

# School-Based Health Centers

# Health Care Counts:

# Healthier Youth, Stronger Communities

## 2008 Status Report





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



## School-Based Health Center (SBHC) Fast Facts

### Forty-five centers in 19 counties including:

- Twenty-seven high schools
- Four middle schools
- Nine elementary schools
- Five combined grade campuses

### 2006-2007 highlights\*:

- There were 38,606 students with access to SBHCs at their schools.\*
- Oregon SBHCs served 20,831 clients in 69,034 visits.\*
- Female clients represented 59 percent of clients and 63 percent of visits.\*
- Forty-five percent of SBHC's clients were uninsured.\*
- Sixty-eight percent of students reported they were unlikely to receive care outside of the SBHC.\*\*
- Sixty-five percent of students reported their health was better because of the SBHC.\*\*

The State of Oregon contributed \$1,370,000 to SBHCs during the 2006–2007 service year. This funding supported the delivery of more than \$2,614,000 in health care services, an 8 percent increase from the previous year. The total allotment included more than \$1,142,000 to uninsured students\*, which was a 21 percent increase from the 2005–2006 service year.



*“All too often children become the outsiders in our health care system. The result is that their development becomes less certain, their progress becomes less sure, and their very lives become more vulnerable.*

*Without health care, illnesses and injuries are left untreated — increasing reliance on expensive emergency care that we all end up paying for in the form of higher insurance premiums. Children without primary care services become sick, miss school and require their parents to miss work in order to take care of them. This reduces productivity for workers, hurts businesses and creates added financial strains on families and communities.*

*Oregon school-based health centers bring children back into the health care system by making them a priority — by giving more children care when and where they need it, protecting their health, and helping them thrive. During the next few years an expansion of our school-based health centers will not only increase health care access for kids but also help support our communities — healthy kids benefit all of us.” – Governor Ted Kulongoski*

\*Estimate based on total data from 2006–2007 SBHC visits.

\*\*2007 SBHC Patient Satisfaction Survey.

## School-based health centers today

### 2

#### What is an SBHC?

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

#### What do they look like?

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

#### Why have one?

- Healthy kids learn better.
- SBHCs are prevention-oriented.
- SBHCs see children who otherwise would not get care.
- Students say SBHCs allow them to return more quickly to their classes.

**"A school-based health center is a great addition to any school. It's a place where someone can feel comfortable to go to for any reason at anytime. I feel very lucky to have this available to me."  
— 17-year-old female**

#### In the last year, Oregon's SBHCs helped...

- 19,958 students have physical health care visits
- 10,920 students without insurance receive health care
- 6,116 students have sexual risk reduction visits
- 3,705 students have well child/prevention visits
- 3,154 students receive immunizations
- 2,899 students have mental health-related visits

## Expanding the Capacity of SBHCs

Oregon's SBHC system experienced tremendous growth this past year. Two SBHCs were newly certified in Marion and Wheeler counties. In addition, the Legislature granted a \$2 million expansion, which resulted in planning for up to 18 new SBHCs — the largest increase in Oregon's SBHC history!

After a competitive application process, the SBHC State Program Office awarded planning grants to 13 sites in seven counties currently with an SBHC: Clackamas, Columbia, Deschutes, Douglas, Jackson, Josephine and Washington counties. In addition, we awarded planning grants to five sites in the following counties without SBHCs: Curry, Grant, Klamath, Polk and Wasco. Awarded sites will receive planning funds for one year, are eligible for a second year of planning funds based on progress, with the goal of being certified by spring 2009.

*"The health center is very helpful and I don't have to miss as much school. It helps me to be more aware of what is going on with my body. Thank you for that and for your help."  
— 15-year-old female*

The increase of SBHCs across the state requires an expanded support system. Therefore, the State Program Office added the new positions of public health nurse and health economist. In addition, in order to expand and sustain new and established centers, the State Program Office focused the past year on the SBHC mental health system and the cost/revenue required to operate an SBHC.



In the following sections, we briefly share some key results from the Mental Health Needs Assessment and the Cost and Revenue projects. Please see the SBHC State Program Office Web site, [www.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml](http://www.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml) for full reports.

*"Excellent service, great staff, an asset to the community."  
— 16-year-old male*

## Mental Health Needs Assessment

In 2006–2007, 42 certified SBHCs in Oregon completed a one-time Web-based questionnaire. The project assessed Oregon’s current SBHC mental health system and identified strengths and needs for potential improvement.

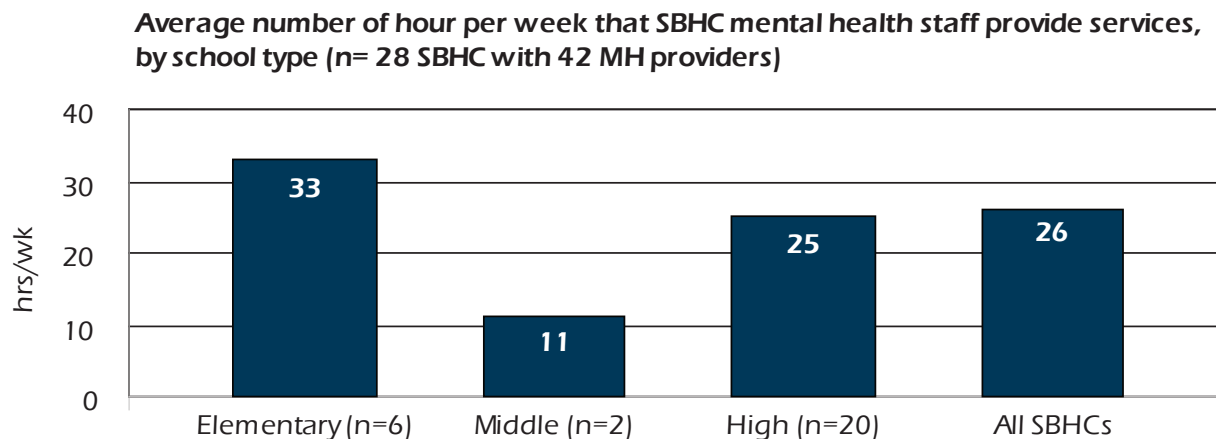


Topic areas included:

- Mental health staffing
- Referral sources
- Frequently seen mental health problems
- Mental health services
- Barriers to providing mental health services
- Funding restrictions
- Mental health screening tools
- Training

Following are some brief results from the survey:

Sixty-seven percent of the surveyed SBHCs reported having a mental health provider on site. This included six elementary, two middle and 20 high school SBHCs.



**The most frequently seen mental health problems in the SBHCs as ranked by providers:**

Rank	Males	Females
#1	Social, interpersonal or family problems	Social, interpersonal or family problems
#2	Aggression or disruptive behaviors	Anxiety, stress or school phobia
#3	Anxiety, stress or school phobia	Mood Disorders
#4	Mood disorders	Adjustment issues
#5	Adjustment issues	Physical or sexual abuse



## Barriers, Issues and Training

SBHC providers identified the following barriers, issues and training needs:

- Significant to serious barriers to providing mental health services:
  - ◆ Operational costs;
  - ◆ Inadequate mental health staffing;
  - ◆ Lack of community-based mental health services for uninsured/underinsured.
  
- The top three most common issues affected by funding restrictions to a moderate or major extent:
  - ◆ Number of clients who can be seen;
  - ◆ Types of mental health services provided;
  - ◆ Number of sessions or duration of mental health services.
  
- The top five most requested trainings:
  - ◆ Eating disorders;
  - ◆ Brief/solution focused treatment;
  - ◆ Screening tools;
  - ◆ Anxiety;
  - ◆ Self-harming behavior.

**The school-based health center helps me a lot and it's the only place that I truly feel comfortable. The staff have a good impact on younger women like myself. They have a positive outcome on your health and they educate you when you don't understand something. I would be in a really bad situation with my health care if it weren't for this center and the staff. — 19-year-old female**

There were some significant differences in the results when broken down by school types, whether or not the SBHC has a mental health provider on site, and urban versus rural settings. For example, middle school SBHC mental health providers reported providing fewer hours; SBHCs with mental health providers were significantly more likely to provide long-term therapy and make mental health diagnoses; and rural SBHCs were significantly more likely to report inadequate access to a psychiatrist. Please see the full report (on the State Program Office Web site, [www.dhs.state.or.us/publichealth/ah/](http://www.dhs.state.or.us/publichealth/ah/)) for further details.



In concert with our community and state partners, the SBHC State Program Office will use these provider survey results to address service gaps, strengthen technical assistance, and expand training to improve the capacity and quality of SBHCs' mental health services.

## Cost and Revenue Project

As Oregon's SBHC system grows, cost and revenue information become essential topics. In September 2006, the SBHC State Program Office initiated a cost and revenue project to determine the associated costs and revenue sources of our SBHCs. The project's goal is to help inform prospective sites in their early planning stages and provide cost information for existing sites as they expand services.

### Cost overview

The process of planning for a new SBHC can be a complicated one. Because each SBHC can operate slightly differently, the range in costs is fairly wide. The following information only briefly highlights the costs associated with starting and operating an SBHC. For more detail, we recommend you visit the SBHC State Program Office Web site for the full report.

Start-up costs for an SBHC depends on availability of existing space and amount of restoration required, which can include the following:

- Space costs: renovation of existing space or installation of a modular unit;
- Furniture;
- Electronic equipment;
- Office equipment;
- Medical equipment;
- Salary and benefits for administrative staff during planning phases.

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

Annual operational costs also result in a wide range — which is primarily dependent on the staffing and operational model. The figure at top of page 7 shows operational costs broken down by hours of provider time. These costs include:

- Staffing salary and benefits;
- Space: rent, utilities, janitorial and maintenance;
- Office and program supplies;
- Administrative costs and other/indirect costs (such as medical liability, advertising);
- Medical supplies, drugs, vaccines and medications, and lab tests;
- Information technology;
- Travel, education and training;
- Memberships and dues.

## Overview of SBHC annual costs (if SBHC open during school year only)

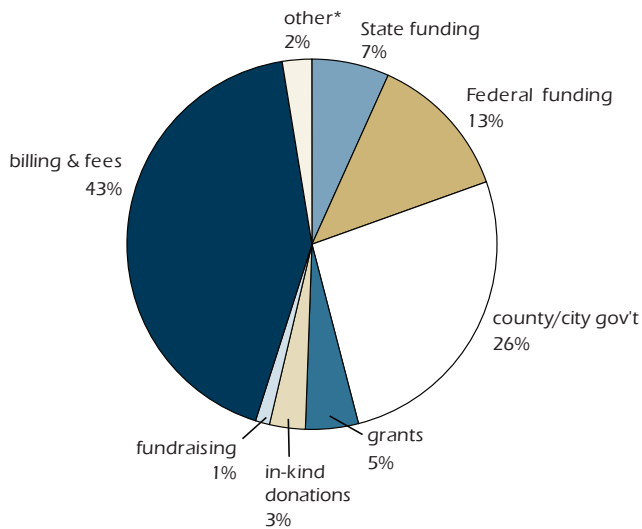
	Mid-range cost	Minimum cost	Maximum cost
Core center (20 hrs provider time)	\$90,750	\$41,000	\$212,500
Intermediate center (30 hrs provider time)	\$121,750	\$60,000	\$247,000
Expanded center (40 hrs provider time)	\$152,750	\$88,500	\$311,250

## Revenue overview

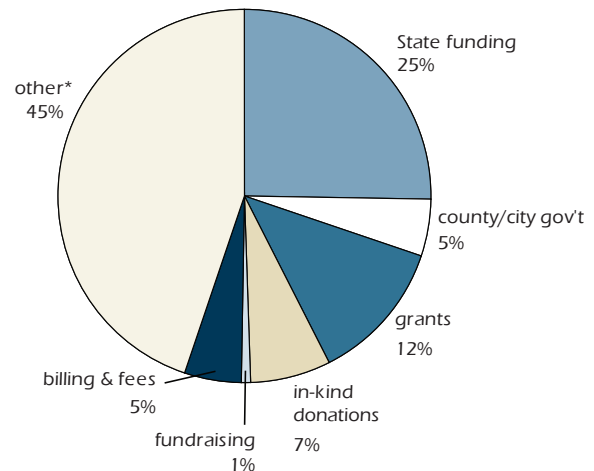
Revenue plays a key role in sustaining a center. In order to balance the costs associated with having an SBHC, centers must find financial support from a variety of sources.

The following figures show revenue sources of centers that are medically sponsored under a Federally Qualified Health Center (FQHC) as compared to those centers that are not FQHC-sponsored. Over 60 percent of the SBHCs are medically sponsored by FQHCs, which are more likely to bill insurance and receive federal dollars.

Sources of revenue for SBHCs under FQHCs (n=23 centers)



Sources of revenue for SBHCs NOT under FQHCs (n=19 centers)



\*Details pertaining to "Other" revenue sources are not available at this time. However, "Other" is typically where centers report funds received from school districts. The SBHC Program is further analyzing the large proportion of "Other" revenue sources and it appears over 75 percent of this category comes from school districts.

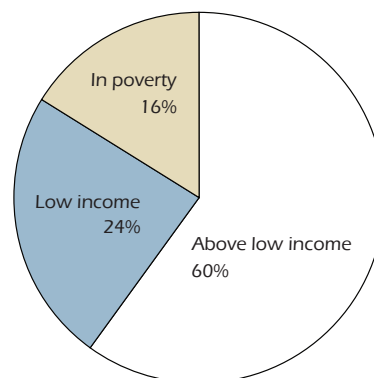
**"It's sports physical season, and kids can go to the fast track clinic in town for \$25 and get a physical exam that takes 5 minutes and clears them for sports. Or they can come see me, and get a 45-minute "physical plus". For example, the student who just got cleared for wrestling by me, but also got an antibiotic for his asymptomatic ear infection, an application form for the low-cost dental clinic, a referral to the local community health center for his medical home, and an appointment to have his cholesterol checked (due to family history)." — SBHC Staff**

## Access to Care

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

Oregon children and families face many barriers to consistent and reliable health care access. Oregon families bear a disproportionate economic and social burden compared to the rest of the U.S. population. An estimated 17 percent of Oregon children under 18 live in poverty (more than 144,000 children), the 27th highest rate in the US and the fifth highest in the Western U.S.<sup>1</sup> In addition, an estimated 40 percent of Oregon children live at or below 200 percent of the poverty level.<sup>2</sup>

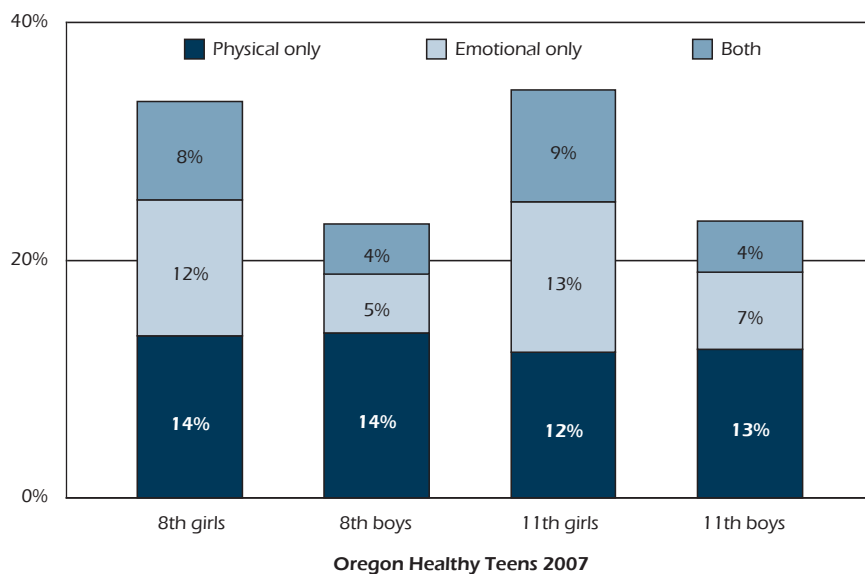
Household Income of Oregon's Children: 2006<sup>2</sup>



Health care needs are increasing for Oregon's youth:

- Between 2000 and 2006, the rate of youth under 18 with no health insurance in Oregon climbed from 8.5 percent to 12.6 percent.<sup>3</sup>
- Ninety-two percent of Oregon's uninsured children live in working families.<sup>4</sup>
- Close to 70,000 uninsured children in Oregon are income-eligible for public health insurance.<sup>5</sup>
- One in four Oregon children is on the Oregon Health Plan.<sup>6</sup>
- Uninsured children are 30 percent less likely to receive medical attention when they are injured.<sup>7</sup>
- On the 2007 Oregon Healthy Teens Survey, 28 percent of 11th-graders had an unmet physical or emotional need in the past year. Seven percent reported unmet health care needs in both areas. Eleventh-grade girls were twice as likely as boys to have both physical and emotional unmet needs.

Percent of 8th and 11th grade students reporting unmet health care needs



<sup>1</sup> American Community Survey, 2006

<sup>2</sup> Ibid.

<sup>3</sup> Oregon Population Survey, 2006

<sup>4</sup> Campaign for Children's Healthcare, September 2006

<sup>5</sup> Oregon Population Survey, 2006

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

<sup>7</sup> Trends in Oregon Health Care's Market and the Oregon Health Plan, Office for Oregon Health and Policy Research report to the 73rd Legislative Assembly, 2005.

## What SBHCs are doing to help

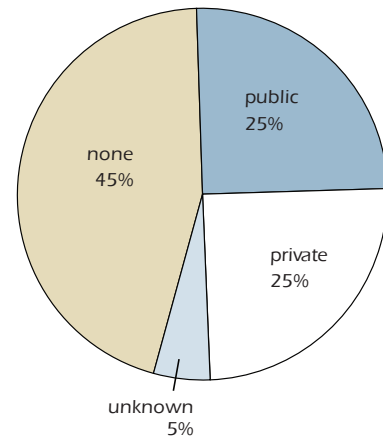
An SBHC offers health care access to a school's entire student population and, in some cases, to the entire school district or community. Access to health care is easier and more convenient, relationships with providers are consistent, services are provided regardless of a student's ability to pay, and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

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

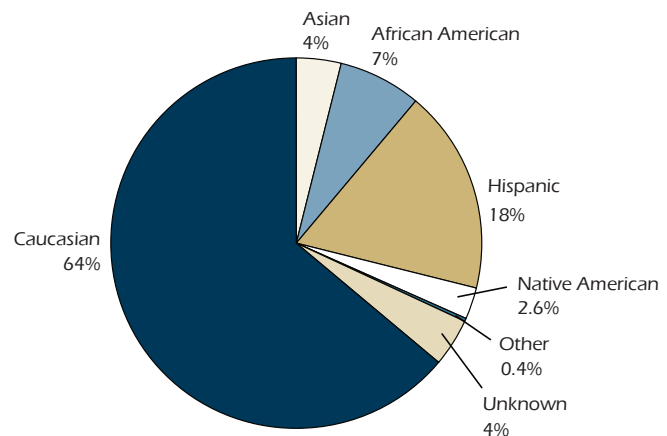


**Students voted with their feet — Oregon's SBHCs served 20,831 students in 69,034 visits.**

Client reported insurance status at first visit 2006-2007



Client Race/Ethnicity 2006-2007



## Patient Satisfaction Survey 2006-2007

- Sixty-eight percent of students say they were unlikely to access health care without an SBHC.
- Sixty-five percent say that their health has improved because of the SBHC.
- 11th-grade clients of SBHCs were less likely to report an unmet physical or mental health care need than 11th-graders across Oregon. This difference was particularly significant for mental health.

## Wellness

### What's happening: Students' current state

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

#### According to the 2007 Oregon Healthy Teens Survey:

- Nearly one in four 11th-graders was either overweight or at risk for becoming overweight. There was a moderate gender gap with 26 percent of boys fitting into one of these categories as opposed to 21 percent of girls.
- Fewer than one in four eighth-graders reported he or she ate the recommended amount of fruits and vegetables over the past week. This is down from one in three in 2005.
- Only 37 percent of 11th-graders ate breakfast every day during the past week.
- Sixteen percent of eighth-grade girls and 73 percent of 11th-grade girls don't attend any physical education (PE) classes during an average school week.



The National Association for Sports and Physical Education recommends that secondary students receive at least 225 minutes of weekly physical education. However, many schools and districts are facing financial struggles, and are cutting back PE programs. In the 2007 Legislative Session, Oregon passed landmark legislation that requires schools to provide a grade-specific amount of physical education.

Immunizations are the cornerstone of public health prevention. While many people identify immunizations only with early childhood, older children and adolescents need several important immunizations in addition to the full set of childhood vaccines. Immunizations that adolescents may receive include Tdap (pertussis), meningococcal, human papilloma virus (HPV), hepatitis A and annual influenza vaccines. This is an area where SBHCs can have a major impact and can help decrease the number of students excluded from school due to incomplete immunizations.

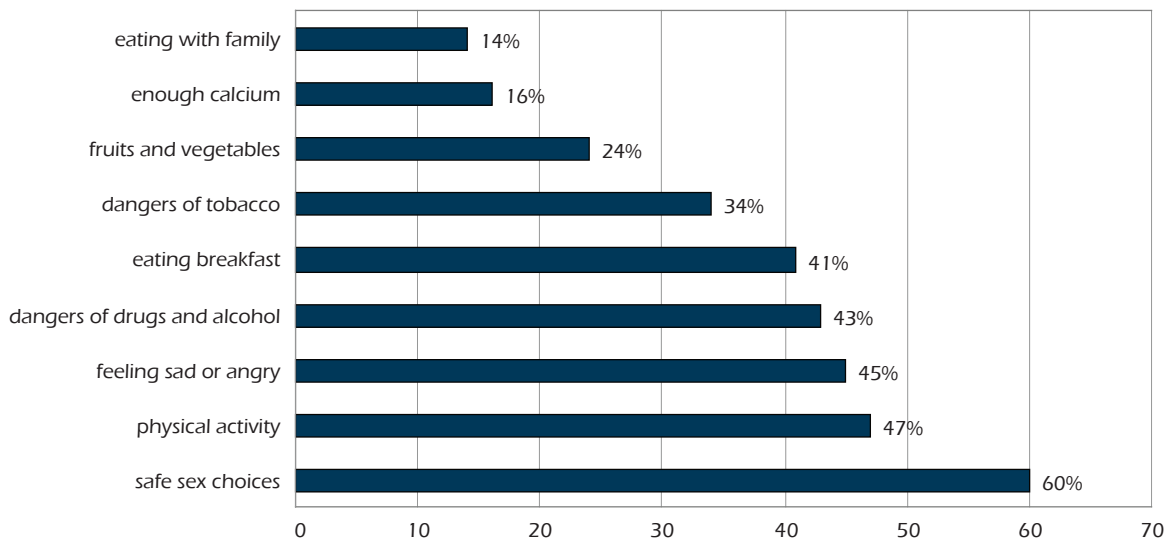
Regular well-child check-ups are an important part of preventive health care for both younger and older children. As children age, they are less and less likely to receive this important service through traditional methods. In 2004–05, only about 10 percent of adolescents in Medicaid were receiving check-ups, compared to 25 percent of 5-year-olds.<sup>8</sup>

<sup>8</sup> Division of Medical Assistance Programs, March 2006

## What SBHCs are doing to help

Prevention is at the forefront of SBHC care as seen in these areas: well-child/prevention check-ups, risk assessments, prevention messaging and immunizations. SBHC providers consistently give well-child/prevention exams. In addition, providers aggressively screen students for and intervene in potentially problematic health and behavior risk factors. This is particularly important because health patterns established by the end of adolescence are carried through adulthood.<sup>9</sup> Health visits routinely include prevention messages. Eighty-five percent of students reported receiving one or more of the below prevention messages during their visit.

Prevention messages reported by students 2006-2007 patient satisfaction survey



Given the current obesity epidemic among children, it is important to note that 51 percent of students received nutrition messages and 47 percent received physical activity messages. Consistently hearing these messages in the clinic, the classroom and at home encourages students to develop and maintain healthy lifestyles.

In 2006–2007, 8,680 immunizations were administered to 3,957 SBHC students, not including those students referred back to their primary care provider!

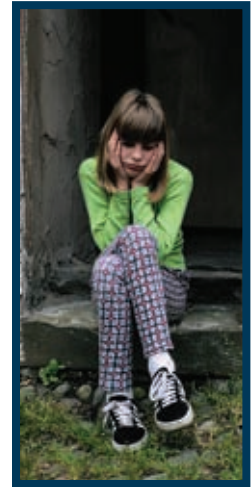
**“The weight loss program was a huge success for me and others I have talked with.” — 17-year-old male**

<sup>9</sup> Muscari, M. E. (1999). Prevention are we really reaching today's teens? *American Journal of Maternal Child Nursing*, 24(2), 87-91.

## Mental Health

### What's Happening: Significant need for mental health services

In the United States, about one in five children and adolescents have some type of mental health disorder and one in ten suffer from a mental health disorder severe enough to cause some level of social, academic or emotional impairment.<sup>10</sup> However, only about one in five of these children receive the treatment they need.<sup>11</sup> In Oregon, approximately 12–22 percent of children need some level of mental health service and about 12 percent of children (more than 108,000) suffer from a serious emotional disturbance causing impairment.<sup>12</sup> Although we do not know exactly how many Oregon children receive mental health services through private insurance or without insurance, we do know that more than 36,000 Oregon youth were served by the public mental health system in 2006–2007, an increase of almost 25 percent from 2001–2002.<sup>13</sup>



### Important mental and emotional health facts from the 2007 Oregon Healthy Teens Survey of eighth- and 11th-graders:

- One in five 11th-graders reported feeling so sad and hopeless that they stopped all normal activities for at least two weeks.
- Twenty percent of eighth-grade girls seriously considered attempting suicide in the past year. Of those, about half reported attempting suicide.
- Thirty-one percent of 11th-graders said they had been harassed in the last year at school.
- One in ten 11th-graders said he or she had attacked someone on school property in the last year with the intent of seriously hurting them.
- Seventeen percent of 11th-grade boys said they had carried a handgun in the past year.
- More than half of girls who were at a normal weight said they were actively trying to lose weight.
- Suicide is the second-leading cause of death for Oregon teens ages 10–19. Oregon's adolescent suicide rate has consistently been higher than the national average.

Oregon is the only state with a hospital-based Adolescent Suicide Attempt Registry. Although the registry likely under-captures the true number of suicide attempts, it still presents a troubling picture of teen suicide attempts. In 2005, it recorded 773 suicide attempts by youth through age 17, 76 percent of which were by females. On a positive note, this result represents a 16 percent drop from 2004.<sup>14</sup>

**"If it wasn't for this school-based health center I would be very depressed and overweight. This center has helped me so much!"**  
– 16-year-old female

<sup>10</sup> U.S. Surgeon General's Report on Mental Health, 1999

<sup>11</sup> Children's Policy Initiative, 2002

<sup>12</sup> Dr. Bruce Goldberg, Oregon Health Forum, Health Policy Check-up, March 2008

<sup>13</sup> Addictions and Mental Health Division, DHS

<sup>14</sup> Oregon Center for Health Statistics, 2005 Annual Report, Volume 2



## What SBHCs are doing to help

Child and adolescent mental health and wellness remain a top priority for Oregon's school-based health centers. Sites are increasing their number of mental health-related visits (see below). The State Program Office is using information gained from the Mental Health Needs Assessment to help local and state mental health partners maximize resources and sustainability.

Following are some highlights of the work done to support SBHC youths' mental health during 2006–2007.

- This past year, the top five mental health disorder diagnoses in our SBHCs were for anxiety, mood, adjustment, conduct, and alcohol, tobacco and other drugs. The top five mental health diagnoses have not changed in the last year. During 2006–2007, anxiety surpassed mood disorders as the most common disorder.
- Mental health providers conducted 54 percent of visits for mental health conditions while primary care providers addressed the majority of the remaining mental health-related visits.
- Among those SBHCs with a mental health provider, 34 percent of visits had a mental health component — an increase from last year's 25 percent. All Oregon SBHCs, regardless of whether they had on-site mental health providers, increased the number of visits with a mental health component. In 2006–2007, 14.5 percent of the visits (with girls making up 60 percent of these) included mental health compared to 12 percent for 2005–2006 (with girls making up 63 percent).

*"I'm working with kids on their [health] and as they come in more and more, the eye contact gets better. It seems like they're gradually getting more self-image and self-esteem." – SBHC Primary Care Provider*

## Where we need to go...

- Provide trainings on specific mental health topics that SBHC providers identified in the Mental Health Needs Assessment project.
- Reduce barriers to receiving mental health services that were identified in the Mental Health Needs Assessment project.
- Enhance community, state and national mental health partnerships to strengthen the current and planning-phase SBHCs' capacity and sustainability for mental health services.

## Alcohol, Tobacco, and Other Drugs

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### What's Happening: Progress made but problems continue

Research indicates that students who begin drinking before age 14 are nearly five times more likely to experience lifetime alcohol dependency than those who start drinking after age 21.<sup>15</sup> According to the 2007 Oregon Health Teens Survey, the data on alcohol use and abuse by Oregon teens presents a startling picture. Alcohol use is increasing among both eighth- and 11th-graders,

- Among eighth-grade girls, 30-day alcohol use increased from 25 percent to 32 percent between 2001 and 2007.
- Eighth-grade binge drinking rose from 9 percent in 2001 to 13 percent in 2007.
- Almost 9 out of 10 school counselors said they would choose to expand substance use counseling in their schools, and another 73 percent would like to expand tobacco use counseling.<sup>16</sup>

Tobacco prevention is also an important area to address. Oregon is consistent with national trends in its declining high school cigarette use. Still, access to tobacco remains a high-priority issue, and many schools want more resources to continue to focus on the issue.

- Smoking rates continue to fall among youth across the state. However, 9 percent of eighth-graders and 16 percent of 11th-graders reported smoking a cigarette in the past 30 days.
- Of those who have ever smoked cigarettes, 70 percent of eighth-graders and 85 percent of 11th-graders say it would be “very easy” for them to get tobacco if they wanted some, up from 60 and 81 percent in 2006.
- Thirty-one percent of 11th-graders have smoked flavored cigarettes

Among 11th-graders in the past month...

- 19 percent used marijuana.
- 7 percent used stimulants, cocaine, heroin, ecstasy or LSD.
- 2 percent used methamphetamines.

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



<sup>15</sup> Grant, BF & Dawson, DA (1997). *Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey*. *Journal of Substance Abuse* 9: 103–110.

<sup>16</sup> 2004 Oregon School Health Profile Survey

## What SBHCs are doing to help

SBHCs are actively screening for alcohol, tobacco and other drugs as part of their wellness and behavior risk assessment. If students are not using, they are provided prevention messages on the dangers of substance use. In fact, 43 percent of students reported receiving a prevention message about the dangers of drugs or alcohol and 34 percent about the dangers of tobacco.

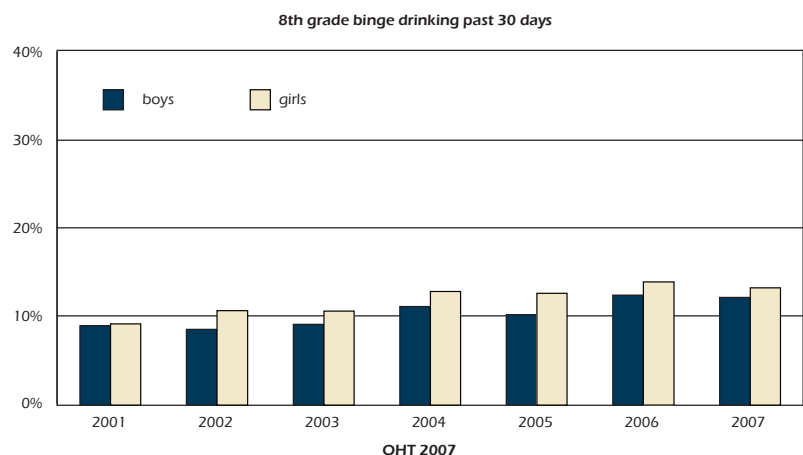
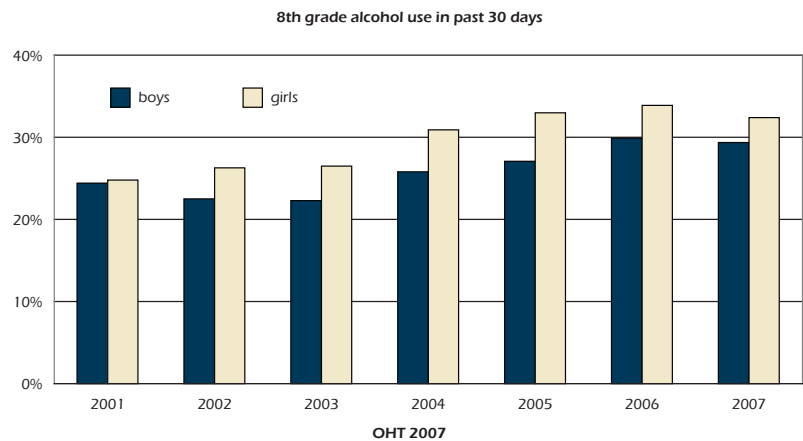
A student who shows signs of using alcohol and/or other drugs is screened further for proper referral to closely linked on-site or community mental health services. A diagnosis may be deferred until a qualified alcohol and drug counselor sees the student. Very few SBHCs have qualified on-site alcohol and drug counselors. Providers will continue to follow students by providing support, education, and prevention services.

In 2006–2007, 563 visits occurred with an alcohol, tobacco or other drug diagnosis. Based on anecdotal reports from SBHCs and the prevalence data previously discussed, it is unclear why the number of alcohol, tobacco and other drug-related SBHC visits is low. Possible explanations include data tracking issues and the fact that providers work with students very early in their alcohol, tobacco or drug use; at this point, a full substance use diagnosis may be premature and could cause long-term stigma. Clearly, more information is needed.

## Where we need to go...

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

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



## Reproductive Health and Sexual Risk Reduction

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### What's Happening: Progress and challenges for sexual health

When SBHCs began 20 years ago, one of their main goals was to address teenage pregnancy. Historically, teen pregnancy rates in Oregon over the last several years continue to decline.<sup>17</sup> It is highly important to SBHCs and their local communities to continue this trend through prevention and education efforts. The release of the new HPV vaccine (protecting against cervical cancer) is evidence of continuing progress towards addressing health issues related to future sexual activity.

It is vitally important to continue to improve the sexual health of youth. Recent data shows there is still room for improvement in prevention and education.

#### In 2007:

- Seventeen percent of eighth-graders and 45 percent of 11th-graders reported having had sex at least once.
- Among 11th-graders who have had sex, 81 percent used contraception the last time they had intercourse.

#### In Oregon, between 1999 and 2005:

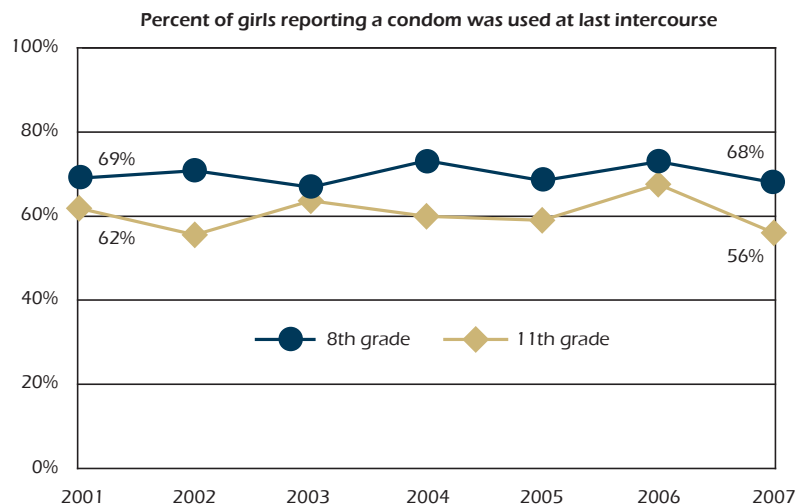
- Pregnancies for girls ages 10–17 decreased by 34 percent.
- Teens between ages 15 and 19 were 32 percent less likely to become pregnant.<sup>18</sup>

While Oregon's rate of sexually transmitted infections (STIs) is rising overall, the rate of teenage STIs is not increasing.

#### In 2006, Oregonians aged 15–19 made up:

- Twenty-nine percent of all chlamydia infections;
- Fifteen percent of all gonococcal infections;
- Nineteen percent of all reports of pelvic inflammatory disease (PID)

These statistics represent a substantial drop in rates in all three conditions between 2001 and 2005.<sup>19</sup> Regardless, the implications of these infections are severe. For example, patients experiencing chlamydia often delay seeking treatment because the infection often has no symptoms, allowing the infection to easily progress. Chlamydia is now one of leading causes of PID. Long-term consequences of PID include infertility, chronic pelvic pain, and future chance of ectopic pregnancies.<sup>20</sup> Active screening for these and other STIs coupled with sexual risk reduction education is essential in keeping students healthy and safe.



## What SBHCs are doing to help

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

*“The SBHC staff has always been there for me and my girlfriend. We need to discuss private stuff and get information and help with it. They always know what to do, where to go or what to get. They are essential to a teenager’s life!”  
– 17-year-old male*

### In 2006-2007:

- Twenty-one percent of all SBHC visits had a reproductive health component.
- Of clients ages 14–19, 90 percent of reproductive health-related visits were made by females and 10 percent by males.
- Abstinence counseling and safe sex prevention messages were the most frequently reported (60 percent) of all prevention messages.

The diversity of reproductive health-related visits is clearly seen in the table below, wherein 18,239 diagnoses were made over 14,272 visits.

Reproductive Health Diagnosis	Number of Diagnoses	% Reproductive Health Diagnoses	Total Reproductive Health Diagnoses 18,239
Breast Condition	486	3%	
Menstrual Condition	1,795	10%	
Sexually Transmitted Infection	1,830	10%	
Other Gynecological Condition	458	3%	
Contraception	9,450	52%	
Pregnancy and testing	1,266	7%	
Reproductive Health Maintenance	2,935	16%	
Other Male Reproductive Condition	19	0.1%	

<sup>17</sup> Recent national and state data indicate the direction may be changing. Additional years of data are needed to determine whether an upward trend is beginning.

<sup>18</sup> 2005 Oregon Vital Statistics Report, Oregon Center for Health Statistics

<sup>19</sup> Oregon HIV/STD/TB Program Office

<sup>20</sup> Chlamydia– National Institute of Allergy and Infectious Diseases, National Institutes of Health. Available at <http://www.niaid.nih.gov/factsheets/stdclam.htm>. Accessed March 28, 2006.

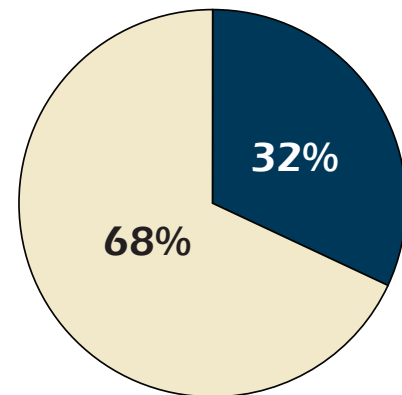
## In their Words: What do Students Say?

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

The results from the 2007 survey demonstrate SBHCs' positive impacts on students' health:

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

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

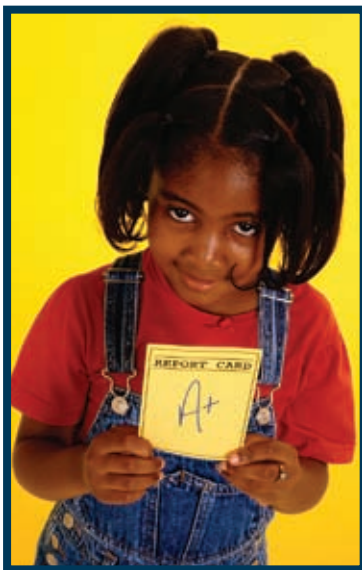


- Likely to receive care (have access and will go)
- Unlikely to receive care (won't go, no access or don't know if they have access)

SBHCs see students who otherwise would not receive health care. On the 2007 Patient Satisfaction Survey, 68 percent of students reported they were unlikely to receive care if an SBHC were not at their schools.

The annual Patient Satisfaction Survey obtains a random sample of responses from 750 middle and high school clinic clients. Thirty-four schools participated with an 83 percent return rate.

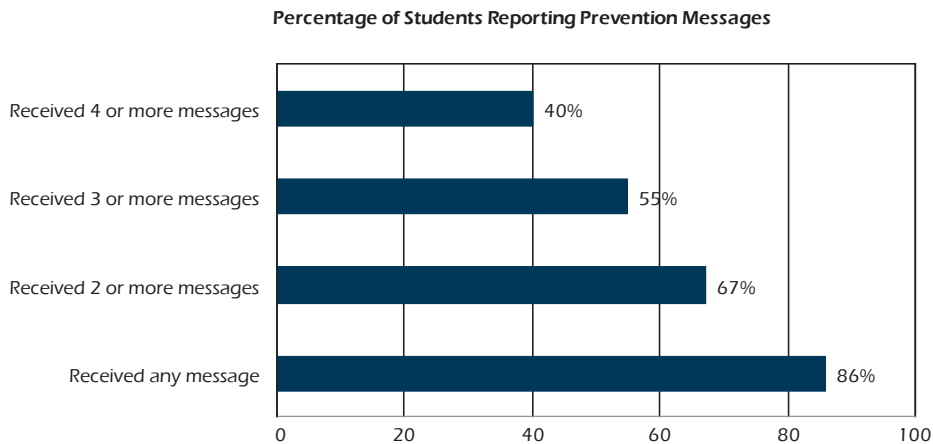
The number of surveys completed at each SBHC was in proportion to the percentage of total patients seen in the clinic during the previous school year. At the end of the multiple-choice survey, students could make comments. Many of these quotes appear throughout this report.



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

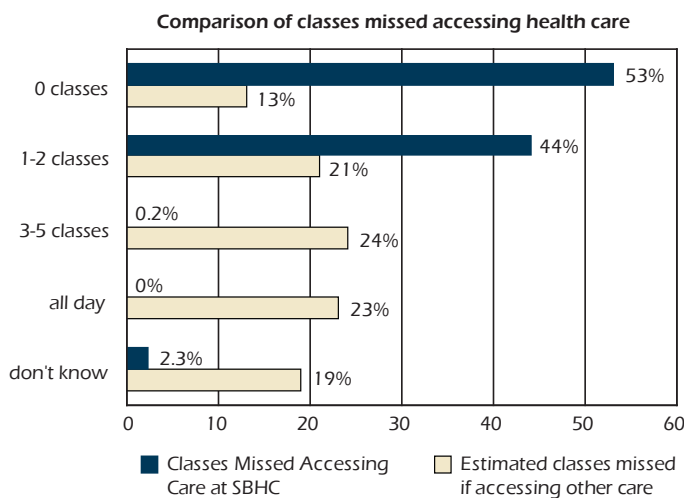
Eighty-six percent of SBHC students reported discussing at least one prevention message and 67 percent reported talking about two or more prevention messages.

Students noted all prevention messages discussed at their SBHCs. The most frequently reported topics were making safe choices about sex (60 percent), importance of physical activity (47 percent) and feeling sad or angry (45 percent).



Students report they miss less class time when using an SBHC than if they had to access care elsewhere. It is also likely that access to a 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 said they would miss more than one class for the care they needed that day if they had to access care elsewhere, and 23 percent said they would miss the entire day.
- Fifty-three percent of students reported receiving health care in the SBHC without missing one full class.



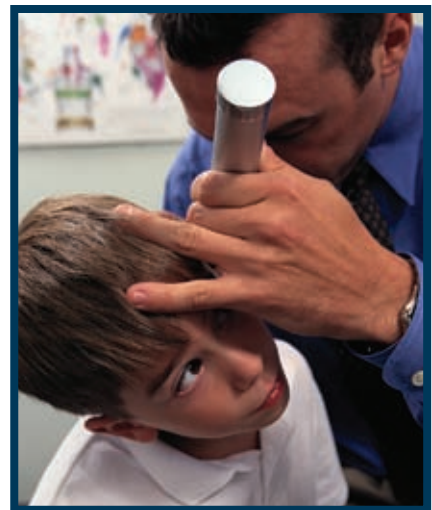
**“I love the health center, when I need advice they give it to me and I follow it!”  
– 15-year-old male**

## Certification

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

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

- Perform routine physical exams, including sports physicals;
- Diagnose and treat acute and chronic illness
- Prescribe medications;
- Treat minor injuries;
- Give vision, dental and blood pressure screenings;
- Administer vaccinations;
- Provide health education, counseling, and wellness promotion;
- Provide and/or connect students with mental health services
- Give classroom presentations on health and wellness.



Although certification is voluntary, the State Program Office recognizes only sites that have become certified, which makes their health departments eligible for funds. Certification occurs every two years at the end of each legislative biennium. The next cycle will occur over the 2008–2009 school year.

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



## Funding and Operations

Oregon's School-Based Health Center program has benefited from more than 20 years of support by the Oregon Public Health Division and the Oregon Legislature. What began with an initial commitment of \$212,000 to partially fund four SBHCs has grown to a commitment of \$5,000,000 to support up to 63 SBHCs in the 2007–2009 biennium. Expansion dollars allocated by the Legislature for the 2005–2007 biennium led to successfully opening and certifying five SBHCs in Coos, Deschutes, Jefferson, Marion and Wheeler counties. With the most recent expansion dollars, 12 counties, seven with and five without existing SBHCs, are currently in the first phase of planning new SBHCs and will be certified by the end of the 2008–2009 school year.

A funding formula was revised in July 2005 to disperse state dollars to help SBHCs align with the public health delivery system. Each county with a state-certified SBHC is eligible for state funds through its local public health authority (LPHA). The LPHA is provided funds to support its efforts based on the number of SBHCs in the county and the availability of legislatively approved dollars. For example, if there are one or two SBHCs, the LPHA receives \$60,000 per year; if there are three to five SBHCs, it receives \$120,000 per year; counties with six to nine SBHCs receive \$180,000; and, if there are more than 10 centers, the local public health authorities receive \$240,000 per year. Each of these state dollars is used to leverage three to four local dollars. The funding formula requires communities to expand their local investment in developing an SBHC system as the total number of centers increases. Local dollars may come through schools, school districts, county health departments, county government, hospitals, community providers, local businesses and individuals, grants, and general fundraising.

*"The staff is really caring, understanding and sweet. I love this place and if I had to choose between the center and the doctor's office, it would definitely be the SBHC. They make me feel like I'm at home!" – 15-year-old female*

## Partners

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



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

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

## Additional Information

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

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

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

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

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

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