



**Biennial Report on
School-Based Health
Centers
Fiscal Years 2016-2017**

As Required by

Texas Education Code, Section

38.064



TEXAS
**Health and Human
Services**

**Texas Department of
State Health Services**

November 2018

Table of Contents

| | |
|---|------------|
| Executive Summary | 1 |
| 1. Introduction | 3 |
| 2. Background | 4 |
| 3. Data Collection and Analysis | 8 |
| DSHS-Funded School-Based Health Centers Utilization | 9 |
| Immunizations | 10 |
| Preventive Health Services | 10 |
| Pilot - Students with Chronic Disease | 11 |
| 4. Conclusion | 13 |
| List of Acronyms | 14 |
| Appendix A. Data Tables | A-1 |

Executive Summary

The Biennial Report on School-Based Health Centers is submitted in compliance with [Texas Education Code, Section 38.064](#).

The Department of State Health Services' (DSHS) School-Based Health Centers (SBHCs) Program provides competitive grant funding to school districts and entities that contract with school districts (i.e., local health departments, hospitals, health care systems, universities, and nonprofit organizations) to help with the costs of operating SBHCs. In this report, DSHS summarizes available information from DSHS-funded SBHCs for activities conducted during the last two years.

During the 2016-17 biennium, DSHS funded three entities to support four SBHCs between September 1, 2015 and August 31, 2017. The funded contractors were Houston Independent School District and two hospital districts, Chambers County Public Hospital District #1 and Tarrant County Hospital District.

Using available resources, DSHS attempted to assess the impact of DSHS-funded SBHCs using data from either the total student population served, or from a pilot that focused on students with chronic health conditions.

The findings presented in this report underscore the difficulty in evaluating the true impact of SBHCs on student outcomes. For instance, the federal Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) regulate data sharing and limit data collection of the measures listed in Texas Education Code, Section 38.064. Also, rigorous research designs are needed to examine the relationship between SBHC use and student outcomes. According to the literature, these studies can be cost prohibitive and present numerous methodological challenges.^{1,2} For these, and other reasons

¹ Bersamin M, Garbers S, Gaarde J, Santelli J. Assessing the impact of school based health centers on academic achievement and college preparation efforts: using propensity score matching to assess school-level data in California. *J Sch Nurs*. Aug 2016;32(4):241-245. Accessed August 20, 2018.

² Keeton V, Soleimanpour S, Brindis CD. School-based health centers in an era of health care reform: building on history. *Curr Probl Pediatr Adolesc Health Care*. 2012;42(6):132–158.

outlined in this report, DSHS is unable to present meaningful findings on the effect of DSHS-funded SBHCs on student attendance, academic performance, or dropout rates.

The limitations imposed by FERPA and HIPAA required DSHS to alter the scope of information provided in this report, as allowed by Texas Education Code, Section 38.064(b). Accordingly, DSHS can report on the activities on funded SBHCs and on health indicators for a sample of served students. A summary of notable findings for the 2016-17 biennium is provided below.

- Contractors reported 1,745 visits for immunizations resulting in 2,120 immunizations administered. Though not all contractors were able to show improvements in these rates, multiple school districts showed increases in the immunization rates for certain vaccines.
- Contractors reported providing 1,226 Texas Health Steps exams and 1,348 other preventive visits (excluding Texas Health Steps exams and immunizations).³ Contractors also provided a total of 5,230 screenings for conditions of interest.
- Among students tracked for asthma, 50 percent were in the green zone (high level of asthma control) during their first visit. At the end of the biennium, 73 percent of tracked students with 8 or more visits were in the green zone, a 46 percent increase over the first visit.⁴
- At the end of the biennium, 48 percent of students who were tracked for overweight or obesity showed lower or no change in body mass index. These results indicate successful weight management for these students while in the care of the SBHC.

DSHS is dedicated to serving children and adolescents through the SBHCs Program. DSHS will continue to seek improvements to the current grant program and provide data on the efficacy of health services delivered to Texas children through DSHS-funded SBHCs.

³ Texas Health Steps exams are comprehensive, preventive exams for students signed up for Medicaid.

⁴ Asthma zones are used to monitor asthma exacerbations. Green represents a high level of control, yellow medium-low, and red poor control.

1. Introduction

As directed by [Texas Education Code, Section 38.063](#), the Department of State Health Services (DSHS) provides grants, as funds are available, to school-based health centers (SBHCs) in Texas. DSHS administers a program to award grants to school districts, local health departments, hospitals, health care systems, universities, or nonprofit organizations that contract with school districts to help them with the costs of operating SBHCs.

Between September 1, 2015 and August 31, 2017, DSHS funded three contractors: one independent school district (Houston Independent School District) and two hospital districts (Chambers County Public Hospital District #1 and Tarrant County Hospital District). These 3 contractors supported 4 SBHCs and served 4,711 individuals. Statute limits contractors' funding to a term of 5 years and \$250,000 per state fiscal biennium.

As outlined in [Texas Education Code, Section 38.064](#), DSHS is required to submit a biennial report to the legislature describing the relative efficacy of services provided during the preceding two years and any increased academic performance of students served by the DSHS-funded SBHCs, specifically as it relates to attendance, dropout rates, student health, immunization rates, preventative health participation, and performance on student assessments. Because the federal Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) limit data collection of the measures listed in Texas Education Code, Section 38.064(a), DSHS modified the reporting requirements, as directed by Sec. 38.064(b).

In this biennial report, DSHS provides information on the activities of funded SBHCs during the past two years. To provide the best possible data with available resources, DSHS evaluated certain measures through a pilot project from September 2015 through August 2017. In the pilot, contractors sampled students with specific chronic conditions to measure the potential effect of DSHS-funded SBHCs.

This report also discusses the limitations experienced by DSHS during data collection.

2. Background

Since the first School-Based Health Center (SBHC) opened in Dallas in 1970, they have been a means of providing health care to medically underserved children and teens to address health concerns that interfere with student learning.

The most recent statewide survey indicates that there are nearly 90 SBHCs serving Texas children.⁵ SBHCs vary in models of care and services due to the availability of resources, student health needs, and other school and community factors.^{6,7} In addition to providing primary and preventive health services, SBHCs also strive to provide continuity of care by linking students to a primary care provider and enrolling eligible families for Medicaid or the Children’s Health Insurance Program (CHIP). SBHCs also refer students to community providers for specialty services and treatment when needed.⁸

SBHCs are funded through a variety of mechanisms. Funding typically comes from patient revenue (third-party and self-pay), public and private-sector grants, and in-kind partner support to cover non-billable expenses. According to the 2013-14 National Census of School-Based Health Centers, approximately 71 percent of public funding for SBHCs comes from state governments and 89 percent bill Medicaid for services.⁹

⁵ Texas Association of School-Based Health Centers. Texas Association of School-Based Health Centers website. tasbhc.org. Updated February 2010. Accessed March 1, 2018.

⁶ Bersamin M, Garbers S, Gold MA, et al. Measuring success: evaluation designs and approaches to assessing the impact of school-based health centers. *J Adolesc Health*. 2016;58(1):3-10.

⁷ Billy JOG, Grady WR, Wenzlow AT, et al. Contextual influences on school provision of health services. *J of Adolesc Health*. 2000;27:12–24.

⁸ See Table A-1, [Appendix A](#) for statistics on DSHS-funded SBHCS’ referrals to community providers.

⁹ School-Based Health Alliance. Findings from the 2013-14 census of school-based health centers. sbh4all.org/wp-content/uploads/2018/08/2013-14-Census-Report-Brief.pdf. Accessed August 27, 2018.

In 1993, DSHS began providing competitive grant funding to help Texas communities establish SBHCs. Six years later, House Bill 2202, 76th Legislature, Regular Session, 1999, required the Commissioner of DSHS, based on the availability of federal or state appropriated funds, to administer a grant program to help school districts with the costs of operating SBHCs.

In 2009, grants were extended to five-year periods and opened to local health departments, hospitals, health care systems, nonprofit organizations, and universities to assist with the costs of operating SBHCs. Grant funds were also allowed to be used to establish, expand services in, or operate SBHCs. Finally, the Legislature updated the requirements of DSHS' legislative report on SBHCs to include information on outcomes for students with chronic conditions.¹⁰

Since fiscal year 1994, DSHS has funded 47 new SBHCs and expanded services at 8 sites already in operation. Currently, 26 of the previously funded SBHCs are still providing services. The map of SBHC past and present contractors is below.

¹⁰ House Bill 281, 81st Legislature, Regular Session, 2009

In fiscal year 2013, DSHS shifted its grant program to attempt to further measure the efficacy of SBHCs on student outcomes through a pilot. For this pilot, DSHS required contractors to select and track a subpopulation of students with chronic conditions who use their services. Contractors track a minimum of 30 students with a focus on either 1 or 2 selected conditions.¹¹ DSHS allowed contractors to track students for multiple conditions in areas where it might be hard to find 30 students in a SBHC with a single chronic condition. Contractors provided clinical services, health education instruction, and tracked health and academic outcomes for these students with chronic conditions. In addition, DSHS assigned uniform performance measures to contractors serving students with the same chronic condition.

This report describes findings of the three contractors funded during the 2016-17 biennium, which includes an independent school district and two nonprofit organizations (both are hospital districts). The DSHS-funded contractors are listed below with the SBHCs and school districts they support using grant funds.

- Chambers County Public Hospital District #1 (Anahuac Independent School District (ISD) SBHC/Anahuac ISD)
- Houston ISD (Elrod SBHC/Houston ISD)
- Tarrant County Hospital District (Southside SBHC and Eastern Hills SBHC/Fort Worth ISD)

Through these contracts, DSHS provides funds to support 4 SBHC, who in turn serve 9 schools and approximately 5,329 students.

¹¹ Selected chronic conditions include: asthma, diabetes, overweight and obesity, mental health conditions, or oral health needs.

3. Data Collection and Analysis

Statute directs the Department of State Health Services (DSHS) to examine the effect of DSHS-funded school-based health centers (SBHCs) have on student health, academic achievement, attendance rates, and dropout rates. National researchers consistently report various factors that prevent such research from reaching meaningful conclusions.¹ DSHS has experienced similar challenges, which are listed below.

Turnover in the student population – DSHS-funded SBHCs mostly serve students from low-income families, who frequently move in and out of SBHC service areas. For this reason, in many cases, DSHS-funded SBHCs could not adequately track individual students over time to see if SBHC services effected student outcomes. What information DSHS did have was insufficient to identify significant results or generalize improvements for all students who use DSHS-funded SBHCs.

Incomplete data sets – Tarrant County Hospital District was not a funded contractor in fiscal year 2016. During fiscal year 2017, Tarrant County Hospital District and Chambers County Public Hospital District #1 were funded off-cycle. This prevented DSHS from obtaining 1) a complete data set for the 2016-17 biennium, and 2) enough information to conduct a meaningful assessment.

SBHCs target small, at-risk populations – DSHS-funded SBHCs target population groups who are considered to be at-risk for poor health. Depending on the SBHC's catchment area, a small proportion of students may use the clinic when compared to the total student population in the school district. Any impact on student outcomes would be diluted by the number of students not using clinic services, making that impact difficult to detect. Also, since data is often collected at a school or district level, DSHS researchers did not have information on the necessary scale to mitigate this challenge.

Funding and legal barriers to conduct rigorous study on the effect of SBHCs exist – Study methods, including controlling for external factors, randomizing groups into clinic users and non-users, and using comparison groups are tools that could provide an opportunity for DSHS to detect the effect of SBHCs. In addition, current state and federal laws regarding student privacy and parental consent also present barriers. The federal Family Educational Rights and Privacy Act and the Health Insurance Portability and Accountability Act regulate data sharing further

limit data collection of the measures listed in Texas Education Code, Section 38.064.

For these reasons, DSHS is unable to collect the appropriate data or use the necessary study methods to detect the effect of SBHC's or make meaningful conclusions on student outcomes. The current data collection system is structured as a project management tool and as a result, this report will largely report on the services rendered to students during the 2016-2017 biennium, rather than on the effect of SBHCs on student outcomes. This report cannot provide findings on attendance, academic performance, or dropout rates.

Despite these challenges, DSHS is committed to improving data collection and analysis for this program. To enhance DSHS' ability to report about the effect of DSHS-funded SBHCs on student outcomes, DSHS will continue quality improvements efforts. One example of those improvements is in refinement of data points in the data collection system, by DSHS evaluators, to increase the usefulness of the data.

DSHS-Funded School-Based Health Centers Utilization

During the 2016-17 biennium, 71 percent of individuals served by Department of State Health Services' (DSHS) funded School-Based Health Centers (SBHCs) were students and siblings of students, age 17 and younger. Chambers County Public Hospital District #1 and Tarrant County Hospital District expanded SBHC services to include adult community members within their service area, thereby increasing use.

In fiscal year 2016, Houston ISD and Chambers County Public Hospital District #1 reported a monthly average of 57 and 91 SBHC users, respectively. Tarrant County Hospital District was not a funded contractor during this timeframe. In fiscal year 2017, the monthly average of users increased by approximately seven for Houston ISD. Fiscal year 2017 utilization data was not complete for Chambers County Public Hospital District #1 and Tarrant County Hospital District due to off-cycle funding.

In the 2016-17 biennium, there were 5,048 primary care provider visits to SBHC (see Table A-3, [Appendix A](#)). In the same period, a total of 1,814 students and siblings using the SBHCs were insured through Medicaid and CHIP, with 10 students and siblings lacking any health insurance coverage (see Table A-2, [Appendix A](#)). Students using Medicaid accounted for the highest enrollment in DSHS-funded

SBHCs (see Table A-2, [Appendix A](#)). This finding is consistent with one of the goals of SBHCs, to meet needs of economically disadvantaged students.¹²

Seventeen-percent of the total billed to Medicaid and only two-percent of the total billed to uninsured users was received by DSHS-funded SBHCs (see Table A-2, [Appendix A](#)). This highlights the need for SBHCs to secure diverse sources of revenue and develop effective financial systems for billing and reimbursement in order to sustain operation. DSHS-funded SBHCs are allowed to use grant funds to cover non-billable expenses and uninsured patients once all other payer avenues have been exhausted, making DSHS grant funds a payer of last resort.

Immunizations

Immunizations are a vital health intervention in eliminating the spread of many preventable infectious diseases. During the 2016-2017 biennium, contractors reported 1,745 visits for immunizations resulting in 2,120 immunizations administered.

Tables A-4 and A-5 in [Appendix A](#) shows the rates of vaccine compliance by school district and vaccine for school years 2015-16 to 2016-17 for kindergarten and seventh grade.

Preventive Health Services

DSHS-funded SBHCs provide a number of preventive services designed to address health problems early and minimize their impact on learning. These services include Texas Health Steps exams; sports physicals; risk assessments; and screenings for dental, mental health, and overweight issues.³

Contractors reported providing 1,226 Texas Health Steps exams and 1,348 other preventive visits (excluding Texas Health Steps exams and immunizations).³ DSHS-funded SBHCs conducted 579 dental, 3,818 weight, and 833 mental health screenings (a total of 5,230 screenings) to students. Of these, 97, 94, and 54 students, respectively, were identified as having a health issue.

¹² Allison MA, Crane LA, Beaty BL, et al. School-based health centers: improving access and quality of care for low-income adolescents. *Pediatrics*. 2007;120(4): e887-94.

Pilot - Students with Chronic Disease

Evaluating whether SBHCs have an impact on health outcomes is a key area of interest. To do this, the Department of State Health Services (DSHS) developed a pilot to collect data from contractors on up-to two subpopulations of students diagnosed with selected chronic conditions.¹¹ As such, this report cannot comment on the effect of SBHCs on attendance, academic performance, or dropout rates. Basic statistics on these measures are provided in [Appendix A](#).

For this pilot, DSHS-funded SBHCs tracked a total of 158 unique students over the biennium. Each student was tracked for one or more chronic-disease subpopulations, including asthma, mental health, and overweight/obesity. There were 24 students tracked for asthma, 76 for mental health, and 67 for overweight/obesity. Nine students were tracked in two subpopulations simultaneously. Tables A-6 and A-7 in [Appendix A](#) depict the demographics of students tracked in subpopulations by all contractors.

Asthma Subpopulation

For students in the asthma subpopulation (24 students), DSHS-funded SBHCs provided services as recommended by the National Asthma Education and Prevention Program Expert Panel Report 3. This included measuring peak flow readings, developing asthma action plans, assessing symptoms, and providing evidence-based asthma education.¹³

DSHS-funded SBHCs used a system of asthma zones to determine the level of asthma control: green represents a high level of control, yellow medium-low, and red poor control. During their first visit, 50 percent of students tracked for asthma were in the green zone. At the end of the 2016-17 biennium, 73 percent of tracked students with 8 or more visits were in the green zone: a 46 percent increase over the first visit. These results would indicate an improvement in asthma control for these students.

¹³ National Asthma Education and Prevention Program (NAEPP). Expert Panel Report 3. 2007. nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf. Published August 28, 2007. Accessed April 16, 2018.

In looking at the number of symptoms that students reported, 17 percent of the students reported experiencing at least one symptom at their first visit to the SBHC. The same students reported experiencing no symptoms by their eighth visit.

Mental Health Subpopulation

For students in the mental health subpopulation, DSHS-funded SBHCs provided evidence-based, best-practice education sessions and assessed symptom severity at each visit.

The 76 students who were tracked for mental health services during the 2016-17 biennium made a total of 554 visits to a mental health provider, with 7.6 visits on average per student each year.

Overweight/Obesity Subpopulation

For students in the overweight/obesity subpopulation, DSHS-funded SBHCs provided routine body mass index (BMI) documentation and culturally-appropriate counseling for physical activity and nutrition.

DSHS-funded SBHCs tracked a total of 67 students for overweight or obesity, the majority of whom were in kindergarten through 5th grade. At the end of the 2016-17 biennium, 48 percent of those students who were tracked for overweight or obesity showed lower or no change in BMI. These results indicate successful weight management while in the care of the SBHC.

4. Conclusion

The Department of State Health Services' (DSHS) School-Based Health Centers (SBHCs) Program provides competitive grant funding to school districts and entities that contract with school districts to help with the costs of operating SBHCs. During the 2016-17 biennium, DSHS funded Houston ISD and two hospital districts, Chambers County Public Hospital District #1 and Tarrant County Hospital District. Through these contracts, DSHS provides funds to support 4 SBHC, who in turn serve 9 schools and approximately 5,329 students.

National research has shown sufficient evidence that SBHC can indirectly influence factors and behaviors that impact academic success.¹

DSHS has faced multiple challenges in collecting and analyzing data for the SBHCs Program. These issues limited DSHS' ability to collect adequate information on a large enough student cohort to make meaningful interpretations on the effect of SBHCs on health and academic outcomes. DSHS was able to collect data on the activities of DSHS-funded SBHCs as well as from students involved in a pilot that focused on chronic health conditions. This report provides a summary of this information for the preceding two years.

DSHS is dedicated to serving children and adolescents through the SBHCs Program. DSHS is likewise committed to improving data collection and analysis for this program and has continued with the efforts in that direction. Future reports will strive to include information on the efficacy of health services delivered to Texas children through DSHS-funded SBHCs focusing on health and academic outcomes for children with chronic conditions.

List of Acronyms

| Acronym | Full Name |
|----------------|--|
| BMI | Body Mass Index |
| CHIP | Children’s Health Insurance Program |
| DSHS | Texas Department of State Health Services |
| ISD | Independent School District |
| NAEPP | National Asthma Education and Prevention Program |
| SBHC | School-Based Health Center |
| STAAR® | State of Texas Assessment of Academic Readiness |
| TEA | Texas Education Agency |

Appendix A. Data Tables

Table A-1. Referrals by Provider Type, Chambers County Public Hospital District #1, Houston ISD, Tarrant County Hospital District, 2016-17 biennium^a

| Provider Type | Number of Referrals Made | Number of Referrals Completed | Referral Completion Rate ^b (%) |
|-----------------|--------------------------|-------------------------------|---|
| Dental Health | 160 | 99 | 61.8 |
| Mental Health | 93 | 84 | 90.3 |
| Primary Care | 0 | 0 | 0 |
| Specialty Care | 123 | 90 | 73.2 |
| Substance Abuse | 0 | 0 | 0 |
| Other | 256 | 238 | 92.9 |
| Total | 632 | 511 | 80.85 |

^a Source: Texas Department of State Health Services School Health Program, 2016-17 biennium data from DSHS-funded SBHC contractors.

^b A referral completion rate is the percentage of students who followed up with a community provider once referred.

Table A-2. Number of Students and Siblings Enrolled and Breakdown of Amount Billed and Received in DSHS-Funded SBHCs by Insurance Type, 2016-17 biennium^c

| Health Insurance ^d | Number Enrolled ^e | Percent Enrolled (%) | Amount Billed (\$) | Payments Received (\$) |
|-------------------------------|------------------------------|----------------------|--------------------|------------------------|
| Medicaid | 1,601 | 51.3 | \$373,060.89 | \$64,923.69 |
| CHIP | 213 | 6.8 | \$39,041.00 | \$6,441.26 |
| Private Insurance | 400 | 12.8 | \$49,714.72 | \$13,409.81 |

| Health Insurance ^d | Number Enrolled ^e | Percent Enrolled (%) | Amount Billed (\$) | Payments Received (\$) |
|-------------------------------|------------------------------|----------------------|----------------------------|----------------------------|
| Uninsured | 10 | 0.3 | \$95, 987.00 | \$1,779.00 |
| Self-Pay/Family Pay | 723 | 23.2 | not available ^f | not available ^f |
| Other | 176 | 5.6 | not available ^f | not available ^f |
| Total | 3,123 | 100 | \$557,803.61 | \$86,553.76 |

^c Source: Texas Department of State Health Services School Health Program, 2016-17 biennium data from DSHS-funded SBHC contractors.

^d Health Insurance status is unavailable for adult community members signed up to use SBHCs.

^e Total enrollment for DSHS-funded SBHCs equals 4,738.

^f Data was not collected for these categories during the 2016-17 biennium.

Table A-3. Visits to Health Care Provider, Chambers County Hospital District #1, Houston ISD, Tarrant County Hospital District, 2016-17 biennium⁹

| Provider Type | Number of Visits | Percent of Total Visits (%) |
|---------------|------------------|-----------------------------|
| Primary Care | 5,048 | 88.7 |
| Mental Health | 591 | 10.4 |
| Dental Health | 52 | 0.9 |
| Total | 5,691 | 100.0 |

⁹ Source: Texas Department of State Health Services Program, 2016-17 biennium data from DSHS-funded SBHC contractors.

Table A-4. Immunization Rates by School District for 2015-16 School Year^h

| School District | Vaccine | Kindergarten Coverage | 7 th Grade Coverage |
|-----------------|----------------|-----------------------------|--------------------------------|
| Anahuac ISD | DTP/DTaP/DT/Td | 100.0% | not applicable ⁱ |
| Anahuac ISD | Tdap/Td | not applicable ⁱ | 98.1% |

| School District | Vaccine | Kindergarten Coverage | 7 th Grade Coverage |
|-----------------|---------------------|-----------------------------|--------------------------------|
| Anahuac ISD | Hepatitis A | 98.2% | not required ^j |
| Anahuac ISD | Hepatitis B | 100.0% | 100.0% |
| Anahuac ISD | Meningococcal | not applicable ⁱ | 100.0% |
| Anahuac ISD | MMR (2 doses) | 100.0% | 98.1% |
| Anahuac ISD | Polio | 100.0% | 100.0% |
| Anahuac ISD | Varicella (2 doses) | 98.2% | 84.8% |
| Houston ISD | DTP/DTaP/DT/Td | 94.2% | not applicable ⁱ |
| Houston ISD | Tdap/Td | not applicable ⁱ | 82.1% |
| Houston ISD | Hepatitis A | 94.6% | not required ^j |
| Houston ISD | Hepatitis B | 96.1% | 89.8% |
| Houston ISD | Meningococcal | not applicable ⁱ | 75.8% |
| Houston ISD | MMR (2 doses) | 94.2% | 89.9% |
| Houston ISD | Polio | 93.9% | 89.6% |
| Houston ISD | Varicella (2 doses) | 93.2% | 84.8% |

^h Tarrant County Hospital District SBHCs serve five Fort Worth ISD campuses. Tarrant County Hospital District was not a funded contractor for fiscal year 2016 therefore, Fort Worth ISD immunization data is not included for the associated school year.

ⁱ Not applicable signifies that the vaccine is not administered to children in the age range for the grade level indicated.

^j Hepatitis A was not required for grade 7 in the 2015-16 Texas Minimum State Vaccine Requirements.

Table A-5. Immunization Rates by School District for 2016-17 School Year^{k,l}

| School District | Vaccine | Kindergarten Coverage | 7 th Grade Coverage |
|-----------------|---------------------|-----------------------------|--------------------------------|
| Anahuac ISD | DTP/DTaP/DT/Td | 95.7% | not applicable ^m |
| Anahuac ISD | Tdap/Td | not applicable ^m | 100.0% |
| Anahuac ISD | Hepatitis A | 96.8% | 98.9% |
| Anahuac ISD | Hepatitis B | 97.9% | 98.9% |
| Anahuac ISD | Meningococcal | not applicable ^m | 100.0% |
| Anahuac ISD | MMR (2 doses) | 97.9% | 98.9% |
| Anahuac ISD | Polio | 97.9% | 98.9% |
| Anahuac ISD | Varicella (2 doses) | 95.7% | 98.9% |
| Fort Worth ISD | DTP/DTaP/DT/Td | 96.8% | not applicable ^m |
| Fort Worth ISD | Tdap/Td | not applicable ^m | 98.5% |
| Fort Worth ISD | Hepatitis A | 96.7% | 98.4% |
| Fort Worth ISD | Hepatitis B | 98.3% | 99.0% |
| Fort Worth ISD | Meningococcal | not applicable ^m | 98.8% |
| Fort Worth ISD | MMR (2 doses) | 96.7% | 99.3% |
| Fort Worth ISD | Polio | 97.6% | 98.8% |
| Fort Worth ISD | Varicella (2 doses) | 97.0% | 98.4% |

| School District | Vaccine | Kindergarten Coverage | 7 th Grade Coverage |
|-----------------|---------------------|-----------------------------|--------------------------------|
| Houston ISD | DTP/DTaP/DT/Td | 93.5% | not applicable ^m |
| Houston ISD | Tdap/Td | not applicable ^m | 79.2% |
| Houston ISD | Hepatitis A | 94.4% | 90.6% |
| Houston ISD | Hepatitis B | 95.3% | 92.5% |
| Houston ISD | Meningococcal | not applicable ^m | 92.5% |
| Houston ISD | MMR (2 doses) | 93.4% | 92.7% |
| Houston ISD | Polio | 92.9% | 92.2% |
| Houston ISD | Varicella (2 doses) | 92.3% | 89.8% |

^k Tarrant County Hospital District SBHCs serve five Fort Worth ISD campuses and Chambers County Public Hospital District #1 SBHC serves Anahuac ISD.

^l Source: Vaccination Coverage Levels in Texas Schools. Texas DSHS Immunization Unit website. dshs.texas.gov/immunize/coverage/schools. Accessed January 2018.

^m Not applicable signifies that the vaccine is not administered to children in the age range for the grade level indicated.

Table A-6. Race/Ethnicity of Students with Chronic Conditions Identified in DSHS-Funded SBHCs, 2016-17 biennium^{n,o}

| Race/Ethnicity | Asthma | Mental Health | Overweight or Obesity |
|------------------------|--------|---------------|-----------------------|
| Non-Hispanic Caucasian | 5 | 51 | 6 |
| Hispanic/Latino | 11 | 14 | 52 |
| African American | 5 | 11 | 8 |

| Race/Ethnicity | Asthma | Mental Health | Overweight or Obesity |
|------------------------|--------|---------------|-----------------------|
| Asian/Pacific Islander | 1 | 0 | 0 |
| Other | 2 | 0 | 1 |

ⁿ A student may have multiple conditions and counted more than once.

^o Source: Texas Department of State Health Services Program, 2016-17 biennium data from DSHS-funded SBHC contractors.

Table A-7. Gender of Students with Chronic Conditions Identified in DSHS-Funded SBHCs, 2016-17 biennium^{p,q}

| Gender | Asthma | Mental Health | Overweight or Obesity |
|--------|--------|---------------|-----------------------|
| Female | 15 | 41 | 33 |
| Male | 9 | 35 | 34 |

^p A student may have multiple conditions and counted more than once.

^q Source: Texas Department of State Health Services Program, 2016-17 biennium data from DSHS-funded SBHC contractors.

Table A-8. STAAR® Test Scores by School Year for Anahuac ISD^r (AISD), Fort Worth ISD^s (FWISD) and Houston ISD (HISD), plus Associated Campuses Served by DSHS-Funded SBHCs (Percent Passing)^t

| District/Campus Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 |
|----------------------|---------|---------|---------|---------|
| AISD | 80% | 82% | 78% | 79% |
| Anahuac Elem (AISD) | 75% | 78% | 77% | 79% |

| District/Campus Name | 2013-14 | 2014-15 | 2015-16 | 2016-17 |
|----------------------------|---------|---------|---------|---------|
| Anahuac MS (AISD) | 81% | 83% | 79% | 84% |
| Anahuac HS (AISD) | 88% | 84% | 78% | 70% |
| FWISD | 67% | 68% | 65% | 65% |
| Eastern Hills Elem (FWISD) | 62% | 58% | 55% | 73% |
| Eastern Hills HS (FWISD) | 60% | 60% | 56% | 55% |
| Daggett Montessori (FWISD) | 83% | 82% | 81% | 81% |
| Daggett Elem (FWISD) | 63% | 59% | 55% | 59% |
| Daggett MS (FWISD) | 67% | 61% | 51% | 59% |
| HISD | 71% | 68% | 69% | 69% |
| Elrod Elem (HISD) | 73% | 73% | 70% | 70% |

^r Chambers County Public Hospital District #1 serves Anahuac ISD.

^s Tarrant County Hospital District SBHCs serve five Fort Worth ISD campuses.

^t Source: School report cards. Texas Education Agency website. tea.texas.gov/perfreport/src/index.html. Accessed April 2018.

Table A-9. Attendance Rates by School Year for Anahuac ISD^u (AISD), Fort Worth ISD^v (FWISD) and Houston ISD (HISD), plus Associated Campuses Served by DSHS-Funded SBHCs^w

| District/Campus Name | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|----------------------------|---------|---------|---------|---------|
| AISD | 95.9% | 96.3 | 95.7% | 96.3% |
| Anahuac Elem (AISD) | 96.8% | 96.9% | 96.6% | 97.0% |
| Anahuac MS (AISD) | 96.6% | 96.5% | 96.3% | 96.5% |
| Anahuac HS (AISD) | 94.3% | 95.3% | 94.2% | 95.2% |
| FWISD | 94.7% | 84.8% | 94.7% | 94.8% |
| Eastern Hills Elem (FWISD) | 93.8% | 93.9% | 94.5% | 95.4% |
| Eastern Hills HS (FWISD) | 91.3% | 90.8% | 91.3% | 90.1% |
| Daggett Montessori (FWISD) | 96.8% | 96.6% | 96.5% | 96.8% |
| Daggett Elem (FWISD) | 95.5% | 95.0% | 94.9% | 95.1% |
| Daggett MS (FWISD) | 95.0% | 94.5% | 94.5% | 94.1% |
| HISD | 95.8% | 95.6% | 95.6% | 95.6% |
| Elrod Elem (HISD) | 96.1% | 96.4% | 96.1% | 96.1% |

^u Chambers County Public Hospital District #1 serves Anahuac ISD.

^v Tarrant County Hospital District SBHCs serve five Fort Worth ISD campuses.

^w Source: School report cards. Texas Education Agency website. tea.texas.gov/perfreport/src/index.html. Accessed April 2018.

Table A-10. Drop Out Rates by School Year for All Districts Served by DSHS-Funded SBHCs^x

| District Name | 2013-14 | 2014-15 | 2015-16 |
|-----------------------------|---------|---------|---------|
| Anahuac ISD ^y | 0% | 0.5% | 0% |
| Fort Worth ISD ^z | 2.2% | 2.9% | 3.0% |
| Houston ISD | 3.2% | 3.9% | 4.0% |

^x Source. Snapshot: school district profiles. Texas Education Agency website. tea.texas.gov/perfreport/snapshot/index.html. Accessed April 2018.

^y Chambers County Public Hospital District #1 serves Anahuac ISD.

^z Tarrant County Hospital District SBHCs serve five Fort Worth ISD campuses.