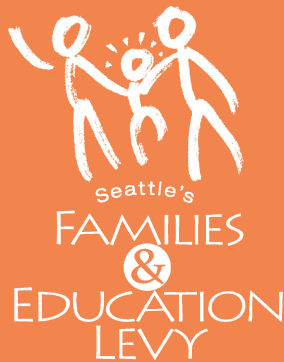


A large, semi-transparent orange-tinted photograph of three young people (two men and one woman) looking towards the camera. The woman is in the center, and the two men are on either side of her. They are all smiling slightly. The background is a blurred indoor setting with windows.

Youth Health Services

Annual Report 2002–2003



This program is provided in part by the voters of Seattle through the Families & Education Levy.

The Families & Education Levy provides the majority of support to Seattle's School-Based Health Centers. Resources from the Levy are also used by Public Health–Seattle & King County to contract for school nursing services and for health education programs in

Seattle Public Schools. All of these efforts contribute to the mission of the Families & Education Levy to keep kids safe, healthy, and ready to learn.

The Families & Education Levy has supported Seattle's School-Based Health Centers for the past 13 years. This voter-approved levy was first passed in 1990 and was renewed in 1997, allowing for the growth and ongoing support of School-Based Health Centers in Seattle. In the fall of 2004, the voters of Seattle will have the opportunity to continue to support young people in our community by renewing the Families & Education Levy.

The Youth Health Services Mission

In collaborative community partnerships, Youth Health Services (YHS) promotes the health and learning readiness of children, youth, and young adults in Seattle and King County by supporting health promotion efforts and assuring access to quality, coordinated health and preventive services.



Youth Health Services

Youth Health Services provides coordination of and oversight to the 13 School-Based Health Centers in Seattle. YHS also partners with Seattle Public Schools to provide school nursing and health education services. Other YHS responsibilities include administrative oversight for the King County school-linked youth health centers, the *Best Beginnings* program, and the *SafeNet* program.

What is a School-Based Health Center?

School-Based Health Centers offer a unique opportunity to deliver physical and mental health services to our community's youth in an accessible and safe environment. Basic health services are provided in a clinic setting, which is physically located within the school, by a team of professionals that specializes in adolescent health. A nurse practitioner, a mental health counselor, and a receptionist/program coordinator staff each SBHC. The school nurse, while a school district employee, is an integral member of the SBHC team.

Health services focus on prevention and include:

PHYSICAL HEALTH

- Well child exams
- Immunizations
- Acute illness/injury care
- Chronic illness care
- Family planning
- STD screening & treatment

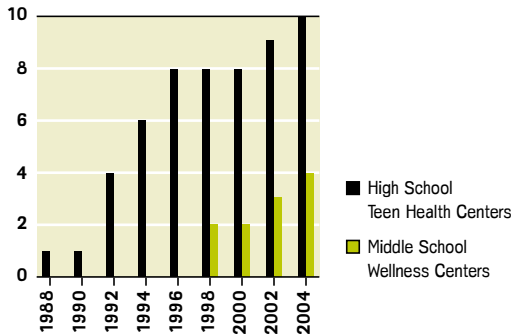
MENTAL HEALTH

- Assessment
- Individual counseling
- Group counseling
- Case management
- Referral to school and community resources

HEALTH EDUCATION

- Illness-related and preventive education for individual students
- Outreach to classrooms and other student groups
- Information for staff and teachers

SBHC GROWTH



School-Based Health Centers

The Seattle School-Based Health Centers (SBHCs) are operated through a partnership between YHS, community health care systems, and Seattle Public Schools. By providing a combination of Families & Education Levy and general funds, the City of Seattle, through YHS, has supported and expanded this system over the last 14 years. As of January 2004, all 10 comprehensive Seattle public high schools will have a Teen Health Center. Four Middle School Wellness Centers have been strategically placed at middle schools with significant health care needs.

SBHCs fill a critical gap within our health care system. Adolescents utilize health care services less than any other age group and are the least likely group to have health insurance. Even when young people are connected to health providers, traditional providers may have limited impact on behavior-related problems because they are less likely to have frequent contact with their patients. SBHCs offer services to youth in a familiar and “teen-friendly” setting and are staffed by health professionals trained to work with adolescents. These centers have been designed to overcome barriers that discourage adolescents from utilizing health services including: lack of confidentiality, inconvenient appointment times, prohibitive costs, transportation, and general apprehension about discussing personal health problems. The School-Based Health Centers are a key part of the public health strategy for reaching the hard-to-serve adolescent population.

School-Based Health Center Partners

In addition to the generous support the SBHCs receive from the Families & Education Levy and City of Seattle general fund, sponsoring community agencies contribute a significant percentage of the total cost of the SBHCs in direct and indirect resources. Not only do these partners contribute resources, they also operate, staff, manage, and coordinate care within the centers.

Thanks to the following organizations who sponsor the Seattle School-Based Health Centers:

Group Health Cooperative of Puget Sound

Aki Kurose Middle School Wellness Center
Franklin High School Teen Health Center
Ingraham High School Teen Health Center
(Co-Sponsor; opening 2004)
Washington Middle School Wellness Center

Harborview Medical Center

Cleveland High School Teen Health Center

Odessa-Brown Children's Clinic

Garfield High/NOVA Alternative Schools Teen Health Center

Public Health–Seattle & King County/Columbia Health Center

Rainier Beach High School Teen Health Center

Public Health–Seattle & King County/North Seattle Health Center

Ingraham High School Teen Health Center
(Lead Sponsor; opening 2004)

For me, I consider my real doctor to be really good as well, but for me to get in to talk to him about something that wasn't an emergency, it would take a really long time. I'd have to drive downtown... And here (the THC), everyone's attuned to what I would need right now. It's more specialized here, like it's a Teen Health Center and I'm a teen, so they know what I need and how to make sure I'm being helped.

—12TH GRADE FEMALE

Puget Sound Neighborhood Health Centers

Denny Middle School Wellness Center
Madison Middle School Wellness Center
Roosevelt High School Teen Health Center
Sealth High School Teen Health Center
West Seattle High School Teen Health Center

Swedish Medical Center

Ballard High School Teen Health Center

University of Washington

Nathan Hale High/Summit Alternative Schools
Teen Health Center

New This Year in the SBHCs

Aki Kurose Wellness Center Opens

In February 2003, Youth Health Services coordinated with Group Health Cooperative and the Group Health Community Foundation (GHCF) to begin services at Aki Kurose Middle School Academy (AKMSA). Throughout the Spring, Group Health provided health education services and health promotion activities to the students of AKMSA. These services were followed by a full-site renovation during the summer months that was supported by the GHCF, the Nesholm Family Foundation, and HumanLinks Foundation. This paved the way for a full Wellness Center, administered by Group Health, to begin operations in September 2003.

Preventive Services Improvement Initiative (PSII)

During the 2002–2003 school year, seven of the 13 Seattle SBHCs participated in the National Assembly on School-Based Health Care sponsored Preventive Services Improvement Initiative (PSII). The PSII, which was funded by the Center for Disease Control, sought to improve quality in the areas of risk assessments, well-child exams, and STD screens within SBHCs. Youth Health Services has chosen to expand this initiative to all 13 of the Seattle SBHCs. The initiative will promote prevention-focused services that will help address health/mental health issues before they become significant problems.

[GOOD NEWS]

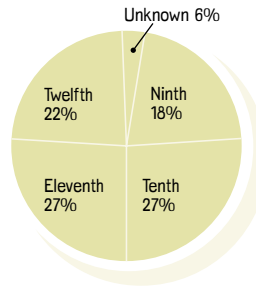
A study, completed by the Public Health–Seattle & King County Epidemiology Planning and Evaluation unit (*A Linked Analysis of Clinic and School District Data for High and Middle School Students for 2001–2002 School Year*), linked the 2001–02 SBHC user database and Seattle Public Schools data. This study did not include any identifying information of SBHC users and did not compromise confidentiality in any way. The analysis revealed encouraging information:

- In this study, high school students that were SBHC users were more likely to have a GPA over 2.0 compared to non-users.
- SBHC users were significantly more likely to be eligible for free or reduced lunch compared to non-users, indicating that the SBHCs are serving the low-income populations that often do not access health care.

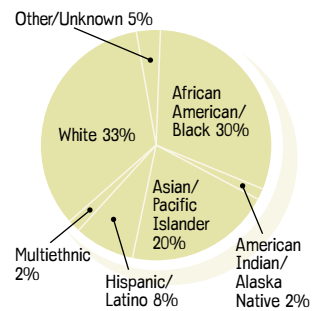


TEEN HEALTH CENTERS

Visits by Grade



Visits by Race/Ethnicity



Reaching for Excellence Project

The “Reaching for Excellence” project is funded through a grant from the Robert Wood Johnson Foundation. The grant is administered by the Caring for Kids grant program at the Center for Health and Health Care in Schools. The project began during the 2002–2003 school year in partnership with the University of Washington’s Department of Child & Adolescent Psychiatry Training Program at Children’s Hospital and Regional Medical Center. University fellow and faculty psychiatrists provided on-site support and services to seven Seattle SBHCs. They also conducted four formal trainings for medical and mental health providers across the system.

Health Education through Tobacco Prevention Grant

Through a grant from Public Health–Seattle & King County Tobacco Prevention, YHS will hire a health educator. The role of the health educator is to address adolescent health issues, including but not limited to tobacco use. This health educator will enhance the health education component at sites that lack a specific resource for this service and coordinate with those sites that do. Additionally, the YHS health educator will develop standards and guidelines for the delivery of health education services within the Seattle SBHC system.

High School Teen Health Centers

Total student enrollment, clinic visits, and utilization all increased within the Teen Health Centers during the 2002–03 school year. Female students are the primary users of the THC. Continuing a trend of previous years, race/ethnicity data reflect a higher rate of use by African American/African Native students than their rate of school district enrollment.

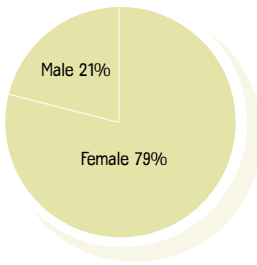
	THC ENROLLMENT	SCHOOL ENROLLMENT	PERCENT ENROLLED	NUMBER OF VISITS	UNDUPLICATED USERS	VISITS PER PERSON	USERS AS % OF THC ENROLLMENT	USERS AS % OF SCHOOL
Ballard	675	1610	42%	1259	317	4.0	47%	20%
Cleveland	568	736	77%	1077***	239	4.5	42%	32%
Franklin	960	1593	60%	3194	574	5.6	60%	36%
Garfield	908	1688	54%	2248	564	4.0	62%	33%
Nova*	101	260	39%	224	53	4.2	52%	20%
Nathan Hale	834	1081	77%	1711	279	6.1	33%	26%
Summit**	368	657	56%	291	81	3.6	22%	12%
Rainier Beach	352	710	50%	1322	260	5.1	74%	37%
Roosevelt	915	1670	55%	1921	421	4.6	46%	25%
Sealth	636	978	65%	2656	473	5.6	74%	48%
West Seattle	817	1053	78%	2012	446	4.5	55%	42%
TOTAL	7134	12036	59%	17915	3707	4.8	52%	31%

*NOVA is an alternative high school that partners with the Garfield THC to access services

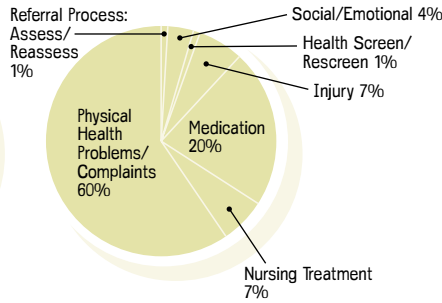
**Summit is an alternative K–12 school that partners with the Nathan Hale THC to access services for students in grades 9–12

***Cleveland THC was without Nurse Practitioner staff for a portion of the year

Visits by Gender



Reasons for School Nurse Visits



Most Common Reasons for Visits to Teen Health Centers

Each student visit to a Teen Health Center can have a single or several diagnoses. The most frequently occurring diagnoses across visits are presented here as the “most common reasons” for visits.

Health Maintenance	Illness	Mental Health
Reproductive Preventive Care 56.3%	General/Acute Illness 46.3%	Family Issues 43.0%
Health Counseling 23.9%	Reproductive Health Care 39.5%	Anxiety/Stress 28.6%
Wellness Exams/Physicals 16.7%	Chronic Conditions 5.2%	Interpersonal Issues 19.7%
Immunizations 3.1%	Injury Treatment 3.5%	Depression 14.6%

School Nurse Services in High Schools

Seattle Public School nurses are responsible for a vast array of health needs of every student, including mandated health screenings, and the health plan for the entire school building. There were 26,493 student visits to high school nurses during the 2002–03 school year. The work of the school nurses contributes to the health of Seattle high schools and links directly to the work of the Teen Health Centers. Eleven percent of student visits to school nurses result in referrals to additional services. Of these referrals, five percent is to SBHC providers, five percent to community providers, and one percent of visits with a referral are to other school services.

In addition to referrals, nurses consult with parents, teachers, and others regarding the care of students, acting as a communication link. Nurses are also responsible for training school staff on the appropriate care of students in school. At the high school level, 324 students have individual health care plans. In all high schools with an SBHC, nurses have identified 119 students with life-threatening conditions. These conditions are likely to include asthma, diabetes, and life-threatening allergies. In all cases, school nurses assure that the school staff responsible for these students are informed and trained on how to keep the student safe while in school. In all of the Seattle schools with an SBHC, 2938 students—23 percent—have identified health concerns. Nurses are responsible for evaluating the severity of the concern and coordinating the appropriate care for these students.

[GOOD NEWS]

Over the 2002–03 school year, a new evaluation design for the School-Based Health Centers was completed. This framework has enabled YHS to develop appropriate student, school, and provider outcomes to guide evaluation efforts. A pre/post survey strategy is being used to determine the role the School-Based Health Centers play in impacting the following outcomes:

Short-term Outcomes

- Improved individual functioning
- Students feel more connected to school, adults, and/or family
- Increased knowledge of risky and protective health behaviors
- Increased knowledge of and ability to use health resources
- Increased adherence to a plan of care

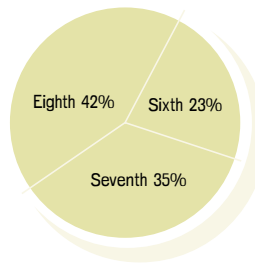
Intermediate Outcomes

- Improved functioning in school setting
- Increased appropriate utilization of outside health resources
- Increased preventive health behaviors and reduced risky health behaviors

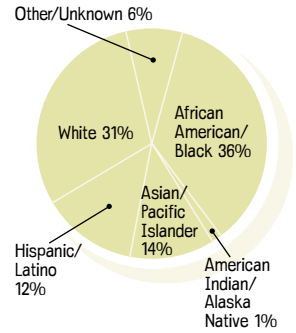


MIDDLE SCHOOL WELLNESS CENTERS

Visits by Grade



Visits by Race/Ethnicity



Middle School Wellness Centers

Newer to Seattle than the High School Teen Health Centers, Middle School Wellness Centers are an initiative of the current Families & Education Levy II, which was passed in 1997. Wellness Centers emphasize mental health and social support in order to meet the unique needs of early adolescence. During the 2002–03 school year, these centers experienced significant increases in number of visits (up 17.6 percent from 2001–02) and unduplicated users (up 18.6 percent from 2001–02). Furthermore, Wellness Centers are well-utilized across races/ethnicities and genders.

	MSWC ENROLLMENT	SCHOOL ENROLLMENT	PERCENT ENROLLED	NUMBER OF VISITS	UNDUPLICATED USERS	VISITS PER PERSON	USERS AS % OF THE ENROLLMENT	USERS AS % OF SCHOOL
Denny	497	828	60%	1431	270	5.3	54%	33%
Madison	466	909	51%	619	230	2.7	49%	25%
Washington	758	1033	73%	1304	279	4.7	37%	27%
TOTAL	1721	2770	62%	3354	779	4.3	45%	28%

Most Common Reasons for Visits to Wellness Centers

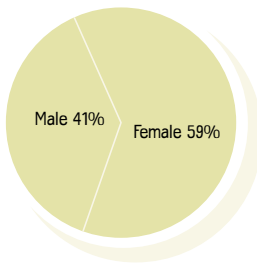
Each student visit to a Wellness Center can have a single or several diagnoses. The most frequently occurring diagnoses across visits are presented here as the “most common reasons” for visits.

Health Maintenance	Illness	Mental Health
Wellness Exams/Physicals 42.3%	General/Acute Illness 60.6%	Asset Development 30.0%
Health Counseling 29.3%	Chronic Conditions 14.2%	Family Issues 29.0%
Reproductive Preventive Care 15.7%	Reproductive Health Care 9.4%	Interpersonal Issues 15.7%
Immunizations 12.6%	Injury Treatment 6.8%	Anxiety/Stress 15.2%

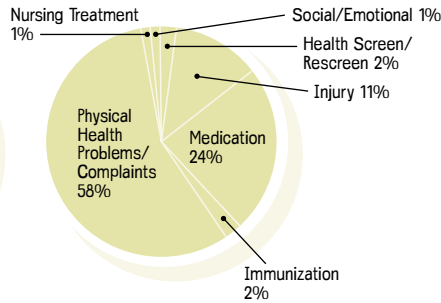
School Nurse Services in Middle School

At the three Seattle Public Middle Schools with Wellness Centers, students made 18,653 visits to the school nurse. The contributions of these Wellness Center partners are invaluable. While supporting the health of the whole school, school nurses in middle schools triage student needs, provide support, and coordinate health care to make the work of the Wellness Centers more effective. The middle school nurses hold many of the same responsibilities as their high school counterparts. In Seattle’s middle schools that have Wellness Centers, 102 students—four percent of all students—have individual health care plans. Five percent of visits result in a referral: three percent to Wellness Center staff and two percent to community providers. Consultation with parents, providers, or school staff occurs in 15 percent of visits. With over 10,000 visits for physical complaints, it is clear that the school nurse is a critical source of support and front line assessment for many complaints that do not require added care, but do need attention that other school staff lack the skills to address.

Visits by Gender



Reasons for School Nurse Visits



Other YHS Programs

School-Linked Health Centers

Although they are not located within schools, school-linked health centers offer similar services as their school-based counterparts. The Renton and Highline Youth Health Centers are administered and sponsored by Highline Community Health Care. Through well-formed relationships with schools, young people in south King County have access to these clinics' quality and youth-friendly health services.

An interim, part-time, school-linked clinic has also been operated by North Public Health Clinic and has served Ingraham High School. A public health nurse worked in partnership with the school nurse to identify students in need of health services that could not be provided on site at the school. The public health nurse then worked with the student to ensure that he or she received the care that they needed at North Public Health.

SafeNet

This program is coordinated in part by YHS and serves youth in east King County. *SafeNet* identifies students considered at risk by their teachers or school counselors at the end of elementary school. During the next year of middle/junior high school, *SafeNet* provides one-on-one support and advocacy for these students (and their families) based on their needs and strengths. *SafeNet* has consistently presented strong evaluations that indicate students improve or stabilize within academic measures such as grades, attendance, and conduct. Through a partnership with four eastside school districts and several youth-serving agencies, the program served a total of nine schools. *SafeNet* is well established within the eastside communities it serves. Youth Health Services will be reducing its role within this project to allow local partnerships to develop *SafeNet* to best meet their communities' needs.

Best Beginnings

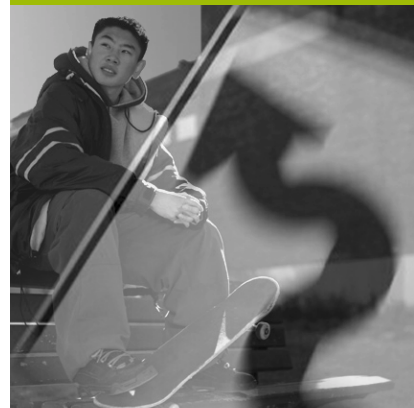
Public Health's *Best Beginnings* program partners with the Seattle School District to provide services to school-age youth that are pregnant or parenting. As part of a Seattle School District grant, Public Health has partnered to create a network of multidisciplinary/

[GOOD NEWS]

In June 2003, Public Health—Seattle & King County released a *Public Health Data Watch* report that documents sharp drops and historically low levels of birth, pregnancy, and abortion rates in adolescent girls in Seattle and King County. Included in the report was the following good news for SBHCs:

- The steepest teen birth decline has been in Seattle, where the birth rate fell by 65% since the peak in the late 1980s and early 1990s. The Seattle decline is greater than declines in other cities across the country with available data.
- Reproductive health education and services that are available to teens in Seattle's School-Based Health Centers, which were established in the mid-1990s when the decrease began, are identified as likely contributing factors to this decline.

To view the full report, visit:
www.metrokc.gov/health/datawatch/adolescent-pregnancy.pdf



The Teen Health Centers are so important because it's a safe haven, it's a comfortable place to be. Just the personalities of the people who work here and their willingness to help rubs off on students. And then we can pass that on. It makes such an impact on so many people's lives and I don't know what we'd do without it. I mean, I think that school is a whole lot better with the Teen Health Center here.

—10TH GRADE FEMALE

interagency services for pregnant and parenting teens through the King County Teen Parent Coalition. The *Best Beginnings* program offers case management services through two tracks of service:

- The Nurse Family Partnership An intensive Nurse Home Visiting Program for young, first-time mothers and their families; based on the David Olds Nurse Home Visitor protocols.
- Teenage Pregnancy & Parenting Program (TAPP) An interdisciplinary collaboration between Public Health–Seattle & King County and Medina Children Services. A case management team that includes a Public Health Nurse, Social Worker, and Nutritionist serves pregnant and parenting teens through a community-based model.

Youth Health Services staff works closely with Public Health's Maternal Child Health Program to coordinate with schools and develop systems that support services to teen parents in Seattle.

Future Plans

In the coming year, Youth Health Services looks forward to the opening of a Teen Health Center at Ingraham High School. Not only will this clinic serve the young people of Ingraham, but it will also be the capstone on our community's effort to place a Teen Health Center in all 10 comprehensive public high schools in Seattle. This project will be a partnership between Public Health and Group Health Cooperative, with capital support from the HumanLinks, Horizons, and Nesholm Family Foundations.

Youth Health Services will also be working closely with the City of Seattle and community representatives to prepare for the renewal of the Families & Education Levy. Planned to be on a Fall 2004 ballot, this levy will present the opportunity for voters to continue our community's commitment to keeping young people safe, healthy, and ready to learn.





"I was coming in for the (school) nurse and stuff. First I just needed medication, aspirins... And then, when I had gotten my physical at the Teen Health Center, [the nurse practitioner] asked me personal questions and I told her, and it kind of upset me so she recommended I talk to the [THC mental health counselor]. And then I started talking to the mental health counselor about a lot of stuff that had been happening. I've been going there for this year.

So when I started going there and getting what I needed and talking to my counselor, things started clearing up and getting better. When I started talking to my counselor it was really hard, but that was a point in my life where I couldn't take it anymore; everything was so hard for me to do especially at school. So I started talking to her about the stuff that was happening. And the counselor would help me with some things and then I started thinking of school more. I've always been low or medium in my grades and I started bringing them higher, and now I'm at a pretty good place.

It (Teen Health Center) actually does help a lot of people who need it... it does help to talk about your problems and get advice and help. For me, I could trust everyone that I talk to in there because they are really understanding and will really go out of their way to help you change things."

—11TH GRADE FEMALE

Linda St. Clair, Manager
Robin Pfohman, Program Manager
T.J. Cosgrove, Program Manager
La Tanya Griffin, Health Educator
Karen Tran, Program Support Coordinator
Robert Lehman, MD, Consultant in Adolescent Health

Susan Barkan, Marc Bolan, Rujuta Gaonkar,
Genevieve Rowe, David Solet, and Jessica Young for
providing program evaluation for Youth Health Services.

Report prepared October, 2003, by T.J. Cosgrove, Robert
Lehman, Robin Pfohman, Linda St. Clair, and Karen Tran

Youth Health Services
Public Health—Seattle & King County
999 Third Ave, Suite 900
Seattle, Washington 98104-4039

Ph (206) 296-4987
Fx (206) 296-4679

www.metrokc.gov/health/yhs

Youth Health Services

Public Health—Seattle & King County

999 Third Ave., Suite 900

Seattle, Washington 98104-4039

THANK YOU TO OUR PARTNERS AND SUPPORTERS

- Bellevue School District
- Carl Meinecke, Ph.D
- Central Youth & Family Services
- Children's Hospital and Regional Medical Center
- City of Seattle
- Columbia Health Center
- Friends of Youth
- Group Health Community Foundation
- Group Health Cooperative of Puget Sound
- Harborview Medical Center
- Highline Community Health Care
- Highline School District
- HumanLinks Foundation
- International Community Health Services
- Issaquah School District
- Issaquah Schools Foundation
- King County
- Lake Washington School District
- Medina Children's Services
- National Assembly on School-Based Health Care
- Nesholm Family Foundation
- Northshore School District
- Odessa Brown Children's Clinic
- Public-Health Seattle & King County Tobacco Prevention
- Puget Sound Neighborhood Health Centers
- Renton Area Youth Services
- Renton School District
- Robert Wood Johnson Foundation
- Ruth Dykeman Children & Family Services
- Seattle Public Schools
- Swedish Medical Center
- The Center for Health and Health Care in Schools
- University of Washington Department of Child and Adolescent Psychiatry
- University of Washington Division of General Pediatrics
- University of Washington Medical Center
- University of Washington School of Nursing
- Washington State Department of Health
- Youth Eastside Services