



**Youth  
Healthcare  
Alliance**

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Champions for Colorado School-Based Clinics

# Grand County Community Survey Analysis

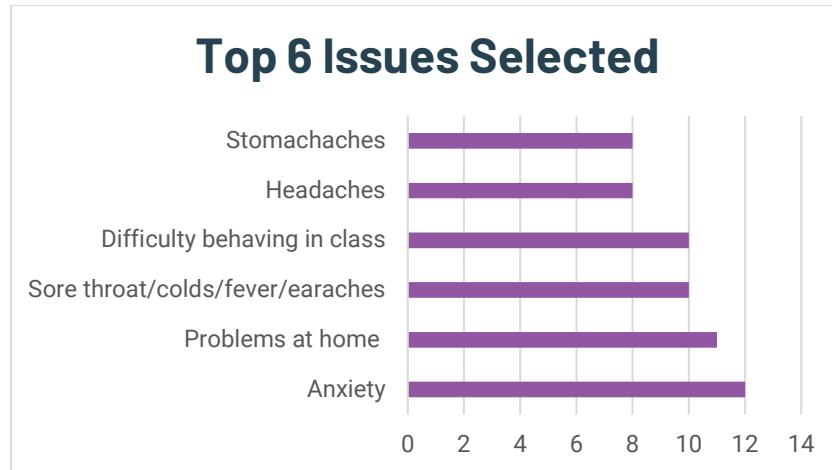
Youth Healthcare Alliance designed with feedback from Grand County Rural Health Network and the Community Advisory Council, 4 sets of community surveys, which both groups then distributed. The surveys were in the field from mid-May 2023 until mid-June 2023. The surveys were designed to gather feedback from both West and East Grand School Districts among students, school staff, parents in English, and parents in Spanish. Youth Healthcare Alliance completed analysis of the overall results, and based on the volume of each, recommended further cross-tabulation of only the English-speaking parents and the student survey to better understand if there were different responses depending on the type of insurance or other demographics.

Here we are including the most relevant pieces of our analysis and our interpretations, all followed by our recommendations.

One element that remained true across all surveys is that more respondents indicated being from East Grand School District than West Grand School District, by a substantial margin.

## **SCHOOL STAFF SURVEY**

23 individuals responded to [this survey](#), with most being teachers. When asked to select the top 5 health complaints or chronic conditions that affect student attendance and academic achievement in their schools, the most top 5 (with 2 issues tying for the same number selected, so top 6) selected options centered on mental health issues and are detailed as:



Most of the respondents (34.8% or 8) indicated that students tended to miss 5-7 days of school per semester to go to the doctor, dentist, mental health therapist or other services. When asked if there were enough health services near the campus, most respondents (12) indicated that the doctor was satisfactory, with a close second (9) in not enough. Most respondents (12) agreed that there wasn't adequate access for a dentist (with a close second in "yes" selected by 8). Most respondents (18) had a strong agreement that there was not adequate access for mental health therapists near the school campus. Additionally, they seemed to agree that students faced barriers to care for dental health visits (sometimes and often were even with 10 each) as well as for mental health care often (12). Medical care was rated difficult to access only sometimes for most respondents (14).

When asked for suggestions or ideas on how to improve access to care, themes centered on centralized locations with multiple resources as well as having access regardless of language, ability to pay, insurance type, hours.

## PARENT & COMMUNITY SURVEY

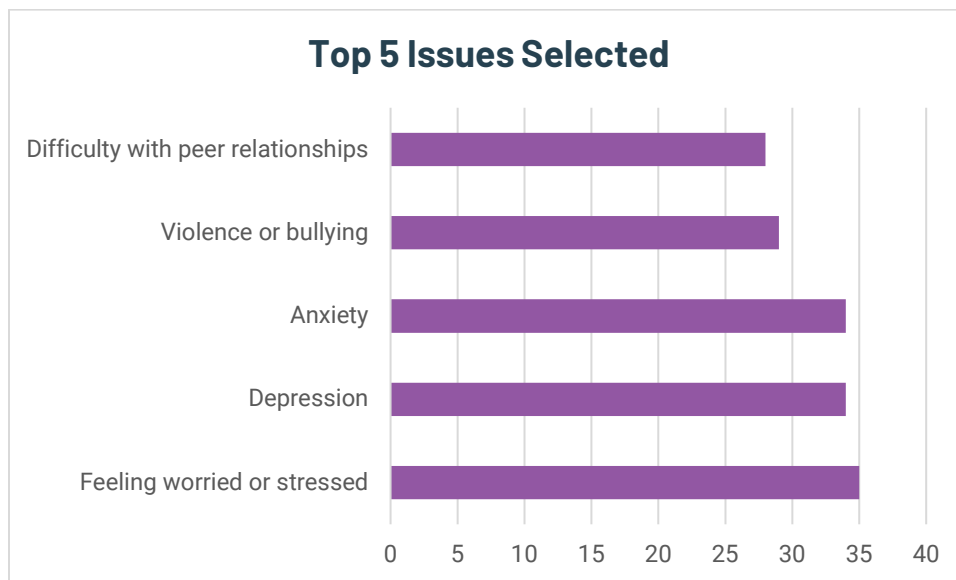
126 parents and community members responded to [this survey](#). The demographics of respondents are as follows:

- 82% were white,
- 9.8% preferred not to answer,
- 6.5% were Hispanic,
- 2.4% Asian, Asian American, or Desi,
- 0.8% were American Indian or Alaskan Native,
- 0% Native Hawaiian or other Pacific Islander or Black or African American.

100 respondents reported that their child goes or will go to school in East Grand School District and 10 reported that their child goes or will go to school in West Grand School District. Comparatively, 88.6% or 109 respondents reported that they lived in East Grand School District and 12.2% or 15 respondents reported residing in West Grand School District.

More specifically, 33.3% of respondents reported residing in Granby, 7.3% in Grand Lake, 18.7% in Tabernash, 4.9% in Winter Park, 16.3% in Fraser, 8.1% in Hot Sulphur Springs. 11.4% reported residing in Kremmling and 0.8% in Parshall.

When asked what the top 5 concerns were regarding their child(ren) or child(ren)'s classmates, the most selected responses seem to focus mostly on mental health as viewed in this chart:



Most parents (90) who filled out the survey indicated that their child(ren) had private insurance with 24 indicating they were on Health First Colorado/Medicaid or CHP+. Most parents also indicated that there were enough places near them to get medical care and dental care (but not mental healthcare), so we decided to cross-tabulate some of the questions by insurance type to see if the responses differed. We grouped together the individuals who indicated they had some sort of family coverage through Health First Colorado/Medicaid, CHP+, discount care plan, or were uninsured into Group 1. We also grouped the parents who reported having private insurance, health share, exchange plan, United HealthCare, Rocky Mountain Health Plans into Group 2. We analyzed their responses to the question of whether they would use the school-based clinic if available to them for different service types. For all the following charts, **blue is unlikely/very unlikely**, **purple is likely/very likely**, **green is neutral/unsure** to use the school-based clinic for each service type.

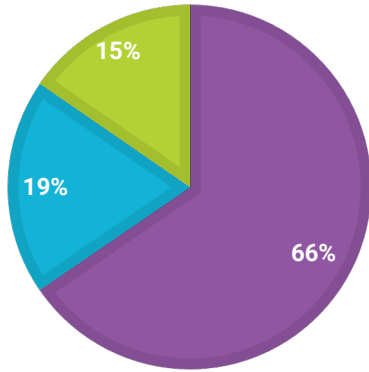
**GROUP 1**

*HealthFirst Colorado/Medicaid, CHP+,  
discount care plan or uninsured*

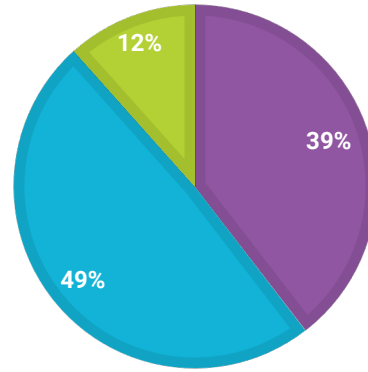
**GROUP 2**

*Private insurance, health share,  
United Healthcare, Rocky Mountain Health*

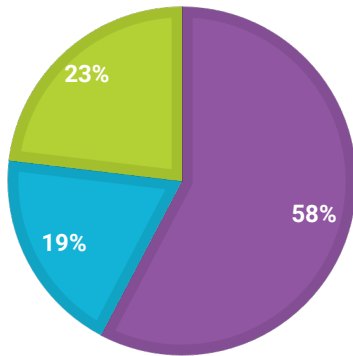
**G1 MEDICAL CARE**



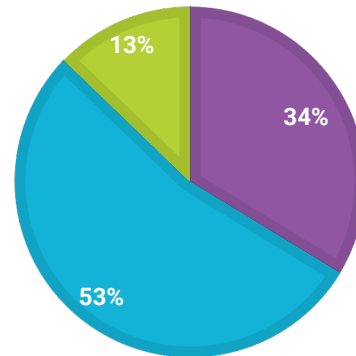
**G2 MEDICAL CARE**



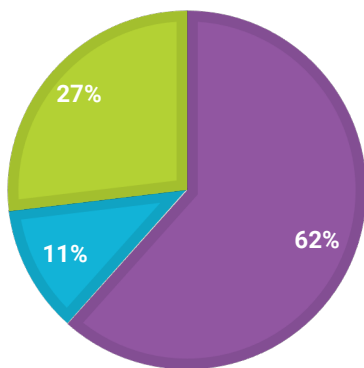
**G1 DENTAL CARE**



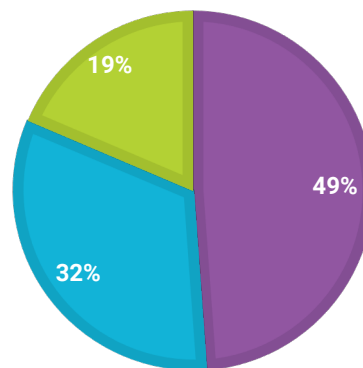
**G2 DENTAL CARE**



**G1 MENTAL HEALTH**



**G2 MENTAL HEALTH**



These results show us that parents on public coverage sources or who were uninsured were more likely (16-18) than parents with private insurance to use the school-based health center across all service types, although it seems that parents on private insurance have more openness to using it for mental healthcare (27 respondents). There seems to be a pattern of unlikely usage across dental (33) and medical (43) for parents on private insurance.

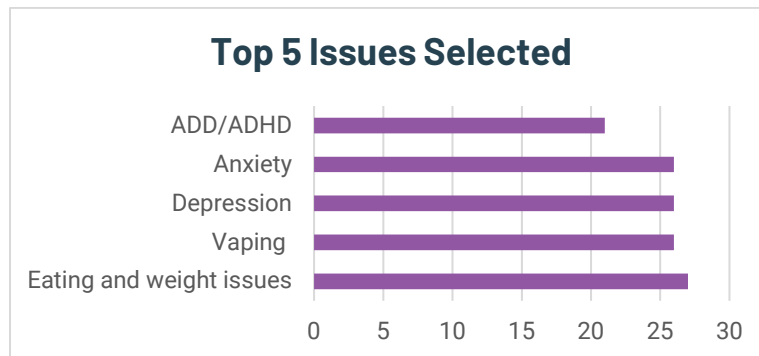
## PARENT SURVEY IN SPANISH

To ensure the inclusion of the nearly 6.38% of the population in Grand County who speak Spanish, which is the 2<sup>nd</sup> most spoken language in the county, we also translated [the parent and community survey into Spanish](#) and translated the responses here. We only received a total of 8 responses. The main health concern they reported was sore throat/cold/fever/earache (6) followed by toothache or problems with teeth (3). Most respondents (3) indicated they did not have any health insurance and the cost was indicated as the top reason (4) that they avoided or delayed healthcare for their child. Most parents also said they did not have enough places near them to get medical, dental, and mental health care for their child (ranging from 4-6).

Opinions were nearly evenly divided on whether the parents would use the clinic if it was on the school campus across different service types. Medical and dental had even 50% split between very unlikely and very likely. Mental health had more of a mix of opinions with 38% very likely (3), 38% very unlikely (3), and 25% neutral/unsure (2).

## STUDENT SURVEY

We received a total of 71 responses from students in [this survey](#), with most of them indicating the following as top health issues facing themselves and their classmates, with many of them being focused on mental health or substance use issues.



For the insurance analysis, Group 1 included Health First Colorado/Medicaid, CHP+, discount care plan, or uninsured (with 20 respondents total), and Group 2 with 23 respondents total included private insurance, fire service provided, Liberty Health. 28 out of 71 students also did not know what type of insurance their families had, so we listed them in Group 3 for comparison purposes.

For all the following charts, **blue is unlikely/very unlikely**, **purple is likely/very likely**, **green is neutral/unsure** to use the school-based clinic for each service type.

**GROUP 1**

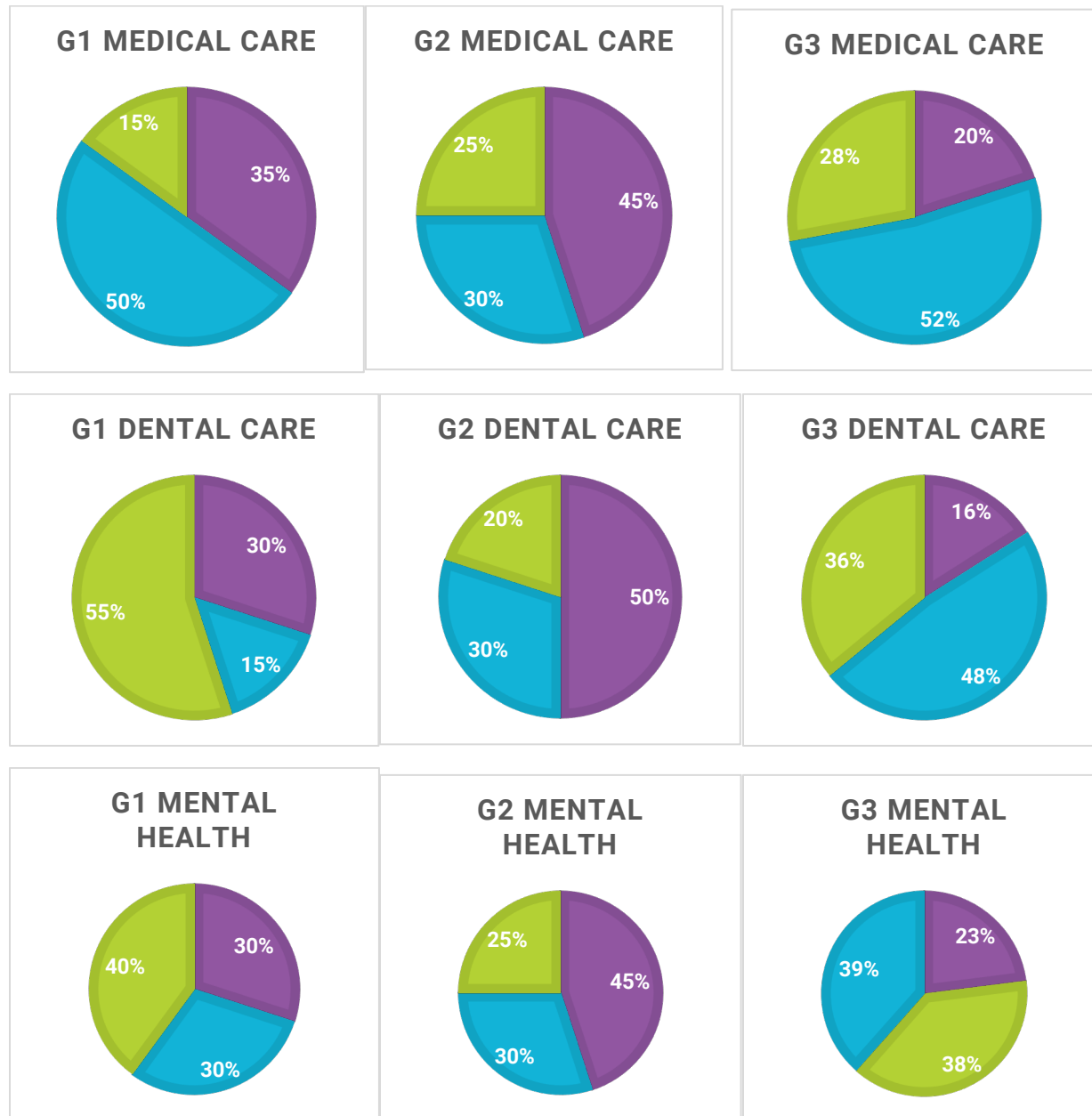
*HealthFirst Colorado/Medicaid,  
CHP+, discount care plan,  
or uninsured*

**GROUP 2**

*Private insurance,  
fire service, Liberty Health*

**GROUP 3**

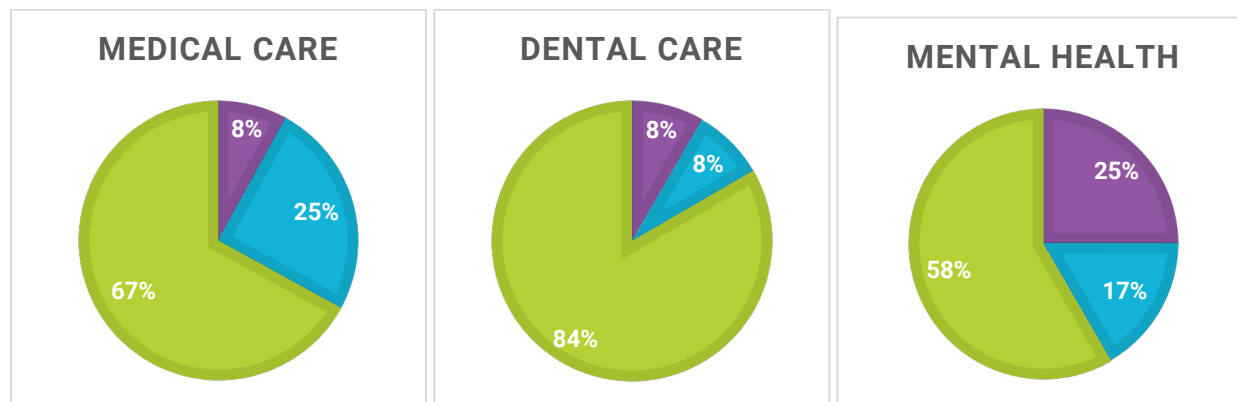
*I don't know or  
unsure*



This indicates to us that there is a higher likelihood in using the school-based clinic across all service types for students who have private insurance; however, a stronger sense of uncertainty across the students who either have public coverage or are uninsured. It is worth noting the difference between the parent and student responses by group as well. Students on public

coverage and without insurance seemed less open or less certain to using the school-based clinic across the service types than their parents with children on public coverage or without insurance. Parents with private coverage also seemed to have opposite opinions than students on private coverage – the latter group seemed more open or more likely to use the school-based clinic across the service types.

Next, we focused our analysis on non-white students (excluded all but who selected only white, prefer not to answer, or left it blank), of which there were 13 total respondents. For all the following charts, to save space, **blue is unlikely/very unlikely**, **purple is likely/very likely**, **green is neutral/unsure** to use the school-based clinic across each service type.



This indicates a higher rate of uncertainty among these groups (which included American Indian or Alaskan Native, Hispanic or Latino, Asian, Asian American, Desi, Native Hawaiian or other Pacific Islander, and anyone who might have selected white in addition to one or more of another race indicating that person being multi-racial).

## INTERPRETATIONS & RECOMMENDATIONS

We recognize the efforts of the Grand County Rural Health Network in attempting to encourage high response rates to the surveys. We acknowledge that Google Form doesn't record responses that people do not click "Submit" meaning the Form does not capture incomplete survey responses. Additionally, we wondered if in hindsight, it would have been more effective to have their staff walk each individual through the survey questions in a conversation, while the staff member answered the actual survey on their behalf. That could have generated dialogue and education about the SBHC model as well. We believe also that the survey questions may have been too long for some people's attention during in-person events, especially during the end of the school year. Additionally, we had planned on having focus groups in the spring of 2023, which were cancelled – we believe this opportunity could have helped us inform the surveys as well as learn how to reach the audiences we most wanted to hear from. We acknowledge the limitations in distribution, timing, and process of the survey due to many factors outside of our control.

### Interpretations

Upon reviewing the overall results of each survey, we learned that the school-based health center concept generally was not a popular one among most of the respondents, especially

among parents and students. However, we reflected on the fact that most respondents indicated almost no problems with accessing the care they needed and that they had insurance coverage of some kind (mostly private insurance). This led us to believe that the survey did not reach most of the intended population who may benefit from having a school-based health center. With this in mind, we cross-tabulated both the English parents survey and the student survey by insurance type, and we further delved into the parent survey by income and student survey by race. The caveat is that the numbers of respondents do not match between the groups, which is why it is important to pay attention to percentages and interpret the results lightly.

In the student survey, it seemed that students who had private insurance were more open to the idea of having a SBHC, as opposed to the students who had public coverage or were uninsured. This may be since students on private insurance have an easier time finding access to care and have more experience with the value of regular health care access. This seems to us an opportunity to educate the students who need that access about the value of a SBHC.

Overall, comparing the two groups to each other in the parent and the student survey made us see how large the portion of neutral/unsure group was in these questions. That seemed to us an opportunity for more dialogue and education.

## Recommendations

These results may indicate an opportunity for more dialogue and education about the benefits and structure of school-based clinic model. To this end, we recommend the following:

1. Host parent focus groups and identify parents who are on Medicaid, CHP+, uninsured to join them, as well as parents who speak Spanish as their primary language – the focus groups can be an opportunity to engage with them on questions and hear where their voices may not have been heard in the survey. Utilize the results of the focus group to inform next steps.
2. Utilize the student survey emails to invite students to a youth advisory group meeting where you can educate them on the SBHC concept, then ask them questions about what that would look like for them. This would be most important for students who are less familiar with accessing health care and either may be on public coverage or may be uninsured.
3. Explore other options with the schools on how to deliver dental or behavioral health care as those two had high needs at varying rates across the surveys. How can we increase the presence of a DORA-licensed therapist at the school for talk therapy and connection to a psychiatrist for medication over telehealth? Could there be a mobile unit that delivers care, much like how Kids in Need of Dentistry do in the metro Denver area?
4. Discuss with other champions in other areas who have also faced challenges starting with SBHC and understand how they started through pilot programs, instead of a full-fledged SBHC. Merry Hummell at Every Child Pediatrics' location in Fort Collins comes to mind as one key person as Merry placed a stationary bus outside of a school where an MA was stationed to provide telehealth support to the school.



That school now has a full SBHC, when a few key school staff members had initially opposed placing a SBHC there.

Many individuals gave email addresses through each set of surveys. We believe this could be an opportunity for some next steps at GCHRN's choosing, the least of which is to email a report with the results of the survey attempts and to thank them for their time. At the most, we encourage the inclusion of these individuals in dialogue about how to improve health care access for children and youth in Grand County.