



# SCHOOL-BASED HEALTH CENTER NEEDS ASSESSMENT

Mesa County Valley District 51

## Background

In early 2018, MarillacHealth and Mesa County Valley School District 51, in partnership with various community partners, convened an advisory committee to determine the feasibility of opening a school-based health center (SBHC) in the school district. The advisory committee contracted with the Colorado Association for School-Based Health Care (CASBHC) to support the planning process, including the completion of an assessment of student health needs and community resources. The findings from this assessment will guide strategic decisions to operationalize a new SBHC in the Mesa County Valley School District 51.

This assessment captured input from parents, students, staff and community organizations through surveys, focus groups and interviews, as well as existing data on socio-demographics and health status to answer the questions:

- What are the health care needs of the target population?
- Would the target population utilize a SBHC?
- What are the existing community resources, including health care facilities, that serve the target population?

The following report provides a summary and analysis of the assessment results.

### Target Population

This analysis focused on students enrolled at Central High School, Grand Junction High School and their feeder middle schools. The Colorado Health Institute found that both high schools met key indicators that project the need for a SBHC: health outcomes, access and utilization of care, health insurance coverage and youth risk factors.

Source: Colorado Health Institute. (2015) Assessing the Need for School-Based Health Centers in Colorado, 2015

## Methodology

Survey: In October 2018, online surveys (Survey Monkey) were distributed to students and parents from targeted schools and on the district website inquiring about top student health concerns; previous experience getting health care; barriers to accessing health care; and potential use of the SBHC. Parents surveys were also available in Spanish online and paper.

An online survey was distributed to staff from the targeted schools to inquire about students' health needs; access to health care; and staff support for the proposed SBHC.

Focus Groups: A total of 7 focus groups were conducted, including student, parent and staff groups. The focus group facilitator used a focus group discussion guide as a general guide for each of the focus groups. Focus groups lasted 45 – 60 minutes.

Community Organization Interviews: A total of 4 community organization were interviewed via phone. The advisory committee identified key community organizations serving youth in the area. Interviewees were selected based on their expertise in a variety of issues, including health care, local government, local community, and knowledge of underserved populations. The facilitator used an interview guide to structure the interviews. Each interview lasted approximately 40 minutes.

The community organizations included:

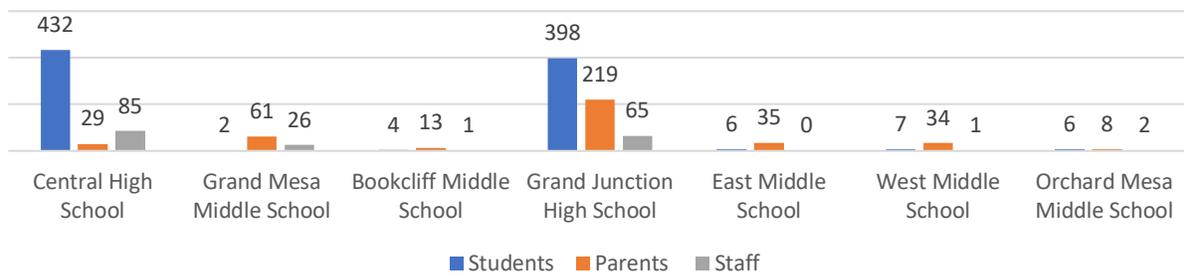
- Riverside Education Center
- Mesa County Health Department
- Ariel Clinic Services
- MindSprings

Secondary Data Analysis: School and district student data from the 2017-2018 school year were obtained through the Colorado Department of Education. School and district 2017 Healthy Kids Colorado survey results were provided by the school district. CASBHC pulled publicly available county-level data on socio-demographic characteristics including health indicators of children and adolescents.

### Community Input Respondents

Survey Respondents: A total of 1,440 surveys were collected. Ninety-three percent (1,334 surveys) were associated with the target population including 855 students, 304 parents and 175 staff, which were used for this analysis. Graph 1. depicts the number of respondents by school and stakeholder group from these schools.

Graph 1 Respondents by School and Stakeholder Group (n=1,334\*)

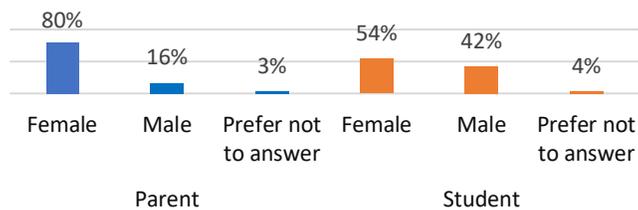


\*Total number of respondents by school and stakeholder (1,434) is greater than total number of respondents (1,334) due to staff and parents affiliated with multiple schools

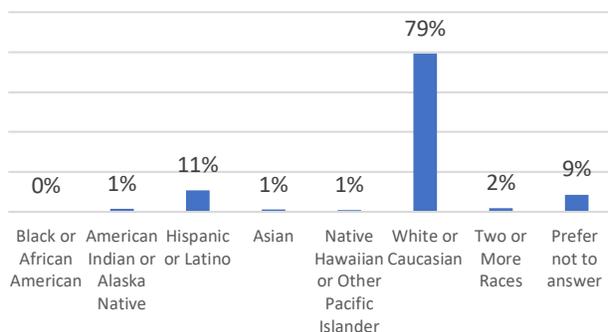
Demographic information provided by survey respondents and school/county data indicate:

- student respondents are representative of the district’s student population in race and ethnicity and gender
- Spanish speaking parents, male parents and Central High School parents are under-represented

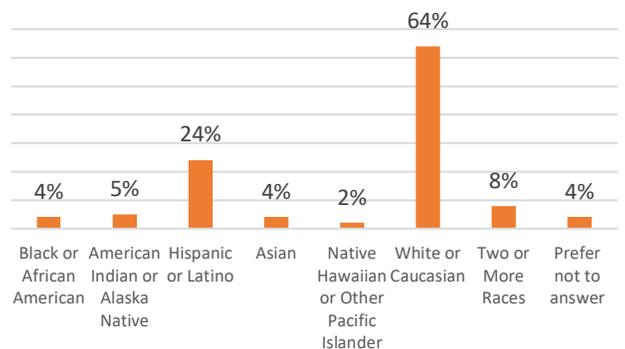
Graph 2 Parent and Student Survey Respondent Gender



Graph 3 Parent Survey Respondent Race and Ethnicity



Graph 4 Student Survey Respondent Race and Ethnicity



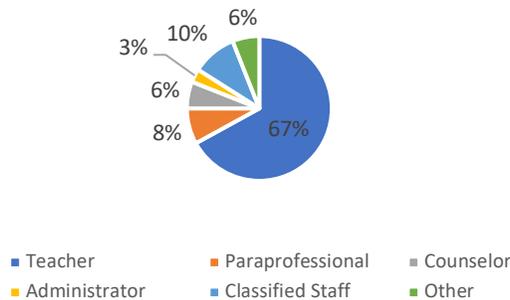
**Mesa County Valley District 51 Student Demographic Snapshot**

<p><b>Mesa County Valley 51 Students</b>                  22,084 Students Enrolled                  49% Female 51% Male                  23% Hispanic or Latino                  70% White                  42% Eligible for Free and Reduced Lunch Program</p>		
<p><b>Central High School Students</b>                  1,518 Students Enrolled                  47% Female 53% Male                  30% Hispanic or Latino                  64% White                  44% Eligible for Free and Reduced Lunch Program</p>	<p><b>Grand Junction High School Students</b>                  1,573 Students Enrolled                  49% Female 51% Male                  23% Hispanic or Latino                  70% White                  38% Eligible for Free and Reduced Lunch Program</p>	<p><b>Grand Mesa Middle School</b>                  608 Students Enrolled                  50% Female 50% Male                  33% Hispanic or Latino                  60% White                  61% Eligible for Free and Reduced Lunch Program</p>
<p>Note: Free and Reduced Lunch Program Eligibility lower in high schools likely due to fewer applications                  Source: Colorado Department of Education. 2017-18 PK-12 Race/Ethnicity and Gender by School;                  2017-18 K-12 Free and Reduced Lunch Eligibility by School</p>		

**Grand Junction Demographics (All Population)**  
 93% White  
 17% Hispanic  
 5% of adults speak Spanish, of which more than half speak English less than 'very well'

Source: 2013-2017 American Community Survey 5-Year Estimate Population by Race  
 2013-2017 American Community Survey 5-Year Estimates Language Spoken at Home

Graph 5 Staff Survey Respondent Role in District



**Focus Group Participants:** A total of 55 individuals participated in 7 focus groups.

Table 1 Focus Group Participants by Stakeholder Group and Location

Location	Student Group	Parent Group	Staff Group
<b>Grand Mesa Middle School</b>	6	Parents group not held	Staff group not held
<b>Central High School</b>	11	No parents attended	17
<b>Grand Junction High School</b>	4	3	3
<b>R-5 High School (Spanish)</b>	Student group not held	11 parents, including 3 from Central High School	Staff group not held

## Findings

Findings are organized under each research question addressed. Secondary data findings on health needs and socio-demographic status are presented where applicable.

### Health care needs of students in target population

#### Top Health Concerns

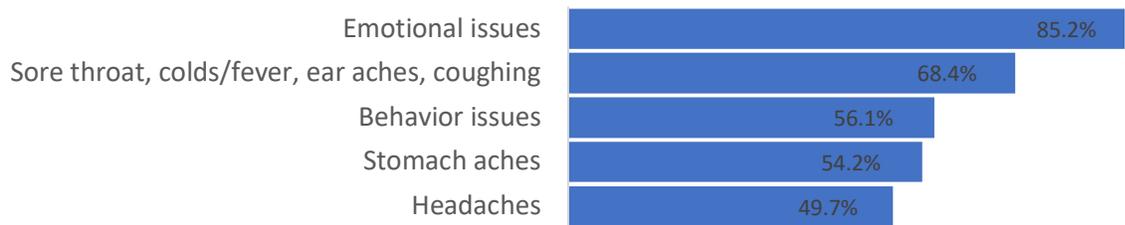
All stakeholders agreed that mental health was the most critical student health concern. All survey respondents reported anxiety and stress and eating and weight issues among the top health issues for students (see Table 2 for survey respondents' top health concerns by stakeholder). Four of the 5 top health concerns reported by students were related to health and substance use. Students and staff agreed that alcohol/drug use and feeling sad were critical issues. Students explained that parents aren't aware of these concerns because adolescents aren't comfortable talking about substance use and mental health. Mental health stigma prevents both students and parents from talking about concerns and seeking treatment.

*"I would love to see mental health at the top of the list. Our kids need help!!" – parent*

Table 2 Survey Responses- Top 5 Student Health Concerns

Students	Parents	Staff
Feeling worried or stressed (52%)	Feeling worried or stressed (75%)	Anxiety and stress (71%)
Feeling sad (41%)	Violence/bullying (44%)	Alcohol or drug use (60%)
Eating and weight issues (37%)	Feeling sad (44%)	Problems at home (56%)
Suicide or wanting to hurt themselves (31%)	Not enough exercise (42%)	Coming to school hungry (44%)
Alcohol or drug use (30%)	Eating and weight issues (38%)	Eating and weight issues (35%)

Staff reported the top 5 health complaints or chronic conditions that affect student attendance and academic achievement:



Data from the 2017 Health Kids Colorado Survey also identified mental health and substance use concerns among local high school students.

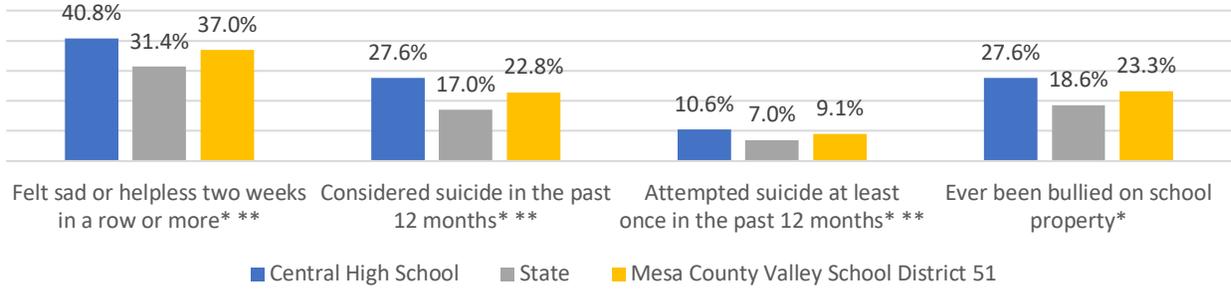
- Central High School students felt sad or helpless; considered suicide; and attempted suicide more than their peers in the district and statewide (Graph 5). More Central High School students have

been bullied on school property than their peers statewide. More Central High School students reported using alcohol and cigarettes than their peers in the district and statewide (Graph 6).

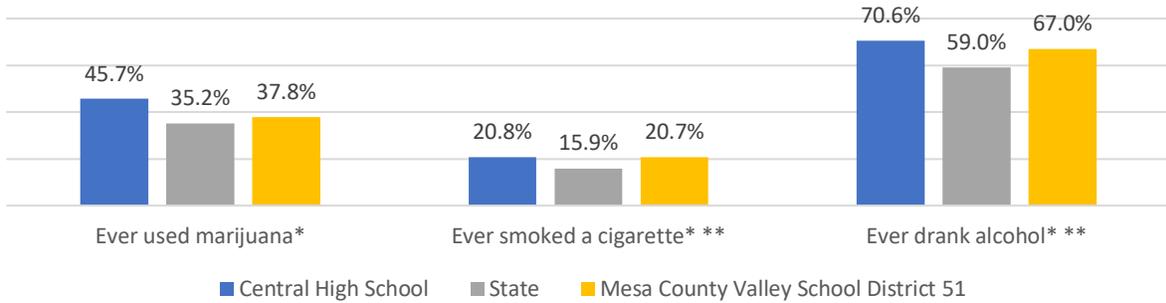
- More Grand Junction High students have felt sad or helpless and considered suicide than their peers district and statewide (Graph 7). Grand Junction High School students drank alcohol more than their peers in the district and statewide (Graph 8).

[Note: In graphs, \* indicates a statistically significant difference between the school and state percentages. \*\* indicates a statistically significant difference between the district and state percentages]

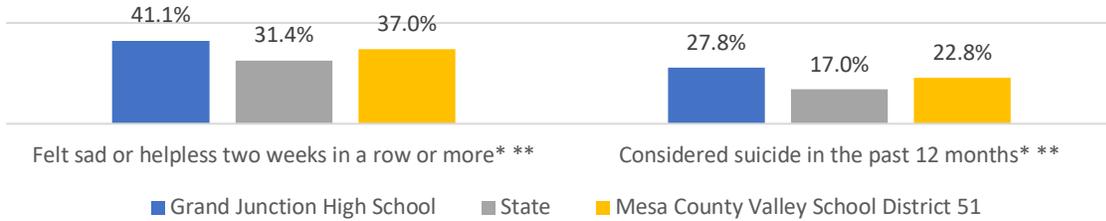
Graph 5 Self-Reported Mental Health Indicators – Central High School Students (2017)<sup>i</sup>



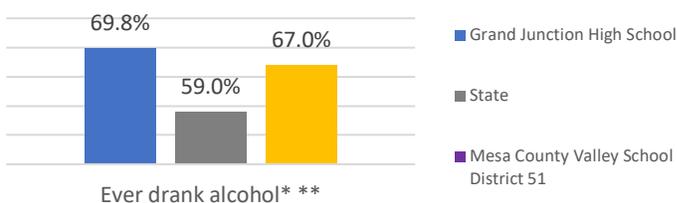
Graph 6 Self-Reported Substance Use Indicators – Central High School Students (2017)<sup>ii</sup>



Graph 7 Self-Reported Mental Health Indicators – Grand Junction High School Students (2017)<sup>iii</sup>



Graph 8 Self-Reported Substance Use Indicators – Grand Junction High School Students (2017)<sup>iv</sup>



Stakeholders noted additional health concerns, including vision care, dental services, reproductive health care, concussion management, nutrition and physical activity.

A recent needs assessment by Mesa County Public Health underscores key health needs impacting youth and supports community input on student health needs.<sup>v</sup>

- The highest rate of suicide attempt in the county occurred in young people ages 10 to 19 years (533 per 100,000) (2017)
- Teen pregnancy in Mesa County is consistently higher than in Colorado (22.3 per 1,000 females ages 15 to 19) (2016)
- 54% of children (5 to 14 years) do not get the recommended amount of physical activity per week
- 22% of children (5 to 14 years) are overweight or obese. (2011-2015)

### Access to Care

While most survey and focus group participants indicated a regular source of health care, focus group participants and community organizations agreed that access to care remains a critical barrier for youth, especially mental health care.

Children who experience poverty are at risk of many adverse health and developmental outcomes over their life.<sup>1</sup> Mesa County Valley School District 51 ranks 80<sup>th</sup> out of 178 school districts for percentage of school-age children (ages 5-17) in poverty.

According to the Mesa County Public Health needs assessment, the local population to primary care physicians (PCP) ration is among the best in Colorado with 940 individuals to everyone one PCP. Mesa County's population to dentists ratio (1,390:1) and mental health providers (360:1) ranks as moderate among Colorado counties.<sup>vi</sup> Yet, parents, staff and community organizations all noted that lack of providers is a barrier to care for youth, especially for the uninsured and Medicaid enrollees. Parents specified that timely appointments for sick care are difficult in Medicaid. It is very challenging to get timely access to mental health care for youth, especially with Medicaid.

*Source of Care-* Most parents and students reported having a regular source of health care beyond urgent or emergency care clinics. Many students receive care in doctor's offices (71% of students; 93% of parents) and community health center (10% of students; 3% of parents). Two percent (2%) of parents reported that their child does not have a regular source of care and 2% report their child's source of care is the urgent care clinic. County data reveals 40% of children in Mesa County lack a medical home.<sup>vii</sup>

*Source of Health Insurance-* Mesa county's uninsured rate for youth is 5.5% compared to 4.4% statewide (2015).<sup>viii</sup> In the county, 1 in 10 children are eligible, but not enrolled in health insurance. The percentage of children eligible for the Child Health Plan Plus (CHP+) is double the state average leaving over 2,000 children who are likely eligible for health coverage uninsured.<sup>ix</sup>

*Use of health services-* Most parents and students reported that they (children/students) have seen a doctor and dentist in the past year. Nearly a quarter reported seeing a therapist. Table 3 depicts the percentage of parents and students reporting students' access to care in the past year by service type.

Table 3 Percent Reporting Student Access to Care in the Past Year by Service Types

Respondent	Seen doctor	Seen Dentist	Counselor/Therapist
Parent	95%	92%	28%
Student	88%	80%	22%

*Barriers to care* – One out of 3 parents noted that cost and lack of time have caused them to delay or avoid health care for their child(ren). 1 out of 10 report transportation was a barrier (Table 4).

Table 4 Percent of Parents Avoiding/Delaying Care due to Barriers

Barrier	Percent of Surveyed Parents Avoiding/Delaying Child’s Health Care
Lack of time	32%
Cost	33%
Transportation	10%

The high cost of health care, especially for uninsured, was most frequently noted as a major barrier to care. Lack of providers, particularly in mental health, was also identified. Language barriers impact access, including lack of translators and forms in Spanish. Forty percent (40%) of parents and 54% of staff said there was not enough health care facilities nearby for students.

**SBHC Utilization**

Over a third of students and half of parents said that they (child/student) would use the SBHC. Over a third of the students were neutral and didn’t know if they would use it, while slightly less than 30% of parents felt the same. This could be due to limited understanding of SBHCs. There was vast support of the SBHC among all focus groups and community organization who participated.

Staff support of the SBHC was strong with 73% indicating their support. Only 2% thought it was a bad idea and had concerns.

Chart 1 Student View- Student Use of SBHC

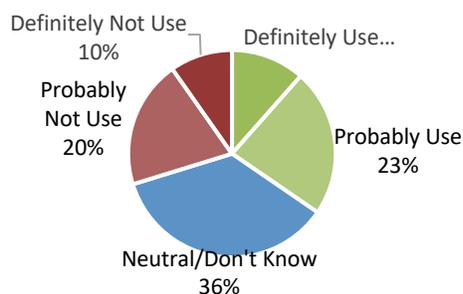


Chart 2 Parent View- Student Use of SBHC

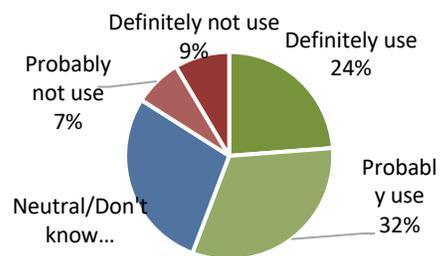
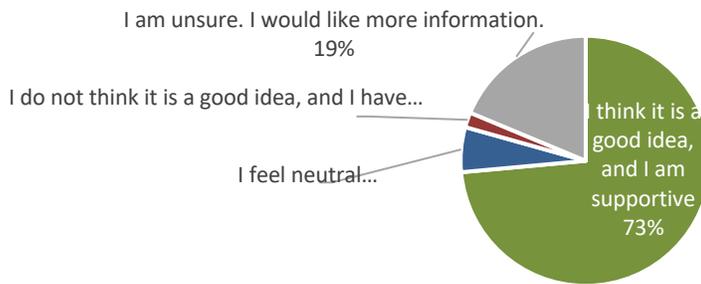
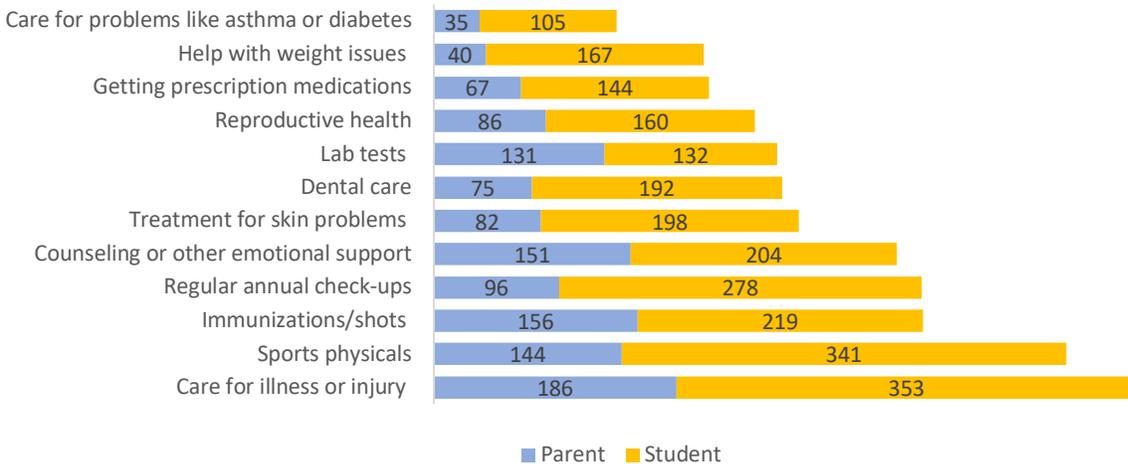


Chart 3 Staff View – Support for SBHC



Parents and students agree that the SBHC would mostly be used for illness and injury. Graph 9 shows the types of services students and parents said they would use at a SBHC.

Graph 9 Services to be Used at a SBHC



**Existing community resources**

There are a number of primary care providers in the area who are accepting new Medicaid patients (according to Colorado Department of Health Care and Policy provider search website at <https://www.colorado.gov/hcpf/find-doctor>) including, but not limited to:

- Primary Care Partners
- Western Family Medicine
- Grand Valley Pediatrics and Primary Care Partners
- Dinosaur Junction Pediatrics
- Juniper Family Medicine

There are a limited number of primary care providers who are accepting new Medicaid patients and serve the uninsured on a low-cost/sliding fee schedule include (<http://blueguide.cohealthinitiative.org/>):

- MarillacHealth
- St. Mary’s Family Residency
- St. Mary’s Hospital and Medical Center
- Community Hospital

- Mesa County Public Health

- Mind Springs Child and Family Outpatient Clinic

**Common Questions and Concerns**

Comments from staff, parent, students and community organizations articulated **support for the SBHC** as a valuable resource in the community.

“Stigma (around mental health) can be reduced (with a SBHC). A kid will be less singled out when they get services.” - community organization

Comments and questions fell into three categories: operations, funding and parent involvement (Table 5). Some topics, like confidential services, had mixed comments. For example, some stakeholders were concerned about youth accessing services without the parent knowing, while others said confidential services were important to ensure kids have somewhere to go if they can’t talk to their parent(s).

“Will there be an open place where students can go to openly talk about how they feel?” – student

“Kids might be embarrassed to go.” – student

Table 5 Themes from Stakeholder Comments and Questions

Operations	Parent Involvement	Funding
<p><b>Staffing:</b> Type and quality of provider; experience of provider with youth</p> <p><b>Location:</b> Which school and how kids will get there</p> <p><b>Hours:</b> Days and hours of operation; access during summer and after school important; worry that kids will misuse to skip class</p> <p><b>Services:</b> Types of services; coordination with other providers; break down silos between school and community resources</p> <p><b>Cost:</b> Cost for services; insurance billing; uninsured students</p>	<p><b>Communication:</b> Communication with parents when child seen; need to be with child at appointment</p> <p><b>Confidentiality:</b> Concern about child getting care without parent; who has access to health information; importance of youth having access to confidential services; confidentiality laws</p>	<p><b>Cost to operate:</b> Funding source; concern about tax dollars and education funds being used; potential waste if not used</p> <p><b>Sustainability:</b> Concern it would close if not funded long-term; options to fund long-term</p>

Stakeholders provided feedback helpful in subsequent phases of the planning process, including how to market the SBHC to parents and creating an adolescent-friendly environment.

**Parent ideas to reach parents, including Spanish-speaking community:**  
community events  
school events (i.e. freshman tours)  
pop-up parent health education sessions at school events  
flyers      phone calls      emails  
Spanish radio      Facebook

**A youth-designed SBHC would be/have...**  
age appropriate décor      no white walls  
not boring      teen magazines      video games  
warm      homey      not scary      relaxing  
comfy chairs

**Recommendations**

Community input indicates ample support to pursue a SBHC in the district. Both Central High School and Grand Junction High School demonstrate adequate student health and support indicators to confirm that these locations may benefit from a SBHC. SBHCs estimate 50% student enrollment in the clinic in the first year of operation with a goal of 70% student enrollment in year 4 (national School Based Health Alliance recommendation). Based on student and parent anticipated use of the SBHC, this goal is achievable at either high school, yet Central High School students and parent indicate slightly more interest in the clinic.

Mental health and substance use are a clear priority area. The SBHC model integrates behavioral health with primary medical care to ensure a comprehensive and seamless system of care. If the SBHC offers short-term behavioral health services, an adequate provider referral network should be established for students needing intensive and/or long-term behavioral health services. This will alleviate the potential for students identified with moderate to severe behavioral health needs to fall through the cracks.

A communications/marketing plan should be developed once a plan is underway to open a clinic. Marketing and outreach efforts should be designed for individual stakeholder groups, including students, parents, staff and community groups. Messaging should include pertinent details about the SBHC operations and talking points addressing specific questions and concerns raised by each group. For example, list the funding sources to address concern that educational funding will shift to the clinic.

Marillac Health, in partnership with the school district, should develop SBHC operational policies and procedures that incorporate feedback from staff, students and parents and address potential concerns. For example, a protocol for communicating with parents about their child’s use of the health center that recognizes confidentiality laws and a process for student “walk -ins” at the SBHC that reduces the potential misuse of the resource. Finally, quality of the SBHC providers will influence student and parent perception and use of the SBHC. Stakeholders envision ‘seasoned’ providers trained to work with adolescents who are comfortable being a part of the school community outside of the SBHC walls.

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<sup>i</sup> Colorado Department of Public Health and Environment. 2018. “Healthy Kids Colorado Survey 2017. School Snapshot. Central High School”

<sup>ii</sup> Ibid

<sup>iii</sup> Colorado Department of Public Health and Environment. 2018. “Healthy Kids Colorado Survey 2017. School Snapshot. Grand Junction High School”

<sup>iv</sup> Ibid

<sup>v</sup> Mesa County Community Health Needs Assessment 2018-2020 Created by Mesa County Public Health.

<sup>vi</sup> Mesa County Community Health Needs Assessment 2018-2020 Created by Mesa County Public Health.

<sup>vii</sup> Colorado Department of Public Health and Environment: VISION- Colorado Child Health Survey, Data by County- Medical home – children aged 1-14 years (%) 2015-2017. Accessed on December 15, 2018 at <https://www.colorado.gov/pacific/cdphe/vision-data-tool>

<sup>viii</sup> Mesa County Community Health Needs Assessment 2018-2020 Created by Mesa County Public Health.

<sup>ix</sup> Colorado Children’s Campaign. (2018) *Kids Count in Colorado! 2018*