

Division-led school clinics improve access to care for students around the province

The concept of students being “sent to the school nurse” when feeling unwell is ubiquitous in popular culture. The reality in BC schools is much different—while health authorities coordinate school- and community-based public health services like immunizations, health education, and health promotion initiatives,¹ most students don’t have access to in-school health care services on a regular basis.

Statistics show that as many as 60% of youth who are worried about a health issue do not consult a health care provider and avoid going to a doctor’s office.² This may be due to barriers like transportation challenges for rural students and the universal challenge of needing to miss class in order to attend a doctor’s appointment during regular office hours.

Recognizing the challenges faced by students around the province in accessing primary care, four divisions of

family practice have partnered with local health care stakeholders (often through Child and Youth Mental Health and Substance Use local action teams), school administrators, and students to create accessible clinics in local high schools. These clinics give students barrier-free access to birth control, STI testing, mental health support, and lifestyle counseling from teams of providers that can include doctors, public health nurses, social workers, and counselors. Care models at these clinics provide a useful example of how health care teams can address gaps in care and provide full-spectrum care for vulnerable populations.

Nanaimo

In partnership with Island Health, the Nanaimo Ladysmith School District, and other community agencies,³ the Nanaimo Division of Family Practice opened the first division-organized school clinic at John Barsby Secondary School in 2016. The clinic’s care team includes doctors, public health nurses, and child and youth clinical counselors. The clinic enables stu-

dents to access primary care in a confidential, safe, familiar setting, without leaving school grounds. Students can make an appointment (or walk in) to address any issue—from an injury to sexual health—and clinic staff bring together additional supports for teens at risk and with vulnerabilities, such as those facing complex social situations (e.g., poverty) or an unstable family life.

Following the success of the clinic model at John Barsby, the division and its community partners opened a second school clinic, the Nanaimo District Secondary School Wellness Centre in September 2016.

Northern Interior Rural

Barriers to accessing care have had a negative impact on health outcomes for youth in Vanderhoof; there, students have experienced increased rates of teen pregnancy and sexually transmitted infections and face challenges connecting with local mental health resources. To improve health outcomes for these students, the Northern Interior Rural Division

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and its partners created the Nechako Valley Secondary School Clinic, at which six family doctors have been providing weekly clinics since January 2018.

Shuswap North Okanagan

According to school district data, 20% of students at Salmon Arm Secondary rely on school buses to get to school,⁴ meaning that at least one in five students would need to skip school in order to attend a doctor's appointment during clinic hours. To eliminate this barrier to care, the Shuswap North Okanagan Division and its partners worked to open a new wellness centre on campus, providing care 1 day per week from a health care team that includes a family doctor, nurses, and counselors. A student council was created to guide the planning process, ensuring that youth had a say in determining which services were needed most, how best to deliver them, and how to make the clinic accessible and teen-friendly.

South Island

In 2016, the South Island Division participated in the creation of three school-based clinics—Belmont Secondary Wellness Centre, Royal Bay Secondary School Clinic, and Edward Milne Community School Clin-

ic—with help from the Sooke/West Shore local action team. Key partners included Island Health, School District 62, school principals and staff, and public health staff. Student input and engagement were a major focus in the creation of all three clinics, with the formation of youth health committees to determine what the clinics look like and what services they offer. The school clinics are complemented by a community-based youth clinic for youth who feel there are still barriers (i.e., stigma and anonymity) at the school-based clinics.

Belmont Secondary Wellness Centre was initially planned as a nurse-managed wellness centre. Support from the division and the local action team enabled physician services to be added to the centre, meaning students can now receive full-spectrum care.

Royal Bay Secondary School Clinic provides services from a team of health care providers and incorporates a youth sexual health ambassador role. In addition to informing clinic services, the clinic's youth health committee meets twice a month with the local action team engagement coordinator to discuss ways to promote the clinic's use.

Edward Milne Community School Clinic offers family physician services half a day per week with three

local physicians sharing the role with support from a medical office assistant provided by Island Health.

For more detailed information on the team-based care models and partnerships involved in these division-organized school-based clinics, visit www.divisionsbc.ca/provincial/schoolbasedclinics.

— **Afsaneh Moradi**
Acting Director, Community Partnership and Integration,
Doctors of BC

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