Outcomes of an Adolescent School-Based Health Initiative Needs Assessment

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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,
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 categoric 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%)...
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