California School-Based Health Alliance

Documenting the Link between School-Based Health Centers & Academic Success

A Guide for the Field

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Introduction

Purpose and Overview of this Guide

School-Based Health Center (SBHC) partners know intuitively that their services impact children and youth's academic success by improving their health and well-being so that they can come to school ready to learn. There is also recognition of SBHCs supporting the larger school community to provide a positive learning environment for youth. SBHCs enjoy widespread support at the national, state and local level. Yet, in school environments where there is increased emphasis on demonstrating measurable progress toward meeting academic benchmarks, SBHCs are also seeking to demonstrate their impact.

The purpose of this guide is to help SBHC partners document the links between SBHC efforts and academic indicators. The guide begins with a brief review of the existing peer-reviewed literature on the connection between health and academics. Several strategies are then described that can be used to demonstrate this link, including simple, low-cost methods, such as "Seat Time Logs" and "School Staff Surveys," to more in-depth methodologies, such as examining linked health and academic data records longitudinally. The guide also includes discussions about the advantages and disadvantages of each approach. Examples from the field of how these strategies have been used are shared throughout the document. Some of the earlier strategies described in this guide could be used by SBHC practitioners themselves, but the later strategies are more complex and may require the help of outside academic researchers or professional evaluators.

SBHCs and the Link between Academics and Health

Many in the public health and education fields believe that poor health has a negative impact on academic success and that, by improving student health, SBHCs have a positive influence on academic performance. A large body of evidence supports a connection between students' health status and academic performance. Research has found that vision, asthma, teen pregnancy, aggression and violence, physical activity, nutrition and inattention and hyperactivity are key health problems that impede academic success by reducing students' motivation and ability to learn.[1, 2] In addition, poor dental health and substance use negatively impact academic success.[3, 4]

> "No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress will be profoundly limited if students are not motivated and able to learn." [5]

Despite the research showing the large impacts of SBHCs on access to care and health outcomes and that health status impacts academic indicators, many stakeholders in the SBHC field continue to wonder if SBHCs can more directly document their impact on academic performance.

What Do We Mean By Academic Success?

For the purposes of this guide, we are defining academic success as the outcomes, behaviors or characteristics of students that lead toward high school graduation and the internal motivation and skills necessary to thrive educationally, professionally and personally as an adult. We also include characteristics of the school because positive school environment influences academic success.[6] Indicators of academic success include:

- Increased attendance and student time spent in the classroom,
- Improved student behavior and decreased disciplinary referrals,
- Increased grade point average and test scores,
- Lower dropout rates and higher graduation rates,
- Reduced student mobility,
- Increased parent participation in school activities, and
- Improved school climate or learning environment as reported by students, teachers and parents.

What Does the Research Show?

Over the past two decades, there have been several published research studies that have attempted to document the link between SBHCs and academic indicators (additional detail on these studies is provided in Appendix A). Some have looked at SBHCs' impacts on attendance, while others have looked at early dismissal from school, school dropout and grades.

✓ An early study conducted in a northeast city with a largely Hispanic immigrant population found that screening for mental health issues and referrals to appropriate services *significantly* reduced **school absences and tardies**.[7]

✓ A multi-site evaluation of elementary schools in the Bronx, New York compared students attending schools with and without SBHCs. Access to SBHCs was associated with a *significant* reduction in the rate of hospitalization and a **gain of three days of school for students with asthma**.[8]

✓ A study of Seattle ninth grade students found that SBHC use was significantly associated with **improved attendance, particularly among those students who used medical services**. This study also found that SBHC use was significantly associated with **grade point average gains, particularly among mental health counseling users**. The authors caution that these impacts were *limited to higher risk youth* and effect sizes were relatively small.[9]

✓ Another study in two urban high schools in western New York found that students with access to an SBHC were significantly **less likely to be sent home during the school day** than those who did not have access. The author concluded that SBHCs were able to increase student learning or "seat" time. [10]

In addition, recent studies have examined SBHC contributions to the **school learning environment** and found positive impacts:

✓ A study conducted in a large northeastern city found that students in schools with SBHCs rated academic expectations and school engagement significantly higher than students without SBHCs, although there were no differences in ratings of communication or safety and respect. Although parents in schools with SBHCs rated some of the school environment factors higher, SBHC and comparison teacher ratings did not differ significantly.[11] Later analyses found that, among the schools with SBHCs, middle and elementary students with SBHC access reported greater levels of school engagement and satisfaction with the learning environment than those in high schools. The authors suggest that elementary and middle school families might feel more connected to their schools with SBHCs than high school families.[12]

✓ A recent study of students in San Francisco high schools found that **SBHC use was positively related to student-reported caring relationships with SBHC staff and school assets**. The authors noted that the strongest effects were observed for students reporting more than ten visits to the SBHC.[13]

However, not all studies have found positive findings:

⊗ One of the first studies to be published on the connection between SBHCs and academics compared students attending high schools across the country with and without SBHCs. The study found that **the percentage who progressed through school at the expected pace** was *significantly* higher among students from schools with SBHCs than a sample of urban youth nationally. However, the difference was small (78% vs. 75%), and the authors caution that overall the results were somewhat erratic and did not provide reliable evidence of the impact of SBHCs on educational outcomes.[14]

⊗ A recent study of an urban public school district was able to link school district data with SBHC utilization data and found **no impact on dropout rates** for SBHC users and a group of non-users who were statistically controlled for dropout risk.[15, 16]

While the findings from these studies cannot be generalized to all settings, they generally point toward evidence of a positive connection between SBHCs and academic success.

Challenges in Linking SBHCs and Academic Success

Given the small number of studies linking SBHCs and academic success, as well as their limitations, providers and policymakers are often dissatisfied with the state of research. However, there are challenges stakeholders should be aware of that make it difficult to do this work.

Some study design factors can skew the results. As in other health services research studies, designing research on SBHC interventions can be complicated. For example, students (and families) self-select to use the SBHC services, making them inherently different from students who choose not to use the SBHCs. They may be more or less likely to have other characteristics that are also related to academic outcomes, such as their sense of connection to the school or motivation to seek help when needed. Students, parents and teachers may also self-select into data collection efforts, such as surveys or focus groups, leading to skewed results. Furthermore, respondents may provide answers that they believe the researcher wants to hear or may not share their true beliefs.

How to address this challenge:
- When conducting any type of study, collect enough baseline information to be able to understand and possibly control for differences between SBHC users and non-users.
- Asking individuals directly why they do or do not use the SBHC (i.e., do they have other sources of care) can help to inform interpretation of comparisons between users and non-users.
- To encourage honest responses, surveys should be anonymous so that respondent identities are unknown.
- Consider using electronic surveys not only to increase the sample size, but also to increase respondents' sense of privacy so that they might respond most honestly.
- Recruit widely for surveys, focus groups or interviews to ensure that you get many perspectives. For example, for focus groups with youth, recruit participants from the general school population rather than only from the SBHC clients.
- Offer small incentives that compensate people for their time spent participating in studies, which can also increase response rates.

Not all students receive enough services to make a difference.
There can be great variation in the types and intensity of services received from an SBHC. While some students may receive multiple services, including, for example, sports physicals, contraceptive counseling and mental health counseling, others may only visit the SBHC when they have an acute first aid need. The services received by occasional users are unlikely to have a significant impact on academic indicators, such as disciplinary referrals, where, in contrast, the high frequency user would presumably show changes in this measure over time as a result of receiving services. Thus, examining the entire group of SBHC users together to determine if there are academic impacts could potentially mask impacts that are seen for certain groups of users.

How to address this challenge:

- The level and type of services received by SBHC clients should be documented in detail.
- Variations in the number and types of services clients receive must be accounted for in any analysis of links to academic success. One option is to focus your studies on sub-groups of students who have received a high number of services (e.g., ten or more visits) or those who receive specific services (e.g., only clients receiving mental health services).
- It is also important to describe, at least qualitatively, simultaneous interventions and/or educational policy changes that might be impacting academic success separate from the SBHC, such as changes in school disciplinary practices or implementation of school-wide prevention programs.

Gaining access to data can be challenging given confidentiality rules.

When implementing more rigorous methods of research and evaluation in school health service settings, researchers must strictly adhere to rules established through HIPAA (the Health Insurance Portability and Accountability Act), which regulates the use of protected health information and FERPA (the Family Educational Rights and Privacy Act), which regulates the use of students' education records (see Appendix B for more information on these regulations).

In general, both HIPAA and FERPA require signed releases by parents and/or youth themselves to allow a researcher to access or use their "identifiable" data (data that can be identified as belonging to a student). Researchers need identifiable data to link data from multiple data sources by individual student, such as data from the school database and the SBHC clinical management database. Yet, even when strict protocols are outlined and followed, entities that own the data, including school districts and health providers, rightfully wish to protect students' confidentiality and are often hesitant to release identifiable data to outside organizations.

How to address this challenge:

- When conducting studies that require identifiable information, informed consent from parents and youth themselves is often required. The consents should clearly outline the data that will be accessed, potential risks and how confidentiality will be handled.
- If obtaining consent is not a viable option for reasons determined in compliance with Federal, state or district regulations, there are exceptions to these written release requirements when data are handled according to strict protocols (see Appendix B). Data sharing agreements that clearly outline each agency's role in how data will be used can help to facilitate the data exchange.
- If you are interested in accessing this type of data, you should work with legal counsel to draft data sharing agreements that are in compliance with Federal, state and/or district regulations.
- Partnering with an independent, third party researcher, such as a university or evaluation firm, to serve as the neutral bridge between health and academic institutions may also help to ensure another layer of data protection and security, as well as alleviate concerns of the entities that would be sharing their data.

It is important to note that data collected in SBHCs that are run by school districts fall under FERPA regulations. Thus, many of the data sharing protocols described in this guide will not apply. Our joint publication with the National Center for Youth Law, *"HIPAA or FERPA? A Primer on School Health Information Sharing in California (February 2012),"* provides guidance on how you can access data if your SBHC is run by a school district.

Positive effects are not always found.
Embarking on evaluation research can potentially lead to results showing that the intervention resulted in a negative association with academic success, or that it made no impact at all.

How to address this challenge:
- It is important that studies that compare two groups of students have enough students in each group to be able to detect differences between them. Statisticians refer to this as "power." If you plan to compare two groups, be sure to consult a statistician to make sure that the level of difference you expect to see between the two groups will be statistically significant. Please note that the costs to do this might be prohibitive. However, there might be resources available from nearby academic institutions or your state or local public health department.
- While positive results are often desired, negative results, or no findings at all can be equally as informative. For example, surveys might reveal that school staff reported a disadvantage of the SBHC was that students were using it too often to get out of class and "hang out." The SBHC staff can use this feedback to talk with school staff about strategies to ensure that students are using the SBHC appropriately and demonstrate that they support the school's goal of keeping students in class.
- If negative or no impact findings are found, it is also important to consider that one intervention alone might not be enough to impact academic success, particularly given that SBHCs are designed to support academic success but do not necessarily provide direct services to change academic indicators, such as academic tutoring. In fact, there is concern about burdening health providers with the 'mission creep' of measurably impacting school performance, such as grades and test scores, in addition to the work they do improving health outcomes. Another approach might be to measure academic change only among students at highest risk of academic failure who are provided with multiple, targeted interventions that address their risk factor(s).[17, 18]

Strategies to Link SBHC Efforts and Academic Indicators

The following section outlines strategies to make the case for how SBHCs affect students' academic behaviors and the school environment. These strategies are presented in order from low-cost methods that are easy to implement to more costly, labor-intensive methods.

1. Seat Time Logs: Can SBHCs make a difference with school attendance and classroom instruction time?

Overview of the Strategy

The first step towards academic success is simply being present in class. Frequent or excessive school absences due to health conditions can result in significant loss in classroom instruction time for youth, hampering their academic success. Health-related student absences are often due to a variety of health conditions ranging from minor illnesses or injuries to chronic conditions, such as asthma, diabetes, depression, anxiety and oral health concerns. Screening for, assessing and providing appropriate interventions can help reduce the impact of these problems on attendance.

One strategy to document the impact of SBHCs on academic indicators is to measure how the existence of the services affects attendance. More specifically, you can measure the number of

> *Description:* SBHC staff can log what happens to students after their visits. For each student who is sent back to class, rather than sent home, SBHCs can calculate the hours of classroom instruction time saved. They can also estimate one-day of *Average Daily Attendance* savings to the school.
>
> *Pros:*
> - Limited staff time and resources are required.
> - Data tell a compelling story of how SBHCs can help keep students in school.
>
> *Cons:*
> - Data are based on estimates. It is possible that not all students would have missed a day of school without the SBHC. However, this calculation assumes only one day of absence per SBHC visit when in reality many visits could have prevented multiple days of absences.

school absences or early dismissals saved by the existence of an SBHC. Without health services on campus, many students might be sent home—leading them to miss a portion of the school day—rather than having their health issues addressed and being sent back to class. These early dismissals mean missed instruction time for the student and can also mean a loss of funds for the school.

Data Collection Approach

To begin, you can collect data on a simple log or create a section on an electronic or paper clinic encounter form (see sample in Appendix C). On this form, SBHC providers mark down the reason for the SBHC visit, such as injury, immunizations not current, or chronic health problem,

and the time of the visit and where the student was sent at the end of the visit. Categories for where the student is sent can include:

- ☐ Sent back to class (or lunch/recess depending on time of day)
- ☐ Sent home (during school day)
- ☐ Other
- ☐ Not Applicable (client is an adult/community member)

Option #1: Classroom Instruction Time Saved

Based on the time of day that the student was seen and what happened to him after the visit, you can calculate the hours of classroom instruction time saved by having the student return to class rather than being sent home. For example, "John" is seen at 8:15 am after a review of school records reveal that his immunizations are not up to date. With parent consent, the SBHC nurse practitioner updates his immunizations and sends him back to class at 8:45, rather than being sent home by the main office. If school ends at 2:30 pm, you can calculate that you saved "John" from losing 5.75 hours of classroom instruction time as a result of the SBHC visit. At regular intervals, you can add up the hours saved across all students served by the SBHC and then report the total number of instruction time hours saved to your school administrators or other stakeholders.[19]

Option #2: Average Daily Attendance Funds Saved

Schools receive a specific amount of annual funding from the state based on students' average daily attendance (ADA). For example, a district might receive $30 per day of a child's attendance, for a total of $5,400 over the course of the year. When attendance drops, this revenue drops accordingly (i.e., ten absences for one student equates to a $300 loss for that district). Thus, it can be argued that the SBHC is saving the school district funds when students are sent back to class rather than sent home. This argument is especially true when being sent home means then having to wait several days for a doctor's appointment where their health needs can be addressed before they can return to school.

Data from the clinic log can be analyzed by summarizing the number of SBHC clients who were sent back to class following a visit and then multiplying this by the ADA revenue provided by the state. For this strategy, it is recommended that you assume one missed day of school per SBHC visit that results in the student being sent back to class rather than sent home. To determine the ADA reimbursement rate from the state government, SBHCs can contact either their school district administration or the state Department of Education. Once you determine the number of absent days saved and the ADA value, the cost savings from the presence of the SBHC services can then be presented to school and community stakeholders. Without the SBHC available to students, these students likely would have missed school and thus reduced the revenue received from the state for their attendance.

Where This Has Been Done

About the SBHC: Sierra Vista Children's Health Center in Clovis, California is located at Sierra Vista Elementary School (Title 1 School). Services provided to children ages 0-18 years include well-baby and well-child care, immunizations, PPD skin tests, treatment of minor injuries and illnesses, sports physicals and preschool/first grade physicals. The services are available to income-eligible families. Patients who have Medi-Cal are also eligible for these services as well as those without health insurance. Patients with private insurance can access the SBHC for $30 cash fee. The SBHC also serves surrounding public schools and is run by Clovis Unified School District. Because their sponsor is a school district, they are not reimbursed by Medi-Cal for sick visits, but they can be reimbursed by CHDP for well-child exams. They receive some cash payments for services, but most of their income is from government and private grants and in-kind support from the school district. They also provide free services for children of school district employees.

How they document their impact on academic success: When the SBHC sees a student whose visit impacts attendance, the providers mark it on a spreadsheet. Examples of visit reasons that they believe would have impacted attendance (i.e., potentially lead to at least one day of school being missed) include immunizations not being current, treatment for lice, state mandated first grade physicals and sick visits (coughs, rash, ear infections, communicable illnesses, etc.). They only calculate one day of missed school, even though many of these visits actually saved more than one day of absences. For example, when students' immunizations are not current, they can't return to school until they are updated. Wait times for doctors' appointments can run several days in their community, which means several missed days of school but the SBHC staff only logs one day saved for this client.

At the end of each month, the SBHC staff then tally the number of days saved and multiply that by the Average Daily Attendance (ADA) reimbursement rate from the State of California. For many districts, ADA ranges from $40-$45 per day. Clovis USD determined that they saved 1,032 days of ADA during the 2012-13 school year, for a total of approximately $45,000. Additionally, they track the number of school district employees' family members served by the SBHC as additional evidence of how much money they have saved employees and the district's insurance company. Clovis USD's employee health insurance program is self-funded by the district.

How have the findings been used? Each year the SBHC reports the amount of ADA saved by the SBHC to the district, as well as savings from employee dependent visits. The district then agrees to continue subsidizing the SBHC for employee salaries and in-kind services (e.g., custodial services, technology, utilities, etc.). They also use the findings to support the value of SBHC in grant proposals.

2. Stakeholder Surveys: How do students, parents and school staff think the SBHC affects academic success?

Overview of the Strategy

Surveys of students, parents and school staff can provide direct feedback on how these individuals feel that the SBHC has affected students' academic behaviors, as well as the school environment overall. This strategy differs from analysis of *actual* academic indicators, such as grades or test scores, in that it relies on self-reported *perceptions* of the impacts. Even though evaluations based on perceptions are not the most scientifically rigorous, they can still provide useful information and results that are compelling to stakeholders.

Description: SBHC staff can conduct surveys with students, school staff and/or parents to assess their self-reported perceptions of SBHCs' impacts on academics.

Pros:
- Data can be obtained from large samples of various stakeholders.
- School staff can be easily accessed at meetings and students in classrooms or in the SBHC waiting area.
- Online survey tools can automate data analysis and reporting and significantly reduce costs associated with printing and data entry.
- Paper surveys can reach a greater number of participants, particularly those who may not have access to computers.
- Surveys can be translated into languages other than English to reach a broader audience.

Cons:
- Data are based on self-report.
- Costs can be high for paper survey reproduction and/or mailings, as well as data entry in larger schools.
- Obtaining adequate response rates from parents can be challenging. *Offering incentives, such as raffle prizes, can help*.
- Negative findings may be revealed. *You should have a plan in place to address these.*

Data Collection Approach

Surveys are an easy method of collecting data. They can provide data on how the SBHC affects academics, including self-report data from different groups of stakeholders outlined in Table 1. You can either use a standardized survey (one that has been created and tested by others) or you can create your own. Appendix C has sample instruments that can be used to design surveys for each target population.

Surveys should be anonymous, unless explicit permission is obtained to collect identifying information. They should be administered in an environment where respondents feel their confidentiality and anonymity is protected. Many school districts require parental notification when a survey is administered that asks students about their health behaviors, especially sexual behaviors and attitudes. Check your school district's regulations regarding parent consent or notification if you intend to use questions on this topic in your student surveys.[I]

[I] California Education Code sections 51937 and 51938 outline protocols for administering surveys with this content. http://www.cde.ca.gov/ls/he/se/faq.asp

Table 1. Stakeholder Surveys

Target Population	How to Collect Data	Types of Information that Can Be Gathered	Sample Questions
Students or SBHC clients	• Select a population, such as all students, 9th graders, students who have used the SBHC in the last year, etc. • Administer survey to as many students as possible or to a random sample to ensure broad representation. • Survey in classes, in the SBHC, at lunch events, through clubs or through a web-based tool.	• Self-reported academic indicators (e.g., grades, attendance, interest in school, connections to peers and adults at school). • Self-reported changes in academic indicators. • Perceptions of the role of the SBHC in improving academic indicators.	For all students (*i.e., to compare users and non-users*): • How many times did you miss class last month due to a health reason? • Have your grades improved in the last year? • Have the services you received at your school's health center helped you miss less school?
Parents of students or SBHC clients	• Select the population of parents you want to survey, such as all parents, parents of a particular grade level, parents of SBHC clients. • Contact parents through meetings, mailings, parent events, communications sent home with students, robo-calls or emails. • Provide incentive, if possible.	• Parent report of changes in students' academic performance or behaviors. • Parent opinions of how the SBHC has helped their child academically.	• How often has your child missed a day of school in the last month to go to a doctor's appointment? • Is your child performing to his/her potential in school? • Has there been improvement in your child's behavior in school in the last year? • How has your child's attendance changed after using the SBHC services?
School Staff (*including teachers and administrators*)	• Contact school staff at meetings, or through survey distribution in staff mailboxes or online.	• School staff opinions on the school climate. • Teachers' opinions on the extent to which health and behavior problems impact their ability to teach. • School staff opinions on the impact of the SBHC.	• How do you feel the SBHC has affected the school environment? • What are the benefits of having an SBHC at your school? • Have you noticed any changes in students' behavior (or attendance) since the SBHC opening?

Additional Items for Consideration

Design surveys with feedback from stakeholders and pilot-test before use. Survey questions should ideally be crafted with input from stakeholders, such as SBHC staff, parents, youth and school partners. They should be pilot-tested and translated into languages other than English to make sure they are easy to understand and reach a broader audience. In addition, support from school administration can improve response rates.

Use surveys to gather both "open" and "closed" ended data. "Open-ended" questions allow respondents to write in their own responses to questions, such as, "How does the SBHC help you do better in school?" These questions do not constrain the answer and can be a rich source

of information and feedback. The downside to this type of question is that it is more labor intensive to sort through the responses of many surveys. "Closed-ended" questions provide options that respondents can choose from and produce data that are easy to quantify (e.g., the number of people who checked "always," "sometimes," or "never"). This type of question is easier to analyze quickly when the surveys are returned. The downside is that respondents are limited to the choices. This can be partially solved by always having an "other" open-ended category or a place following a multiple choice or scale question for respondents to elaborate.

Match your method for collecting survey data to the group(s) you are trying to survey. For example, a survey collected in the SBHC waiting room will miss students/families who do not use the clinic. This may be fine if your goal is to learn about how clients think the SBHC affects their academic performance. To learn how students think the SBHC affects the school environment, though, you would also want to reach students who are not currently using the SBHC. A classroom-based survey will be more effective at reaching all students.

Disseminate results in a timely manner. It is important to have a plan for sharing results with key stakeholders, especially in appreciation of the time they took to provide input and to discuss findings with them in a collaborative manner.

Where This Has Been Done

About the SBHC: The Berkeley High SBHC is a collaborative program between the City of Berkeley Health and Human Services Department and the Berkeley Unified School District. Since 1991, the SBHC has offered comprehensive medical, mental health, first aid, health education and youth development services to high school students. Each year, the SBHC participates in an external evaluation of their services and has opted to administer parent and school staff surveys in some years to assess stakeholders' perceptions of the SBHC.

How they document their impact on academic success: *Parent Surveys* were administered through a Parent-Teacher Association mailing with a stamped return envelope. Many parents felt that the SBHC: provided students with a safe place go (90%); provided crisis intervention (90%); enhanced school safety (77%); allowed teachers to focus on academics (69%); improved student grades (45%); and reduced school absences (42%). *School Staff Surveys* were distributed in staff mailboxes and via email with a web-link to the survey. Respondents received a $5 gift card for their time. Most felt that the SBHC: provided students with a safe place to go (92%); provided crisis intervention (87%); acted as a referral resource (79%); enhanced school safety (69%); supported academic performance (64%); helped teachers to focus on academics (60%); and reduced school absences (55%).

How have the findings been used? Berkeley SBHC staff present survey findings at school staff meetings, as well as in presentations to funders and other stakeholders. Findings are also shared in reports to keep stakeholders abreast of the SBHC's accomplishments.

3. Interviews and Focus Groups: What do SBHC clients, students, parents and school staff say about the impact of the SBHC on academic success?

Overview of the Strategy

Stakeholders appreciate reading stories and anecdotes about how an SBHC has inspired and helped students to work harder and achieve more academically. Describing in a narrative a student's personal situation, the problems he presented with, the intervention he received and how it impacted his academic success can be a compelling strategy to help illustrate the benefit of the SBHC model.

While we often think that decision makers want numbers and "hard data," many decisions are made when people are touched by a story. Stories not only elicit emotional responses, they also can help people understand <u>how</u> and <u>what</u> SBHCs do in a very distinct way. Many providers who work with students and families everyday forget that people who do not work with them truly do not know about the health and social challenges that prevent children from coming to school or being able to learn. Hearing a story can give decision makers insight into how an SBHC made a profound difference for a single student. From there, it is not hard to imagine how other students could also benefit.

> **Description:** This strategy is used to gather qualitative data from students, parents, school staff and other stakeholders through interviews, client narratives or focus groups.
>
> *Pros:*
> - Data are descriptive and often richer and of greater depth than quantitative data.
> - Gathering perspectives directly from stakeholders can offer the opportunity to learn not only what they think about a certain issue, but also why they think that way.
> - This is a good way to collect information about more complex issues, such as health or social concerns that affect attendance.
> - Costs can be kept relatively low.
>
> *Cons:*
> - Analyzing extensive qualitative data can be time consuming.
> - Data cannot necessarily be generalized to a larger population. For example, six to ten focus group participants, especially if they are volunteers who have a particular interest in health, may not represent the entire group.

Data Collection Approach

There are several approaches that can be used to gather stories, examples and testimonials that speak to the impact of SBHCs on academic success.

Client Focus Groups: Focus groups are a small gathering of about 6-10 people during which a moderator asks questions about a particular topic.[II] Focus groups are most successful when there is an objective moderator, so if your budget permits, it may be worthwhile to hire a consultant who specializes in planning and facilitating focus groups. After designating a convenient meeting time and space, you can recruit participants to your focus group. Be sure to

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[II] This ETR Associates guide provides a good overview: http://pub.etr.org/upfiles/etr_best_practices_focus_groups.pdf

reach out to students and families who do not usually volunteer to participate or you may end up with skewed results. Groups generally work best when all the participants are similar (e.g., same grade or same gender). Once the group is assembled and some simple ground rules are reviewed, ask the questions and allow everyone attending the opportunity to speak. Moderators need to explain the purpose of the focus group to participants and the ground rules, including that participants should keep what is discussed in the group confidential. They then go through the pre-determined set of questions. Be sure to assign someone to take notes or record the meeting. Focus groups typically last about 45-60 minutes and offering refreshments or a small gift-card to participants is a useful incentive.

Key Informant Interviews: Talking directly with school administrators, parents and community leaders can elicit in-depth perspectives of the impact of SBHCs on academic success. Interviews are useful when you don't think your informants will attend a focus group or fill out a survey. Key informant interviews work well when the questions are structured so that there is some similarity between the interviews. Follow-up prompts to solicit more in-depth responses from participants are also helpful. Often interviews combine both open-ended and closed-ended questions and are usually between 30-60 minutes.

SBHC Staff Stories: One of the easiest ways to generate stories is to talk to the nurse practitioner, health educator, clinic director or front desk staff. These providers typically have dozens of stories of changes they have seen in their patients. Often these stories are never written down because these staff members are busy and writing stories is not part of their jobs. Writing does not come easily to most people. If you want to collect stories from SBHC staff, it is best that someone with strong writing skills interview staff members to pick a story that is clearly related to academic success and to capture the details that make it compelling.

Additional Items for Consideration
Consider data triangulation: Triangulation helps to validate data findings by cross verification from two or more sources of data. Because of the difficulty generalizing when using this approach, this type of data collection can also be used to support and paint a picture of findings that were obtained through more representative means, such as surveys.

Summarizing qualitative data can be time consuming. Analysis techniques include tallying common responses or themes, pulling out quotations to illustrate a point and summarizing interesting comments. It is useful to note when many respondents give a similar response, but do not discount a response made by one person. The point of open-ended questions is to uncover new perspectives; they do not have to be shared by everyone.

Consent should be obtained. One of the key parameters of such research is to obtain informed consent from the individuals with whom you will be speaking and to assure confidentiality is maintained. Participants should also be clear about how information will be shared and whether their names will be attached to their responses. When sharing thoughts from a specific person, it is important to get written approval that they are comfortable with their name being used and with the context of the quote that is shared. When conducting student focus groups,

you should obtain parent consent in advance to ensure that parents are aware of the content that will be discussed during the focus group and agree to have their children participate.

Where this Has Been Done

About the organization: The Connecticut Association of School Based Health Centers is an advocacy and networking organization committed to increasing access to quality health care for all children and adolescents in Connecticut schools.

How do they document their impact on academic success: The following stories explain the benefits of SBHCs on academics. Although qualitative, these stories provide rich and compelling evidence of the impact of SBHCs on attendance and overall success in school.

Eric, a middle school student, was forced to repeat the 7th grade due to a large number of absences. Eric was transferred to our school and referred to the SBHC for counseling. Eric did not have an SBHC in his previous school and thus was unable to seek counseling. As the SBHC Social Worker, I met with Eric and his family to create a gradual transition school plan. Once the plan was put into action, Eric's behavior began to improve. <u>Initially, he was able to stay in school longer each day, gradually leading up to full-time attendance</u>. As time has progressed, Eric has reported decreased somatic symptoms, low levels of anxiety and perfect attendance for the past month. He is able to participate both academically and socially in school activities. Eric reports positive peer interactions and is adapting to the new middle school environment very well. I continue to meet with him on a weekly basis to monitor his anxiety levels and make note of his progress. **- SBHC Social Worker**

I am an 8th grader who has been using the SBHC since I was in 6th grade. The SBHC has helped me to improve my grades and control my temper. I currently see the SBHC Social Worker once a week for support with family and school issues. I also attend two groups per week for academic support and anger management. The SBHC has helped me when I've been sick and injured. I've used it when I've had a cold, a headache, or other medical situations….I had my teeth cleaned at school through the mobile dental program. The SBHC is great because they support me and help me to make better choices. As a result, <u>I feel like I'm more successful in school</u>. **– 8th Grade Student**

I am a single mother who often works 50-hour weeks, plus travel time, which does not leave much extra time in my schedule. The SBHC has enabled me to have my daughter seen and treated during school hours. This has reduced the amount of time that I would be required to take off from work in order to bring my daughter to her primary care doctor. The SBHC was able to treat her for a variety of illnesses and reduce her recovery time… <u>Having the SBHC also significantly lessens the amount of school my daughter would have to miss</u>. The SBHC nurse practitioner's follow-up exams were always impeccable and <u>my daughter was able to get her physical and immunizations without missing a day of school</u>.… They allow children to stay in school longer and the parents to stay at work without worrying about their kids. **– School Parent**

How have the findings been used? To illustrate the benefits of SBHCs, the organization's web-site contains a link entitled *"Sharing Our Stories: Student Stories from SBHCs"*.^{III}

III Connecticut Association of School Based Health Centers
http://www.ctschoolhealth.org/publications/sharingourstoriesstudentstoriesfromsbhcs.html

4. Existing School-Level Data: What changes across the entire school might be due to the SBHC?

Overview of the Strategy

Because collecting data on individual students is challenging and poses privacy concerns, an alternative is to examine data for the entire school. These data include information regularly collected in the school data system (e.g., Power School, AERIES), which is often uploaded to the California Department of Education website, as well as surveys that are conducted periodically with students, staff or parents. These are described in greater detail below.

This data can be compared to other similar schools without an SBHC or tracked over time to show how academics improved after the SBHC was opened or as it grew and served more students. Examination of school-wide indicators can help SBHCs describe larger school-wide effects over time, as well as compare progress to other schools without SBHCs.

Students at schools with SBHCs may report higher levels of school connectedness, engagement and leadership opportunities as a result of their experiences with the SBHC. The presence of an SBHC might also help to provide a resource to which staff can refer students with behavioral concerns,

> *Description:* This strategy examines school level indicators of student misconduct (expulsion, suspension and truancy), physical fitness tests and dropout/graduation rates or school climate.
>
> *Pros:*
> - Most data are publicly available on a school or district level, thus no new data collection is needed.
> - Depending on the type of data available, comparisons can be made between SBHC schools and non-SBHCs schools, potentially providing evidence that the presence of an SBHC has a positive association with the school environment and students' overall academic behaviors.
>
> *Cons:*
> - Caution must be taken not to attribute changes solely to the SBHC as there are many other factors that could lead to differences in indicators between SBHC and non-SBHC schools, as well as within a school with an SBHC over time.

which may in turn lead to lower rates of student misconduct. Examination of school-wide survey and/or school data can help to reveal these potential successes.

Data Collection Approach

Table 2 describes potential academic indicators and data sources. Data can be compared for schools with SBHCs before and after they open, as well as across schools with or without SBHCs. Ideally, schools that are compared against each other will have other similar characteristics, such as school size, staffing, resources and student demographic profiles.

Table 2. Existing School-Level Data

Data Source	Information Available	How to Access
California Department of Education's (CDE) Dataquest website	Annual data on: • Attendance • Suspensions, expulsions, truancy • Graduation • Drop out rates • Physical fitness test results	• Data is available on the school, district or county level from the following website: http://dq.cde.ca.gov/dataquest/
School district data system	Daily, monthly or annual data on: • Grades • Test scores • Excused and unexcused absences • Suspensions and expulsions	• In addition to data reported to CDE, districts can extract additional information from their data system. Contact your school district to learn how to request de-identified data files on these academic indicators.
California Healthy Kids Survey (CHKS)	5th, 7th, 9th and 11th grade students take this survey every other year and report on their: • Experiences with alcohol, tobacco and drug use, violence, bullying and harassment • Grades and number of school days missed for health reasons • Sense of connection to school and adults • School engagement and resiliency factors	• More information, as well as copies of the surveys, can be found at: http://chks.wested.org/ http://cscs.wested.org/ http://csps.wested.org/ • School districts receive copies of their school and district level reports for schools with representative response rates from West Ed. Some district level reports are available online from: http://chks.wested.org/reports/search • School districts and partner organizations can also request datasets from West Ed so that they can run their own analyses.
California School Climate Survey[IV]	• CDE and West Ed administer this on-line survey to provide schools with data from their teachers, administrators and other staff on the school climate. • School climate refers to the quality of the school environment based on students', parents' and school staff's experiences of learning conditions and supports. • Staff are asked about the learning and staff working conditions at their school and the available supports and resources.	
California School Parent Survey	• CDE and West Ed administer a companion survey to the CHKS and the School Climate Survey to parents, which asks parents about: • School climate and learning supports • Student learning conditions, safety and health • Parent involvement	

[IV] More information on CAL-SCHLS is available from West Ed: http://cal-schls.wested.org/.

Additional Items for Consideration

Many other factors could contribute to the changes seen. Differences in school administration styles, other programs and resources available to students and staff and community level factors can have a strong influence on any associations seen, or could be the cause of these findings. For example, school suspensions may decrease after the SBHC opened, but this may be due to a violence prevention program that was implemented in the same year. You can minimize the influences of these external factors on the study findings by controlling for characteristics in the sample selection (i.e., which schools are examined) and the analysis.

Where This Has Been Done

About the organization: A study was conducted in a large northeastern city with 1,300 schools, approximately 200 of which had SBHCs. All of the SBHCs were sponsored by hospitals, which were charged with demonstrating to the Department of Education that their SBHCs were making a difference in order to maintain funding and support from the school district to remain open.

How they document their impact on academic success: The city's Department of Education regularly conducted a "Learning Environment Survey" with parents, teachers and students as part of an effort to improve student academic success and promote school accountability. The researchers used data from these surveys to examine whether schools with SBHCs had a more optimal learning environment than schools without SBHCs. The study findings demonstrated that the presence of an SBHC was associated with greater satisfaction in three out of four aspects of the learning environment: academic expectations, communication and school engagement.

How have the findings been used? The study findings were shared through presentations to the Department of Education that demonstrated the value and impact of the SBHCs. There were significant concerns at the time about the future and funding of the SBHCs, but the findings from this study, as well as other similar efforts, helped to keep all of the SBHCs funded and open.

5. Connecting SBHC and Academic Data for Individual Students: Who uses the SBHC and how does the SBHC affect their specific health and academic success?

Overview of the Strategy

This method connects electronic data on use of health services with data on academic performance at the individual level. For example, if you have a record of all the services each student received at the SBHC throughout the year and can connect that with their GPA, you can see if those who used the SBHC had greater improvements in GPA than similar students who did not. This level of analysis is useful because it enables you to look at specific groups of students, such as those with asthma, with poor attendance, with low test scores, or in a specific program at the SBHC. Within these more targeted groups of students there is greater likelihood of documenting an impact of the SBHC because they have specific needs that are being addressed.

Data Collection Approach

The linking of health and academic data can be done on a one-time basis to look at a particular group of students. More optimally, a system would be set up to track and link these data on an ongoing basis, opening up more possibilities for studying change over time while controlling for other factors, such as demographics, past performance or class assignment.

Traditionally, many barriers have prevented the linkage of SBHC health data, protected by HIPAA, and educational data, protected by FERPA (see Appendix B). However, there are exceptions for conducting research within these regulations. For example, FERPA allows this type of research as long as it being conducted by or on behalf of the school as part of an educational improvement strategy. Additionally, now with more advanced technology, there are ways of linking data while protecting the identity of individuals.

Description: This strategy requires researchers to establish a data collection system that connects health and academic data by individual student.

Pros:
- Research can focus on sub-populations of students, for example SBHC users with asthma, where the impact of the SBHC is potentially most demonstrable.
- Researchers can conduct longitudinal data analysis that examines a wide variety of demographic, health and academic indicators.
- Comparison groups of non-users can be used, after adjusting for factors that might contribute to baseline differences between users and non-users.
- Researchers can control for variables to isolate the impacts that can be attributed to the SBHC when other external factors are taken into account.

Cons:
- Obtaining consents and tracking records of which students have validated consent forms and/or cleaning, matching and analyzing data from two datasets can be time and labor intensive.
- A strong knowledge of statistical analysis is required.
- Despite being the strongest methodological approach, it still does not offer the "gold standard" of randomized trials to be able to attribute changes solely to the intervention (SBHC).

Option #1: Obtain Parent Consent and Student Assent to Release Data from Each Data Source

Accessing data from multiple sources for individual students can be done with written release from both parents and students.[V] These forms must very clearly outline the purpose of the research, benefits and risks, data sources, how confidentiality will be handled and which specific pieces of data will be used. Ideally, research consent forms should be separate from consent for treatment or services to ensure that parents and youth have a clear understanding of what they are signing.

For students for whom appropriate consent is obtained, data are then obtained from the school district and from the SBHC data systems and combined in a single database. With this new single database, you can conduct analyses on the indicators in which you are interested. For example, you can examine whether attendance improved between the first and last quarter of the school year among high frequency medical users.

Using a third party researcher for this work may provide further assurance to all involved that data will remain confidential and will only be used for research purposes. Thus, health providers will not see academic data and school representatives will never see any health data.

It is important to keep in mind that providing the school with a list of students participating in your study in order to obtain their academic data may reveal the identities of students utilizing the SBHC, which should be confidential information. One way to address this is to obtain consent forms from the general school population at the start of the school year, not just from students who use the SBHC. This way the list provided to the school includes both users and non-users so specific students are not identified (and you potentially have a built in comparison group). If this is not possible and you only have a list of students who are SBHC users, you should be sure that your consent form notifies parents and students that signing the form means that school district staff will know they used the SBHC services. You can be clear that they will not know what specific services were used however.

Option #2: Use Common Proxy IDs Between Datasets to Link Data without Names

Figure 1 describes this data collection strategy. Ideally, if an SBHC has an electronic data system that collects health utilization data, the SBHC can establish a live link between this system and the school enrollment data system. A "live link" means that the two systems can talk to each other and data can be exported from one into the other automatically (in this case, a one-way transfer from the school data system to the SBHC data system but never vice versa).

This live link between systems will allow students' registration data (also known as directory information) to be uploaded regularly into the health data system from the school system, along with a unique record identifier that identifies each student (no health data or confidential school data would be transferred between systems, only registration data). This record identifier should be a new identification number (proxy ID) assigned in the school data system prior to the data upload and not the students' true school ID number, which is protected

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[V] The HIPAA/FERPA Guide contains a sample consent form that can be adapted for these purposes: http://www.schoolhealthcenters.org/start-up-and-operations/student-records-consent-and-confidentiality/

heavily by school systems. FERPA allows districts to share these directory information data, with proper parent and student notification, though SBHC and school district representatives should consult their legal counsels to confirm this policy (see Appendix B).

If a live link between data systems is not feasible, the school district can provide the SBHC with a dataset of all enrolled students' names and basic demographic information (directory information) at the start of the school year that also includes a proxy ID that can be uploaded in the health data system.

At the end of the school year, health and academic data can be exported by proxy ID from both systems and then linked in a new single dataset with this ID. Academic data can then be analyzed to look at trends over time for SBHC users vs. non-users. (Non-users can be identified as those IDs in the new dataset without any health services).

Additional Items for Consideration
There are many precautions that need to be taken when utilizing this method of inquiry.

Comparing SBHC users to non-users: It is important to note that users and non-users are self-selected groups and therefore fundamentally different from each other. For example, users may have encountered greater health, behavioral or academic difficulties that led them to access the SBHC; thus, one would not expect them to have better academic indicators than non-users. On the other hand, users have taken initiative to seek help, which may indicate a greater level of motivation or capacity than students with similarly severe difficulties who did not seek help. Therefore, simply comparing academic indicators for users vs. non-users over time is unlikely to be a fruitful strategy unless students are randomly assigned to have access to the SBHC (very rarely feasible) or there are very rigorous controls and adjustments made in the analysis to attempt to eliminate the influence of factors other than use of the SBHC.

Minimizing bias in the consent process: Requiring parents and students to consent to participation may lead to a biased sample of more "interested" parties. Parents of youth who are burdened with other commitments or are less engaged may be unlikely to return a signed consent form. Similarly, students who are more engaged in school may give forms to their parents and return signed forms. This could lead to a significant portion of students being excluded from the study, possibly those with the greatest needs. Multiple attempts to introduce the study and consent forms to parents and students, such as through phone calls to all parents and booths at school events, may be helpful.

Obtaining Data Sharing Agreements: Before releasing information to a research organization or another partner conducting research on its behalf, the school district must enter into a written data sharing agreement with the institution that outlines how each party will handle data. Any studies must also be conducted so that students and parents cannot be identified by persons outside of such organizations and the information must be destroyed when no longer needed.[20] If the research organization is operating under contract with and is controlled by the school district or is in essence "an agent of the school," the school district also can share

personally identifiable information with the organization. Legal counsel should be obtained to craft appropriate agreements and, as others who have gathered these agreements have shared, significant time should be spent building trust and obtaining buy-in from all partners before making a formal request for data.

Assuring adequate staff time: These efforts require significant resources to support:
- A designated person at each agency to secure and maintain data sharing agreements.
- District and SBHC staff to link the data systems:
  - A designated staff person at the district to provide initial and updated registration datasets to the SBHC.
  - A staff person at the SBHC to clean/import the registration data into their data system at frequent intervals.
  - *Note: These costs can be saved if there is a live link between data systems in place, though there are also costs to setting up such a system with appropriate controls.*
- District and SBHC staff time to export educational and health datasets at the end of the school year.
- Third party researcher staff time (including a data manager/biostatistician) to obtain Institutional Review Board approval for the study, to clean datasets from both the school district and SBHC to ensure proper matching of each record and to analyze and summarize the data.

Figure 1. Linking Health and Academic Data
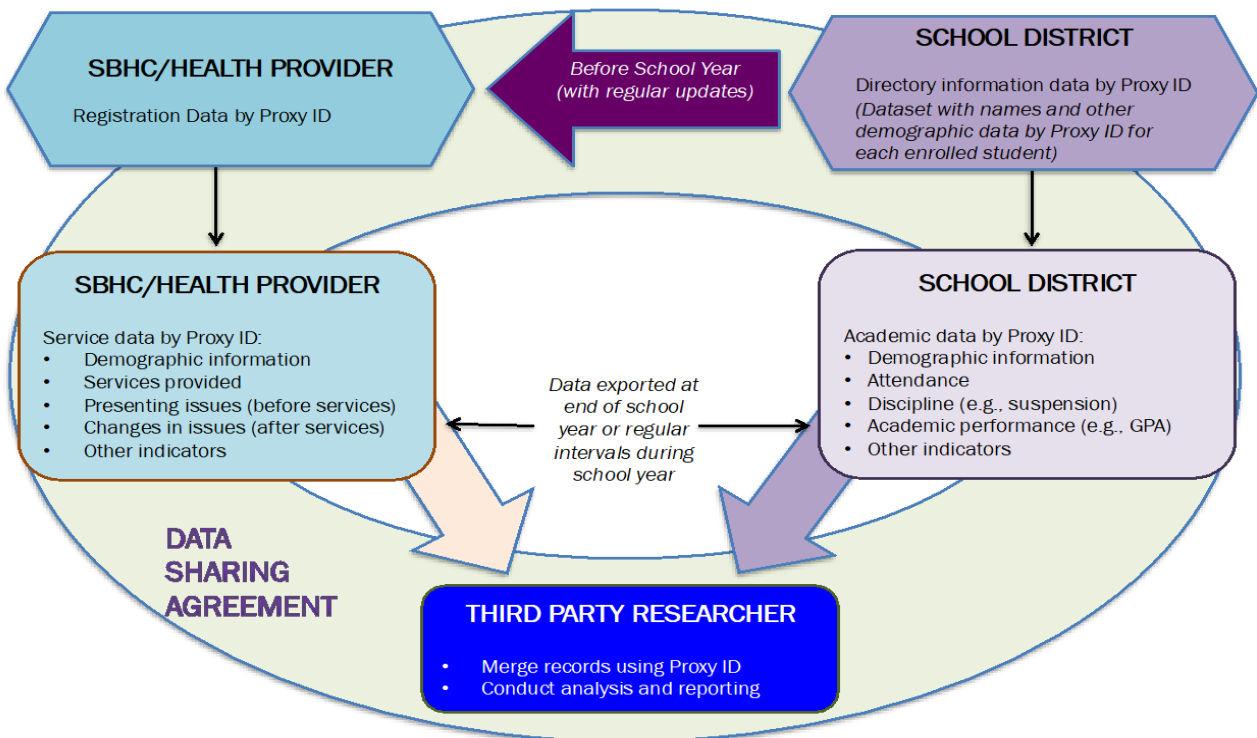
Where This Has Been Done

> *About the organization:* In Seattle, Washington, there are ten public high schools and four middle schools with SBHCs. These centers provide health assessment, with services including nursing care, mental health services, management of chronic illnesses, prevention programs and immunizations. School nursing services provide screening for academic risk and population-based health services across SBHC sites and other programs. The City of Seattle has funded SBHCs since the early 1990s through City Families and Education Levy funds. The Levy requires a data collection system to be in place that allows for reporting on program progress and impacts, particularly related to academic achievement, to funders, constituents and other stakeholders.
>
> *How they document their impact on academic success:* To address the Levy's mandate for data-driven accountability, Seattle Public Schools (SPS), City of Seattle Office for Education and Public Health of Seattle and King County established a formal partnership to develop a system for linking health-related data from SBHCs with students' academic and demographic data. They have data sharing agreements in place that outline each partner's role in accessing and using data. Seattle Public Schools provides academic and demographic data to the City of Seattle, Office for Education, stripped of all identifiers and replaced with proxy numbers to link the data files. These data can then be examined longitudinally to assess the impacts of the SBHC on students' attendance, disciplinary actions, grades and classes passed.[VI]
>
> *How have the findings been used?* The study findings are used both locally and nationally to justify the city and school districts' continued investment in SBHCs and advocate for continued Levy funding. The study findings were also published in a peer-reviewed journal and shared at conferences. Data are also shared regularly with providers to provide a continuous feedback mechanism for performance monitoring and improvement.

[VI] For more information, please see the report, "At the Intersection: Connecting Health and Education Data in School-Based Health Centers," produced by School Community Health Alliance of Michigan and available from: http://scha-mi.org/wp-content/uploads/2013/07/KresgeCaseStudies-FINAL.pdf

Appendices

Appendix A: Literature on SBHCs and Correlation with Academic Indicators

Study/Setting	Design	Results
Kisker and Brown (1996) Multi-site, national evaluation of 19 high schools	Prospective quasi-experimental comparison of a cohort of students attending SBHC (n=3,050) vs. non-SBHC schools (n=859) between the beginning and end of high school career	Absences because of illness were not significantly different for SBHC and students and urban youths nationally. However, the percentage who progressed through school at the expected pace was significantly higher (but a small difference) among SBHC students than urban youths nationally. *Caution: dose-response analyses were not consistent.*
Gall et al (2000) High school SBHC in northeast city with large Hispanic immigrant population	Prospective quasi-experimental comparison of academic performance data two months before and after for students referred vs. not referred for mental health services (n=383)	Use of a screening tool for mental health problems and subsequent referral to services resulted in significantly reduced absences and tardies. *Caution: Self-reported data.*
Webber et al (2003) Multi-site evaluation of elementary schools in the Bronx, New York	Retrospective quasi-experimental comparison of students attending 4 schools with SBHCs (n=645) vs. students attending 2 schools without an SBHC (n=304)	Access to SBHCs was associated with a reduction in the rate of hospitalization and a gain of three days of school for children who have asthma. *Note: No impact on emergency department use was found.*
Walker et al (2009) Seattle ninth grade students in one of 13 high schools with an onsite or nearby SBHC	Retrospective comparison of SBHC users (n=444) and nonusers (n=1,861) taken from a linked school district and SBHC database	With low to moderate effect sizes, SBHC use is significantly associated with GPA and attendance gains and these effects are moderated by type of use. Medical use was most strongly associated with increases in attendance and mental health use was more strongly associated with increases in GPA. *Caution: conclusions limited to higher risk youth using SBHC services.*
Van Cura (2010) Two urban high schools in Western New York	Analyzed a convenience sample of 764 students with access to an SBHC compared to other students without access to an SBHC	Students not enrolled in an SBHC are significantly more likely to be sent home during the school day than students enrolled in an SBHC. Thus, SBHCs increase student learning time.
Strolin-Goltzman (2010) A large northeastern city with 208 schools with SBHCs and a matched sample of schools without SBHCs	Secondary analysis of Board of Education Learning Environment Survey data (n=208 schools with and 208 schools without an SBHC)	Students in SBHC schools rated academic expectations (sig), communication (ns), school engagement (sig), safety and respect (ns) higher than comparison students. Parents rated academic expectations (sig), communication (sig), school engagement (sig) higher than comparison, but there were no differences for safety and respect. There was no significant difference between how teachers rated these indicators versus comparison.
Kerns et al (2011) Integrated database from an urban public school district	Quasi-experimental longitudinal analysis of a retrospective student cohort (n=3,334)	This study originally found an association between low to moderate SBHC use and reductions in dropout for high school students, especially for students at higher risk for dropout. However, findings were retracted after accounting

and department of public health		for the issue of attending school through graduation having an effect on measured SBHC use, rather than SBHC use impacting graduation.
Strolin-Goltzman et al. (2012) A large northeastern city with 208 schools with SBHCs and a matched sample of schools without SBHCs	Secondary analysis of Board of Education Learning Environment Survey data (n=208 schools with and 208 schools without an SBHC)	Schools with SBHCs were perceived to have a more favorable learning environment than schools without. SBHCs in middle and elementary schools were associated with greater levels of school engagement and satisfaction with the learning environment than those in high schools.
Stone et al (2013) 15 high schools in San Francisco, California	Cross-sectional data using propensity scoring to adjust for potential bias in the observed relationship between SBHC use and school assets	SBHC use appears to positively relate to student-reported caring relationships with health center staff and school assets. The strongest effects were observed for students reporting >10 visits.

Appendix B: Laws Governing Access to and Use of Health and Educational Data

Legislation	Description
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	The HIPAA Privacy Rule protects the privacy of patients' "protected health information" (PHI) and limits health providers from disclosing PHI. PHI does not include information from educational records that are subject to FERPA (see below). In general, health care providers cannot disclose information protected by HIPAA without an individual's written permission, termed a signed "authorization." However, there are some exceptions to this rule that permit covered entities (including health care providers) to use or disclose PHI for research purposes without authorization when specific conditions are met, such as obtaining appropriate documentation that an Institutional Review Board or a Privacy Board has approved a waiver. If research is conducted with patients' authorization, the person who has the right to sign an authorization to release information will vary under HIPAA and California medical confidentiality law, depending in part on who consented for the underlying health care. Source: US Department of Health and Human Services: http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/research.html For more information, please see the California School-Based Health Alliance & National Center for Youth Law Publication: *HIPAA or FERPA? A Primer on School Health Information Sharing in California (February 2012).*
US Department of Education, Protection of Pupil Rights Amendment (PPRA)	PPRA applies to programs that receive funding from the Department of Education and provides parents with rights to review the content of surveys, instructional materials, analyses and evaluations in which their children participate. It also requires that parents provide written consent prior to their children's participation in surveys or evaluations that address any of a list of topics, including political affiliations; behavioral health concerns; sexual behavior and attitudes; and income. California Education Code allows schools to use passive parental notification through which parents are notified about survey or evaluation procedures and content and can then opt their children out of these activities at the high school level. Active written parental consent is required for younger students. Source: 1) US Department of Education: http://www2.ed.gov/policy/gen/guid/fpco/ppra/index.html?exp=4 and 2) California Department of Education: http://www.cde.ca.gov/ls/he/se/faq.asp
US Department of Health and Human Services Protection of Human Subjects Title 45 Code of Federal Regulations part 46, Subpart D	This code provides basic regulations governing the protection of human subjects in research supported or conducted by the Department of Health and Human Services (HHS, then the Department of Health, Education and Welfare) were first published at 45 CFR part 46 "Subpart D: Additional Protections for Children Involved as Subjects in Research" of these regulations provide guidance on when parent and/or student assent are needed when conducting research and in which situations a researcher may apply for a waiver of parental consent. Source: US Department of Health and Human Services: http://www.hhs.gov/ohrp/humansubjects/regbook2013.pdf.pdf

Appendix C: Sample Instruments and Agreements

- Sample Instruments
  - Seat Time Log
  - Student Survey
  - Parent Survey
  - School Staff Survey
  - Student Client Focus Group Guide

- Sample Data Sharing Agreement Template

Sample School Health Center Seat Time Log

Staff can use this log to track how School Health Centers affect student time spent in class.

Date	Student Initials	Time In	Reason for Visit	Time Out	Staff Initials	Where Did Student Go After Visit?
			☐ Headache ☐ Injury ☐ Stomachache ☐ Immunizations ☐ Sports Physical ☐ Toothache ☐ Well exam ☐ Other: _____			☐ Sent back to class (or lunch/recess depending on time of day) ☐ Sent home (during school day) ☐ Other ☐ Not Applicable (client is an adult/community member)
			☐ Headache ☐ Injury ☐ Stomachache ☐ Immunizations ☐ Sports Physical ☐ Toothache ☐ Well exam ☐ Other: _____			☐ Sent back to class (or lunch/recess depending on time of day) ☐ Sent home (during school day) ☐ Other ☐ Not Applicable (client is an adult/community member)
			☐ Headache ☐ Injury ☐ Stomachache ☐ Immunizations ☐ Sports Physical ☐ Well exam ☐ Other: _____			☐ Sent back to class (or lunch/recess depending on time of day) ☐ Sent home (during school day) ☐ Other ☐ Not Applicable (client is an adult/community member)
			☐ Headache ☐ Injury ☐ Stomachache ☐ Immunizations ☐ Sports Physical ☐ Toothache ☐ Well exam ☐ Other: _____			☐ Sent back to class (or lunch/recess depending on time of day) ☐ Sent home (during school day) ☐ Other ☐ Not Applicable (client is an adult/community member)
			☐ Headache ☐ Injury ☐ Stomachache ☐ Immunizations ☐ Sports Physical ☐ Toothache ☐ Well exam ☐ Other: _____			☐ Sent back to class (or lunch/recess depending on time of day) ☐ Sent home (during school day) ☐ Other ☐ Not Applicable (client is an adult/community member)
			☐ Headache ☐ Injury ☐ Stomachache ☐ Immunizations ☐ Sports Physical ☐ Toothache ☐ Well exam ☐ Other: _____			☐ Sent back to class (or lunch/recess depending on time of day) ☐ Sent home (during school day) ☐ Other ☐ Not Applicable (client is an adult/community member)

Sample School Health Center Student Survey

Thank you for taking the time to complete this survey of your experiences with the School Health Center!
Please check one answer for each question, unless the instructions say to check more than one.
You don't have to answer any questions that you don't want to answer

First please tell us about yourself.

1) **What is your gender?**
   ☐Male   ☐Female   ☐Other

2) **What is your grade?**
   ☐9th   ☐10th   ☐11th   ☐12th   ☐Other: _____

3) **What is your ethnicity**
   ☐African American   ☐Asian   ☐Latino   ☐Pacific Islander
   ☐White   ☐Bi/Multi-racial   ☐Other: _____

4) **What kind of health insurance do you have?**
   ☐ Medi-Cal or other government
   ☐ Private (like Health Net, Blue Cross, Aetna)
   ☐ Other
   ☐ I don't have insurance
   ☐ Not sure

5) **When was the last time you saw a doctor or nurse (anywhere, including the School Health Center)**
   for a physical exam or check-up when you were <u>not</u> sick or hurt?
   ☐ I've never had a physical exam or check-up
   ☐ Within the last year
   ☐ 1 to 2 years ago
   ☐ More than 2 years ago
   ☐ I don't know/remember

6) **During the past four weeks of school, how many days of school did you miss because of a HEALTH**
   problem like cold/flu, illness, injury, toothache, stomachache or asthma?
   ☐ None
   ☐ 1 to 3 days
   ☐ 4 or more days
   ☐ I don't know/remember

7) **During the past four weeks of school, how many days of school did you miss because of STRESS,**
   FEELING SAD, DEPRESSION, FAMILY PROBLEMS, OR ALCOHOL OR DRUG USE?
   ☐ None
   ☐ 1 to 3 days
   ☐ 4 or more days
   ☐ I don't know/remember

8) During the last year, what kinds of grades did you get in school?

☐ Mostly As   ☐ As and Bs   ☐ Mostly Bs   ☐ Bs and Cs
☐ Mostly Cs   ☐ Cs and Ds   ☐ Mostly Ds   ☐ Mostly Fs

9) How do you feel about the following statements?	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know/ Does Not Apply
I have an adult I can talk to about my problems at this school.	☐	☐	☐	☐	☐
I feel like I am part of this school.	☐	☐	☐	☐	☐
I like coming to school.	☐	☐	☐	☐	☐

The next questions ask about your School Health Center.

10) How many times have you used the School Health Center for information or services?
☐ None
☐ 1 or 2 times
☐ 3 to 5 times
☐ 6 to 9 times
☐ 10 times or more

11) Which of the following services have you received from the School Health Center? *(check all that apply)*
☐ Medical care when you were sick, hurt or needed a check-up
☐ Counseling to help you deal with stress, feeling sad, family problems or alcohol/drug use
☐ Help with sexual health issues like birth control/condoms or testing for pregnancy/STDs
☐ Help with diet, nutrition or exercise
☐ Dental care for cleanings, toothaches or cavities
☐ Other
☐ Does not apply – I have never used the School Health Center

12) Have the School Health Center services or programs helped you to…	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know/ Does Not Apply
Do better in school?	☐	☐	☐	☐	☐
Have better attendance *(skip classes less)?*	☐	☐	☐	☐	☐
Get better grades?					
Stay in school?	☐	☐	☐	☐	☐
Get involved in leadership programs?	☐	☐	☐	☐	☐
Have goals and plans for the future?	☐	☐	☐	☐	☐
Feel more connected to people at your school?	☐	☐	☐	☐	☐
Improve your health?	☐	☐	☐	☐	☐

Thank you for your time and feedback!

Sample *School Health Center Parent Survey*

Thank you for taking the time to complete this survey of your experiences with the School Health Center!
Please check one answer for each question, unless the instructions say to check more than one.
You don't have to answer any questions that you don't want to answer.

1) **What is your gender?**
   ☐Male   ☐Female   ☐Other

2) **What is your ethnicity**
   ☐African American   ☐Asian   ☐Latino   ☐Pacific Islander
   ☐White   ☐Bi/Multi-racial   ☐Other: _____

3) **What kind of health insurance do you have?**
   ☐ Medi-Cal or other government
   ☐ Private (like Health Net, Blue Cross, Aetna)
   ☐ Other
   ☐ I don't have insurance
   ☐ Not sure

4) **What do you believe are <u>benefits</u> of having the School Health Center?** (Check all that apply)
   ☐Improves student health   ☐Provides emergency/first-aid care
   ☐Promotes health education   ☐Supports academic performance
   ☐Helps reduce school absences   ☐Acts as referral resource
   ☐Provides students with a safe place to go ☐Helps teachers to focus on academics
   ☐Enhances school safety   ☐None, I don't see any benefits
   ☐Provides crisis intervention (e.g., suicide) ☐Other: _____

5) **What do you believe are <u>drawbacks</u> of having the School Health Center?** (Check all that apply)
   ☐ Calls attention to controversial issues
   ☐ Students might use it to get out of class
   ☐ Some students might use services their parents do not want them to use
   ☐ Takes space from other school programs
   ☐ Takes funds from other school programs
   ☐ None; I don't seen any drawbacks
   ☐ Other: _____

6) How much influence do you think the School Health Center has on the following?	A great deal	Some	Very little	None at all	Don't know
Reducing school absences	☐	☐	☐	☐	☐
Reducing school drop-outs	☐	☐	☐	☐	☐
Improving school performance	☐	☐	☐	☐	☐
Increasing access to needed health care	☐	☐	☐	☐	☐
Creating a safer school environment	☐	☐	☐	☐	☐
Linking students to needed information and resources	☐	☐	☐	☐	☐

7) When was the last time your child saw a doctor or nurse (anywhere, including the School Health Center) for a physical exam or check-up when he/she was <u>not</u> sick or hurt?

☐ My child has never had a physical exam or check-up
☐ Within the last year
☐ 1 to 2 years ago
☐ More than 2 years ago
☐ I don't know/remember

	None	1 to 3 days	4 or more days	Don't know/ remember
8) How often has your child missed a day of school in the last month to go to a medical or dental appointment?	☐	☐	☐	☐
9) During the past four weeks of school, how many days of school did your child miss because of a HEALTH problem like cold/flu, illness, injury, toothache, stomachache or asthma?	☐	☐	☐	☐
10) During the past four weeks of school, how many days of school did your child miss because of an EMOTIONAL concern, like stress, feeling sad, depression, family problems or alcohol or drug use?	☐	☐	☐	☐

11) Has your child ever used the School Health Center?

☐ Yes
☐ No
☐ Don't know

12) Have you seen any of the following changes in your child as a result of the School Health Center?	A great deal	Some	Very little	None at all	Don't know/ Does not apply
Improved health	☐	☐	☐	☐	☐
Fewer health-related absences	☐	☐	☐	☐	☐
Better classroom behavior	☐	☐	☐	☐	☐
Better grades	☐	☐	☐	☐	☐
More goals and plans for the future	☐	☐	☐	☐	☐

13) Do you have any suggestions to help the School Health Center improve its communication with parents and/or make its services more effective?

14) Do you have any comments or other feedback that you would like to share? *(For example, personal stories about how the School Health Center has helped you or your child.)*

Thank you for your time and feedback!

Sample *School Health Center School Staff Survey*

Thank you for taking the time to complete this survey your experiences with the School Health Center!
Please check one answer for each question, unless the instructions say to check more than one.
You don't have to answer any questions that you don't want to answer

1) **What is your role at this school?** (Check all that apply)
   - ☐ Administrator
   - ☐ Teacher or teacher's aide
   - ☐ Counselor, school social worker, psychologist or school nurse
   - ☐ Librarian or other resource staff
   - ☐ Administrative staff
   - ☐ Other: _____

2) **How likely are you to refer students to the School Health Center and its programs?**
   ☐Very likely ☐Likely ☐Unlikely ☐Very unlikely

3) **What do you believe are <u>benefits</u> of having the School Health Center?** (Check all that apply)
   - ☐Improves student health
   - ☐Promotes health education
   - ☐Helps reduce school absences
   - ☐Provides students with a safe place to go
   - ☐Enhances school safety
   - ☐Provides crisis intervention (e.g., suicide)
   - ☐Provides emergency/first-aid care
   - ☐Supports academic performance
   - ☐Acts as referral resource
   - ☐Helps teachers to focus on academics
   - ☐None, I don't see any benefits
   - ☐Other: _____

4) **What do you believe are <u>drawbacks</u> of having the School Health Center?** (Check all that apply)
   - ☐ Calls attention to controversial issues
   - ☐ Students might use it to get out of class
   - ☐ Some students might use services their parents do not want them to use
   - ☐ Takes space from other school programs
   - ☐ Takes funds from other school programs
   - ☐ None, I don't seen any drawbacks
   - ☐ Other: _____

5) How much infuence do you think the School Health Center has on the following?	A great deal	Some	Very little	None at all	Don't know/
Reducing absenteeism	☐	☐	☐	☐	☐
Reducing drop-outs	☐	☐	☐	☐	☐
Improving school performance	☐	☐	☐	☐	☐
Increasing access to needed health care	☐	☐	☐	☐	☐
Creating a safer school environment	☐	☐	☐	☐	☐
Linking students to needed information and resources	☐	☐	☐	☐	☐

6) Have you seen any of the following changes in your students as a result of the School Health Center?	A great deal	Some	Very little	None at all	Don't know/
Fewer health-related absences	☐	☐	☐	☐	☐
Better classroom behavior	☐	☐	☐	☐	☐
Better attention in class	☐	☐	☐	☐	☐

7) Have you seen any of the following changes in the school environment as a result of the School Health Center?	A great deal	Some	Very little	None at all	Don't know/
Increased resources for referrals	☐	☐	☐	☐	☐
Improved student behavior	☐	☐	☐	☐	☐
More awareness of health issues	☐	☐	☐	☐	☐
More opportunities for students to get involved in leadership or after school programs	☐	☐	☐	☐	☐
Improved coordination among the health promotion programs offered at school *(e.g., coordination between health programs and support services or health education and teachers.)*	☐	☐	☐	☐	☐

8) Do you have any suggestions to help the School Health Center improve its communication with teachers and other school staff and/or make its services more effective?

9) Do you have any comments or other feedback that you would like to share? *(For example, personal stories about how the School Health Center has helped you and/or one of your students.)*

Thank you for your time and feedback!

Sample *School Health Center Student Client Focus Group Guide*
*Please note: The following guide can also be adapted for use in individual interviews with students.

Welcome

I am _____ and I am leading this focus group discussion for the [SBHC/RESEARCHER]. We are interested in finding out how students think the health center affects their school experiences. Specifically, we want to ask you some questions about the [MENTION SPECIFIC SCHOOL SBHC NAME] at _____ School. In the next hour, I will be asking you to share your experiences with and thoughts on this health center. Let's take a minute to get to know each other's first names and something about us. I'll begin…[FACILITATOR GIVES NAME AND SOMETHING ABOUT HIM/HERSELF].

First, I'm going to ask about problems youth may face at your school and where they get health care.

1) What do you think are the biggest *problems* (health and/or social) facing teens in your school?
2) In general, do you think teens get health care when they need it (not just from the School Health Center)? Why or why not?

Now, I'm going to ask you what you think about the School Health Center and students' general experiences with it.

3) How did you first hear about the health center?
4) If you (or anyone you know) has ever used the School Health Center…
   a. Why might a student decide to use it?
   b. What do you think students like about it?
   c. What do you think students dislike about it?
5) What are some benefits or good things, if any, about having a health center on your school campus?
   a. *Probe as needed:* Why do you think teens would use the School Health Center instead of another place that offers similar services?
   b. *Probe as needed*: How is the School Health Center different from other places teens go for health care or services?

Now, I have a few questions for you about the issue of how you think the School Health Center affects students' school experiences.

6) Have the School Health Center services helped you or anyone you know…
   a. Feel more connected to people at your school? If so, how?
   b. Be more motivated to do well in school? If so, how?
   c. Miss less school? If so, how?
   d. Get better grades or do better in school? If so, how?
7) Has the School Health Center changed the school overall in any way? If so, how?
   a. *Probe as needed:* Has the overall climate or "feel" of the school changed as a result of the School Health Center?

Thank you for your time today. We have just one final question….

8) Would anyone like to share any other thoughts about what we talked about today?

SAMPLE DATA SHARING AGREEMENT BETWEEN HEALTH AGENCY, SCHOOL DISTRICT, AND THIRD-PARTY RESEARCHER

PLEASE NOTE:
- *This document serves as a draft template that can be adapted for use by interested parties. It is NOT a legal document. You must seek legal counsel before executing this type of agreement.*
- *Ideally, a separate agreement would be entered into between each set of parties; however, this sample combines the agreements for simplicity.*

Additional information is available from:

U.S. Department of Education. The Family Educational Rights and Privacy Act Guidance for Reasonable Methods and Written Agreements. Available from: http://www2.ed.gov/policy/gen/guid/fpco/pdf/reasonablemtd_agreement.pdf

U.S. Department of Education & U.S. Department of Health & Human Services. Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to Student Health Records. Available from: http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/hipaaferpajointguide.pdf

Purpose: The **THIRD-PARTY RESEARCHER** [*SPECIFY RESEARCHER*] requests data to conduct a study on behalf of the [SPECIFY NAME OF SCHOOL DISTRICT] on the academic, social and behavioral impacts of the [SCHOOL DISTRICT'S] School Health Programs under the following terms.

Terms and Conditions: RESEARCHER will serve as the outside research entity that will combine datasets to conduct this study. Because RESEARCHER will match individual student level data, these data are expected to contain confidential information, the disclosure of which is restricted by provisions of law. Some examples of "confidential information" include, but are not limited to: *[Specify definitions and corresponding laws.]*

RESEARCHER will obtain data from the following agencies in accordance with the respective laws that pertain to the sharing of their confidential data:

1. ***[SPECIFY NAME OF HEALTH AGENCY],*** including but not limited to: [*Specify names of health programs].* HEALTH AGENCY is a covered component pursuant to the Health Insurance Portability and Accountability Act (HIPAA) and, therefore, must comply with federal and state laws and regulations pertaining to the confidentiality, use or disclosure of certain health care related information, termed Protected Health Information (PHI).

2. **SCHOOL DISTRICT** within which these services are provided. According to the California Education Code, an educational agency or institution may disclose personally identifiable information from an education record if the disclosure is to… "Organizations conducting studies for, or on behalf of, educational agencies or institutions *for the purpose of developing, validating, or administering predictive tests, administering student aid programs, and improving instruction,* if the studies are conducted in a manner that will not permit the personal identification of pupils or their parents by

persons other than representatives of the organizations and the information will be destroyed when no longer needed for the purpose for which it is obtained." [California Education Code 49076(b)(5) and 20 USC 1232g(b)(1)(F)]

This contract serves as the Data Sharing Agreement between RESEARCHER, HEALTH AGENCY and SCHOOL DISTRICT. RESEARCHER agrees to the following terms in handling data in these datasets:

a) **Nature of Data.** SCHOOL DISTRICT, at its discretion, will provide RESEARCHER with datasets from their pupil educational data systems. Data elements will include attendance, disciplinary actions and academic performance indicators. HEALTH AGENCY, at its discretion, will provide RESEARCHER with datasets from their electronic health records system. Data elements will include dates and types of services received. SCHOOL DISTRICT and HEALTH AGENCY, respectively, will create data extracts and shall provide these data extracts to RESEARCHER using a mutually agreed upon means and schedule for transferring confidential or private information. Specific data elements and data extraction schedules are outlined in Attachment A of this agreement.

b) **Data Use.** All parties agree that the data obtained from the education and health records will only be used for the study identified in this agreement and for no other purpose.

c) **Duration of the Study.** *[Specify duration of the study.]*

d) **Confidentiality and Use of Information.** [*Specify: 1) Laws that will be abided by; 2) Who will have access to data; 3) How information, specifically identifiable information, will be used; and 4) How data will be reported to protected individuals' confidentiality.]*

e) **Re-disclosure of Data.** [*Specify that data will not be re-disclosed to any outside parties not covered by this agreement without written permission. If not the case, then specify to who and how data will be re-disclosed.]*

f) **Data Security.** [*Specify how data will be stored and who will have access to data.]*

g) **Data Destruction.** *[Specify how and when data will be destroyed, either after the study is completed or within a specified time period after the study is completed.]*

h) **Term.** [*Specify term of agreement.]*

i) **Termination.** [*Specify how parties can terminate agreement, including that it will be terminated immediately if any party has violated the terms.]*

j) **Miscellaneous Terms.** [*Specify any other applicable terms, e.g., that the study will be reviewed by the researcher's institutional review board.]*

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the dates set forth below.

LEAD HEALTH AGENCY

Signature: _____

Printed Name: _____

Title: _____

Date: _____

SCHOOL DISTRICT

Signature: _____

Printed Name: _____

Title: _____

Date: _____

THIRD PARTY RESEARCHER

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Attachment A. Specific Data Request Parameters and Data Elements

I. **Timeline for Data Request:** *[Specify at which intervals data will be provided by and to whom for the duration of the project.]*

II. **Data Request Files**
    a. Desired File Format: *[Specify the format in which data will be transferred (e.g., password protected, comma delimited Excel file) and how data will be transferred (e.g., on a CD via a traceable mail delivery service)]*

    b. Datasets and Data Keys: *[Specify how datasets and dataset keys will be transferred between entities, including how identifiers will be assigned/used.]*

III. **List of Data Elements Requested:** *[Specify which data elements are being requested. Examples are provided below.]*

Educational Data

Demographics
- ☒ Gender
- ☒ Ethnicity
- ☒ Title 1 Flag
- ☒ School
- ☒ Grade Level
- ☒ Total Days Suspended during School Year
- ☒ Number of Times Suspended
- ☒ Attendance (Days Absent/Enrolled)
- ☒ Number of Excused Absences
- ☒ Number of Unexcused Absences
- ☒ Primary Language Spoken
- ☒ Language Proficiency

Special Programs
- ☒ Gifted and Talented (GATE)
- ☒ Special Education

Academics
- ☒ Current year GPA
- ☒ Cumulative GPA
- ☒ GPA in English and Math
- ☒ California Standards Test Results (CST)
- ☒ High School Exit Exam (CAHSEE)
- ☒ Retention
- ☒ California English Language Development Test (CELDT) Results

Health Data

Demographics
- ☒ Gender
- ☒ Ethnicity
- ☒ School
- ☒ Grade Level
- ☒ Health Insurance

Problems/Concerns
- ☒ Screening/Assessment Results

Services
- ☒ Dates
- ☒ Types of Service Received
- ☒ Diagnoses

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