In this issue of the *Journal of Adolescent Health*, Ethier et al provide yet more evidence of the effectiveness of school-based health centers (SBHCs) as a critical access point for preventive services to adolescents—a population long considered difficult to reach [1–5]. By comparing self-reported reproductive health care, contraceptive use, and screening of sexually transmitted infections among adolescents who had access to an SBHC against those without access, researchers found that SBHC access was associated with greater use of reproductive care and contraception among sexually experienced adolescent females [6].

By contrast, the study did not find comparable results among adolescent males. Although this is disappointing, it is emblematic of a larger challenge to our healthcare system: getting young adolescent males. Although this is disappointing, it is emblematic of a larger challenge to our healthcare system: getting young adolescent males. SBHCs, in fact, saw the highest proportion of males across all settings [8]. Other research offers compelling evidence of SBHCs as an attractive access strategy for this hard-to-reach population: in one study, young male SBHC users were much more likely to come to SBHCs for mental health visits than to other facilities [9]. In another study [10], one of New York–Presbyterian’s SBHCs is at the Percy Sutton Complex in Harlem, which has two high schools and one middle school. Shawn Watkins, a health educator with Percy Sutton for 5 years, provides co-ed classroom outreach, small group outreach, and one-on-one appointments on reproductive health topics. He also conducts outreach to adolescent males by organizing sports events, such as a basketball tournament that requires participants to get a physical at the SBHC.

The result of these efforts? The SBHC at Percy Sutton reaches 70% of males in the school at least once—ultimately connecting them with reproductive health, primary care, and mental health services.

Adolescent males who interface with Mr. Watkins receive information and services related to contraception, sexuality, and sexually transmitted infection/HIV testing. They then go on to learn about, and often access, other services available at the SBHC. Standard protocol is for the health educator to refer these patients for an appointment with a medical provider for a comprehensive health examination within three visits to the SBHC. The health educator also acts as a bridge to mental health services, frequently joining patients on their first appointments and helping to ensure that they attend follow-up appointments.

SBHCs can also increase utilization by adolescent males by creating a male-friendly space and conducting outreach among school sports teams. SBHC staff at Percy Sutton has learned that involving the women in young men’s lives is the key; many recipients of reproductive health services are brought in by their girlfriends. In addition, a survey of male graduates from Percy Sutton asked how they wanted to receive reminders for their follow-up appointments. A surprising finding was that a majority wanted to receive the reminders through their moms.

Many SBHCs will simply lack the funding to hire a male involvement health educator. Indeed, the biggest challenge SBHCs face in adequately staffing outreach to adolescent males is funding. Ethier et al point out that the recent Patient Protection and Affordable Care Act includes a $200 million appropriation for SBHCs over 4 years. The first round of those funds will be granted in early 2011 through a competitive grant process that is being overseen by the Department of Health and Human Services Bureau of Primary Health Care. At the time of this write-up, however, and in the current budget climate, it is unclear whether the

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See Related Article p. 562
grant funds will ultimately be awarded. SBHCs need sustainable operations funding for the model to increase access to needed health services for vulnerable populations, including reproductive health care for adolescent males.

Adolescents need access to comprehensive, confidential health services to ensure their health and well-being now and in the future. As Ethier’s study shows, if SBHCs are properly staffed, structured, and trained to provide reproductive health care and outreach, there is exceptional opportunity to fill an existing gap in how this population receives health care. Yet, SBHCs aren’t a magical panacea; reaching adolescent males—like improving academic performance—only happens with concerted staff effort backed by sustainable local, state, and federal support.

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References