



Alameda County Health Care Services Agency

Center for Healthy Schools and Communities

School Health Centers

2012-13 Evaluation Report

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Produced by:

Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco



Introduction

The Alameda County **Center for Healthy Schools and Communities** envisions a county where *all* youth graduate from high school healthy and ready for college and careers. We foster the academic success, health, and well-being of Alameda County youth by building universal access to high quality supports and opportunities in schools and neighborhoods.

As part of the Alameda County Health Care Services Agency (HCSA), the Center has worked to improve health and education outcomes for Alameda County youth through partnership with schools, school districts, service providers, health advocates, policymakers, community partners, youth, and families. We value empowering families and youth, growing the capacity of communities to affect change, and building strategic partnerships that link health and education institutions to achieve equity.

For over 15 years, the Center has invested in **School Health Centers** (SHCs) to improve health equity by increasing access to health care. School Health Centers play a vital role in creating universal access by providing a range of integrated medical and behavioral health, health education, and youth development services in a safe, youth-friendly environment at or near schools throughout Alameda County.

Since 1998, HCSA has partnered with a **School Health Services Evaluation Team** from the University of California, San Francisco's Philip R. Lee Institute for Health Policy Studies (UCSF) to develop and refine data collection strategies to document the demographic profile of School Health Center clients, the services that clients receive, and whether these services lead to improved health access and outcomes. UCSF provides data collection, training, and support, and develops monthly data reports and annual evaluation reports for each School Health Center.

This **Evaluation Summary Report** represents key findings from evaluation data collected on 11,813 clients seen at 23 School Health Centers during the 2012-13 school year and entered into the *Efforts to Outcomes (ETO)* Database. In addition, data from 2011-12 is included from clients who completed a *Client Survey* about their experiences with School Health Centers^a and students who completed the *California Healthy Kids Survey* "School Health Center" module.^b The following sections describe how the School Health Centers are achieving measurable health care access and health outcome objectives in the following areas:

- Access to Care
- Physical Health Services
- Sexual/Reproductive Health Services
- Behavioral Health Services
- Academic Impacts
- Client Satisfaction

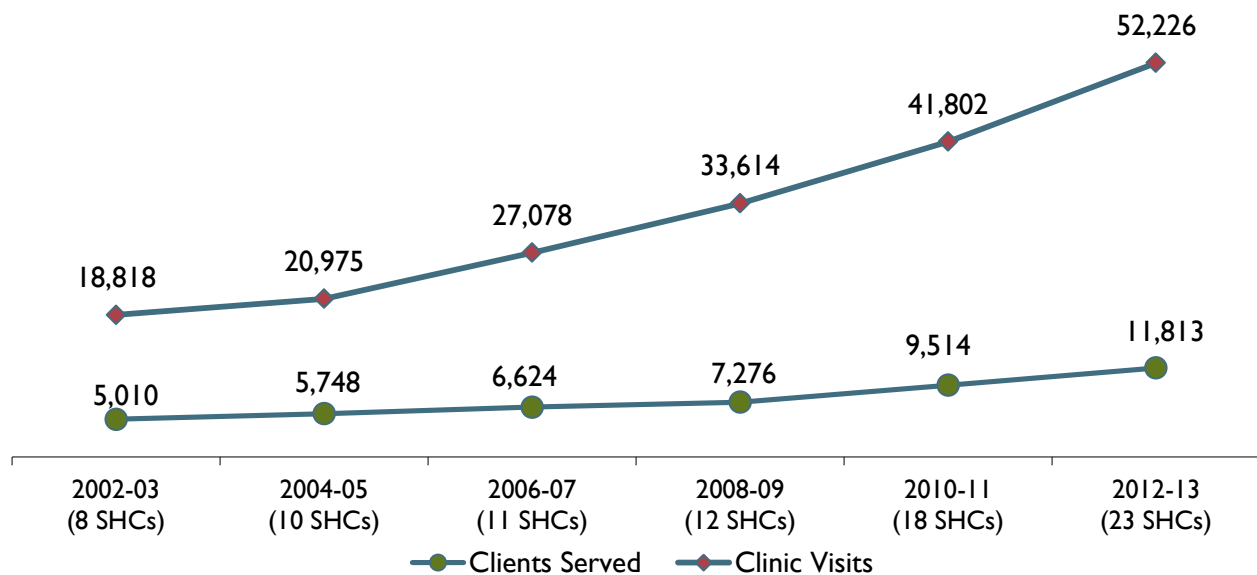
^a *Client Surveys* were completed by 697 (6%) of clients at 17 sites after clinic visits in April-June 2012. Most respondents were female (73%), in grades 9-12 (70%), and either Latino/a (47%) or African American (31%).

^b 6,068 7th, 9th and 11th grade students at 22 schools (69% of the student population) completed the "Core" *California Healthy Kids Survey* module; and 3,897 of these students (44%) completed the "School Health Center" module.

School Health Centers Increase Access to Care

Educational success starts with healthy students. School Health Centers are able to provide a variety of health care services to youth in a familiar and accessible environment, which minimize many of the traditional barriers for youth in accessing health care. National research on health disparities has shown that youth of non-white racial/ethnic backgrounds, particularly males, often have poorer measures of health, access to care, and receipt of health services compared to their peers.^{1, 2, 3} School Health Centers are effective health care access points for underserved youth, in particular those who are youth of color, low-income, or uninsured.^{4, 5, 6} The Center continues to strive to increase access to health care by opening more School Health Centers and initiating programs to reach additional underserved populations.

Alameda County School Health Centers continue to expand. Over the last decade, the number of School Health Centers increased from 8 to 23, including one elementary school, seven middle schools, 14 high schools, and one community college health center. During the same period, the number of clients increased to 11,813, an increase of 136%; and the number of annual client visits increased to 52,226 visits (a 178% increase).

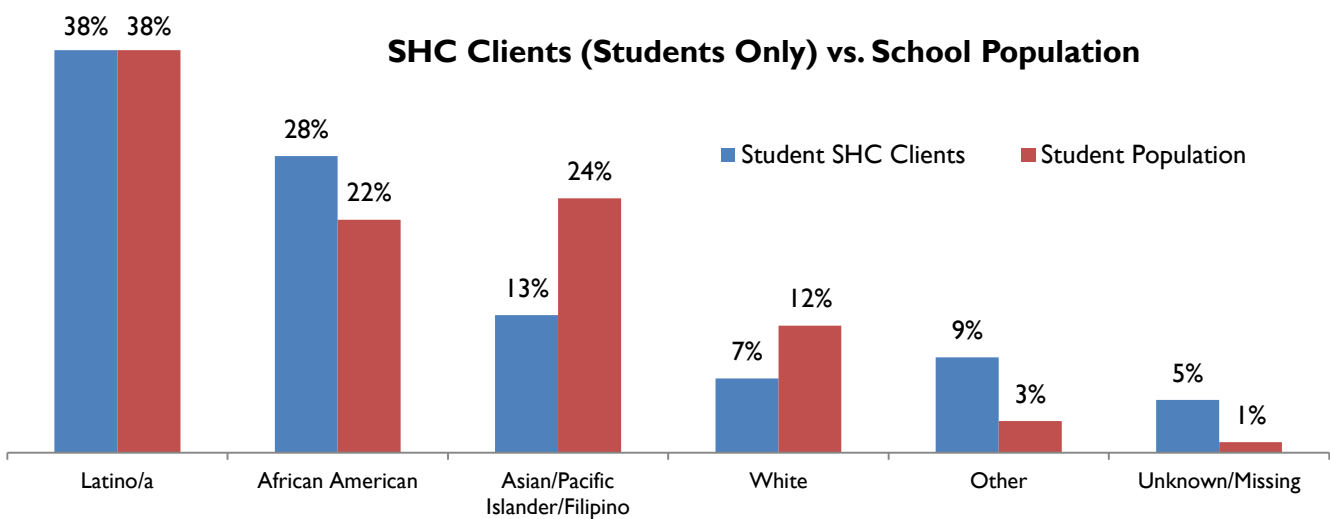


The table on the next page provides a list of the School Health Centers in Alameda County, along with information on the schools served and lead service providers.

Name (year opened)	Schools Served (Enrollment ¹)	Lead Agency & Service Provider(s) <i>Lead=Lead Agency; BH=Behavioral Health services; Med=Medical services</i>
Alameda Unified School District		
Alameda High SHC (1993)	Alameda High School (1,791)	Alameda Family Services (<i>Lead, BH</i>); Native American Health Center (<i>Med</i>)
Encinal High SHC (1999)	Encinal High School (1,055)	
Island High SHC (2010)	Island High Continuation School (192); Bay Area School of Enterprise (152)	
Berkeley Unified School District		
Berkeley High SHC (1991)	Berkeley High School (3,176)	City of Berkeley (<i>Lead, Med, BH</i>)
B-Tech SHC (2009)	Berkeley Tech. Academy (113)	
Hayward Unified School District		
Tennyson SHC (2003)	Tennyson High School (1,312)	Tiburcio Vasquez Health Center (<i>Lead, Med, BH</i>)
New Haven Unified School District		
Logan SHC (1996)	James Logan High School (3,934)	Tiburcio Vasquez Health Center (<i>Lead, Med, BH</i>)
Oakland Unified School District		
Tiger Clinic (1989)	Fremont High School (795)	La Clínica de La Raza (<i>Lead, Med</i>); Girls Inc. (<i>BH</i>)
TechniClinic (1996)	Oakland Technical High School (1,987)	La Clínica de La Raza (<i>Lead, Med, BH</i>)
Roosevelt SHC (2002)	Roosevelt Middle School (630)	La Clínica de La Raza (<i>Lead, Med</i>); Asian Community Mental Health Services (<i>BH</i>)
Chappell Hayes SHC (2005)	McClymonds (Excel) High School (268)	Children's Hospital & Research Center Oakland (<i>Lead, Med, BH</i>)
Youth Uprising SHC (2006)	Castlemont High School (641); Leadership Prep High School (131)	
Hawthorne SHC (2001)	Achieve Academy (226); Urban Promise Academy (320); World Academy (439)	La Clínica de La Raza (<i>Lead, Med</i>)
Shop 55 Wellness Center (2009)	Oakland High School (1,601)	East Bay Asian Youth Center (<i>Lead, BH</i>); Asian Health Services (<i>Med</i>); Asian Community Mental Health and Asian Pacific Psych. Services (<i>BH</i>)
Seven Generations SHC (2011)	United for Success Academy (414); Life Academy (338)	Native American Health Center (<i>Lead, Med</i>)
Madison SHC (2011)	Madison Middle School (375) Madison Elementary School – Sobrante Park (225)	Alameda County Public Health Dept (<i>Lead, Med</i>)
Elmhurst/Alliance Wellness Center (2011)	Alliance Academy (353); Elmhurst Community Prep (368)	LifeLong Medical Care (<i>Lead, Med</i>)
Frick Middle SHC (2011)	Frick Middle School (353)	East Bay Agency for Children (<i>Lead</i>); Native American Health Center (<i>Med</i>)
Havenscourt Campus SHC (2011)	Coliseum College Prep. Academy (451); ROOTS International Academy (350)	La Clínica de La Raza (<i>Lead, Med</i>)
Seven Generations Health Center at Skyline High (2011)	Skyline High School (1,798)	Native American Health Center (<i>Lead, Med</i>)
West Oakland Middle SHC (2012)	West Oakland Middle School (179)	LifeLong Medical Care (<i>Lead, Med</i>)
Peralta Community College District		
Peralta Health Center (2010)	College of Alameda (6,298); Berkeley City College (6,305); Laney College (12,591); Merritt College (6,982) ⁸	Asian Health Services (<i>Lead, Med</i>)
San Lorenzo Unified School District		
San Lorenzo High SHC (1999)	San Lorenzo High School (1,468)	La Clínica de La Raza (<i>Lead, Med, BH</i>)

School Health Centers serve a large and diverse population of youth. On average over the past five years, approximately 40% of students in Alameda County schools with School Health Centers were registered clients. In addition, of the 11,813 registered clients in 2012-13, 12% (n=1,441) were clients from the broader community, including high school graduates, college students, siblings, and community members. Most clients were either 15 to 19 (65%) or 10 to 14 (21%) years of age. The majority (59%) were female, and 41% male. This relatively high percentage of male clients is encouraging because research has shown that adolescent males are less likely than females to visit health care facilities.⁹ Most student clients identified as Latino (38%) or African American (28%); while 13% were Asian/Pacific Islander/Filipino, 7% were White, and 6% were Bi/Multi-Racial.

As compared to the school population, African American students were over-represented in the Alameda County School Health Center client population (28% of clients vs. 22% of students); while Asian/Pacific Islander/Filipino students (13% vs. 24%) and Whites (7% vs. 12%) were under-represented.^a The percentage of Latino clients matched the percentage of Latinos in the school population (38%).



The lower percentage of Asian/Pacific Islander youth is consistent with other research that has shown that many Asian/Pacific Islander youth do not use necessary health services.¹⁰ The discrepancies between the client and school populations vary by site and efforts are being made to better understand these differences, as well as design strategies to overcome them.

School Health Centers fill a gap in access to health care. School Health Centers serve the underserved, by targeting schools with a high percentage of students who are uninsured and those without regular sources of care. The services are available at no cost to clients, regardless of their insurance status, thus filling a gap for students who are uninsured or underinsured. Nationally, non-White youth often have poorer health status, access to care, and receipt of health services compared to their peers.¹¹ These disparities are particularly evident for boys and men of color.^{12, 13} African American and Latino youth have higher risks of obesity, asthma and sexually transmitted infections than their peers.^{14,15,16}

^a 5% of client ethnicity data is missing compared to 1% of school enrollment data. Client data includes an “other” category (2% of clients), while school enrollment does not.

Access to care varies by race/ethnicity among Alameda County School Health Center clients. On average among all School Health Center clients^a, 24% had no insurance^b, 23% had “Other Medi-Cal”^c, 19% Kaiser, 17% Alameda Alliance, 10% “Other” insurance, and 6% Blue Cross. However, there was variation by race/ethnicity. More Asian/Pacific Islander clients were uninsured (32%), more White (32%) and “Other” (31%) clients had Kaiser, and more African Americans (23%) had Alameda Alliance than average. Latino clients were the least likely of all racial groups to have a regular primary care (66% of Latinos vs. 73% overall) or dental provider (57% vs. 65% overall). White and “Other” clients were most likely to have a regular primary care (83%; 82%) or dental provider (79%; 76%).^d

When asked what they would have done about their health problem if they could not come to the School Health Center, almost half of the *Client Survey* respondents said they would have found another doctor or clinic (43%), but many were not sure (38%). Most did not know (39%) or were unsure (22%) of other places to get health care without having to involve their parents.

Differences in receipt of care reported by race/ethnicity. According to the *California Healthy Kids Survey*, non-White students at the School Health Center schools were less likely to receive needed medical, dental and reproductive health care than their White peers, as seen in the table below. Differences between White and non-White students were less pronounced for counseling, with the majority of youth of all races indicating that they were unlikely to always get care when needed. Asian/Pacific Islander students, however, were the least likely of all groups to report “always” receiving counseling when needed. Increased access to counseling services is important across all racial groups, but this finding highlights a potential need to provide greater mental health outreach and support to Asian/Pacific Islander students.

Students Reporting that They “Always” Received Care When Needed , by Race/Ethnicity (N=3,731-3,749 CHKS Respondents)	Asian/Pacific Islander	African American	Latino	White	Other
Medical care	52%	55%	52%	80%	61%
Dental care	50%	55%	49%	84%	59%
Reproductive health	26%	38%	35%	63%	42%
Diet/nutrition or physical activity	22%	36%	32%	56%	35%
Counseling	21%	32%	31%	44%	37%

^a Insurance information was documented for 46% of clients. Thus this data should be interpreted with caution.

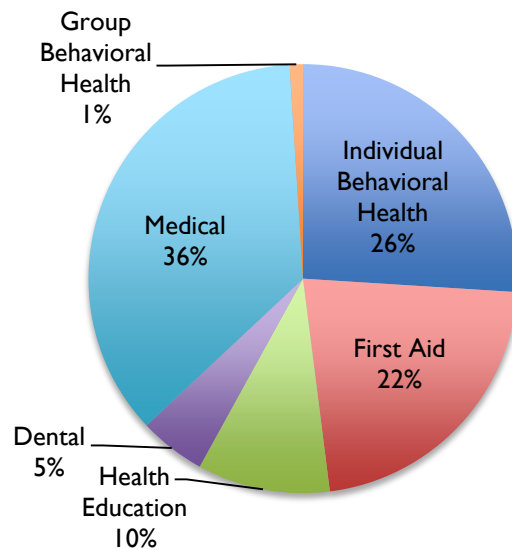
^b This percentage of clients with no insurance could be inflated because students might not have known what type of insurance they had. Only 4% of Alameda County youth are uninsured according to the 2011 US Census Bureau.

^c If a Medi-Cal client did not know their specific insurance plan, “Other Medi-Cal” was selected. If a Healthy Families client did not know, “Other (including private)” was selected.

^d This information was documented for 23-33% of clients.

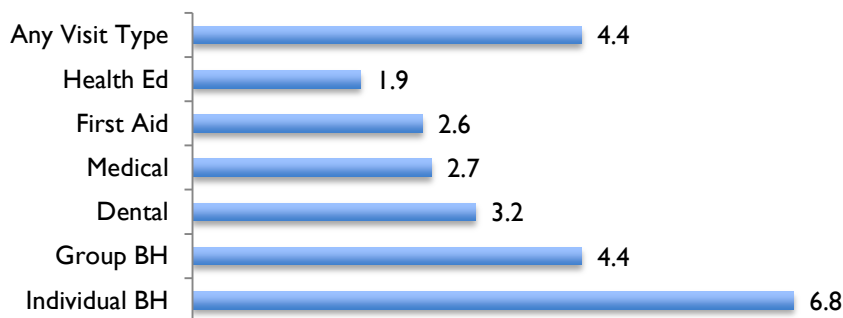
School Health Center Services

School Health Centers offered a full scope of integrated services with easy referrals between providers. Studies have found that School Health Center access increases use of primary care services and reduces emergency room use and hospitalization.^{17, 18, 19} Health Center staff conduct outreach efforts to inform students about the services through health fairs, classroom presentations, and tabling at school events. School Health Centers are open during school hours and often after school as well. Most clients initiated their visits through appointments (64%); but 31% of visits were drop-in, demonstrating the flexibility of the services. During the 2012-13 school year, the School Health Centers provided 11,813 clients with 52,226 visits. The chart below illustrates the types of visits made.



Clients returned for multiple visits to the School Health Centers. Return visits demonstrate the value of integrated, youth-friendly services. The majority (63%) of all clients returned for a subsequent visit, and on average clients made 4.4 visits during the year. Clients generally returned to receive the same type of service as their first visit. About half of the clients whose first visit was for Medical (55%), Dental (54%), or First Aid (48%) services returned for the same type of service. The most dramatic repeat services were for Group and Individual Behavioral Health services, where 71% and 70% returned for the same type of visit. There was also crossover of services. For example, 49% of clients whose first visit was for Health Education returned for a Medical visit. The average number of visits per client ranged by type of visit, with the most visits per client for Behavioral Health (BH) services.

Average Number of Visits



Medical Services: Physical Health

School Health Centers help clients with a variety of medical concerns. School Health Centers provide vital care for the many health problems that can interfere with students' ability to attend and succeed in school. Physical Health services were provided during 40% of all visits, most often during Medical, Health Education, and First Aid visits. The most commonly provided Physical Health Services were for:

- Treatment of injuries (14%)
- General health counseling (11%)
- Headaches (10%)
- Abdominal pain (9%)
- Nutrition/exercise counseling (9%)
- Cold/flu symptoms (7%)

One client wrote, “[The School Health Center] helped when I was concerned about a health issue and needed support quick.” Most School Health Centers also offer well exams and sports physicals; and these make up 8% of all School Health Center visits with Physical Health Services provided. Data from the *California Healthy Kids Survey* showed that 85% of students had a physical exam or check up in the last year; only 3% had never had one.

School Health Centers also focus on nutrition and physical activity. According to the *California Healthy Kids Survey*, many students are not participating in enough physical activity and many also reported poor nutritional intake. Two out of five (40%) students (including users and non-users of the School Health Centers) did not eat breakfast; 42% had either none or only one serving of fruit per day; and half (50%) had either none or only one serving of vegetables per day.

The School Health Centers offer services that address preventive health needs, including health education and counseling that focuses on improving diet and exercise habits. In fact, nearly all (90%) *Client Survey* respondents reported that the School Health Center had helped them to eat better and/or exercise more. To address these problems across the entire school community, School Health Centers also provided cooking, gardening, recreation, dance, and yoga programs to students, staff, and other community members outside of the clinical setting.

Medical Services: Sexual/Reproductive Health

School Health Centers provide education and interventions to encourage delayed sexual initiation and improved contraceptive use. Studies have documented the positive impact of School Health Centers on reproductive health outcomes, including contraceptive use.^{20, 21} In Alameda County, Sexual/Reproductive Health services were provided during 34% of all School Health Center visits. Nearly all (81%) of Medical and Health Education clients were asked if they had ever had sex; 67% of females and 46% of males had. The most commonly provided services were:

- Contraceptive maintenance (51%)
- Contraceptive/family planning counseling (48%)
- Sexually transmitted infection screening/counseling (43%)

Female contraceptive use improved significantly over time. At baseline, 46% of female clients reported that they “always” used contraception, compared to 55% at follow-up.^a Contraceptive use improved the most (and significantly) for African American, Latina, Asian, and “Other” female clients. Although white females did not have significant improvements, they had the highest rates of contraceptive use overall at baseline. Nearly all (95%) *Client Survey* respondents who were sexually active reported that School Health Center services helped them to use condoms and/or birth control more often when they have sex.

“[This Health Center] helped me get birth control and understand the different types, the side effects and best way to have safe sex.” - Client

^a Data was examined on 968 female clients who had ≥1 family planning visit, had two Health Assessments ≥90 days apart, and who were sexually active at baseline and follow-up. They received an average of six visits with sexual health services provided between baseline and follow-up assessments.

Dental Health Services

Documented need for Dental Health Services. According to national data from the Centers for Disease Control and Prevention,²² over one in ten (11%) adolescents aged 13 to 15 have untreated dental caries. Sixteen percent of 2011-12 *California Healthy Kids Survey* respondents reported that they had not had a dental exam in over one year and 5% had never seen a dentist. Poor dental health has been identified as one of the most common childhood chronic diseases and linked to emergency room visits and hospitalizations.²³ Dental health has also been shown to impact academic indicators, as well as cognitive and psychosocial development.²⁴ Most dental disease is preventable; thus increasing children's access to preventive dental care is critical.

School Health Centers provide vital Dental Health Services. To address the gaps in receipt of dental care, five Alameda County School Health Centers provided dental services.^a At these sites, 23% of all visits (763 clients) had a Dental service provided. Most of these were services were for:

- Preventive services, such as cleanings to prevent decay (37%)
- Screenings, such as dental exams (24%)
- Restorative services, such as crowns or treatments to restore oral health (21%)

Dental services effectively prevent worsening decay among School Health Center clients. Many of the visits resulted in identification of suspicious areas of decay (51%) or urgent needs (17%). Demonstrating the effectiveness of these services, the decay improved or did not worsen over time in 91% of the 404 clients screened at baseline and follow-up.^b

Behavioral Health Services

Youth have significant behavioral health needs are often unaddressed. Research has shown that the majority of adolescents with behavioral health disorders do not receive services to address them, particularly students with anxiety, eating or substance use disorders. Moreover, race/ethnicity has been shown to be a factor in receipt of services with White adolescents being more likely to receive care than adolescents of color.²⁵ Further demonstrating the high need, the 2011-12 *California Healthy Kids Survey* revealed that:

- 30% of middle and high students felt so sad or hopeless almost every day for two weeks or more in the last 12 months that they stopped doing some usual activities.
- 18% of high school students had seriously considered attempting suicide in the last year.
- Slightly more School Health Center users than non-users (20% vs. 17%, $p=0.009$) reported having suicidal thoughts, showing that School Health Centers are reaching many but not all students in need.

School Health Centers provide essential Behavioral Health Services. Individual and Group Behavioral Health services were provided during 26% of all visits. Most of these services included:

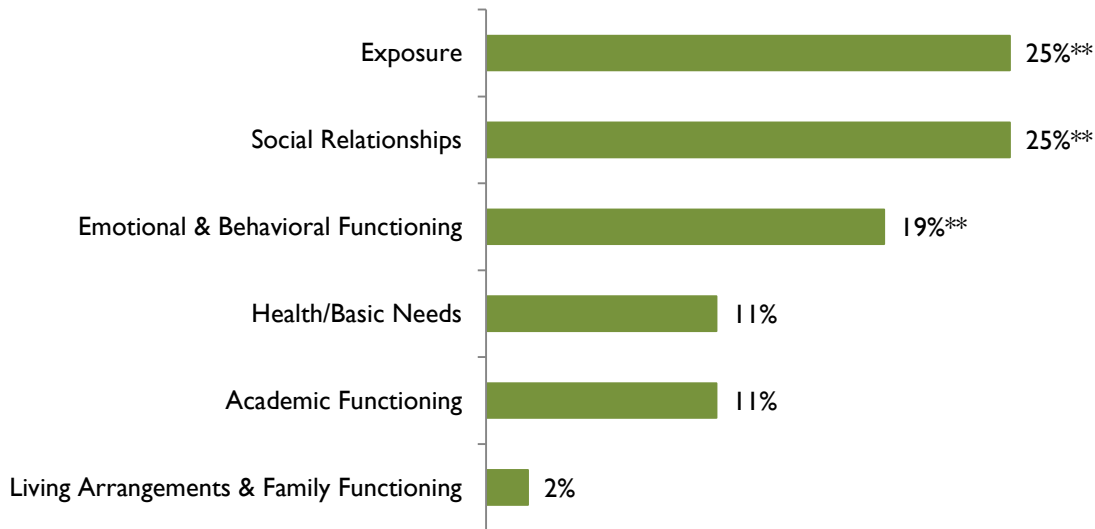
- Individual Therapy (56%)
- Assessment/Intake (15%)
- Case Management (11%)
- Individual Contact/Meeting (10%)
- Plan Development (7%)
- Collateral (consultations/discussions) with Family Members (6%) and School Staff (5%)

^a United for Success/Life Academy, Havenscourt, Madison, and Roosevelt have provided Dental services since 2011-12 and West Oakland started providing services in 2012-13.

^b Of the clients who had baseline screening classifications documented, 404 clients (57%) had ≥ 2 subsequent dental visits and had their level of decay documented at follow-up. These clients received an average of five dental visits during the time from their initial to their follow-up assessment (with a range of 2-15 visits overall).

After receiving services, clients improved in a variety of behavioral health indicators.^a Significant improvements^b were made in Behavioral Health clients' presenting concerns, including Exposure^c, Social Relationships, and Emotional & Behavioral Functioning. When examining the data by gender, significant improvements were seen in Exposure, Emotional & Behavioral, and Social presenting concerns for female clients, while males showed significant improvements only in Exposure.

% Change in Presenting Concerns, Baseline and Follow-Up,
**** significant at $p < 0.0001$**



Client Survey respondents reported that School Health Centers helped them deal with stress/anxiety better (90%), deal with personal and/or family issues better (89%), and avoid getting into fights (81%). They explained that the School Health Center provided them with valuable counseling for a variety of personal and behavioral health problems, including relationship issues, depression, anxiety, and substance use.

“[The Health Center] turned my life around. It has helped me be a better person with friends and family.” - Client

“The Health Center has helped me with depression...and suicidal thoughts and so many ways emotionally, as well as with medical information.” - Client

^a Data were examined for 8% (n=156) of the clients who made Individual or Group Behavioral Health visits and had ≥ 3 visits and ≥ 30 days between the first and last visit assessments. The sample sizes are small; results should be interpreted with caution.

^b Includes clients who scored at least “Mild” at Intake. Improvements are indicated by significant decreases in mean score. Rating Scale for Presenting Concerns: (0=No problem; 1=Mild; 2=Moderate; 3=Severe)

^c “Exposure” includes traumatizing experiences: grief/loss/separation/bereavement; immigration/legal status; child abuse or neglect (victim); community or domestic violence; unsafe neighborhood and/or school environment; and “other”.

Academic Impacts

A large body of evidence supports a connection between students' health status and academic performance. Educationally related health disparities impede motivation and the ability to learn²⁶, and subsequent academic achievement. Research has found that vision, asthma, teen pregnancy, aggression and violence, physical activity, nutrition, and inattention and hyperactivity are key health problems that impede academic success by reducing student's motivation and ability to learn.²⁷ In addition, poor dental health and substance use negatively impact academic success.^{28, 29}

Without health services on campus, many students might have been sent home—leading them to miss a portion of the school day—rather than having their health issues addressed and being sent back to class. A recent study in two urban high schools in Western New York, found that students with access to a School Health Center were significantly less likely to be sent home during the school day than those who did not have access.³⁰ The author concluded that School Health Centers were able to increase student learning or “seat” time. At the end of most Alameda County School Health Center visits, clients were sent back to class (83%), and a small percentage were sent home during the school day (2%).

Students report impacts of School Health Centers on academics. According to the *California Healthy Kids Survey*, most users (78%) felt that the School Health Center helped them do better in school. Moreover, *Client Survey* respondents reported that the School Health Center helped them have goals and plans for the future (92%), work harder in school (89%), stay in school (89%), have better school attendance (80%), and get involved in leadership programs (75%). For example, one client wrote, “The Health Center helped me stay on track for school and...helped me prepare for college.” Another wrote, “[The Health Center] helped me talk to my family, and deal with my stress, and stay in school.”

“[The School Health Center] has taken me in the right path. I take better care of myself and know that I can count on them if I need something.”-Client

Client Satisfaction

School Health Center clients are very satisfied with the services and staff, an important health care quality metric. According to the *California Healthy Kids Survey*, nearly all users liked having the School Health Center at their schools (96%), felt it helped them get information and services they need (94%), and felt safe talking to the people who work there (91%). Moreover, the majority (85%) of *Client Survey* respondents were “very happy” and another 14% were “somewhat happy” with the School Health Center. Nearly all (98%-100%) “strongly agree” or “agree” that the School Health Center is great to have at their school, is a safe place, and gets them help faster than if they went somewhere else. Nearly all (97%-100%) “strongly agree” or “agree” that the staff treat them with kindness and respect, help them to work through their concerns/issues, and are easier to talk to than other doctors/nurses.

“The staff, doctors and NP [Nurse Practitioner] are very helpful and were there to LISTEN. That's what I needed. They answered and helped me with any question regarding my health.” -Client

Students are happy with the health center overall but offered some suggestions for improvement, most of which focused on expansion of the School Health Centers. Clients described the School Health Centers as “fine,” “perfect,” “wonderful,” “great,” “cool,” “awesome,” and “pretty rad.” However, several asked for larger clinics, longer clinic hours/days (to include lunchtime, after school, weekends, and school vacations), additional providers, and more services (particularly dental and nutritional services). Other suggestions were to improve the waiting room and clinic décor, and to offer food and beverages to clients, such as water bottles, granola bars, and fruit.

School Health Centers Promote Community Wellness

School Health Centers promoted community wellness through broader student and community educational programs. Family and community involvement in schools has been shown to lead to improved student outcomes, including higher academic achievement.^{31, 32} Recommendations to strengthen family and community involvement in schools include an “integrated focus on academics, health and social services, youth and community development, and community engagement.”³³

In addition to clinical services, the School Health Centers provided education and outreach activities beyond the scope of their clinical services with 57,212 individuals.^a Twelve percent (n=1,441) of the registered clients, were high school graduates, college students, siblings, and community members. Of visits made by these “community” clients, 60% were for medical services, 31% were for behavioral health services, 6% were for health education, 2% were for first aid, and 1% were for dental care. School Health Centers also conducted additional education and outreach activities beyond the scope of their clinical services. While the majority of the participants were students (87%), parents/family members (6%), school staff (5%), and community members (2%) also participated. Most activities were for Youth Development/Health Education (66%), but also for Nutritional/Physical Education (8%); Student (7%), Parent/Family (5%) or School Staff (4%) Contacts/Consultations; or School Climate Activities (5%).

Conclusions

The Alameda County Center for Healthy Schools and Communities and their 23 partner School Health Centers are working to link health, education, and communities to change lives and achieve equity through health services. In 2012-13, they served almost 12,000 clients from diverse backgrounds, many of whom were uninsured. They helped clients with acute and chronic physical health issues and implemented programs to address diet, nutrition, and physical activity in their school populations. They also offered education and interventions to encourage responsible sexual health behaviors; clients utilizing these services reported improved contraceptive use. Five School Health Centers also offered dental services, which successfully addressed dental health issues in nearly all of the clients screened. Efforts are being made to expand these services to other sites. After receiving School Health Center behavioral health services, clients showed significant improvements in emotional/behavioral functioning, social relationships, academic functioning, and resiliency factors. Given research demonstrating that the majority of youth in need of behavioral health services nationwide do not receive them, the School Health Centers are filling a need and efforts to reach more students would be warranted.

As the Center works toward achieving health equity for youth in Alameda County, findings from this evaluation will be used to support quality improvement and expansion efforts across the existing School Health Centers, as well as in planning for new sites.

Contact Information

Alameda County Center for Healthy Schools and Communities
1000 San Leandro Blvd., Suite 300
San Leandro, CA 94577-1675
(510) 618-3425
www.acschoolhealth.org

^a These are duplicated numbers of students, family members, school staff, and others.

Citations

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