



HB 2445: School Based Health Centers: House Health Care Committee

April 1, 2013

Paula Hester, Executive Director, Oregon School-Based Health Care Network

Chair Greenlick, Vice-Chairs Keny-Guyer and Thompson, and committee members,

I appreciate the privilege of speaking in support of House Bill 2445 today. The legislature has been a long-term friend of school-based health care. Over the last 10 years, nearly 1,000 students have traveled to these halls to tell their stories to legislators—their stories of health and well-being because the center either was a secure part of their community, or because they were hoping to open one soon.

The investment of time and money both at a state and local level are profound for these kids—most of whom live the unintended consequences of their family's poverty and face a myriad of challenges because of a lack of equity and inclusion.

This bill provides legislative authorization of the school-based health center program currently operated by the Oregon Health Authority. This program performs critical public health functions, setting certification and performance standards, collecting and analyzing clinical data, and conducting ongoing assessments.

This bill provides for stable and predictable funding managed in the Health System Fund-- When the state legislature made the commitment to address health care needs of underserved children and youth in 1986, grants were awarded to eight centers; today 65 centers are state-certified, and others are in various stages of planning. Current funding levels will not meet the needs of all of these centers. Additionally, there is a lack of parity in state grants with some centers receiving less funding than others. Raising the standard to \$60,000 for all centers is an important investment in the future scope and sustainability of the centers.

This bill calls for increased technical assistance and training to improve business practices and payment relationships between school-based health centers and insurers so that school-based health centers have a diverse and sustainable funding mix.

This bill requires the state to provide incentive funding so school-based health centers can work toward improved and expanded services and work toward health reform practices that will keep the centers open and serving their communities.

This bill requires the state to reimburse centers for services to school-age children and youth who qualify for Medicaid, if the coordinated care organization is not already doing so.

Last school-year, more than 70,000 visits were made to the 63 state-certified school-based health centers by students who would be highly unlikely to receive care elsewhere. The state's student satisfaction survey revealed that 80% of these kids would not have received care that day, except for the existence of their health center.

How does the school-based health center address up-stream health and the reduction of costs?

- It is a community-developed and supported center of care
- Services are age-appropriate and provided by clinicians who focus the unique needs of school-aged children
- Services support the physical and emotional development of children and youth
- Students report that their overall health is better due to using their SBHC
- Students report that providers helped students keep healthy behaviors (95%) and helped the change unhealthy behaviors (83%)
- Learning occurs in class, not the car or in a waiting room: 74 % of students report that they would miss one or more class if they had to go to a traditional clinic and 68% report that they do not miss a full class to receive care
- Parents do not have to miss work for their children to be seen by a practitioner
- \$3 to \$4 additional dollars are leveraged through local public-private partnerships for every \$1 of state General
- Medicaid expenditures related to inpatient, drug and emergency department were reduced due to use of school-based health centers.¹

Operations for Oregon

- 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

What do parents and others have to say about their SBHC?

“As a single mother of three teens I have reduced my time missed from work by eliminating the number of off-campus trips to doctors’ offices through appointments scheduled at the SBHC at their high school. The SBHC saves my family time and money.” –Nicole

“In-school health care allows us to teach young people how to take care themselves, encourage them to make healthy choices and support them towards their goals. We help build a foundation for a student’s life-long health.” – Suzanne, Nurse Practitioner

“School-Based mental health provides high quality, easy to access services that are youth and family friendly. Being in schools allows us to serve youth and families who might not otherwise access mental health.”
Stephen Mental Health Consultant

“It has been my privilege to work in School-Based Health Centers for over 20 years. We are committed to assuring all students receive high quality, comprehensive health care with in a school where students spend most of their day. A healthy student is best equipped to learn and excel in the classroom.” Janine, Registered Nurse

“Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.” National Association of State Boards of Education

What do the students have to say about their SBHC?

Committee Member Jason Conger will be particularly interested that Deschutes County SBHCs are effective at addressing specific public health issues such as teen suicide. In collaboration with Deschutes Commission on Children and Families, a grant was awarded to convene school counselors and local MH providers to create public awareness, train SBHC staff, teachers, and students in ASSIST and Response tools to combat teen suicide.

Siera, as student in Lane County, where member Representative Lively is from, has this to say about her SBHC, "My Junior year I was having a hard time in school. I was super tired all the time. I didn't know why I was struggling so much in school because I was always a good student, at the time I was doing full IB Diploma program. So my mom took me to the Health Center to get my blood work done. I was discovered I was having vitamin deficiency, so they prescribed me vitamins to boost my levels. Then later they found that I had Mono. Without the health center, I would have continued to suffer as a students and person without a way to help myself or even understand why I was behaving the way I was."

Student from Canby High School said, "I really like my School-Based Health Center. There are really two reasons why I got involved in advocating for my health center. One, is they really talk about issues that I find important. The second one was actually a personal story. I went to the school-based health center because I was feeling light headed and I wanted to know what was going on. The nurse practitioner actually listened to my heartbeat, and found out I have an extra heartbeat. I went to a cardiologist later and was diagnosed with a heart condition called a benign PAC. So before that I used to drink a lot of caffeine, and I now know that I am not allowed to anymore, it could actually activate it. So in my view it kind of saved my life."

¹ A study of school-based health center costs by Emory University School of Public Health

NORTHWEST HEALTH FOUNDATION

The Community's Partner for Better Health

March 29, 2013

Members of the Committee:

I am a Program Officer at Northwest Health Foundation, which has a long history of supporting children's health programs. The Foundation supports the school-based health center model as an effective way to promote health.

Over the past ten years we have supported programs that promote health among children and youth. Select examples of the many projects we have supported include:

- Funded Northwest Portland Area Indian Health Board to explore barriers and opportunities for physical activity and healthy eating among Native American youth of two Oregon tribes in order to initiate policy recommendations for physical activity and nutrition.
- Funded an OHSU initiative to increase the skills of rural primary care providers to better diagnose, treat and refer youth who are exhibiting warning signs for suicidal behavior.
- Funded Outside In, a Portland-based organization that serves youth, to transform toward a patient-centered primary care home practice, as part of the Safety Net Patient Centered Primary Care Home (PCPCH) Transformation Fund.

Evidence shows that intervention and early prevention efforts by school-based health centers results in significant cost savings down the road. For instance:

- A three-year study in Ohio found that, in schools with health centers, asthmatic students were 34 percent less likely to have emergency room visits compared to asthmatic students in schools without health centers. Moreover, school-based health centers prevented productivity losses of more than half-million dollars by parents who would have had to take children elsewhere for care. They also saved \$42,956 in travel expenses.¹

¹ Guo, J. J. et al. (2010). School-Based Health Centers: Cost-Benefit Analysis and Impact on Health Care Disparities. *American Journal of Public Health*, 100(9).

- A 2010 study showed that students with access to a school-based health center have better quality of life than students without access, and that such improvements translated into lowered Medicaid costs.²

Moreover, school-based health centers support improved academic outcomes. For example:

- Students in states with school-based health centers that serve as Medicaid providers have greater academic achievement than states without them.
- African-American male SBHC users were three times more likely to stay in school than their peers who did not use the SBHC.

Here in Oregon, we have seen remarkable advances in school-based health care, some of which have received support from Northwest Health Foundation. For instance, Washington County's Commission on Children and Families worked with the SBHC Network, insurers, providers, community members and others to establish a ten year plan for SBHC expansion. In the past five years, this work has led to new SBHCs at Forest Grove H.S., Tigard H.S., Beaverton H.S. and soon Hillsboro and Tualatin H.S. Northwest Health Foundation, through the Kaiser Permanent Community Fund helped sponsor this expansion through grants of more than \$340,000.

I hope this information conveys the importance of school-based health centers in improving community health, reducing health care costs, and improving academic performance and quality of life of Oregon youth.

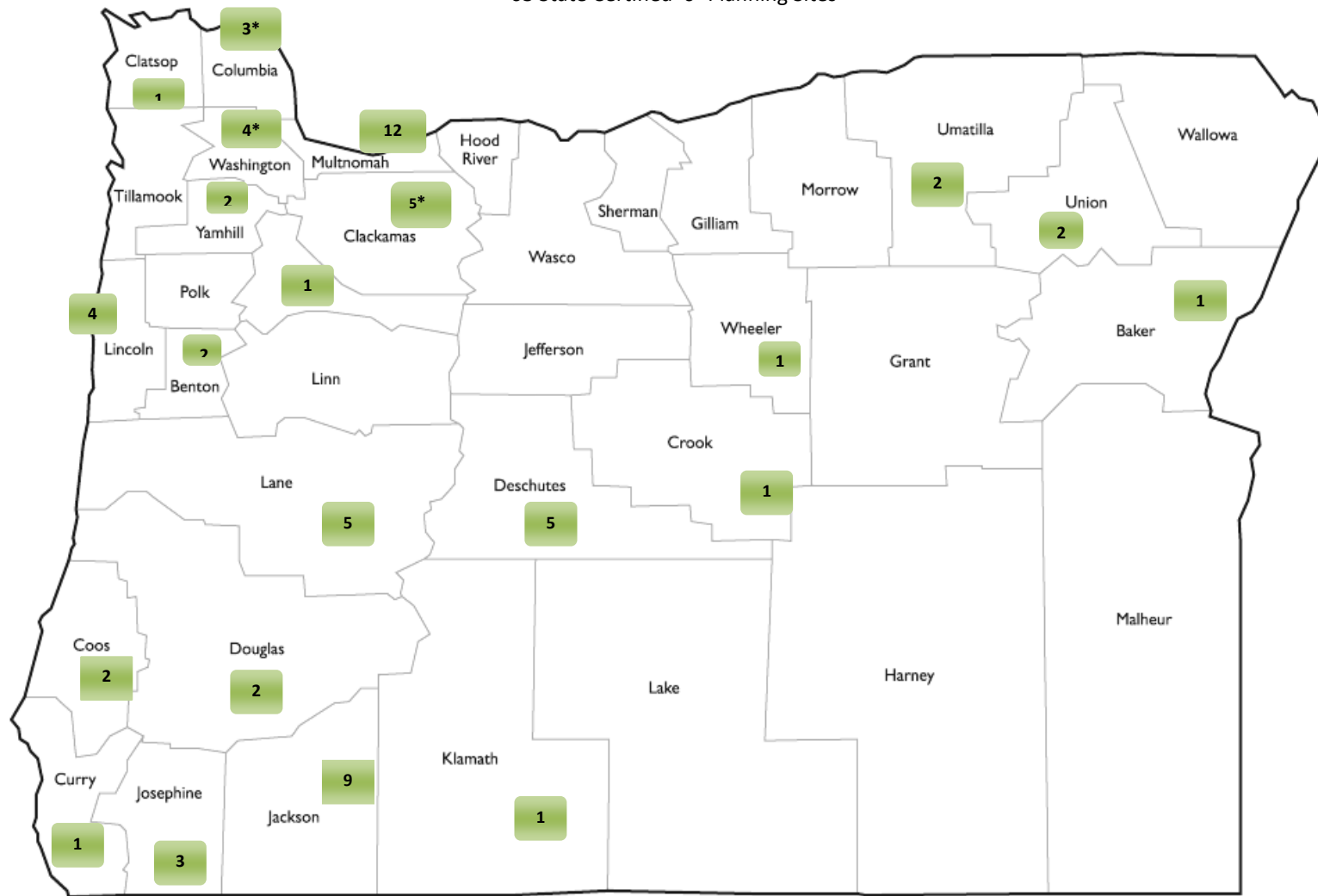
Please contact me should you have any questions.

Alejandro Qeral, M.S., J.D.
Program Officer

² Wade T. and Guo, J.J. (2010). The Role and Value of School-Based Health Care. American Journal of Public Health, 100(9).

Oregon School-Based Health Centers

63 State Certified 6* Planning Sites



Baker

Baker HS
(Co Health Dept.)

Benton

Lincoln K-8
Monroe Family Health
(Co Health Dept., CHC)

Clackamas

Oregon City HS
Canby HS
*Sandy HS
(Co Health Dept., CHC)
*Estacada
(Legacy)
*Milwaukie HS
(Outside In, CHC)

Clatsop

*Astoria HS
(Coastal Family Health CHC)

Columbia

Sacagawea Health Center
(Legacy)
Rainier JR/SR High
*Vernonia
(Columbia Health District Public Health Authority)

Coos

Marshfield HS
Powers ES
(Waterfall Clinic, CHC)

Crook

Crooked River ES
(Mosaic Medical, CHC)

Curry

Brookings-Harbor HS
(Co Public Health)

Deschutes

Ensworth ES
Lynch ES
La Pine K-12
Redmond HS
Sisters HS
(Co Public Health Dept.)

Douglas

Roseburg HS
Douglas HS
(Umpqua, CHC)

Jackson

Crater HS
Jewett ES
Jackson ES
Oak Grove ES
Phoenix ES
Washington ES
(La Clinica-del Valle, CHC)
Ashland HS
Butte Falls Chart.
Eagle Point HS
(Community Health Center, CHC)

Josephine

Evergreen ES
Illinois Valley HS
Lorna Byrne MS
(Siskiyou CHC)

Klamath

Gilchrest School
(Co Public Health)

Lane

Cascade MS
(Peace Health)
Churchill HS
North Eugene HS
Sheldon HS
South Eugene HS
(Tony Diehl, MD)

Lincoln

Taft HS
Toledo HS
Waldport HS
Newport HS
(Co Public Health, CHC)

Marion

Hoover ES
(Willamette Family Medical Center)

Multnomah

Cesar Chavez K-8
Cleveland HS
David Douglas HS
Franklin HS
George MS
Grant HS
Harrison Park K-8
Jefferson HS
Lane MS
Madison HS
Parkrose HS
Roosevelt HS
(Co Health Dept., CHC)

Umatilla

Pendleton HS
Sunridge MS
(Co Public Health Dept.)

Union

La Grande HS
Union School District
(Center for Human Development, Co Public Health)

Washington

Forest Grove HS
Tigard HS
*Century HS
(Virginia Garcia, CHC)
Merlo Station HS
(OHSU)

Wheeler

Mitchell K-12
(Asher Clinic, CHC)

Yamhill

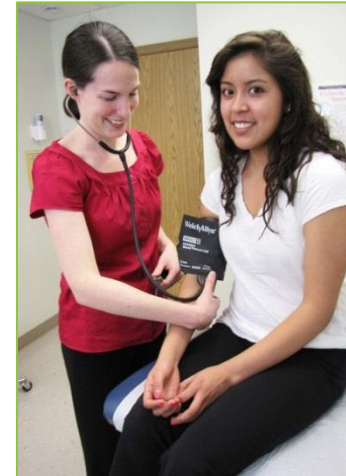
Willamina HS
(Virginia Garcia, CHC)
Yamhill-Carlton HS
(Willamette Heart)



The Importance of School-Based Health Care

Our Mission

To promote the health and academic success of children and youth



In a poll conducted for the Northwest Health Foundation, 93% of respondents agree that all children regardless of race or ethnicity should have access to the health care they need to be healthy.

School-Based Health Centers Provide Access

Health Care Where the Kids Are

SBHCs are a public/private partnership of state and county agencies, primary and mental health care organizations and public schools. SBHCs provide a range of standard, age-appropriate services to students and encourage parents be involved whenever possible.

Health services include prevention messages, screenings, immunizations, asthma management, wellness care, and sports physicals. Additionally, a broad range of emotional supports and mental health counseling are offered at most centers. If a student's needs cannot be met at the SBHC, or if a student requires specialty care, they are referred to other community providers.

While giving children the resources they need to improve their health, SBHCs also support learning and improve attendance. Research indicates that in states with school-based health centers that serve as Medicaid providers, students have greater academic achievement than states without them.

"Kevin," a senior, is seen frequently in the Health Center for a variety of health and emotional issues. Seen by the medical provider, as well as the mental health provider, he transitions from being a student with failing grades to a successfully graduating member of the Class of 2012. Kevin comes to the Health Center during his last week in High School to express his gratitude for continued support through the maturation process of High School. He recalls times when he could not see anything good in life, but with the help of both mental and physical health providers, he was able to find meaning and hope. Inspired by his experience with the SBHC, Kevin looks forward to college and a productive career in the field of Nursing.



Benefits of School-Based Health Centers

We know that students perform better when they show up for class healthy and ready to learn.

Poor academic outcomes and high dropout rates are major concerns of educators, policy makers, and parents alike—and poor health severely limits a child’s motivation and ability to learn. Research confirms that health disparities affect educational attainment. Improving students’ health is integral to education reform.

The Facts

- High school SBHC users in one 2000 study had a 50% decrease in absenteeism and 25% decrease in tardiness two months after receiving school-based mental health and counseling.
- A study in New York observed that students not enrolled in a SBHC lost three times as much seat time as students enrolled in an SBHC.
- African-American male SBHC users were three times more likely to stay in school than their peers who did not use the SBHC.
- Two studies found adolescents were 10-21 times more likely to come to a SBHC for mental health services than the community health center network or HMO.



Oregon School-Based Health Care Network

The Network provides professional development to SBHC and school employees; bridges partnerships for sustainable SBHC business operations; and brings advocates together to expand SBHC services.

We campaign for age appropriate primary, mental and oral health services to be provided to children and youth, regardless of their ability to pay or of insurance status.

The Network has steadily increased access to health care for children and youth for almost two decades by building awareness and support for the school-based health model of care.



Our demonstrated leadership and policy advocacy makes a direct impact on access to quality health care for youth.

In the last ten years-

The number of students accessing care at SBHCs has nearly tripled: in 2002—24,274 and in 2012—68,021

SBHCs grew from 43 to 63 centers (↑32%), with 6 more expected to open in 2013

There are 33% more counties with SBHCs—from 14 in 2002 to 21 counties today

Youth by the hundreds are actively acting as advocates in the local SBHCs, as well as at a state level

The Network provided more than \$700,000 in sub-grants to SBHCs to improve capacity and enhance care

“Isabella” is a frequent visitor to the Health Center for various health concerns. She is seen during the school year for headaches, cramps, indigestion, asthma and allergies.

With every visit she hears health messages regarding diet, hydration, activity and lifestyle choices. Over the course of the school year, she chose to change her diet to include more fruits and vegetables, and makes a choice to be active every day. Isabella is very pleased to find that her new lifestyle choices have resulted in a 20 pound weight loss and improved academic performance.

Her parents are now making better choices when shopping for food. Isabella and her mother have joined a local gym and work out together three days a week.

School-Wide Impacts

Deschutes County SBHCs are effective at addressing specific public health issues such as teen suicide. In collaboration with Deschutes Commission on Children and Families, a grant was awarded to convene school counselors and local MH providers to create public awareness, train SBHC staff, teachers, and students in ASSIST and Response tools to combat teen suicide.

LaPine School Nurse identifies and refers students with asthma to the SBHC, where the Nurse Practitioner and a volunteer respiratory therapist work with students to manage their condition. The program has empowered these students to participate in sports, and they miss fewer days of school due to their asthma.

Jackson County SBHCs serving K-6th grade estimate that for each day a student visits the health center for a medical reason rather than missing school, there was a return on investment of \$221,000 in 2010-2011, based on \$37/student/day and 5973 visits.

Network advocacy has saved, restored, or expanded funding for SBHCs in 1999-2003, 2005, 2007, and 2009-2012... *and just wait to see what we do in 2013!*

The time has come for Oregon in make a permanent investment in SBHCs by dedicating consistent funding for services so that time, knowledge and resources are being used to ensure the best services for our children.

Your voice and your support are needed to continue the work of the advocates for kids’ health and academic success.

Please consider joining our e-news or e-action alerts lists; become a vocal advocate for care where kids spend their day—in school; provide financial support to sustain and expand school-based health care.

Oregon School-Based Health Care Network

Paula Hester, Executive Director

osbhc.org

www.facebook.com/OregonSBHC

OREGON SCHOOL-BASED HEALTH CENTERS 2013 FACT SHEET

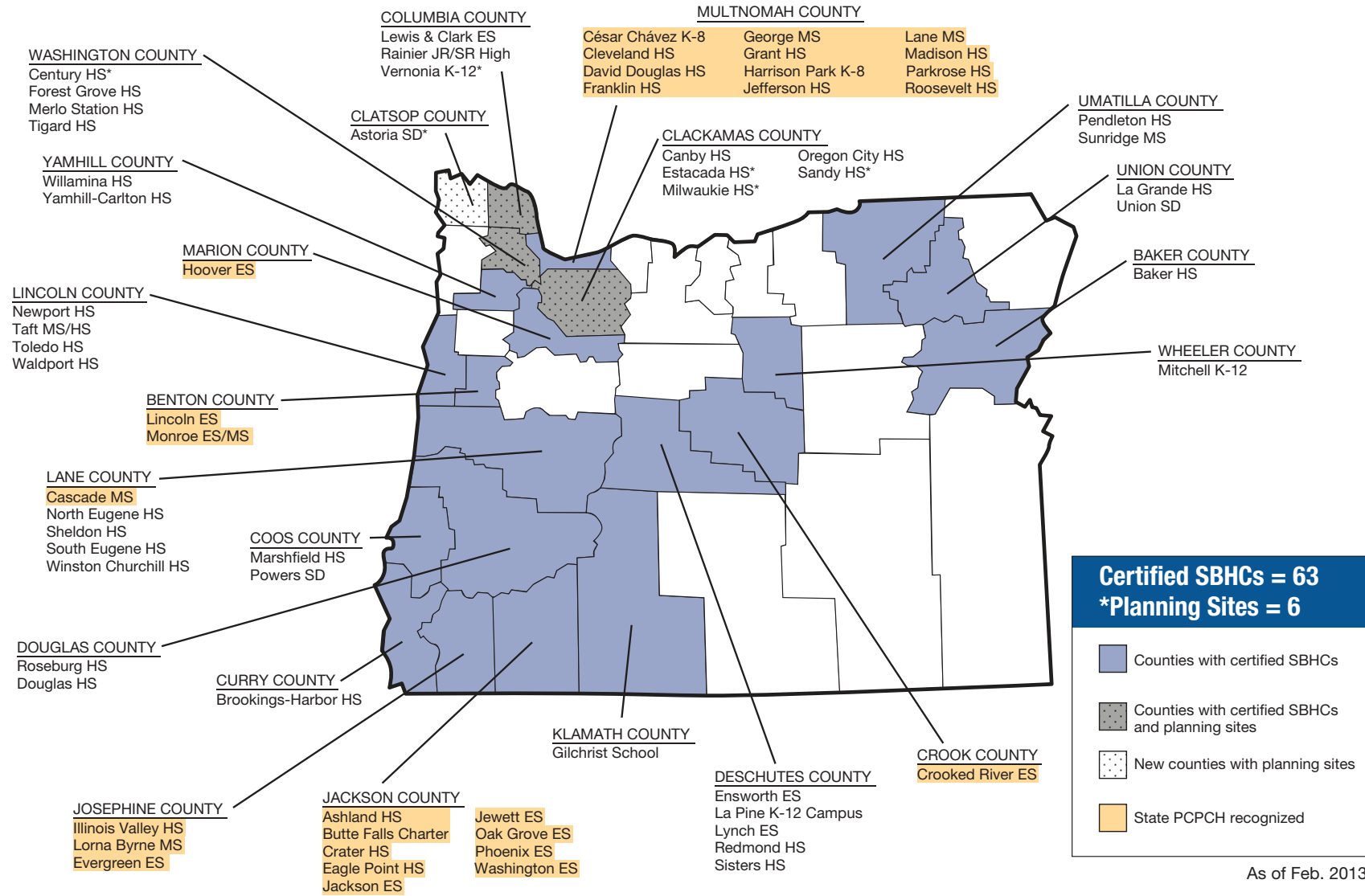
The Challenge	The Benefit
<p>In Oregon, an estimated 6% (or 52,000) of the state's children were uninsured in 2011¹</p>	<ul style="list-style-type: none"> Recognized as part of the safety net system, which cares for those who are without insurance or are under-insured <ul style="list-style-type: none"> 63 Certified School-Based Health Centers (SBHCs) 21 counties currently served by SBHCs 6 additional sites awarded planning grants in 4 counties
<p>80% of surveyed SBHC clients reported they would not have received health services that day without the center²</p>	<ul style="list-style-type: none"> Served over 23,000 students in over 70,000 visits³ Keeps parents from missing work to take students to health care services Provides easily accessible physical, mental, and preventive health services
<p>Adolescence is a critical learning period where the brain is open to opportunities for growth and change</p>	<ul style="list-style-type: none"> Reinforces health promotion messages provided in school Students who were surveyed reported their overall health was better due to their use of SBHCs Developmentally appropriate care is provided by qualified health professionals: nurse practitioners, physician assistants, registered nurses, and mental health counselors
<p>Student's health status impacts educational outcomes</p>	<ul style="list-style-type: none"> Loss of class time is reduced as reported by surveyed clinic users⁴: <ul style="list-style-type: none"> 68% reported they did not miss a class while using SBHC services 74% estimated they would miss one class or more if they had to go to a traditional clinic located elsewhere
<p>Health care is expensive</p>	<ul style="list-style-type: none"> Value of services provided far exceeds the state dollars spent \$3 to \$4 additional dollars are leveraged through local public-private partnerships for every \$1 of state General Fund money invested Recognized by state and local insurance companies as an important and effective part of health care delivery

¹ Office for Oregon Health Policy and Research, 2011. Health Insurance Coverage in Oregon: 2011 Oregon Health Insurance Survey Statewide Results. http://cms.oregon.gov/oha/OHPR/RSCH/Pages/Insurance_Data.aspx.

^{2, 4} Oregon Health Authority Public Health Division (2012) SBHC Patient Satisfaction Survey

³ Based on 2011–2012 Oregon SBHC Utilization Data

OREGON SCHOOL-BASED HEALTH CENTERS 2013



As of July 1, 2012, 51,000 students have access to a certified SBHC.

County Name	SBHC Name	Medical Sponsor
Baker	Baker High School	Baker County Health Department
Benton	Lincoln Elementary School	Benton Community Health Center*
	Monroe Elementary/Middle School	Benton Community Health Center*
Clackamas	Canby High School	Clackamas County Community Health*
	Estacada High School	Legacy Mount Hood Medical Center
	Milwaukie High School	Outside In*
	Oregon City High School	Clackamas County Community Health*
	Sandy High School	Clackamas County Community Health*
Clatsop	Astoria School District	Coastal Family Health Center*
Columbia	Rainier Jr/Sr High School	The Public Health Foundation of Columbia County
	Sacagawea Health Center	Legacy Health Systems
	Vernonia K-12	The Public Health Foundation of Columbia County
Coos	Marshfield High School	Waterfall Clinic*
	Powers School District	Waterfall Clinic*
Crook	Crooked River Elementary School	Mosaic Medical*
Curry	Brookings Harbor High School	Curry County Health Department
Deschutes	Ensworth Elementary School	Deschutes County Health Department
	La Pine K-12	Deschutes County Health Department
	Lynch Elementary School	Deschutes County Health Department
	Redmond High School	Deschutes County Health Department
	Sisters High School	Deschutes County Health Department
Douglas	Douglas High School	Umpqua Community Health Center*
	Roseburg High School	Umpqua Community Health Center*
Jackson	Ashland High School	Community Health Center*
	Butte Falls Charter School	Community Health Center*
	Crater High School	La Clinica*
	Eagle Point High School	Community Health Center*
	Jackson Elementary School	La Clinica*
	Jewett Elementary School	La Clinica*
	Oak Grove Elementary School	La Clinica*
	Phoenix Elementary School	La Clinica*
Washington Elementary School	La Clinica*	
Josephine	Evergreen Elementary School	Siskiyou Community Health Center*
	Illinois Valley High School	Siskiyou Community Health Center*
	Lorna Byrne Middle School	Siskiyou Community Health Center*
Klamath	Gilchrist School	Klamath County Health Department
Lane	Cascade Middle School	Peace Health Medical Group
	Churchill High School	Tony Diehl, MD
	North Eugene High School	Tony Diehl, MD
	Sheldon High School	Tony Diehl, MD
	South Eugene High School	Tony Diehl, MD
Lincoln	Newport High School	Lincoln County Health Department*
	Taft Middle/High School	Lincoln County Health Department*
	Toledo High School	Lincoln County Health Department*
	Waldport High School	Lincoln County Health Department*
Marion	Hoover Elementary School	Willamette Family Medical Center
Multnomah	Cesar Chavez K-8	Multnomah County Health Department*
	Cleveland High School	Multnomah County Health Department*
	David Douglas High School	Multnomah County Health Department*
	Franklin High School	Multnomah County Health Department*
	George Middle School	Multnomah County Health Department*
	Grant High School	Multnomah County Health Department*
	Harrison Park	Multnomah County Health Department*
	Jefferson High School	Multnomah County Health Department*
	Lane Middle School	Multnomah County Health Department*
	Madison High School	Multnomah County Health Department*
	Parkrose High School	Multnomah County Health Department*
Roosevelt High School	Multnomah County Health Department*	
Umatilla	Pendleton High School	Umatilla County Health Department
	Sunridge Middle School	Umatilla County Health Department
Union	La Grande High School	Union County Center for Human Development, Inc.
	Union School District	Union County Center for Human Development, Inc.
Washington	Century High School	Virginia Garcia Memorial Health Center*
	Forest Grove High School	Virginia Garcia Memorial Health Center*
	Merlo Station High School	Oregon Health & Science University
	Tigard High School	Virginia Garcia Memorial Health Center*
Wheeler	Mitchell School	Asher Community Health Center*
Yamhill	Willamina High School	Virginia Garcia Memorial Health Center*
	Yamhill-Carlton High School	Willamette Heart

*Indicates that the medical sponsor is a federally qualified health center.



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



TABLE OF CONTENTS

School-Based Health Centers and health care transformation	2
What do SBHCs do?	4
Fast Facts	5
School-Based Health Center Model	6
Funding.....	7
Certification	7
PRIORITY HEALTH AREA: Tobacco, alcohol and other drugs.....	9
PRIORITY HEALTH AREA: Healthy weight	12
PRIORITY HEALTH AREA: Reducing suicide, promoting mental health.....	14
PRIORITY HEALTH AREA: Preventing family violence, promoting healthy relationships	17
Access to care	20
School-Based Health Centers and student success	23
Assessment and assurance	25
Health status of SBHC users	25
References	28

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

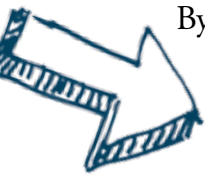
their focus on prevention and integration of physical, mental and oral health services.

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.

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



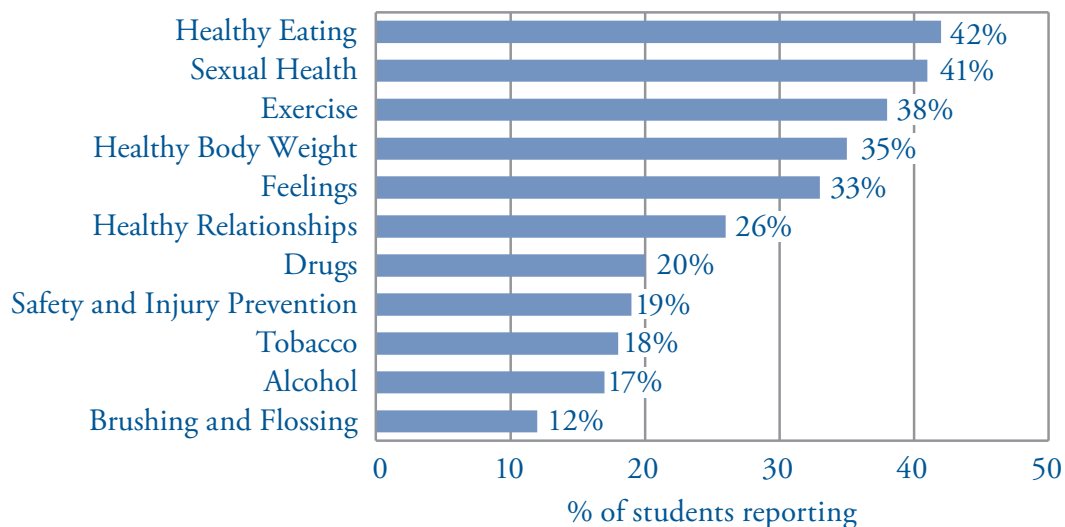
By the nature of the model, almost all Public Health priority areas are supported by SBHC activities. SBHCs not only provide physical and mental health services, but focus on prevention activities such as well-child exams and health assessments. The well-child exam and health assessment address key health 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.¹

Health topics discussed at SBHC visits

2012 SBHC Patient Satisfaction Survey



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.²

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.



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⁺

- 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

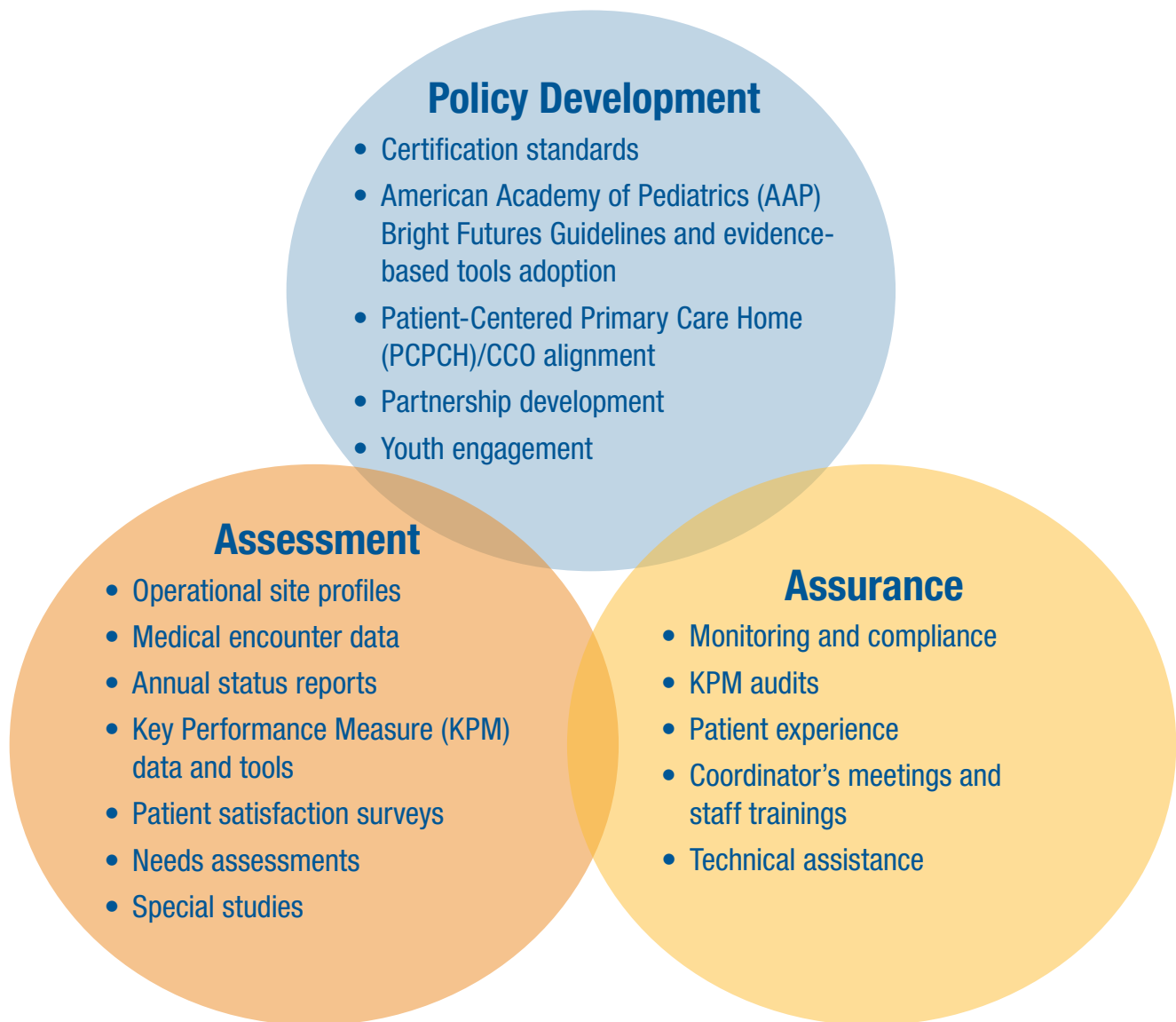
⁺ Oregon Department of Education 2012

* 2012 SBHC Patient Satisfaction Survey

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

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



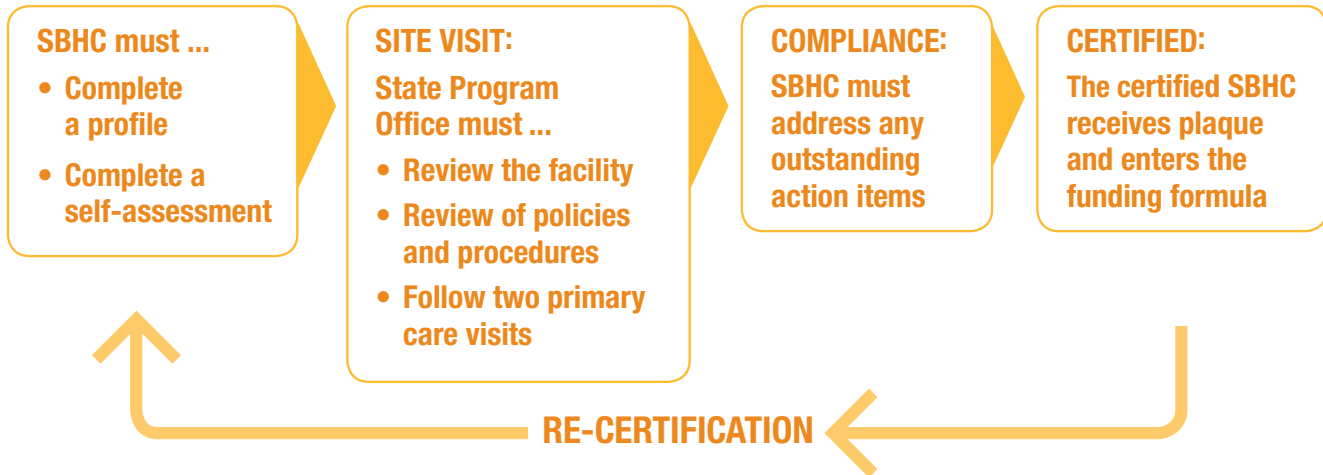
emphasis on best practices, decrease site-to-site variability, increase ability to study clinical outcomes and increase the potential for insurance reimbursement. The standards represent reasonable, but high expectations. Included in the standards are guidelines for facilities, operations/staffing, laboratory 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.

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



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.³ Conversely, research shows that youth who abuse substances are at higher risk for injury, violence, risky sexual behavior, and poor academic performance.⁴

TOBACCO USE

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

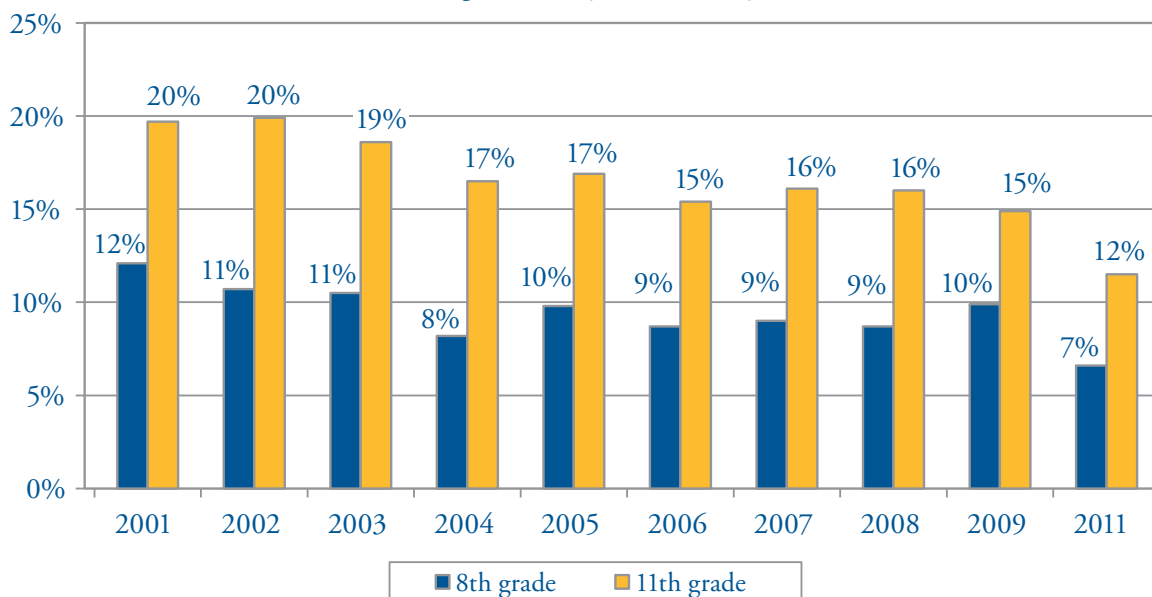
You have an amazing staff that is always helpful and kind, and always explain things in a very understandable way! I feel you guys are much more helpful than going to my regular doctor and talk about the same stuff I do here.

—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.⁵

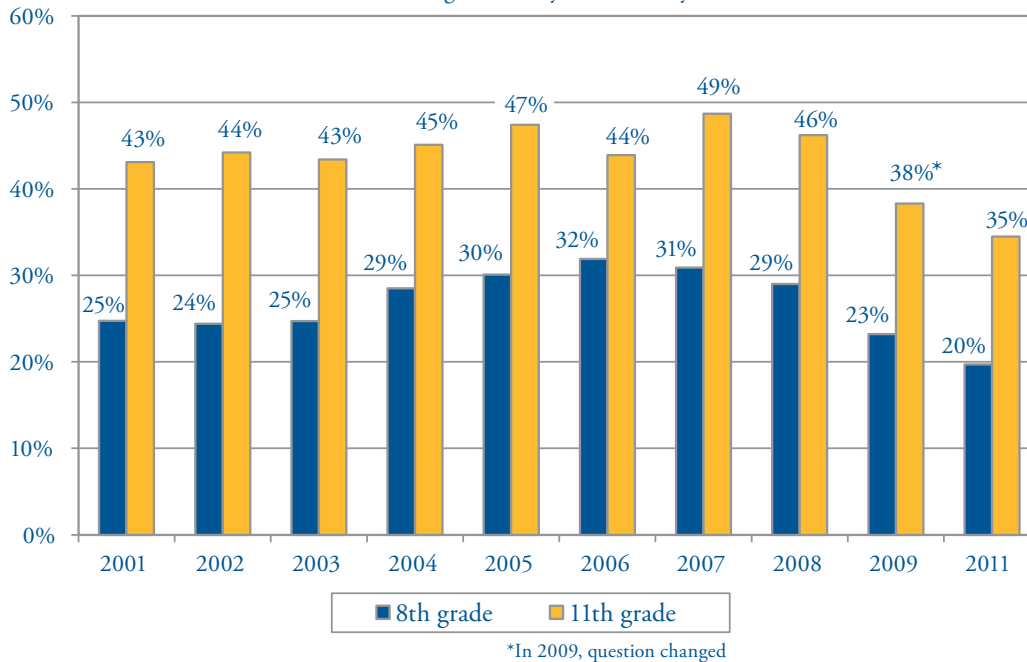
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30 Day Cigarette Use Oregon Healthy Teens Survey



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.⁶ 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.

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.

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.^{7, 8} 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.⁹ 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:¹⁰

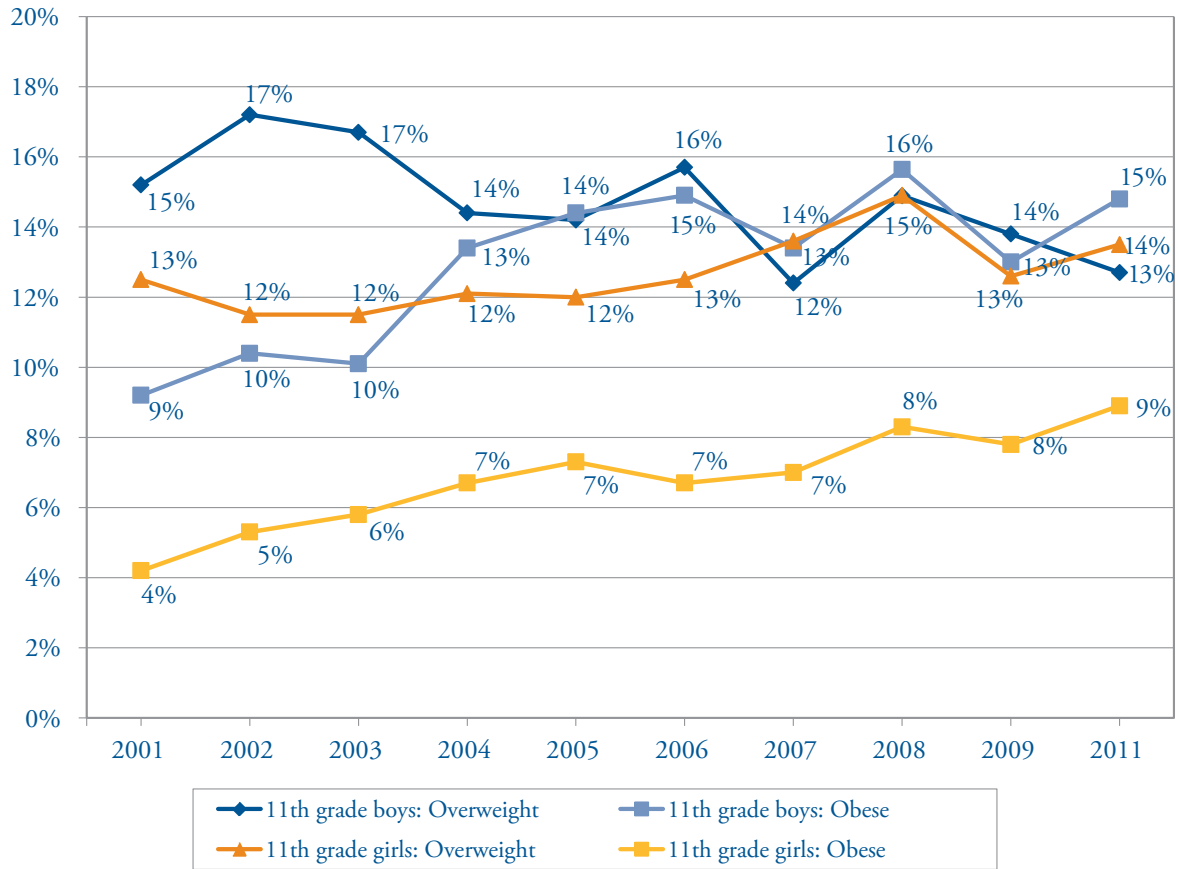
- Nearly one in four (24 percent) of 8th-graders and one in five (21 percent) of 11th-graders watched three or more hours of television on an average school day.
- Only 27 percent of 8th-graders and 19 percent of 11th-graders had eaten the recommended amount of fruits and vegetables during the past week.

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.¹¹ 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.¹² 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.¹³ 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.¹⁴

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.



Among 11th-grade students in Oregon in 2011:¹⁵

- 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.

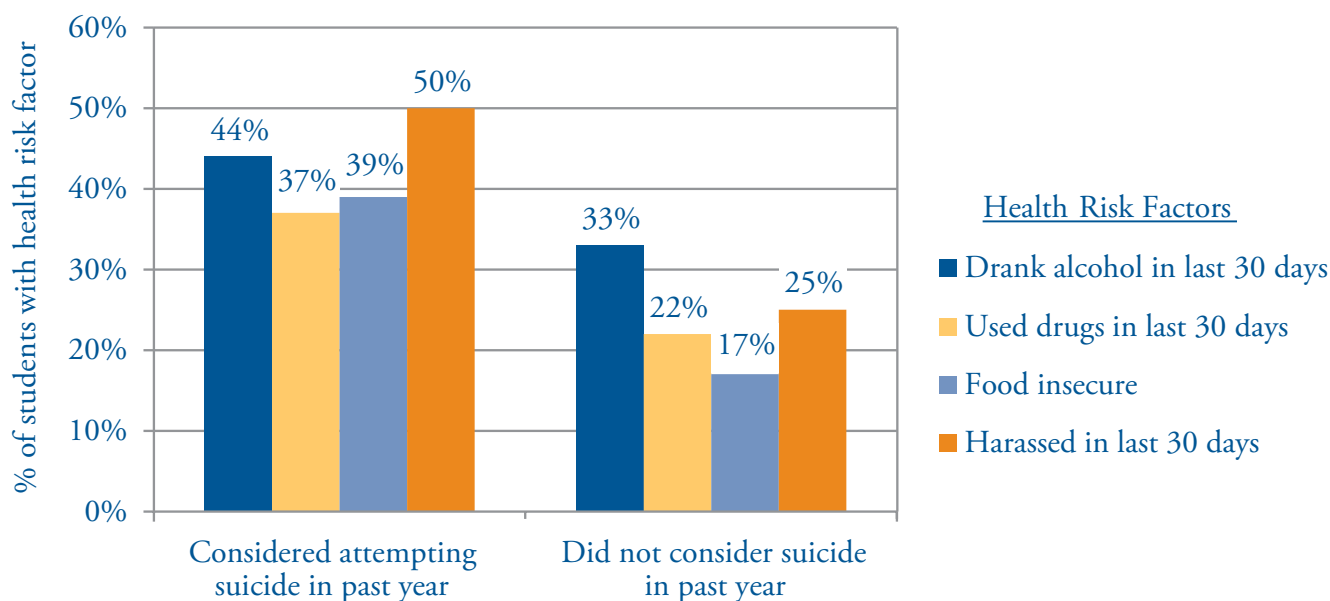
WHAT SBHCS ARE DOING TO HELP

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.¹⁶

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Suicidal Ideation and Health Risks: Oregon 11th-graders, 2011

Oregon Healthy Teens Survey



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

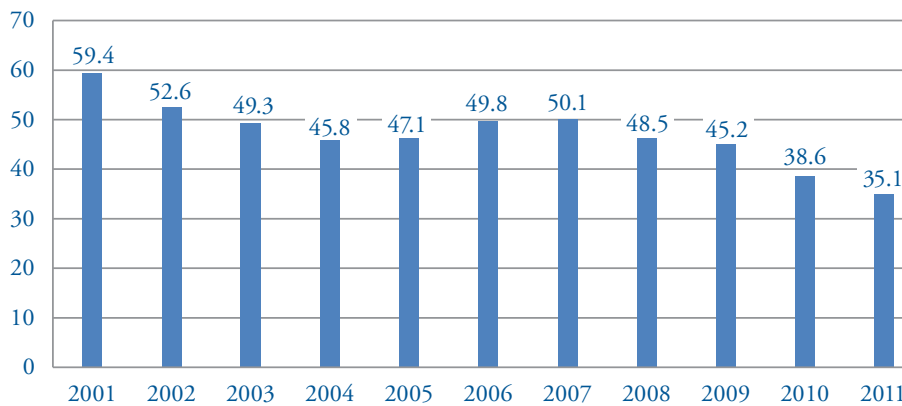


pregnancy; and risk of perpetrating or being a victim of domestic violence — just to name a few.¹⁷

- 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.¹⁸

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



Source: Vital Stats Annual Report, Vol. 1¹⁹



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.

Reproductive health diagnosis	Number of diagnoses	% Reproductive health diagnoses
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%
TOTAL	14,447	100%

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.²⁰

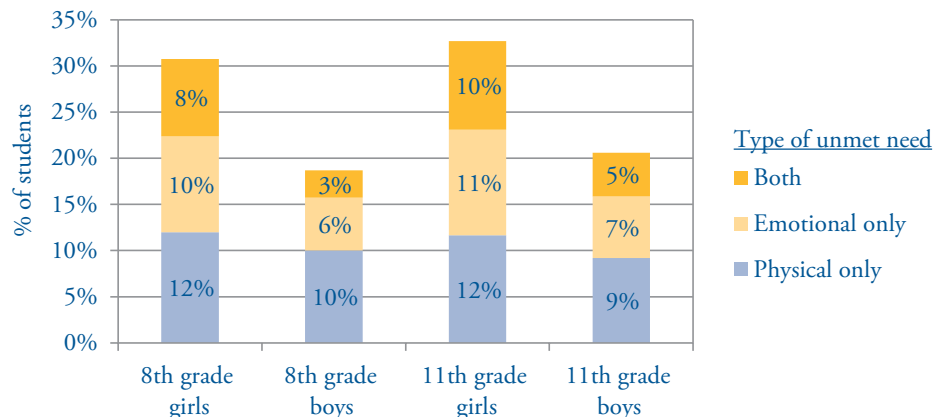
Lack of insurance is a major barrier to accessing health services. Nearly 6 percent of children and youth under 18, in Oregon were uninsured in 2011 (52,000 children). This represents a marked decrease from 12.3 percent in 2008.²¹ There has been a steady decline in the number of uninsured children in 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 2011.²¹ 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.²³

Unmet Health Care Needs of Oregon Youth

Oregon Healthy Teens Survey, 2011



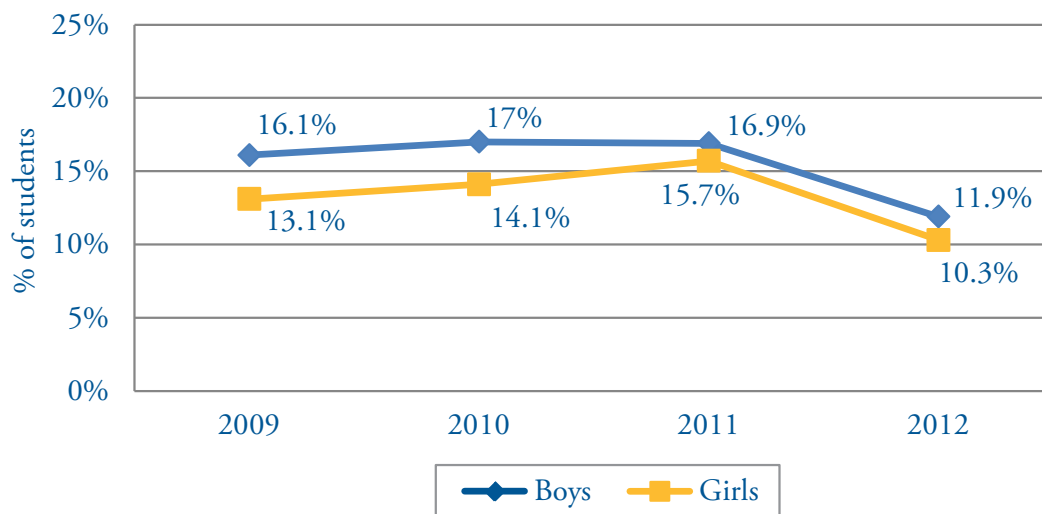
The percentage of girls reporting unmet physical and mental health needs on the 2012 SBHC Patient Satisfaction Survey was notably lower than in the 2011 Oregon Healthy Teens Survey. In addition, there was a substantial drop in overall reported unmet

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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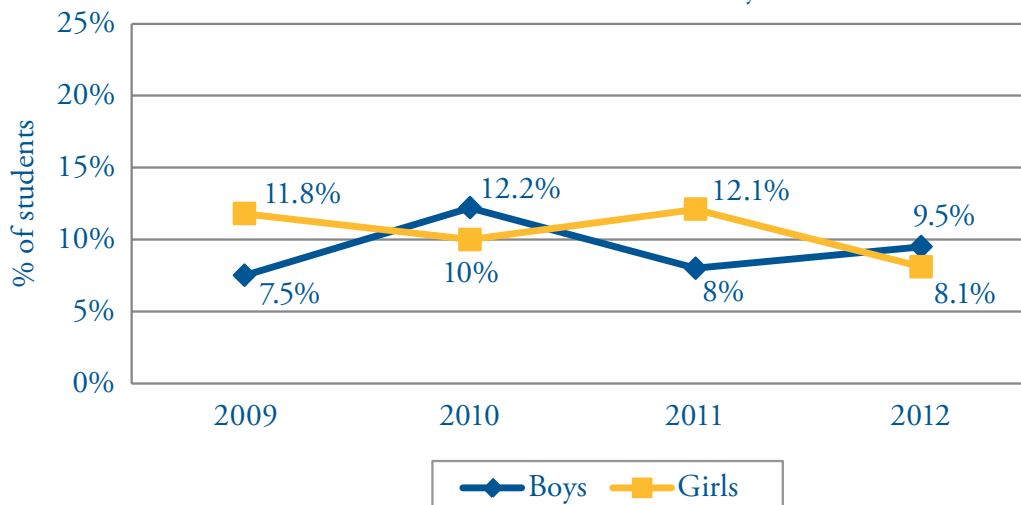
Unmet Physical Health Care Needs

SBHC Patient Satisfaction Survey

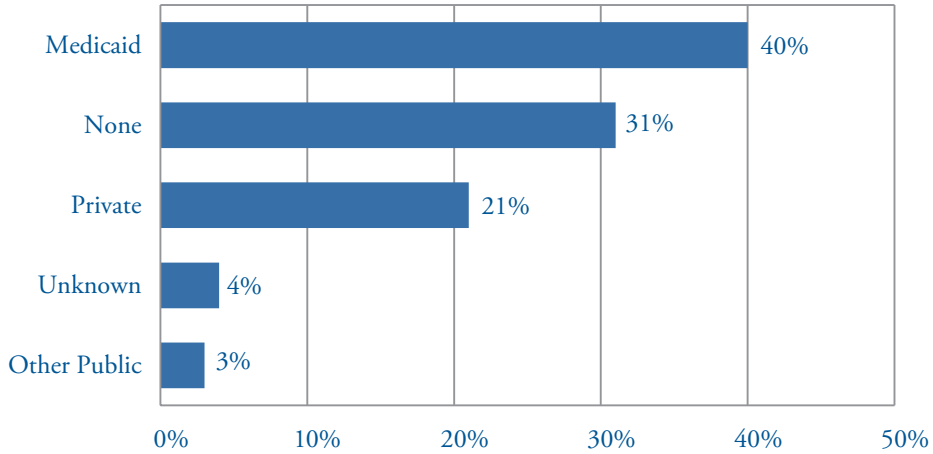


Unmet Mental Health Care Needs

SBHC Patient Satisfaction Survey



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.

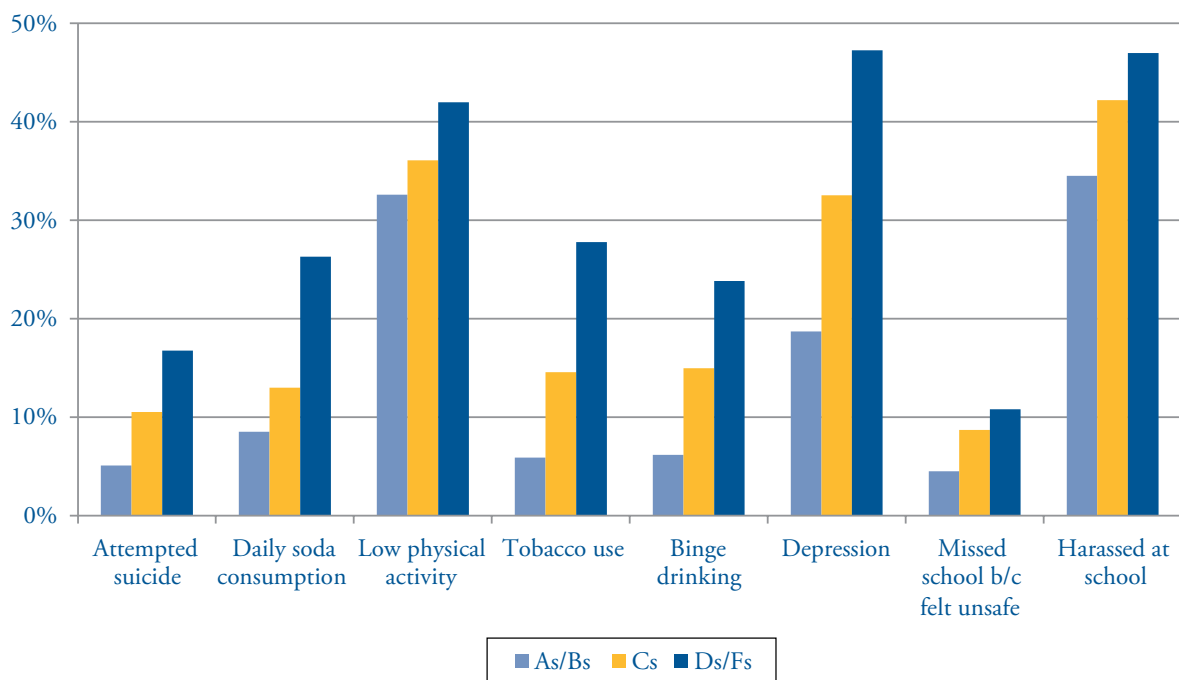
What we know about student health and learning:

- Students with a sedentary lifestyle are likely to have lower levels of academic achievement.²⁴
- Students whose asthma is not well-controlled experience higher rates of absenteeism.²⁵
- Becoming a teen mother reduces the odds of graduating from high school by more than 40 percent.²⁶
- Youth depression is linked with low academic achievement, high scholastic anxiety and poor peer and teacher relationships.^{27, 28, 29}
- Test scores increase more in schools where students report caring relationships.³⁰

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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.³⁰
- Youth in states with SBHCs that are Medicaid providers have greater academic achievement than those in states without them.³¹

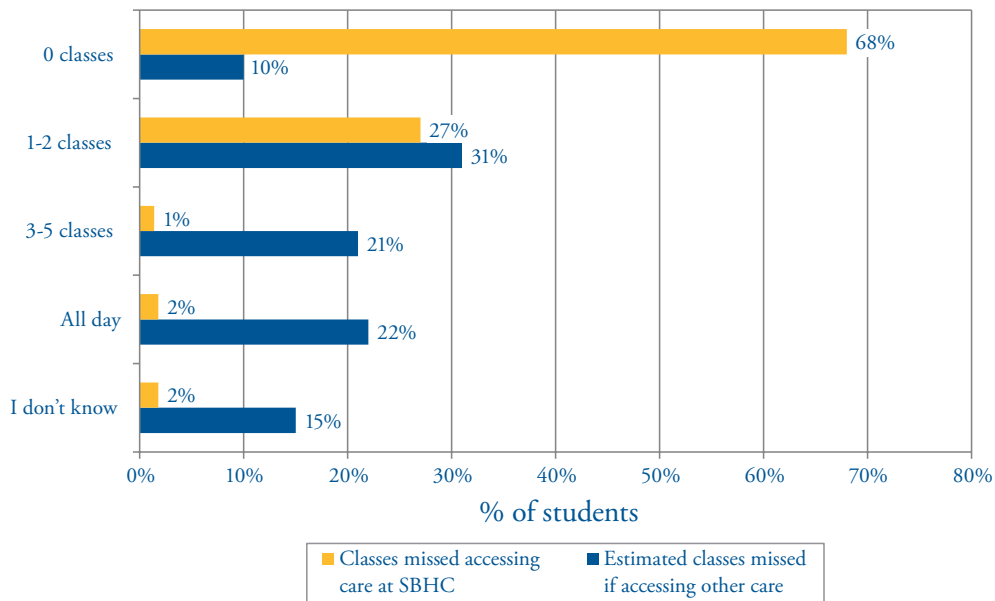
The health and academic success of students is inextricably linked, as is evident from the data reported in the Oregon Healthy Teens Survey. The graph on page 23 shows the relationships between academic grades and various health risks among 8th-graders.

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

LIMITATIONS

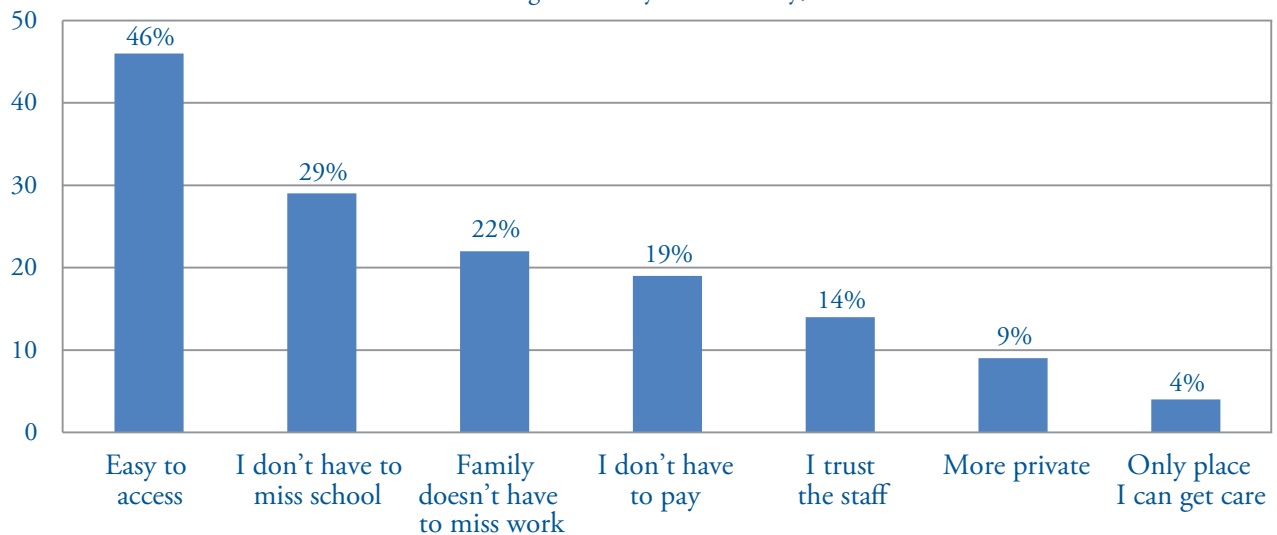
Only 40 percent of schools with SBHCs participated in the 2011 Oregon Healthy Teens Survey, so findings are not generalizable to all SBHCs in the state. We are unable to know if students who reported using an SBHC were current users of the SBHC at their school, or how often they have received care at 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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ADDITIONAL INFORMATION

Oregon Health Authority, School-Based Health Center Program:

www.healthoregon.org/sbhc

Oregon School-Based Health Care Network:

www.osbhc.org

National Assembly on School-Based Health Care:

www.nasbhc.org

Healthy Kids Learn Better:

www.hklb.org

The Center for Health and Healthcare in Schools:

www.healthinschools.org

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