

Alameda County School Health Services Coalition

School Health Centers 2006-09 Evaluation Findings

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Coalition Overview

Established in 1996 by the Alameda County Health Care Services Agency (ACHCSA), the Alameda County School Health Services Coalition is a unique model that seeks to improve adolescent health by providing base funding and building the capacity of comprehensive health centers located on school campuses. The Coalition is a collaborative of 12 School Health Centers, one in a middle school and 11 in high schools, operating in six school districts. The School Health Centers provide a variety of health and wellness services in a safe, accessible environment where young people spend a great deal of their time—at school. They are responsive to student health risks and positively impact student health issues.

School District	Schools Served	Health Center
Alameda Unified School District	Alameda High School Encinal High School Island High School Alameda Community Learning Center Alameda Science and Technology Bay Area School of Enterprise	Alameda Health Center Encinal Health Center
Berkeley Unified School District	Berkeley High School Berkeley Technology Academy	Berkeley High School Health Center
Oakland Unified School District	Castlemont Community of Small Schools: • Leadership Preparatory High • Business & Information Technology School • East Oakland School of the Arts	Youth UpRising/ Castlemont Health Center
	McClymonds Educational Complex: • EXCEL • BEST	Chappell Hayes Health Center
	Oakland High School	Shop 55
	Oakland Technical High School	TechniClinic
	Roosevelt Middle School	Roosevelt Health Center
	Fremont Federation of Small Schools: • Architecture Academy • Mandela High • Robeson Visual & Performing Arts • Media Academy	Tiger Clinic
Hayward Unified School District	Tennyson High School	Tennyson Health Center
San Lorenzo Unified School District	San Lorenzo High School	San Lorenzo High Health Center
New Haven Unified School District	James Logan High School	Logan Health Center

Evaluation Methodology

The University of California, San Francisco (UCSF) Evaluation Team has worked closely with the Coalition and the staff at each of the member School Health Centers since 1997 to develop a comprehensive evaluation of the Coalition's goals, which are to ensure that:

- Students have enhanced access to health care services,
- Students and School Health Center clients have increased utilization of health care services, and
- School Health Center clients have improved health status and behaviors.

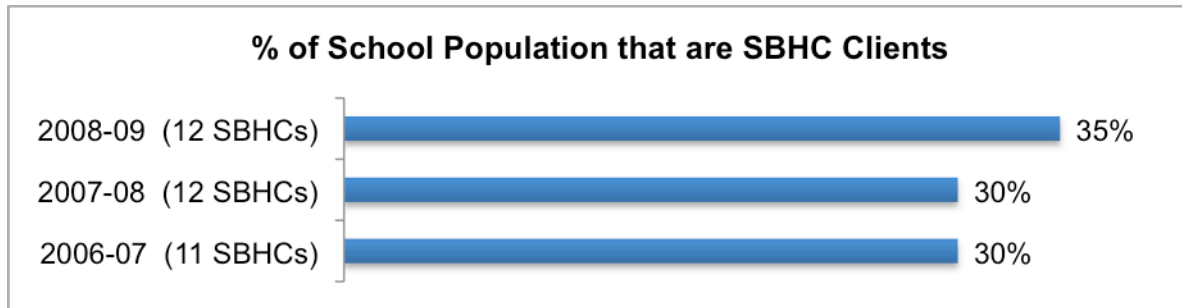
This report summarizes evaluation data gathered to document the Coalition's progress toward realizing these goals using the following evaluation methods:

- **Client and Service data** were collected in *Clinical Fusion* for 6,624 clients during the 2006-07 school year and in *Efforts to Outcomes* for 6,642 clients during the 2007-08 school year and 7,410 clients during the 2008-09 school year.
- **Client Self-Assessment data** were collected in the *Pre-Post Client Survey*. From 2006 to 2009, 286 School Health Center clients [*respondents were analyzed if they had in least 2.5 but no more than 4 months between administrations*] completed the Pre-Post Client Survey. The number of respondents increased slightly over the three years, with n=89 matched Pre-Post Surveys in 2006-07, n=97 in 2007-08, and n=100 in 2008-09.
- **Student Health and Access data** were collected in the *California Healthy Kids Survey SBHC Custom Module*, completed by 2,922 students at eight schools with response rates >25% during the 2007-08 school year.
- **Youth Development Program Impact data** were collected in the *Youth Program Post Survey*, completed by 71% (n=17) of the youth development programs offered by the School Health Centers; 205 participants¹ took the survey. It was administered during their last day of participation in the programs (May – June 2009).
- **Student Focus Groups:** 105 students participated in 12 focus groups at six School Health Centers in May and June 2009.

¹ This number of participants in the programs is an approximation because many of programs reported a range for the number of participants.

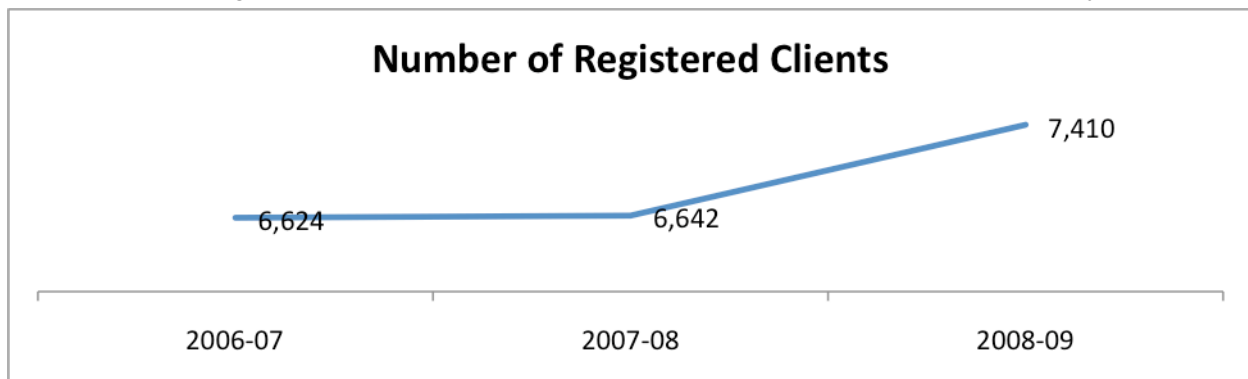
Client and Service Findings (*Efforts to Outcomes Client Database*)

Health Centers Serve Over One-Third School Population: The percent of the school population that are registered SBHC clients has increased, but only slightly over the years indicating that they have reached the clients most in need.

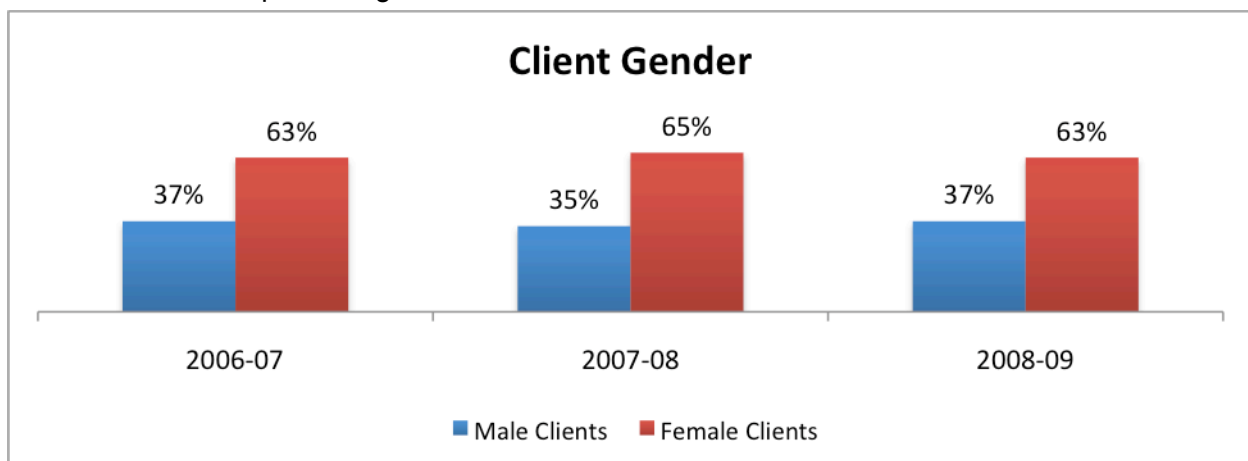


Client Demographics

The number of registered clients increased from 6,624 to 7,410 over the past three years.



Since 2006-07, the percentage of female versus male clients has remained consistent.



Client's racial/ethnic backgrounds have also remained consistent. In 2008-09, over one-third were African-American (36%), 27% were Latino/Latina or Chicano/a, 14% Asian/Asian Pacific Islander, 11% White or Caucasian (non-Hispanic), 6% Bi-Racial/Multi-Racial, and 7% "Other".

Race ²	2006-07		2007-08		2008-09	
	N	%	N	%	N	%
African American (non-Hispanic)	2,325	36%	2,102	36%	2,480	36%
Latino/Latina or Chicano/a	1,676	26%	1,677	28%	1,883	27%
Asian/Asian Pacific Islander	1,059	16%	827	14%	954	14%
White or Caucasian (non-Hispanic)	717	11%	579	10%	748	11%
Bi-Racial/Multi-Racial	382	6%	313	5%	387	6%
Other	283	4%	407	7%	483	7%
TOTAL	6,442		5,905		6,935	

Of the 4,561 SBHC clients with documented insurance status in 2008-09, 16% had no insurance. Just over one-third had private insurance (34%), 29% had Medi-Cal, and 17% had "Other" government insurance. The high percent of clients with no insurance in 2006-07 and 2007-08 might be due to poor documentation.

Client Insurance ³	2006-07		2007-08		2008-09	
	N	%	N	%	N	%
No insurance	2,317	45%	1,724	39%	735	16%
Private Insurance						
▪ Blue Cross (private)	137	3%	119	3%	135	3%
▪ Health Net (private)	82	2%	53	1%	54	1%
▪ Kaiser (private)	964	19%	877	20%	1,018	22%
▪ Other private	325	6%	323	7%	384	8%
Medi-Cal						
▪ Medi-Cal (unknown type)	511	10%	541	12%	615	13%
▪ Medi-Cal Full-Scope	160	3%	154	3%	500	11%
▪ Medi-Cal Managed Care	94	2%	51	1%	238	5%
Other Government	525	10%	476	11%	788	17%
Other	85	2%	84	2%	94	2%
TOTAL	5,200		4,402		4,561	

² Race data was missing or unknown for 182 clients in 2006-07, 737 clients in 2007-08, and 475 clients in 2008-09.

³ Insurance data missing or unknown for 1,411 clients in 2006-07, 2,239 clients in 2007-08, 2,848 clients in 2008-09.

Client Visits

In 2008-09, one-third of client visits were for medical visits (33%), 27% for mental health, 25% for first aid and 15% for group visits. The change from 2006-07 is partly due to the use of new categories to document visit types.

Visit Types ⁴	2006-07		2007-08		2008-09	
	N	%	N	%	N	%
Medical Visits	15,767	58%	11,733	41%	13,060	33%
Mental Health Visits	8,060	30%	6,508	23%	10,650	27%
Health Education ⁵	3,251	12%	N/A	N/A	N/A	N/A
First Aid Visits ⁶	N/A	N/A	9,081	32%	9,904	25%
Group Visits	Not collected		1,172	4%	6,107	15%
TOTAL VISITS	27,078		28,566		39,754	

Of the 2008-09 medical services received during medical visits, over half (55%) were for family planning services, 24% were for other medical services (such as sports physicals, chronic disease management and primary care services) and 20% were for health education.

Medical Services Received (≥1 service can be provided per visit)	2006-07		2007-08		2008-09	
	N	%	N	%	N	%
Family Planning	7,735	34%	83,87	51%	11,310	55%
First Aid ⁷	6,811	30%	474	3%	132	1%
Health Education	3,460	15%	3,643	22%	4,147	20%
Medical	4,288	19%	3,619	22%	4,928	24%
Case Management	178	1%	256	2%	103	0%
TOTAL	22,472		16,379		20,620	

Family Planning Clients and Visits	2007-08	2008-09
Family Planning Visits	6,706	9,576
Family Planning Clients	2,413	2,963
Family Planning Visits per Client	2.8	3.2
Pregnancy Test Conducted	2,188 (33% of visits)	3,205 (33% of visits)
Pregnancy Test Positive	185 (8% of tests were positive)	226 (7% of tests were positive)

⁴ Visit data was unknown for 72 visits in 2007-08 and 33 visits in 2008-09.

⁵ 2007-08 and 2008-09 health education visits documented as medical visits.

⁶ 2006-07 first aid services were documented as medical visits.

⁷ 2007-08 and 2008-09 first aid services were provided within the context of a medical visit rather than being documented as a separate first aid visit.

The most common reasons for referral to mental health services were for family conflict, depression/suicide, peers, anxiety/adjustment, anger management and academic performance.

Mental Health Referral reason ⁸	2007-08 (n=519 clients)		2008-09 (n=1,239 clients) ⁹	
	n	%	n	%
Family Conflict	184	36%	403	33%
Academic Performance	93	18%	415	33%
Depression/Suicide	172	33%	378	31%
Peers	144	28%	367	30%
Anxiety/Adjustment	123	24%	279	23%
Anger Management	112	22%	260	21%
Self Esteem	36	7%	211	17%
School Attendance	46	9%	199	16%
Grief/Loss	73	14%	183	15%
Adjustment/Acculturation	60	12%	146	12%
Substance Abuse	23	4%	133	11%
Trauma	23	4%	119	10%
Classroom Behavior	50	10%	113	9%
Violence Witness/Victim	18	3%	86	7%
Suicide Ideation	14	3%	74	6%
Basic Needs	21	4%	64	5%
Health Issues	11	2%	66	5%
Child Abuse Neglect	22	4%	45	4%
Gang Involvement	6	1%	46	4%
Beyond Parent Control	15	3%	37	3%
Violent Behaviors	5	1%	42	3%
Gender/ Sexual Identity	8	2%	30	2%
Sexualized Behavior	11	2%	28	2%
Suspensions/Expulsions	11	2%	28	2%
Domestic Violence	10	2%	10	1%

⁸ Referral reason is missing for 95 new mental health clients in 2007-08 and 178 new mental health clients in 2008-09

⁹ Mental health clients include new and returning clients for Health Centers that started using ETO in 2008-09.

The most common type of mental health service is individual therapy. Other types of services include assessment/intake, collateral, and case management/brokerage.

Mental Health Services (>1 service can be provided per visit) ¹⁰	2006-07		2007-08		2008-09	
	n	%	n	%	n	%
Individual Therapy	3,784	44%	3,049	44%	4,393	37%
Assessment/Intake	1,195	14%	1,029	15%	1,790	15%
Collateral	1,553	18%	913	13%	1,440	12%
Case Management/Brokerage	338	4%	474	7%	1,377	12%
Group Therapy	134	2%	386	6%	844	7%
Crisis Intervention	290	3%	354	5%	645	5%
Consultation	523	6%	311	4%	512	4%
Plan Development	501	6%	262	4%	422	4%
Family Therapy/Counseling	100	1%	109	2%	78	1%
Other	127	1%	46	1%	125	1%
Peer counseling	9	0%	0	0%	125	1%
TOTAL	8,554	100%	6,933	100%	11,751	100%

Of the 775 group sessions provided in 2008-09, 70% were Youth Development programs, 26% Youth Advisory Boards, and 4% Peer Health Education Groups. There were 6,107 group visits provided to 399 youth, for an average of 7.9 group visits per participant.

Group Sessions	n	%
Youth Development	541	70%
Youth Advisory Board	201	26%
Peer Health Education Group	33	4%

¹⁰ Type of mental health service missing for 499 mental health visits in 2008-09.

Comprehensive Health Education Screening

During the medical/health education visits, the majority of clients were screened for risk factors during their first visits to the School Health Centers. The majority had ever been sexually active (72%-77%) and 23% had used marijuana in the last 3-6 months.

Screenings ¹¹	2006-07		2007-08		2008-09	
	clients screened	screened positive	clients screened	screened positive	clients screened	screened positive
Is client or has client ever been sexually active?	80%	76%	75%	72%	90%	77%
Has client used marijuana in the last 3-6 months?	N/A	N/A	N/A	N/A	80%	23%
Has client used any tobacco products in last 30 days? (question changed to 3-6 months in 2008-09)	80%	14%	71%	8%	85%	17%
Has client felt unsafe (in school, at home or in community) in last 30 days? (question changed to 3-6 months in 2008-09)	72%	4%	70%	3%	83%	8%
Was a GAPS or HEADSS assessment completed?	64%		59%		63%	N/A

¹¹ Data from first medical visit for 4,921 2006-07 clients, 3,766 2007-08 clients, and 4,623 2008-09 clients.

Health Education Topics

During medical/health education visits, providers discussed a variety of health education topics with clients.

Health Education Topics ¹²	2007-08		2008-09	
	n	%	n	%
Family Planning	7695	76%	9,184	75%
STI/HIV	6309	62%	8,235	67%
Dating/Relationships	4412	43%	5,279	43%
School/Education	3819	38%	4,253	35%
Medication Teaching/Management	3252	32%	2,907	24%
Family Relationships	2847	28%	3,265	27%
Pregnancy Related	2835	28%	2,943	24%
Sexuality Related	2331	23%	1,588	13%
Communication	2205	22%	2,818	23%
Diet/Nutrition/Exercise	2202	22%	2,812	23%
Peers	1655	16%	1,249	10%
Tobacco	1650	16%	1,180	10%
Alcohol Drug Use	1305	13%	1,267	10%
Depression/Suicide	1320	13%	1,438	12%
Physical/Sexual Abuse	1184	12%	413	3%
Violence Related	1129	11%	794	6%
Financial/Housing/Jobs	590	6%	505	4%
Infectious disease	638	6%	388	3%
ABC Counseling	527	5%	1,418	12%
Asthma	529	5%	358	3%
Grief/Loss/Trauma	383	4%	301	2%
Anger Management	286	3%	279	2%
Other Education/Counseling Provided	7	0%	624	5%
Social Skills	N/A	N/A	22	<1%

¹² Topics addressed were not documented for 1,590 medical visits in 2007-08 and 790 medical visits in 2008-09.

Mental Health Outcomes

Mental health providers recorded the status of their clients' presenting concerns and resiliency factors at every visit. Analysis of this data examined only clients with at least three mental health visits by comparing their "baseline visit" (taken from first mental health visit between July 2007 and March 2008 and again between July 2008 and March 2009) and their "follow-up visit" (taken from the last date with at least three months following the baseline).

Status of Presenting Concerns

As shown in the table, below providers reported significant improvements ($p < 0.05$) from baseline to follow-up in **four** presenting concerns in 2007-08:

- Relationships issues/conflict (from a score of 1.5 to 1.25)
- Depression/sadness (from 1.38 to 1.08)
- Oppositional/defiant behavior/anger management problems (from 0.65 to 0.52)
- Self-injury (from 0.13 to 0.06)

2007-08 STATUS OF PRESENTING CONCERNS Scoring: No longer a problem or N/A=0; Somewhat a problem=1; A problem=2; Very much a problem=3				
Based on client's visit today, does the client have any of the following problems?	N	Baseline Score	Follow-Up Score	Pr>t
Relationship issues/conflict (family, peers, partners)*	204	1.50	1.25	0.0080
Depression/Sadness*	215	1.38	1.08	0.0002
Anxiety/Nervousness	215	0.97	0.88	0.2965
School Behavior/Academic Performance Issues	199	0.78	0.86	0.3487
Grief/Loss/Bereavement	211	0.70	0.57	0.0741
Oppositional/Defiant Behavior/Anger Manage.*	205	0.65	0.52	0.0433
Identity issues (only ETO sites)	162	0.36	0.28	0.2494
Post Traumatic Stress Disorder (PTSD)	200	0.32	0.36	0.5063
Substance Abuse (alcohol and/or drugs)	196	0.16	0.23	0.0991
Self-injury (cutting, pulling out hair, gouging)*	195	0.13	0.06	0.0250
Eating Disorder/s	209	0.09	0.16	0.0750
Suicidal ideation/attempt (only ETO sites)	165	0.08	0.11	0.6071

* Significant change: ($p < 0.05$)

As shown in the table below, providers reported significant improvements ($p < 0.05$) from baseline to follow-up in **nearly all** presenting concerns in 2008-09:

- | | |
|---|--|
| ▪ Anxiety/Nervousness (from 1.03 to 0.79) | ▪ Relationship issues/conflict (family, peers, partners) (from 1.50 to 1.19) |
| ▪ Depression/Sadness (from 1.32 to 0.99) | ▪ Self injury (cutting, pulling out hair, gouging, etc) (from 0.12 to 0.04) |
| ▪ Eating Disorder/s (from 0.15 to 0.07) | ▪ Substance Abuse (alcohol and/or drugs) (from 0.26 to 0.19) |
| ▪ Grief/Loss/Bereavement (from 0.72 to 0.45) | ▪ Suicidal ideation/attempt (from 0.18 to 0.08) |
| ▪ Oppositional/Defiant Behavior/Anger management problems (from 0.75 to 0.58) | |

2008-09 PRESENTING CONCERNS Scoring: No longer a problem or N/A=0; Somewhat a problem=1; A problem=2;Very much a problem=3				
Based on client's visit today, does the client have any of the following problems?	N	Baseline Score	Follow-Up Score	Pr>t
Anxiety/Nervousness*	376	1.03	0.79	<.0001
Depression/Sadness*	378	1.32	0.99	<.0001
Eating Disorder/s *	357	0.15	0.07	0.0019
Grief/Loss/Bereavement*	374	0.72	0.45	<.0001
Identity issues	364	0.29	0.26	0.3342
Oppositional/Defiant Behavior/Anger management problems*	374	0.75	0.58	0.0005
Relationship issues/conflict (family, peers, partners)*	383	1.50	1.19	<.0001
Post Traumatic Stress Disorder (PTSD)	363	0.25	0.21	0.266
School Behavior/Academic Performance Issues	386	1.07	1.04	0.6375
Self injury (cutting, pulling out hair, gouging, etc)*	362	0.12	0.04	0.0025
Substance Abuse (alcohol and/or drugs)*	363	0.26	0.19	0.0459
Suicidal ideation/attempt*	361	0.18	0.08	0.0025

* Significant change: (p<0.05)

Status of Resiliency Factors:

In 2007-08, providers reported no significant changes from baseline to follow-up in resiliency factors.

2007-08 STATUS OF RESILIENCY FACTORS Scoring: Not true=0; Somewhat true=1; True=2; Very true=3				
Based on client's visit today, is this client currently....	N	Baseline Score	Follow-Up Score	Pr>t
Attending school regularly and applying self at school?	194	1.59	1.53	0.6523
Expressing feelings and emotions (sadness, anger, etc) in healthy ways?	209	1.32	1.36	0.5478
Expressing a sense of hope for his/her life and/or future?	209	1.55	1.65	0.0743
Involved in organized recreational and/or vocational activities?	191	0.94	1.09	0.0594
Motivated to participate in counseling for him/herself?	204	1.93	1.84	0.1655

In 2008-09, providers reported significant improvements ($p<0.05$) from baseline to follow-up in four out of five resiliency factors, indicated by the asterisks below.

2008-09 RESILIENCY FACTORS Scoring: Not true=0; Somewhat true=1; True=2; Very true=3				
Based on client's visit today, is this client currently....	N	Baseline Score	Follow-Up Score	Pr>t
Attending school regularly and applying self at school?*	355	1.55	1.45	0.0505
Expressing feelings and emotions (sadness, anger, etc) in healthy ways?*	356	1.26	1.40	0.0029
Expressing a sense of hope for his/her life and/or future?*	349	1.50	1.62	0.0083
Involved in organized recreational and/or vocational activities?*	349	1.01	1.17	0.0043
Motivated to participate in counseling for him/herself?	355	1.86	1.83	0.4468

* Significant change: ($p<0.05$)

Birth Control and Condom Use: Outcomes

Providers reported significant improvements ($p<0.0001$) from baseline to follow-up in the use of birth control other than condoms (from 22% to 45% “always”) and in the use of both birth control and condoms together (from 7% to 17% “always”).

2007-08 In the past month, how often has client/partner used:	Condoms? (n=194)		Birth control other than condoms? (n=183)		Both birth control and condoms together? (n=185)	
	Baseline	Follow-Up	Baseline	Follow-Up	Baseline	Follow-Up
Always (100%)	35%	36%	22%	45%	7%	17%
Most Times (75%)	23%	20%	2%	7%	4%	10%
Sometimes (50%)	14%	12%	2%	8%	4%	9%
Rarely (25%)	8%	7%	2%	2%	2%	6%
Never (0%)	21%	24%	72%	39%	83%	58%
Mean Score: 1=never 2=rarely 3=sometimes 4=most times 5=always	3.42	3.37	2.02	3.16*	1.50	2.21*

* $p<0.0001$

Providers reported significant improvements ($p<0.0001$) from baseline to follow-up in the use of birth control other than condoms (from 14% to 40% “always”) and in the use of both birth control and condoms together (from 5% to 10% “always”). There was a significant decrease ($p<0.0001$) reported in condom use in the past month (from 35% to 25% “always”). It is important to note that other researchers have also documented that condom use declines with the adoption of hormonal methods¹³.

2008-09 In the past month, how often has client/partner used:	Condoms? (n=398)		Birth control other than condoms? (n=384)		Both birth control and condoms together? (n=380)	
	Baseline	Follow-Up	Baseline	Follow-Up	Baseline	Follow-Up
Always (100%)	35%	25%	14%	40%	5%	10%
Most Times (75%)	25%	20%	1%	6%	3%	8%
Sometimes (50%)	16%	19%	4%	4%	6%	11%
Rarely (25%)	5%	10%	2%	3%	2%	9%
Never (0%)	20%	26%	78%	47%	85%	63%
Mean Score: 1=never 2=rarely 3=sometimes 4=most times 5=always	3.5	3.08	1.72	2.87	1.41	1.93

*Significant change: $p<0.0001$

¹³ Ott MA, Adler NE, Millstein SG et al. The trade-off between hormonal contraceptives and condoms among adolescents. *Perspectives on Sexual and Reproductive Health* 2002, 34(1):6–14. Woods JL, Shew ML, Tu W et al. Patterns of oral contraceptive pill-taking and condom use among adolescent contraceptive pill users. *Journal of Adolescent Health* 2006, 39: 381–387.

Client Self-Assessment Findings (*Pre-Post Client Survey*)

Respondent Profile: From 2006 to 2009, 286 School Health Center clients [*respondents were analyzed if they had in least 2.5 but no more than 4 months between administrations*] completed the Pre-Post Client Survey. The number of respondents increased slightly over the three years, with n=89 matched Pre-Post Surveys in 2006-07, n=97 in 2007-08, and n=100 in 2008-09. The respondents attended the following schools:

School	n	%
Fremont High School (Tiger Health Clinic)	54	19%
Oakland Technical High School (TechniClinic)	35	12%
Logan High School	34	12%
Alameda High School (Alameda Family Services Health Center)	31	11%
Berkeley High School	30	10%
McClymonds High School (Chappell Hayes Health Center)	24	8%
Roosevelt Middle School	21	7%
San Lorenzo High School	20	7%
Oakland High School	19	7%
Tennyson High School	18	6%
TOTAL	286	100%

Most respondents were female (82%, n=236) and in grades 9-12 (92%, n=263). Just over a third (34%, n=98) were African American, 30% (n=86) Hispanic, 13% (n=37) Asian, 8% (n=22) Bi-Racial or Multi-Racial, 6% (n=18) White, 4% (n=10) Native Hawaiian or Pacific Islander, <1% (n=2) American Indian, and 5% (n=13) Other. Clients reported receiving a variety of grades: 29% (n=82) received As or As/Bs, 38% (n=106) Bs or Bs/Cs, 27% (n=75) Cs or Cs/Ds, and 5% (n=15) Ds and Fs.

Access to Health Care

Health Insurance: In the Pre-Survey, only 6% (n=13) reported that they had no insurance but 34% (n=76) were not sure what kind of health insurance they have. Others reported that they had Kaiser (26%, n=59), government (24%, n=54), or private insurance (11%, n=24).

School Health Center Use: In the Post-Survey, a quarter (25%, n=71) of respondents reported that they had used the Health Center 1-2 times during the school year, 39% (n=109) had used it 3-4 times, 24% (n=68) 5-10 times, and 12% (n=33) more than 10 times. (Services could include coming in for an injury, care for a cold/flu, sports physical, counseling, etc.)

Usual Sources of Care: The School Health Center was the most commonly reported source for medical care (30%, n=84), family planning services (63%, n=177), and counseling (30%, n=85). Many did not need medical care (19%, n=54), family planning services (21%, n=59) or counseling (43%, n=119). Just over half (55%, n=156) knew where to get confidential care other than the school health center, but 29% (n=83) did not know and 16% (n=45) were not sure.

Where do you usually get....	Medical Care	Family Planning	Counseling
School Health Center/School nurse	30% (n=84)	63% (n=177)	31% (n=85)
I didn't need care	19% (n=54)	21% (n=59)	43% (n=119)
Kaiser	21% (n=60)	5% (n=13)	3% (n=8)
Doctor's office or community clinic	10% (n=27)	1% (n=4)	2% (n=6)
Another hospital	10% (n=27)	0% (n=0)	<1% (n=2)
Don't know	6% (n=18)	6% (n=18)	10% (n=27)
I didn't get the care I needed	2% (n=7)	2% (n=6)	11% (n=30)
Emergency Room	2% (n=5)	0% (n=0)	0% (n=0)
Planned Parenthood	0% (n=0)	1% (n=3)	<1% (n=1)

Self-Reported Impact of Health Center Services

Resiliency and Protective Factors: As the table below shows, nearly all respondents reported in both the Pre and the Post-Survey a variety of resiliency and protective factors. There were no significant changes from the Pre to the Post-Survey.

Respondents reporting "pretty much" or "very much" true...	Pre	Post
I have goals and plans for the future	94% (n=218)	94% (n=220)
There is a purpose to my life.	90% (n=206)	93% (n=213)
There are many things that I do well.	88% (n=204)	91% (n=211)
When I need help, I find someone to talk with.	79% (n=183)	82% (n=192)
I am involved in sports, clubs, or other extra-curricular activities	60% (n=139)	62% (n=143)

Substance Use: As the table below shows, up to 15% of respondents reported cigarette use, heavy alcohol use or other drug use. There was no significant change from the Pre to the Post-Survey.

Respondents reporting that in the last month they...	Pre	Post
Smoked cigarettes	14% (n=39)	15% (n=41)
Used smokeless tobacco (dip, chew or snuff)	1% (n=3)	2% (n=6)
Had ≥5 drinks of alcohol in a row within a couple of hours	15% (n=41)	14% (n=39)
Used other drugs	12% (n=34)	11% (n=31)

Feelings and Emotions: As the table below shows, some respondents reported difficult feelings and emotions. There was no significant change from the Pre to the Post-Survey.

Respondents reporting that "every day or almost every day" in the last month they...	Pre	Post
Felt nervous, restless or stressed out	12% (n=35)	13% (n=37)
Felt depressed or sad	7% (n=21)	7% (n=19)
Had trouble falling asleep or staying asleep	8% (n=23)	7% (n=19)
Hurt or cut themselves on purpose	1% (n=3)	0% (n=0)

Sexual Behavior: Most respondents reported that they had ever had sex (70% Pre-Survey, 74% Post-Survey). Of the sexually active respondents, most were straight/heterosexual (90% in both Pre- and Post-Survey).

Birth Control Use: The percent that used no method of birth control declined from 16% to 12% from the Pre to the Post-Survey, although the change was not significant. The percent that used birth control pills increased significantly from the Pre to the Post-Survey (9% Pre-Survey to 23% Post-Survey). Condom use also increased significantly, from 51% in Pre-Survey to 67% in Post-Survey.

The last time you had sex, what methods did you or your partner use...	Pre	Post
No method	16% (n=31)	12% (n=23)
Birth control pills*	9% (n=16)	23% (n=43)
Condoms*	51% (n=96)	67% (n=126)
The patch	2% (n=4)	4% (n=8)
Depo-Provera	4% (n=8)	6% (n=12)
Withdrawal	9% (n=16)	7% (n=13)
Some other method (Plan B, Ring)	1% (n=2)	2% (n=3)

* Significant change: $p < .001$

When asked if they or their partner used a condom the last time they had sex, the percentage that reported “yes” increased from 52% (n=40) in Pre to 62% (n=48) in Post. However, this was not a statistically significant finding given the small sample size.

As the table below shows, around half of the respondents “always” used condoms or another form of contraception (like the pill or the shot) when they have sex, while just nearly one-third “often” did so. There was little change between Pre and Post.

Respondents reported that they use condoms or another form of contraception (like the pill or the shot) when they have sex...	Pre	Post
Always	49% (n=53)	54% (n=58)
Often	31% (n=33)	31% (n=34)
Almost never	12% (n=13)	7% (n=8)
Never	8% (n=9)	7% (n=8)

Pregnancy: In the Pre-Survey 13% (n=16) of sexually active respondents reported that they had ever been pregnant or gotten someone pregnant. This increased slightly to 17% (n=18) at Post-Survey. Slightly more respondents reported two or more pregnancies in the Post-Survey: 2% (n=2) Pre-Survey and 5% (n=5) Post-Survey.

Feedback on the Health Center

Impact of the Health Center: As shown in the table below, most respondents “agree” or “strongly agree” that the Health Center helped them get information, resources, help, and services. Respondents also reported that it helped them to improve a variety of health behaviors and academic indicators.

The School Health Center has helped me to...	Agree or Strongly Agree	Disagree or Strongly Disagree	Don't Know/ Doesn't Apply/ Missing
Get information and resources I need.	94% (n=264)	3% (n=8)	3% (n=8)
Get help sooner than I would otherwise.	88% (n=251)	6% (n=17)	6% (n=17)
Use protection (like condoms, birth control) more often when I have sex.	81% (n=230)	5% (n=14)	14% (n=41)

The School Health Center has helped me to...	Agree or Strongly Agree	Disagree or Strongly Disagree	Don't Know/ Doesn't Apply/ Missing
Get services I would not get otherwise.	79% (n=225)	14% (n=39)	7% (n=21)
Feel safe talking about my problems.	75% (n=212)	9% (n=26)	16% (n=46)
Eat better and/or exercise more.	59% (n=168)	15% (n=43)	25% (n=72)
Stay in school.	59% (n=167)	10% (n=29)	31% (n=89)
Deal with stress/anxiety better.	58% (n=166)	16% (n=47)	25% (n=72)
Improve my grades.	46% (n=131)	22% (n=63)	32% (n=90)
Avoid getting into fights.	46% (n=130)	20% (n=57)	34% (n=98)
Improve my attendance (cut classes less)	44% (n=124)	21% (n=61)	35% (n=100)
Get involved in leadership programs.	40% (n=114)	25% (n=70)	35% (n=100)
Use tobacco, alcohol or drugs less.	38% (n=108)	25% (n=72)	37% (n=105)

Reasons for Health Center Use: When asked why they decided to use the Health Center, respondents reported: Privacy/confidentiality 62% (n=177); Convenient location 56% (n=159); I like the staff 45% (n=130); Free services 45% (n=130); Convenient hours 43% (n=122); Only place I know of 10% (n=29); A teacher/ school staff referred me 7% (n=21); and Other 6% (n=16) (it's close, comfortable). One respondent wrote, "*The staff are easier to talk to and very accommodating.*"

Feedback on Health Center Staff: Nearly all respondents "agree" or "strongly agree" that people in the Health Center are people they can go to for advice or information (94%, n=264) and are easier to talk to than other doctors or nurses (89%, n=249). Some respondents offered additional feedback on the Health Center staff:

- *The TechniClinic is a great environment and very resourceful. Staff is always very welcoming and respectful, never judgmental or rude. Thank you for what they have done in my time of need. Keep up the great work!*
- *The healthcare center makes me feel safe and gives me the help I need.*
- *The staff in the TechniClinic are friendly and make you comfortable. They are more like a friend than a person just working in your school. The staff makes you feel in home.*
- *They did everything I wanted and I can't ask for more. Thanks for being supportive and welcoming to me and the other kids.*
- *I feel that they do a good job and it's good they're at a high school. Teens need stuff like that.*
- *I like the health center and greatly appreciate the services that they provide.*
- *I like to go to the clinic because it is fun and they help me with stuff. And they call me at least once a week. I love to go to the clinic!!!*
- *James Logan High School's health center is great. The staff is always very welcoming and easy to talk to. I know if this wasn't here many of my friends would have kids by now. Thank you.*
- *The school health center is a place I feel very comfortable. The attention they give me makes me feel safe and I would recommend it to anyone.*
- *Yeah, the health center is a good place because it helps you in what you need and you can trust there without having to worry about something.*
- *I love it! It's so free and confidential.*

Student Health and Access Findings (*California Healthy Kids Survey SBHC Custom Module*)

Methodology

This section of the report describes findings from the 2007-08 California Healthy Kids Survey SBHC Custom Module administered to 2,922 7th, 9th and 11th grade students at the following eight schools with SBHCs (total response rate of 43%).

District	School	Survey Respondents	Response Rate ¹⁴
New Haven	James Logan High	1,036	52%
Berkeley	Berkeley High	673	40%
Oakland	Oakland High	404	43%
San Lorenzo	San Lorenzo High	373	48%
Oakland	Oakland Tech	239	25%
Oakland	Roosevelt Middle	100	38%
Oakland	Castlemont (Leadership Preparatory High)	59	27%
Berkeley	Berkeley Technology Academy (BTA)	38	100%
	TOTAL	2,922	43%

Respondent Demographics

As shown in the table below, over half of the respondents (57%) were in the 9th grade and 40% were in the 11th grade. Few (4%) were in the 7th grade.

Grade Level	SBHC Users		SBHC Non-Users		All Respondents	
	n	%	n	%	n	%
7th grade	40	4%	62	3%	102	4%
9th grade	421	47%	1,185	61%	1,606	57%
11th grade	438	49%	681	35%	1,119	40%
Total	899	100%	1,928	100%	2,827	100%

As shown in the table below, just over half of the respondents were female (54%) and just under half were male (46%).

Gender	SBHC Users		SBHC Non-Users		All Respondents	
	n	%	n	%	n	%
Male	405	44%	928	48%	1,333	46%
Female	520	56%	1,022	52%	1,542	54%
Total	925	100%	1,950	100%	2,875	100%

¹⁴ Only schools with ≥25% response rate are included in this analysis.

Use of the SBHCs

Services Received: Of the respondents, 32% (n=944) had ever used the SBHC for information or services while 68% (n=1978) had not. Just over half (52%, n=352) had received services from the School Health Center only THIS school year; 31% (n=206) had received services this year AND other school years; and 17% (n=117) had received services only OTHER school years. Nearly half of the SBHC users had received first aid (47%), 43% received medical care for sickness, and 40% received help with confidential issues like birth control/condoms or STDs.

Which of the following services have you received from the School Health Center? ¹⁵	n	%
First aid for a injury like a cut, bruise or sprained ankle.	317	47%
Medical care for sickness like a cold/flu, sore throat, cramps, headache or stomach ache	284	43%
Help with confidential issues like birth control/condoms or STDs	276	40%
Physical exam, check up or sports physical	208	31%
Counseling to help you deal with issues like stress, depression, family problems or alcohol or drug use	169	25%
Other services	248	39%

Reasons for Non-Use: When asked why they had not used the School Health Center, the majority of SBHC non-users (76%) reported that they didn't need any services, and many (43%) receive care elsewhere.

Are any of the following reasons why you haven't used the School Health Center? ¹⁶	n	%
I didn't need any services	1424	76%
I get the care I need elsewhere	798	43%
I didn't know there was a School Health Center	287	16%
I was afraid my parent/guardian(s) would find out	183	10%
I was afraid the other students would find out	181	10%
My parent/guardian(s) would not give me permission	140	8%

¹⁵ This question was asked only of SBHC users. Those that replied "Not Sure" were excluded.

¹⁶ This question was asked only of SBHC non-users.

Impact on Access to Care

Nearly all SBHC users either “strongly agree” or “agree” that the School Health Center helped them get help sooner than they would otherwise (87%), information and resources they needed (85%), and services they would not otherwise get (72%).

The School Health Center has helped me to: ¹⁷	Strongly Agree		Agree		Disagree		Stongly Disagree	
	n	%	n	%	n	%	n	%
Get help sooner than I would otherwise.	249	48%	205	39%	54	10%	15	3%
Get information and resources I need.	241	48%	187	37%	55	11%	17	3%
Get services I would not otherwise get.	203	39%	173	33%	121	23%	28	5%

SBHC users were more likely than non-users (*significant at $p < 0.05$*) to report that in the past year they “always” or “sometimes” (vs. “never” or “rarely”) received:

- Medical care when they were sick, hurt or needed a check-up. (86% vs. 82%).
- Counseling to help them deal with issues like stress, depression, family problems, or alcohol or drug use (56% vs. 37%)
- Help with reproductive health issues like birth control/condoms or testing for pregnancy /STDs (67% vs. 34%)

In the past year, how often did you get medical care when you were sick, hurt or needed a check-up?	SBHC Users		SBHC Non-Users	
	n	%	n	%
Always or Sometimes*	692	86%	1282	82%
Never or Rarely	117	14%	283	18%

* $p = .025$ (significant at $p < 0.05$)

Counseling to help you deal with issues like stress, depression, family problems, or alcohol or drug use?	SBHC Users		SBHC Non-Users	
	n	%	n	%
Always or Sometimes*	328	56%	371	37%
Rarely or Never	257	44%	638	63%

* $p = .000$ (significant)

Help with reproductive health issues like birth control/condoms or testing for pregnancy /STDs? ¹⁸	SBHC Users		SBHC Non-Users	
	n	%	n	%
Always or Sometimes*	360	67%	279	34%
Rarely or Never	181	34%	546	66%

* $p = .000$ (significant)

¹⁷ This question was asked only of SBHC users. Those that replied “Not Sure” were excluded.

¹⁸ This question does not include data from middle-school students.

Impact on Health Behaviors, Academics and Resiliency

Most SBHC users reported it helped them improve their health behaviors, including using birth control or condoms more often (88%), using tobacco, alcohol or drugs less (68%), and eating better and exercising more (57%). Finally, it helped them deal with personal and/or family issues (89%), have goals and plans for the future (81%) and do better in school (78%).

The School Health Center has helped me to: ¹⁹	Strongly Agree		Agree		Disagree		Strongly Disagree	
	n	%	n	%	n	%	n	%
Use birth control or condoms more often**	171	62%	70	26%	27	10%	6	2%
Use tobacco, alcohol or drugs less*	73	42%	45	26%	38	22%	17	10%
Eat better or exercise more	132	34%	91	23%	128	33%	40	10%
Deal with personal and/or family issues*	114	59%	57	30%	18	9%	3	2%
Have goals and plans for the future*	103	54%	51	27%	26	14%	9	5%
Do better in school*	92	50%	52	28%	25	14%	14	8%

*Only includes respondents who reported that they had ever received counseling to help them deal with issues like stress, depression, family problems or alcohol or drug use from the SBHC (n=666).

** Only includes respondents who reported that they had ever received help with confidential issues like birth control/condoms or STD from the SBHC (n=274).

Impact on Reproductive Health²⁰

SBHC users were significantly more likely to have ever had sex (48%, 26%, p=0.000).

Have you ever had sex?	SBHC Users		SBHC Non-Users	
	n	%	n	%
Yes*	220	48%	201	26%
No	236	52%	570	74%
Total	456	100%	771	100%

*p=.000 (significant)

The majority of both SBHC users (85%) and non-users (86%) were straight/heterosexual.

What is your sexual orientation? (<i>sexually active only</i>)	SBHC Users		SBHC Non-Users	
	n	%	n	%
Straight/Heterosexual	180	85%	169	86%
Gay/Lesbian	12	6%	11	6%
Bisexual	17	8%	10	5%
Not sure/Questioning	4	2%	0	0%
Transgender/Transsexual	0	0%	2	1%
Chose not to identify	0	0%	4	2%
Total	213	100%	196	100%

¹⁹ This question was asked only of SBHC users. Those that replied "Not Sure" were excluded.

²⁰ Only includes respondents from Berkeley High, Oakland High and Oakland Tech.

There were no significant differences between SBHC users and non-users in birth control method use, or in condom use at last sex.

The last time you had sex, what methods did you or your partner use? (<i>sexually active only</i>)	SBHC Users		SBHC Non-Users	
	n	%	n	%
Condoms	118	66%	118	67%
No method was used	32	18%	42	24%
Birth control pills	14	8%	7	4%
Withdrawal	8	4%	3	2%
Depo-Provera (the 'shot')	3	2%	2	1%
Not sure	1	1%	2	1%
Other (the patch or some other method)	4	3%	2	2%
Total	180	100%	177	100%
The last time you had sex, did you or your partner use a condom? (<i>sexually active only</i>)				
Yes	139	66%	129	69%
No	61	29%	55	30%
Don't remember	10	5%	2	1%
Total	210	100%	186	100%

*No significant differences between users and non-users, even when categorized by “effective vs. non-effective” and “hormonal vs. others”.

There were no significant differences between SBHC users and non-users in the percent that reported they used a condom or a condom and another form of contraception (like the pill or the shot) when they last had sex.

How often do you use condoms and another form of contraception (like the pill or the shot) when you have sex? (<i>sexually active only</i>)	SBHC Users		SBHC Non-Users	
	n	%	n	%
Never	32	15%	39	20%
Almost never	9	4%	21	11%
Often	47	22%	33	17%
Always	121	58%	101	52%
Total	209	100%	194	100%

*No significant differences between users and non-users.

There were no significant differences between SBHC users and non-users in the percent that had been pregnant or gotten someone pregnant.

How many times have you been pregnant or gotten someone pregnant? (<i>sexually active only</i>)	SBHC Users		SBHC Non-Users	
	n	%	n	%
0 times	191	85%	195	78%
1 times	16	7%	33	13%
2 or more times	6	3%	16	6%
Not sure	12	5%	5	2%
Total	225	100%	249	100%

*No significant differences between users and non-users.

Feedback on the SBHCs

Nearly all SBHC users either “strongly agree” or “agree” that they would recommend the Health Center to their friends (95%) and like having it at their school (97%).

Please rate how you feel about the School Health Center. ²¹	I would recommend it to my friends		I like having it at my school	
	n	%	n	%
Strongly Agree	483	59%	567	67%
Agree	297	36%	256	30%
Disagree	31	4%	17	2%
Strongly Disagree	10	1%	6	1%
Total	821	100%	846	100%

SBHC users also reported that the staff are people they can go to for advice or information (87%), are people they trust (84%) and are easier to talk to than other doctors or nurses (70%).

The people who work at the School Health Center... ²²	Strongly Agree		Agree		Disagree		Stongly Disagree	
	n	%	n	%	n	%	n	%
Are people I can go to for advice or information.	212	40%	248	47%	52	10%	19	4%
Are people I trust.	205	39%	238	45%	64	12%	25	5%
Are easier to talk to than other doctors or nurses.	169	34%	179	36%	112	23%	31	6%

²¹ This question was asked only of SBHC users. Those that replied “Don’t know/Doesn’t apply” were excluded.

²² This question was asked only of SBHC users. Those that replied “Not Sure” were excluded.

Youth Development Program Impact Findings (*Youth Program Post Survey*)

Overview of Programs

To promote student development and resiliency, the School Based Health Centers go beyond the scope of providing traditional medical, behavioral and health education services by also offering a variety of youth development/empowerment programs. As shown below, the number of programs has remained consistent over the past three years (25 in 2006-07, 28 in 2007-08, and 25 in 2008-09). However, the number of program participants has increased, from 342 in 2006-07 to 671 in 2008-09.

	2006-07	2007-08	2008-09
Alameda Family Services	4 programs: <ul style="list-style-type: none"> Leadership and Resiliency Program Y.E.A.H. - Youth Educating & Advocating for Health SOUL--Serious Outgoing Understanding Learners Student Research Team-Advocacy 	2 programs: <ul style="list-style-type: none"> Leadership and Resiliency Program Y.E.A.H. - Youth Educating & Advocating for Health 	2 programs: <ul style="list-style-type: none"> Leadership and Resiliency Program Y.E.A.H. - Youth Educating & Advocating for Health
Berkeley	3 programs: <ul style="list-style-type: none"> B-Tech Youth Advisory Board PASSHEN (Peers Advocating Safety and Sexual Health Education Now) BHS Youth Advisory Board (YAB) 	3 programs: <ul style="list-style-type: none"> B-Tech Youth Advisory Board PASSHEN (Peers Advocating Safety and Sexual Health Education Now) BHS Youth Advisory Board (YAB) 	3 programs: <ul style="list-style-type: none"> B-Tech CHANGE (formerly Youth Advisors) PASSHEN (Peers Advocating Safety and Sexual Health Education Now) BHS Youth Advisory Board (YAB)
Fremont	2 programs: <ul style="list-style-type: none"> Condom Project Get Fit Program 	1 program: Condom Project	1 program: <ul style="list-style-type: none"> Condom Project
Logan	4 programs: <ul style="list-style-type: none"> Hip Hop Elements Program Peer Counseling/Conflict Mediation Peers in Action/Peer Counseling Promoting Health Awareness to Teens 	4 programs: <ul style="list-style-type: none"> Hip Hop Elements Program Peer Counseling Peers in Action/Peer Counseling Youth Advisory Board 	4 programs: <ul style="list-style-type: none"> Hip Hop Elements Program Peer Counseling Peers in Action/Peer Counseling Youth Advisory Board
McClymonds	1 program: <ul style="list-style-type: none"> Peer Health Educators 		

	2006-07	2007-08	2008-09
Oakland High		4 programs: <ul style="list-style-type: none"> Beats, Rhymes and Life Girls' Group Yoga Anger Management Youth Council 	6 programs: <ul style="list-style-type: none"> Creative Healthy Eating Activists Girls' Group FRESH Additional programs not reported in Inventory: <ul style="list-style-type: none"> Beats Rhymes and Life Peer to Peer Unique Teen Roses
Roosevelt		5 programs: <ul style="list-style-type: none"> Peer Health Educators AOD support Group Gardening Project Health Eating Cooking Class Respect Your Body 	1 program: <ul style="list-style-type: none"> Peer Health Educators
San Lorenzo	1 program: <ul style="list-style-type: none"> Peer Health Educator Program 	1 program: <ul style="list-style-type: none"> Lunchtime Health Ed Groups 	1 program: <ul style="list-style-type: none"> Latina Girl Self Esteem Group
TechniClinic	2 programs: <ul style="list-style-type: none"> Male Involvement Program (MIP) Peer Health Education 	2 programs: <ul style="list-style-type: none"> Male Involvement Program (MIP) Peer Health Education 	2 programs: <ul style="list-style-type: none"> Young Men In Leadership Peer Health Education
Tennyson	5 programs: <ul style="list-style-type: none"> Danza Azteca GODESS (Goal Oriented Divas Empowering Sistah's to Succeed) T- High Steppers Peer Advocates HUSTLAS (Homies United in Solidarity to Teach Learn and Survive) 	6 programs: <ul style="list-style-type: none"> Danza Azteca GODESS (Goal Oriented Divas Empowering Sistah's to Succeed) T- High Steppers Peer Advocates HUSTLAS (Homies United in Solidarity to Teach Learn and Survive) CAFÉ (Parent Engagement and Education Program) 	4 programs: <ul style="list-style-type: none"> GODESS (Goal Oriented Divas Empowering Sistah's to Succeed) T- High Steppers Peer Advocates CAFÉ (Parent Engagement and Education Program)
Youth Uprising	2 programs: <ul style="list-style-type: none"> Girls' Health Education Group Spanish Speakers Group 		
Number of Programs	25	28	25
Number of Youth Participants	342	550	671

Participant Profile

To assess the impact of these youth development/empowerment programs on the participants, staff from eight School Health Centers administered a *Youth Program Post Survey* in 71% (n=17) of the programs to 205 participants. The survey was administered during the youth's last day of program participation (May – June 2009). The survey asked participants to assess if/how the program impacted their leadership skills, academic performance and satisfaction with their school experience.

Gender of Participants: Slightly more respondents were female (57%, n=115) than male (43%, n=88).

Ethnicity of Participants: Nearly one third of survey respondents were Latino (30%, n=48), followed by African American (27%, n=43), Asian/Pacific Islander (16%, n=25), Filipino (14%, n=22), White (10%, n=16), Multi-racial (7%, n=12), and "other" (4%, n=7).

Grade Level of Participants: More than half of the survey respondents were in 11th or 12th grade (62%, n=101), slightly more than one quarter were in 9th or 10th grade (26%, n=42) and the remaining survey respondents were in 6th, 7th or 8th grade (12%, n=19).

Participant Use of School Health Center and Program Involvement

Use of School Health Center: More than three-quarters (83%, n=164) of survey respondents reportedly used the School Health Center for information or services.

Duration of Program Participation: Over half of survey respondents (56%, n=114) participated in the program for more than 6 months. Specifically, nearly one-quarter participated more than 9 months (24%, n=49), while approximately one-third (32%, n=65) participated 6-9 months, 16% (n=33) participated for 3-6 months, 8% (n=17) participated for 1-3 months, and only 2% (n=4) participated for less than 1 month.

Frequency of Program Attendance: The majority of survey respondents (78%, n=161) attended the program 15 or more times, while the remaining 22% (n=45) attended 14 or fewer times. Specifically, 10% (n=20) attended the program 10-14 times, 3% (n=6) attended the program 6-9 times, 3% (n=6) 3-5 times, and 6% (n=13) 1-2 times.

Participant Engagement in Other Activities: Survey results show that many respondents were involved in other activities besides the youth program. Over one-third (36%, n=67) were involved in sports teams, 28% (n=52) in peer health educator programs, 25% (n=46) in after-school clubs, 25% (n=46) in work or job training, 22% (n=40) in tutoring or homework help, 9% (n=17) in religious groups or meetings, and 9% (n=17) in student government. In addition, 15% (n=28) reported involvement in “other” activities.

Support from Program Staff: The vast majority of survey respondents reportedly received help from School Health Center program staff beyond the scope of the specific youth development program - ranging from support with personal problems to help with homework. The majority (65%, n=126) received help dealing with personal problems, 31% (n=60) received information or referrals about community support services, 28% (n=54) got help with getting a job or planning their career, and 11% (n=21) received help with their homework. Students also received “other” types of help, 13% (n=26), including information about STIs/HIV, volunteer job support, college references, and information on healthy relationships.

Impact of Program on Skills, Resiliency and Academic Indicators

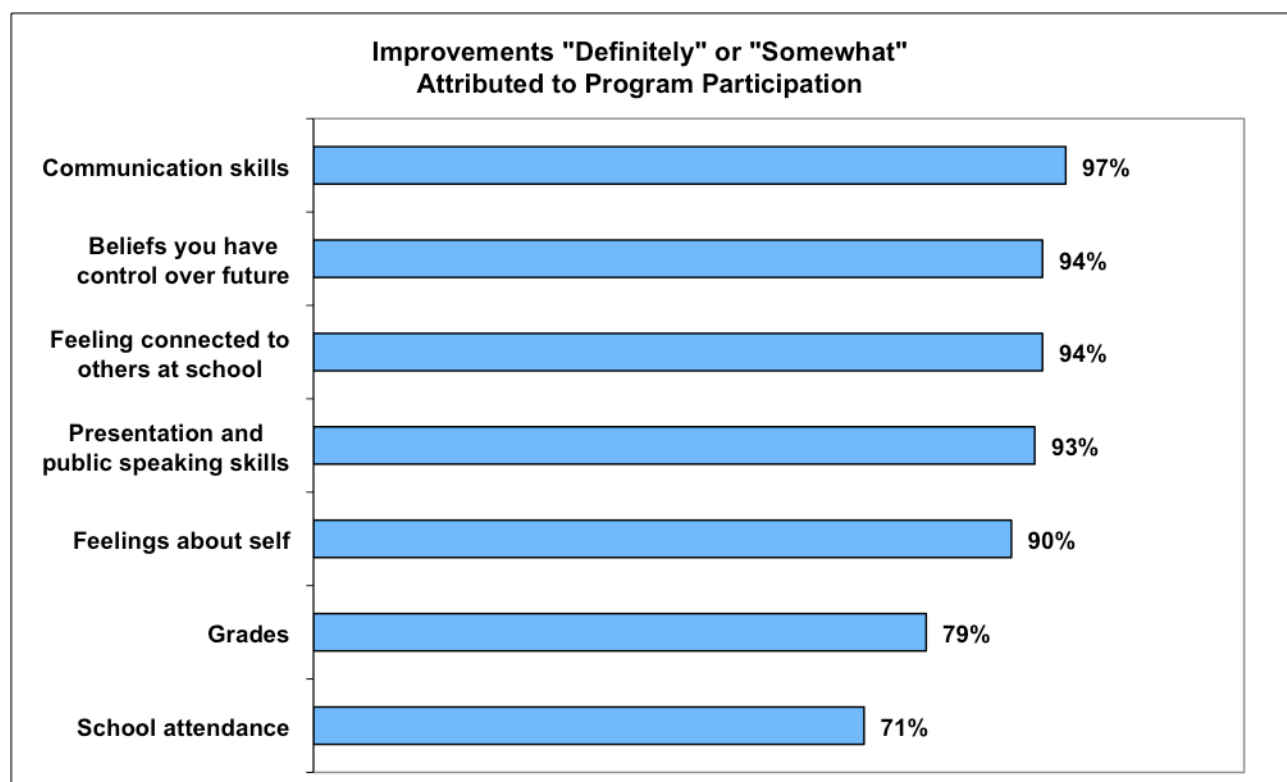
Survey respondents reported improvement in a range of academic and personal indicators after participating in the youth programs.

Those that were “very satisfied” with their school experience almost tripled (from 22% before participation to 65% after participation), those that felt “very connected” to people at school increased 186% (from 21% before participation to 60% after participation), and those that “never or rarely” felt bored after school increased 112% (from 17% before participation to 36% after participation). Additionally, those that reported receiving “mostly A’s or B’s” increased 26% (from 57% before participation to 72% after participation). There was a small increase in the percent reporting that they “never or rarely” missed school (from 50% before participation to 58% after participation).

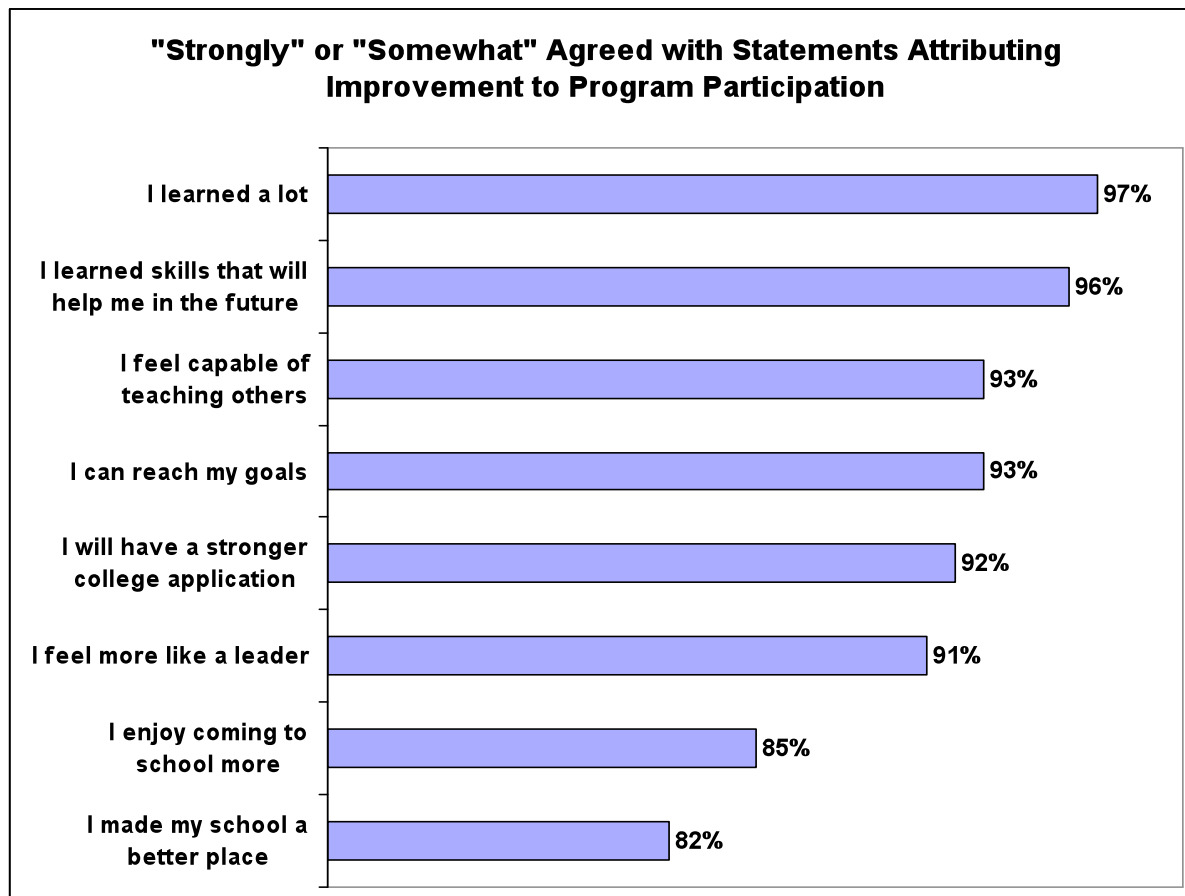
	Before Program Participation	After Program Participation
Received Mostly A's or B's*	57%	72%
Felt Very Satisfied w/School Experience*	22%	65%
Felt Very Connected to People at School*	21%	60%
Never/Rarely Missed School	50%	58%
Never/Rarely Felt Bored After School*	17%	36%

* Significant change: $p < 0.001$

As the figure below shows, survey respondents attributed improved skills and personal development to their participation in the youth program. The majority indicated that participating in the program “definitely” or “somewhat” improved their: communication skills (97%, $n=195$), belief that they have control over their future (94%, $n=193$), feeling connected to others at school (94%, $n=189$), presentation and public speaking skills (93%, $n=190$), feelings about themselves (90%, $n=185$), grades (79%, $n=159$), and school attendance (71%, $n=146$).



As the figure below shows, the majority of respondents “strongly” or “somewhat” agreed that many additional positive impacts had occurred as a result of participating in the program.



Other Impacts of the Program: When asked if there were any other ways that the program affected them (positively or negatively), the majority of survey respondents felt they were “positively impacted” by the programs. For example, programs provided respondents with knowledge about health and sexual issues that affect teens like themselves, including how to take care of their bodies and stay healthy. One respondent noted that the program “taught me several things that I didn’t know and allowed me to teach others.” Respondents reported learning to express their opinions and understand new perspectives. Programs also helped respondents learn skills such as public speaking and communication with others, which in turn helped them meet new people or reconnect and communicate with old friends. For instance, one respondent said “I feel more connected with people at school and know that I can give/get help.” Another respondent noted, “This program really helped me to find something I can be passionate about in my community. It also helped me make connections with peers that I otherwise would not have made.”

Respondents noted that the program taught them responsibility and how to be more dedicated to their commitments. One respondent wrote that the program “got me doing positive things on the weekend, things I never would have done otherwise”, which another noted that the program made them “more responsible and independent.” The program helped them to build self-esteem and confidence and being more open to other’s opinions. Additionally, respondents indicated

that programs taught them about leadership, helping them to become peer educators. Programs also helped improve student's grades and provided help with college.

Participant Perspectives

Favorite Aspects of Program: The majority of survey respondents wrote that the knowledge acquired about general health issues, sexuality, drugs and alcohol, and the Health Center were their favorite aspects of the program. In addition, respondents reported that they enjoyed meeting new people, were more confident with public speaking and presentations, and felt prepared to teach their peers about the issues they had learned. Respondents appreciated that the programs allowed them to meet and connect with new people and build new relationships. They enjoyed being able to express themselves, share opinions and simply have a "place to go after school." In addition, several respondents mentioned "making money" and food as favorite aspects of the program. One respondent summed it up well by noting that their favorite part of being in the program was "meeting new people, gaining communication skills, learning new facts, and teaching my peers."

Suggestions for Program Improvements: When asked if there was anything that could have made their experience in the program better, respondents indicated overall program satisfaction. However, there were several specific suggestions. Many respondents requested more "activities" – including field trips like camping, class activities, and parties. Several also wished that the program duration were longer or that they would have known about it earlier. A few respondents thought that the participation of other students could be improved, for example "if some of the peers would have been more responsible and respectful." Lastly, there were a few comments suggestion "more money" and "more snacks" in the future.

Youth Feedback on School Health Centers (*Student Focus Groups*)

Overview

In May and June of 2009, six School Health Centers participated in focus groups at their sites, in an effort to gather youth feedback about their School Health Centers. The following clinics participated: Roosevelt Middle School, San Lorenzo High School, Tennyson High School, Berkeley High School, Oakland High School, and Fremont Federation of Small Schools. At each clinic, UCSF conducted one focus group with male students and one with females, consisting of both School Health Center users and non-users. A total of 105 students (54 males and 51 females) participated in the focus groups. The majority of participants had used the School Health Center before (n=91, 87%). The group discussion probed into topics such as teen health issues, access to care, opinions regarding the School Health Center, and ideas for improvement.

Positive Feedback on School Health Centers

Focus group participants felt strongly that the School Health Center services at their schools **were helpful and facilitated better healthcare** for students. The school health services they mentioned as most useful were reproductive healthcare (information, birth control options including condoms, pregnancy and STI testing), counseling services, pads/tampons/heating pads for menstruation, and food and water. Health education, first aid services, nutrition information, physicals, conflict mediation, peer counseling, and after-school programs were also mentioned.

Students also expressed many benefits of having a health center on their school campus. They noted that they liked the School Health Center because it was **free, confidential, convenient, and youth-friendly**. The most passionate responses were in regards to the School Health Center staff. Students appreciated the staff because of their **non-judgmental care, ability to listen, and friendly dispositions**. One student commented about clinic staff, "When you come in here, whenever you have a problem, they always treat you with respect. They don't look down on you, no matter what the problem may be." Many participants felt that because the **staff members are integrated in the school and are familiar faces**, students felt more comfortable seeking care from the School Health Center, than from another health facility.

Suggestions to Improve Student Access

When asked reasons why students may not use the School Health Center, participants suggested that those youth may not think they need care, they receive care elsewhere, or they do not know about the School Health Center and the services it offers. A common concern in all of the focus groups was what other students might think of them if they are seen going to the clinic. For example, others might gossip that the student has a sexually transmitted disease or is pregnant. One participant commented, "If a person doesn't like somebody and they see them walk into the clinic, they could start this whole rumor about them." Some suggestions given for countering these barriers include more outreach to spread the word about the clinic (class presentations, clinic tours, health fairs, contests, public service announcements, and promotional incentives), and more peer-provided services and youth development / after-school activities to normalize youth involvement with the clinic.

Suggestions to Improve Client Satisfaction

Although general reactions to the School Health Center were overwhelmingly positive, students also identified areas for improvement and gave suggestions on how to increase client satisfaction. While participants said that wait times were longer at other clinics and being able to seek care at school took less time out of their day than going to another place, students still reported disliking waiting for appointments at the School Health Center. They felt that larger waiting rooms and expanded clinic spaces would increase confidentiality, by keeping their health concerns more private. As a testament to their need for and appreciation of school health services, students also wanted longer hours of operation and increased provider availability. Students generally felt that the School Health Center provided most of the services they would need, but they requested that pain relief medication be available for headaches and menstrual cramps.

Teachers' Attitudes Toward School Health Centers

One topic that came up several times, but in different contexts depending on the school, was teachers' attitudes toward the School Health Center. At some schools, youth perceived a strong relationship between clinic staff and school staff, and appreciated that their teachers would let them use the School Health Center whenever they needed to, without asking questions. However, at other schools, students felt that teachers were distrusting of students, thinking that they were using the clinic as an excuse to get out of class, thereby dismissing legitimate health needs, or prying into why the students needed to use the clinic. In order to correct this problem, participants suggested that the School Health Center staff educate school staff on the clinic's services and rules, and that they are stricter about not allowing students to hang out at the clinic without a reason. Of course, students had mixed feelings about stricter policies because they also appreciated being able to go to the clinic whenever they needed to decompress or talk to someone. Overall, students were grateful to have health services at their school and felt that it had positive impacts on their school experience, health, and general well-being. As one graduating student said, "I'm going to miss the clinic. There's a lot of memories up in there."