

***Senior Thesis Paper on the Met's School-Based Health Clinic***

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## Senior Thesis Paper

### Introduction

*Rhode Island's urban communities have the highest rates of teenage pregnancy, sexually transmitted diseases, tobacco use, alcohol and other substance use in the state (Brook, 1). The absentee rates are also on the rise in RI's city schools, and increase with the student poverty. In addition to these problems, teens living in urban cities often have a lack of "medical home"(Nolan,3). The ability to access care is difficult for teens, especially for those teens who lack health insurance coverage, those who have transportation difficulties, or speak another language besides English. Most teens also worry about confidentiality, and they are not comfortable with the adult health care system (Brook, 4)*

*In 1997, almost 20 percent of RI children were living below the poverty level. Between 1990 and 1999, the percentage of low-income RI students increased from 23 percent to 35 percent. The amount of children at risk for poor health has also increased because their parents' employers do not offer health insurance, or the family cannot afford monthly payments for coverage. Even with Rite Care, there is still a large number of school-aged children who are uninsured (Maybalein, 2).*

*Studies show that at least one in five children and adolescents has a mental health problem, and more than six million children and adolescents in the United States have serious emotional disturbances. However, less than one quarter of these children and adolescents receive mental health services, and the public school system is the "sole provider" of services for nearly half of those youngsters (Nolan,3).*

*As a result of this great need for better healthcare, many schools are responding by establishing a School-Based Health Clinic on school grounds. School Based Health Centers offer a range of physical and mental health services in schools*

*and the clinics are employed with specialized professionals in adolescent health. Students can receive a wide range of services regardless of their ability to pay. Services include everything from primary health and mental health care, to health education, to outside referrals for students. A School Based Health Center is a bit different from the traditional schools nurse's office. The School Based Health Center has an additional staff to expand the health and medical services available to students such as comprehensive health care designed to keep students healthy and ready to learn. Students enrolled at the school may enroll at the center. The students can choose the center as the primary health care provider, or they may use the services at the center on a needed basis. (McWalters,2).*

*Most centers have a nurse practitioner on staff, a part time physician, and a part time mental health provider as well. They are capable of performing various duties such as routine physicals, sick visits, write prescriptions, immunizations, basic lab work (ex. throat cultures), short term one on one counseling, short term group counseling, and referrals for specialists and/or long term care (Homberg,2). SBHC's promote healthy lifestyle choices and encourages students to take responsibility for their personal health and health care. SBHC's also provide education to teenage girls about postponing sexual activity and about options on different birth control methods.*

*Studies show that Centers reduce absenteeism and dropout rates by helping student health needs, and by connecting to other support services (McWalters,1). Data received from one Center in RI indicate students enrolled in the clinic had better attendance in all age categories compared to non-enrollees (Chammat 9). Students in schools with school-based health centers were more likely to report seeing social workers and counselors (McWalters,1). Statistics received from Shea High School in Pawtucket show that 49% of their student visits are seen for behavioral health problems (Chammat 7). School based health centers also proved to strengthen the connection between schools and families. They value parent involvement in their*

*children's health care, and link families to any other different services they might need.*

*Since SBHC's have proven to significantly improve the health care received by inner city teens, met students would benefit from having a SBHC at the school.*

### *Materials and Methods*

*In Rhode Island there are six existing SBHC's in progress. Right now the funding for the states six SBHC's comes from either the state or the Robert Wood Johnson Foundation. The Robert Wood Johnson Foundation was first established last year when the Rhode Island Department of Health (RIDH) could not lobby for more SBHC funding. Unfortunately, the Robert Wood Foundation is ending its funding this year, leaving several centers in difficult financial positions (Homberg,3).*

*However, the RI Department of Health recently announced that it will propose legislation to provide continued funding for the existing five schools and two additional new school-based centers that meets state standards. This funding would include a \$125,000 grant for each of the seven schools. This proposal has already been sent to the legislature and will be voted on in June or July of 2001. (Brinig).*

*An SBHC would be a good idea for the Met. Over 50% of Met students are low-income, as defined by free lunch statistics, and almost 40% are second language speakers (Homberg,3). An SBHC at the Met would be able to target this population who may not be receiving adequate healthcare. An SBHC at the Met would provide access for health and social services for all of its students. The Met is currently involved with many organizations on the South Side and the West End of Providence whose goals are to serve the community by providing different services such as housing agencies, family planing centers and drug and alcohol treatment. The Met's SBHC*

*could still work with these organizations to refer students for further care or any other services that can not be provided by the Met.*

*The Met first began exploring the idea of creating an SBHC in the Spring of 1999 when two Seniors took on the project for their Senior Thesis work. During the 1999-2000 school year, they surveyed parents for community support, wrote a grant to the Dept. of Health and received \$10,000 as a planning grant for the SBHC. This planning grant enabled them to hire a Social Worker to help get the SBHC off the ground. They also convinced Doc and Elliot to create space for the clinic at the new Met Central being built on the South Side of Providence. Additionally, they organized an “advisory board” which met each month to assess the progress that had been made to offer other suggestions or opinions. This board consisted of students, advisors, co-founders of the Met, school nurse and anyone else that was interested in this project.*

*I began working on this project in the spring of 2000, when I officially inherited it as my Senior Thesis Project from Joslyn Homberg and Kathy Garcia. Initially, I met with Heidi Brinig, the hired Social Worker, and Jill Homberg, the Guidance Counselor and Assistant principal at the Shepherd Building. At our first meeting we went over the definition and requirements of SBHC’s. We decided that we would need to accomplish the following:*

- ❖ Find a providing partner. This meant I needed to find a medical provider that would come into the clinic and handle all the medical services of the clinic.*
- ❖ Advisory Board meetings each month. This meant I needed to set the monthly advisory board meeting agenda and update the board as thoroughly as possible about progress made.*
- ❖ Survey parents again with more detailed questions about their child’s need for the clinic. I needed to create a survey for parents that*

*would entail questions concerning the clinic to ensure there was support from parents.*

- ❖ *Find money. I needed to help the Met and the provider find any private, federal, state or independent funding sources to help run the clinic.*

*When I first started this project in May 2000 I had many hopes and intentions. I hoped that by the time I ended the project the clinic would be up and running at the new campus. In the fall of 2000, I first started by meeting with Heidi on a weekly basis. During these meetings we would create a list of ‘things to do.’ Heidi would explain what things I needed to accomplish and I would have to have it done by the next meeting the following week. The first major task I had to do was to create a survey for parents to find out how they felt about supporting the clinic and would they send their child to clinic if their doctor was notified first. The survey included questions about whether or not they had health insurance and whether they would support the clinic if the Met had one. (See survey in Appendix) I distributed all the surveys to each advisor during exhibition time. This meant that after each exhibition, the advisor would explain the survey to parents and then the parent would fill out the survey right there. Many advisors were responsible about collecting them and handing them back to me but some did not. It was not as easy as though it would be. I had to do a lot of reminding and constant visits to advisories to try to get as many surveys as I could. The most effective way to collect surveys was to always harass the advisors and explain to them how important it was to get the surveys back.*

*Although it was very hard to get all the 200 surveys back, I did receive about 10-15% of them back. This input from parents and students was enough to analyze the data and draw conclusions about the parent’s opinions. For example 100% of the*

*parents who filled out the survey supported the clinic. (See “results” for more interpretation of survey findings)*

*Once I knew we had enough parent support to ensure the success of a SBHC at the Met, I felt it was possible to begin recruiting a provider for the clinic. This health provider would coordinate all the necessary services to be run out of the clinic, such as the employees. It wasn't easy to find a provider because the Met did not have the clinic up and running to show what it would look like. All I had to show were blueprints of the clinic. With Heidi and Jill's help I contacted Hasbro Hospital and set up a meeting with Dr. Vas. Dr. Vas is the person who first worked and helped create the Central High School Clinic about ten years ago. Now she is working for the Hasbro Hospital. When the three of us went to this meeting Dr. Vas had a lot of advice and suggestions. She explained to us that when we are ready to open the clinic we should have a licensed Nurse Practitioner. This would be the easiest method, therefore the nurse could actually write out prescription to students without a doctor being there. Even though she has a lot to say, she was not interested in offering Hasbro as a possible provider. I tried many calls to John Hope Settlement House to talk to them about maybe providing the mental health component, but had very little luck in getting them to return our phone calls. After much perseverance and many calls, I finally organized a meeting with the Providence Community Health Center.*

*By the end of the meeting, PCHC decided they were willing to work with us. They also expressed an interest in running an Adolescent Clinic during after school hours. Although we were excited about this idea, we decided we needed to open the SBHC first and make sure it was running well before expanding on it. PCHC is also willing to help the Met go out there together to find the funding for the clinic. We also recognized that we would need to draft up a “Memorandum of Understanding ” so that PCHC was clear what they are agreeing to provide.*

*Once I knew that we had a provider for the clinic, I realized that we needed to ensure a way to fund the clinic. Since there is a chance that the Met could be chosen as a new site to fund under the RI Department of Health proposal to the legislature, I realized that we needed to lobby our representatives to support this. If the Met could be chosen to receive the \$125,000 given to a new SBHC, there would be no question about opening the SBHC in September 2002. To help make our case, I set up a meeting with Ken Persiu who works with the RI Health Department and Neighborhood Health Plan. His job is to provide information to all the SBHC's and to be the contact person to keep all the SBHC connected through meetings. I invited Ken to the Met to come visit on April 9th to show and explain to him all of the things the Met has done so far with the clinic. This was our first time to show off the Met to the RI Health Department. This meeting went very well. Ken was very impressed with our school, especially the amount of research and groundwork we've already done with the clinic. However, he explained to us that lobbying our legislator would be the best way to get picked for the state funding if the RI Dept. of Health proposal passes.*

*As the time has drawn closer and closer for me to end this project, I had to find a junior who wanted to take over this project for next year. This was not as hard as I thought it would be. Cynthia, a junior in Kristin's advisory, came up to me and explained to me she has an interest in taking over the project. I then gave her information to read on SBHC's so that she could catch up and also invited her to come to my meetings with Heidi on Mondays. Cynthia transitioned into the work smoothly. She caught on very fast and took responsibility of planning the final Board Meeting for the year. Mickey, a junior from the Shepherd Building was also interested in the project. She has just began to get aquatinted with the work.*

*My last and final Advisory Board meeting was held on May 22nd. This meeting was pretty intense and there were many new faces present. I updated the panel with everything that has been going with the clinic since our last meeting in January. I also*



*introduced Cynthia and Mickey to the panel and explained to them that they will be taking over the project in September. Towards the end of the meeting, we all began the campaign letter writing to the legislation. Each person on the panel wrote at least one letter and we had about 10-14 letters completed to send to our district representatives.*

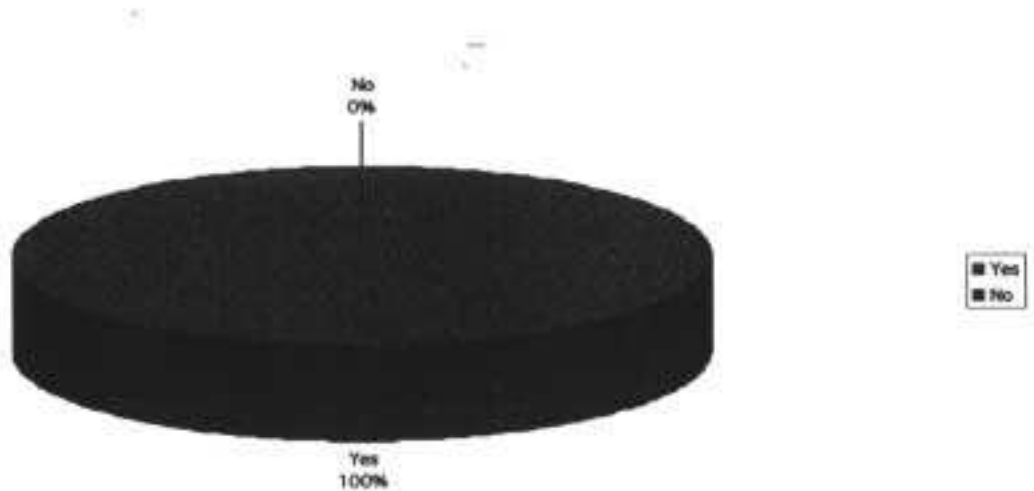
### **Results**

*When I look back at the four original goals of the project for this year, I realize that three out of the four were completed. First, I was able to survey 34 out of 200 parents. Below are the results of this survey:*

**If we have a school clinic, would you allow your child to receive medical care if the provider contacts your doctor first?**



## Would you support a School Based Health Clinic?



*Above are two graphs that I created from the information I received from the 34 parents. (See other graphs in Appendix) The first graph shows how many parents would allow their child to visit the clinic with their doctor's permission. 94% of the parents said yes they would allow their child to visit the clinic. But only 6% of the parents said they wouldn't. The second graph shows that 100% of all parents support having the School-Based Health Clinic. These two graphs were the most important ones to show to the RI Health Department. These graphs show that the Met had plenty of support from parents and having a SBHC is important for students.*

*Since September I have helped set the dates for the Advisory Board meeting each month. I have been the facilitator during the meetings and was responsible to have the agenda created. Unfortunately, I missed one of these meetings because of unexpected health problems.*

*When I was first introduced to this project, my main goal was to help find a medical provider. With many phone calls, meetings, and let downs from different*

*health providers, we finally accomplished the goal. PCHC is willing to work with the Met.*

*At this moment the Met's SBHC is still in its planning stages. However, since last year it has come a long way. The Met still needs to find grants or funding to help run the clinic. We are now in the process of lobbying our legislator and representatives of our district so that they support the proposal to fund for the state to fund the 5 existing SBHC's and two new ones. In addition to supporting the proposal, they are beginning to send letters and postcards to the state house from students and parents from the Met letting them know that having a SBHC at the Met is very important. The two students taking on this project next year would take on this responsibility.*

### *Discussion*

*If I would have to do this project all over again I would have done a couple of things differently. I think that having parents fill the surveys out after exhibitions wasn't the greatest idea. It was too much for advisors to take on the responsibility on top of all the other things they needed to complete during exhibition time. When passing out the surveys to parents, I think that I would give it to every new 9th grader as they come into the Met and ask their parents to fill it out. To the students who are already enrolled at the Met, I would have the parents fill out the survey at a whole-school event when they are a captive audience. This event could either be in the beginning of the school year or at the end of the school year.*

*I also think I could have been more organized with the work that I needed to complete for this project. For example, I could have budgeted my time more wisely with this paper. The highlight of this project was finding a medical provider for the clinic. This was a big accomplishment because it took so long to find one. I think that the reason why many organizations did not want to work with the Met was because many*

*political issues surround SBHC's at this time. PCHC was willing to work with us because the Met was not in the Providence School system. We are our independent district which made a huge difference to PCHC.*

*Throughout this project I worked on many learning goals such as Communication, Quantitative Reasoning, and Personal Qualities. In Communication I worked on my writing skills, reading, and speaking skills. In writing I worked on writing the surveys, writing a letter to providers when we were searching for one, and my senior thesis paper. I worked on my reading by gathering information about SBHC's and reading it to complete my paper. In Quantitative Reasoning, I worked on the surveys and putting the data on Excel. Personal Qualities, I worked on organization, budgeting time, facilitation, and self-awareness. I needed to be more organized with my work and scheduled meetings while working on this project. I worked on facilitation skills when I needed to facilitate board meeting each month.*

### *Conclusion*

*Having the opportunity to be part of the Met SBHC was a great experience. For Cynthia and Mickey I recommend being very organized, persistent, and as professional as possible. Hopefully the clinic will be opened next year so that the girls have the real work experience with the clinic. The goal for next year is to secure funding to open the clinic. If the state doesn't accept the proposal to fund the SBHC's they the Met is going to look for other alternatives such as grants, federal, and private organization money.*

*When the clinic is finally open and providing services to students, I think the clinic should offer dental and sex prevention to Met students in addition to all other services.*

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## Appendix

*Hello, my name is Jennifer Camara. As a senior here at The Met Center I am doing a senior thesis project in which I am organizing a School-Based Health Clinic for our school. Your feedback is extremely important. It will help us design the clinic based on your child's needs. We hope to provide some, or all of the following services: sick visits, immunization, crisis counseling, drug & substance abuse, physicals, and referrals for counseling services for individuals and families. I am in the process of trying to find a provider that will be willing to provide our school with these services. This health clinic is not meant to replace your family doctor but to provide additional health care for students during school and after hours.*

**1. Would you support a school based health clinic?**

Yes                      No

**2. How often does your child see the doctor a year?**

A. 0-2 times

B. 3-5 times

C. 5 or more times due to my child's \_\_\_\_\_

D. Only for emergencies

**3. What are some of the problems that have prevented you from taking your child for medical needs?**

A. No problems

B. Cost

C. Work schedule

D. Lack of transportation

E. Lack of health insurance

F. Other \_\_\_\_\_

**4. Is your family doctor/caregiver a:**

A. Private doctor

B. Clinic

C. Hospital

D. Other \_\_\_\_\_

**5. What insurance do you use for your family?**

**Name of insurance coverage** \_\_\_\_\_

**6. Are you planning to lose your health insurance within the next six months?**

**Yes**

**No**

**7. If we have a school clinic, would you allow your child to receive medical care if the provider contacts your doctor first?**

**Yes**

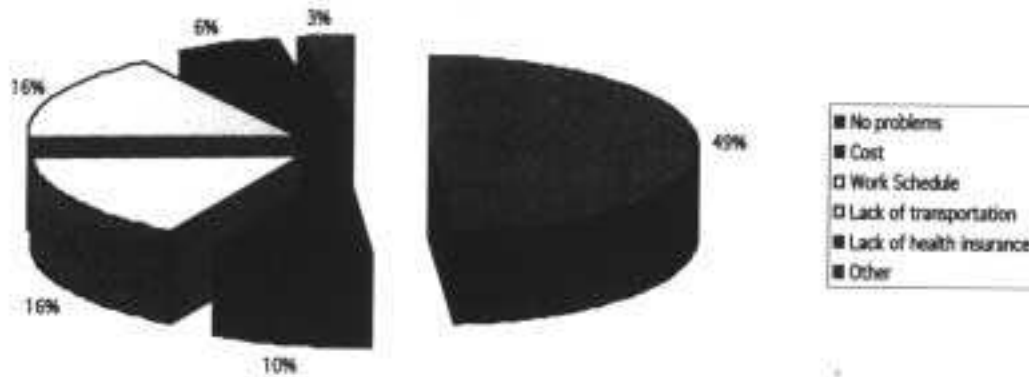
**No**

**\*Optional\* please write your name and phone number below so that we can contact you with any necessary questions.**

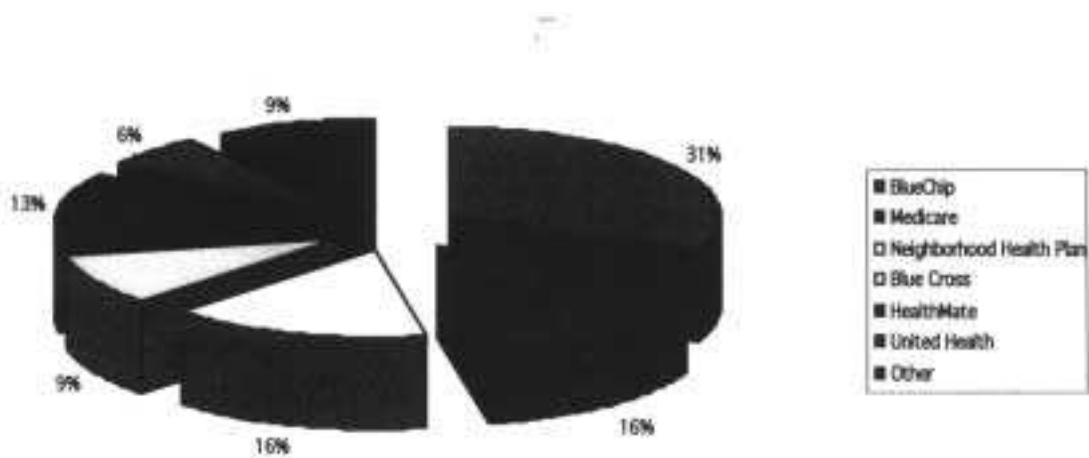
**Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

## Survey Results

What are some of the problems that have prevented you from taking your child for medical care?



What insurance coverage do you use for your family?





How often does your child see the doctor a year?



Is your family doctor/caregiver a:

