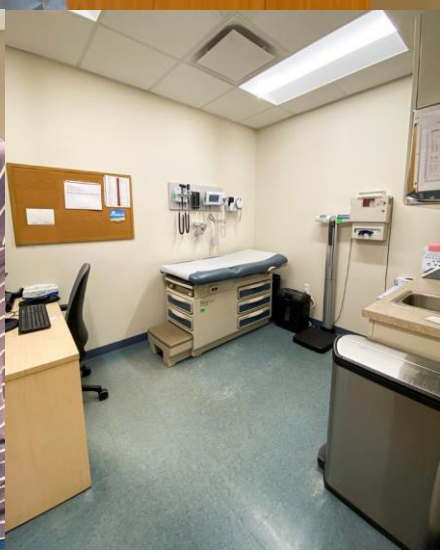
NEW YORK SCHOOL-BASED HEALTH CENTERS ANNUAL REPORT | 2021-2022



NEW YORK SCHOOL-BASED HEALTH FOUNDATION

NEW YORK SCHOOL-BASED HEALTH ALLIANCE
Healthy Children, Healthy Teens, Healthy Schools

apex

November 20th, 2023

Dear Reader,

We are very excited to bring you the following **2021-2022 Annual Report on New York School-Based Health Centers**, which describes the work of New York's school-based health centers (SBHCs)-- the nature of the students and communities they serve, the health conditions they encounter, the mix of services they offer, how well they provide care, and their impact and outcomes for their students.

The report uses data from the Statewide SBHC Data Hub, a project of the New York School-Based Health Foundation. With 50% of the State's SBHCs now participating, we are proud that the report is the most robust and representative yet in portraying the role and importance of this vital resource.

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

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

We urge you to read the one-page summary and review the report. It is a work-in-progress, and we invite your feedback as we move forward, bringing vital information to strengthen SBHCs and the care they provide to NY's underserved students.

Sincerely,

Ronda Kotelchuck

Ronda Kotelchuck
Chair of the Board of Directors

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THE NEW YORK SBHC DATA HUB

New York's school-based health centers (SBHCs) have historically lacked data available to other health care providers that would allow them to operate in an increasingly evidence-based world. This includes the ability to identify gaps in care, document outcomes, improve operations, observe trends, or advocate for their work. In 2018 the New York School-Based Health Foundation (the "Foundation") and the New York School-Based Health Alliance (the "Alliance") set forth to address this critical need, obtaining the support of several private foundations and joining with Apex Evaluation to build the statewide Data Hub for SBHCs.

This is our **second Annual Report** on NY's SBHCs using data from the Data Hub. This report shows data from the 2021-2022 school year. In that year, **Data Hub participation jumped from 5 SBHC Sponsoring Organizations (SOs) to 11**—bringing Data Hub participation to 49% of all SBHCs in New York and representing 123 SBHC sites. As a result, this year's data are far more robust and representative than in our last annual report.

This year we also began to stratify SBHCs, which allows for performance comparisons. By size, three SOs were deemed to be large (with 13+ sites), 6 were medium (with 4 to 12 sites) and 2 were small (with 3 or fewer sites). Stratified by location, two SO's were designated rural and nine urban. (See Appendix A at the end for more information). **This annual report demonstrates just one of the many powerful uses of the Data Hub to strengthen NY's SBHCs.**

Participating SOs submit monthly data to the Data Hub electronically and regularly receive back a suite of standardized data reports on:

- Overall utilization
- Visit types by diagnosis and provider
- Demographics by gender, age, insurance status, race, and ethnicity
- State and national performance measures

Many sites also use the Data Hub to prepare and submit required state quarterly reports, allowing them to reinvest hours of tedious manual work back into the care of their students. As the Data Hub grows, so will the data and analytics we can provide to the State's SOs.

Greater Data Hub participation means more powerful and more representative data. The Foundation is actively recruiting additional SOs while also working to ensure sustainability of the New York State SBHC Data Hub into the future.

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

ABOUT NEW YORK SBHCs

New York's 250 SBHCs provide a wide range of medical, behavioral, dental, and other health care services such as chronic illness management and family outreach to some 250,000 children each year. SBHC sites are operated by 49 Sponsoring Organizations, which are hospitals, federally qualified health centers, and other health facilities. **SBHCs are located in public schools in underserved urban and rural communities throughout the state, all of which experience high rates of poverty, unemployment and lack of insurance; drug/alcohol abuse and violence; chronic illness including asthma and diabetes; teen pregnancy; and school dropouts.** These are also the very communities hardest hit by the COVID-19 pandemic.

New York's 250 SBHCs serve roughly 250,000 children each year.

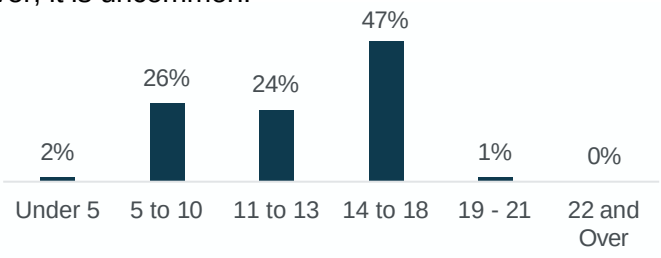
SBHCs have proven to be a powerful tool for addressing health disparities and inequities. They offer care where the student is, without regard to insurance or financial status and with minimal loss of school time. For many students, they provide the only access to routine health care available. Repeated studies document that schools with SBHCs experience better attendance, grade promotion and graduation rates. Their students show lower rates of chronic illness, as well as decreased emergency room and hospital use. SBHCs yield lifetime benefits for the education and health of New York's school children.[1] There is no better investment in America's future.

[1] Gotlzman, J., Sisselman, A., Melekis, K, & Auerbach, C. (2014). Understanding the relationship between school-based health center use, school connection and academic performance. *Health and Social Work, 39*(2). DOI: 10.1093/hsw/hlu018

WHO USES NEW YORK SBHCs?*

AGE

The most **frequent SBHC users were students aged 14 to 18,** followed by students aged 5 to 13. While some SBHCs serve children 5 and under or 19 and over, it is uncommon.



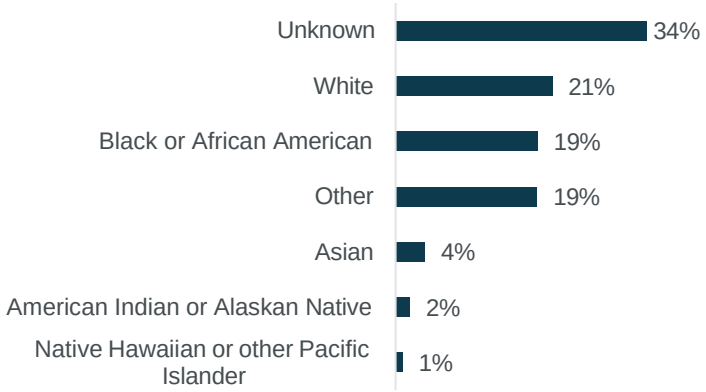
SBHC UTILIZATION*

49,094 patients
205,427 visits

GENDER[2]

Females made up more than half of the SBHC user population, at 53%.

RACE AND ETHNICITY

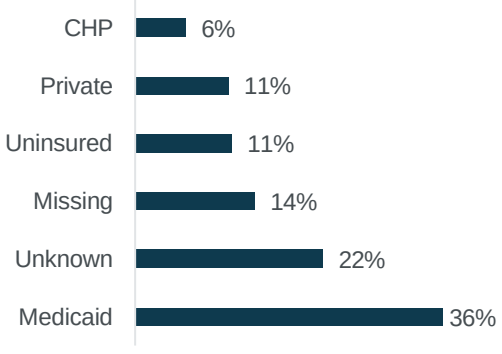


Race and ethnicity data are notoriously tricky, since they are self-reported and the largest group is 'Unknown'. Nevertheless, the largest known racial group of SBHC users was White (21%) followed by Black or African American (19%).

More than half **(56%) identified as Hispanic.**

INSURANCE STATUS

Uninsured children enrolled in New York SBHCs totaled 11% while 36% had some form of Medicaid. Note that data are missing for 14%. Although not shown in this graph, insurance status varied depending on whether students were in rural or urban SBHCs. **Rural SBHCs saw more students with Medicaid (54%) compared with urban SBHCs (35%)**. This could also be due to data input or coding errors since urban SBHCs had more students with either a missing or unknown insurance status.



SBHCs see children regardless of their patient's financial or insurance status, overcoming a singularly important barrier to care.

* Data refer to the participating Data Hub group of 11 Sponsor Organizations and their 123 SBHC sites which comprise 49% of SBHCs in NYS.

[2] Apex and the Foundation recognize there are other gender categories. Working with multiple electronic health record systems, including systems that do not offer other gender categories, limits data analysis to binary reporting for this report.

SBHC CARE IS COMPREHENSIVE AND INTEGRATED

SBHCs provide healthcare access to the most vulnerable student populations. Importantly, SBHC services include primary care, behavioral health, dental services and more.

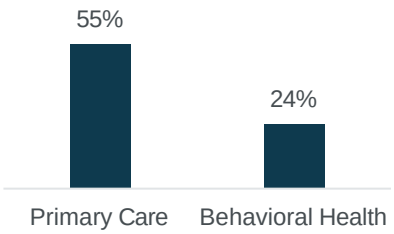
SBHC UTILIZATION*
49,094 patients
205,427 visits

Not all SBHCs offer dental services onsite, and the Data Hub is not yet collecting dental data from all SBHCs that do offer these services. We plan to include this data in a future report. For these reasons, the analysis of service integration below focuses on primary and behavioral health care.

VISITS*

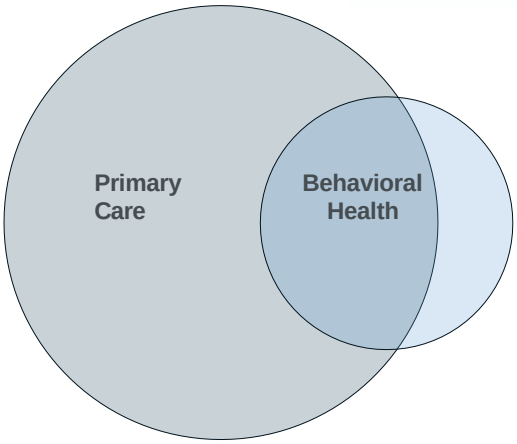
Over half of all SBHC visits were for primary care (55%) and almost one quarter of visits were for behavioral health (24%).

20% of visits were missing diagnostic codes and therefore cannot be classified. Based on conversations with SBHC staff, we believe that the majority of these were first aid visits. Additional discussions with Data Hub participants will clarify this issue.



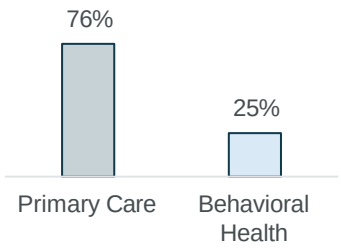
PATIENTS AND VISIT TYPES*

17% of patients had both a primary care visit and a behavioral health visit.



Most patients who had a behavioral health visit also had a primary care visit, highlighting the importance of integrated care and the ability for warm hand-offs among providers.

3 out of 4 students had a primary care visit, whereas only 1 out of 4 students had a behavioral health visit.

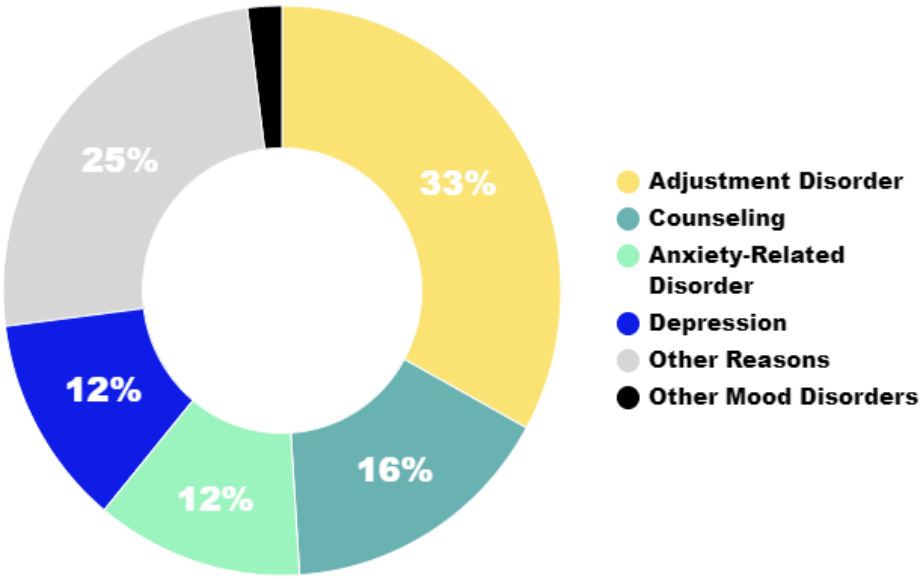


* Data refer to the participating Data Hub group of 11 Sponsor Organizations and their 123 SBHC sites which comprise 49% of SBHCs in NYS.

BEHAVIORAL HEALTH

BEHAVIORAL HEALTH VISITS*

According to the CDC, in 2021 44% of high school students nationwide reported feeling sad or hopeless in the past year.[3] Schools, and especially SBHCs, are important avenues for connecting students to behavioral health services[4], which are provided directly by SBHC behavioral health staff or through offsite referrals when needed.



To better understand the use of SBHC behavioral health services, we grouped behavioral health visits by primary diagnosis code. These codes indicate the main reason for the students' visits. **The largest group of behavioral health visits carried diagnosis codes indicating adjustment disorders (33%),** followed by **counseling (16%), anxiety-related disorders (12%)** and **depression (12%).** Other behavioral health reasons comprised 25% of visits.

PERCENT OF TOTAL SBHC PATIENT POPULATION WITH BEHAVIORAL HEALTH DIAGNOSIS*

7% of all SBHC patients had a recorded diagnosis for **adjustment disorder**

4% of all SBHC patients had a recorded diagnosis for **depression**

4% of all SBHC patients had a recorded diagnosis for **anxiety-related disorders.**

* Data refer to 10 Sponsor Organizations and their 115 SBHC sites, which comprise 46% of SBHCs in NYS. Apex is still processing the granular data from the 11th SO.

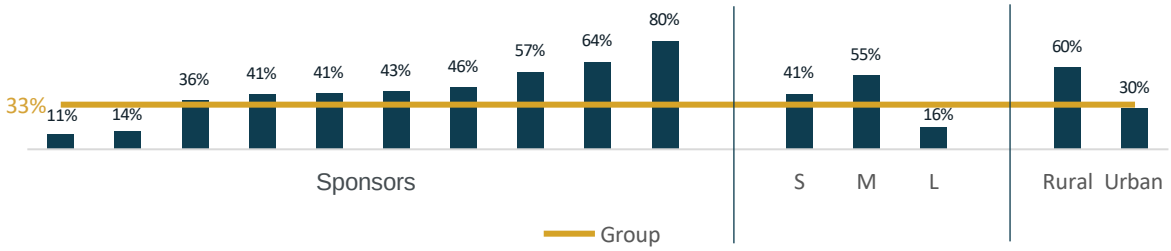
[3] CDC. 2022. New CDC data illuminate youth mental health threats during the COVID-19 pandemic. *CDC Newsroom*. https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html#:~:text=According%20to%20the%20new%20data,hopeless%20during%20the%20past%20year.

[4] Ali, M., West, K., Teich, J., Lynch, S., Mutter, R., & Dubenitz, J. (2019). Utilization of mental health services in educational settings by adolescents in the United States. *Journal of School Health.* DOI: 10.1111/josh.12753

NQI MEASURES

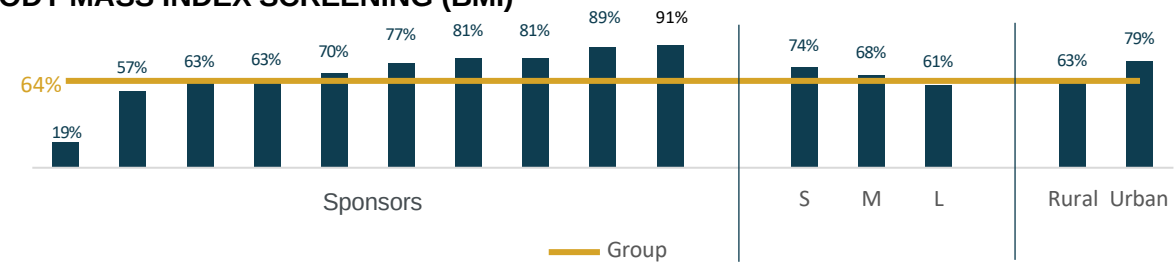
The National School Based Health Alliance and the National Center for School Mental-Health created the National Quality Initiative (NQI) to ensure SBHCs provide quality care to students. Although these organizations have set no specific targets, their goal is to increase awareness of the measures. In addition, SBHCs in New York State are required to report to the Department of Health on several quality measures. Both are presented in the two sections that follow. Data for measures includes data from 10 sponsor organizations and their 115 SBHC sites representing 46% of New York's SBHCs. We are still processing one medium sponsor organization's data and look forward to including them in future reports. See Appendix B – Data Dictionary for more details.

WELL CHILD CHECKS*



These visits address prevention, track growth and development, and provide opportunities for students to raise any concerns. [5] Across the group, **33%** of SBHC patients under 21 had a well-child check in a SBHC. **Medium-sized SOs had higher rates than either large or small ones. Similarly, the rates among rural SOs were higher than in urban ones.**

BODY MASS INDEX SCREENING (BMI)*



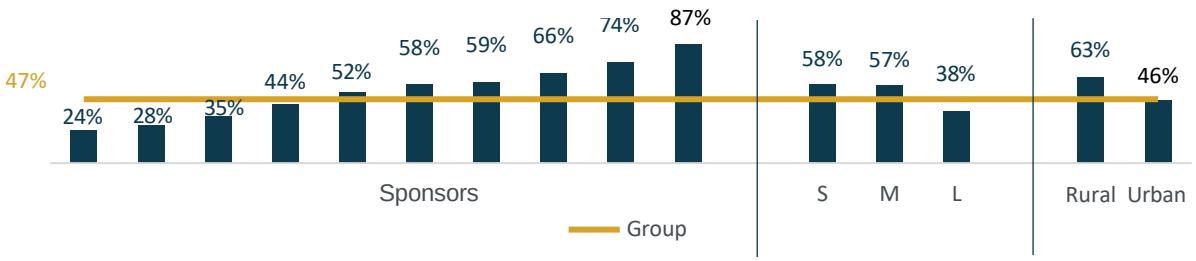
Screening for body mass index (BMI) for students between the ages of 3 and 17 may be part of well-child checks, but can also occur independently. Screening for BMI is important for assessing whether students are a healthy weight for their height and age. Individuals with obesity are at risk for chronic health issues such as diabetes and certain types of cancer. There was **less variation** among the SOs and comparison groups for BMI than well-child checks and depression screening.

* Data refer to 10 Sponsor Organizations and their 115 SBHC sites, which comprise 46% of SBHCs in NYS. Apex is still processing the granular data from the 11th SO.

[5] AAP schedule of well-child care visits. HealthyChildren.org. (n.d.). https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx

NQI MEASURES

DEPRESSION SCREENING*



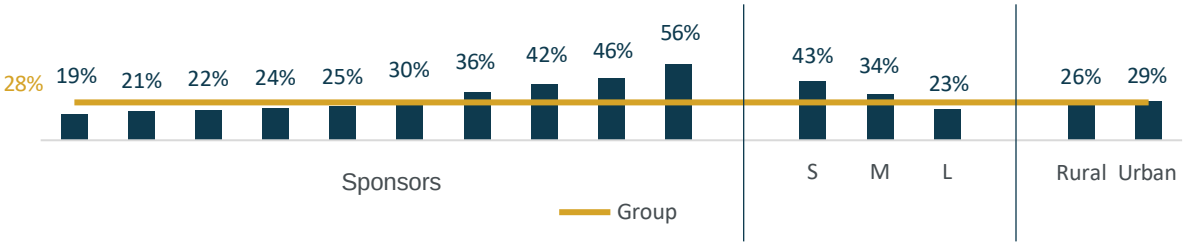
SBHCs have a unique opportunity to screen students for depression and provide care. Among the SBHC patients served by these SBHCs, **47% of students ages 11 to 20 had a recorded depression screening. Depression screening rates appeared higher among small and medium SOs and among rural SOs.**

* Data refer to 10 Sponsor Organizations and their 115 SBHC sites, which comprise 46% of SBHCs in NYS. Apex is still processing the granular data from the 11th SO.

NEW YORK STATE DOH MEASURES

IMMUNIZATIONS*

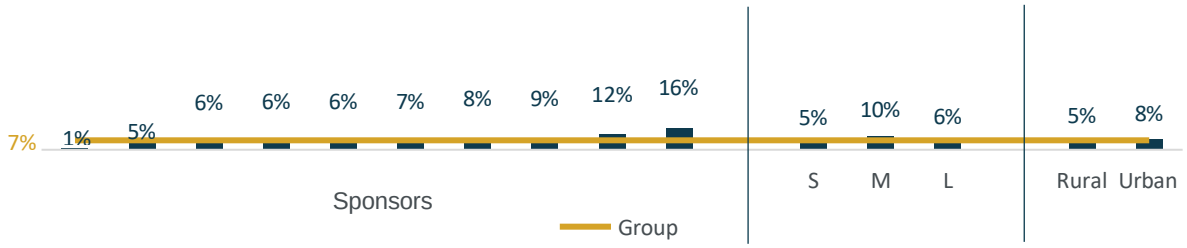
Immunizations are part of well-child checks but can also be provided independently. Research has shown that **students who use SBHCs are more likely to be up-to-date on their vaccines**.[6] 1 in 3 SBHC patients (28%) received an immunization through their SBHC. This number varied slightly between rural (26%) and urban (29%) sites but varied more between small and large sponsor organizations.



ASTHMA*

Asthma is a chronic health condition that disproportionately affects Black children and children living below the poverty line.[7]

Data show that 7% of the students enrolled in participating SBHCs were diagnosed with asthma. This may under-represent the prevalence of asthma and asthma care that SBHCs provide, since chronic care management is often not coded in the electronic health record (EHR). This may be because much of this care is provided by RNs and is therefore not billable. Non-billable services are often not coded, making it difficult to identify them for reporting. This data quality issue may become part of a future effort with participating organizations to improve data capture.



* Data refer to 10 Sponsor Organizations and their 115 SBHC sites, which comprise 46% of SBHCs in NYS. Apex is still processing the granular data from the 11th SO.

[6] Federico SG, Abrams L, Everhart RM, Melinkovich P, Hambidge SJ. Addressing adolescent immunization disparities: a retrospective analysis of school-based health center immunization delivery. Am J Public Health. 2010;100:1630–34. doi: 10.2105/AJPH.2009.176628.

[7] United Health Foundation. Asthma – Children in New York. America's Health Rankings United Health Foundation. https://www.americashealthrankings.org/explore/measures/asthma/NY

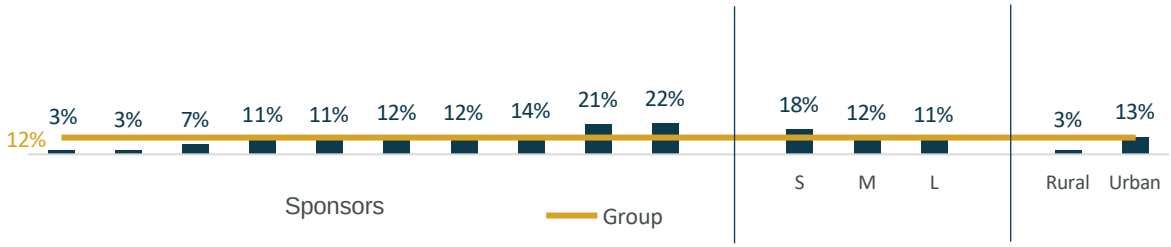
NEW YORK STATE DOH MEASURES

REPRODUCTIVE HEALTH*

Reproductive health screening is an integral part of primary health care and may include:

- Physical exams
- Medical histories
- Lab work (HIV and STD testing)
- STD treatment
- Education and counseling regarding abstinence, birth control, consent, and healthy communication.

The low percentage (12%) of students showing a reproductive health screening likely reflects inclusion of such screenings as part of visits coded as annual wellness visits. Apex and the Foundation are looking into expanding reporting to include additional codes that will reflect these screenings. The data for reproductive health varied by SO and urban and rural designation, but not by size of the SO.



1 in 10 received **contraceptive care**

Although not a performance measure of its own, contraceptive care is included and is an important part of reproductive health. The current data show that 10% of all SBHC patients received care for contraceptives and 1% of all SBHC patients received care for a long-acting reversible contraceptive (LARC) such as an intrauterine device (IUD) or Nexplanon.[8]

In our reporting, we look for standardized codes to identify contraceptives. Contraceptive care may be undercounted here if it is not coded in the EHR.

* Data refer to 10 Sponsor Organizations and their 115 SBHC sites, which comprise 46% of SBHCs in NYS. Apex is still processing the granular data from the 11th SO.

[8] In our reporting, we look for standardized codes to identify contraceptives. Contraceptive care may be undercounted here if it is not coded in the EHR.

CHRONIC DISEASE

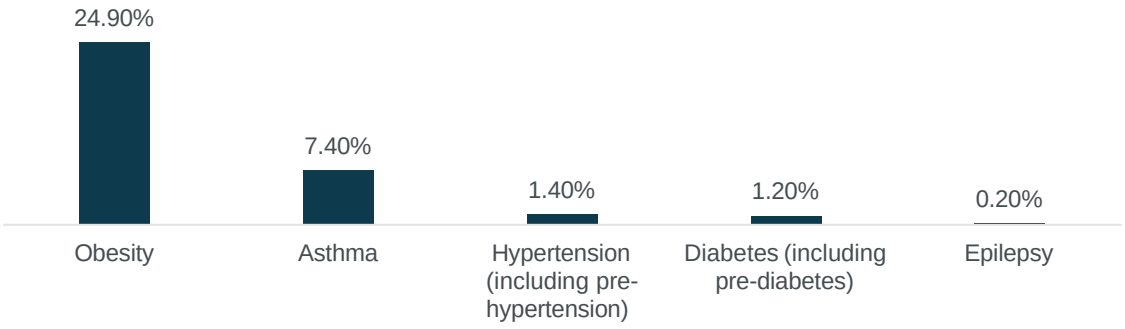
SBHCs play a vital role caring for students with chronic diseases. While there is no single, uniformly accepted list of diagnoses that are considered to be chronic, we include the conditions in the graphic below in our "working definition" and will continue to work with our SBHCs to refine a shared definition.

Thirty percent of SBHC patients had a chronic disease according to our working definition.

Nearly **1 in 3** students had a **chronic disease**

Some patients had one or more chronic diseases and therefore, the percentages shown below total more than 30%. **According to the data received in school year 2021 to 2022, obesity was the most frequent chronic disease among SBHC patients, followed by asthma.** In calls with Data Hub participants, several clinicians reported that diabetes and hypertension are on the rise and will receive ongoing attention in future reports.

Percent of total SBHC population with chronic disease diagnosis. [9]



* Data refer to 10 Sponsor Organizations and their 115 SBHC sites, which comprise 46% of SBHCs in NYS. Apex is still processing the granular data from the 11th SO.

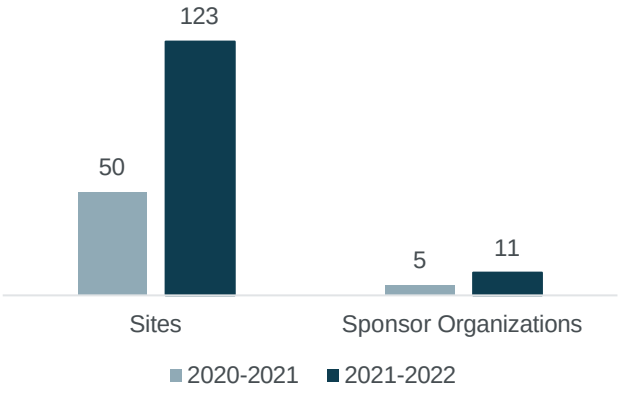
[9] SBHC patients may appear under more than one category of chronic disease.

WHAT'S NEXT

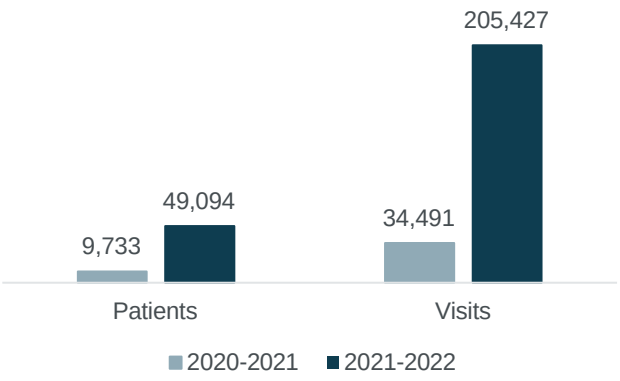
GROWING THE DATA HUB

Participation in the Data Hub has grown continuously since the beginning of the program. In the first year of full implementation (school year 2020 to 2021) five sponsor organizations, representing 20% of New York SBHCs, participated. In the second year of implementation (school year 2021 - 2022), participants grew to 11 sponsor organizations representing, 49% of New York's SBHCs.

Data Hub Participation has increased from the 2020-2021 school year to the 2021-2022 school year.



This year's report included 5 times the number of patients and 6 times the number of visits compared with last year's report.



As we write this report, we are onboarding three additional sponsor organizations with a combined total of 11 additional sites, pushing Data Hub participation to over half of New York's SBHCs. We welcome inquiries about the Data Hub and urge sponsor organizations to join the program. Please email us at nysbhfoundation@gmail.com.

EXPANDING USE OF OUR DATA

Developing and using the Data Hub necessarily involves a rigorous quality assurance process to assure data quality, consistency, reliability and validity. Throughout this report, examples have been cited of continuous planned data quality improvement that will enable the use of additional data points provided in the SO extracts. As we achieve these, we will expand Data Hub analytics, including examination of SBHC performance longitudinally (year-over-year) and stratification by factors such as race/ethnicity and insurance status.

ABOUT THE NYSBH FOUNDATION

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

The Foundation is now in its sixth year. It is governed by a strong Board of Directors and has grown successively in each year. Since 2019 the Foundation has raised nearly $1.5 million to create and sustain its programs, which collectively have reached 26 SBHC sponsor organizations, their 182 sites and the 180,000 children they serve. By 2023 the Foundation's annual revenues had grown to nearly $700,000, thanks to the growing confidence of a group of foundations dedicated to transforming community health for underserved New Yorkers. The overwhelming majority of Foundation funding is restricted to programs, however, leaving an ongoing challenge to assure operational funding of the Foundation.

The Foundation shifts its program focus as the health care needs of NY's school children change and SBHCs adapt to meet them. Thus, as the COVID pandemic shut schools and threatened children's access to care, the Foundation launched a 2-year **Telehealth Program** to build SBHC telehealth capacity. Not only did this program help restore access during the pandemic, but it left a legacy of expanded access during all school closures, expanded access to specialty care, and increased operational efficiencies. The Foundation continues to offer its Telehealth Resource Library funded by the project (See Telehealth Resource Library | NYSBH Foundation).

The COVID pandemic generated a tsunami of behavioral health needs among underserved school children which persists unabated to this day. Consequently, over the last two years the Foundation has focused on **Behavioral Health Programs.** Currently, the Foundation is running two such programs—one broad and custom-tailored, the other narrow and intensive—both designed to strengthen SBHC capacity to address the behavioral health needs of the children they serve. These occur at three levels: the school-wide population, children at risk, and those in immediate crisis. With no end to this crisis in sight, the Foundation foresees continued focus on behavioral health.

ABOUT THE NYSBH FOUNDATION

Finally, the Foundation is committed to raising the **visibility and awareness** of SBHCs, which do amazing work but operate in the shadows of the health and education systems. Our objective is reaching the educational, health care, policymaking, and funding communities. The Foundation has established a routine and robust social media presence, conducted a Telehealth Storytelling Contest, built on-line resource libraries, and regularly communicates new SBHC developments, achievements, and SBHC-related issues using both social and traditional media.

The Foundation is grateful to a series of private foundations that are committed to assuring the health and well-being of New York's underserved communities and have made possible the Foundation's programs. These include:

The New York Community Trust

The Mother Cabrini Health Foundation

The Ira W. DeCamp Foundation

The New York Health Foundation

The Affinity Legacy Fund

Follow the Foundation on:

- Instagram (nysbha)
- Twitter (@nysbha)
- Facebook (www.facebook.com/nysbhfoundation)
- LinkedIn (https://www.linkedin.com/company/nysbh-foundation).

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

APPENDICES

APPENDIX A – SPONSOR ORGANIZATIONS CLASSIFICATION

New York is a large state with varied populations and resources. To better help SBHCs understand their data compared to their peers who might have similar resources and populations, we created two descriptive variables for peer comparisons.

Size	Size Definition	# Sponsor Organizations in Size Category
Small	3 or fewer SBHC sites	2
Medium	4 to 12 SBHC sites	6
Large	13 or more SBHC sites	3

Classification	Definition[10]	# Sponsor Organizations in Classification
Urban	At the Sponsor Organization level, most SBHC sites are located in an urban setting according to the Office of Management and Budget.	9
Rural	At the Sponsor Organization level, most SBHC sites are located in a rural setting according to the Office of Management and Budget (OMB).	2

[10] Apex and the Foundation have received feedback that OMBs definition does not fit SBHCs experience. For subsequent reporting we may change this definition to include other options such as 'New York City'; to be site-based; and to allow SOs to choose their site classifications

APPENDICES

APPENDIX B – DATA DICTIONARY

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

Until coding is optimized in the EHR, both data sources are needed to best capture and reflect SBHC work.

(As EHRs were designed for billing, diagnosis and procedure codes may be scrubbed or removed if they are not useful or applicable for billers. For example, although body mass index (BMI) is calculated for almost every visit, it can only be billed a limited number of times depending on the patient and their health

Measure	Calculated with diagnosis and procedure codes	Calculated with diagnosis and procedure codes and discrete codes where available
Well child checks		X
Body Mass Index (BMI)		X
Depression Screening		X
Immunizations		X
Asthma	X	
Reproductive Health		X

Data for all performance measures only includes data for 10 of the 11 SOs. Apex is still processing the 11th SO's data and we look forward to including them in next year's report.