

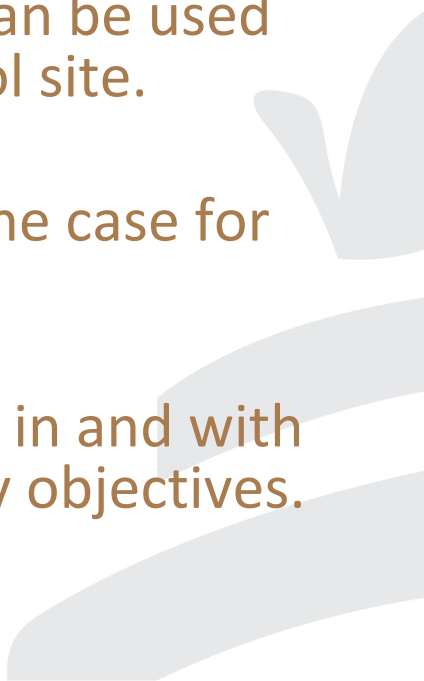
# California's Student Health Index

## Making the Case for New SBHCs Using Data



# Learning Objectives

Participants will be able to...

1. Identify health and education data sources that can be used to evaluate the need for SBHCs at a specific school site.
  2. Develop similar data-driven campaigns to make the case for more SBHCs in their respective states.
  3. Identify important allies and audiences to engage in and with a communications plan to advance their advocacy objectives.
- 

# Poll Questions: Who's here?

What best describes you and your role? (please choose one)

- a) SBHC or other school health provider (i.e. school nurse/counselor)
- b) Policymaker (local, state, or federal)
- c) Student (HS, college, graduate) or researcher
- d) SBHC State Affiliate or school health advocate
- e) Other – please type into chat

How often do you use data in your role? (please choose one)

- a) Every day
- b) 1-2 times per week
- c) A couple times a month
- d) Rarely



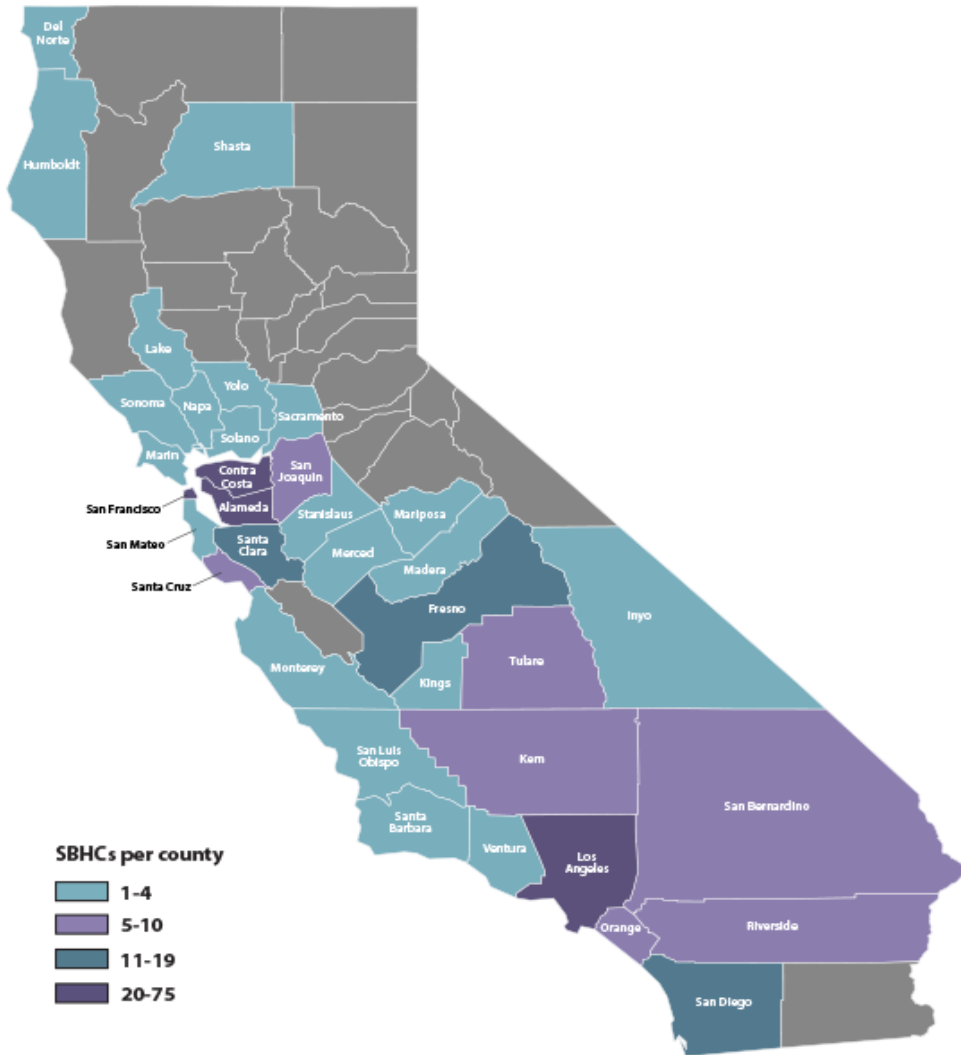
# Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to **improving the health & academic success** of children & youth by **advancing health services in schools.**

Learn more:

[schoolhealthcenters.org](http://schoolhealthcenters.org)





↑↑↑ **293**

## School-Based Health Centers in CA

**286,000**

students have access to SBHCs & high-quality health services



# Goal for the Student Health Index

293

**SBHCs**

Number of active  
SBHCs in California

10,000+

**Schools**

Number of Schools  
in California

**Need more  
SBHCs?**

Identify  
opportunities to  
improve access to  
care at schools

# **STUDENT HEALTH INDEX**

**The first statewide comprehensive analysis to identify the counties, districts, and schools where new SBHCs will have the greatest return on investment for improving student health and education equity.**

# Creating the Index



## Identify Indicators

Publicly Available  
Relevant (to benefits/outcomes of SBHCs)  
Non Duplicative  
Geographically Specific



## Inclusion Criteria

Rural schools with enrollment >500 students  
Urban non-high schools with enrollment >500  
Urban high schools with enrollment >1000



## Calculate Need Score

Quartiles to assign scores of 1-4 for each indicator  
Double-weighted school-level indicators  
Combines the scores into a composite Need Score



# Data Included

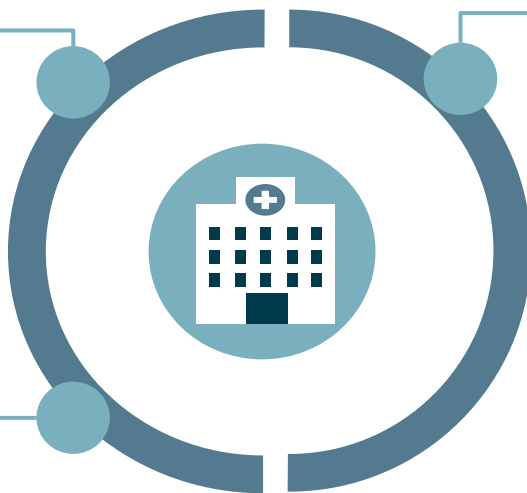
## Census Tract

### Health and Health Care Indicators

Diabetes  
Asthma ED admissions  
Teen birth  
Health Professional Shortage  
Areas

### Socioeconomic Indicators

Poverty among < 18  
Uninsured among < 19  
Healthy Places Index



## School-Level

### School Indicators

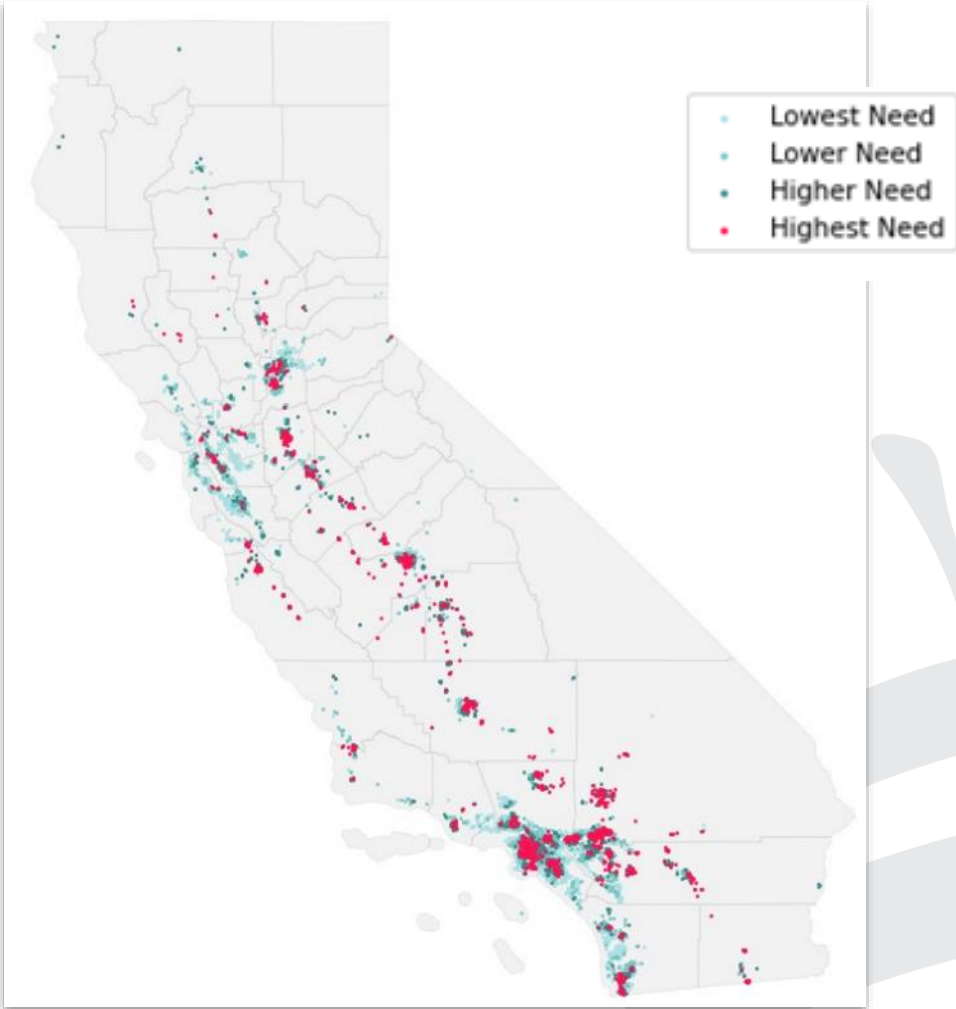
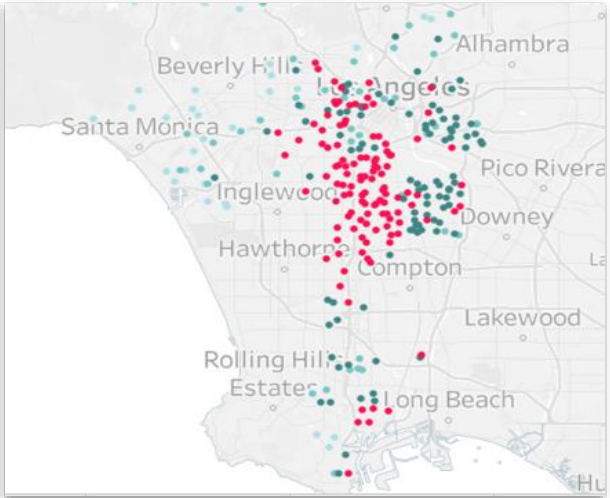
Percent FRPL  
Percent English  
Learners  
Percent Chronically  
Absent  
Percent homeless  
Suspension rate

In the Chat....

What state are you in? What statewide data is available that you might use to replicate this (or a similar) analysis?

# FINDINGS

**The Student Health Index shows where to invest in SBHCs for the greatest impact on student health and learning.**



**There are counties and districts with significant levels of unmet need.**

Highest need schools are concentrated, especially in the Central Valley and Inland Empire.



San Bernardino has **three** of the top ten school districts with the highest ratio of high need schools to total schools. Central Valley has **three**.

Rank	County	District	Number of Schools	Number of Highest Need Schools	Ratio
1	Los Angeles	Lynwood Unified	15	15	1.00
2	Madera	Madera Unified	20	18	0.90
3	Los Angeles	Pomona Unified	19	16	0.84
4	San Joaquin	Stockton Unified	36	30	0.83
5	San Bernardino	Rialto Unified	24	20	0.83
6	Riverside	Coachella Valley Unified	17	14	0.82
7	San Bernardino	San Bernardino City Unified	49	40	0.82
8	Fresno	Fresno Unified	71	54	0.76
9	Monterey	Salinas City Elementary	12	9	0.75
10	San Bernardino	Hesperia Unified	20	15	0.75



**89%**

students eligible  
for free and  
reduced lunch



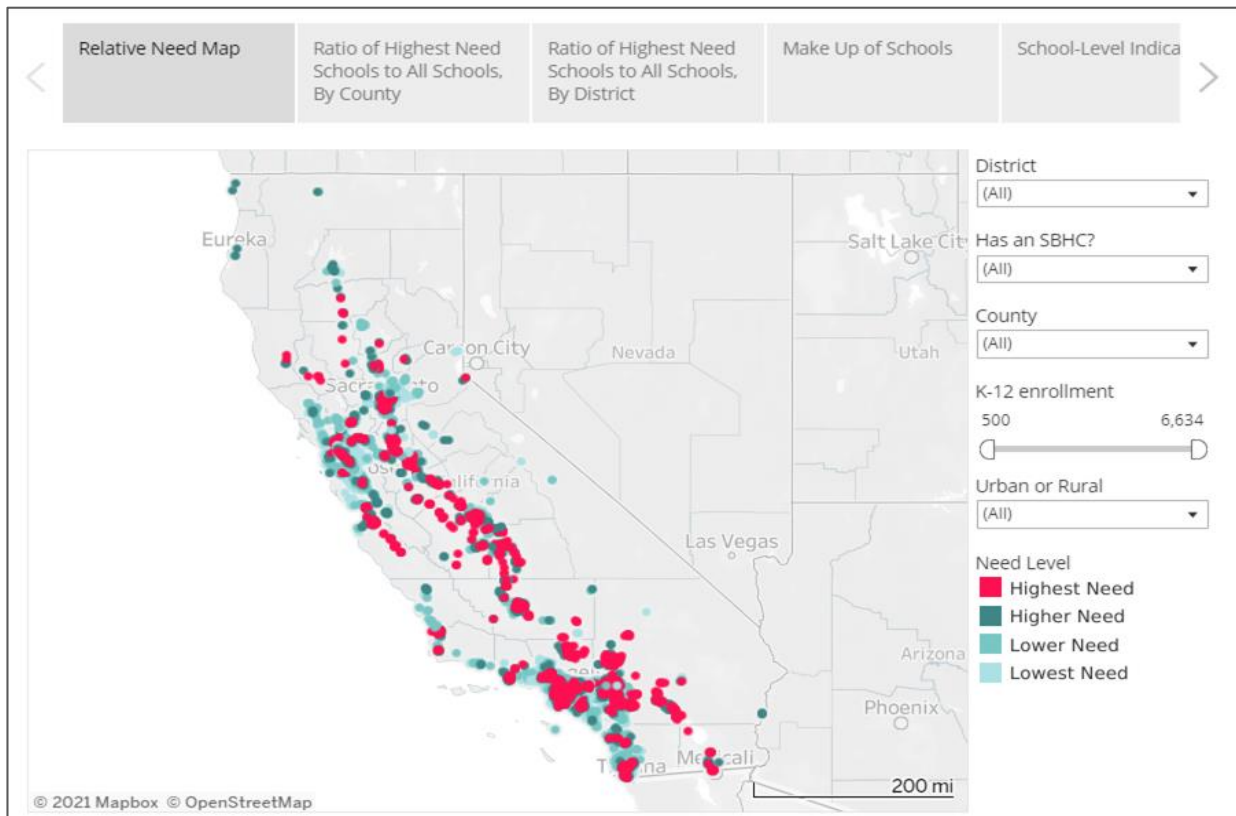
**91%**

students of color

**Highest need schools serve significantly more low income students and students of color than lower need schools.**

Investing in SBHCs help address the health care and educational inequities that exist in CA.

# Dashboard





# Resource Links



[Index and Dashboard](#)

[Dashboard User Guide](#)

[Infographic](#)

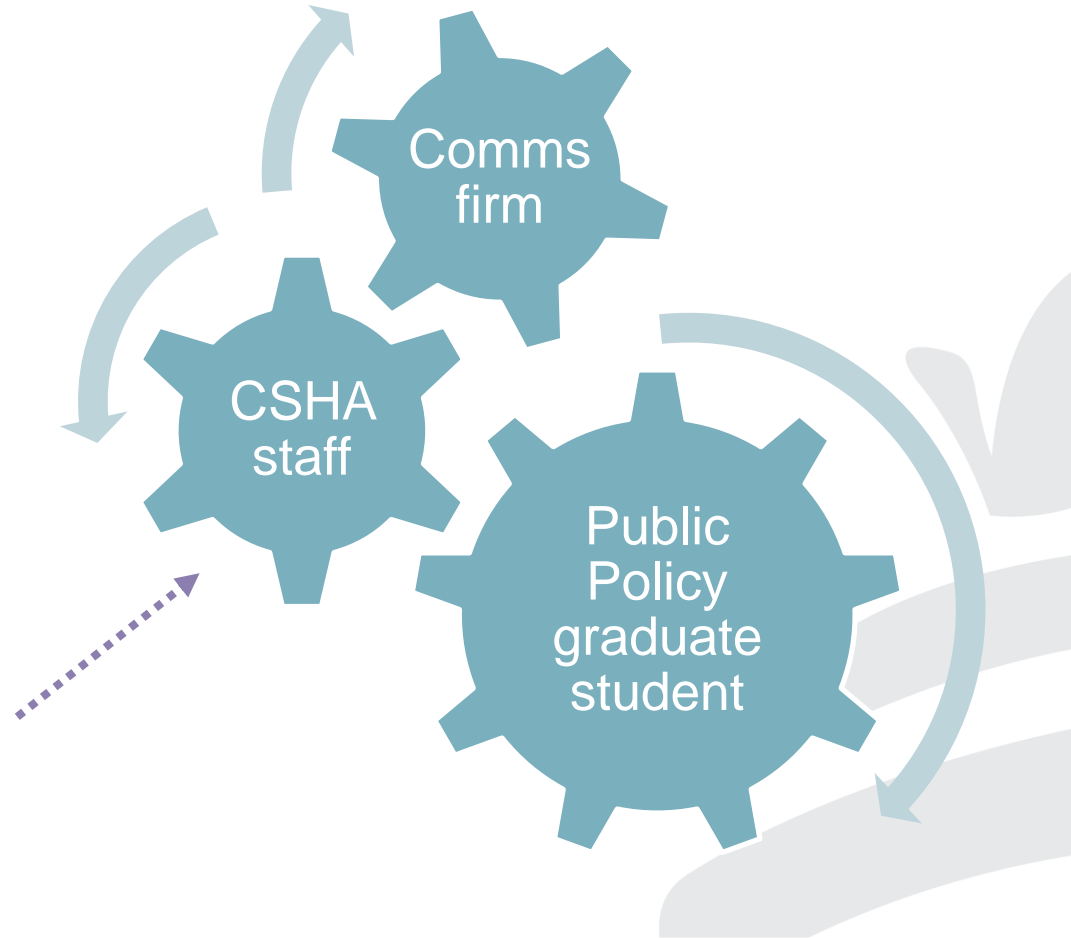
[Executive Summary](#)

[Full Report](#)

# STATEWIDE STRATEGY

# CSHA's Investment

Policy Director +  
Communications Director



# Timeline

Index developed by public policy graduate student

Comms plan & collateral created

- Webinar for the public
- Policy briefing for legislators
- 1-1 meetings with policymakers

Jan-May

June-July

July-Sept

End Sept

Oct-Nov

Recruited and hired communications consultant

**LAUNCH!**  
(including press release, Op-Ed, webinar registration, outreach to partners)

2021

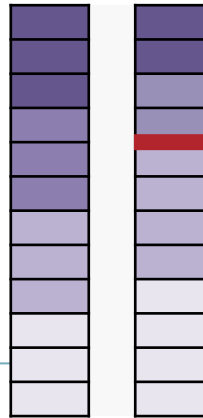
# REFLECTIONS



# Lessons Learned

## Index

- Mental health indicator
- School size and inclusion/exclusion criteria and impact on small/rural schools
- Methodology - instead of quartiles, consider thresholds for indicators



## Process

- Start earlier with communications consultant
- Cultivate legislative champion earlier on, before policy briefing
- Consider infrastructure to update analysis with new data

# STAY CONNECTED



[schoolhealthcenters.org](https://schoolhealthcenters.org)



[info@schoolhealthcenters.org](mailto:info@schoolhealthcenters.org)



[sbh4ca](https://twitter.com/sbh4ca)



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