



North Carolina School Health Center Program (NCSHC) Annual Report



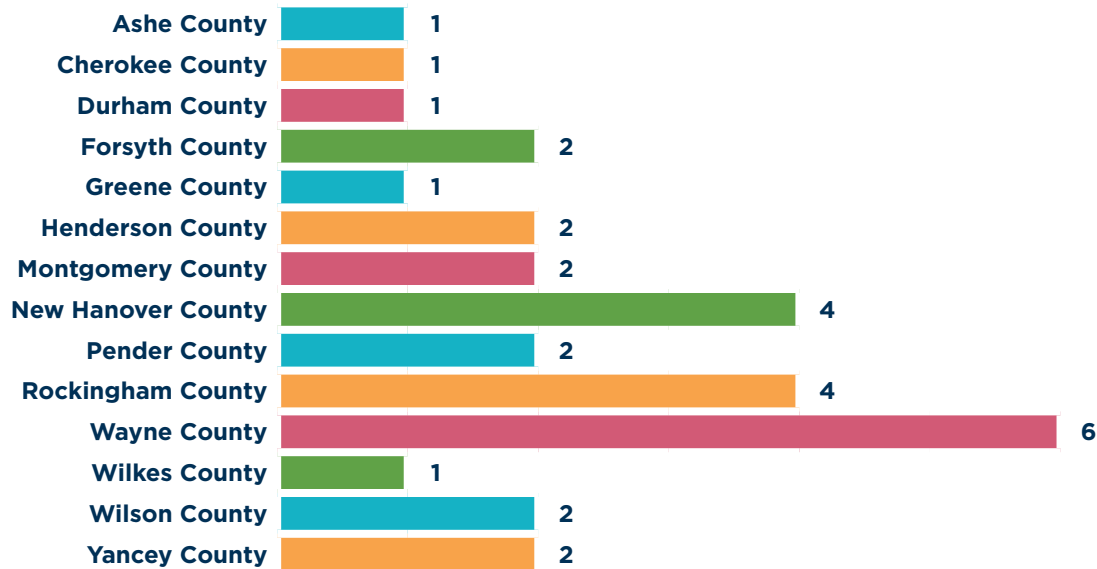
The NC School Health Center (SHC) Program Annual Report displays data collected from state-funded sponsor agencies that operate school health centers each Fiscal Year (FY). Through a competitive Request for Application (RFA) process, sponsor agencies (public or private nonprofit institutions) from underserved and high-risk communities are awarded funding support for SHCs that provide health care services (preventive, medical, nutrition, behavioral health) for older children and adolescents, ages 10 to 19 years old. Services are provided in collaboration with individual schools, school districts, health care providers, medical homes, local health departments, and other community-based agencies. This annual report represents aggregate/cumulative data for/per fiscal years 2014 to 2019 from each state-funded school health center. The report is posted on the [School Health Center Consultation and Support](#) webpage of the NC Division of Public Health website. It provides the following information:

- The names and number of counties and types of schools (middle, high school, middle and high school) that have school health centers in NC.
- The unduplicated number of students that are served at the SHCs.
- The percent of students with a medical and dental home that are served at the SHCs.
- The number of and types of referrals made by SHC staff for students to receive services outside of the SHCs.
- The number and type of visits by students at the SHCs (medical, preventive, behavioral health, nutrition).
- The percent of students served by their type of insurance.
- The number of students served at the SHCs with public insurance or no insurance.
- The number of visits by students to SHCs addressing five national standardized performance measures.
- The number of and percent of SHCs that offer telehealth services.
- The percent of behavioral health visits by students at the SHCs.
- The top eight reasons that students were seen at the SHCs.
- The names of the sponsor agencies and the RFA number and fiscal years they received state funding support for their SHCs.
- A map of the North Carolina State-Funded School Health Centers (FY2018-19).

The program funds multiple models of school health centers: traditional school-based (located on a school campus), school-linked (located off school campus, working collaboratively with multiple schools and other agencies), mobile unit (mobile van parked on or near school campus), and telehealth (staff physically on site and also at remote locations).



NUMBER OF STATE-FUNDED SHCs FY2019 BY COUNTY (31 TOTAL SHCs)



HEALTH SERVICES PROVIDED BY SCHOOL HEALTH CENTERS:



Preventive Health Services

Immunizations, risk assessments, physical exams, nursing services



Nutrition Services

Assessments, referral, counseling & treatment



Medical Services

Chronic disease and acute disease diagnosis & treatment



Behavioral Health Services

Referral, counseling & treatment

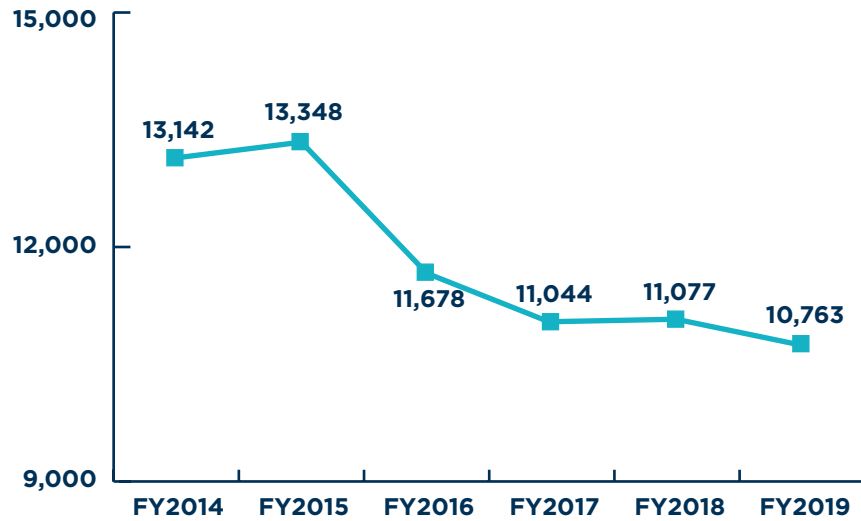
STATE-FUNDED SPONSOR AGENCIES WITH SHCS

	Total Agencies	Total SHCs
FY2014	16	32
FY2015	15	31
FY2016	14	31
FY2017	14	31
FY2018	14	31
FY2019	14	31

NOTE: Funded agencies consist of Hospitals, Nonprofit Organizations, Local Health Departments, and Federally Qualified Health Centers. See Appendix A for a full list of funded agencies per reporting period.

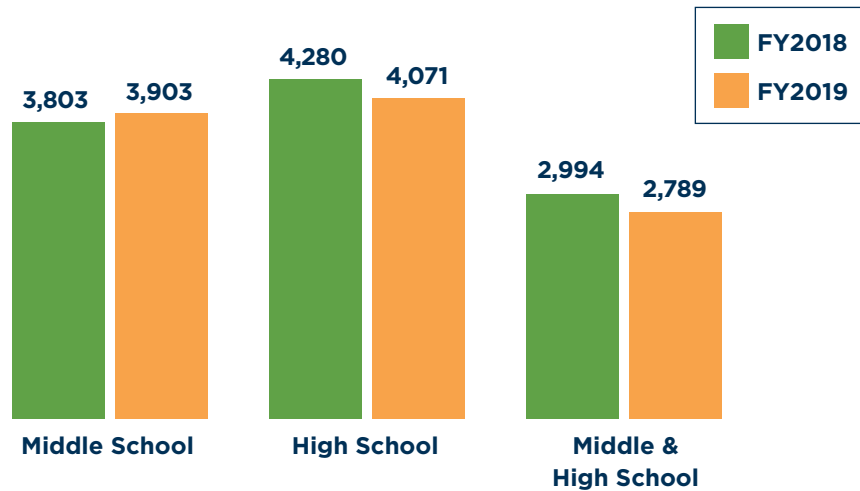


UNDUPLICATED STUDENTS SERVED • FY2014-2019



NOTE: One agency did not report in FY2018.

NUMBER OF UNDULICATED STUDENTS AGES 10-19 SERVED BY SCHOOL TYPE • FY2018 & FY2019



NOTE*: Some schools serve both middle and high school students. These schools are categorized as Middle & High School in the two graphs above. In FY2018 & FY2019, there were 12 middle schools, 13 high schools, and 6 schools that served both middle and high school students.

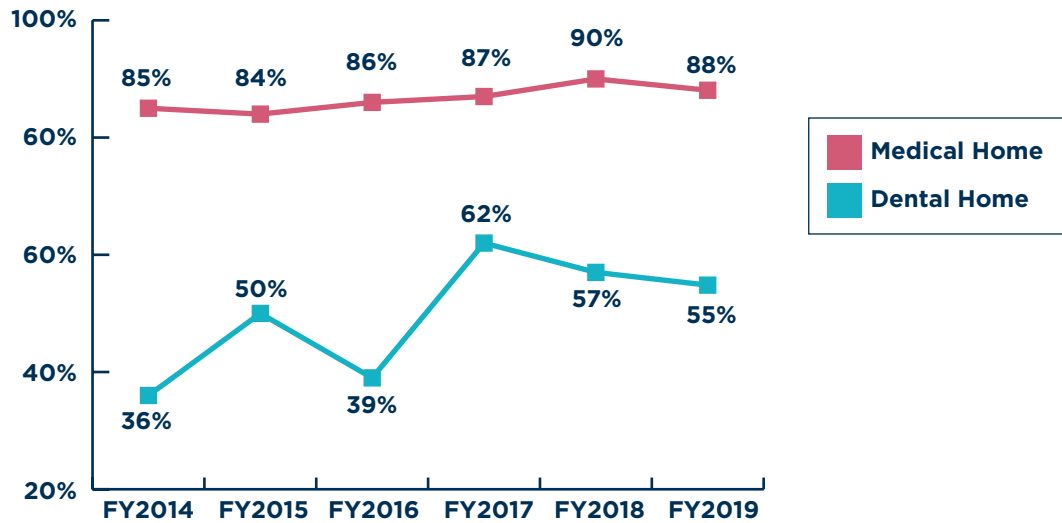
“By placing health care in schools, a site that is convenient and familiar to youth and their families, SHCs enable communities that have poorer access to care — including low-income, immigrant, and rural communities, to easily access these services. This helps eliminate barriers to care such as costs, transportation, and trust that can traditionally prevent underserved communities, and especially adolescents, from using the health care system.”¹



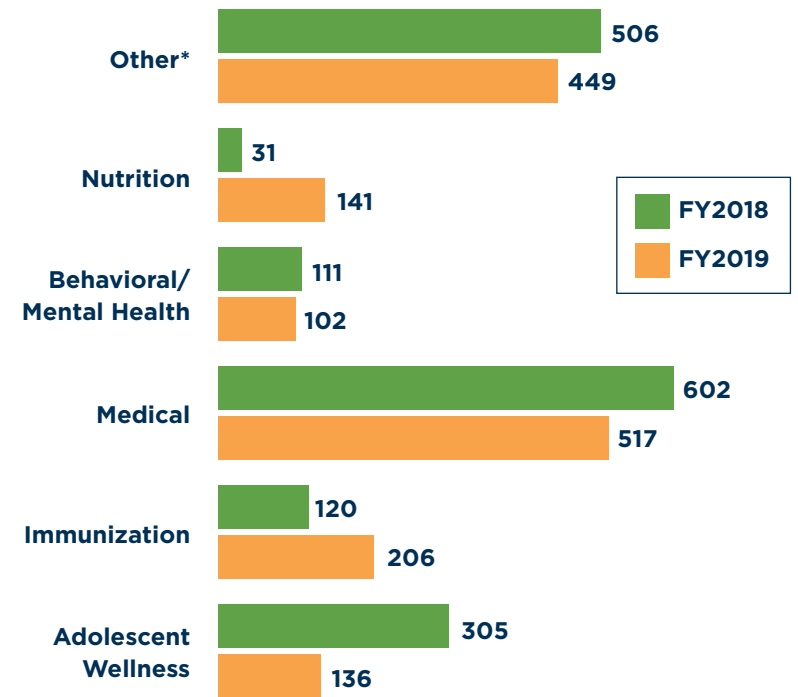
Medical/Dental Home

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.

PERCENT OF SHC STUDENTS WITH A MEDICAL & DENTAL HOME BY FISCAL YEAR (FY2014-FY2019)



NUMBER OF REFERRALS IN FY2018 & FY2019



*NOTE: Other referrals include: Physical Therapy, Occupational Therapy, Speech Therapy, X-rays (Radiology), Ultrasound, Audiology, Cardiology, Gastroenterology, Dermatology, Allergies and Asthma, and Psychiatry. The total number of referrals was 1,675 in FY 2018 and 1,551 in FY 2019.



“ SHCs provide students easier access to health services. This reduces time missed at school and helps parents to avoid losing work time and spending extra time to transport their children to and from healthcare facilities.”²

NUMBER OF VISITS BY FISCAL YEAR & TYPE (FY2014-FY2019)

SERVICE	FY2014		FY2015		FY2016		FY2017		FY2018		FY2019	
	N	%	N	%	N	%	N	%	N	%	N	%
Medical	33,862	53%	32,268	54%	28,803	54%	24,710	47%	26,075	46%	23,891	45%
Preventive	13,919	22%	12,447	21%	11,286	21%	13,670	26%	11,644	21%	12,920	24%
Behavior Health	11,951	19%	12,397	20%	10,859	20%	11,641	22%	16,024	29%	14,554	27%
Nutrition	3,912	6%	3,068	5%	2,756	5%	2,531	5%	2,187	4%	1,991	4%
TOTAL	63,644	100%	60,180	100%	53,704	100%	52,552	100%	55,930	100%	53,356	100%

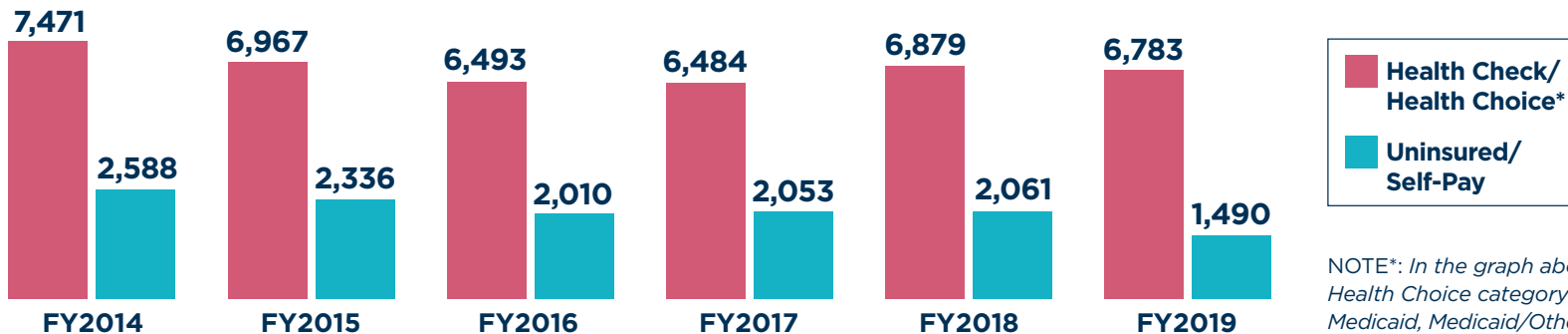
The table above shows the number and percent of medical, preventive, behavioral and nutrition services each fiscal year. In FY2019, the number of medical services was 23,891; the number of preventive services was 12,920; the number of behavioral services was 14,554; and the number of nutrition services was 1,991.

The two following figures highlight the students by insurance type for FY2014-FY2019. The first chart shows the percent of students by each specific type of insurance. The second chart shows the number of students with public insurance (i.e., Health Check/Medicaid, Medicaid/Other, and Health Choice/CHIP) and no insurance.

PERCENT OF STUDENTS BY TYPE OF INSURANCE (FY2014-FY2019)

	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019
Health Check/Medicaid	48%	50%	50%	45%	50%	51%
Medicaid/Other	9%	5%	6%	5%	5%	5%
Health Choice/CHIP	1%	1%	2%	8%	5%	4%
Private Insurance	21%	23%	22%	23%	21%	24%
TriCare	1%	<1%	1%	<1%	<1%	1%
Uninsured/Self Pay	20%	19%	18%	18%	18%	13%
Unknown/Not Insured	0%	1%	1%	0%	0%	2%

NUMBER OF STUDENTS SERVED BY PUBLIC OR NO INSURANCE BY FISCAL YEAR (FY2014-FY2019)



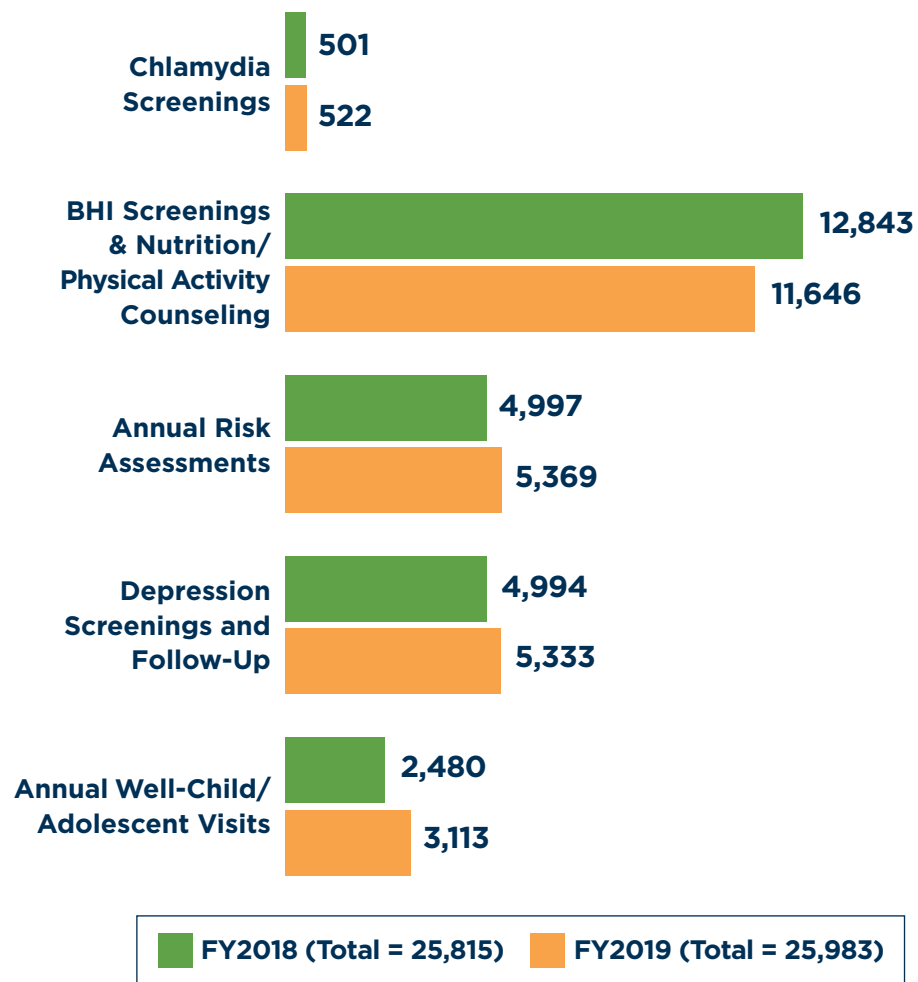
NOTE*: In the graph above, the Health Check/Health Choice category includes: Health Check/Medicaid, Medicaid/Other, and Health Choice/CHIP.

“Youth living in impoverished communities have higher rates of asthma, substance use, anxiety, depression, and obesity and are at elevated risk of not having regular health maintenance visits.”³



The graph below displays visits reported for Five National Standardized Performance Measures. These include: chlamydia screenings; Body Mass Index (BMI) screenings, and nutrition/physical activity counseling; annual risk assessments, depression screenings and follow-up, and annual well-child/adolescent visits. These visits are reported separately from the number of visits displayed on page 4 for the chart, “Number of Visits by Fiscal Year & Type (FY2014-FY2019)”. The total number of visits addressing the Five National Standardized Performance Measures for FY2019 was 25,983.

VISITS ASSOCIATED WITH THE FIVE NATIONAL STANDARDIZED PERFORMANCE MEASURES FOR SHCs



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 receive required and recommended immunizations
- Are more likely to increase “seat time” (miss fewer classes)

School Health Centers:

- Increase access to high-quality health care
- Strengthen prevention and population health
- Serve highest need students
- Integrate students into health care systems
- Improve academic achievement
- Increase time spent in the classroom ⁴

“Telehealth has the potential to expand the reach and scope of services provided by SHCs. Telehealth holds particular promise in areas with limited access to health care, especially rural areas where health care providers and facilities are scarce. In rural communities, telehealth can eliminate well-documented access barriers, including health professional shortages, long distances to providers, and lack of transportation.”⁵

Telehealth Fact: 15 out of 31 (48%) NC State-Funded SHCs offered Telehealth in FY2019.

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 (www.childrenshealthfund.org, 2016).⁶



Behavioral Health Visits on the Rise

State-funded SHCs report that nearly one-third of visits during FY2019 addressed behavioral health concerns. The need for behavioral health care mirrors trends nationally as mental health issues among adolescents in the U.S., including rates of mood disorders and suicide-related outcomes, have increased significantly over the last decade ([Rosenberg, 2019](#)).⁷

Suicide is the second leading cause of death among North Carolina youth ages 10-17, a rate that has nearly doubled over the last decade ([NC Child, 2019](#)).⁸

According to a recent survey, 70% of teens say anxiety and depression are major issues for youth their age ([Pew Research Center, 2019](#)).⁹

According to Mental Health America, North Carolina ranks 44th nationally when assessing the state of mental health when looking at indicators including prevalence, identification, treatment, and access to care ([Mental Health America, 2019](#)).¹⁰

Half of all mental health conditions start by age 14 and many cases go undetected and untreated ([World Health Organization, 2019](#)).¹¹ In North Carolina, approximately 15.6% of children were reported to have a mental, behavioral, or developmental disorder. Of these children, 21.2% have no insurance and 41.7% have no medical home ([Bisko et al., 2016 via the NC School Mental Health Initiative Report, 2016](#)).¹²

According to the NC Annual School Health Services Report for FY2018-2019, one of the most common chronic conditions that students presented to the school nurses was emotional/behavioral and/or psychiatric disorders. There were 11,276 students that received school nurse services related to this chronic condition.

SHCs may play an important role in identifying and supporting these students, as school-based mental health services and supports have shown great efficacy and promise in addressing this rising national trend ([various sources via NC School Mental Health Initiative Report, 2016](#)).¹³

Top 8 Reasons Students Were Seen in FY2019

1. Health Counseling (Risk Assessments, CV and BP screenings)
2. Mental Health
3. Health Exam
4. Unspecified Health Screening
5. Headache
6. Immunizations
7. Vision Screen
8. Obesity



APPENDIX A. AGENCIES FUNDED BY RFA

State Funded Agency Name	RFA A-235			RFA A-306			RFA A-346
	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019
Appalachian District Health Department	X	X	X	X	X	X	X
Blue Ridge Community Health Services, Inc.	X	X	X	X	X	X	X
Center for Rural Health Innovation	X	X	X				X
Cherokee County Health Department	X	X	X	X	X	X	X
Duke University Health System, Inc.	X	X	X	X	X	X	X
First Health of the Carolinas, Inc.	X	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	X
Madison Health Department	X	X	X				
Morehead Memorial Hospital (now UNC Rockingham Health Care)	X	X	X	X	X	X	X
Pender County Health Department				X	X	X	X
Toe River Health District	X	X	X	X	X	X	X
Wake Forest University Health Sciences	X	X	X	X	X	X	X
Wayne Initiative for School Health (WISH), Inc.	X	X	X	X	X	X	X
Wilkes County Health Department	X	X	X	X	X	X	X
Wilmington Health Access for Teens (WHAT) of Coastal Horizons, Inc.	X	X	X	X	X	X	X
Total Number of Agencies	16	16	15	14	14	14	14

NC Division of Public Health, Children & Youth Branch Contacts:

Kristin Dodge • NCDHHS, Division of Public Health, Children & Youth Branch, NC School Health Center Consultant, kristin.dodge@dhhs.nc.gov

Colleen Ehatt • NCDHHS, Division of Public Health, Children & Youth Branch, Data Manager, colleen.ehatt@dhhs.nc.gov

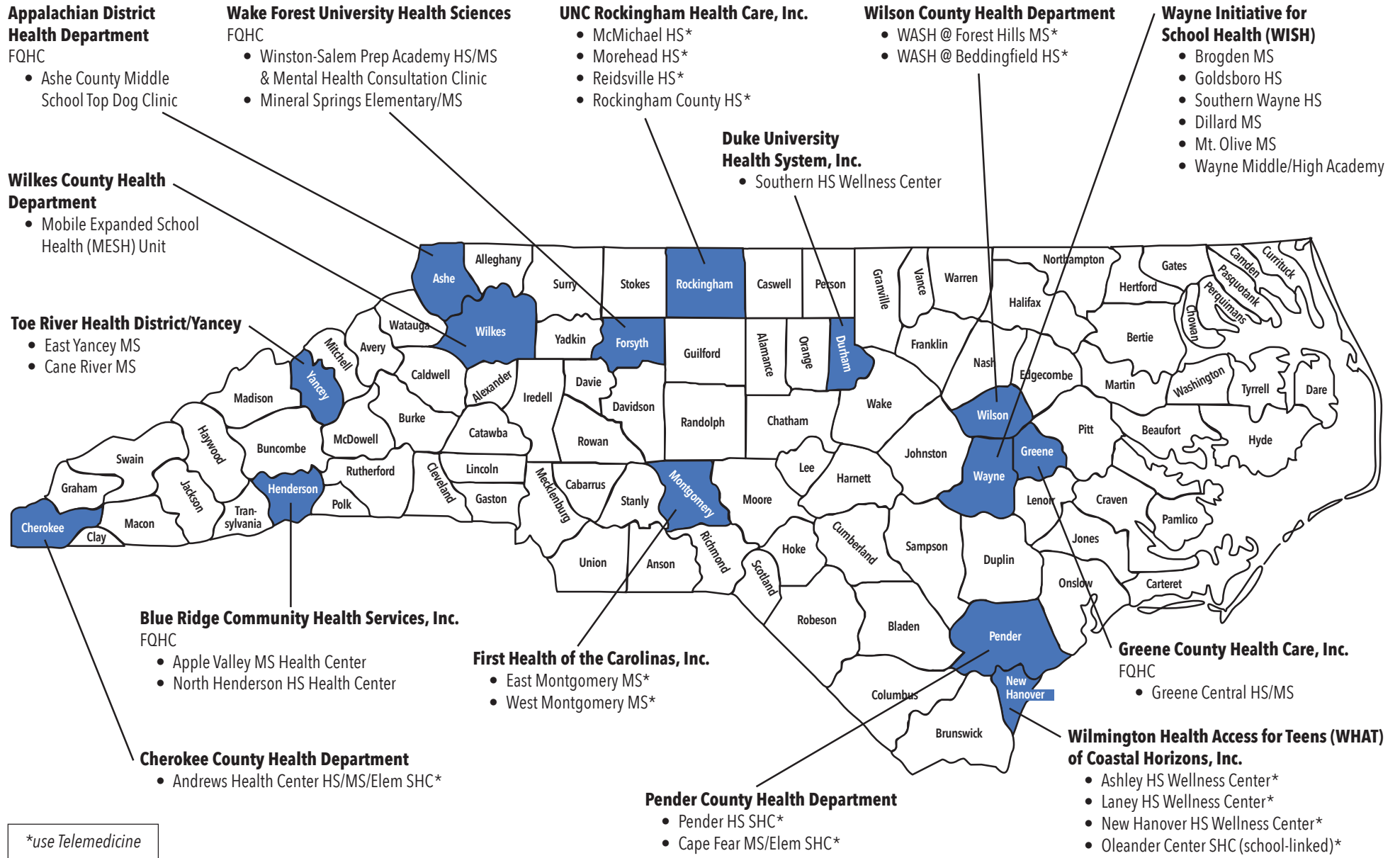
Carol Tyson • NCDHHS, Division of Public Health, Children & Youth Branch, School Health Unit Manager, carol.tyson@dhhs.nc.gov

References:

1. [Health Affairs Journal, 2019](#)
2. [American Journal of Preventive Medicine, 2016](#)
3. [Pediatrics Journal, 2009](#)
4. www.sbh4all.org/school-health-care/aboutsbhcs/
5. [Global Pediatric Health Journal, 2019](#)
6. www.childrenshealthfund.org, 2016
7. [Rosenberg, 2019](#)
8. [NC Child, 2019](#)
9. [Pew Research Center, 2019](#)
10. [Mental Health America, 2019](#)
11. [World Health Organization, 2019](#)
12. [Bisko et al., 2016](#)
13. [NC School Mental Health Initiative Report, 2016](#)



North Carolina State-Funded School Health Centers (FY 2018-19)



*use Telemedicine

