

# **Connecticut School Based Health Centers**



**Healthy Students  
Make Better Learners**

**2006-2007  
Annual Report**

**April 2009**

School Based Health Centers (SBHCs) are free-standing medical clinics located within or on the grounds of schools. They are designed to provide easy access and culturally sensitive continuity of care. SBHC clinics can be licensed as a hospital satellite clinic or an outpatient clinic, depending on the sponsoring agency. They operate under the sponsorship of a variety of organizations such as community health centers, hospitals, municipalities, boards of education, local health departments and other community-based organizations.

The mission of SBHCs is to assure access to primary and preventive health care for school-aged students, particularly those from uninsured and underinsured populations.

The major outcomes associated with the operation of SBHCs are:

- A reduction in time students spend away from the classroom while making services more accessible to students. At least 90% of visits result in the student returning to the classroom.
- Improved health status of children and adolescents through the understanding and adoption of healthy behaviors so that they are ready to learn. <sup>1</sup>
- Improved health status of students through the development of community-based systems of services for school-age children, adolescents and their families.
- Cost-effective when compared to the same services delivered elsewhere. For example, costs of an asthma visit at the SBHC compared to the cost and logistics burden involved with using a hospital emergency department.

SBHCs use population-based public health approaches that are designed to address both prevention and illness. The contemporary pediatric health care delivery system must not only address morbidity and mortality related to illness, but also the risk factors for illness that are associated with complex issues of behavior and lifestyle. SBHCs provide services to address individual behaviors, lifestyle choices and overall health status. Because each clinic site is embedded in the community where the targeted population interacts on a daily basis, school-based health centers are positioned to address both the medical and community factors that affect health outcomes.

Among the services most frequently provided are:

- Diagnosis and treatment of acute injuries and illnesses
- Physical exams
- Immunizations
- Prescribing and dispensing medications
- Laboratory testing
- Dental care

- Health education
- Crisis intervention
- Individual, group and family counseling
- Outreach
- Referral and follow-up for specialty care
- Linkage with a medical home

An interdisciplinary team of SBHC professionals with expertise in child/adolescent health provides a coordinated system of care under the supervision of a medical director. Many of the practitioners are also bi-lingual. Although staff coordinates care with a primary care provider whenever possible, SBHCs are often the primary source of medical care for students who use the clinics.

Clinic staffing depends on the type of services provided in each center. The most common health care disciplines delivering services in SBHCs are:

- Nurse Practitioners
- Physician Assistants
- Physicians
- Social Workers
- Dentists
- Dental Hygienists
- Dental Assistants
- Outreach Workers
- Nutritionists
- Health Educators



The importance of preventive services such as risk assessments, counseling, and health education is supported by data obtained through the 2005 Connecticut School Health Survey <sup>2</sup>. School-based healthcare providers can enable the adoption of healthy behaviors by performing health risk assessment and initiating prompt interventions. This may improve students' overall health and reduce the risk of developing chronic disease.

Major inequities in health outcomes and access to affordable healthcare are most striking in communities where children are also not making adequate gains in educational achievement.<sup>2,3,4,5</sup> SBHCs are located in schools predominantly serving low-income minority children. State-funded SBHCs offer services to children regardless of ability to pay. In turn, these clinics are part of the safety-net provider network that serves uninsured and publicly insured children.

In 2006-2007, sixty-eight state-funded SBHC sites in nineteen communities provided health services to more than 20,000 students in grades Pre-K – 12. Clinics were located in high schools (HS), middle schools (MS), elementary schools (ES) and schools with a mixture of grades (mixed sites).

**Type of Site**

<b>Town</b>	<b>HS</b>	<b>MS</b>	<b>ES</b>	<b>Mixed</b>	<b>Total</b>
Ansonia	1				1
Bloomfield				1	1
Branford	1	1			2
Bridgeport	3		5	1	9
Danbury	1	1			2
East Hartford	1	1	1		3
Groton	1	1	2		4
Hamden	1				1
Hartford	2	1	2		5
Middletown		1	1		2
New Britain	1				1
New Haven	2	5	6		13
New London	1	1	7		9
Norwalk	3				3
Norwich	1	2	1		4
Stamford	2	1		1	4
Stratford		1			1
Waterbury			1		1
Windham	1	1			2

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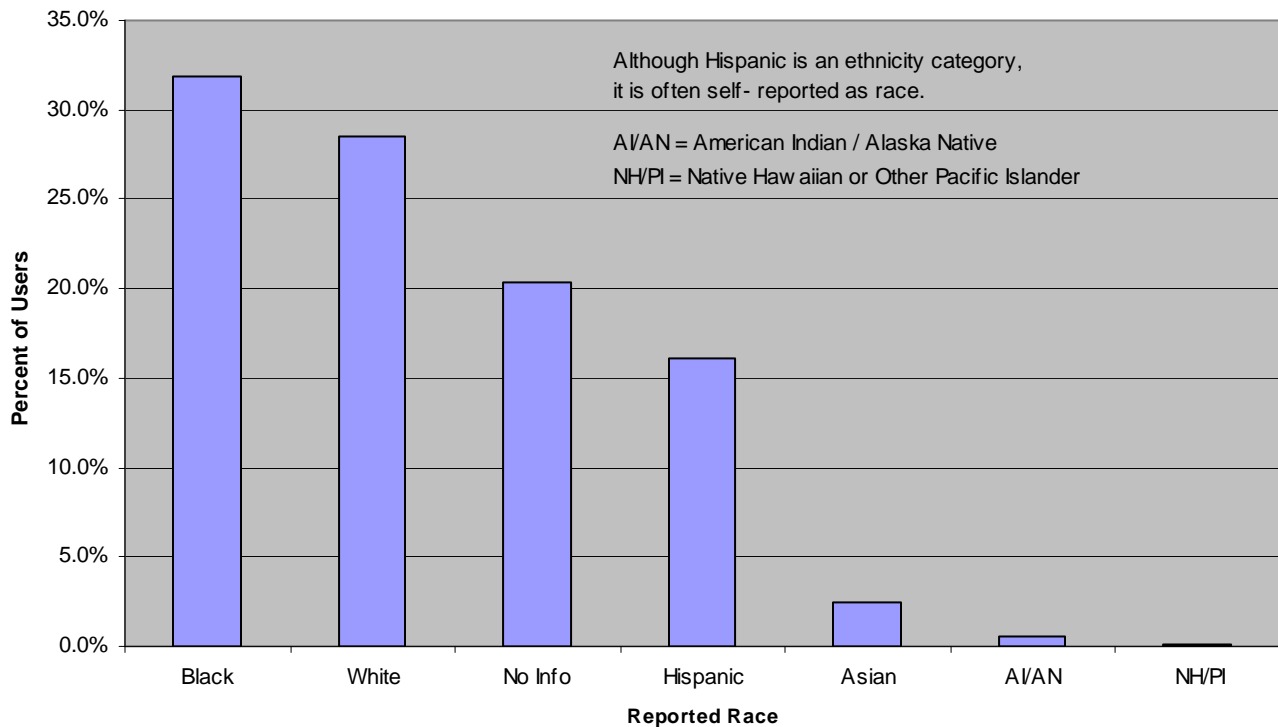
### Students Who Used the Clinics

Over twenty-two thousand students had at least one visit record for the 2006-2007 period (July 1, 2006 – June 30, 2007). Overall, females accounted for a larger portion of users than males (55% vs 45%).

The current federal standard requests the collection of ethnicity as Hispanic or Non-Hispanic first, then the collection of race as one of five choices: White, Black/African American, Asian, Native Hawaiian/Other Pacific Islander, American Indian/Alaska Native.<sup>6</sup> This approach often does not agree with the data collection forms and systems used by school administrations and clinics.

Reported ethnicity was Non-Hispanic 47%, Hispanic 41% and Unknown 12%. The two most frequently reported races were Black/African American (32%) and White (29%). Approximately 16 percent of students who used the clinics reported their race as Hispanic. Race was reported as Other or Unknown in 20 percent of User visit records that had matching demographic records.

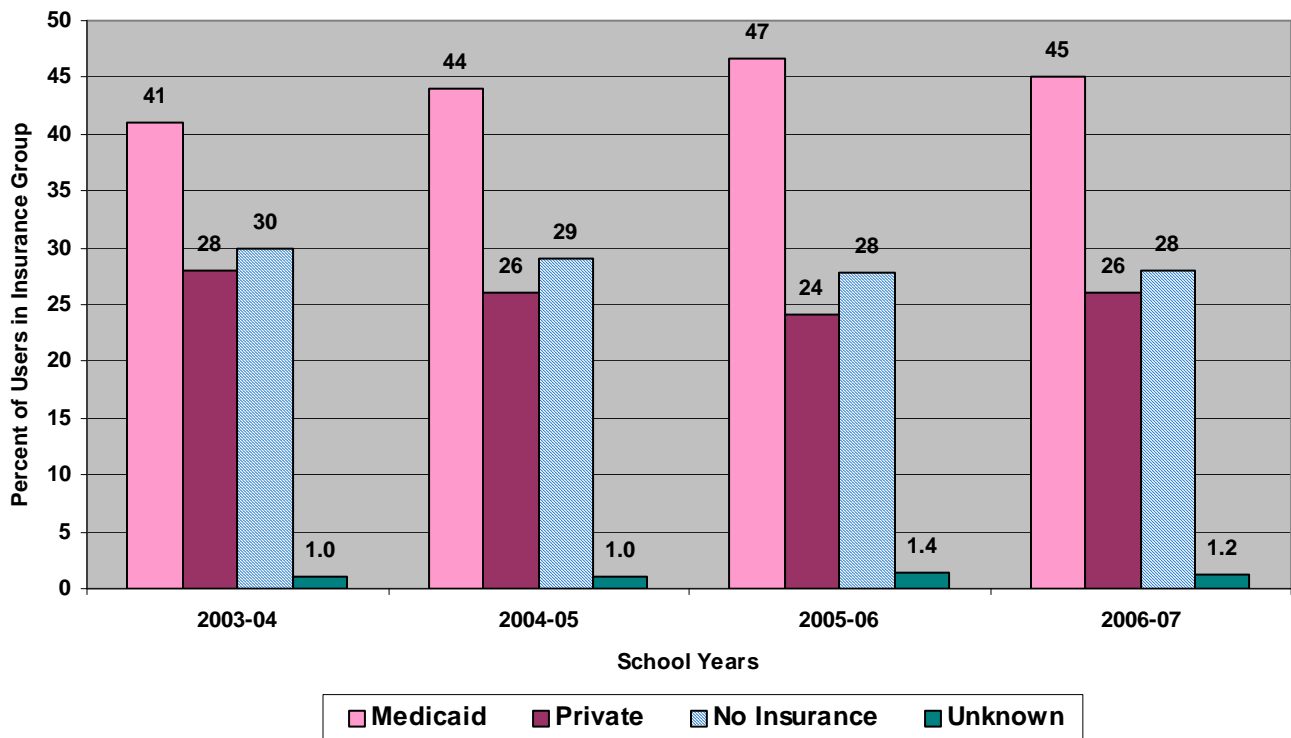
Distribution of SBHC Users by Reported Race 2006-2007



A "User" is a student who is enrolled to the SBHC and has at least one visit record. Most, but not all users had matching demographic information (age, sex, ethnicity, race, insurance). When this was lacking, the analyses were based on records that had at least visit and some corresponding demographic information. Race reported as unspecified Other or Unknown was combined into No Info category.

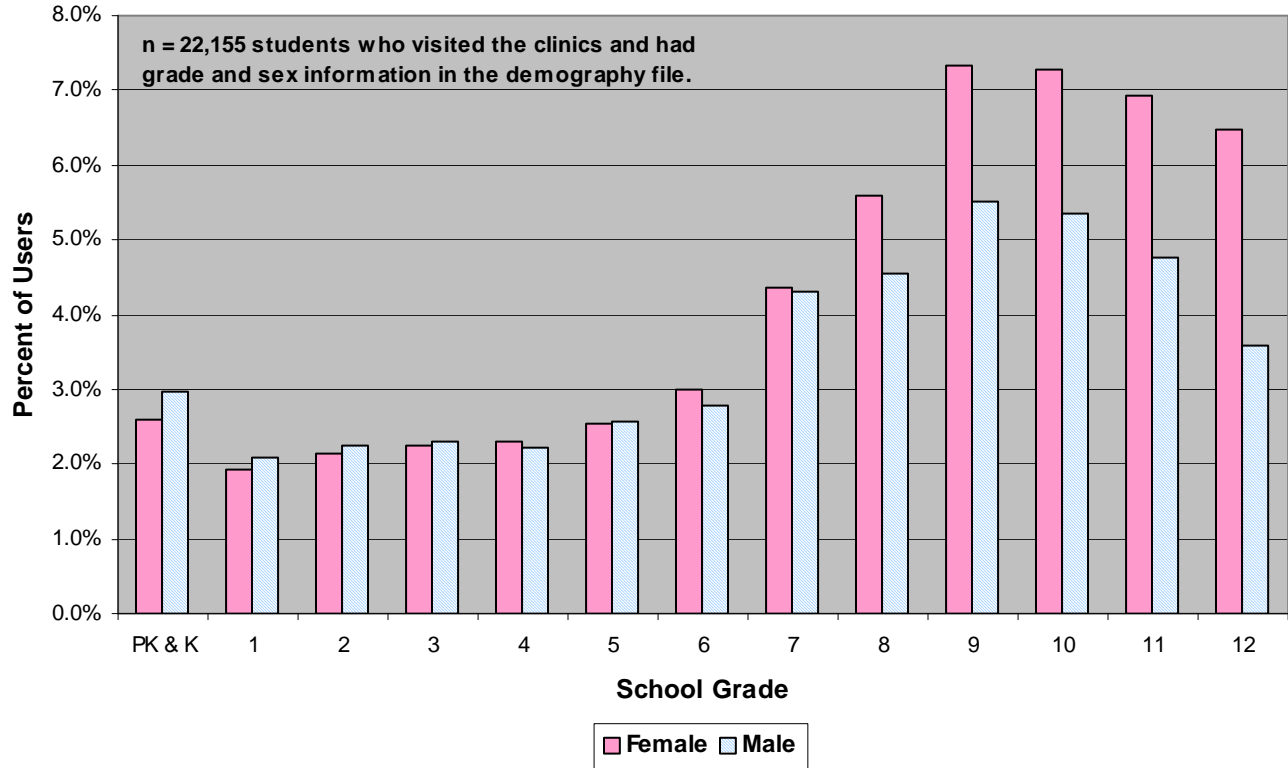
In the 2006-2007 school year, almost half of all SBHC users were covered by Medicaid. Twenty-six percent were covered by private insurance and twenty-eight percent of SBHC users reported no insurance coverage at the time of registration to the clinics. It is important to note that these figures represent only a snapshot of the insurance status, which can change during the course of the school year. The distribution of insurance status may be influenced by a number of factors, such as the population served, business composition of the community, local efforts to publicize the availability of services, parent/guardian willingness to disclose insurance information on the SBHC enrollment form, and changes in eligibility criteria for publicly-funded insurance programs.

**Insurance Status of SBHC Individual Students Receiving Services**



The chart below shows the distribution of more than 22,000 SBHC users by grade and sex.

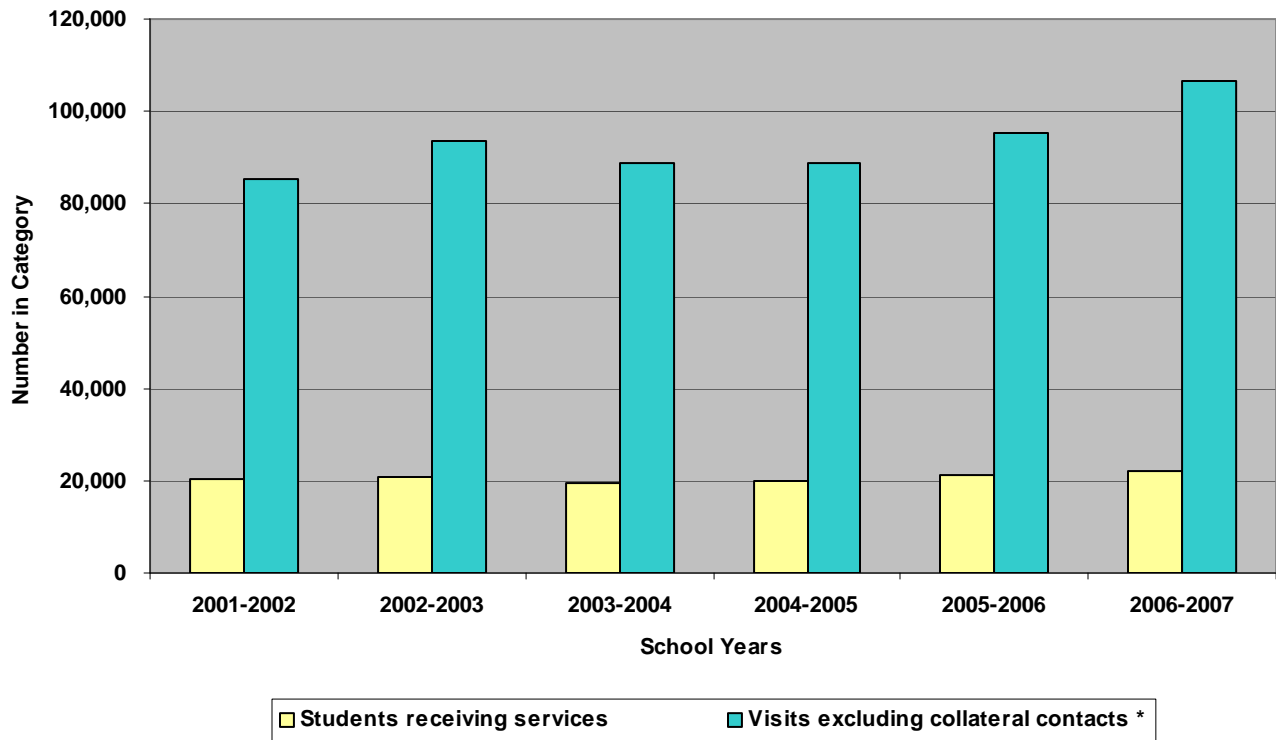
**SBHC Students Receiving Services by Grade and Sex 2006-2007**



SBHC users at DPH-funded sites made more than 100,000 medical, mental health and dental clinic visits during the 2006-2007 school year, excluding collateral contacts.\* Medical care encompasses the types of services usually found in a community pediatric practice, such as care for acute and chronic conditions, immunizations and well child checkups. Mental health services may include counseling, crisis intervention, substance abuse prevention, outreach to students at risk, advocacy and referral for services not provided in the SBHC. Dental and oral health services such as screening exams, fluoride and sealant applications, and basic restorative procedures were also available at some sites.

\* Collateral contacts are not the same as actual clinic visits by the student. They include phone calls to obtain information from other health providers and parents.

### SBHC Selected Statistics over Range of School Years



**The most common reasons for visits** to DPH-funded SBHC clinics in 2006-2007 are listed in descending order below. The counts are based on primary diagnosis and primary procedure codes as available.



- Mental health (32%)
- Acute conditions (28%)
- Medical Exam/Follow-Up/Screen/Immunization (13%)
- Reproductive Health (7%)
- Injury (7%)
- Oral Health (6%)
- Chronic Conditions (3%)

Reproductive health care services and general medical exams can include risk assessments and immunizations. Many of these services are not always available or affordable to students outside of a SBHC setting. Onsite screening and immunization can reduce or prevent crucial delays in starting school. This is especially relevant to students who arrive each year from other states or countries and lack access to affordable medical care.

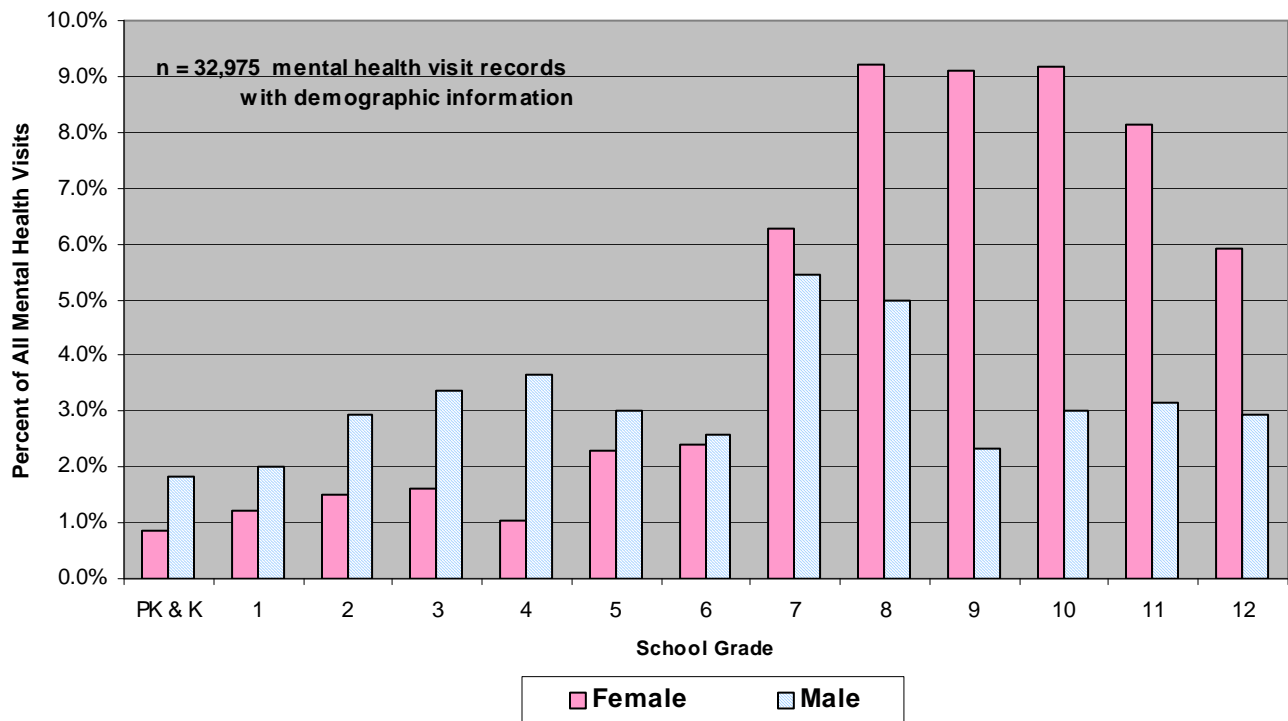
**Mental health visits** accounted for almost one third (32,975) of all visits and the need for these services continues to grow. SBHC mid-year and yearly program reports describe many of the reasons mental health services are an essential component of comprehensive care:

- Changing family structure and dynamics
- Escalating reports of community violence
- Increase in school violence (fighting and bullying)
- Increase in substance use and abuse
- Increased incidence of intentional injury, anxiety and depression
- Increased need for crisis intervention in schools
- Lack of community mental health care services



The SBHC is often the only provider of individual, group and family counseling available to students and their families. The on-site location of services minimizes the time that students must be out of the classroom, especially for repeat visits.

**Distribution of Mental Health Visits by Grade and Sex, 2006-2007**



The need for mental health resources is also bolstered by state-specific data from the National Children’s Health Survey of 2003. Connecticut estimates point to significant issues such as neighborhood cohesiveness and support, being at risk for social, developmental and behavioral delay, as well as identification of mental health needs and delivery of appropriate mental health care when need has been identified.<sup>7</sup>

**Acute care visits:** Treatment of an acute condition is the most frequently reported reason for a medical visit to a SBHC. In 2006-2007, twenty-eight percent of visits were for acute care.

### **Chronic Conditions**

SBHC staff also play a key role in caring for students with chronic conditions by collaborating with the school nurse as well as parents and primary care providers. The need for these services is underscored by increased awareness of conditions such as asthma, diabetes and obesity developing in young people.<sup>8</sup> In addition, more students with special health care needs that require daily medical oversight are attending school.

### **Oral Health Services**

SBHCs that offer dental services reduce barriers to oral health care, including the lack of insurance coverage, shortage of dental providers, lack of transportation and the impact on parent schedules.

Over time, SBHCs have reported an increase of students in elementary grades who have untreated dental caries and dental problems such as abscesses, broken teeth and dental pain due to lack of preventive care. In certain communities, the SBHC dental clinics have offered care to school-age children who have never been to a dentist. Some of these children have never owned a toothbrush. Even children with Medicaid coverage have difficulty accessing community providers, as there is a shortage of dental professionals who will accept this insurance. Although not all SBHCs offer onsite dental services, they offer referral and case management for oral health services in the community.

### **Health Promotion and Health Education**

SBHCs offer health promotion and health education to individual students and student groups. Culturally sensitive, age-appropriate health education can assist young people in the adoption of healthy behaviors. SBHC enrollees, other students who attend school, staff and parents participate in educational sessions which cover a wide array of topics. Some of the most frequent presentations have included nutrition and weight management, bullying, violence prevention, reproductive health, hygiene, substance use, anger management, oral health care, healthy relationships, suicide prevention, stress management, healthy living, and injury prevention.

## Summary

Since the first Connecticut school-based health center was established in New Haven's Wilbur Cross High School back in the early 1980s, the number of sites and services has increased over the years. The first growth spurt occurred in 1993, when Connecticut was one of twelve states selected through a competitive process by the Robert Wood Johnson Foundation to receive a 12-18 month grant. The grant was entitled, "*Making the Grade: State and Local Partnerships to Establish School-Based Health Centers (MTG)*". Funding supported the development of a state plan designed to expand the number of SBHCs and to improve conditions for sustaining them. Connecticut went on to become one of nine states to participate in the Foundation's MTG demonstration program. The growth of state-funded SBHCs continues, from twenty-nine centers in 1994 to sixty-eight centers in 2007.

Communities with SBHCs that comply with the DPH standard model may have membership in CASBHC, the Connecticut Association of School Based Health Centers. CASBHC has worked to strengthen support for SBHCs in the state and to support initiatives to educate other states about developing and using these important healthcare resources across the country.

In addition, Senate Bill 317 established an ad hoc committee to explore and suggest regulatory changes to improve health care access to school-based health centers. This committee exists as a partnership of state agencies and SBHC coordinators. The committee's December 2006 report to the Connecticut Public Health Committee is available at the DPH website: <http://www.ct.gov/dph/site/default.asp> .

What began with the opening of one school-based health center has become a very successful long-term partnership between the state, local school systems and community-based providers. It is well known that healthy students make better learners. Accordingly, the unique blend of comprehensive health care services offered through SBHCs will continue to promote both the health and academic achievements of Connecticut's students.

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