

# Medical Services in School Health Centers

## School Health Centers in Alameda County

School health centers (SHCs) are both clinics and also places for students to experience positive youth development opportunities. Successful SHCs go beyond co-locating services on a school site; they have trusting and collaborative relationships with youth, families, schools, health providers, and the community.

Our network of 29 SHCs approach young people holistically, offering integrated health and wellness services that include medical, dental, behavioral health, health education, and youth development. In the SHCs, youth experience authentic relationships with health providers and develop agency over their own health and lifestyle decisions.

## Why Medical Services in School Health Centers?

Young people are generally considered to be healthy and therefore are less likely to use standard health services. However, from a medical point of view, childhood and adolescence is a very important time to instill healthy behaviors, and help youth become responsible for their own health and wellness. Adult diseases and poor health conditions related to risk behaviors (such as smoking, sexually transmitted infections, and poor eating) often begin at this age. Poor health conditions disproportionately impact those living in poverty who lack consistent access

to quality health care. By providing medical care in a youth-friendly, easily accessible way, school health centers (SHCs) greatly improve access to and familiarity with health care in these formative years. The result is increased utilization of health services, especially in populations traditionally underserved by hospitals and clinics, such as young men of color.<sup>1</sup> Medical services offered at SHCs are also provided in the context of a strength-based approach that encompasses health in body, mind, and spirit.

## Our Approach

Medical care in our school health centers is grounded in a collaborative relationship between a health provider and a student. Together they work to identify, prevent, diagnose, and treat medical issues. Our youth-centered approach includes:

**Accessible Health Care.** School health centers place the care at or near schools, where young people already spend a large portion of their time. Medical visits can be scheduled during school hours and students can also drop-in and receive immediate care for presenting conditions. Care is universal and accessible to all students, regardless of their insurance status.



**Quality Care.** Students receive the same high-quality medical care expected at a community clinic, and they are seen by providers who focus on child and adolescent health. In a SHC setting, students get comprehensive care, shorter wait times, and often experience longer visits and quicker referrals than they might at a community clinic.

**Strength-Based Providers.** Beyond medical services, medical providers in SHCs build on school and community efforts to help young people succeed in school, life, and career. The medical provider works collaboratively with youth to raise awareness of their own developing strengths and the role they can play in their health and well-being. They also motivate and assist youth to take on this responsibility. A SHC visit is often a young person's first independent experience with a medical provider.

**Adolescent Health Services.** SHCs provide medical services tailored to youth and offer the confidentiality that allows students to feel welcome. The medical services most utilized include general health counseling, sexual health services, nutrition and diet counseling, sports physicals, and psychosocial screenings.

**Partnering with FQHCs.** Medical services in every SHC are provided by a Federally Qualified Health Center (FQHC). In Alameda County, FQHCs are the "safety-net" providers that offer comprehensive health services to underserved populations. As such, they receive enhanced Medi-Cal (Medicaid) reimbursement,

which contributes to the SHCs financial sustainability. By partnering with FQHCs that already serve the community where SHCs are located, it is more likely that students and their families are already patients there. This reduces fragmentation of care.

## Highlights

**School health centers fill gaps in access to care.** The Alameda County SHCs provided 30,762 medical visits in 2013-14. These included roughly 18,000 for reproductive health services, 5,000 for illnesses, 4,500 visits related to nutrition, diet and exercise, 3,000 visits for injuries, and 1,000 each for sports physicals and management of chronic conditions. SHCs are reaching young people who are traditionally underserved by the health sector<sup>2</sup>: 40% of youth who used the SHCs in 2013-14 were male, and 87% of youth who used the SHCs were students of color (African American, Latino/a, Asian).

**School health centers improve youth outcomes.** A new student came to enroll in school with his grandmother after living with various relatives and foster parents and attending multiple schools. He had no immunization records, and was having difficulty enrolling through the school district. He and his grandmother were discouraged and frustrated when they arrived at the SHC. The health center was able to find his limited immunization records, help him enroll in school, and enroll him as a patient. The SHC provided his missing vaccinations, a physical exam, and follow-up medical services. He was linked with the

behavioral health provider for counseling, as he had multiple emotional issues related to his unstable home situation and absent parents. He is now attending school regularly and continues to access the SHC for his health and wellness needs.

1. C.D. Phillips, "The Health Home: An Approach for Improving Health Outcomes for Boys and Young Men of Color." (Berkeley, CA: Berkeley Center on Health, Economic & Family Security, University of California, Berkeley School of Law, 2011). L.M. Davis, M.R. Kilburn, and D.J. Schultz, "Reparable Harm: Assessing and Addressing Disparities Faced by Boys and Men of Color," (Santa Monica, CA: RAND Corporation, 2009). G. Flores and H. Lin, "Trends in Racial/Ethnic Disparities in Medical and Oral Health, Access to Care, and Use of Services in US Children: Has Anything Changed Over the Years?" *International Journal for Equity in Health*, 12 (2013): 10.
2. A.V. Marcell, J.D. Klein, I. Fischer, M. Allan, P. Kokotailo, "Male Adolescent Use of Health Care Services: Where Are the Boys?" *Journal of Adolescent Health*, 30 (2002): 35-43.

