A Needs Based Assessment on School-Based Health Care for an
Underserved Adolescent Population

by

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STATEMENT BY THE AUTHOR

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APPROVAL BY THESIS DIRECTOR

This Master’s Project has been approved on the date shown below:

Jacqueline Kelley ND, CPNP, MPH       Date
DEDICATION & ACKNOWLEDGEMENTS

I would like to thank my family and friends without whom this would not be possible.

Their patience is greatly appreciated.
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ABSTRACT

Adolescents are among those least likely to access health care services. Lack of service utilization can be attributed to multiple external barriers. Eliminating these barriers by establishing a convenient and suitable health care service would provide a direct response to the health needs of underserved teens. The Cristo Rey Model will be developing San Miguel Catholic High School (SMCHS), and it is within this private Catholic college preparatory school that an ideal site for a School-Based Health Center is located. This project discusses the issues related to adolescent health care and a possible solution within our community.
CHAPTER ONE

The Problem

Introduction

In this chapter, the problem, background, and purpose of the project are presented. The significance of the project is discussed generally and followed by a discussion of the significance of this project to nursing.

Problem and Purpose

Adolescents are among those least likely to have access to adequate primary health care. Screening, counseling, and treatment are important for this age group because health problems are generally preventable and there is great potential for reduction in morbidity and mortality. In a local south side neighborhood, would establishing convenient and suitable health care services provide a direct response to the health needs of underserved teens? Would the neighborhood setting and specific school site most effectively eliminate barriers by increasing client accessibility and provide comprehensive health care?

Background

Meeting the health care needs of adolescents remains a constant challenge. Despite the expansion in coverage, more than 2/3 of the 11.2 million uninsured children and adolescents in the United States were eligible but not enrolled in Medicaid or other state insurance plans. Inadequate coverage for privately insured adolescents/children also impacts the provision of preventative and mental health services provided (Brindis et al., 2003). Access to care that provides not only the basic medical needs but also instill trust, guidance, and decision making education is lacking (Juszczak et al., 2003).
The intertwining of adolescent physical and mental health can make care complex; a comprehensive approach providing for both aspects is important. Brindes et al (2003) state adolescents represent one of the groups most likely to refrain from seeking health care. The authors contend that many of teens’ health problems are caused by six specific types of behavior: behaviors that result in either intentional or unintentional injuries; drug and alcohol use; sexual behaviors that result in sexually transmitted infections; smoking cigarettes; insufficient physical activity; and poor dietary habits. Largely preventable injuries, such as suicide, motor vehicle collision trauma and even homicide are among the major causes of mortality for adolescents. Early intervention by providing sufficient access to health education services, psychosocial support and counseling could greatly reduce or even eliminate behavior related problems (Brindis et al., 2003).

Juszczak et al (2003) state that a myriad of barriers influence adolescents’ use of health services. These include: lack of confidentiality, systems designed for younger children and adults, clinics that are not responsive to their needs, legal restrictions in regards to access, transportation, non-culturally sensitive services, and lack of knowledge, comfort, lack of interest by providers, and loss of work time for parents and school time for the teens. “School based health centers (SBHC) are intended to reduce barriers to care for adolescents and to increase the use of services by providing opportunities to address high-risk behaviors in a comfortable and convenient setting.” (Juszczak et al., 2003, pp 109).

Barriers that Influence an Adolescents’ use of Health Care Services

*Confidentiality, Legal Restrictions, and Comfort*
Many adolescents report that they would delay or avoid care for sensitive issues if it required their parents’ involvement (Klein et al., 1998). The American Medical Association supports the provision of confidential services within legal and ethical guidelines when adolescents request privacy, and encourages providers to routinely explain both the protections and limitations of confidentiality. However, interpretation of such guidelines often varies. Ford et al (2001) state that explanations of privacy guidelines do not typically address privacy specific to billing procedures and medical records, thus limiting the amount of confidentiality a provider can realistically guarantee. The exploratory study concludes that adolescents know far less about the protections of confidentiality in patient-provider relationships than the limitations (Ford et al., 2001).

“A legal framework developed in the United States throughout the past 3 decades supports the provision of confidential health care to minors in many circumstances. Even the laws that seek to balance confidentiality for adolescents with parental access to information have generally granted discretion to physicians to determine when disclosure to parents is warranted, rather than mandating parental notification outright” (Ford et al., 2002, pp752).

Ford et al (2002) also state that recently there have been attempts to limit a minor’s confidential use of health services for personal issues. Furthermore, these proposals mandate either parental consent or notification despite the fact that one of the main reasons a teen chooses not to seek health care is not wanting to tell his/her parent of the problem at hand. Ford speculates that if an adolescent’s access to confidential care for sensitive health issues were significantly limited or eliminated, privacy concerns would likely have an even greater impact on the teen’s use of health care (Ford et al., 2002).
Reddy et al (2002) confirm the negative impact of mandated parental notification. In the 1999 survey of teen girls under the age of 18 who used Planned Parenthood family planning clinics in Wisconsin (n=950), forty-seven percent of the sample reported that they would stop using all services if their parents were notified that they were seeking prescribed birth control pills or devices. Sixty-five of the girls would delay testing or treatment for sexually transmitted infections (STIs) and forty-seven would discontinue using specific sexual health services (Reddy et al., 2002). These finding indicate the magnitude of negative outcomes mandated parental notification or parental consent can have.

*Lack of Knowledge by Teens*

Nationally, fifteen percent of adolescents are unable to identify a regular source of primary care. Many of the adolescents surveyed by Klein et al (1998) did not know where to go for mental health or for reproductive health needs. The proportion of teens who did not know where to find confidential care was high. “…if adolescents’ knowledge of services availability is a reflection of their awareness of the system’s capacity to serve, this suggests that many youth may not have access to services that they and/or their peers are likely to need” (Klein et al., 1998).

*Lack of Interest/Knowledge by Providers*

Blum et al (1990) state that provider discomfort and lack of preparation are major reasons for avoiding service to the adolescent population; as well deficits in adolescent health care training have been self-reported by physicians and other health care professionals. Providers are faced with the multitude of potential adolescent-specific health care problems. The PCP’s surveyed stated eating disorders, sexual orientation
issues, behavior/delinquency problems, and chronic illness were the major areas of identified limitation; furthermore, less than 12% of respondents rated adolescents as least preferred although not the absolute least favorite (Blum et al., 1990). In a 1993 survey of practicing pediatricians, respondents further identified the concern of parental objection to certain types of care, lack of separate hours for adolescents, and difficulty in providing confidential care. Fisher et al (1996) speculated that the lack of change in the fragmented care of adolescents may be resultant of the “…lack of motivation for pediatricians to change their practices to better accommodate adolescent patients and their more complicated needs” (Fisher et al., 1996, pp399).

Transportation Issues and Non-culturally Sensitive Services

In their 1992 position paper, the Society for Adolescent Medicine identified that rural adolescent’s transportation and a lack of available services as problematic. The lack of service, they stated, limited the ability of some ethnic minorities to use existing health services. Also, the disproportionately high incidence of specific health problems, inequity, and information about how minority youth experience adolescence make it especially difficult for them to receive appropriate services. “Over one-half of the black, Hispanic, Native American, and Asian children in the United States live below the poverty level, and these youths face an increased rate of illnesses such as sexually transmitted infections, HIV, drug abuse, unintentional injury, and homicide, but are only half as likely to identify a source of health care” (Society of Adolescent Medicine, 1992, pp164).
CHAPTER TWO

Review of Literature Related to School Based Health Centers

Assessing and managing unmet student health needs is the primary reason school-based health centers are created within the school community. Providing accessible and affordable health care within the school environment is an efficient alternative to students and parents as well (Scheuring et al., 2000). *Impact of a School-Based Intervention on Access to Healthcare for Underserved Youth* evaluates whether a multidimensional school-based intervention, which included physical and mental health services, increased adolescents’ use of needed medical care and preventative care, as well as decreasing emergency room use.

The methods this study used were validated surveys completed by 2832 seventh through twelfth grade students in six public urban intervention schools and 2036 students in six demographically matched comparison schools in spring 1998 and 1999. Bivariate analysis looked at the association between intervention status and Year1 (1998)/Year2 (1999) outcomes. The interventions included: anger management groups, substance abuse prevention, tutoring, home visits, and enhanced school health services. Britto et al (2001) utilized stepwise multivariate logistic models that tested differences between the intervention and comparison groups across each year while controlling for potential variables such as gender, age, race/ethnicity, maternal education, grade in school, and finally school district. Multivariable modeling was also used to determine student factors independently associated with health care utilization (Britto et al., 2001).

The results of the analyzed survey determined that the median age of the respondents was 15 years, 56% were female, 51% were white, 42% were black, 34% reported
chronic health problems, and 45% of both Year1/Year2 students reported not seeking perceived needed medical care. The proportion with missed care in the intervention schools did not change, whereas the proportion with missed care in the comparisons schools increased. Emergency room use decreased slightly in the intervention schools and increased slightly in the comparison schools between Year1/Year2 (Britto et al., 2001).

Britto et al (2001) concluded that many adolescents have unmet healthcare needs. Furthermore, those with poor health status are most likely to report utilization and unmet needs. This conclusion is supported in Adolescents Access to Care: Teenagers’ Self Reported Use of Services and Perceived Access to Confidential Care in which the authors investigated adolescents’ report of their own use of health services, access to care, and knowledge and use of confidential services.

Klien et al (1998) utilized an anonymous random digit-dialed survey that netted a total of 259 screened respondents that were properly consented and completed the interviewer administered questionnaire. The adolescents who participated in the telephone survey were asked about their self-reported use of health services, use access to a regular source of care, and their knowledge and use of confidential health services. Survey items and responses were developed based on in-depth interviews and pilot testing with a convenience sample of adolescents at a local hospital and subsequently field tested with a separate sample of teens. Parents were questioned at the time of consent acquisition about their adolescents’ regular source of care and extent of agreement with their child’s response (Klein et al., 1998).
The results of this study indicated that 92% of the adolescents rated their health as excellent or good and 90% had visited a health care provider within the year. 88% of the teens were able to identify a source of primary health care and 27% have utilized more than one source of care. School personnel were also identified as important resources for health and counseling needs. Surprisingly, 8.4% of the respondents stated that they had used services confidentially and that nearly half of all youth did not know where they could obtain confidential care if needed. Teens were least likely to know where to obtain mental health or substance abuse and reproductive services (Klein et al., 1998).

Klein et al concluded that even though most youth have used primary care, substantial minorities have not. Furthermore, multiple sources of care are depended upon (including school as an important source of health information). Finally, many teens do not know where to go for confidential services or for other services that they may need (Klein et al., 1998).

Brindis and Sanghvi (1997) analyzed school-based health clinics as a viable solution to the aforementioned barriers adolescents face while seeking healthcare. School-Based Health Clinics: Remaining Viable in a Changing Health Care Delivery System states “Adolescents are often vulnerable to particular health risks and face multiple barriers to accessing health care” (Brindis et al., 1997, pp567). As an answer to this problem, in the 1990’s, many communities had developed some sort of school link services. School-based health centers are located on school campus and usually provide services on site by nurse practitioners or physician assistants, a part-time M.D., a social worker or other mental health care provider. Sponsorship of such settings is generally provided by community hospital or clinics, or even by other community-based organization. Notably,
the biggest challenges that SBHCs face according to the authors is securing themselves in the ever changing health care delivery market and demonstrating what “they are able to contribute to the goals and agendas of managed care entities (Brindis et al., 1997, pp569).

The article concludes that school-based health clinic delivery model has been shown to be an important way to increase both primary/mental health care for teens since they most often lack a consistent source of health care. Such facilities offer a convenient and user friendly service all the while responding to the varying adolescent health care needs (Brindis et al., 1997).

*Managed Care, School Health Programs, and Adolescent Health Services: Opportunities for Health Promotion* delves further into school health services with the emphasis placed on the effectiveness of school-based preventative services. Evaluation of research data on the effectiveness of the overall benefit school-based health care prevention programs have, according to the authors. However, efficacy for specific preventative health services, such as STI screening, hepatitis B immunization, and condom availability is well documented. The greatest achievement reported is that approximately 75% of secondary school students participate in school-based immunization programs. Contraception use by adolescents is also documented as being increased due to the influence of such programs. “School-based chlamydia screening programs have been effective in identifying and treating adolescents who have asymptomatic infections; over time, these programs have reduced the prevalence of Chlamydia in the school population” (Santelli et al., 1998).

In the article *Sexually Active Students’ Willingness to Use School-Based Health Centers for Reproductive Health Services in North Carolina* the primary objective was to
investigate the students’ willingness to seek reproductive health services at SBHCs and the predictors of such willingness. Coyne-Beasley et al conducted a cross sectional survey of 949 sexually experienced students in 2 middle and 5 high schools in North Carolina in 1994. The authors utilized bivariate and multivariate analyses to determine the influence of socio-demographic characteristics, risk of STIs, risk of pregnancy, and past utilization of SBHCs for sexuality related services. Students were excluded if either they or their parents refused to participate, they were absent during the survey administration, there was excessive missing data or improbable responses, or their survey was missing information on sexual behaviors (Coyne-Beasley et al., 2003).

Of the respondents fifty-two percent were female, fifty-two percent were African American, and the median age at first sexual intercourse was 13 years old. Forty-nine percent of the surveyed students stated they had sex at least one time per month. Fifty-two percent indicated inconsistent contraception use. Of the female respondents eighteen percent had been pregnant, and ten percent of the males reported getting a partner pregnant. Remarkably, seventy-five percent had used SBHCs. Most of the students reported that they would use a center to obtain information on pregnancy and STI prevention (58%), pregnancy testing (51%), and birth control (48%) if available (Coyne-Beasley et al., 2003).

Coyne-Beasley et al (2003) concluded that most sexually experienced students would use their SBHC for reproductive/STI services. Statistics such as above provide good support of SBHC utilization for preventative services.

Regionally, the Arizona School-Based Health Centers Annual Report 2003 attributes the primary reason for the success of SBHCs is that they are located in the schools, where
the students spend the majority of their time. SBHCs also focus on the provision of preventative and developmentally appropriate care. The report listed 79 Arizona school-based health centers with 6 of these located in Tucson and 5 located in Sells. Of the local SBHCs in Tucson and Sells, 3 are located in high schools. Refer to appendix A for the complete listing (Az. SBHC Report, 2003).

Statistically, school-based health centers delivered more than 37,000 medical visits to more than 14,000 Arizona children during the 2003-2004 academic years. These visits included well care, immunizations, acute and chronic illness care, dental care, and accidental injury care (refer to appendix B for a summary of visits). Most of the children served had no health insurance; 80% uninsured, AHCCCS reimbursed 14%, insured reimbursed 5%, and only 2% of visits were not reimbursed by either AHCCCS or private insurance. Parents accompanied their child eighty-five percent of the time to visits and survey showed that eighty-eight percent were very satisfied or mostly satisfied with services (Az. SBHC Report, 2003).
CHAPTER THREE
Tailoring a Needs Assessment

Due to the fact that adolescents are among those least likely to access adequate primary care, establishing a convenient, comfortable, and suitable health care environment for teens can be a daunting task. An environment that focuses on eliminating the barriers that influence an adolescent’s use of health services is this writer’s primary goal when assessing the feasibility of implementing a school-based health center.

In Adolescent Health Care Disparities in South Tucson and Sells, Arizona, a faculty small grant proposal for the University of Arizona, College of Nursing, Dr. J. Kelley discusses the assessment of adolescent health disparities in two local Arizona communities. One of the two communities discussed is the city of South Tucson. St. Monica Catholic Church is located within this community. Within this church, the Cristo Rey Model will be developing San Miguel Catholic High School (SMCHS). This college preparatory high school will provide private Catholic education to those students who lack the financial means necessary to attend other tuition based schools (Kelley, 2004).

Brother Nicolas Gonzalez, the school principal, states that the school intends to open in the fall 2004 and will complete a freestanding building in the fall of 2005. In the interim, the school will be based in the church’s parish and will provide a school home to approximately 60-80 students the first curriculum year (Refer to Appendix C for student logistics). Students, along with completing the rigorous academic work, will be required to job share various entry level positions at local companies. San Miguel’s Corporate Internship Program earnings will cover close to 70% of the cost of the student’s
education (Personal Communication, Brother Nick, 4/14/04). As a Catholic school sponsored by the De La Salle Christian Brothers, San Miguel’s goal is to maintain a culturally sensitive environment while advancing both human and religious education, and maximizing each student’s potential to become contributing members and leaders of society (San Miguel Catholic High School, leaflet, 2004). Refer to appendix C for student logistics.

A needs assessment is a way to ask a group or community what they perceive as important in regards to a specific issue. Results of this survey generally guide future action. This insures that the future action to be implemented is in line with the expressed community needs and allows those performing the assessment to garner greater community support. A needs assessment survey includes these characteristics: it has a pre-set list of questions to be answered, it has a pre-determined sample, it is done by interview, phone, or written response (e.g., a mail-in survey), and the results are tabulated, summarized, distributed, discussed, and used (U. of K., Community Tool Box, 2004).

Windshield Survey

In preparation for performing a comprehensive needs assessment of the San Miguel Catholic High School (SMCHS) community at a future time, a windshield survey was undertaken. San Miguel is located within the primarily Hispanic, Elvira Residential Neighborhood. The major cross-streets of the school’s proposed site are W. Valencia and San Fernando. It is approximately 0.2 miles from this intersection to the school.
Major Cross Streets in Relation to SMCHS

<table>
<thead>
<tr>
<th>MAJOR CROSS-STREETS</th>
<th>DISTANCE OF INSECTIONS FROM SAN MIGUEL CATHOLIC SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-19/Valencia Junction</td>
<td>2.2 Miles</td>
</tr>
<tr>
<td>Valencia/ Midvale Park Road Junction</td>
<td>4 Miles</td>
</tr>
<tr>
<td>I-10/ Valencia Junction</td>
<td>5.8 Miles</td>
</tr>
<tr>
<td>Valencia/ Park Rd. Junction</td>
<td>4 Miles</td>
</tr>
</tbody>
</table>

Table 1

The Elvira Neighborhood is located in an industrial area. Major businesses/corporations in the vicinity to the east along Valencia Rd. include the 172nd Air National Guard Base, Tucson International Business Plaza, Tucson International Airport, Department of Public Safety, and the Lisa Frank Corporation. Midvale Park and various “strip-type” malls are located along Valencia Rd. to the west. Numerous medical resources are located within a 8 mile radius from the school. The major health care sites include: Valencia Dental Center (0.2 miles from SMCHS), a Dental Center/First Chiropractic/Lesco Optical (0.6 miles from SMCHS), El Rio Health Center Southwest (3.8 miles from SMCHS), Walgreen’s Pharmacy (0.4 miles from SMCHS), Midvale Medical and Dental Plaza (3.6 miles from SMCHS), Arizona Medical Services/Midvale Family Medical Center (3.6 miles from SMCHS), Kino Teen Center (approx. 8 miles from SMCHS), and Children’s Medical Center Midvale (4 miles from SMCHS).

Transportation

Other than taxi-cab service, the Sun Tran Public Transportation bus system would be available for those who do not have private means of transportation. The closest bus stop
is located at the intersection of Valencia and San Fernando (0.2 miles from SMCHS) and is on both the north and south side of this intersection. The intersection does not have a stop-light, but is controlled by a major pedestrian cross-walk light. Sun Tran bus route 29 would be the primary eastbound and westbound route with numerous connections to other city wide areas. Monday thru Friday buses are scheduled to arrive every half hour, and Saturday every hour. Refer to appendix D for Sun Tran fares.

Health Services

When attempting to gain further information on availability of health services for adolescents within the vicinity, this writer contacted two businesses thought to be utilized most frequently by this age group. This first business contacted was El Rio Health Center Southwest. This health center provides comprehensive primary care pediatric services, but does not cater specifically to teens. Over the past 6 month period, 5.73% of those patients utilizing the Southwest Center were adolescents with 35% of those self-pay and 50% having AHCCCS state health insurance (Penny Whittley, personal communication, 4/26/04). Appointment availability could be described as good, with same day slotting available for “urgent” needs; however, in general the phone receptionist stated that most appointments have a “week or two” wait (Front Office Receptionist, personal communication, 4/14/04). Although pleasant, questions were met with hastiness due to what was deemed to be volume of other incoming phone calls.

The Kino Teen Center PCHD (Pima County Health Department), according to its website (http://www.csd.co.pima.az.us/youth/kinoteen.html), provides confidential STI and family planning services (birth control, pregnancy and STI testing, counseling and treatment) for uninsured teens age 12-21 years on a sliding fee schedule. Physical exams
and immunization services require parental consent and are provided for the uninsured at a minimal fee. Kino Teen Center also offers prenatal care, childbirth and parenting classes, with delivery at University of Arizona in conjunction with University Physicians group. When contacting the Center under the premise of needing services, personnel, in this writer’s opinion, did not portray customer friendly qualities. Upon asking about basic requirements such as fees and appointment availability, the receptionist rather rudely dismissed this caller stating that an appointment would have to be made and wouldn’t be available for several weeks (Personal Communication, 4/14/04). It is encounters such as above that question any teen’s tolerance ability and could be considered an additional barrier to accessing healthcare.

**Surveys**

In order to gain more detailed information from the population the SBHC would serve, a health needs survey of both the parents and student, as well as school officials, would be beneficial (Refer to appendix E for sample surveys). Each family to be enrolled in the school would receive the confidential mail/drop in survey. Students and parents would be asked such questions as to whether or not they have recently seen a health care provider, and what health concerns they have at this time. Past utilization of any SBHC is also of interest. The principal would be questioned on what health services (s)he determines to be of need in the school’s student population. The responses to the surveys will help guide implementation of services and gain overall community support.

**GENESIS Analysis**

Another community evaluation method that could be utilized is the general ethnographies and nursing evaluation studies in the state (GENESIS) design. In this type
of analysis, quantitative information obtained from the traditional sources (surveys, census reports, and epidemiologic studies) and qualitative data are gathered through ethnographic methodology. “Both types of data provide the text of evidence about the aggregate or community being studied. Analysis and triangulation of these data reveal themes that contribute to the description of the health of the community or aggregate (Stoner et al., 1992, pp 224).

Epidemiologic Data

Pima County Health Statistics

The Pima County Maternal and Infant Health Needs Assessment of July 2001 describes Pima County as largely rural with 90% of the population made up of White-Hispanic and White non-Hispanic residents. Females made up about 51% of the total county population with women of childbearing age (15-44) composing 21.5% (182,462) of the population. The teen fertility rate in Pima County at the time of the 2000 census was 31.0/1000. Nationally the fertility rate has been reported by the National Center for Health Statistics as 48.7/1000 (Pima County Maternal and Infant Health Needs Assessment, 2001).

Births by Race/Ethnicity, Census 2000

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of Births</th>
<th>Percent of Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanic</td>
<td>5,497</td>
<td>43.9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5,627</td>
<td>45</td>
</tr>
<tr>
<td>African American</td>
<td>436</td>
<td>3.5</td>
</tr>
<tr>
<td>Native American</td>
<td>576</td>
<td>4.6</td>
</tr>
<tr>
<td>Other</td>
<td>305</td>
<td>2.4</td>
</tr>
<tr>
<td>Unknown</td>
<td>71</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Table 2
*Pima County Community Health Plan for the Year 2000*, developed in 1991, described unintended teenage pregnancy as a problem. At that time, the Arizona teenage pregnancy rate ranked twelfth highest in the United States. The goal developed in response to this projection was to reduce the unintended births in Pima County and the subsequent adverse impacts on health, society, families and the economy (Pima County Community Health Plan for the Year 2000, 1991).

The *Status of Adolescent Health in Arizona* report states that Arizona youth mortality rates, although decreased from the previous years, are higher than the national percentages. It further indicates that mortality rates are higher for males than females. Surprisingly, mortality rates were higher in rural areas than in urban areas.

**Arizona 2001 Adolescent Mortality Rates**

<table>
<thead>
<tr>
<th>Age</th>
<th>Per 100,000</th>
<th>Leading Causes of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-14 years</td>
<td>28.8</td>
<td>Unintentional Injury 40.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cancer 8.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Homicide 7.5%</td>
</tr>
<tr>
<td>15-19 years</td>
<td>86.6</td>
<td>Unintentional Injury 43.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Homicide 14.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicide 12.2%</td>
</tr>
</tbody>
</table>

Table 3

The leading causes of hospitalization for children age 1-14 years (18.2/1000) in Arizona is diseases of the respiratory system, injury and poisoning, and diseases of the digestive system. Asthma, bacterial pneumonia, and dehydration are leading reasons for use of ambulatory care settings (482.5/100000). More males than females utilized both
settings; with Native Americans having the highest rates of either (Status of Adolescent Health in Arizona, 2004).

Adolescents age 15-19 years were primarily hospitalized (58.7/1000) with complications of pregnancy, childbirth, and puerperium. Injury and poisoning along with diseases of the digestive system were also leading causes. Similar to the younger age group, asthma, bacterial pneumonia, and dehydration were the leading causes for use of an ambulatory care setting (262.0/100000). Females were hospitalized and used ambulatory care facilities more often than males, and again, Native American adolescents had more hospitalizations than any other racial or ethnic group (Status of Adolescent Health in Arizona, 2004).

This report indicates that although mortality rates are down, Arizona rates continue to by higher than the national average. Furthermore, “ambulatory care sensitive conditions continue to result in hospitalizations, especially among American Indian Youth” (Status of Adolescent Health in Arizona, 2004, pp 6).

Mental health issues are also of significant concern. 26,401 Arizona children, males more than females, (including 17,767 classified as Seriously Emotionally Disturbed) utilized services through the Arizona Department of Health Services, Division of Behavioral Health Services in State Fiscal year 2003. Mortality rates due to suicide for ages 1-14 years were 8/100000, all males, with more from urban than rural areas. Rates for adolescents age 15-19 years were 10.5/100000, males more than females, with more from rural areas than urban. Hospitalization rates due to suicide attempts and self-inflicted injuries were 18.4/100000 for 10-14 year olds with females greater than males.
Age 15-19 year old rates were significantly higher at 76.6/100000, and again, females greater than males (Status of Adolescent Health in Arizona, 2004).

The 2003 Arizona Youth Risk Behavior Survey administered to students in grades 9-12 gave insight into overall emotional status of Arizona youth. Results of the survey indicate that 30.4% of students, within the past 12 months, felt so sad or hopeless practically everyday for several weeks or more that they stopped doing their usual activities. 17.6% of students had seriously considered suicide and 12.6% of students had a plan about how they would attempt suicide. 7.8% of students had actually made a suicide attempt once or more within the past 12 months. Finally, 2.5% of students who attempted suicide required treatment by a doctor or a nurse due to injury, poisoning, or overdose (Status of Adolescent Health in Arizona, 2004).

The report summarized that the major threats to adolescent health consisted of but is not limited to: lack of early and consistent screening, access to affordable care, and access to adolescent-friendly health and mental health care. Further threats to adolescent health care are: lack of attention to oral care, lack of physical activity and good nutrition, lack of awareness and attention to the warning signs of depression and suicide, and use of harmful substances such as tobacco, alcohol and other drugs. High risk behaviors also fall under the category of threats. Risky sexual behaviors, driving or being a passenger with a risk taking driver, and violence all contribute to threats on adolescent well-being (Status of Adolescent Health in Arizona, 2004).
CHAPTER FOUR

Recommendations and Conclusions

SMCHS has expressed interest in collaborating with the University of Arizona, College of Nursing, to construct a health program to best suit its student’s needs. The long term goal is to establish primary health are and prevention services at the high school. Once the comprehensive needs assessment and community evaluation via GENESIS analysis is complete; development of the SBHC can begin.

Prevention as a Primary Focus

Along with primary and acute illness care, this writer believes that the foundation for the provision of care in the San Miguel School Based Health Center should be preventative services. Not only should the preventative services focus on the “threats to adolescent health” as identified by the state of Arizona (Status of Adolescent Health in Arizona, 2004), but on national standards such as Bright Futures and the Guidelines for Adolescent Preventive Services (GAPS).

Bright Futures

*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd Edition) discusses anticipatory guidance for the middle adolescent (15-17 years), the primary age group of any high school setting. The literature states that in addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level (or videotape) that the teen and family can review or study at home. It offers suggestions for promotion of healthy and safe habits, social competence, responsibility, school achievement, and community interactions.
For example, it encourages teens to: always wear a safety belt, practice safe driving habits, seek help if physically or sexually abused, develop skills in conflict resolution, learn how to deal with stress, choose and prepare a variety of healthy foods, and do not smoke or use chewing tobacco. Bright Futures also promotes social competence. Teens are also encouraged to spend time with their family, participate in social activities, and to develop an understanding of the limits that parents have set and the consequences established for unacceptable behavior (Green et al., 2002).

**GAPS Guidelines**

The American Medical Association’s Department of Adolescent Health developed recommendations for adolescent preventive services. These guidelines, GAPS, are intended to organize, restructure and redefine healthcare delivery for the people age 11-21. “Data shows that health risks in this age group are more social in origin than medical, and that these unhealthy behaviors can be recognized and interventions can be applied at an earlier age to reduce adolescent mortality and morbidity” (Montalto, 1998, pp 2181). The author further asserts that these interventions may even decrease adult premature mortality. The GAPS consists of 24 recommendations that encompass health care delivery, health guidance, screening, and immunization. The GAPS Health Service Record (GAPS-HSR) is flow sheet that facilitates consistent provision of longitudinal care (refer to appendix F). It is an “…ideal method for recalling and applying GAPS recommendations to adolescent patients”…and “…provides a method of recording services rendered, information on each guidelines and the age at which they should be applied” (Montalto, 1998, pp 2185).
Bright Futures and GAPS guidelines offer similar recommendations for the provision of adolescent services. It is this writer’s opinion that the incorporation and tailoring of both sets of guidelines would be most beneficial for any adolescent population, specifically San Miguel’s students.

*Primary and Acute Care Services*

Primary and acute illness care boundaries within the center would initially have to be explored and implemented incrementally. Students could, at the beginning, utilize basic acute illness services such as asthma exacerbations, pharyngitis, urinary tract infections, and influenza. The scope of the services can be gradually broadened to include family planning and STI screening, and any other need as dictated by the community.

The literature reflects that generally most school-based health centers require written parental consent prior to accepting students as patients. Data further indicates that fewer than 1 in 10 parents who sign these consent forms limit the services their children can receive (Health in Schools, 2004). The balance would be in communicating with parents without compromising the confidential patient-provider relationship that teen’s request. Parents would, of course, be notified of their child’s condition immediately if a life threatening situation arose. Staff could work with the families to open lines of communication in regards to teens discussing private issues with their parent. The SBHC could keep parents involved using newsletters, communication, seminars, open houses, health fairs, and sports clinics.

San Miguel SBHC could offer services 2-3 days per week with variable hours. Staffing would consist of a nurse practitioner and medical assistant. The nurse practitioners providing health care services would also need to have the ability to consult
with a physician if a case needs to be discussed. Others, such as a nutritionist, social worker, or mental health nurse practitioner (provider), would also be necessary. In forming a partnership with San Miguel, the University of Arizona’s graduate students in aforementioned specialties could provide some of these services free of charge to the SBHC program as part of their curriculum. Details such as these can be ironed out at a later time.

The clinic would be located on the San Miguel Campus. Architectural plans of the school currently do not include a school-based health center, and would have to be modified to reflect such (refer to appendix G for school plans). If financial constraints limit modification, however, space may be available within the St. Monica’s parish where the school will be initially be housed. Suggestions for clinic equipment and a medication formulary are located in appendix H.

Evaluation of Services

*Satisfaction Surveys*

Evaluation of services rendered and overall program appeal would need to be monitored. Parent and student satisfaction surveys could be administered periodically (refer to appendix I). Survey results would be used for quality assurance purposes to improve services and offer ideas for new services that are perceived to be needed.

*YAHCS Tool*

Another valuable tool to measure provider adherence to consensus guidelines for adolescent preventive counseling and screening services is the Young Adult Health Care Survey (YAHCS). The YAHCS provides a feasible, reliable, and valid method to
evaluate provider quality and progress in meeting adolescent health goals (Bethell et al., 2001).

The 54-item teen survey can be administered in office, by telephone, or by mail. It has 8 measures of quality care that are gathered and scored: preventive screening and counseling on risky behaviors, preventive screening and counseling and sexual activity and STIs, preventive screen and counseling on weight/healthy diet/exercise, preventive screening and counseling on emotional health and relationship issues, private/confidential care, helpfulness of counseling, communication and experience of care, and finally, health information. Refer to appendix J for YAHCS tool (FACCT, 2004).

Conclusion

Although the entire process will be lengthy to complete and refine, implementing a SBHC at the San Miguel Catholic High School would not only benefit the community to be served, but the University of Arizona, College of Nursing, as well. A school based health center has the opportunity to solve multiple community health concerns for adolescents simply by bringing the medical and mental health services directly to underserved students.

Dr. Philip Porter, an early architect of the SBHC movement, asserts, “Health services need to be where students can trip over them. Adolescents do not carry appointment books, and school is the only place where they are required to spend time” (Health in Schools, 2004). Dr. Porter’s statement accurately and simply reflects the direction health services needs to take to comprehensively care for our teen population.
## Appendix A

### 2003-2004 ARIZONA SCHOOL-BASED HEALTH CENTERS

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>CITY</th>
<th>PRIMARY SPONSORING AGENCY (PSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aguila Elem.</td>
<td>Aguila</td>
<td>Clinica Adelante</td>
</tr>
<tr>
<td>Sopori Elem.</td>
<td>Amado</td>
<td>United Community Health Center</td>
</tr>
<tr>
<td>Arlington Elem.</td>
<td>Arlington</td>
<td>Clinica Adelante</td>
</tr>
<tr>
<td>WestView High School</td>
<td>Avondale</td>
<td>Clinica Adelante</td>
</tr>
<tr>
<td>Buckeye Union High</td>
<td>Buckeye</td>
<td>Clinica Adelante</td>
</tr>
<tr>
<td>Liberty Elementary School</td>
<td>Buckeye</td>
<td>Clinica Adelante</td>
</tr>
<tr>
<td>Hendrix Junior High</td>
<td>Chandler</td>
<td>Banner Health Foundation</td>
</tr>
<tr>
<td>San Marcos Elem.</td>
<td>Chandler</td>
<td>Banner Health Foundation</td>
</tr>
<tr>
<td>Territorial Elem.</td>
<td>Chino Valley</td>
<td>Yavapai Regional Medical Center</td>
</tr>
<tr>
<td>Paloma Elementary School</td>
<td>Gila Bend</td>
<td>Clinica Adelante</td>
</tr>
<tr>
<td>Gila Bend Unified School</td>
<td>Gila Bend</td>
<td>Clinica Adelante</td>
</tr>
<tr>
<td>Gilbert Elem.</td>
<td>Gilbert</td>
<td>Banner Health Foundation</td>
</tr>
<tr>
<td>Desert Garden</td>
<td>Glendale</td>
<td>Banner Health Foundation</td>
</tr>
<tr>
<td>Don Mensedick</td>
<td>Glendale</td>
<td>Banner Health Foundation</td>
</tr>
<tr>
<td>Independence High</td>
<td>Glendale</td>
<td>Banner Health Foundation</td>
</tr>
<tr>
<td>Isacc E. Imes School</td>
<td>Glendale</td>
<td>Banner Health Foundation</td>
</tr>
<tr>
<td>Melvin E. Sine School</td>
<td>Glendale</td>
<td>Banner Health Foundation</td>
</tr>
<tr>
<td>Smith Magnet Elem.</td>
<td>Glendale</td>
<td>Banner Health Foundation</td>
</tr>
<tr>
<td>Continental Elem. and Middle Schools</td>
<td>Green Valley</td>
<td>United Community Health Center</td>
</tr>
<tr>
<td>Mammoth Elementary</td>
<td>Mammoth</td>
<td>Pinal County Public Health</td>
</tr>
<tr>
<td>Marana High School</td>
<td>Marana</td>
<td>Marana Health Center</td>
</tr>
<tr>
<td>Marana Middle school</td>
<td>Marana</td>
<td>Marana Health Center</td>
</tr>
<tr>
<td>Fremont Junior High</td>
<td>Mesa</td>
<td>Foundation/Lutheran Banner Health</td>
</tr>
<tr>
<td>Powell Junior High</td>
<td>Mesa</td>
<td>Foundation/Lutheran Banner Health</td>
</tr>
<tr>
<td>Chilchinbeto Community</td>
<td>Chilchinbeto</td>
<td>Lake Powell Medical Center</td>
</tr>
<tr>
<td>Bethune Elem.</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
<tr>
<td>Capitol Elem.</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
<tr>
<td>Cesar Chavez Community School</td>
<td>Phoenix</td>
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</tr>
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<td>Clarendon School Elementary</td>
<td>Phoenix</td>
<td>Osborn School District</td>
</tr>
<tr>
<td>Cordova Primary and Middle Schools</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
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<td>Desert View Elementary School</td>
<td>Phoenix</td>
<td>John C. Lincoln Health System</td>
</tr>
<tr>
<td>Dunbar Elem.</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
<tr>
<td>Encanto Elementary School</td>
<td>Phoenix</td>
<td>Osborn School District</td>
</tr>
<tr>
<td>G. Frank Davidson Elem.</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
<tr>
<td>Glenn L. Downs</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
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<td>Granada East</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
<tr>
<td>Granada Primary</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
<tr>
<td>John F. Long</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
<tr>
<td>Longview</td>
<td>Phoenix</td>
<td>Osborn School District</td>
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<tr>
<td>Lowell Elem.</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
<tr>
<td>Metro Tech High School</td>
<td>Phoenix</td>
<td>Banner Health Foundation</td>
</tr>
<tr>
<td>Montebello School</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
<tr>
<td>School Name</td>
<td>City</td>
<td>District/Organizer</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Montecito</td>
<td>Phoenix</td>
<td>Osborn School District</td>
</tr>
<tr>
<td>Mountain View Elementary School</td>
<td>Phoenix</td>
<td>John C. Lincoln Health System</td>
</tr>
<tr>
<td>Osborn Middle</td>
<td>Phoenix</td>
<td>Osborn School District</td>
</tr>
<tr>
<td>P. L. Julian Middle (also serves M.L. King Elem.)</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
<tr>
<td>Palm Lane Elem.</td>
<td>Phoenix</td>
<td>Abrazo Health Systems</td>
</tr>
<tr>
<td>Palomino Elem. (also serves PVUSD)</td>
<td>Phoenix</td>
<td>Scottsdale Healthcare</td>
</tr>
<tr>
<td>Royal Palm Middle School</td>
<td>Phoenix</td>
<td>John C. Lincoln Health System</td>
</tr>
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<td>Shaw Butte Elementary</td>
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<td>Simpson School</td>
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<td>Abrazo Health Systems</td>
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<td>Osborn School District</td>
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<td>Sunnyslope Elementary</td>
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<td>John C. Lincoln Health System</td>
</tr>
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<td>Sunnyslope High</td>
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<td>Banner Health Foundation</td>
</tr>
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<td>W. C. Jack Elem.</td>
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</tr>
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<td>Washington Elementary</td>
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<td>Washington Elementary</td>
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<td>John C. Lincoln Health System</td>
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<td>Lake Valley Elem.</td>
<td>Prescott Valley</td>
<td>Yavapai Regional Medical Center</td>
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<td>SahuaritaElem. Middle, and High School</td>
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<tr>
<td>Arizona Desert School</td>
<td>San Luis</td>
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<td>Sasabe School</td>
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<td>United Community Health Center</td>
</tr>
<tr>
<td>Sell K-8 (3)</td>
<td>Sells</td>
<td>Sells Hospital</td>
</tr>
<tr>
<td>Sells H.S. (1)</td>
<td>Sells</td>
<td>Sells Hospital</td>
</tr>
<tr>
<td>Sells H.S. (2)Exists in TUSD</td>
<td>Sells</td>
<td>Sells Hospital</td>
</tr>
<tr>
<td>Sells K-8 (1)</td>
<td>Sells</td>
<td>Sells Hospital</td>
</tr>
<tr>
<td>Sells K-8 (2)</td>
<td>Sells</td>
<td>Sells Hospital</td>
</tr>
<tr>
<td>Holdeman Elem.</td>
<td>Tempe</td>
<td>Banner Health Foundation</td>
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<tr>
<td>Tolleson Union High School</td>
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<td>Clinica Adelante</td>
</tr>
<tr>
<td>Ruth Fisher Elementary School</td>
<td>Tonopah</td>
<td>Clinica Adelante</td>
</tr>
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<td>Catalina High School</td>
<td>Tucson</td>
<td>Marana Health Center</td>
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<td>Keeling Elementary</td>
<td>Tucson</td>
<td>Marana Health Center</td>
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<td>Liberty Elem. MEL Clinic</td>
<td>Tucson</td>
<td>El Rio Health Center</td>
</tr>
<tr>
<td>Mary E. Dill Elem./Altar Valley Middle</td>
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<td>United Community Health Center</td>
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<td>United Community Health Center</td>
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<td>El Rio Health Center</td>
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<td>Walton Elem.</td>
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</tr>
<tr>
<td>Pecan Grove Elem.</td>
<td>Yuma</td>
<td>Yuma Regional Medical Center.</td>
</tr>
<tr>
<td>Rancho Viejo Elem.</td>
<td>Yuma</td>
<td>Yuma Regional Medical Center.</td>
</tr>
</tbody>
</table>

## VISITS TO AZ SCHOOL-BASED HEALTH CENTERS

<table>
<thead>
<tr>
<th>Diagnosis/Reason for Visit</th>
<th>Visits 2003</th>
<th>2003 Percent of Total</th>
<th>2002 Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory including asthma, pharyngitis</td>
<td>4,954</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>Well child, general medical/physical exam, EPSDT</td>
<td>4,264</td>
<td>22%</td>
<td>49%</td>
</tr>
<tr>
<td>Immunizations/vaccinations</td>
<td>3,556</td>
<td>19%</td>
<td>3%</td>
</tr>
<tr>
<td>Dental exams/screening, dental caries</td>
<td>2,618</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Diseases of the ear including otitis media</td>
<td>1,703</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Viral infections including hepatitis</td>
<td>927</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Counseling/psychosocial</td>
<td>914</td>
<td>5%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Appendix C
San Miguel Student Logistics

Count of Girl or Boy

Count of Zip Code

Zip codes of students currently in the enrollment process.
Count of Ethnicity

- African AM: 38
- Caucasian: 1
- Hispanic: 5
- Mixed: 0
- Native AM: 2

Ethnicity of students currently in the enrollment process.

Count of School

- Apollo MS: 6
- Booth Ficket: 8
- Challenger MS: 2
- Cholla: 1
- Davis Center: 1
- Flowing Wells: 1
- Hohkam MS: 1
- Immac Heart: 1
- Mansfield MS: 1
- Mother Sorrows: 1
- Pistor MS: 1
- San Xavier: 1
- Santa Cruz: 1
- St Ambrose: 1
- St John: 1
- Valencia: 1
- Wakefield MS: 1

Current school in which the students are enrolled in.

Information obtained from Brother Nick Gonzales.
### Appendix D

Sun Tran Transportation Public Bus Fares

<table>
<thead>
<tr>
<th>Fare Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Fare</td>
<td>$1.00</td>
</tr>
<tr>
<td>Economic:</td>
<td>40 cents</td>
</tr>
<tr>
<td>Senior citizens - Proof of age (65 years or older) or Medicare card.</td>
<td></td>
</tr>
<tr>
<td>Individuals with disabilities - ADA eligibility card, Medicare card, City of Tucson Special Services ID, or Sun Tran Transit ID.</td>
<td></td>
</tr>
<tr>
<td>Low Income Riders - Special Services card, or Sun Tran Transit ID. (Special Services ID cards are available at the City of Tucson’s Special Services; 800 E. 12th Street. For more information please call 791-4100)</td>
<td></td>
</tr>
<tr>
<td>Children (5 and under with an adult)</td>
<td>Free</td>
</tr>
<tr>
<td>Transfers (valid for 2 hours &amp; 2 transfer trips)</td>
<td>Free</td>
</tr>
<tr>
<td>Day Pass (sold only on buses and valid for unlimited rides during a calendar day)</td>
<td>$2.00</td>
</tr>
</tbody>
</table>

Retrieved from [www.suntran.com](http://www.suntran.com)
Appendix E

Surveys

Retrieved from www.healthinschools.org, modified for applicability to current need

School-Based Health Centers - Implementation Tools
Health needs survey for elementary school principals

<table>
<thead>
<tr>
<th>School</th>
<th>Principal</th>
</tr>
</thead>
</table>

1) In your opinion what are the greatest student health problems/concerns in your school? (please check all that apply)

- __asthma
- __nutrition
- __dental health
- __Immunizations
- __mental health
- __smoking
- __family problems
- __violent/aggressive behavior
- __lead
- __lice
- __other (please specify)
2) What health education topics do you feel are lacking or need to be enhanced? For instance:

- asthma
- nutrition
- depression
- stress management
- smoking
- substance abuse
- decision making
- conflict resolution
- violence prevention
- AIDS/HIV education
- Family Planning
- other (please specify)

3) Would you be interested in having community based organizations provide specific health education to students in your school such as: asthma, nutrition, lice, dental health, etc.?

Yes _______  No _______

Suggested topics
________________________________________________________

4) Do you think teachers would be interested in being trained in comprehensive health education and wellness or on specific health education topics?

Yes _______  No _______

5) Do you think that parents would be interested in attending health education workshops?

Yes _______  No _______

Suggested topics
________________________________________________________
________________________________________________________
________________________________________________________
In an effort to better involve parents/guardians in the delivery of health care services to their children, we would like to ask you a few questions regarding the health needs of your child.

Please take a few moments to answer the following questions. You do not need to put your name or your child's name on this form.

1) Has your child/teen been to a doctor or nurse in the past year?

___ Yes  ___ No

2) Are there barriers that make it difficult for you to take your child/teen to the doctor or nurse? (Check all that apply)

___ It costs too much
___ I don't have a regular nurse or doctor
___ I couldn't take off from work
___ The hours were not good for me
___ It was hard to get an appointment
___ I didn't have insurance
___ It was too far away
___ None of the above
___ Other (Please explain)

3) When would you like your child/teen to be seen by a health care professional? (Check all that apply)

___ Once a year for a physical
___ When they are sick
___ When I have a concern for their health
4) In your opinion, what are some childhood/adolescent health problems/issues that concern you? (Check all that apply)

___asthma
___nutrition
___weight
___lack of exercise
___dental health
___mental health
___smoking
___stress management
___immunizations
___behavior problems
___lead
___lice
___other
___hearing
___vision
___genetic disability
___allergies
___chronic headaches or stomachaches
___alcohol/drugs
___pregnancy prevention
___sexually transmitted diseases
___violent and aggressive behavior
___Other (please explain)

5) Does your child/teen get depressed or stressed out?

___Yes  ___No
6) How do you view your or your child's doctor or nurse? (Check all that apply)

___ Easy to talk to
___ Doesn't pay attention
___ Listens to me or my child
___ Professional
___ Available
___ Difficult to understand
___ Makes me or my child feel uncomfortable
___ Rushed
___ Rude
___ Caring
___ Sees me on time
___ Doesn't see me on time
___ Makes me wait a long time
___ Other (please explain)

7) Would/Have you or your child use(d) a School Based Health Center if available to you?

___ Yes  ___ No

8) Are you familiar with the services a School Based Health Center can provide?

___ Yes  ___ No

9) If your child/teen has not used the School Based Health Center, what are your reasons? (Check all that apply)

___ I didn't know there was a SBHC
___ She/He has her/his own doctor

___ She/he doesn't need to go

___ I don't know what the services are that they provide

___ Other (please explain)

________________________________________________________________________

10) If you would/have use(d) the School Based Health Center, why do you use it? (Check all that apply)

___ The hours are good for me and my child
___ I don't need to take time off from work to bring them to a doctor
___ I like the staff and my child likes the staff
___ If my child gets sick at school, they will be taken care of
___ My child/teen stays home less because I know they will be taken care of at school
___ I don't have to pay
___ It's easy to get an appointment
___ I don't have to wait a long time
___ Other (please explain)

________________________________________________________________________

11) If you have used the School Based Health Center at any time, have you been satisfied with the services your child/teen has received?

___ Very satisfied
___ Mostly satisfied
___ Satisfied
___ Somewhat unsatisfied
___ Not satisfied (please explain)

________________________________________________________________________
Are there any services that you would like the School Based Health Center to provide?

Please explain:

________________________________________________________________________

________________________________________________________________________
School-Based Health Centers - Implementation Tools

Health Needs Survey for Students

Your: Age _____ Sex _____ Grade _____

Medical sick visits. This section of questions is about medical sick visits, which are visits to see the doctor because of an injury or illness (for example, a sore throat or twisted ankle).

1. Do you have a doctor, nurse practitioner, or physician's assistant to go to when you are ill or hurt?
   - 1-Yes
   - 2-No

1a. I usually see (check one)
   - 1-Doctor
   - 2-Nurse Practitioner
   - 3-Physician's Assistant
   - 4-Don't Know

2. Where do you go when you are sick or injured (bad sore throat or twisted ankle)?
   - 1-I go to my Doctor, Nurse Practitioner or Physician's Assistant
   - 2-If I can, I go to my doctor but use the emergency room if that's not possible.
   - 3-If I can, I go to my doctor but use the immediate care center if that's not possible
   - 4-I go to an emergency room
   - 5-I go to an immediate care center
   - 6-I don't go

3. How is your medical care for sick visits paid for?
   - 1-Family private insurance
   - 2-Medicaid
   - 3-Our family pays it all/no insurance
   - 4-Don't know

4. Have you ever wanted to see a doctor about an illness or injury but were unable to?
   - 1-Yes
   - 2-No

4a. If you were unable to see a doctor, WHY?
   - 1-No insurance or money to pay for visit
   - 2-No way to get to doctor's office
   - 3-Don't know how to get an appointment
• 4-Don't feel comfortable with my doctor
• 5-My parents didn't think I needed to go
• 6-No way to go without my parents being involved
• 7-Don't know any doctors
• 8-Other (please describe) _______________________________

5. If you had a medical problem or needed medical information but didn't know where to go, how would you get help? (Check all that apply)

• 1-Parent
• 2-Library
• 3-Teacher
• 4-Hotline
• 5-Friend
• 6-Doctor, Nurse Practitioner, Physician's Assistant
• 7-Guidance Counselor
• 8-Health Teacher
• 9-School Nurse
• 10-Phone Book
• 11-Other (please describe) _______________________________

6. Have you ever wanted to talk about an emotional problem with a mental health professional (counselor, psychologist, social worker or psychiatrist) ?

• 1-Yes
• 2-No

6a. If you wanted to see a mental health professional, but were unable to, why: (Skip this question if you were able to see a mental health professional)

• 1-No insurance or money to pay for visit
• 2-No way to get to mental health professional's office
• 3-Don't know how to get an appointment
• 4-Uncomfortable making an appointment
• 5-My parents didn't think I needed to go
• 6-No way to go without my parents being involved
• 7-Don't know any mental health professionals
• 8-Other (please describe) _______________________________

6b. If you have seen a mental health professional, where do you go?

• 1-school counselor
• 2-mental health center
• 3-other therapist/counselor

6c. Were you satisfied with the care you received?

• 1-Yes
• 2-No

Comments:
Medical Checkups: This section is about check up visits, which are visits for a complete physical examination, like a yearly checkup or a sports physical. You go to the doctor at a time when you are basically healthy; your height, weight and blood pressure are checked and your general overall health may be discussed.

7. Do you have a doctor or other health care provider to go to for a checkup?

- 1-Yes
- 2-No

Column A

(If you answered YES to question 7)
If you do have a doctor or other health care provider for checkups:

8a. What kind of health care provider do you see most often? (CHECK ONE)

- 1-Family doctor/practitioner
- 2-Pediatrician (a doctor who sees babies, children and teens)
- 3-Internist (a doctor who sees only teens and adults)
- 4-Nurse Practitioner
- 5-Physician's Assistant
- 6-Obstetrician/Gynecologist (a doctor who sees only women and girls for reproductive health issues)
- 7-Doctor in an immediate care center
- 8-I don't know
- 9-Other (please describe)

9a. How often do you have a checkup?

- 1-More than once a year
- 2-About once a year
- 3-Every two years
- 4-Every 3-4 years
- 5-I don't have checkups anymore

Column B

(If you answered NO to question 7)
If you do not have a doctor or other health care provider for checkups:

8b. Would you like to have a doctor, Nurse Practitioner, or Physician's Assistant for checkups?

- 1-Yes
- 2-No

9b. Why don't you have a doctor to go to for checkups?

- 1-No insurance or money to pay for visit
- 2-No way to get to doctor's office
- 3-Don't know how to get an appointment
- 4-My parents didn't think I needed to go
- 5-No way to go without my parents being involved
- 6-Don't know any doctors
- 7-Don't need checkups
- 8-Other (please describe)

10a. When was your last checkup?
1-In the last year
2-In the last two years
3-In the last 3 or 4 years
4-Over four years ago
5-I don't remember ever having a checkup

11a. Would you like to have a checkup more often?

1-Yes
2-No

12a. If you would like to have a checkup more often, why haven't you?
( Check all that apply )

1-No insurance or money to pay for visit
2-No way to get to doctor's office
3-Don't know how to get an appointment
4-Don't feel comfortable with my doctor
5-My parents didn't think I needed to go
6-No way to go without my parents being involved
7-I don't want to have a checkup more often
8-Other (please describe)

13a. How was your last checkup paid for?

1-Family private insurance
2-Medicaid
3-Our family pays it all/no insurance
4-Don't know

14a. Who decided it was time for you to have your last checkup?

1-I did
2-Parent/guardian
3-Camp requirement
4-School requirement
5-Sports' program requirement
6-Job requirement
7-Other (please describe)

10b. What kind of health care provider would you like to see

1-Family doctor/practitioner
2-Pediatrician (a doctor who sees babies, children and teens)
3-Internist (a doctor who sees only teens & adults)
4-Nurse Practitioner
5-Physician's Assistant
6-Obstetrician/Gynecologist (a dr. who sees only females for reproductive health issues)
7-Doctor in an immediate care center
8-None--I don't want to see a doctor
9-Other (please describe)

11b. How often would you like to have a checkup?

1-More than once a year
2-About once a year
3-Every two years
4-Every 3-4 years
5-I don't want to have checkups anymore

12b. When was your last checkup?

1-In the last year
2-In the last two years
3-In the last 3 or 4 years
4-Over four years ago
5-I don't remember ever
15a. Who made your last check-up appointment?  
- 1-I did  
- 2-Parent/guardian  
- 3-Other (please describe)  
___________________________

16a. Was your parent/guardian present with you during the entire visit with the doctor?  
- 1-Yes  
- 2-No

16a1. If yes, would you have preferred that you had some time alone with the doctor?  
- 1-Yes  
- 2-No

17a. Were you satisfied with your last checkup?  
- 1-YES  
- 2-No

17a1. Why/why not?  
_________________________________________  
_________________________________________  
_________________________________________

18a. If you had a personal problem, would you discuss it with your doctor, nurse practitioner, or physician's assistant?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| ___ | ___ | 1-Drug/alcohol problem  
| ___ | ___ | 2-Difficulties with parent/family  
| ___ | ___ | 3-Sexuality related issues  
| ___ | ___ | 4-Problem with friend  
| ___ | ___ | 5-Feeling very depressed  
| ___ | ___ | 6-Difficulty in school  
| ___ | ___ | 7-Other (please describe)  

13b. In what setting would you like to have the checkup done?  
- 1-Doctor's office  
- 2-Community clinic  
- 3-School based clinic  
- 4-Immediate care center  
- 5-Emergency room
**Dental check-ups:** This section is about dental check-ups, which are routine visits to have your teeth cleaned and checked, x-rays may be taken, fluoride treatments may be done, and dental care may be discussed with you.

19. Do you have a dentist or other dental care provider to go to for a check-up?

- 1 - Yes
- 2 - No

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If you answered YES to question 19) If you have a dentist or dental care provider for check-ups:</td>
<td>(If you answered NO to question 19) If you do not have a dentist or dental care provider for check-ups:</td>
</tr>
<tr>
<td>20a. How often do you have a check-up?</td>
<td>20b. If you don't have a dentist or other dental care provider for regular check-ups--Would you like to have a dentist or dental hygienist for check-ups?</td>
</tr>
<tr>
<td>- 1 - Twice a year or more</td>
<td>- 1 - Yes</td>
</tr>
<tr>
<td>- 2 - About once a year</td>
<td>- 2 - No</td>
</tr>
<tr>
<td>- 3 - Every 2 years</td>
<td>- 4 - Every 3-4 years</td>
</tr>
<tr>
<td>- 4 - Every 3-4 years</td>
<td></td>
</tr>
<tr>
<td>21a. When was your last check-up?</td>
<td>21b. Why don't you have a dentist or dental hygienist for checkups? (Check all that apply)</td>
</tr>
<tr>
<td>- 1 - In the last year</td>
<td>- 1 - No insurance or money to pay for visit</td>
</tr>
<tr>
<td>- 2 - In the last 2 years</td>
<td>- 2 - No way to get to dentist's office</td>
</tr>
<tr>
<td>- 3 - In the last 3-4 years</td>
<td>- 3 - Don't know how to get an appointment</td>
</tr>
<tr>
<td>- 4 - Over 4 years ago</td>
<td>- 4 - My parents didn't think I needed to go</td>
</tr>
<tr>
<td>- 5 - I don't remember ever having a dental check-up</td>
<td>- 5 - I don't know any dentists</td>
</tr>
<tr>
<td>22a. Would you like to have a dental check-up more often?</td>
<td>- 6 - I don't need checkups</td>
</tr>
<tr>
<td>- 1 - Yes</td>
<td>- 7 - Other (please describe)</td>
</tr>
<tr>
<td>- 2 - No</td>
<td></td>
</tr>
</tbody>
</table>
• 2-No way to get to dentist's office
• 3-Don't know how to get an appointment
• 4-My parents didn't think I needed to go
• 5-Uncomfortable with my dentist
• 6-I do not want to have checkups more often
• 7-Other (please describe)

24a. How was your last dental check-up paid for?

• 1-Family's dental insurance
• 2-Medicaid or Dr. Dynasaur
• 3-My family pays it all/no insurance
• 4-Don't know

25a. Who decided it was time for your last dental check-up?

• 1-I did
• 2-My parent(s)
• 3-The dentist sent a notice

Dental Work visits: This next section is about dental work visits, which are visits to see the dentist for a toothache or to have a cavity filled or a tooth repaired.

26. Do you have a dentist to go to when you have a toothache or need your teeth repaired?

• 1-Yes
• 2-No

27. Where do you go when you need dental care?

• 1-I go to my dentist
• 2-I go to my medical doctor
• 3-If I can, I go to my dentist; if that's not possible, I go to the emergency room
• 4-I don't go

28. Have you ever wanted to see a dentist about a dental problem (toothache, broken tooth, etc) but were unable to?

• 1-Yes
• 2-No

28a. If yes, why? (Check all that apply)

• 1-No insurance or money to pay for visit
• 2-No way to get to dentist's office
• 3-Don't know how to get an appointment
• 4-Don't feel comfortable with my dentist
• 5-My parents didn't think I needed to go
• 6-Couldn't find anyone to see me
• 7-Don't know any dentists
• 8-Other (please describe) ____________________________

29. If you had a dental problem or needed dental information but didn't know where to go, how would you get help? (Check all that apply)

• 1-Parent
• 2-Library
• 3-Teacher
• 4-Hotline
• 5-Friend
• 6-Guidance Counselor
• 7-Health Teacher
• 8-School Nurse
• 9-Phone Book
• 10-Other (please describe) ____________________________

This section is for everyone

30. Are there any health issues that you would like to know more about?

_____________________________________________
_____________________________________________
_____________________________________________

31. Would you be interested in having more health care (including mental health and/or dental) services provided at or very near your school?

• 1-Yes
• 2-No
31a. If yes, what services are you interested in?

______________________________________________

______________________________________________

______________________________________________
Appendix F

GAPS-HSR Flow Sheet

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Screening history</th>
<th>Early</th>
<th>Middle</th>
<th>Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating disorders (13)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco use (14)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol/drug use (15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual activity (18)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression (20)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk for suicide (20)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical, sexual, or emotional abuse (21)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School performance (22)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical assessment</th>
<th></th>
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<tbody>
<tr>
<td>Comprehensive examination (1)</td>
<td></td>
</tr>
<tr>
<td>Blood pressure (11)</td>
<td></td>
</tr>
<tr>
<td>Body mass index (13)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tests</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol (12)</td>
<td></td>
</tr>
<tr>
<td>Gonorrhea, Chlamydia, human papilloma virus (17, 18)</td>
<td></td>
</tr>
<tr>
<td>HIV, syphilis (17, 18)</td>
<td></td>
</tr>
<tr>
<td>Pap smear (13)</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (23)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunizations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, mumps, rubella (24)</td>
<td></td>
</tr>
<tr>
<td>Tetanus-diphtheria (24)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B virus (24)</td>
<td></td>
</tr>
<tr>
<td>Varicella (24)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health guidance</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Parenting (4)</td>
<td></td>
</tr>
<tr>
<td>Development (5)</td>
<td></td>
</tr>
<tr>
<td>Injury prevention (6)</td>
<td></td>
</tr>
<tr>
<td>Diet and fitness (7, 8)</td>
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<tr>
<td>Lifestyle (9, 10)</td>
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</tr>
</tbody>
</table>

Appendix G

Proposed Floor Plan for SMCHS
## Appendix H

### SBHC Equipment and Formulary Suggestions

<table>
<thead>
<tr>
<th>Office Equipment</th>
<th>Clinical Equipment</th>
<th>Facility Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desk and Chairs</td>
<td>Exam Tables (with retractable stirrups)</td>
<td>Sound Proofing</td>
</tr>
<tr>
<td>Telephone</td>
<td>Stool</td>
<td>Sinks in or Just outside Exam Rooms</td>
</tr>
<tr>
<td>Fax Machine</td>
<td>Gooseneck or Halogen Lamp</td>
<td>Bathroom</td>
</tr>
<tr>
<td>Wall Hung and/or Floor Bookcase</td>
<td>Wall Mount BP Gauge or Cuffs (Adult/Child)</td>
<td></td>
</tr>
<tr>
<td>Locking Filing Cabinet</td>
<td>Wall Mount Otoscope-Ophthalmoscope</td>
<td></td>
</tr>
<tr>
<td>Computer &amp; Printer</td>
<td>Wall Mount Sharps Container, Paper Tower Dispenser, Soap Over Sink</td>
<td></td>
</tr>
<tr>
<td>Supply Cabinets with Locks</td>
<td>Thermometer</td>
<td></td>
</tr>
<tr>
<td>Wall Clocks</td>
<td>Peak Flow Meter</td>
<td></td>
</tr>
<tr>
<td>Answering Machine</td>
<td>Accucheck</td>
<td></td>
</tr>
<tr>
<td>Copying Machine*</td>
<td>Scoliometer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tympanogram</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hemocue</td>
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</tr>
<tr>
<td></td>
<td>Refrigerator/Freezer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scale</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Microscope</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nebulizer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eye Chart &amp; Eye Cover</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single Container for Crash Cart Supplies (ie. Out-Of-Clinic Emergency)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Incubator*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Step-on Garbage Cans</td>
<td></td>
</tr>
</tbody>
</table>

Retrieved from [www.healthinschools.org](http://www.healthinschools.org)
The list of medications or categories of medications included in this formulary was derived from existing formularies in experienced school-based health centers. These are the prescription and over-the-counter medications most commonly stocked and dispensed in centers to insure satisfactory treatment of students' health problems. The problems for which the medications are most often prescribed are also listed. There are a variety of factors which have influenced the extent to which school-based health centers stock and dispense medications. These factors result in the variations and similarities seen among centers. The following is a list of some of these factors:

--Cost of medications

--Effectiveness of medications as treatment for a problem
--Compliance issues with adolescents
--Problems with a likelihood of being ignored, untreated or leading to more serious sequellae if untreated
--What problems are being most commonly seen
--Those problems which if treated can result in returning to class or avoiding a hospital emergency room visit
--Restrictions or limits on dispensing medication imposed by state pharmacy laws
--How best practice is currently defined
--Provider preference
--Special needs which may not be common across programs but which are unique to certain populations.

Antibiotics (sexually transmitted diseases, urinary tract infections, sinusitis, ear infections, skin infections, vaginal infections)

- Amoxicillin
- Sulfamethoxazole
- Metronidazole
- Penicillin VK
- Erythromycin
- Doxycycline
- Ceftriaxone Sodium

Bronchodilators (asthma)

- Ventolin solution and inhaler
- Inhaled steroid
- Epinephrine Sub Q

Decongestant and antihistamine (allergies and upper respiratory infections)

- Pseudoephedrine
- Diphenhydramine
- Chlorpheniramine
- Decongestant nasal spray

Vaginal preparations (moniliainfections)

- Miconazole cream, suppositories
- Trconazole cream, suppositories
Analgesics/Antipyretics (dysmenorrhea, headaches, viral syndromes, sports injuries, accidental injuries, dental pain)

- Naproxen sodium
- Ibuprophen
- Acetaminophen
- Aspirin

Oto/ophthalmic (diagnosis of eye injury and conjunctivitis)

- Fluro-J-Strips
- Sodium sulamyd eye drops

Gastrointestinal preparations (gastritis, gastroententis)

- Anti-acid, i.e. Maalox
- Anti-diarrhea, i.e. Kapectate

Dermatologics (minor skin infections, burns, wart removal, acne, eczema, lice, ringworm, and other fungal rashes)

- Antifungal cream
- Antibiotic ointment
- Trichloro Acetic Acid 85%
- Benzyl-peroxide gel
- Hydrocortisone creams
- Kwell lotion
- Silvadine cream
- Trenotin cream

Immunizations

- Polio vaccine
- Tetanus and Diphtheria Toxoids
- Measles, Mumps, Rubella vaccine
- Influenzavirus
- PPD

Other (vary according to populations seen, services provided, restrictions, etc.)

- Emergency tackle box
- Contraceptives
- Hepatitis vaccine
- Steroids
- Provera
- pediatric vaccines
- HIB
- DPT

Source: School Health Policy Initiative, Ingredients for Success, 1993 National Workgroup Meetings
Appendix I

PARENT AND STUDENT SATISFACTION SURVEYS

Please tell us about your visit today or the last time you were here. Your honest opinion will help us improve our services. Do not include your name. Your answers are confidential.

(1) At which school did you receive this survey?
_________________________

HOW SATISFIED ARE YOU WITH:

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Somewhat Unsatisfied</th>
<th>Not Satisfied</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Care you received from the School Nurse (Practitioner)?</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
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<tr>
<td>(3) How you were treated by the Medical Assistant?</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>(4) The waiting time before your appointment?</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>(5) Ability to make an appointment on the telephone?</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
</tr>
<tr>
<td>(6) Ability to make an appointment at the desk?</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
<td>[]</td>
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</tbody>
</table>
(7) Time it took to complete your visit? ☐ ☐ ☐ ☐ ☐ ☐

(8) Your overall experience at the School Health Center? ☐ ☐ ☐ ☐ ☐ ☐

(9) Would you recommend the School Health Center to others? ☐ ☐ ☐

(10) What do you like best about the School Health Program?

____________________________________________________________________________________

____________________________________________________________________________________

(11) What other services/programs would you like the School Health Program to provide?

____________________________________________________________________________________

____________________________________________________________________________________

Thank you again for filling out this survey!
STUDENT SATISFACTION SURVEY

1. Female_______ Male_______

2. What grade are you in?

9th_____ 10th_____ 11th_____ 12th_____ 

3. How many times have you used the Health Center? (including today)

First time_____ 2-5 times_____ 6-10 times_____ more than 10 times_____ 

Answer the next questions about this visit to the Health Center

4. How does the Health Center look?

Excellent_______ Very good_______ Good_____ Could be improved_______

5. How did the Health Center staff treat you?

Excellent_______ Very good_______ Good_____ Could be improved_______

6. How would you rate the medical treatment you received?

Excellent_______ Very good_______ Good_____ Could be improved_______

7. How long did you have to wait before you saw a nurse or doctor?

____ Less than 5 mins  ____ 5-10 mins  ____ 11-15 mins  ____ more than 15 mins
8. This visit was: _____ an
  appointment _____ a walk-in.

9. Did you learn anything new today about taking care of yourself?
   ____ Yes ____ No

10. Did you feel your privacy was respected?
    ____ Yes ____ No

11. What else would you like to say about the Health Center?

   ________________________________________
   ________________________________________
   ________________________________________
   ________________________________________
Appendix J

Young Adult Health Care Survey
Version 2.0

Instructions

1. In this survey, the term doctor or other health provider is used. A doctor or other health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you see for health care.

2. Answer all the questions by checking the box like this:
   - [ ]  
   - [x] Yes
   - [ ] No

3. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow and then a note that tells you what question to answer next, like this:
   - [ ]  
   - [ ] Yes
   - [ ] No  → (Go to page 4 and continue with question 10)

So, if you choose to answer "No" to this question, then you will go to page 4 of this survey and continue the survey with question 10.

Thank you for your help with this survey!

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SECTION I - HEALTH CARE UTILIZATION

Please answer all the questions in this survey by checking the box on top of your answer.

1. Have you been to see a doctor or other health provider in the last 12 months?
   - [ ] Yes
   - [ ] No

2. When was the last time you went to a doctor or other health provider for regular or routine care?
   - [ ] 1 month ago
   - [ ] 2 months ago
   - [ ] 3 months ago
   - [ ] 4 months ago
   - [ ] 5-6 months ago
   - [ ] 7-12 months ago
   - [ ] 13-24 months ago
   - [ ] More than 2 years ago
   - [ ] I did not go to a doctor or clinic for a regular check-up

3. The last time you had a visit with a doctor or other health provider, did you fill out a checklist or survey about your health?
   - [ ] Yes
   - [ ] No

4. Where do you usually go for medical care?
   - [ ] Doctor's office or clinic
   - [ ] School Nurse
   - [ ] Community clinic/health center
   - [ ] Hospital clinic
   - [ ] Hospital emergency room
   - [ ] Family Planning Center (For example: Planned Parenthood)
   - [ ] Urgent Care Clinic
   - [ ] No One
   - [ ] Usual Place

SECTION II - PRIVACY

5. In the last 12 months, is there any other place that you have gone to for medical care?
   Check all that apply
   - [ ] No other place
   - [ ] Doctor's office or clinic
   - [ ] School Nurse
   - [ ] Community clinic/health center
   - [ ] Hospital clinic
   - [ ] Hospital emergency room
   - [ ] Family Planning Center (For example: Planned Parenthood)

6. In the last 12 months, did you get a chance to speak with a doctor or other health provider privately? (Meaning one on one - without your parents or other people in the room)
   - [ ] Yes
   - [ ] No

7. In the last 12 months, did a doctor or other health provider tell you that what you talked about with them was confidential? (Meaning it would not be shared with anyone else.)
   - [ ] Yes
   - [ ] No

8. Do you know of a place (other than the school nurse) where teenagers can go to see a doctor or other health provider without their parents knowing about it?
   - [ ] Yes
   - [ ] No
### SECTION III HEALTH AND SAFETY

**9.** In the **last 12 months**, did a doctor or other health provider talk with you about any of the following?

Please answer each of the questions below by placing an X in the Yes or No box.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Weight</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Healthy eating or diet</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Physical activity or exercise</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**10.** In the **last 12 months**, did a doctor or other health provider talk with you about any of the following?

Please answer each of the questions below by placing an X in the Yes or No box.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Your friends</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Your school performance or grades</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Your emotions or mood</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Suicide</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**11.** In the **last 12 months**, did a doctor or other health provider talk with you about any of the following?

Please answer each of the questions below by placing an X in the Yes or No box.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Using a helmet when riding a bicycle, roller-blading, or skateboarding</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Riding in a motor vehicle with a driver who has been drinking or using drugs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Violence prevention</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Guns and other weapons</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**12.** In the **last 12 months**, did a doctor or other health provider talk with you about any of the following?

Please answer each of the questions below by placing an X in the Yes or No box.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Chewing tobacco or snuff</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Drug Use (including marijuana, cocaine, crack, heroin, acid, speed, ecstasy, roofies, or other)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Use of steroid pills or shots without a doctor’s prescription</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**13.** In the **last 12 months**, did a doctor or other health provider talk with you about any of the following?

Please answer each of the questions below by placing an X in the Yes or No box.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sexual orientation (that is, being gay or straight)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Sexually transmitted diseases, or STD’s (such as gonorrhea or chlamydia)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Sexual or physical abuse</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
The next questions ask about how you feel.

14. During the **past 12 months**, did you ever feel so sad or hopeless almost every day for **two weeks** or more in a row that you stopped doing some usual activities?

   
   Yes  
   No

15. In the **last 12 months**, did you and a doctor or other health provider **talk** about whether you ever felt sad or hopeless almost every day?

   
   Yes  
   No

The next questions ask about tobacco and smoking.

16. During the **past 30 days**, on how many days did you smoke cigarettes?

   
   0 days  
   1 or 2 days  
   3 to 5 days  
   6 to 9 days  
   10 to 19 days  
   20 to 29 days  
   All 30 days

17. In the **last 12 months**, did you and a doctor or other health provider **talk** about cigarettes or smoking?

   
   Yes  
   No  
   Go to question 19

18. How **helpful** was this discussion in understanding the risks of cigarettes or smoking to your health?

   
   Not at all helpful  
   Somewhat helpful  
   Helpful  
   Very helpful  
   Not sure

The next questions ask about drinking alcohol.

Examples of drinking alcohol include drinking beer, wine, wine coolers, and liquor such as tequila, rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

19. In the **last 12 months**, have you ever smoked cigarettes?

   
   Yes  
   No  
   Go to question 22

20. In the **last 12 months**, did you and a doctor or other health provider talk about how and why to quit smoking (such as setting a date to quit)?

   
   Yes  
   No  
   Go to question 22

21. How **helpful** were your discussions in quitting smoking?

   
   Not at all helpful  
   Somewhat helpful  
   Helpful  
   Very helpful  
   Not sure

22. During the **past 30 days**, on how many days did you have at least one drink of alcohol?

   
   0 days  
   1 or 2 days  
   3 to 5 days  
   6 to 9 days  
   10 to 19 days  
   20 to 29 days  
   All 30 days

   
   (Didn't drink alcohol)  
   Go to question 24
23. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

(Didn't drink 5 or more drinks of alcohol in a row)

24. In the last 12 months, did you and a doctor or other health provider talk about alcohol use?

- Yes
- No

Go to question 26

25. How helpful was this discussion in understanding alcohol use and its risk to your health?

- Not at all helpful
- Somewhat helpful
- Helpful
- Very helpful
- Not sure

26. Have you ever had sexual intercourse?

- Yes
- No

Go to question 28

27. The last time you had sexual intercourse, did you or your partner use a condom?

- Yes
- No

28. In the last 12 months, did you and a doctor or other health provider talk about condoms?

- Yes
- No

Go to question 30

29. How helpful was this discussion in understanding how to use condoms to prevent HIV and other STD's (Sexually Transmitted Diseases)?

- Not at all helpful
- Somewhat helpful
- Helpful
- Very helpful
- Not sure

30. In the last 12 months, did you and a doctor or other health provider talk about birth control?

- Yes
- No

Go to question 32

31. How helpful was this discussion in understanding how and why to use birth control?

- Not at all helpful
- Somewhat helpful
- Helpful
- Very helpful
- Not sure

The next questions ask about safety.

32. How often do you wear a seat belt when riding or driving in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

33. In the last 12 months, did you and a doctor or other health provider talk about the importance of wearing a seat belt?

- Yes
- No
SECTION IV – HEALTH INFORMATION

Health information can be given to you in many different ways from your doctor, other health provider, or health plan. This kind of information can be in written pamphlets, through computers in your doctor's office or posters in the waiting room. Health information can also be given to you through telephone hot lines or an internet website.

34. In the last 12 months, did you see or hear information that provided safety tips for you? (Such as bicycle helmet use, seat belt use, violence prevention)
   - Yes
   - No

35. In the last 12 months, did you see or hear information about the risks of smoking, drinking or other substance abuse?
   - Yes
   - No

36. In the last 12 months, did you see or hear information about the benefits of a healthy diet, physical activity or exercise?
   - Yes
   - No

37. In the last 12 months, did you see or hear information that provided tips about how to prevent Sexually Transmitted Diseases (STD's)?
   - Yes
   - No

SECTION V – YOUR HEALTH CARE IN THE LAST 12 MONTHS

The next section asks you to rate your doctor or other health provider and your experience in a health care setting.

38. In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?
   - Never
   - Sometimes
   - Usually
   - Always

39. In the last 12 months, how often did doctors or other health providers listen carefully to you?
   - Never
   - Sometimes
   - Usually
   - Always

40. In the last 12 months, how often did you have a hard time speaking with or understanding a doctor or other health provider because you spoke different languages?
   - Never
   - Sometimes
   - Usually
   - Always

41. In the last 12 months, how often did doctors or other health providers explain things in a way that you could understand?
   - Never
   - Sometimes
   - Usually
   - Always

42. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?
   - Never
   - Sometimes
   - Usually
   - Always
43. In the last 12 months, how often did doctors or other health providers spend enough time with you?
- Never
- Sometimes
- Usually
- Always

44. In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor or other health provider believed necessary?
- A big problem
- Somewhat of a problem
- A small problem
- Not a problem

45. In the last 12 months, have you ever had a serious health problem that went untreated?
- Yes
- No

46. We want to know your rating of all health care in the last 12 months from all doctors or other health providers. Use any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible. How would you rate all of your health care? **Circle one**

<table>
<thead>
<tr>
<th>0</th>
<th>Worst health care possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Best Health Care Possible</td>
</tr>
</tbody>
</table>

47. How is your health in general?
- Excellent
- Very Good
- Good
- Fair
- Poor

48. For statements A-C, check the box below the statement to show if you completely agree, mostly agree, agree a little or do not agree with the statement.

a. I am full of energy
- Completely agree
- Mostly agree
- Agree a little
- Do not agree

b. I have a lot of good qualities
- Completely agree
- Mostly agree
- Agree a little
- Do not agree

c. I am satisfied with my life and how I live it
- Completely agree
- Mostly agree
- Agree a little
- Do not agree

49. In the last 4 weeks, how often did you have pains that really bothered you?
- No days
- 1 to 3 days
- 4 to 6 days
- 7 to 14 days
- 15 to 29 days
50. In the **last 4 weeks**, on how many days did you exercise or play sports hard enough to make you breathe hard or make you sweat for 20 minutes or more?

- [ ] No days
- [ ] 1 to 6 days
- [ ] 10 to 13 days
- [ ] 14 to 20 days
- [ ] 21 to 26 days

51. In the **last 4 weeks**, on how many days did a health or emotional problem keep you from doing what you usually do at school or with friends and family?

- [ ] No days
- [ ] 1 to 3 days
- [ ] 4 to 6 days
- [ ] 7 to 14 days
- [ ] 15 to 26 days

**SECTION VII– Demographics**

The next questions are about you. They are being asked for grouping purposes only.

52. How old are you?

- [ ] 12 years old or younger
- [ ] 13 years old
- [ ] 14 years old
- [ ] 15 years old
- [ ] 16 years old
- [ ] 17 years old
- [ ] 18 years old
- [ ] 19 years old
- [ ] 20 years old or older

53. Are you a female or a male?

- [ ] Female
- [ ] Male

54. How do you describe yourself? Select all that apply.

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaskan Native
- [ ] Hispanic or Latino
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Other

55. Did someone help you complete this survey?

- [ ] Yes
- [ ] No

56. How did that person help you? Please choose all that apply.

- [ ] Read the questions to me
- [ ] Wrote down the answers I gave
- [ ] Answered the questions for me
- [ ] Helped me remember when I last went to a doctor or other health provider
- [ ] Translated the questions into my language

**YOU’RE DONE!!**

Thank you for completing the survey. Please return the completed survey in the envelope provided.

If you want additional information on any of the topics covered in this survey, please call 1-800-XXX-XXXX.

(We also have a TDD number: 1-800-XXX-XXXX.)

Retrieved from www.FACCT.org
References


Health in Schools Website: The Center for Health and Health Care in Schools (CHHCS) is a nonpartisan policy and program resource center located at The George Washington University School of Public Health and Health Services. CHHCS was established to explore ways to strengthen the well being of children and youth through effective health programs and health care services in schools. www.healthinschools.org.


Pima County Health Department Prenatal Block Grant Program. (2001). Pima county maternal and infant health needs assessment.


University of Kansas/Community Tool Box Web site: This web site is created and maintained by the Work Group on Health Promotion and Community Development at the University of Kansas in Lawrence, Kansas (U.S.A.). Developed in collaboration with AHEC/Community Partners in Amherst, Massachusetts, the site has been on line since 1995, and it continues to grow on a weekly basis. [http://ctb.ku.edu](http://ctb.ku.edu).
