



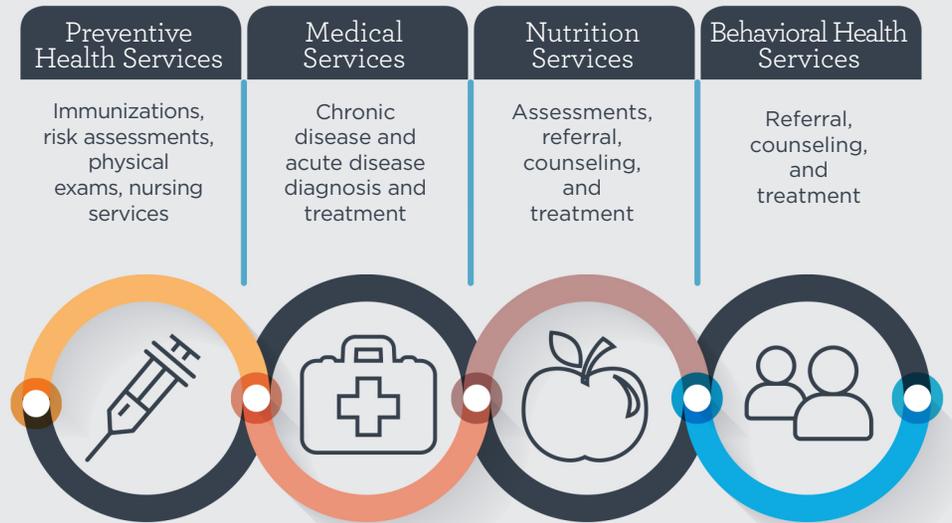
North Carolina School Health Center Program (NCSHC) Annual Report: FY 2013-2018

The NC School Health Center Program funds multiple models of school health centers that meet the primary care needs of school-aged children. School Health Centers increase access to primary and preventive health care, thereby improving the health status and academic performance of older children and adolescents, ages 10 to 19 years old, living in underserved and high-risk communities. Data represented in this report comes from NC state-funded school health centers.

School Health Centers:

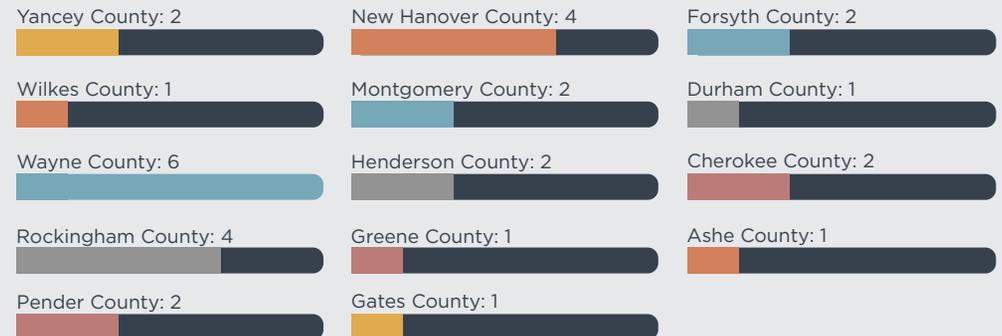
- Increase access to health care
- Strengthen prevention and population health
- Serve highest need students
- Integrate students into health care systems
- Improve academic achievement

Services Provided by SHCs:



Number of State Funded SHCs FY 18 by County:

Note: : There are 31 state funded SHCs.



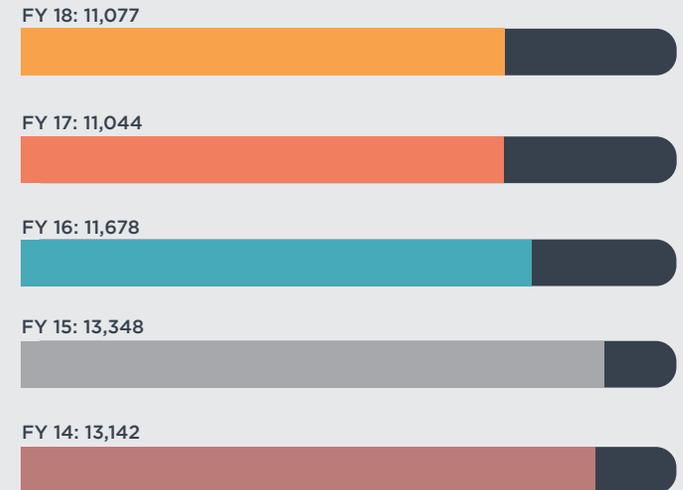
North Carolina State Funded Agencies with SHCs:

Note: Funded agencies consists of Hospitals, NonProfit Organizations, Local Health Departments, and Federally Qualified Health Centers. Please see Appendix A for a full list of funded agencies per reporting period.

	Total Agencies	Total SHCs
FY 13	16	32
FY 14	16	32
FY 15	15	31
FY 16	14	31
FY 17	14	31
FY 18	14	31

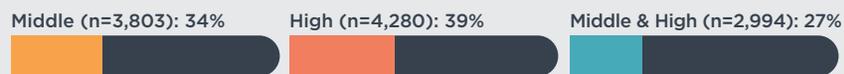
Population Characteristics: Unduplicated Students

Note: One agency did not report in FY 18. Data is not available for FY 13.



“School-based health centers provide convenient, accessible and comprehensive health care services for children and adolescents, where they spend the majority of their time in school. These powerful investments in the health and academic success of children ensure they thrive” -the school.¹

Percent of Unduplicated Users Ages 10-19 Served by SHCs in FY 18



Note: Some schools serve both middle and high school students. These schools are categorized as MS/HS in the two graphs above. In FY 17-18, there were 12 middle schools, 13 high schools, and 6 schools that served both middle and high school students.



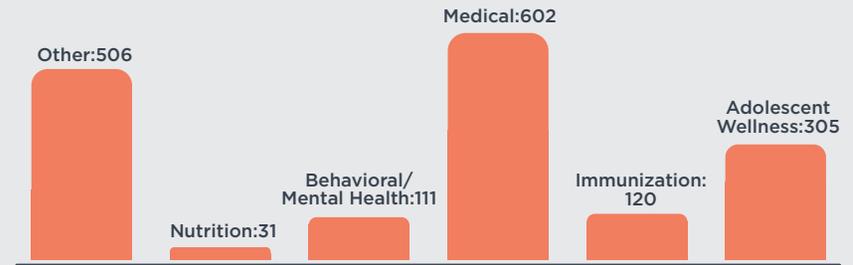
Medical/Dental Home

Students enrolled in SHCs are encouraged and assisted in establishing medical and/or dental homes. This translates into improved coordinated and comprehensive care, as well as better outcomes in terms of addressing medical, preventive, behavioral, nutrition, and oral health issues.



“School-based health care complements the work of school nurses by providing a readily accessible referral site for students who are without a medical home or in need of more comprehensive services such as primary, mental, oral...”²

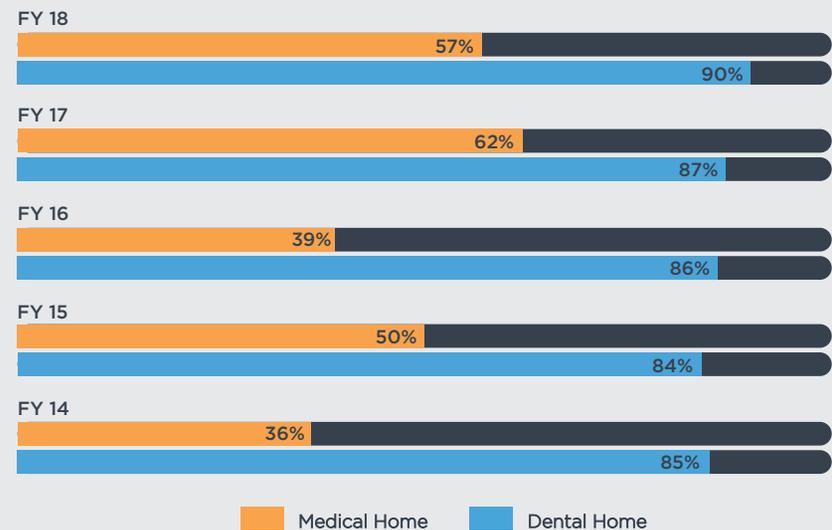
Number of Referrals in FY 18



Note: Other referrals included Dental, Vision, Dermatology, Orthopedics, ENT, ER, etc.

Percent of SHC Students with a Medical and Dental Home by Fiscal Year

Note: Data is not available for FY 13.



Number of Visits by Fiscal Year & Type

Note: Data is not available for FY 13.

Service	FY 14		FY 15		FY 16		FY 17		FY 18	
	N	%	N	%*	N	%	N	%	N	%
Medical	33,862	53%	32,268	54%	28,803	54%	24,710	47%	26,075	46%
Preventive	13,919	22%	12,447	21%	11,286	21%	13,670	26%	11,644	21%
Behavior Health	11,951	19%	12,397	20%	10,859	20%	11,641	22%	16,024	29%
Nutrition	3,912	6%	3,068	5%	2,756	5%	2,531	5%	2,187	4%
TOTAL	63,644	---	60,180	---	53,704	---	52,552	---	55,930	---

The table above shows the number and percent of medical, preventive, behavioral and nutrition services each fiscal year. Across the five fiscal years: the average number of medical services was 29,144; the average number of preventive services was 12,593; the average number of behavioral services was 12,574; and the average number of nutrition services was 2,891. The most rapidly increasing category is behavioral services, which increased from 19% to 29%.

“By providing medical, mental health, oral health, and youth development services on school campuses, school-based health centers (SBHCs) and other school health providers positively impact students’ health and learning.”³

Students enrolled in School Health Centers:

- Are less likely to report an emergency room visit
- Are more likely to have visited a doctor or dentist in the last year
- Are more likely to have received required and recommended immunizations
- Are more likely to increase “seat time” (miss fewer classes)

Number of Students Served by Type of Insurance

Note: Data is not available for FY 13.

Insurance Type*	FY 14	FY 15	FY 16	FY 17	FY 18
Health Check/Medicaid	6,195	6,134	5,574	5,081	5,824
Medicaid/Other	167	172	227	887	527
Healthchoice/CHIP	1,109	661	692	516	528
Private Insurance	2,774	2,825	2,488	2,559	2,442
Medicare	2	0	9	9	3
TriCare	135	118	140	110	128
Uninsured/Self Pay	2,588	2,336	2,010	2,053	2,061
TOTALS	12,970	12,246	11,140	11,215	11,513

The table above, as well as the pie chart on the following page, outline the number and percent of students ages 10-19 that were served at SHCs from FY 14 to FY 18 by insurance type.

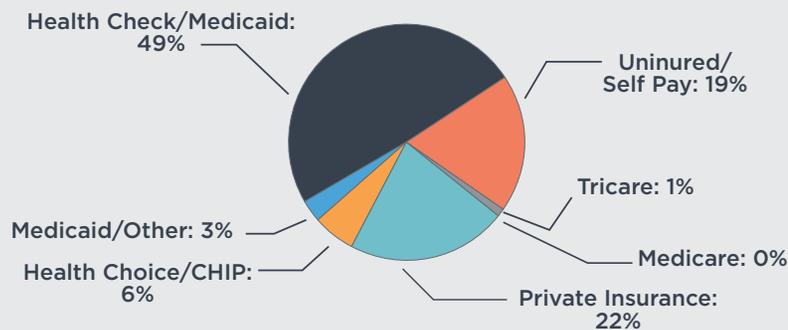


National Standardized Performance Measures for SBHCs

Total number of Well Child/Adolescent Visits=	2,480
Total number of Depression Screenings=	4,994
Total number of Annual Risk Assessments=	4,997
Total number of BMI Assessments/Nutrition and Physical Activity Counseling Sessions=	12,843
Total number of Chlamydia Screenings	501

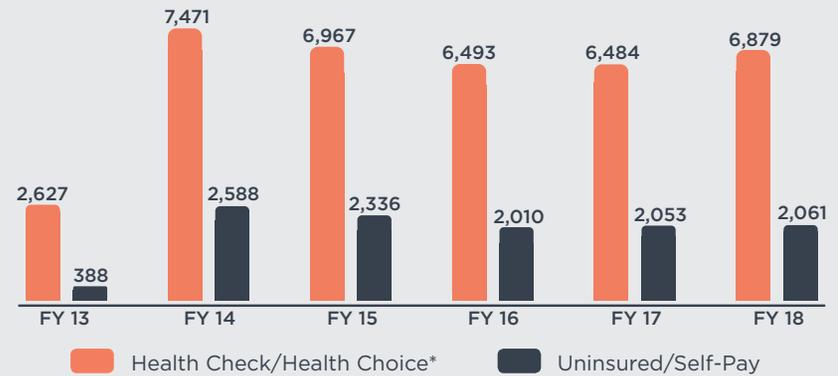
Notes: One agency did not report in FY 18.
 *Newly reported data per National Standardized Performance Measures for SBHCs. Not required data.

Percent of Unduplicated Students Ages 10-19 Served in SHCs from FY 14-18 by Insurance Type



Number of Students Served by Public or No Insurance by Fiscal Year

The table below displays the number of well-child, depression screening, risk assessment, BMI/Nutrition/Physical Activity visits in FY 18. The total number of visits for FY 18 was 22,684. These performance measures were included in the National Standardized Performance Measures for SBHCs, located here: [National Standardized Performance Measures for SBHCs](#).



Note: *In the graph above, the Health Check/Health Choice category includes: Health Check/Medicaid, Medicaid/Other, and Health Choice/CHIP.

Top 8 Reasons Students Were Seen:

1. Health Counseling
2. Mental Health
3. Health Exam
4. Unspecified Health Screening
5. Headache
6. Immunizations
7. Vision Screen
8. Obesity

“SBHCs can effectively provide mental health services within the clinic and also implement school-wide strategies to address social and emotional health as a means of helping set children and adolescents on a path of good health throughout life.”⁴

Appendix A. Agencies Funded by RFA

SHC Name	RFA A-235			RFA A-306		
	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Appalachian District Health Department	X	X	X	X	X	X
Blue Ridge Community Health Services, Inc.	X	X	X	X	X	X
Center for Rural Health Innovation	X	X	X			
Cherokee County Health Department	X	X	X	X	X	X
Duke University Health System, Inc.	X	X	X	X	X	X
First Health of the Carolinas, Inc.	X	X	X	X	X	X
Gateway Community Health Center (was Albemarle Hospital Authority)	X	X	X	X	X	X
Graham County Health Department	X	X				
Greene County Health Care, Inc.	X	X	X	X	X	X
Madison Health Department	X	X	X			
Morehead Memorial Hospital (now UNC Rockingham Health Care)	X	X	X	X	X	X
Pender County Health Department				X	X	X
Toe River Health District	X	X	X	X	X	X
Wake Forest University Health Sciences	X	X	X	X	X	X
Wayne Initiative for School Health (WISH), Inc.	X	X	X	X	X	X
Wilkes County Health Department	X	X	X	X	X	X
Wilmington Health Access for Teens (WHAT) of Coastal Horizons, Inc.	X	X	X	X	X	X
Total Number of Agencies	16	16	15	14	14	14

Telehealth Fact: 19 out of 31 (61%) NC State Funded SHCs used Telehealth in FY 18.

Telehealth can be part of the solution in overcoming access barriers. Telehealth technologies present significant opportunities to transform pediatric care and reduce health disparities. Direct benefits include:

- Expansion of the matrix of health and mental health care services as part of enhanced safety net capacity;
 - Improved ability to respond to the comprehensive health care needs of children with chronic and complex health conditions;
 - Timely access to expertise in urgent/emergent cases where specialists are otherwise regionalized;
 - Increased availability of resources gained and repurposed as a result of savings from telehealth driven efficiencies;
 - Strengthened connectivity and cohesion between community-based providers and larger partner institutions; and
 - Enhanced provider education and mitigation of professional isolation experienced by providers in rural locations.
- (source: www.childrenshealthfund.org, 2016)



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2. <http://www.sbh4all.org/school-health-care/aboutsbhcs/>
3. <http://www.sbh4all.org/school-health-care/health-and-learning/>
4. http://www.schoolbasedhealthcare.org/-/media/files/pdf/sbhc/mental_health.ashx?la=en&hash=3955552187358B1772C61AB53D1BFD81CB446595



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