

SCHOOL-BASED HEALTH CENTER EXPANSION

TOOL KIT

JANUARY 2018



INTRODUCTION

Approximately 16 million children nationwide come from economically disadvantaged households and are at risk for a variety of negative outcomes including:

- Increased rates of health problems and mortality, and
- Increase risk of academic underachievement and school-drop-out.

School-based health centers (SBHCs) are recognized as an effective means of delivering physical health, behavioral health, and dental services that can significantly reduce barriers to health care for those living in poor communities. The barriers of cost, transportation, and hours of operation along with the lack of knowledge around how to manage one's health and when to access health care are readily addressed through SBHCs. SBHCs not only increase access to healthcare, but also improve school attendance and academic achievement for these students.

The scope of services for these centers include but are not limited to:

- Diagnosis and treatment of acute and chronic illnesses and minor injuries
- Routine health and sports physicals
- Health Check (EPSDT) screenings/immunizations
- Vision, hearing and dental screenings
- Laboratory testing
- Mental Health Services (individual, group, and family counseling)
- Social Service support
- Health Education/Health Promotion
- Referrals to medical sub specialists and community agencies

In order to replicate this health care model, four basic elements are required:

- Recognized Community Need and Support
- Evidence of health and cost impact
- Sustainability and
- Fidelity to an exemplar model

Following an exemplar model (Whitefoord Elementary School-Based Health Center in Atlanta, Georgia) and under the direction of PARTNERS for Equity in Child and Adolescent Health of the Department of Pediatrics at Emory University, the Georgia SBHC Project was created to expand SBHCs in Georgia with 3 phases – 1) planning, 2) implementation, and 3) sustainability.

The purpose of this tool kit is twofold:

- Provide information on the process from planning to sustainability
- Provide templates for various documents needed during the process

Visit our website at www.gasbha.org or contact Ruth Ellis at relli01@emory.edu for questions or additional information.

PLANNING

It is important that the community is informed about the basic tenets of SBHCs and the value they provide to the students, parents, faculty and the community at large. In 2010, PARTNERS for Equity in Child and Adolescent Health began awarding one-year planning grants (funded through the Zeist Foundation) to Georgia counties for local stakeholders to provide evidence of community need and support for local SBHCs. See **Appendix A** for the latest Request for Proposals. The purpose of the planning grants is to increase knowledge and public will around the development of SBHCs. Grantees were required to create a community advisory group consisting of stakeholders in child and adolescent health and education. Members included representatives from the school system, health care providers, community agencies, parents, local politicians and child advocates. Some communities invited local law enforcement in addition to matriarchs and patriarchs of the community to the discussion. In addition to forming the community advisory group, Grantees conducted the following activities:

- Producing a needs assessment to define the health and academic need of students (training provided by staff from the national School-Based Health Alliance),
- Defining strategies to address needs,
- Identifying specific school(s) for clinic services, and
- Developing a business plan for establishing the SBHC (training provided by the national School-Based Health Alliance).

See **Appendix B** for sample needs assessment tool including student, parent, teacher and community surveys.

At the end of the planning grant year it is expected that:

- The community will have a clearer understanding of the healthcare needs of the children and adolescents;
- A determination will be made that a school-based health center is or is not needed in their community;
- If the community decides to move forward with the development of a SBHC, they will have a clearer understanding of the costs associated with start-up and would be closer to choosing a school (based on the needs assessment) and a medical sponsor/provider (based on interest expressed by medical providers in their area during the planning phase). Possible medical providers could be private pediatricians, academic centers, hospital systems or Federally Qualified Health Centers (FQHCs).

IMPLEMENTATION

Budget planning and the procurement of start up funds are the first steps in implementation. In considering costs for a SBHC start-up, a sample budget was developed. See **Appendix C**. It is expected that space and utilities would be an in-kind donation from the local school system. The medical sponsor is expected to fund clinic staff (nurse practitioner or physician assistant and medical assistant), provide

physician oversight (.1FTE) and administrative overhead to include billings and collections. The staff of the SBHC would be the employees of the medical sponsor.

Other elements include:

- **District and School engagement along with School Board approval**
 - Required creating a Memorandum of Understanding (MOU) with the School District that may require School Board approval (see **Appendix D** for sample MOU)
 - Involved legal review by the School District and the sponsoring medical organization
 - Required a champion within the School District to advocate on behalf of the SBHC
- **Identification of Space for SBHC, Renovation of Space, and Purchasing of major equipment and supplies**
 - It is ideal for renovation of space to be negotiated as a cost to the School District, however some FQHCs have taken on this responsibility through grants or internal budgets
 - See **Appendix E** for sample floor plans
 - See **Appendix F** for recommended equipment/supplies/furniture to outfit a 2 exam room center.
- **Hiring of Staff**
 - Requires, on average, 2-3 months to identify and on-board new staff
 - It is recommended that core staff include:
 - A provider (nurse practitioner or physician assistant);
 - A medical assistant to provide front office/back office support;
 - A Licensed Clinical Social Worker to provide behavioral health services (hired directly by medical sponsor or in collaboration with local mental health organization).
 - Staff to be added as funding is available could include:
 - A dentist and dental assistant/hygienist
 - A health educator
 - A nutritionist
- **For FQHC sponsoring organizations, obtaining a “Change of Scope” approval from the Health Resources and Services Administration (HRSA)**
 - Requires at least 3 months for approval from HRSA
- **Certifying the SBHC site with Medicaid and private insurers**
 - Establish as a satellite of the FQHC; requires a minimum of 30-60 days after the “Change of Scope” is approved.
- **Credentialing staff with Medicaid and private insurers**
 - Can take from 3 to 10 months.
- **Student Recruitment and Enrollment**
 - Market SBHC services and benefits to school, parents, and community. Ideally this marketing would have started during the Planning phase.
 - SBHCs should distribute parent consents for student enrollment in the SBHC along with other school documents (i.e., beginning of year school registration), at Parent Teacher Organization meetings, and at health fairs. See **Appendix G** for sample parental consent form.
 - Recruitment and enrollment should occur throughout the school year
- **Clinic Utilization**

- Requires coordination and collaboration with school nurse and staff
- Establish benchmarks for clinic services. See **Appendix H** for sample benchmarks.
- Utilize a data template to capture patient utilization and health outcome. See **Appendix I** for sample utilization template.
- **Advisory Council Input**
 - Establish an advisory council for the SBHC to assure the quality and the alignment of the SBHC with school and community needs, and to provide guidance and feed-back to the SBHCs.
 - Advisory council members should consist of school administrators and nurse staff, SBHC staff, parents, community members (i.e., school board members, local politicians, and Emory PARTNERS staff if requested).

During the implementation phase, it is important to closely monitor clinic enrollment and utilization and impact on quality health measures. **See Appendix I**

SUSTAINABILITY

From historical data, most SBHCs required at least three years of extramural funding to become sustainable. It takes that amount of time to recruit and enroll a sufficient patient base that will utilize the services and for whom the SBHC can bill for services rendered. Sustainability depends not only upon patient utilization but also on insurance status and patient satisfaction which is a reflection of the patient's perception of the quality of care he/she receives. Finally, sustainability involves strong business practices and community collaboration.

The School Based Health Alliance has developed a sustainability model (<http://www.sbh4all.org/resources/sbhc-sustainability>).

Sustainability plans should include the following key components:

- Developing strong partnerships between the school district, the medical sponsor, school administration and nursing staff, parents, and the community at large,
- Robust program marketing outreach and promotion to recruit a sufficient number of patients to utilize the services of the SBHC,
- Establishing quality benchmarks to promote healthy outcomes and patient satisfaction, and
- A strong business model to maximize billings and collections from Medicaid and private payers while insuring that all patients are seen regardless of their ability to pay.

Federally qualified health centers (FQHCs), due to their enhanced Medicaid reimbursements and access to federal funds, are good sponsors for SBHCs in terms of sustainability criteria. Their capacity to bill and receive 'cost based' (cost of care) reimbursements from Medicaid and Medicare gives them an advantage over private providers in that their payments can be twice as high. FQHCs are also required by federal guidelines to establish benchmarks for health outcomes and reporting. Establishing benchmarks contributes to the quality of services provided which affects sustainability.

APPENDIX A

REQUEST FOR PROPOSALS

Comprehensive School-Based Health Center Program

Offered by PARTNERS for Equity in Child and Adolescent Health

Emory University School of Medicine, Department of Pediatrics

www.pediatrics.emory.edu/centers/PARTNERS

www.gasbha.org

Background: According to the 2016 KIDS COUNT Data Book, a study on the well-being of America's children, Georgia ranks 42nd in the nation in child well-being and 39th in education nationally. Georgia ranks in the bottom 10% in four categories: high-school dropouts; teens not attending school and not working; low birth weight babies; and children in single-parent families. In addition, over 189,000 of Georgia's children are uninsured and as a result do not have a medical home and have very limited access to routine health care.

Goals of the Comprehensive School-Based Health Center (SBHC) Program:

- To increase access to quality health care (physical, behavioral, oral), improve the delivery of health services and improve the overall health of the children of Georgia.
- To improve the academic achievement of Georgia's children through increased school attendance.
- To facilitate the expansion of school-based health centers throughout the state.
- To establish a state alliance for school-based health centers – Georgia School-Based Health Alliance (GASBHA).

Through the expansion of school-based health center services, children in Georgia will benefit from improved access to primary health care, improved health outcomes, and improved school attendance. The state will benefit from reduced costs to the Medicaid system through the reduction in inappropriate emergency room visits; hospitalizations for chronic illnesses

(i.e., asthma, diabetes, etc.); and transportation costs.

Grant Purpose: The purpose of this request for proposals is to stimulate planning and facilitate collaboration and community discussion to expand the number of school-based health centers in Georgia.

Note: PARTNERS for Equity in Child and Adolescent Health (PARTNERS) will provide technical assistance throughout the planning process as needed and requested.

Award Amount: Up to \$10,000.

Project Period: 12 months

Timetable:

| | |
|---------------------------------------|--|
| April 10, 2017 | Publish, release, distribute RFP |
| April 24-26, 2017 | Potential grantees submit questions to PARTNERS for Equity in Child and Adolescent Health. Email questions to relli01@emory.edu |
| April 27, 2017 2:00pm – 3:00pm | Statewide telephone conference to review RFP and respond to questions Call-in # is 1-605-475-3220; access code 952430# |
| June 9, 2017 | Proposal deadline Submit proposals to PARTNERS for Equity in Child and Adolescent Health, Department of Pediatrics Emory University Deadline via e-mail is 5:00 pm Via US mail, proposal must be postmarked no later than June 9, 2017 |
| July 3, 2017 | Award selection |
| July 17, 2017 | Award announcements |
| October 2, 2017 | Funds released |

Successful proposals will demonstrate:

1. How planning grant recipients will bring potential partners together in meetings, focus groups, planning teams, etc., to develop plans to improve the health of school students and their siblings. Potential partners should include, but are not limited to:
 - Local planning organizations, i.e., Georgia Family Connection Partnership collaboratives;

- School systems, i.e., local school administrators (principals, teachers, etc.), school superintendents, school health personnel (nurses, social workers, counselors, etc.) and school boards;
- Medical service providers and 3rd party payers, i.e., Community Health Centers, local hospitals/emergency departments, universities, private physician offices, Medicaid Managed Care Organizations, private insurers;
- Medical and Training programs, i.e., academic centers;
- Public Health Departments;
- Behavioral and Mental Health Providers and organizations;
- Community leaders;
- Parents and PTA members;
- Local businesses.

Proposals should provide letters of support from key planning partners. Partners should include but not be limited to the school superintendent; school board; local health department; community leaders; community medical providers; parents or PTA representative.

2. Strategic plans to engage and facilitate discussions with potential partners to develop and expand community support for the concept of comprehensive school-based health care. It is expected that successful grantees will provide the names and affiliations of advisory board members within two months of receiving grant funds. It is strongly recommended that parents of the school children you propose to serve be included as members of the advisory board.

3. Capacity for clinic development within the school:
 - Space allocation for **on-site** integrated primary care services
 - Potential providers
 - Potential funding grants or partners

4. Effective planning for resource development:
 - Capacity for grant writing
 - Facilitators
 - Data collection and analysis

5. The development of specific outcomes measures for use of grant funds.

Budget:

Grants will be approved for a 12-month planning period up to the amount of \$10,000. The budget should include items for meeting facilitation, communications (i.e., postage, printing of flyers), community engagement activities, travel, office supplies, etc. Include in the budget the following expenditures:

- Membership in the School-Based Health Alliance. Visit their website at www.sbh4all.org for information on this organization and their current organizational membership fee schedule.
- Three trips to Atlanta, Georgia during the grant year to attend vital grantee meetings/workshops (mileage and hotel, if applicable). Continental breakfast and lunch will be provided at each meeting.

This is a planning grant. No funds are available for space renovation, furniture, medical equipment and supplies, and clinic operations.

Reporting:

- At 3 months the grantee must submit a financial report of funds expended.
- At 6 months the grantee must submit a financial and progress report, to include a completed needs assessment.
- At the end of the 12-month planning cycle, the grantee must submit a completed project report and a financial report. The project report must reflect a summary of outcomes measures as documented in the grant proposal, i.e., number of partners/collaborators and collaborative meetings, grants written, and overall progress toward plan development, etc. It should also provide a draft business plan and a summary of strategies for ongoing SBHC development past the 12 month planning period.
- The PARTNERS staff will also conduct monthly telephone conferences with each grantee to receive updates and assess technical assistance needs. Participation in these monthly phone conferences is mandatory.
- An evaluator will be in contact with each grantee to collect data on partner engagement, community awareness and support, capacity building and plans for marketing, recruitment and resource development. Methods of data collection will include quarterly evaluation phone calls, community readiness interviews (at the beginning and the end of the grant year), and a survey of community partners at the end of the grant year.

Contact and sources of additional information:

For general information please contact Ruth Ellis @ 404-778-1402; e-mail: relli01@emory.edu

For questions on the RFP, join us April 27, 2017 for a conference call. See timetable above for call-in instructions.

Visit the Georgia School-Based Health Alliance website at www.gasbha.org for information on activities in Georgia and various resources.

Please view a video on school-based health centers: <https://youtu.be/DJ0tB2DR23A>

Submit proposals via US mail or Federal Express to:

Ruth Ellis
Program Director
PARTNERS for Equity in Child and Adolescent Health, Department of Pediatrics
Emory University School of Medicine
49 Jesse Hill Jr. Dr. SE
Atlanta, GA 30303

Submit proposals via e-mail to: relli01@emory.edu.

REQUEST FOR PROPOSALS

Grant Application Required Attachments

Please include a full description of your proposal based on guidelines outlined above.

- An introductory letter describing the purpose and amount of the request.
- The one page “Grant Application Form” with pertinent contact information (Pages 6-7)
- A narrative (**no more than three pages**):
 - a. Describe the applicant organization and its history.
 - b. List and describe factors within the community that would support the development of a school based health center, i.e., number of uninsured, limited number of providers and clinics in the community, limited number of school nurses in district, etc.
 - c. Describe how you will facilitate planning, collaboration, coordination, and communication for the development of a comprehensive school-based health center within your community.
 - d. List and describe current and potential partners. Describe how you are currently working together and how you will recruit additional partners in the development of a school-based health center.
 - e. Outcome measures.
- Provide job descriptions for personnel who will be supported by these funds, if applicable.
- Provide a project budget, budget narrative and timeline for the project. (Sample budget is found on Page 8).
- 501(c)(3) status or name of fiscal agent.
- Most recent audit report of fiscal agent.
- Names of Board of Directors.
- Letters of Support (at least three). One should be from the local school system administration.

| |
|------------------------------|
| Total Project Budget: |
| Overall Organization Budget: |

Organization Mission Statement:

Please summarize your request (one to three sentences):

PARTNERS for Equity in Child and Adolescent Health
Emory University School of Medicine
Department of Pediatrics
Comprehensive School-Based Health Center Program
Sample Budget

INCOME

Source

Government Grants

Foundations

Emory University PARTNERS for Equity in Child and Adolescent Health

Corporations

Individual Contributions

Fundraising Events

In-Kind Support

TOTAL INCOME

EXPENSES

Item (Describe each line item in the budget narrative)

Consultants & Professional Fees (i.e., conveners; data gatherers/analysts)

Membership Fees

Travel

Supplies

Printing & Copying

Telephone & Fax Charges

Postage & Delivery

Community Engagement Expenses

Other (be specific)

TOTAL EXPENSES

APPENDIX B: SAMPLE SURVEYS AND NEEDS ASSESSMENT

SBHC - Student Survey

Dear Student,

The (Insert Name) School District is discussing the possibility of opening a School-Based Health Center to provide physical, dental, and mental health services for all students and their families.

We are in the process of conducting a needs assessment to determine the specific needs of students and their families. In order to help us plan for the School-Based Health Center, we would like to ask you a few questions. Your answers are completely confidential.

Thank you for your help.

Please Answer the Following Questions.

Page 1 - Question 1 - Choice - Multiple Answers (Bullets)

What physical health problems or needs have you had in the past year? Select all that apply.

- Headaches
 - Toothaches or dental problems
 - Sore throat or strep throat
 - Stomachaches
 - Colds/fevers
 - Skin problems or rashes
 - Often being really tired
 - Diarrhea or vomiting
 - Earaches or ear infections
 - Problems with eating or weight
 - Injuries or accidents
 - Other, please specify
-

Page 1 - Question 2 - Choice - Multiple Answers (Bullets)

Have you been told by a doctor that you have any of the following health problems? Check all that apply.

- Asthma
 - Diabetes
 - Allergies
 - Attention deficit or hyperactivity
 - Seizures
 - Life threatening allergies
 - Other, please specify
-

Page 1 - Question 3 - Choice - Multiple Answers (Bullets)

Where do you regularly go for health care? Check all that apply.

- Family doctor
- Do not have family doctor

- Clinic (Urgent Care, Priority Care)
 - Emergency room
 - Other, please specify
-

Page 1 - Question 4 - Choice - One Answer (Bullets)

When was the last time you had a thorough physical other than a sports physical?

- Within the last year
- More than a year ago

Page 1 - Question 5 - Yes or No

Do you see a dentist regularly (every six months)?

- Yes
- No

Page 1 - Question 6 - Choice - Multiple Answers (Bullets)

Do you have any of these health concerns? Check all that apply.

- Grief
 - Anxiety
 - Stress
 - Eating disorders
 - Behavior issues
 - Depression
 - Weight problems
 - Other, please specify
-

Page 1 - Question 7 - Choice - Multiple Answers (Bullets)

Select all reasons that have prevented you from getting medical, dental, or mental health services for yourself.

- Transportation
 - Cost
 - No insurance
 - Do not have a regular doctor
 - No one to take me
 - Hours not good for me
 - Hard to schedule an appointment
 - Other, please specify
-

Thank You Page

SAMPLE PARENT/GUARDIAN SURVEYS

PARENTS:

Dear Parent/Guardian:

The **INSERT SCHOOL DISTRICT** and **INSERT LICENSED MEDICAL PROVIDER** are thinking about opening a School-Based Health Center. Children attending **INSERT NAME OF SCHOOL(S) TO BE SERVED** would be eligible to receive services at the School-Based Health Center. Services might include immunizations, physical exams, care of minor illnesses (earaches, sore throats, cuts and bruises) and related family support services. The cost of services would be based on a sliding-fee scale, and no one would be refused service because of inability to pay.

To help us plan for the School-Based Health Center, we would like to ask a few questions about the health needs of your child. This information will help us decide what types of services and programs to offer at the Center.

Your answers are completely confidential. You do not need to put your name anywhere on this form.

Thank you for your help.

1. What physical health problems or needs has your child had in the past month? Check all that apply.

- a. Headaches
- b. Toothaches or dental problems
- c. Sore throat or strep throat
- d. Stomachaches
- e. Colds/fever
- f. Skin problems or rashes
- g. Often feeling really tired
- h. Diarrhea or vomiting
- i. Earaches or ear infections
- j. Problems with eating or weight
- k. Injuries or accidents

I. Bedwetting

2. Have you been told by a doctor that your child has any of the following chronic health problems?

a. Asthma

b. Attention deficit or hyperactivity

c. Diabetes

d. Seizures

e. Allergies

f. Other _____

3. Where do you regularly take your child for health care? Check all that apply.

a. Family doctor or clinic

b. Emergency room

c. Regular source of health care

d. Other _____

4. Do you have a regular source of dental care for your child?

Yes No

5. Do you have someone you could go to for counseling services for behavioral problems? (e.g., unusual or

extreme fears, depression, nervousness)

Yes No

6. How do you currently pay for health services?

- a. Private insurance or belong to an HMO
- b. Medicaid, Child Health Plan *Plus*, or social security
- c. Armed Services medical plans
- d. No insurance and generally pay out-of-pocket
- e. Other _____

7. If we opened a School-Based Health Center, how likely would you be to take your child there for service?

Check one.

- a. Would definitely use the Center
- b. Would probably not use the Center
- c. Would probably use the Center
- d. Would definitely not use the Center

8. At what hours would you be most likely to use the clinic? Check all that apply.

- a. Before school
- b. Evenings
- c. During school
- d. Saturdays
- e. Immediately after school

THANK YOU!

PARENTS:

Month, Year

Dear Parent,

XXX County Board of Education and XXX Clinic are discussing the possibility of opening a School-Based Health Center to provide physical, dental and mental health services for students at XXX School(s).

We are in the process of conducting a needs assessment to determine the specific health needs of students and their families. In order to help us plan for the School-Based Health Center, we would like to ask you a few questions. Your answers are completely confidential. You do not need to put your name anywhere on this form. Thank you for your help.

Why School-Based Health Centers?

Access to Health Care For All Children

School-based health centers provide health care to all children who have parental permission, regardless of insurance coverage or ability to pay (**often at no cost or low cost**).

Regular Preventive Care

When health care is far away, expensive, or difficult to access, children are less likely to receive regular preventive care. School-based health centers offer care where the children are -- in schools.

Keeping Children in School

School-based health centers help keep children in school and ready to learn, treating acute and chronic health problems immediately and returning students to class as soon as possible.

Strong Parent and School Support

When parents give permission for their child to be seen at a school-based health center, they know they will not have to miss work to care for minor problems, and that their child will receive prompt attention from health providers trained at working with youth. School administrators and teachers are extremely supportive of school-based health centers because health centers allow them to focus on their role of educating students who are healthy and ready to learn.

| |
|---|
| Please Answer the Following Questions: |
|---|

1. What physical health problems or needs has your child had in the past year? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> a. Headaches | <input type="checkbox"/> b. Tooth aches or dental problems |
| <input type="checkbox"/> c. Sore throat or strep throat | <input type="checkbox"/> d. Stomach aches |
| <input type="checkbox"/> e. Colds/fever | <input type="checkbox"/> f. Skin problems or rashes |
| <input type="checkbox"/> g. Often being really tired | <input type="checkbox"/> h. Diarrhea or vomiting |
| <input type="checkbox"/> i. Ear aches or ear infections | <input type="checkbox"/> j. Problems with eating or weight |
| <input type="checkbox"/> k. Injuries or accidents | <input type="checkbox"/> l. Bedwetting |

2. Have you been told by a doctor that your child has any of the following chronic health problems?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> a. Asthma | <input type="checkbox"/> b. Attention deficit or hyperactivity |
| <input type="checkbox"/> c. Diabetes | <input type="checkbox"/> d. Seizures |

- e. Allergies f. Other _____

3. Where do you regularly take your child for health care? Check all that apply.

- a. Family doctor or clinic b. Emergency room
 c. Other _____

4. When was the last time your child had a thorough physical exam?

- a. Within the last year b. More than a year ago

5. Do you have a regular source of dental care for your child?

- a. Yes b. No

6. Do you have someone you could go to for counseling services for behavioral problems? (e.g., unusual or extreme fears, depression, nervousness)

- a. Yes b. No

7. How do you currently pay for health services?

- a. Private insurance or belong to an HMO b. Medicaid or social security
 c. No insurance generally pay out-of-pocket d. Other _____

8. If we opened a School-Based Health Center to provide health care to all children, how likely would you be to give permission for your child to use the services?

- a. Would definitely use the Center b. Would probably not use the Center
 c. Would probably use the Center d. Would definitely not use the Center

9. Have you had any problems getting Health Care, Mental Health Care or Dental Care for your child?

- a. Yes b. No

10. What are the reasons you have not been able to get these services for your child?

- a. Transportation b. Health Insurance
 c. Costs too much d. Hours not good for me
 e. Don't have a regular doctor f. Hard to get an appointment
 g. Can't take time off work h. Other: _____

11. Does your child get depressed or stressed out?

- a. Yes b. No

12. Please check any child or adolescent health problems that concern you.

- a. Asthma b. Weight
 c. Dental Health d. Mental Health

- e. Smoking
- g. Behavior
- i. Violence
- k. Vision
- m. Sexually transmitted infections
- o. Other
- f. Teen pregnancy
- h. Alcohol / drugs
- j. Allergies
- l. Lice
- n. Learning

13. If you would like to assist us in our efforts to acquire funding for a School-Based Health Center please write us a letter of support (hand written is fine) explaining why a school-based health center would be beneficial to you and your family and send it to school.

Please return this form to school as soon as possible. THANK YOU!

SAMPLE TEACHER SURVEYS

Dear Teacher and/or Staff Member:

[Same basic introduction as on previous survey.]

- 1. On a scale of 1-5 (1 being major, 5 being minor) rate each of the physical health problems listed below for children in your classroom.**
 - a. Headaches _____
 - b. Sore throat or strep throat _____
 - c. Colds/fever _____
 - d. Often being really tired _____
 - e. Earaches or infections _____
 - f. Injuries or accidents _____
 - g. Toothaches or dental problems _____
 - h. Stomachaches _____
 - i. Skin problems or rashes _____
 - j. Diarrhea or vomiting _____
 - k. Problems with eating or weight _____

- 2. We would like your perception on chronic health conditions. Please rate each of the problems listed below on a scale of 1-5 (1 being major, 5 being minor) for children in your classroom.**
 - a. Asthma _____
 - b. Diabetes _____
 - c. Allergies _____
 - d. Behavior problems _____
 - e. Emotional problems _____
 - f. Seizures _____
 - g. Other: _____

3. Please comment on anything you think we need to keep in mind as we plan for the School-Based Health Center:

Services _____

Hours _____

Prevention _____

Other _____

Month, Year

Dear Teacher / Staff,

XXX County Board of Education and XXX Clinic are discussing the possibility of opening a School-Based Health Center to provide physical, dental and mental health services for students at the XXX School(s).

We are in the process of conducting a needs assessment to determine the specific health needs of students and their families. In order to help us plan for the School-Based Health Center, we would like to ask you a few questions about what you see as the health needs of the children in your classroom. This information will help us decide where the greatest need is and what types of services and programs to offer at the center. Your answers are completely confidential. You do not need to put your name anywhere on this form. Thank you for your help.

Why School-Based Health Centers?

Access to Health Care For All Children

School-based health centers provide health care to all children who have parental permission, regardless of insurance coverage or ability to pay (**often at no cost or low cost**).

Regular Preventive Care

When health care is far away, expensive, or difficult to access, children are less likely to receive regular preventive care. School-based health centers offer care where the children are -- in schools.

Keeping Children in School

School-based health centers help keep children in school and ready to learn, treating acute and chronic health problems immediately and returning students to class as soon as possible.

Strong Parent and School Support

When parents give permission for their child to be seen at a school-based health center, they know they will not have to miss work to care for minor problems, and that their child will receive prompt attention from health providers trained at working with youth. School administrators and teachers are extremely supportive of school-based health centers because health centers allow them to focus on their role of educating students who are healthy and ready to learn.

1. Please rate each of the physical health problems listed below as major, moderate, or minor problem for children in your class room.

| | | Major | Moderate | Minor |
|----|--------------------------------|-------|----------|-------|
| a. | Headaches | | | |
| b. | Sore throat or strep throat | | | |
| c. | Colds/fever | | | |
| d. | Often being really tired | | | |
| e. | Ear aches or infections | | | |
| f. | Injuries or accidents | | | |
| g. | Tooth aches or dental problems | | | |
| h. | Stomach aches | | | |
| i. | Skin problems or rashes | | | |
| j. | Diarrhea or vomiting | | | |
| k. | Problems with eating or weight | | | |

2. We would like your perception on chronic health conditions. Please rate each of the problems listed below as a major, moderate, or minor problem for children in your classroom.

| | | Major | Moderate | Minor |
|----|---------------------|-------|----------|-------|
| a. | Asthma | | | |
| b. | Diabetes | | | |
| c. | Allergies | | | |
| d. | Behavioral Problems | | | |
| e. | Emotional Problems | | | |
| f. | Obesity | | | |
| g. | Seizures | | | |
| h. | Other: _____ | | | |
| i. | Other: _____ | | | |

3. Please comment on anything you think we need to keep in mind as we plan for the School-Based Health Center:

| | |
|------------|--|
| Services | |
| Hours | |
| Prevention | |
| Other | |
| Other | |

Please return this to your principal as soon as possible. THANK YOU!

Community Leader Opinion Survey

Description of Respondent

Respondent's name _____

Record the following information for each respondent without input from the respondent if possible. To ensure confidentiality, separate this page from the rest of the survey before returning both to the survey coordinator.

1. Sex: Male Female

2. Race: White Hispanic Black
 Asian or Pacific Islander American Indian or Alaska Native
 Other

3. Age: <18 18-24 25-44 45-64 65+

4. Affiliation that resulted in respondent being selected:

 A. Business person
 B. Citizen activist
 C. City/ county official
 D. Civic association member
 E. Community outreach worker
 F. Health professional
 G. Law enforcement person
 H. Leader of faith organization
 I. Local celebrity
 J. Media/news person
 K. Neighborhood formal/ informal leader
 L. School board member/ administrator/ teacher

M. Social services provider

N. Voluntary health agency

O. Youth peer leader

P. Other _____

5. Member of community: <3 3-9 10 + years

6. Geographic area: urban rural

Neighborhood: _____

Community Leader Opinion Survey

1. What do you think the main health problems are in our community?

2. What do you think are the causes of these health problems?

3. How can these problems be reduced or eliminated in our community?

4. Which of these problems do you consider to be the most important one in our community?

5. Can you suggest three other people with whom I might talk about the health problems in our community?

Thank you very much for your help. I do not have any more questions right now, but I may contact you in the future if other issues come up.

Community Leader Opinion Survey Data

| _____ Data collection method | _____ Number of interviewers | | |
|-----------------------------------|---------------------------------------|--------------------------|--------------------------|
| _____ Total number interviewed | Date collected From: ____ to: ____ | | |
| Rank | Health Problem | # identifying as problem | % identifying as problem |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| Source: | | | |

Sample Data Based Needs Assessment

There are several types of needs assessment strategies. One of the most basic is collecting existing statistics. Once this data is collected, move on to other types of needs assessment strategies that involve community members, such as surveys or focus groups.

_____ High School serves the suburban and/or rural areas of _____ County. The demographics of the students are:

Hispanic _____, Anglo _____, African American _____, Native American _____, and Asian _____.
(Source: _____ High School)

Income and Employment

The volume of enrolled students for the school year 200XX-20XX is _____; _____ percent of the students are eligible for free

and reduced lunch. (Source: _____ High School)

In 20XX, _____ percent of children under 19 lived in poverty in _____ County. (Colorado Children's Campaign)

In 20XX, _____ percent of the labor force in _____ County was unemployed. (Source: State Dept of Labor & Employment)

Depression and Suicide

In 20XX, _____ percent of _____ School students felt sad and hopeless every day for two weeks in the past year, and

_____ percent made a suicide plan. (Source: State Youth Risk Behavior Survey - YRBS)

In 20XX, _____ percent of _____ School students surveyed attempted suicide in the past year, and _____ percent suffered

injuries as a result. (Source: State YRBS)

Physical Activity and Nutrition

In 20XX, _____ percent of _____ students surveyed did not do the minimum recommended moderate or vigorous physical activity. (Source: State YRBS)

In 20XX, ___ percent of _____ students surveyed were overweight, and _____ percent were at risk of being overweight.

(Source: State YRBS)

Risk Behavior

In 20XX, ___ percent of births were to teens 19 years and younger. (Source: State Dept of Public Health & Environment)

In 20XX, ___ percent of the _____ students surveyed had their first sexual experience at age 12 or younger. (Source: State YRBS)

The dropout rate (and/or retention, suspension, expulsion rates) for the _____ School District in 20XX-20XX was ___ percent compared to the state rate of ___ percent. (Source: State Department of Education)

Substance Abuse

In 20XX, ___ percent of students surveyed had smoked a cigarette, and ___ percent were current smokers.

In 20XX, ___ percent of _____ students surveyed had consumed alcohol, and ___ percent were current drinkers.

In 20XX, _____ percent of _____ students surveyed were current users of marijuana.

(Source for all: State YRBS)

Violence and Crime

In 20XX, ___ percent of students surveyed had been in a physical fight in the past 12 months, and _____ percent of the males had carried a weapon at school in the previous 30 days. (Source: State YRBS)

Sample School and Community Needs Assessment

Describing the Student Population of the School.

1 . Grades the school(s) include:

2. Total school(s) population:

3. Number of students in each age group that is served:

Pre-kindergarten (≤ 4 yrs)___ Ages 8-10 ___

Ages 5-7 ___ Ages ≥ 11 ___

4. Description of the school community (urban, suburban, rural, mixed):

5. Racial composition of the student body (percentage):

White _____

Hispanic _____

African American _____

Asian/Pacific Islander _____

American Indian/Alaskan Native _____

Other _____

Unknown _____

6. Languages spoken by students:

- percentage that do not speak English: _____

- percentage speaking English as a second language: _____

7. Socioeconomic status of students at your school(s):

-average family income (or range of incomes): _____

-percentage of student body eligible for the free-lunch program: _____

-percentage of parents/guardians currently unemployed _____

Source: The Comprehensive School Health Manual, Massachusetts Department of Public Health

(Education Development Center, Newton, MA. 1993. Adapted with permission.)