Increasing Access to Comprehensive Care for Youth in Schools: How One Community-Academic Partnership is Accomplishing It

Kelly Washburn, MPH¹; Renee Cammarata Hamilton, MSW, MPA^{2, 3}, Honor MacNaughton, MD^{2,3} Sara Martin⁴, Kelly Warner, MPH², Joanna Gattuso², Nathan Cardoos, MD³

(Institute for Community Health¹, Cambridge Health Alliance², Tufts University Family Medicine Residency³, Harvard University⁴)

Background

School-Based Health Centers (SBHCs) have become a standard of adolescent healthcare given their logic and statistical efficacy. Several communities in the greater-Boston area, including Cambridge, Everett, Revere, and Somerville all have SBHCs. Each had a unique trajectory in which they became established realities. Given the current economic climate and the history within another greater-Boston town, none of these paths to a SBHC were translatable to this community.

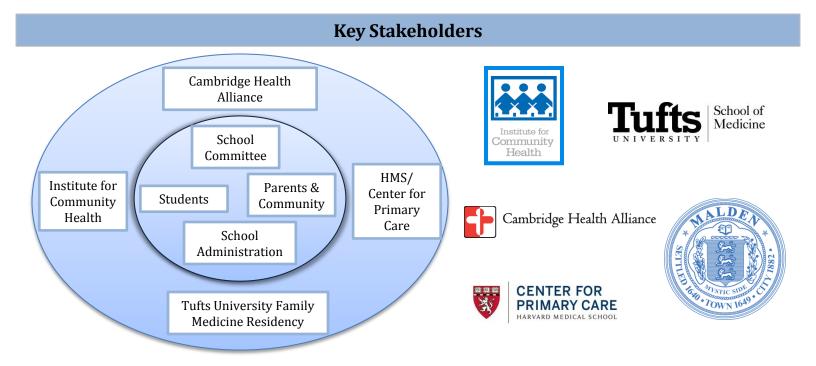
Funding, infrastructure, and a history of resistance to reproductive health care and education within the schools have been the major reasons SBHCs have not found more support within the United States and locally.

With funding from the Harvard Center for Primary Care's Agents of Change grant, an interdisciplinary team came together to examine innovative models for implementing a SBHC within one high school.



Flyer posted around the high school

<u>Mission</u>: This community-led initiative aims to build the *foundational elements* of a School-Based Health Center (SBHC) via reproducible and innovative methods, for *the purpose of promoting youth wellness and achievement*. Through the provision of select services on campus, students will become confident advocates for their health and gain *increased access to healthcare resources* in the community."



Activities-to-Date

Planning & Service Delivery

A **needs assessment** was conducted prior to implementation.

Ongoing **community engagement** with involved stakeholders

Created workflows and **codifying operations** for STI testing, pregnancy testing and contraceptive prescribing

Trained the health educator and resident physicians in new workflows

Marketed the availability of new services to students

Met the health needs of **110 students** during the first 12 months.

Created a **parental consent** process for new reproductive health services

Evaluation of utilization of services, student satisfaction and resident involvement

Implemented new curricula in sexual health in collaboration with partners

Sustainability

Increased resident physician staffing of Starr Center from 1 to 2 sessions

Residency program provided an **attending preceptor** for Starr Center two sessions a week

Continued **community outreach** with involved stakeholders

Created budget for the Starr Center

Establish ongoing **funding sources**

Submitted application for recognition as a Title X family planning site

Ongoing refinement existing business plan

Accomplishments and Challenges

Challenges:

- Earning trust from the school administration and greater community.
- Gaining support from the school committee to approve a policy allowing reproductive health services.
- Current infrastructure is not licensable in its current state.

Accomplishments:

- Gained approval from the school committee to implement full-spectrum services.
- Developed a clinical structure , including health educator and physician visits, to support a range of student services.
- Created a referral system to link students to other needed services in the community.

Lessons Learned

- **1. Trust must be earned** in the community, and earning their trust took a great deal of time and presence within the community.
- **2.** The process is an outcome. The process of connecting with the students, the nursing staff, the administration, policy makers and other community members took a consistent, and persistent presence. Without this, we would have remained outsiders looking to impose something upon the school.
- **3.** The breadth of the team is key to managing the many aspects of the grant that are moving simultaneously. This group is able to achieve far more together than any of us would be able to achieve singularly.
- **4. Continuous monitoring and tracking** of each component is **essential** to show stakeholders and potential funders the results of the work.