Spotlight Practice

Evaluation and Quality in School Health Centers

Improving Outcomes and Practice

CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

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Alameda County's School Health Centers have been dedicated to improving health and education outcomes for young people since 1989. Thanks to the many SHC staff, lead agencies, schools, districts, partners, and young people who engage in this critical work every day. And thanks to those who have contributed to the development of Alameda County's School Health Center Model and Spotlight Practices.

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Evaluation and Quality in School Health Centers

School Health Centers in Alameda County

Our 28 School Health Centers (SHCs) are both clinics and environments for students to experience positive youth development opportunities. A successful SHC goes beyond co-locating services on a school site. It also promotes trusting and collaborative relationships with youth, families, schools, health providers, and the community.

Our SHC approach is to address young people's health holistically, offering integrated health and wellness services that include medical, dental, behavioral health, health education, and youth development. Youth experience authentic relationships with health providers and develop agency over their own health and lifestyle decisions.

Why Evaluation and Quality Improvement in School Health Centers?

SHCs play a vital role in creating universal health care access by providing a range of integrated medical and behavioral health, dental, health education, and youth development services in a safe, youth-friendly environment at or near schools throughout Alameda County.

Our students deserve the highest quality programs, which is why evaluation is an essential part of SHCs. Evaluation documents results, informs improvement, and helps build and maintain the support of key champions. Our SHCs have been subject to a county-wide evaluation since 2003; this has contributed greatly to our success in implementing an evidence-based model across school districts and providers, increasing health access and outcomes for young people, and sustaining core funding.

While all of our SHCs follow the same core model, they do vary based on each school community's unique needs and assets. For this reason, we implemented a quality improvement initiative as part of the evaluation to support SHCs' progress, based on each of their unique priorities.

Our Approach

As the SHC intermediary organization and partial funder, Alameda County's Center for Healthy Schools and Communities (CHSC) partners with an outside evaluator – the University of California, San Francisco (UCSF) – to conduct an evaluation of all of the SHCs. The evaluation is used to track progress toward outcomes and to inform ongoing improvement to SHC services, programs, outreach efforts, integration with the school, and operations.

At the heart of our approach is a focus on building the supportive environment and organizational capacity needed for continuous quality improvement. There are four major components to our evaluation approach. Samples of the evaluation tools mentioned here are available on our website: achealthyschools.com.

Foster a Culture of Reporting and Accountability

The first step in a successful evaluation is creating a culture of reporting and accountability. This involves a willingness to take risks and learn within an environment that is supportive and encouraging. For us, this step begins with a contracting process that establishes clear expectations and supports around scope of services, funding, data, and evaluation.

CHSC administers a base allocation to each SHC lead agency to support core operations and ensure universal access for students. Part of the scope of work in the contract is that the lead agency participate in monthly learning community meetings and in the SHC evaluation, i.e., collect data, conduct surveys.

Collect and Use Data

CHSC requires that the SHCs collect and track a common set of measures, with support from the UCSF team. The evaluation uses a Results Based Accountability (RBA) framework to track performance measures and population indicators across the various service areas that answer: *How much did we do? How well did we do it? Is anyone better off?*

Service data are collected at every visit; we document client demographics, health assessment results, services provided, external referrals, and health outcomes. In 2019-2020, we started the transition to utilizing Electronic Health Records (EHR) as the primary clinical data source for the majority of SHCs – medical, behavioral health, and dental. For 15+ years prior, all SHCs utilized a central electronic database, *Efforts to Outcomes*. The EHR data could expand the opportunities for evaluation and impact ('better off') data.

Separate data collection strategies capture education and outreach activities beyond the scope of their clinical services. Youth self-report on satisfaction, health, and education behaviors and outcomes through two main sources: a tailored *California Healthy Kids Survey School Health Center* module and a *Client and Youth Program Post Survey*. SHCs also submit a quarterly narrative report that covers challenges, successes, and progress toward quality improvement goals, trainings, fund development, and SHC activities not already captured.

We share the SHC results via county, district, agency and site-level reports for use in planning and improvement efforts. Our most recent Alameda County SHC Evaluation Report is available on our website: achealthyschools.org

Ensure Meaningful Quality Improvement

Our quality improvement initiative, built into the SHC contract, supports lead agencies in improving their capacity and programming, based on their needs. Each SHC begins by developing quality improvement goals based on their individual needs. We suggest general categories for goals, e.g., financial, staff development, equity in access, school integration, and service expansion.

Annually, CHSC and each SHC lead agency work together to make sure the goals are realistic and measurable so that it is easy to track progress and see positive change. This approach ensures attention to continuous quality improvement with an impact on the lead agency, school partners, and most importantly, the youth we serve.

Facilitate a Peer Learning Community

We are deeply committed to growing the SHC field together. Through this approach, we seek to cultivate the wisdom of our local providers and partners, and secure dedicated resources to learning communities across our SHC Initiative. Peer learning has been a major factor in the success of our SHC leadership, practices and expansion over the past two decades.

SHC site supervisors are brought together monthly to share best practices, discuss challenges, learn together, laugh together, review the evaluation data together, and share site progress and what's ahead. At the beginning of each school year, the kickoff includes identifying and prioritizing Learning Community topics that can be addressed during the year.

CHSC brings in health and education practitioners to present at these meetings, facilitate discussion, and provide professional development opportunities based upon requests from the SHCs, trends in the field, and needs that emerge from the evaluation. The SHC site supervisors also support each other outside of meetings as needed.

Evaluation and Quality Improvement Highlights

For the SHC evaluation, we collect standardized data from all the SHCs in order to document and share results:

Serving Students and Community Members

Over the past ten years, as the number of SHCs has grown from 12 (in 2008-09) to 28 (in 2018-19), annual clinic visits have increased by 69% (from 39,754 to 56,762); and the number of clients has increased by 99% (from 7,410 to 14,500). Overall, 60% of the clients are female; over half Latino (52%), 21% African American and 13% Asian/Pacific Islander. While the majority (61%) are 15-19 years old, clients of all ages are served. Over one-third (38%) of clients are from the broader community, including graduates, family and community members, and out-of-school youth. In the main schools served by the SHCs, 24% of the combined school population are registered clients.

Achieving High Client Satisfaction

Most clients (62%) return for multiple visits, demonstrating the value of integrated services. Nearly all clients agree that the SHC staff treat them with respect (100%), listen carefully to what they have to say (99%), and keep their information private (99%). Moreover, 96% report that the SHC helps them feel they have an adult to turn to if they need help.

Providing Needed Care

Nearly all clients report that the SHC is easy to get help from when they need it (98%), is a safe place to go if they have a problem (99%), and helps them miss less school or class time, as opposed to having to go somwhere else for help (91%).

Reaching Beyond Walls

SHCs reach beyond clinic walls to provide public health services to the entire student population, including over 20,000 first-aid contacts, 9,000 reproductive health ed contacts, 4,500 dental screenings, and 3,000 nutrition health education contacts.

Improving Student Health Outcomes

Nearly all clients report the SHC helped them learn to take better care of their health (98%); to use protection (like condoms, birth control) more often (96%); to deal with stress/anxiety better (93%); and to stop using or use less tobacco, alcohol, or drugs (81%).

At the 12 sites with full dental care, 84% of clients were found to have some dental decay at baseline. Demonstrating the effectiveness of these services, the decay improved or did not worsen over time in 85% of the clients.

Improving Student Success

Without health services on or nearby campus, students might have missed a portion of the school day to have their health needs addressed. After their SHC visits, nearly all clients (98%) were sent back to class rather than sent home or to an outside provider during the school day. Moreover, most of the clients reported that the SHC helps them have goals and plans for the future (89%) and get better grades (81%).

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About Us

As part of Alameda County Health Care Services Agency, the Center for Healthy Schools and Communities (CHSC) has worked for over 20 years with school districts, community partners, youth, families, and policymakers to build school health initiatives that create equitable conditions for health and learning. Together we have developed 28 school health centers, expanded behavioral health supports to over 190 schools, built and lead operations of the REACH Ashland Youth Center, supported youth wellness and family partnership initiatives, and implemented targeted equity strategies for youth furthest from opportunity. Our school health programs and partnerships address urgent health and education inequities and create opportunities for all young people to cultivate their strengths, resiliency, and promise. We focus on supporting the physical health of students – knowing that students can't learn if they are sick, hungry, or absent from school. But we also focus on other aspects of wellness that youth and families need to thrive: social, emotional, spiritual, intellectual, environmental, and occupational. For more information about CHSC's work, please visit our website at **achealthyschools.org**

How It Works

Look for the School Health Works icon anywhere on the CHSC website to find resources, tools, guides, and videos to help health and education leaders to build school health initiatives.
achealthyschools.org/resources