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INITIAL PLANNING OF A SCHOOL-BASED CLINIC:  
PILOT PROJECT IN THE MORENO VALLEY UNIFIED  
SCHOOL DISTRICT

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts  
in  
Special Major

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by  
Jane Marie Doetsch

March 1989

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Jane Marie Doetsch  
March 1989

Approved by:

  
Thomas C. Timmreck, Ph.D.  
Chairman of Graduate Committee  
Health Science and Human Ecology

22 March 1989  
Date

## ABSTRACT

A new concept in the delivery of health care to the adolescent is the establishment of school-based clinics that are located on a school campus. School-based clinics allow the student easy access to health care. There are several steps in the establishment of a clinic of this type. This paper discusses the initial steps which are necessary for justifying a school-based clinic. The assessments included are the current medical care that is available and a profile of the student population. When a school district accepts the concept of a school-based clinic, they must determine if there are unmet health needs of the students whom attend high school.



## ACKNOWLEDGMENT

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INITIAL PLANNING OF A SCHOOL BASED CLINIC:  
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INTRODUCTION

Adolescence is a period of physical and psychological growth. It is a time of change that is difficult for the child and their parents. According to the American Academy of Pediatrics (1981):

Adolescence is the time during which the transition from childhood occurs. At the end of this period, the child should have achieved adult physical structure and function; identity as an independent person with respect for self and others; mature sexual relationships; choice and preparation for life work; and assumption of social responsibilities. Adolescents may be physically mature enough to explore sex, drugs and alcohol, and work before they are emotionally mature or experienced enough to manage these activities (p.48).

The major physical characteristic changes that occur during this period of time, called the adolescent growth spurt, are the height, weight, and sex changes. There have been increases in height and weight since birth but this period has an accelerated rate. Boys begin their growth spurt at approximately the age of twelve and girls usually two years before them.

This growth spurt usually occurs coincidently with the timing of the development of secondary sex characteristics. In the female, the breast development

occurs first, followed by growth of pubic and axillary hair. The onset of menarche indicates the progression towards sexual maturity. The male begins his transition with voice changes which occur followed by pubic, facial and axillary hair development and growth of sex organs including testicular changes. These changes are due to the activation of the pituitary gland that secretes a hormone that stimulates these changes (Josselyn, 1952).

The psychological changes that occur during the adolescent period have been described by Erickson and Piaget. Piaget describes the changes at the cognitive levels as concrete and formal operations (Smart & Smart, 1972). Erickson categorized the psychological changes as the stages of personality development. Hogan and Astone (1986) feel that this transition in achieving individual identity is necessary for the intimacy in adulthood. These stages are identity, intimacy, generalivity, and integrity.

These are the major changes that the adolescent experiences in the transition from childhood to adulthood. It is because of their uniqueness that they have health issues and problems which require specialized knowledge and skills. Parents have a daily struggle understanding the constant changes; their personality and growth, searching for their own identity and independence. But, is

society ready to deal with the unique problems of the adolescent?

Many of the medical problems that the adolescent develops are due to the many physical and emotional changes he/she undergoes. The adolescent is the only population in which the health status has not improved over the last 30 years. According to Robert Blum (1987), there are two trends which seem to be occurring:

1. There is an increase in the number of teens between the ages of 12-17. This factor also causes an increase in health problems.
2. There is an increase in the number of teens in the minority population. By the year 1990, this population will total approximately one-third of the total United States.

The Public Health Service- Office of Disease Prevention and Health Promotion states that (1988):

The leading causes of mortality among adolescents are accidents, suicide, homicide, cancer, and heart disease. Accidental death rates for adolescents peaked in 1978 and are now slightly below the 1950 rate. Motor vehicle accidents account for more than 70% of all accidental deaths in this age group. Suicide is now the second leading cause of death among adolescents with the rate triple that of 30 years ago. White males accounted for 70% of all suicides. The leading cause of death among Black males in this age group is homicide. In 1983, their death rate from homicide was 6 times greater than for white males: 66.8 per 100,000 compared to 11.3 per 100,000. Among 12-17 year-olds, the use of alcohol and,

drugs has declined after increases during the past decade. In 1974, 12% reported using alcohol in the past month, increasing to 16.6% in 1979, and dropping to 11.5% in 1982. Since 1974, the percentage of high school seniors using alcohol has remained relatively stable at high levels. The use of cocaine among high school seniors more than doubled between 1975-1979. Many high school seniors are aware of the health risks associated with drug use (p.167).

Most teens feel that there are two major health concerns. The first set involve the usual medical problems such as nervousness, dental disease, menstrual problems, acne, sexually transmitted diseases and obesity. The second set were categorized as personal. These included problems such as school, family, psychological, substance abuse and communication. Many of the physical symptoms that teens complain about are related to stress and psychological problems. These may be related to family or peer relationships. The majority of teens seek medical care for physical problems, but are reluctant to ask for assistance with social or psychological problems (Blum, 1987). A frequently asked question is how does one help the teen to recognize the need for outside help or guidance?

## STATEMENT OF THE PROBLEM

Teens living in society today are exposed to a variety of ills whether these are physical or psychological. The adolescent has freedom to express him/herself in many ways, but some of their expression can be destructive if the symptoms are not recognized early. But, do teens have the freedom to seek medical care for problems which are confidential? Do the clinicians have the special training and knowledge relating to the unique problems of the adolescent? According to Annette Lynch (1983), the services for adolescents lag in three specific areas: (1) lack of medical facilities available, (2) lack of content which deal with the needs of adolescents, and (3) barriers to available health care services. How does one eliminate these problems?

The various problems can be addressed by a variety of methods. One method is to provide the necessary training and experiences to physicians and practitioners. According to Robert Blum, health care providers are aware of the lack of training and skills when dealing with the adolescent particularly the social and psychological problems. Most physicians tend to focus on the physical problems and not deal with the underlying environmental or risk taking behaviors which teens seem to display (Lynch, 1983).

According to Anne Bridgman (1977), adolescents often

slip through the cracks between pediatric and adult health-care. Currently, there is a standardized protocol which recommends the time interval of examination for the infant and child. This recommended interval for examinations does include the adolescent but the adolescent does not want to see a pediatrician. A general practitioner usually does not feel comfortable or have enough knowledge in dealing with the unique problems of the adolescent. There are programs available to give health services to children and adults. If you are older than 11, but under 19 years of age, there is no appropriate health care available which understands adolescent specific needs (Bridgman, 1987).

There are many barriers that teens experience throughout this period of time. A major obstacle during this period of time is access to health care whether it is with or without the parents knowledge or consent. The age in which teens may consent to medical care will vary from state to state. But, most teens are considered too young to be given that responsibility. Many times the teen may not want their parents to know about the particular illness. Because of this, teens are reluctant to seek medical care until the illness becomes an emergency. The only exception to this is in the area of sexually transmitted diseases, pregnancy and or birth control information and examination.



But, this factor is true only if the facility is within reach of the teen, then the service can be received.

The adolescent spends ten months, out of the year going to public schools. Schools have the primary responsibility of providing an education to its students. According to the joint statement of the American Nurses' Association et.al.(1988),

American society emphasized the right of individuals to achieve their highest potential. To that end, society has mandated many programs and services including universal education. In order for children and youth to accrue the full benefits of the educational experience, they must do more than attend school. Education requires undivided attention-- possible only when children are free from discomforts caused by physical and emotional conditions that can be prevented, diagnosed, treated, or minimized through the provision of comprehensive primary health services. To promote the educational process and to assist students reach their highest academic potential, access to health care services must be provided from birth and on a continuous basis throughout the school years. Good health is essential to the learning process. A child in poor health has difficulty benefiting from the educational opportunity. For most Americans, health care traditionally has been offered through the private sector. However, for those students who have limited or no access to health services through the private care sector, the school can be an effective site for comprehensive primary health services due to its pervasive influence and daily influence and daily contact with children. Now, more than ever, concern for the health of children and youth has gained national attention. Changes in economic and social norms, advances in medical technology, and the growing populations of working mothers and single parents demand a reassessment of existing school health services (p.1)

#### RESEARCH QUESTIONS ASKED

1. Is there adequate health care for the adolescent available from public sources?
2. What is the ethnic breakdown of the high school population?
3. Are there barriers in obtaining health care in the city of Moreno Valley?
4. Are the practitioners or physicians who practice have specialized training in adolescent health?
5. What are the sources of payment that physicians will accept?
6. What are the current types of medical services which are currently available?
7. What are the referral sources that are available in Moreno Valley?
8. Is the number of students expelled from school related to the ethnicity?
9. Is the distance from the school considered a barrier to receiving health care?
10. What are the type of problems that the counselors see in the adolescent population?

#### HYPOTHESIS DEVELOPED

1. Null hypothesis states that there no association between the rapid growth and the lack of health care facilities. Alternative hypothesis states that there is an

association between the rapid growth and the lack of health care facilities.

2. Null hypothesis states that there is no association between the rate of absenteeism and the lack of health care for the adolescent.

Alternative hypothesis states that there is an association between the rate of absenteeism and the lack of health care for the adolescent.

3. Null hypothesis states that there is no association between the type of payment and the health care which is available.

Alternative hypothesis states that there is an association between the type of payment and the health care which is available.

## LITERATURE REVIEW

School health services can be defined in a variety of ways. Annette Lynch (1983) defines it as "those medical, nursing, and dental services provided to individual children in or through school; the term does not necessarily include health or physical education or regular curriculum items" (p.20). But, has school health kept up with the growing health problem of teens in today's schools?

In the early days, the United states focused its attention upon controlling communicable diseases in the school. The 1800's showed that most families were depended upon manufacturing companies for their income. Most of these companies hired children to work as they provided cheap labor. Between 1849 to 1860, there was a push to require children to be educated. Twenty-eight states proceeded to mandate the same requirement. In 1903, New York passed another law requiring children to have health and age certificates and that no child under the age of 14 was allowed to work. It wasn't until 1938 that the Fair Labor Standards Act was passed. This act was similar to the 1924 Child Labor Amendment in that it prohibited the transporting of products between state boundaries particularly if it was produced by a child (Lynch, 1983). In the 1890's, the initial push to improve the health

status of the child had begun. The laws that enforced compulsory education also brought together children who had communicable diseases into unsanitary environments. These factors contributed to the spread of infections. During this time, most schools did not have any type of health programs. There were many epidemics of various communicable diseases. Because of these problems, public health departments appointed medical inspectors to inspect the conditions of the schools and determine the health status of the children. Most of the inspectors were physicians (Kort, 1984).

The health status of the school age child was not the best during this period of time. The medical inspectors would screen the child for communicable diseases as the primary focus was prevention. There were no health requirements until 1904 when Vermont required that each child have their ears, eyes, nose and throat checked. Those children who were found to be ill were sent home. One must remember that most of these children came from poor families who did not have the financial resources available to them. Because of this factor, most of these children remained out of school for long periods of time or until the disease was cured. Many of the medical inspectors found many physical problems were not communicable but because they did not impact the rest of the school population these

this, the health status of school children has not improved.

Current school health services contain three basic components. They are health appraisal, preventive measures and follow-up of referrals. Today, most schools are able to offer the preventive health services to all students. In California, most of these services are mandated by the state legislature. Some of these services are hearing and vision screening, scoliosis screening, and family life education. Prevention of communicable diseases is still a primary goal of school health programs. Schools in California require a physical examination and basic immunizations prior to entering kindergarten. The physical examination must include a health and developmental history; assessment of physical growth, examination of obvious physical abnormalities and immunization status (Castile & Jerrick, 1979).

A new concept in school health which has gained momentum in the last 10 to 15 years is school-based clinics. "Although school health is not a new idea, a focus on the school as the primary area for health promotion and health care is new. Some now regard the school as the appropriate place in which to teach children about their health and how to assume responsibility for it." (Bruhn & Nader, 1982, p.58). Current school-based clinics are

established on a public school campus or next to the campus. This allows for easy access to clinic services. Most clinics are associated with a medical institution that provides the support services. Most school-based clinics provide a variety of health services. Some of the services which are available on the campuses are:

Physical Examinations

Health Assessments

Laboratory and Diagnostic Services

Immunizations

Sexually Transmitted Disease Treatment and Education

Personal and Family Counseling Services

Family Planning Services

Substance Abuse Prevention and Education

Prenatal- Postpartum Services

Nutrition and Weight Reduction Program

Acute Illness Services

Referral Resources

First Aid

The majority of the clinics are managed by non-school agencies. The staffing usually includes social workers, counselors and nurse practitioners who have additional skills in dealing with the adolescent population. The initial background information regarding

student population and available health care resources has been research prior to the undertaking of such a project. Usually, a community advisory board is established to facilitate community involvement. Parents are involved from the very beginning. " Virtually all clinics obtain written consent from parents before students receive medical services. The effectiveness of the clinics is enhanced by their location. Schools are where young people are" (Kirby, 1986 p.290).

The first school-based clinic was established in 1973 at a junior/senior high school located in the inner city of St. Paul, Minnesota. This particular school has a high minority population. The dropout rate and absenteeism rate was extremely high. "The fertility rates in 15 to 17 year old in the school district were three to six times higher than those of the same age groups in St. Paul as a whole" (Edward, Steinman & Hakanson, 1977, p.765). These students had high risk behaviors and medical problems due to inability to receive proper medical care. Because of the clinic's presence on campus, the utilization of its facilities has increased over the years. There has been an increase in early prenatal care, diagnosis of acute illness and communicable diseases, decrease in the number of pregnancies and a decline in the number of students who drop out of school (Edward, Steinman & Hakanson, 1977).



The school-based clinics have many advantages but there are limitations and controversy. "... the issues of liability, accountability, confidentiality, informed consent, parental involvement, and the relationship between the school and the clinic and between the clinic and the community are pertinent..."(Edwards & Brent, 1987, p.25). With the problem of liability comes the question of who is responsible for the activities of the clinic. If a student does not receive the appropriate treatment, is the school liable or is the clinic? With the issue of confidentiality, there is a conflict in how much information should be available to teachers or other staff members. Does the clinic treat known information, such as sexually transmitted infections or pregnancy, in the same manner as a clinic which is not on a campus site (Edwards & Brent, 1987).

One of the major controversies with the establishment of school-based clinics is the issue of sexuality and pregnancy. Opponents feel that the clinics undermine the family, parents rights and discourages teens from considering religious concepts when making decisions. Of course, the advocates feel that the clinic promotes parental involvement by requiring parental consent for the teen to be seen and promotes the teen to become skilled in decision making with education. Another claim by the

opponents is that the clinic is placed in a community where there is a large amount of minority students. Because of this, the clinic promotes population control of minority groups. Of course, this is not the purpose of school-based clinics. In fact, the clinic wants young minority students to delay pregnancy to obtain an education and to have the necessary skills to give them future earnings (Bridgeman, 1987).

School-based clinics and comprehensive health services in schools are successful to the extent that they meet the needs of students who don't have access to medical care for any number of reasons--their families are poor, they have logistical problems getting to or from other health facilities, their parents don't recognize the importance of regular medical care, or other reasons. Because parents aren't present when students are treated at school health clinics, both the clinic and the school must make sure that parents are involved in decisions and procedures that might affect their children. (Edwards & Brent, 1987, p. 27)

According to Joy Dryfoos (1985), there were at least 14 cities that had comprehensive clinical services which were available on public school campuses or next to a school. There are several school-based clinics that have opened since. A school-based clinic in the Los Angeles Unified School District opened in 1987. With the joint effort of the community and the Board of Education, the district sought funding from the Robert Wood Johnson foundation. This program took approximately two years from

the initial planning to the clinic opening for service.

## PROPOSAL PROCESS

A new concept in providing comprehensive health care to the adolescent is school-based clinics. Because of its uniqueness, there are many obstacles and problems which have to be solved. The first problem is to present the concept to a school district.

The task of initiating discussion of a school-based clinic with the San Bernardino Unified School District was undertaken. A proposal was presented to and discussed with the Superintendent of Schools. Because of the controversy which is attached to school-based clinics, the Superintendent of Schools agreed to discuss the proposal with other staff. After a period of four weeks, without response, contact was again made with the San Bernardino School. After several discussions with staff, a letter of rejection was received. Due to the rejection, other possibilities were explored.

A similar proposal to the Moreno Valley Unified School District was made due to the rejection from the previous district. It was proposed that the research project include a survey of health facilities to determine what health care services are available to the adolescent population in the Moreno Valley area and include information regarding the adolescent population in the Moreno Valley School District. From this information, a foundation would be in place for

future consideration.

The process of initiating a proposal of this type has to be done through the proper channels of communication. The concept was discussed with the chairman of the school nurses, Lynn Vogel. She felt that there was a possibility that the school district would be interested in having a research project of this nature done. The next discussion was held with the Director of Pupil Services- Mr. Harold Standerfer. The research proposal was forwarded to the Assistant Superintendent of Instructional Services- Dr. Linda Wisher. A research committee was summoned to consider the proposal. The committee was comprised of two principals, a psychologist, and Dr. Wisher. The advantages and disadvantages were discussed. The project was accepted with the exception of the student survey. The major reasons for rejection of the survey was:

1. It would require the Board of Education approval.
2. A large amount of work would be required to prepare for the distribution and the retrieval of the parent consent and survey.
3. The committee felt that the information that would be obtained from the questionnaire is available for consideration from other sources.

With the approval from the research committee, information was made available for this study. (Appendix A)

## MORENO VALLEY

Prior to November 1984, Moreno Valley was a rural community comprised of three unincorporated communities of Sunnymead, Edgemont and Moreno. These communities were located in the County of Riverside. These three unincorporated areas are now what is the city of Moreno Valley. Since then, the valley has not been the same.

The population in Moreno Valley has continued to increase beyond anyones imagination. In 1970, the population was 18,000. Today, the population has been estimated to be over 90,000 with expected increase in 1990 to be 100,000. With the increase in population, there has been the building of housing to accommodate the population. There are numerous new, large housing tracts which have been built and many more are in the planning stages. Many of the residents who live in the valley work in other cities in southern California. The major reason for this rapid growth is that the housing in Moreno Valley is inexpensive when compared to the cost of houses in Orange County or Los Angeles. The average cost of a home is approximately \$65,000 to \$200,000 or more. Of course, the income of the family has to be able to support a large mortgage. The median family income is approximately \$34,000 with the mean family income being \$38,848. Most of the families also have both adults working so that the

financial burden is not too great (City of Moreno Valley-Growth and Economic Indicators, 1988).

There are many recreational facilities which make Moreno Valley attractive. There is the Lake Perris State Regional Park which offers boating, swimming, water skiing, fishing and camping. There are approximately six parks, six playgrounds, and two golf courses with an additional golf course in the planning stages.

Few manufacturing or industrial plants are located in this area. March Air Force Base, the largest employer, is located on Moreno Valley's southern edge. The base employs approximately 1616 civilians and provides services for 9428 retired military personnel. There are also approximately 4034 active duty military personnel with 6223 dependents. There are two mobile home builders, a sofa factory, a modular metal fabricator, the school district, city hall, police department and local businesses.

Due to the rapid increase in growth there are limited health facilities that are located in Moreno Valley. The public health department does not have a permanent medical clinic located in the city. They do provide clinical two to three times each year on a sporadic, episodic basis such as school physicals and immunizations. There is no hospital located in Moreno Valley except for the March Air Force Base Hospital. There have been several proposals and

construction for a hospital has begun. There are three general hospitals located in Riverside, Perris and Hemet. There are several physician's offices which offer health services on a limited bases. There is general agreement that there is a lack of adequate medical health care in the city of Moreno Valley. But, even more significant is the lack of health care for the adolescent.

Another major problem that has impacted the area is the number of families that have school age children. The number of children has continued to grow so that the school district has had to change the attendance boundaries each year. According to the Press-Enterprise (1988) in 1983-84 school year, the enrollment was 10,026 and two years later the enrollment was 17,610. Last year the enrollment was 20,988 with 24,000 students enrolled for the 1988-89 school year. According to the Press Enterprise (1988), in five years, the Moreno Valley student population is expected to double to 45,000 students. There are currently seventeen elementary schools, six middle schools, and two high schools. Next year the district will open five elementary schools. In five years it has been estimated that there will need to be twice as many schools to accommodate the growth. The school district will implement year round school for 10% of the school population by September 1990.



## SURVEY OF PHYSICIANS IN THE MORENO VALLEY

Moreno Valley has continued to grow at a rapid rate and services have not kept pace with the growth. A questionnaire was developed to assess the health services which are available to the adolescent population. Questionnaires are the usual method used in looking at a large population. They can be used in determining individual attitudes. They have to be carefully written in that some questions may be relevant to one person and not the other (Babbie, 1986).

## METHODOLOGY

A questionnaire was developed for the physicians who are currently practicing in the city of Moreno Valley (Appendix B). The first mailing was done in November 1988 with a follow up mailing in January 1989. Both mailings included a self-addressed, stamped envelope for returning the questionnaire. The response rate was initially good but the overall rate was only 18% with the questionnaire going to 45 physicians. Because of the rate of response, there may be an element of bias and may not be a true representation of the area (Babbie, 1986).

## RESULTS

The results of the questionnaire provided many interesting facts. The first question asked about the age groups of patients they saw in their practice. In the group

of 1-12 year old patients, 27.75% of the physicians saw this age group with 36% of them seeing older patients who are 19 year old and above. These physicians see only 11.25% of 13-18 year old adolescents.

The second question asked about the ethnic breakdown of the patients they see. Of the groups listed, 55% are White, 15% are Mexican/American, 11.25% are Black, 5.75% are Asian and .5% are other ethnic groups. The community is 78% White with 10% being Black. At least half of the population is seen by physicians in the immediate area.

The third question asked about the office hours that were available for service. Most offices are open during the week with hours ranging from 8 a.m. to 6 p.m. There are selected evening hours with two of the respondents being open during the hours of 6 p.m. to 9 p.m. two nights a week. The same is true for the weekends. Two of the respondents were open from 9 a.m. to 12 noon. So, if one becomes ill, they will need to see a health care provider during the weekdays or be seen at a local emergency room.

Another question asked the percent of male and female patients seen in their practice. 52.5% of the patients are female and 8.75% are male. All of the respondents indicated that they did not have a speciality in Adolescent Medicine.

Three of the questions(#8,9,10) involved issues of confidentiality. One question asked if the physician would

see a patient between the age of 12-17 without the parents being present if their permission had been previously granted by the parent. All of the respondents indicated yes with the exception of one. Another question asked if their services were confidential and all of the respondents indicated yes. The next question (#9) asked if the parent was aware of the office visit, would they tell the parent the reason for the visit if they were asked. All of the respondents indicated yes but several of them encouraged the teen to tell their parents about the visit. Another physician indicated that they would tell the parent only if the adolescent was present and the adolescent gave his/her permission. Half of the respondents indicated that they would see a teen without the parents permission. Two of the physicians did indicate that the type of problem and the age would dictate whether they would see the teen without the parents permission.

All of the physicians that responded to the questionnaire were either a general practitioner or have a sub-specialty in medicine. None of them have a speciality in adolescent medicine. The specialities which were listed are Orthopedics, OB-Gyn, Pediatrics, Internal Medicine and the General Medicine. Two of the respondents indicated that they were prepared for the types of adolescent problems with the rating of 8. Three of them rated them selves 2-3

as not being prepared for the adolescent problems and two rated themselves with 5. The average rating was 5.

Question #13 dealt with the type of payments they were currently accepting. Of the four sources of payment, 40% of them accepted private insurance with private payment (25.6%) and HMO (26.5%) being the next source of reimbursement. Only 7.75% of the respondents receive payments from Medi-Cal (state insurance for low income) patients or see this type of patient. There can be two conclusions reached from this data. There is a limited number of Medi-Cal recipients or the physicians will not see this type of patient and have them referred to the Riverside County Medical Center or other medical facility which would accept Medi-Cal.

The next question (#14) dealt with the types of services that are available to the adolescent and if not available what referral source they would use. The majority of them indicated that treatment of acute illness, physical examinations, venereal disease-family planning and pregnancy testing is available in their offices. Sports injuries, drug-alcohol abuse, and counseling services were not as readily available. No one offered adolescent counseling for anorexia or bulimia. If the service was not available, there were four referral sources indicated on the questionnaire. Most of the physicians indicated that

they would refer the patient to another physician for pregnancy testing, counseling, and/or abortion. If family planning services were not available they would refer to a local family planning source or another physician. For the substance abuse, psychological counseling, the majority of them would refer the patient to Charter Grove or another physician. The Riverside County Department of Health was not used as a frequent source of care.

The last question (#16) asked the walking distance of their office from a specific school. The majority of them indicated that their office was approximately 2-4 miles with the exception of Sunnymead Middle School being 0-2 miles. This particular school is located on Heacock which is one of the main streets in Moreno Valley. The other schools are located around the outer edges of the city.

#### DISCUSSION

From the questionnaire, there seems to be limited access to health care for the adolescent. Only 11.25% of the respondents indicated that they saw the adolescent in their practice. This may also be tied to the fact that they do not feel they are as prepared to handle the adolescent health problems. The available hours are limited in that patients are usually seen during the week day. Most teens are in school during the day and would be unable to be seen during this period of time due to the distance of the

physicians offices. An interesting finding was that most physicians would see a teen without the parent being present and that they would not discuss the reason for the visit unless the teen gave their permission. Most teens are probably are not aware of this important fact. This factor alone emphasizes the confidentiality problem. They did indicate that they encouraged the teen to discuss the problem with their parents. The source of payment could be a barrier to care in that if the the patient was a Medi-Cal recipient, there are limited physicians who would offer their services. Most of the offices were between 2-4 miles from the middle and high schools. This is a major barrier for the teen in that the only transportation they may have is walking. There is limited bus services and a taxi is expensive. Teens are often unaware of services that are available to meet their needs. There would be a tendency for them to wait until the problems became a crisis.

Another major problem is that the expression of problems or illness is different depending upon gender. Girls are more likely to talk with someone whether it is a school nurse or counselor whereas boys are less likely to discuss their problems. Boys are conditioned to suppress their problems and concerns (Gonzales et al., 1985). Teens are not always aware of the sources of medical care that are available in the community or feel secure in

discussing their problems with the family physician. The problems will continue to persist until there is a solution to the current inadequate health care facilities.

## PROFILE OF THE STUDENT POPULATION

Moreno Valley Unified School District is a rapidly growing district. The district has approximately 23,500 students enrolled at 22 different schools. There are 17 elementary schools, 6 middle schools and three high schools and one continuation high school with a nursery. Three of the elementary-middle schools are combined in one school. Each of the high schools have approximately 2000 students except March Mountain which has 677 students. Moreno Valley High School has 670 ninth graders, 565 tenth graders, 476 eleventh graders, and 425 twelve graders where as Canyon Springs has 468 ninth graders, 580 tenth graders, 605 eleventh graders and 415 twelve graders. Moreno Valley is the original high school and Canyon Springs High School has only been open for the last two years. Valley View, a new high school, is scheduled to open in September 1990 and is temporarily housed at another site. A fourth high school is scheduled to open in 1992.

The ethnic composition of students who attend high school is mostly Caucasian students. The student body at Canyon Springs High School is 57% Caucasian 16% Black, 17% Mexican/American, 5% Asian and less than 1% being American Indian, Pacific Islander or Filipino. Moreno Valley High School ethnic composition is 59% Caucasian, 15% Black, 16% Mexican/American, and 6% being American Indian, Pacific



Islander or Filipino. March Mountain High School ethnic composition is 62% White, 14% Black, 22% Hispanic and less than 2% is American Indian, Pacific Islander or Filipino.

The two high schools have a regular curriculum that is established by the State Board of Education. These schools teach ninth to twelve grade. As one might remember, beginning high school can be a traumatic experience. The statistics from the school district show that the two high schools have a 96.6% attendance rate where as March Mountain High School has a 70.7% attendance rate for the school year 1987-1988. Of course, some students have a difficult time conforming to the rules and regulations. During the school year 1987-88, there were approximately 1387 students suspended for a variety of causes such as physical injury, weapons, substance abuse, robbery, vandalism, obscene acts, defiance and etc. Of these, 48% or 50 students had suspended expulsions and 31% had full expulsions. Another interesting factor is that in 1986-87 there were 24 students or 49.5% expulsions due to weapon violations and in 1987-88, there were 60 students or 57%. This has doubled from the previous year. Substance abuse seems to be particularly high in the ninth grade. This may reflect the increased stress that new students are feeling upon entering a new environment with new demands. In the 1987-88 school year, there were sixteen 9th grade students

who were found to be substance abusers. In the 10th and 11th grade, there were only 10 students and in the 12th grade, there were even less students-four. These numbers only represent those students who were found on campus or who had admitted to substance abuse. There are many more who abuse drugs or alcohol that either have not been caught or have not sought help through the school system.

March Mountain High School is an alternative program for those students who have difficulty in the regular high schools. There are three types of programs available to students. There is the Students Towards Educational Progress (STEP) program which was initiated during the summer of 1988. This program is for ninth grade students who may have had difficulty making a transition from the middle schools to high school. There is the Continuation Program and Independent Student Program (ISP) for students 16-18 years of age. This program is self-paced learning and allows the student to have individual assistance. The ISP program is a program in which the student is responsible to complete school assignments independently. The home teaching program is for any student who is ill and cannot attend school for medical reasons.

## SCHOOL SITE HEALTH SERVICES

Health services are offered on each school site. First aid is given to students by the health clerk and nurses when indicated. The health clerks assist the school nurse in a variety of ways. The school nurse is responsible for the health care given to students, referrals, emergency problems which occur daily, reporting of child abuse, health education, staff in-services, screening for vision, hearing and scoliosis. Each school has the parents complete an emergency card with names of the parents, relatives or friends that are available when there is an emergency or the student becomes ill during school hours. The emergency card has a place for the parents to list a physicians name that can be reached if there is an emergency. From this source of information, it was determined whether a student had a regular source of medical care. The Canyon Springs students have a place for medical care approximately 63% of the time whereas Moreno Valley students had a place for treatment listed 52% of the time. Due to the duplication of emergency cards, it was not possible to determine the number of students who had a place for medical care at March Mountain.

The health services (first aid) which had been provided to students at the school sites have almost doubled from 1986-87 to 1987- 88 school year. There was a

48% increase in the number of health office visits. During the last two school years there were:

	1986-87	1987-88
Identified drug /alcohol abuse cases	32	42
Exclusions for communicable diseases	289	1371
Cases of child abuse	139	167
Vision screening referrals	393	623
Hearing screening referrals	140	176
Identified Serious Health Problems	1279	1594

These figures include all ages of students. Each school site has a counselor who visits the school on assigned days. The counselor's primary role is to function as a student advisor and advocate.

Today, the schools are seen, by parents, as a place where their children can receive clinic type health care whereas the focus of school health services has been to resolve, modify or prevent health problems from occurring or impeding the education of the students. The focus of school health care is changing but not to the degree that the students health needs require.

## CURRENT MEDICAL SERVICES AVAILABLE

In a growing community, there is a variety of medical care that is available. Some of these services are mental health counseling, treatment of acute illnesses and emergency room services. But, because Moreno Valley has experienced rapid growth, these services have not kept pace with the increase in the population. There are the private physicians who offer medical care within their scope. But, what are the types of services that are available to the adolescent in the community?

The Riverside County Department of Public Health offers primary health care services in the Riverside County. Their services include child health care, immunizations, family planning, pregnancy testing, prenatal care, public health nursing services, and Sexually Transmitted Disease clinics. As of 1989, there are no county clinics located in the city of Moreno Valley. The closest site is either in Perris or in the city of Riverside. These sites are approximately 15 to 20 minutes away. The cost of these services is based on a sliding scale that is determined by the patient's income. The clinic hours usually operate from 9a.m. to 5p.m. Some of the clinics require appointments. If an adolescent needed care, he/she would need either a car, use of public transportation or depend on friends to transport them to a clinic. The transportation and visit would need to occur

prior to the teens parents arriving home. The clinic sites in Perris and Riverside saw approximately 320 teens between the ages of 13-18 for the year 7/87-6/88 requesting Family Planning services. There were 860 women who had pregnancy testing during this same time period. There were 19 Gonorrhea cases with 2 cases of Pelvic Inflammatory Disease, 2 cases of Syphilis, and 17 cases of Chlamydia diagnosed in these clinics in the ages listed above. The prenatal clinics also saw a large number of women for prenatal care but they were unable to give me a breakdown by age the number of teens who were seen.

There are limited mental health services that are available in Moreno Valley. The Riverside County Mental Health Department has a Children's Treatment Services program which is available in Riverside. This program offers outpatient and day treatment for adolescents 13-17. The fees for services are assessed according to the ability to pay. I was unable to obtain the average number of teens that have received care due to confidentiality. There are two private organizations that have offices in Moreno Valley. They are Charter Grove Hospital and Christian Psychological Services. The Charter Grove Hospital sees about 18 teenagers monthly for problems such as disruptive behavior, anxiety problems and chemical dependency whereas the Christian Psychological Services does not specialize in

adolescent problems. They have office hours one evening each week. Both organizations are private and accept some Medi-Cal patients. There are several private counselors and psychologist that are in private practice.

Another private organization that is located in Moreno Valley is the Youth Service Center. This organization is a non-profit counseling agency which specialize in meeting the needs of teens and their families. The center has an outreach program which was based on middle, high school and some elementary schools campuses up until last year. The program has been designed to focus on prevention for the entire school population. The centers largest source of funds has been the Riverside County and the State of California. They receive funds from private sources. They have services available one evening a week.

In 1988-88, the Youth Service Center saw 535 students from the seventh grade to the twelve grade. They were seen for a variety of of problems such as family conflict, school problems, peer relations, abuse/neglect, self-esteem, substance abuse and suicidal tendencies. Due to budget problems this school year, the center has a staff member on the campus of one high school for 15 hours per week. It is unfortunate that the center was not able to continue its services at the same level as the previous year.

## CONCLUSION

As mentioned previously, there are essentially three specific areas of deficiency in providing health care services to the adolescent. Two of the areas appear to exist in the community of Moreno Valley. They are (1) lack of medical facilities that are available and (2) barriers to obtaining health care (Lynch, 1983).

The two areas are linked with one another. From the survey of medical care providers, a small percentage of patients between the ages of 13-18 were seen by physicians. This could be contributed to the facts that they are not available for services when there is a demand and the adolescent is not able to travel to their office because of transportation problems or the parents take their children to facilities outside the Moreno Valley community. The adolescent may not be aware that they can see a physician without a parents permission for certain medical conditions or unaware of services that are available. There are limited public facilities that offer health care services. There are no public health clinics within walking distance from any of the middle or high school campus's. The nearest public health clinic is in the city of Perris or Riverside which is approximately 15 minutes away.

The students in the seventh and ninth grade have difficulty adjusting to the educational demands. This is



demonstrated by the high number of students who have been seen in the Youth Service Center. They saw 135 seventh grade and 130 ninth grade students during the last school year. The school district had to administer disciplinary action (expulsion) to 14 seventh grade students, 20 eighth grade students, 14 ninth grade students and 10 tenth grade students during the 1987-88 school year.

As noted previously, a project of this type needs to obtain a health needs assessment which would assess such factors as current health status, health attitudes of students, substance abuse, sexuality, future educational goals, and the students perception of health needs. Once this has been obtained, a complete evaluation of the health needs of the adolescent would have to be studied and evaluated. This study was not able to determine the students health status in that a questionnaire was not administered. Half of the high school students indicated from their emergency health cards that they had a health care resource available to them. The school district needs to assess whether a school-based clinic is feasible in this community. After this has been accomplished, the next step would involve looking for possible funding sources.

This project is just the beginning of a long process which would provide necessary health services to the adolescent population in the Moreno Valley. As I have

demonstrated in my research, the community needs a source of health care which is available to the adolescent population. With the support of the community and the school district, the health status of students can be improved. With this comes the increase in the potential for learning.

## RECOMMENDATIONS

There are no easy solutions in solving the health problems of the adolescent but recommendations can be made. The Riverside Department of Public Health can be advised of the inadequate health care for teens and the need to establish a clinic in the Moreno Valley area. The closest clinical facility is located in Perris and is not accessible to the teens living in Moreno Valley. The Moreno Valley Unified School District should consider allowing a questionnaire to be given to the students. The questionnaire needs to ask questions about the teens current health practices and perceived needs. A parent survey would be helpful in determining the attitudes of the parents and their perception of the students health and future needs. This would give additional information in determining whether a school-based clinic is needed. These are recommendations that the Moreno Valley Unified School District need to be considered for meeting the future health needs of the students.

APPENDIX A  
PROPOSAL FOR A FEASIBILITY STUDY-  
SCHOOL-BASED CLINIC

I. BACKGROUND INFORMATION

Adolescents have been the only population in the United States who have not experienced improvement in their health status in the last thirty years. Over 77% of adolescent deaths are caused by accidents, suicide and homicide. The major causes of morbidity in the teen population are teen pregnancy, substance abuse, child abuse, chronic illness and disabilities (Blum, 1987).

The suicide rate in the United States for 1987 was 12.9% per 100,000 teens between the ages of 15 - 24 years. Overall death rate for all races within the same age group is 18.8% per 100,000 population. This is according to the Bureau of Census - Statistical Abstract of the United States. In California, suicide is the second leading cause of death. Between the ages of 15 - 19 there are 16.7% per 1000 estimated population. For all population, the suicide rate is 14.3% per 1000 and Homicide is 10.7% per 1000 estimated population according to the California Statistical Abstract Department - 1987. Riverside Department of Public Health found that there was a 1.5 percent increase in the number of suicides in 1987 from previous years.

## Suicide

.95 or approximately 1 per 100,000 population under the age of 19

Total suicide for all ages is 16.6 per 100,000

The issue of Sexually Transmitted diseases and Acquired Immune Deficiency Syndrome has become an area of concern to parents, students and teachers. With the increased numbers of children who have contracted the AIDS virus and attend school, there is a need for classroom education and counseling services. Teens are experimenting with various drugs which could lead to exposure to AIDS. They are experimenting sexually and are contracting various Venereal Diseases (McCormick,1987). These students who have high risk behaviors need to have resources available to them for treatment, counseling and referrals.

The Riverside Department of Public Health has 279 reported diagnosed cases of Acquired Immune Deficiency Syndrome (AIDS) in the county. There are 49 cases of AIDS found in the 20-29 age group as of August 1988 . Due to the long incubation period of AIDS, the sexually active teen is the high risk group which needs direct access to clinical services which could be provided on a school site.

The prevalence of Sexually Transmitted Diseases (STD) cases between the ages of 10-19 during 1984-1986 is as

following:

	1984	1985	1986
GONORRHEA	332	359	371
CHLAMYDIA T.	0	1	5
Became reportable in 1984			
SYPHILIS	23	31	32

Because the prevalence of AIDS and STD infections has increased in the last 3 years, a clinical facility would have health services available. According to Kathleen McCormick (1987), "AIDS instruction is too brief or superficial to impress students with facts on how to prevent transmission of the virus" (p.25).

There are more than 122,047 adolescents aged 10 - 19 living in Riverside County. According to the 1986 vital statistics obtained from the Department of Public Health, there were .95 births per 1000 females of the age 15 - 19. In 1980, there were 57.8 percent of apparent out-of-wedlock births to 15-17 year old teens. Last year produced 72.3 percent of apparent out-of-wedlock births to the same population. This is a 14.5 percent increase in teen births in an eight year period.

In 1979, the alcohol consumption for all persons older than 15 years old was 30% higher than 30 years ago. In 1985, 31.5% of teens, ages 15 - 17 and 71.5% of teens between 18 - 25 years consumed alcohol according to the

Surgeon General's report on Health Promotion and Disease Prevention. Marijuana use for teens, 12 - 17 years old, was 12.3% of the national population. Cocaine use was 1.8% for 12 - 17 years old. This information is according to Bureaus of the Census - Statistical Abstract 1987.

## II. BARRIERS TO ADOLESCENT HEALTH CARE

The access and availability of medical and or health care may be major factors which contribute to the above mentioned statistics. Most teenagers respond only to immediate life stress. Inaccessibility to health care services, either because of delayed scheduling or distance from the provider, seems to be a major obstacle (Gonzales, Mulligan, Kaufman, Davis, Hunt, Kalishman & Wallerstein, 1985). Many health problems of teens originate from social and behavioral factors. Many physicians focus mainly on physical sequela of major health issues without dealing with the underlying psychosocial or environmental factors which lead to risk taking behavior. Most physicians cater to primarily a child and adult population while most adolescents feel alienated.

Another important factor is the financial status of families of teens. Juvenile poverty is higher among minority groups. Many families have either a single parent or both parents are working and are unable to take the adolescent for appropriate medical care. According to the

joint statement of the American Nurses' Association et. al.(1988), "Education requires undivided attention-possible only when children are free from discomforts caused by physical and emotional conditions that can be prevented, diagnosed, treated or minimized through the provision of comprehensive primary health services (p.1)."

Decreasing the number of absences due to illness, providing access to previously inaccessible resources for health care and reducing the number of teen pregnancies by increasing their knowledge in prevention will allow additional time for the educational system to provide the optimal education benefit. This can be accomplished by providing access to health services throughout the school year. Current school health services provide the health screenings which are mandated by state laws. Many health problems are known but follow-up is not possible due to financial status of the families. Other health problems occur as environmental or emotional situations happen. Many of these are not noted or resolved until a crisis occurs.

### III. PROPOSED PROJECT

As a graduate student at California State University, San Bernardino, I would like to research and develop a plan for a school based clinic with future consideration by the Moreno Valley Unified School District. My degree is a Masters of Art in Health Administration so the development



and planning would be done at the administrative level. The research would be done under the guidance of Lynn Vogel. I am requesting access to information such:

- absentee rates among the teen population
- dropout rates
- frequency of visits to counselors and reasons
- rates of child abuse
- rates of students being expelled due to violence or fights
- population present in the high schools
- ethnicity
- current health care problems found in the teen population
- socioeconomic levels of families

In order to obtain necessary health information, a health questionnaire would be developed for parents and students. The questionnaire would be developed for the purposes of my thesis and would not be given to students or parents unless permission was granted from the school district. A survey would be done on the current medical facilities available in the community to teens. With the information obtained, the project would determine whether a clinic of this type would be feasible for future consideration. The advantages of having a written plan for a school based clinic would be:

- 1.The initial feasibility foundation would be available for future consideration if the school district considers a plan of this type.
- 2.The school administration, Board of Education and community organizations would have initial research to consider the political and economic impact to the district.

As parents drive longer distances to find employment, barriers to health care such as unavailability, transportation, and the financial status of families is present. Because of this, teens are left to find their own resources of medical care or the condition is left untreated. The advantages to students would be:

- Provision of accessible health care to teens.
- Clinical facilities would be familiar to teens.
- Sensitivity of staff to the needs of teens.
- Confidentiality of services.
- Integration of health instruction from the classroom to the clinic(Kirby, p.290)

Most school based clinics provide a variety of health services. Some of the services which could be considered are:

ACUTE- including minor injuries or first aid, infections

NON-ACUTE- included would be anemia, vision/hearing

problems, hypertension, assistance with chronic ongoing illnesses

HEALTH PROMOTION- Nutrition, drug and alcohol prevention, smoking cessation, athletic physicals, immunizations

MENTAL/EMOTIONAL HEALTH- Relationship problems, depression, eating disorders

REPRODUCTIVE HEALTH- Education of Sexually Transmitted Diseases and Reproduction, menstrual problems.

Clinical services available on campus will assist faculty and students to seek help. One needs to remember that teens are reluctant to tell their parents or seek medical help from a private physician. Health education of sexually transmitted diseases and reproduction will increase students knowledge in preventive health care, improve their decision about health matters, and possibly reduce their risk taking behavior. A clinical service of this type will make this available to them on an individual basis and also provide them with other resources.

#### IV. SUMMARY

School-based clinics which have provided comprehensive health care to adolescents have proven to be successful throughout the United States and recently in California. The most recently established clinic is operating in the

Los Angeles Unified School District. The number of suicides - homicide, the increase in STD and AID'S cases, the problems of teen pregnancy and substance abuse will continue to take its toll on families and increase the financial burden on the current health system. The same problems exist in the Riverside County. A school-based clinic in or near a local high school can offer services which have been shown to be effective. This is a request to the Moreno Valley Unified School District to consider a feasibility study of this type.

The steps necessary to establish such a clinic can take as short a time as one-two years or as long as necessary to ensure that the community views it as theirs. These steps include:

- gathering pertinent local data with the help of the school district
- working with the school health staff from its inception
- establishing a community committee to plan, design, and implement the service.

These steps would be considered only with the support of the school district. With the joint effort and cooperation from the community, school district, and other interested parties, the initial feasibility study can provide information for future consideration in providing a needed

service to the teens in Moreno Valley.

# APPENDIX B SURVEY

1. What is the age groups of patients that you see in your practice:

\_\_\_\_\_ % Birth to 12 years of age  
 \_\_\_\_\_ % 13-18 years  
 \_\_\_\_\_ % 19 years and above

2. What percent, by ethnicity, of patients between the ages of 13 -18 years of age:

\_\_\_\_\_ % White  
 \_\_\_\_\_ % Black  
 \_\_\_\_\_ % Mexican-American  
 \_\_\_\_\_ % Asian  
 \_\_\_\_\_ % Other

3. What are your office hours:

\_\_\_\_\_ Weekdays \_\_\_\_\_ am to \_\_\_\_\_ pm  
 \_\_\_\_\_ Evenings \_\_\_\_\_ am to \_\_\_\_\_ pm  
 \_\_\_\_\_ Weekends \_\_\_\_\_ am to \_\_\_\_\_ pm  
 \_\_\_\_\_ Saturday \_\_\_\_\_ am to \_\_\_\_\_ pm  
 \_\_\_\_\_ Sunday \_\_\_\_\_ am to \_\_\_\_\_ pm

4. What is the number of adolescent patients that you could see daily with your current staffing pattern?  
 \_\_\_\_\_ # of patients.

5. What percent of adolescent patients in your practice are: \_\_\_\_\_ % Male \_\_\_\_\_ % Female

6. Do you have a specialty in Adolescent Medicine? YES NO  
 \_\_\_\_\_

7. Would you see a patient between the age of 12-17 years without the parents being present if permission had been previously granted by the parents?  
 \_\_\_\_\_

8. Are your services confidential when dealing with teens?  
 \_\_\_\_\_

9. If a parent was aware of the teens office visit, would you tell the parent the reason for the visit if asked?  
 \_\_\_\_\_

- YES      NO
10. Would you see a teen without parents permission? \_\_\_\_\_
11. In medical school, were you prepared for the types of social problems that you encounter in the adolescence? Please rate yourself from 1 to 10 \_\_\_\_\_. (10 being the highest)
12. What is your specialty in medicine? \_\_\_\_\_
13. What types of payment have you accepted:
- \_\_\_\_\_ % Medical
- \_\_\_\_\_ % Private Insurance
- \_\_\_\_\_ % Private Pay
- \_\_\_\_\_ % HMO
14. What are the types of services that you offer to teens in your practice:
- \_\_\_\_\_ Adolescent counseling for anexoria or bulimia
- \_\_\_\_\_ Venereal Disease
- \_\_\_\_\_ Family planning services
- \_\_\_\_\_ Pregnancy testing and counseling
- \_\_\_\_\_ Sports injuries
- \_\_\_\_\_ Acute illnesses
- \_\_\_\_\_ Physical examination
- \_\_\_\_\_ Drug-alcohol abuse
- \_\_\_\_\_ Counseling for psychological problems
- \_\_\_\_\_ Does not apply
15. Where would you send teens for medical care if the patient is diagnosed with the conditions lited below and you are unable to help them? Please indicate with a number for 1-Health Dept., 2-Charter Grove, 3-Family Planning Clinic, 4-Another M.D.
- |       |       |       |       |                                 |
|-------|-------|-------|-------|---------------------------------|
| 1     | 2     | 3     | 4     | Pregnancy                       |
| _____ | _____ | _____ | _____ | Seeking Family Planning Methods |
| _____ | _____ | _____ | _____ | Drug-Alcohol Abuse              |
| _____ | _____ | _____ | _____ | Counseling Services             |
| _____ | _____ | _____ | _____ | Bulimia-Anexoria                |
| _____ | _____ | _____ | _____ | Psychological Counseling        |

16. Estimate, in miles, the distance to your office from each School:

0-2 Miles    2-4 Miles    4+ Miles

_____	_____	_____	Canyon Springs High School 23100 Manzanita
_____	_____	_____	Moreno High School 23300 Cottonwood
_____	_____	_____	March Mountain School 13911 Perris Ave
_____	_____	_____	Vista Heights Middle School 23049 Old Lake Road
_____	_____	_____	Sunnymead Middle School 12875 Heacock
_____	_____	_____	Badger Springs Middle School 24750 Delphinium
_____	_____	_____	Alessandro Middle School 23301 Dracaea
_____	_____	_____	Butterfield Middle School 13400 Kitching St.



## REFERENCES

- American Academy of Pediatrics. (1981) School Health: A Guide Of Health Professionals. Evanston, Illinois: Committee On School Health.
- American Nurse's Association, American Public Health Association, American School Health Association, National Association of Practitioners, National Association of School Nurses, National Association State School Nurse Consultants, (1988). Recommendations for Delivery of Comprehensive Primary Health Care to Children and Youth in the School Setting. Unpublished Joint Statement.
- Babbie, E. (1986). The Practice of Social Research (4th ed.). Belmont, California: Wadsworth Publishing Co.
- Blum, R., (1987). Contemporary Threats to Adolescent Health in the United States. Journal of the American Medical Association, 257, 3390-3395.
- Brigman, A. (1987). School Health Clinics (and the Controversy they ignite) Are on the Rise. American School Board Journal, 174, 19-25.
- Bruhn, J. & Nader, P. (1982). The School As a Setting For Health Education, Health Promotion, and Health Care. Family And Community Health, 4, 57-69.
- Castile, A., & Jerrick, S. (1979). School Health In America. Atlanta, Georgia: U.S. Department of Health Education and Welfare.
- City of Moreno Valley, Growth and Economic Indicator, (1988). p.2.
- Disease Prevention/Health Promotion - The Facts. (1988) Palo Alto, California: Bull Publishing Co.
- Dryfoos, J. (1985). School-Based Health Clinics: A New Approach To Preventing Adolescent Pregnancy?. Family Planning Perspectives, 17, 70-75.
- Edwards, L. & Brent, N. (1987). Grapple With These Tough Issues Before Giving That Clinic The Go-Ahead. The American School Board Journal, 174, 25-27.
- Edwards, L., Steinman, M. & Hakanson, E. (1977). An

Experimental Comprehensive High School Clinic.  
American Journal of Public Health, 67, 765-766.

Gonzales, C., Mulligan, D. Kaufman, A. Davis, S.,  
Hunt, K., Kalishman, N., Wallerstein, N. (1985).  
Adolescent Health Care: Improving Access By  
School-Based Services. Journal Of Family Practice,  
21: 263-270.

Hogan, D. & Aston, N. (1986). The Transition To  
Adulthood. In R. Turner & J. Short (Ed.), Annual  
Review of Sociology, 109-130. Chicago, Ill. Annual  
Reviews Inc.

Imamura, P. (1988, December). Need For Schools Has  
Officials Talking. Press-Enterprise. p.1.

Josselyn, I. (1952). Adolescent and His World. New York:  
Family Service Association of America.

Kirby, D. (1986) Comprehensive School-Based Health  
Clinics: A growing Movement to Improve Adolescent  
and Reduce Teen-age Pregnancy. Journal of School  
Health. 56, 289-291.

Kort, M. (1984). The Delivery Of Primary Health Care in  
American Public School, 1890-1980. Journal of  
School Health, 54. 453-457.

Lynch, A. (1983). Redesigning School Health Services.  
New York: Human Sciences Press, Inc.

McCormick, K. (1987). Aids Instruction Becomes A  
Troubling Test Of Courage For Local School Boards.  
American School Board Journal, 173: 25-30.

Smart, S. & Smart, R. (1972). Children Development and  
Relationships. (2nd ed.). New York: Macmillan.