



NEW YORK SCHOOL-BASED HEALTH CENTERS ANNUAL REPORT 2022-2023



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Introduction

Dear Reader--

We are excited to bring you the **2022-2023 Annual Report on New York School-Based Health Centers**, which describes the work of New York's school-based health centers (SBHCs)--the nature of the students and communities they serve, the health conditions they encounter, the mix and volume of services they offer, their performance on quality metrics, and key role they play in assuring access to primary and preventive care.

The report uses data from the Statewide SBHC Data Hub, a project of the New York School-Based Health Foundation, in partnership with Apex Evaluation. With 52% of the State's SBHCs now participating, we are proud that the report is the most robust and representative yet in portraying the role and importance of this vital resource. The data that follows was submitted by 14 participating SBHC sponsoring organizations (SOs) and covers 63,486 students and 250,805 visits.

New York's 252 school-based health centers (SBHCs) play a critical role in providing a broad range of services to some 250,000 students attending public schools located in impoverished urban and rural communities, without regard to their financial or insurance status. For many students, SBHCs offer the only care they know. SBHCs have long served New York State, reside strategically at the nexus of health and education, offer a powerful tool for addressing long-standing health disparities, and are key to positioning students for a lifetime of success.

Yet until now, statewide data about SBHCs has been remarkably lacking, a major handicap to the growth and development of SBHCs in an era of evidence-based health care. By building the Data Hub and sharing the story it tells, the Foundation, a nonprofit organization promoting NYS' SBHCs, is taking leadership to assure that policy-makers, public officials, the health care and educational communities, families, and the public at large understand and appreciate the vital role and enormous potential of NYS' SBHCs.

This year the Foundation will use the Data Hub to explore the extent to which SBHC enrollees experience racial, ethnic, and economic disparities in the health conditions they experience and the health care services they receive. We expect it to be vital to exploring and understanding the many health challenges faced by NY's vulnerable students in the future.

This report, and indeed the Data Hub, are works-in-progress and we invite your feedback as we move forward, bringing vital information to strengthen SBHCs and the care they provide to NY's underserved students.

Sincerely,

Ronda Kotelchuck, Board Chair

Executive Summary

Did you know that....?

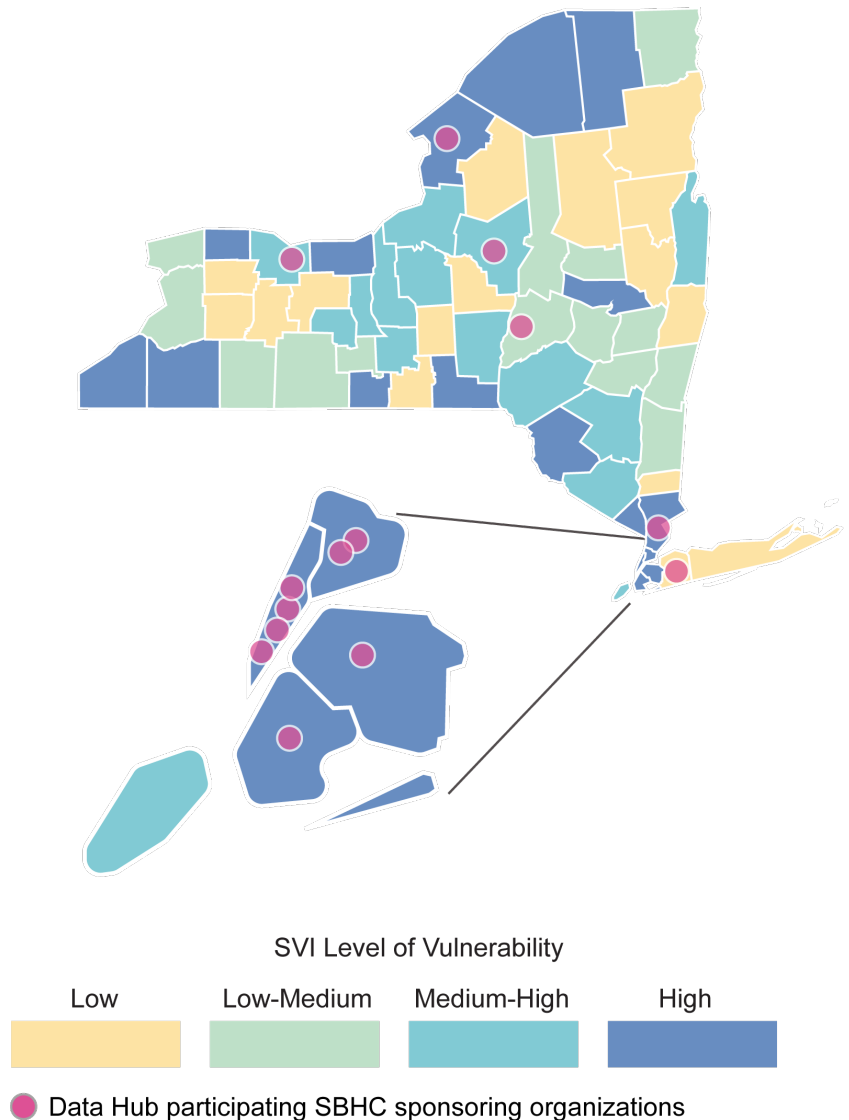
- Some 252 school-based health centers offer a wide range of services, including preventive, primary, oral, and reproductive health services to 250,000 children living in New York's urban and rural underserved communities.
- Many students have no other source of care. They come from communities severely lacking in primary care and they are seen without regard to their insurance status or ability to pay.
- The largest group of SBHC users, 43% are adolescents.
- Nearly half, 47%, of all SBHC-enrolled students report themselves as Hispanic.
- Medicaid is overwhelmingly the major insurer of SBHC-enrolled students at 43%. Another 13% of SBHC-enrolled students are uninsured.
- The majority of users, 62%, sought medical care -- primarily illness and injury and general wellness, while another 29% of students were seen for behavioral health issues. SBHCs also provide chronic care and reproductive services, as well as immunizations.
- 30% of all SBHC-enrolled students suffer a chronic disease. Some 22% of students are found to be obese, while 8% suffer from asthma. Students of color bear a disproportionate burden of chronic illness.
- Behavioral health has emerged as a crisis among the State's students during and after the COVID pandemic. Because of the range of services SBHCs offer, students can seek behavioral health care without stigma. While special public funding for behavioral health comes and goes, SBHCs are always there to meet students' behavioral health needs.
- Of behavioral health care services provided, 36% of visits were to support students facing "intense emotional responses to significant life changes" (as reported by the number of students with adjustment disorder). Another 16% of services provided were for anxiety; and 12% were for depression.
- SBHC's hold themselves to high standards of quality, especially striving to ensure that students receive preventive services such as comprehensive physical exams, and screening to identify students with obesity, depression and anxiety, and asthma.

Data Hub Participating Organizations

This year, **14 sponsoring organizations operating 132 SBHCs** and serving **63,486** students statewide participated in the **Data Hub**. Data throughout this report represents **52% of all SBHCs** in New York. Each month data from electronic health records flows electronically into the Data Hub, which is operated by Apex Evaluation in conjunction with the New York School-Based Health Foundation. For the first time this year, the Data Hub made available to SBHC sponsoring organizations comparative statewide SBHC data for the purpose of analyzing operations, improving outcomes, and documenting impact.

SBHCs serve socially vulnerable students. This map shows the location of Data Hub participating SBHC sponsoring organizations in relation to the social vulnerability of New York's counties.

Map of Participating Organizations By County Social Vulnerability Score¹



¹ The CDC SVI includes socioeconomic status, minority status, housing, transportation and more to produce a score. Scores represent risk levels for geographic areas based on their population during infectious disease outbreaks, pandemics, drastic economic changes, and natural disasters.

Who uses NY SBHCs?

The Data Hub's participating SBHCs served **63,486 students** across New York between July of 2022 and June of 2023.

The following includes student breakdowns by demographics.

By Gender

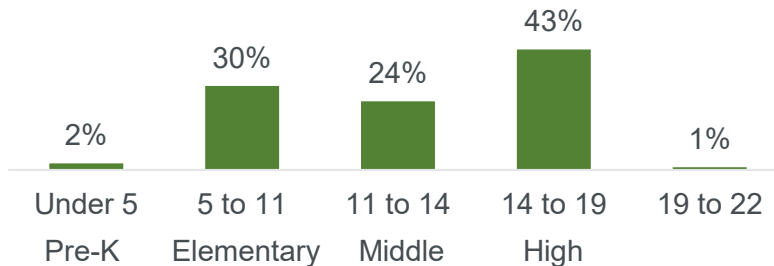
Students seen at the SBHC were slightly more likely to be female.



53% of users were **female** and **47%** **male**.²

By Age

High school age students were the biggest SBHC users, followed by elementary school age students.



By Insurance Status

(Proxy for Income)

Two out of five students were covered by **Medicaid**, a marker for low-income status.



Medicaid **43%**



Missing, unknown, or other³ **25%**

Uninsured **13%**

Private Insurance **13%**

Child Health Plus **6%**

² Apex and the Foundation recognize there are more gender identities. EHR data collection, however, is limited. being conducted by SBHC sponsors, Apex and the Foundation. In each case, please note the total population size.

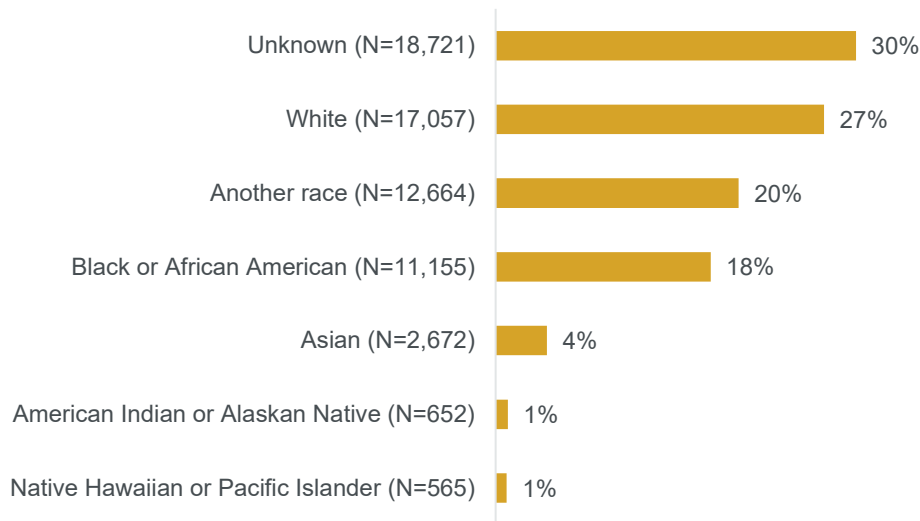
³ 'Other' and 'Unknown' made up 1% of insurance types, while 24% were categorized as 'Missing'.

Who uses NY SBHCs?

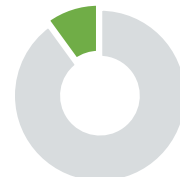
The Data Hub's participating SBHCs served **63,486 students** across New York between July of 2022 and June of 2023.

By Race

Of the data reported, below is the breakdown of racial categories.⁴



By Ethnicity



⁴ The consistency and accuracy of demographic data, including race and ethnicity, are subject of a data quality initiative being conducted by SBHC sponsors, Apex and the Foundation. While 30% of students had an unknown race, 52% of this category identified as Hispanic. In each case, please note the total population size.

Why do students use SBHCs?

SBHCs offer a wide range of services, thus constituting a “one-stop-shop.” For example, students may come in for a sports physical and seek **behavioral** or **reproductive** health care at the same time.

Participating SBHCs provided

250,805 Visits

Between July 2022 and June 2023

The main reason a student seeks care is coded as the primary diagnosis. Visits shown below are based on primary diagnoses. Providers report using these visits to offer other services needed by the student at the same time. These services are recorded as secondary diagnoses.



62% of all visits were for **medical care**.



26% of all visits were for **behavioral health**.



4% of all visits were for **dental care**.^{*}



9% of all visit reasons were **unidentified**.⁵

Top 5 Reasons for Visiting SBHCs

1

Illness and Injury 25%

2

General Wellness 20%

3

Adjustment Disorder 9%

4

Chronic Disease 6%

5

Anxiety 4%

SBHCs ARE A ONE-STOP-SHOP

21% of students making a **medical** visit also received **behavioral health** care.

Conversely, **70%** of students making a **behavioral health** visit also received **medical** care.

⁵ Visit reasons are classified using the primary diagnosis code. 9% of visits had no diagnosis code.

^{*} Not all SBHCs report dental data and therefore this percentage may be understated.

Medical Care

Over half of students, **62%**, come to their SBHC seeking medical care (n=154,742 out of 250,805 visits). During the visit, they may seek other services as well.



Top Reasons for SBHC Medical Visits⁶

Illness and Injury 41% (n= 59,197)

Includes visits for acute health conditions such as ear, nose, and throat issues, skin issues and rashes, gastrointestinal problems, and injuries to the body.

General Wellness 32% (n=46,313)

Includes visits for well-being, providing age-appropriate health education and guidance, yearly check-ups, and sports physicals.

Chronic Disease 10% (n=14,151)

Includes disease management, check-up, treatment coordination, and student education for chronic illnesses such as asthma, diabetes, obesity, and cardiac diseases.

Reproductive Health 9% (n = 13,473)

Includes contraceptive care, treatment of sexually transmitted infections, and general reproductive services.

Immunizations 7% (n=9,851)

Includes vaccinations required for attendance, as well as others.

⁶ Visits shown are classified based on primary diagnosis.

* Data on this page include 13 of 14 Sponsor Organizations.

Integrated Medical Care

Reproductive Health Services

Reproductive health care accounted for a small portion, **9%**, of **all** medical visits.

 **29%** of all medical visits by 13-to-19-year-olds included reproductive health care.

Of these visits:



16% were explicitly for reproductive health (based on the primary diagnoses)
13% were delivered in the course of another visit (based on secondary diagnoses)



53% of reproductive health visits included **contraceptives** or counseling
6% were for **Depo-Provera** and
2% for long-acting reversible contraception (**LARCs**)



47% of visits included care or testing for **sexually transmitted infections**

Immunizations

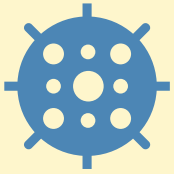
Few students, **7%**, **sought vaccinations** as the primary reason for their visit, perhaps because vaccinations are required for school enrollment.

Many more students received vaccinations in the course of a visit scheduled for another reason.

1 in 4 students
received a
vaccination
at a SBHC.



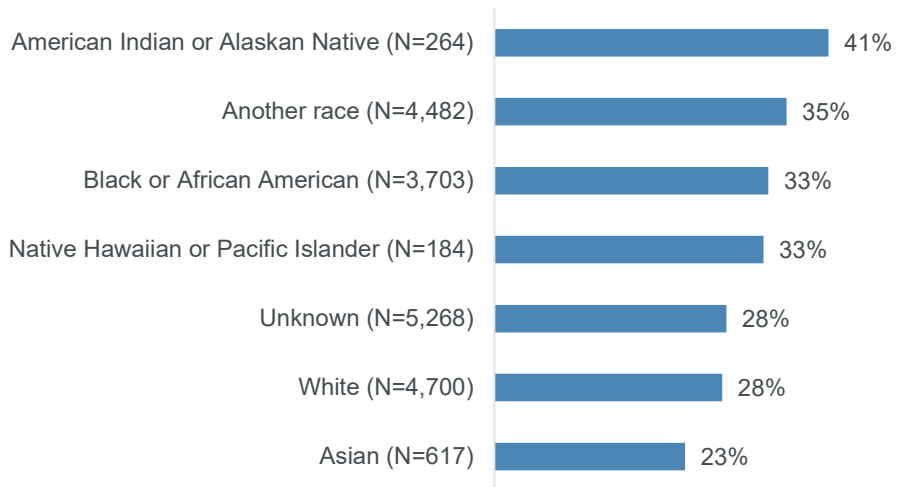
Chronic Disease



30% of all students were diagnosed with chronic disease.⁷

By Race

Rates of chronic disease varied across racial groups, with rates being lowest among Whites and Asians. (Note differences in population size)



By Ethnicity

Hispanic students were more likely to have a chronic disease than their non-Hispanic peers.



36% of **Hispanic** students were diagnosed with chronic disease.



25% of **non-Hispanic** students were diagnosed with a chronic disease.



27% of students with **missing or unknown** ethnicity were diagnosed with a chronic disease.

By Chronic Disease

Common Chronic Diseases of SBHC students:



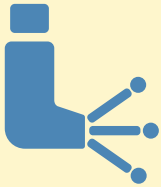
22% of all students were diagnosed with **obesity**.



8% of all students were diagnosed with **asthma**.

⁷ Data include all 14 Sponsor Organizations. However, 1 Sponsor Organization provided a limited data set. Therefore, numbers may be higher than represented.

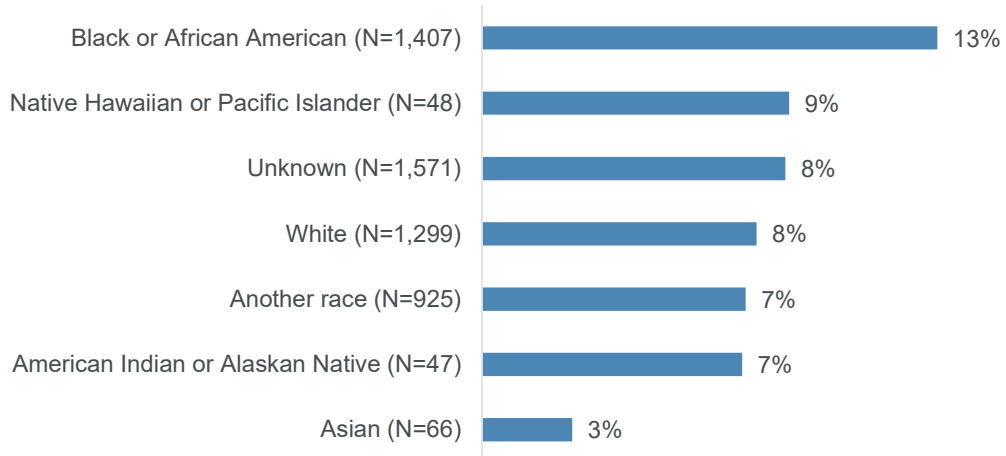
Asthma



8% of all students were diagnosed with asthma.⁸

By Race

Uncontrolled asthma is associated with lost school days, emergency department visits, and hospitalizations. Non-white students were more likely to be diagnosed with asthma than their white peers. By providing asthma care, SBHCs reduce such disparities.⁹ (Note different population group sizes.)



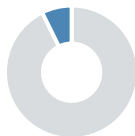
By Ethnicity

Hispanic students had slightly higher rates of asthma compared with their non-Hispanic peers.

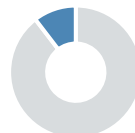
9% of Hispanic students were diagnosed with asthma.



7% of non-Hispanic students were diagnosed with asthma.

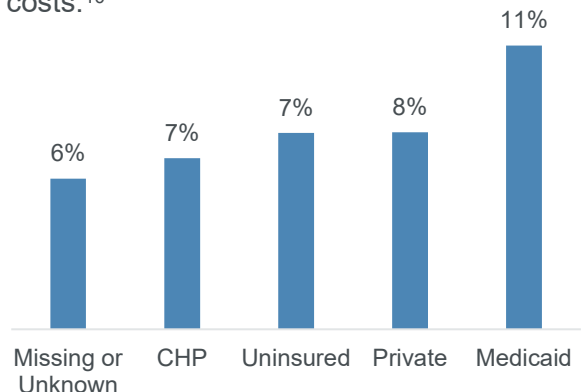


10% of students with missing or unknown ethnicity were diagnosed with asthma.



By Insurance Status

Students covered by Medicaid—a proxy for income--were more likely to be diagnosed with asthma compared to their peers. By offering asthma services, SBHCs reduce suffering while also reducing Medicaid costs.¹⁰



⁸ Data include all 14 Sponsor Organizations. However, 1 Sponsor Organization provided a limited data set. Therefore, numbers may be higher than represented.

⁹ Homes, L., et al. (2022). A Pilot School-Based Health Center Intervention to Improve Asthma Chronic Care in High-Poverty Schools. *J Asthma*, 59(3).

¹⁰ Kjolhede, C., et al. (2021). School-Based Health Centers and Pediatric Practice. *Pediatrics*, 148(8).

Behavioral Health



26% of all 250,805 visits were for behavioral health.¹¹

SBHCs provide a one-stop-shop for students needing both medical and behavioral health care. The SBHC model allows for better access and coordination of care. SBHCs without behavioral health providers refer students to community resources.



29% of all 63,486 students made a behavioral health visit.

Top Reasons for SBHC Behavioral Health Visits¹¹

Adjustment Disorder 36% (n=22,885)

Defined as “intense emotional responses to significant life changes.”

Anxiety-Related 16% (n=10,624)

Includes generalized anxiety, social anxiety, some types of phobias, and separation anxiety. Overall, anxiety is worry, tension, fear, or other feelings of unease.

Depression 12% (n=7,892)

Includes ranges of feeling sad, hopeless, and lost. They are often characterized by a loss of interest in activities and disconnection.

Other reasons 36% (n= 22,095)

Include eating disorders, mood disorders, and all other mental and behavioral health issues, each of which was under 5% of total.

¹¹ Visits shown are classified based on primary diagnosis.

Comprehensive Physical Exams

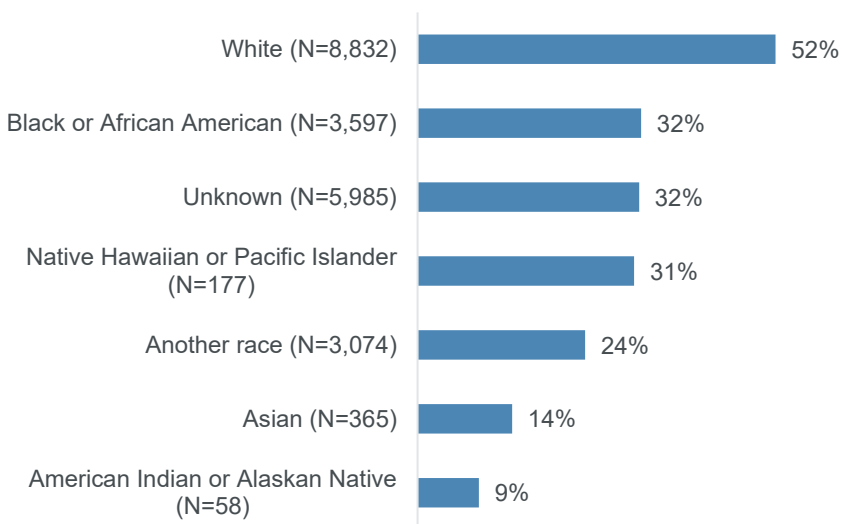


35% of students under 21 received a comprehensive physical exam (CPE) at an SBHC.¹²

Comprehensive physical exams (CPEs) are an important tool for prevention and early diagnosis of disease. Students may receive CPEs from their SBHC or from a community physician. SBHCs coordinate care with community physicians.

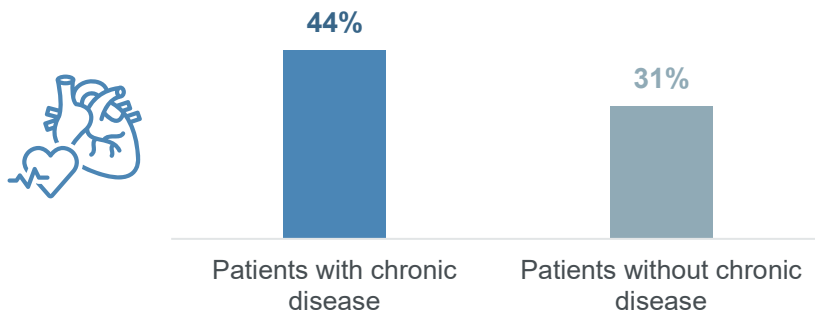
By Race

White students were more likely to receive a CPE at their SBHC than their non-white peers.



By Chronic Disease

As expected, students with **chronic conditions** received **CPEs more frequently** at their SBHC than those without.



¹² The denominator for all quality measures includes students who had 1 or more visit(s) to the SBHC. This differs from the denominator used by the New York Department of Health for this and similar measures: SBHC-enrolled students.

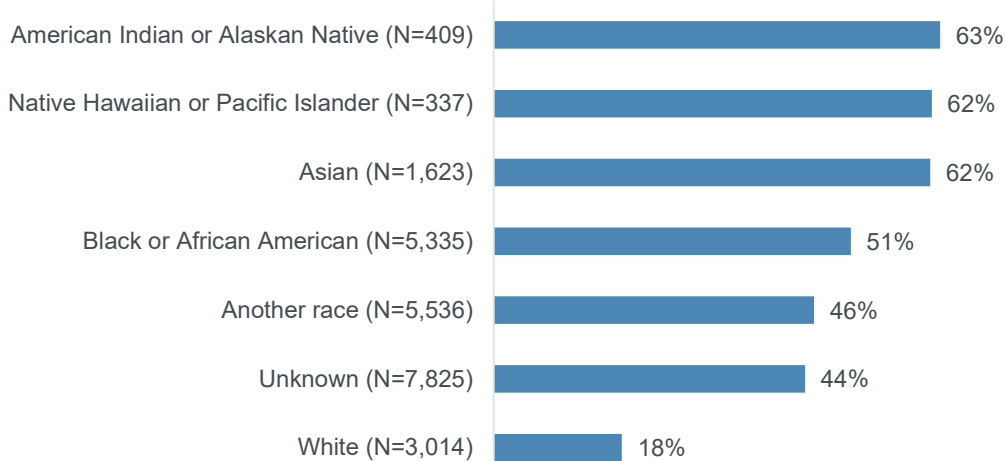
Body Mass Index Assessments



40% of students under 17 years old had a BMI assessment.^{13,14}

By Race

BMI is a measure of body fat. Non-white students were more likely to receive a BMI assessment compared to their White peers. (Note differences in population size.)



By Ethnicity

Hispanic students received more BMI assessments.



45% of Hispanic students had BMI assessment.



34% of Non-Hispanic students had BMI assessment.



37% of students with **missing or unknown ethnicity** values had BMI assessment.

By Obesity

Obese students received more BMI assessments.

68% of students under 17 diagnosed as obese received a BMI assessment



32% of non-obese students received a BMI assessment.

Unsurprisingly, BMI assessment rates were higher among students diagnosed as obese. Whether the obesity diagnosis resulted from the BMI assessment is unknown.

¹³ The BMI is a measure of body fat, calculated as a ratio of weight to height and a measure of metabolic health. Readers should interpret data with caution because BMI does not include muscle mass, water retention, and other factors.

¹⁴The denominator for these measures includes students who had 1 or more visit(s) to the SBHC. This differs from the denominator used by the New York Department of Health for this and similar measures: SBHC-enrolled students.

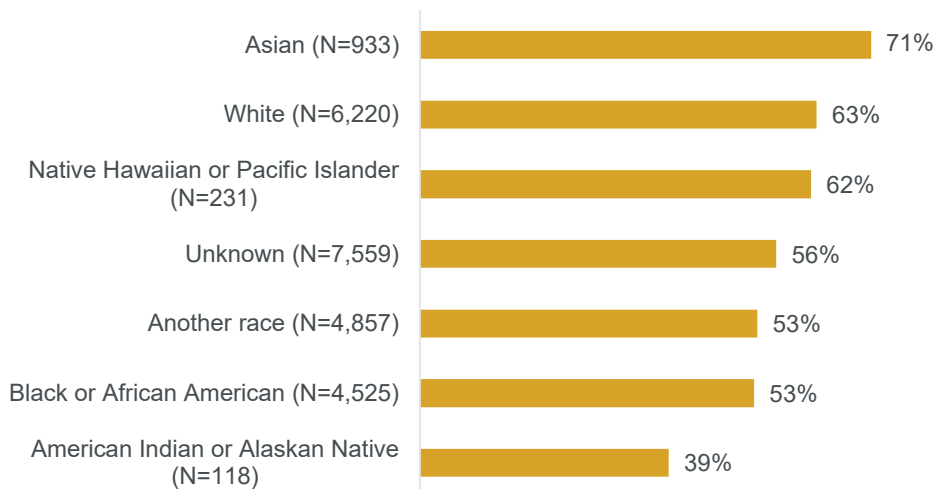
Depression Screening



57% of students 11 to 20 years old received a depression screening.¹⁵

By Race

Screening for depression was higher among White and Asian students ages 11 to 20. (Note differences in population size.)



By Ethnicity

Hispanic students were more likely than their peers to receive depression screenings.



62% of Hispanic students received a depression screening.



54% of Non-Hispanic students received a depression screening.



49% of students with missing or unknown ethnicity received a depression screening.



¹⁵ The denominator for these measures includes students who had 1 or more visit(s) to the SBHC. This differs from the denominator used by the New York Department of Health for this and similar measures: SBHC-enrolled students.

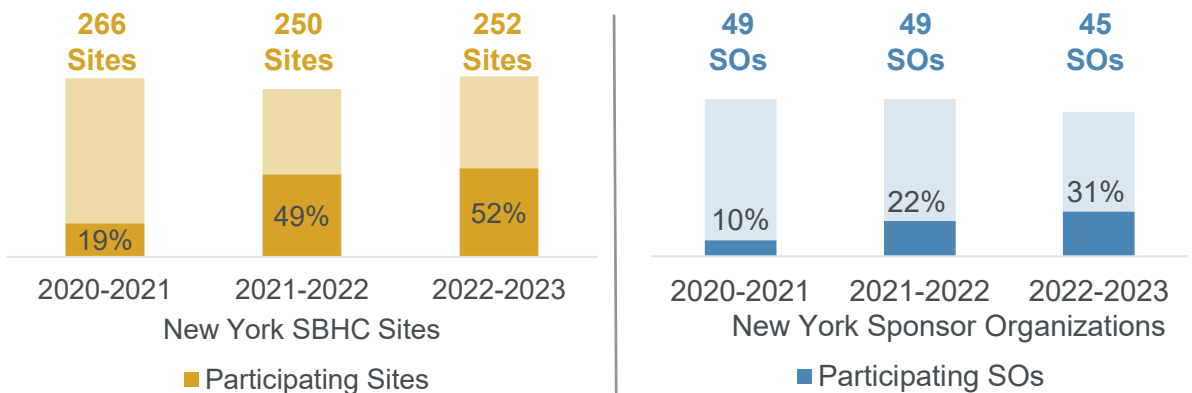
About Our Data Source

The Data Hub Program has grown substantially since School Year 2020-2021, when it was founded. The program started as a pilot among SBHCs that wanted to share data for the purpose of measuring and improving their performance and outcomes and supporting evidence-based advocacy.

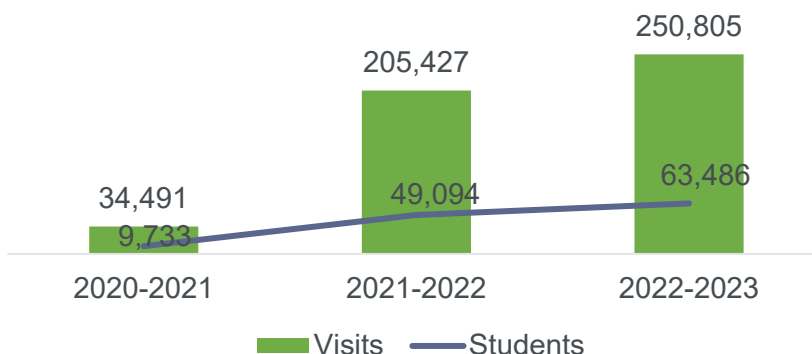
Four years later the Data Hub is no longer a pilot. Over half of all New York SBHCs now participate, and the data is robust enough to support analytics. Nevertheless, continued recruiting is imperative.

In 2024 we are excited to report our first analytical project – exploring disparities in health conditions and services across race, ethnicity, and other groupings. We look forward to sharing our findings in next year’s annual report.

Over half of NYS’ 252 SBHC sites, 52%, now participate in the Data Hub, submitting data and receiving reports.



Growing participation in the Data Hub now covers 63,486 students making up over 250,000 visits in 2022-2023.



About the New York School-Based Health Foundation

The New York School-Based Health Foundation (NYSBHF) is a relatively young nonprofit organization dedicated to promoting, strengthening, and expanding access to New York's SBHCs. In addition to sponsoring the Data Hub, the Foundation offers technical assistance and training programs, currently focusing on behavioral health. It is also committed to raising the visibility and awareness of SBHCs, which do amazing work but operate in the shadows of the health and education systems, with the objective of reaching the educational, health care, policymaking, and funding communities. It has established a robust social media presence, built on-line resource libraries, and regularly communicates new SBHC developments, using both social and traditional media.

The Foundation is grateful to a series of private foundations that are committed to assuring the health and well-being of New York's underserved communities and have made possible the Foundation's programs. They include the New York Community Trust, the Mother Cabrini Health Foundation, the Ira W. DeCamp Foundation, the New York Health Foundation, and the Affinity Legacy Community Grant Program.

Follow the Foundation on: LinkedIn (<https://www.linkedin.com/company/nysbh-foundation>); Facebook(www.facebook.com/nysbhfoundation); Instagram (<https://www.instagram.com/nysbhfoundation/>); X (<https://twitter.com/NYSBHFoundation>).

For additional information, please reach out to Lisa Perry, Director of the New York School- Based Health Foundation at Lisa.Perry@nysbhfoundation.org.

About Apex Evaluation

Apex Evaluation

Apex is a consulting and technology services company specializing in systems evaluation. We have been serving the public and nonprofit sectors for over two decades, providing program planning, evaluation, facilitation, and technical assistance, including technology for data collection and reporting.

Purpose and Goals

New York SBHCs provide comprehensive and collaborative care to thousands of children in communities across the state. The commitment of the participating Data Hub SBHC sponsoring organizations to provide a robust data collection and reporting system have made it possible to showcase both the need and care our children are receiving, thanks to their tireless efforts.

Methods

Each month, Electronic Health Record (EHR) data from participating Data Hub SBHC sponsoring organizations is submitted to Apex Evaluation. Periodic reports are prepared for each SBHC and sponsoring organization and are followed by data quality and assurance discussions that occur bi-annually. EHR data were analyzed using SPSS statistical software to prepare this report.

Apex Blend

The Apex Blend includes leveraging systems thinking and utilization-focused evaluation approaches. Apex aims to match the learning need with the method while considering the burden of data collection methods on participants. Finally, Apex aims to create processes and products that are accessible, meaningful, and insightful to support our vision of “evaluation that works.”

Systems-thinking

Throughout the different phases of the project and evaluation, the NYSBHF and Apex teams have partnered closely with board members, sponsoring organization administrators, and clinicians to understand the broader context and local landscape of SBHCs and the care they provide. These conversations have supported the development of evaluation activities and questions, as well as the interpretation and sensemaking of the data.

Utilization-focused

Findings from this evaluation are intended to inform and guide NYSBHF decision-making, strategy, and advocacy efforts. Findings will also be shared with SBHC sponsor organizations and providers, funders, and policy makers to support building public awareness and understanding of the current availability, benefits, and barriers to receiving both medical and behavioral health services at SBHCs in New York.

This report was authored by:
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In partnership with:
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Lisa Perry, Director
Ronda Kotelchuck, Board Chair

A Note About Data

The data provided by SBHCs participating in the NY Data Hub Project is based on clinical coding, coded in their Electronic Health Records, but does not always reflect the work done by clinicians. While EHRs represent a major step forward in our ability to collect and aggregate data from provider organizations, they are complex tools and providers everywhere have struggled to find best practices that maximize the completeness and accuracy of their data.

The capture of race and ethnicity data is inconsistent across the country. Here, the interpretation of race and ethnicity data is subject to significant limitations. As 50% of the racial categories are either 'Unknown' or 'Another Race', data is insufficient to assure accuracy. Conclusions in this report are made based on the data available and therefore may not represent 'reality'. As the data quality improves, we may see different-patterns emerge.

To support data quality improvement among our participating SBHCs, Data Hub vendor, Apex, regularly collaborates with NYSBHF and our participating organizations to review the data they transmit from their EHRs, creating a feedback loop as our participants find areas to improve coding and better capture health care data.

In addition, NYSBHF convenes a quarterly Data Hub User Group where participants discuss data quality issues identified by reviewing their Data Hub reports and other sources. The User Group offers an opportunity to exchange ideas and share solutions to these issues.

Year after year we observe data quality improvement and it remains an ongoing process and commitment.

Data for some performance measures is drawn from two different sources: diagnosis and procedure codes recorded in the EHR and other discrete EHR fields (e.g., a check-box or drop-down menu). These are extracted and sent to Apex by the SO to meet the requirements of the measure. Not all SOs submit discrete fields; however; those that do, show increased data for performance measures.

Until the EHR reflects standardized coding, both data sources are needed to best capture and reflect SBHC work.

As EHRs were designed for billing, diagnosis and procedure codes may be scrubbed or removed if they are not useful-for billing. For example, although body mass index (BMI) is calculated for almost every visit, it can only be billed a limited number of times depending on the patient's health status. It may, therefore, be removed in some instances before the data files are sent to the Data Hub.