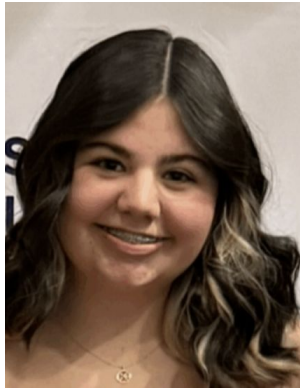
SBHA Youth Advisory Council

You, Me, & SBHCs: Service Delivery of School-Based Health Centers

SBHA Youth Advisory Council Workshop

Meet the YAC Members!

Kauree



Ketan

Annabel

Jeesoo

Muntaha

Icebreaker!

Choose One:

1. What is your favorite song right now?
2. What are you most excited for this summer?
3. What is a secret talent you have?

Objectives

01

Participants will **discuss why school based health centers (SBHCs) are needed**, particularly in underserved communities.

02

Participants will **practice exercising and analyzing informed decision-making** when navigating care provided by school based health centers.

01

What Are SBHCs?

Introduction & Knowledge-Building

What are SBHCs to you?

Share if you're comfortable!

For students
How have you seen SBHCs influence your community? What are barriers you've experienced or seen amongst your peers?

For professionals
How have you seen SBHCs influence your community? How do they shape your professional life, and what perspective do you have on how SBHCs do their work?

Why Are These Services Needed?

Limited Access

Many youth lack a regular healthcare provider or insurance coverage.

Transportation

Getting to a clinic outside school hours is a major obstacle for families.

Cost Barriers

Out-of-pocket costs prevent families from seeking timely care.

Mental Health Gap

Schools often lack adequate mental health resources for students.

Complex Navigation

Health systems can be confusing and difficult for families to navigate.

Health Inequities

Structural factors disproportionately impact marginalized communities.

02

Access & Equity

Structural Factors That Shape Healthcare Access

Structural Factors Shaping Healthcare Access

Geography

Socioeconomic Conditions

Power Dynamics

Structural Factors Shaping Healthcare Access

Geography

- Rural and urban communities face different access challenges
- Distance to clinics and hospitals limits timely care
- SBHCs meet students where they are — at school

Socioeconomic Conditions

- Low-income families face cost and insurance barriers
- Work demands limit parent ability to accompany children
- Poverty is a key driver of health disparities

Power Dynamics

- Mistrust in medical systems affects help-seeking behavior
- Language barriers reduce engagement with services
- Youth voice is often absent in healthcare design

How Structural Dynamics Shape Help-Seeking

Barriers to Help-Seeking

- Fear of judgment or stigma
- Lack of awareness about available services
- Previous negative experiences with healthcare
- Language or cultural disconnects
- Concerns about confidentiality

Opportunities to Shift Systems

- Build trust through youth-centered care models
- Provide culturally responsive services
- Ensure confidentiality and clear communication
- Integrate peer health advocates and youth voice
- Co-locate services to reduce logistical barriers

Levels of Care in the Health System

Level	Focus	Who It Serves	Role of SBHCs
Macro	Health service sector & policy	Whole population	Inform policy; represent student populations
Meso	Programs & care systems	Groups of patients	Partner with districts & community organizations
Micro	Direct provision of services	Individual students	Primary site of student-facing SBHC care

03

SBHC Services & Navigation

Services Offered & How Youth Can Access Care

Services Offered at SBHCs

Primary Care

Mental Health

Preventive Care

Social Support

Services Offered at SBHCs

Primary Care

Physicals & check-ups • Immunizations • Illness & injury treatment • Chronic disease management

Mental Health

Preventive Care

Social Support

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Mental Health

Individual counseling · Group therapy · Crisis intervention · Referrals to specialists

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Preventive Care

Health screenings · Sexual health education · Nutrition & wellness · Substance use prevention

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Preventive Care

Health screenings · Sexual health education · Nutrition & wellness · Substance use prevention

Social Support

Case management · Community referrals · Family support services · Insurance enrollment help

SBHCs as a Bridge: Scenario Activity

Meet Alex

Alex is a 16-year-old student dealing with anxiety and frequent headaches. Their family is uninsured and their parents work multiple jobs. Alex hasn't seen a doctor in 2 years.

One day, Alex hears about the school health center from a friend.

Discussion Questions

1. What barriers did Alex face before finding the SBHC?
2. How do health, education, and social factors intersect in Alex's story?
3. What services might the SBHC offer Alex?
4. How can peers and staff support students like Alex?

Blooket Time!

The Science of Protecting Health

Preventing

Vaccinations, screenings, health education, and wellness promotion to stop illness before it starts.

Detecting

Early identification of health issues through screenings, assessments, and monitoring.

Promoting

Strengthening physical, mental, and social well-being through positive health behaviors.

Researching

Gathering evidence and data to improve health interventions and inform policy.

Youth Agency & Navigating Healthcare

Know Your Rights

Understand confidentiality protections and what services are available to you.

Navigate with Support

Ask for help navigating referrals, insurance, and community resources.

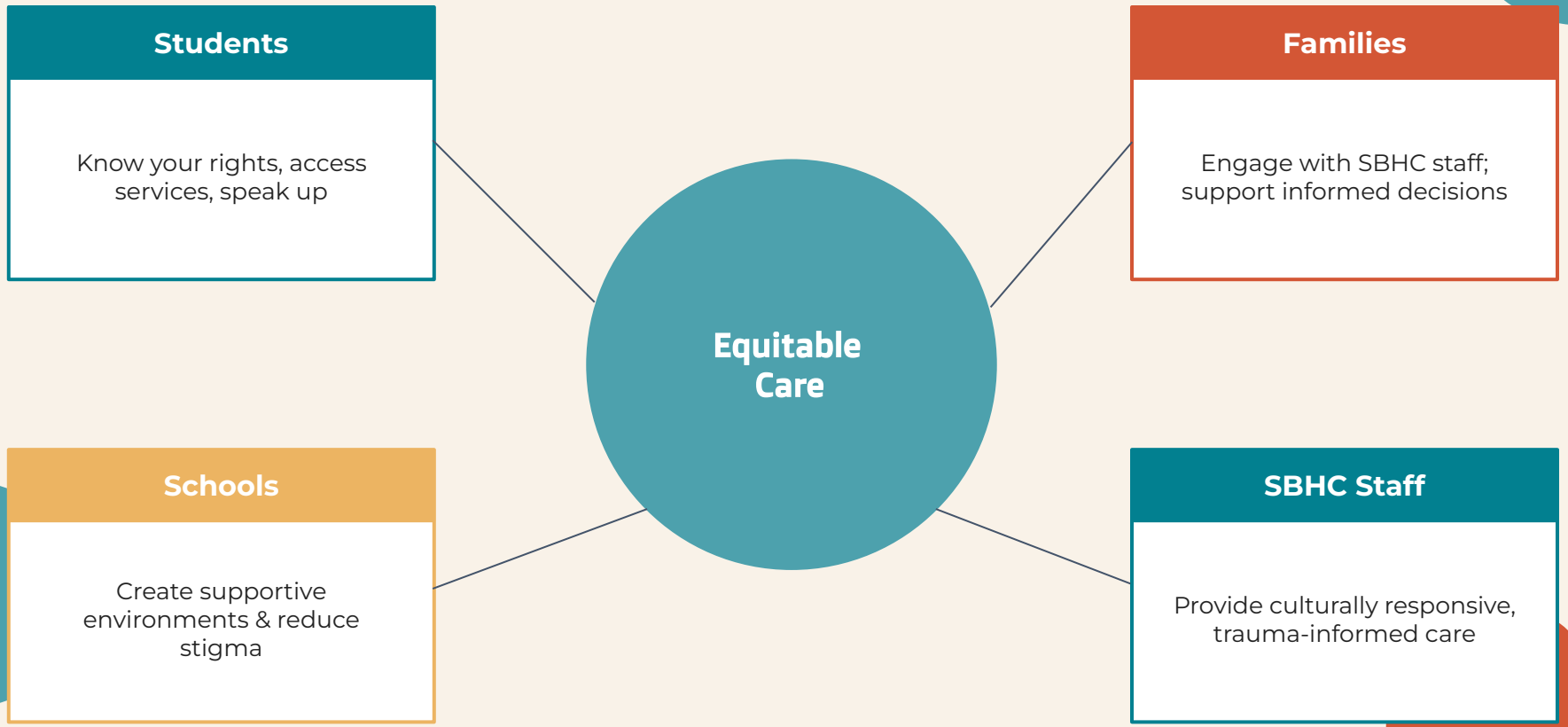
Access Services

Visit your SBHC — no appointment needed. Bring questions and share your concerns.

Advocate & Share

Use your voice to improve SBHC services for yourself and your peers.

Autonomy & Shared Responsibility in Equitable Care



Key Takeaways

01 SBHCs reduce barriers to care by bringing healthcare into the school environment.

02 Structural factors — geography, income, and power — shape who can access healthcare and when.

03 Help-seeking behaviors are influenced by trust, culture, and past experiences with systems.

04 Youth have agency to navigate, advocate, and shape equitable healthcare systems.

05 Shared responsibility across students, families, staff, and schools drives equitable care.

Workshop Activity

Navigate the System

A School-Based Health Center Game

SCENARIO A

🧑 Patient POV

You are Maya, a 9th grader. Navigate real barriers to get the asthma care you need.

SCENARIO B

🩺 Provider POV

You are the SBHC care team. Work together to build a full asthma action plan for your patient, Maya.

How to Play

🪙 TOKEN SYSTEM

Each group starts with 10 tokens.
Tokens represent your group's energy, time, and resources.

Spend tokens to move through obstacles.

Earn tokens back by using SBHC tools correctly.

If you hit 0 tokens, discuss: what would this mean for a real patient?

🎲 TRUST DICE

When you reach a 🎲 moment, roll a die.
4–6 → Trust built (+1 token) 1–3 → Trust gap (−1 token)

📞 TELEPHONE CHALLENGE

One person reads the patient info card. They whisper it to the next person — no notes. The last person tells the facilitator. Errors = lost tokens.

A

Scenario A
Patient POV

You are Maya. You need care. Can you get it?

Meet Maya — Your Character

MAYA

Age: 14

Grade: 9th

State: Michigan

Insurance: Medicaid

Language: English

Lives with: Grandma

Your Situation

Maya has been coughing and wheezing for months, especially after gym class. Her grandmother thinks it might be asthma but they've never seen a specialist. Maya heard the school health center might be able to help - but she's nervous. She's never gone alone, she doesn't know what to say, and she's not sure her grandma's insurance will cover anything.

Your goal: Get Maya assessed, connected to care, and leave with an asthma action plan.

📞 **TELEPHONE CHALLENGE — Before you start:**

One person reads Maya's card silently, then whispers her situation to the next person — no re-reading. The last person summarizes to the group. Every missed detail = −1 token.

🪙 **TOKENS:**

1 Making the Appointment

⚠️ **OBSTACLE**

Maya doesn't know if she needs a parent's permission to make an appointment. She also doesn't know if Medicaid is accepted. The front desk gives her a 4-page intake form she doesn't fully understand.

Your group must answer all 3 questions to move forward:

1. Does Maya need parental consent to be seen at the SBHC? (Yes / No / Depends) — **−1 token to attempt**
2. Name ONE piece of information Maya needs to fill out the intake form. — **−1 token to attempt**
3. What can Maya say to the front desk to ask if her insurance is accepted? — **Free — communication skill!**

2 Building Trust & Communicating Medical History

⚠️ OBSTACLE — Maya freezes when the provider asks about her health history. She can't remember details and feels embarrassed.

📞 TELEPHONE ROUND

Reader (whisper only):

"I have had a cough for 3 months. It gets worse at night and after PE. I use my cousin's old inhaler sometimes. I have a cat at home but no allergies. My grandma had asthma too."

Last person reports to the group. Each missed fact = −1 token.

🎲 TRUST ROLL

One person plays Maya. Another plays the provider.

Provider asks: "Can you tell me what's been going on with your breathing?"

Maya answers using only what the last person in the telephone said.

Roll the die:
🎲 4–6 → Provider understood → +1 token
🎲 1–3 → Miscommunication → −1 token

3 Getting to the Specialist

⚠️ OBSTACLE — The SBHC refers Maya to a pulmonologist across town. Her grandma works two jobs and can't take her. There's no direct bus route.

Decision Point — your group chooses ONE path. Each costs tokens.

Option A

🚌 Figure it out alone

Maya tries multiple buses + a long walk. Costs time and energy.

Option B

📋 Ask SBHC about NEMT

Non-Emergency Medical Transportation — Medicaid may cover the ride. Staff helps coordinate. Maze activity!

Option C

📞 Request a telehealth visit

Pulmonologist offers virtual follow-up. Access from the SBHC computer. Charades game!

⭐ FINAL STEP — Build Maya's Asthma Action Plan

Fill in the blanks as a group — use what you know from the scenario and puzzles to identify tools:

🟢 GREEN ZONE — Daily Controller

Maya takes _____ every morning to prevent symptoms.

🟡 YELLOW ZONE — Caution

When Maya has mild wheezing after gym, she should _____ and tell _____.

🔴 RED ZONE — Emergency

If Maya's peak flow drops below ___% or she can't speak, _____ must be called.

🎲 Trust Roll: Roll the die — did Maya leave feeling confident about her plan? 4–6 = +1 token | 1–3 = −1 token

Scenario A — Reflection Questions (Patient POV)

1. Which obstacle cost your group the most tokens? Why do you think that barrier is so common in real life?

2. In the Telephone challenge, what got lost or distorted? What does that say about how medical history gets communicated between patients and providers?

3. Asthma disproportionately affects Black and Latino kids and children living in poverty. How did that context shape the obstacles Maya faced?

4. If you were redesigning the SBHC intake process for Maya, what is ONE thing you would change?

5. What did the simulation leave out or oversimplify about Maya's real experience? Students, how does this parallel or stray from your and your peers' experiences?

B

Scenario B
Provider POV

You are the SBHC care team. How will you serve your patient?

Your Team & Patient Briefing

👩‍⚕️ SBHC Nurse

Initial assessment & vitals

🧠 Mental Health Counselor

Psychosocial support

📋 Care Coordinator

Referrals & insurance navigation

💊 Pharmacist / Health Ed

Medication education

🤝 Community Health Worker

Transportation & social supports

MEMORY CHALLENGE — Patient Intake Briefing:

See the “fill in the blank” activity on the first page of the Provider printout. Every blank will be assigned to a team member– go down the line and fill in your assigned blank. Missing details -1 token

1 Assessment & Navigating Consent

⚠️ OBSTACLE — Maya is 14 and came in alone. Your SBHC policy requires parental/guardian consent for a full physical exam, but Maya says her grandma is unreachable at work. She's showing clear signs of respiratory distress.

As a team, discuss and decide:

1	What can you do for Maya RIGHT NOW without full parental consent? Name 2 actions.	Free — clinical reasoning
2	How will your team reach the guardian? Who on the care team is responsible?	−1 token to discuss
3	Maya says: "Please don't call my grandma yet." How does the team respond?	🎲 Trust Roll

🎲 Decision 3 = Roll!

2 Referral & External Coordination

⚠️ OBSTACLE — Maya needs a referral to a pulmonologist. The external clinic needs: insurance pre-authorization, a peak flow reading, and a summary of her symptom history. Your team has 2 of the 3.

📋 Referral Checklist

- ✅ Insurance pre-authorization
- ✅ Peak flow measurement
- ⬜ Written symptom history
- ⬜ Guardian contact on file
- ⬜ Transport arranged (NEMT)

🤝 Team Task

Assign each unchecked item to a team role.

For the written symptom history: conduct a telephone chain — Nurse whispers Maya's symptoms to Mental Health → Care Coord → Health Ed. Care Coordinator writes the final version.

Accurate summary = −1 token | Missed detail = −2 tokens

🎲 NEMT Roll: 4–6 → Transport confirmed (+1 token) | 1–3 → Delay (−1 token) — discuss real barriers to medical transport

⭐ FINAL STEP — Develop Maya's Asthma Action Plan (Provider Version)

Use prior information and puzzles in the printout to develop the AAP. You can refer to past printouts as well.

👩‍⚕️ Nurse

Document: peak flow baseline (puzzle!), frequency of symptoms, current medications, if any.

🧠 Mental Health

Identify: 1 psychosocial stressor affecting Maya's asthma management. Recommend 1 support resource.

📋 Care Coordinator

Complete: insurance verification, NEMT referral note, and follow-up appointment date (Slip swap activity!).

💊 Health Ed

Teach: proper inhaler technique (demonstrate in 30 seconds). Identify 2 of Maya's environmental triggers.

🤝 CHW

Connect: 1 community resource (housing, food, air quality). Document family contact plan.

🎲 Final Trust Roll: Did Maya leave feeling heard and supported? 4–6 = Mission success (+1 token) | 1–3 = Reflect on gaps (−1 token)

Scenario B — Reflection Questions (Provider POV)

1. Where did your team struggle most to coordinate? What might that reveal about how real care teams communicate?

2. In the telephone chain, how accurately did Maya's history travel from Nurse to Care Coordinator? What is lost in real handoffs?

3. When Maya said "don't call my grandma yet" — how did your team respond?

4. Which team role had the most tokens left? Which spent the most? What does that say about resource distribution in SBHCs?

5. What would need to change — in policy, funding, or staffing — for a real SBHC team to handle a case like Maya's more easily? Professionals, is this something achievable in context? How does this parallel or diverge from your experiences?

Full Group Debrief

🪙 Token Tally

Compare your ending token count across both scenarios.

Which was harder — being the patient or the provider? What does the gap tell you?

💬 The Big Question

"What would it take for the system to start with MORE tokens — for every patient, every time?"

Takeaways from Today

- How do health, education, and social factors interact?
- What barriers are created by communication passing through providers, families, and patients, and/or what is enabled by this process?
- How might asthma and other chronic illnesses disproportionately impact certain demographics?
- What do SBHCs mean in the larger context of our healthcare system and social environment?

Thank You!

Do you have any questions?

SBHA Youth Advisory Council | School-Based Health Alliance

For more information, visit: www.sbh4all.org