

School Based Health Centers: Sharing Our Stories



"Healthy Kids Make Better Learners"

**Connecticut Association of
School Based Health Centers**

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School Based Health Centers: Barrier-Free Access to Quality Care

Introduction

The purpose of this booklet is to showcase the impact of SBHC services on the lives of students in Connecticut. In the pages of this booklet you will be introduced to young people from different schools across Connecticut that use SBHCs. Their personal stories are remarkable and highlight the impact of access to barrier-free health care on their health and well-being as well as their academic performance. In addition, you will learn more about how SBHCs are helping to address four major health problems that affect our children and adolescents – mental health, obesity, asthma and immunizations.

Background

According to the Centers for Disease Control and Prevention (CDC), the academic success of America's youth is strongly linked with their health¹. Despite this knowledge, a lot of young people are unable to perform well academically because of a variety of preventable health-related problems they encounter and the barriers and difficulties in accessing health care. In Connecticut a large number of children and adolescents lack access to adequate and affordable health care. As of January 2011, 57,000 children in Connecticut were without health insurance² and many who have health insurance are sometimes unable to access care in a timely and convenient way. For our children to grow into healthy successful citizens, they need to have barrier-free access to adequate and high quality health care.

School Based Health Centers (SBHCs) are comprehensive primary health care facilities and are licensed as outpatient clinics to provide a variety of services in school settings to students during and after school hours. SBHCs reach all children in the school setting including the uninsured or underinsured. They provide services to children across all socio-economic levels and racial and ethnic groups. Because they are located in the school setting, SBHCs are accessible to all students. This reduces the barriers (e.g. transportation, lack of insurance, financial, geographic location) that students face in receiving optimal care.

The availability of school-based health services has been associated with decreased school absenteeism and reduced school dropout rates³. By providing adequate health care for children and youth in schools, SBHCs are helping to close the critical gap between the health of our children and their academic success. Ultimately, SBHCs have the ability to increase the health, well-being and educational success of Connecticut's children.

This booklet is a project of The Connecticut Association of School Based Health Centers, Inc. with Fellows from the CT Health Foundation Health Leadership Program.

This booklet is produced with the generous support of the Perrin Family Foundation.

1 Centers for Disease Control and Prevention (CDC). 2011. Retrieved from: http://www.cdc.gov/healthyyouth/health_and_academics/index.htm

2 Children's Defense Fund. Children in Connecticut. – January 2011

3 National Assembly on School-Based Health Care. Benefits of School Based Health Centers. Retrieved from: <http://www.nasbhc.org/atf/cf/%7BB241D183-DA6F-443F-9588-3230D027D8DB%7D/Benefits%20of%20SBHCs%2011.16.12.pdf>

MENTAL HEALTH



Randall's Story

Last year, several people close to me passed away, including my 17 year old cousin. After he died I wasn't the same. I was very stressed and experienced headaches every day. I went to the School Based Health Center and they were very sympathetic towards my struggle. The nurse practitioner provided treatment for my constant headaches. I started seeing the social worker to learn how to manage my headaches and stress. Without the SBHC I don't know where I'd be.

I no longer have daily headaches, and when I need help with a personal issue, or just someone to talk to, I know I can always stop by the SBHC. My health has improved so much because of the SBHC and I can say that my life would not have been the same without it.

- Nationwide, nearly 1 in 5 children and adolescents experience symptoms of mental health disorders, and of those, only 15% to 20% receive services.⁴ Of the children and adolescents who receive mental health services, 70-80% receive them in school.⁵
- In CT, African-American and Latino adolescent male students utilized mental health services at an average of 13 visits per student in SBHCs vs. 2-3 visits in an outpatient treatment setting.⁶
- Treatment is provided in SBHCs for multiple mental health problems that affect young people including: anxiety disorders, conduct disorder, bipolar disorder, major depression, adjustment disorder, among others.
- School Based Health Centers provide students with immediate access to care for many serious health issues that impact school performance and academic success.

4 Substance Abuse and Mental Health Services Administration. Results from the 2008 national survey on drug use and health: National findings. 2009; NSDUH Series H-36, HHS Publication No. SMA 09-4434

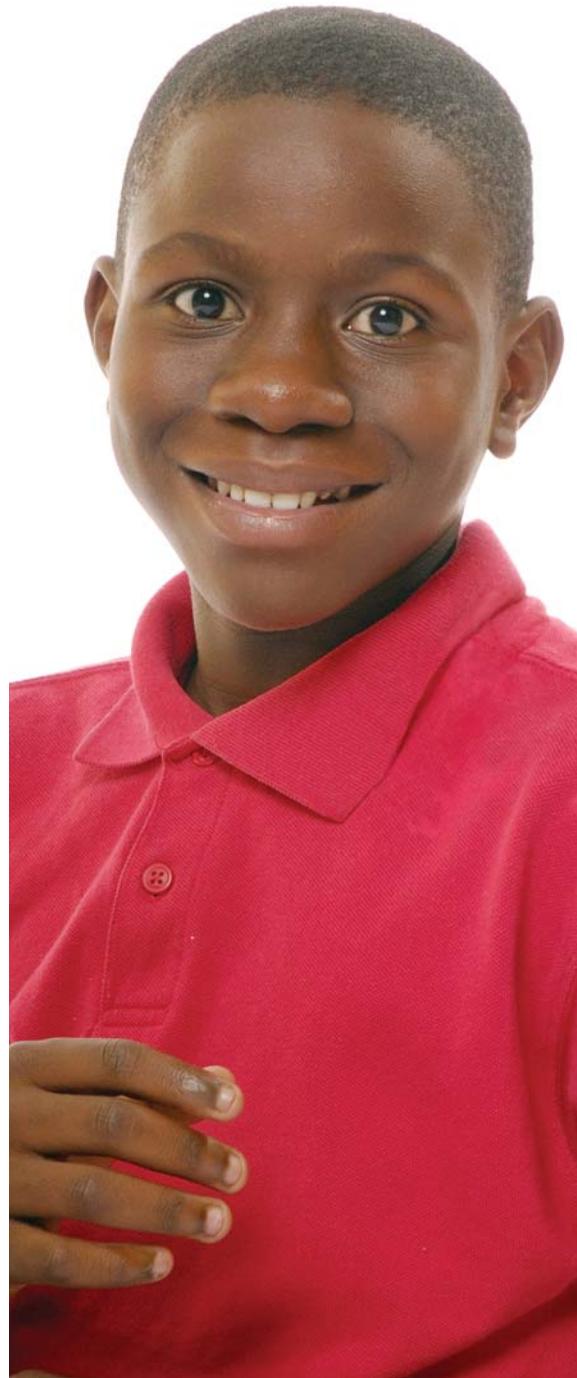
5 Hoagwood K, Burns BJ, Kiser L, Ringeisen H, Schoenwald SK. Evidence-based practice in child and adolescent mental health services. *Psychiatric Services*. 2001;52(9):1179-1189

6 CASBHC Issue Brief, 2012. Connecticut School Based Health Centers Engage Adolescent African-American and Latino Males in Mental Health Services.

Mikel's Story

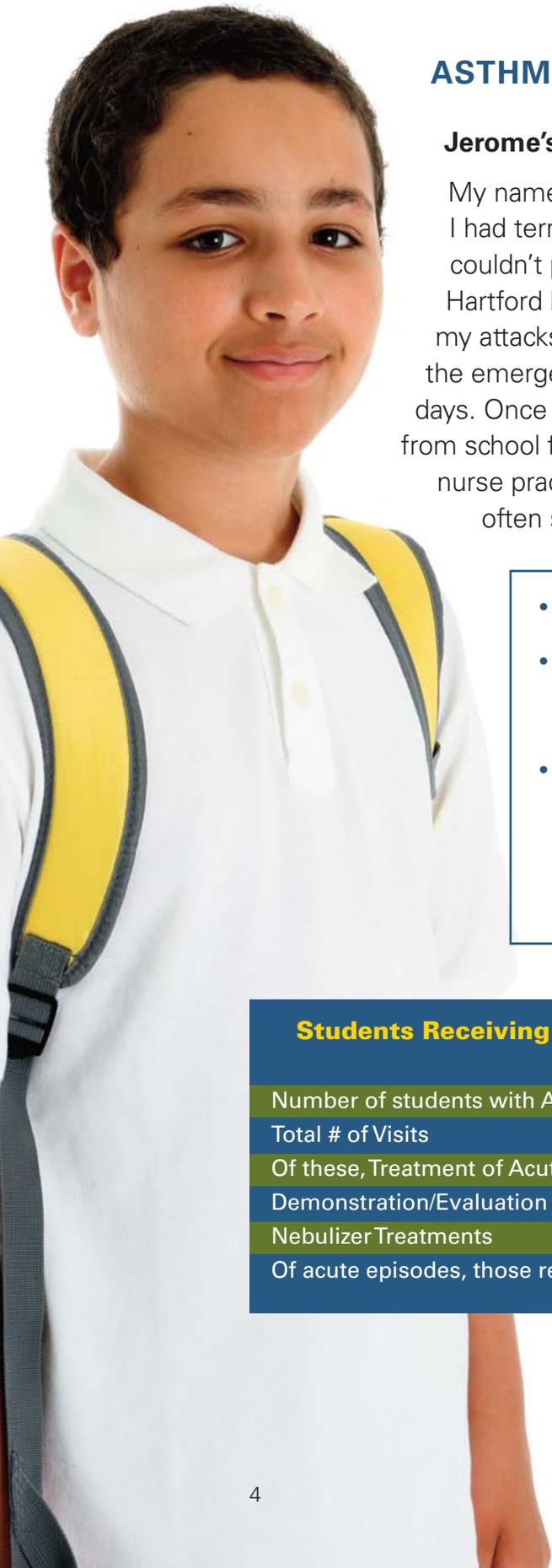
I am an 8th grader who has been using the School Based Health Center since I was in 6th grade. The SBHC has helped me to improve my grades and control my temper. I currently see the SBHC social worker once a week for support with family and school issues. I also attend two groups per week for academic support and anger management. The SBHC has helped me when I've been sick and injured. I've used the health center when I've had a cold, a headache, or other medical situations. I had my teeth cleaned at school through the mobile dental program. The SBHC is great because they support me, and help me to make better choices. As a result, I feel like I'm more successful in school.

- School Based Health Centers in Connecticut provide individual, group and family counseling for mental health issues in more than 40,000 visits annually.⁷
- Of the 1,163 public schools in Connecticut, only 80 schools have comprehensive SBHCs that provide both medical and mental health services (2012).⁸
- SBHCs remove or mitigate barriers to mental health treatment for all students.
- Among African American and Latino adolescent males that use SBHCs, 1,130 young men received mental health treatment in 15,386 visits in a two year period, an average of 13.6 visits each.



7 CASBHC Brief Reports: Protecting the Health of Young People, Mental Health 2010

8 CASBHC Issue Brief, 2012



ASTHMA

Jerome's Story

My name is Jerome and I am in high school. I had terrible asthma attacks and my mother couldn't pick me up or get me to the clinic in Hartford because we didn't own a car. When my attacks got bad, I would usually end up in the emergency room, and out of school for days. Once I joined the SBHC, my absences from school for my asthma decreased, and the nurse practitioner talked to my clinic doctor often so I always had someone to call.

- One tenth of American children aged 5-17 have asthma.⁹
- Without school-based primary care, parents of children with asthma are required to leave work to attend to their children's special health care needs.¹⁰
- This indirect cost of childhood asthma, in terms of lost work, costs the nation \$23 billion dollars each year. In terms of primary care for asthma, each dollar spent on supporting a SBHC program results in a net savings of between \$4 and \$5.¹¹

Students Receiving Care for Asthma in CT SBHCs¹²

	2007-08	2008-09
Number of students with Asthma	1,346	1,366
Total # of Visits	2,343	2,996
Of these, Treatment of Acute Episodes	675	684
Demonstration/Evaluation of Nebulizer	218	238
Nebulizer Treatments	1,741	1,608
Of acute episodes, those returned to class	89.5%	96.4%

9 CDC, 2011

10 Guo, et al. 2004, Journal of Adolescent Health

11 Tai and Barne, 2011, Journal of Community Health

12 CASBHC Brief Reports: Asthma, 2010

CHILDHOOD OBESITY

Ashley's Story

Ashley, a 15 year-old high school junior, was referred to the SBHC by the Department of Children & Families after her mother lost her job and could not afford medical insurance.

Ashley came to the SBHC with unresolved grief over the traumatic death of her father at a young age, academic underachievement and obesity.

She learned that she was at great risk of developing type 2 diabetes and other associated health problems.

Ashley participated in Healthy Lifestyle coaching, and after five sessions was able to lose 12 lbs and decrease her body mass index (BMI). Ashley's academic achievement has improved.



Childhood obesity is not just a national epidemic — it is an epidemic right here in Connecticut.¹³

According to a CT Department of Public Health recent study (2011), reports of overweight or obese children are as follows:

- 44% Black
- 31% Hispanic
- 22% White

School Based Health Centers offer an opportunity to identify and monitor obesity in young children and adolescents.

SBHCs can impact behavioral and environmental factors by providing nutrition information, physical activity engagement, and a healthy lifestyle through educational programs.

13 DPH Nutrition, Physical Activity & Obesity Program, Fall 2012

IMMUNIZATIONS



Maria's Mom

The School Based Health Center has enabled me to have my daughter seen and treated during school hours. Having the SBHC also significantly lessens the amount of school my daughter would have to miss.

The SBHC nurse practitioner's follow-up exams were always impeccable, and my daughter was able to get her physical and immunizations without missing a day of school.

The SBHC program and staff supply an invaluable service, not only to the children they see, but to parents too.

- 4,021 students received 1 or more immunizations in the SBHC in 2008–2009.¹⁴
- Connecticut's School Based Health Centers play a vital role in keeping children healthy and in school through the provision of immunizations on site.
- Vaccines can reduce absenteeism, for both vaccinated and unvaccinated students.
- List of common immunization types provided in SBHCs:
 - Meningococcal Vaccine
 - Measles, Mumps, Rubella (MMR)
 - Diphtheria, Tetanus, Pertussis
 - Polio
 - Influenza
 - Varicella (Chicken Pox, including MMRV)

“The SBHC made it easy for me to schedule an annual physical, and address urgent health issues right in school.”

–SBHC parent

14 CASBHC Brief Reports: Immunization Program, 2010

For more information about School Based Health Centers, visit:

Connecticut Association of School Based Health Centers

www.ctschoolhealth.org

School-Based Health Alliance

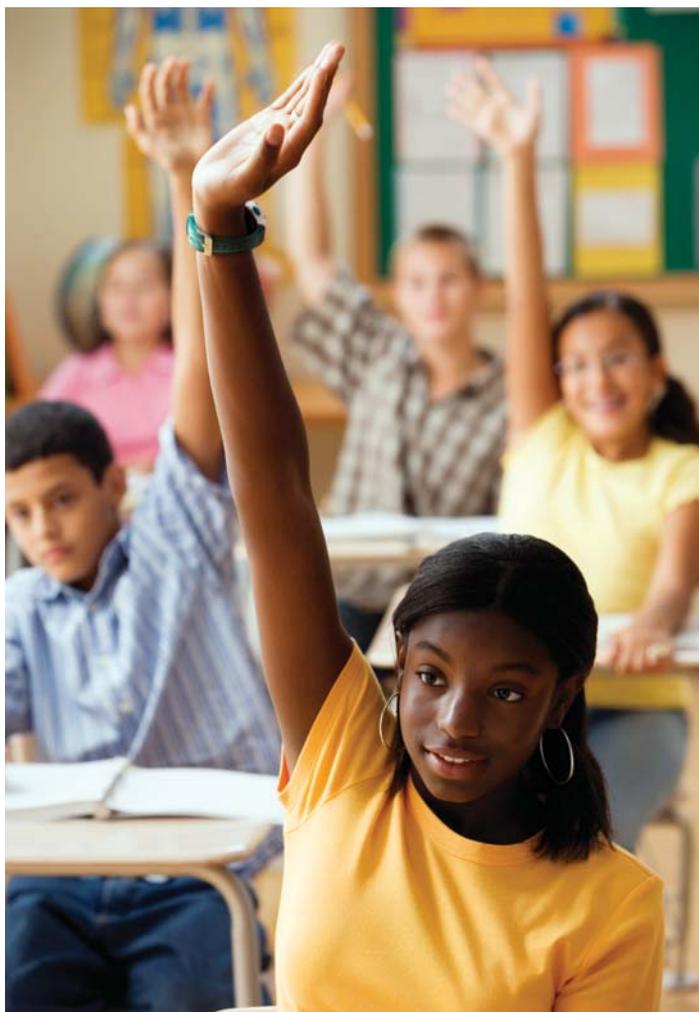
www.sbh4all.org

Center for Health and Health Care in Schools

www.healthinschools.org

American Public Health Association

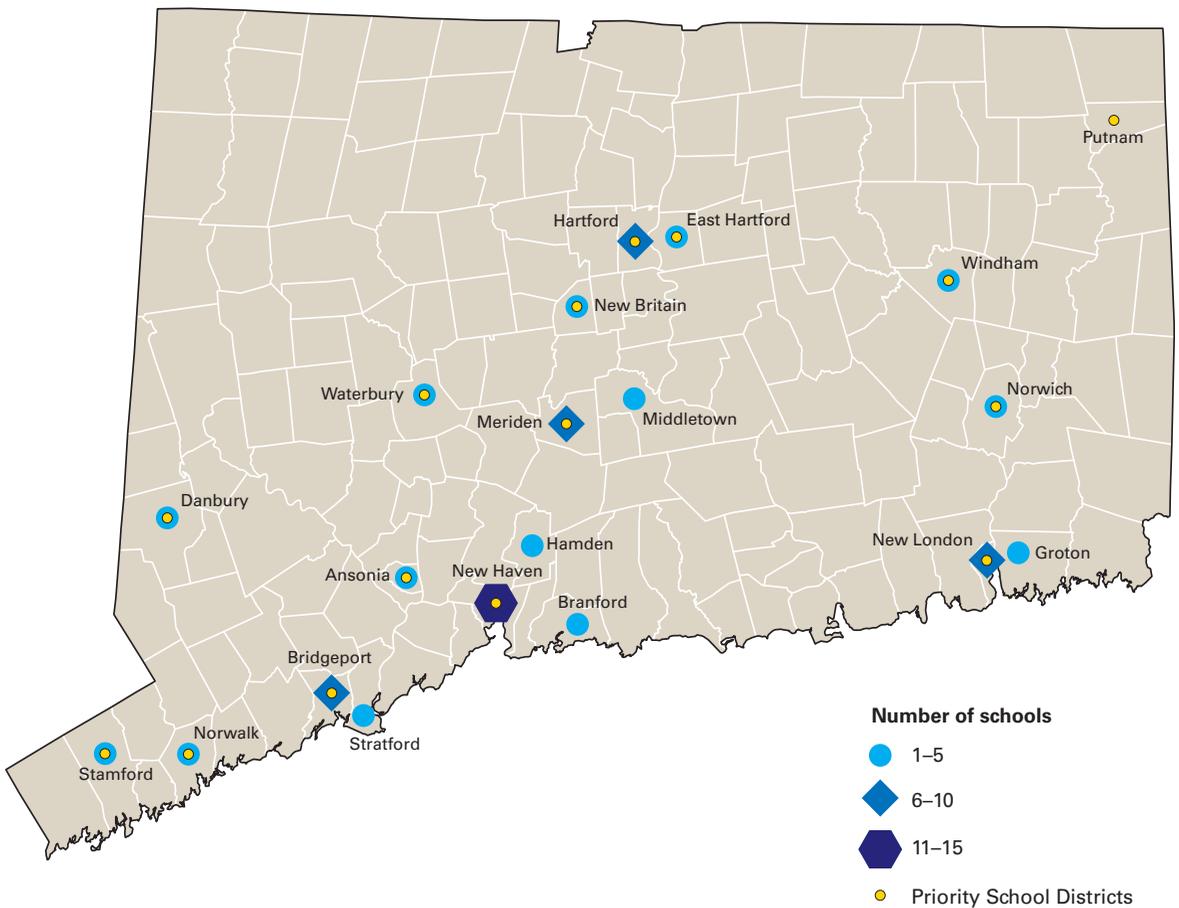
www.apha.org/programs/schoolhealthed



Location of SBHCs

The Connecticut Association of School Based Health Centers (CASBHC) is a statewide network of 80 school based health centers (SBHCs) currently operating in 20 Connecticut communities. The distribution of SBHCs by town is presented in the map below.

Distribution of DPH-Funded School Based Health Center Sites in Connecticut and Priority School Districts 2012



About CASBHC

The Connecticut Association of School Based Health Centers, Inc. (CASBHC) was formed in 1996 and is the single, formalized voice of school based health care in Connecticut.

Vision:

All children and adolescents are healthy and achieving at their fullest potential.

Mission:

The Connecticut Association of School Based Health Centers (CASBHC) is an advocacy and networking organization committed to increasing access to quality health care for all children and adolescents in Connecticut schools.

SBHCs provide the following services:

- Routine check-ups
- Immunizations
- Physical examinations and health screenings
- Mental health and counseling services
- Treatment of acute injuries and illnesses (i.e. colds, ear infections, sore throats, skin problems, etc.)
- Prescription and dispensing of medications
- Laboratory testing
- Diagnosis and treatment of sexually transmitted diseases (STD)
- Nutrition counseling and weight management
- Chronic disease management in coordination with primary care providers
- Referral and follow-up for specialty care
- Crisis intervention
- Individual, family, and group counseling
- Oral health screening, and full dental care (for some school sites)
- Health education



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