SCHOOL-BASED HEALTH CENTERS AND THE INTERSECTION OF YOUTH EMPOWERMENT AND HEALTH CARE

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ABOUT THE AUTHORS
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INTRODUCTION
Historically, health care consumers have not been engaged in the design of new health care delivery and payment models. This has caused significant differences between physicians’ understanding of patients’ values and what patients report is important to them. Betchtel and Ness note that “health care models designed without consumer input run the risk that patients not only will not embrace them, but also will perceive them as contrary to their best interest.”

In response, the idea of the patient-centered medical home as a possible solution to the problems that arise from poor-quality, fragmented, expensive health care has attracted interest from a wide range of stakeholders. The transition from standard issue primary care to a patient-centered medical home requires establishing practices and services that will enable patients to positively participate in their health and health care to the extent that they are able. As Betchtel and Ness point out, not having an engaged patient-base can create barriers to the delivery of services. However, if we build a truly patient-centered system in collaboration with consumers, and as this paper points out specifically, youth, they will embrace it, benefit from it, and help ensure its success.

There is a need for the implementation of a youth empowerment approach that develops the skills of patients (as well as adult physicians), enhances their critical awareness of health care delivery and their health care needs, and provides opportunities for collaboration with the provider. This type of strategy can effectively engage patients by increasing their capacity in ways that will contribute to the systems and health care delivery platforms that they participate in.

School-based health centers (SBHCs) are uniquely positioned to do just this engage the single most important stakeholder in their work. Since SBHCs are on school campuses, they have the opportunity to
interact with their patient population in a far more comprehensive manner than more traditional providers, creating value for the students and the center itself.

This paper will highlight the importance of SBHCs as a way to access and impact youth. Moreover, this paper will explore how the strategy of youth empowerment is fundamental to adolescent health care and can be implemented within SBHCs.

**SCHOOL-BASED HEALTH CENTERS DEFINED**

A SBHC is a partnership created by schools and community health organizations to provide medical and mental health services on the grounds of a school that promote health and educational success of youth. SBHCs provide a great deal of preventative medicine, including immunizations, health assessments and screenings, sports physicals, and the maintenance of acute and chronic illnesses (Figure 1). SBHCs are set up to serve all students attending the school and/or in the community; as a key component of many states’ safety-net, they primarily serve adolescents that are uninsured or underinsured. SBHCs not only serve to produce health outcomes, but also academic outcomes when examining attendance rates and GPA over time for specific cohorts of users.

![Figure 1: Primary Care Services Provided On-Site (Nationally)](image)

The National Assembly on School-Based Health Care explains that, “SBHCs – the convergence of public health, primary care, and mental health in schools – represent an important element in our toolbox for combating challenging health issues.” Over the past 12 years, the number of SBHCs in the United States has exponentially increased from 1,135 centers in 1999 to 1,910 in 2008 – a 68.3 percent increase. As well, the Patient Protection and Affordable Care Act of 2010 allowed for SBHCs to become federally authorized to receive federal funding and provided grants to help expand existing and establish new SBHCs.
Here are four issue areas in which SBHCs make a difference:

1. Increasing health care access
2. Addressing rising health care costs
3. Combating health challenges
4. Improving academic success

**Increasing Health Care Access**
Because health care coverage is often linked to employment and state budgets (since state budgets largely fund public programs such as Medicaid), these current times of high unemployment and budget deficits can take a toll on not just the rate of adolescents being insured, but their access to health care services. Yet schools with SBHCs demonstrate that they serve a vital role in providing services to underserved and vulnerable populations.

Case in point: A national study of SBHCs found a significant increase in health care access by students who used a SBHC – 71 percent of students reported having a health care visit in past year compared to 59 percent of students who did not have access to a SBHC.\(^1\) Two studies found that SBHCs attract harder-to-reach adolescent subpopulations, specifically minorities and males.\(^2\) Additional research shows that African American children are more likely not to receive needed mental health services, to end up in the most intensive mental health care settings, and to experience poorer outcomes; therefore, missing school. Yet, when African American males have access to SBHCs, they were found to be three times more likely to stay in school than their peers who did not use the SBHC.\(^3\) Other studies found that adolescents were 10 to 21 times more likely to come to a SBHC to receive mental health services than other community mental health providers.\(^4\)

**Addressing Rising Health Care Costs**
In many cases, individuals access the health care system through inefficient means, such as emergency services, to receive care for treatment of acute or chronic conditions. This causes unnecessary financial strain on the system and often the individual. In a study conducted by Johns Hopkins University, SBHCs reduced inappropriate emergency room use among regular users of SBHCs.\(^5\) Emory University School of Public Health found that SBHCs contributed to a reduction in Medicaid expenditures related to inpatient, drug, and emergency department use.\(^6\) This study also showed that yearly medical expenses for children without access to a SBHC, on average, were 2.5 times more than those with access to a SBHC.\(^7\)

**Combating Health Challenges**
By offering health care services in schools, health visits become a normal part of school life. According to the National Assembly on School-Based Health Care, this is especially important for youth who may feel stigmatized by their diseases, require management of chronic health conditions, or lack routine access to health care providers.

Medical providers can screen and evaluate problems with proper laboratory testing and referrals to specialists when needed, which may be the case with complications related to obesity such as Type 2 diabe-
tes. This is particularly important when seen alongside a North Carolina Public Schools Report that highlights that support for asthma and diabetes as the two highest types of services provided. This relates to significant opportunity cost and gains as one study found that school attendance increased among inner-city school children with asthma who had access to a SBHC.

As mentioned, mental health care is a leading reason why youth visit SBHC – several studies have shown that the barriers experienced in traditional mental health settings, such as stigma, non-compliance, and inadequate access, are overcome in school-based settings.

**Improving Academic Success**

SBHCs have the ability to increase the amount of instructional time students receive. In receiving the care they need on campus, students can minimize the amount of school missed due to health provider appointments and chronic disease management. As well, with the increase in frequency of preventative care, SBHCs have the capacity to decrease the amount of time missed due to seasonal and other illnesses, such as influenza.

Additionally, in some cases, receiving specialized health care can improve student academic performance. A study in New York found that students enrolled in a SBHC were present for three times as much instructional time as students not enrolled in a SBHC. Furthermore, a study in Seattle found that those who use the clinic for medical purposes had a significant increase in attendance over non-users. Receiving counseling and mental health services at a SBHC in that same study found that the users increased their grade point average over time compared to non-users.

There are positive influences by just having a SBHC on a school premise – a study by the Journal on School Health found that students, teachers, and parents who have a SBHC rated academic expectations, school engagement, safety and respect significantly higher than schools without a SBHC.

**YOUTH EMPOWERMENT DEFINED**

The theory of youth empowerment can center on different age ranges, but is focused on creating greater community change that, in its methods, relies on the development of individual capacity. For the purpose of this paper we define youth as high school aged adolescents. According to Youth Empowered Solutions (YES!) “Youth become competent community advocates by receiving training in such areas as public speaking, media literacy, community assessment, gathering community support and working with policy-makers.”

Marc Zimmerman, renowned researcher in the field of empowerment theory, summarizes the theory simply: “Empowerment theory connects individual well being with the larger social and political environment, and suggest that people need opportunities to become active in community decision making in order to improve their lives, organizations, and communities.” Different from models that are focused on youth development that center on developing the capacity of the individual youth, youth empowerment centers on addressing social inequities through meaningful engagement of the target population.

The developmental stages of adolescents makes them ideal for effective change in organizations and communities, particularly those in which they hold a stake, such as the field of, and access to, health care. During adolescence, many young people are driven to explore issues of social justice where they are
creating and experimenting with their own principles and political ideas, leading many to become involved in cause-based action.\textsuperscript{27}

Organizations such as the Forum for Youth Investment explore this idea when they note that “involving youth in decision-making processes provides them with the potential opportunities and support of relevancy, voice, cause-based action, skill-building, and affirmation that the research shows to consistently help youth achieve mastery, compassion, and strong mental health.”\textsuperscript{28} This level of empowerment not only benefits the individual, but the organization, the community in which it operates, and ultimately, society.\textsuperscript{29}

**SOCIOECOLOGICAL MODEL OF HEALTH AND YOUTH EMPOWERMENT**

When applied to the field of health care, and specifically to accessing health care, the implementation of empowerment can impact the development of the individual, the organization or provider, and the community. This impact can be further reached when the target population is high school aged, uninsured and underinsured, and lacking of adequate primary care, all of which describe the target population of school-based health centers. While moving from traditional passivity to active, informed engagement is an unexpected challenge for many patients, and arguably providers, the return can ensure that every patient and every caregiver has the knowledge, skills, and opportunity to take effective action.\textsuperscript{30}

### Individual Change

Within the field of health care, an empowered patient has the capacity to impact his or her own personal health in how they pursue preventative medicine and regular treatment, are able to make educated decisions that lead to less illness, and communicate effectively with their health care provider. The patient-provider relationship relies greatly on a person’s capacity to understand and communicate their needs as neither can solve the problem without the other. As one study points out, many youth do not understand the care that they are entitled to or do not trust the care that is being offered.\textsuperscript{31} Ultimately, current disparities in health outcomes will only increase unless the central role patients now play in the success of their care is recognized and addressed.\textsuperscript{32} When youth are empowered, they become more competent, confident, and develop communications skills.\textsuperscript{33} Youth gain a sense of exercising power over ones life.\textsuperscript{34} Furthermore, as researched by Dr. Sarah Cusworth Walker et al, in their model, SBHCs use impacts school behaviors and academic outcomes indirectly by influencing student resiliency, health status and health behaviors, and school level effects.\textsuperscript{35}
Organizational Change
According to the Center for Advancing Health, “full participation of every patient in finding and using safe, decent health care is vital to the success of the health care enterprise.” Similarly, research has shown that not only do youth benefit by aiding in the achievement of compassion, health, and mastery of decision-making skills, but adults and organizations do as well. For example, adults and organizations become more connected and responsive to youth in the community, thus leading to programming improvements. Adults gain satisfaction in passing on their knowledge and guidance to the next generation. Adults have the opportunity to experience the competence of youth first-hand and begin to perceive young people as legitimate, crucial contributors. Furthermore, a synergy becomes possible between youth and adults who are in different stages of their lives, and consequently have different interests, skills, and experiences to bring to the decision-making process and enhance and improve programming. When those adults impacted are health care providers, providing care in schools, mutually beneficial relationships can enhance the provider’s ability to focus on more effectively meeting the needs of their patients. This greater capacity is increasingly important as medical providers strive to become patient-centered through achieving targets related to healthcare utilization, patient productivity absenteeism, and patient activation.

Communal Change
The socioecological model of health recognizes that adolescents do not act in a vacuum. Their actions are influenced not only by personal preferences, but by family, friends and peers; the advice they receive from their health providers; the broader community in which they live, attend school, or work; and public policies. As the North Carolina Institute of Medicine States, “knowing that peer influence is reciprocal, that is youth influence their peers and their peers influence them, an empowered population of youth, or patients, has the capacity to create far-reaching community change.”

Figure 3: Socioecological Model for Health
As community advocates and spokespeople, youth can bring attention to issues from a perspective that is unlike, and sometimes unknown to, adults. As key stakeholders in the health and educational systems, the collective human capital of the adolescents can strengthen the equity within a communities approach towards educating young people and keeping them healthy. A community that operates within an empowerment framework has interdependent components that collaborate to effectively identify community needs, develop strategies to address those needs, and find resources and perform actions to meet those needs.

**STRATEGIES TO INCREASE YOUTH EMPOWERMENT IN SBHCS**

As SBHCs are located in an environment in which they have continual contact with their patient-base (primarily students), a youth empowerment framework can increase the investment in not only their individual health, but also their investment in the health care provider and the health of the community. One strategy that SBHCs can employ to increase their level of empowerment is through training and engaging youth within the media. The blurb below is from a letter to the editor published in the Raleigh, N.C.-based newspaper, *The News & Observer*:

> I’m a student at Southeast Raleigh High School. I’m writing about the recent car accidents that have occurred, leaving two teenagers dead...

> ...A school-based health center supports students by providing a safe place to talk about sensitive issues such as depression, family problems, relationships and substance abuse.

Another strategy is to enhance the way youth engage and advocate their community in unique and creative ways. Youth can frame issues in a perspective that appeals to their peers in a way that adults cannot. As well, youth, through schools, community, religious practices, and families, have a greater access to their peers than adults do. This can allow for a greater capacity to leverage the youth voice. This type of investment can be seen through youth-developed campaigns, such as petitions and advocacy post cards. These activities are powerful tools when approaching decision makers such as school boards, health officials and legislators in supporting your existing SBHC or other health care policies or resources.

Youth can also be integral in accessing, synthesizing and reporting on community perception and health information. Models of community-based participatory research highlight the effectiveness of participation as not just positively impacting the quality and quantity of data, but also increasing the capacity of
residents to address future health risks through education, outreach and training. Similarly, youth have a greater access to parents as secondary, but key stakeholders. As gatekeepers to their children, parents can impact a youth's circumstances and ability to access health care and other necessary resources. Therefore accessing parents, through such means as gathering supportive survey data, can be critical to the success of the SBHC.

**CONCLUSION**

As the health care system and the field of adolescent medicine shifts towards a more patient-centered approach, there will be a growing need for models that create and give patients a greater stake in how and when they receive the care they need. As Betchel and Ness state, “we must begin to engage consumers meaningfully as full partners – not just in their care but in the design of their care.”

When applied, a youth empowerment framework can develop the skills and awareness of patients, while providing opportunities to participate, as owners, in the process of health care delivery. Active participation in such opportunities can shape both policy and infrastructure, creating not just a more effective system of health care, but a more equitable one.

The National Assembly on School-Based Health Care says that “Effective SBHCs recognize the necessity of youth participation in decision-making processes and engage youth in various aspects of the health center.”

SBHCs have the opportunity to do just this as they play a critical role in the delivery of health care to the adolescent population. Operating in such close proximity to where their primary stakeholder spends the majority of their time creates a unique relationship between the patient and provider. When a youth empowerment framework is applied, this relationship becomes a mutually benefitting process, strengthening the provider’s ability to disseminate a higher quality of care and increases the investment the patient has in receiving that care.

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