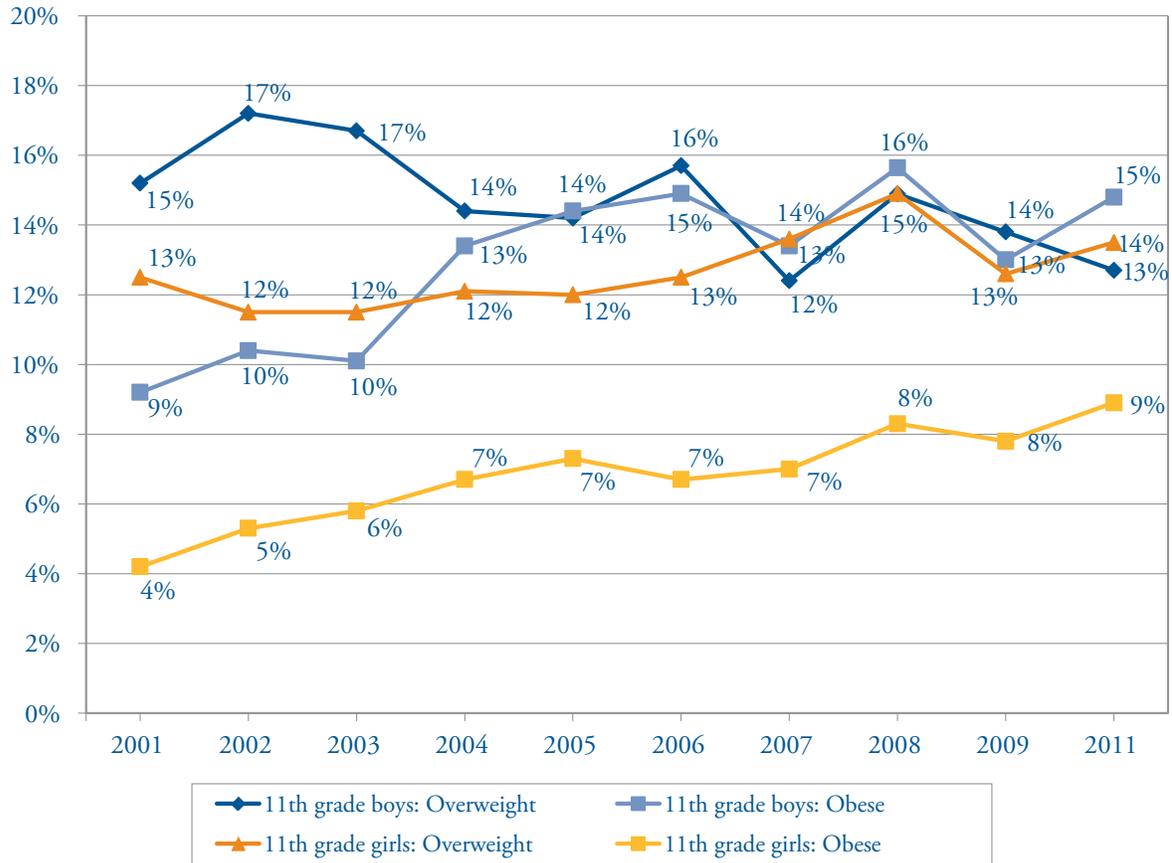
- Nearly one in four (24 percent) of 8th-graders and one in five (21 percent) of 11th-graders watched three or more hours of television on an average school day.
- Only 27 percent of 8th-graders and 19 percent of 11th-graders had eaten the recommended amount of fruits and vegetables during the past week.

### WELL-CHILD VISIT

American Academy of Pediatrics (AAP) Bright Futures guidelines recommend that as part of a comprehensive well-visit, health care providers should:

- Determine and interpret body mass index (BMI) for age.
- Evaluate youth level of body satisfaction and practices used to maintain weight.
- Encourage parents to keep a variety of foods, such as colorful vegetables, whole grains, low-fat dairy and lean meats, at home.
- Encourage family meals and limiting screen time.
- Assess levels of physical activity and promote 60 minutes of physical activity on most days.

## BMI Status: Overweight and Obese Oregon Healthy Teens Survey



- Nearly 80 percent of 11th-grade girls and 60 percent of 11th-grade boys did not attend any physical education class during the average school week. This is a marked decline in physical activity over their middle school counterparts. Eighteen percent of girls and 14 percent of boys in the 8th grade did not attend physical education class during the school week.

### WHAT SBHCS ARE DOING TO HELP

SBHC providers consistently discuss with students important concepts, such as healthy eating and healthy body weight, along with stressing the importance of exercise. This is

evidenced by students reporting the discussion of these topics on the SBHC Patient Satisfaction Survey. Healthy eating, exercise, and body weight are three of the top four prevention messages most frequently received by students.

Certified SBHCs are required to record and chart BMI on all school-age clients who have visited the center at least three times in the school year. SBHCs perform annual chart audits and report the results to the State Program Office. Audits of charts for students seen during the 2011–12 service year indicate that 81 percent of the SBHCs were in compliance with the BMI Key Performance Measure benchmark.

## PRIORITY HEALTH AREA

### REDUCING SUICIDE, PROMOTING MENTAL HEALTH

Childhood and adolescence are critical times to promote healthy mental, social and emotional development and appropriate coping skills. Because their brains are still developing, children and teens are particularly receptive to positive influences of youth development strategies, and social and emotional learning.<sup>11</sup> At the same time, developing brains coupled with hormonal changes, make them more prone to depression and more likely to engage in risky behaviors. These and other factors underline the importance of meeting the mental and emotional needs of this population.

Approximately one in five adolescents has a diagnosable mental health disorder.<sup>12</sup> However, nearly half of adolescents with severely impairing mental health disorders

The integration of physical and mental health is a priority for Coordinated Care Organizations. As SBHCs continue to partner with their local CCOs, the level of integration within SBHCs will increase, with stronger partnerships and increased referral sources.

have never received treatment for their symptoms.<sup>13</sup> Mental health challenges, such as depression, increase risk for suicide.

**Reducing suicide is a priority for the Oregon Public Health Division**, as it is the second leading cause of death among Oregon youth aged 15–24. Data from the Adolescent Suicide Attempt Data System show that nearly eight out of 10 youth who attempted suicide in 2010 had at least one diagnosable mental health condition.<sup>14</sup>

### WELL-CHILD VISIT

Primary care providers in the school setting are ideally situated to identify children and youth with behaviors that may indicate mental health disorders. Having a strong network of other mental health providers (e.g., psychiatrists, psychologists, social workers and therapists) and agencies (state and local mental health departments, Department of Human Services) improves the effectiveness and possibility of positive outcomes for children and youth. More information on diagnostic criteria, treatment options, diagnostic coding and assessment tools can be found in AAP Bright Futures in Practice: Mental Health available at [www.brightfutures.org/mentalhealth](http://www.brightfutures.org/mentalhealth).



Among 11th-grade students in Oregon in 2011:<sup>15</sup>

- Approximately 13 percent seriously considered attempting suicide (14% of females, 12% of males).
- Nearly 40 percent of youth with an unmet mental/emotional health care need considered attempting suicide, compared to 8 percent of youth without an unmet emotional/mental health care need.
- Students who felt depressed for two weeks in a row were 10 times more likely to have considered attempting suicide compared to those who did not feel depressed (39% vs. 4%).

The graph below shows a significant association between considering suicide and higher levels of risk behaviors.

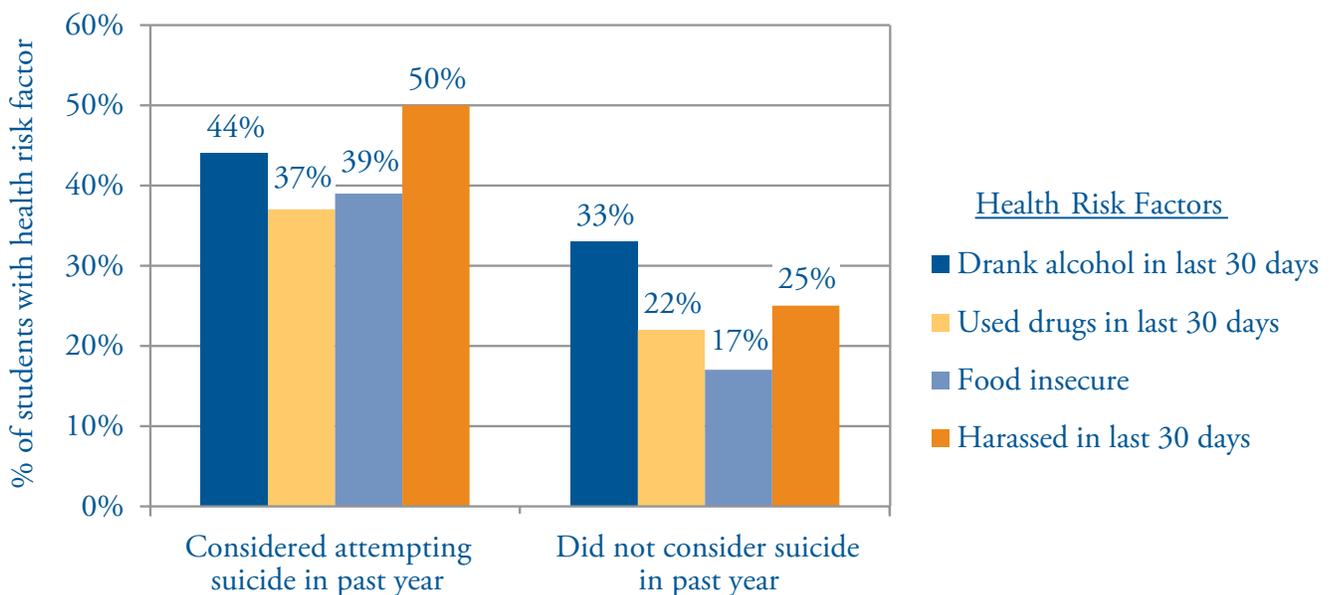
### WHAT SBHCS ARE DOING TO HELP

Addressing emotional and mental health care needs among children and adolescents continues to be a top priority for SBHCs. Although not all of Oregon's SBHCs are staffed with a mental health provider onsite, 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 within Oregon's SBHCs varies based on community resources and need, along with logistical or technical limitations.<sup>16</sup>

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## Suicidal Ideation and Health Risks: Oregon 11<sup>th</sup>-graders, 2011

Oregon Healthy Teens Survey



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The following bullets highlight some of the work SBHCs have done to support the mental health of youth in Oregon during the 2011–12 school year.

- Twenty-five percent of all visits had documentation of either a mental health diagnosis or therapy visit code. Among those SBHCs with an onsite mental health provider, 33 percent of visits had a mental health component. Not all SBHCs are able to submit visit data for their mental health visits, so the counts reported here do not represent the full picture of mental health services that were provided during the 2011–12 school year.
- The top five mental health/substance use diagnoses were: (1) adjustment disorder, (2) mood disorder, (3) anxiety disorder, (4) attention deficit hyperactivity disorder, and (5) a diagnosis related to use of alcohol, tobacco or other drugs.
- Forty-six (73%) SBHCs had a mental health provider onsite, meaning that in the remaining 17 SBHCs, medical providers play a crucial role in prevention and early intervention in mental health issues.
- Based on the 2012 SBHC Patient Satisfaction Survey, 8 percent of surveyed SBHC clients reported an unmet emotional or mental health care need, which is lower than what is seen statewide among eighth or 11th-graders.

## PRIORITY HEALTH AREA

### PREVENTING FAMILY VIOLENCE, PROMOTING HEALTHY RELATIONSHIPS



An important part of youth development includes establishing and maintaining healthy and rewarding relationships. Such relationships are based on cooperation, effective communication, and the ability to resolve conflict — skills that are cultivated in the family, with peers, and through developing romantic relationships.

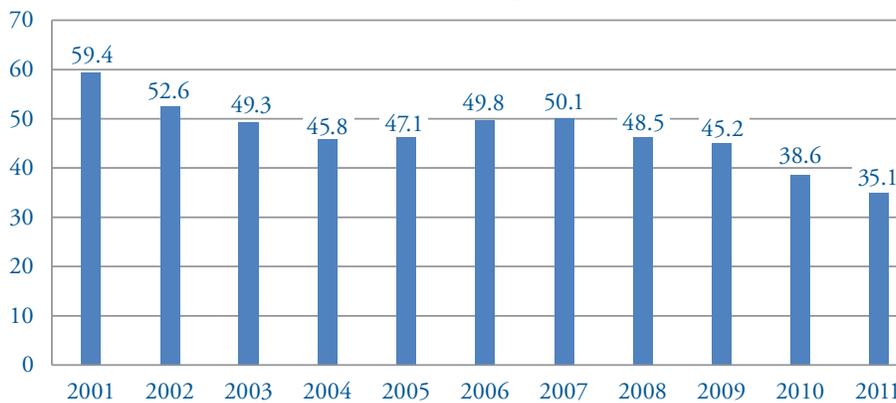
**The Oregon Public Health Division has identified preventing family violence as a priority** because of the pervasive impact it has on youth development and future individual and community well-being. Research shows that the accumulation of adverse experiences in childhood is associated with a broad array of health and social issues in later life, including heart disease; cancer; tobacco, alcohol and substance abuse; obesity; depression; teen and unintended

pregnancy; and risk of perpetrating or being a victim of domestic violence — just to name a few.<sup>17</sup>

- In 2011, 8 percent of 11th-grade boys and 5 percent of 11th-grade girls reported being hit, slapped or physically hurt by a boyfriend or girlfriend in the past year.
- Fourteen percent of 11th-graders reported ever being pressured to have sex, and 9 percent of 11th-grade girls and 3 percent of 11th-grade boys reported ever being forced to have sex.
- In 2008, 10% of 14- to 17-year-olds in the U.S. reported witnessing a family assault in the past year; 35% reported witnessing a family assault in their lifetime.<sup>18</sup>

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Oregon 15- to 19-year-olds  
Teen Pregnancy Rate (per 1,000 females)



Source: Vital Stats Annual Report, Vol. 1<sup>19</sup>



Providing youth with skills to make healthy choices regarding their romantic relationships is critical to supporting their healthy development. According to 2011 Oregon Healthy Teens Survey data, 48 percent of 11th-graders and 15 percent of 8th-graders have ever had sexual intercourse. Among 11th-graders, this translates into a 10 percent increase in 2001. Even though more youth are sexually active, the teen pregnancy rate in Oregon has been on a steady decline since 2001 (see graph on page 17). While there are many factors that drive the teen pregnancy

“ The health center is good to have. If they weren't here I wouldn't have had my shots. And if I wasn't, I would be getting them somewhere else. I would be going miles from my home to do it and missing more classes than I should have.

—19-year-old student ”

rate, the data indicate that decisions youth make about their relationships and their access to age-appropriate information and services is having an impact.

*During the 2011–12 service year, 4,859 SBHC clients received reproductive health services over the course of 10,580 visits. The different reasons for these visits is reflected in the table below.*

<b>Reproductive health diagnosis</b>	<b>Number of diagnoses</b>	<b>% Reproductive health diagnoses</b>
Breast condition	163	1%
Contraception	7,400	51%
Male reproductive condition	96	1%
Menstrual condition	1,926	13%
Other gynecological condition	815	6%
Pregnancy	661	5%
Reproductive health maintenance	935	6%
Sexually transmitted infection	2451	17%
<b>TOTAL</b>	<b>14,447</b>	<b>100%</b>

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## WHAT SBHCS ARE DOING TO HELP

SBHCs are required to provide developmentally appropriate reproductive health services to clients to ensure their reproductive health. These services include wellness exams (e.g., pelvic and testicular exams, and Pap smears), screening for sexually transmitted infections, and pregnancy testing. SBHCs are encouraged to provide comprehensive reproductive health services that include contraceptive management, but the decision on whether to offer a specific service onsite is made locally. SBHCs that do not provide all reproductive health services in accordance to state law must refer students to community providers.

In 2011–12 in Oregon SBHCs:

- Fifteen percent of all SBHC visits had a reproductive health component.



- Of clients ages 14–19, females comprised 93 percent of reproductive health-related visits, while males made up 7 percent.
- On the 2012 SBHC Patient Satisfaction Survey, prevention messages about sexual health and healthy relationships were frequently reported (41% and 26%, respectively).

Another required Key Performance Measure for all certified SBHCs is the administration of a health assessment to school-age clients seen at least three times in the service year. Part of the health assessment includes screening for family and relationship violence.

### WELL-CHILD VISIT

A central theme of providing family-centered care is the strong partnership between a youth's family and the health care professional. SBHC providers can assess familial well-being by asking parents about stress in the family, their physical and mental health and current substance use, as well as their sources of support (including personal, financial and community). AAP Bright Futures has guidance on selective screening for pregnancy, sexually transmitted infections and pelvic exams based on age and other identified factors. Bright Futures also recommends that providers integrate healthy sexuality education (which encompasses healthy relationships) in the long-term relationship they form through their care experiences. Confidential, culturally sensitive and nonjudgmental counseling and care are vital.

## Access to care

Children and youth need access to consistent and reliable health care, especially preventive physical, mental and dental health services, in order to lower health care costs and ensure youth reach key milestones such as high school graduation. However, many Oregon families face barriers to accessing care.

An estimated 19 percent of children and youth under the age of 18 live in poverty (more than 160,500 children), the 25th highest rate in the U.S.<sup>20</sup>

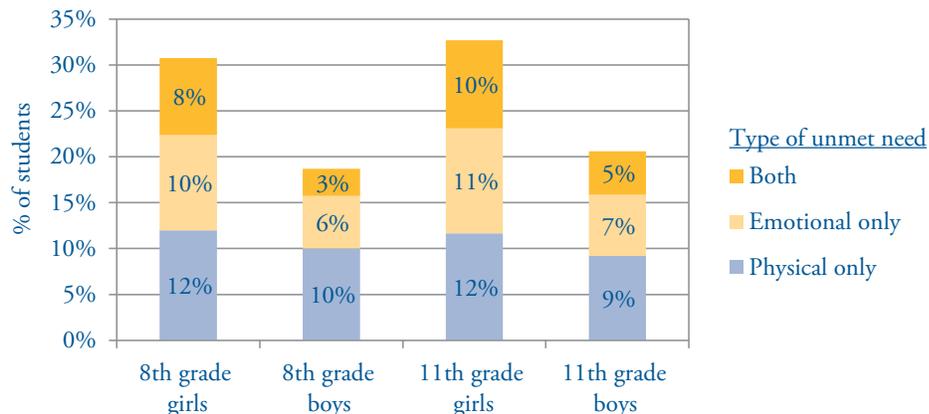
Lack of insurance is a major barrier to accessing health services. Nearly 6 percent of children and youth under 18, in Oregon were uninsured in 2011 (52,000 children). This represents a marked decrease from 12.3 percent in 2008.<sup>21</sup> There has been a steady decline in the number of uninsured children in Oregon since 2008 that aligns with Oregon's expansion of public health insurance for children through the Healthy

Kids Program. In fact, nearly 30 percent of children and youth in Oregon obtained their health insurance through a public program in 2011.<sup>21</sup> Even with improvements in insurance coverage, barriers to care persist and include:

- Cost of services;
- Lack of transportation/access to a convenient source of care;
- Finding the health care system hard to navigate and having limited knowledge of program eligibility;
- Concern that services will not be confidential;
- Lack of culturally, linguistically, age-appropriate and youth-friendly health care providers and services; and
- Lack of coordination across providers and referral services.<sup>23</sup>

### Unmet Health Care Needs of Oregon Youth

Oregon Healthy Teens Survey, 2011



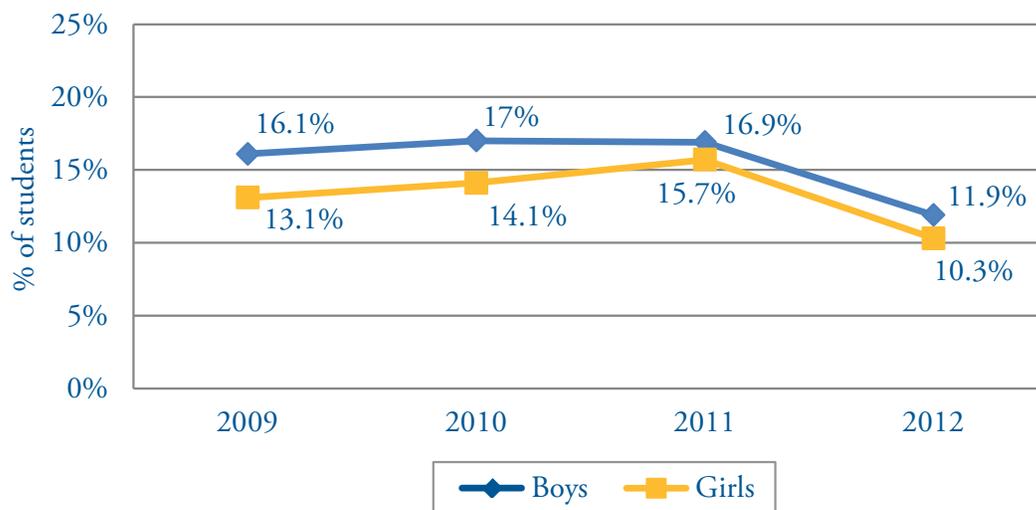
The percentage of girls reporting unmet physical and mental health needs on the 2012 SBHC Patient Satisfaction Survey was notably lower than in the 2011 Oregon Healthy Teens Survey. In addition, there was a substantial drop in overall reported unmet

needs in 2012 on the Satisfaction Survey. Reasons for this decline are unclear; another year of data will provide more clarity on whether this is the beginning of a trend or whether it was a single-year anomaly.

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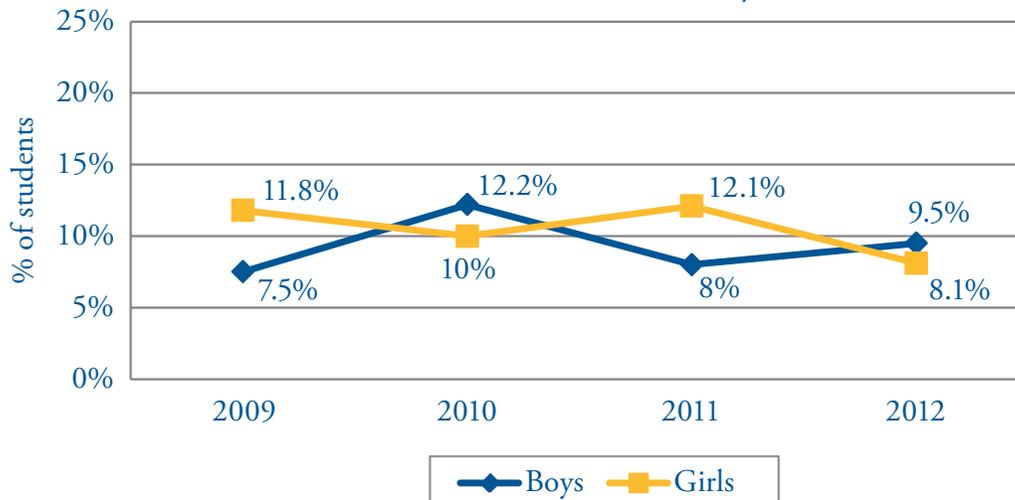
### Unmet Physical Health Care Needs

SBHC Patient Satisfaction Survey



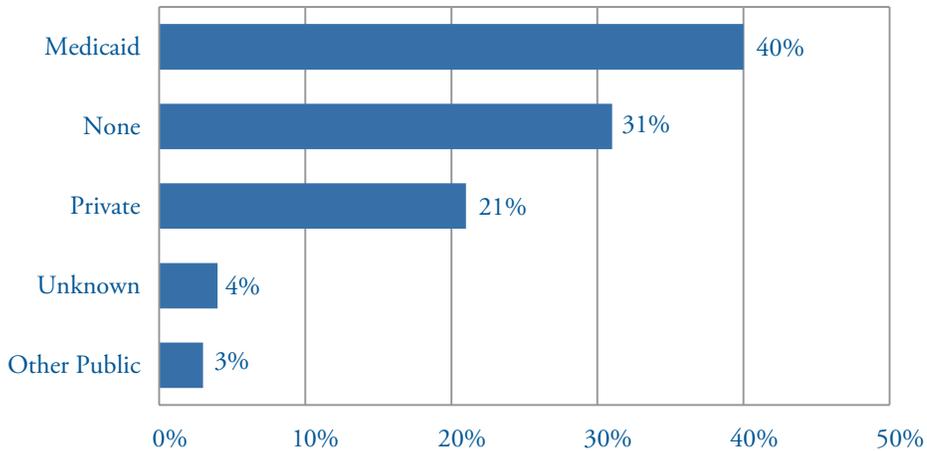
### Unmet Mental Health Care Needs

SBHC Patient Satisfaction Survey



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## Client Insurance Type at First SBHC Visit



Source: 2011-2012 SBHC Utilization Data

Youth in Oregon have physical and emotional health care needs that are not being met:

- According to the 2011 Oregon Healthy Teens Survey, girls are more likely than boys to report an unmet emotional and/or physical health care need in the past year.
- Youth who have unmet physical or emotional health care needs are more likely to report getting C's, D's or F's in school compared to youth who did not have any unmet health care needs.

### 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 2011–12 school year, 52,429 Oregon students had access to an SBHC at their school.

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.

### SBHCS SEE STUDENTS WHO OTHERWISE WOULD NOT RECEIVE HEALTH CARE.

- Eighty percent of surveyed students were unlikely to have received care that day if there was not an SBHC available to them.
- Sixty-one percent of students with access to health care outside of SBHC would not have received care that day without the SBHC.



## School-Based Health Centers and student success

The relationship between health and learning is clear and well-established. Students with better health are more likely to succeed in the educational setting. Physical, mental or social-emotional health problems can impede class time, school attendance and student ability to fully engage in learning. School-Based Health Centers are uniquely positioned to support students and help remove these barriers to academic success.

What we know about student health and learning:

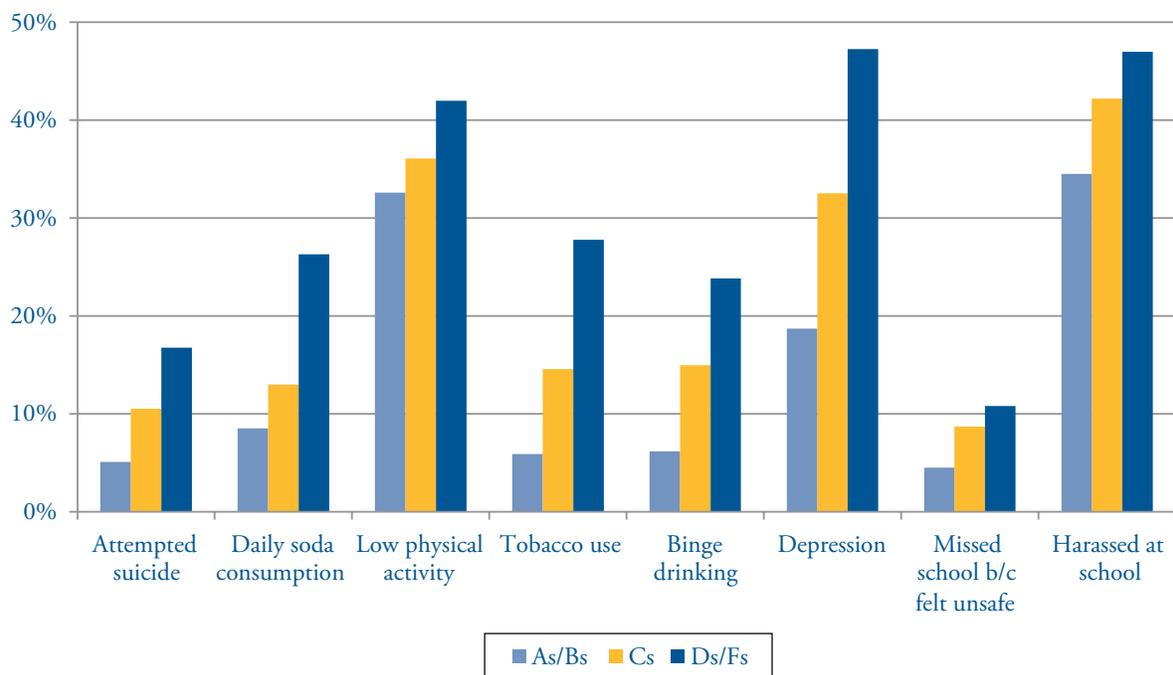
- Students with a sedentary lifestyle are likely to have lower levels of academic achievement.<sup>24</sup>

- Students whose asthma is not well-controlled experience higher rates of absenteeism.<sup>25</sup>
- Becoming a teen mother reduces the odds of graduating from high school by more than 40 percent.<sup>26</sup>
- Youth depression is linked with low academic achievement, high scholastic anxiety and poor peer and teacher relationships.<sup>27, 28, 29</sup>
- Test scores increase more in schools where students report caring relationships.<sup>30</sup>

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## Academic Grades and Health Risk Factors, 8th-graders

Oregon Healthy Teens Survey, 2011





## HOW SBHCS SUPPORT STUDENT SUCCESS

- Oregon 11th-graders who report good physical health are more than twice as likely to also have good grades.<sup>30</sup>
- Youth in states with SBHCs that are Medicaid providers have greater academic achievement than those in states without them.<sup>31</sup>

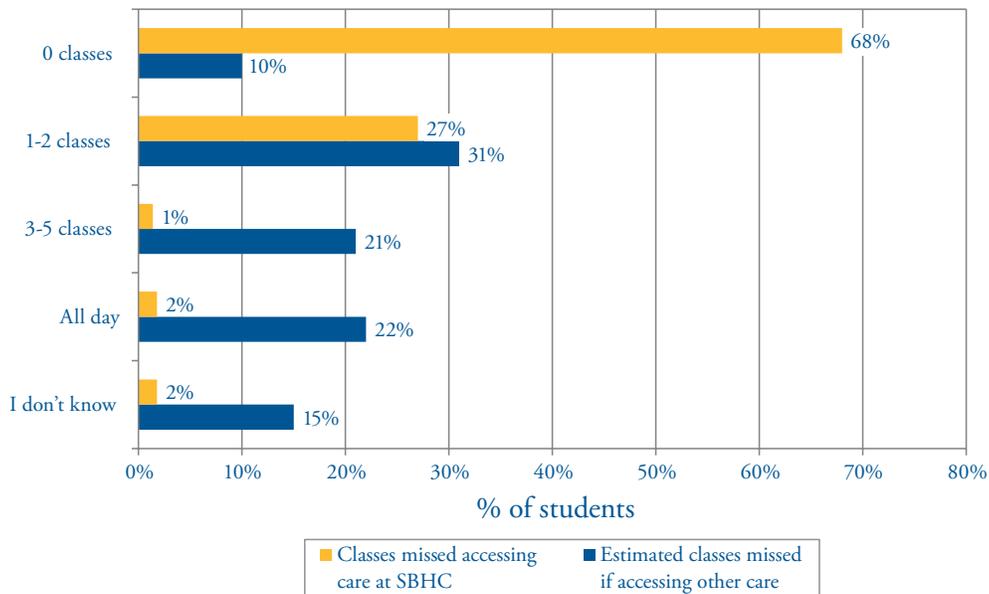
The health and academic success of students is inextricably linked, as is evident from the data reported in the Oregon Healthy Teens Survey. The graph on page 23 shows the relationships between academic grades and various health risks among 8th-graders.

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 be taken to an off-site health care provider.

- Sixty-eight percent of students reported they missed less than a full class when they received care at the SBHC.
- Seventy-four percent of students estimate they would miss at least one class for the care they needed that day if there were not an SBHC and they had to access care elsewhere. Twenty-two percent said they would miss the entire day.

Missed Class Time: SBHC vs. non-SBHC Care



Source: 2012 SBHC Patient Satisfaction Survey

## Assessment and assurance

Questions about student utilization of SBHCs were included on the administration of the 2011 Oregon Healthy Teens Survey. Students were asked if their school had an SBHC; whether they had ever used an SBHC (either at their school or another school in Oregon); why they chose to get care at an SBHC, or why they did not.

A preliminary analysis of the data attempted to:

- Identify differences in risk and strength profiles of youth who have ever used an SBHC versus youth who have never used an SBHC in schools that have certified SBHCs.
- Investigate what motivates youth to receive care in SBHCs, why some youth choose not to utilize their SBHC, and how this relates to the patient experience at an SBHC.
- Begin to draw a link between changes in health status and unmet needs between youth who have ever used an SBHC compared to youth statewide.

### WHO PARTICIPATED?

Fifty-two middle and high schools with certified SBHCs were asked to participate in the OHT Survey. Of the 52 schools asked, 25 participated (48%). Analyses were limited to students in schools with certified SBHCs (n=2,527).



*Ever since I started coming to this health center I've been able to have more checkups regarding my health status and things we should try to improve it. If I hadn't come here then it would have been extremely difficult to balance my studies and my health. It also takes less time and the health care staff are extremely professional. They make me feel like it was a good idea to come and they don't judge me in any way.*

—17-year-old student



### HEALTH STATUS OF SBHC USERS

Statewide, there was a statistically significant **decline** in the number of youth who report excellent or very good health between eighth and 11th grades (57% vs. 51%, respectively). However, among SBHC users, a population with a higher risk burden, there was an **increase** in the number of youth who reported excellent or very good health between eighth and 11th grades (44% vs. 52%, respectively).

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Though not statistically significant, there was a pattern of decline between eighth- and 11th-graders statewide in:

- Excellent or very good emotional health;
- Physical health care needs that were met;
- Emotional health care needs that were met.

However, among SBHC users, there was no pattern of decline.

### STUDENTS USE SBHCS EVEN THOUGH THEY HAVE ANOTHER SOURCE OF CARE.

Among students who have used an SBHC, very few (4%) reported that the SBHC was their only source of care. However, these students chose to receive care at an SBHC primarily because:

- It was easy to access;
- They do not have to miss much school;
- Their family doesn't have to miss any work.

These findings are echoed in Patient Satisfaction Survey data. Among students who reported having another source of care besides the SBHC:

- More than half (57%) would not or are not sure if they would go to that source of care.
- Thirty-nine percent would miss most or all of their classes to get care at another source.
- Seventy-five percent said that they missed none or only part of a class when they visited the SBHC.

### KEY FINDINGS

SBHCs serve students with a higher risk burden compared to the general student population. Compared to students who have never used an SBHC, students who used an SBHC were:

Significantly <i>less</i> likely to have:	<ul style="list-style-type: none"> <li>• Excellent or very good emotional health</li> <li>• Used a condom at last intercourse</li> </ul>
Significantly <i>more</i> likely to have:	<ul style="list-style-type: none"> <li>• Unmet physical and emotional health care needs</li> <li>• Used tobacco or any drugs in the past 30 days</li> <li>• Ever had sex</li> <li>• Been depressed for two weeks out of the past month</li> <li>• Seriously considered suicide in the past year</li> <li>• Been food insecure in the past year</li> </ul>

## LIMITATIONS

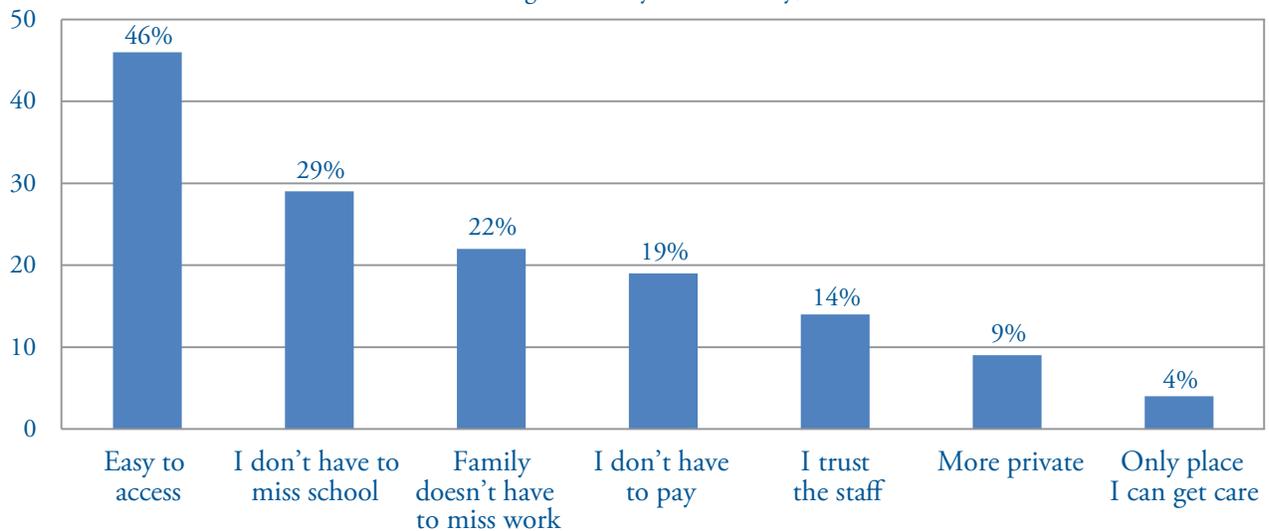
Only 40 percent of schools with SBHCs participated in the 2011 Oregon Healthy Teens Survey, so findings are not generalizable to all SBHCs in the state. We are unable to know if students who reported using an SBHC were current users of the SBHC at their school, or how often they have received care at an SBHC. Finally, we are limited by survey data that assesses health behaviors and health status at only one point in time; this means that the



declines noted above are not among the same group of students. Because SBHCs serve students with a higher health risk burden, a stronger evaluation model would use longitudinal data to assess changes in student behaviors and health status from baseline.

### Reasons for SBHC Utilization — Oregon 8th- and 11th-graders\*

Oregon Healthy Teens Survey, 2011



\*Among students who have ever visited an SBHC, and who attend a school with an SBHC. Students could select multiple responses.

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NOTES

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971-673-0249

## ADDITIONAL INFORMATION

Oregon Health Authority, School-Based Health Center Program:

[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)

Oregon School-Based Health Care Network:

[www.osbhc.org](http://www.osbhc.org)

National Assembly on School-Based Health Care:

[www.nasbhc.org](http://www.nasbhc.org)

Healthy Kids Learn Better:

[www.hklb.org](http://www.hklb.org)

The Center for Health and Healthcare in Schools:

[www.healthinschools.org](http://www.healthinschools.org)

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