

Evaluation of School-Based Health Centers in Seattle, Washington December, 2002

Prepared by the Epidemiology, Planning and Evaluation Unit
and Youth Health Services of Public Health - Seattle & King County
in collaboration with Seattle Public Schools Health Services

Submitted by:

Susan Barkan, PhD
Rujuta Gaonkar, MPH
Jessica Young, MSW
Robin Pfohman, MS



ACKNOWLEDGEMENTS

Sandra Polzin, Jill Lewis, Mike O’Connell, David Solet, Linda St. Clair, Sam Ong, Evonne Martinez, Kirsten Senturia, TJ Cosgrove and all the school-based health clinic and school staff who assisted with recruitment and implementation of the focus groups and the administration of the staff survey.



TABLE OF CONTENTS

Acknowledgements	ii
Table of Contents	iii
Executive Summary	v
Introduction	1
Staff Survey Results	4-14
Positive Impact on School Performance	4
Impact on Student Health, Health Behaviors and Health Knowledge	5
Increased Student Access to Health Care Services	6
Utilization of School-Based Health Services	8
School Integration and Perceptions of School-Based Health Centers	10
Qualitative Study of Non-Users of the School-Based Health Centers	15-25
Recommendations	26
List of Appendices	33
Appendix A - Staff Survey - Methods	34
Appendix B - Qualitative Study of Non-Users of School-Based Health Centers - Methods	36
Appendix C - School-Based Health Center User Satisfaction Survey - Methods	38
References	41

EXECUTIVE SUMMARY

As Seattle prepares for a third round of Levy funding to support education and families, evaluation efforts of currently funded programs become critical. Demonstrating program impact and efficacy are essential components of effective program planning. Public Health - Seattle & King County's Youth Health Services (YHS), in coordination with Seattle Public Schools' Student Health Services Department, has synthesized findings from four areas of program evaluation for this report. Primarily, results from the recently completed 2002 school-wide Staff Survey and the Qualitative Evaluation of Non Users of School-Based Health Center Clinic Services are documented and discussed. Data from the 2000-2001 User Satisfaction Survey as well as Clinic and School Nurse Services utilization data are also included in an effort to create a fuller picture of school-based health services in Seattle.

Evaluation Design and Methodology

Evaluation efforts for the 2001-2002 school year sought to respond to these two central themes:

1. Characterizing the attitudes and perceptions of staff from schools served by School-Based Health Centers. This information was gathered in a staff survey.
2. Identifying the reasons students in need of services do not use the School-Based Health Center clinics so that targeted efforts to improve access, outreach and utilization can be undertaken. This information was gathered in a qualitative study (focus groups and interviews).

Summary of Findings

Adolescence is a critically important time to provide health care. Teens utilize health care services less than any other age group and are least likely to seek medical care at a provider's office. Given that the majority of behavior patterns that pose lifelong health risks begin in adolescence, there is a critical need for teens to have access to high quality health services. School-Based Health Centers (SBHC) in Seattle, with school nurses working side by side with clinic medical providers, mental health counselors and administrative support staff provide an important opportunity to meet these needs.

◆ Staff Report that Having a SBHC Supports Students' Education and Contributes to a Positive School Environment

Student physical and mental health, as well as, social and emotional issues are widely seen by staff as having an impact on a student's school performance. Staff reported that SBHCs play an important role in reducing these barriers to achievement through a positive impact on a variety of student behaviors and by identifying and treating significant issues that present barriers to academic achievement. A majority of staff felt the SBHC had an impact on reducing absenteeism and dropout rates and improving school performance.

◆ Staff Report that Students are in Need of Physical and Mental Health Care Services

Staff report a considerable lack of health care resources for students in the community outside of the school-based health center. Therefore, they see the SBHC as filling an important gap for students. The vast majority of staff surveyed felt that the services provided by the SBHC were appropriate and should be provided in that setting.

◆ **A Broad Consensus of Staff and Students Report that Having a School-Based Health Center Improves Students' Access to and Utilization of Needed Services**

Staff and students report that access to needed health care for a variety of concerns is improved for students as a result of having a health center at their school.

◆ **Students and Staff Report That Having a SBHC Improves Students' Health, Health Behaviors and Health Knowledge**

Staff and students report an improvement in health status that they attribute to having a SBHC at their school. They also report that students are more knowledgeable about how to take care of their health and are less likely, as a result of having a SBHC, to engage in risky behaviors.

◆ **Staff and Students are Supportive of the Services Provided by the School Nurse and the Other Clinic Staff of the SBHC.**

Staff and students report a high degree of satisfaction with the services provided by the SBHC clinic staff and school nurse.

◆ **Students Who Don't Utilize the SBHC Clinic Services Lacked Accurate Information about the Services Provided and Expressed Concerns About Confidentiality.**

We found a relationship between students' knowledge and awareness of what the school-based health centers had to offer, familiarity with staff of the center and the students' level of trust and willingness to seek services from the center. Considerable insight was gained into ways to remove barriers to use.

INTRODUCTION

As Seattle prepares for a third round of Levy funding to support education and families, evaluation efforts of currently funded programs become critical. Demonstrating program impact and efficacy are essential components of effective program planning. Public Health - Seattle & King County's Youth Health Services (YHS), in coordination with Seattle Public Schools' Student Health Services Department, has synthesized findings from four areas of program evaluation for this report. Primarily, results from the recently completed 2002 school-wide Staff Survey and the Qualitative Evaluation of Non Users of School-Based Health Center Clinic Services are documented and discussed. Data from the 2000-2001 User Satisfaction Survey as well as Clinic and School Nurse Services utilization data are also included in an effort to create a fuller picture of school-based health services in Seattle.

School-Based Health Center Program

School-Based Health Centers (SBHCs) are a nationally recognized model for promoting both the health and learning readiness of young people. SBHCs are comprehensive primary care centers providing medical and mental health screening and treatment for young people on school grounds. SBHCs offer services to youth in a familiar and "teen-friendly" setting and are staffed by health professionals trained to work with adolescents. In Seattle, the SBHCs are a partnership between YHS, community health care systems, and Seattle Public Schools. Primary financial support for this program is provided by the Seattle Families and Education Levy. Currently, there are 12 SBHCs: 9 Teen Health Centers located within high schools and 3 Wellness Centers located in middle schools. Two of these SBHCs also serve alternative schools located nearby.

Within each SBHC there are two separately administered, yet integrated service components, the school nurse and the other SBHC clinic staff. The SBHC clinic staff include, a medical provider, mental health counselor and administrative support staff who work side by side with the school nurse to assess and treat student health needs, or to refer to an appropriate community provider. Youth Health Services contracts with 7 different community based provider agencies to administer the clinic staff and services at the 12 school-based health centers. All of the community health organizations contribute resources, expertise and time to the clinics they operate. School nurse services for the SBHCs are provided through Seattle Public Schools' Student Health Services Department and are also funded by the Seattle Families and Education Levy. An effective partnership between all of the SBHC staff, including the school nurse is essential to the SBHC's success.

Evaluation Design and Methodology

Evaluation efforts for the 2001-2002 school year sought to respond to these two central themes:

1. Characterizing the attitudes and perceptions of staff from schools served by School-Based Health Centers. This information was gathered in a staff survey.
2. Identifying the reasons students in need of services do not use the School-Based Health Center clinics so that targeted efforts to improve access, outreach and utilization can be undertaken. This information was gathered in a qualitative study (focus groups and interviews).

Staff Survey

A program-wide survey of school staff from 11¹ schools with SBHCs and 2 alternative schools served by SBHCs was conducted in the spring of 2002. For a more detailed discussion of the methods employed and response rates see **Appendix A**.

Indicators: The staff survey was used as a means to capture staff perceptions and attitudes on the specific indicators listed below:

- ◆ Student Access to Health Care Outside of the School-Based Health Center
- ◆ Student Need for Health Care
- ◆ Appropriateness of Providing Specific Services Within Schools
- ◆ Knowledge of School-Based Health Center Services
- ◆ Satisfaction with School Nurse Services
- ◆ Satisfaction with the School-Based Health Centers' Clinic Services
- ◆ Impact on School Performance
- ◆ Impact on Student Health
- ◆ Impact on Student Health Behaviors and Health Knowledge
- ◆ Impact on Access to Health Services
- ◆ Impact on Utilization of Health Services

Qualitative Study of Non-Users of School-Based Health Center Clinic Services

In spring 2002, 8 focus groups were conducted with students who had not utilized SBHC clinic services. School nurse services were not part of the qualitative study because the majority of students do receive services from the school nurse. The focus groups targeted students from demographic groups which, based on the 1999 Seattle Teen Health Survey, disproportionately under-utilize SBHC clinic services relative to their level of need for services. Males, Latinos and Asians were determined to be the most in need of services yet were disproportionately under-utilizing. Focus groups were conducted in 6 of the schools (5 high schools, 1 middle school) with SBHCs. In addition, semi-structured interviews were conducted with 27 school staff from each of the 13 schools¹ with or served by school-based health centers. For a more detailed discussion of the qualitative study methods see **Appendix B**.

Indicators: The qualitative study of non-users of school-based health center clinic services captured information on the following indicators:

- ◆ Reasons Students Do Not Make Use of Needed Services
- ◆ Barriers to Use and Characteristics of Those Barriers
- ◆ Efforts that Can Ameliorate Barriers to Use

¹ The Ballard Teen Health Center had just opened at the time of this evaluation. Therefore, staff and students from Ballard High School were not included.

Format of the Report

This report is organized with the intention of making it easier for the reader to identify and extract findings of interest. Findings from the staff survey are presented by topic area and at times draw on additional sources of data to provide a context for the results of the staff survey. These other data sources include the Student User Satisfaction Survey conducted in 2001 and the Seattle Public Schools 1999 Teen Health Survey. The qualitative data on non-users is provided according to themes that emerged from the focus groups and interviews. The overall summary and recommendations section includes a discussion of the most salient findings, and related limitations and recommendations for future action. The appendices contain detailed technical descriptions of the data sources used in compiling this report.

POSITIVE IMPACT ON SCHOOL PERFORMANCE

School age children are at risk for a wide variety of health problems ranging from poor nutrition and self-care to substance abuse, unintended pregnancy, family violence and suicide. The 1999 Seattle Teen Health Survey reported the percentage of students in Seattle Public Schools reporting feelings of depression remain high. There is little disagreement that the physical, social and emotional health of students impact their ability to learn and be successful in school.

Faced with an increasing incidence of emotional problems among their students, schools and communities are recognizing that school based health services might be the best mechanism to identify and treat significant issues that present barriers to school achievement.¹ In Seattle, it is clear that the school community, including administrators, teachers, and students, appreciate the role that School-Based Health Centers (SBHCs) play in meeting the particular needs of adolescents. Staff expressed a belief that health as well as personal or family problems affect school performance. Staff also reported a perception that SBHCs play an important role in reducing these barriers to achievement.

Staff Survey

- **99%** of staff said that **students' general health problems affected their school performance**; 74% of school staff said that students' general health problems affected their school performance "a great deal".
- Virtually all staff responding said that **students' personal or family problems affected their school performance**; 89% of staff said that students' personal or family problems affected their school performance "a great deal".
- **86%** said that the SBHC had a great deal or somewhat of an impact on **improving school performance**.
- **74%** said that the SBHC had a great deal or somewhat of an impact on **reducing absenteeism**.
- **70%** said that the SBHC had a great deal or somewhat of an impact on **reducing drop outs**.

Student Survey

- **90%** of student users agreed with the statement, *"having a health center at my school allows me to take care of my health concerns at school, which helps me to pay better attention when I'm in class"*.
- One student said: *"I love the teen health center. It's convenient because I don't have to take a lot of time off of school to get an appointment."*

- 11th grade female
- *"Thanks for letting me get what I need otherwise I would be missing a lot of days of school, 1 week each month is not good"*

- 7th grade male

¹ The Case for School-Based Health Centers. Nina Hurwitz and Sol Hurwitz, *Student Friendly Care - The Center for Health and Health Care in Schools*, <http://www.healthinschool.org/studentcare.asp>

IMPACT ON STUDENT HEALTH, HEALTH BEHAVIORS AND HEALTH KNOWLEDGE

Risky behaviors (e.g., substance abuse, violence and unprotected sex) are the leading threat to the health of adolescents and are increasingly responsible for the majority of deaths to adults under age 50.¹ In Seattle, a substantial proportion of students experience one or more of these risks. The 1999 Seattle Teen Health Survey data indicated one in ten students reported having been threatened or injured with a weapon, such as a gun, knife or club, on school property in the last year. Nearly half of high school students surveyed reported having tried marijuana and 23 percent reported binge drinking in the past month. Half of the female students surveyed reported that they did not use a condom the last time they had sex.

In order to impact risky behaviors, young people need a conveniently located team of teen-friendly health care providers where students know it is safe to talk about troubling issues and receive confidential care.¹ School-Based Health Centers (SBHCs) are uniquely positioned to address risky behaviors and other concerns. By providing comprehensive health, mental health and preventive services, SBHCs have the potential to positively impact student health outcomes.

In Seattle, the SBHCs are located where young people spend a large portion of their time and provide health care to students in a safe and confidential manner. School staff and students reported an improvement in health status that they attribute to having a SBHC at their school. Staff and students also reported that students are more knowledgeable about how to take care of their health and are less likely, as a result of having a SBHC, to engage in risky behaviors.

Staff Survey

- **94%** of school staff surveyed said that the SBHCs had a **great deal or somewhat of an influence on improving students' health.**
- **92%** said that that the SBHCs had an influence on **improving self-esteem or mental health.**
- **78%** said that the SBHCs had an influence on **reducing substance use (tobacco, alcohol, drugs).**
- **70%** said that the SBHCs had an influence on **postponing sexual involvement.**
- **82%** said that the SBHCs had an influence on **reducing unwanted pregnancies.**
- **95%** said that the SBHCs had an influence on **improving students' health knowledge.**

Student Survey

- **78%** of student users said their **health had improved as a result of having SBHC at their school.**
- **87%** of student users said they **know how to take better care of their health** as a result of contact they have had with staff of the SBHC.

¹ *Critical Caring on the Front Line: Fact Sheets on SBHCs. The Center for Health and Health Care in Schools www.healthinschools.org/FS/facts.html*

INCREASED STUDENT ACCESS TO HEALTH CARE SERVICES

Given that the majority of behavior patterns that pose lifelong health risks begin in adolescence, there is a critical need for youth to have access to high quality health services. School-Based Health Centers (SBHCs) provide an important opportunity to meet these needs. The mere fact that SBHCs are located in schools makes them an innovative and effective method for reaching students. Coupled with their teen-friendly staff, confidential services and comprehensive approach to care, SBHCs become a best practice model for providing much needed services to a hard to serve population.

It is widely known that adolescents utilize health care services less than any other age group and are least likely to seek medical care at a provider’s office.¹ It often happens that by the time teens show up at the doctor’s office, their symptoms tend to have developed into full-blown illness. Alternatively, youth will often forego care completely if it isn’t easily accessible. In addition, according to the Washington State Population Survey, 22% of children under 18 living below poverty in King County lacked health insurance and 7.7% of King County children overall under 18 were without health insurance.² In Seattle, school staff and students report a great need for school-based health services. Staff and students agree that access to needed health care for a variety of concerns is improved for students as a result of having a health center at their school.

Staff Survey

Need for Services

- **82%** of school staff said that the **SBHCs were needed “a great deal” by the students** in their school.
- **50%** of staff said that **a majority of students did not have access to health services** other than the SBHCs in their school.

Lack of Health Care Resources in the Community

Staff were asked if they thought there were adequate resources in the community outside of the SBHC where students could receive specific services. A majority of surveyed staff answered that there were not adequate resources in the community for counseling and reproductive health care services. For general health care, over 4 in 10 felt that there were not adequate resources in the community outside of the SBHC.

<u>In the community, outside of the school-based health center are there adequate resources for...</u>	Percent responding that resources are <u>not adequate</u> in the <u>outside community</u>
....counseling for personal and emotional problems?	72%
....counseling for substance use such as tobacco, alcohol and drugs?	63%
....counseling for abstinence or postponing sex?	63%
....reproductive health care?	52%
....for general health care?	44%

¹ *Critical Caring on the Front Line: Fact Sheets on SBHCs. The Center for Health and Health Care in Schools www.healthinschools.org/FS/facts.html*

² *Washington State Population Survey, Washington State Office of Financial Management, 1998 and 2000.*

Increased Access to Health Care Services

- **95%** of staff said the SBHC had a great deal or somewhat of an influence on **increasing access to needed health care services**.
- **96%** of staff said that the SBHC had a great deal or somewhat of an influence on **linking students to community health services**.

Student Survey

- **75%** of student users said the health center **allowed them to receive health care that they wouldn't otherwise have received**.
- **90%** of student users said they **received services sooner** than they would have as a result of having the SBHC at their school.
- **91%** of student users said they were **more able to get health and mental health services** as a result of having a SBHC at their school.

UTILIZATION OF SCHOOL-BASED HEALTH SERVICES

School-Based Health Centers (SBHCs) typically provide a wide array of services, including preventive services, immunizations, health education, anticipatory guidance, screening, diagnosis, and follow-up, care of acute illness, accidents, chronic illness and disability. Faced with a growing incidence of emotional and familial problems among their students, communities nation-wide have recognized the growing need to reach adolescents with mental health services. The comprehensive nature of the services provided at the SBHCs make them attractive to the adolescent population and provide an even greater resource to the school staff.

In Seattle, it is clear that both school staff and students find the SBHCs to be an extremely helpful resource. The sites effectively provide services ranging from sports physicals, well-child exams, and family planning services to counseling and support for students experiencing family and school stress. They also work to identify students at risk for violence and substance abuse and provide early intervention services. Promoting a healthy school climate is also an important goal that the SBHCs work toward. SBHC staff are responsive to the school staff, attend meetings and provide case consultation on hard to serve students.

School nurses are responsible for the overall health and safety of all students and staff in the school building and often serve as a point person, referring students in need of more specialized services to the other staff at the SBHC. Students with chronic and life-threatening health conditions are identified by the school nurse. An individual health plan is developed with the family and other health care providers and is managed by the school nurse to minimize health-related issues that may disrupt class time. This allows students with health conditions to feel safe and comfortable in their school environment. School nurses are also responsible for state-mandated on-site vision, hearing, and scoliosis screening. For these reasons, school nurses serve the vast majority of students in the school.

Staff Survey

- **93%** of staff said they had sent **1 or more students to the school nurse** over the past year with **53%** reporting they had sent **10 or more students** to the school nurse over the past year.
- **81%** of staff said they sent **1 or more students to the clinic staff at the SBHC** over the past year with **28%** reporting they had sent **10 or more students** to the clinic staff at the SBHC over the past year.

Reasons for Staff Referral to School-Based Health Center	Percent
Illness Care	82
Counseling for Personal/Emotional Problems	57
Treatment for Injury/Accident	56
Check-up/Sports Physical	41
Chronic Health Problems	39
Menstrual Problems/Pregnancy Testing	37
Drug/Alcohol Prevention	34
Counseling for Substance Use	30
Vision/Hearing Exam	28
Nutrition Education	19
Immunizations	19
Counseling for Family Planning	16
Services for Pregnant Teens	14
Counseling for Abstinence	13
Information for Parents about child's health	12
Acne/Skin Problems	11
Dental Exam	9
Treatment for STDs	7

- **53%** of staff reported that they had **sought health care services** for themselves at the SBHC.
- Of those staff who sought services at the SBHC, **67%** had seen **only the school nurse**, **10%** had seen only one of the **other SBHC clinic staff** and **24%** had seen **both** the school nurse and other SBHC clinic staff.

Student Survey

- **93%** of student users said they had seen the **school nurse one or more times** in the past school year.
- **71%** of student users said they had seen the **nurse practitioner or physician assistant** at the SBHC one or more times in the past year.
- **54%** of student users said they had seen the **mental health counselor** at the SBHC **one or more times** in the past year.

SBHC Utilization Data

- **61%** of students are **enrolled** in the SBHCs and **one in three students use** the SBHCs.
- **Over 53,000 visits were made specifically to the school nurse** in high schools and middle schools with SBHCs during the 2001-2002 school year.
- In 2000-2001 **school nurses** in SBHCs **served 61% of all students** within those schools with a SBHC.
- In 2000-2001 **school nurses** in SBHCs served **84% of Special Education** students and **62% of bilingual** students.

SCHOOL INTEGRATION AND PERCEPTIONS OF SCHOOL-BASED HEALTH CENTERS

School-Based Health Centers (SBHCs) build cooperative linkages with the school. Many SBHCs host health center open houses, and clinic staff attend faculty meetings, organize school wide health education efforts and provide workshops for school staff on health and mental health related topics. To better integrate into the school system, SBHC staff will often meet with principals, teachers and drug and alcohol counselors.

Research shows that while adolescents have significant unmet health needs, those who have access to a school-based health center are more likely to obtain needed services than their peers who do not.¹ An overwhelming majority of surveyed staff reported that the services provided by the SBHC were appropriate to provide in a school setting. While it was at times disruptive to have students leave their class to visit the health center, staff generally felt that the center had a positive impact on the students' physical and mental health, their behavior at school and on the school environment in general.

Staff Survey

Appropriateness of Services Offered

Staff were asked their opinion regarding the “appropriateness” of providing specific services within a school setting. They were also asked if they thought the service actually should be provided in their school’s SBHC. The intention was to capture staff attitude toward the SBHC and the services provided. In many cases, the services listed are currently being offered at the SBHC.

- **97%** of surveyed school staff thought it was **appropriate to provide general health care** in the school setting.
- **98%** thought it was appropriate to provide **counseling for personal or emotional problems** in the school setting. **96%** said that this service **should be provided** at their SBHC.
- **98%** thought it was appropriate to provide **counseling for substance use** (tobacco, alcohol, drugs) in the school setting. **96%** said that this service **should be provided** at their SBHC.
- **96%** thought it was appropriate to provide **counseling for abstinence or postponing sex** in the school setting. **93%** said that this service **should be provided** at the SBHC.
- **94%** thought it was appropriate to provide **reproductive health care** (birth control/ condoms, STD treatment) in the school setting. **94%** said that this service **should be provided** at their SBHC.

¹ *School-Based Health Centers Research Findings: Summary (Santelli, Kouzis, Newcomer, 1996).*
<http://www.healthinschools.org/sbhcs/papers/research799.asp>

- Staff were asked about whether they thought other specific services should be provided at their SBHC. Their responses are listed below:

Service	% of staff saying the service should be provided at the school-based health center
Check-up or sports physical	95%
Treatment of injury/accident that occurs at school	97%
Management of acute/chronic illness	85%
Immunizations	93%
Counseling for STDs	97%
Services for pregnant teens	92%
Offering parents information about teen health	97%
Dental Care	79%
Other ¹	7%

¹ Other services staff thought should be provided included anger management, more mental health services, nutrition counseling, vision and scoliosis screening, dental care, asthma care, hygiene, family services, coping with stress, psychiatric medications, and services for teachers.

When asked if they would change anything about the SBHC, staff often mentioned expanding the current services offered:

“Increase size/staff”

“Increase services”

“Increase funding. More outreach education services.”

“Increase its exposure every child should be eligible for use.”

“Increased accessibility for student/family counseling services, parenting classes.”

“Larger/more confidential space within the building. Even more parent education and outreach. More bilingual services and resources. Bilingual staff.”

“Give them what it takes to serve more students and continue the high quality of service.”

In particular, staff frequently suggested that the SBHC provide more mental health services:

“It has become very difficult to get a student in for counseling for personal/emotional problems.”

“Additional counseling/social worker services with more direct contact for mental health issues. Very much needed by the special education program.”

“Assist families with mental health issues and issues related to being homeless/poor/working poor.”

“More available drug/alcohol counseling. Have a counselor there on a regular basis.”

“Offer more counseling services for students. It is great to have this service. More students could use it.”

“Provide more mental health services - not everyone who needs services can get an appointment.”

“Seems like they need more mental health staff - one month waiting list is unacceptable.”

School Integration and Impact on School Environment

- **84%** of staff said that the SBHC had “some” (53%) or “a great deal” (31%) of influence on **improving student/peer relations.**
- **73%** of staff said that the SBHC had “some” (56%) or “a great deal” (18%) of influence on **reducing violent behavior.**
- **86%** of staff said that the SBHC had “some” (60%) or “a great deal” (26%) of influence on **increasing safety practices.**
- **78%** of staff said that the SBHC had “some” (55%) or “a great deal” (29%) of influence on **improving student/family relations.**
- **75%** of staff said that students left class **once a week or more** to visit the SBHC; **20%** of staff said that students left class **daily** to visit the SBHC, **40%** said students left class **a few times a week**, **15%** said **once a week.**
- **36%** said that having a student leave their class to visit the SBHC was **“rarely”** or **“never”** **disruptive**; **37%** said that it was **“sometimes”** **disruptive** and **16%** of staff said it was **“usually”** or **“always”** **disruptive.**

Communication and Outreach

While staff were overwhelmingly supportive of the SBHCs, they did make some suggestions to minimize disruption of class time and to limit students’ opportunities to abuse the system.

“Students need to be guided to do most of the services after school - not during school hours.”

“If students visit them during a core class time they don’t send them back and tell them to pick a better time.”

“Check with teachers to make sure they are not consistently making appointments at times to avoid certain classes and activities. Maybe ask teachers for appropriate times.”

“Create a system of checks for chronic abusers of the system.”

In many cases school staff did not understand the confidentiality constraints that the SBHC clinic staff must operate within and found it troubling that they could not get information about their students’ issues. Some quotes from staff listed below illustrate their frustration with the legal requirement:

“Eliminate confidentiality rule between faculty and Teen Health Center (THC).”

“Can’t tell if “chronic” students (goes to THC often) are really ill or not-can’t we get info?”

“Tell classroom teachers about health concerns.”

When asked what they would like to see changed about the SBHC, staff often expressed a desire for more information about the services provided:

"I would increase the recognition of the SBHC staff as part of the school. They [the clinic staff] are not currently on the school phone list and they are such a positive part of our vision."

"Make it more known to students and staff what services are offered. I feel like I don't really know."

"I would have resources and services more clearly communicated to other school staff."

"I would provide more information to staff like what is offered for students."

"Tours for new teachers. Introduction to services and more communication with teachers."

"Would like to know more about the service provided to students."

"Make sure all students know about all services without them having to ask."

"More advertising of services to increase student awareness like classroom visits by the staff to make their faces and services familiar to students."

"More effort to enroll students in SBHC."

"Staff may want to schedule class sessions for the freshmen."

"More publicized info about resources. Let teachers know how to use it to get students counseling."

In spite of these concerns staff generally rated communication with SBHC staff fairly high:

- **90%** of staff rated **communication of health center staff with students** as **"good"** (46%) or **"excellent"** (44%).
- **76%** of staff rated **communication of health center staff with school personnel** as **"good"** (42%) or **"excellent"** (34%).

Satisfaction with Services

- **97%** of staff thought that their students were **helped by their referral to the school nurse**.
- **98%** of staff thought that their students were **helped by their referral to the SBHC clinic staff**, other than the school nurse.
- **98%** of staff reported that they were "very" (81%) or "somewhat" (17%) **supportive** of the services provided by **the school nurse**.
- **96%** of staff reported that they were "very" (75%) or "somewhat" (21%) **supportive** of the services provided by the **SBHC clinic** other than the school nurse.
- **95%** of staff gave the SBHC an **overall rating of "good"** (35%) or **"excellent"** (60%).
- **91%** of staff rated the **appearance** of the clinic as **"good"** (42%) or **"excellent"** (50%).
- **91%** of staff rated the **location** of the clinic within the school as **"good"** (32%) or **"excellent"** (58%).

Several staff remarked that it was important to have a substitute when the school nurse was not able to be in the building:

“When nurse is not in we need a sub”

“We need a full time nurse and a qualified sub for nurses”

Another theme that emerged in the comments that staff made was a need for the SBHC staff to include male providers and to reflect the cultural diversity of the student population:

“Add a male practitioner part time”

“Have people working there who are representative of the cultures served, not English speakers who have learned another language through a book but who know the culture.”

“Increase communication about available services possibly in multiple languages or role plays at assemblies”

To summarize, when staff were asked what they would like to see changed or improved about the school-based health centers, several themes emerged including:

- expanding the services, space and hours of the health center
- expanding mental health services
- providing dental services
- hiring more male practitioners
- hiring more culturally and linguistically diverse staff
- more outreach and awareness of the services provided
- consider universal enrollment because all students are not being reached and
- address misuse by students and disruption of class time

Student Survey

- **98%** of student users said they **like having a health center at their school.**
- **96%** of student users said they **would recommend the health center to their friends.**
- **96%** of student users gave the health center **staff’s attention to their concerns** and questions a rating of **“good”** or **“excellent”**.
- **97%** rated the **quality of care** they received as **“good”** or **“excellent”**.
- **88%** rated the **waiting time** for their visit as **“good”** or **“excellent”**.

QUALITATIVE STUDY OF NON-USERS OF THE SCHOOL-BASED HEALTH CENTERS

Introduction

To date, few studies have been conducted to examine who School-Based Health Center (SBHC) non-users are, and why they are not seeking services at SBHCs. As demonstrated by data from the 1999 Seattle Teen Health Survey, particular groups of students, specifically boys, Asians and Latinos had disproportionately higher rates of non-utilization than did other students. Through focus groups with these students and interviews with various school staff, it was our intention to explore further the main barriers to utilization. While we targeted focus groups to non-users, it is important to remember that the larger student population may experience the same barriers. Thus, these findings may have even greater applicability. For detailed information about the methods employed in conducting this qualitative study of non-users see Appendix B.

In this section, we explore the most significant themes that emerged from the data while placing them in the context of relevant national research findings. These themes included:

- Perceptions of health, access and utilization of health care
- Student and staff awareness and visibility of SBHCs
- Knowledge and acceptance of mental health services
- Confidentiality, trust, and peer influence
- SBHC enrollment process and the role of families in non-use and
- Cultural contexts: language, ethnicity, & religion

Data analysis revealed the significance and interdependence of a few key themes. Conversations suggested that knowledge and awareness of what the SBHCs had to offer, and familiarity with staff, may be related to willingness to trust, and consequently, willingness to seek services from center providers. It is our hope that the findings in this section will convey a more comprehensive understanding of why students do not seek services at the school-based health centers.

Perceptions of Health, Access and Utilization of Health Care

Summary: Adolescence is a particularly crucial period to offer health services to young people, not only to address acute health care needs, but also, to use these interventions as an opportunity to communicate preventive health messages. In the past several years, the causes for adolescent illness and death have become increasingly attributable to preventable health behaviors, including substance use, unsafe sexual habits, and poor nutrition (Rosen, Elster, Hedberg & Paperny, 1997). Most non-users who participated in Seattle focus groups appeared to have an understanding of what constitute positive health behaviors. However, they did not seem to recognize the SBHC as a place where they could receive preventive health care. In addition, although many non-users indicated that they have access to health care services outside the school setting, the majority did not report having a regular health care provider. Regardless of whether or not they had established relationships with health care providers, non-users varied significantly in how they actually seek to address their health needs.

Health Perceptions

Non-users demonstrated a broad understanding of the various behaviors that enhance a healthy lifestyle.

"A lot of people they work out. Most people in school, they join after school sports, like tennis and stuff."

Asian Male, High School (HS)

"Drink water every day, go to the park once in a while and do exercise, it's nice to walk."

Latina Females, Middle School (MS)

Non-users may be unaware of the preventive health-related services offered by health care providers. Several non-users asserted that they did not seek health services because they were never sick.

"I don't go because I've never been sick, but even if I was sick, you just let it go, like if you have a cold, that's not really a big deal, but I've never really been sick enough to go in there."

Latino Male, HS

Access and Utilization of Health Care

School staff also observed that many non-users they interacted with had access to sources of health care outside of the school-based health centers. Many students mentioned being familiar with health care providers, family doctors, and public health clinics outside of the school setting.

"I go to, uh, Sea Mar."

"Me too."

"I go to Highpoint Medical clinic."

Latina Females, MS

Having access, however is not necessarily an indicator of actual use; staff noted that many non-users, while they may have access, do not receive adequate health care.

"A lot use Harborview or local clinics at the projects. I can't think of anyone who doesn't have any access. However, they may not utilize services much, live at home with neglect. For example, I had a kid with a broken nose one month ago. Didn't go to the [teen health center], parents said they'd take care of it at home. They didn't."

Special Education Staff, HS

Staff spoke of barriers that some students and their families confronted that made access to health care more challenging.

"Undocumented Hispanic students may have a greater need. Their parents may be afraid to fill out forms for medical coupons because they're undocumented. They often have no dental care."

School Nurse, MS

Regardless of students' access to health care providers outside of the school setting, students stated many reasons for avoiding health care services, including fear, convenience, and cost. As the following quotes from non-users substantiate, lack of time and interest were expressed frequently. It is important to consider that these issues are potentially relevant to all adolescents, not just those identified as non-users.

"A lot of people don't go to the doctor because they might be out of time, cause teenagers, they either work or hang out with friends or something just comes up. Something always comes up out of nowhere and nobody knows. Also some people don't have a lot of money to spend on doctor visits, so they try to avoid that."

Asian Male, HS

"I don't like going to the doctor. So I only go if it gets really bad. I don't like hospitals, scary."

Asian Female, HS

"Going home is easier because your parents just take care of you."

Male, HS

Student/Staff Awareness and Visibility of SBHCs

Summary: In a survey of users and non-users at two Baltimore-area SBHCs, knowledge of the center was associated with the use of the SBHC (Keyl, Hurtado, Barber & Borton, 1996). It was unclear, however, what was the cause and what was effect; did students know more because they use the health center or do they use the health center if they know more about it? In Seattle, we saw a similar association. Many non-users lacked information or had misinformation about the SBHC and they were also disinclined to use the SBHC clinic services. Consistent with past research (Balassone, Bell & Peterfreund, 1991), many Seattle students reported not knowing about the SBHC as a common reason for non-use. In addition to lack of knowledge, marketing and outreach were mentioned as important factors impacting non-users' knowledge, use of, and comfort with SBHCs and SBHC staff.

Knowledge & General Perceptions

Many non-users reported lack of knowledge regarding services provided at SBHCs.

"They don't really let us know what's going on in there, what they can do. They just say, 'Hey, we have a health center.'"

Latino Male, HS

In our study of non-users, boys in particular, appeared to use the SBHC clinics primarily for sports physicals, although they generally became aware of this service only after the need for a sports physical arose. This is not surprising, as boys, nationwide, are significantly more likely than girls to use school-based health centers solely for sports physicals and no other services (Keyl, et al., 1996). Moreover, boys use school-based health services, in general, at a much lower rate than girls.

"They do physicals – I didn't know that until I talked to my coach."

"I didn't know that either."

"I thought you had to go somewhere like Rainier Park Clinic, or somewhere like that, but I didn't know you could just do it right here."

Latino Males, HS

School staff also reported limited awareness of SBHC services.

"Even I don't know what services are available at the THC, what exactly can they handle there?"

Teacher, Alternative School
[SBHC is located offsite]

Both non-users and staff did not always fully grasp the distinction between services provided by the school nurse and those offered by the SBHC clinic staff.

"It's supposed to be, like, give more than the regular nurse?...[Facilitator: What sort of things that the regular nurse wouldn't give?]. I don't know. Medicines or something."

Asian Female, HS

"Also from the outside, it's hard to recognize the difference between the school nurse and the health center staff."

Teacher, HS

Furthermore, some non-users described perceptions of SBHC services as unsatisfactory due to equating the clinics with only school nurses.

"Don't really wanna go there sometimes because I feel like it's a waste of time...the lady that's there without any medicine. The nurse."

Latino Male, MS

While many non-users possess a lack of information regarding SBHC services, some may not utilize school clinics due to misperceptions of confidentiality protection.

"I think if you come in here...it should be confidential...right now you might get in trouble with the school [about drug use]."

Male, HS

For alternative schools linked to SBHCs at neighboring schools, location contributed to lack of knowledge and perceptions of limited accessibility of SBHC services.

"The teen health center is within [another school] – that's a huge barrier. They [students] ... don't feel comfortable or feel accepted there. They're leaving a safe space to go to one that's not."

Teacher, Alternative School
[SBHC is located offsite]

Marketing & Outreach

Many non-users felt there were not enough SBHC marketing materials and outreach efforts throughout the school.

"Yeah, I don't really know what they have to offer, and how they can help me, 'cause they don't give that information out too much at all."

Latino Male, HS

"The informations we get about the teen health center is very limited."

Asian Male, HS

Non-users spoke often of distrusting the SBHCs, a concern that could be addressed through increased staff outreach to students in the whole school, outside of the clinic environment.

"If you start to, like the person here, started to come outside and hang around with the people and become friends with them I don't know anybody who should hate that person, or not want to come."

Male, HS

Outreach could strengthen students' sense that the staff cared about them and their health. Studies show that an adolescent's perception that a health care provider cares appears to be a powerful indicator of satisfaction (Millstein & Litt, 1993).

"They should put out requests to report [to all enrolled students] even though they're not sick...so the student can feel comfortable, going there at least a couple of times a school year, not just because you're sick you can go in there."

"You can feel like they care."

"Because then you can at least feel comfortable when you go in there for your own reasons."

Latino Males, HS

Knowledge and Acceptance of Mental Health Services

Summary: Many non-users lacked information regarding mental health services available at SBHCs. Counseling may not be perceived as culturally appropriate by some non-users, particularly males and Asian students. Most non-users associated school clinics with physical health services, and did not know about mental health or counseling services offered by SBHCs. Many school staff, conversely, observed mental health needs among students and were aware of the services provided by SBHCs.

Some students may perceive counseling as culturally inappropriate and services as stigmatizing.

"[Facilitator: Think about the last time you needed somebody to talk to...] I keep it to myself cause I don't trust nobody."

Asian Female, HS

"With Asians...culturally, to tell is to be vulnerable."

Teacher, HS

"[Students] think you go to seek mental health services when you're crazy."

ESL Health Educator, MS

Parents may also prevent use of mental health services in middle school if they interpret confidentiality of services as lack of control over their children's affairs.

"Sometimes parents refuse service from the wellness center, mainly around mental health issues, because of confidentiality issues."

Counseling Staff, MS

Staff associated gender with mental health utilization and attributed gender role expectations with under-utilization by boys.

"Boys aren't going in, not feeling like they can express their physical, mental health needs. I've never seen a boy going in for mental health services."

Security Staff, HS

"The boys are more macho...they don't understand the concept of counseling, think it would make them seem weak."

Teacher, HS

School staff also perceived that the need for mental health services was sometimes greater than available SBHC resources.

"One frustration is that for counseling, there are more kids that need to be seen than there are appointments."

Counselor, MS

Confidentiality, Trust & Peer Influence

Summary: Even when adolescents have access to health care, studies indicate that their health needs are often not met if services are not (or are not perceived to be) confidential (Riggs & Cheng, 1988). Many non-users in the Seattle study expressed concern that utilization of SBHC services would not be kept confidential from school officials or peers, potentially resulting in negative consequences. Trust was also perceived by non-users as fundamental to SBHC service utilization. Staff and students alike suggested that trust is a product of clinic staff visibility and positive interaction with students. Perceived confidentiality and safety may be integral to building trust, especially for students from immigrant and refugee backgrounds. Many non-users perceived stigma associated with SBHC services. Fear of peer assumptions regarding reasons for clinic use may serve as a barrier to utilization.

In Keyl, et al.'s (1996) survey of users and non-users, half of the students interviewed reported that they would recommend the school-based health center to other students, and 75% reported that their best friend used it. Hence, the relevance of peer influence in adolescent decisions could also serve to positively influence non-user perception and use of school-based center services.

Confidentiality

Lack of awareness regarding boundaries between the school and SBHC may have affected non-user perceptions of potential lack of confidentiality.

"Sometimes they don't trust the THC because they think it's affiliated with the school...they think the school has access to all that info."

Intervention Specialist, HS

Many non-users also reported that the SBHC environment was not conducive to protecting confidentiality.

"There are always people hanging out there [in the SBHC]. If you're sick, you can't really go in, because if you say you're sick, everybody just looks at you...it's uncomfortable."

Asian Male, HS

In addition to lack of comfort discussing health concerns in front of peers, some students feared that association with the health center would lead to negative rumors.

"If the kids see other peers, 'Why are you there?' – lots of whispering. 'Who knows about this? ... What if it gets out?'"

Security Staff, HS

Trust

Many non-users saw trust as fundamental to engaging with SBHC staff and services.

"[Facilitator: What does trust have to do with whether kids come in here or not?] Almost everything...So you know it's okay – because you know that guy so well, you know why he's going there, that he might help you, because you understand what he's doing."

Male, HS

Students associated trust with familiarity with staff.

"I would go there if that was a person that I really know, and they could keep a promise, that's when I would go."

Asian Female, MS

Many non-users asserted that interaction between SBHC staff and students builds trust.

"The people that work at the Teen Health Center should come out, do some student activities – don't just stay in the room, nobody knows them. Make the student think they can be trusted and get help from them."

Male, HS

School staff also suggested that SBHC staff visibility could enhance trust.

"Students here...are pretty trusting of adults, if they see [emphasis added] them."

Teacher/Administrator, Alternative School
[SBHC is located offsite]

Students from immigrant or refugee backgrounds may not utilize SBHC services due to distrust or fear of public systems.

"With newer immigrants, they have distrust, of both the school and the teen health center."

Intervention Specialist, HS

Peer Influence

Many students perceived a stigma associated with SBHC utilization.

“Only people that have problem come in the health center, that is what they might think.”

Asian Male, HS

“Another reason [teens don’t go to the SBHC] is the stigma, someone might start a rumor.”

Administrator, HS

In addition, students mentioned limited awareness of SBHC services may lead some non-users to perceive only a few reasons for clinic use, all of them negative, and assume that peers would do the same.

“...If you say the health center helps people with drugs, STDs, you see someone in there; you pretty much think they have that thing. So, it won’t be for the best...I’m seen in the teen center, ‘Do you got STDs?’”

Male, HS

Despite the perception of peers as barriers to utilization, non-users and school staff were optimistic that peer influence could decrease stigma and increase utilization of SBHC services.

“You just try to take an example from other people. Whatever opinions (experience) they got, you start to turn it into yours.”

Male Student, HS

“A student is more likely to be sold [on the usefulness of the SBHC] by another student than by others.”

Security Staff, HS

Enrollment and the Role of Families in Non-Use

Summary: Enrollment at the SBHCs in Seattle requires parental consent for all students under age 13, and for students 13 years of age or older for services other than mental health or reproductive health. Many students were unable to successfully complete this first step toward SBHC use due to various barriers, actual and perceived. Students’ families play a significant role in their utilization behaviors, and in one study conducted in Baltimore, the need for parental permission to enroll was strongly associated with students not being enrolled in SBHCs (Keyl, et al., 1996). According to staff and student non-users in Seattle, some parents reportedly fear that enrolling their children in the SBHCs will lead to less control; others are “too busy”, and fail to complete the enrollment process. Student non-users and staff reported that language, culture, and religion also had an impact on parents’ level of familiarity with and trust of the SBHCs (to be discussed in following section).

Some students mentioned that the enrollment process felt like a waste of their time.

"Another thing is you don't want to waste your time, because they make you fill out all these papers, and your parents sign 'em and everything. It's like "forget about this," I get home and I barely remember."

Male, HS

Others didn't request parental signatures because they didn't want to trouble their parents.

"I know my mom or my dad – are always too busy – I don't think they'll really do it. "Just tell me where to sign it, I'll sign it." That's all. I don't want to bother them."

Male, HS

For some students and their families, the perceived complexity of the enrollment form and process was often a barrier to enrollment.

"...Also perhaps for parents who are too busy, can't read, or can't read or speak English. The form is not user friendly...There's too much text on the form."

School Nurse, MS

Immigrant non-users also mentioned the fear of submitting their personal information on yet another form.

"...(Y)ou have to fill out that thingy, the application, for them to give you medication. But that, some people think that that's gonna like, if you don't have like the social security number, and they think that the school's gonna tell the IRS or like the police and they're gonna come and get them or something like that."

Latina Female, MS

Neither students nor their parents were always familiar with the enrollment requirement, nor were they aware that if the student was 13 years or older, s/he did not require parental consent for reproductive health or mental health services.

"Even my own kids didn't know about the wellness center. I didn't know I had to sign a separate set of papers to enroll them in the wellness center vs. the school nurse."

Teacher, Alternative School
[SBHC is located offsite]

Staff repeatedly indicated that some parents do not enroll their children in the SBHCs, as this would signify an increasingly minor role in their children's health. As mentioned earlier, some parents may be uncomfortable with the confidentiality of SBHC services.

"Parents seem to want more control of their kids' health care, and they don't get that at the wellness center."

Teacher, HS

"Parents who want to retain control of their kids' health. They deliberately keep kids from the wellness center."

School Nurse, MS

Staff also spoke of many families that did not have the time, or the resources, to address many of their children's needs, including health care.

"Kids that are falling through the cracks – their parents don't even know it's an option – getting free services – that they don't need insurance, that there's no fee."

Teacher, Alternative School
[SBHC is located offsite]

"...The kids who have stressed-out parents have the greatest need...For some of these kids, their parents have no time to serve their health needs."

Student Intervention Team, MS

Cultural Contexts: Language, Ethnicity, & Religion

Summary: According to staff and non-users, language, ethnicity and religion all play an important role in access to and use of school-based health services. These aspects of a student's cultural context also link strongly to a family and student's ability to trust health care providers.

"Kids aren't always apt to go until they establish trust and confidence. Culture, language, and background all make trust even more important."

Proyecto Saber (Project To Learn) staff, HS

Language

Students who speak English as a second language mention difficulty communicating with staff at health clinics.

"Well, we don't speak very good English and, at times, they give a person a poor thing when they don't understand."

Latina Females, HS

Language barriers can also complicate the enrollment process for non-users and their families.

"Quite a few ESL students signed up for the wellness center, though, do their parents actually know what the form even means, or are they just dutifully filling it out because it's a form?"

School Nurse, MS

"Translated sign-up packets aren't sent, and so needs don't come up until the kid has a health need. We need to have the form translated in enough languages. If not the entire packet, then at least the cover sheet. Often these kids have no medical coverage. The health center could help some of the families sign up for health care. Bilingual parents may not even be aware of the health center."

Counselor, MS

Culture

As discussed earlier, undocumented students and their families may hesitate to complete enrollment forms or seek health care assistance for fear of sharing personal information.

"Kids who are here (or whose parents are here) illegally worry. Their parents tell them not to tell anyone personal stuff, 'keep your stuff to yourself.'"

Intervention Specialist, HS

Not only immigrant status, but also cultural tradition and practice can dictate the appropriateness of sharing what are considered private matters.

“For some cultures, health is an intimate thing, culturally sensitive. It’s considered taboo to seek help, even to get information.”

ESL Staff, MS

Immigrant non-users may also prefer traditional methods to western medicine to address their health issues.

“Maybe also cultural issue, that prohibits against using western medicine, or views it with suspicion, a bias against western medicine. Some Southeast Asians still use Eastern medicine to cure a cold, etc.”

Teacher, HS

Several school staff mentors spoke of the role that bilingual school staff, particularly sports coaches, play in encouraging students to enroll in the teen health/wellness centers. This applies more so for Hispanic kids.

“The soccer coach here is proactive, speaks for a lot of the kids, kids in sports, gets them enrolled in the wellness center.”

Student Intervention Team, MS

Religion

Religious beliefs may also influence a family’s decision to enroll students in the SBHC, perhaps due to concern about reproductive health issues. However, what parents may not know is that if their child is older than 13 years, s/he has access to particular health services regardless of parental consent.

“Also, some parents may think there’s a connection to Planned Parenthood, and because of their religion may not be interested.”

Intervention Specialist, HS

“Fundamental religious groups wouldn’t allow their students to use the THC and were reticent about it...The students of those groups were finding ways around that and would still use the THC.”

School Nurse, HS

RECOMMENDATIONS

Overall, the Seattle School-Based Health Centers (SBHCs) are viewed very favorably. Nevertheless, staff and students from both the quantitative and qualitative portions of this evaluation offered recommendations for improvement. Because many of the recommendations from both parts of the evaluation overlapped, the convergent themes are presented as one with substantiating information from both the qualitative study of non-users as well as the survey of staff contained within these thematic headings. These recommendations centered around:

- ◆ Expanding services (especially mental health services)
- ◆ Improving SBHC marketing and outreach to staff, students and families
- ◆ Creating proactive strategies to get students connected with SBHCs
- ◆ Increasing perceptions of privacy and confidentiality
- ◆ Involving families
- ◆ Reflecting and responding to diversity within the student population

Expand Services (especially Mental Health Services), Space and Hours of the Health Centers

Surveyed staff commented that not all students are served by the SBHCs and many of their suggestions addressed that concern. Specifically, it was noted that an expansion of services, especially mental health services, would be of benefit to the students and would allow more students to be served. It is important to note that the SBHCs are currently utilized to their full capacity.

"The SBHC only works with a minimal amount of students. Its effectiveness is not felt around the whole school."

"Larger/more confidential space within the building. Even more parent education and outreach. More bilingual services and resources. Bilingual staff."

"Increase funding. More outreach education services."

"Increase its exposure every child should be eligible for use."

"We should have more staff to adequately meet student needs."

"Provide more mental health services - not everyone who needs services can get an appointment."

"Seems like they need more mental health staff - one month waiting list is unacceptable."

"Increased accessibility for student/family counseling services, parenting classes."

Marketing and Outreach

Surveyed staff and students and staff participating in the qualitative study of non-users expressed a lack of information about the clinic services offered at the SBHC and a desire for more visible and direct outreach from the SBHCs. Comprehensive marketing and outreach may expose more students and families to school health centers, dispel misconceptions about the services offered, and increase enrollment and utilization. Students also acknowledge that existing marketing, such as posters, may not be enough to increase awareness and utilization. Recommendations for improving marketing and outreach focused on five areas: increasing direct marketing to students, involving students, increasing SBHC staff visibility, increasing outreach to school staff, and developing proactive strategies to engage students with school based health services.

Increase Direct Marketing to Students

Many non-users suggested direct marketing strategies to increase knowledge of SBHC services and increase student utilization.

"Maybe if they had a Teen Health Center newsletter. Or at least a part in the paper where they could tell us what's going on...Get some pamphlets out, let people know. Probably put it on the bulletin every day, at least something about it."

Latino Males, HS

Staff noted this as well in their comments about what they would like to see improved or changed about the school-based health centers.

"Make it more known to students and staff what services are offered. I feel like I don't really know."

"Make sure all students know about all services without them having to ask."

"More advertising of services to increase student awareness like classroom visits by the staff to make their faces and services familiar to students."

Involve Students

Involving students in the development of marketing materials and in outreach may positively utilize the power of peer influence, decrease stigma associated with use, and increase the saliency of such efforts.

"A student is more likely to be sold [on the usefulness of the SBHC] by another student than by others."

Security Staff, HS

Increase SBHC Staff Visibility

Results suggest that although print media may increase awareness of services, positive interaction with SBHC staff is essential for the building of trust and increasing adolescent service utilization. Students and school staff suggested multiple levels of SBHC staff interaction, from introductions in classes and school assemblies, to increased presence in the school community through visibility in hallways and school functions.

"I would increase the recognition of the SBHC [clinic] staff as part of the school. They are not currently on the school phone list and they are such a positive part of our vision."

Increase Outreach to School Staff

Interviews suggest that school staff view themselves as a natural bridge between the SBHC and students. Clinic staff should ensure that school staff have accurate information regarding SBHC services and procedures in order to maximize their role in increasing access and utilization of health services. Additionally, increased communication and outreach with school staff may address system integration concerns such as students missing class time to visit school clinics, a concern raised by a number of surveyed staff. Other studies have shown that inability to leave class or fear of missing class materials served as barriers to access of services (Balassone, Bell & Peterfreund, 1991). Therefore, addressing staff concerns as well as increasing awareness may result in greater use and minimized disruption of class time.

"What is key is to get the info to staff, especially at satellite schools."

Teacher, Alternative School
[SBHC is located offsite]

"Tours for new teachers. Introduction to services and more communication with teachers."

"Check with teachers to make sure they are not consistently making appointments at times to avoid certain classes and activities. Maybe ask teachers for appropriate times."

Proactive Strategies - Getting Them in the Door

Adolescents often initially access SBHC care in response to an illness, injury or crisis or due to a referral from a school staff member (National Assembly on School-Based Health Care, 2000). Reason for initial service utilization also appears to be influenced by gender, with boys most often initially accessing SBHCs for sports physicals (National Assembly on School-Based Health Care, 2000). Once students have established a connection with school based health centers, they are likely to utilize a range of preventive services. SBHCs should consider creative, proactive strategies to connect with students who do not consider themselves in crisis or immediate need, in order to increase use of preventive services and increase overall health.

"They could probably check up on students... They should put out requests to report even though they're not sick...so the student can feel comfortable, going there at least a couple times a school year."

Latino Male, HS

Increasing Perceptions of Privacy and Confidentiality

Interviews with non-users and school staff suggest that many students are concerned about privacy and peer perceptions of SBHC use. This theme reiterates other research findings that identify concerns about confidentiality as a frequent barrier to adolescent access of school based services (Keyl, et al., 1996).

Non-users suggested expanding clinic hours and changing clinic environment as two means of enhancing privacy and increasing service utilization.

"There's probably...people that are embarrassed about going in then, so after school would be good."

Latino Male, High School

"They should make it more private – shouldn't just go there to be there and hang out."

Asian Male, HS

A surveyed staff member made a related comment:

"Reduce non-SBHC student use of waiting area so other students are more likely to go in."

Involve Families

Families, particularly of middle school students, are essential in adolescent access and utilization of SBHC services. Other studies have demonstrated that requiring parental permission to enroll in health services is perceived as a significant barrier to access of school based health services (Keyl, et al., 1996). The central role of families in adolescent health care necessitates that SBHCs strategically market services not only to students, but to their families as well. In Seattle, school nurses work closely with students and their families to address health concerns. SBHC clinic staff can build on the existing relationships that school nurses have with families to implement and evaluate systems for interaction, follow-up and outreach with students' families. Families who are new to this country or who have limited English skills may experience additional cultural or language barriers in communicating with SBHCs. Forms and materials should be reviewed for cultural competence and outreach should be targeted to address potential cultural concerns regarding school based care. In addition, school staff recommended increased outreach to families in order to increase awareness of school based health services, build rapport, and address family concerns thus increasing student enrollment and utilization of services.

"Either an FSW [Family Support Worker] or the Wellness Center should have outreach and home visits – we have to find people where they are."

Counselor, MS

"I would advocate for a family support worker role – to be a liaison between the school and the families."

Counselor, MS

"Communication to parents – need to make the Wellness Center non-threatening and stress its convenience. It's to help, not to hinder."

Counselor, MS

In addition, integrating SBHC enrollment into existing school outreach may increase parental awareness of SBHC services and completion of required materials.

"I would like to see a packet for each student at the beginning of the year, sort of an orientation packet – with a staff list, calendar year, etc. This packet would also include a THC (Teen Health Center) [enrollment] form."

Special Education Staff, HS

Reflect on and Respond to Student Diversity

Information gathered from non-users and school staff suggest that some students may find services inaccessible due to language, fear of consequence due to citizenship status, or cultural background. SBHC systems should be evaluated for competency in reaching students of all cultures, genders, and backgrounds. Marketing materials, staffing, outreach strategy and services provided should be examined for appropriateness to clinic non-users. Lack of staff who can communicate in students' preferred language was consistently identified as a barrier to SBHC access. Additionally, the physical environment of school clinics may also influence students' service utilization; students suggested reflecting the diversity of student backgrounds through art and materials in order to increase levels of comfort.

"Have people working there who are representative of the cultures served, not English speakers who have learned another language through a book but [people] who know the culture."

"Increase communication about available services possibly in multiple languages or role plays at assemblies"

Need for Further Assessment and Evaluation of Non-Users of SBHCs

Information gathered in this evaluation has contributed to a more comprehensive picture of non-users of SBHC clinic services, and suggests avenues for improving non-user access and utilization. The numbers of students included in focus groups were limited, however, and can provide only a snapshot of the non-user population. Discussions with student non-users and school staff have also raised additional questions that require further assessment and evaluation. Areas suggested for further exploration include:

What are similarities and differences between users and non-users?

Although previous evaluations have assessed demographic differences between students who have and have not utilized services, we know less about the ways that SBHC users and non-users compare in knowledge, and attitudes and experiences with school based health services. It is difficult at this point to know whether the perspectives shared are indicative of non-users, per se, or of adolescents in general, given the lack of user comparison group in this evaluation. Comparisons of SBHC users and non-users could better characterize the populations, providing a clearer picture to inform program implementation. In addition, results from this evaluation suggest that dichotomous categories of user/non-user may not be salient or meaningful to students themselves and greater understanding of perceptions of use are needed.

What is the need?

Perceptions of non-users need for school based health services varied widely among staff and between staff and students. Many students attributed reasons for not using services to a lack of need or not being sick, while many school staff described a high level of health need among non-users. Better characterization and understanding of "need" is necessary in order to identify target populations and assess the impact of programs on student health.

Where do students access care outside of school-based services?

SBHCs are only one of many potential sources of care for students. Greater knowledge about how school health service users and non-users access other sources of care could impact service delivery at a school level. Additionally, increased knowledge about sources of care could shape SBHC relationships to other community health resources and improve continuity of care.

What are parents attitudes towards school-based health care?

Although parents, and other adult guardians, are integral to many students' access and utilization of health services, little is known about parental attitudes towards and involvement with SBHCs. Better understanding of parent/guardian knowledge, attitudes and perceived barriers and assets around school based health services is integral to successful marketing, access and service delivery.

Conclusion

School-Based Health Centers are consistently seen by students and staff as a valuable resource to schools. They are an important player in supporting students' educational growth. Many of the recommendations from this evaluation involve instituting efforts to increase access and utilization by those most in need of services and expanding the capacity of SBHCs to serve more students. It is important to note that the SBHCs are fully utilized at their current capacity. In this climate of limited resources, it is critically important to ensure that the resources are reaching those most in need of services. The findings from this evaluation provide valuable insight that will assist in developing strategies to reach and serve those most in need.

APPENDICES

Appendix A - Staff Survey Methods

Appendix B - Qualitative Study of Non-Users of SBHC Clinic Services

Appendix C - Student User Survey Methods

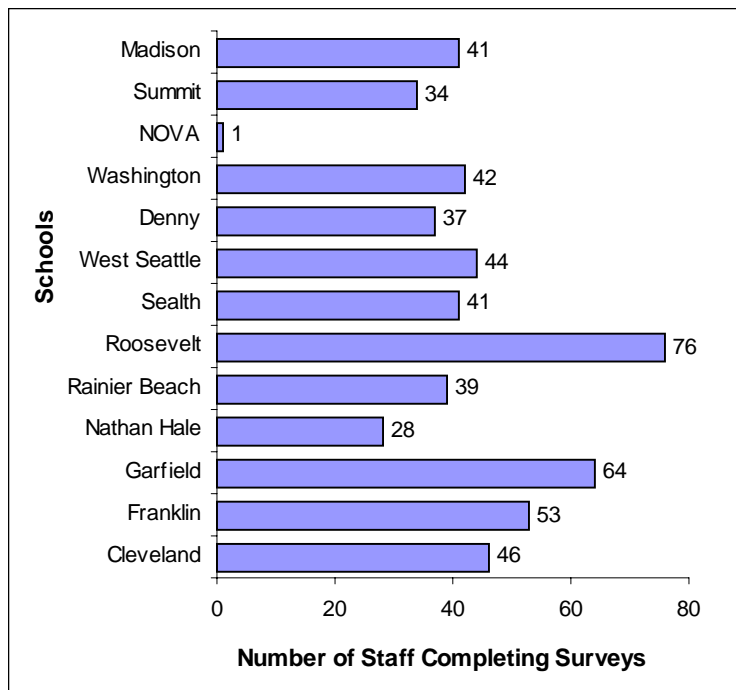
APPENDIX A

Staff Survey Methods

Schools Participating

Surveys were distributed at staff meetings held in April and May of 2002 at 12 of the 13 schools with or served by School-Based Health Centers. All staff attending the meetings were given surveys to complete. Surveys were distributed to NOVA staff via internal mail by a faculty member. A total of 546 staff of approximately 666 staff attending the meetings, completed the survey which represents an overall response rate of 82%. According to the Seattle Public Schools' website there are a total of 959 staff at these 13 schools of whom 57% were surveyed.

Figure I. Number of Staff From Each School Completing The Survey



Gender and Age

Sixty three percent of surveyed staff were female and 37% were male. Staff age ranged widely with 4.6% of staff 25 years or less, 23% between the ages of 26 and 35, 19% between 36 and 45, 37% between 46 and 55 and less than 1% over age 65.

Table I. Age of Surveyed Staff

Age of Staff	Percent
18 to 25	4.6%
26 to 35	23.0%
36 to 45	18.9%
36 to 45	18.9%
46 to 55	37.0%
56 to 65	16.3%
Greater than 65	0.2%

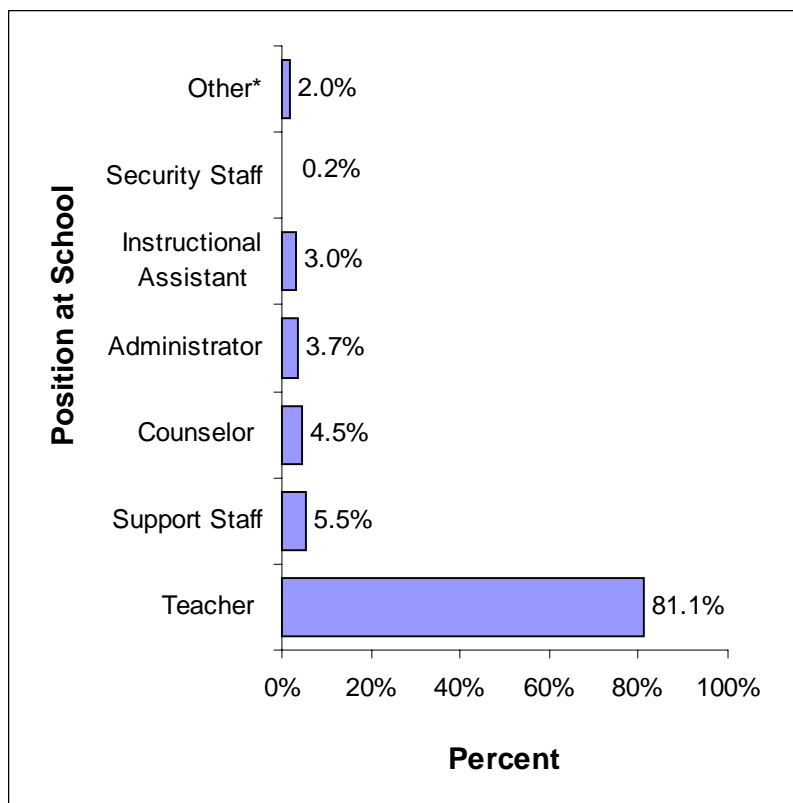
Years at School

Twenty three percent of surveyed staff said this was their first year at the school. 43% had worked there for 2-5 years, 16% 6-10 years, and 19% had worked at the school for over 10 years.

Position at School

The vast majority of staff completing the survey were teachers (81%), followed by support staff (6%), counselors (5%), administrators (4%) and instructional assistants (3%). Security staff (< 1%) and a small percentage of staff designating "other" (2%) also completed surveys. Those designating "other" included drug and alcohol specialist, clerical staff, consultant, faculty/student observer, intervention specialist, librarian, long-term substitute, non-district counselor, parent, school nurse, and student teacher.

Figure 2. Position at School of Surveyed Staff



APPENDIX B

Qualitative Study of Non-Users of SBHC Clinic Services - Methods

Data Sources

Data from 2002 Focus Groups with Male, Asian and Latino students identified as non-users
Data from 2002 Key Informant Interviews with staff from 13 Seattle public schools affiliated with a SBHC.

Methods

The non-user analysis and report are based on focus groups and semi-structured interviews that took place in March, April and May 2002. The interviews were conducted with 27 school staff (including teachers, administrators, security guards, counselors, etc.). Staff persons were recruited from each of the 13 Seattle schools affiliated with a School-Based Health Center (SBHC). Staff were selected because they were identified by other staff as those who had rapport with students and insights into student motivations and behaviors. Data from the interviews served as in-depth, personal perceptions that enhanced the information obtained in the focus groups.

Data from the 1999 Teen Health Survey revealed a disproportionately high rate of non-utilization among particular groups of students, specifically boys, Asians and Latinos. Hence, eight focus groups were facilitated with Asian, Latino and Male (mixed ethnicity) students. The Asian and Latino focus groups were stratified by gender. These focus groups were conducted in 5 high schools and 1 middle school with on-site SBHCs and included, Chief Sealth, West Seattle, Roosevelt, Cleveland, Rainier Beach and Denny. A total of 48 students participated, 13 girls and 35 boys. Table I indicates the race/ethnicity, gender and size of the groups from each school.

Table I. Race/Ethnicity, Gender, and Size of Focus Groups by School

School	Race/Ethnicity	Gender	Number of Students
Sealth	Latino	Male	8
Sealth	Latina	Female	6
West Seattle	Mixed	Male	6
Roosevelt	Asian	Male	2
Cleveland	Asian	Female	5
Rainier Beach	Asian	Male	8
Denny	Latino	Male	6
Denny	Latina	Female	7
Total			48

Focus group participants were selected randomly from school enrollment lists organized by gender and ethnicity. Once selection took place the lists were destroyed to protect the students' confidentiality and anonymity. Liaisons were identified at each school to assist with recruitment. All facilitators were trained in focus group facilitation techniques, and steps were taken to ensure that focus group participants were not already familiar with the facilitators. Of the four focus groups conducted with Latino students, two were facilitated in Spanish with a Spanish-speaking facilitator, as per the wishes of the students. An Asian male facilitator conducted the focus groups that took place with Asian males.

APPENDIX C

School-Based Health Center User Satisfaction Survey - Methods

From April 16, 2001 through June 16, 2001 all students using services at the School-Based Health Centers (SBHC) at 8 high schools and 2 middle schools received an anonymous survey to assess user satisfaction with health services, perceived access to health care, and changes in knowledge of health-promoting behaviors. A total of 2,550 surveys were distributed to the students through the SBHCs and 2,248 were completed, with an overall response rate of 88%. Students seeing the school nurse completed 1,075 surveys and 1,173 surveys were completed by students seeing the other SBHC clinic staff. Participating schools and numbers surveyed are listed below:

Table 1. Number of Students Surveyed by School and Study Arm

Number of Students Surveyed:				
Schools Surveyed	Student Enrollment	School Nurse	Clinic Staff	TOTAL
Cleveland High School	713	32	90	122
Franklin High School	1582	131	224	355
Garfield High School	1724	103	146	249
Nathan Hale/Summit	1047	62	110	172
Rainier Beach High School	684	69	82	151
Roosevelt High School	1686	131	88	219
Sealth High School	932	35	91	126
West Seattle High School	874	112	140	252
Denny Middle School	858	129	89	218
Washington Middle School	1029	271	113	384
Total	11129	1075	1173	2248

Gender

Overall, 67% percent of students completing the survey were female and 33% were male.

Race/Ethnicity

One percent of surveyed students identified as American Indian/Alaska Native, 14% as Asian, 3% Pacific Islander, 28% as African American, 10% as Latino/Hispanic, 26% Caucasian, 15% identified multiple races, and 3% identified as “other”. The race/ethnicity for the entire school population from the 2001 Seattle Public School data for the 10 participating schools was compared to the race/ethnicity of the surveyed students and found to be similar on the whole. However, it was noted that a smaller percentage of White and Asian students were surveyed relative to their distribution in the school population. The 2001 Seattle Public School data indicated that 2% of students were American Indian/Alaska Native, 26% Asian, 28% African American, 9% Latino/Hispanic, and 39% Caucasian. The SPS data did not include a “multiple race” category, and Pacific Islanders are not separately listed and are presumably included in “Asian”. Approximately 20% of surveyed students indicated that English was not their first language. This compares to 10% of students that are indicated as bilingual in the 2001 Seattle Public Schools data.

For the full report see <http://www.metrokc.gov/health/yhs/yhs-2000-2001-survey.pdf>

REFERENCES

- Balassone, M., Bell, M., & Peterfreund, N. (1991). A Comparison of Users and Nonusers of a School-Based Health and Mental Health Clinic. *Journal of Adolescent Health, 12*, 240-245.
- Keyl, P., Hurtado, M., Barber, M., & Borton, J. (1996). School-Based Health Centers: Students' Access, Knowledge and Use of Services. *Archives of Pediatrics and Adolescent Medicine, 150*, 175-180.
- Millstein, S. and Litt, I. (1993). Adolescent Health. In Feldman, S., and Elliott, G. (Eds.) *At the Threshold: The Developing Adolescent* (Ch. 17, pp.431-456). Cambridge: Harvard University Press.
- Riggs, S., and Cheng, T. (1988). Adolescents' Willingness to Use a School-Based Clinic in View of Expressed Health Concerns. *Journal of Adolescent Health Care, 9*, 208-211.
- Rosen, D., Elster, A., Hedberg, V., Paperny, D. (1997). Clinical Preventive Services for Adolescents: Position Paper of the Society for Adolescent Medicine. *Journal of Adolescent Health, 21*, 203-214.
- Schlitt, J., Santelli, J., Juszczak, L., Brindis, C., Nystrom, R., Klein, J., Kaplan, D & Seibou M.D. (2000). Creating access to care: school based health center census 1998-1999. *National Assembly on School-Based Health Care*: Washington, DC.

