

School-Based Health Centers

National Census School Year 2001-02

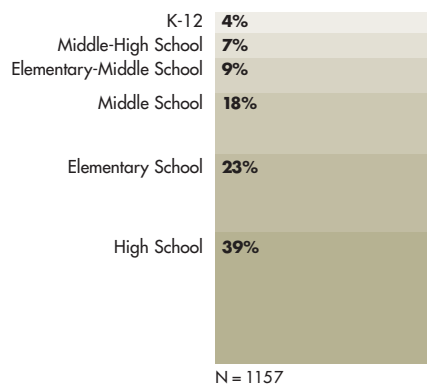
The National Assembly on School-Based Health Care conducted the 2001-02 census of school-based health centers to:

- Collect specific information on the current status of SBHCs, including services, clinic policies, staffing and utilization, and populations served.
- Assess the current prevention activities provided by SBHCs both in health centers and in classrooms.
- Assess quality assurance mechanisms.
- Provide a better understanding of the role of SBHCs in meeting the health needs of uninsured school-aged children and adolescents.

At the start of the census in November 2001, the number of SBHCs had grown to 1385. Through the year-long census process, we found an additional 238 centers and removed 245 that had closed or were not health centers, for a final total of 1378. A total of 1165 centers responded (1081 to a long survey; 84 to an abbreviated survey), representing an 85 percent response rate.

SCHOOLS

Distribution of SBHCs by school setting

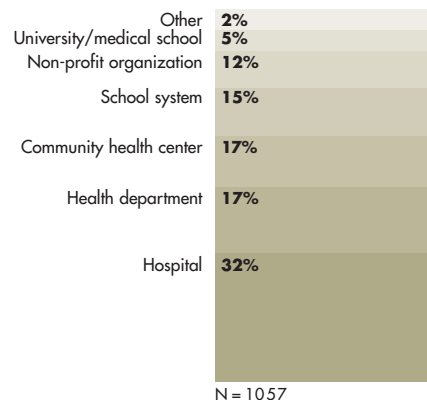


Settings for school-based health centers (SBHCs) are as varied as the types of schools in the United States. Traditional elementary, middle and high schools are the dominant setting, but a number of consolidated or combined schools also have health centers.

School size also varies, with the majority of health centers (60%) in schools with 500-1500 students. Twenty percent are in schools with less than 500 students, another 20 percent with more than 1500 students.

COMMUNITY

Distribution of SBHCs by sponsor agency type



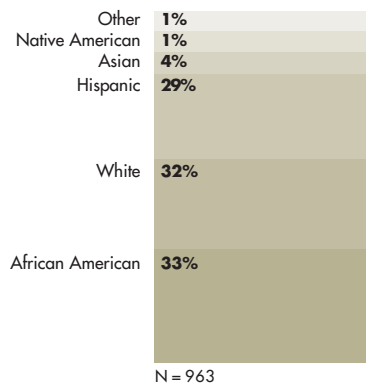
SBHCs are located in geographically diverse communities, with the majority (62%) in urban communities. One in four health centers is in rural schools. One in ten is in suburban school districts.

Sponsorship of SBHCs is most typically by a local health care organization, such as a hospital, health department, community health center. Other community partners include universities and mental health agencies.

84 programs had opened since 2001 and 71 percent had been open five years or more.

STUDENTS

Ethnic profile of student population in schools with SBHCs



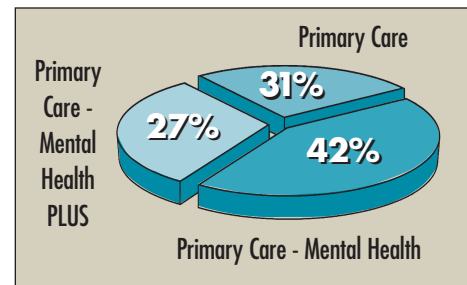
Students in schools with SBHCs are largely minority and ethnic populations that have historically experienced health care access disparities.

Four in ten SBHCs report that 50 percent or more of the SBHC users had no other source of primary care.

Community needs assessment of young people's health care access was most often identified (68%) as the primary reason for placing health centers in schools.

School-Based Staffing Patterns Health Centers

Staffing patterns in America's SBHCs are varied and can range from an on-site provider in a school four hours a week to six full-time equivalents from multiple disciplines operating in a center that is open more than 40 hours each week. While there are many health care staffing configurations within SBHCs, the presence of primary care providers – in any combination by physician, nurse practitioner or physician assistant – is the common denominator. Three SBHC staffing patterns described here illustrate different approaches to school-based health care.



PRIMARY CARE

The primary care SBHC staff typically comprises a nurse practitioner or physician assistant with medical supervision by a physician. Clinical support is provided by a registered or licensed practical nurse with assistance from a medical clerk or health aide. In a small percentage of these SBHCs, staff may be augmented by social service, health education or dental professionals. The characteristic that distinguishes this staffing model from others is what it lacks: a mental health professional.

PRIMARY CARE - MENTAL HEALTH

The largest group of SBHCs is staffed by primary care providers in partnership with a mental health professional – whether licensed clinical social worker, psychologist, or substance abuse counselor. Clinical and administrative support is similar to the primary care model.

PRIMARY CARE - MENTAL HEALTH PLUS

The third model is the most comprehensive. Primary care and mental health staff are joined by other disciplines to complement the health care team. The most common addition is a health educator, followed by social services case manager, and nutritionist. Dental professionals – either a hygienist or dentist – were found in 28 percent of the PLUS health centers.

SBHC STAFF	PRIMARY CARE		PRIMARY CARE MENTAL HEALTH		PRIMARY CARE MENTAL HEALTH PLUS	
	%	HOURS/WEEK	%	HOURS/WEEK	%	HOURS/WEEK
Primary Care	100	23	100	25	100	35
Nursing/Clinical Support	83	35	91	49	92	58
Mental Health	0	0	100	32	100	37
Health Educator	7	18	0	0	50	22
Social Services	8	29	0	0	39	28
Nutritionist	6	7	0	0	32	6
Dental	6	28	0	0	28	16

N = 1026

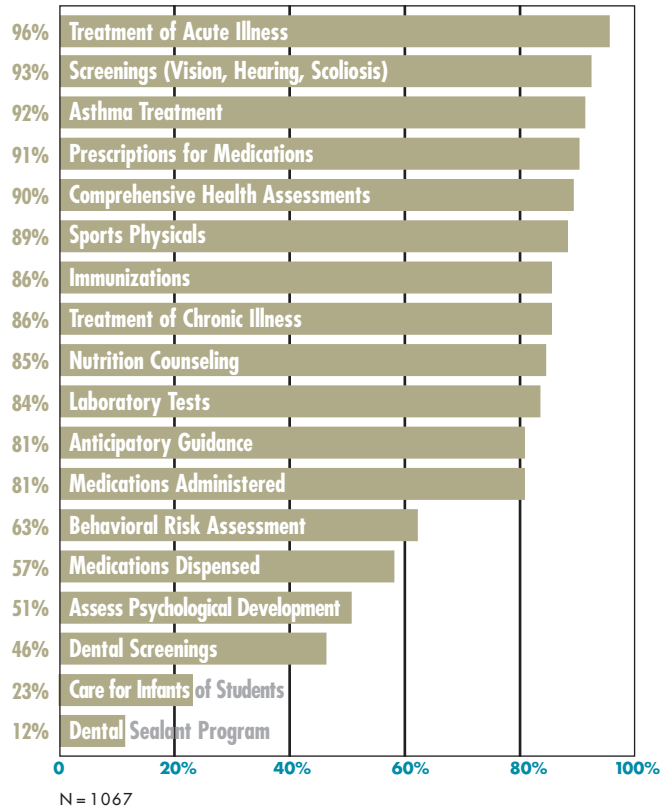
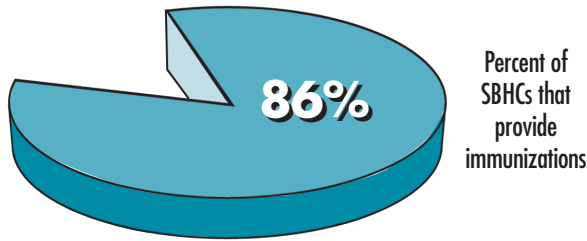
School-Based Health Centers

Scope of Services

PHYSICAL HEALTH SERVICES

The majority of SBHCs provide the basic tools of primary preventive care. The most common components in the SBHC scope of service are comprehensive health assessments, anticipatory guidance, vision and hearing screenings, immunizations, treatment of acute illness, laboratory services, and prescription services.

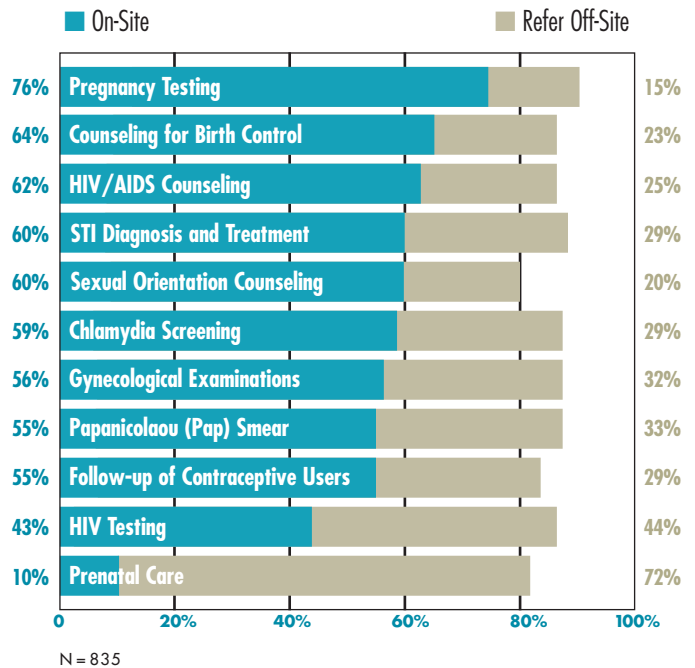
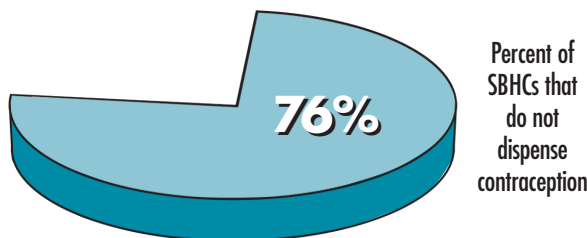
The most frequently cited immunizations provided were Hepatitis B, measles-mumps-rubella, diphtheria and tetanus toxoids, poliovirus, and influenza.



REPRODUCTIVE HEALTH SERVICES

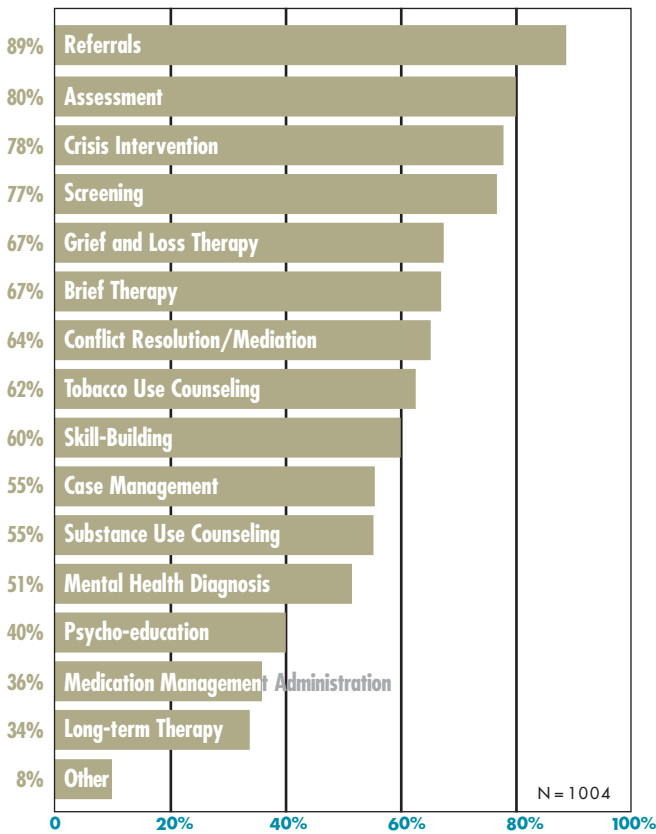
Health centers serving middle and high school aged students were more likely to provide on-site treatment for sexually transmitted diseases (60%), HIV/AIDS counseling (62%), and diagnostic services such as pregnancy testing (76%) than contraceptive services. Family planning services most often encompassed birth control counseling (64%) and follow up (55%). A minority of health centers neither provided on-site nor referred to an off-site provider for any sexual health services.

Three of four school-based health centers serving middle and high school grades reported that contraception was not dispensed on-site.



MENTAL HEALTH SERVICES

School-based health centers offer a variety of on-site mental health and counseling services through several modalities, including individual, one-on-one counseling, student group counseling, family therapy, consultation and case management. Most frequent of these include referrals (89%), assessment (80%), crisis intervention (78%), and screening (77%).

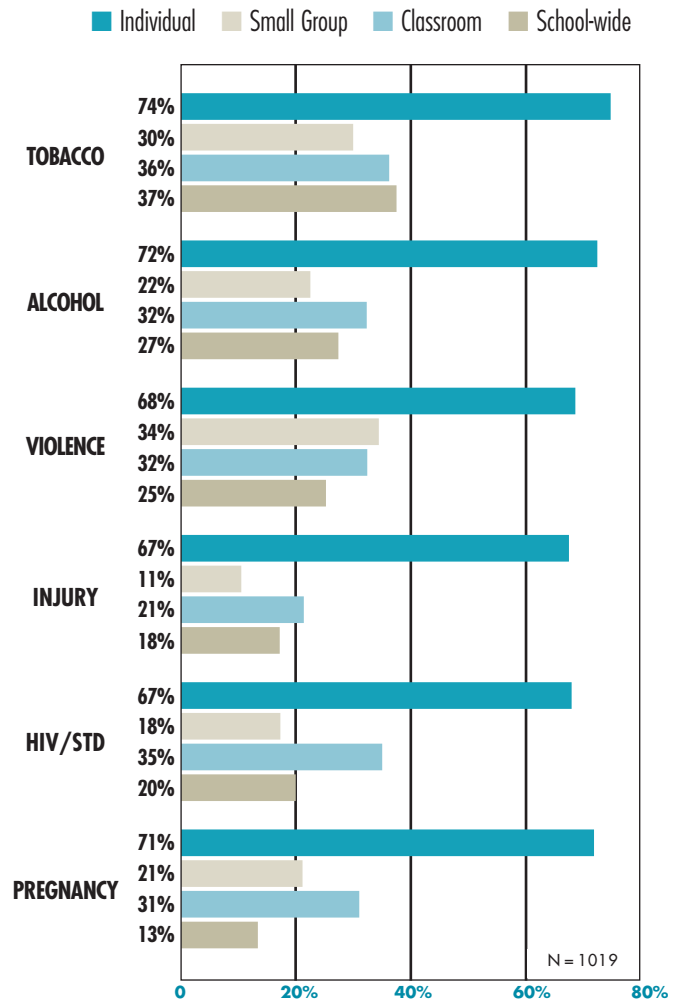


- SBHCs most frequently estimated that 50% of the mental health professional's time was spent in one-on-one service. The remaining 50% of their time is divided among students groups, case management, consultation, family therapy and classroom presentations.
- 110 programs report an alcohol and drug counselor and 67 programs report a psychiatrist in their staffing configuration.
- 33% of rural programs and 29% of suburban and urban SBHCs offer small groups for tobacco cessation.
- One in three health centers serving elementary aged students conduct school-wide health promotion activities focused on injury prevention.

PREVENTION/EARLY INTERVENTION

Because of their unique setting, public health orientation, and proximity to children and youth at risk, SBHCs can play an important role in influencing the small number of risk behaviors that present the greatest threats to health.

Interpersonal connections in the clinical setting and small group support enable providers to ask the questions young people rarely hear, assess their risks for health threats, and assist in the development of social skills and competencies for avoiding these risks. Augmenting these services with the classroom and school-wide activities reported here reinforces the community values and norms that support student wellness beyond the clinic walls.



School-Based Operations Health Centers

HOURS OPEN

The majority of SBHCs are open during normal school hours and typically more than 30 hours a week (58%). One in five reported to be open eight hours or less a week. Some health centers provide expanded hours enabling students to make visits during out-of-school time, including after school (58%), before school (45%) and during the summer (38%).

OTHER POPULATIONS SERVED

Although the school population is the health center's primary target, many SBHCs (65%) provide services to patients other than enrolled students. These populations include students from other schools in the community (38%), family members of students (33%), faculty and school personnel (31%), out-of-school youth (18%), and other community members (16%).

THIRD-PARTY BILLING

Most SBHCs (69%) collect revenue for health center visits, predominantly from third-party payers such as Medicaid (68%), SCHIP (43%) and private insurance (45%). Twenty-three percent of SBHCs assess fees directly from the student or family.

ON-SITE TRAINING

Nearly eighty percent of SBHCs serve as training sites for health professionals. The percentages by professional include: nurse practitioners (73%), physicians (48%), mental health providers (34%) and nutritionists (10%).

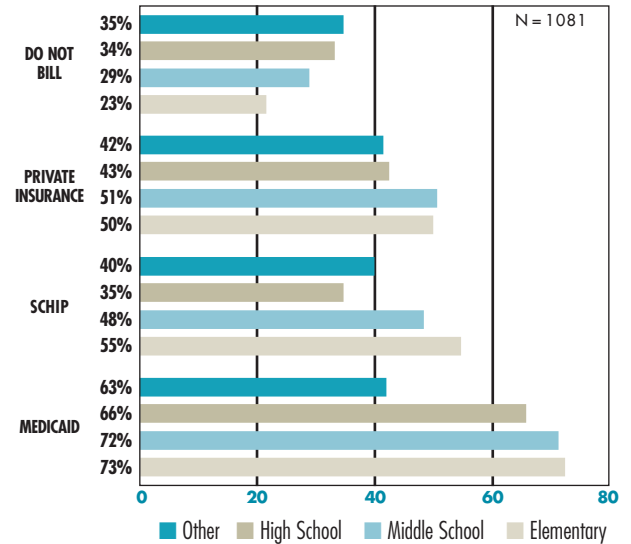
EVALUATION

SBHCs use evaluation tools to assess students' health knowledge and stakeholders' satisfaction with services. Specific tools include: paper or computer student health assessments (70%), surveys of parents (50%), surveys of teachers (45%), and student questionnaires in classroom (33%).

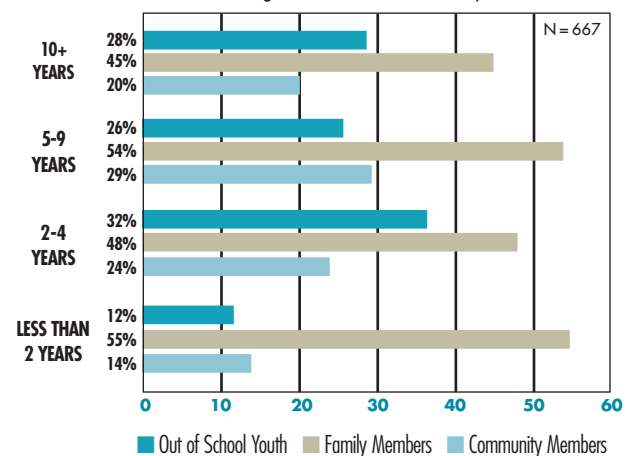
QUALITY ASSURANCE

SBHCs employ a variety of mechanisms to assure high quality health care: staff credentialing and training (92%), medical records reviews (91%), policies and procedures (89%), measures of patient satisfaction (74%), standards for physical environment (70%) and laboratory certification (69%).

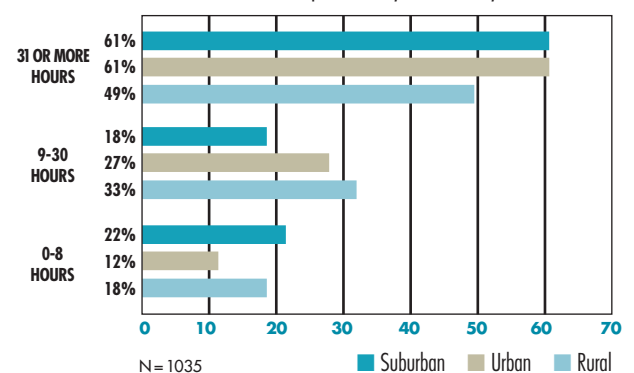
Billing Practices of SBHCs by School Type



Age of SBHCs and Other Populations Served

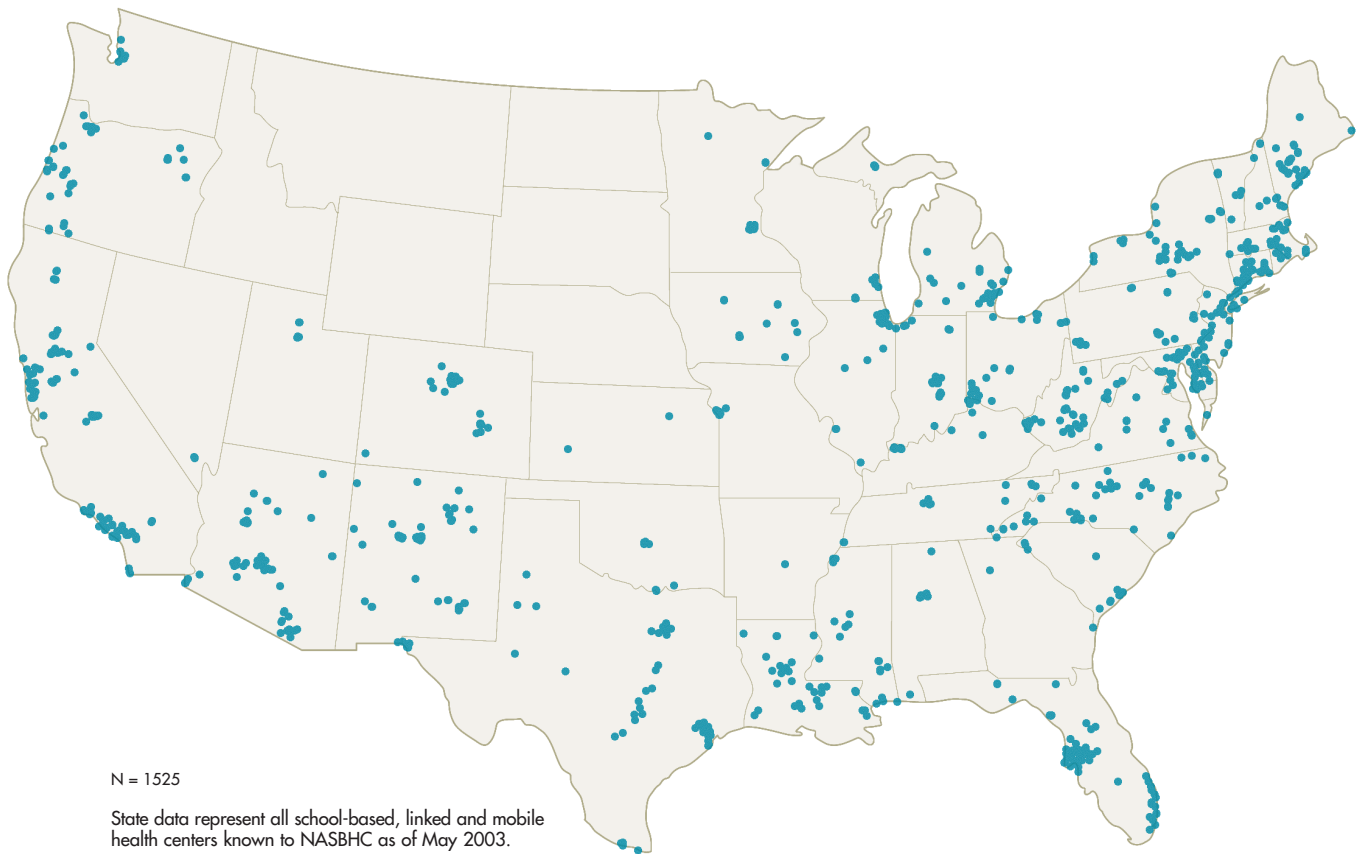


SBCH Hours of Operation by Community Characteristic



School-Based Health Centers

School-Based, Linked and Mobile Health Centers May 2003



Alabama	7	Indiana	32	Nevada	1	South Carolina	13
Alaska	1	Iowa	12	New Hampshire	5	Tennessee	15
Arizona	102	Kansas	3	New Jersey	24	Texas	72
Arkansas	1	Kentucky	20	New Mexico	39	Utah	3
California	108	Louisiana	52	New York	166	Vermont	5
Colorado	43	Maine	26	North Carolina	48	Virginia	19
Connecticut	65	Maryland	58	Ohio	18	Washington	13
Delaware	26	Massachusetts	69	Oklahoma	9	West Virginia	34
District of Columbia	3	Michigan	51	Oregon	46	Wisconsin	34
Florida	116	Minnesota	20	Pennsylvania	29		
Georgia	3	Mississippi	33	Puerto Rico	2		
Illinois	32	Missouri	5	Rhode Island	7		

The national census is conducted by the National Assembly on School-Based Health Care. This report was prepared by Linda Juszcak, John Schlitt, Michelle Odum, Caroline Barangan and Deidre Washington, May 2003. We gratefully acknowledge the support of census advisors John Santelli, Mona Mansour, Claire Brindis and Chris Kjolhede, as well as the SBHC professionals who generously provided data for their programs.

This report honors the vital work they do each day. Funding for the 2001-02 census was provided by the Health Resources and Services Administration's Maternal and Child Health Bureau, Office of Adolescent Health, The W.K. Kellogg Foundation, and The McKesson Foundation.