



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. Implementation of school health centers has become a nationally recognized best practice for improving education and health-related outcomes for young people.^{i,ii} This report provides highlights from the 2019-20 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: *Efforts to Outcomes (ETO)* and *Electronic Health Records (EHR)* clinical data,¹ *Quarterly Reports and Activity Logs*, *California Healthy Kids Survey (CHKS) Core and School Health Center Custom Modules*,² and *Client and Youth Program Participant Surveys*.³

Impact: Universal Access to Care

Serving Students and Community Members

School health centers play a vital role in creating universal access by providing integrated medical and behavioral health, health education, and youth development services in a safe, youth-friendly environment at or near schools. The 28 Alameda County school health centers served a large and diverse group of clients in 2019-20:

- 13,274 student and community clients made a total of 42,463 visits to school health centers.
- 22% of students enrolled in the main schools served made at least one visit to the health centers.
- 57% of clients were female.
- Most clients were Latino (54%), African American (20%), or Asian/Pacific Islander (10%).
- Most clients were 15-19 years old (55%) or 10-14 years old (29%).

Offering Integrated Services in Partnership with Schools

The school health centers offered on average each week 27 hours of behavioral health, 20 hours of medical, and 17 hours of health education services in a safe, youth-friendly environment. Twelve sites also offered an average of 12 hours/week of dental services.

Throughout 2019-20, the school health centers maintained strong partnerships with schools and districts to ensure clear communication and the best use of resources. Despite the school closures and other challenges presented by the COVID-19 pandemic, the 28 school health centers modified their services to meet student needs through telephone and email outreach to assess needs and to educate students about telehealth options and services available at school sites and/or lead agency clinics. In addition, the school health centers continued to participate in each school's Coordination of Services Team (COST) meeting to ensure students had timely access and follow-up to health, academic, and support services.



¹ Due to the COVID-19 pandemic and a transition of clinical data collection away from ETO towards the use of EHR data, there are significant areas of underreporting and undercounts of services in 2019-20.

² Data are from 4,124 9th and 11th grade students in four school districts.

³ Data were compiled from 2016-17, 2017-18 and 2018-19 administrations.

High Client Satisfaction

Most clients (57%) returned for more than one visit, demonstrating the value of integrated services, as well as client satisfaction. According to the *Client Survey*, nearly all respondents 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 staff treated them with respect (100%), listened carefully (99%), and kept their information private (99%).

Impact: Improving Client Health

Physical Health

The school health center model is designed to respond to young people holistically, offering integrated health and wellness services. During the pandemic, the sites continued to provide urgent medical care; most converted in-person medical appointments to telephone/video appointments where possible. 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%). According to the *CHKS*, high frequency school health center users (those who made 10+ visits) were more likely than non-users to report that they always received help with sexual health issues when needed in the past year (49% vs. 21%, $p<0.001$). Moreover, most clients reported that they “agree” or “strongly agree” that the school health center helped them get healthy food when their families didn’t have enough (84%).



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. Most dental clients screened at baseline (82%) were found to have decay (defined as “urgent, in pain,” “urgent, not in pain,” or “some suspicious areas”). Demonstrating the effectiveness of the oral health services, decay improved or did not worsen over time if no or little decay was present at baseline in 79% of clients screened. School-wide, the school health centers also conducted 3,720 dental screenings.

Behavioral Health

School health centers provide services across all three tiers of CHSC’s School-Based Behavioral Health model. Tier 1 universal prevention/school-wide supports reached all students and raised 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.

Targeted (Tier 2) and Intensive (Tier 3) Interventions provide supports to students with emerging or identified needs. According to the *Client Survey*, most clients agreed that school health centers helped them deal with stress/anxiety (92%). School health centers also provided school-wide services to connect students to more intensive behavioral health supports, including 5,651 COST discussions to connect individual youth to support services. According to the *CHKS*, high frequency school health center users (10+ visits) were more likely than non-users to report that they “always” received counseling to help deal with issues like stress or feeling sad when needed (32% vs. 17%, $p<0.0001$) and talked to a doctor or nurse about their moods or feelings in the past year (60% vs. 42%, $p<0.0001$).

Impact: Enhancing Academic Success

Studies have documented that healthy students have improved academic outcomes.ⁱⁱⁱ School health centers provide health and wellness services to support the school population and help eliminate barriers to academic success. In 2019-20, the school health centers provided 1,890 youth development contacts, including youth advisory board, leadership groups, and advocacy activities that engaged youth in partnership with the school health centers. 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 (80%). Finally, according to the *CHKS*, high frequency school health center users (10+ visits) were significantly more likely than non-users to report that they had talked to a doctor or nurse about how school is going in the past year (64% vs. 51%, $p < 0.01$).

Impact: School-Wide and Community Health Promotion

In 2019-20, school-wide efforts, mainly conducted prior to school closures, included:

- 19,044 school safety/climate presentation/activity contacts with youth.
- 15,979 first aid supplies contacts (e.g. *Band-Aid*, *pad*, *ice*, *snack*).
- 12,769 health fairs/outreach contacts with youth.
- 3,761 youth reproductive health education contacts.
- 4,789 peer health education contacts.

Although the shift from in-person to virtual in March 2020 was abrupt, the sites built on their strong school-wide and community partnerships to successfully transition to virtual activities. They also created a Health Education Collaborative for health educators and site supervisors to discuss how to effectively engage with young people through virtual platforms. In addition, during the pandemic, the school health centers distributed community resource guides, assisted with food distribution, assisted families with public benefits enrollment, and provided referrals for critical basic needs.



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. Moreover, school health centers reach beyond the clinic walls to provide public health services to the entire school community.^{iv} 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; 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.

ⁱ Knopf JA, Finnie RK, Peng Y, et al. (2016). School-based health centers to advance health equity: A Community Guide Systematic Review. *Am J Prev Med*, 51(1): 114-126.

ⁱⁱ Love H, Schlitt J, Soleimanpour S, Panchal N, Behr C. (2019). [Twenty years of school-based health care growth and expansion](#). *Health Affairs*, 38(5): 755-764.

ⁱⁱⁱ Bradley BJ, Greene AC. (2017). 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*, 52(5): 523-532.

^{iv} Keeton V, Soleimanpour S, Brindis C. (2012). School-based health centers in an era of healthcare reform: Building on history. *Curr Probl Pediatr Adol Health Care*, 42(6):132-158.