

NEW YORK SCHOOL-BASED HEALTH FOUNDATION 2020-2021 ANNUAL REPORT OF THE SCHOOL BASED CENTER DATA HUB PROGRAM



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PROJECT SUMMARY

BACKGROUND

New York’s School-Based Health Centers (SBHCs) historically have lacked statewide data available to other health care providers that would allow them to identify gaps in care, document outcomes, improve operations, advocate for their work, or operate in an evidence-based world. In 2018 the New York School-Based Health Foundation (the “Foundation”) and the New York School-Based Health Alliance (“Alliance”) set forth to address this critical need, obtaining the support of several private foundations and joining with Apex Evaluation to build a NYS SBHC Statewide Data Hub.

The first step was a needs assessment and feasibility analysis, followed by the decision to launch a two-year pilot. Consequently, five (SOs) now automatically submit data to the Data Hub and regularly receive a suite of standardized data reports. Many use the Data Hub to prepare and submit required State quarterly reports, allowing them to reinvest hours of tedious manual work back into the care of their schoolchildren.

This report on NY’s SBHCs is a first. It shows data from the 2020-2021 school year—the first full year of data collection—from the first five participating SBHC sponsoring organizations (SOs). These five SOs represent 20% of all SBHC sites in New York. This report suggests just one of the many powerful uses of the Data Hub to strengthen NY’s SBHCs.

More Data Hub participants means more powerful and representative data. Three additional SOs have joined the Data Hub (their data are not reflected in this report) and another four are in the implementation pipeline. With these additions, the Data Hub will represent over 40% of the total 266 SBHC sites statewide. The Foundation is actively recruiting additional SOs while also working to ensure sustainability of the Data Hub into the future. (See <https://www.nysbhfoundation.org/data-hub>).

The Foundation is grateful to the following foundations for the support of this project, including the New York Community Trust, the Ira W. DeCamp Foundation and the Mother Cabrini Health Foundation.

ABOUT SBHCS

7 COMPETENCIES FOR SBHCS

Access	Student-Focus	School Integration
Accountability	School Wellness	Systems Coordination
	Sustainability	

ABOUT SBHCS

SBHCS provide a wide range of medical, behavioral, dental, and other health care services such as chronic illness management and family outreach to more than two million patients across the United States. They are operated by hospitals, federally qualified health centers and other organizations. They are located in public schools in underserved communities throughout the State that are characterized by high rates of poverty, unemployment and lack of insurance; drug/alcohol abuse and violence; chronic illness including asthma and diabetes; teen pregnancy; and school dropouts. These are also the very communities that have been hardest hit by the COVID 19 pandemic.

SBHCS have proven to be a powerful tool for addressing health disparities. They provide care where the student is, without regard to insurance or financial status and without parents and children missing work and school. In many cases, they provide the only access to health care available to their students. Repeated studies document that SBHCS yield lifetime benefits for children in both health and educational terms.¹

UTILIZATION & DEMOGRAPHICS

UTILIZATION



50
SBHCs



34,491
VISITS

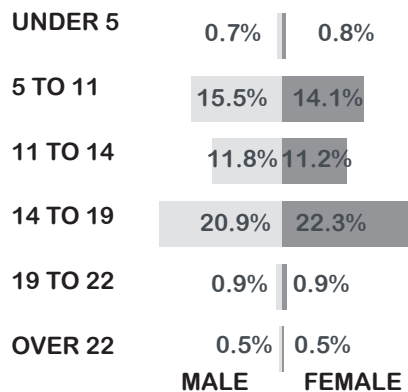


9,733
PATIENTS

In 2020-2021, the five SOs operated 50 SBHCs which conducted approximately 34,491 visits for an estimated 9,733 patients.

DEMOGRAPHICS

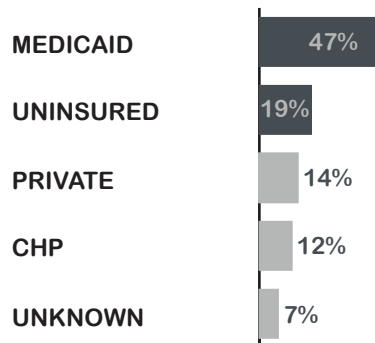
PATIENT AGE BY GENDER*



*Male and Female were the only options

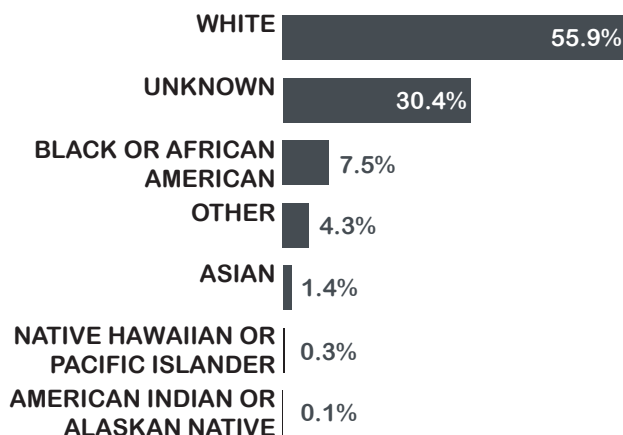
Half of patients identified as male and half identified as female. By age, the largest group of patients was in the 14 to 19-year-old range, followed by 5 to 11-year-old patients.

PATIENT INSURANCE

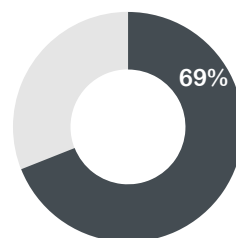


SBHCs increase access by providing services to patients regardless of insurance type or ability to pay. Sixty-six percent of patients had either a form of Medicaid or were uninsured.

PATIENT RACE



PATIENT ETHNICITY



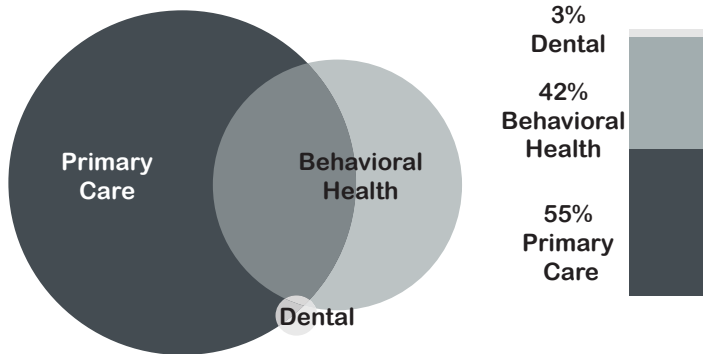
SBHCs largely serve underserved patients. Although more than half of patients identified as white, sixty-nine percent of white patients also identified as Hispanic or Latino/a.

INTEGRATED CARE

VISIT TYPES

SBHCs provide primary health care, behavioral health care, and dental services. Twenty-four percent of participating SBHC patients had both a primary care health visit and behavioral health visit, further illustrating how SBHCs provide integrated care.

Visits can be broken into primary care visits, behavioral health visits, or dental visits.



Primary care visits may include services for acute care, child well exams, encounters for immunizations, sports physicals, and reproductive health care. Patients may receive one or more services per visit.

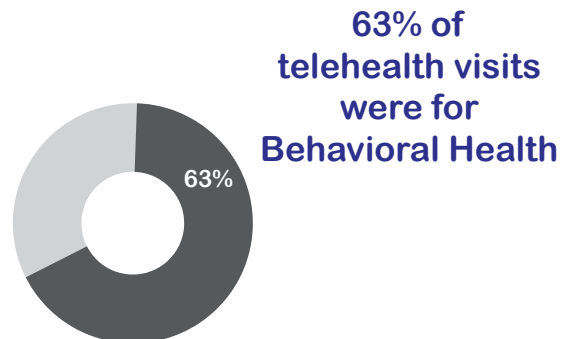
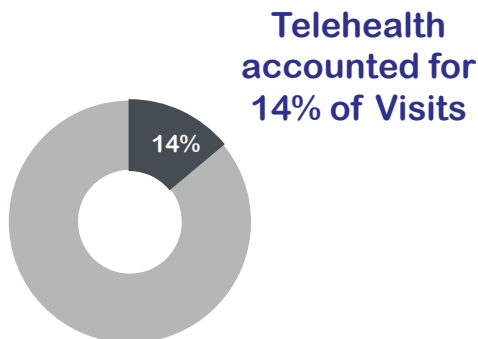
Behavioral health visits may include services for screening, counseling, and treating students' emotional, psychological, and social health. The Data Hub shows the top three behavioral health diagnoses to be anxiety, mood affective disorder, and depression.

TELEHEALTH

Telehealth emerged as an important delivery mode during the rise of COVID-19. Like the healthcare industry as a whole, SBHCs leveraged telehealth to provide services and continue caring for their students. Telehealth has the potential to expand access to students during all manner of school closings.



“We have been able to use telehealth to connect with families easier. When school is in session, we can have a student in our office and parent via telehealth so they can be part of the visit when they want to.”

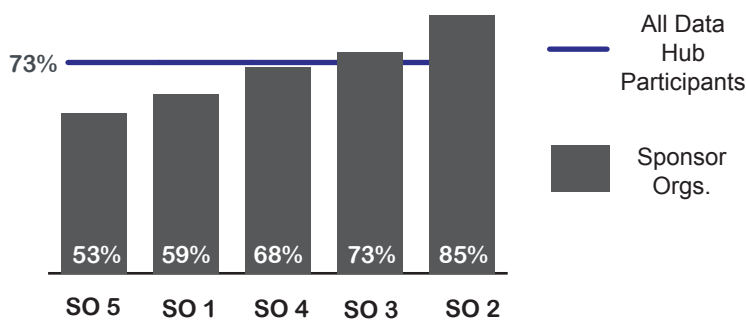


COMPARISON DATA

NATIONAL PERFORMANCE MEASURES: NQI

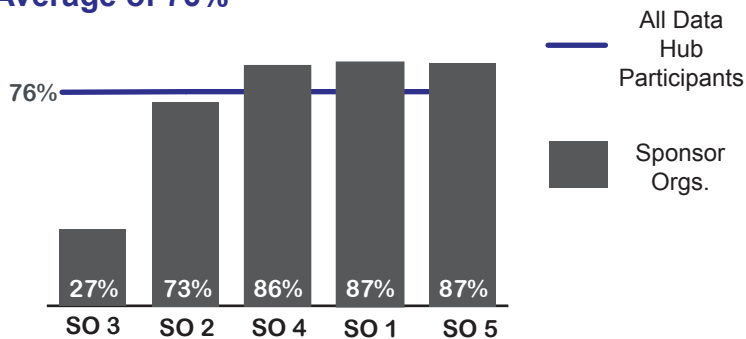
The National Quality Initiative (NQI) is led by the national SBHA and National Center for School Mental Health and supported by the Maternal and Child Health Bureau with the goal of ensuring quality of care to all students using SBHCs. The quality-of-care standard provides each child with an annual well-child visit and a screening for body mass index (BMI) with nutrition and physical activity counseling. Every child also receives screening and follow-up for depression when age appropriate. There is no specific target for each measure; instead, the goal is to monitor and increase awareness to improve each service delivery area.

73% of Patients had a Child Well Exam



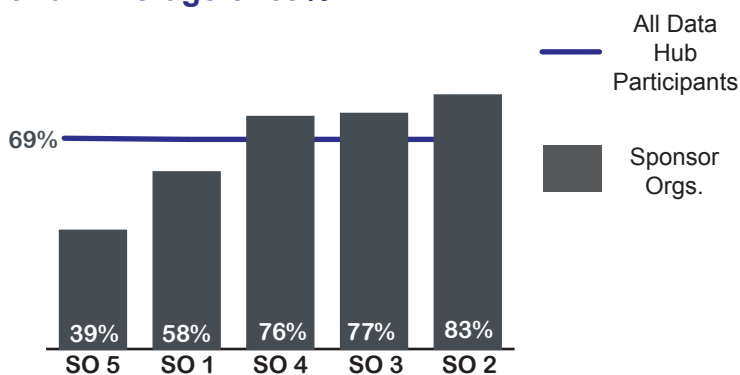
The SBHA suggests tracking yearly comprehensive well exams (CWE) or well-child visits for patients under 21 years of age. Participating sites, averaged 73% of patients having a well-child check.

BMI Screening Varied from 27% to 87% with an Average of 76%



For patients three to 17 years of age, the NQI suggests tracking the number of patients screened for body mass index (BMI). Among participating sponsors, average screening for BMI varied from a low of 27% to a high of 87% of patients compared to an average of 76% of patients screened for BMI. Males and females exhibited similar screening rates.

Screening for Depression Varied from 39% to 83% with an Average of 69%



Under the NQI, SBHA suggests sites measure the number of patients ages 11 to 20 who are screened for depression. The average across participating SBHCs was 69%. Screening rates, however, do not include a depression diagnosis. Future reports aim to include this additional data point.

NYS DOH PERFORMANCE MEASURES

New York State Department of Health Performance Measures

Performance measures for SBHCs set by the New York State Department of Health have traditionally tracked the following indicators: asthma, tobacco use, immunizations, and reproductive health screening.

ASTHMA

Nationally, over five million, or 7%, of youth ages 18 and younger suffer from asthma. Young people living under the federal poverty level and African American youth experience even higher prevalence rates of asthma². Additionally, asthma is the most common chronic disease for this age group³.

1 in 10 participating Data Hub patients had Asthma



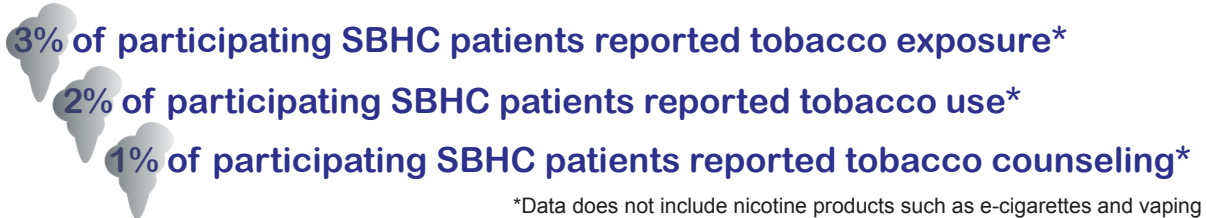
*43% were not recorded as severe, moderate, or mild

Roughly half (51%) were mild*

Only 3% were moderate*

TOBACCO

Tobacco use begins primarily during adolescence; as such nearly 9 out of 10 adult cigarette smokers try smoking by the age of 18⁴. SBHCs that offer tobacco use prevention and intervention strategies can reduce tobacco usage, especially among underserved students⁵.



*Data does not include nicotine products such as e-cigarettes and vaping

IMMUNIZATIONS

By reaching adolescent populations and providing well-child checks, SBHCs have the opportunity to provide immunizations to typically hard to reach populations. They have had positively impacted immunization rates. Nearly two in five students were immunized.



Two out of five participating Data Hub patients were immunized

REPRODUCTIVE HEALTH

Reproductive health screening is an integral part of primary health care and may include physical exams; medical histories; lab work (HIV and STD testing); STD treatment; education and counseling regarding abstinence, birth control, consent, and healthy communication. The low percentage (5%) of students showing a reproductive health screening here is likely a data quality issue, reflecting inclusion of such screenings as part of annual wellness visits.

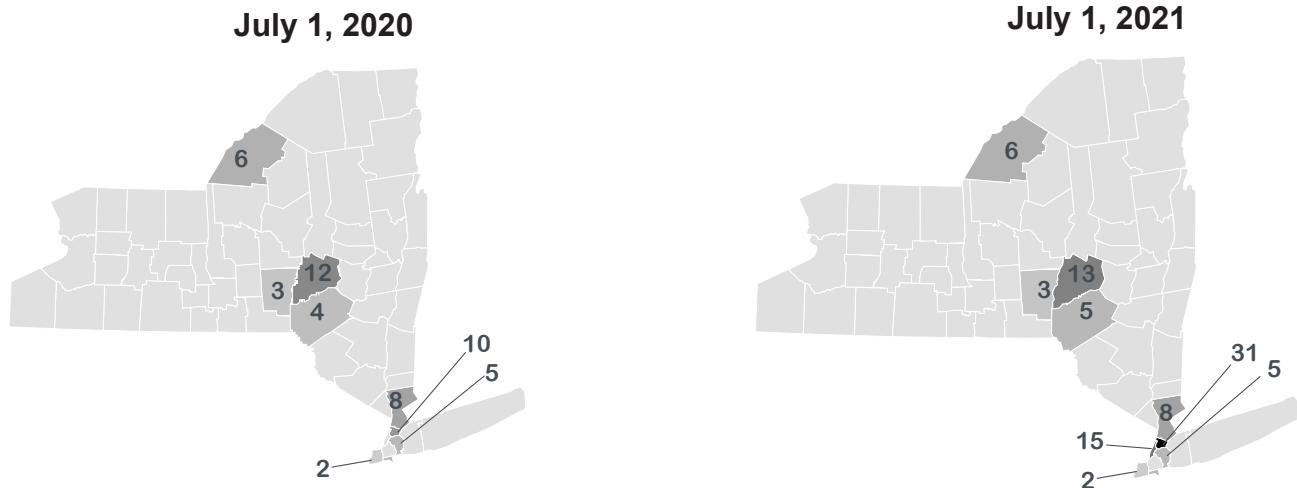
WHAT'S NEXT

1. IMPROVING DATA QUALITY

Different SBHCs code differently for certain conditions and procedures and their EHRs may capture data in different fields. An important part of building the Data Hub therefore is working with SOs to assure that their data is uniform and reliable and accurately reflects the important work they are doing. To achieve this, Apex produces biannual data snapshot reports that include utilization numbers, demographics, and the performance measures above for each SO as well as for each SBHC. Twice a year, Apex conducts Zoom sessions with each SO to identify and address potential issues with data collection, data exports, and the uniform use of codes, in order to assure data quality.

2. GROWING THE DATA HUB

As explained above, the Data Hub grows more powerful with each new participating SO. Current participants in addition to those in the pipeline will bring Data Hub coverage to 40% of NYS's 266 SBHC sites. Expanding Data Hub participation is the Foundation's paramount goal. Please contact us at nysbhfoundation@gmail.com.



3. NEW DATA ANALYSIS

Data Hub participants currently receive a suite of standardized reports. Over the next year Apex will expand these reports to include peer group comparisons, serving multiple important purposes: improving individual SBHC performance; identifying gaps in care; and demonstrating the value of SBHCs to their SOs, schools, the health care and educational communities, policy makers, and the public at large.

ABOUT THE NYSBH FOUNDATION

Founded in 2016, the mission of the NY School-Based Foundation is to promote, strengthen and expand access to NY's school-based health centers. The Foundation, a 501©3 nonprofit organization, works hand-in-hand with the NY School-Based Health Alliance, an advocacy organization, sharing a vision of vibrant, creative, well-resourced school-based health centers, ideally placed and skillfully addressing the needs of New York's underserved students, their families, and their communities.

(See <https://www.nysbhfoundation.org/home>)

In its first five years, the Foundation developed a strong Board of Directors and has grown successively in each year. In 2022 it was able to bring in-house its own Foundation management, which had previously been shared with the Alliance. Since 2019 the Foundation has raised \$1 million to create and sustain its programs. By 2021 its revenues had grown to just under a half million dollars, thanks to the growing confidence of a group of foundations dedicated to transforming community health in New York. The overwhelming majority of Foundation funding is restricted to programs, however, leaving an ongoing challenge for operational funding of the Foundation.



ABOUT THE FOUNDATION CONTINUED

Today the Foundation sponsors three main programs in addition to the Data Hub:

Optimizing Telehealth: SBHCs quickly pivoted to telehealth in 2020 when the COVID pandemic shut schools. The transition was hasty, however, and the Foundation knew that in the long run SBHC telehealth would need to be HIPAA-compliant, reimbursable, and seamlessly integrated into SBHC workflows. Moreover, the Foundation understands the tremendous potential of telehealth for extending access during any school closure. Thus, in 2021 it launched a two-year statewide initiative, with generous funding from the Mother Cabrini Health Foundation (www.nysbhfoundation.org/telehealthprogram).

Now in its second year, the program provides individualized expert technical assistance for high-priority projects selected by ten participants each year, in addition to providing small start-up stipends and more. Program participation has reached a total of 95 SBHC sites--36% of the statewide total. Projects are wide ranging, including: use of telehealth to allow more flexible use of SBHC space; sharing of clinician and health education staff across school sites to ease staff shortages, creation of a telehealth equipment lending library for students lacking resources at home; and adoption of a wellness app designed to encourage leadership and healthy living among groups of high-risk students. The Foundation also offers a Telehealth Resource Library available to all. (See www.nysbhfoundation.org/telehealth-resource-library).

Meeting Pandemic-Related Behavioral Health Needs: Behavioral health needs among vulnerable students have soared during the COVID period. In response, the Foundation just launched a new two-year Behavioral Health Program, modeled after the successful Telehealth Program, and supported by the New York Community Trust and the New York State Health Foundation (www.nysbhfoundation.org/behavioralhealthprogram). In each program year, 10 SOs will receive individualized technical assistance, group training and peer sharing on behavioral health issues of priority importance, as well as a start-up stipend. A Behavioral Health Resource Library will be available to all SBHCs.

The program is designed to strengthen the capabilities, systems, and processes through which SBHCs deliver behavioral health services and to ensure the SBHCs can play an integral and coordinated role now and into the future. The 10 SOs participating in Year 1 represent 68 SBHC sites throughout NY state. Projects include enhanced screening processes; universal education and behavioral health literacy; staff trainings in therapeutic techniques; community Mental Health First Aid training; and piloting of student support groups.

SBHC Visibility: SBHCs do amazing work and are often referred to as “New York’s best kept secret.” The Foundation is committed to raising awareness so that the world knows of SBHCs’ importance and untapped potential for changing the lives of New York’s students. The objective is reaching the educational, health care, policymaking, and funding communities. Work includes building and updating the Foundation website (www.nysbhfoundation.org) and regularly communicating new developments, achievements and SBHC-related issues using social as well as traditional media. Follow the Foundation on Instagram (nysbha), Twitter (@nysbha), Facebook (www.facebook.com/nysbhfoundation), and LinkedIn (<https://www.linkedin.com/company/nysbh-foundation>).

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- ² CDC. (2019). Most Recent National Asthma Data. Centers for Disease Control and prevention. Retrieved from https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm.
- ³ Ferrante, G., & La Grutta, S. (2018). The Burden of Pediatric Asthma. *Frontiers in Pediatrics*, 6(186). Retrieved from <https://doi.org/10.3389/fped.2018.00186>.
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- ⁵ Zhang, L., Finan, L. J., Bersamin, M., Fisher, D. A., & Paschall, M. J. (2019). Sexual Orientation–Based Alcohol, Tobacco, and Other Drug Use Disparities: The Protective Role of School-Based Health Centers. *Youth & Society*, 0044118X1985189. Retrieved from <https://doi.org/10.1177/0044118x19851892>.

New York School Based Health Foundation
New York School Based Health Alliance

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