

# Outcomes of an Adolescent School-Based Health Initiative Needs Assessment

Rachel S. Dawson, DO, Oluwaseun Fashina, & Lea H. Mallett, PhD

## ABSTRACT

Adolescent School-Based Health Initiatives (ASBHIs) are designed to increase adolescent access to medical homes and services that are not otherwise available without significant barriers. ASBHIs have been proven to increase access to care for school-aged adolescents with unique needs and limited access to these much-needed medical services. For this descriptive study we conducted a needs assessment to understand and determine the needs and desires for a school-based health initiative in a middle school in the community. Survey topics included demographics, health care needs, and desired health resources. Most teachers (94%) and parents (83%) indicated that they would encourage their student/child to participate in an ASBHI program, and 57% of students reported that they would use an ASBHI program. Both parents (71%) and teachers (94%) indicated that student attendance would improve with an Adolescent School-Based Health Initiative. There is sufficient evidence for the need and utilization

of an ASBHI program in this community. *J Pediatr Health Care.* (2018) ■■, ■■■-■■■.

## KEY WORDS

Adolescent health, adolescent school-based health initiative, education, school-based health

## INTRODUCTION

Adolescents and their families often have difficulties accessing medical care and, as a result, often lack preventive health care. These individuals are less likely to have health insurance; they use primary care facilities less than any other age group, and many are at risk for substance abuse, delinquency, or other risk-related issues (Klein, Slap, Elster, & Cohn, 1993). The fact that adolescents are less likely to use health services is especially problematic given that the U.S. Department of Health and Human Services (2017) estimates that 31% of adolescents suffer from a moderate or severe chronic condition. To remedy this situation, efforts were made in the 1970s to increase access to care for low-income or underinsured adolescents. As a result of these efforts, the first school-based health centers (SBHCs) were opened to serve students who were disproportionately low income, uninsured or underinsured, or of a racial minority (Boonstra, 2015). An Adolescent School-Based Health Initiative (ASBHI) is designed to promote the increase in adolescent access to health care services that are not otherwise available without significant barriers, such as lack of transportation or insurance coverage. This initiative fills gaps in the health care that adolescents receive, and because over 90% of adolescents in the United States attend school daily, an ASBHI is potentially an effective way to provide adolescents with access to care and health education covering a variety of needs including asthma, nutrition counseling, sports physicals,

Rachel S. Dawson, Adolescent Medicine Physician and Pediatric Clerkship Director, Department of Pediatrics, Texas A&M Health Science Center, Baylor Scott & White Health, Temple, TX.

Oluwaseun Fashina, Undergraduate Research Assistant, Department of Pediatrics, Texas A&M Health Science Center, Baylor Scott & White Health, Temple, TX.

Lea H. Mallett, Scientific Research Director, Department of Pediatrics, Texas A&M Health Science Center, Baylor Scott & White Health, Temple, TX.

Conflicts of interest: None to report.

This study was funded by the American Academy of Pediatrics Community Access to Child Health (CATCH) grant.

Correspondence: Rachel S. Dawson, DO, Department of Pediatrics, Texas A&M Health Science Center, Baylor Scott & White Health, 1901 SW HK Dodgen Loop, Temple, TX 76502; e-mail: [rachel.dawson@bswhealth.org](mailto:rachel.dawson@bswhealth.org)

0891-5245/\$36.00

Copyright © 2018 by the National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.pedhc.2017.12.006>

and vaccinations (Gargano et al., 2014). ASBHIs have been proven to increase access to care for school-aged adolescents by increasing the proportion of students who had a health care visit from 59% to 71% (Barnett & Allison, 2012). The School-Based Health Alliance conducts a triennial national survey of school-based, school-linked, mobile health, and telehealth programs called the National Census of School-Based Health Centers. From 2016 to 2017, more than 2,400 SBHCs in the United States (approximately 81% of all such centers in the country) have completed the survey (School-Based Health Alliance, n.d.).

However, joining education and health care to create an SBHC can pose challenges, because each institution may have different priorities and incentives. A needs assessment can show a community's need and support for an SBHC. As shown by the Elev8 Initiative in Chicago, IL, one important factor in a successful SBHC is early and sustained collaboration, as well as a needs assessment that can show whether that is possible (Baker, Rich, Wojnarowski, & Meehan, 2013).

The current research provides data on the health needs of students, parents, and teachers at a middle school in Central Texas, providing evidence for the need for an SBHC within this school. This needs assessment helps show this specific school's health care needs, a desire to start an SBHC, and whether students and parents would be willing to use the services provided in an SBHC within their school. Consent from the parents, teachers, and students is critical in making this a successful endeavor. Therefore, before actually providing health care services at a local school, a needs assessment is mandatory.

## METHODS

A descriptive cross-sectional study assessed the health care needs that an effective school-based health program could address. The study sample consisted of a cohort of 6th to 8th grade students (aged 11-13 years) who were attending a middle school in Killeen, TX. The sample also included parents and teachers of these students. The population is racially and ethnically diverse, and most students live in the Killeen/Fort Hood region. The concept of an SBHC was discussed with the Killeen Independent School District, and the decision was made to conduct the needs assessment survey at this particular school because it was a potential site for an SBHC.

Joining education and health care to create an SBHC can pose challenges, because each institution may have different priorities and incentives.

This school is located in an area that is underserved, with students that would benefit from health care services within their school.

## Measures

Validated surveys from The Center for Health and Health Care in Schools (Center for Health and Health Care in Schools, 2016) were used to capture a variety of constructs including demographics, health attitudes and beliefs, and health care needs and utilization. The Center for Health and Health Care in Schools has validated tools available that can be used in the development and implementation of SBHCs. This organization works directly with groups to help advance their schools' work of allowing children to stay healthy in school. The validated surveys used in this study were adapted from this organization's resources (Center for Health and Health Care in Schools, 2016).

Surveys to be completed in the classroom were administered in February 2016 to students and teachers who were present at school on the day of the survey, and approximately 700 parent surveys were sent home with the students. Phone calls and text message alerts were administered by the school to parents to provide instructions on completing and returning the survey. Surveys were administered at a single time point; students absent at the time of survey were excluded from participation. Students and teachers were allowed to decline participation in the survey at the time of administration. Support for this study was provided by the American Academy of Pediatrics Community Access to Child Health grant.

## Demographics

Students reported their grade level and insurance type. Parents reported relation to the child, race, annual household income, insurance type, and the primary language spoken in the home.

## Health Care Attitudes and Needs

Students, parents, and teachers reported current health care utilization, barriers to access of care, desired health care services to be available in school, and intended use of an SBHC.

## Data Analyses

Descriptive statistics were reported for all variables of interest. Mean and standard deviation or median and interquartile range, if appropriate, were reported for all continuous variables. Frequencies and percentages were reported for all categorical variables.

## RESULTS

Completed surveys were received from 442 (60%) students, 245 (34%) parents, and 55 (100%) teachers. Over half (57.7%) of those surveyed reported a household income of \$30,000 or less (Table 1). Both parents (14%)

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات