

**QUEEN ANNE'S COUNTY
SCHOOL-BASED WELLNESS CENTER
FEASIBILITY STUDY
SUMMARY**

Presented To:

The Citizens of Queen Anne's County

Presented By:

The School-Based Wellness Center Study Planning Team
in collaboration with the
Board of Education of Queen Anne's County
Queen Anne's County Community Partnerships for Children
Queen Anne's County Health Department

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The Governor's Office of Children, Youth and Families

September 1, 2001

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I. PURPOSE OF STUDY AND SCHOOL-BASED WELLNESS CENTERS DEFINED

The School-Based Wellness Center (SBWC) study was commissioned by Queen Anne's County Partnerships for Children and steered by a committee of representatives from Queen Anne's County's Board of Education, Health Department and Local Management Board (LMB). The purpose of the investigation was to determine if school-based wellness center services are needed in Queen Anne's County and if so, what services should be provided and for whom. Result areas were determined to be (1) healthy children and (2) children successful in school.

According to the State of Maryland's Governor's Office on Children, Youth and Families, comprehensive school health and wellness is defined as the provision of health knowledge and skills and the promotion of health enhancing attitudes, beliefs, and behaviors through the effective coordination of instruction, resources, and services and the maintenance of a positive school environment resulting from partnerships between home, school, and community. (Guidelines for Maryland School-Based Health Centers, January 1999).

II. BACKGROUND

A. Factors for Consideration

Several social and economic factors are believed to have led to the need for SBWCs across the nation. Women's entry into the paid labor force increased pressure on school systems to offer programs and services during school hours. Prompted by numerous studies, concern increased regarding untreated yet preventable physical and emotional health problems among school-age children and youth. In addition, through early programs and models, a growing understanding was gained about the role of accessible health services in persuading children and youth to make use of important primary and preventative services. It was also noted that the mainstreaming of children with educationally related disabilities necessitates the provision of, at times extensive medical and health services in schools. Finally, there has been a growing concern about the lack of access to health care among lower income and medically underserved children.

B. Funding from the Governor's Office of Children, Youth and Families

Eight years ago, the Robert Wood Johnson Foundation began providing pilot funding to selected schools throughout the U.S. whose administration was willing to set up school-based health and wellness centers. As a result of the implementation of these and other similar centers, the data to support SBWC effectiveness has expanded. Citizen, public agency and legislative support has increased simultaneously with the increase in studies that demonstrate the benefits of in-school health centers. Maryland has followed national trends and has sought both federal and state support for wellness center planning and implementation funds. The Governor's Office of Children, Youth and Families awarded financing for the Queen Anne's County SBWC Feasibility Study early in 2001 as a result of a competitive consolidated grant process.

C. SBWC Grant Steering Committee

A SBWC Grant Steering Committee was formed to oversee the activities of the planning grant. This group consisted of Mike Clark, representing Queen Anne's County Community Partnerships for Children (LMB), Dr. Carol Williamson, representing the Queen Anne's County Board of Education, Carol Dadds, representing Queen Anne's County Health Department, and Linda Walls representing Just Cause Consulting Firm (who was the successful project bidder and will be referred to as "consultant" hereafter).

D. Planning Team

A School Wellness Planning Team was formed to get varied perspectives, assure cultural and geographic representation, and to guide the planning process in collaboration with the grant steering committee and the consultant. Membership for the team was drawn from a number of sources including elementary, middle and high schools, the Board of Education, private and public health agencies, county social service agencies, and the county business/tourism office. The team met on February 26, April 23, May 21, and June 6, 2001. The School Wellness Planning Team members and their respective affiliations are detailed in the table that follows:

Team Member	Affiliation
Mr. John F. Andrews, Assistant Principal	Queen Anne's County High School
Mrs. Julia L. George, School Nurse	Stevensville Middle School
Mr. Timothy Landers, CRNP, School Wellness Center Coordinator	Choptank Community Health System, Inc.
Ms. Lynn Martin, Director of Family Services	Queen Anne's County Department of Social Services
Dr. Patricia B. Thompson, School Psychologist	Centreville Middle School
Ms. Kathy Wright, Alcohol and Drug Addictions Services Director	Queen Anne's County Health Department
Mrs. Janet Melson, Executive Director	Chester River Home Care & Hospice
Dr. William Burd, Supervisor of Science	Queen Anne's County Public Schools
Mrs. Kimberly L. Pfeiffer-Taylor, Guidance Counselor	Grasonville Elementary School
Mrs. Cynthia L. Nemeth, School Nurse	Kent Island High School
Mrs. Vicki L. Wilkins, Guidance Counselor	Sudlersville Elementary School
Ms. Suzanne G. Eakle, Business Development Coordinator	Queen Anne's County Office of Business And Tourism
Mrs. Linda Cronshaw, R.N.M.S., School Health Services	Centreville Elementary School
Ms. Donna Kurrle, Prevention Office Director	Queen Anne's County Health Department
Mrs. Cathy Quesenberry	Queen Anne's County Public Schools
Mr. Dominic Romano, Guidance Supervisor	Queen Anne's County Public Schools

Team Member	Affiliation
Mr. John C. Wright, Assistant Principal	Centreville Middle School
Ms. Nancy Zinn, Executive Director	Mid Shore Behavioral Health Systems
Dr. Carol Williamson, Assoc. Superintendent	Queen Anne's County Public Schools
Mr. Michael Clark, Director	Community Partnerships For Children
Ms. Carol Dadds, R.N. School Health Nursing Supervisor	Queen Anne's County Health Department
Ms. Chris Powell	Anne Arundel Medical Center - Community Outreach

E. Ethical Standards

In an effort to preserve the integrity of the study, several ethical standards were adopted. The consultant emphasized to the planning team, there would be no preconceived notions and the study conclusions would be unknown until the data was analyzed. Reinforcement that the SBWC would be defined only after civic engagement was incorporated into all correspondence and presentations to community and public agencies. Full respect of confidentiality by the consulting firm would be maintained throughout the process. Leading questions were eliminated and value statements were not permitted within the surveys, interviews, and focus groups. Finally, it was agreed that a comprehensive study utilizing both hard and soft data would be performed.

III. METHODOLOGY

A. Hard Data Collection

1. Archival Data

Demographic and other archival data were collected from the 2000 Census as available on the United States Census Bureau website. Family economic information was obtained from KIDSCOUNT 2000. In addition, the following sources were reviewed: 1996 and 1998 Maryland Adolescent Survey (Maryland Department of Education), the Maryland State Department of Education (MSDE) Fact Book, MSDE's Maryland School Performance Report, and "Accepting Our Challenges, Building Upon Strengths," a year 2000 summary of Queen Anne's County archival data pertinent to child and family health and well being (Queen Anne's County Community Partnerships for Children).

2. Literature Review

Nearly 250 studies, internet sites, and assessment reports were reviewed in the course of obtaining a state, regional, and national perspective. Studies of particular importance were as follows:

- "Baltimore County School-Based Wellness Center: Strategic Plan," Baltimore County Public Schools and Baltimore County Department of Health, Date Unknown.

- "Caroline County Wellness Network Business Plan," University of Maryland School of Nursing, 1999
- "Community Partnerships for Healthy Adolescents," New Jersey Department of Health and Senior Services, 1998.
- "Electronic Connections! School-Based Health Centers On-Line," Making the Grade National Program Office. Washington, D.C.: The George Washington University, 2000.
- "Health Behaviors in School-Aged Children Study," Bock, R. Join Together Online. Bethesda, MD: National Institute of Health, 2000.
- "Implementing School-Based Health Centers in a Managed Care Era," Rosenbaum, S. National Association of Community Health Centers, Inc. Washington, D.C., 1999.
- "Linkages to Learning; Montgomery County 6 Year Plan for School Based Health Centers," Montgomery County Collaborative Partnership, 1999.
- "Medicaid and School Health: A Technical Assistance Guide," U.S. Department of Health and Human Services, Health Care Financing Administration, 1997.
- "Outcomes Reported from SBHC Studies Published in Peer Review Journals," George Washington University, 1996.
- "Quality Guidelines, Standards of Care, & Certification Requirements," Vermont School-Based Health Center, Not dated.
- "Report of the Task Force on Dropout Prevention, Intervention, and Recovery," 3rd draft, revised, Maryland State Department of Education, 1997.
- "Rural Adolescent Health Issues: A Multidisciplinary Approach," Eastern Shore Area Health Education Center, 4th Annual Conference Summary, June 15, 2000.
- "School-Based Health Center's Results from a 50-State Survey," George Washington University, 2001.
- "School Based Health Centers: Comprehensive Health Care for Children and Youth," George Washington University and the Robert Wood Johnson Foundation, 1996.
- "School Health Services in the New Millennium: The Impact of Garret F." Long, M. School Health Resource Services, University of Colorado, 2000.
- "School Health Needs Assessment: A Starter Kit," U.S. Department of Health & Human Services, Public Health Service, Health Resources & Services Administration, 1997.
- "Talbot County Wellness Centers Program: Strategic Planning for School-Based Health Centers Initiative," Talbot County Health Department and Talbot County Public Schools, 1999.

An internet web search was conducted, resulting in over 200 related sites being accessed. Select web sites for the following sources were examined: The Center for Health and Health Care in Schools, the National and Maryland Assembly on

School-Based Health Care, School Health Resource Services, and the Robert Wood Johnson Foundation. Additionally, five state web sites (Vermont, New York, Louisiana, Texas, and Wisconsin), as well as the web sites for seven School-Based Wellness/Health Center examples were also examined. Finally, spokespersons from ten Maryland School-Based Health Centers were contacted by telephone.

3. Health Provider Mapping

Data on 856 medical providers serving Queen Anne's County were obtained from three area hospitals (Kent & Queen Anne's Hospital, The Memorial Hospital at Easton, and Anne Arundle Medical Center) as well as the local phone books. Name, address, telephone number, affiliation, and specialty information were obtained for each provider. With the assistance of the Queen Anne's County Planning and Zoning Office, the medical providers located in Queen Anne's County were plotted on a Queen Anne's County map according to physical address of service. The purpose of the plot map was to show the disbursement of medical providers throughout the county (See Appendix B1). Also examined were maps (see Appendix B2, B3 and B4) from "A Guide to Federal Designation of Health Professional Shortage Areas & Medically Underserved Areas in Maryland" (Maryland Department of Health and Mental Hygiene; 1999) and supplied by the Eastern Shore Area Health Education Center (ESAHC).

B. Soft Data Collection (parent surveys, student surveys, focus groups, interviews)

Ten Maryland SBWCs were consulted to obtain sample assessment tools. In the end, the University of Colorado's and Health Resources and Services Administration's "School Health Needs Assessment: A Starter Kit" (1997) was adapted for Queen Anne's County implementation. The grants steering committee and planning team members selected final instruments after multiple reviews.

1. Surveys

Two surveys were designed, one for parents and one for students. The parent survey was four pages in length and consisted of 27 questions regarding individual child physical/mental health needs and feelings about SBWCs. The student survey was two pages in length and consisted of 18 questions regarding physical/mental health needs. A cover letter was drafted to outline the purpose of the survey, emphasize confidentiality of responses, and explain the details of a drawing for \$100 worth of school supplies (incentive for respondents). Addressed to parents, the cover letter was attached to one copy of the parent survey and one copy of the student survey. The cover letter further explained to parents that they were to complete the parent survey and have one of their children 11 years of age or older complete the student survey. Included in the packet were two postage paid envelopes to facilitate survey return by the due date of April 20, 2001 (only for those parents with a child 11 or older – otherwise the packet included one stamped return envelope).

Survey recipients were randomly selected by a Queen Anne's County Board of Education computer. A representative sample was drawn by converting each school population into a percentage of the entire school district population. Each percentage was then multiplied by 100 to determine the number of addresses to be randomly selected from each school. After determining the random sample, survey packets were mailed on April 4, 2001. At least 567 packets (a cover letter, one parent survey and one postage paid return envelope) were mailed to parents/guardians of Queen Anne's County public school students **under** the age of 11. At least 429 packets (a cover letter, one parent survey, one student survey, and two postage paid return envelopes—to allow each to reply confidentially) were mailed to parents/guardians of Queen Anne's County public school students **over** the age of 11. Surveys were returned voluntarily to the consulting firm via the postage paid return envelopes.

2. Focus Groups

A total of 30 organizations was suggested for focus groups by the members of the planning team. The consultants attempted to contact every group suggested. With a standard set of seven questions asked, the equivalent of 19 groups was actually led with an overall total of 145 participants from March 29 to May 24, 2001. Groups included student leadership, the after-school program, church groups, civic organizations, government agencies, HotSpots, and law enforcement. Responses of the focus group participants were ranked by number of mentions. A list those persons/organizations who participated in the focus group process follows:

- | | |
|--------------------------------------|---------------------------------------|
| ▪ Community members | ▪ Parent Teacher Association |
| ▪ Bayview Investments | ▪ Department of Recreation and Parks |
| ▪ Board of Education | ▪ Sheriff's Office |
| ▪ Centreville Middle School students | ▪ Stevensville Middle School students |
| ▪ Character Counts! | ▪ Student Council representatives |
| ▪ Chesapeake College | ▪ (Queen Anne's County High School, |
| ▪ Department of Social Services | ▪ Kent Island High School, and |
| ▪ Faith Unity Fellowship | ▪ Centreville Middle School) |
| ▪ Families First | ▪ Sudlersville Middle School students |
| ▪ Health Department | ▪ Sudlersville United Methodist |
| ▪ HotSpots Committee | ▪ Church |
| ▪ Local Management Board | ▪ Training and Educating Adolescent |
| | ▪ Mothers and Fathers |

3. Key Informant Interviews

A ten-question interview form was administered to 49 people using both in-person and phone contact. Questions were derived from samples included in the University of Colorado's and Health Resources and Services Administration's "School Health Needs Assessment: A Starter Kit" (1997) and adapted for Queen Anne's County implementation by members of the grant steering committee. Parents, physicians, community leaders, businesspersons, educators, and a hospital administrator were

interviewed. Again, the planning team suggested interviewees. The following table lists key informants in the interview process and their respective affiliations.

Key Informants

Name	Affiliation
Chris Powell	Anne Arundel Medical Center
Shirley Joyce	Bay Area Association of Realtors
Lori Rossbach	<i>Bay Times</i> Newspaper
Richard McNeil	Centreville Middle School
Doug Shreve	Chamber of Commerce
Peg Anawalt	Chesapeake Child Care Resource Center
Dorene Bowser	Prevention Office, Parent
Price Schuller	Child Care Administration
J. Wayne Howard	Choptank Community Health System
Jean Wetzel	Citizen
Betsy Longmire	Citizen, Grandparent
John Plaskon	Crossroads Community, Inc.
Vicki Wren	Department of Juvenile Justice (Area 4 Supervisor)
Melinda Bookwalter	Department of Juvenile Justice (Intake)
Jake Frego	Eastern Shore Health Education Center
Anne Livie	Families First
Janet Melson	Kent and Queen Anne's Hospital
John Sharp	Kent Island High School
Rev. Christine Lee	Kent Island United Methodist Church
Tpr. Tim Riggleman	Maryland State Police (Barrack "S")
Curtis Thomas	Maryland's Tomorrow
Joe Ross	Memorial Hospital at Easton
Jeanne Yeager	Mid Shore Council on Family Violence
Lynn Ewing	Mid Shore ESOL Program
Nancy Zinn	Mid Shore Mental Health System
Penny James	Mid Shore Perinatal Advisory Council
Nancy Roe	Nurturing Program
Myra Roe	Parent – mid county (1 elem. & 1 middle student)
Dorothy Carpenter	Parent – north county (1 high school student)
Joseph Douglas	Parent – north county (2 preschool students)
Dennis Haggerty	Parent – north county (2 elementary students)
Julius Bennett	Parent – south county (1 high school student)
Dr. Patricia Bowyer	Physician – mid county practice
Suzy Kendall, R.N.	Nurse – north county practice
Dr. Gary Sprouse	Physician – south county practice
Michael Clark	QA Community Partnerships for Children (LMB)
George O'Donnell	QA County Commissioner
Cheryl Washington	QA Council of PTAs

Key Informant Table Continued...

Name	Affiliation
Cheryl Gover	QA HotSpots Coordinator
Frank Welch	QA Little League – north county
Patricia Stires	QA Mental Health Services
Donna Kurrle	QA Prevention Office
Mark Garrity	QA Recreation and Parks
Charles Crossley	QA Sheriff's Office
Frank Kratovil	QA State's Attorney's Office
Terry Burtis	Stepping Stones
David Dulac	Sudlersville Elementary School

C. Facility Availability

All Queen Anne's County School principals were consulted via the Board of Education to determine the availability of potential sites, if needed. The following table details the public school sites within Queen Anne's County and the student population as of February 2001:

School	Student Population	% of QA Schools
Bayside Elementary	763	10.8
Centreville Elementary	486	6.9
Centreville Middle	590	8.4
Church Hill Elementary	301	4.3
Grasonville Elementary	383	5.4
Kennard Elementary	418	5.9
Kent Island Elementary	728	10.3
Kent Island High	951	13.5
Queen Anne's County High	931	13.2
Stevensville Middle	746	10.6
Sudlersville Elementary	415	5.9
Sudlersville Middle	329	4.7

D. Funding Structure and Availability

In an effort to explore funding options and sources, studies were consulted, web site list serves were examined, and Medicaid literature, foundation announcements, and other funding mechanisms were reviewed by the consultant.

III. FINDINGS

A. Hard Data Collection

Factors that may impact a child's well-being and ability to learn were examined and included demographic, economic and social data.

1. County Profile

With a population of just over 40,000 in the year 2000, Queen Anne's County is predominantly Caucasian (89%). Ethnically diverse groups (mostly African American) make up the remaining population (approximately 11%). More than one fourth of the population is under the age of 18. In terms of household/family information, census data indicate that family households with children under the age of 18 represent one third of the total number of households. The following table provides more detailed information on age breakdown, ethnic categories, and household types for the Queen Anne's County population.

Source: U.S. Census Bureau, 2000 Census			
<u>Population:</u>		<u>Age Breakdown:</u>	
40,563		Under 5 years	6.4%
<u>Ethnicity:</u>		5-9 years	7.2%
Caucasian	89.0%	10-14 years	7.7%
African American	8.8%	15-19 years	6.2%
Other	2.2%	Under age 18	25.4%
<u>Household by Type:</u> Total Households = 15,315			
Family Households (families)			75.4%
<i>Family households with own children under 18 years</i>			33.3%
Married Couple Family			62.2%
<i>Married couples... with own children under 18 years</i>			25.8%
Female Householder, No Husband Present			9.5%
<i>Female householder...with own children under 18 years</i>			5.4%
Non-family Households			24.6%
Householder Living Alone			19.6%
Households With Individuals Under 18			36.6%

Economic data from Kids Count 2000 indicate that almost three-fourths of Queen Anne's County children report sole/both parent(s) working. The same data indicate that both the median family income and the average income of married couples was slightly more than \$50,000 while the average income of female-headed families was less than \$20,000. The following table provides more detailed economic data on Queen Anne's County families.

Source: Kids Count 2000 from U.S. Census Bureau		
<u>Family Economics (1990)</u>		
Median Family Income		\$51,100
Average Income of Married Couple (1989)		\$51,784
Average Income of Female-Headed Family (1989)		\$18,704
<u>Family Environment (1990)</u>		
Children Under 18 With Sole/Both Parent(s) Working	5,694 or 71.2%	
Children Under 18 With Mothers in The Labor Force	3,218 or 73.9%	
Children Under 18 Living in Single-Parent Families	1,205 or 14.4%	
Children Under 18 Living in Two-Parent Families	6,273 or 75.2%	

2. Archival Data and Local Assessments

Alcohol, Tobacco, and Other Drug Use. When comparing 1996 to 1998 figures provided in the Maryland Adolescent Survey, it was observed that alcohol, tobacco, and other drug use increased for 6th, 8th, and 10th graders. In addition, the year 2000 rate of Maryland students living in a household with cigarette smokers was 48.8% among middle school students and 49.1% among high school students (Tobacco Use Survey, MD Department of Health and Mental Hygiene, 2000).

School Health Service Usage. Full time school nurses examined a range of 19 (Centreville Elementary) to 94 (Kent Island Elementary) students per day during the 1999-2000 school year. When comparing 1998-99 to 1999-00 school year statistics, increases were found in the following areas: services provided to special needs students, chronic health problems, students taking medication at school, students visiting the health room (school nurse) and then being returned to class, and injury reports. In all, health room visits totaled 104,201 (or 579 per day) in 1999-2000 as compared to 99,932 health room visits during the prior year (or 555 per day). This change represented an increase in visits of slightly more than 4% (Queen Anne's County Health Department Report, 1999-2000). The Kent Island High School Pupil Services Team conducted a special examination of health room visits among ninth graders during the 2000-2001 school year. Of 95 students who visited the health room for mental health related complaints, 45 (or 47%) missed 20 or more days from school (unsatisfactory attendance), and 13 (or 14%) missed at least 15 days from school. The remaining 36 students missed 14 days or less. From August through May, 324 health room visits for mental health related complaints occurred among Kent Island High School ninth graders. These visits included issues typically symptomatic of school phobia, eating disorders, sexual dysfunction, depression, panic attacks, intentional harm, neglect, abuse, suicidal thoughts, violent behavior, substance use, parental divorce, grief, anger, and self-esteem problems.

Retention/School Attendance. The percentage of middle school students missing more than 20 days from school per year in Queen Anne's County was 11.3% in 1998 and 12.3% in 1999. For high schools students, the number was 33.7% in 1998 and 29.7% in 1999. Seventy-nine (79 or 8.9%) Queen Anne's County High School students dropped out of school during 1999-2000 (Queen Anne's County Board of Education, 2000).

School Violence. There were 284 violence related suspensions during the 1992-1993 school year and 319 during the 1998-1999 school year. This change represented an increase of about 12% (KIDSCOUNT 2000).

Other Agency Information. The FY 1999 Department of Social Services Annual Report documented 340 reports of abuse or neglect, representing an increase of 15% since 1998 (295 reports). Juvenile Justice intakes increased from 232 in 1990 to 456 in 1999, a 96.6% increase compared to 42.5% for Maryland during the same

time period. Teen births increased by 23% from 1998 to 1999 (KIDSCOUNT 2000). As the following tables indicate, significant increases have been observed in domestic reports and domestic arrests (Queen Anne's County State's Attorney Office, 2000). In addition, the tables indicate that Part 1 (Violent) Offenses have increased from 1997 to 1999 by 24% in Queen Anne's County according to the Uniform Crime Report (2000).

Domestic Violence Arrest Statistics *

Fiscal Year	1997	1998	1999
Domestic Calls for Service	150	122	125
Domestic Reports	46	34	56
Spousal Assaults	23	16	53
Domestic Arrests (aggravated)	13	11	31
Domestic Arrests (simple)	33	23	

(Adult Crimes) Annual Uniform Crime Report**

Part 1 Offenses	1997	1998	1999
Queen Anne's Co. Sheriff's Dept.	494	604	629
Maryland State Police	407	434	476
Centreville Town Police	80	67	116
Total	981	1,103	1,221
Part 2 Offenses	1997	1998	1999
Queen Anne's Co. Sheriff's Dept.	1,579	1,136	1,514
Maryland State Police	650	557	603
Centreville Town Police	Unknown		
Total	2,229	1,693	2,117

* Centreville Town Police, Queen Anne's County Sheriff's Office, and Maryland State Police - Centreville Barrack (combined).

**Statistical classification of crimes and offenses as reported to the Queen Anne's County Sheriff's Office by the FBI. Part 1 offenses are considered "more serious" than Part 2 offenses.

3. Other Centers – National and State

a. National

Located in 45 of the 50 states, the number of SBWCs in the nation has increased almost seven fold over the past ten years, with 200 centers counted in 1990 and 1,380 counted in 2000 according to a recent study of SBWC's. The state of New York reports 159 centers while Maryland reports 59. SBWCs have been expanded in both liberal and conservative areas and have been found mostly in urban and suburban areas, though recent data suggest increasing numbers in rural communities. In neighboring states such as Delaware, 28 of 29 public high schools have SBWCs. Nationally, 38% of SBWC's were in elementary schools, 17% were in middle schools, and 34% were in high schools. A nurse practitioner or physician assistant usually staffs the centers. It was noted in the study that 60% of schools had full time staff in place. Funding for SBWCs was determined to come primarily from state dollars, next from federal grants, thirdly from tobacco taxes/settlement, and lastly from private foundations ("School-Based

Health Center's Results from a 50-State Survey" George Washington University, 2001).

b. State (Year 2000 Figures)

In the year 2000, there were 59 SBWCs in Maryland. Today, there may be as many as 65 such centers. Three counties on the Eastern Shore (Caroline, Dorchester, Talbot) have SBWCs and Talbot County has social workers and therapists in every school. An examination of center location by school type found that 45% of elementary, 18% of middle, 29% of high, and 8% of other Maryland schools house centers (MD Governor's Office of Children, Youth and Families, 2001). A recent SBWC study in neighboring Kent County showed the top two requests for school health services as being behavioral health – prevention and early intervention, and dentistry (Kent County Local Management Board, 2001).

4. Literature Review to Examine Outcomes

Based on Maryland's evidenced-based SBWC program models, outcomes for SBWC's have been documented in the following areas:

- Increase students' physical, emotional, and social well-being
- Decrease student absenteeism
- Increase students' educational success
- Increase students' and families' ability to become effective health conscious consumers
- Increase students' and families' ability to appropriately access health services in their community
- Increase private and public sector partnerships that ultimately benefit students and families

5. Medical Mapping

The medical provider map (See Appendix B1) illustrated heavy medical provider concentrations in two locations within Queen Anne's County. The first concentration area was documented in the county's southwestern region – Kent Island along the U.S. Route 50/301 corridor. The second concentration area was documented in the central part and county seat of Queen Anne's County – Centreville. With the exception of one provider located in the Grasonville area, no other medical providers were observed outside of the two areas of concentration.

The first of the three maps provided by the source, "A Guide to Federal Designation of Health Professional Shortage Areas & Medically Underserved Areas in Maryland" (Maryland Department of Health and Mental Hygiene; 1999) showed "Federal Health Professional Shortage Areas in Maryland Primary Care" (see Appendix B2) and indicated designated partial or entire county designations across Maryland. The entire Queen Anne's County jurisdiction was presented as a shortage designation in

this category. The next map (see Appendix B3), "Medically Underserved Areas in Maryland Primary Care," also indicated both partial and entire county designations across Maryland. Queen Anne's County was noted to be a partial county designation for this category of underserved areas. Finally, a map entitled "Mental Health Professional Shortage Areas in Maryland" (see Appendix B4) indicated Queen Anne's County as one of six such shortage areas in Maryland.

B. Soft Data Collection

1. Parent Surveys

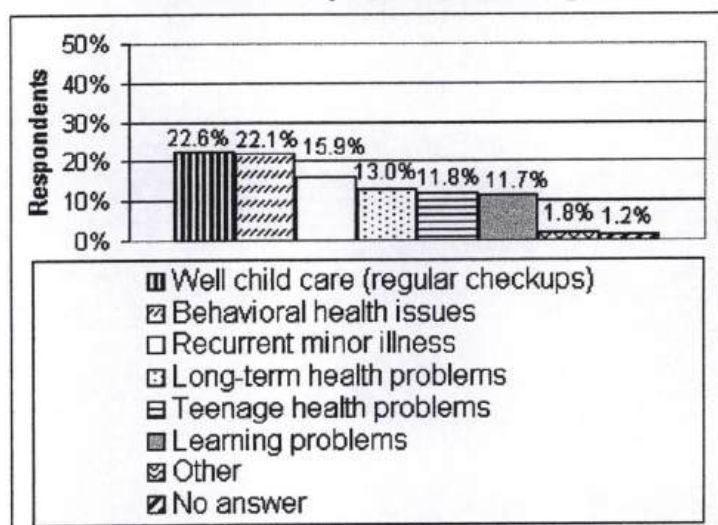
Demographics. Of the 996 parent surveys mailed, 236 (or 23.7%) were returned. Of the 236 returned, 84.7% of respondents were female and 11.9% were male. The majority of respondents were between "30-39" (46.2%) and "40-49" (39.8%) years of age. Respondent ethnicity was primarily "Caucasian" (80.5%) while 14.8% of respondents did not respond to the ethnicity question. Seventy-three percent (73.0%) chose "middle-income" when respondents were asked to choose the range that best suited their income, while 8.9% reported "low-income." Most respondents reported being married (76.3%). Surveys were sorted by zip code into one of three geographic regions: North, Middle and South. Seventeen percent (17.4%) of Parent Surveys were received from parents reporting north county residences, 23.3% reported from a middle county residence, and (59.3%) were from parents reporting south county residences. Sixty-five percent (65.7%) of respondents report a family of 1-2 children, 30.5% report having 3-4 children, and 1.3% report a family of five or more children living at home at the time of the survey. Parents, when asked to identify the age range of those children living at home, reported as follows: 7.1% have a child aged 2 years-old or younger, 9.3% have a child 3-5 years-old, 25.5% have a child 6-9 years-old, 31.3% have a child 10-13 years-old, 23.4% have a child 14-18 years-old, and 3.3% have a child aged 19 years-old or older.

Findings. The consultant presented a comprehensive Preliminary Report of Soft Data Findings to the Planning Team. After review of the preliminary report, Planning Team members selected questions and graphs resulting in key findings to be included in the report highlights. For this summary edition of the study, responses to questions 3, 4, 5, 8, 9, 13, 14, 24, 25, and 26 of the parent survey are featured. All Parent Survey questions, responses, and graphs are included in Appendix A: Parent Survey Results.

Continued...

Question 3. "Place a check in front of the following children's health care needs that are especially important to you. (Check all that apply)" n = 738.

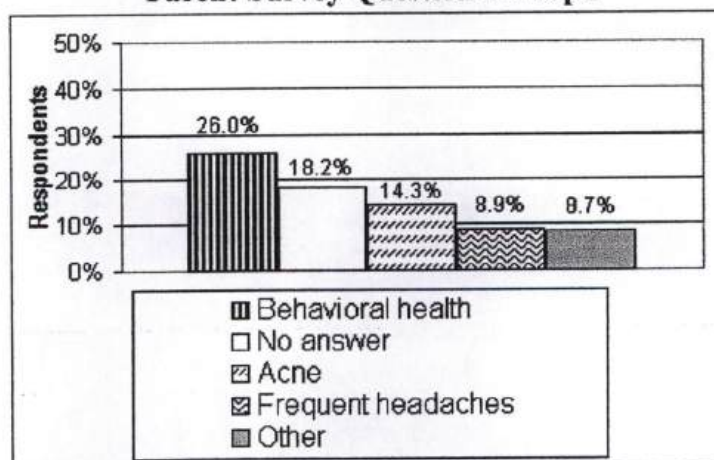
Parent Survey Question 3 Graph



The five most important health care needs were reported as "Well childcare (regular checkups)" (22.6%), "Behavioral health issues" (22.1%), "Recurrent minor illness" (15.9%), "Long-term health problems" (13.0%), and "Teenage health problems" (11.8%).

Question 4. "Do any of your children have any of the following health problems or feelings? (Check all that apply):" n = 484.

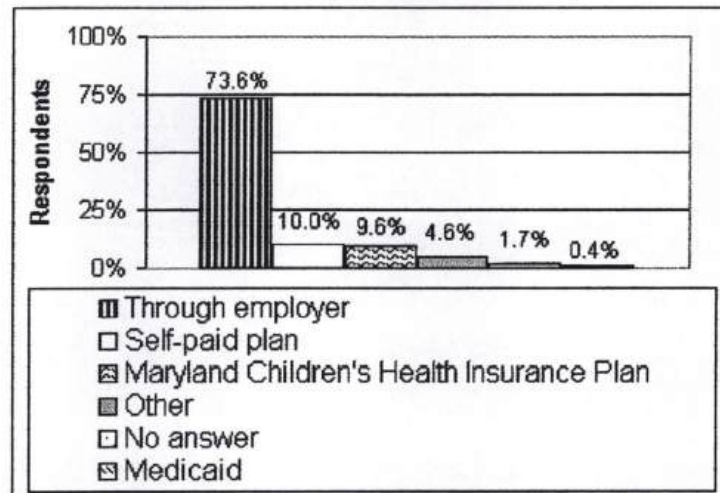
Parent Survey Question 4 Graph



One fourth (26.0%) of parents reported Behavioral health* problems in their child(ren) and one fifth (18.2%) of parents did not provide an answer to the question concerning their child(ren)'s health problems. *Note: "Behavioral health" is a categorization of the following specific health problems or feelings: "Feel afraid often," "Frequently feeling sad," "Nervousness," "Trouble sleeping at night," "Uncontrollable temper," "Weight problem," "Worry about ATOD (alcohol, tobacco and other drugs) use," and "Worry about school bullies."

Question 5. "Do your children have health insurance or belong to any health care plans? ____ Yes ____ No. If yes, check what types of coverage they have (Check all that apply):" Number of parents responding "Yes" and indicated type of insurance = 239.

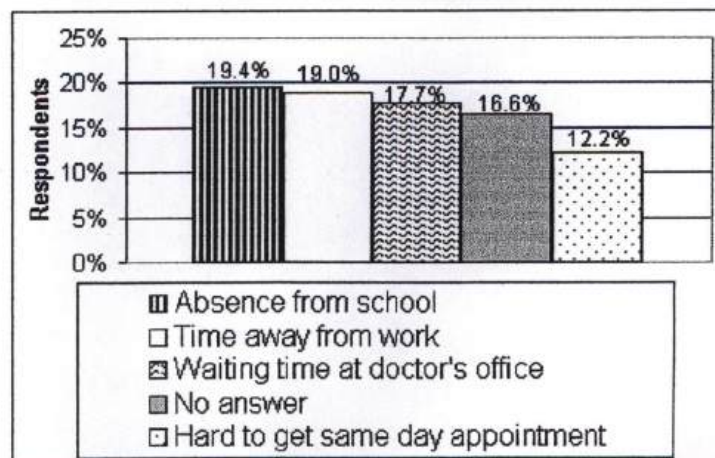
Parent Survey Question 5 Graph



Almost every respondent (97.5%) reported their child(ren) does (do) have health insurance or belong to a health care plan. When asked, "If yes, check what types of coverage they have (Check all that apply):," a majority of parents (73.6%) indicated they were insured through their employer. Ten-percent (10%) indicated that they had a self-paid plan, 9.6% participated in the Maryland Children's Health Insurance Plan (MCHIP), 4.6% had other insurance, 1.7% had Medicaid, and 0.4% did not answer the question.

Question 8. "Do you have any of the following problems in getting your children to health care appointments? (Check all that apply)" n = 469.

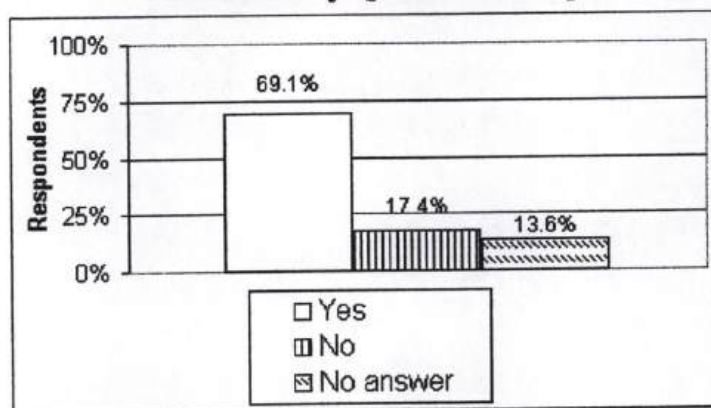
Parent Survey Question 8 Graph



Approximately one fifth (19.4%) of respondents indicated "Absence from school" as a problem they experienced getting their child(ren) to appointments. An additional 19.0% of respondents indicated "Time away from work" was a problem. Other parents included "Waiting time at doctor's office" (17.7%) as a problem. Nearly 17% of respondents did not answer the question. At least 12.2% of respondents found it "Hard to get same day appointment."

Question 9. "Would you like a wellness center to be located in your child's school?"
n = 236.

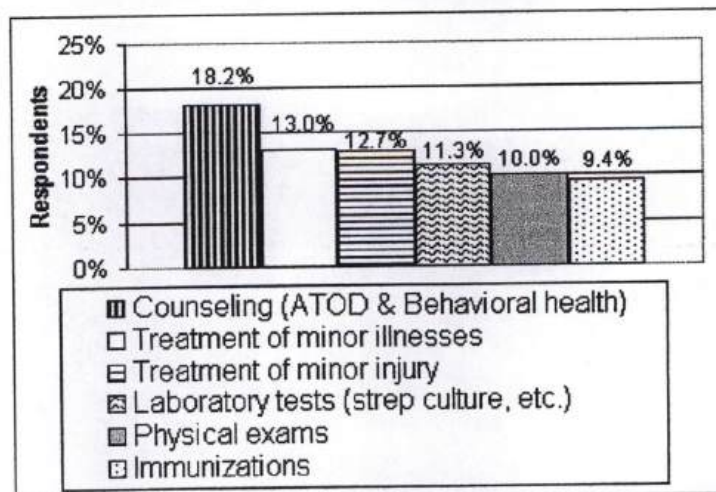
Parent Survey Question 9 Graph



Most (69.1%) respondents indicated "Yes" they would like to have a SBWC at their child's school. Seventeen percent (17.4%) of respondents did not desire a wellness center, 13.6% did not answer the question.

Question 13. "Please check the services you would like to have available at the wellness center: (Check all that apply)" n = 1,381.

Parent Survey Question 13 Graph

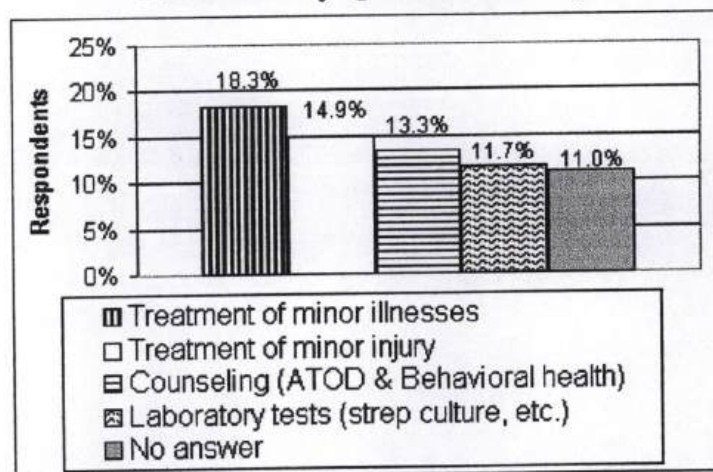


Out of ten suggested services (with an option to write in other services), the top six services respondents most wanted to have available in a SBWC were: "Counseling

(ATOD & Behavioral health)" (18.2%), "Treatment of minor illnesses" (13.0%), "Treatment of minor injury" (12.7%), "Laboratory test (strep culture, etc.)" (11.3%), "Physical exams" (10.0%), and "Immunizations" (9.4%).

Question 14. "Using the list above, please **CIRCLE** the **THREE** services you would most like to see offered." n = 564.

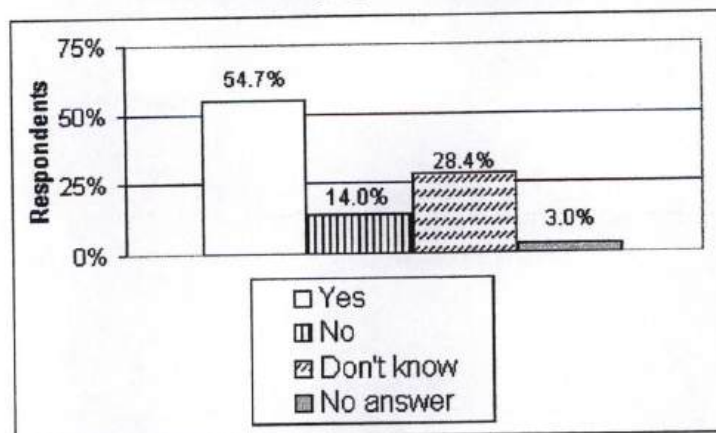
Parent Survey Question 14 Graph



The top four services respondents most wanted to see offered were: "Treatment of minor illnesses" (18.3%), "Treatment of minor injury" (14.9%), "Counseling (ATOD & Behavioral health)" (13.3%), and "Laboratory test (strep culture, etc.)" (11.7%). Eleven percent (11%) of respondents did not answer this question.

Question 24. "From time to time educational sessions for the community on health and parenting topics may be offered at a school or in the community. Would you be likely to attend?" n = 236.

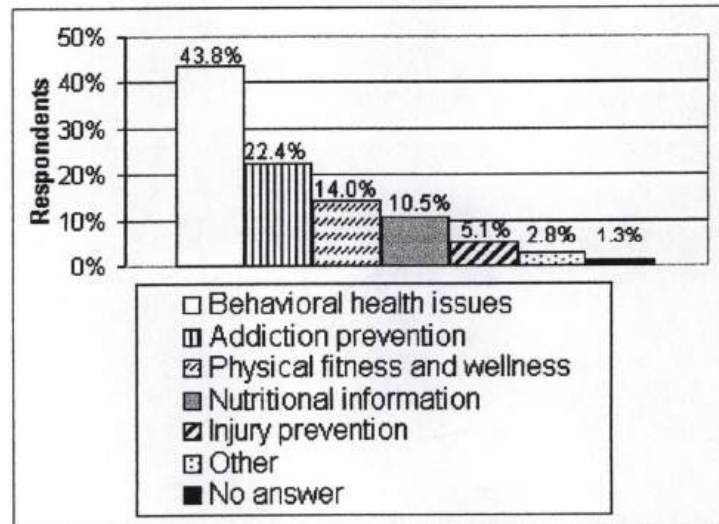
Parent Survey Question 24 Graph



Many parents (54.7%) answered they would likely attend educational sessions on health and parenting, 14.0% responded "No," and more than a quarter (28.4%) chose "Don't know" as their response.

Question 25. "Please check the following health education topics that you think are the most important:" n = 844.

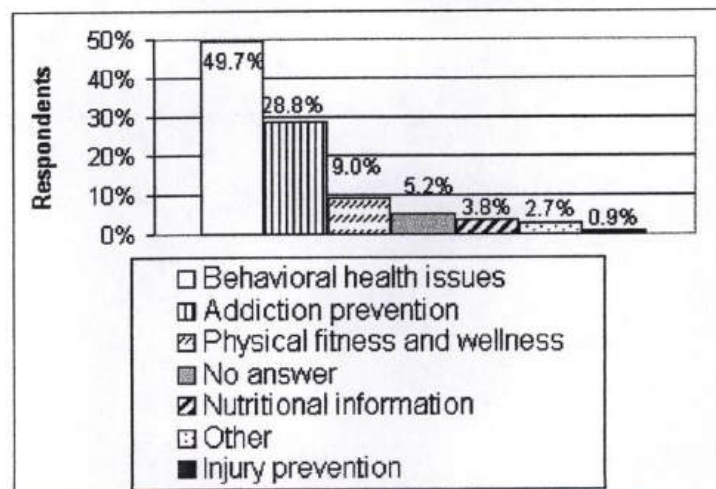
Parent Survey Question 25 Graph



The most important education topics according to parents were Behavioral health issues* (43.8%), "Addiction prevention" (22.4%), "Physical fitness and wellness" (14.0%), "Nutrition information" (10.5%), and "Injury prevention" (5.1%). *Note: Responses from "Behavioral issues" (conflict resolution, coping with violence, decision making) and "Social/emotional issues" (getting along with others, divorce, death) are combined into one 'Behavioral health issues' category.

Question 26. "Using the list above, please **CIRCLE** the **TWO** topics you would most like to see offered." n = 445.

Parent Survey Question 26 Graph



Similar to responses to Question 25, the top three topics respondents would most like to see offered are Behavioral health issues* (49.7%), "Addiction prevention" (28.8%), and "Physical fitness and wellness" (9.0%). *Note: Responses from "Behavioral issues" (conflict resolution, coping with violence, decision making) and "Social/emotional issues" (getting along with others, divorce, death) are combined into one 'Behavioral health issues' category.

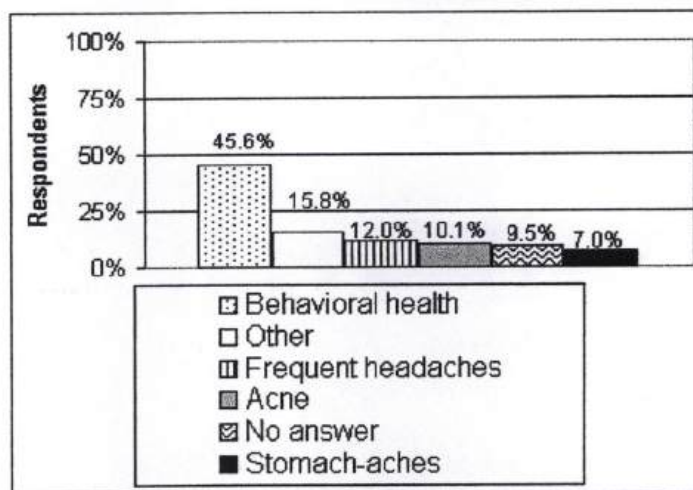
2. Student Surveys

Demographics. Of the 429 student surveys mailed, 84 (19.6%) were completed and returned to the consultant. Nearly 60% (59.5%) of respondents were female and 39.3% were male. Respondents ages were reported as: 14.3% 12-year-olds, 20.2% 13-year-olds, 20.2% 14-year-olds, 19.0% 15-year-olds, 13.1% 16-year-olds, 9.5% 17-year-olds, and 3.6% 18-year-olds. Respondents were primarily Caucasian (85.7%). African American students (8.3%), other ethnicities (3.6%), and students that did not answer (2.4%) completed the ethnic makeup of the respondents. Responses were diverse by grade level with 8.3% 6th graders, 15.5% 7th graders, 21.4% 8th graders, and 21.4% 9th graders responding.

Findings. In the Student Survey Findings, Planning Team members selected questions and graphs depicting the key findings included in the report highlights. For this summary edition of the study, responses to questions 7 and 18 of the student survey are featured. All Student Survey questions, responses, and graphs are included in Appendix A: Student Survey Results.

Question 7. "Do any of you have any of the following health problems or feelings? (Circle all that apply):" n = 158.

Student Survey Question 7 Graph

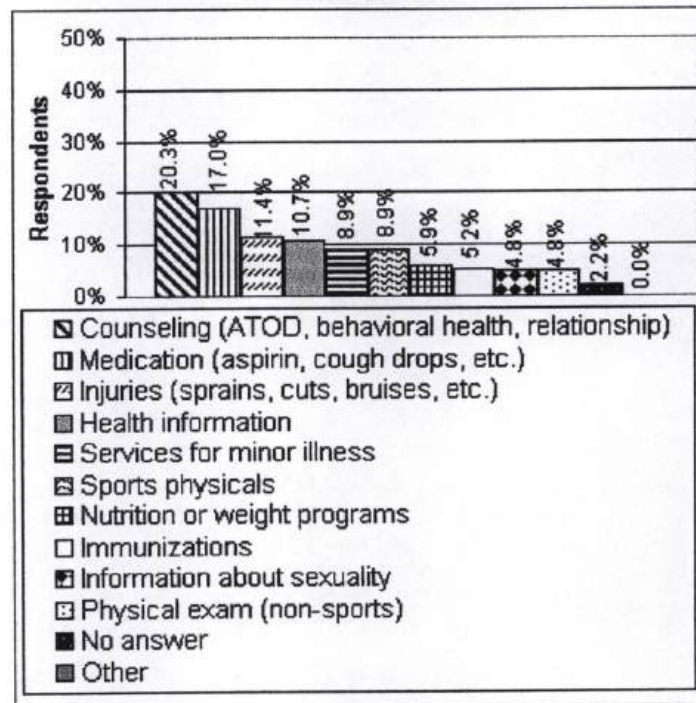


In response to types of health problems/feelings students experienced, most respondents (45.6%) indicated Behavioral health*. Additional responses in the top six include: Other** (15.8%), "Frequent headaches" (12.0%), "Acne" (10.1%), No answer (9.5%) and "Stomach aches" (7.0%). *Note: Behavioral health is a category which

includes the following given responses: "Trouble sleeping at night," "Weight problem," "Feel hopeless about the future," "Uncontrollable temper," "Frequently feeling sad," "Problem getting teased," "Loneliness," "Nervousness," "Feel Afraid Often," "Eating problem," "Worry about ATOD use," "Worry about gangs", and "Worry about school bullies." ***Note: Other is a category including the following given responses: "Attention Deficit Disorder," "Frequent colds", "Numbness or dizziness", "Frequent back pain," "Heart pounding/racing," "Diabetes", "Frequent accidents," and "Epilepsy."

Question 18. "Circle the type of health services you would most like to have available at your school?" n = 196.

Student Survey Question 18 Graph



Students indicated the following three services they would most like to see in their school: 20.3% would like "Counseling (ATOD, behavioral health, relationship)" services, 17.0% would like "Medication" services, and 11.4% would like services for "Injuries (sprains, cuts, bruises, etc.)."

3. Focus Groups

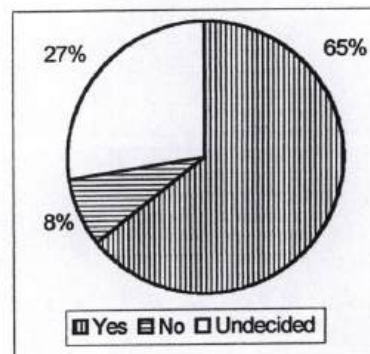
Demographics. A total of 145 people (equivalent to 19 groups) participated in the focus group process. Age and gender representations were similar, as 55.8% of the participants were adults; 44.1% participants were youth (under 18-years-of-age); 59.3% of participants were female; and 40.6% were males. Nearly 70% (69.6%) of the participants were Caucasian, 29.6% were African American, and 0.8% represented other ethnic backgrounds. Participants were drawn from a variety of public and private affiliations throughout the county.

Findings. As mentioned in Survey Findings, Planning Team members selected questions and graphs resulting in key findings included in the report highlights. For this summary edition of the study, responses to questions 1, 3, and 4 of the focus group questionnaire are featured. All Focus Group questions, responses, and graphs are included in Appendix A: Focus Group Findings.

Question 1. "Do you believe county schools should house a SBWC, Yes or No?"

Focus Group Question 1 Graph
(n=52)

Thirty-three (33 or 65%) participants responded "Yes," four (or 8%) responded "No," and 14 (32%) of respondents were still undecided about the presence of a wellness center.



The second half of Question 1 prompted respondents to provide a reason for being or not being in favor of county schools housing a SBWC. The following table illustrates the percentage* and number of mentions for each response. *Note: Percentages shown may not equal 100% due to rounding.

Focus Group Question 1 Table
(n=52)

Response	%	#
Behavioral health issues (anger management, relating to parents, decision making)	17 %	9
Education (ATOD, health, pregnancy)	8 %	4
Help single parents, underprivileged	6 %	3
Benefit children	4 %	2
Consistency of medical history	4 %	2
Convenient to parents	4 %	2
Exercise and nutrition	4 %	2
General health	4 %	2
Generally a great idea	4 %	2
Helpful to community & students	4 %	2
Internships	4 %	2
More space	4 %	2
More staff	4 %	2
Reproductive health (issues, pregnancy)	4 %	2
Can begin treatment for serious injuries; Check-ups; Community based health professionals are "tuned in"; Consolidate cost; Students who don't get care at home; Lack of resources for parents; Less stress on ambulance services; Only if services are available to all schools; Our school needs to be multi-faceted; Replace "Pilot Health"; Safety; Some students take medications; Vaccination; Would be willing to explore.	2 % Each	1 Each

Question 3. "How should a SBWC be used?" and **Question 4.** "What are the *most important* issues for a SBWC to address?"

Results from Questions 3 and 4 were combined due to the similarity of the group responses. Of the 14 focus groups conducted, four (4) groups did not vote (rate the importance of their response) due to their small size. The results from groups that did and did not vote have been ranked by percentage* and number of responses and tabled separately.

Focus Group Questions 3 & 4 Table
Voting Focus Groups
(n=316)

Response	%	#
Behavioral health*	18 %	57
No services, No center	13 %	40
Sexual health (OB/GYN, Planned Parenthood)	9 %	28
ATOD (Alcohol, Tobacco and Other Drug) abuse & prevention	6 %	20
Vision/Hearing/Dental	5 %	17
Exercise	5 %	16
Immunizations	5 %	16
Education	4 %	14
Personal Hygiene	3 %	11
Diet & Nutrition	3 %	10
Minor illness/injury	3 %	9
Not turned away	3 %	8
Qualified personnel	3 %	8
Underprivileged	3 %	8
Allergies	2 %	6
Special needs/handicapped	2 %	6
Chronic care	2 %	5
Privacy	2 %	5
Screenings for diseases	2 %	5
Emergency care & first aid	1 %	3
Handle medication & prescriptions	1 %	3
Physicals (annual & sports)	1 %	3
Depends on age/issue	1 %	2
Health maintenance	1 %	2
Infectious control	1 %	2
Nurse practitioner/general practitioner	1 %	2
Quicker service	1 %	2
Speech/Physical therapy	1 %	2
Consent of parent; Internships; More than one bathroom; Podiatry; Staff access to care; Supplement existing programs	0.003 % Each	1 Each

*Note: Behavioral health is a categorization of the following responses: "ADHD (Attention Deficit Hyperactive Disorder)," "Anger management," "Behavioral health," "Child abuse,"

"Confidentiality," "Eating disorders," "Family issues," "Female issues," "Peer mediation," "Relationships," "Sexual harassment," and "Stress management."

From the responses, it appeared that the voting focus group of students believed a SBWC should be used for behavioral health (57 mentions or 18%); sexual health (28 mentions or 9%); alcohol, tobacco, and other drug abuse (20 mentions or 6%); and vision/hearing/dental, exercise, and immunizations (17, 16, and 16 mentions respectively or 5% each). Respondents mentioned numerous other services and 40 (or 13%) mentioned they desired no services/no center. **Note: Percentages shown may not equal 100% due to rounding.*

Focus Group Questions 3 & 4 Table
Non-Voting Focus Groups
(n=28)

Response	%	#
Behavioral health	43 %	12
Health maintenance	11 %	3
Education	7 %	2
Minor illness/injury	7 %	2
Child abuse; Depends on age/issue; Need more information; Parent permission; Referral; Reproductive health (services/education); Supplement existing programs; Underprivileged; Vision/Hearing/Dental	4 % Each	1 Each

Similar to the voting focus groups, the non-voting focus group students believed that the priority service included in a SBWC should be behavioral health (12 mentions or 41%). Health maintenance (3 mentions or 10%), education (2 mentions or 7%) and minor illness/injury (2 mentions or 7%) were the next most common responses. Several other services were mentioned by respondents, accounting for a combined 35% of the votes received. Unlike the voting focus groups, the non-voting focus groups did not provide responses indicating that they desired no services/no center.

**Note: Percentages shown may not equal 100% due to rounding.*

4. Key Informant Interviews

Demographics. Of the 48 key informants participating in the interview process, 56.3% were female and 43.8% were male. Informants were primarily between the ages of 30-39 (25.5%), 40-49 (37.5%), and 50-59 (22.9%). Ethnicity of key informants was primarily Caucasian (89.6%) with African Americans (10.4%) accounting for the ethnic makeup of the remaining interviewees. Key informants were diverse in their affiliations, drawing from parents, students, professionals, law enforcement, attorneys, physicians, grandparents, clergy, childcare workers, and business people.

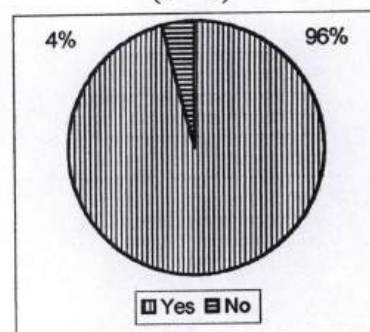
Findings. As mentioned in Survey and Focus Group Findings, Planning Team members selected questions and graphs resulting in key findings included in the

report highlights. For this summary edition of the study, responses to questions 1, 2, 3, 4, and 10 of the key informant interview are featured. All Key Informant Interview questions, responses, and graphs are included in Appendix A: Interview Findings.

Question 1. "Do you believe county schools should house a SBWC, Yes or No?"

Overwhelmingly, most of the key informants (46 or 96%) believed county schools should house a SBWC. Four percent (2 or 4%) of those interviewed were not in favor of county schools housing a SBWC.

Key Informant Interview
Question 1 Graph
(n=48)



Question 2. "Why or Why Not?"

Key Informant Interview Question 2 Table
(n=102)

Response	%	#
Help underprivileged students receive care	17 %	17
Convenient for working parents	11 %	11
School is appropriate location	8 %	8
Student's school success depends on good health	7 %	7
Basic care not available in the home	6 %	6
Link to community	5 %	5
Travel long distance for care	5 %	5
Ease transportation difficulty	4 %	4
Generally good for students	4 %	4
Prevention/early entry into health care system	4 %	4
Provide holistic approach to student's health needs	4 %	4
Education/awareness	3 %	3
Improve attendance and grades	3 %	3
Support teachers	3 %	3
Convenient	2 %	2
Generally good for health	2 %	2
Professionals respond to student's concerns (instead of peers)	2 %	2

Key Informant Interview Question 2 Table Continued...

Response	%	#
A lot of students in the area would be more apt to use it than their parents would be to take them; Exception is for teen reproduction; Frontline personal routine basis; Get in touch with parent before screening; Behavioral health partnership coming in may not be enough; New information re: annual yearly physical; Potentially a wonderful resource; School board should not be ultimately responsible; Single parents; Wide needs – need resources to meet physical, behavioral health, and educational needs; No response	0.1 % Each	1 Each

The top reason given for why informants believed schools should house SBWCs was to help underprivileged students receive care (17 mentions or 17%). Other frequently mentioned reasons identified were centers are convenient for working parents (11 mentions or 11%) and schools were the appropriate location for such centers (8 mentions or 8%). Some informants stated a student's school success depends on good health (7 mentions or 7%), while others believed that basic care is not available at home (6 mentions or 6%). **Note: Percentages shown may not equal 100% due to rounding.*

Question 3. "How should SBWC be used?"

Key Informant Interview Question 3 Table
(n=46)

Responses	%	#
Link to community – health providers/public access	15 %	7
Available all students	11 %	5
Parents and siblings should have access to services	9 %	4
Long-term funding sources	7 %	3
Low-income families	7 %	3
No response	7 %	3
Access is important; Anonymous; Be careful – parents still have autonomy regarding decision making – not a life management tool; Case manage kids that have family circumstances that are short of neglect; Clear mission; Convenient management of contagious diseases; More like a doctor's office than a clinic – make appointment to talk with someone; No Head Start or Even Start at Sudlersville Elementary; Not to break confidentiality – but to improve approaches; Nurse on site for emergencies; On an as needed basis; Ownership by school and community; Positive social involvement; Provide care one step past nurse's ability; Serving those in need – every student has different needs; Single parent families; Support of school system;	2 % Each	1 Each

Key Informant Interview Question 3 Table Continued...

Responses	%	#
Sustainability - after grant; Expand school nurse role – stay in school instead of going home; To provide services that would not necessarily require a doctor's visit; Voluntary participation	2 % Each	1 Each

Informants believed SBWC's should be used: as a link to the community (7 mentions or 15%), should be available to all students (5 mentions or 11%), and parents and siblings should have access to the center's services (4 mentions or 9%). **Note: Percentages shown may not equal 100% due to rounding.*

Question 4. "What are the *most important* issues for a SBWC to address?"

**Key Informant Interview Question 4 Table
(n=212)**

Responses	%	#
Mental health counseling (abuse, addictions, dating, depression, divorce, driving, family/peer relationship, lethargy, mentoring, social, stress mgmt, values)	15 %	32
Prevention (disease, illness)	11 %	23
Education/awareness (ATOD, developmental, exercise, hygiene, nutrition)	10 %	21
Reproductive health (education, testing, treatment, etc.)	9 %	19
Acute care	8 %	18
Dental screening/checkup	6 %	13
Prevention (alcohol, tobacco, and other drug)	6 %	12
Immunization	5 %	11
Referral	5 %	11
Minor illness/injury	4 %	9
General good health	3 %	7
Administer medication	2 %	5
Vision screening	2 %	5
Identification/diagnostic	2 %	4
Physical/medical needs	2 %	4
Total health functioning	2 %	4
Hearing screening	1 %	3
Chronic care	1 %	2
Physical	1 %	2
Student health resource for teachers	1 %	2
Whole array of services	1 %	2
Chronic diseases; Multiple sclerosis screening; Violence	1 % Each	1 Each

Several issues were identified by those interviewed as "the most important issues for a SBWC to address." Of the issues identified, behavioral health received 32 mentions

(or 15%), disease/illness prevention received 23 mentions (or 11%), education/awareness received 21 mentions (or 10%), reproductive health received 19 mentions (or 9%), acute care received 18 mentions (or 8%), dental received 13 mentions (or 6%), ATOD prevention received 12 mentions (or 6%), and immunization and referral each received 11 mentions (or 5% each). **Note: Percentages shown may not equal 100% due to rounding.*

Question 10. "What kinds of health professionals should staff the SBWC?"

Key Informant Interview Question 10 Table
(n=165)

Response	%	#
Doctor	10 %	16
Nurse practitioner	9 %	15
Nurse	8 %	13
Psychologist	7 %	12
Registered nurse	7 %	12
Social service worker	5 %	8
Counselor/Counseling experienced staff	4 %	7
Dentist – on a rotating basis	4 %	6
Behavioral health worker	4 %	6
Physician's assistant	4 %	6
Pediatrician (retired/family pract./internist/available)	3 %	5
Dentist	2 %	4
Health nurse	2 %	4
Licensed nurse	2 %	4
Ophthalmologist	2 %	4
Outside referral network	2 %	4
ATOD counselor	2 %	3
Health educator	2 %	3
Psychiatrist	2 %	3
Administrative/Clerical	1 %	2
Behavioral health nurse/specialist	1 %	2
Full-time nursing	1 %	2
Skill: Good listening skills	1 %	2
Skill: Highly qualified professional staff	1 %	2
Skill: Masters degree level nursing	1 %	2
Pediatric nurse practitioner	1 %	2
Practical nurse	1 %	2
School nurse	1 %	2
Aide; Case manager; Dental hygienist; Department of Juvenile Justice; Depends on offering; Don't need a doctor; Family health nurse at least; Family planning; Intern; Para-professional with experience; Prevention coordinator; Staff availability	1 % Each	1 Each

Doctors (16 mentions or 10%), nurse practitioners (15 mentions or 9%), nurses (13 mentions or 8%), psychologists (12 mentions or 7%), and registered nurses (12 mentions or 7%) were the top five responses given by interviewees in terms of the types of professional informants believed should staff the SBWC. **Note: Percentages shown may not equal 100% due to rounding.*

C. Facility Availability

Personnel from the Board of Education contacted school principals by e-mail to ascertain school space availability should a SBWC be funded. Of the twelve Queen Anne's County school sites, seven principals indicated that SBWC space may be available. Of the remaining five schools, two principals indicated that space might be available in the future while three principals indicated that space was not available. A table detailing the availability and space description (as applicable) for each school site follows below.

School	Availability	Description
Bayside Elementary	Maybe	Possibly Parks and Rec room
Centreville Elementary	Yes	Empty portable classroom/depends on need
Church Hill Elementary	Yes	Limited/ small room
Grasonville Elementary	Yes	Limited/ small room
Kennard Elementary	Yes	Limited/ small room
Kent Island Elementary	No	No space available
Sudlersville Elementary	No	No space available
Centreville Middle	No	No space available
Stevensville Middle	Yes	Small room (auto skills lab)
Sudlersville Middle	Yes	Small room 2 nd floor/6 or 7 students
Kent Island High School	Yes	Nurses suite area
Queen Anne's County High	Not Now	After renovation, maybe nurses area

D. Funding Structure and Availability

Funding Sources. Funding distribution for SBWCs occurs most often as follows: (1) schools provide space; (2) state/local health departments provide operational funds for staffing, equipment, and medical supplies; (3) community health centers provide funds; and (4) health related corporations (i.e., insurance companies) also provide funds. A limited amount of revenue (15%) has come from Medicaid or insurance fees and there has traditionally been only a 2-5% return rate for students with mental health diagnosis. It should be noted that coverage and reimbursement for mental health services has applied only to individuals with a DSM-IV diagnosis (treatment). Prevention and early intervention services have not been coverable or reimbursable costs for SBWCs. To offset costs, some schools have elected to charge minimal fees and/or established a sliding fee scale.

Funding Availability. Possible start-up funding for a Queen Anne's County Wellness Center could come from the Governor's Office of Children, Youth and Families,

Maryland's Mental Hygiene Administration and/or the Mid-Shore's Core Service Agency. Federal funding has increased for SBWCs and state block grants may also be available. Funding from the Robert Wood Johnson is still available and other foundations such as Kellogg are supporting SBWCs.

V. RECOMMENDATIONS & PLANNING TEAM CONCLUSION

The following recommendations were determined collaboratively by the Grant Steering Committee and the Planning Team and were presented to the Queen Anne's County School Board in a preliminary report on June 6, 2001:

1. Endorse acquisition of funds and investigation of school space to support behavioral health services in grades K-12 – primarily prevention and early intervention, but also treatment – when appropriate.
2. Explore feasibility of School-Based Wellness Centers with both physical and behavioral health services in designated areas such as Grasonville – may also connect with existing programs (i.e., Title I, Judy Center, and Families First).
3. Support a team to visit SBWCs on the Eastern Shore and nearby counties to investigate best practices and funding streams.
4. Endorse acquisition of available start-up funding sources for school-based behavioral health services.

As a result of the study findings, members of the planning team also added a final conclusion statement:

IT IS THE CONCLUSION OF THE PLANNING TEAM THAT THE PURPOSE OF THE SCHOOL-BASED WELLNESS CENTERS IS A MEANS TO IMPROVING STUDENT AND STAFF ATTENDANCE, STUDENT ACADEMIC ACHIEVEMENT, AND STUDENT EMOTIONAL AND PHYSICAL WELL-BEING; AND THAT THE IMPLEMENTATION OF SUCH SERVICES WOULD ACCOMPLISH THAT PURPOSE.

**QUEEN ANNE'S COUNTY
SCHOOL-BASED WELLNESS CENTER
FEASIBILITY STUDY
APPENDIX**

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APPENDIX B

- Medical Provider Map – Page B1
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- Mental Health Professional Shortage Areas in Maryland – Page B4

Just Cause Consulting Firm
108 S. Cross Street, #2
Chestertown, MD 21620

April 4, 2001

**FILL OUT THE ENCLOSED SURVEY AND YOU COULD
WIN SCHOOL SUPPLIES WORTH \$100!**

Dear Parent:

As a citizen of Queen Anne's County and the parent of a public school student your opinions are important. The Queen Anne's County Board of Education would like to find out your opinions about the possible opening of a School-Based Wellness Center in one or more of Queen Anne's County public schools. Depending on community needs, School-Based Wellness Centers provide a range of basic health services for students on school grounds. The Board is especially interested in understanding if parents may have been struggling to meet the health needs of their children during school hours. Your opinions will help the Board of Education decide if School-Based Wellness Centers are needed and if so, what services should be provided. Whether you do or do not currently support or need such care, you may have some valuable suggestions that could be helpful for all families in the future. The Board would also like to know the opinions of public school students. Please select one of your children in grades 6th-12th to complete and return the student survey. A separate envelope is provided to return your child's confidential survey. Please ask your child NOT to write his or her name on the survey.

Won't you please take about 10 minutes to complete the enclosed parent survey and ask your child to complete the student survey? Then return both to me by April 20, 2001 in the postage paid envelope provided. I am an independent contractor hired to conduct surveys and report the results to the Queen Anne's County Board of Education. Your opinions will be kept confidential. No one except me will see your survey answers. Your name will not be connected in any way with the information you share with me.

To thank you for sharing information with me, your name will be entered into a drawing for school supplies worth \$100. To enter, you must complete the bottom section of this letter. Return it with your survey and I will add it to a separate entry box for the supplies. This will ensure that you are entered in the drawing, but that your survey answers are separate from your name, address, and phone number. The drawing will take place on April 25, 2001. After the drawing all names, addresses and phone numbers will be destroyed.

Thanks in advance for sharing your valuable opinions with me. It is involved parents like you who may help to improve the health of students and future generations in Queen Anne's County. Good luck with the drawing for \$100 worth of school supplies and thanks for helping! If you have any questions, feel free to call me at 410-758-4388.

Sincerely,

Linda Walls,
Independent Contractor

To enter the drawing for school supplies worth \$100, you must complete this section.

Name _____ Phone Number _____

Address _____ Town _____ Zip Code _____

Queen Anne's County Board of Education: Wellness Center PARENT Survey
(To be completed by ONE Parent.)

Please complete this entire survey. When finished, mail it in the enclosed envelope. Thank you!

Zip Code: _____ Parent's age: _____ Ethnicity: _____ Gender: Male Female

Marital status: _____ Circle one: No/Low-Income Middle-Income Upper-Income

1. Where do members of your household most often go for **non-emergency** health care?
(Check all that apply)

____ a. Clinic in a hospital
____ b. Community health clinic
____ c. Emergency room only
____ d. No regular source
____ e. Private doctor's office
____ f. Other - Specify: _____

g. About how far is this health care from your house (in miles)? _____

h. About how many times have the members of your household used this health care service in the past year? _____ Times.

i. How many times has a member of your household been seen in the emergency room in the past year? _____ Times.

2. How many children live in your home? _____

a. What are their ages? (List oldest to youngest) Child 1: _____ Child 2: _____ Child 3: _____
Child 4: _____ Child 5: _____ Child 6: _____ Child 7: _____ Child 8: _____

3. Place a check in front of the following children's health care needs that are especially important to you. (Check all that apply)

____ a. Behavior problems
____ b. Learning problems
____ c. Long-term health problems (asthma, allergies, diabetes)
____ d. Recurrent illness (ear/nose/throat problems)
____ e. Teenage health problems
____ f. Well child care (regular checkups)
____ g. Emotional health issues
____ h. Other - specify: _____

4. Do any of your children have any of the following health problems or feelings? (Check all that apply):

____ a. Acne	____ i. Frequent back pain	____ s. Uncontrollable temper
____ b. Attention Deficit Disorder	____ j. Frequent colds	____ t. Trouble sleeping at night
____ c. Diabetes	____ k. Frequent headaches	____ u. Weight problem
____ d. Eating problem (overeating & vomiting or dieting)	____ l. Frequently feeling sad	____ v. Worry about alcohol, tobacco or other drug use
____ e. Epilepsy	____ m. Heart pounding/racing	____ w. Worry about gangs
____ f. Feel afraid often	____ n. Loneliness	____ x. Worry about school bullies
____ g. Feel hopeless about his/her future	____ o. Nervousness	
____ h. Frequent accidents	____ p. Numbness or dizziness	
	____ q. Problem getting teased	
	____ r. Stomach-aches	

PLEASE CONTINUE ⇨

5. Do your children have health insurance or belong to any health care plans?

____ Yes ____ No. If yes, check what types of coverage they have (Check all that apply):

- ____ a. Through employer
- ____ b. Maryland Children's Health Insurance Plan (MCHIP)
- ____ c. Medicaid
- ____ d. Self-paid plan
- ____ e. Other – Specify Type: _____

6. About how many times in the last two years have each of your children visited a doctor/nurse/health practitioner? What was the reason for each child's last visit?

	# of Times	Check-up	Sick	Other
(Oldest) Child 1:	_____	_____	_____	_____
Child 2:	_____	_____	_____	_____
Child 3:	_____	_____	_____	_____
Child 4:	_____	_____	_____	_____
Child 5:	_____	_____	_____	_____
Child 6:	_____	_____	_____	_____
Child 7:	_____	_____	_____	_____
Child 8:	_____	_____	_____	_____

7. About how many times in the last two years have each of your children visited a dentist? What was the reason for each child's last visit?

	# of Times	Check-up	Problem	Other
(Oldest) Child 1:	_____	_____	_____	_____
Child 2:	_____	_____	_____	_____
Child 3:	_____	_____	_____	_____
Child 4:	_____	_____	_____	_____
Child 5:	_____	_____	_____	_____
Child 6:	_____	_____	_____	_____
Child 7:	_____	_____	_____	_____
Child 8:	_____	_____	_____	_____

8. Do you have any of the following problems in getting your children to health care appointments? (Check all that apply)

- ____ a. Absence from school
- ____ b. Cost
- ____ c. Distance
- ____ d. Don't know where to go
- ____ e. Hard to get same day appointment
- ____ f. Hard to get an appointment within 1-3 days
- ____ g. Time away from work
- ____ h. Waiting time at doctor's office
- ____ i. Other problems: _____

9. Would you like a wellness center to be located in your child's school? ____ Yes ____ No
Why or Why not? _____

PLEASE CONTINUE ➞

10. Would you send your child to a school-based wellness center?

☐ Yes ☐ No ☐ Don't know

11. If there were a wellness center in the school, would you still use your child's current source of health care? ☐ Yes ☐ No ☐ Would use both.

12. If you think your child would use the wellness center, would you like:

a. To be present at the visit ☐ Yes ☐ No ☐ Don't know

If yes, how difficult would it be for you to be present at these visits? (Circle one)

Not Difficult

Somewhat Difficult

Very Difficult

Impossible

OR

b. To at least be notified of the visit ☐ Yes ☐ No ☐ Don't know

If yes, are there any health problems that should not be taken care of by a school-based wellness center? ☐ Yes ☐ No, If yes, what are they? _____

13. Please check the services you would like to have available at the wellness center: (Check all that apply)

- ☐ a. Counseling – Mental health
- ☐ b. Counseling – Substance abuse
- ☐ c. Dental services
- ☐ d. Immunizations
- ☐ e. Laboratory tests (strep culture, etc.)
- ☐ f. Physical exams

- ☐ g. Referrals for more serious illness/injury
- ☐ h. Treatment for skin problems
- ☐ i. Treatment of minor illnesses
- ☐ j. Treatment of minor injury
- ☐ k. Other: _____

14. Using the list above, please **CIRCLE** the **THREE** services you would most like to see offered.

15. At which times should the wellness center be open? (Check all that apply)

- ☐ a. Before school (6am-8am)
- ☐ b. During school (8am-3pm)
- ☐ c. After school (close – 5pm)
- ☐ d. Evenings (5pm-10pm)

- ☐ e. Weekends (Sat & Sun)
- ☐ f. Summer (June-August)
- ☐ g. School vacations
- ☐ h. Other: _____

16. Using the list above, please **CIRCLE** the **TWO** times you would most like to see a wellness center open.

17. In my opinion, my child(ren) has/have (Circle one):

- ☐ a. A wide circle of friends
- ☐ b. A close circle of friends

- ☐ c. One or two good friends
- ☐ d. No consistent group of friends

PLEASE CONTINUE ➡

18. Is/are your child(ren) eligible for: (Circle one)

- ☐ a. Free school lunch program
☐ b. Reduced school lunch program

- ☐ c. Not eligible
☐ d. Don't know

In Your Opinion...

19. Is gang activity a problem among QA students? Yes No Don't know
How many QA **middle** school students are in gangs? Few Some Many Don't Know
How many QA **high** school students are in gangs? Few Some Many Don't Know
20. Is smoking a problem among QA students? Yes No Don't know
How many QA **middle** school students smoke? Few Some Many Don't Know
How many QA **high** school students under 18 smoke? Few Some Many Don't Know
21. Is drinking a problem among QA students? Yes No Don't know
How many QA **middle** school students drink alcohol? Few Some Many Don't Know
How many QA **high** school students drink alcohol? Few Some Many Don't Know
22. Is illegal drug use a problem among QA students? Yes No Don't know
How many QA **middle** school students use illegal drugs? Few Some Many Don't Know
How many QA **high** school students use illegal drugs? Few Some Many Don't Know
23. Is teenage pregnancy a problem among QA students? Yes No Don't know
How many QA **middle** school students are sexually active? Few Some Many Don't Know
How many QA **high** school students are sexually active? Few Some Many Don't Know
24. From time to time educational sessions for the community on health and parenting topics may be offered at a school or in the community. Would you be likely to attend?
☐ Yes ☐ No ☐ Don't know.
25. Please check the following health education topics that you think are the most important:
☐ a. Addiction prevention (smoking, alcohol, drug)
☐ b. Behavioral issues (conflict resolution, coping with violence, decision making)
☐ c. Injury prevention
☐ d. Nutritional information
☐ e. Physical fitness and wellness
☐ f. Social/emotional issues (getting along with others, divorce, death)
☐ g. Other - Specify: _____
26. Using the list above, please **CIRCLE** the **TWO** topics you would most like to see offered.
27. Please attach a separate sheet of paper if you would like to provide comments or suggestions about School-Based Wellness Centers.

Please return this survey by April 20, 2001

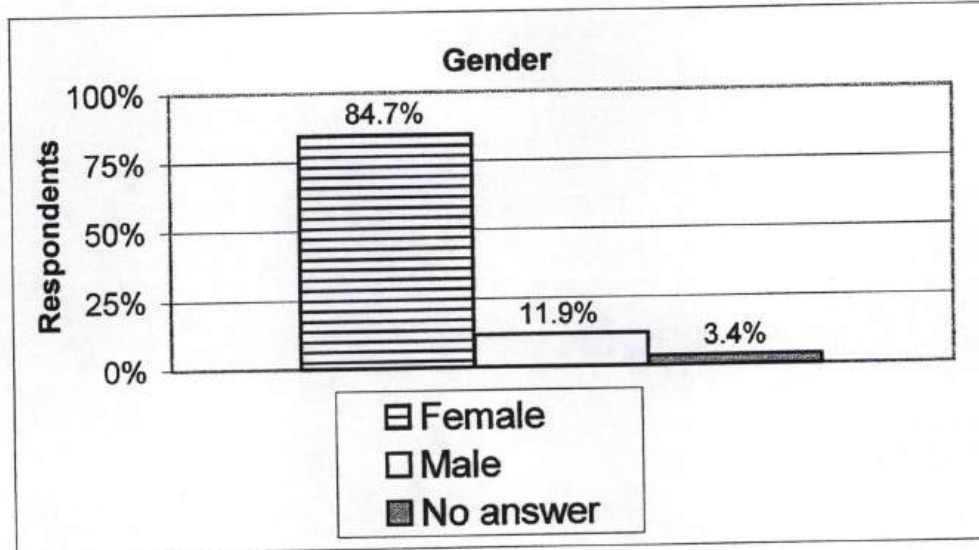
Did you remember to enter the drawing for school supplies worth \$100?

THANK YOU FOR YOUR PARTICIPATION!

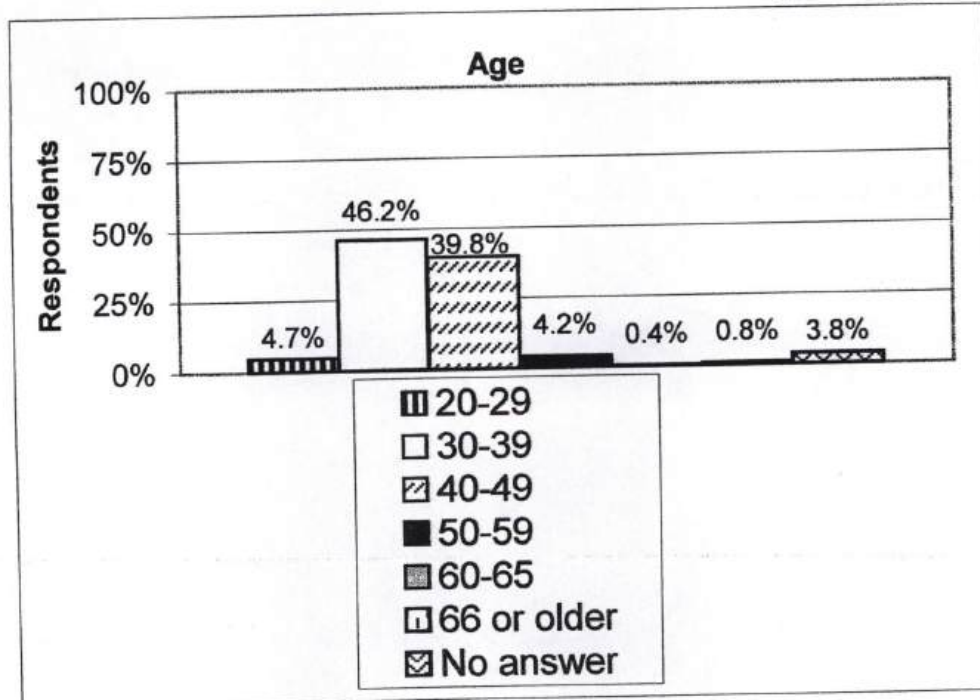
**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

Respondent Demographics

n = 236



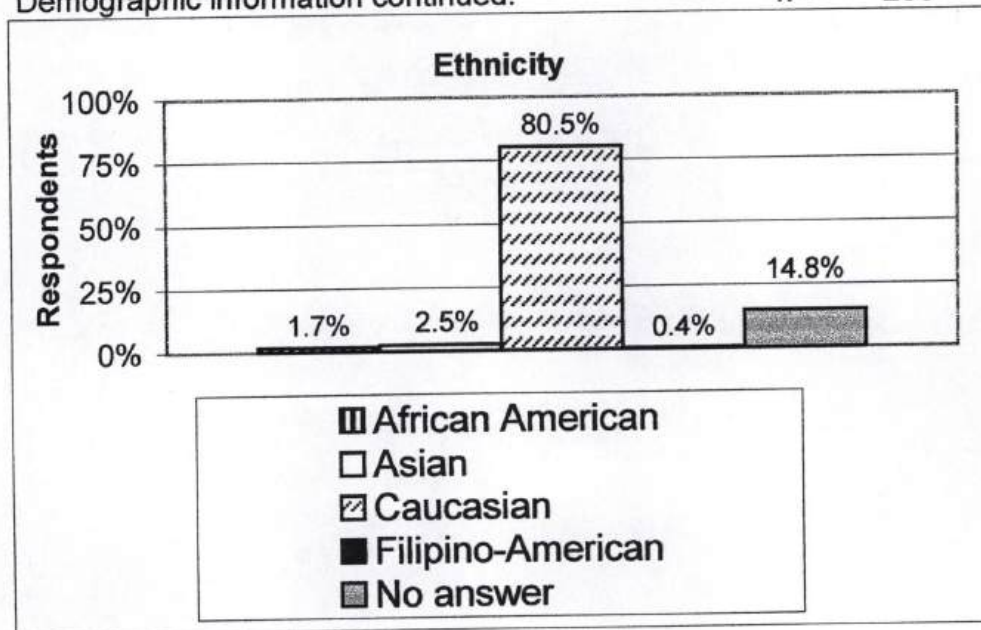
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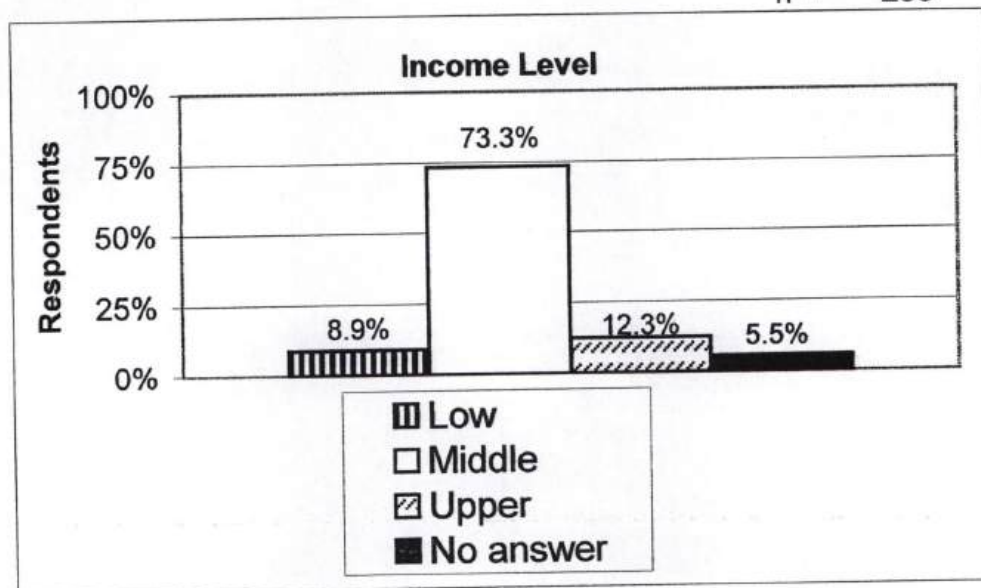
**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

Demographic information continued.

n = 236



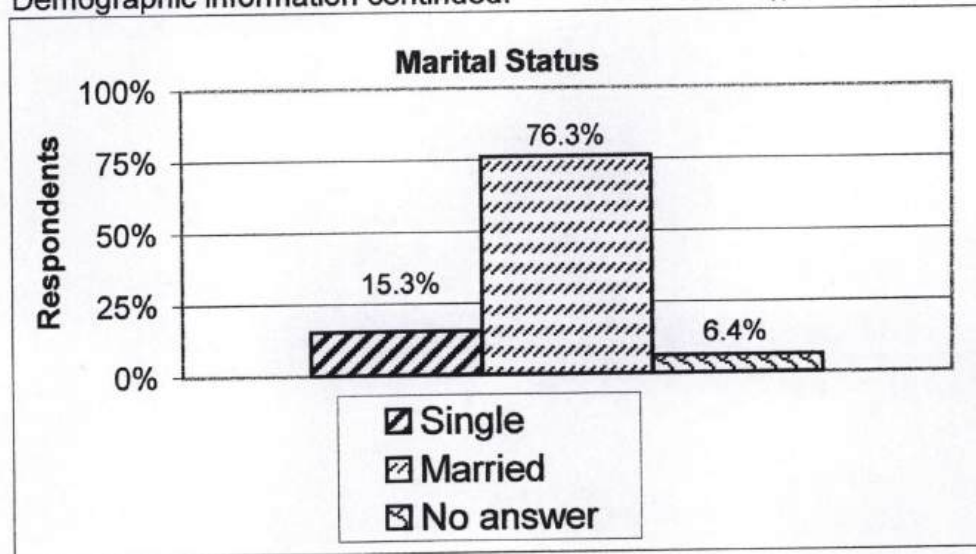
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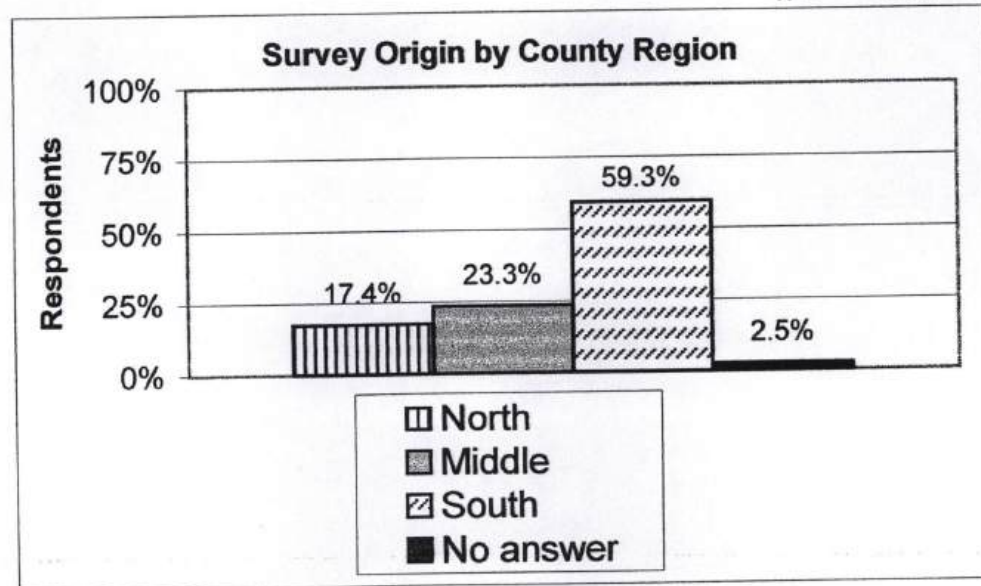
**Queen Anne's County
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Appendix A: Parent Survey Results**

Demographic information continued.

n = 236



n = 236

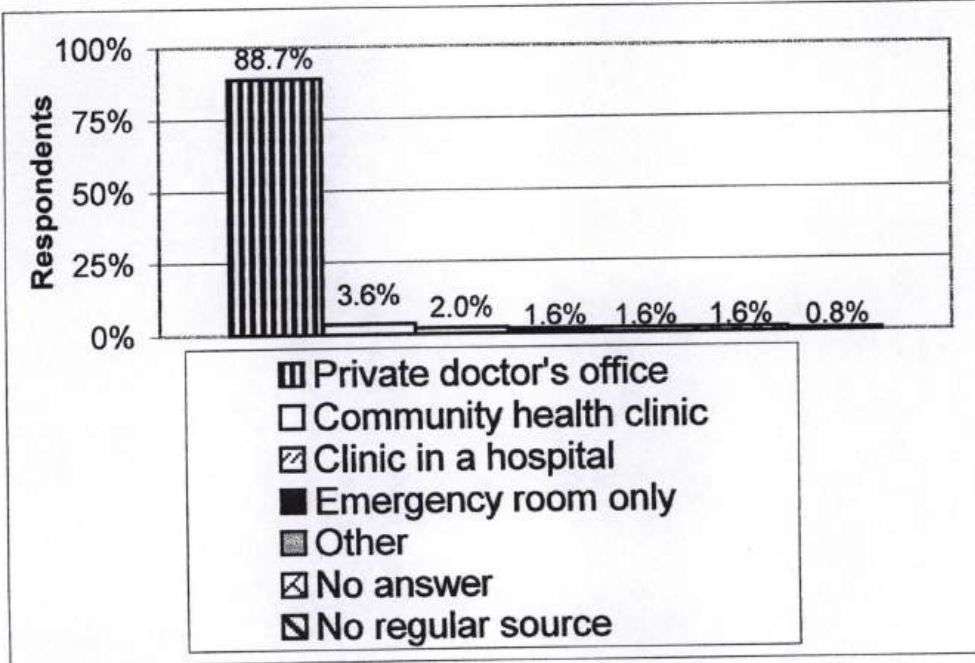


**Queen Anne's County
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Appendix A: Parent Survey Results**

Survey Questions & Graphed Responses

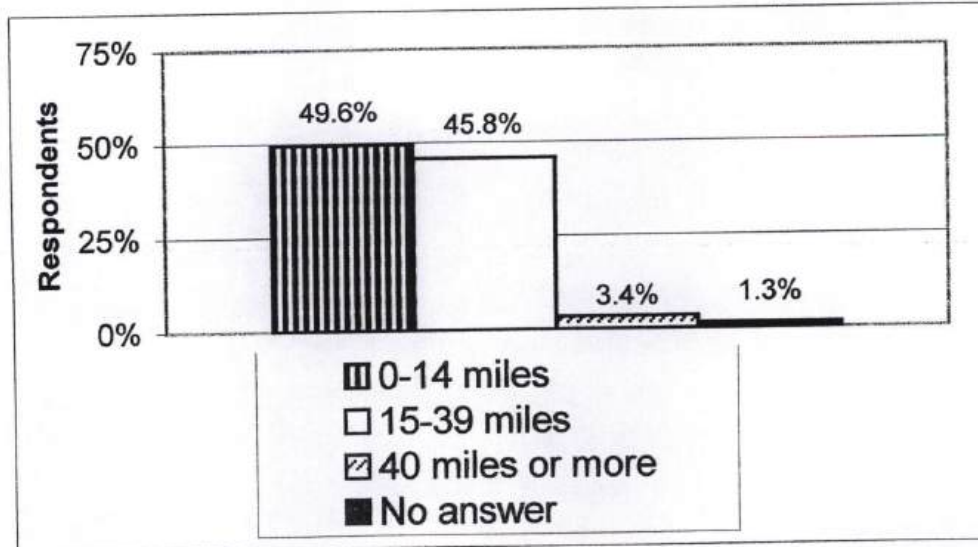
1. Where do members of your household most often go for non-emergency health care?

n = 248



1g. About how far is this health care from your house (in miles)?

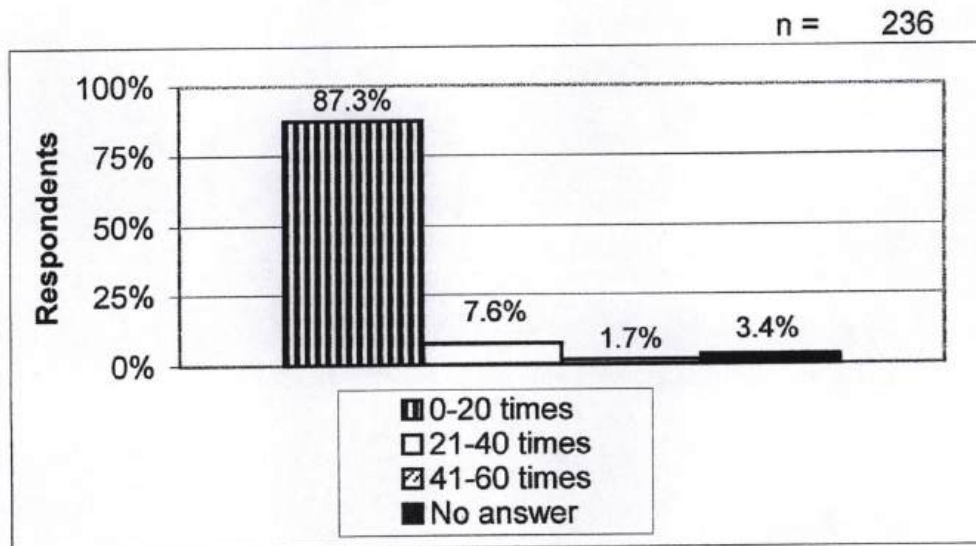
n = 236



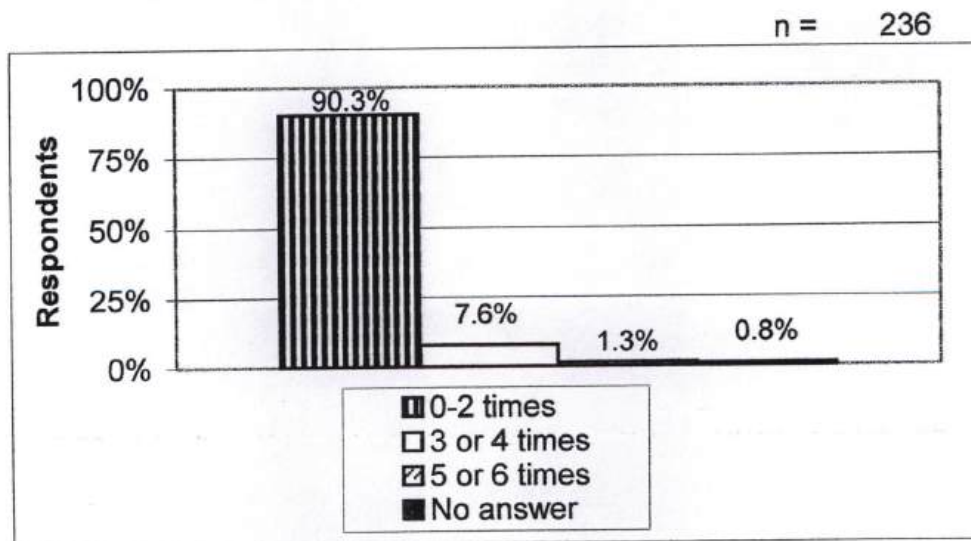
A5

**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

1h. About how many times have the members of your household used this health care service in the past year?



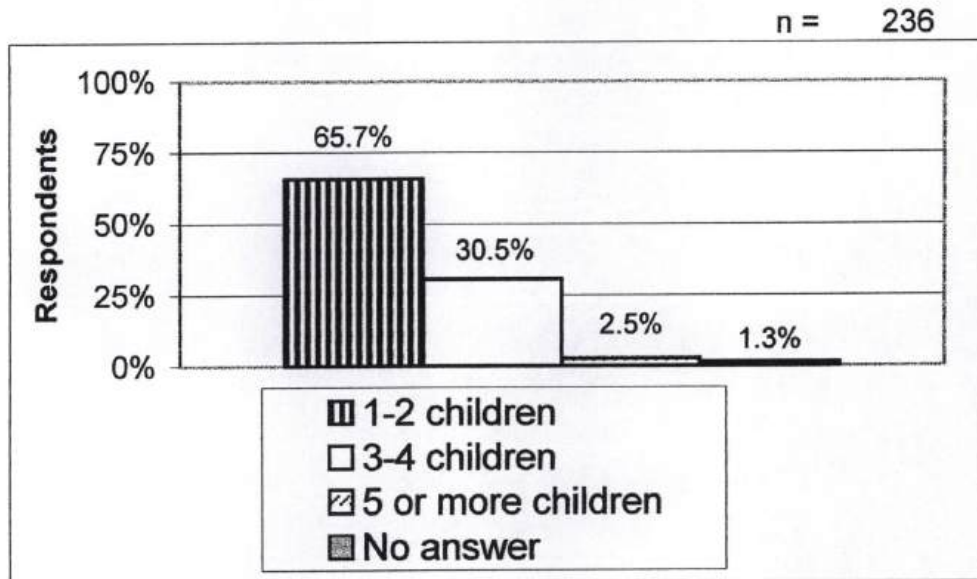
1i. How many times has a member of your household been seen in the emergency room in the past year?



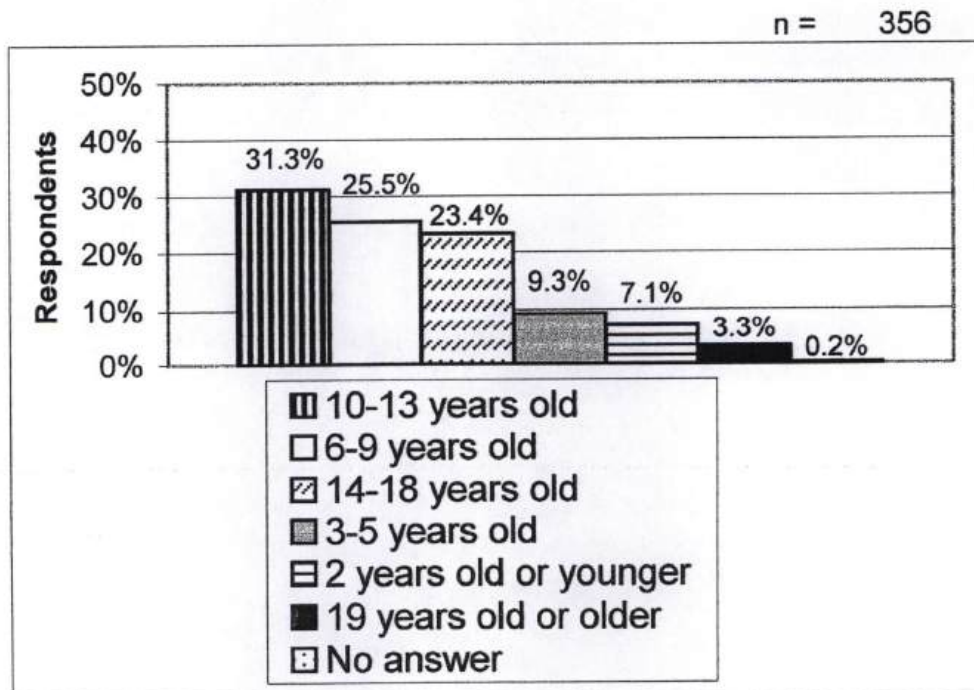
A6

**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

2. How many children live in your home?



2a. What are their ages?

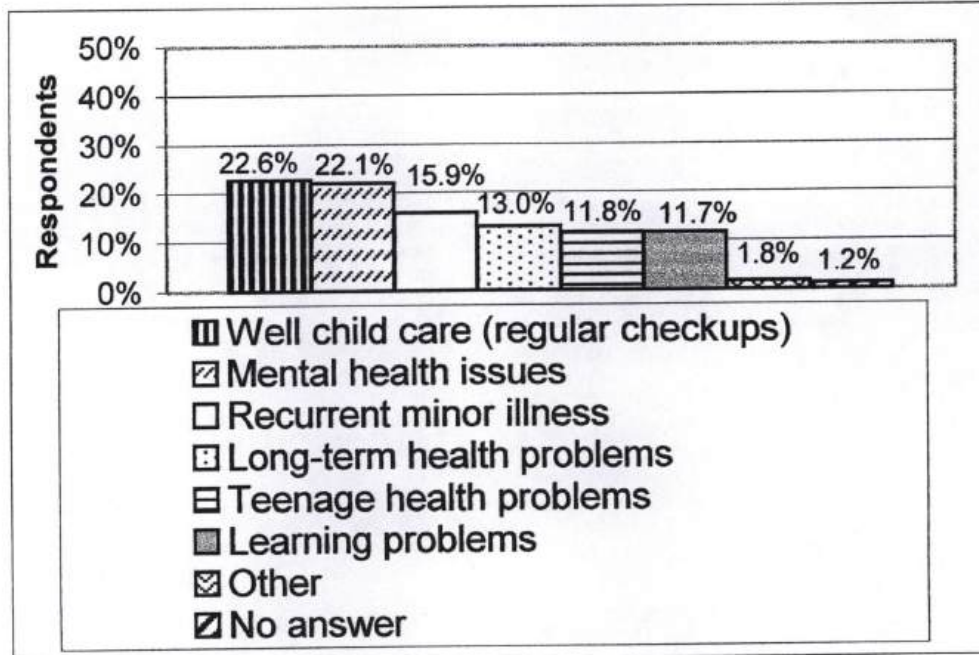


A7

**Queen Anne's County
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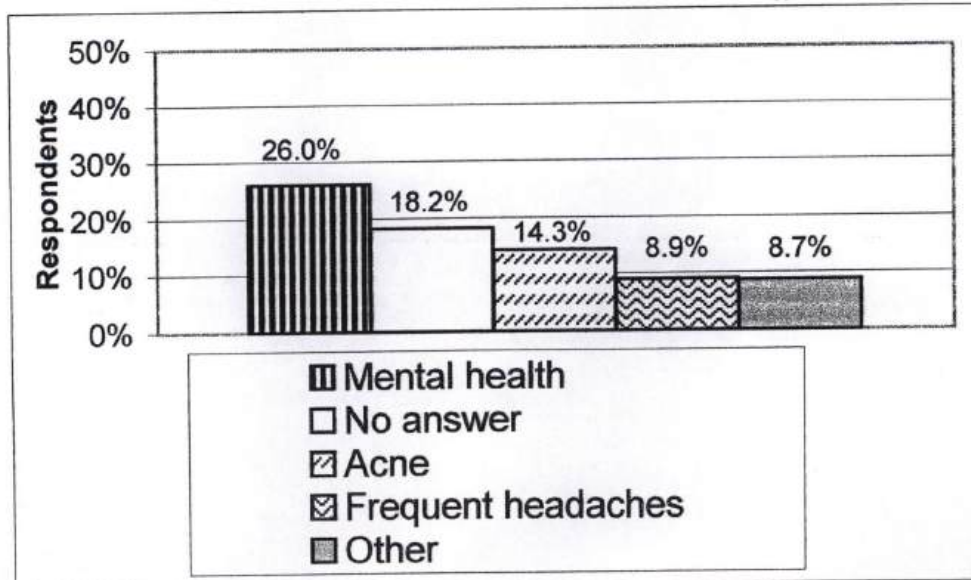
3. Which of the following children's health care needs are especially important to you?

n = 738



4. Do any of your children have any of the following health problems or feelings?

n = 484



**Queen Anne's County
School-Based Wellness Center Feasibility Study
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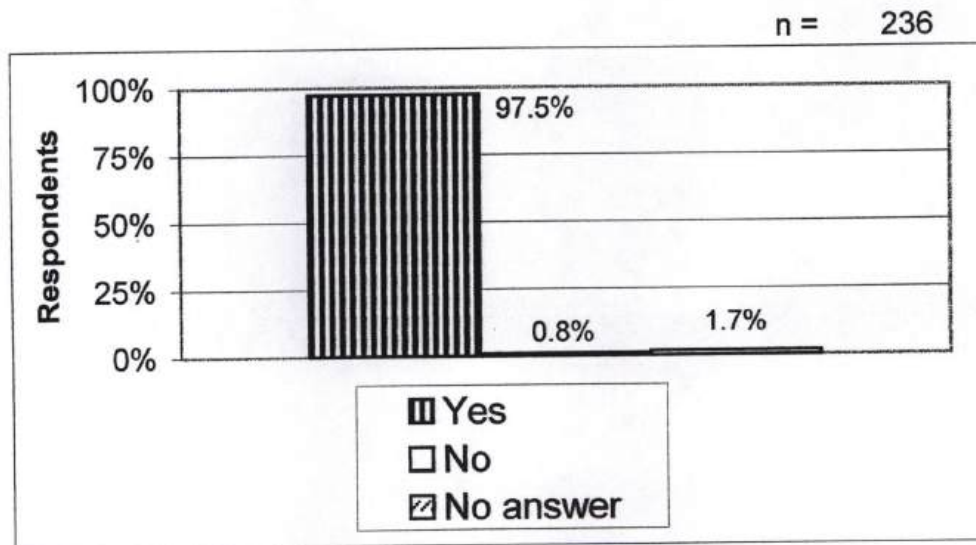
4. Mental health includes:

Feel Afraid Often
Frequently feeling sad
Nervousness
Trouble sleeping at night
Uncontrollable temper
Weight problem
Worry about ATOD use
Worry about school bullies

4. Other includes:

Diabetes
Eating problem
Epilepsy
Feel hopeless about his/her future
Frequent accidents
Frequent back pain
Heart pounding/racing
Loneliness
Numbness or dizziness
Worry about gangs

5. Do your children have health insurance or belong to any health care plans?

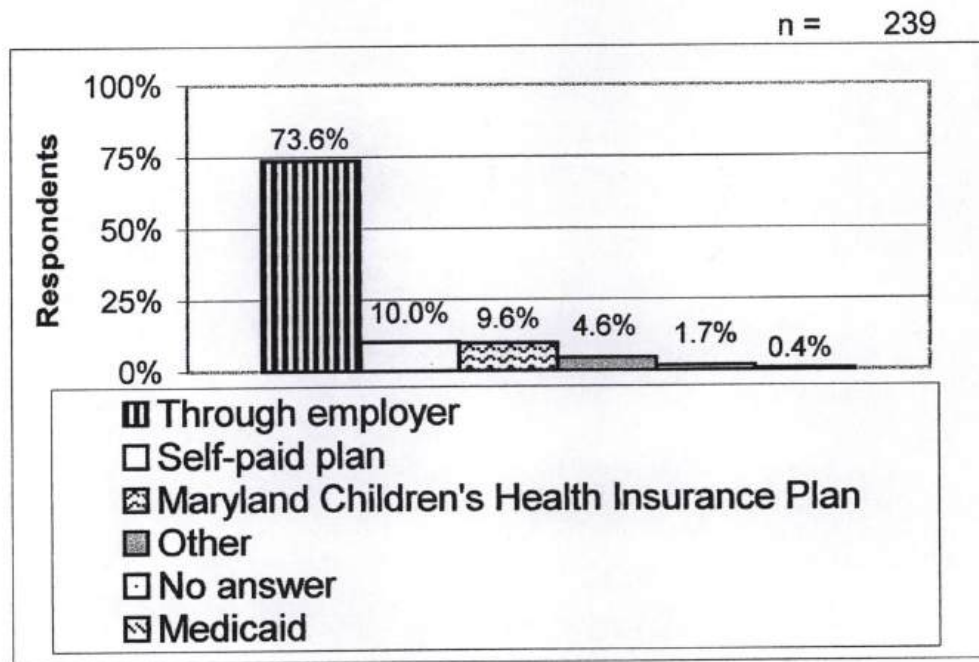


A9

**Queen Anne's County
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Appendix A: Parent Survey Results**

5. Continued

If yes, what types of coverage do they have?



5. Other includes:

"AETNA"

"Blue Cross/Blue Shield" (4)

"DHP"

"Medical Assist. REM"

Medical Assistance

Military retiree-Champus

Steamfitters Luc. Lev2

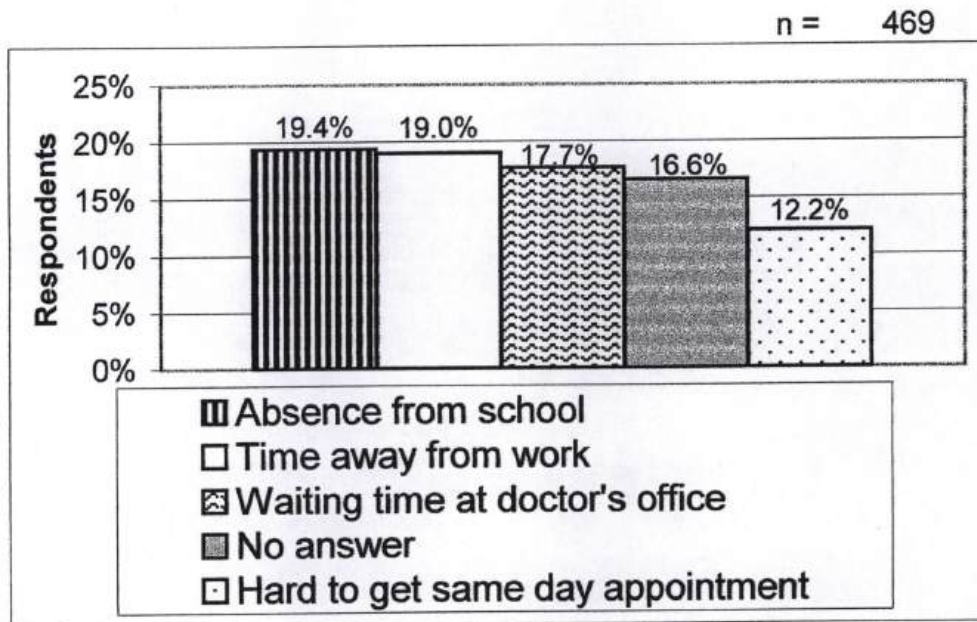
Tricare/Champus

Continued...

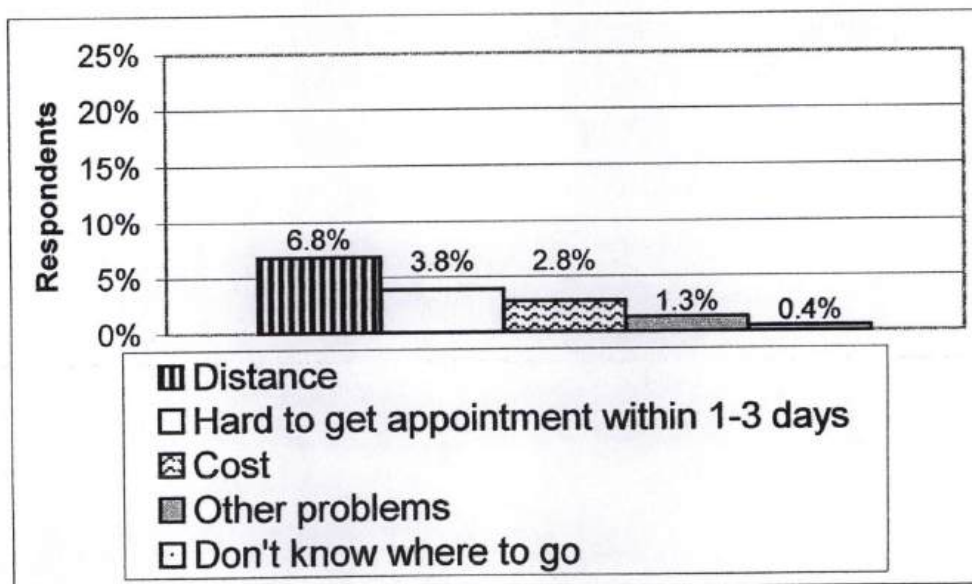
A10

**Queen Anne's County
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Appendix A: Parent Survey Results**

8. Do you have any of the following problems in getting your children to health care appointments?



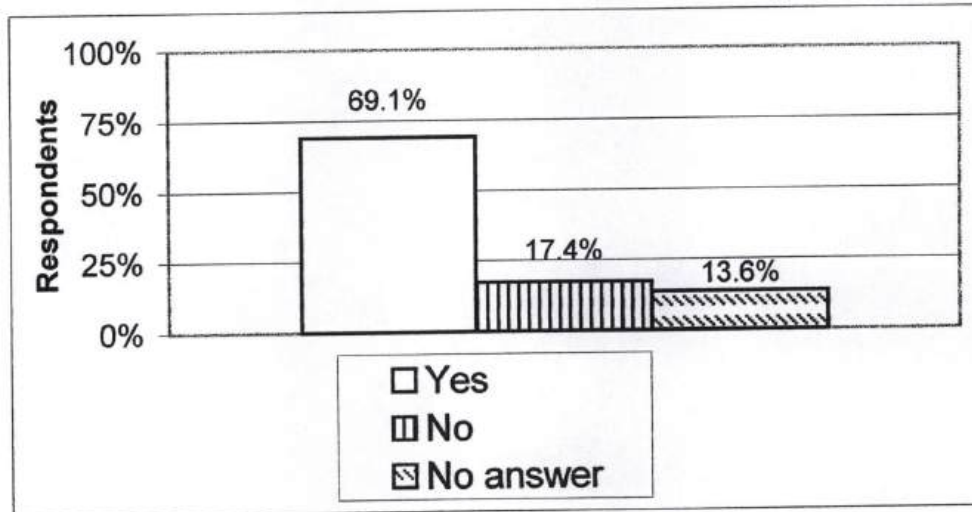
8. Continued



**Queen Anne's County
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Appendix A: Parent Survey Results**

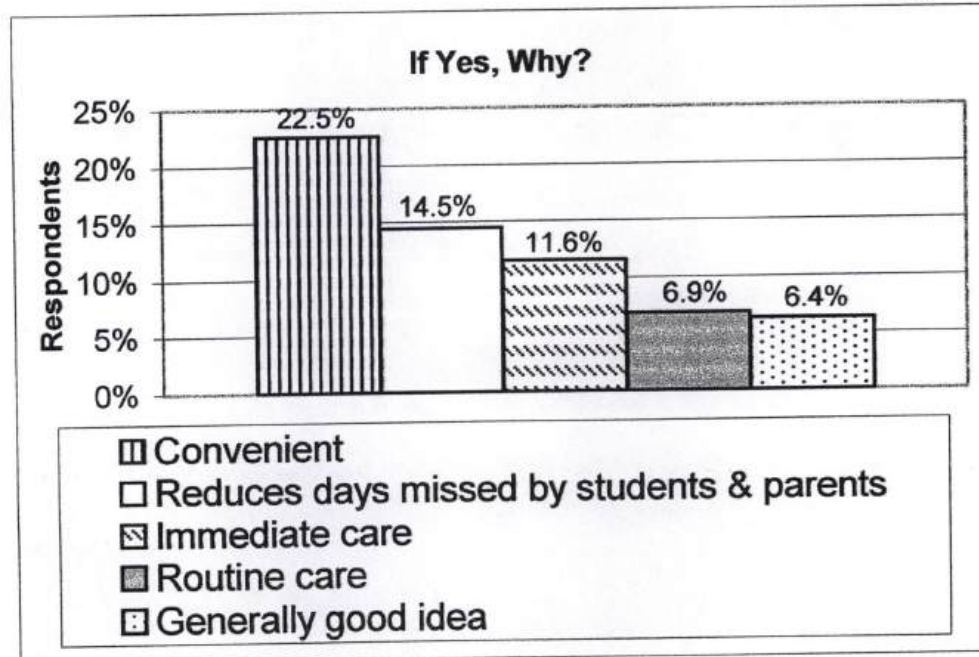
9. Would you like a wellness center to be located in your child's school?

n = 236



9. Why? (Like answers have been grouped together.)

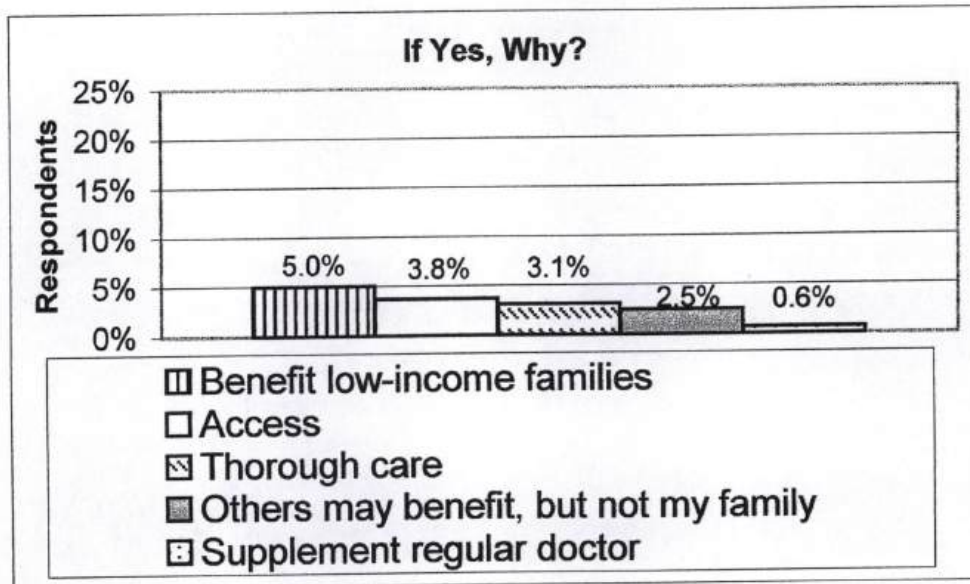
n = 173



A12

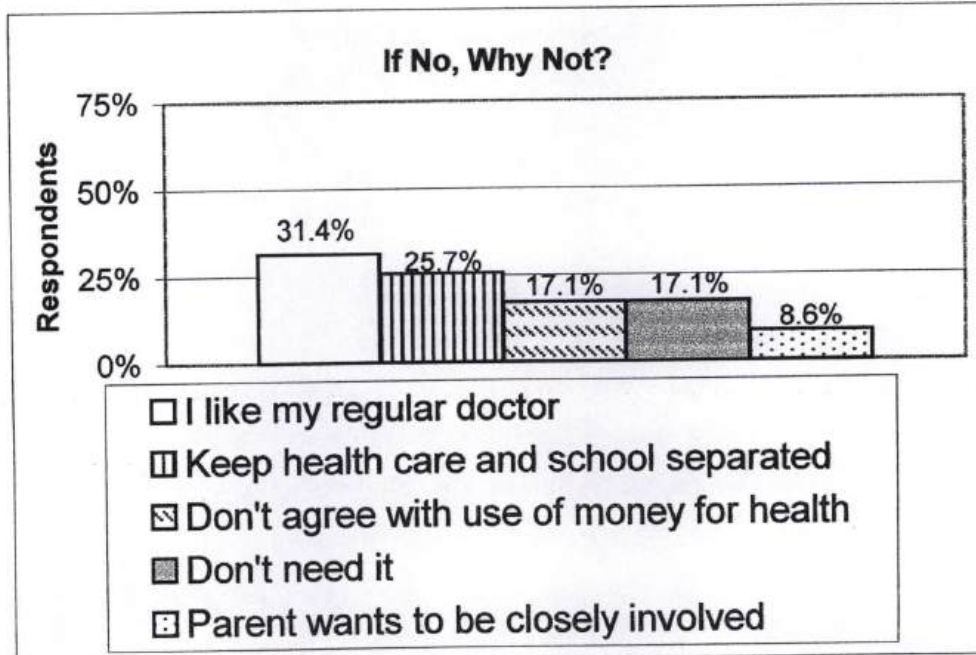
**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

9. Continued



9. Why not? (Like answers have been grouped together.)

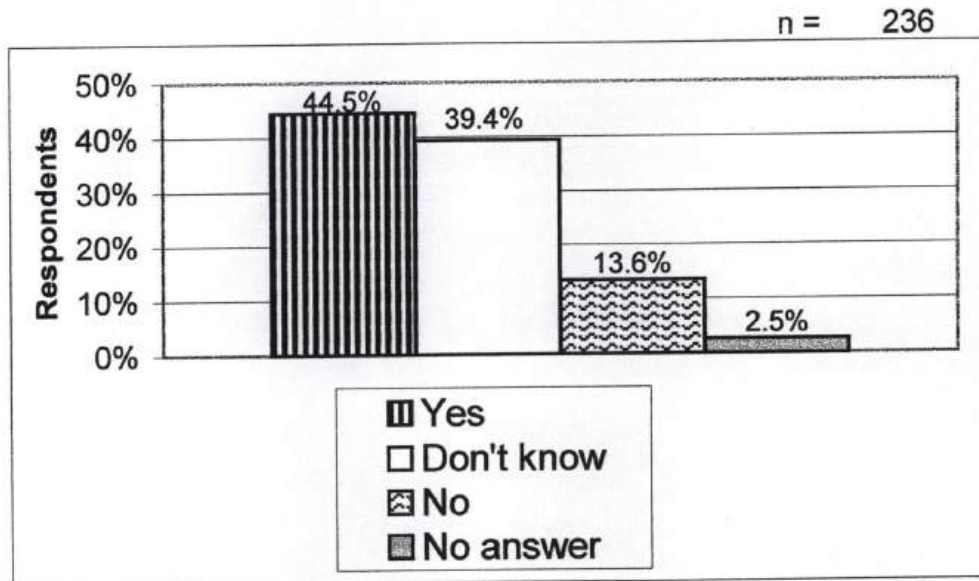
n = 35



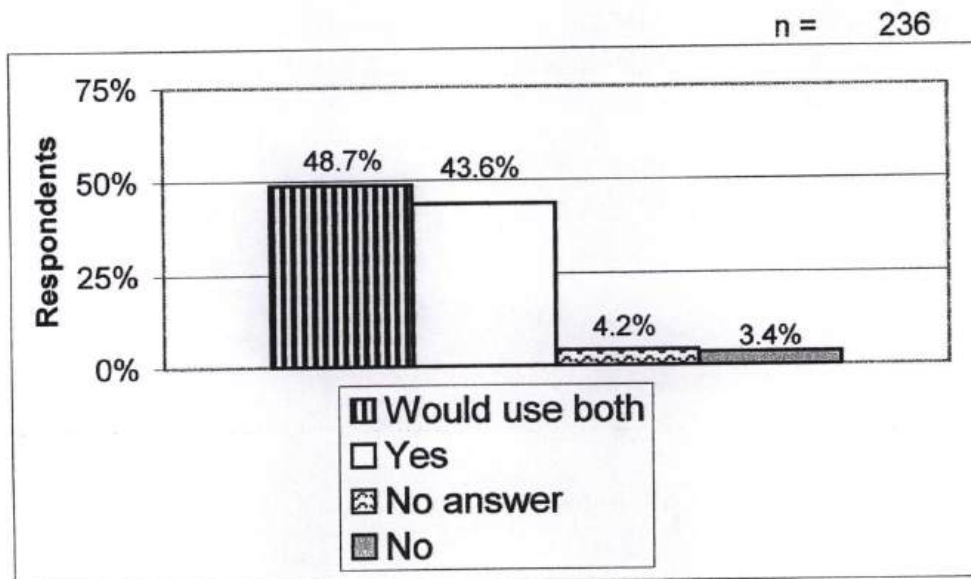
A13

**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

10. Would you send your child to a school-based wellness center?



11. If there were a wellness center in the school, would you still use your child's current source of health care?



A14

**Queen Anne's County
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Appendix A: Parent Survey Results**

12. If you think your child would use the wellness center, would you like:

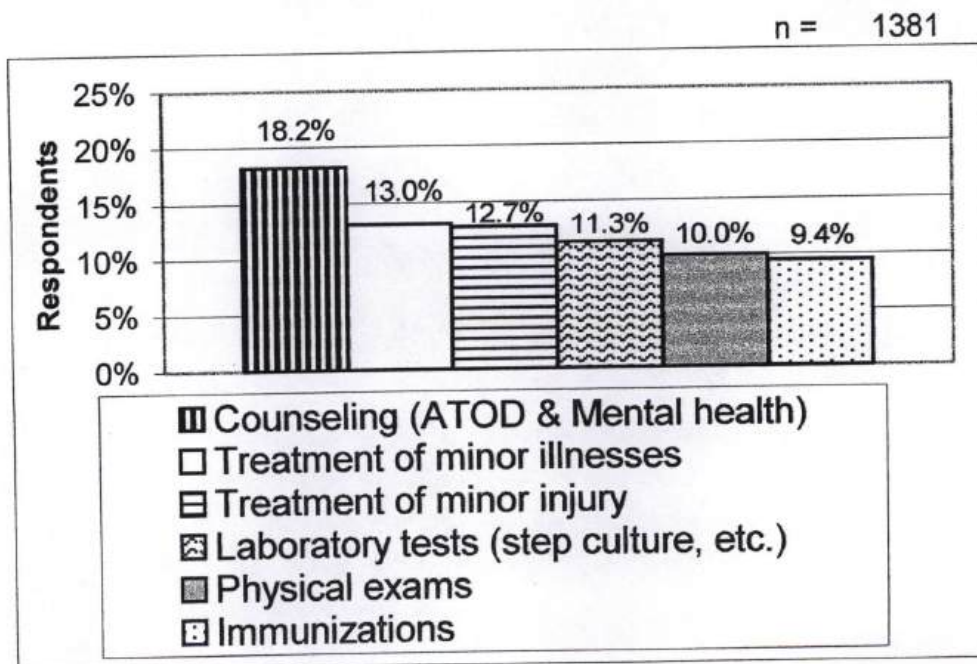
a.	To be present at the visit?		n = 213
	Yes	73.7%	157
	No	4.2%	9
	Don't know	22.1%	47

If yes, how difficult would it be for you to be present at these visits?

			n = 193
	Not Difficult	50.3%	97
	Somewhat Difficult	38.3%	74
	Very Difficult	3.1%	6
	Impossible	0.0%	0
	No answer	8.3%	16

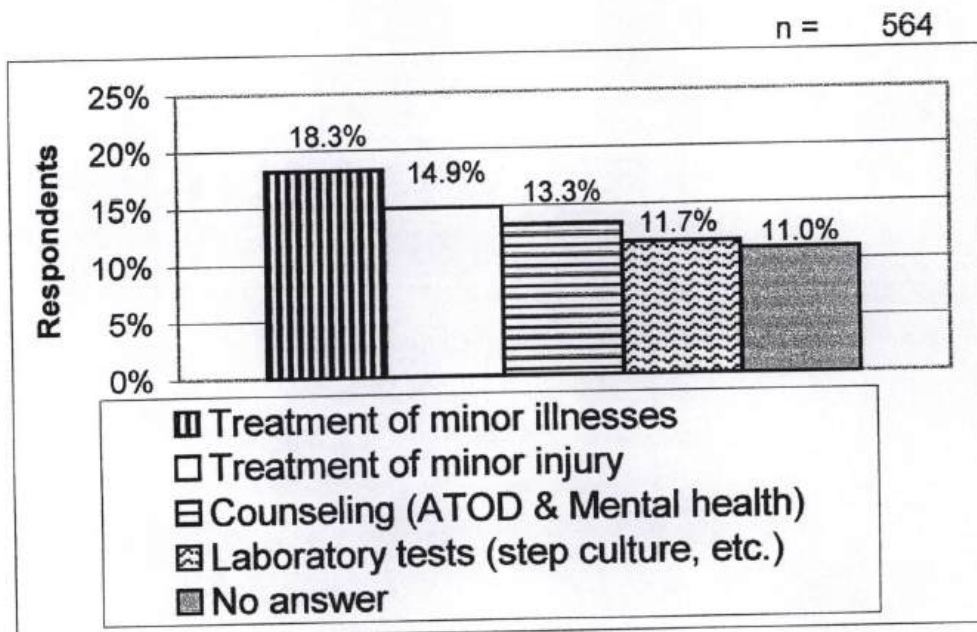
b.	To at least be notified of the visit?		n = 140
	Yes	95.0%	133
	No	1.4%	2
	Don't know	3.6%	5

13. Which of the following services would you like to have available at a wellness center?

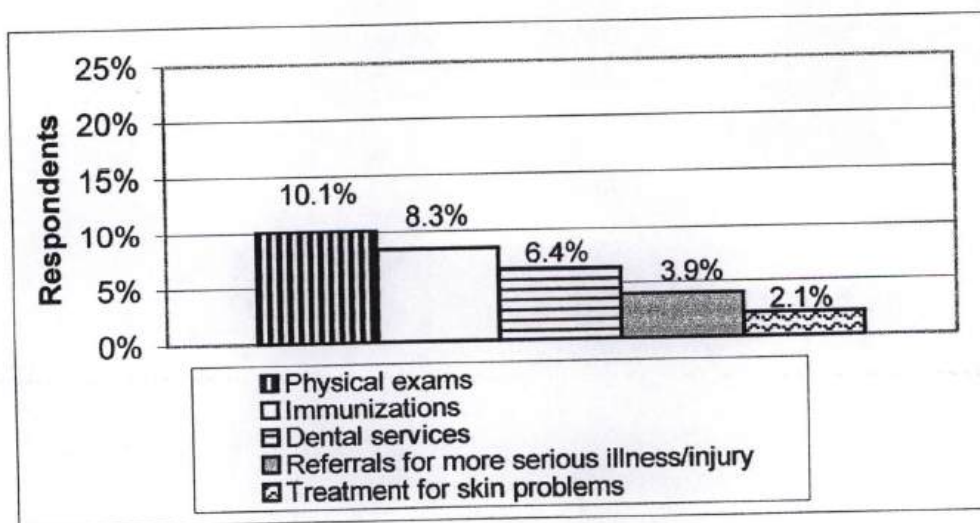


**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

14. Using the list above, which three services would you most like to see offered?



14. Continued

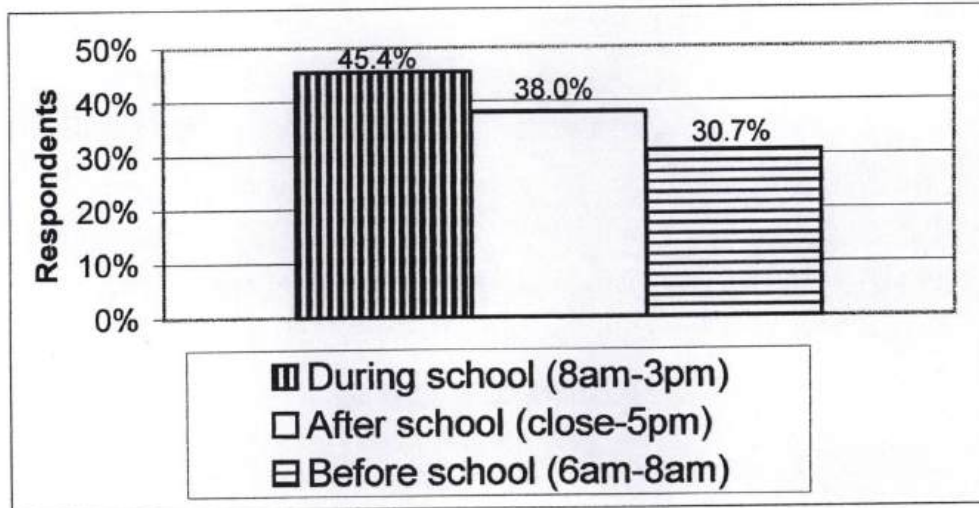


A16

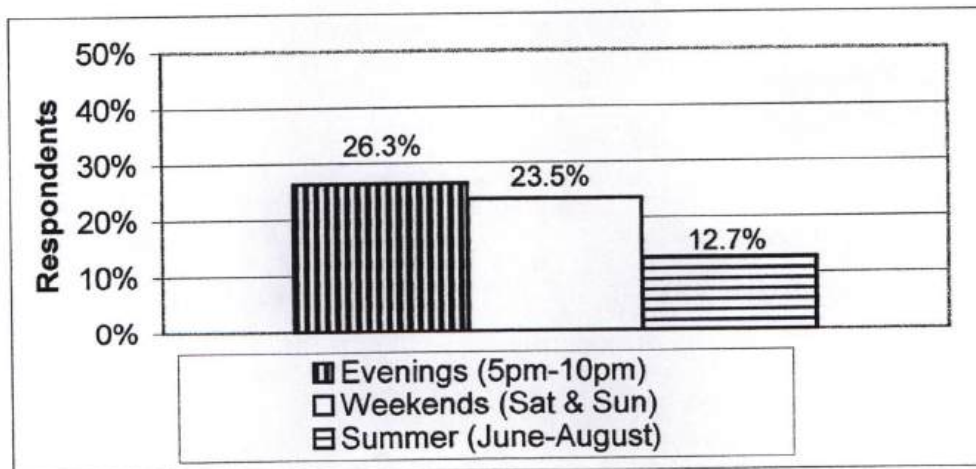
**Queen Anne's County
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Appendix A: Parent Survey Results**

15. At which times should the wellness center be open?

n = 361



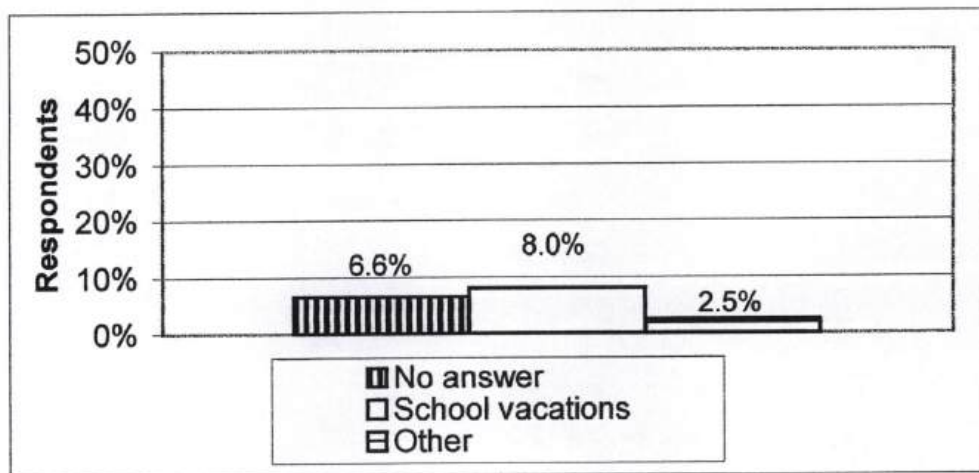
15. Continued



A17

**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

15. Continued



15. Other includes:

"24HR-7DAYS"

"Depends on who it serves"

"Limited vacation & summer hours"

"Maybe some other times"

"None"

"No center."

"Open all year"

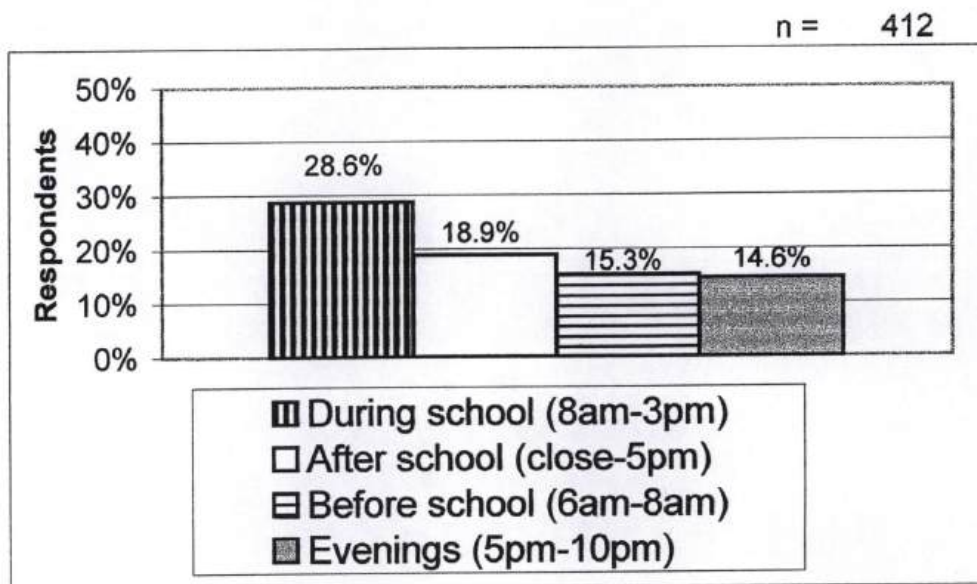
"Varied days and times- 1-2 days open in am, 1-2 days open during school, 1-2 open in pm."

Continued...

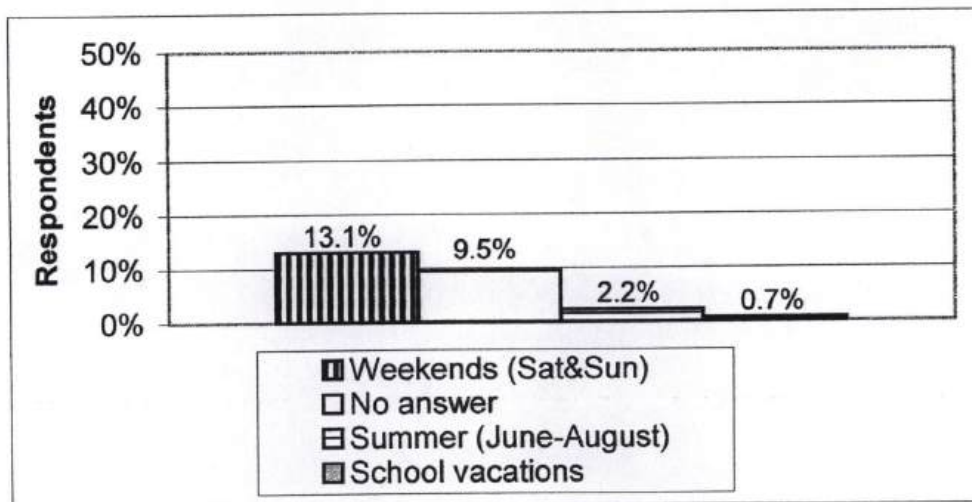
A18

**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

16. Using the list above, which two times would you most like to see a wellness center open?



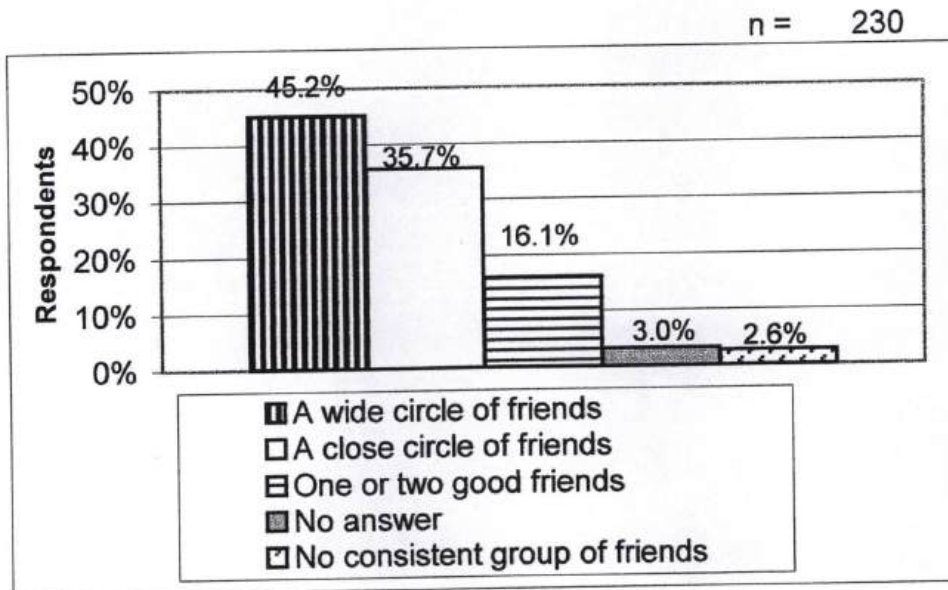
16. Continued



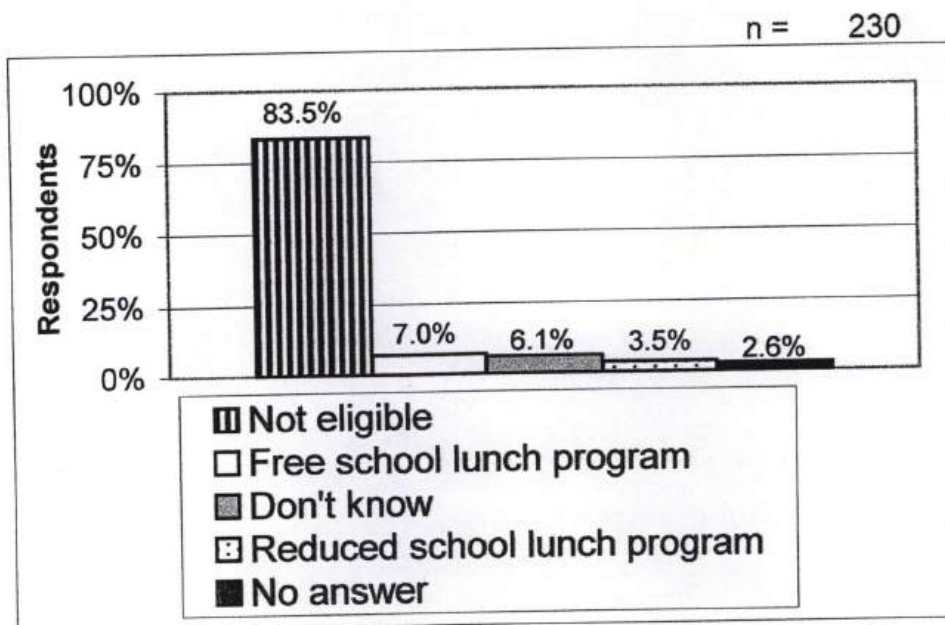
**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

A19

17. In my opinion, my child(ren) has/have:

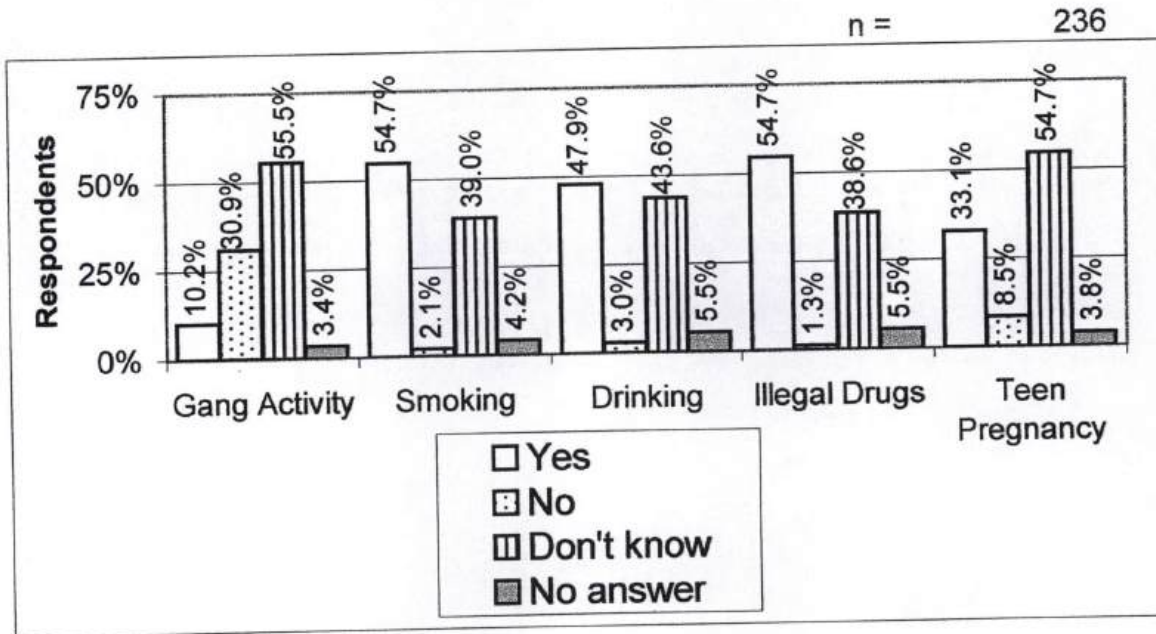


18. Is/are your child(ren) eligible for:

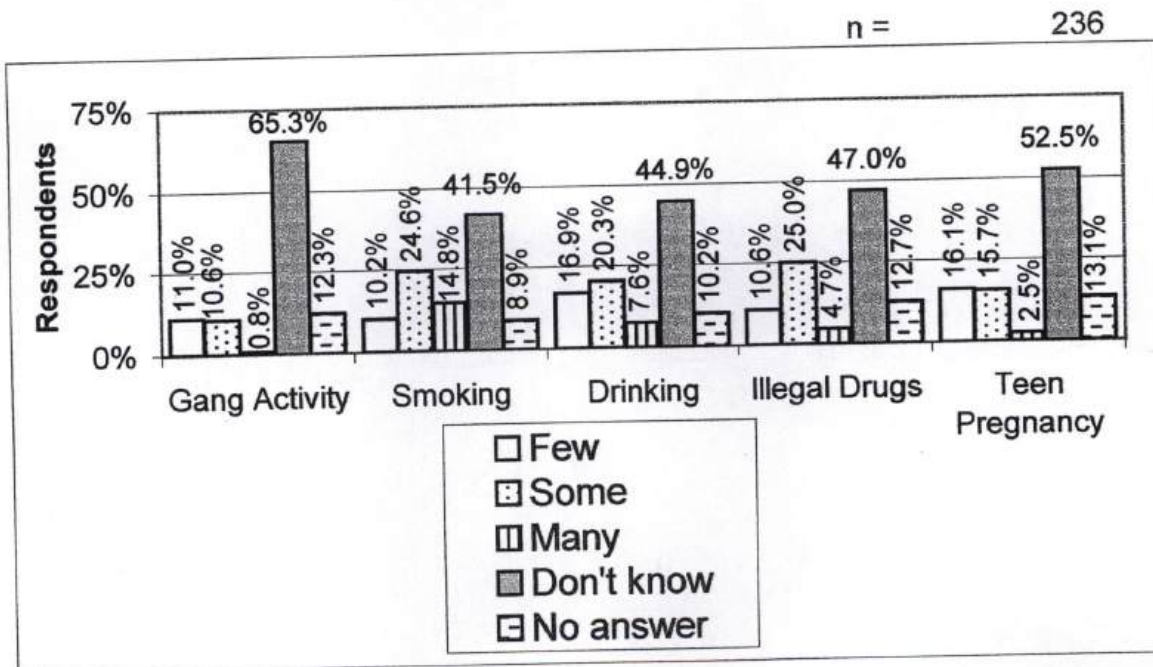


Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results

- 23. Is gang activity/smoking/drinking/illegal drug use/teenage pregnancy a problem among QA students? Yes or No?

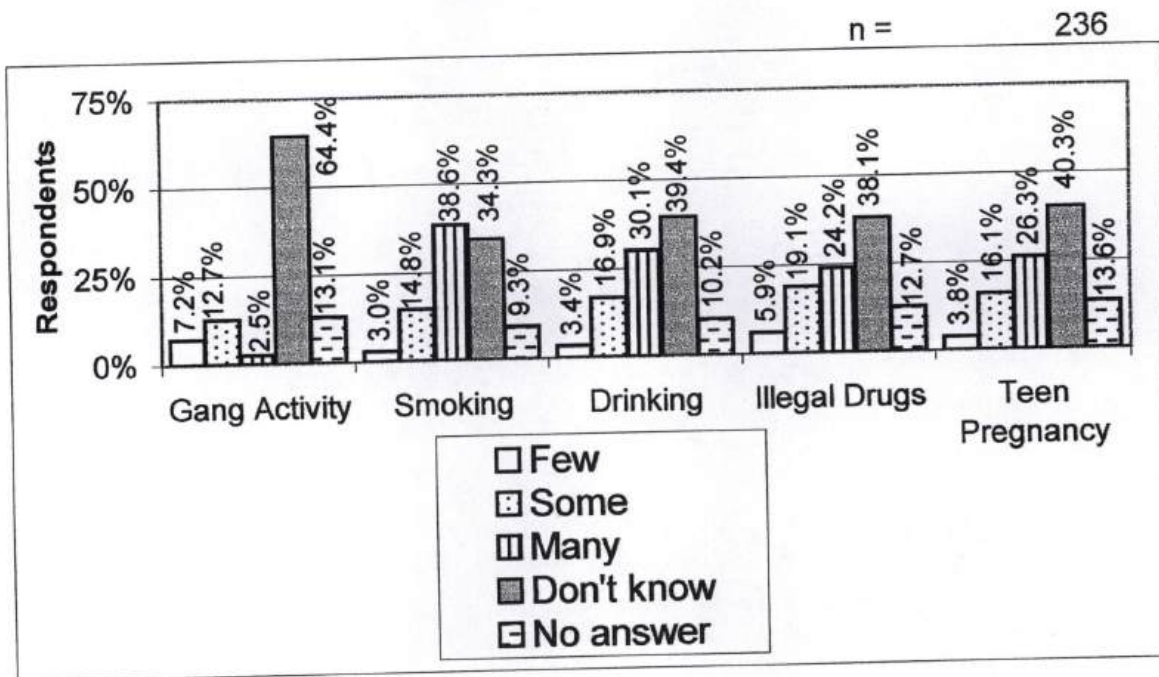


- 23. How many QA Middle School students are in gangs/smoke/drink alcohol/use illegal drugs/are sexually active?

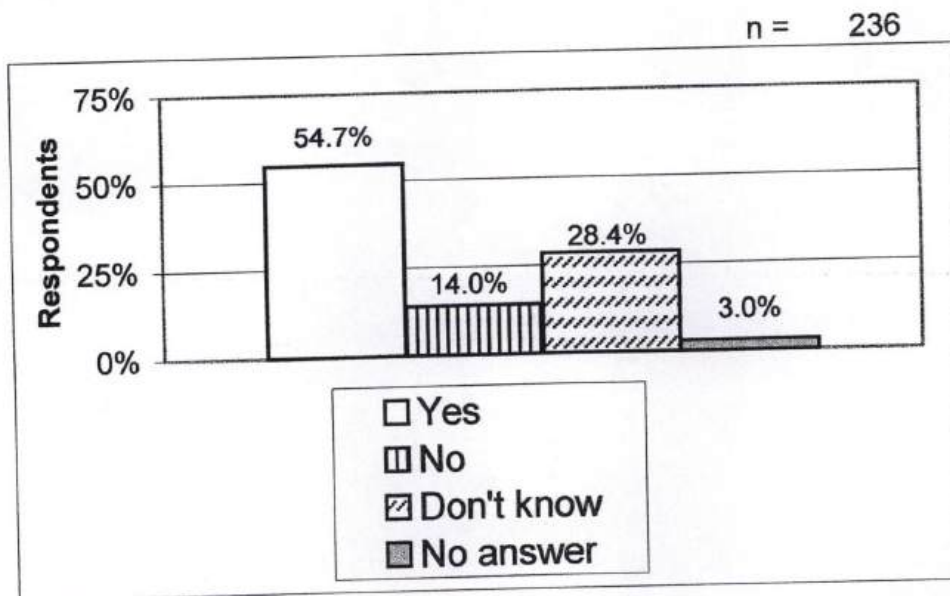


Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results

- 23. How many QA **High School** students are in gangs/smoke/drink
 ohol/use illegal drugs/are sexually active?



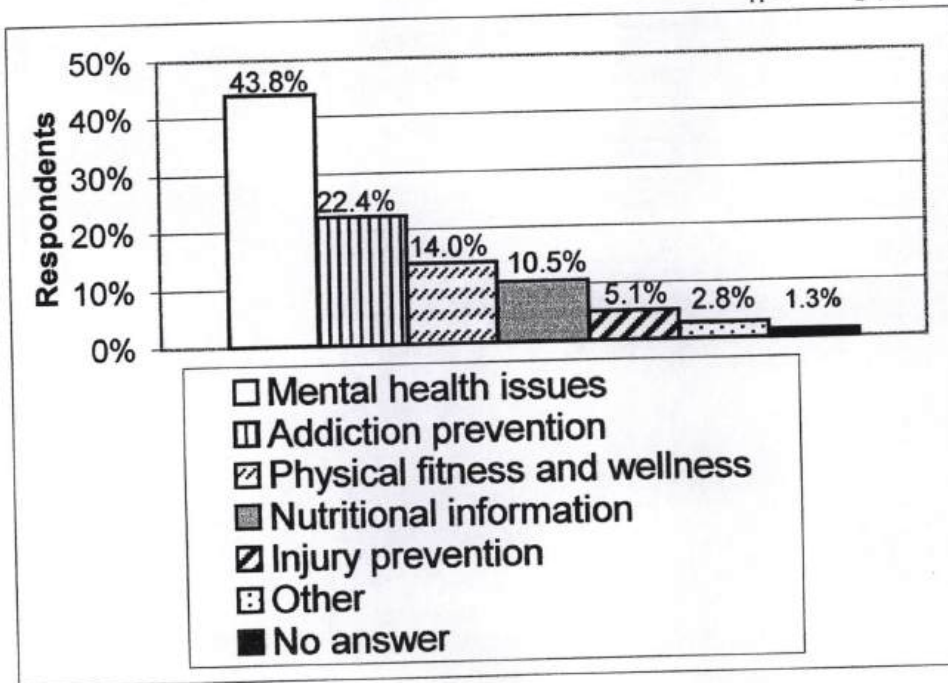
24. Would you be likely to attend educational sessions for the
 community on health and parenting topics if they are offered at a
 school or in the community?



**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

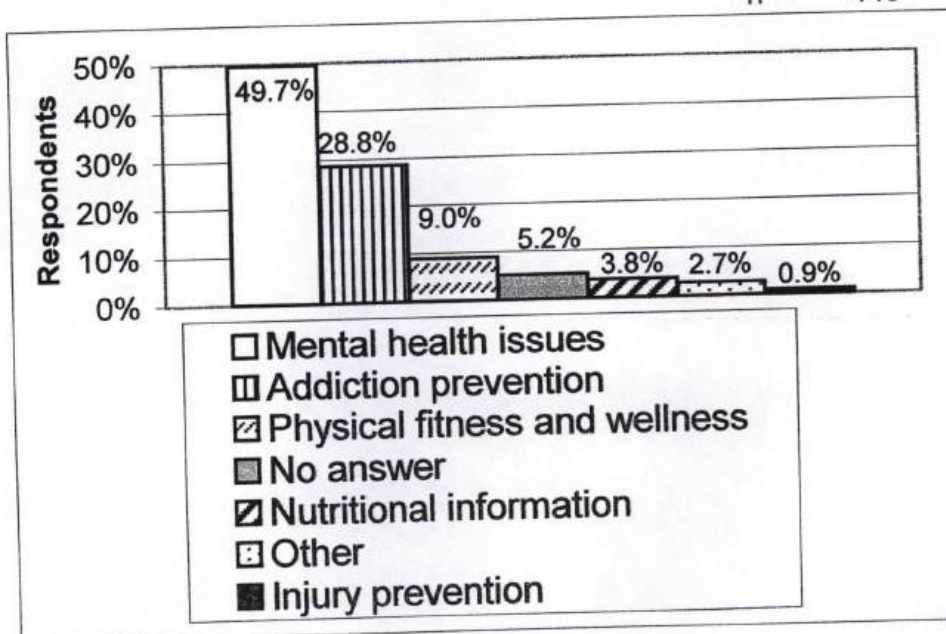
25. Which of the following health education topics do you think are most important?

n = 844



26. Using the list above, which two topics would you most like to see offered?

n = 445



A23

**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

27. Number of respondents that offered additional
comments/suggestions: 31 or 13.1%

Parents comments/suggestions about School-Based Wellness Centers as written in various places on the survey include the following listed by question number:

Question #4

"These are not diseases or health problems! This is not a health problem, it is called life."

"Because he has poor social skills."

Question #5

"Father owns business - carries health insurance through business"

Question #6

"Children have bi-annual physicals and go for typical illnesses-strep throat & viruses."

Question #7

"Every 6 months oldest child goes to orthodontist."

Question #8

"Stupid- of course we wait and miss school, so what!"

"Dentist only"

Question #9

"Monies would be better spent in having professionals (teachers, guidance, nurse) trained to identify and recommend treatment at private locations. Sort of like keeping the church and state separate, issues of mental and physical health have to be recognized but not treated in a public school."

**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

27. Comments continued:

Question #10

- "Depending on the problem."*
- "Depending on reliability and competence."*
- "Depends on what is offered, who is providing care, costs."*
- "Only if I did not have insurance."*
- "For minor illnesses - colds."*
- "If staffed appropriately with physicians or physicians assistants."*
- "If they accepted our healthcare plan and had good doctors."*
- "Only for minor problems."*
- "If a physician is in attendance."*

Question #11

- "Unless one proved to be better than the other."*
- "Have to-Military."*
- "If a physician is in attendance."*
- "If center accepted insurance."*
- "Unless school couldn't handle problem."*

Question #12

- "MINORS HAVE TO HAVE PARENTAL INVOLVEMENT THERE IS NO CHOICE. Administration should take care of the paperwork and let guidance counselors handle mental illness, substance abuse identification and recommendations for help."*
- "It would depend on what they were there for."*

12a.-"Would like to be present at visit "if possible, especially for my youngest."

12a.-"Depends on the reason."

12a. "Depends on age of child and nature of visit."

12a.-"Depends on the reason for the visit."

12b.-"I would have the proverbial cow if my children were seen without my authorization."

Question #13

- "None- it is my kid and I'll take care of them."*
- "But again, the school does not give quality service. I would wonder if the counselor had the proper qualifications."*
- "Physical exams! NOT IN THE PUBLIC SCHOOL!"*

A25

**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Parent Survey Results**

27. Comments continued:

Question #14

"This would depend on the age of the child, elementary concerns are different from those of high school concerns." "No child survey included."

"None really, Educational funding would be better spent on technology or giving teachers the ability to assess the children at proper levels!"

Question #15

"Often parents are off these times too."

Questions #19-23

19-23- "I don't have a sixth through twelfth grader yet."

19-23- "My kids are younger."

20-23- "One is too many for either age."

21&22- "Every one is too many."

21- "Talk to any kid that works at Food Lion."

Question #24

"Depends on the topic."

"Depends if geared toward my child's age group."

"If notified that they are happening, we aren't informed enough."

"Subjects that have been addressed don't interest my family."

"Depends on the topic, date and time, I travel for work." "No child survey included."

"If topic was of interest and pertinent."

Question #27

"Why is this needed? What is prompting this survey?"

"Too late! Comments are on the survey."

"Dear Linda Walls, I am addressing this to you because you handle all the surveys for the Board of Education. I am not going to reply to the survey because I am totally against the School-based Wellness Center. In the long run this is a good excuse to call this a Wellness Center because I'm sure one of the objectives is to freely be able to hand out condoms to students and I doubt there will be any notification to parents about what's going on. Along with that I'm sure will come pregnancy counseling and the promotion of abortion. I don't want to see this in my child's school. Please pass on my concerns and feel free to respond to me if my suspicions are incorrect. Thank you!" (Name and telephone number withheld)

Queen Anne's County Board of Education: Wellness Center
Middle & High School STUDENT Survey

(To be completed by ONE child 11-years-old or older.)

Instructions: **Do not** write your name on the survey. Please complete this **entire** survey.
Return it in the stamped envelope provided when you are finished.

PLEASE CIRCLE YOUR ANSWERS: Your Zip Code: _____ Today's Date: _____

1. Age: 11 12 13 14 15 16 17 18 19
2. Gender: Female Male
3. Grade: 6th 7th 8th 9th 10th 11th 12th
4. Ethnicity: a. African American b. Caucasian c. Mixed d. Hispanic e. Asian f. Other _____
5. Do you live with (circle all that apply): a. Mother b. Father c. Guardian c. Stepmother
d. Stepfather e. Grandparent f. Other relative g. Other non-relative
6. Do you go to a doctor, clinic or hospital: a. For regular check-ups? Yes No,
b. When you are sick? Yes No, c. For advice? Yes No
7. Do you have any of the following health problems or feelings? (Circle all that apply):
 - a. Acne
 - b. Attention Deficit Disorder
 - c. Diabetes
 - d. Eating problem (overeat & vomiting or
always dieting)
 - e. Epilepsy
 - f. Feel afraid often
 - g. Feel hopeless about the future
 - h. Frequent accidents
 - i. Frequent back pain
 - j. Frequent colds
 - k. Frequent headaches
 - l. Frequently feeling sad
 - m. Heart pounding/racing
 - n. Loneliness
 - o. Nervousness
 - p. Numbness or dizziness
 - q. Problem getting teased
 - r. Stomach-aches
 - s. Temper outbursts you can't control
 - t. Trouble sleeping at night
 - u. Weight problem
 - v. Worry about alcohol, tobacco or other
drug use
 - w. Worry about gangs
 - x. Worry about school bullies
8. Would you be interested in joining a discussion or support group with other students who are
concerned about the same issues as you? a. Yes b. No c. Don't know
9. How many school days did you miss last year because you were:
 - a. Sick? # _____
 - b. Injured? # _____
 - c. Too tired? # _____
 - d. Other # _____
10. When did you last see a doctor because **you were sick**? (Circle one answer)
 - a. During last 12 months
 - b. About 1 to 2 years ago
 - c. About 2 to 3 years ago
 - d. More than 3 years ago

PLEASE TURN OVER ⇨

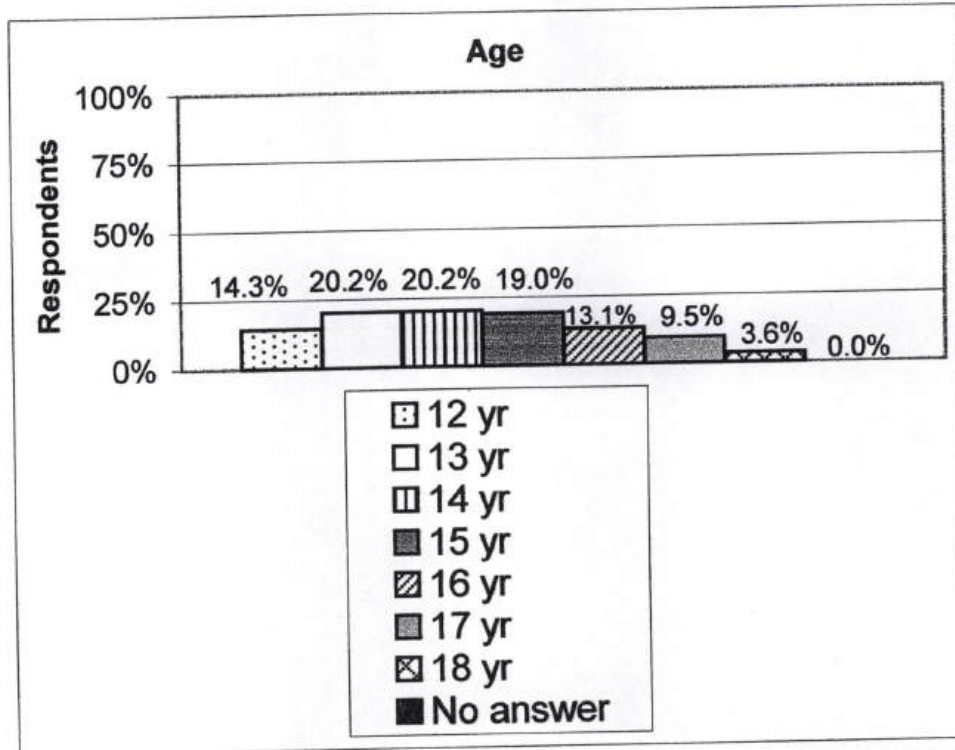
11. When did you last see a doctor for a check-up that included a physical exam **when you were not sick?** (Circle one answer)
- a. During last 12 months
 - b. About 1 to 2 years ago
 - c. About 2 to 3 years ago
 - d. More than 3 years ago
12. When did you last see a dentist? (Circle one answer)
- a. During last 12 months
 - b. About 1 to 2 years ago
 - c. About 2 to 3 years ago
 - d. More than 3 years ago
13. Are you satisfied with the way things are going for you? a. Yes b. No c. Unsure
14. During the past month, how often did you feel hopeless and very sad? (Circle one answer)
- a. Never
 - b. Once or twice
 - c. Several times
 - d. Almost everyday
15. Have any of the following happened to you **in the past year?**
- a. Been involved in a serious crime Yes No
 - b. Been involved in a violent fight Yes No
 - c. Been threatened or attacked in your neighborhood Yes No
 - d. Had a divorce, separation or death in your family Yes No
 - e. Had a serious problem getting along with family or others Yes No
 - f. Had one or more failing grades on a report card Yes No
 - g. Lost a close friend or relationship Yes No
 - h. Seen someone beaten up, attacked or killed in your neighborhood .. Yes No
 - i. Had some other serious problem or loss Yes No
16. Do you have a doctor or a nurse that you can talk to if you have health problems or questions about your health? a. Yes b. No c. Don't know
17. Do you have a social worker or a counselor you can talk to if you have problems with your social or emotional life? a. Yes b. No c. Don't know
18. Circle the type of health services you would most like to have available at your school?
- a. Alcohol, tobacco or other drug counseling
 - b. Health information
 - c. Immunizations (shots to prevent illness or diseases)
 - d. Information about sexuality
 - e. Injuries (sprains, cuts, bruises, etc.)
 - f. Medication (aspirin, cough drops, etc.)
 - g. Mental health counseling
 - h. Nutrition or weight programs
 - i. Physical exam (non-sports)
 - j. Relationship counseling
 - k. Services for illness (sore throat, skin problems, etc.)
 - l. Sports physicals
 - m. Other - explain: _____

Congratulations! You're done!
Please mail your survey in envelope provided. ☺ Thank you!

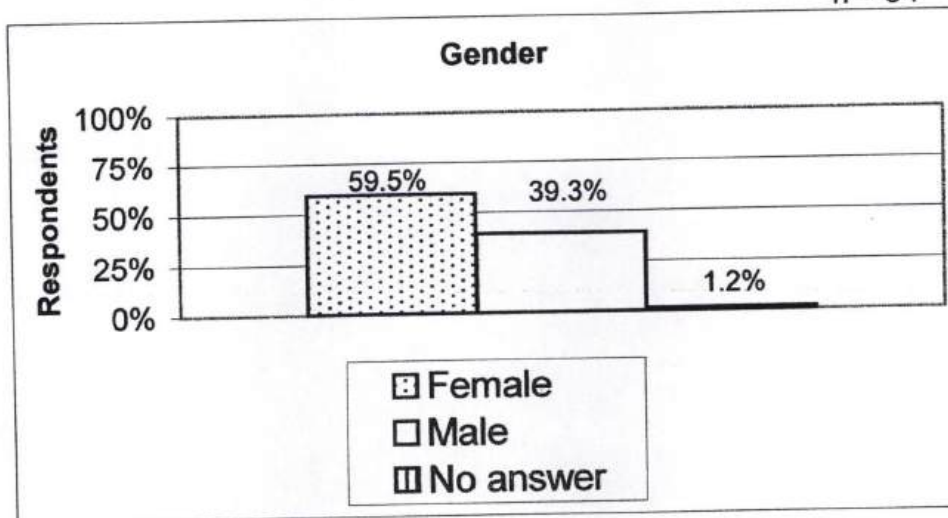
**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

Respondent Demographics
(Questions 1-4)

n = 84



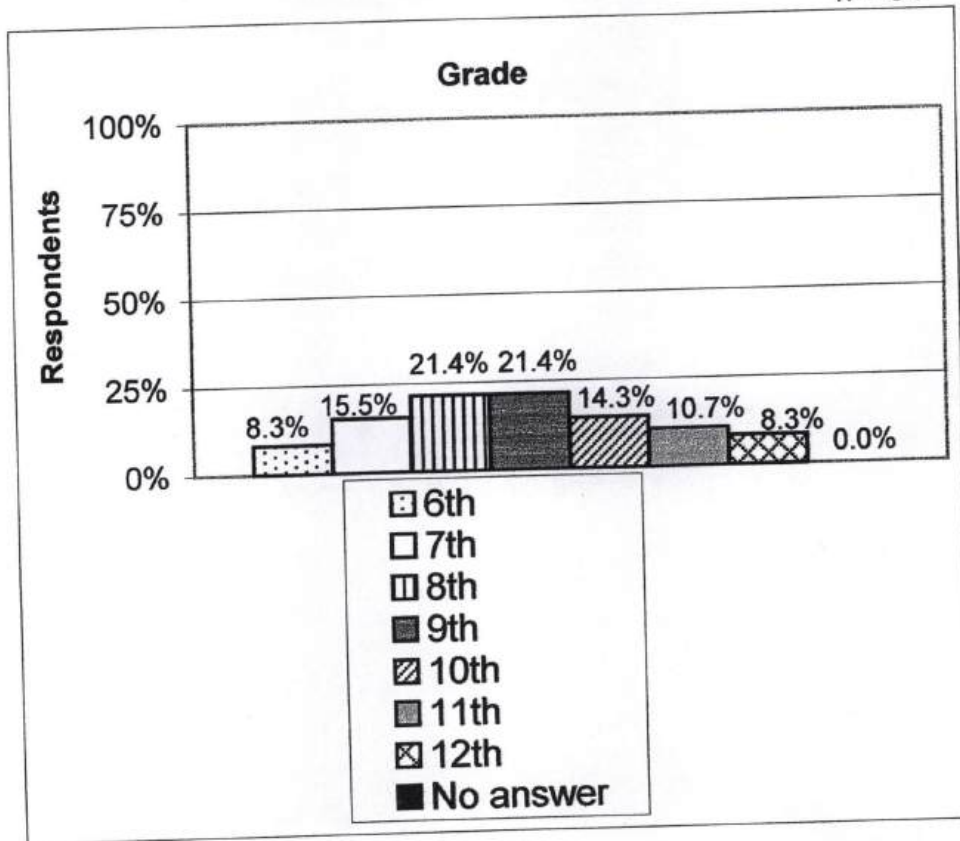
n = 84



**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

Demographic information continued.

n = 84

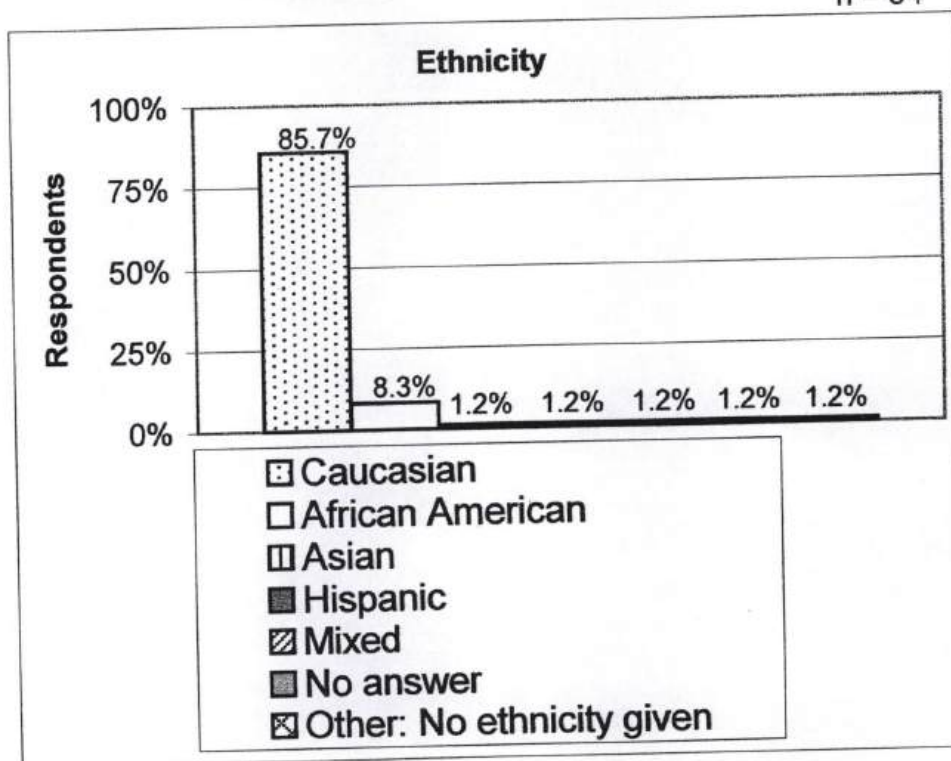


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**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

Demographic information continued.

n = 84



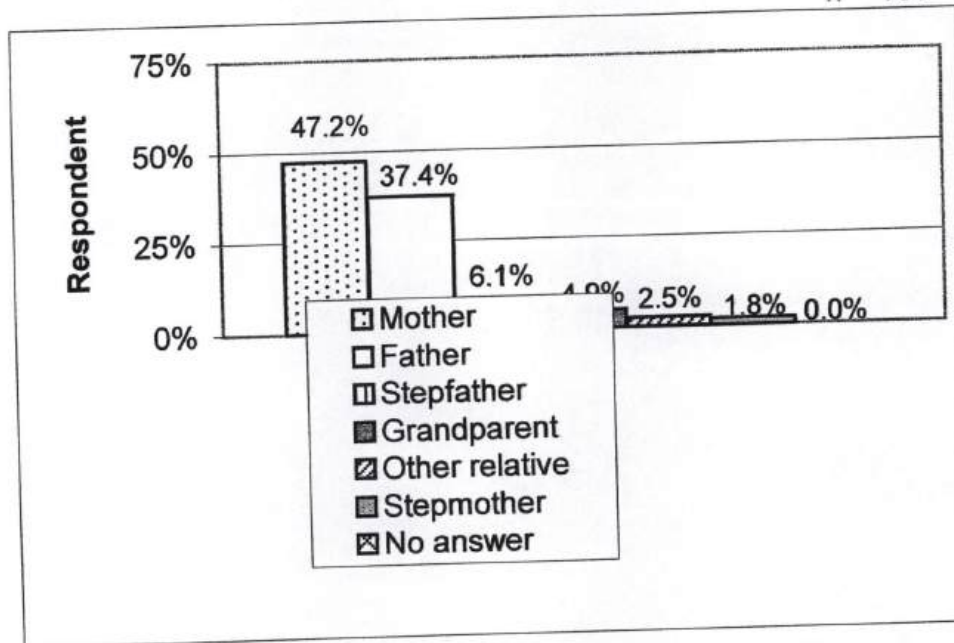
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**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

Survey Questions & Graphed Responses

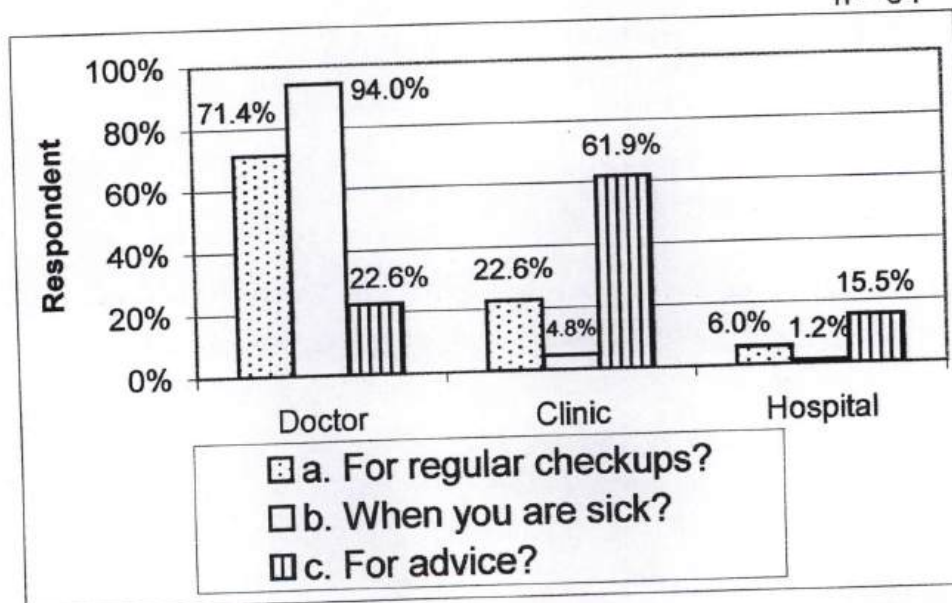
5. Do you live with ...

n = 163



6. Do you go to a doctor, clinic or hospital...

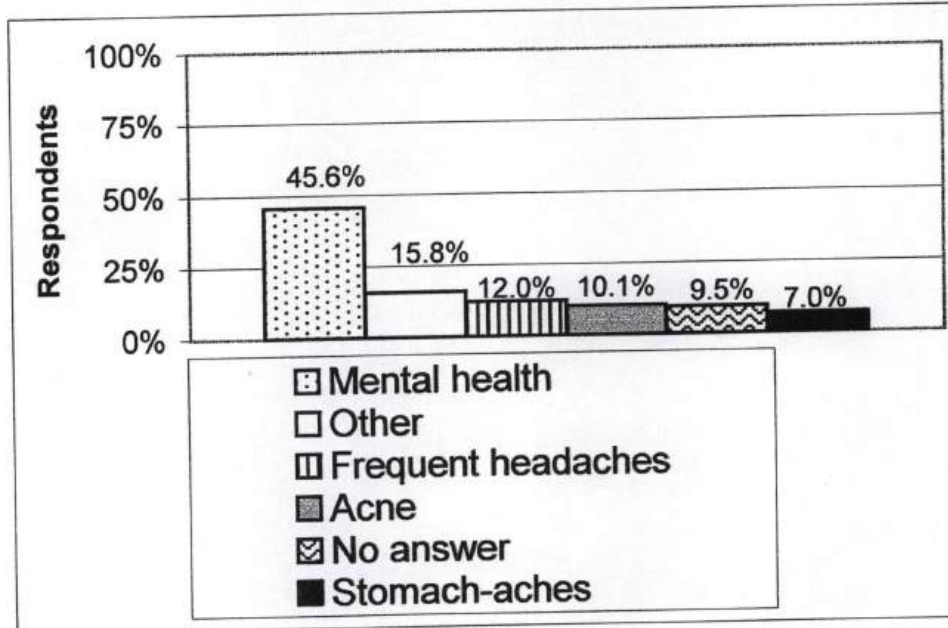
n = 84



**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

7. Do any of you have any of the following health problems or feelings?

n = 158



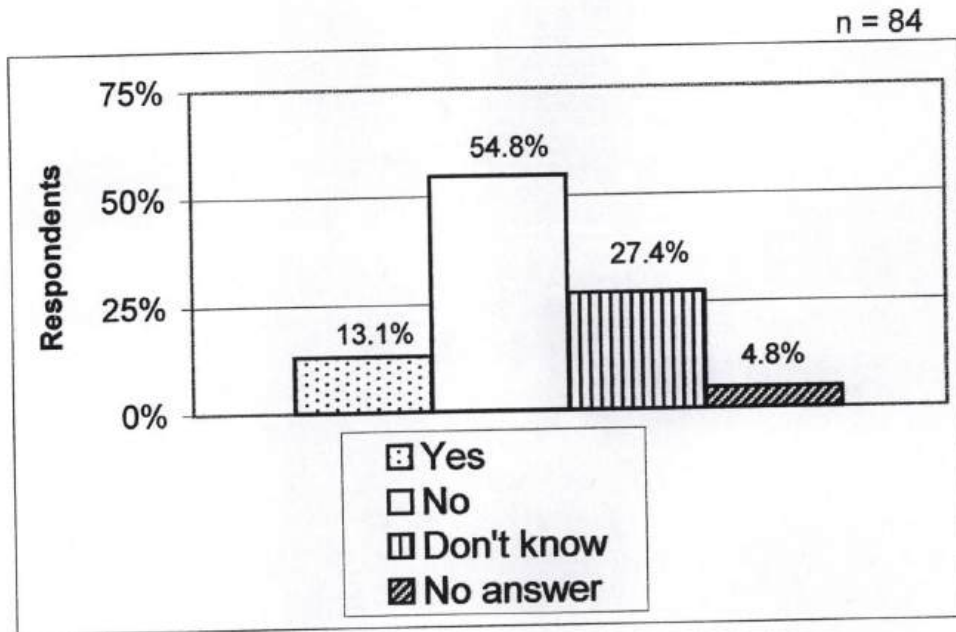
7. Mental health includes:
 Trouble sleeping at night
 Weight problem
 Feel hopeless about the future
 Uncontrollable temper
 Frequently feeling sad
 Problem getting teased
 Loneliness
 Nervousness
 Feel Afraid Often
 Eating problem
 Worry about ATOD use
 Worry about gangs
 Worry about school bullies

7. Other includes:
 Attention Deficit Disorder
 Frequent colds
 Numbness or dizziness
 Frequent back pain
 Heart pounding/racing
 Diabetes
 Frequent accidents
 Epilepsy

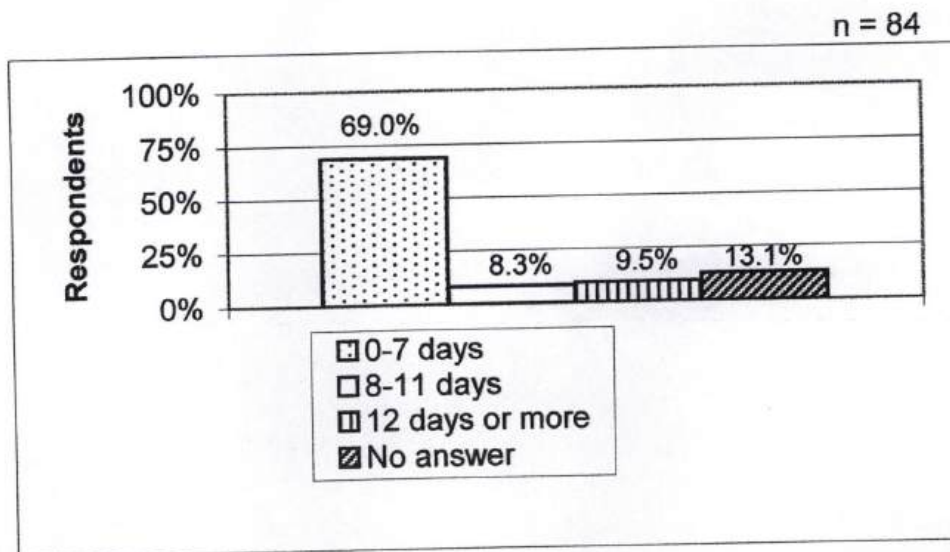
Continued...

**Queen Anne's County
School-Based Wellness Center Fesability Study
Appendix A: Student Survey Results**

8. Would you be interested in joining a discussion or support group with other students who are concerned about the same issues as you?



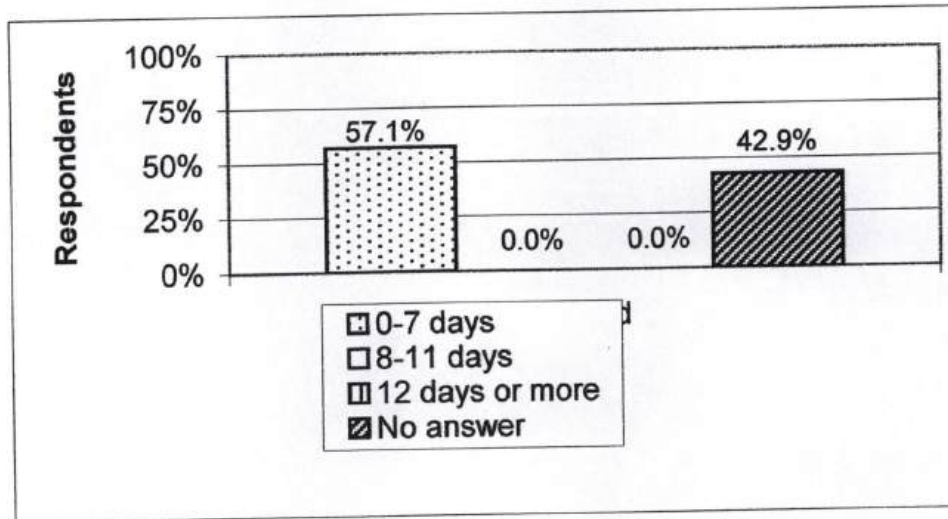
9. How many school days did you miss last year because you were:



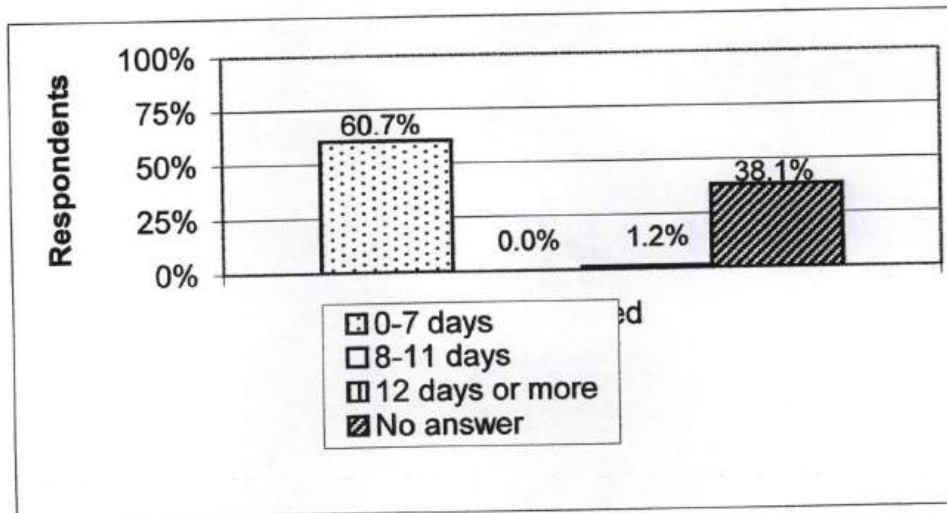
A32

**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

9. Continued

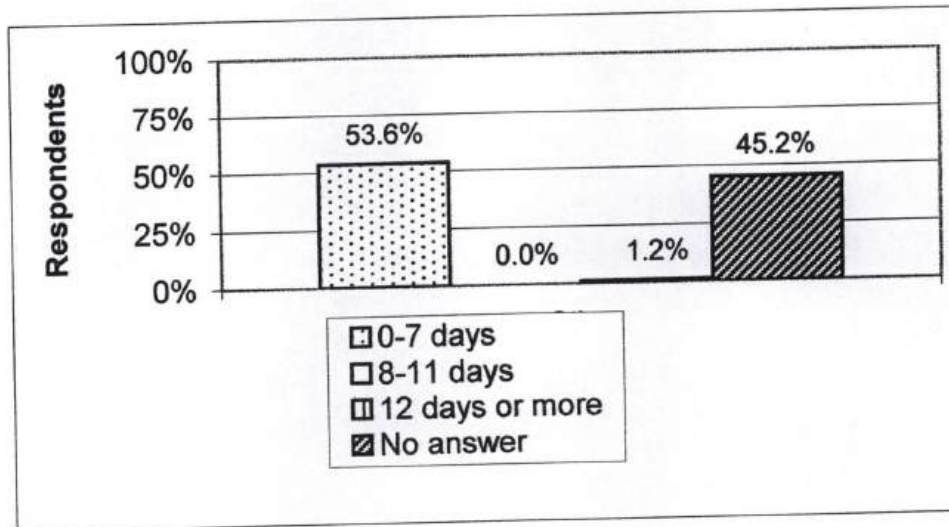


9. Continued



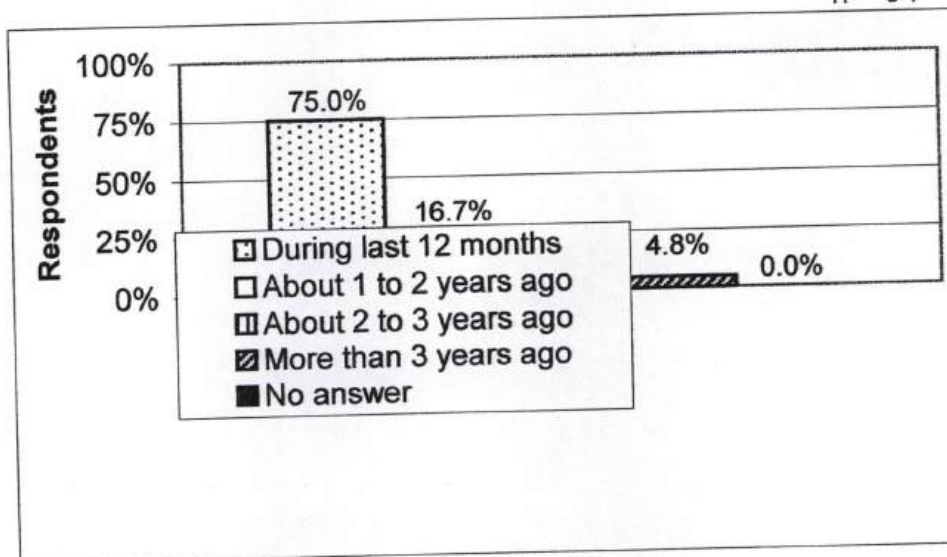
**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

9. Continued



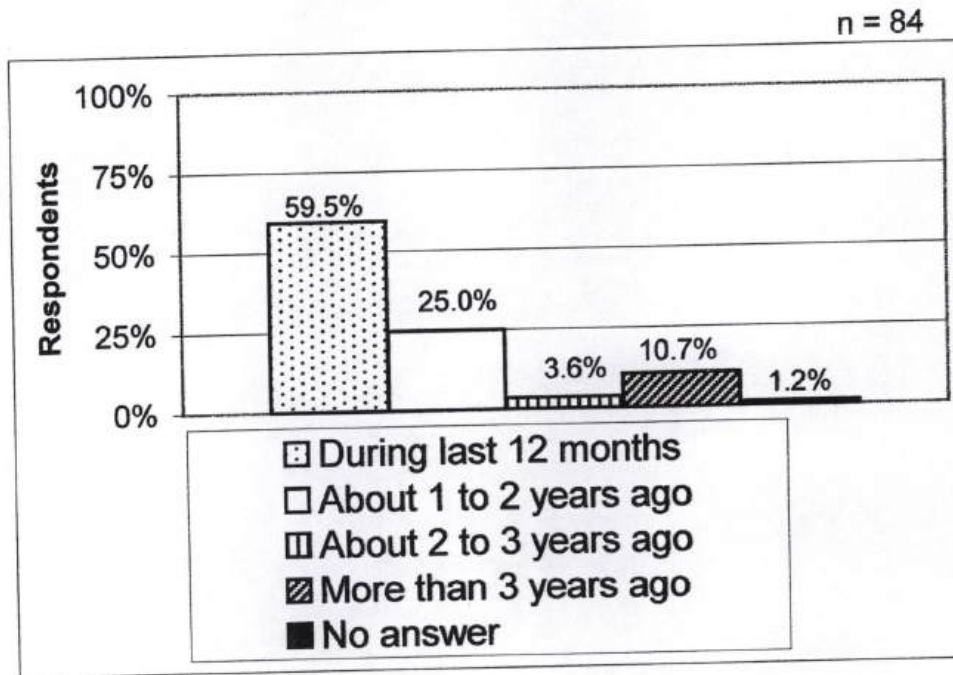
10. When did you last see a doctor because you were sick?

n = 84

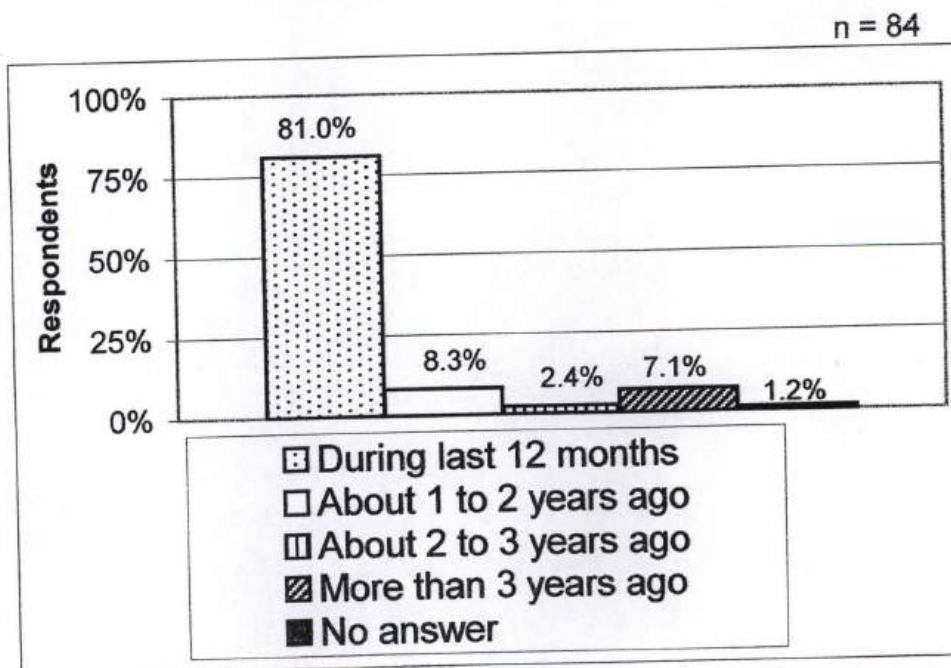


**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

11. When did you last see a doctor for a check-up that included a physical exam when you were not sick?

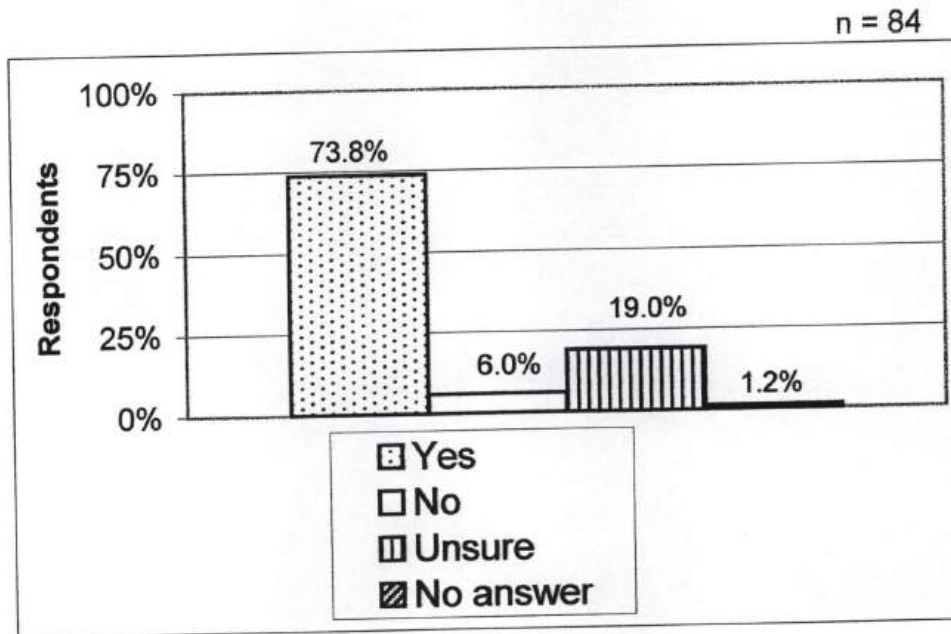


12. When did you last see a dentist?

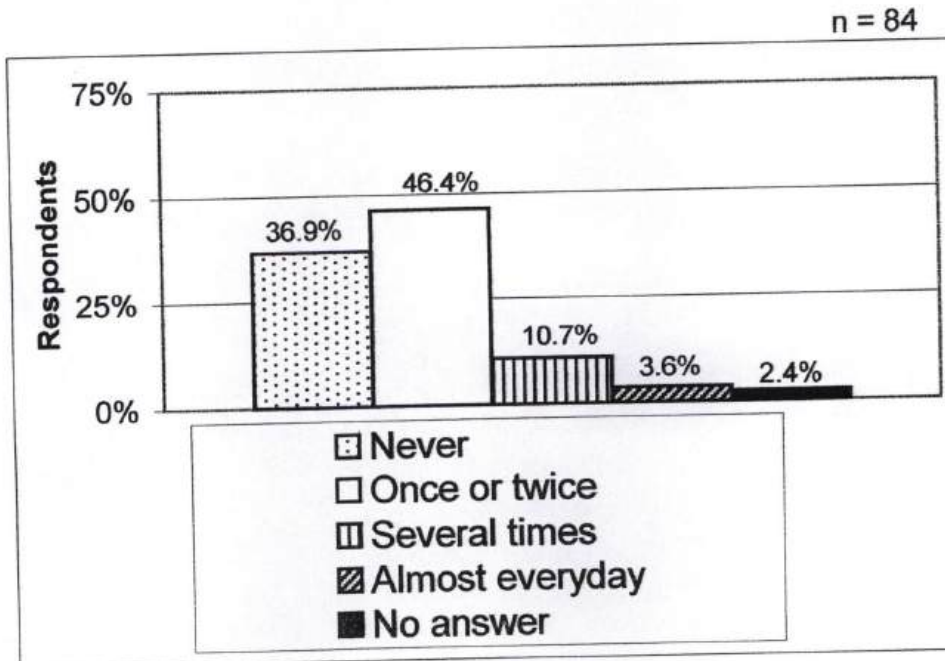


**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

13. Are you satisfied with the way things are going for you?



14. During the past month, how often did you feel hopeless and very sad?



**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

15. Have any of the following happened to you in the past year?

n = 84

Been involved in a serious crime?		
Yes	6.0%	5
No	81.0%	68
No answer	13.1%	11
Been involved in a violent fight?		
Yes	8.3%	7
No	79.8%	67
No answer	11.9%	10
Been threatened or attacked in your neighborhood?		
Yes	4.8%	4
No	80.7%	67
No answer	14.5%	12

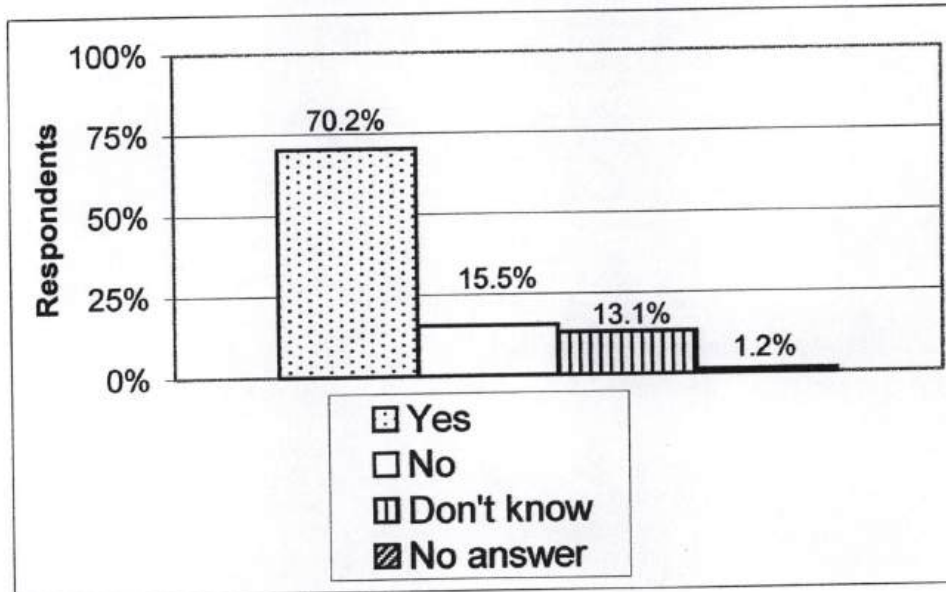
Had a divorce, separation or death in your family?		
Yes	20.5%	17
No	67.5%	56
No answer	12.0%	10
Had a serious problem getting along with family or others?		
Yes	24.1%	20
No	65.1%	54
No answer	10.8%	9
Had one or more failing grades on a report card?		
Yes	21.7%	18
No	67.5%	56
No answer	10.8%	9

Lost a close friend or relationship?		
Yes	21.7%	18
No	66.3%	55
No answer	12.0%	10
Seen someone beaten up, attacked or killed in your neighborhood?		
Yes	6.0%	5
No	80.7%	67
No answer	13.3%	11
Had some other serious problem or loss?		
Yes	8.4%	7
No	79.5%	66
No answer	12.0%	10

**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

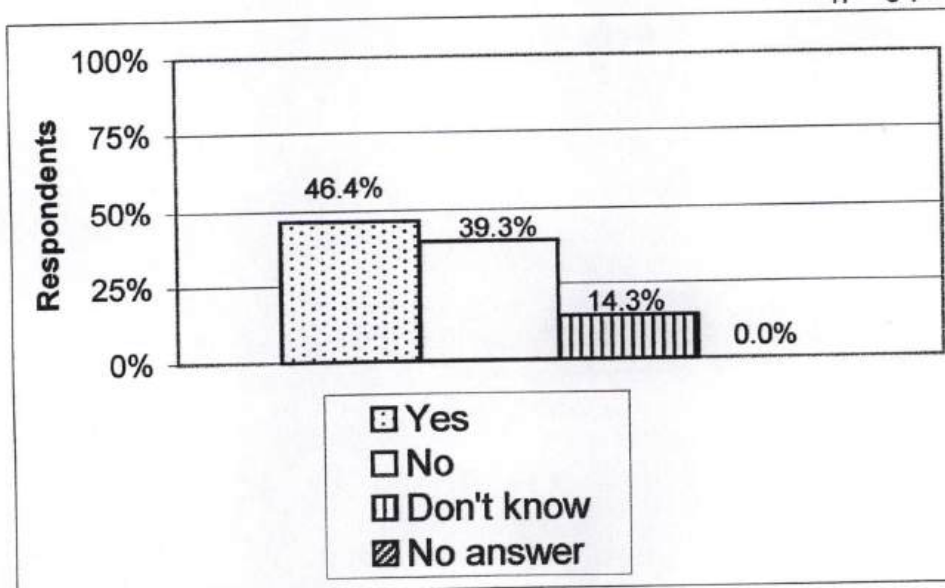
16. Do you have a doctor or a nurse you can talk to if you have health problems or questions about your health?

n = 84



17. Do you have a social worker or a counselor you can talk to if you have problems with your social or emotional life?

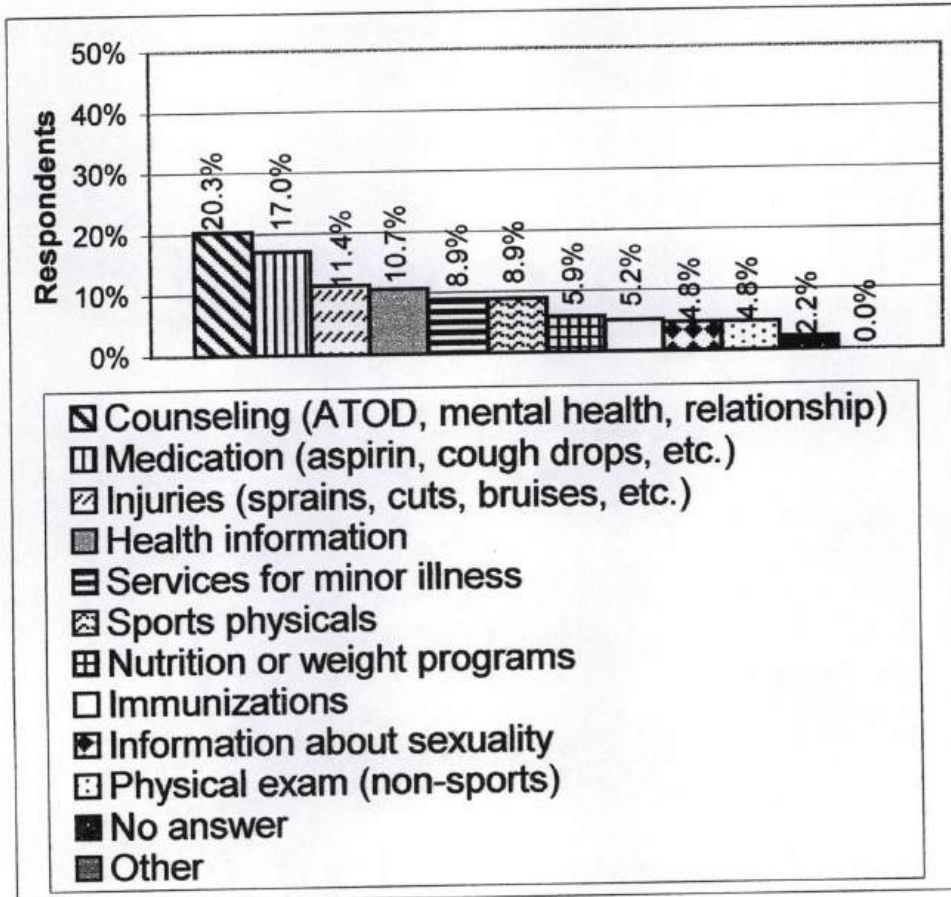
n = 84



**Queen Anne's County
School-Based Wellness Center Feasibility Study
Appendix A: Student Survey Results**

18. Which of the following types of health services would you most like to have available at your school?

n = 196



**Queen Anne's County Board of Education: Wellness Center
Focus Group Questions**

Date _____ Age _____ Gender _____ Ethnicity _____ Affiliation _____
If Focus Group: Number in Group _____ Site: _____

Definition of "School-Based Wellness Center"(SBWC): *Depending on community needs, School-Based Wellness Centers provide a range of basic health services for students on school grounds.*
Target Group: *Kindergarten through 12th Grade Students in Queen Anne's County.*

1. Do you believe county schools should house a SBWC? Yes ___ No ___
2. If "No," why not? (Do not continue interview) If "Yes," why? (please continue)
3. How should a SBWC be used?
4. What are the most important issues for a SBWC to address?
5. What issues should **NOT** be addressed by a SBWC?
6. Which school or schools should house a SBWC?
7. When should SBWC services be offered:
 - A. What time of day?
 - B. What days of week?
 - C. What time of year?

Please return this completed form by May 10, 2001 and send to:
Linda R. Walls, Just Cause Consulting at 108 S. Cross Street #2A, Chestertown, MD 21620
or Fax to 410-758-6619. THANKS FOR YOUR HELP!

A39

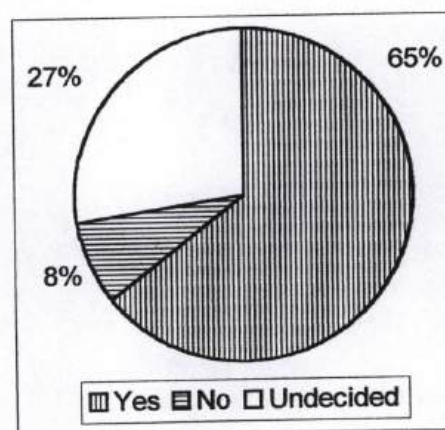
**Queen Anne's County
School Based Wellness Center Feasibility Study
Appendix A: Focus Group Findings**

(Note: Sum of percentages may not equal 100% due to rounding.)

**Participant Demographics
(n=145)**

Age	%	#	Gender	%	#	Ethnicity	%	#
Youth	44 %	64	Female	59 %	86	African American	30 %	43
Adult	56 %	81	Male	41 %	59	Caucasian	70 %	101
						Other	1 %	1

1. Do you believe county schools should house a School Based Wellness Center (SBWC)? (n=135)		
Response	%	#
Yes	64 %	87
No	8 %	11
Undecided	28 %	37



2. If "No," Why not? (n=12)		
Response	%	#
Doctors, school nurse and parents can handle all needs	33 %	4
Schools take more responsibility, parents take less	17 %	2
Consider design; Depends on services to be offered; Difficult for schools; Parent access to information, i.e. Reproductive; School and health should be separate; Taxes raised	8 % Each	1 Each

2. If "Undecided," Why? (n=3)		
Response	%	#
Depends on services; Space and funding; Education	33 % Each	1 Each

**Queen Anne's County
School Based Wellness Center Feasibility Study
Appendix A: Focus Group Findings**

A40

2. If "Yes," Why? (n=52)		
Response	%	#
Mental health issues (anger management, relating to parents, decision making)	17 %	9
Education (ATOD, health, pregnancy)	8 %	4
Help single parents, underprivileged	6 %	3
Benefit children	4 %	2
Consistency of medical history	4 %	2
Convenient to parents	4 %	2
Exercise and nutrition	4 %	2
General health	4 %	2
Generally a great idea	4 %	2
Helpful to community & students	4 %	2
Internships	4 %	2
More space	4 %	2
More staff	4 %	2
Reproductive health (issues, pregnancy)	4 %	2
Can begin treatment for serious injuries; Check-ups; Community based health professionals are "tuned in"; Consolidate cost; Students who don't get care at home; Lack of resources for parents; Less stress on ambulance services; Only if services are available to all schools; Our school needs to be multi-faceted; Replace "Pilot Health"; Safety; Some students take medications; Vaccination; Would be willing to explore	2 % Each	1 Each

Results from Questions 3 & 4 were combined due to the similarity of the group responses. Of the 14 Focus Groups conducted, 4 groups did not vote. The results from groups that did and did not vote are tallied and shown separately. Percentages shown may not equal 100% due to rounding.

Note: "Mental health" includes: ADHD, Anger management, Behavioral health, Child abuse, Confidentiality, Eating disorders, Family, Female issues, Peer mediation, Relationships, Sexual harassment, and Stress management.

**Queen Anne's County
School Based Wellness Center Feasibility Study
Appendix A: Focus Group Findings**

A41

Voting Focus Groups (10) (n=316)		
3. How should SBWC be used? & 4. What are the <i>most important</i> issues for a SBWC to address?		
Response	%	#
Mental health	18 %	57
No services, No center	13 %	40
Sexual health (OB/GYN, Planned parenthood)	9 %	28
ATOD abuse & prevention	6 %	20
Vision/Hearing/Dental	5 %	17
Exercise	5 %	16
Immunizations	5 %	16
Education	4 %	14
Personal Hygiene	3 %	11
Diet & Nutrition	3 %	10
Minor illness/injury	3 %	9
Not turned away	3 %	8
Qualified personnel	3 %	8
Underprivileged	3 %	8
Allergies	2 %	6
Special needs/handicapped	2 %	6
Chronic care	2 %	5
Privacy	2 %	5
Screenings for diseases	2 %	5
Emergency care & first aid	1 %	3
Handle medication & prescriptions	1 %	3
Physicals (annual & sports)	1 %	3
Depends on age/issue	1 %	2
Health maintenance	1 %	2
Infectious control	1 %	2
Nurse practitioner/general practitioner	1 %	2
Quicker service	1 %	2
Speech/Physical therapy	1 %	2
Consent of parent; Internships; More than one bathroom; Podiatry; Staff access to care; Supplement existing programs	0.003 % Each	1 Each

**Queen Anne's County
School Based Wellness Center Feasibility Study
Appendix A: Focus Group Findings**

A42

Non-Voting Focus Groups (4)		
3. How should SBWC be used? & 4. What are the <i>most important</i> issues for a SBWC to address? (n=28)		
Response	%	#
Behavioral health	43 %	12
Health maintenance	11 %	3
Education	7 %	2
Minor illness/injury	7 %	2
Child abuse; Depends on age/issue; Need more information; Parent permission; Referral; Reproductive health (services/education); Supplement existing programs; Underprivileged; Vision/Hearing/Dental	4 % Each	1 Each

5. What issues should <i>NOT</i> be addressed? (n=42)		
Response	%	#
Advanced medical procedures	14 %	6
Reproductive health	10 %	4
Education (reproductive health, multi-cultural)	10 %	4
Don't know	7 %	3
Medications/Prescriptions	7 %	3
Chronic & Specialized care	5 %	2
Immunizations	5 %	2
Should be confidential service & records (no public access)	5 %	2
Should not be used for those who don't need it	5 %	2
Be sure parent has opportunity to opt out of certain services; Broken bones; Contact with wildlife; Domestic violence; Drug use; Family counseling; Head & neck injuries; Only certified practitioners; Religion; Seizures; Self esteem; Stitches; Sudden illness; Values	2 % Each	1 Each

Queen Anne's County Board of Education: Wellness Center Interview Questions

Date _____ Age _____ Gender _____ Ethnicity _____ Affiliation _____
If Focus Group: Number in Group _____ Site: _____

Definition of "School-Based Wellness Center"(SBWC): *Depending on community needs, School-Based Wellness Centers provide a range of basic health services for students on school grounds.*

Target Group: Kindergarten through 12th Grade Students in Queen Anne's County.

1. Do you believe county schools should house a SBWC? Yes ___ No ____
2. If "No," why not? (Do not continue interview) If "Yes," why? (please continue)
3. How should a SBWC be used?
4. What are the most important issues for a SBWC to address?
5. What issues should **NOT** be addressed by a SBWC?
6. Which school or schools should house a SBWC?
7. When should SBWC services be offered:
 - A. What time of day?
 - B. What days of week?
 - C. What time of year?
8. How necessary is it to have a parent present when the child is seen in the SBWC?
9. Would the presence of a SBWC in the school be disruptive of routines and, if so, how?
10. What kinds of health professionals should staff the SBWC?

Please return this completed form by May 10, 2001 and send to:
Linda R. Walls, Just Cause Consulting at 108 S. Cross Street #2A, Chestertown, MD 21620
or Fax to 410-758-6619. **THANKS FOR YOUR HELP!**

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**Queen Anne's County
School Based Wellness Center Feasibility Study
Appendix A: Interview Findings**

(Note: Sum of percentages may not equal 100% due to rounding.)

Participant Demographics

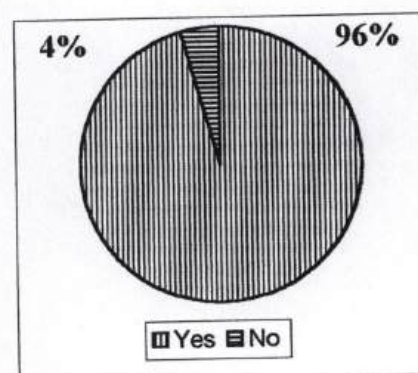
(n=46)

Age Range	%	#
20-29	4 %	2
30-39	20 %	9
40-49	39 %	18
50-59	24 %	11
60 or older	7 %	3
No Response	7 %	3

Gender	%	#
Female	57 %	26
Male	44 %	20

Ethnicity	%	#
African American	11 %	5
Caucasian	89 %	41

1. Do you believe county schools should house a SBWC? (n=46)		
Decision	%	#
Yes	96 %	44
No	4 %	2
Undecided	0 %	0



2. If "Yes," Why? (n=102)		
Response	%	#
Help underprivileged students receive care	17 %	17
Convenient for working parents	11 %	11
School is appropriate location	8 %	8
Student's school success depends on good health	7 %	7
Basic care not available in the home	6 %	6
Link to community	5 %	5
Travel long distance for care	5 %	5
Ease transportation difficulty	4 %	4
Generally good for students	4 %	4
Prevention/early entry into health care system	4 %	4
Provide holistic approach to student's health needs	4 %	4
Education/awareness	3 %	3
Improve attendance and grades	3 %	3
Support teachers	3 %	3
Convenient	2 %	2

**Queen Anne's County
School Based Wellness Center Feasibility Study
Appendix A: Interview Findings**

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2. If "Yes," Why? Continued...		
Response	%	#
Generally good for health	2 %	2
Professionals respond to student's concerns (instead of peers)	2 %	2
A lot of students in the area would be more apt to use it than their parents would be to take them; Exception is for teen reproduction; Frontline personal routine basis; Get in touch with parent before screening; Behavioral health partnership coming in may not be enough; New information re: annual yearly physical; Potentially a wonderful resource; School board should not be ultimately responsible; Single parents; Wide needs – need resources to meet physical, behavioral health, and educational needs; No response	0.1 % Each	1 Each

2. If "No," Why not? (n=3)		
Response	%	#
Takes the parents responsibility to monitor their child's health	33 %	1
Nurse practitioner care = inadequate care	33 %	1
Care should be provided by someone in contact with family physician	33 %	1

3. How should a SBWC be used? (n=83)		
Response	%	#
Prevention (ATOD, illness, pregnancy)	22 %	18
Identify needs, Provide care or Refer	17 %	14
Education/awareness	16 %	13
Mental Health Services, Confidentiality	13 %	11
Dental/Eye/Ear screening	7 %	6
Emergency care	6 %	5
Housing medication, give OTC meds	6 %	5
Immunizations	5 %	4
Chronic care (diabetes, asthma)	4 %	3
Minor ailments	2 %	2
Physicals	2 %	2

Queen Anne's County
School Based Wellness Center Feasibility Study
Appendix A: Interview Findings

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4. What are the most important issues for a SBWC to address? (n=81)		
Health Issue Responses	%	#
Mental Health & Confidentiality	28 %	23
Physicals, Screenings, Immunizations, Eye & Ear	27 %	22
Sexual health issues (education, prevention & treatment)	20 %	16
Basic health, education & practices	11 %	9
Minor injuries & ailments	4 %	3
Immediate care	4 %	3
All issues regarding health	4 %	3
Chronic Ailments (diabetes, asthma)	1 %	1
Nutrition	1 %	1

5. What issues should NOT be addressed by a SBWC? (n=61)		
Responses	%	#
No issues should not be addressed	30 %	18
Reproductive health and ATOD prevention must be age appropriate	26 %	16
Existing conditions (hyperactivity, asthma, cerebral palsy)	10 %	6
No interference with values/religious beliefs	8 %	5
Anything that by law requires parental permission	7 %	4
Additional medication need to be address elsewhere	5 %	3
Family counseling	5 %	3
Parent issues with primary physician	5 %	3
Should be based on community norms	3 %	2
Gun safety	2 %	1

6. Which school or schools should house a SBWC? (n=73)		
Response	%	#
All	25 %	18
Middle schools	21 %	15
High schools	16 %	12
Elementary schools	12 %	9
Integrate with MCHP	5 %	4
Low socio-economic status areas	5 %	4
Wherever need is greatest	5 %	4
Northern Queen Anne's County	4 %	3
Schools that are close geographically	4 %	3
School that wants it	1 %	1

**Queen Anne's County
School Based Wellness Center Feasibility Study
Appendix A: Interview Findings**

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7. When should SBWC services be offered:		
A. What time of day? (n=42)		
Response	%	#
During school hours	31 %	13
After school	24 %	10
Before school	14 %	6
Evening	12 %	5
7:30 AM-6:30 PM	7 %	3
During school, but not during class	5 %	2
Part-time	5 %	2
Not during school	2 %	1
B. What days of the week? (n=29)		
Response	%	#
2-3 days per week	31 %	9
Saturday	28 %	8
Monday through Friday	21 %	6
Not necessarily everyday	10 %	3
Rotating days	7 %	2
1 day per week per school	3 %	1
C. What time of year? (n=44)		
Response	%	#
All (School) Year	43 %	19
All (Calendar) year	25 %	11
Whenever kids are actively utilizing school building	20 %	9
Summer	9 %	4
As long as budget will allow	2 %	1

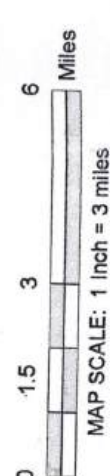
8. How necessary is it to have a parent present when the child is seen in the SBWC? (n=75)		
Response	%	#
Written/Verbal permission/notification (varies)	52 %	39
Depends on age/issue/situation	21 %	16
Not necessary (or no change from current rule)	12 %	9
Parent presence necessary for clear health/safety issues	8 %	6
Trust, communication, and awareness are necessary	7 %	5

Queen Anne's County
School Based Wellness Center Feasibility Study
Appendix A: Interview Findings

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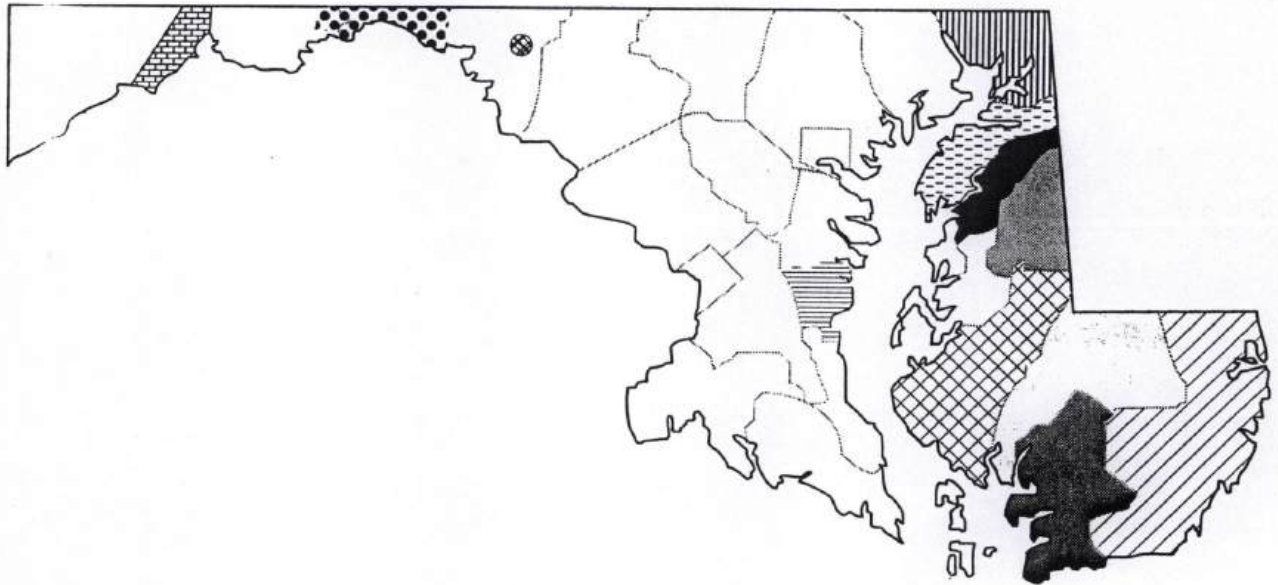
9. Would the presence of a SBWC in the school be disruptive of routines and, if so, how? (n=66)		
Response	%	#
"No"	38 %	25
"Don't think so"	18 %	12
No different than school nurse	18 %	12
Depends on planning	15 %	10
Positive disruption	11 %	7

10. What kinds of health professionals should staff the SBWC? (n=120)		
Response	%	#
Psychologist/Behavioral health nurse	18 %	21
Physician	14 %	17
School health /General nurse	14 %	17
Nurse practitioner	13 %	15
Registered nurse	11 %	13
Dentist	8 %	9
Licensed clinical social worker	7 %	8
Counselor	6 %	7
Health and wellness educator	6 %	7
Physician's assistant	5 %	6



Federal Health Professional Shortage Areas in Maryland Primary Care

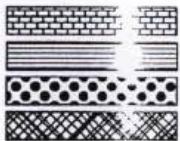
B2



Shade

Partial County Designation

HPSA Name



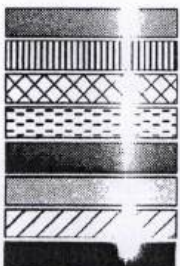
Allegheny
Anne Arundel
Washington/Allegany
Washington

Georges Creek
Owensville
Hancock
Hagerstown

Shade

Entire County Designation

HPSA Name



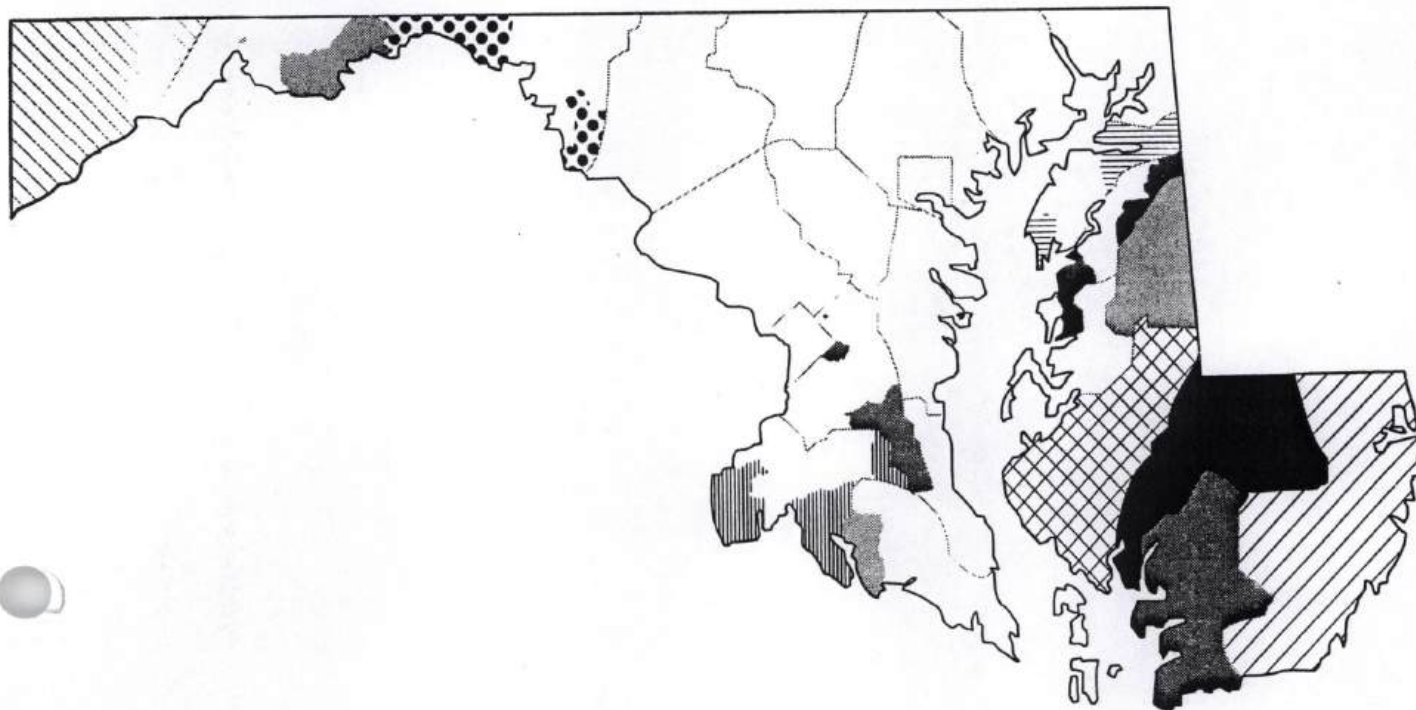
Caroline
Cecil
Dorchester
Kent
Somerset
Wicomico
Worcester
Queen Anne's

Caroline
Cecil
Dorchester
Kent
Somerset
Wicomico
Worcester
Queen Anne's

Medically Underserved Areas in Maryland

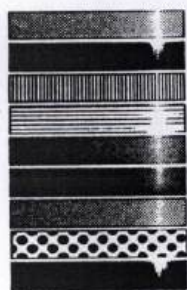
Primary Care

B3



Shade

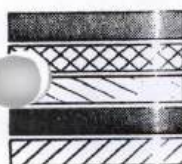
Partial County Designation



Allegany
Anne Arundel
Charles
Kent
Prince George's
Queen Anne's
St. Mary's
Washington
Wicomico

Shade

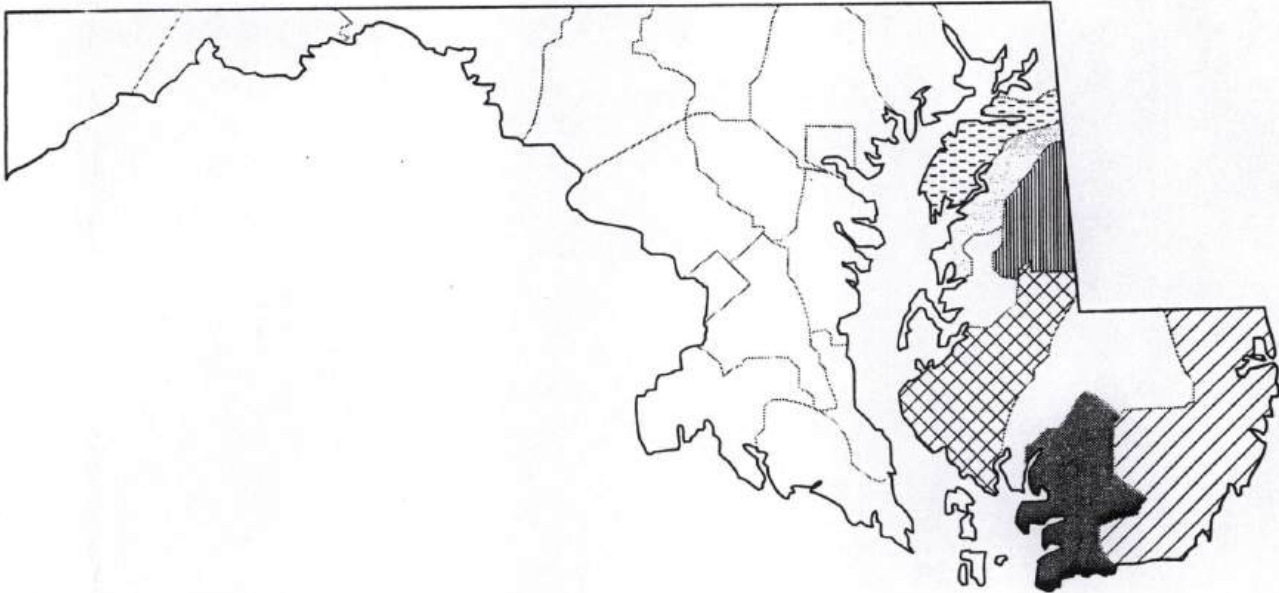
Entire County Designation



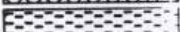


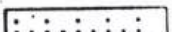


Caroline
Dorchester
Garrett
Somerset
Worcester

Mental Health Professional Shortage Areas in Maryland

B4



Shade	County
	Caroline
	Dorchester
	Kent
	Queen Anne's
	Somerset
	Garrett