

# **Attracting & Retaining Adolescent Patients**

## **Recommendations for School-Based Health Centers**



**California School-Based Health Alliance**

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**[www.schoolhealthcenters.org](http://www.schoolhealthcenters.org)**

## Overview: Why a Specialized Approach to Care Matters

*The piece that brings me back every time to a school-based health center is it really means I can do community health. If you're in a hospital, private office, or even in an FQHC, you are a medical place and you only see people if they show up... You're really only seeing people that decide to come in. But when you're in school, the school is your patient. One of my personal goals is to see all the students... there's so much preventive work we can do, even for kids who don't have an identifiable health problem...I think all the students can use something we offer.*

- SBHC Nurse Practitioner | Oakland, CA

The number of school-based health centers (SBHCs) in California has been growing consistently over the last 20 years despite the lack of a dedicated state funding stream such as that found in many other states. To increase their sustainability, SBHCs in California are increasingly adopting a model in which they serve not only the students in the school but also members of the broader community.

The California School-Based Health Alliance is supportive of this model in that it increases patient volume and clinic revenue, and also increases access to care for the entire community. However, the original impetus for SBHCs was to create a specialized model of health care delivery that would be more successful in reaching children and adolescents. The adolescent population is of particular concern because teens are a unique population that demands a particular type of practitioner, clinic environment, and clinical practice. This is particularly important when it comes to providing effective reproductive health services for youth.

The purpose of this paper is to assist SBHCs that serve the entire community in maintaining an adolescent-friendly practice to ensure the best healthcare experience for a young person. The practices described in this paper have emerged from research on adolescent health as well as interviews with staff at SBHCs that do exemplary work with teens.

This guide walks through each step of an average appointment—from the front desk, to the waiting room, to the medical visit—and provides strategies for creating an adolescent-friendly practice with visibility throughout the school. In addition, this guide presents policy advocacy opportunities for those interested in advancing adolescent-friendly health services.

## At the Front Desk

*For a lot of students, it's the first time they've been to healthcare without a parent. Just showing up and signing in is kind of amazing. It's an amazing learning experience for students. In some ways, it's a rite of passage. We try to make that a positive experience because so many people have negative experiences with healthcare because they're entering a system that's not really set up for youth: it's either set up for babies, adults, or they're in the ER. Everything here is for them.*

- SBHC Nurse Practitioner | Oakland, CA

The front desk sets the tone for the SBHC. These are some suggestions for making that first impression a positive and lasting one.

**Practice an Inclusive Approach** • As students' first point of contact in the health center, front office staff can be the most welcoming adults in the SBHC. Front office staff should be non-judgmental, easy to relate to, and refrain from discussing personal or confidential issues. They should be able to relate to teen patients in a culturally competent manner and, to ensure inclusivity, should avoid making immediate assumptions about gender or sexual orientation. *Most importantly, they should enjoy working with young people.*

*Teens feel comfortable in a clinic, especially when you have more drop-ins [appointments]. Our front-desk person? Our students love her! The staff are people that the youth can relate to and want to be around, and that's more true when you have drop-ins. Students can come in to get a Maxi pad, fill up their water bottles, use the bathroom, or just talk hang out.*

- SBHC Site Supervisor | Oakland, CA

*From a student leadership perspective, in terms of staff, the way they looked made a difference. They didn't dress above us. They were casual even when we entered the clinic, and I didn't feel like I needed to be so professional around them. You don't feel like you're being judged and as youth, we have a lot of questions and we know that whatever we ask, we won't be judged.*

- Former SBHC youth leader | Los Angeles, CA

**Ensure Privacy** • Privacy is a priority for adolescent SBHC clients—really, it's a priority for everyone. SBHCs can ensure that youth have both physical and acoustical privacy while at the health center. According to young people, guaranteeing privacy increases the reputation of the health center.<sup>1,2,3,4,5</sup> If the SBHC serves the whole community, it is optimal to have separate entrances, registration windows, and waiting rooms for adolescents and other members the community. If separate intake locations are not possible, the staff can have youth fill out a half-sheet of paper with their name, reason for a visit, and visit urgency; that way they do not have to say the information out loud where other community members might hear.

**Operate During Convenient Hours** • A great way to make sure clinic hours work for youth is to have a youth advisory board choose the hours with SBHC staff. If the health center serves the whole community, it should have teen-only hours, especially for young people who do not want to run the risk of bumping into a family member or neighbor in the health center. Finally, allowing walk-ins is essential for giving youth access to the health center when they need it most.<sup>6</sup>

**Confidential Time for Sensitive Services** • Some health centers practice “confidential time” or time during a visit when a young person can see the health care provider without his or her parent in the exam room. Confidential time is valuable, especially when it comes to talking about reproductive health care with an adolescent. The SBHC can inform parents and young people alike of this practice at the front desk, and the clinician can reinforce it.

#### Quick Check!

- Do you have student-only hours?
- Have you consulted with students to ask if the hours of operation are convenient for them?
- Can your SBHC operate after school? Would students make after school appointments?
- Does the front desk staff avoid discussing the reason for the student's visit out loud?
- Do you offer confidential time for youth who visit the health center with their parents?

*Within the structure of the visit, one of the things I do is I make sure that I have time alone with adolescents for any appointment, even if they come with their parents. The parent and child know that from the beginning: there will be confidential time. Even if their parent is around, [adolescents] know they'll have confidential time. Parents will wait in the waiting room once their child is an established patient.*

- SBHC Nurse Practitioner | Oakland, CA

## In the Waiting Room

**Create a Comfortable Environment** • The health center should be an inviting place where students will want to spend their free time, such as during lunch or after school. It can have magazines, colorful walls, couches, comfortable chairs, music, television programs, and healthy snacks that appeal to students, as well as decorations that reflect different genders, sexual orientations, abilities, cultures, and ethnicities. Most importantly, the environment should reduce a young person's possible anxiety associated with seeing a health care provider.<sup>7,8</sup>

*A lot of it is the aesthetic appeal of the health center... I think for a lot of people the doctor's office is scary, and the whole health field in general is the scariest place, especially when things go wrong. But if you focus on the aesthetic appeal of the health center, it brings your attention away from the cold and sterile associations with traditional health care settings. It really helps you become more comfortable with the place you're going to get treated.*

- Former SBHC client | Los Angeles, CA

**Offer Understandable Health Education Materials** • Health education materials are essential, especially if they are eye-catching and easy to read. We're all too familiar with traditional health pamphlets, so try to stock materials that are youth-friendly. A good way to ensure this is by hosting a youth focus group, where students can give feedback on the readability of materials. SBHCs can even recruit students to create site-based health education materials. These materials can be reused or recreated by future teams of youth. When it comes to placement in the health center, health education materials should be in locations like the waiting room, exam room, and bathroom, where youth can pick them up without others seeing.

**Provide Information on Minor Consent & Confidential Services** • The SBHC should have up-to-date knowledge about California's minor consent and confidentiality laws. The health center can define, promote, and post its policies on confidentiality throughout the health center in age-appropriate language. Briefly informing students of confidentiality policies and what kinds of situations have to be reported can help them feel in control of their visit and reduce anxiety associated with mandated reporting. One useful way to ensure that students understand minor consent and confidentiality is by asking them, "What does confidentiality mean to you?" or "Pretend I'm your sister, can you explain confidentiality to me?"

### Quick Check!

- What are three words that describe your waiting room?
- What can you add to your waiting room to make it a more comfortable space?
- In your SBHC, how do you inform adolescents of their minor consent and confidentiality rights?
- Is your policy on mandated reporting visible and in understandable language?

## During the Visit

**Hire Health Care Providers Who Have Experience with Youth** • It is important to recognize that not all providers are comfortable working with teens or want to address teen issues. This is not a judgment, just a reality. If SBHCs are going to be successful serving teens, it is essential that they hire staff that *want to work with teens*. Health care providers should be trained in adolescent health and have experience working with youth. Experienced adolescent health providers can make the visit not only more comfortable but can also increase communication and understanding.<sup>9</sup>

**Have a Health Educator on Staff** • Since many adolescents have questions about their health, a health educator is an important position to have on staff to make an SBHC teen-friendly. Youth are often more at ease with a health educator because he/she is typically younger than the medical provider and often more comfortable with sensitive topics. At many SBHCs, the health educator takes on several responsibilities to ensure quality health care for young people. Health educators often do the initial intake for a visit. The intake is a significant moment: for many youth, it's the first time they can experience a confidential setting and share their health concerns with a friendly adult. The health educator can be a trusted ally for students during appointments, follow-ups, and drop-in health education sessions.

*At the SBHC, it's an educational experience, too. You have that resource with someone who can educate you on your health, instead of rush a lot for the sake of time. It's important to build that relationship to make sure the person is informed. In other health care settings, sometimes it's so fast, you forget why you came in.*

- Former SBHC client | Richmond, CA

**Provide Sexual & Reproductive Health Services** • Many youth look to their SBHCs for reproductive health services because they are either worried about confidentiality or feel uncomfortable talking with their family doctor.<sup>10,11,12,13</sup> Therefore, it is critical that a health center offers these services. Offering sexual and reproductive health services helps reduce barriers to youth obtaining care.<sup>14,15,16,17</sup> These services can range from basic sex education to STI treatment and providing birth control at the clinic.

**Offer HIV, STI & Pregnancy Testing** • Human Immunodeficiency Virus (HIV) testing, sexually transmitted infection (STI) testing, and pregnancy testing should be available at SBHCs. It is important to emphasize to young people that only urine samples are needed for STI testing, rather than requiring pelvic exams for young women and urethral swabs for young men.<sup>18</sup> In some settings, females can now be tested for Chlamydia using a simple, self-applied vaginal swab. To maximize opportunities for screening, it is important to offer testing regardless of which services are sought at a visit.<sup>19</sup> Implementing proactive clinical protocols can also maximize screenings. For example, these can include: opt-out screenings for new clients, paper or electronic chart flags for providers, and standing orders for tests during time-limited visits.<sup>20</sup>

**Administer HPV Vaccinations** • The SBHC can offer Human Papillomavirus (HPV) vaccinations. California state law allows youth 12 years of age and older to consent to the HPV vaccine. SBHCs can reduce insurance-based disparities in HPV vaccine series completion by giving the vaccine at school.<sup>21</sup>

**Provide STI Treatment** • STI treatment is a vital service at SBHCs. When available, single-dose medication treatments are helpful for increasing adherence in youth.<sup>22</sup> Health care providers can dispense the single-dose medication directly during the visit. The SBHC can also look into partner therapy

as an effective approach for STI treatment. This practice can promote treatment adherence and healthy partner communication.<sup>23</sup>

**Dispense Contraceptives & Emergency Contraception** • Health centers should dispense contraceptives whenever possible, rather than sending youth to the pharmacy with a prescription. Studies show that the farther an adolescent must travel to obtain contraceptives, the longer the interval will be between initiating sexual activity and receiving protection.<sup>24</sup> Also, pelvic examinations are no longer required before dispensing contraceptives. When dispensing contraceptives, the SBHC can use the Quick Start method. Studies show that effective use of hormonal contraception is more likely if the adolescent can initiate the method right away, rather than waiting for her next menses.<sup>25</sup> The health center should also dispense Plan B/Emergency Contraception because it needs to be taken within 72 hours of unprotected sex or birth control failure.

**Keep Consistent Health Care Providers** • A consistent provider is like having a consistent friend. For a young person, seeing the same provider in an SBHC can foster a relationship where the young person feels more open to discussing their health needs and questions. The SBHC can ensure the same health providers practice consistently at sites so they can build these relationships with youth. Consistent care builds the adolescent-provider trust needed to make the health center more effective.<sup>26</sup>

#### Quick Check!

- Do your medical providers have a history of working in adolescent health?
- Does your SBHC have a health educator?
- Does your SBHC offer reproductive health services?
- Can your SBHC dispense contraceptives and/or emergency contraception?
- How many medical providers practice at your SBHC?
- Is there frequent staff turnover at your SBHC?

## After the Visit

**Practice Confidential Correspondence** • It is important that all phone calls and texts protect the privacy of youth. Patients should specify phone numbers and email addresses as confidential or not confidential. This will allow health center staff to tailor phone messages, emails, and texts accordingly. The SBHC should also consider how a student can be confidentially called from class for an appointment. SBHC staff can use standard summons slips to notify students of their appointments. They should work with school faculty to ensure that they do not name the SBHC out loud when a student is called from class.

#### Quick Check!

- How do you remind students of their upcoming medical appointments?
- How do you work with the campus faculty to ensure confidentiality when a student is called from class?
- On average, how long do students wait for their follow-up appointments at your SBHC?
- Do students receive prescriptions immediately?
- How does your staff follow up with students if they have missed appointments?

#### Give Quick Appointments & Prescriptions

• Quick appointments and prescriptions are key. Young people should be able to obtain appointments and prescriptions when needed to encourage health center and prescription use.<sup>27</sup> An SBHC can practice an open-access model for same-day appointments, so that students can be seen by a health educator, nurse practitioner or medical assistant in case they have questions or urgent needs. SBHC staff can follow up with youth after an examination, if they miss an appointment, if they do not return a phone call, etc. Proactive follow-up can strengthen students' relationship to SBHC staff.

## Around the School

Being visible on campus is an important part of making adolescents feel comfortable about coming to the SBHC. These are all effective strategies for engaging with students and faculty.

**Support Provider-Adolescent Informal Socializing** • When do you have the opportunity to socialize with your health care provider? It's a rare event for adults and can be a meaningful one for young people. Building relationships between SBHC staff and adolescents is essential to the health center's effectiveness and popularity. Allot intentional time for staff to socialize with students at school during campus-wide events, health fairs, home games, or lunchtime outreach. This will increase the health center's visibility on campus.<sup>28</sup>

**Organize On-Campus Activities** • Another good way to publicize the SBHC is by holding on-campus activities. Staff can conduct presentations on health topics and services offered at the health center. Better yet, youth leaders from the health center can promote the center's services to other students. Youth can lead both organized and informal outreach to increase the health center's visibility and students' trust in confidential services at the SBHC. Remember that youth leaders can be the best way to reach many students at your school.

If possible, school staff, SBHC staff, and student clubs can work together and hold assemblies on health topics. These are great venues for sharing information on services offered at the health center. School-wide assemblies will not only increase the visibility of the health center but also demonstrate the health center's integration with the rest of the school.

**Offer Incentives** • Incentives distinguish SBHCs from other medical settings: how often do adults get offered a gift card for making their annual check-ups? Incentives can take a variety of forms and can ultimately draw students to your SBHC. Offer incentives to students for basic health education sessions, to make their follow-up appointments, or even when they refer a friend for services.

*Simple things like prizes for getting your vaccination? They don't do that at bigger clinics or hospitals. They make a difference. At the health centers, they find a way to attract youth. A Starbucks card or a free smoothie—these treats bring students in. For example, when we did Halloween outreach, we had vegetables and treats and, at the same time, we provided information on the services in the health center. And [students] didn't leave without saying anything; they had to write down what they learned. Health centers know how to attract the youth differently. Use the incentives to bring students in so they can start using services.*

*- Former SBHC client and youth leader  
Los Angeles, CA*

**Utilize Social Media & Morning Announcements** • Social media is a popular and easy way to reach youth. The health center can use Facebook, Twitter, and Instagram to share brief messages on health

### Quick Check!

- Do students have the opportunity to interact with all SBHC staff outside of the health center?
- Do you partner with school clubs, academies, and faculty to promote your services?
- If you maintain social media pages for your SBHC, have you adjusted the security of the pages to match your SBHC's privacy and confidentiality policies?
- How does your SBHC engage students in health education, outreach, or the evaluation of SBHC services?

topics, the health center, and upcoming events. But don't forget the morning public address announcements! This tried-and-true method of communication is still a useful avenue to reach the whole campus.

**Train Peer Health Educators** • Peer-to-peer health education changes the face of an SBHC by entrusting young people to deliver basic health education services for a campus. With comprehensive preparation and adolescent-friendly health curricula, young people can be trained to educate students on a variety of health topics, conflict mediation, healthy relationships, and SBHC services. Peer educators can lead small groups, hold one-on-one health education sessions, and even function as patient navigators in the SBHC. SBHCs can even consider hiring former peer educators as SBHC staff, thereby opening a career pathway for youth interested in the school health field.

**Engage Youth in SBHC Evaluations & Decisions** • As clients of the health center, youth can offer some of the best advice to guide the SBHC to better serve young people.<sup>29,30,31</sup> Engage students in planning, shaping, monitoring, and evaluating services. Students should feel like they have a say in clinic operations: this helps them feel invested in the SBHC's broader mission. Try to solicit student feedback as much as possible. The health center can have a confidential system for youth to submit suggestions or complaints about services. For example, there could be a feedback box located in the waiting room where students can anonymously submit their comments. Select clients can also complete a "secret shopper" list—a list to which they can clandestinely refer as they walk through a regular SBHC visit—so they can evaluate their adolescent-friendly SBHC visit using the criteria shared in this guide.

## Policy Advocacy Opportunities

While most of the work of providing adolescent-friendly health services happens on the ground, at the SBHC and on the school campus, there are local and state policies that can make it easier – or harder – for SBHC staff to support youth. SBHC staff can be powerful advocacy voices on these policy issues.

### School District Level

**Comprehensive Sexual Health Education & Reproductive Health Services** • These policies are most often determined by school boards, elected bodies which are required to have open meetings and take public comment. Youth and adult allies can urge board members to require comprehensive sex education, ensure the availability of condoms and other contraception on middle and high school campuses, and support the provision of reproductive health services at SBHCs.

**Student Support Services Needs Assessments & Evaluation** • Many school districts are interested in understanding the varied needs of their students, families, and community members. Adolescents and adult allies can give input into the development of needs assessment plans and can emphasize the importance of hearing directly from youth. Similarly, as school districts design evaluation plans for their student support services, youth and adult allies can emphasize the importance of learning from adolescents about their experiences and recommendations.

### State Level

**Continued Funding for Reproductive Health Programs** • The Family PACT and Medi-Cal Minor Consent programs are critical funding streams that reimburse SBHCs for delivering no-cost reproductive health services to adolescents. As health care reform is implemented in California, and more people get health insurance coverage, there is a risk that policymakers may perceive programs like these to be unnecessary. It is imperative that policymakers continue to hear about the enormous value of these programs for adolescents who need to access confidential care.

**Renewed Funding for Teen Pregnancy Prevention Programs** • California was once a leader in providing state funding for effective teen pregnancy prevention programs. Unfortunately, these programs—which included the Adolescent Family Life Program, Male Involvement Program, and Teen-SMART Outreach Program—have been seriously cut or eliminated in recent years. Many SBHC clients used to benefit from these programs. Youth and SBHC staff can join other advocates in urging legislators and the administration to re-fund them at robust levels.

**Confidential Billing** • Adolescents, like many adults, wish to keep the details of their healthcare visits private. Unfortunately, when health plans send out “explanations of benefits” (EOBs), they often inadvertently inform parents of their adolescents’ confidential services. Youth and SBHC staff can support legislation and policymaking that guarantees that students’ healthcare decisions are kept private and not included on EOBs that are sent home.

**Minor Consent Laws** • California has essential minor consent laws that allow adolescents over a certain age to consent to various services, including reproductive and mental health care. These laws are, however, frequently challenged and not universally implemented by all providers. Students and SBHC staff can advocate to keep the privacy protections that are necessary to allow all California youth to access important services.

## A Commitment to Adolescent-Friendly Care

*“Adolescent-friendly” means that youth are at the table and know what health means to them... [Now as an adult], I don’t hesitate to go to community health centers, and that’s because I know health centers from my SBHC. I may not have the same connections with the staff and the environment. But at least, [my SBHC] increased my knowledge about health services and health, so I can seek the services that I need.*

- Former SBHC client and youth leader | Modesto, CA

Historically, SBHCs have established a model of care that is youth-centered. By applying proactive strategies, SBHCs can commit to adolescent-friendly care despite the changing demands of policy and funding. SBHC providers and staff can continue to guarantee that a student’s visit to a health center is more than just a visit: it can be an informative, empowering, and a memorable moment that can impact a student’s future relationship to healthcare.

## Sources

- <sup>1</sup> Adolescent-Friendly Sexual and Reproductive Health Service Checklist. *The Inter-agency Working Group on Reproductive Health in Crises*. <http://www.iawg.net/resources/ARH/18.%20Adolescent-friendly%20Sexual%20and%20Reproductive%20Health%20Service%20checklist.pdf>. Accessed (October, 2012).
- <sup>2</sup> School Health Centers. *National Clearinghouse for Educational Facilities*. <http://www.ncef.org/pubs/health.pdf>. Accessed (November, 2012).
- <sup>3</sup> Simmons, M., Shalwitz, J., Pollock, S., Young, A. (2003). *Adolescent Health Care 101: The Basics*. San Francisco, CA: Adolescent Health Working Group.
- <sup>4</sup> Tylee, A., Haller, D., Graham, T., Churchill, R., Sanci, L. (2007). Youth-friendly primary-care services: how are we doing and what more needs to be done? *The Lancet*. 369 (9572), 1565-1573.
- <sup>5</sup> Adolescent Friendly Health Services—An Agenda for Change. *World Health Organization*. [http://whqlibdoc.who.int/hq/2003/WHO\\_FCH\\_CAH\\_02.14.pdf](http://whqlibdoc.who.int/hq/2003/WHO_FCH_CAH_02.14.pdf). Accessed (November, 2012).
- <sup>6</sup> Ibid.
- <sup>7</sup> Simmons, et al.
- <sup>8</sup> Adolescent Friendly Health Services—An Agenda for Change.
- <sup>9</sup> Simmons, et al.
- <sup>10</sup> Adolescent-Friendly Sexual and Reproductive Health Service Checklist.
- <sup>11</sup> Committee on School Health. (2001). School Health Centers and Other Integrated School Health Services. *Pediatrics*. 107 (1), 198-201.
- <sup>12</sup> Ralph, L., Brindis, C. (2010). Access to reproductive healthcare for adolescents: establishing healthy behaviors at a critical juncture in the lifecourse. *Current Opinion in Obstetrics and Gynecology*. 22 (5), 369-374.
- <sup>13</sup> Adolescent Friendly Health Services—An Agenda for Change.
- <sup>14</sup> Adolescent-Friendly Sexual and Reproductive Health Service Checklist.
- <sup>15</sup> Committee on School Health.
- <sup>16</sup> Ralph, et al.
- <sup>17</sup> Adolescent Friendly Health Services—An Agenda for Change.
- <sup>18</sup> Monasterio, E., Hwang, L., Shafer, M. (2007). Adolescent Sexual Health. *Current Problems in Pediatric and Adolescent Health Care*. 37 (9), 302-325.
- <sup>19</sup> Braun, R., Provost, J. (2010). Bridging the Gap: Using School-Based Health Services to Improve Chlamydia Screening among Young Women. *American Journal of Public Health*. 100(9): 1624-1629.
- <sup>20</sup> Ibid.
- <sup>21</sup> Gold, R., Naleway A., Jenkins L., Riedlinger K., Kurosky S., Nystrom R., Kurilo M. (2011). Completion and timing of the three-dose human papillomavirus vaccine series among adolescents attending school-based health centers in Oregon. *Preventive Medicine*. 52 (6), 456-458.
- <sup>22</sup> Monasterio, et al.
- <sup>23</sup> Kissinger, P., Hogben, M. (2011). Expedited Partner Treatment for Sexually Transmitted Infections: An Update. *Current Infectious Disease Reports*. 13 (1), 188-195.
- <sup>24</sup> Peak, G., McKinney, D. (1996). Reproductive and Sexual Health at the School-Based/School-Linked Health Center: An Analysis of Services Provided by 180 Clinics. *Journal of Adolescent Health*. 19 (4), 276-281.
- <sup>25</sup> Ibid.
- <sup>26</sup> Committee on School Health.
- <sup>27</sup> Kaplan, D., Brindis, C., Phibbs, S., Melinkovich, P., Naylor, K., Ahlstrand, K. (1999). A Comparison Study of an Elementary School-Based Health Center: Effects on Health Care Access and Use. *Archives of Pediatric and Adolescent Medicine*. 153 (3), 235-243.
- <sup>28</sup> Grossman, J., Bulle, M. (2006). Review of what youth programs do to increase connectedness of youth with adults. *Journal of Adolescent Health*. 39 (6), 788-799.
- <sup>29</sup> Adolescent-Friendly Sexual and Reproductive Health Service Checklist.
- <sup>30</sup> ASHWG Positive Youth Development Principles. *Adolescent Sexual Health Working Group*. <http://www.californiateenhealth.org/wp-content/uploads/2012/04/ASHWG-YD-Principles-Nov2012.pdf>. Accessed (November, 2012).
- <sup>31</sup> Adolescent Friendly Health Services—An Agenda for Change.