



# Alameda County School Health Centers Evaluation Findings

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Produced by:  
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# Overview

The mission of the Alameda County Center for Healthy Schools and Communities (CHSC) is to foster the academic success, health, and well-being of Alameda County youth by building universal access to high-quality support and opportunities in schools and neighborhoods. We envision a county where all young people graduate from high school healthy and ready for college and career. CHSC has been supporting school health centers since 1996, in partnership with schools, districts, and health providers. Implementation of school health centers has become a nationally recognized best practice for improving health care outcomes for young people.

This report provides key highlights from the 2018-19 School Health Centers Evaluation, conducted by the School Health Services Research and Evaluation Team from the University of California, San Francisco (UCSF). Data collection methods include the *Efforts to Outcomes* clinical evaluation database; *Quarterly Reports and Activity Logs*; *California Healthy Kids Survey (CHKS)* and the *CHKS School Health Center Custom Module*; and *Client and Youth Program Participant Satisfaction Surveys*.<sup>i</sup>

## Impact: Universal Access to Care

### Serving Students and Community Members

While schools are experiencing demographic shifts, school health center staff have incorporated specific population-based approaches to ensuring holistically responsive health access for all students. Alameda County school health centers served a large and diverse group of clients in 2018-19:

- 14,500 student and community clients made a total of 56,762 visits to school health centers.
- 24% of students who attended one of the 43 main schools served made at least one visit.
- 60% of all clients were female.
- Most clients were Latino (52%), African American (21%), or Asian/Pacific Islander (13%).
- Most were 15-19 years old (61%) or 10-14 years old (23%).
- 38% were from the community, including graduates, family members, and out-of-school youth.



### Offering Integrated Services in Partnership with Schools

Alameda County school health centers have become an integral part of the school partnerships and coordination of services for students and staff. Each year, school health center supervisors set priorities with school administration on health access and promotion to benefit students, teachers, and partners. School health centers participate in each school's Coordination of Services Team (COST) meeting to ensure students have timely access and follow-up to health, academic, and support services. In 2018-19, the 28 school health centers offered an average of 30 hours/week of behavioral health services, 22 hours/week of medical services, and 19 hours/week of health education in a safe, youth-friendly environment. Twelve sites also offered an average of 15 hours/week of dental services.

## High Client Satisfaction

Most clients (62%) returned for multiple visits, demonstrating the value of integrated services, as well as client satisfaction. In fact, according to the *Client Survey*, nearly all agreed that school health centers were a safe place to go if they had a problem (99%), were easy to get help from when they needed it (98%), and made them feel like they had an adult to turn to for help (96%). Nearly all clients agreed that school health center staff treated them with respect (100%), listened carefully (99%), and kept their information private (99%).



## Impact: Improving Physical Health

The School Health Center model is designed to respond to young people holistically, offering integrated health and wellness services.

### Physical Health Services

Over one-third (35%) of school health center visits included a physical health service. Of these, 34% were for injury/pain/discomfort treatment, 14% for nutritional counseling, 13% for immunizations (non-HPV), 11% for physical activity counseling, and 9% for well care visits. Over half of the clients aged 3-17 years (54%) were screened for Body Mass Index (BMI) at least once during the school year.

Over one-third (35%) of the male clients and two-thirds (63%) of the female clients were identified as sexually active. One in four (26%) school health center visits included a sexual/reproductive health service. Most of these visits included contraceptive counseling/maintenance (84%), Chlamydia screenings (33%), other STI screening/counseling (34%), pregnancy tests (30%), and/or HIV screening/counseling (22%). Most sexually active clients had at least one test for Chlamydia documented during the school year (63% of males, 68% of females).

According to the *Client Survey*, most clients agreed that the school health center helped them learn how to take better care of their health (98%) and stop using or use less tobacco, alcohol, or drugs (81%). Moreover, nearly all clients (96%) agreed that the school health center helped them use protection (like condoms, birth control) more often. According to the *CHKS*, high frequency school health center users (10+ visits) were significantly more likely to report they “always” received help with sexual health issues when needed (42% vs. 23%,  $p < 0.0001$ ).

### School-Wide Health Promotion

School health centers reach beyond the clinic walls to provide services to the entire student population. In 2018-19, these efforts included:

- 20,376 first aid supplies given to youth.
- 19,611 health fairs/outreach contacts with youth, and 2,833 with adults.
- 9,346 youth reproductive health education contacts.
- 3,203 peer health education contacts.
- 3,196 youth nutrition health education contacts.

## Impact: Improving Oral Health

Twelve of the 28 school health centers provided vital oral health services to their clients, including screening/assessment, preventive, diagnostic, and restorative services. Nearly all registered school health center dental clients had a clinical baseline dental assessment (99%); 84% were found to have decay (defined as “urgent, in pain”, “urgent, not in pain” or “some suspicious areas”) at baseline. Demonstrating the effectiveness of the oral health services, decay improved or did not worsen over time in 85% of clients screened. School-wide, the school health centers also conducted 4,530 dental screenings for youth.



## Impact: Improving Behavioral Health

School health centers provide services across all three tiers of CHSC’s School-Based Behavioral Health model.

### Tier 1 Universal Supports

School health centers provided Tier 1 universal prevention/school-wide supports to reach all students and raise awareness of behavioral health issues and services. These included “Mindfulness Moment” school-wide announcements, school-wide and newcomer population presentations, and self-esteem and social skills groups with youth.

### Tier 2 and 3 Targeted and Intensive Interventions

Targeted (Tier 2) and Intensive (Tier 3) Interventions provide supports to students with emerging or identified needs. In 2018-19, 29% of all school health center visits included individual or group behavioral health services. Most of these services were for individual counseling (77%). According to the *Client Survey*, most clients agreed that school health centers helped them deal with stress/anxiety (93%).

School health centers also provided school-wide services to connect students to more intensive behavioral health supports, including:

- 5,122 COST discussions to connect individual youth to support services.
- 904 trauma screenings for youth.
- 628 school staff consultations (not including COST).
- 411 individual/group crisis intervention/grief support contacts with youth.

### Impact on High Frequency Clients

According to the *CHKS*, high frequency users (10+ visits) were significantly more likely than non-users to report experiencing chronic sadness and hopelessness (48% vs. 30%) and seriously considering suicide (27% vs. 14%,  $p<0.0001$ ). High frequency users were also significantly ( $p<0.0001$ ) more likely to report that:

- At school, there is a teacher or adult who really cares about them (63% vs. 52%) and who notices when they are not there (60% vs. 52%).
- In the past year, they “always” got counseling to help deal with issues like stress or feeling sad when needed (41% vs. 22%).
- In the past year, they talked to a doctor or nurse about their moods or feelings (60% vs. 40%).

# Impact: Enhancing Academic Success

Studies have documented that healthy students have improved academic outcomes.<sup>ii, iii</sup> School health centers are designed to provide health and wellness services to support the school population and help eliminate barriers to academic success. School health centers provided a variety of youth enrichment activities and community supports in 2018-19, including 1,970 youth development contacts. These included youth advisory board, leadership groups, and advocacy activities that engaged youth in partnership with the school health centers.



## Keeping Students in School

Without health services on or nearby campus, students might have missed a portion of the school day to have their health needs addressed. In 2018-19, after their school health center visits, 98% of clients were sent back to class. According to the *Client Survey*, clients agreed that the school health centers helped them skip school less or cut classes less (79%); it helped them miss less school or class time than they would if they had gone somewhere else for help (91%).

## Supporting Academics and Future Goals

According to the *Client Survey*, most clients agreed that school health centers help them have goals and plans for the future (89%) and get better grades (81%).

According to the *CHKS*, clients who used the clinic ten or more times were significantly more likely than non-users to report that they had talked to a doctor or nurse about how school was going in the past year (67% vs. 49%,  $p < 0.0001$ ).

## Conclusion

Alameda County school health centers are making a difference for youth. They provide youth access to health care in a convenient and familiar setting and have been shown to improve health equity and health and education outcomes.<sup>iv</sup> Moreover, school health centers reach beyond the clinic walls to provide public health services to the entire school community.<sup>v</sup> Evaluation data highlighted in this brief demonstrate that school health centers have helped increase access to health care; reach students in need; improve student physical, oral and behavioral health outcomes; and enhance academic success. In close partnership with schools, school health centers play a vital role in supporting students' healthy development and academic success by providing a safe environment with caring adults and access to confidential and developmentally appropriate health services.

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<sup>i</sup> Survey data in this report exclude “does not apply” responses.

<sup>ii</sup> Bradley BJ, Greene AC. Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviors. *J Adol Health*. 2017;52(5):523–532.

<sup>iii</sup> Basch CE. Healthier students are better learners: A missing link in school reforms to close the achievement gap. *J Sch Health*. 2011;81(10):593–598.

<sup>iv</sup> Knopf JA, Finnie RK, Peng Y, et al. School-based health centers to advance health equity: A community guide systematic review. *Am J Prev Med*. 2016;51(1):114-126.

<sup>v</sup> Keeton V, Soleimanpour S, Brindis C. School-based health centers in an era of healthcare reform: Building on history. *Curr Probl Pediatr Adol Health Care*, 2012;42(6):132-158.