2009-2010
Alameda County School Health Centers

Oakland Unified School District Evaluation Key Findings Report

March 2011

Produced by Philip R. Lee Institute for Health Policy Studies University of California, San Francisco
About the Alameda County School Health Services Coalition

The School Health Services (SHS) Coalition envisions a county where schools and communities support the health and success of every student so that children grow up feeling safe, supported, connected, and engaged. Together, schools, families and community partners create equity in education and health for all students. As part of the Alameda County Health Care Services Agency (HCSA), the Coalition represents collaborations of many diverse partners, including school and school district leaders, health advocates, community service providers, policy makers, families and youth working to create equity in education and health for all students.

The Coalition’s mission is to work to build communities of care that foster the academic success, health, and well-being of Alameda County children, youth, and families. We develop innovative policies, practices and integrated services to improve the availability and quality of learning supports in schools and neighborhoods.

Because schools have traditionally been a strong galvanizing force in communities, the Coalition adopted the Coalition for Community Schools’ Full Service Communities Schools Framework in 2009 as a comprehensive strategy for improving health and academic outcomes for children, youth, and families. Grounded in the belief that the health and well-being of children and youth are inextricably linked to their success in school, Full Service Community Schools transform public schools into community hubs that bring together partners that offer a range of supports and opportunities to children, youth, families, and neighborhoods.

The Coalition builds on the momentum from the previous 14 years and leverages past investments in school health centers and school-based behavioral health services to build the continuum of health supports essential to creating full service community schools.

School Health Centers (SHCs) play a vital role in creating universal access to health services by providing a continuum of age-appropriate and integrated health and wellness services for youth in a safe, youth-friendly environment at or near schools. Supported by strong collaborations with community health partners, school administration, and city and county agencies, School Health Centers provide access to a range of integrated medical and behavioral health, health education, and youth development services for more than 21,000 students annually at 16 school campuses in 7 school districts throughout Alameda County. Ten new sites are scheduled to open by 2012.

About this Report

Since 1998, HCSA has partnered with a team from the University of California, San Francisco’s Philip R. Lee Institute for Health Policy Studies to conduct a comprehensive evaluation of the county’s school health centers. The evaluation aims to document: 1) the demographic profile of SHC clients; 2) what services clients receive; 3) whether the frequency, dosage or type of service received affects client health outcomes; and 4) whether the provision of school-based health services leads to improved health access, health status and health behaviors, increased resilience/protective factors, decreased risk behaviors, and improved educational outcomes. Evaluation data is collected through a standardized SHC database and surveys with SHC clients and the school population. This report represents a summary of the key findings from data collected in the six School Health Centers in Oakland Unified School District from July 1, 2009 to June 30, 2010 and includes additional data from 2006-2007, 2007-2008 and 2008-2009 for comparison.

Contact Information

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Key Finding 1  Increase in Registered Clients and Client Visits

There are six School Health Centers within Oakland Unified School District:

• Chappell Hayes Health Center, McClymonds Educational Complex
• Roosevelt Health Center, Roosevelt Middle School
• Shop 55 Health Center, Oakland High School
• TechniClinic, Oakland Technical High School
• Tiger Clinic, Fremont Federation of Small Schools
• Youth UpRising/CASTlemont Health Center, Castlemont Community of Small Schools

Between the 2006-07 and 2009-10 school years, the number of clinic visits increased by 82% and clients served increased 52%. This translated into an increase in the number of visits per client, from 5.1 to 6.2.

2006-10 Trends

- 82% Clinic Visits
- 52% Registered Clients
- 5.1 to 6.2 Visits per Client

“I don’t know what I would have done without [the Health Center].”
2009-10 Client Survey Respondent

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1 Data Source: Client and Service data were collected in Clinical Fusion and in Efforts to Outcomes. 532 Roosevelt Health Center first aid visits from August-September 2008 were not entered. Thus, the client numbers are likely underreported.

2 Hawthorne Elementary School also has a School Health Center on its campus, however data is not collected from that site as part of the Coalition evaluation.
Client Gender
In 2009-10, 60% of clients were female, which is the same percentage as the 2008-09 school year.

Client Race/Ethnicity
Clients’ racial/ethnic backgrounds have also remained consistent since last year. In 2009-10, nearly half were African American (45%), 25% were Latino/a, 18% Asian/Pacific Islander, 2% White/Caucasian, 3% Bi/Multi-Racial, and 2% “other.” The table below shows that a larger percentage of SHC clients were African-American (45% vs. 40%), a smaller percentage of clients were Asian or Pacific Islander (18% vs. 24%), and a smaller percentage of clients were Latino/Latino (25% vs. 28%) compared to the combined school populations.3

Client Insurance Status
Insurance status was documented for 50% (n=1,948) of the SHC clients in 2009-10. Of those clients, 8% had no insurance. Nearly one-half (45%) had Medi-Cal, 31% had “other government” insurance, and 9% had private insurance.

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3 School enrollment data is from California Department of Education DataQuest: http://data1.cde.ca.gov/dataquest.
4 Data Source: ETO. Insurance data was missing/unknown for 1,965 clients in 2009-10.
Key Finding 2  SHCs Impact Access to and Utilization of Care

SHCs Serve over One-Third of School Population
The percentages of the school population that are registered SHC clients increased over the past four years, from 35% to 59%.5

<table>
<thead>
<tr>
<th>% of School Population that Are Registered Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10 (6 SBHCs)</td>
</tr>
<tr>
<td>2008-09 (6 SBHCs)</td>
</tr>
<tr>
<td>2007-08 (6 SBHCs)</td>
</tr>
<tr>
<td>2006-07 (5 SBHCs)</td>
</tr>
</tbody>
</table>

Main Reason for Non-Use Was Not Needing Care
In 2009-10, when students were asked why they had not used the SHC, they reported6:
• I did not need any services (67%).
• I did not know there was a health center (17%).
• I was afraid my parent/guardian(s) or other students would find out (10%).

SHCs Improve Access to Care
In 2009-10, SHC users were more likely than non-users to report that in the past year they “always” or “sometimes” received health services when they needed them7:
• Counseling to help them deal with issues like stress, depression, family problems, or alcohol or drug use (55% vs. 43%, p<0.004).
• Help with reproductive health issues like birth control/condoms or testing for pregnancy or sexually transmitted diseases (66% vs. 40%, p<0.001).
• Medical care when they were sick, hurt or needed a check-up (82% vs. 78%; not significant).

Types of Services Provided
In 2009-10, over one-third of client visits were for mental health (37%), 30% were for medical/health education visits, 27% for first aid, and 7% for group visits. Of the medical services received during medical/health education visits, 83% were for medical services (such as family planning, sports physicals, chronic disease management and primary care services), and 16% were for health education. The majority (78%) of medical/health education visits included family planning services.

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5 The percentage of clients that were clients may be a slight over-count because some SHCs seen clients who are not students.
6 Data Source: California Healthy Kids Survey (CHKS) SHC Custom Module, 2009-10, n=711-724 respondents that had not used the SHC.
7 Data Source: CHKS, 2009-10: Medical care: n=321 users and n=577 non-users; Counseling: n=262 users and 381 non-users; Reproductive health care: n=244 users and n=339 non-users.
First Aid as a Gateway Service
In 2009-10, one in ten clients (10%, n=409) whose first visit to the SHC was for first aid subsequently returned for a medical, mental health and/or group visit. Of the clients that returned, 62% (n=252) returned for a medical visit, 18% (n=72) returned for a mental health visit, and 3% (n=11) returned for a group visit. An additional 18% (n=74) returned for more than one type of visit.

Client Feedback
In 2009-10, nearly all clients reported that they like having the SHC at their school (99%) and would recommend it to their friends (97%).\(^8\) Nearly all agreed that they can turn to the SHC staff for advice or information (98%) and that they are easier to talk to than other doctors or nurses (98%). They also reported that the SHCs helped them to get information they needed (99%) and help sooner than they would otherwise (98%).\(^9\)

\[\text{Data Source: Client Survey, 2009-10: n=259-266 respondents that used the SHC.}\]

\[\text{Data Source: Client Survey, 2009-10: n=252-264.}\]

“I think the School Health Center is a very good place to go to for anything like advice, confidential things, drug problems ... it is the only place I would go to for anything I need.”

2009-10 Client Survey Respondent
Key Finding 3  SHC Mental Health Services Impact Clients

Clients’ Presenting Concerns Significantly Improved Over Time

In 2009-10, providers reported significant improvements (p<0.05) from baseline to follow-up for nine of the twenty-eight assessed presenting client concerns, as shown in the table below. There was no significant change in the remaining 19 presenting concerns.

Change in Status of Presenting Concerns (n=117-140)
Note: Higher mean score at follow-up shows improvement
All changes were significant (p<0.05)

<table>
<thead>
<tr>
<th>Concern</th>
<th>Baseline</th>
<th>Follow-Up</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic needs</td>
<td>2.7</td>
<td>2.84</td>
<td>0.14</td>
</tr>
<tr>
<td>Prior disciplinary action</td>
<td>2.14</td>
<td>2.36</td>
<td>0.22</td>
</tr>
<tr>
<td>Oppositional/defiant behavior</td>
<td>2.11</td>
<td>2.26</td>
<td>0.15</td>
</tr>
<tr>
<td>Classroom behavior-internalized</td>
<td>1.78</td>
<td>2.13</td>
<td>0.35</td>
</tr>
<tr>
<td>Grief/loss/separation/bereavement</td>
<td>1.69</td>
<td>1.87</td>
<td>0.18</td>
</tr>
<tr>
<td>Goals/aspirations</td>
<td>1.59</td>
<td>1.83</td>
<td>0.24</td>
</tr>
<tr>
<td>Peer/friendship conflicts/difficulties</td>
<td>1.53</td>
<td>1.84</td>
<td>0.31</td>
</tr>
<tr>
<td>Depression/sadness</td>
<td>1.34</td>
<td>1.57</td>
<td>0.23</td>
</tr>
<tr>
<td>Self esteem/self worth/self image</td>
<td>1.3</td>
<td>1.58</td>
<td>0.28</td>
</tr>
</tbody>
</table>

Scoring:
3 = No longer a problem or N/A
2 = Somewhat a problem
1 = A problem
0 = Very much a problem

10 Analysis of this clinic data examined clients with at least three mental health visits by comparing their “baseline visit” (taken from the first mental health visit between July 2009 and March 2010) and their “follow-up visit” (taken from the last visit date with at least three months following the baseline). The score for each presenting problem was assigned a numerical value to create a mean score at baseline and at follow-up.

11 There was no significant change in family conflict; attendance/truancy/tardy/avoidance; anger management; grief/loss/separation/bereavement; anxiety/nervousness/panic attacks; violence (witness/victim)/abuse/domestic violence; social skills/communication deficits; trauma/Post Traumatic Stress Disorder; poor boundaries; classroom behavior-externalized; suicidal ideation/attempt/self injury/mutilation; violent/harassment behaviors (acting out); sexual health/relationships/sexuality & gender issues; learning disability; substance use/abuse (student); health issues (stomach/headache/sleep/other); attention/hyperactivity/ADHD; gang affiliation/involvement; and nutrition/eating concerns.
SHC Mental Health Clients Showed Improvements in Resiliency Factors
In 2009-10, providers reported significant improvements (p<0.05) from baseline to follow-up in nine of the sixteen assessed resiliency factors. However, there was a significant decline in clients’ self-motivation to participate in counseling over time.

<table>
<thead>
<tr>
<th>Change in Status of Resiliency Factors (n=136-148)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: Higher mean score at follow-up shows improvement</td>
</tr>
<tr>
<td>All changes were significant (p&lt;0.05)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resiliency Factor</th>
<th>Baseline</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-motivated to participate in counseling</td>
<td>0.93</td>
<td>1.80</td>
</tr>
<tr>
<td>Discusses feelings and emotions openly</td>
<td>1.13</td>
<td>1.44</td>
</tr>
<tr>
<td>Interacting with peers in a positive way</td>
<td>1.22</td>
<td>1.54</td>
</tr>
<tr>
<td>Motivated and applies self to do well in school</td>
<td>1.29</td>
<td>1.42</td>
</tr>
<tr>
<td>Expresses a sense of hope and/or optimism for his/her life and/or future</td>
<td>1.15</td>
<td>1.30</td>
</tr>
<tr>
<td>Works on academic-related activities (homework/reading) outside of school</td>
<td>1.14</td>
<td>1.30</td>
</tr>
<tr>
<td>Actively engaged in learning in the classroom</td>
<td>1.13</td>
<td>1.29</td>
</tr>
<tr>
<td>Expresses emotions (anger, sadness, etc.) in healthy ways</td>
<td>1.13</td>
<td>1.29</td>
</tr>
<tr>
<td>Has a high sense of self-esteem and/or self-worth</td>
<td>0.93</td>
<td>1.13</td>
</tr>
</tbody>
</table>

The score for each resiliency factor was assigned a numerical value to create a mean score at baseline and at follow-up. There was no significant change in the following items: Involved in organized on/off campus activities; accepts and takes personal responsibility for actions; has a relationship with at least one caring adult; parent and student communicate in positive and healthy ways; parent/guardian provides consistent boundaries at home, including appropriate discipline and clear limits; parent/guardian provides a supportive and caring environment; and parent/guardian is involved in the student’s academics.

“`When I come here they make me feel comfortable to talk to them about my issues.”  
2009-10 Client Survey Respondent

“I came to the [Health Center] to see a counselor to talk about my problems and stress. It helped me so much I pulled together my own girls support group.”  
2009-10 Client Survey Respondent

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12 The score for each resiliency factor was assigned a numerical value to create a mean score at baseline and at follow-up. There was no significant change in the following items: Involved in organized on/off campus activities; accepts and takes personal responsibility for actions; has a relationship with at least one caring adult; parent and student communicate in positive and healthy ways; parent/guardian provides consistent boundaries at home, including appropriate discipline and clear limits; parent/guardian provides a supportive and caring environment; and parent/guardian is involved in the student’s academics.
Clients Reported Increased Contraceptive Use

In 2009-10, the majority of medical/health education services (78%) were for family planning. Providers reported that from baseline to follow-up, the percentage of female clients that “always” used contraception significantly increased:

- **Used birth control other than condoms increased significantly** from 13% to 34% (p<0.0001).
- **Used both birth control and condoms together increased** slightly from 4% to 6% (p=0.0028).
- **Used condoms in the past month decreased** significantly from 32% to 15% (p=0.0172). It is important to note that other researchers have also documented that condom use declines with the adoption of hormonal methods.¹⁴

### Percent of female clients that “always” used...

<table>
<thead>
<tr>
<th>Percent of Female Clients</th>
<th>Baseline</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms in the past month</td>
<td>15%</td>
<td>32%</td>
</tr>
<tr>
<td>Birth control AND condoms together</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Birth control other than condoms</td>
<td>13%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Note: Higher percentage at follow-up shows improvement. All changes were significant change (p<0.02)

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**“I didn’t know I had an STD until I went to the clinic and they helped me get treatment right away. I would have never known or been aware until I came here.”**

2009-10 Client Survey Respondent

**“[The Health Center] has helped me come out of being scared of asking questions about my sexual health.”**

2009-10 Client Survey Respondent

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¹³ Data Source: ETO. Analysis compared “baseline visits” (first family planning visit between July 2009-March 2010) and their “follow-up visit” (taken from the last family planning visit date with at least three months following the baseline).

Key Finding 5  SHCs Improve Resiliency and Academic Indicators

**SHCs Impact Academics and Resiliency**

In 2009-10, most clients reported that they “strongly agreed” or “agreed” that the SHCs helped them have goals and plans for the future (93%), do better in school (89%), and deal with personal and/or family issues (87%).

**Youth Development Programs Impact Academics and Resiliency**

To promote student development and resiliency, the SHCs offer a variety of youth development and empowerment programs. The number of programs has fluctuated slightly over the past four years (7 in 2006-07, 12 in 2007-08, 10 in 2008-09, and 13 in 2009-10). In 2009-10, participants reported significant (p<0.001) improvement in several academic and school connectedness factors after participation in the youth development programs, as shown in the table below.

<table>
<thead>
<tr>
<th>2009-10 Youth Program Participant Survey</th>
<th>Before Program Participation</th>
<th>After Program Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received mostly A's or B's</td>
<td>68%</td>
<td>81%</td>
</tr>
<tr>
<td>Felt very satisfied with school experience*</td>
<td>39%</td>
<td>66%</td>
</tr>
<tr>
<td>Felt very connected to people at school*</td>
<td>29%</td>
<td>76%</td>
</tr>
<tr>
<td>Never/rarely missed school</td>
<td>66%</td>
<td>71%</td>
</tr>
<tr>
<td>Never/rarely felt bored after school**</td>
<td>16%</td>
<td>45%</td>
</tr>
</tbody>
</table>

*Significant change: p<0.001

Students also shared personal reflections about how the programs impacted them. One respondent shared, “[The program] helped me become more of a leader and improved my speaking skills.” Another respondent expressed that the best part of the program was “being able to have an environment where I can open up to other people that I trust.”

“[The program] helped me with my confidence and leadership skills.”

2009-10 Youth Program Survey Respondent

“[The program allowed me to]... do something positive for my peers.”

2009-10 Youth Program Survey Respondent

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