School-Based Health Centers as Medical Homes: Parents' and Adolescents' Perspectives

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ABSTRACT

OBJECTIVE: Preventive health services are underutilized by US adolescents, especially those from low-income populations. School-based health centers (SBHCs) have been endorsed as primary medical homes for adolescents. This study was undertaken to determine how adolescent SBHC users and their parents perceive SBHCs, particularly whether SBHCs fulfill each of the elements of a medical home as defined by the American Academy of Pediatrics.

METHODS: Middle and high school adolescents who had been enrolled in a SBHC in a major metropolitan school district for a minimum of 1 year were interviewed about their perceptions of and experiences with SBHCs. English- and Spanish-speaking parents of SBHC-enrolled adolescents also participated in focus groups on this topic.

RESULTS: Four focus groups with parents (n = 30) and 62 interviews with adolescents were completed. Both adolescents and parents indicated satisfaction with the quality and utilization of SBHC services, reporting that SBHCs were highly accessible and family centered. Many students preferred to access care at their SBHC instead of their primary care practice because of the convenience, perceived trustworthiness, compassion, and high quality of care at the SBHC. A few parents reported unmet medical needs from their adolescent's SBHC, and some differences emerged between English- and Spanish-speaking parents.

CONCLUSIONS: Adolescents' and parents' perceptions of care received at these SBHCs are consistent with features of the medical home model. These findings suggest that SBHCs can provide coordinated, compassionate care to students in a large, urban school system and may be perceived as more accessible than traditional primary care settings.

KEYWORDS: patient-centered medical homes; qualitative research; school-based health centers

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WHAT'S NEW

Student users of school-based health centers (SBHCs) and their parents perceive care received at SBHCs to be consistent with the medical home model. SBHCs are well positioned to function as medical homes or as integral components of a medical home.

PREVENTIVE HEALTH SERVICES are underutilized by US adolescents, especially those from low-income populations.[1,2] School-based health centers (SBHCs) have been shown to effectively reduce barriers to care among school-age children, particularly those from poor and disadvantaged populations, by providing convenient care in a familiar setting and minimizing scheduling and transportation barriers.[1–9] SBHCs may deliver a variety of services, including medical, dental, nutritional, mental health, and case management services.[1]

Although the benefits of SBHCs have been repeatedly demonstrated,[1,2,4–7,10] their relationship to the concept of a patient-centered medical home is less clear. The National Assembly on School-Based Health Care endorsed SBHCs both as effective supplements to traditional primary care and as primary medical homes for adolescents and has recommended "practices and policies that recognize and reward the SBHC model in meeting the goals of a patient-centered medical home."[4] However, some pediatricians worry that SBHCs may conflict with the medical home of the primary care provider, fragmenting care, reducing revenue for primary care practices, and disadvantaging patients who have after-hours needs.[1] Though SBHCs may decrease fragmented care for patients who use multiple sites if the SBHC actively coordinates or collaborates with providers, precisely how SBHCs fit into the concept of the medical home remains unclear.

Although relatively little is known about adolescents' and parents' perceptions of SBHCs as medical homes,

the results of one recent survey-based study suggest that adolescents and parents are satisfied with services received through SBHCs and that adolescents' experiences with the SBHCs fit the constructs of the medical home as defined by the American Academy of Pediatrics (AAP).[11] However, the survey design of that study did not allow for depth of understanding of users' and parents' perceptions and experiences, including information on concerns or unmet needs, nor did it allow for comparison across English- and Spanish-speaking families. In order to obtain a fuller understanding of how SBHC users and their families view and utilize SBHCs, qualitative data were collected through in-depth interviews with adolescent SBHC users and through focus groups with English- and Spanish-speaking parents of adolescent SBHC users. The primary objective of this study was to determine adolescent SBHC users' and their parents' perceptions of SBHCs, particularly whether SBHCs were fulfilling each of the elements of a medical home as defined by the AAP. The qualitative nature of these results complements and expands the previously reported survey data by allowing adolescents and parents to describe in their own words the breadth of their experiences with SBHCs.

METHODS

STUDY DESIGN AND SETTING

The SBHCs in this study are administered through a cooperative agreement between Denver Public Schools (DPS) and Denver Health (DH), an integrated community health system. Approximately 85% of parents whose children attend a school with a SBHC enroll their child in the SBHC. Students may use the SBHC as their sole source of care or may be seen at another DH community health center or by medical providers outside of DH. Medical records are integrated within the DH system. DH utilization data show that in 2011, the year of this study, 51% of DH adolescent patients accessed primary care services in community health centers only, 36% in a SBHC only, and 13% in both settings.[6] Each SBHC is staffed by a nurse practitioner or a physician assistant, with supervision by a pediatrician. Each provides comprehensive primary and preventive care services and health screenings, dispenses medications from a limited formulary pharmacy, offers all Advisory Committee on Immunization Practices recommended vaccines, can obtain routine laboratory analysis, and offers mental health counseling.

The study reported here is part of a larger mixed-methods research effort, conducted in cooperation with DPS and DH, that also included the administration of a mailed survey to adolescents and parents who attended a school with a SBHC.[11] At the time of data collection, 10 middle and secondary schools within DPS contained a SBHC. For this study, 6 schools were selected for recruitment on the basis of their size and geographic location. Larger schools were prioritized to increase the likelihood of an adequate number of participants, and schools located in different regions of Denver were prioritized to obtain a range of perspectives. The principal of each school granted approval to recruit adolescent and parent participants for qualitative data collection. During registration for the 2011–2012 academic year, adolescents from 3 middle and 3 high schools who had been enrolled in a SBHC during the previous school year were recruited to participate in in-depth interviews; parental consent and student assent were obtained. Also during that registration, as well as during back-to-school nights and via postcards and personal phone calls throughout fall 2011, parents of SBHC-enrolled students in these schools were recruited to participate in 1 of 4 focus groups; however, only parents from 2 middle schools and 2 high schools ultimately consented to participate. Parent and adolescent recruitment occurred independently; parent–child pairs were not specifically recruited. Recruitment was conducted by research team members fluent in English and Spanish.

DATA COLLECTION

Interviews and focus groups were designed to investigate key concepts in the medical home literature and AAP medical home criteria. The study explicitly used the definition of the medical home put forth by the AAP in its 2002 policy statement, in which the medical home was described as accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.[12] In August 2011, adolescent interviews were conducted in a private location on school grounds; each interview lasted approximately 30 minutes. All interviews were conducted in English because few students in this school district were not proficient in English. Focus groups were conducted in either English or Spanish, the 2 most commonly spoken languages in the parent population. Focus groups were held between October and December 2011 in a private room in a recreation center or library located near the school; each group lasted approximately 90 minutes. Two focus groups were held with parents of middle school students (1 in English, 1 in Spanish) and 2 with parents of high school students (again, 1 in each language). The research design called for the number of groups to expand until thematic saturation was achieved; saturation was reached with 4 groups. Interviewers and focus group facilitators informed participants that they were not affiliated with SBHCs and that both positive and negative data were welcome. Each interview and focus group was digitally recorded and transcribed verbatim; data from the Spanish-speaking focus groups were translated to English after transcription. Each participant was compensated with a gift card after participation. The Colorado Multiple Institutional Review Board approved this study.

DATA ANALYSIS

Consistent with established qualitative methodology, analysis of the interview and focus group data was a continuous, iterative process beginning with initial data collection and continuing throughout and beyond the data generation period.[13–15] Four members of the study team read transcripts multiple times in order to achieve immersion, then engaged in reflexive team analysis using