Oregon School-Based Health Centers

2014 Status Update

Live, Learn & Play Healthy

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PUBLIC HEALTH DIVISION

Center for Prevention and Health Promotion

What is an SBHCs do?

School-based Based hHealth Ccenters (SBHCs) are medical clinics that offer primary care services either within or on the grounds of a school. represent a distinctive health care model for comprehensive physical, mental and preventive health services provided to children and adolescents in a school setting, regardless of their ability to pay.

SBHCs provide patient-centered care designed to eWith easey access to health care in a school setting, by SBHCs reducing e barriers , such as inconvenience, cost, transportation, concerns surrounding confidentiality, and apprehension about discussing personal health problems, that have historically preventedkept adolescents children and teens from seeking the health services they need. SBHCs provide a full range of physical, mental and preventive health services to all students, regardless of their ability to pay.

SBHCs offer primary care services either within or on the grounds of a school. Each SBHC is staffed by a primary care provider (i.e., doctor, nurse practitioner or physician's assistant), other medical, mental, or dental health professionals and support staff such as a receptionist.

In Oregon, SBHCs have been in existenceexistede in Oregon since 1986 and constitute succeed through a unique public-private partnership through collaborative relationshipss that between include the State Oregon Public Health Division, school districts, county public health departments, public and private practitioners, parents, students, and community members.

What do SBHCs do?

The practitioners provide a full range of sSBHCs provide patient-centered care services for all students, regardless of whether or not they have health insurance coverage, including. SNHCs can::

- Performing routine physicals, well-child exams, and sports exams
- Diagnosing Diagnose and treating acute and chronic illnesses
- Treating minor injuries/illnesses
- Providee ing vision, dental and blood pressure screenings
- Administering vaccinations
- Preventing and treating alcohol and drug problems
- Delivering preventive health and wellness messaging
- Providinge and/or connecting students with mental health counseling
- Providing Provide reproductive health services
- Giving Give classroom presentations on health and wellness
- Prescribing Prescribe medication
- Helping students access find social supports

How Can can SBHCs Help help Youthyouth?

Youth face a number of new health-related challenges and opportunities as they move through adolescence. SBHCs are ideally situated to help students address with health-related challenges these issues and have the opportunity to to offer guidance on healthy decision-making. Among Oregon's 11th graders, some areas in which youth[1] may need health care services and prevention messaging include:

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Improving ~~Physical~~ physical ~~Health~~ health ~~&~~ and ~~W~~wellness

- 11% report having a current asthma diagnosis
- 25% are either overweight or obese
- 19% report not having enough to eat sometime in the past year

Improving ~~E~~emotional ~~H~~health ~~&~~and ~~w~~Wellness

- 14% reported seriously considering suicide in the past year
- 23% say it is “a little true” or “not at all true” that there is an adult in their school who really cares about them

Reducing ~~r~~Risk ~~b~~Behaviors

- 21% have smoked marijuana in the past month
- 45% have had sex; of those, 36% did not use a condom at last intercourse

[1] Oregon Healthy Teens Survey, 2013: Oregon 11th-grade students

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Cumulative number of SBHC clients and visits (graph goes here)

* missing data from 1990-91 and 1995-96 school years

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This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, call 971-673-0271.

“I am extremely happy I have access to a health center in my school. I feel much at ease and adore the staff. I never feel judged or looked down upon and for that I am appreciative.” SBHC Youth

Northwest Health Foundation Oregon Youth Photo Contest: Andrea To, Da-En Lee, Daniel Freauf, Delaney Wood, Emily Patricia Chadwick, Erica Brittany Leveille, Erica Clark, Juliane Bauer, Kaelin June Beers, Kendall Zewald, Rachel Kulak, Rachel Moore, Terina Keller.

OHA 8926 (12/2013)

SB 169 Diabetes Report

~~—~~Table of c~~C~~ontents

Appendices

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I. Executive ~~Summary~~ summary (Note to PUBS: The executive summary must be no more than 2 pages)

~~Due to the significant morbidity and mortality associated with diabetes, the 2013 Oregon Legislature passed Senate Bill 169, requiring that the Oregon Health Authority (OHA) report by February 1, 2015, on the burden of diabetes in the state, the status of the strategic plan developed in 2009 to slow the rate of diabetes, recommendations to complete implementation of the plan, and other strategies developed by OHA to reduce the impact of prediabetes, diabetes and diabetes related complications.~~

The 2013 Oregon Legislature passed Senate Bill 169, requiring that the Oregon Health Authority (OHA) report to Legislative Assembly on prevalence of and costs related to prediabetes and diabetes in Oregon. The report also must detail the progress of the 2009 strategic plan to address prediabetes, diabetes and diabetes-related complications and any recommendations to complete implementation of the plan. This report focuses primarily on type 2 diabetes and prediabetes, which may be prevented through strategies presented in this report.

~~Diabetes is a chronic metabolic disease in which glucose (sugar) levels in the blood are above normal. High blood sugar occurs when the body does not produce enough insulin (type 1), or when the body resists and does not properly respond to insulin (type 2). Prediabetes occurs when blood glucose levels are higher than normal but not yet in the range of diabetes. This report focuses primarily on type 2 diabetes and prediabetes, which may be prevented through strategies presented in this report.~~

~~The data in t~~This report ~~re~~presents the most up~~-~~to~~-~~date available data ~~demonstrating~~ on the high cost and burden of diabetes in Oregon. Highlights include:

- During the past 20 years, the prevalence of diabetes among adults in Oregon has more than doubled, an increase of 124%.
- There are approximately 287,000 adults with diagnosed diabetes in Oregon.
- An estimated 37% of adults have prediabetes, which puts them at high risk for developing type 2 diabetes.
- Diabetes is the seventh leading cause of death in Oregon, accounting for 3.5% of all deaths.
- In 2012, there were 4,397 hospitalizations primarily caused by diabetes with an average cost of nearly $22,000 per hospitalization.
- According to the American Diabetes Association, excess medical expenditures associated with diabetes total nearly $2.2 billion each year; that is an average of $7,800 per person with diabetes. In addition, costs associated with reduced productivity from diabetes are estimated at $840 million per year. The estimated total cost of diabetes in Oregon is nearly $3 billion per year.
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Diabetes is a chronic metabolic disease in which glucose (sugar) levels in the blood are above normal. High blood sugar occurs when the body does not produce enough insulin (type 1), or when the body resists and does not properly respond to insulin (type 2). Prediabetes occurs when blood glucose levels are higher than normal but not yet in the range of diabetes. ~~This report~~

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While the burden of diabetes is significant, in many cases, diabetes can be prevented or controlled to avoid costly complications. A healthy diet, regular physical activity and living tobacco-free may prevent or delay the onset of prediabetes and type 2 diabetes. Once diagnosed, diabetes is usually a lifelong disease. Treatment includes eating better, moving more, tobacco cessation, and taking medication, if prescribed, to manage blood sugar and reduce potentially harmful complications. Diabetes education programs can help people with diabetes learn how to take care of themselves and live better with their disease.

This report provides an update on the status of the recommendations in the 2009 Strategic Plan to Slow the Rate of Diabetes in Oregon. The report suggests changes to systems, policies and environments that are needed to continue to reduce the impact of prediabetes, diabetes and diabetes-related complications at a population level. The highest priority recommendation identified in the 2009 strategic plan continues to be the highest priority today: to establish and fund a statewide obesity prevention and education program to support population-wide public health interventions to prevent and reduce obesity and diabetes. The components recommended for a comprehensive obesity prevention program included grants to support local public health efforts to increase access to healthy foods and physical activity opportunities, public awareness campaigns to promote healthy choices and educate Oregonians about the risks of obesity and chronic diseases, and community-based chronic disease self-management programs. The strategic plan recommended using the Oregon Tobacco Prevention and Education Program and its successes in addressing tobacco use as a model for this approach.

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The strategic plan recommended funding an obesity prevention program starting at $20 million for the 2009–2011 biennium and increasing to $86 million for 2013–2015, to provide the level of funding needed to effectively prevent, detect and manage obesity and diabetes for all Oregon populations in all geographic regions of the state. To date, no state funding has been allocated for a comprehensive obesity prevention program.

HB 3486 Advisory Committee's Funding Recommendations (2009)	2009–2011 State funding recommended/ Received	2011–2013 State funding recommended/ Received	2013–2015 State funding recommended/ Received	State funding recommendation met?	Other funding received
Fund obesity prevention and education in communities	$20 million / $0	$43 million/ $0	$86 million/ $0	Not funded	Leveraged federal funding

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OHA is committed to preventing diabetes and reducing the risk of diabetes complications through a wide range of evidence-based practices. While no state funding has been allocated to date for a comprehensive statewide obesity prevention and education program, OHA has leveraged limited federal funds to address the strategic plan's recommendations. OHA is working with local and state partners, including local public health authorities and Coordinated Care Organizations (CCOs) to:

- Increase availability of healthy foods and beverages in child care facilities, schools, worksites and neighborhoods;
- Increase places where people can move more safely;

- Increase the number of ~~environments that are~~ tobacco-free environments ;
- Increase referrals to self-management and prevention programs such as the National Diabetes Prevention Program so ~~that~~ people with diabetes or prediabetes can live well and take care of themselves;
- Improve delivery and use of quality health care services including promotion of the ABCS ~~—~~- **A**1C checks, **B**lood pressure control, **C**holesterol control, and **S**moking cessation.

This comprehensive, community-wide approach makes it easier for all Oregonians to eat better, move more, and live tobacco-free wherever they live, work, play and learn.
This report is available online at
http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Diabetes/Pages/pubs.aspx

Original

Delayed Diagnosis of HIV

A fact sheet for health care providers and service providers

Early diagnosis is critical

People living with HIV (PLWH) are only able to take advantage of life-extending medications if they know their status. Moreover, early treatment can reduce HIV transmission up to 96%.[1]

In Oregon, more than one-third (39%) of people diagnosed with HIV have such advanced disease that they have likely been infected, undiagnosed and untreated for 7–10 years.[2] The Oregon Health Authority (OHA) estimates that at least 1,000 Oregonians are living with HIV and undiagnosed.

Experiences of people diagnosed late

To understand factors contributing to delayed diagnosis in Oregon, the OHA, Public Health Division conducted interviews with 17 people diagnosed with AIDS within 12 months of their HIV diagnosis during 2008–2010.[3] Three themes emerged from the interviews:

1) Failure to identify risk for HIV
2) Missed opportunities for diagnosis
3) Need for routine HIV screening

Findings and quotes from the interviews are included in this fact sheet.

Theme 1: Failure to identify risk

"It will never happen to me"

"The people I was with looked healthy"

"I thought that I had a better chance of being pregnant."

Many participants did not recognize their risk for HIV, despite accurate knowledge of how HIV is transmitted. A number of participants reported:

- A belief that HIV is something that happens to other people (e.g., gay people and people who inject drugs)
- A belief that one's risk of becoming infected was low since most people do not have HIV
- Not knowing their partner's risk behaviors
- Having an extended period of separation from their spouse
- Engaging in high-risk behaviors, sometimes for a brief period in one's life

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[1] OAR 333-022-0205.
[2] Epidemiologic profile of HIV/AIDS in Oregon. July 2013. http://bit.ly/EpiProf13
[3] Schwartz, S.L., Block, R., & Schafer S. (2014). Oregon patients with HIV infection who experience delayed diagnosis. *AIDS Care.* (*In Press*)

Theme 2: Missed opportunities for diagnosis

"*I started having issues with Candida infection. And the doctors kept giving me antibiotics… then it just came back again."*

"*They tried to send me to a disease specialist, but they wouldn't take me because I had to be referred from the primary care, not the emergency room."*

All participants were diagnosed with HIV after feeling ill for months to years. Participants only sought care due to illness. About half learned their HIV-positive status in an emergency room.

Most health care providers serving the participants did not offer HIV testing despite medical indication and recommendations for routine HIV screening. In only a few instances was HIV testing suggested. In these instances, participants did not get tested due to cost, administrative barriers, fear of an HIV diagnosis, or perceived judgment from a health care provider.

Some physicians appear to have overlooked the need for testing because the patients did not fit traditional "risk categories" or did not fully disclose their risks.

Theme 3: Need for routine HIV screening

"You get your cholesterol checked. You get your diabetes checked. Why not get this [HIV] checked? They would have caught me in the early stages."

When asked what might have helped people like them get tested earlier, most participants recommended routine testing at physicians' offices.

Recommendations

Routine screening for HIV in health care settings would help circumvent unrealistic risk perceptions, reduce stigmatization of people who are tested, and lead to earlier diagnoses. Learn more about routine screening recommendations at http://bit.ly/HIVscreen.

Campaigns are needed to encourage people to seek preventive health care regularly, even when they do not feel sick. Otherwise, even health care providers implementing routine HIV screening may continue to see a considerable number of late HIV diagnoses.

Education that frames HIV as relevant to all populations and addresses outdated stereotypes and perceptions of HIV risk are needed.

Find more information about delayed HIV diagnosis in Oregon at www.healthoregon.org/hivdata.

Edited version

Reducing Delayed Diagnosis of HIV

A fact sheet for health care providers and AIDS service organizations

Early HIV diagnosis saves lives

If diagnosed and treated early, people living with HIV are able to take advantage of life-extending medications and reduce HIV transmission up to 96%.[1] This fact sheet identifies some reasons for delayed diagnosis and suggests steps that health care providers and AIDS service organizations may take to encourage regular HIV testing.

Why are people diagnosed late?

To understand factors contributing to delayed diagnosis in Oregon, the Public Health Division of the Oregon Health Authority (OHA) conducted interviews with 17 people who met criteria for AIDS within 12 months of their HIV diagnosis during 2008–2010.[2] The brief period between HIV and AIDS diagnosis may indicate participants were infected, undiagnosed and untreated for 7–10 years.[3]

Three themes emerged from the interviews:

1) Failure to identify risk for HIV
2) Missed opportunities for diagnosis
3) Need for routine HIV screening

In Oregon, more than one-third (39%) of people diagnosed with HIV are diagnosed late (within 12 months of an AIDS diagnosis).

(NOTE TO DANO AND STEVE: Let's make this highlighted statement a pull-out box by itself but near this section.)

Theme 1: Failure to identify risk

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"The people I was with looked healthy"

"I thought that I had a better chance of being pregnant."

Many participants did not recognize their risk for HIV, even though they knew how HIV is transmitted. Participants reported:

- A belief that HIV is something that happens to other people (e.g., gay people and people who inject drugs)
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- Not knowing their partner's risk behaviors
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Theme 2: Missed opportunities for diagnosis

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When asked what might have helped people like them get tested earlier, most participants recommended routine testing at physicians' offices.

Recommendations

The common theme emerging from the study is that health care and service providers should implement routine screening for HIV to circumvent unrealistic risk perceptions, reduce stigmatization of people who are tested and help diagnose HIV earlier. Learn more about routine screening recommendations at http://bit.ly/HIVscreen.

In addition, campaigns to promote preventive health care, even when people do not feel sick, would help to identify those at risk. Educational efforts that frame HIV as relevant to all populations and address outdated stereotypes and perceptions of HIV risk would benefit both the public and providers.

Find more information about delayed HIV diagnosis in Oregon at www.healthoregon.org/hivdata.

1. Cohen MS, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *NEJM.* 2011, 365.

2. Oregon Health Authority, Public Health Division, HIV/STD/TB Program, *Epidemiological Profile of HIV/AIDS in Oregon.* July 2013.
3. Schwartz, SL, Block, R, Schafer, S. Oregon Patients with HIV infection who experienced delayed diagnosis. *AIDS Care.* 2014.