

ALLIANCE & ELMHURST
MIDDLE SCHOOLS
**SCHOOL HEALTH
NEEDS ASSESSMENT**

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Needs Assessment Team



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Executive Summary

The provision of health and wellness services at schools is rooted in the recognition that education and health are inextricably linked and unmet medical, emotional, and social needs impede learning. Alliance Academy (Alliance) and Elmhurst Community Prep (Elmhurst) middle schools will share one of four new sites within OUSD that have received Kaiser Universal Health Access funding to develop a School Health Center (SHC) on the Elmhurst campus. This assessment aims to inform the development process by identifying unmet needs, gaps, and priorities to support improved student health and well-being at both campuses. It reflects input from a broad variety of stakeholders, including parents, students, school staff, and SHC providers and administrators. The following is a summary of recommendations, along with highlights of assessment findings, to support the development of a needs-appropriate, well-utilized SHC on the Elmhurst campus.

Recommendation 1: Tailor school health services and programs to the cultural, linguistic, and socioeconomic needs of students and their families.

- The majority of students at Alliance and Elmhurst are Hispanic/Latino (74% Alliance, 71% Elmhurst) or African American (20% Alliance, 25% Elmhurst).
- Forty percent of Alliance and Elmhurst students are English Learners, and over 95% of these students speak Spanish.
- Over 90% of students at Alliance and Elmhurst are enrolled in the Free and Reduced Price Meal Program – an indication of the relative poverty of many of the schools' families.

Recommendation 2: Provide support services, including academic enrichment and school health services, to bolster academic performance among African American and Hispanic students, as well as English Learners.

- African American students at Alliance and Hispanic students at Elmhurst had lower API growth scores than their school as a whole.
- English Learners reported lower academic performance compared to the overall student population.

Recommendation 3: Offer comprehensive services at the SHC, such as violence prevention, health education, and physical, mental health and dental services, to meet a broad array of health concerns, foster student well-being, and achieve academic success.

- Dental services: Dental was the top rated service that parents at Alliance (50%) and Elmhurst (54%) wanted to see at the SHC.
 - About half the students at Alliance (46%) and Elmhurst (50%) reported needing dental services in the past year but not always getting them.
 - About one-third of students at Alliance and 40% at Elmhurst reported missing one or more days of school in the past year due to dental problems.
- Violence, bullying, and school safety: Students at Alliance and Elmhurst reported higher than OUSD average rates of the following:

- Physical violence (pushed, hit, or kicked by someone; 36% Alliance, 48% Elmhurst).
 - In a physical fight (31% Alliance, 42% Elmhurst).
 - Bullying (afraid of being beaten up in past year; 31% both schools).
- More school staff at Alliance (87%) than at Elmhurst (47%) felt that violence prevention and intervention services would greatly increase students' ability to learn.
- Health education and information: Health education/information was the second most common service that parents at Alliance (47%) and third most common service that parents at Elmhurst (46%) wanted to see offered at the SHC.
 - Staff specified the following areas of health education were priority areas:
 - Presentations to students about behavioral health topics (e.g., on bullying, social skills; combined 81%).
 - Presentations to students about health topics (e.g., nutrition, sexual health; Alliance 76%, Elmhurst 79%).
 - Presentations about behavioral health topics (Alliance 65%, Elmhurst 95%).
 - Distribution of health information to students and parents (Alliance 53%, Elmhurst 58%).
- Medical services: While most students (89% Alliance, 92% Elmhurst) receive somewhat regular medical checkups (at least every two years, many (38% Alliance, 47% Elmhurst) reported they did not always get medical care when needed in the past year.
 - Many parents at both schools wanted to see routine physical exams and sports physicals offered at the SHC (44% Alliance, 44% Elmhurst).
- Physical activity and nutrition: Higher percentages of students compared to OUSD overall reported getting less three days of moderate physical activity (63% Alliance, 53% Elmhurst).
 - Many students reported that they did not eat breakfast (52% Alliance, 41% Elmhurst).
 - At each school, nearly 50% of students had a body composition that was not in a healthy weight zone.
- Mental health services: At Elmhurst, 45% of students reported needing mental health counseling in the past year and not always being able to get it, compared with 28% of Alliance students.
 - Many parents at both schools wanted to see student counseling offered at the SHC (42% Alliance, 50% Elmhurst).
- Reproductive health care: Thirty percent of Alliance students and 39% of Elmhurst students reported needing help with reproductive health issues in the past year but not always getting it.
 - A small proportion of Alliance students (4%) and a larger proportion of Elmhurst students (23%) reported that they have been, or are, sexually active.
- Substance use: Reported substance use was substantially higher at Alliance and Elmhurst than in the school district overall.
 - About one out of every five students have ever used marijuana (17% Alliance, 19% Elmhurst)

- 12% of Alliance and 14% of Elmhurst students have consumed at least one alcoholic drink in the past month.
- 12% of Elmhurst students reported drinking five or more drinks at one time while no Alliance students reported this behavior.

Recommendation 4: Design and implement the SHC to alleviate major barriers to health care currently faced by students and families.

- The most common barriers to care identified by parents, staff, and students were parent work schedule, cost of care, transportation, lack of health insurance, language barriers, stigma, and required documentation.
- To address other identified barriers (including not wanting parents to know, feeling scared, and language barriers), service confidentiality must be ensured; the SHC must feel like a safe place for students; staff must be compassionate and trustworthy; and services and information should be available in multiple languages.

Recommendation 5: Encourage student connection and involvement in the SHC and the rest of the school.

- The SHC can build upon relatively high rates of student connectedness to the school, as measured by the extent to which students feel like part of the school; happy, safe, and close to people at school; and treated fairly by teachers.
- Parents supported a role for the SHC in encouraging student engagement. About half of parents surveyed said that they wanted the SHC to offer: 1) opportunities for students to be leaders at school or in the community; 2) after-school activities for students; and 3) opportunities for students to build relationships with caring adults and positive role models.

Recommendation 6: Offer support for parents, as well as students, and encourage parent involvement in the SHC.

- Parents at Alliance and Elmhurst would like the SHC to offer support services for their families, particularly help in getting financial assistance or jobs, clothing, food and shelter, and family counseling.
- Compared to other OUSD middle schools, parents at Alliance and Elmhurst reported higher levels of engagement, as measured by indicators such as “I feel that the school has an open and welcoming environment.”
- To ensure parent engagement, the SHC should create an explicit policy of parent involvement and formally invite parents to participate.

Recommendation 7: Provide more outreach to staff, parents, and students to publicize the SHC and its services.

- While staff awareness that an SHC was being implemented was high at Alliance (88%), it was much lower at Elmhurst (21%).
- Few parents in each school were aware of the planned SHC (26% Alliance, 0% Elmhurst).
- Staff suggested multiple modalities for getting word out about the SHC, including a media blitz, information sent out to parents, school assemblies, classroom presentations, and SHC orientation and tours.

Recommendation 8: Explore financing options to ensure ongoing operation and success.

- In California, SHCs are funded in a variety of ways, including Medi-Cal reimbursement for services. A sustainability plan that includes long-term strategies to bill potential revenue sources should be developed as early as possible.
- The majority of students at Alliance (60%) and Elmhurst (67%) rely on government-run health coverage, including Medi-Cal and Healthy Families, which could provide a funding stream for the SHC.

Recommendation 9: Leverage existing school and community assets in development and implementation of the SHC.

- Existing assets on which the SHC can build include a range of partnerships at each school to support health and wellness, a strong school health services infrastructure based on a Coordination of Services Team (COST), supportive school leadership, and parent coordinators to engage and advocate for parents.

School Health Needs Assessment for Alliance Academy and Elmhurst Community Prep

Background

The provision of health and wellness services at schools is rooted in the recognition that education and health are inextricably linked and unmet medical, emotional, and social needs impede learning. Students who receive age-appropriate, culturally relevant health care are healthier and more prepared to learn, setting them on paths of lifelong health, emotional well-being, and socioeconomic attainment.

Within Alameda County and nationwide, low-income children and children of color experience disproportionately high rates of poor physical and mental health outcomes and face barriers to obtaining needed health services. These realities contribute to significant educational gaps along race and class lines, as well as to long-term disparities in health outcomes.

In 2009, Kaiser Permanente Northern California Community Benefits granted \$3,000,000 to the City of Oakland, Alameda County Health Care Services Agency (HCSA), and Oakland Unified School District (OUSD) to improve health and academic outcomes for all youth in Oakland through the “Oakland Universal Access in Schools” initiative. The Elmhurst middle school campus is one of four new sites within OUSD that received Kaiser Universal Health Access grant funding to develop a School Health Center (SHC). The SHC will serve two small schools located on the Elmhurst campus: Elmhurst Community Prep and Alliance Academy.

Successful SHCs are designed by and tailored for each school community to best meet its needs. HCSA’s School Health Services (SHS) Coalition and OUSD will work with school staff, families, and community partners to develop an integrated system of health, behavioral health, and youth development services at the SHC. The Elmhurst School Health Center will grow out of various partners coming together to plan and develop SHC services which will do the following:

- Help to improve students’ academic achievement by taking care of health needs that can make learning difficult.
- Enable students to stay in school when they would otherwise have to leave to receive needed care.
- Serve students who otherwise might not receive care for reasons like no transportation or insurance.
- Bring in more service providers to deliver services to students and their families.
- Support school staff in meeting students’ health and educational needs.

Assessment Purpose and Design

The purpose of this assessment is to provide up-to-date, comprehensive information on needs, gaps, and priorities to support improved student health and well-being at Alliance Academy and Elmhurst Community Prep schools. While both schools possess many different assets and resources, the focus of this assessment is to uncover and prioritize unmet areas of need that could be supported by the SHC. Findings will help guide the design and implementation of a needs-appropriate, well-utilized SHC that the schools will share, as well as provide baseline data to evaluate SHC outcomes.

The assessment was designed to ensure participation and input from a broad variety of stakeholders (parents, school staff, students, and SHC providers and administrators). Both quantitative and qualitative data were collected using multiple methods (Table 1).

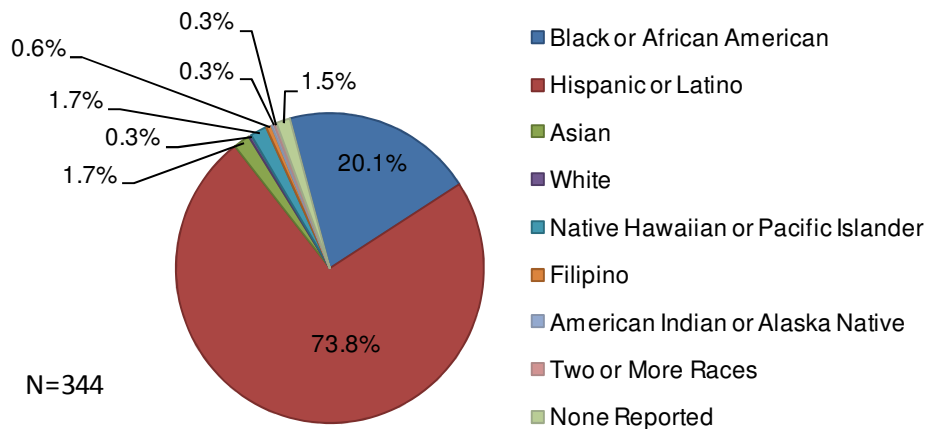
Method	Details	Type of Data
Secondary data	Review of existing data sources on school and community health including: CA Dept of Education (CDE), CA Healthy Kids Survey (CHKS), CA Office of Statewide Health Planning and Development (OSHPD), and OUSD Use Your Voice Survey	Quantitative
Parent survey	Semi-structured survey assessing student health needs, healthcare utilization and barriers, desired services for students and families, and perceptions about SHCs (N=37 Alliance parents/guardians and N=53 Elmhurst parents/guardians)	Quantitative and qualitative
School staff survey	Semi-structured survey assessing student health needs, healthcare barriers for students, desired health and wellness supports, and perceptions about SHCs (N=17 Alliance, N=19 Elmhurst teachers and other staff members)	Quantitative and qualitative
Student research team (SRT)	Team of seven students conducted a youth-led research project on issues of mental and physical health and perceived safety, surveying 109 students. Students summarized their research findings and made presentations to key stakeholders (findings not included in this report; please refer to the SRT's report for a description of the findings and recommendations).	Quantitative and qualitative
Literature review and key informant interviews	Review of secondary literature on parental involvement in schools and five interviews with SHC directors and providers to explore the value of parent involvement in SHCs, barriers to involvement, and strategies to overcome barriers	Qualitative

Major Findings and Conclusions

Student Population To Be Served

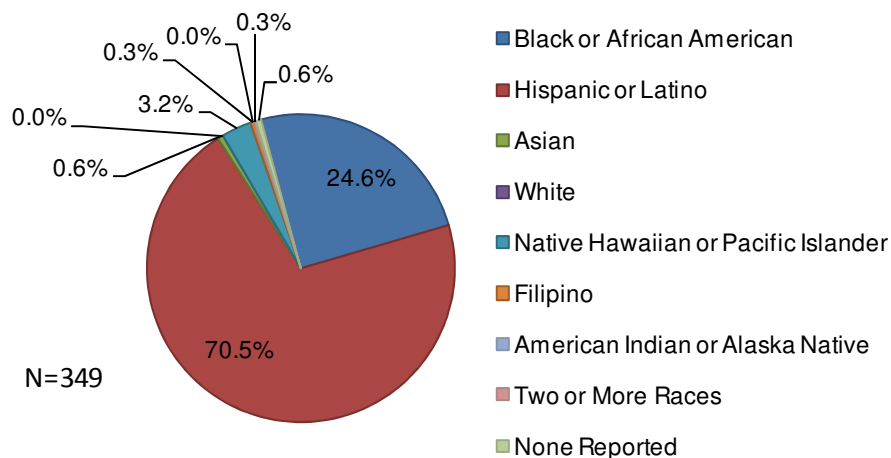
In 2009-2010, a total of 344 students (in grades 6 to 8) were enrolled at Alliance Academy (Alliance) and 349 students at Elmhurst Community Prep (Elmhurst). The student populations are very diverse, with 98% being students of color at Alliance and 99% being students of color at Elmhurst – higher proportions than in both the Oakland Unified School District (OUSD) and Alameda County schools overall (Figure 1a and 1b). The largest racial/ethnic groups are Hispanics (73.8% and 70.5%, respectively) and African Americans (20.1% and 24.6%, respectively).

Figure 1a: Racial/Ethnic Demographics of Students at Alliance



Source: CDE 2009-2010

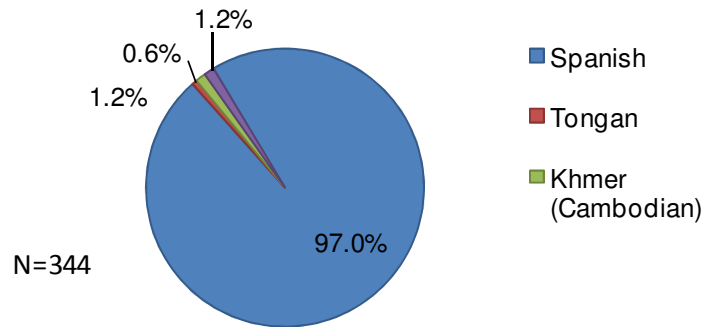
Figure 1b: Racial/Ethnic Demographics of Students at Elmhurst



Source: CDE 2009-2010

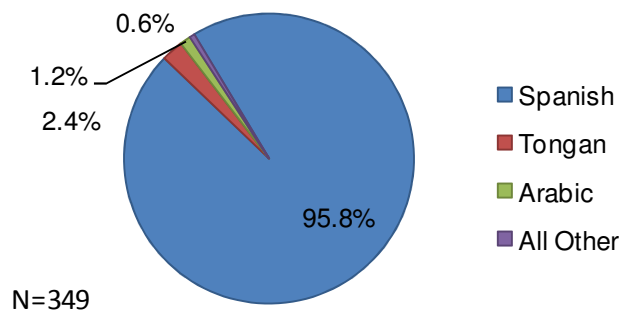
- **Linguistic needs** – About 40% of students at Alliance and Elmhurst are classified as English Learners (ELs) – a higher percentage compared to OUSD and Alameda County schools overall. At Alliance and Elmhurst, EL students primarily speak Spanish (Figures 2a and 2b).

Figure 2a: Languages of EL Students at Alliance



Source: CDE 2009-2010

Figure 2b: Languages of EL Students at Elmhurst



Source: CDE 2009-2010

- **Socioeconomic needs** – The vast majority of students (92% Alliance, 90% Elmhurst) are low-income, as indicated by their enrollment in the Free and Reduced Price Meal Program (FRPM). School-based health services need to be tailored to the cultural, language, and socioeconomic needs of these students and their families.

Academic Performance and Disparities

- **Academic performance indicators** – Academic performance is a measure of student well-being that both affects and is impacted by students' health. At both Alliance and Elmhurst, the Academic Performance Indicator (API) growth score, the English Language Arts proficiency level, and Mathematics proficiency level are markedly lower than in OUSD overall (Table 2).

Table 2: Academic Performance		
Academic Performance Indicator	% of Students or Score	
	Alliance	Elmhurst
API growth score (2009)	704	685 ↓
English-Language Arts: % at or above proficient (2010)	30% ↓	27% ↓
Mathematics: % at or above proficient (2010)	33% ↓	34% ↓

Key: ↓ Lower than OUSD overall

Source: CDE, 2009 Growth API report; CDE, 2010 AYP report

- **Subgroup disparities** – Not all racial/ethnic subgroups at Alliance and Elmhurst are performing equally well, as exemplified by API growth scores. African American students at Alliance and Hispanic students at Elmhurst had lower API growth scores than their school as a whole (Table 3). African American and Hispanic students comprise 95% of the student population at each school, thus numbers of Asian and White students were too small for comparison.

Table 3: Academic Performance by Race/Ethnicity		
API Growth Score by Racial/Ethnic Subgroup (2009)	Score	
	Alliance	Elmhurst
White (non-Hispanic)	NA	NA
Asian	NA	NA
Hispanic/Latino	718	679 ↓
Black/African American (non-Hispanic)	663 ↓	705

Key: ↓ Lower than schoolwide API growth score (Alliance=704, Elmhurst=685)

Source: CDE, 2009 Growth API report

In addition, compared to school-wide performance, lower API growth scores are reported for English Learners at both Alliance and Elmhurst (Table 4). Since nearly all students at the two schools are Socioeconomically Disadvantaged (based on >90% FRPM participation), the API scores for Socioeconomically Disadvantaged students at the two schools are essentially the same as those for the schools overall.

Table 4: Academic Performance by Other Subgroups		
API Growth Score by Other Special Subgroup (2009)	Score	
	Alliance	Elmhurst
Socioeconomically Disadvantaged	703	685
English Learners	695 ↓	671 ↓
Students with Disabilities	NA	NA

Key: ↓ Lower than schoolwide API growth score (Alliance=704, Elmhurst=685)

Source: CDE, 2009 Growth API report

Based on this academic performance indicator, there may be particular need for more academic support and supportive services (including social and health services for students and families) to bolster academic performance at these schools.

Need for School Health Center and Services

The data indicates a strong need for a broad array of health services for both Alliance and Elmhurst students.

- Mental health services** – There is evidence of high need for mental health services and support at both schools, particularly Elmhurst (Table 5). More than one-quarter (28%) of Alliance students and nearly half (45%) of Elmhurst students reported that they needed counseling to help deal with issues like stress, depression, family problems, or alcohol or drug use in the past year – but they were not always able to get it. In fact, about a quarter of students at both schools were rarely or never able to get counseling when they needed it. Mental health issues are impacting school attendance for a large fraction of students at each school, with about one-quarter (21% Alliance, 27% Elmhurst) of students reporting that they missed one or more days in the past year due to feeling sad, depressed, stressed, or angry, and a smaller proportion of students missing four or more days of school.

Mental Health Need Indicator	% of Students	
	Alliance	Elmhurst
% needed counseling, but did not always get it in past year	28%	45%
% missed school 1+ days during past year due to emotional problems	21%	27%
% missed school 4+ days during past year due to emotional problems	7%	8%

Source: CHKS, Module G, 2009-2010

When parents were asked which health services that they would most like to see at their children’s school, student counseling was the most common answer given by Elmhurst parents (50%), and the second most common answer given by Alliance parents (42%).¹

Staff also underscored the need for mental health counseling.² The vast majority of Alliance school staff (93%) felt that parent and family counseling would greatly increase their students’ ability to learn. Over three-fourths (79%) of Elmhurst’s staff felt that student counseling (for dealing with peers, depression, family issues, anxiety, and aggression) would greatly increase students’ ability to learn.

Emergency room (ER) and hospital data from the zip code that covers the Elmhurst catchment area (94603) also suggest that students in both schools may need mental health services. The rate of hospital and ER visits for mental disorders among youth in zip code 94603 is 651.5 per 100,000 youth between five to 14 years of age, well above the 567.7 rate seen countywide. Both rates, however, are below the citywide Oakland rate of 711.7 per 100,000 youth five to 14 years.³

¹ Alliance and Elmhurst Parent Survey, 2010

² Alliance and Elmhurst Staff Survey, 2010

³ CA OSHPHD, 2007-2009

- **Medical services** – Medical services (such as checkups, acute care for illnesses and injuries, or treatment of chronic diseases) are another area of need. While most parents identified a place where they usually take their children for treatment, more than half cited barriers to obtaining those medical services.

When asked where they usually take their children for health services, community clinic was the most common place cited by Elmhurst parents (23%), followed by Kaiser (19%), hospital or ER (19%), and private doctor (15%). The remainder said ‘other’ or ‘nowhere at all’ (23%).

The most common places cited by Alliance parents were community clinic (27%) and Kaiser (27%), followed by hospital or ER (16%), and private doctor (14%), with the remainder citing ‘other’ or ‘none at all’ (16%).

Parents at both Alliance and Elmhurst checked off several factors that make it more difficult to get health services. For Alliance, the most common answer was “parent work schedule,” while for Elmhurst, the most common answer was “cost of care” (Table 6). For both Alliance and Elmhurst parents, the next most common answers were “transportation” and “lack of health insurance.” Additional factors included “language barriers,” “stigma for using some services” and “required documentation.”

Providing free or low-cost medical services on the school campus is likely to help address these top barriers. Ensuring confidentiality of services at the SHC; hiring compassionate and trustworthy staff; creating a safe space for students; and offering services and information in multiple languages could help to address additional identified barriers.

Table 6: Barriers to Medical Care	
Greatest Barriers to Care	
Alliance	Elmhurst
Parent work schedule	Cost of Care
Transportation	Transportation
Lack of health insurance	Lack of health insurance
Other Barriers to Care	
Alliance	Elmhurst
Cost of care	Language barriers
Language barriers	Stigma using certain services
Stigma using certain services	Required documentation
Required documentation	

Source: CHKS, Module G, 2009-2010; Alliance/Elmhurst Parent and Staff Surveys, 2010

While most students (89% Alliance, 92% Elmhurst) seem to receive somewhat regular medical checkups (at least every two years), 38% of Alliance students, and 47% of Elmhurst students reported they did not always get medical care when needed in the past year. The impact of medical illnesses on school attendance is also evident, with 7% of Alliance

students, and 15% of Elmhurst students missing 4+ days in the past year due to illness (Table 7).

Table 7: Need for Medical Services		
Medical Care Need Indicator	% of Students	
	Alliance	Elmhurst
% reporting no physical exam (check-up) in last 2 years	11%	8%
% needed medical care, but did not always get it in past year	38%	47%
% missed school 4+ days during past year due to illness	7%	15%

Source: CHKS, Module G, 2009-2010

- Reproductive health services** – Reproductive health care is another area of high need, with about one-third of students (30% Alliance, 39% Elmhurst) reporting they needed help with reproductive health issues like birth control and condoms or testing for pregnancy or STDs in the past year – but did not always get it (Table 8). Between one-quarter and one-third (25% Alliance, 32% Elmhurst) said they rarely or never got reproductive care when it was needed. At Alliance only a small proportion of students (4%) report being sexually active. However at Elmhurst nearly one-fourth (23%) of students report being sexually active, and 41% of these students report engaging in unprotected sex (Table 8).

Table 8: Need for Reproductive Health Services		
Reproductive Health Care Need Indicator	% of Students	
	Alliance	Elmhurst
% needed reproductive care, but did not always get it in past year	30%	39%
% ever had sex	4%	23%
% reporting they do not always use a condom (among sexually active students)	N/A	41%

Source: CHKS, Module G, 2009-2010

- Dental services** – While most students have had at least some access to dental care within the past two years, about half (46% Alliance, 50% Elmhurst) reported that they needed dental services in the past year, but did not always get them (Table 9). Dental problems are affecting school attendance – with 30% of Alliance students and 41% of Elmhurst students missing school due to dental issues, and a small percentage missing school for four or more days. Thus, there is a need for greater access to dental care at Alliance and Elmhurst.

Table 9: Need for Dental Services		
Dental Care Need Indicator	% of Students	
	Alliance	Elmhurst
% reporting no dental care in last 2 years	11%	18%
% needed dental care, but did not always get it in past year	46%	50%
% missed school 1+ days during past year due to dental problem	30%	41%
% missed school 4+ days during past year due to dental problem	5%	7%

Source: CHKS, Module G, 2009-2010

- **Health education and information resources** – Besides direct health services, parents and staff emphasized high need for health education and information resources for students and parents, as well as staff.

Nearly half of parents from both Alliance (47%) and Elmhurst (46%) would like increased access to health education at their schools.

A majority of staff at the two schools felt the following student health and wellness supports would be helpful (listed in order of priority most frequent mention):⁴

- 1) Presentations to students about behavioral health topics (e.g., bullying, social skills).
- 2) Presentations to students about health topics (e.g., nutrition, substance abuse).
- 3) One-on-one consultation for staff on how to identify and address student health and behavioral concerns in school.
- 4) Health information to distribute to students and parents.
- 5) Informational materials for teachers on health issues that affect students.

Specific Health Concerns and Needs

Parents and school staff provided input on the top health concerns among their children/students, and staff shared additional perspectives on the extent to which particular health issues interfere with students' learning (Tables 10a and 10b). This information can give some indication of what specific types of school health services and health education and information need to be provided most immediately or more intensively at the two schools.

The surveys found differences in top health concerns for students between parents and staff. As shown in Table 10a, the most frequent health concerns for both Alliance and Elmhurst parents were physical, including: cold, fever, flu; headaches and stomachaches; dental problems; vision problems; lack of exercise; and access to immunizations. Among staff at Alliance and Elmhurst, behavior problems and other mental health issues, such as stress and teasing, were top concerns.

Parent concerns may reflect difficulty in obtaining primary care services for their children. It is interesting to note that physical problems are most likely to keep children home from school, whereas behavioral health issues are more likely to interfere with learning once the children are in school, which would be of particular concern for staff.

⁴ Alliance and Elmhurst Parent Survey, 2010

Table 10a: Top Health Concerns for Students, Ranked by Frequency of Parent Response*		
Rank	Alliance Parents	Elmhurst Parents
1	colds, fever, flu	Headaches, stomachaches
2	Dental problems	colds, fever, flu
3	Body changes, puberty Vision problems (tied) Lack of exercise (tied)	Dental problems
4	Access to immunizations, shots	Vision problems
5	Headaches, stomachaches (tied) Behavior problems (tied)	Lack of exercise
6	Ear aches, infections	Obesity, overweight
7	Stress, depression, mental health Family stressors (tied) Skin problems (tied)	Family stressors
8	Teasing, bullying Tiredness (tied)	Teasing, bullying Body changes, puberty (tied) Asthma (tied)
9	Drug or alcohol abuse Injuries, accidents (tied)	Tiredness
10	Violence	Stress, depression, mental health Skin problems (tied) Behavior problems (tied)

* NOTE: 1 = the greatest number of parents said this; 10 = the fewest number

Source: Alliance and Elmhurst Parent Surveys, 2010

Table 10b: Top Health Concerns for Students, Ranked by Frequency of Staff Response*		
Rank	Alliance Staff	Elmhurst Staff
1	Behavior problems	Family stressors Hunger, poor nutrition
2	Stress, depression, mental health	Stress, depression, mental health Behavior problems Headaches, stomachaches
3	Family stressors	Teasing, bullying
4	Teasing, bullying	colds, fever, flu
5	Hunger, poor nutrition	Tiredness
6	Headaches, stomachaches Vision Problems Violence	Vision Problems Asthma Lack of exercise
7	Asthma	Family stressors
8	Tiredness Trauma, grief	Violence Sexual, reproductive health Dental problems Injuries, accidents
9	colds, fever, flu Lack of exercise Family violence, abuse Dental problems	

* NOTE: 1 = the greatest number of parents said this; 10 = the fewest number

Source: Alliance and Elmhurst Staff Surveys, 2010

- Physical activity and nutrition** – Alliance and Elmhurst students do not fare as well as their OUSD peers on measures of weight, nutrition, and physical activity (Table 11). Based on California Physical Fitness Testing, about four in ten students (44%, both schools) have a body composition that is outside the healthy fitness zone – much higher than the countywide and district-wide rates. High percentages of students do not get even three days per week of moderate physical activity (63% Alliance, 53% Elmhurst) or vigorous activity (33% Alliance, 36% Elmhurst). In addition to weight monitoring and management and diagnosis and treatment of weight-related conditions (e.g., diabetes), school-based health efforts can help prevent the full range of weight-related problems (e.g., anorexia, bulimia, unhealthy dieting, binge eating, obesity) and can improve general health and academic performance of students by educating and counseling students, as well as improving the food and fitness environment at school. Most students at Alliance and Elmhurst are eating fruits and vegetables at least once per day. But a high proportion (52% Alliance, 41% Elmhurst) does not have breakfast. There is a need to increase access to healthy foods and opportunities for physical activity at school (as well as in communities where students live).

Table 11: Needs Related to Physical Activity and Nutrition		
Physical Activity Indicator ¹	% of Students	
	Alliance	Elmhurst
% engaging in <3 days of moderate activity weekly	63% ↑	53% ↑
Nutrition Indicator ¹	% of Students	
	Alliance	Elmhurst
% that did not have breakfast	52% ↑	41% ↑
% not eating vegetables at least once per day	14%	24%
% not eating fruits at least once per day	11%	16%
Body Composition Indicator ²	% of Students	
	Alliance	Elmhurst
% not in healthy fitness zone	46% ↑	47% ↑

Key: ↑ Higher than OUSD and AC overall

Source: ¹ CHKS, 2009-2010, 7th grade; ² CDE, CA Physical Fitness Test, 2008-2009

- Substance use** – At Elmhurst the proportion of smokers (16%) is higher than in the school district and county (9% and 7%, respectively). At Alliance 8% of students report smoking cigarettes, about the same as in the school district and county overall (Table 12). Alcohol consumption in the past month is similar at the two schools (14% and 12%, respectively); however, 12% of Elmhurst students report binge drinking in the last month. Reported lifetime use of marijuana is higher at Alliance (17%) and Elmhurst (19%) than the school district and county overall. This suggests that increased access to substance use screening, education, and treatment may be needed and beneficial at Alliance and Elmhurst.

Table 12: Substance Use		
Substance Use Indicator	% of Students	
	Alliance	Elmhurst
% ever used marijuana	17% ↑	19% ↑
% having 1+ drink of alcohol in past month	12%	14%
% having 5+ drinks of alcohol in a row in past month	0%	12% ↑
% smoking cigarettes	8%	16% ↑

Key: ↑ Higher than OUSD and AC overall

Source: CHKS, 2009-2010

- Violence, bullying, gangs, and school safety** – Students need to feel safe and secure at school in order to learn. Compared to district- and countywide, Alliance and Elmhurst have higher levels of perceived non-safety, physical violence, and bullying (Table 13). A large proportion (25% Alliance, 12% Elmhurst) of students does not feel safe at school. Even higher proportions of students report having been pushed, hit, or kicked by someone at school in the past year (36% Alliance, 48% Elmhurst); afraid of being beaten up (31% Alliance, 31% Elmhurst), or in a physical fight (31% Alliance, 42% Elmhurst). About 8% of students at Alliance and 16% of students at Elmhurst consider themselves to be part of a gang (Table 13).

Table 13: Violence, Bullying, Gangs, and School Safety		
Violence and School Safety Indicator	% of Students	
	Alliance	Elmhurst
% been pushed, hit, or kicked by someone in past year	36%	48% ↑
% been in physical fight in past year	31%	42% ↑
% been afraid of being beaten up in past year	31% ↑	31% ↑
% feeling unsafe or very unsafe at school	25% ↑	12%
% threatened or injured with weapon	10%	20% ↑
% member of gang	8%	16% ↑

Key: ↑ Higher than OUSD and AC overall

Source: CHKS, 2009-2010

In terms of neighborhood health in Alliance and Elmhurst school catchment areas, the rate of ER visits for assault among youth (1,170 per 100,000 persons 15 to 24 years) is lower than that observed citywide (1,457), but higher than that seen countywide (865).⁵

The Alliance/Elmhurst SHC could help improve school safety and violence in several possible ways, including better assessing problems of violence at school, expanding access to mental health counseling and supports, linking students and families with needed social and support services, offering anti-violence programming for students and training for teachers, and advocating for a more protective school climate.

⁵ OSHPD, 2007-2009

Student Engagement and Connectedness and Support

Students can reach their full educational potential when they are happy, healthy, and safe, and when there is a positive school culture to engage and support them in their learning. Student engagement and connectedness help create positive conditions for students to learn and thrive.

- **Student engagement** – Truancy (being absent or tardy for three or more days of school without an excuse), suspension (being required to be absent from class or school for disciplinary reasons), and chronic absenteeism (being absent for 10% or more days of the school year) are select measures of student engagement. A high level of absences signals disengagement from school and distances students from learning. At Alliance and Elmhurst, high rates of truancy (82% Alliance, 79% Elmhurst) were reported in 2009-2010 – much higher than the rates reported district-wide (Table 14). In fact, one in ten students at Alliance and one in 20 students at Elmhurst missed 10% or more days of the school year. Rates of suspension (3% Alliance, 7% Elmhurst) were lower than seen in overall OUSD and Alameda County (Table 14).

Student Engagement Indicator	Rate	
	Alliance	Elmhurst
Truancy rate* (2009-2010)	82% ↑	79%
Chronic absenteeism rate (2008-2009)	10% ↑	5%
Suspension rate* (2009-2010)	3%	7%

Key: ↑ Higher than OUSD and AC overall

*Numerator counts for truancy/suspension rates may not be unduplicated

Source: CDE, 2009-2010; OUSD, 2008-2009

- **Student connectedness** – Students who feel connected to their school tend to attend it more regularly, do better academically, and engage less in risky health behaviors. At Alliance and Elmhurst, the majority of students reported feeling like they are part of the school (72% Alliance, 61% Elmhurst), close to people at school (80% Alliance, 59% Elmhurst), happy at school (73% Alliance, 70% Elmhurst), safe at school (59% Alliance, 59% Elmhurst), and treated fairly by teachers (86% Alliance, 76% Elmhurst) (Table 15). However, a substantial fraction of students reported not feeling connected to their school in each of these ways.

Student Connectedness Indicator	% of Students	
	Alliance	Elmhurst
% happy to be at school	73%	70%
% feeling close to people at school	80%	59%
% feeling like part of school	72%	61%
% feeling that teachers treat students fairly	86%	76%
% feeling safe at school	59%	59%

Source: CHKS, 2009-2010

Beyond provision of health services, the Alliance/Elmhurst SHC can aim to engage students (and parents) in meaningful ways, strengthen student–student and student–teacher/adult relationships (e.g., peer mediation and mentoring programs), and enhance sense of safety, belonging, and community at school. Over half (62%-88%) of surveyed parents would like to see the following additional services and opportunities available at Alliance and Elmhurst (listed in order of priority based on response frequency):⁶

- 1) Opportunities for students to be leaders at school or in the community.
- 2) After-school activities for students (like sports, arts, dance, or drama).

Just under half of parents also suggested providing opportunities for students to build relationships with caring adults and positive role models.

Parent Engagement and Support

Parent engagement and support have been shown to improve academic, social, emotional, and health outcomes of students. By actively seeking the involvement of parents and providing needed supports, SHCs can make a greater impact on the populations they serve.

- **Parent engagement** – Parents can be engaged by SHCs in a variety of ways, including the following:⁷
 - 1) Informing parents about programs and services, and obtaining their consent for students to participate.
 - 2) Discussing students’ health issues with parents, and helping connect them to resources (with student’s consent).
 - 3) Providing workshops on student health issues to parents.
 - 4) Involving parents in decision-making about the SHC through an advisory board.

As compared with other OUSD middle schools, Elmhurst Community Prep had substantially higher levels of parent engagement on all four measures (Table 16). This difference is particularly striking for the number of parents who felt that the school provides accommodations to participate, which was 60% for Elmhurst Community Prep, and only 32% for other OUSD middle schools.

Table 16: Measures of Parent Engagement		
Parent Engagement Indicator	% of Parents	
	Alliance	Elmhurst
% agree that school has open and welcoming environment	N/A	93%
% feel encouraged by teacher/principal to participate in school activities	N/A	82%
% feel that child's teachers include them in decisions that affect him/her	N/A	91%
% feel that school provides accommodations to participate	N/A	60%

Source: OUSD Use Your voice Survey, 2010

⁶ Alliance and Elmhurst Parent Survey, 2010

⁷ Parent Engagement Lit Review and Key Informant Interviews, 2010

The following strategies are recommended to encourage parental involvement at the Elmhurst/Alliance SHC.⁸

- 1) *Define the role of parents in the SHC and create an explicit policy of parent involvement* – This is important since schools, staff, and parents often have different ideas of what constitutes parent involvement.
 - 2) *Formally invite parents to participate and be explicit about benefits of parent involvement* – Research suggests that formal invitations to participate by the school increase levels of parent involvement.
 - 3) *Use multiple, creative methods to reach parents* – This can include working with existing parent groups, integrating the SHC into school events, and communicating via multiple modalities (e.g., school mailings, email lists, phone calls) and in different languages.
 - 4) *Anticipate the needs of your parent population* – Competing work and family demands can be a major barrier to parental involvement. Efforts should be made to offer child care, meals, and a variety of activities at convenient times during the week and weekend.
 - 5) *Practice cultural and linguistic competence* – Respecting cultural differences, seeking out parent volunteers from different communities to do SHC outreach, and employing diverse staff with multilingual capabilities can help decrease cultural and language barriers of parents.
 - 6) *Include parents, while preserving a safe space for students* – The SHC can promote sense of safety among students by ensuring service confidentiality, forming a student advisory board, and meeting with parents outside clinic hours or in a separate location.
 - 7) *Conduct ongoing assessment with parents* – Consider conducting periodic interviews or focus groups with parents to support ongoing parental involvement in SHC planning, evaluation, and improvement.
- **Parent and family support** – In addition to desired services and supports for students, Alliance and Elmhurst parents gave insight into what kinds of supports they would most like to see offered to them and their families. Over 50% of parents requested the following (listed in order of priority based on response frequency):
 - 1) Family counseling (particularly to talk about life pressures and problems).
 - 2) Help for families in getting financial assistance or jobs.

Just under 50% of parents at Alliance and Elmhurst wanted to see case management (which could include help with insurance enrollment, connecting families to health or social services).

Some parents also requested opportunities to be involved at school and assistance in getting clothing, food, or shelter. The Alliance/Elmhurst SHC could aim to meet these various needs for parental and family support.

⁸ *Parent Engagement Lit Review and Key Informant Interviews, 2010*

Support for and Expected Utilization of SHC Services

Parents, teachers, and students are largely supportive of having school-based health services at Alliance/Elmhurst and expect the SHC to be highly utilized.

- **Support for SHC** – When asked how they feel about having an SHC, most parents gave positive remarks regarding SHC need and potential value at Alliance/Elmhurst. Below is a sample of parents’ comments.⁹
 - *“I think it’s great and every school should have one. This might help students and parents be able to make it to school, every day.”*
 - *“I feel that it’s a good thing for those parents who have trouble getting to appointments. Great for those who have financial issues.”*
 - *“A very good idea for the well-being of all the children.”*

When Alliance and Elmhurst staff were asked how they feel about having an SHC on their school campus, most of their responses were positive. Below is a sample of what staff said.¹⁰

- *“Terrific. It will be wonderful! It makes it more like a community center on the campus and that is what a school should be.”*
- *“I feel it is a great idea, and it will address some of the health issues facing urban youth, who will now have a place to go and discuss their issues.”*

Several staff were wary about having people they did not know on campus. As one staff member stated, *“I have mixed feelings. Positive – we help the community. Negative – having complete strangers on campus around or near our kids.”*

This comment speaks to the need for SHC staff to conduct significant outreach efforts to make themselves familiar to school staff and parents, and also for SHC staff, along with school partners, to work toward sustained integration of the SHC into the school community. If the SHC is going to serve parents and community members, then access to the clinic (both physical and temporal) will require additional planning and logistics.

- **SHC utilization** – Parents and students report high expected utilization of the SHC.
 - When parents were asked if they would want their children to use the SHC when it opens, over three-fourths (79% Alliance, 85% Elmhurst) said they definitely would.
 - About three-fourths (73%) of surveyed Alliance students and two-thirds (66%) of surveyed Elmhurst students indicated they are somewhat to very likely to use medical, dental, or counseling care if available at an SHC (Table 17).

⁹ Alliance and Elmhurst Parent Survey, 2010

¹⁰ Alliance and Elmhurst Staff Survey, 2010

Indicator of Likelihood of SHC Use	% of Parents/Students	
	Alliance	Elmhurst
% of parents that report they'll want their child to use the school health center when it opens	79%	85%
% of students that report they are somewhat to very likely to use medical, dental, and/or counseling care at a school health center, if their school had one	73%	66%

Source: CHKS, Module G, 2009-2010

When asked what they think would get students to use services offered at the SHC, Alliance and Elmhurst staff suggested the following:

- Getting the word out to parents and students about the SHC through an open house, speaking to students, teacher-led tours and printed materials.
- Training teachers and staff on how to refer students and help them to access services.
- Hiring students to work at the SHC.
- Encouraging students to use the services.
- Scheduling appointments for all students.
- Providing caring and confidential services.
- Having a positive and welcoming environment.
- Providing incentives, such as snacks, free materials, or prizes, for using the services.

Outreach about School Health Services

While the majority (88%) of Alliance staff was aware that an SHC was coming to the school, just one-fourth (26%) of parents reported being aware of the SHC (Table 18.)

Of the staff surveyed at Elmhurst Community Prep, only 21% had heard an SHC was coming to the school. None of the of parents surveyed reported awareness of the SHC coming to Elmhurst prior to completing the survey (Table 18.)

Indicator of Awareness about SBHC	% of Parents/Staff	
	Alliance	Elmhurst
% of school staff that had heard a school health center is coming to the school, prior to survey completion	88%	21%
% of parents that had heard a school health center is coming to the school, prior to survey completion	26%	0%

Source: Alliance/Elmhurst Staff and Parent Surveys, 2010

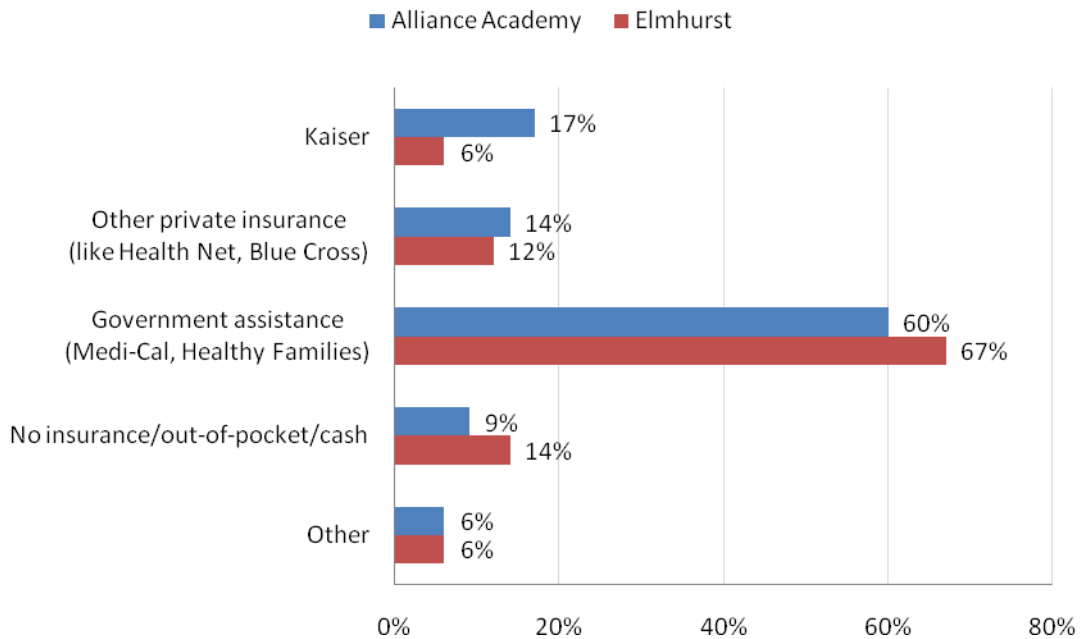
This lack of awareness underscores need for greater outreach regarding the SHC before (and after) it opens. School staff suggested multiple modalities for getting word out about the SHC (e.g., media blitz, information distribution to parents, school assemblies, classroom presentations, orientation and tours).

SHC Implementation: Concerns, Funding, and Existing School Assets

- **Implementation concerns** – While the vast majority of staff and parents were supportive of and eager for the SHC to come to Alliance/Elmhurst, a few staff had reservations about its implementation. These concerns included the following:¹¹
 - *“Wonderful – just a bit worried about strangers on our campus – I hope we have some control of come ins and outs.”*
 - *“I think that the outcome is good, but I’ll believe it when I see it. I’m glad that someone is giving away money to support it! It’s a major investment.”*

- **Funding** – Sufficient and sustainable funding of the SHC is necessary for its ongoing operation and success. Below is data on the health insurance profile of Alliance and Elmhurst students based on parent survey responses (Figure 3). While SHCs are funded in a variety of ways, Medi-Cal reimbursement is often a primary revenue stream. The high percentage of students whose families rely on government assistance (60% Alliance, 67% Elmhurst, based on surveyed parents) is an indicator that might be considered in the development of financing strategies and models for the Alliance/Elmhurst SHC.

Figure 3: Payment Type for Child’s Health Services



Key: *Multiple responses allowed

Source: Alliance and Elmhurst Parent Surveys, 2010

¹¹ Alliance and Elmhurst Parent Survey, 2010

- **Existing school assets** – Alliance and Elmhurst have a range of existing assets that can be leveraged in the development of its SHC, including: programs and partnerships that support student health and wellbeing, a strong school health infrastructure, supportive school leadership, and parent engagement.
 - **Programs and Partnerships** – Alliance and Elmhurst currently benefit from multiple programs and partnerships that support student health and wellness (Table 19).

Table 19: Current Partnerships that Support Health and Wellness at Alliance and Elmhurst	
Partner at Both Alliance and Elmhurst	Description of Partnership
Bay Area Community Resources	After-school programming.
Nurse, 0.6 FTE	Health services, 0.3 FTE at each school.
Seneca Center	Two full-time clinicians provide Mental Health Services to Medi-Cal eligible youth.
Our Kids	Clinical Case Manager provides mental health services to non-Medi-Cal eligible youth as well as some group and individual therapy to parents.
	At Alliance, also works with Probation staff and community based groups to ensure a smooth transition as a student reenters the school.
Safe Passages	Provides MH interns as well as some after academic support during the after school program including some homework support. Enrolled students have the opportunity to participate in visual and performing arts, sports and recreation, technology classes, and student leadership opportunities.
Summer Intervention	Summer learning program.
Partner at Alliance Only	Description of Partnership
Alliance Academy Afterschool Program	Places a strong emphasis on neighborhoods in Oakland. Our program includes academic, recreation, and enrichment components with a wide range and choice of activities in order to address essential components of afterschool programming. Our Afterschool program serves about 290 students.
Parent Coordinator	Engages parents in school related events and activities, with the Our Kids Case Manager runs a parent advocacy group.
Partner at Elmhurst Only	Description of Partnership
Citizens School	Intensive academic support for students who need help improving grades, ELA, and mathematics levels.
Youth Uprising	Provides some after-school and tutoring support to students.

- **School health infrastructure** – Both Alliance and Elmhurst have an existing infrastructure in place based on a Coordination of Services Team (COST) model. The COST team meets every other week.

At Alliance, the COST Team brings together the clinical case manager, two full-time clinicians, interns, the Safe Passages coordinator, the assistant principal, and office support staff, and is led by school staff.

At Elmhurst, the COST team brings together the clinical case manager, two full-time clinicians, interns, the vice principal and representatives from some of the partner programs listed in the above table, and is led by the Safe Passages coordinator.

At each school site, the team determines the best-coordinated service plan to support the needs of the individual student. The school environment lacks stigma, which is sometimes associated with seeking mental health services, so case referrals come from all partners within the school including administration, office support staff, teachers, parents and students.

- **School leadership and support** – At both Alliance and Elmhurst, the school leadership is supportive of the services that have been brought into the school. Teachers, administrators, and office staff take an active role in improving the health and education that exists within the school. Between strong school support, a connection to parents and families, and a tight, well-coordinated network of partners that includes an established referral system, Alliance and Elmhurst have a firm foundation on which to build new services and develop a successful SHC.
- **Parent engagement** – At both Alliance and Elmhurst, the Our Kids clinical case manager hosts a weekly parent clinical therapy group, as well as some individual therapy as issues arise.

At Alliance, a parent coordinator works to engage and advocate for parents of Alliance youth. Their efforts include the development of a parent advocacy group.

At Elmhurst, a parent coordinator was recently hired to better engage and advocate for parents of Alliance students.

Key Recommendations

The Alliance/Elmhurst SHC is scheduled to open in September 2011. The SHC planning and implementation team will utilize findings from this needs assessment to ensure that the SHC meets high-priority needs of students and parents. The following is a summary of key recommendations to support the development of a needs-appropriate, well-utilized SHC.

- 1) Tailor school health services and programs to the cultural, linguistic, and socioeconomic needs of students and their families, who are primarily people of color (African American and Latino) and low-income. Many students are also English learners, most of whom speak Spanish.
- 2) Provide academic support and supportive services (including school health services) to bolster academic performance among African American and Hispanic students, as well as English Learners, who generally reported lower API growth scores than the school overall.
- 3) Offer comprehensive services to meet a broad array of health concerns to support student health, well-being, and academic success, the SHC. The data shows the greatest areas of need for the following:
 - Dental services, such as fillings and cleanings.
 - Services and programs to prevent violence and bullying, and to increase school safety.
 - Health education and information about physical and behavioral health issues.
 - Medical services, such as checkups and acute care.
 - Greater access to exercise programs, health education and healthy foods.
 - Mental health services to treat issues such as stress, depression and family problems.

While fewer Alliance and Elmhurst students need reproductive health care or services to address substance abuse, it is important to have them available to the minority who do need such support.

- 4) Design and implement the SHC to alleviate major barriers to health care currently faced by students and families, such as parent work schedule, cost of care, transportation, lack of health insurance, language barriers, stigma and required documentation. Strategies to address these barriers include: providing confidentiality; creating an environment that feels safe for students; ensuring that staff are seen as compassionate and trustworthy, and providing services and information in English and Spanish.
- 5) Encourage student connection and involvement in the SHC and the rest of the school. Among the activities to encourage involvement that parents requested are: 1) opportunities for students to be leaders at school or in the community; 2) after-school activities for students; and 3) opportunities for relationships with caring adults and positive role models.
- 6) Offer support for parents as well as students, and encourage parent involvement in the SHC. Parents at Alliance and Elmhurst would like the SHC to offer support services for

their families, particularly help in getting financial assistance or jobs, clothing, food and shelter, and family counseling. To ensure parent engagement in the SHC, it should create an explicit policy of parent involvement and formally invite parents to participate.

- 7) Provide more outreach to staff, parents, and students to publicize the SHC and its services. Staff suggested multiple modalities for getting word out about the SHC, including a media blitz, information distribution to parents, school assemblies, classroom presentations, and SHC orientation and tours.
- 8) Explore financing options to ensure ongoing operation and success. A promising way to finance the SHC is to pursue reimbursement for services from government-run health programs, such as Medi-Cal and Healthy Families. The majority of Alliance and Elmhurst students currently have coverage through a government-run program.
- 9) Leverage existing school community assets in its development and implementation. Assets include partnerships that support student health and wellness, a strong school health services infrastructure based on a Coordination of Services Team (COST) model, supportive school leadership, and parent engagement.

By addressing needs identified in this school health needs assessment and taking into account recommendations in the design and implementation of the SHC, the Elmhurst SHC will be a source of much-needed, tailored, and appropriate care for students and the larger community. Expected outcomes would include improved student health, well-being, and academic success, as well as greater equity.