



Texas Department of Health

**Fiscal Year 2001**  
**Annual Report on School-Based Health Centers**

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# **Fiscal Year 2001 Annual Report on School-Based Health Centers**

## **Executive Summary**

House Bill 2202, Texas 76<sup>th</sup> Legislative Session, directed the Texas Department of Health (TDH) to issue an annual report on school-based health centers (SBHCs) in Texas. The preliminary analysis explored the impact of SBHCs on selected academic outcomes. Using a literature review and limited existing state data, this initial review consists of a series of comparisons made between individual school campuses that have a SBHC against those that do not have SBHCs.

### **Findings**

- No statistically significant differences in the graduation proportions and dropout proportions occurred between campuses with a SBHC and those without a SBHC.
- A slightly lower percentage of students passed the Texas Assessment of Academic Skills (TAAS) tests at various grades in schools with a SBHC; but differences were small and formed no consistent pattern.
- A significantly lower average number of absences per student existed for campuses with a school health facility than those without a school health facility.
- No consistent effects of a SBHC on any of the campus-level educational outcomes were evidenced by this preliminary analysis.

### **Limitations**

- No baseline data was available for comparison in seeking to determine the impact of SBHCs.
- The number or percentage of students actually served by a SBHC in each school was unknown.
- No data was available on the health status of individual students.
- The type of services received and the impact of SBHCs on students' health was unknown.
- No centralized standard data reporting mechanism or oversight entity applicable to all SBHCs exists.
- TDH lacks authority over non-TDH funded SBHCs.

## **Future Directions**

Future data collection efforts will focus on:

- existing administrative educational data and quarterly reports;
- individual data collected through surveys; and
- case studies.

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### **Background**

House Bill 2202, 76<sup>th</sup> Legislative Session, directed the Texas Department of Health (TDH) to issue an annual report on school-based health centers (SBHCs) in Texas. SBHCs are facilities located in schools or on school grounds dedicated to providing primary and preventive care to the school-age population, using a comprehensive, multi-disciplinary approach, including mental health and interrelation of family, school and community. TDH currently provides funding for model SBHCs that deliver conventional primary and preventive health services, and related social services. Funds are intended to support SBHCs that meet the health care needs of students and their families. The categories of services SBHCs may provide include family and home support, health care, immunizations, mental health services, dental health care, health education, and preventive health strategies.

### **SBHC Identification and Survey**

Texas SBHCs were identified from three separate sources:

- a list of TDH-funded SBHCs;
- a national survey list of SBHCs; and
- a list obtained from a statewide survey regarding school health services and staffing.

Surveys were sent to every public school campus in the state, and just over half of the campuses responded. This survey asked campuses if they had a school-based health “facility” and not if they had a school-based health “center.” No explicit definition of “facility” was provided in the survey.

Several key limitations were identified as a result of this preliminary work. These limitations include, but are not limited to:

- identification of SBHCs across Texas; and
- access to and type of available state, local and student level data.

The preliminary analysis explored the impact of SBHCs on selected academic outcomes.

## **Method**

*(Existing State Data)*

Administrative data from the Public Education Information Management System (PEIMS) were obtained from the Texas Education Agency (TEA) for all the public school campuses in Texas.

These data include:

- the days present in school, which can be used to compute the average number of absences per student;
- the percentage of students passing various TAAS tests at each campus; and
- the proportion of graduates and dropouts from each high school campus.

This preliminary analysis consists of a series of comparisons made between individual school campuses that have a SBHC versus those that do not have a SBHC. It is important to note that campuses, not SBHCs or individual students, are the units of analysis. All of the outcomes are based on campus wide averages. Statistical methods were used to compare campuses with SBHCs against those without SBHCs.

## **Results**

There were no statistically significant differences in graduation proportions and dropout proportions between campuses with a SBHC versus those without a SBHC. While the percentage of students passing various TAAS tests was slightly lower in schools with a SBHC, these differences were generally small and did not form any consistent pattern. The most notable result was that for student absences. The average number of absences per student for campuses with a school health facility was significantly lower than those that did not have a school health facility.

## **Discussion**

This was a preliminary exploratory analysis using available data to examine the possible impact of SBHCs on student health and educational outcomes. Although there were several promising trends, irrespective of what definition was used, the results indicate that SBHCs did not appear to have a consistent effect on any of the campus-level educational outcomes examined for this preliminary analysis.

## **Major Limitations**

There are a number of major limitations to both this analysis and more broadly to studying SBHCs in general.

First, this analysis was a snapshot of a single point in time. The health and educational status of the students before the implementation of the SBHC is unknown. Without a baseline for comparison it is difficult to determine with any certainty the impact of SBHCs.

Second, the proportion of students who are actually served by SBHCs in each school is unknown. In addition, the proportion of students who were receiving adequate medical care prior to the implementation of the SBHC is extremely important. Did the SBHC serve all the students in the school or only those students with the greatest need?

Third, there are no data concerning the health status of the individual students. Were the students generally healthy or sick prior to the implementation of the SBHC? Did the students' health improve after the implementation of the SBHC?

Fourth, the type of services that students received from the SBHC is also unknown. What type of medical services did students generally receive before and after the implementation of the SBHC? Were the services students received critical or inconsequential? How many students received adequate medical care prior to and after the implementation of the SBHC? Given the types of services students received, what is the most likely effect of SBHCs on students' health? Without knowing this information, it is difficult to determine the impact of a SBHC on student health.

Fifth, TDH has no regulatory, reporting or enforcement authority over non-TDH funded SBHCs and time-limited contractual oversight of those receiving TDH funds. Therefore, TDH could not require data or reports from non-TDH funded SBHCs. TDH will invite and encourage non-TDH funded SBHCs to participate in future studies, but their participation would be strictly voluntary.

Finally, the impact of other variables such as family involvement and socioeconomic status – known to affect school performance – was not included in this analysis.

## **Future Directions**

With preliminary data analysis completed and limitations identified, a more comprehensive plan can be developed for future analyses and annual reporting. Identification of a SBHC is a difficult task. There are a variety of definitions used in the research literature for SBHCs. In order to meet the requirements of HB2202, TDH will focus on TDH-funded SBHCs. A variety of sources will be used to gather the data. Future data collection efforts will focus on existing administrative educational data and quarterly reports, individual data collected through surveys, and case studies.

Examination of administrative data in future reports will include comparisons of absences, dropout rates, TAAS passing rates, and disciplinary referrals between campuses with and without SBHCs using administrative data from TEA. Efforts will be made to match schools demographically and regionally. Quarterly reports from TDH-funded SBHCs will be used to determine the types and frequency of services offered, the percentage of eligible students served, and staffing levels.

Individual data will focus on surveys of parents and students. A confidential survey will be conducted of parental satisfaction with the services that their children receive from SBHCs and parental perceptions of improvements of their children's health. A brief anonymous satisfaction survey of high school age clients could also allow satisfaction with health services received and perceptions of health to be examined. However, several parental consent issues will have to be addressed before a survey of students could be administered.

A case study approach will be utilized to focus on the "process" aspects of the SBHC functioning. Currently, other than anecdotal information, little is known about the functioning of SBHCs. Interviews with school and health center staff, especially school nurses, can be used to examine the adequacy of services and staffing and to gain an informed professional opinion of student health status. A case study approach can also help identify and address important questions about improved access to care and the referrals and linkages between SBHCs and other healthcare providers in the community. In addition, case studies should allow examination of system, cultural, financial, or other barriers between patients and their use of SBHCs.

Alternative study designs may be implemented to detect possible effects of SBHCs on student health and educational outcomes. A pretest-posttest design that measures the status of students before and after the implementation of a SBHC could provide a more beneficial method of examining any potential changes in student health. Extending this pretest-posttest design into a longitudinal study that examines students over several years could provide an even more powerful design. A comparison group of schools specifically matched to the campuses with SBHCs could furnish additional insight into the effects of a SBHC on a given student population.

### **Conclusion**

TDH is currently working to develop the implementation plan necessary to conduct the most beneficial analyses and to produce the desired annual report. Working with its contractors and stakeholders to design the evaluation framework, TDH began data collection from TDH-funded SBHCs in September 2001. The cost and feasibility of each approach will be assessed and evaluated with respect to the overall reporting intent. Using a variety of data collection and program evaluation methods, future annual reports on School-Based Health Centers will be able to better reflect the health and academic effects of SBHCs on school-aged children and youth in Texas.