State Public Health Strategies For Adolescent Mental & Reproductive Health
Adolescent and School Health Unit – Public Health Division

• Our **Vision**: Oregon is the very best place for all youth to learn, grow, and thrive.

• Our **Mission**: To support the health of all youth in Oregon through evidence-based and data driven policies, practices, and programs.
Adolescent and School Health Programs

- Adolescent Health Policy and Assessment
- School-Based Health Centers
- School Nursing
- Youth Sexual Health
Snapshot of Adolescent Health in Oregon
Demographics of Oregon Adolescents (Race/Ethnicity)

| Population | Adolescents (Aged 10-24) | 763,431 |

Source: 2016 American Community Survey 1-Year PUMS data

PUBLIC HEALTH DIVISION
Adolescent and School Health
# Socioeconomic Context of Oregon Adolescents

<table>
<thead>
<tr>
<th>2016-2017</th>
<th>Oregon Youth</th>
<th>Oregon</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Coverage</td>
<td>97% (&lt;18)</td>
<td>94%</td>
<td>91%</td>
</tr>
<tr>
<td>Poverty Rate</td>
<td>21%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Rent Burden (&gt;30% income)</td>
<td>52%</td>
<td>48%</td>
<td>46%</td>
</tr>
<tr>
<td>Extreme Rent Burden (&gt;50% income)</td>
<td>27%</td>
<td>24%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Source: 2016 American Community Survey 1-Year PUMS data and American Fact Finder tables. OR youth Insurance Statistics from 2017 Oregon Health Insurance Survey. Coverage rate for OR youth is rate for age 18 & under. Rent burden estimates are based on household units – Oregon Youth number is household units which include an adolescent.
Oregon Healthy Teens Survey

- Representative sample of Oregon’s 8th and 11th graders
- Survey takes place biennially on odd years
- ~27,000 students, 232 schools surveyed
- Provides state and county level data
- Questions range: general, oral, and mental health topics, resilience, behavior, and perceptions of peer and parental attitudes.
Adolescent Suicide and Mental Health
Adolescent Mental Health

Depressed Mood in Last 12 Months

- 2013: 26% 8th Grade, 27% 11th Grade
- 2015: 27% 8th Grade, 29% 11th Grade
- 2017: 30% 8th Grade, 32% 11th Grade

Source: 2013, 2015, 2017 Oregon Healthy Teens Survey

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Adolescent and School Health
Adolescent Mental Health

Unmet Mental and Emotional Health Need

Source: 2013, 2015, 2017 Oregon Healthy Teens Survey

PUBLIC HEALTH DIVISION
Adolescent and School Health
Adolescent Suicide

Contemplated Suicide in Last 12 Months

<table>
<thead>
<tr>
<th>Year</th>
<th>8th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>2015</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>2017</td>
<td>17%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Source: 2013, 2015, 2017 Oregon Healthy Teens Survey
Adolescent Suicide

Contemplated Suicide in Last 12 Months

Source: 2017 Oregon Healthy Teens Survey
**Adolescent Suicide**

Contemplated Suicide in Last 12 Months

- **Female**: 22% 22%
- **Male**: 10% 12%
- **Transgender or gender nonconforming**: 47% 42%
- **Something else**: 21% 32%

**Source**: 2017 Oregon Healthy Teens Survey

Note: “Transgender or gender..” includes those who identified as transgender, gender fluid, genderqueer, gender nonconforming, intersex/intergender, multiple responses, and “not sure of gender”
Adolescent Suicide

Contemplated Suicide in Last 12 Months

Source: 2017 Oregon Healthy Teens Survey (11th grade)
Positive Youth Development Benchmark

• Measures strengths and attributes that can buffer the impact of stress and obstacles young people face.

• The PYD benchmark that is reported is calculated based on responses to six questions in the survey related to well-being and social connectedness.
Rate Poor, Fair, Good, Very Good, Excellent

1. Physical Health
2. Emotional and Mental Health

How True is Each Statement

1. I can do most things if I try
2. I can work out my problems
3. There is at least one teacher/other adult in my school that really cares about me
4. I volunteer to help my community.
Resilience

Meets PYD Benchmark

<table>
<thead>
<tr>
<th>Year</th>
<th>8th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>61%</td>
<td>66%</td>
</tr>
<tr>
<td>2015</td>
<td>59%</td>
<td>62%</td>
</tr>
<tr>
<td>2017</td>
<td>56%</td>
<td>58%</td>
</tr>
</tbody>
</table>

Source: 2013, 2015, 2017 Oregon Healthy Teens Survey

PUBLIC HEALTH DIVISION
Adolescent and School Health
Meets PYD Benchmark

<table>
<thead>
<tr>
<th>Identity</th>
<th>8th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian or Gay</td>
<td>40%</td>
<td>41%</td>
</tr>
<tr>
<td>Straight</td>
<td>61%</td>
<td>63%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>29%</td>
<td>34%</td>
</tr>
<tr>
<td>Something Else</td>
<td>31%</td>
<td>30%</td>
</tr>
<tr>
<td>Don't know</td>
<td>42%</td>
<td>41%</td>
</tr>
</tbody>
</table>

Source: 2017 Oregon Healthy Teens Survey
Resilience

Source: 2017 Oregon Healthy Teens Survey

Note: “Transgender or gender...” includes those who identified as transgender, gender fluid, genderqueer, gender nonconforming, intersex/intergender, multiple responses, and “not sure of gender”
Resilience

Meets PYD Benchmark (11th Grade)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American</td>
<td>50%</td>
</tr>
<tr>
<td>Asian</td>
<td>58%</td>
</tr>
<tr>
<td>Black/African</td>
<td>54%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>50%</td>
</tr>
<tr>
<td>White</td>
<td>60%</td>
</tr>
<tr>
<td>Multiracial/Other</td>
<td>57%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>52%</td>
</tr>
</tbody>
</table>

Source: 2017 Oregon Healthy Teens Survey

PUBLIC HEALTH DIVISION
Adolescent and School Health
## Mental Health Among Students With Disabilities

<table>
<thead>
<tr>
<th>2017 11th grade responses</th>
<th>Students with a Disability*</th>
<th>Students Without a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Symptoms</td>
<td>58%</td>
<td>20%</td>
</tr>
<tr>
<td>Contemplated Suicide in Past 12 Months</td>
<td>37%</td>
<td>10%</td>
</tr>
<tr>
<td>Bullied/Harassed in the Last 30 Days</td>
<td>34%</td>
<td>15%</td>
</tr>
<tr>
<td>Met the Positive Youth Development Benchmark (PYD)</td>
<td>35%</td>
<td>68%</td>
</tr>
</tbody>
</table>

*Students with a disability report one or more of the following disability types: cognitive disability, difficulty living independently, blind/low vision, mobility issues, deaf/hard of hearing, difficulty with self care

Source: 2017 Oregon Healthy Teens Survey

PUBLIC HEALTH DIVISION

Adolescent and School Health
Adolescent Mental Health Program/Policy Initiatives

• Children’s Mental Health Investment Grants

• Youth Suicide and Prevention Plan

• Additional $1M SBMH Funding (2018)
Adolescent Reproductive Health: Communicable Disease
Adolescent Sexual Activity

Had Sex in the Last 3 Months

<table>
<thead>
<tr>
<th>Year</th>
<th>8th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>6%</td>
<td>32%</td>
</tr>
<tr>
<td>2015</td>
<td>5%</td>
<td>30%</td>
</tr>
<tr>
<td>2017</td>
<td>4%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Source: 2013, 2015, & 2017 Oregon Healthy Teens Survey
Adolescent Condom Use

![Bar chart showing adolescent condom use over three years: 2013 (8th Grade 69%, 11th Grade 64%), 2015 (8th Grade 63%, 11th Grade 62%), 2017 (8th Grade 64%, 11th Grade 59%).]

*Note: Percentages are of youth who have had sexual intercourse*

*Source: 2013, 2015, and 2017 Oregon Healthy Teens Survey*
## Adolescent Sex Ed – Condom Use

<table>
<thead>
<tr>
<th>Topic taught in 6, 7 or 8\textsuperscript{th} grade</th>
<th>% of Schools</th>
<th>95% CI</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>How HIV and other STIs are transmitted</td>
<td>79.1</td>
<td>74.0 – 83.5</td>
<td>156</td>
</tr>
<tr>
<td>The importance of using condoms consistently and correctly</td>
<td>54.1</td>
<td>48.2 - 59.9</td>
<td>156</td>
</tr>
<tr>
<td>How to obtain condoms</td>
<td>49.3</td>
<td>43.4 - 55.3</td>
<td>155</td>
</tr>
<tr>
<td>How to correctly use a condom</td>
<td>43.6</td>
<td>38.0 - 49.4</td>
<td>156</td>
</tr>
<tr>
<td>The importance of using a condom at the same time as another form of contraception</td>
<td>54.8</td>
<td>48.7 – 60.8</td>
<td>156</td>
</tr>
</tbody>
</table>

*Source: 2016 School Health Profiles – Lead Health Educator Survey*
Adolescent STIs - Chlamydia

Reported Chlamydia Cases 10-24 years old, Oregon 2007–2016

Source: Oregon Public Health Epidemiologists' User System
Adolescent STIs - Gonorrhea

Reported Gonorrhea Cases 10–24 years old, Oregon 2007–2016

Source: Oregon Public Health Epidemiologists' User System
Adolescent STIs - Syphilis

Reported Early Syphilis Cases 10–24 years old, Oregon 2007–2016

Source: Oregon Public Health Epidemiologists' User System
Adolescent Reproductive Health: Pregnancy
Adolescent Pregnancy

Pregnancy Rate Per 1,000 Females (Age 15-19)

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>48.2</td>
</tr>
<tr>
<td>2009</td>
<td>45.3</td>
</tr>
<tr>
<td>2010</td>
<td>39.3</td>
</tr>
<tr>
<td>2011</td>
<td>36.0</td>
</tr>
<tr>
<td>2012</td>
<td>32.2</td>
</tr>
<tr>
<td>2013</td>
<td>29.2</td>
</tr>
<tr>
<td>2014</td>
<td>26.1</td>
</tr>
<tr>
<td>2015</td>
<td>25.1</td>
</tr>
<tr>
<td>2016</td>
<td>23.3</td>
</tr>
</tbody>
</table>

Source: Oregon Public Health Division, Center for Health Statistics and U.S. Census Bureau
Adol. Contraceptive Use

<table>
<thead>
<tr>
<th>Contraceptive Use</th>
<th>8th Grade</th>
<th>11th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Effective (IUD/Implant)</td>
<td>4%</td>
<td>15%</td>
</tr>
<tr>
<td>Moderately Effective (Depo, Pill, Patch, Ring)</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Less Effective (Condom/Withdraw)</td>
<td>15%</td>
<td>40%</td>
</tr>
<tr>
<td>Some other method</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>None or Unknown</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Emergency</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Note: Percentages are of youth who have had sexual intercourse. Categories are not mutually exclusive - students could choose more than one method.

Source: 2017 Oregon Healthy Teens Survey
Adolescent Reproductive Health: Healthy Relationships
# Adolescent Healthy Relationships

<table>
<thead>
<tr>
<th>Topic taught</th>
<th>% of Schools</th>
<th>95% CI</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to create and sustain healthy and respectful relationships (6-8&lt;sup&gt;th&lt;/sup&gt; grade)</td>
<td>77.4</td>
<td>72.3 – 81.9</td>
<td>157</td>
</tr>
<tr>
<td>How to create and sustain healthy and respectful relationships (9-12&lt;sup&gt;th&lt;/sup&gt; grade)</td>
<td>95.8</td>
<td>92.1 – 97.8</td>
<td>134</td>
</tr>
</tbody>
</table>

## Sexual and Physical Dating Violence

<table>
<thead>
<tr>
<th>Sexual and Physical Dating Violence</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced Sex/Sexual Assault (11&lt;sup&gt;th&lt;/sup&gt; Graders)</td>
<td>5.7%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Physical Dating Abuse in the Last 12 Months (11&lt;sup&gt;th&lt;/sup&gt; Graders)</td>
<td>4.5%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

Adolescent Sexual Health Policy/Program Initiatives

• OR Youth Sexual Health Plan

• OR Health Education Standards

• HB 3391 Reproductive Health Equity Act (2017)
Adolescent Access to Services
## Adolescent Access to Services

<table>
<thead>
<tr>
<th></th>
<th>2016-2017</th>
<th>2017-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBHC</td>
<td>78</td>
<td>76</td>
</tr>
<tr>
<td>Students Served</td>
<td>26,868</td>
<td>27,280</td>
</tr>
<tr>
<td>School Nurses (FTE)</td>
<td>225.8</td>
<td>220.2</td>
</tr>
<tr>
<td>Nurse (FTE) to Student Ratio</td>
<td>1 to 2,565</td>
<td>1 to 2,620</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2015**</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Visit to Primary Care Provider</td>
<td>58.8% (8)</td>
<td>61.8% (8)</td>
</tr>
<tr>
<td></td>
<td>61.1% (11)</td>
<td>62.2% (11)</td>
</tr>
</tbody>
</table>

Adolescent Access Policy/Program Initiatives

• SB 111 (2017): Pilot for Medicaid reimbursement of School Nursing Services

• SB 558 Healthcare for All Oregon Children (2016): Covers children regardless of immigration status
Youth Sexual Health Program

- What do we do?
- How do we do it?
- What can you do?
Context Matters
SAFE SEX

1. ABSTAIN
2. CONDOMS
3. PILLS

Don't have sex. Because you will get pregnant and die.
Trauma and Social Location

Adverse Childhood Experiences

- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviours
- Social, Emotional, & Cognitive Impairment
- Adverse Childhood Experiences

Historical Trauma/Embodiment

- Early Death
- Burden of disease, distress, criminalization, stigmatization
- Coping
- Allostatic Load, Disrupted Neurological Development
- Complex Trauma/ ACE
- Social Conditions/ Local Context
- Generational Embodiment/Historical Trauma

Microaggressions, implicit bias, epigenetics

Trauma and social location

RYSE 2015
### Oregon Comprehensive Sexuality Education: Gender

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>K</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
<th>HS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe and practice ways to communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.</td>
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<tr>
<td>Recognize and explain that there are many ways to express gender.</td>
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<tr>
<td>Recognize differences and similarities of how individuals identify regarding gender.</td>
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<tr>
<td>Recognize the importance of treating others with respect including their gender expression.</td>
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<tr>
<td>Describe differences and similarities of how individuals identify regarding gender or sexual orientation.</td>
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<tr>
<td>Describe the importance of treating others with respect including their gender expression and sexual orientation.</td>
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<tr>
<td>Describe how friends, family, media, society and culture influence how people think they should act on the basis of their gender.</td>
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<tr>
<td>Discuss ways of expressing gender.</td>
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<tr>
<td>Describe and demonstrate ways to treat yourself and others with dignity and respect, with regard to gender, gender identity, gender expression, and sexual orientation.</td>
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<tr>
<td>Objective</td>
<td>K</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
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<td>5th</td>
<td>6th</td>
<td>7th</td>
<td>8th</td>
<td>HS</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Recognize that everyone has the right to say who touches their body, when and how, and explain why.</td>
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</tr>
<tr>
<td>Explain that it is never ok to touch someone, or make someone touch you if they don’t want to, and describe why.</td>
<td></td>
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<tr>
<td>Define and practice consent as it relates to personal boundaries.</td>
<td></td>
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</tr>
<tr>
<td>Identify consent as a freely given yes.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Describe how consent is a foundational principle in healthy sexuality and in violence prevention.</td>
<td></td>
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</tr>
<tr>
<td>Identify that no one has the right to touch anyone else without giving and receiving consent.</td>
<td></td>
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<tr>
<td>Explain effective communication skills to ensure affirmative consent in all sexual relationships.</td>
<td></td>
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<tr>
<td>Practice a decision making process to give or receive consent.</td>
<td></td>
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</tbody>
</table>
Sexual Violence Prevention Resource Map
Injury Community Implementation Group

Teen Dating Violence

Sexual Behavior among Oregon Teens: 8th Grade Students

Data Source: 2013-2017 Oregon Healthy Teens Survey, a survey of 8th and 11th grade students. The map shows the results of one question from the survey: “Have you ever had sexual intercourse?” The results are reported as a percent.

Some caution should be used when interpreting these numbers:
- Districts and schools from every county, Crook, Jefferson, and Wallowa (2017), participated in the survey.
- Caution should be used when interpreting the results from some counties (2017: Marion, Multnomah, Yamhill, Josephine, Lane) for specific years. The percentage of students that participated in these counties was low. See the website below for more information on the effects of small sample sizes for some counties.
- Some county results have been combined: Grant/Harney, Klamath/Lake, Morrow/Umatilla, Sherman/Gilliam/Wasco, 2013; Sherman/Gilliam/Wasco into North Central Health District (11th grade) and

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The Map

PUBLIC HEALTH DIVISION
Adolescent & School Health

Oregon Health Authority
EVERY BODY IS DIFFERENT.

EVERY BODY HAS BEAUTY IN IT.
School-Based Health Center Program

Oregon School-Based Health Centers
Standards for Certification
Version 4

Oregon School-Based Health Centers
Status Update 2018
What youth are saying

• Top reasons for accessing care: sick visit, reproductive & behavioral health
• Barriers to access include: cost, fear, cultural competence, confidentiality, provider judgment, time & scheduling
• Areas of improvement: Convenient appointments, education for youth (how, rights to access), provider training
School-Based Health Centers

• Clinic on school grounds
• See all students, regardless of ability to pay
• Primary care, behavioral health, oral health, preventive health services
School-Based Health Centers

- During 2017-2018 school year:
  - 35,815 clients in 119,077 visits
  - 55% clients had Medicaid
  - 32% visits were for behavioral health
  - 100% of SBHCs had a BH provider onsite
  - 29% of SBHCs offered comprehensive contraceptive services onsite
Why they work

ALL STUDENTS IN THE SCHOOL ARE ELIGIBLE FOR SERVICES PER OREGON REVISED STATUTES (ORS).

- Students 15 years of age or older may consent for physical health services (14 years of age or older for mental health services) (ORS 193.640, ORS 193.675). If needed services are not available on site, appropriate referral will be made.
- Students of any age may consent for reproductive health and family planning services and for diagnosis and treatment of STI’s (ORS 199.640, ORS 309.630). If needed services are not available on site, appropriate referral will be made.
- Students shall not be denied access to services based on insurance status or ability to pay.
- Students shall not be denied access to services based on race, color, national origin, religion, immigration status, sexual orientation, developmental or cognitive disability or gender.
SBHCs & RH Outcomes

SBHC access matters in low SES schools

Students in low SES SBHC schools were 40% more likely to report “healthy sexual behavior”* than those in non-SBHC schools

Prescribing, but not dispensing, doesn’t seem to impact contraceptive use

SBHCs who only prescribed, but did not dispense contraceptives, saw no differences in student contraceptive use

Access to onsite contraception matters

Students with access to onsite contraception at SBHC were 77% more likely to report contraceptive use than those whose SBHC referred off-site

* “healthy sexual behavior” = abstinence or contraceptive use at last intercourse

Oregon SBHCs and Sexual and Contraceptive Behaviors among Adolescents (Bersamin, Paschall & Fisher, 2017; J of School Nursing)

PUBLIC HEALTH DIVISION
Adolescent & School Health
SBHCs & BH Outcomes

SBHCs, Depression & Suicide Risk Among Adolescents (Paschall & Bersamin, 2017; Am J of Preventive Medicine)
SBHCs & SMY BH Outcomes


FIGURE 1 Proportion of SMY (solid line) and non-SMY (dashed line) students endorsing they experienced a past-year having depressive episode (a), suicide ideation (b), and suicide attempt (c) at schools with and without SBHCs in 2015. Proportions are adjusted for student and school demographic characteristics. SBHC, school-based health center; SMY, sexual minority youth.
OREGON SCHOOL-BASED HEALTH CENTER MAP

WASHINGTON COUNTY
Beaverton HS
Century HS
Forest Grove HS
Merlo Station HS
Tigard HS
Tualatin HS

COLUMBIA COUNTY
Clatskanie MS/HS
Lewis & Clark ES
Rainier JR/SR High
Vernonia K-12

CLACKAMAS COUNTY
Benson Polytechnic HS
David Douglas HS
Madison HS
César Chávez K-8
Franklin HS
Parkrose HS
George MS
Jefferson HS
Roosevelt HS

HOOD RIVER COUNTY
Estacada HS
Oregon City HS
Rex Putnam HS
Hood River Valley HS

MORROW COUNTY
Williams HS
Yamhill HS
Yamhill Carlton HS

POLK COUNTY
Central HS

LINCOLN COUNTY
Newport HS
Taft High 7-12
Toledo JR/SR HS
Waldport HS

BENTON COUNTY
Lincoln ES
Monroe ES/MS

LANE COUNTY
Cascadia MS
Churchill HS
N. Eugene HS
Springfield HS

COOS COUNTY
Marshfield HS

DOUGLAS COUNTY
Roseburg HS

CURRY COUNTY
Brookings-Harbor HS

JOSEPHINE COUNTY
Illinois Valley HS
Loma Byrne MS
Evergreen ES

JACKSON COUNTY
Ashland HS
Crater HS
Hanby MS
Jewett ES
Phoenix ES
Table Rock ES
White Mountain MS
Butte Falls Charter
Eagle Point HS
Jackson ES
Oak Grove ES
Scenic MS
Washington ES

KLAMATH COUNTY
Gilchrist School

As of July 2018

Certified SBHCs = 76

Counties with certified SBHCs
You can't educate a student who isn't healthy . . .

and you can't keep children healthy who aren't educated!
School Health Team

• School Nurses
• School Counselors
• School Psychologist
• School-Based Health Center (SBHC)
• Mental Health Providers
WELL SCHOOL, WHOLE COMMUNITY, WHOLE CHILD
A collaborative approach to learning and health

COORDINATING POLICY, PROCESS, & PRACTICE

HEALTHY

CHALLENGED

SUPPORTED

SAFE

ENGAGED

IMPROVING LEARNING AND IMPROVING HEALTH

COMMUNITY

Health Education
Physical Education & Physical Activity
Nutrition Environment & Services
Health Services
Counseling, Psychological, & Social Services
Social & Emotional Climate
Physical Environment
Employee Wellness
Family Engagement
Community Involvement
School Nursing

• Specialized practice of nursing
• Advances the well being and academic success of students
• Promote health and safety
• Intervene with health problems
• Provide case management services
School Nurses Report:

- Mental health / Emotional health problems
- Stress related illnesses
- Limited or no access to Health Care
- Sexual health and safety
The School Nurse’s Role

- Often a student’s first entry-point into the healthcare system
- Early identification of somatic complaints and individual exploration
- Appropriate referrals
- Maintain confidentiality
- 30% of school nursing is mental health
Oregon School Nurse Ratio By District

Ratio of registered nurse to student by school district, Oregon 2017

Source: ODE State Nursing Report and enrollment data
What Can You Do?

• Follow the 2019 OR Legislative Session – Student Mental Health a Big Topic
• Follow the Joint Committee on Student Success
• Affirm young peoples’ identities and experiences
• Be a supportive & caring adult
## Supportive Adult Relationships at School

<table>
<thead>
<tr>
<th></th>
<th>With Caring Adult at School</th>
<th>Without Caring Adult at School</th>
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</thead>
<tbody>
<tr>
<td>Percentage of 8th Graders who are chronically absent</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Percentage of 11th Graders who are chronically absent</td>
<td>17%</td>
<td>23%</td>
</tr>
<tr>
<td>Percentage of 8th Graders who missed school b/c felt unsafe</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Percentage of 11th Graders who missed school b/c felt unsafe</td>
<td>6%</td>
<td>9%</td>
</tr>
</tbody>
</table>

*Source: 2017 Oregon Healthy Teens Survey*
Contact Us

• Wes Rivers, wesley.r.rivers@state.or.us
• Shelagh Johnson, shelagh.m.johnson@state.or.us
• Kate O’Donnell, kathryn.m.odonnell@state.or.us
• Jamie Smith, jamie.leon.smith@state.or.us
Thank You

www.healthoregon.org/ah