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The Impact of a Rural School-Based Health Center on Students and Their Families
in Sneedville, Tennessee: A Case Study

A dissertation

presented to

the faculty of the Department of Educational Leadership and Policy Analysis

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Doctor of Education

by

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May 2004

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Keywords: Rural, School-Based Health Center (SBHC), School Health Services,
Health Education, Nutrition Services, Counseling, Psychological, Social Services,
Family Nurse Practitioner

ABSTRACT

The Impact of a Rural School-Based Health Center on Students and Their Families in Sneedville, Tennessee: A Case Study

by

Michael D. Belcher

The purpose of this study was to describe the impact that the school-based health center in Sneedville, Tennessee had on students who attended Hancock County High School. The study documented how the school-based health center affected students, families, and the community of Sneedville. Case study methodology was used to determine if the school-based health center impacted school attendance, mental and emotional health, sexual practices, and overall quality of life for students and their families.

Data were collected through 25 interviews with health center stakeholders. The methodology included working with the staff at the school-based health center to identify the key players and key center users over the seven years of the center's existence. An interview protocol was designed for each of the seven groups that were interviewed. Data were collected from current and former students, parents of current and former students, school counselors, teachers, and the school nurse.

Students who attended Hancock County High School as well as their parents were impacted by their direct access to primary comprehensive health care services. Benefits to parents included a reduction of time in missed work and lower medical care costs for students without health insurance. The center promoted and improved school attendance while distributing valuable health education information to students and parents. Because the city of Sneedville has only one medical center and no hospital, the school-based health center served the rural residents well.

Beginning as one of only three such centers in the United States, the school-based health center endured and evolved into a full-service, comprehensive health care provider. The center is located in an isolated region of Northeast Tennessee; the location added to the center's impact on the residents.

This study could provide a model for rural communities seeking ways to serve the health care needs of youth. In this time of economic instability and educational accountability, this school-based health center appeared to impact student care, thus allowing students to be more capable and ready to learn.

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DEDICATION

I wish to dedicate this dissertation:

To my mother, Ola Jean Belcher, the one person who has always believed in me and provided me with encouragement, support, and resources to promote my education; to my ex-wife, Kimberly, who was always there to take care of our children in my absence; to my children, Ryan, Jonah, Keesha, and Seth, for their support and understanding; to my staff at Hancock County Elementary School for their support and help with work related situations; to my mentor, Dr. Cecil Blankenship, who believed in me and fostered in me the love of lifelong learning and taught me to believe in myself.

And to all the poor country boys who question their abilities and likelihood of accomplishing their dreams.

All of you share with me in this accomplishment.

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CONTENTS

	Page
ABSTRACT	2
COPYRIGHT	3
DEDICATION.....	4
ACKNOWLEDGMENTS.....	5
Chapter	
1. INTRODUCTION TO THE STUDY	10
Statement of the Problem	11
Research Questions	12
Significance of the Study.....	12
Limitations and Delimitations.....	13
Assumptions.....	14
Definitions of Terms	14
Organization of the Study.....	15
2. REVIEW OF RELATED LITERATURE.....	16
Rural Schooling in America	16
Demography and Rural Schools.....	16
Financial Limitations Facing Rural Schools.....	17
Challenges Facing Rural Schools.....	17
Characteristics of Rural Schools	18
Rural Schools in Tennessee	19

Chapter	Page
Hancock County School System.....	19
School-Based Health Centers	20
Hancock County School-Based Health Center	23
Health Care and Education	25
General Demographic Information.....	29
Health and Educational Indicators	29
Availability and Accessibility of Care.....	29
Qualitative Measures	29
Confidentiality, Consent, and Enrollment Issues.....	30
Staffing and Budget Development	31
Budget Considerations.....	31
Problems and the Future.....	32
Summary.....	32
3. RESEARCH DESIGN AND METHODOLOGY	34
Historical Research/Case Study	34
Research Design.....	35
Participants.....	35
Permission Procedures.....	36
Data Collection	36
Records Review	38
Data Analysis	38
Trustworthiness of the Data.....	38
Summary.....	39
4. ANALYSIS OF DATA	40
Benefits of the Rural School-Based Health Center.....	41

Chapter	Page
Students' Benefits	42
Accessibility	42
Confidentiality.....	44
Students Spend Less Time Out of Class	47
Treatment for Athletic Injuries.....	52
Emergency Treatment.....	54
Transportation for Health Care	56
Counseling Services	57
Health Education Classes.....	60
Benefits to Parents.....	63
Cost of Treatment	66
Weaknesses of the Health Center.....	71
Summary	74
5. FINDINGS, CONCLUSIONS, AND IMPLICATIONS FOR FUTURE PRACTICE AND FURTHER RESEARCH.....	76
General Findings	77
Students' Benefits	77
Accessibility	77
Confidentiality.....	78
Emergency Treatment.....	78
Counseling Services	79
Health Education Classes.....	80
Benefits to Parents.....	80
Cost of Treatment	81
Benefits to the Community	81

Chapter	Page
Weaknesses of the Health Center.....	82
Conclusions.....	83
Implications for Future Practice and Further Research.....	86
REFERENCES	88
APPENDICES.....	93
APPENDIX A: Teacher Interview Guide	93
APPENDIX B: Parent Interview Guide of Current and Former Students	94
APPENDIX C: Current Student Interview Guide.....	95
APPENDIX D: Former Student Interview Guide.....	96
APPENDIX E: Nurse Interview Guide	97
APPENDIX F: Counselor Interview Guide.....	98
APPENDIX G: Letter of Request to Director of Schools	99
APPENDIX H: Letter of Request to Principal	100
APPENDIX I: Letter of Request to ETSU College of Nursing	101
APPENDIX J: Informed Consent Form (IRB)	102
APPENDIX K: Interview Permission Letter	106
APPENDIX L: Auditor’s Letter	107
APPENDIX M: Peer Debriefers’ Letter	108
APPENDIX N: Thank You Letter to Participants	109
VITA	110

CHAPTER 1

INTRODUCTION TO THE STUDY

Children generally represent “pictures of good health.” When they do become sick or are injured, most children have access to health care. However, many children in the United States particularly children from rural, poor families are at risk for multiple health problems. For example, poor children may experience two-to-three times the usual incidence for certain preventable medical conditions such as asthma and head-lice (Terwillger, 1994).

Rural districts with limited financial resources comprise a large portion of the public elementary and secondary schools in this country. In 1999, one half of the 15,000 regular public school districts in America were considered rural (U. S. Department of Health, Education, and Welfare, 2001). When considering both private and public schools, one fourth of the districts in the nation are rural, and in the mid-western, south central, and western parts of the country, more than one third are rural (U.S. Department of Health, Education and Welfare). Fuguitt and Brown (2000) noted that about 1,100,000 of the nation’s 43,200,000 public school students were enrolled in rural school districts. Haller and Monk (2001) stated that 8,000 of America’s 84,000 public schools are located in small, rural districts.

These small, rural districts serve 2% to 3% of America’s public school students, including many who are at high risk for multiple health problems (Stern, 1994). Herzog and Pittman (1995) found that students in rural areas were financially not as well off as their urban peers and were often geographically, economically, and culturally isolated. As noted by DeYoung (1994), parents of children in rural schools often had lower educational levels and held lower educational expectations for their children.

Because of the high number of children living in these areas who remain medically untreated, rural health initiatives have developed over the past 20 years. One avenue of service has been the rural school-based health center. School-based health centers emerged in the 1970s and have steadily increased in number to around 1,500 (Hacker & Wessel, 1998). School-based

health centers are designed to diagnose and treat health problems on the actual campuses of public schools, thus eliminating the problem of accessibility for rural school students.

Statement of the Problem

The purpose of this study was to describe the development of a rural school-based health center in Sneedville, Tennessee, and to determine the impact of the center on the health and education of the students and their families who live in this rural Appalachian town and attend Hancock County Schools. It is known there are many impediments that interfere with teaching and the achievement of children; however, these problems are more numerous in isolated rural areas. Rural school-based health centers offer hope and promise in combating these issues (Brodeur, Isaacs, & Knickman, 1999). This study investigated the operation of a rural school-based health center in Sneedville, Tennessee. Sneedville is located in rural Hancock County in upper Northeast Tennessee. This center is unique in that it serves the children of one of the poorest counties in Tennessee (based on per capita income) and, arguably, in the nation (U.S. Census Bureau, 2001). The geographic landscape is very rugged, large, and isolated with many graveled roads providing transportation routes. Some students ride the bus for over an hour to get to school. The isolation and poverty of the region contributes greatly to the need for accessible, affordable health care for students. Inadequate health care creates many problems that affect the students' attendance in school and interfere with academic performance. Gullotta and Noyes (1995) demonstrated that students who had poor health did not perform as well as healthy students and many were considered to be at risk for associated problems.

Students who attend schools in this upper Northeast Tennessee region are largely dependent upon their adult caregivers to intervene when health needs arise. Many parents in isolated rural areas do not have the transportation, education, or finances to provide access to appropriate health care. This case study investigated the impact of a rural school-based health center on students' health and education in this rural Appalachian County.

Research Questions

The following research questions were formulated to guide the investigation:

1. What impact has the Hancock County school-based health center had on students' physical health?
2. What impact has the Hancock County school-based health center had on students' mental and emotional health?
3. To what extent has the Hancock County school-based health center had an impact on the health-related behaviors of students?
4. What impact has the Hancock County school-based health center had on educational activities and health related instruction in Hancock County?
5. What impact has the Hancock County school-based health center had on the educational progress of students' and the school system's overall educational program?
6. To what extent has the Hancock County school-based health center had an impact on the quality of life for students and their families?
7. What would be the possible impacts of the potential loss of the Hancock County school-based health center in the rural community?

Significance of the Study

Many rural areas in Appalachia are geographically isolated and often economically deprived. This deprivation can interfere with accessibility and convenience of primary health care for the students who live there (Young, DiAngelo, & Davis, 2001). Parents often do not have the resources to provide these necessary health services. Thus, children who live in the areas often do not receive proper preventive health care.

Rural schools face many obstacles that limit their abilities to produce graduating students who possess academic abilities comparable to those students from wealthy urban schools (Dryfoos, 1998). Poor health contributes to problems such as absenteeism, lack of motivation to work, clarity of focus, and other obstacles to learning. The information obtained in this case

study might be helpful in developing a better understanding of the impact a rural school-based health center had on a rural community and, furthermore, the perceptions that developed in the process. Other rural locations in Appalachia with similar geographic areas and occupants might use the information to plan services in their areas.

This study evolved because of the lack of research data available on rural school-based health centers; most of the research to date has focused on urban school-based health centers. Thus, a need existed for a better understanding of rural centers and their problems.

This case study was significant because it documented the history of a rural school-based health center by examining the premise that rural school-based health centers provide preventive, accessible health care for students in deprived rural counties. Furthermore, this study was significant because it investigated the relationship between the work at the center and the good health practices of the students. Also important was the accessibility these centers provided to rural students who otherwise might not have had opportunities to obtain appropriate health care.

Limitations and Delimitations

This study was limited to individuals who had a connection to a specific rural school-based health center located in upper Northeast Tennessee. The findings from the study can only be related to areas with similar features and characteristics. At the time of the study, the Hancock County school-based health center served students 11 to 18 years of age, in grades 6 through 12. The medical and social characteristics normally associated with pre- and adolescent-age students should be understood and expected. The researcher interviewed only those individuals who had a connection with the school-based health center. Twenty-five participants were interviewed comprising operators, caregivers, users, and those associated with the formation, design, and operation of the Hancock County school-based health center. In this study, the researcher attempted to describe the impact the center had on the community during its seven years of operation.

Assumptions

There is an assumption that some personal, preconceived notions and beliefs of the researcher might bias this study. I have worked in a rural school system as a teacher, coach, and principal for 15 years. I have witnessed the benefits and disadvantages of rural schools. I have also been the principal at a school before and after the emergence of a school-based health center and have seen the changes and benefits. The study was based upon participants' answers to open-ended interview questions through oral responses and it was assumed that, in general, the participants were thoughtful, forthright, and honest in providing accurate data.

Definitions of Terms

For the purposes of this study the following definitions were applied:

1. *Rural*--A rural area is characterized by having fewer than 2,500 people and is said to be nonurban (Rural School and Community Trust, 2002).
2. *School-Based Health Center (SBHC)*--This is a facility or health center located in a school building or on a school campus that provides on-site, comprehensive, preventive, and primary health care service to include first aid, head lice screening, and other related services (National Association of Community Health Centers, 1994).
3. *Health education*--This is defined as a planned, sequential, K-12 program that addresses physical fitness and includes activities that students can practice throughout their lifetimes (National Association of Community Health Centers).
4. *Nutrition services*--This is defined as a planned and nutritional diet program that promotes healthier food choices and support for nutrition instruction (U. S. Department of Agriculture, 2001).
5. *Counseling, psychological, and social services*--This refers to working with individuals, groups, and systems using both school-based interventions and referrals to community providers (National Association of School-Based Health Centers, 2000).

6. *Family Nurse Practitioner (FNP)*--This refers to a resident health professional who is a trained medical scholar and has a depth of knowledge that aids and facilitates the practice of medicine. He or she is not a fully licensed medical doctor and must practice under the supervision of a licensed physician (American Medical Association, 2004).
7. *Case study research*--This is defined as the explanation of a bounded system or a case (or multiple cases) overtime through detailed, indepth data collection involving multiple sources of information, rich in content. This system is bounded by time and place and is the case under investigation. A case may be a program, an event, an activity, or an individual (Merriam, 2001).

Organization of the Study

Chapter 1 included an introduction, statement of the problem, research questions, significance of the study, limitations and delimitations, assumptions, and definitions of terms. Chapter 2 includes a review of literature pertaining to rural schools and school-based health centers. The literature review addresses several major areas of focus: (a) rural schools in America, (b) rural schools in Tennessee, (c) rural schools in Hancock County, (d) school-based health centers, (e) the Hancock County school-based health center, and (f) problems and the future. Chapter 3 consists of the methodology and procedures for this study, the research design, the participants, the procedures used, the data collection, the data analysis, and information about steps taken to ensure the validity and reliability of the study. Results of the analysis of the data are presented in Chapter 4. Chapter 5 contains the findings, conclusions, and implications for future practice and further research.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Rural Schooling in America

Demography and Rural Schools

During most of the 20th Century, powerful economic and social changes took place in rural America. As the economy changed, agriculture was no longer a major source of employment and income. As a result, rural areas experienced an out-migration and the number of students attending rural schools decreased (DeYoung, 1994). Small, rural districts continue to decline in enrollment. Between 1993-94 and 2000-01 the number of regular public school districts in the nation decreased by 700, and 415 of these were in small, rural districts (Haller & Monk, 2001). According to the National Center for Education Statistics (2001), in 2000-2001 about 8,000 of the 84,000 public schools in the United States were located in small, rural districts.

In spite of the declining numbers, these small, rural districts continue to constitute a large portion of the public elementary and secondary sector of education. According to the U. S. Department of Education (2000), in 1999 half of the 15,000 regular public school districts in America were rural. The majority of these schools were very small, averaging fewer than 100 students per high school grade and 25 students per elementary grade. One fourth of the districts in the nation were small and rural, and in the mid west, south central, and west, the proportion was more than one third (U. S. Department of Education). Previous researchers (Herzog & Pittman, 1995; Phelps & Prock, 1991; Stern, 1994) demonstrated that students in rural areas were not as well off financially as their urban counterparts and were geographically, economically, and culturally isolated. Also, their parents often had lower educational levels and lower educational expectations for their children.

While most of the population of the United States lives in urban settings, millions of

citizens live in vast rural areas (U. S. Census Bureau, 2001). This diversity has important implications for public schooling. School districts must serve a sufficiently large population in order to generate revenue to purchase materials and resources, hire teachers, and build and maintain facilities. However, when the population is widely dispersed, districts often face problems with keeping the community involved, transporting students great distances, and maintaining small economically efficient schools (Fuguitt & Brown, 2000).

Financial Limitations Facing Rural Schools

Rural school districts typically serve poorer populations with greater needs. Because these rural communities generally have lower property values, the tax base is commonly smaller; therefore, less revenue exists for educational funding (Rural School and Community Trust, 2000). As a result, these small, rural districts have been continually encouraged to consolidate as a response to the funding limitations and inadequate educational services (Bass, 1990). Throughout the 21st Century, school and district consolidations have often been the only option available when trying to achieve cost savings and improve education in rural districts (Stephens, 1998).

Rural communities rely on their schools to serve many functions beyond the primary mission of educating children. Rural school systems provide employment for adult community members and are crucial in the social, cultural, and recreational activities found in communities.

Challenges Facing Rural Schools

Schools in rural areas and small towns face many challenges in serving the needs of children and in providing for their education. Historically, rural schools have developed several unique methods for educating and serving youth (DeYoung, 1991). Several of these successful educational reform strategies are in widespread use today. According to the National Education Association (2001), such innovative strategies as peer assistance and tutoring, mentoring, multigrade classrooms, multiage classrooms, block scheduling, site-based management, and

cooperative learning were developed in rural schools.

This success in rural education is associated with what makes rural and small town America unique. The smallness or small enrollment of these areas contributed to the close relationships found in many schools among educators, students, parents, and the community at large (Lee & McIntire, 1999).

Characteristics of Rural Schools

According to data generated by the National Education Association (1998), there were common characteristics found in most rural schools in America. A rural area was defined as having fewer than 2,500 people, and the geographic landscape was defined as rural. There are approximately 84,000 public schools nation wide and 49% of these are located in rural areas. There are approximately 43 million students in schools nation wide and 38% live in rural areas. There are 39,644 public schools operating in these rural areas with the majority (67%) being elementary schools. Rural schools normally have a lower student-teacher ratio than urban schools and often offer more remedial programs for learning-disabled students. However, there were some negatives to these rural schools, such as their probability to not offer preschool or prekindergarten programs and a variety of enrichment activities. Also, rural schools offered fewer job-placement services and had limited curriculums (Rural School and Community Trust, 2002). These schools were more likely to be Title I or Chapter I schools indicating low socioeconomic status (Rural School and Community Trust).

Lee and McIntire, (1999) reported that of the nation's 2.56 million public school teachers, 41% taught in rural areas, and schools in these areas, unlike urban schools, were more likely to have a male principal. Haller and Monk (2001) stated that rural schoolteachers spent much less time on extracurricular activities than did urban schoolteachers. Haller and Monk also noted that rural teachers were paid less and had fewer benefits such as paid health and dental insurance. According to Butin (2000), 3 out of 10 rural schools had inadequate buildings and less internet accessibility and rural students traveled much further to get to their school buildings than urban

students did. While almost half (40%) of the nation's public schools were located in rural areas, only 22% of the total budget went to rural schools, causing some of the aforementioned facility problems (Butin).

Rural Schools in Tennessee

Tennessee is one of the most populated rural states in the nation, with 1.9 million people living in rural areas (Rural School and Community Trust, 2002). Almost one fourth (24%) of Tennessee's rural students live in poverty and nearly one half (49.2%) do not finish high school (U. S. Department of Health, Education, and Welfare, 2001). The population of the state is 5,689,283. Out of this number, 1,907,239 persons, or 39.1% of the population, were considered to live in rural areas (Haas, 2001). According to the Rural School and Community Trust (2000), 23% of the schools in Tennessee were classified as rural, while 18.8 % of all Tennessee public school students attended rural schools. Over 22 % of the students living in rural areas are considered to be living in poverty, while 8.1 % of the students attend small rural schools (America's Children Report, 2002).

The Tennessee educational system consists of 1,646 schools, with 900,510 students enrolled in grades kindergarten through 12 (Tennessee Department of Education, 2002). Many of these students live at or below poverty level; 395,149 or 43.9% receive free or reduced priced meals, and 145,083 or 16.1% are enrolled in special education programs (U. S. Department of Health, Education, and Welfare, 2001). These distinguishing factors designate rural education as an integral part of Tennessee's system of public education.

Hancock County School System

Hancock County is in a large, beautiful, isolated 222 square mile region hidden deep in the Appalachian Mountains in upper East Tennessee. The population, according to the U. S. Census Bureau (2001), is 6,768; of this number, only 1,257 people live within the city limits, leaving the majority living in the remote rural areas of the county.

The Hancock County school system evolved from the consolidation of several small, rural community schools to two new facilities that serve all the students. According to G. Seal, Hancock County Attendance Supervisor, school enrollment in Hancock County of students three years and older is 1,406 (personal communication, February 6, 2003). There are 74 kindergarten students, and 702 students in grades one through eight. The high school, grades 9 through 12, has 447 students. The U. S. Census Bureau (2001) reported that of the educational attainment of the population of 25 years old and over (4,617) approximately 1,220 persons or 26.4% had less than a ninth-grade education. In addition, 814 or 17.4% of the population completed grades 9 through 12, but received no diploma. The U. S. Census Bureau reported that 1,477 people or 32% graduated from high school or obtained their General Education Diploma (GED). Considering the county's population 25 years and older, only 513 or 11.1% had some college experience, but did not receive a degree. Furthermore, 124 people or 2.7% had associate degrees, 240 people or 5.2% had bachelor degrees, and 229 people or 5% held graduate degrees.

Currently, two comprehensive schools have evolved (via the Basic Education Program) to serve the students in grades kindergarten through 12. The total population in K-12 is 1,104 students; of this number, 99.3 % were White, 188 or 17.1 % received special education services, and 849 or 85.6% received free or reduced-price meals. Both schools have met the state department of education's academic standards of school approval and are in good standing (Tennessee Department of Education, 2002).

School-Based Health Centers

The earliest school health programs were developed in the late 1800s in response to infectious disease problems (such as smallpox and diphtheria) of immigrant families with a large emphasis on screening in schools and on first aid (Making the Grade, 2001). Although initially supported, attempts to expand school health care increasingly came under attack by organized medicine as being more like socialized medicine. After the 1940s, according to Hurwitz (2000), there were clear distinctions made between medical practice (diagnosis and treatment of disease)

and school health services (screening, health education, and school environmental health). The predominate model of school health services, especially in rural areas, began to shift toward traditional school nursing roles (Health Care in Schools, 2001). In the 1940s, nurses were better able to provide routine inspection for conditions like head lice, and ensure efficient recommended follow-up care. In the post World War II era, school-children's health again became an increasing focal point because of the high rejection rate among draftees and preventability of their diagnoses. Whereas some cities and school districts responded to these issues with large investments of physicians and nurses' time, the majority of schools in the United States had neither medical nor nursing services (Lear, Montgomery, & Schlitt, 1996). This remained true even with the development of many "Great Society" programs of the 1960s. The majority of the school nursing programs remained a combination of triage, public health assurance, monitoring and detection, and follow-up of acute and chronic health problems (Hacker & Wessel, 1998).

Schools provide the logical environment for sustained contact with children. Most schools are located strategically within geographical areas, allowing for easy access and use by communities for various purposes. Schools are often the central location that most community members use for social, recreational, and cultural activities (Stephens, 1998). It is because of this awareness that school-based health centers have evolved.

School-based health centers are comprehensive health centers that are located in or near a school. Because schools are centrally located within communities and supply contained accessibility to students, it is only logical that services be rendered there (Brink & Nader, 1984). The first school-based health centers were set up in the early 1970s to ensure that all school-aged children, regardless of socioeconomic status, received quality healthcare (Friedrich, 1999). Although the number of school-based centers grew slowly at first, they grew in popularity after news of their effectiveness spread. The 1980s showed a significant growth of centers, and by the mid 1980s, health centers were present in 41 states and in the District of Columbia (Brindis & Sanghvi, 1997). However, it must be remembered that these clinics served relatively few of the

more than 16,000 U.S. school districts.

Over the past 10 years, there has been tremendous growth in the number of school-based health centers in the United States. A 1998 survey revealed 1,157 centers in 45 states and the District of Columbia that served an estimated 1.1 million students (Center for Health and Health Care in Schools, 2000). Although most centers are located in high schools, an increasing number of school-based health centers operate in elementary schools.

According to Rosenbaum (1998), while the role and mission of school-based health centers continued to evolve, there was no standard definition of school-based health centers or a federal agency solely responsible for their standards of operation. Although definitions of school-based health centers vary across the states, the National Association of Community Health Centers (NACHC) (1994), an organization that represents school-based health centers and community health centers in the United States, provided a general description. NACHC defined school-based health centers as:

Entities that are: 1) authorized under state or local law to deliver medical and health services to children in schools or educational settings; and 2) organized, sponsored, or supported by school districts, school cooperatives or another educational institution or entity. A SBHC can be organized as an independent, non-profit program or agency, a satellite or a larger clinical provider, or an operational component of a local school system. (p. 6)

There are three basic types of service delivery for school-based health centers: the medical type where the centers are the basic providers of primary health and preventive care, the public health type where the school-based health center is responsible for identifying and treating major health problems within the school, and the add-on program type where the school-based health center may duplicate another service available in the community (Making the Grade, 1998).

School-based health centers assist students with their physical, social, and behavioral needs by providing primary care within a school-based program (Making the Grade, 1998). According to the Joint Committee on Health Education Terminology (Adams & Johnson, 2000), a comprehensive school health program includes a set of organized policies, procedures, and

activities designed to protect and promote the health and well-being of students. The centers are specifically designed to address barriers to care such as transportation, accessibility, and personal obstacles. These centers can reach a large number of high-risk populations because they are centrally located in low-income, underserved communities (Adams & Johnson).

School-based health centers serve all students, regardless of the students' ability to pay. A large portion of the centers' users are uninsured or on Medicaid (Department of Health and Human Services, 1993). According to the school-based adolescent health care program (Department of Health and Human Services), almost 50% of the service population is uninsured; Medicaid insures 35% and 16% have private insurance. The school-based health center's population has many needs including confidentiality, convenience, age appropriateness, and accessibility. Because of their locations, most centers are in schools with low income and high-risk student populations that are more likely to not seek medical care until problems become severe (Department of Health and Human Services). These centers present a point of access for students who may not feel comfortable seeking any other source of care, especially for mental health and sexual issues.

According to the National Clearinghouse for Educational Facilities (as cited in Butin, 2000), there were over 1,500 school-based health centers providing services in areas with a high need for comprehensive and accessible health care. School-based health clinics offer youths and their families a combination of physical and mental health services that are more affordable, accessible, and confidential, thus, leading to their current popularity in the health world (Making the Grade, 1998).

Hancock County School-Based Health Center

Hancock County is an extremely rural county with a population of approximately 6,700 residents. As the poorest county in Tennessee and one of the poorest counties in the nation, it has an average of \$10,823 yearly per capita income (Bureau of the Census Report, 2000). In addition to prior mentioned statistics, 39% of the population lives below the poverty level (U. S.

D. A. Rural Development, 2000). Because of the excessive isolation and limited resources of this county, the children do not have the exposure or advantages that children in more affluent counties enjoy. In regard to these conditions and the health risks associated with low-income rural areas, the need for health care intervention is paramount.

These factors of poverty and high-risk health issues were documented in a proposal grant submitted by Dr. Sonda Oppewal at East Tennessee State University in 1994. Seeing the drastic need for affordable, accessible health care, Dr. Oppewal submitted a grant to the U.S. Public Health Service through the division of the Bureau of Primary Health Care and Maternal Child Health. This project addressed the legislative goal of the Health Resources and Services Administration's "Healthy Schools, Healthy Communities" school initiative for homeless and at risk children and youth (East Tennessee State University, 1995).

Dr. Oppewal, who at the time was an assistant professor in the family/community-nursing department, applied for the grant recognizing that Hancock County with only one full-time physician was in dire need of additional health care services. Dr. Oppewal used data from a 1992 survey conducted by the Centers for Disease Control that investigated youth risk behaviors. The study compared risk factors such as unintentional accidents, sexual activity, tobacco use, and wellness of Hancock County High School students with state and national data. The results were alarming and revealed that Hancock County students were at high risk for several health problems, especially tobacco use and absenteeism (East Tennessee State University, 1995).

The grant was awarded to Dr. Oppewal in 1994 for \$259,192. The one-year federal grant was awarded to establish a school-based health care center on the Hancock County High School campus. The center opened in October 1995. The services included: assessment, diagnosis, and treatment of acute and chronic illnesses such as upper respiratory infections, asthma, diabetes, strep infections, and injuries. The grant also supported a health educator who coordinated a risk reduction program that addressed the students' needs and improved the risk behaviors identified as high priority from the survey. The purpose was to keep adolescents healthy so they could be better able to learn (East Tennessee State University, 1995).

The clinic also offered a self-actualization program to enhance the objectives related to risk reduction. A full-time mental health counselor offered programs to promote self-esteem, coping and conflict resolution, problem solving, and assertiveness skills. Students were referred to the mental health counselor for testing, individual and group health counseling, and substance abuse treatment when needed. The center also had a school health advisory board consisting of parents, administrators, and community members to make suggestions and serve the center. The clinic operated from 1995 through 2000 under these procedures and guidelines. Funding was funneled through East Tennessee State University as the grantee (East Tennessee State University, 1995). At the initial time of opening, it was only one of three high school clinics in operation; the other two were in Minnesota and West Virginia.

In September 2000, the funding was not approved through the “Healthy Schools, Healthy Communities” initiative. The clinic had no funding until a new source of money was found through another federal grant from the Rural Health Outreach Association. This time the grantee was the Hancock County Public Schools. This funding was for three years, and was slated to end in August 2003. It must be remembered that the purpose of the center from the beginning in 1995 was to keep adolescents healthy so they would be better able to attend school and learn.

Health Care and Education

Good health is essential to children’s ability to learn; both physical and mental health issues affect the ability (Carnegie Council on Adolescent Development, 1989). Any health problems such as poor vision or hearing, head-lice, dental cavities, or hunger can interfere with a child’s attention and concentration at school (Center on Hunger, Poverty, and Nutrition Policy, 1994). Available and accessible health care in rural areas minimizes the emotional and physical health problems children face and provides better opportunity for success. Physical and mental health problems encourage children to be distracted, miss school, and can take away their zest and motivation to learn. Lack of essential and consistent medical care can also lead to other more critical behavior issues such as attention deficit disorders and emotional traumas. Students

who have problems with health issues are often unable to follow instructions and remain on task or display inappropriate behaviors, which interferes with their comprehension (Greene, 1998). These acts of misbehavior often require disciplinary action and take away valuable instructional time. The smallest health problems have been shown to interfere with learning and negatively affect students' focus and motivation to learn. Even the common cold has been documented to show negative impact on academic performance (Carnegie Council on Adolescent Development).

Children need to acquire skills that will promote strong self-esteem, higher-level thinking, and a sense of belonging at an early age. Schools provide children with the environment and foundation for developing these necessary skills that are crucial for proper growth and development (Brown, Grubb, Wicker, & O'Tuel, 1985).

Overall, health affects education; good health and education are connected, and, generally, children who perform well academically are basically healthy (Robert Wood Johnson Foundation, 1993). Health providers and educators agree that learning comes easier for the healthier child and that frequent problems with vision or hearing impede academic success.

According to the Children's Defense Fund (1994), a relationship existed between health and school problems. In a study conducted in 1994, 46 students were examined by the school nurse; their height, weight, eyes, ears, teeth, health history, and birth weight were noted and examined. The researchers concluded that achievement was connected to good health. The study showed that children from low-income families and single parent homes were especially vulnerable or at high risk for health complications and poor school performance (Children's Defense Fund). Schools must develop ways of identifying these potential high-risk students and create ways for diagnosing and treating these health issues before children suffer academically. Attention must be given to the relationship between health and learning and efforts must be made to improve the health of these students.

Healthy students learn more effectively and perform better academically than students with poor health. Most health care providers, physicians, and educational professionals agree

with this thinking and support programs that sustain this idea (Brink & Nader, 1984). It is because of this connection between learning and health, that school-based interventions have increasingly emerged to combat the high-risk categories that many of the poor, rural students fall into throughout this country.

School-based health centers can be a vital part of a community's health system, serving traditionally hard to reach populations with a variety of health and support services. The major component of these centers is the access they provide, typically in low income, poverty stricken communities (U. S. General Accounting Office, 1994). Given the role school-based health centers play in the health care network of their communities, they are in a strong position to extend their services to at-risk and underserved youths in the school setting.

Building community support for a school-based health center is crucial and is an ongoing process throughout the development and implementation of centers (Elders, 1993). Ideally, the initial idea for a school-based health center will come from the community or school itself and the center can build support around the identification of the needs of the students in the community.

The formation of an inclusive early planning group is the first step in generating support for the center. This group is usually comprised of local, concerned individuals who are active political, school, business, or health community leaders. This planning group typically develops and conducts a community needs assessment to determine and validate the health needs of the students in the community (Wolk & Kaplan, 1993). The assessment procedure should involve all county agencies that provide children's services, especially in the health spectrum.

Timelines for developing school-based health centers vary widely; the planning process and site development could last from one to three years, depending on the complication of the issues involved such as funding and the school community status (Gadomski, McLaud, Lewis, & Kjolhede, 1998). If the health center evokes or creates any controversy, the planning process could take much longer. A strong planning-advisory board that can effectively deal with controversy is one of the most efficient vehicles in completing the process in a timely manner.

Shearer (1997) reported that it was extremely important that the needs assessment answer critical questions that could help determine appropriate services. The geographic area is important to know because of transportation demands and travel time. Certainly, the age level of the students to be served is important and should be determined. Also, the positive and negative health indicators should be known and a planned agenda created to deal with them. It is also important to know what other health services are available and what resources already exist that could be shifted to the school-based health center's scope of responsibility. Dryfoos (1998) stated it was essential that input be taken on the health needs of the students, views of the key stakeholders, potential consumers, and other health care providers in the community.

Brellocks and Fothergill (1995) suggested that the school-based health centers advisory board should include key community personnel. These members are vital to the planning process and should be carefully chosen. Possible members include board members and staff from the school-based health center. The school principal definitely should be involved, along with the school nurse and counselor. In addition, teacher and student representatives normally are members. Parent representatives (possibly from the P.T.O.) often serve as well as school board members and the system's building representative. In addition, Brellocks and Fothergill suggested that health care and service providers, local health department representatives, and business community leaders were good sources to include.

In conducting the initial needs assessment, the advisory board should ensure that an accurate depiction of the community is revealed by reaching out to all community agencies that serve children (Rienzo & Button, 1993). This information gathering comes from various sources through interviews, surveys, action research, or previous demographic statistics. This planning group is also a good source of individuals for a clinic advisory board later when the center is in operation. The advisory board normally assists staff by reviewing tools and questionnaires, suggesting programming, helping write funding proposals, or by generating support for the school-based health center in the community (Brellocks & Fothergill, 1995).

The National Health and Education Consortium (1995) recommended that needs assessments be divided into four major areas:

General Demographic Information

General demographic information included community and county trends, income status/level of poverty, and number of families on WIC, AFDC, and food stamps. Also included in this area were ethnicity and race divisions, school enrollment, and the number of students qualified for free and reduced meals (National Health and Education Consortium, 1995).

Health and Educational Indicators

The second major area was health and educational indicators. This area included infant mortality rates, statistics on low birth rates, teen birth, pregnancy and abortion rates, and the incidence of sexually transmitted diseases. Also important to this category was teen homicide/suicide rates, prevalence of child abuse, neglect, sexual abuse, and incest. School data such as graduation, dropout, absenteeism, and suspension/expulsion rates were all indicators of students who had special needs (National Health and Education Consortium, 1995).

Availability and Accessibility of Care

The third major category was the availability and accessibility of care. The crucial items were transportation resources and other health care providers in the community that serve the same population and have the same hours of operation. Also listed here was the availability of reproductive health services and educational services available for teens (National Health and Education Consortium, 1995).

Qualitative Measures

The fourth and final major category was qualitative measures. Qualitative measures in the needs assessment offered the opportunity to include the views of key stakeholders, health

care providers, school personnel, and consumers. These data add richness to the needs assessment and could be extremely useful in the planning of school-based health centers' services (National Health and Education Consortium, 1995).

Also important in the procedural process was the planning of services offered in the school-based health center. This could be determined from the needs assessment process, availability of other primary health care sources, and the age of the students to be served. Brellocks and Fothergill (1995) reported that certain services were essential and should be offered by all school-based health centers. These services included preventative ones, such as health education and immunizations, and physicals. Also essential was the ability to diagnose and treat minor acute illnesses and injuries such as upper respiratory and ear infections, sexually transmitted infections, cuts and sprains, and chronic illnesses like asthma and diabetes. Furthermore, mental health services, including assessment, case management, and referrals are needed. Finally, all school-based health centers should offer laboratory services and distribute medications such as antibiotics, decongestants, and antihistamines.

The Robert Wood Johnson Foundation (1993) listed other services that were core medical or common to all school-based health centers. These services included acne/dermatology treatment, AIDS counseling, family planning and counseling, nutrition counseling, physical exams, pregnancy tests, and vision screenings. This report identified other services such as hearing, dental care, prenatal care, and AIDS testing as enhanced services.

Confidentiality, Consent, and Enrollment Issues

Confidentiality is an important part of the school-based health centers' success. Adolescents list confidentiality, cost, and convenience as major determinants of whether to seek health care. The issue of confidentiality of care for adolescents is linked to the issue of parental consent of health services. Adolescents may avoid care for sensitive, private issues such as pregnancy, family planning, or sexually transmitted infections if they think parents will hear of their health problem.

Parental consent is required before general medical care can be provided to a minor. Consent regulations presume that the parent is responsible for the adolescent's well being and will act in his or her best interests in making decisions about health care. States have laws that permit adolescents to consent for their own health care in certain situations such as mental health counseling, reproductive health care, and drug and alcohol treatment services. Serving adolescents in a school-based health center often places the providers in the position of making judgments that balance the rights of minors to seek health services against parental consent issues (Schlitt, Rickett, Montgomery, & Lear, 1995).

Staffing and Budget Development

As in most professions, budgets and financial credibility determines the staffing and quality of services. Most comprehensive school-based health centers have a multidisciplinary team that provides a holistic approach to health care. Typically, a team consists of a physician, nurse practitioner, or physician's assistant, social worker or psychologist, medical or lab assistant, and health educator. All staff members connected with the school-based health center should have experience in working with the developmental level of students to be served (National Association of Community Health Centers, 1994).

Budget Considerations

The budget for the school-based health center should be determined by the scope of services to be provided in the health center, available resources, and the type of model used in the health center. Whether or not cost will be associated with space and utilities is another factor that will impact the cost of the school-based health center. Annual operating costs for school-based health centers vary slightly around the country, but in general, a comprehensive yearly budget runs between \$150,000 and \$200,000 (Brindis, Kappahn, McCarter, & Wolfe, 1995). A common practice is for the space or building to be an in-kind contribution from the school district.

Problems and the Future

There is little doubt that school-based health centers are a successful and much needed way to deliver health care to students. However, problems do exist that threaten their future. Funding appears to be the most predominant problem facing these centers; most rely on grants and are not financially secure on their own. In time of financial cutbacks, these centers must acquire more long-term ways to finance their services.

In some communities, the center's care is controversial for two reasons. First, some parents oppose dispensing contraceptives such as condoms and birth control pills to students. Next, the local medical centers might deem these centers as competition. If students receive comprehensive primary health care at school, this could create a potential loss of patients in the neighboring health care facilities (Juszczak, Moody, & Vega, 1998). In addition, some political ramifications might occur in schools where school-based health centers exist. Staff from 75% of school-based health centers responding to a national survey reported that they had encountered opposition from national organizations such as the Christian Coalition and the Catholic Church (Rienzo & Button, 1993).

Summary

This literature review provided information relevant to school-based health centers and children's health. It presented a perspective on how health problems affect students' learning and academic performance. The status of rural schools in America, Tennessee, and Hancock County was explored and current data were disclosed.

The implications of this literature review might benefit grant writers, funding sources, and school-based health center administrators who are interested in initiating new clinics or studying the effects of existing ones. The literature clearly shows that school-based health centers are a success and that they reduce absenteeism and promote good health care in adolescents. The confidentiality that these centers offer greatly increases the chances of teens seeking advice and contraceptives to deal with sexuality issues. Also of relevance was the

accessibility of these centers located on school campuses. Finally, the literature demonstrated the vulnerability the school-based health centers have for secure, consistent funding sources. School-based health centers cannot survive entirely on federal monies; state and local governments must do their fair share in contributing resources (Kahne & Kelly, 1993).

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

Historical Research/Case Study

According to Gall, Borg, and Gall (1996), historical research involves four major stages: problem identification, search for sources, summarization and evaluation of the data, and reporting in an interpretive framework. This study was a case study that intended to “shed light on a phenomenon, event, person, or thing of interest to the researcher” (Gall et al., 1996, p. 69). According to Gall et al. (1996), a case is “a particular instance of the phenomenon, where the focus is the aspect of the case that the research will concentrate on and the unit of analysis is an aspect of the phenomenon that can be sampled” (p. 69). In this study, the phenomenon referred to school-based health centers; the case was the rural Hancock County School-Based Health Center; the focus was the impact of the center on the health and education of the students in Hancock County; and the units of analysis were the key players and other stakeholders of the center. Case studies are intended to provide an understanding and explanation of a particular phenomenon through the experience of the participants. In this study, I attempted to determine the impact of the Hancock County School-Based Health Center as it operates today by interviewing people who were instrumental in its development and crucial to its current functioning, or who have used its services.

Merriam (2001) stated that case studies allow readers to experience a phenomenon through thick, detailed descriptions and presentation of information. In this type of research, elements of historical research and case study often merge. Case studies should immerse the reader in the experience and not just provide description. Case studies often make use of the elements of historical research while also including direct observations and interviewing (Merriam, 1998). This study offered the methods of both case study and historical research by searching to mesh the two approaches with appropriate use.

Research Design

Gall, Borg, and Gall (2003) considered five types of case study research. Observational case studies usually focus on a specific organization such as a school or class and focus on group interaction. Historical case studies trace the development of an organization. Oral case histories are first person narratives of an individual collected through interviews over an extended period. Clinical case studies seek to understand a particular person who has a specific trait, ability, or disability. A situational case study focuses on a particular program, facility, or organization. This study used the historical case study method to analyze the development and impact of a rural school-based health center from the perspectives of the organizers, workers, users, and major participants.

I interviewed individuals who had either used the center, were closely connected to those who had used the center, or who were involved in the daily operation of the rural school-based health center at Hancock County High School in Sneedville, Tennessee. Data were generated and information was collected on health center visits, users' perceptions, parents' perceptions, attendance records, programs offered, and participants' behaviors. These data reflected seven years of the center's operation and they might be used to predict future decisions and guide strategic planning.

Participants

The participants were chosen to take part in this study because of their connectedness, knowledge, and level of participation with the Hancock County School-Based Health Center. Interviews were conducted with individuals who had a direct working relationship with the center, either through daily operations (workers), clients (students and parents), or those who were involved with the design and development of the center. Interviews were conducted with teachers and support staff to obtain their input as indirect affiliates. Twenty-five interviews were completed using open-ended interview guides (see Appendices A, B, C, D, E, and F).

Permission Procedures

Permission to conduct this study was obtained from East Tennessee State University's Institutional Review Board. The informed consent document is shown as Appendix J. All participants were required to sign informed consent documents. Permission was also obtained from the director of schools in Hancock County, from the principal at Hancock County High School where the center is located, and from East Tennessee State University's College of Nursing (see Appendices G, H, and I). All interviews were scheduled based on convenience to the participants. Contact was made in advance with all participants; information in the form of a personal letter was given to them regarding the study and their role (see Appendix K).

Interviews were semistructured using interview guides (see Appendices A, B, C, D, E, and F). The questions were open-ended and I tried not to control the conversation. I used techniques in active listening to ensure that complete understanding occurred. Member checking occurred to ensure participants' validity.

Transcripts of the interviews were verbatim, reflecting precisely what was said during the interview. The investigator documented each session and kept a personal log of information; this log offered a more complete picture of the "non-verbal cues" that Guba and Lincoln (1981, p. 182) stated was critical in acquiring a precise and complete depiction of the interview session.

Data Collection

The data consisted of a collection of detailed interviews investigating the perceptions of students, parents, and workers regarding health care services provided to the students and their families at the Hancock County School-Based Health Center. School attendance records were obtained from the Hancock County educational department. Information taken from the interviews were recorded and descriptively assembled to present an accurate representation of users' perceptions of the school-based health center.

According to Creswell (1998), the investigator should envision a circle of interrelated

activities aimed at gathering good information to answer emerging research questions. I attempted to do that by using several collection methods to retrieve the data. Data collection techniques that were used are as follows:

1. Personal interviews were conducted using semistructured open-ended questions. General interview guides were developed to direct the questioning (see Appendices A, B, C, D, E, and F).
2. School attendance records were collected from the local education agency.
3. Data gathered by the school-based health center over seven years of operation were used to support conclusions.

Major contributors were interviewed to gather information related to critical procedural steps leading to the establishment of the center and clients' interviews were conducted to get a vivid perception of the quality of the services offered. Interviews were completed using open-ended questions with the following participants:

- a. Mental health counselor/student facilitator (2). These participants had been at the center since its beginning and had served the children's as to mental health issues.
- b. School-nurse (1). This participant had the most interaction with the students and offered valuable descriptions of the students' needs and the center's operations.
- c. Teachers (2). These educators had information concerning the impact of the school-based health center on students' health and the teaching/learning connection.
- d. Parents of former students (5). These participants offered great insight to past perceptions and long-term benefits of the center.
- e. Parents of current students (5). These participants had insight to the positives and negatives of the center. They offered descriptions of their children's attitudes and perceptions of the center.
- f. Current student clients (5). These participants had valuable insights and were asked to share their experiences at the center.
- g. Former student clients (5). These participants had information of a reflective nature

about how effective the center was in helping them deal with adolescent health care issues.

Records Review

The records of relevance generated by the school-based health center each year on specific topics were reviewed. Records such as attendance, frequency of use, reason of use, and attitudes and perceptions of the students toward the services provided by the school-based health center were studied to measure their significance. The investigator also acquired data gathered by the center's staff in reference to students' attendance.

Data Analysis

I reviewed school attendance data for the current center year and that of previous years. I also transcribed the audiotapes created during the interviews to allow me to review complete verbatim conversations in printed form. I provided in an interview log comments of importance and observations I considered relevant and important to the study.

I then performed the process of "coding," which is a method of labeling data into similar categories of likeness or commonality. The codes allowed me to determine themes of relationships and retrieve data in an organized manner. I used a computer software program to assist in accomplishing this task of coding. This program, QSR N.U.D.I.S.T., assisted in categorizing data into different areas or nodes. These nodes held statements of information that shared common likeness. The nodes were used to develop major relationships and to show correlations. Conclusions were then arrived at to validate the data and make predictions.

Trustworthiness of the Data

To insure that correct standards of research were used, I employed measures to validate the authenticity and trustworthiness of the data. Member checking was incorporated to allow the study's participants to review their interview transcriptions for mistakes, misquotes, or any

material they deemed inappropriate.

I also solicited a peer debriefer to review my ideas and plans so that I used only acceptable methods of research. I meet with her several times over the course of the research project to insure validity and reliability of my work. The debriefer also checked my references, citations, and research questions and suggested changes as she saw appropriate (see Appendix M).

In order to ensure authenticity of the study, I obtained the assistance of an auditor to review my study. The auditor verified all interviews and checked the transcriptions for accuracy. His job was to ensure that I employed credible qualitative research techniques (see Appendix L).

Finally, after completion of the study, I sent thank you letters to all participants in the study and reminded them that they could have a copy of the completed study upon request at no cost to them (see Appendix N).

Summary

Chapter 3 included the research design and methodology that was used in the study. The procedures used to assemble and acquire data were discussed and explained. The participants who were part of the study were listed and their relationships to the center, its development, and its operation were revealed. The review of records was described and the measures of trustworthiness were presented. The methods of data collection and data analysis were introduced. Results of the analysis of the data will be presented in Chapter 4.

CHAPTER 4

ANALYSIS OF DATA

The purpose of this case study was to describe the impact that a rural school-based health center in Sneedville, Tennessee, had on the health and education of students who lived in this rural Appalachian town and attended Hancock County High School. A related purpose was to describe the impact of the rural school-based health center on the families of those who lived in the community. Specifically, the study explored how the students at Hancock County High School used the center and how it has impacted their lives.

As initially planned, data were collected by interviewing 25 people who currently have or formerly had direct contact with the Hancock County School-Based Health Center. The study participants were divided into seven groups consisting of five current students, five former students, five parents of current students, five parents of former students, two teachers, two school counselors, and one school nurse. Each of the participants was interviewed for approximately one and one half hours, using an open-ended semistructured interview guide developed exclusively for each specific group. The interviews were scheduled at the convenience of the participants and were tape recorded for transcription purposes. All participants were selected by their willingness to contact the researcher and by volunteering to be interviewed for the study. The interviews were strictly confidential and professional standards of privacy were observed. After the interviews were transcribed, the data were gathered and coded into the qualitative software program, QSR-NUDIST 4. The program was beneficial in indexing, searching, and theorizing data; this helped the researcher to discover commonalities and disaggregate data appropriately. The participants were encouraged to read the transcriptions of their interviews to check for mistakes and inappropriate statements and to remove any material they deemed necessary (member checking). All participants were offered a copy of the study's results, findings, and conclusions. A peer debriefer was used to edit process and content of the

project as it progressed and to offer feedback and reaction to project maneuvers. An auditor was used to review the project design and to verify accuracy in all sections of the research.

Hancock County has two school-based health centers; however, this study involved only the center at Hancock County High School. This center was the first to open and has been in operation since 1995. Initially, it was located on the western end of the campus in a separate building. However, when the new high school was built in 2000, the center was allotted a section within the actual school building; this is where the center currently operates.

This study was conducted over a six-month period, and all data were generated from participants who offered current, relevant perceptions of the center's value and impact on health care in Sneedville and Hancock County. The participants were student clients, their parents, or those otherwise associated with the center over the entire seven years of its existence. The variety of participants in the study provided a rich, indepth gauge of the center's impact on the students, parents, teachers, and clinic staff relating to health care needs in Sneedville. The researcher emphasized the importance of understanding the overall impact of the center from its beginning until 2003.

Themes were identified inductively using information derived from interview transcriptions. Themes identified in the analysis are presented using descriptions from the interviews, as well as information from center archival data. Information on themes such as center resources or scope of services can best be described by the participants in their own words; therefore, many quotes are presented to reveal the authenticity of the information.

From the outset, the focus of this study has been to determine the impact of the rural school-based health center located on the campus of the Hancock County High School that contains grades 6 through 12. The central area of focus concentrated on how the school-based health center impacted students' health and education in this rural Appalachian county.

Benefits of the Rural School-Based Health Center

Because of the isolation of Hancock County, many necessities of life are either limited or

nonexistent and medical care is certainly no exception. Currently, the county has no hospital to serve its residents. There is only one medical doctor along with two physician's assistants in the county. Therefore, the need for a school-based health center was evident.

Students' Benefits

Accessibility

Because of limited contact to health care in rural Hancock County, access to a full service health care facility for the youth is paramount. Consequently, one major benefit of the rural school-based health center was its accessibility. Perhaps the best description of this was presented through the words of Patsy Rowe, head nurse at the rural school-based health center, when she said, "The major strength of the center is accessibility. We are a small rural county, sometimes we don't have access to medical care, the school-based health center is on the site, providing accessibility to health care."

Often, students who live out of town have no financial means or transportation to obtain health care. The school-based health center has provided these students with a way to obtain appropriate health care. Nicole Shipley, a parent whose children had used the center for eight years, said:

The fact that we have a nurse practitioner present, who is available to the students without an appointment, is a major strength. Due to the fact that our area is medically understaffed, it is very difficult to get an appointment for a sick person or a child. I know from personal experience that it is very difficult to get your child into a doctor's office, and it's mostly because they're overwhelmed by the demand on medical attention. The school-based health center has medical care readily available, which is a major strength.

Linda Spout, a parent of two male students who currently attend Hancock County High School and who were clients of the school-based health clinic, described the accessibility of the clinic:

The main strength of the clinic is the convenience. You don't have to run and take them (her boys) to Morristown to the doctor if they get the sniffles. They do bandages whenever they get cut or whatever; it's just handy.

Harriet Walker, whose son (an asthmatic) attended Hancock County High School, recalled:

Before we got the school-based health center, we had no school nurse at all. Now, the clinic is available to all students; they have programs there that reach out to a student directly and indirectly. They also make it plain to all students that they are available to them all the time, whether it's an emergency for something physical, mental, or just counseling.

Charlie Jolly, a former student who attended Hancock County High School from 1999 through 2003, expressed his views about the accessibility of the school-based health center:

I think the health center is important in a lot of ways; the major thing I can see is before it came along, when a student got sick, parents had to drop what they were doing--work or whatever, and come sign them out or they basically stayed at school all day being sick. Now, due to the school-based health center, they can get medical attention while at school. They won't have to miss a whole day of school.

Darlene Delph, who had a child currently using the center and a child who formerly used it, said:

Well, for me, the accessibility of the center is its greatest asset; you know, they're there at school. My kids can go there, be checked, and see if they're sick enough that they need to go home or to the doctor or whatever.

Judy Carter who had a son currently attending Hancock County High School expressed her feelings about the convenience of the school-based health clinic:

We really need, medically, considering the fact that we don't have a hospital at all. The doctor's offices are always crowded and the children have no other medical access. We need the school-based health center to stay put, because the children will not get the appropriate health care anywhere else.

The parents agreed that the on-campus availability was extremely handy allowing fast, convenient treatment. Mary Bowlin, who had two sons currently attending Hancock County High School, stated:

Me and my husband both work and I have to depend on my mother quite a bit if my kids are sick or something. She is getting a bit older and she can't run back and forth like she used to. It really helps me a lot, you know, not having to find a babysitter or run them back and forth to a doctor when they can see a nurse at school. I think it helps them, like if they have a headache or something, they can get an aspirin and go back and continue about their work. It just really helps me a lot.

Angie Smarts, a current student at the high school, appreciated the convenience of the clinic's location, "The clinic is there, you don't have to miss so much school. You can just go to the clinic and get help."

One of the greatest assets, according to students, was the clinic's support and cooperation with the athletic program at Hancock County High School. The accessibility also helped the students at Hancock High School who had chronic illnesses, by being there when they needed it.

Rhonda Flut, whose son formerly attended Hancock High declared:

It's just there for anybody who wants to use it. It's free. It's helped both my kids. When A.J. who is a diabetic needed it--it was there. It takes a lot of worry off the parents because it is right there for the kids.

Throughout the interview process, the convenience of the rural school-based health center was mentioned several times; its accessibility was promoted as one of the center's most valuable traits. Having a health care facility on-site, ready to serve the students and faculty when needed, was perceived by many to be the school-based health center's main asset.

Confidentiality

As stated earlier, the center's accessibility was one of its most appealing qualities, allowing students the benefit of quick, on-site, convenient health care all day, everyday. Another important quality of the center was the trust that the students had with the staff. Almost all of the students interviewed mentioned that the trust and confidential care they received at the health care center was a benefit. Karen Ritter, a current student at Hancock High, stated, "Knowing that you have someone to talk to about your problems helps a lot. If you have a sickness, talking to them about your personal stuff--they keep it quiet and private out there, you can trust them."

Students have many problems to deal with and most teenagers are very easily embarrassed and self-conscious about personal issues. Knowing that they can trust the school-based health center staff allowed them to seek out medical care and advice in confidence. Sometimes students did not feel comfortable discussing certain issues with their parents or friends. Mitchell Nipper, a former student who had cerebral palsy, revealed:

They have been there for me when I needed medical attention at the school, and it has helped me to talk to different people and let them take care of me when I wouldn't at home or any other place.

In the opinion of students, issues of privacy were very important. Marty Wall, who was an asthmatic, disclosed his opinion about the confidentiality of the school-based health center:

In my case, being asthmatic, a major strength of the clinic was privacy. They prevented me from being embarrassed many times. When I was in elementary school, a lot of times when I was sick and at certain times of the year when allergies were worse, I had to carry a nebulizer and my mother would bring it in between her breaks at teaching school and at lunch and I would take breathing treatments in the office or in rooms in front of teachers and it was a major embarrassment at the high school. If I got sick, I could go up there and the treatment was private.

When certain problems arose in the lives of students, many admitted they had no one to talk with. The school-based health center offered an option. Bobby Crow a former student and athlete at Hancock High School, summed up his experience by stating, "I think a major strength is that if you need someone to talk to, there is always somebody up there. If you're having trouble at home and need somebody to talk to, they will keep a secret." Renee Copeland, a middle school teacher and parent, established that the school-based health center takes referrals from teachers and effectively follows up in discussing the issues with those students. Sometimes teachers "pick up" on certain situations, yet do not have the appropriate forms to handle that particular issue. If they report or refer the issue to the center, then the center can address it confidentially. Ms. Copeland explained this process:

The school-based health center provides a familiar atmosphere for the kids and they need that confidence. They need someone they can trust, and I really feel, for the most part, that the workers there give the kids that trust. That helps with the kids, especially the ones who are sexually active and need some private advice about birth control. They need help talking about their boyfriends and girlfriends. They need that trust and I think a lot of them have it. I think the staff makes themselves known to the students and develops their trust and confidence.

Patsy Rowe, the head nurse at the health center, admitted that confidentiality and trust at the center was a vital part of its success. She praised the counselors for their practice of privacy and considered that the students greatly benefited from the counseling they received. Ms. Rowe said she believed that because the counselors were not residents of the county, the students tended to trust them more. Ms. Rowe explained, "Our mental health counselor is not from the area and the kids relate to her very well, because they don't see her running to the parents and telling them

what is going on.” Ms. Rowe acknowledged that the biggest impact on the students’ lives existed within the clinic’s perception as a safe haven, where no one laughed at them or made them feel embarrassed to talk about their problems or situations. She noted that the students trusted the staff, especially the mental health counselors, and added:

I think the biggest impact is that we have provided a safe place. They know that they can come to the center and have their physical needs taken care of and their emotional needs taken care of, that it is confidential and they are safe there. They also know that if they are in grave danger that we will also take care of that. If they come in and tell us that someone is abusing them at home, then we follow through with policy there. The students have developed a dependence on us for their health care.

Ms. Rowe also revealed the latest federal regulations or guidelines pertaining to the school-based health centers operation. Issues of medical confidentiality have risen to the forefront recently and have been treated as a focal point of practice and procedure at the health center. Ms. Rowe explained:

Confidentiality is one of the big federal regulations right now. But it has always been a big thing for us. For us to have been as successful as we have been, we had to have the trust of the students. Number one, we have to have permission from the parents to treat. In our permission slip, in our consent form, we inform the patient that what goes on between the students and us is confidential. If it’s a situation that endangers the child’s life or whatever, then we break confidentiality. That is the only time that we break confidentiality. They can come to the clinic and be treated and if we are to call the parent, then we have a form that we have the student to sign giving us permission to call the parent and tell them what is wrong with them. The younger children are a little bit different. Most of the parents want to be called each time the child is seen. And we have some parents in the high school that want to be called and we do that. The student knows up front that that is on their consent form. The student is informed as to what is on the consent form and if they know that whatever they tell us, it is confidential. Many times people say, “Well those kids won’t tell you the truth.” Yes, they will tell you the truth. They’ll tell you the truth if they know that it’s not going to be spread all over town and something is going to be done about it. We’re not judging them and they tell us. So, confidentiality has been a big thing from the very beginning.

Gina Rhea, the health center counselor, also stated that confidentiality was extremely important and that she went beyond normal levels of expectations to ensure that students experienced that trust and confidence. Ms. Rhea clarified her position:

A lot of the time, I’ll have girls or guys come and talk to me about pregnancy or STD issues; they feel comfortable discussing these issues with me, and I can go to the nurse

practitioner with them and then we can work on it together. And, all along, everyone assumes and knows it's all confidential.

Confidentiality was also important to the students' parents; most parents expressed that the students felt good about using the center and that they trusted the staff there. Linda Spout, a mother of two sons who formerly attended Hancock County High School, voiced her opinion concerning trust:

The most important thing about the Hancock County School-Based Health Center is that they are there for the children and the children trust them. You can rest assured that they will go wherever it is they need to get whatever information they need and the children can be sure that they will be dealt with confidentially.

Another parent, whose son had chronic asthma, spoke highly of the confidential services at the center. She said that children who have chronic illnesses often struggle with embarrassment over the treatment. Ms. Walker expounded:

Well sometimes kids can't talk to their parents about things they need to, and have to deal with embarrassing situations because of it. I always felt like the people up there at the center were very confidential with health care and things like that, and if my kid had any problems, they could talk to the people there.

Students Spend Less Time Out of Class

Because the school-based health center was located within the actual high school building, students had immediate access to health care services. When a student had a minor problem such as a headache, he or she could go to the clinic and get medications and return to class promptly, thus reducing the amount of time spent away from classroom instruction.

Students who required other services like counseling and chronic illness treatment also decreased time spent traveling to other locations by being treated on-site. A former student, Mitchell Nipper, needed routine health care treatment for his cerebral palsy. He gave the health care center credit for reducing his out-of-class time:

The school-based health center helped me stay at school instead of going home. They were there to give me medical attention, whatever it may have been, headaches, stomachaches, or something like that. My attendance was pretty good because of the center.

The fact that the clinic allowed students to be treated and returned to class helped reduce time spent out of class. Several parents mentioned this over the course of the interviews.

Transporting the students to other places for medical treatment could take away valuable instruction time. The high school operated on a block schedule format; this put more importance on instructional time because instruction was in a condensed accelerated fashion. Lacy Collins, a mother with two sons who attended Hancock County High, explained:

Well, the center certainly helps the boys with their attendance. Lots of times if they had a cold that morning I would send them to school because I knew that the school-based health center was there if they needed it. If they needed infection medicine or if they needed to be out of school, they would always call me. Lots of times they would give them medicine and send them back to class, which helped their academic performance and class attendance.

Another current student, Carl Carter, gave the center credit for keeping him in class and increasing his academic readiness:

When I've been sick, I could depend on them to be there to get medicine if need be to keep me in school and from having to miss class. I see attendance as important and a lot of times you can't miss because of certain classes requiring you to be there.

Students who had experience both before and after the creation of the school-based health center related their contrasting experiences similarly. Most gave dramatic comparisons that seemed to reveal their actual perceptions of the impact the center had made, at least in the eyes of those students who experienced both. Charlie Jolly was one such student. He attended Hancock County schools before and after the clinic's existence. Charlie stated:

The center's great. You know, before the center, if you got sick, you'd have to miss, sign out, and go home. After the center came along, if you got sick you could leave class for about 15-20 minutes. They'd get you what you needed and try to help you out. So, my attendance certainly was better after the school-based health center came along. It prevented you from missing valuable class time due to illness. They'd just treat you and you could go right back in and you wouldn't have to play catch up to get the information that you'd missed.

Lorene Jackson, a parent of a current student, also agreed that the center promoted class time by treating minor illnesses quickly. Ms. Jackson stated:

My daughter hates to miss class. She can go to the center for a headache or whatever and [she] doesn't have to leave school. By the time the pain is over, if it's a headache, they'll send her back to class and it's not counted against her.

Another parent, Janice Bolton had a son who had cerebral palsy. Ms. Bolton praised the center for keeping her son in class and current with his studies by treating him on-site before his problems got serious. She explained:

I have a child with cerebral palsy, he has a lot of problems dealing with things he's not able to do. So, he can go talk to someone there and they can give him some pointers on how he can face his fears. Also, he has had a lot of sicknesses, viruses, and colds and he has been able to go and be treated and continue to stay in class and at school.

As students progress in high school, they realize the importance of class time and not missing instruction. It is the student's responsibility to make up work and to retrieve missed information. Most teachers will work with the students, but it is left up to the students to initiate the information, retrieval, and scheduling of the make-up work. The seniors who were interviewed seemed to value the class time more than the under classman. Karen Ritter, a senior at the high school elaborated:

The clinic has helped my educational activities; it has helped me to be at school. It helps just knowing the center is up there if you get sick. It keeps you at school. It keeps your grades up because you don't miss out on class time and your teacher's lectures.

Research validates that academic performance is elevated by a good school attendance record and most honor students have few absences. Educated parents know this and try hard to ensure that their children attend regularly. Judy Carter who had three girls who graduated from Hancock High School, all honor students, testified:

Because of the school-based health center, my children have been able to attend without having to miss to go see a doctor. Their performance in school has been enhanced because of the quick attendance to, or by the personnel seeing what's wrong with them, to see that if they need any medicine, they get it prescribed quickly. Their educational activities have been very elevated because of this. The school-based health center has kept them in school and kept them educationally fit to where they could learn. I think that it helped them in their performance at school. They were honor students.

Another parent of former honor students also endorsed the school-based health center for keeping her children at school, in class, and allowing them to keep up with daily lectures and class information. Darlene Delph explained:

Well, my kids used to miss a lot of school before they had the clinic. They would be telling me that they weren't feeling well in the mornings. They wouldn't have a temperature but I didn't know whether I should take them on to the doctor or whatever. So, I would miss work, they would miss school and I would take them to the doctor. They would miss a lot of school. I think there have been several times they have gone to school with just a head cold or something like that. They were able to get what they needed from the clinic to stay in school and that way they didn't have to miss and I felt really comfortable with it.

Most teachers and educators will agree with the premise that attendance is a factor in academic performance. Renee Copeland, who taught at Hancock County High School, expressed her opinion on the importance of classroom attendance:

Well, it's obvious that if students are sick and find out early, they can go home and get better and the school-based health center tells them what to do or informs their parents, so that the student can come back to school and perform. The sooner things are diagnosed, the sooner we find out in the classroom. If it spreads, we know what's going on, so the attendance is better. Fewer students are absent. More students come back to the class faster. I guess that ties into the educational activities because they're back into gear faster.

Nicole Shipley, a nurse and parent of three honor roll students at Hancock High, spoke highly of the center and its impact on her children's educational performance. She also attributed the center's fast preventative care to a faster recovery and less absenteeism. Ms. Shipley iterated:

I feel like they have missed less school because of the center. If they just have a minor illness they can get treated there at the school-based health center and not be able to be absent for that day or a part of the day. Also, the recovery time is a lot quicker. I feel like they can get treated right away and not have to wait until they have an infection and it gets full blown before they receive treatment, due to the fact that you can't get in to see a medical provider. So, I feel like they have been able to miss less. I feel they're good students, make good grades and due to the fact that they have not had very many missed school days, this has impacted their grades.

It was obvious, based on the interviews, that a perception existed regarding the school-based health center and its role in promoting school attendance. When asked what they perceived to be the major strength of the center, most participants agreed that keeping students in the classroom ranked very high and that students who have absentee problems seldom perform up to their potential. The parents who were interviewed credited the center for giving their children fast, preventative care that helped all involved, the parents, students, and teachers.

Figure 1 shows the attendance rates at Hancock County High School from 1994 through 2003. The school-based health center opened in the school year 1995-1996. A new attendance supervisor was hired in the school year 1999-2000.

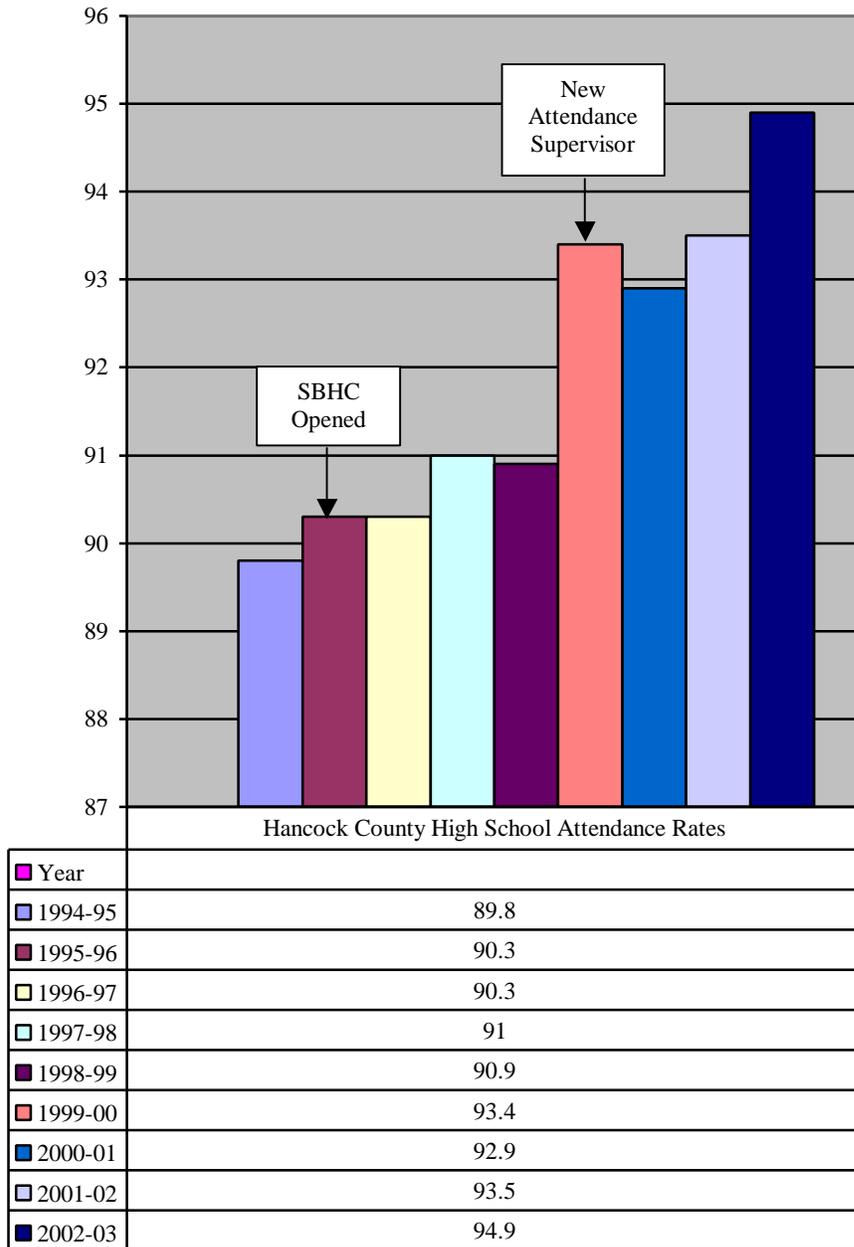


Figure 1. Hancock County High School Attendance Rates. Information provided by Gary Seal, Attendance Supervisor, Hancock County School System.

Treatment for Athletic Injuries

Hancock County High School students are well recognized around the 1-A division as being accomplished basketball players. Over the last six years, Hancock County High basketball teams have made it to the state tournament a record number of times. Many things have contributed to this success: good coaching, devoted parents, early basketball programs, and quality health care. The school-based health center assists the sports program. The staff provides physicals in preseason conditioning and treats injuries promptly and appropriately when they occur. The center also helps with prevention; they wrap ankles, give advice, and promote healthy common sense play. Both students and parents agreed that the school-based health center helped students who participated in sports to reach their full potential while remaining as healthy as possible. The coaches also consulted with the clinic staff to gauge the degree of injuries on a case-by-case basis. Lacy Collins, whose two sons attended Hancock County High School, reported:

I have two sons who are at Hancock High School right now and one that graduated last year. I have two ballplayers and that's where I use the school-based health center more than anytime. They have their physicals there and if they have any problems, ankle problems, or anything like that, they always go there. There are a lot of basketball players who go there just for minor accidents or injuries.

The health center also assisted basketball players who had chronic illnesses such as asthma or diabetes, and frequently treated students who had chronic, on-going ankle or knee injuries that required constant monitoring and attention. Marty Wall was one such basketball player who was asthmatic. He explained his experience:

I'm a former graduate of Hancock County High. The contacts I had with the health center is that I was treated there multiple times throughout high school, especially while I was a member of the basketball team. I'm asthmatic and that gives me a lot of problems so I was up there quite often being treated for that. A couple of times during basketball practice after school, I would start having an asthma attack and go as long as I could and I would finally have to sit down. I lost my breath a couple of different occasions when the coach had to have players to help steady me until I got up there and got to the clinic and got a breathing treatment. If it hadn't been for that I could have suffocated and died right there.

Janice Bolton had a son who played basketball at Hancock High. She explained:

I have a son that is currently attending high school. The contact that I have had with the school-based health center has been a great help to my son, for minor problems, like if he gets hurt playing ball or anything. The center people go check him out and it just makes me feel better to know that someone is there qualified to do that.

Karen Ritter, who played basketball three years at the high school, added, “They have helped me with my ankles. I played basketball and I always had problems with ankles and they got me braces to wear.” Johnny Harper, a former student who played basketball, agreed:

My name is Johnny. I played ball for the school while I was there. As far as the health center goes, I had many physicals there. If I got hurt playing ball, they were usually the ones that took care of me. They also kept the coach informed about you if you had a major illness or if you had hurt you fingers or ankles or something.

The sport of basketball at Hancock High School is very competitive and the students who are chosen to represent the school are often considered special or privileged. Parents assume pride and recognition if their children play well enough to make the team’s selection. The school-based health clinic inherited some of this unspoken pressure to take care of the basketball players and nurse their injuries back quickly so the students and team could perform up to the expectation of the county residents. Bobby Crow, a former student and basketball player, told of his experience:

I used to play basketball for the Hancock County High School. While I was there, I suffered a few injuries, and whenever I did, I didn’t really know what to do so I went to the school-based health center and asked Patsy Rowe the nurse what I needed to do? She would always tell me whether or not it was anything I needed to worry about. One time I messed up my knee and it kept on swelling up on me, so she sent me to Dr. Short. He wrote me a prescription and it got better. They always take real good care of the basketball players in there.

In some instances, the ballplayers might have special needs or conditions that require special care and treatment. The staff at the center worked with the parents and coaches to develop a plan of action when illness flared or a crisis occurred. One parent, Harriet Walker, revealed an emergency experience that occurred when her son played on the team:

My son Marty was a severe asthmatic and has always had to use sprays and inhalers to control his asthma. I remember on one occasion we were at a ballgame and he had an attack while playing in a game. Now, Marty normally carried his inhalers with him, but on this particular day, he had left his spray at home. We had a crisis, because it was after school hours and the clinic was closed. Thank God, Patsy Rowe, the school nurse had a

son who also played and was at the game, so she ran to the center and got my son a spray. Without her assistance, this could have turned out to be really bad and who knows what would have happened. They really take care of the students, especially the ballplayers.

Participants mentioned the amount of effort that the school-based health center staff put forth to ensure that the students at the school were as healthy as possible. This care was magnified to the ballplayers who experienced more injuries and needed more attention. The basketball teams have no official trainer to travel with the teams and treat the players; therefore, the center staff assumed the role and provided what health care they were capable of performing on the students. Much of the time, according to the students and parents, this care exceeded the expectations of the coaches and parents.

Emergency Treatment

Whenever 600 students assemble at one facility for over six hours a day, five days a week, accidents and emergencies are destined to occur. When these emergencies did occur, the school administrators had trained health professionals minutes away, and in some situations minutes might be extremely crucial. Students have an array of problems that can require emergency care at any given time. Students can experience seizures, have asthma attacks, lose consciousness, or have other emergency events during school hours. It was comforting for those involved in the education profession and to parents and students to know that if something does occur, the school based health center staff is there on-site and trained to deal with these situations. Patsy Rowe, the head nurse at the center, revealed some of the things that have occurred during its years of operation:

Over the years we've had some close calls at the school: students have taken bad falls, broken bones, had severe bleeding, asthma attacks, and other possible life-threatening events. I remember several occasions where we have had student's seizures in classrooms. We've also had students lose consciousness because of blood sugar levels and such. It's very alarming to students and teachers when a medical emergency occurs; we strive to react quickly and to calm everyone down to reduce the panic and anxiety that accompanies emergencies.

Some of the participants had real life examples of emergencies that occurred either to them or to their children while at school. Rhonda Flut, who was a parent of two former students at Hancock County High School, explained her sons' emergency experience in dramatic form:

My younger son is a diabetic and they helped him through some very bad situations. I mean if they hadn't been there some days, I don't believe he would have made it home. There was one incident while he was in school, where they found him lying in the floor of the cafeteria. If someone hadn't been there at the school clinic, he wouldn't have made it. They knew he was a diabetic and knew what to do. He was so bad that day that they still had to call an ambulance and give him an I.V. I really believe that if they hadn't been there to see what was going on, then he wouldn't be here today.

The school-based health center usually stays open until 6:00 or 7:00 p.m. daily, with the staff seeing students after school hours for a variety of reasons. Often, teachers and parents also took advantage of the late hours of operation to consult personnel about a situation or about their students or children. The center staff reportedly uses this time to do paper work and catch up on the day's documentation and to resupply the medical cabinets and prepare for the next day's operation. Lorene Jackson, a parent of two students, has had the health center intervene in emergencies. Lorene related her son's story:

If it wasn't for the health center, I'd be in a heck of a mess. I have a son who is a severe asthmatic, and one day last year they were there for him when he had a real bad breathing problem. They got to him and treated him quickly. Without the fast treatment who knows what would have happened? Dr. Short said they probably would have had to fly him on the life star helicopter if the school-based health center personnel hadn't been there to rescue him, I really appreciate the center, and I know first hand, they save lives.

The students and parents seemed comforted by knowing the staff of the health center was available for them. Johnny Harper, a former student, explained his appreciation:

Well, I think the center helps the school out a lot. They've got doctors in there if something happens, a kid breaks an arm or falls or something. They can usually tell if it is major and they need more equipment.

As explained earlier, the school administrators and teachers were more relaxed and at ease knowing that if a student did need help, the health center's staff could be on the scene quickly.

Renee Copeland, a teacher at Hancock County High School expressed her view:

Well, to me it's just reassuring, knowing you have qualified, caring, health professionals just down the hall if something should happen to a student or adult for that matter. I also

have a son up here and I feel good knowing that if he should need some help, they're there. I have heard other teachers speak on this and voice their own appreciation of the center being on campus. They're really glad to have it here.

Transportation for Health Care

Several participants talked about the school-based health center as being the only source of health care for a number of students who attended Hancock County High School. Many also live in desolate rural hollows nestled deep within the ridges and valleys that encompass Hancock County. Many of the residents who live in these areas do not have the financial resources to obtain appropriate health care for their children. A number of families have only one vehicle for transportation, and often this vehicle must be used to transport the worker of the family to and from his or her place of employment. Consequently, the school bus becomes a way for these students to get valuable health care at the school-based health center. Patsy Rowe, a parent of former students, elaborated, "I see the major strength of the center being its accessibility. We are a small poor county and many of our students would have no other way to get medical care if it wasn't for our on-site health center." The participants discussed the rural area, and poverty that punished the students of Hancock County in many ways. Nicole Shipley explained:

There have been many cases I know about where the school-based health center has been greatly helpful. We have many poor families in the county that simply don't have the means to attain medical services, either for themselves or their children. The health center is the answer, at least for the children. Transportation is a big deal for a lot of families out in the rural parts of the county.

Students also recognized the hardships that exist within the county. Charlie Jolly, a former student, elaborated:

We live in a place that doesn't have a lot of medical attention; we have a couple of doctor's clinics, an emergency medical service, and that is really it. So, this gives people one more place to go to get students help. A lot of students couldn't get help anywhere else because they just really don't have the means to do it, transportation or money. So the center gives them the means to get some much needed medial care and just the feeling that someone is there looking out for their medical needs.

Gina Rhea, the health center counselor, supported the concept that without the center, a number of students would not receive any medical attention at all. Gina stated:

Sometimes they simply don't have transportation; the family car might be broken, Dad might have to use the family's only car to go to work. A lot of different reasons exist. Other times there just isn't the money for gas; some families see it rough, and if they, the students, can catch the school bus, then they have a way to get help.

Counseling Services

During the interview process, participants recognized the counseling services offered through the health center as one of its major benefits. Sneedville has no sustained mental health professionals to assist students or adults with mental-health sickness. The school-based health center has a full time counselor and a program set up for students who need mental health counseling. Concerns about mental health issues were voiced by numerous participants, most comments revealing the lack of services available in Hancock County. Gina Rhea created a program at the center that incorporated students as "peer tutors" and allowed them to create counseling teams to counsel their peers. Many of the participants who were interviewed talked about and praised this program. Darlene Delph, with a daughter who serves as a peer coach, said:

Well, they've not really used the mental or emotional health part of the clinic, except for my daughter Brooke. She was with the drug-free peers, tutoring/counseling thing, and they did some counseling and things like that. It made her more aware of things that she should notice that were going on in school with her classmates and things like that. To the point that she picked up on a student who was in class one day. He was going on about how he was going to blow up the school and it had made her aware of it and she felt like she should report that. So she did, and the student was taken out of school and they found out that there was a lot going on with him and his brother that the school should have been aware of. If she hadn't been doing the counseling, she would have probably just brushed it off, that he was goofing off and stuff like that, and she wouldn't have been as aware of it. But through that counseling she had been taking to be a part of this program, when she picked up on it, she felt like it was her responsibility to report it and apparently the students needed to be taken out of school. They went to court and everything; so, it wasn't just a little thing that went on with the school system. They found out that these boys were making a lot of threats and they found letters that they had written to others.

Gina Rhea, who coordinates the counseling at the school-based health center, explained her perception of the status of the counseling program:

Well a lot of the students wouldn't be getting any counseling. They wouldn't be getting the health care that they need. I mean we have in this area, a lot of ear infections. A lot of kids might not get treated for that and then in the future they end up having problems because that was not treated. We would have a lot of kids that wouldn't be seen for depression issues or alcohol and drug issues. That's a big factor right now--trying to get the drug and alcohol problem in this county, impacting the community. We also provide programs for the court systems if it's court ordered that they go to counseling.

Linda Spout, whose daughter also participated as a peer counselor through the health center, disclosed information about the experience. Linda stated:

My daughter was a peer counselor through the health clinic. She had a friend of hers that was going to commit suicide and she had gotten a few notes from the girl of what she was going to do to herself if things didn't change at home. I found the note and got concerned and called the nurse at the health clinic and they got together with the girl and had total privacy. They didn't call her mom or anyone else, they just decided to deal with it right then and there and had peer counseling. My daughter ended up being the peer counselor for a lot of the kids up at the high school. My husband died last year and all three of my children had counseling for emotional and they did a fine job doing that. I'm glad they were there for them.

The middle school counselor, Sandy Wells, said she tried to make a difference in the lives of the students by having classroom discussions with them concerning a variety of issues. Sandy portrayed her efforts in this manner:

One of the things that I do as the counselor is, I go into the classroom each week, and I have a lesson with the children. A lot of my lessons are on mental health, such as dealing with conflict and admission and how to deal with anger and things like that. Some of the students have come up and told me, "Sandy, because of your class I get along better with my brother/sister. I was able to make a better decision." So I think because of this program and the program--life skills, it helps them better prepare going into middle school/high school about decision-making problems and their emotional health and about making decisions about whether to use tobacco, drugs, or alcohol.

Most educators would agree that mental health issues have an effect on children's academic performance and over-all happiness. Joylene Counts, a parent of four students at Hancock High and an elementary school guidance counselor, disclosed her beliefs about the counseling program at the health center as she stated:

A lot of times when the kids are having problems at home, they're unable to do well at school. The staff has worked really well in helping the students deal with family conflicts, divorce issues, adjustments and death issues, loss of family members, or friends. They have a lot of issues on peer pressure and how to resist that peer pressure

and to say no. The mental health, motivation has a lot to do with that also. If the kids feel well about themselves, then they're motivated, they're going to do well, and they're going to do a lot better. That goes along with emotional health.

Similarly, Charlie Jolly, discussed his perception of the health center's counseling program:

You know, as I stated earlier, it gave a lot of students the chance to get medical attention they normally wouldn't. Also, through their outreach programs, by just being there. A lot of students don't have a great family structure and they have a lot of family problems. This gave them a chance to talk to somebody through peer counseling and counseling sessions. Just gave them somebody to talk to, somebody to explain their problems to, and somebody there to help them out. Just the feeling that they've got somebody there to count on that a lot of students don't have.

A couple of former students explained that they used the counseling program to help them get through trying times and periods of stress. Bobby Crow summed up his experience like this:

If you're having a hard time in school or anything--I know I was there at one point--it really stresses you out. It really stressed me out and I had to go up there and talk to somebody. It calmed me down and they told me not to worry about it. They'll talk you down and take all the stress off of you. It's been a resource for students when they're having trouble dealing with problems. It's been there for them when their parents aren't really there. It's there if they need any help guidance-wise for the ones who need it.

Student participants also portrayed the counseling program as being one of significant worth.

Becky Moles, a current student and peer-tutor at the health center, explained how she perceived

Gina Rhea, the current counseling coordinator. Becky stated:

Well Ms. Gina is a great guidance counselor. There's been times that I have had emotional problems and any time that I need her, she is definitely there. Anybody that I need, even if it isn't the guidance counselor, Ms. Gina, anybody, that needs help, everybody is ready to give it to them.

Karen Ritter, a current student, said she used the counseling program for a variety of reasons.

Karen also praised the efforts of Gina Rhea, the counselor at the health center, when she declared,

I've used her for many different reasons. She's a good counselor. She'll help you out with your personal stuff. She'll talk to you. She'll listen. She's just there for you if you need somebody to talk to. I have talked to one of our people up there, a counselor, about some personal stuff that has happened in my life.

Angie Smarts echoed the words of Karen Ritter when she stated, "I've had some peers and some friends that have went through some rough times. The school-based counselor has helped pull

them through. Ms. Rhea is a great counselor.” Mitchell Nipper explained his experience of using the counseling program, stating, “The school-based health center helped me as an individual by giving me someone to talk to and by showing me that I could deal with my cerebral palsy. They showed me that I could deal with my problems.”

Health Education Classes

Another theme that emerged from the interviewing process was the offering of health education classes; most, if not all participants, made statements concerning these classes. Several participants made reference to the point that the school curriculum did not do a sufficient job addressing health education and that the school-based health center helped out tremendously in educating the students on health issues. Joylene Counts, a mother of four and an elementary guidance counselor, applauded the health education classes. Joylene explained her feelings with these words:

The students have been taught about healthy foods, what’s good for them to eat, what’s low in carbohydrates, what’s low in fat. They have been taught about the dangers of the use of tobacco, prolonged use, and what it will do to your entire overall health. Alcohol, how it affects your body, how it affects your life, how it affects the lives of those around you or your immediate family unit or people that they’re even in contact with. The students have been taught about STDs and the way to have safe sex and that if a problem arises, there is someone there to talk to.

One study participant, Becky Moles, said the shortcomings of the health curriculum in the Hancock County schools enhanced her appreciation of the school-based health center. Becky explained:

I’ve observed, in Hancock County, we don’t receive a good education about health. From the school-based health center, I have learned that there are a lot of things out there that are bad for me and they definitely heightened my awareness for those things. It has definitely educated me a lot about things that I can do for my health, nutrition, and the impacts of certain foods and stuff.

Nicole Shipley also spoke favorably of the health education classes, “My kids have also received health education on many of the subjects. It has been very informative to them in health issues and hopefully it will impact their health for the remainder of their life.” Marty Wall, who voiced

his desire to be a health education teacher someday, agreed that the classroom presentations were worthwhile and were helpful to him. Marty explained:

While I was a student there in classes, I remember some of the staff and nurses would come around to the classes and do surveys and things that would help the student based on those. They would talk about different aspects of health care as far as physical health and things like that, and that probably influenced the students the most.

Another study participant, Lacy Collins, was pleased with the health education instruction delivered through the health center's staff. Lacy explained it like this:

One thing I can talk about is they do classes. They go in the classroom and have classes with the students. My kids have talked about acne more than anything that has a big impact on kids. They talk about ways they can prevent it and it makes them feel better to know that everybody goes through the same things. They talk about that in small groups. I think they feel comfortable too, if they have a mental or emotional problem. I think they know that there's people there that they can go to.

Janice Wallen echoed Lacy's positive sentiments about the health education classes:

The most important thing about the health center is the impact of the health education. They're educating these young people. For example, my daughter became very aware of sexual issues, obesity, and teenage pregnancy. I've discussed these and I've heard her quote many times things that she would be told in class or by the classes that they had at the center. I know that this made an impact on her because she has quoted directly.

The school's counselors focused classroom presentation around topics the students need most, according to Sandy, a school counselor. Sandy added:

We try to tailor our instruction around the needs of the students. I know some of the things we touch on throughout the year is dental health, which is in February. We do teach the children about good health habits as far as taking care of their teeth and different things like that. We also do teach them about the food pyramid and healthy eating habits and what they need to do for good health and body. Also, the school nurses do a puberty class and teach the students what to expect with their bodies changing and things like that. That is a big part and lots of times kids don't understand what is happening with their bodies and what to expect and what they need to do to be a healthy person.

Gina, the lead counselor agreed, saying she expanded her instruction to include many prevention and intervention strategies. Gina revealed her intervention methods:

There again, we go into the classrooms and do presentations on these topics. Being a counselor, I do a lot of things with drug and alcohol intervention. I get referrals from students, from friends of students, from parents at court of those that are abusing alcohol

and need some intervention. I have access to doing screenings that show if they're chemically dependent or not. Then we try to get them intervention. We do intervention first and then we do treatment if that is needed. We find it hard to get all these kids into treatment. Sometimes we're the only thing that a lot of these kids have as far as any counseling because a lot of these parents aren't going to take them to a mental health center.

Parent participants reflected the results of health education efforts as they elaborated on the effects their children conveyed to them. Darlene, a parent of four, related this about the health education classes:

They brought home flyers and things that we might like. I remember, I don't know if it came from the school-based health clinic--like having a specific area to do your homework in and all this stuff and about before they take tests make sure they have a good breakfast before they go off to school. They have brought home other things that they have received that I felt good about. Just things like personal things, that they should be aware of, going on with their body and personal changes that is happening that they might not ask me about. But at least, whether they were asking me about it or not, they had the opportunity to learn about it. Something going on with them physically, changes they're going through and stuff. I know that [son] went through something like a sex education course or something like that. I know that he learned a lot through that. I heard him talking about it with his sisters and he mentioned things to me that he wouldn't have asked me or my husband and I was glad that he had taken it.

Harriet, another parent, cited the survey-based curriculum as helpful and said her son benefited from the instruction. Harriet stated:

As I stated earlier, at the beginning of the year they always did a study of their physical health and probably mental health also. They would take surveys, see what was needed, and gear their lectures and their programs. They would come into the classrooms and talk to all the students. I'm pretty sure that good eating habits and the overall wellness was part of that.

Mary, a parent of two, voiced her opinion that the pamphlets of information were extremely helpful to her sons. She commented that the information assisted her and her husband in talking with their sons about sensitive issues like sex. Mary explained:

I really like the main thing about the tobacco use. They have really passed out a lot of literature about tobacco use and the bad things that it can do for you. Like I said before about the eating habits. They always send little papers and stuff home with the kids, saying what they need to eat. The use of alcohol: They talked to them about that being bad for them. The boys are at the age now where they know a lot of things and ask a lot of questions about sexual practices, so that kind of helped us to open up to the boys and talk to them when they send their pamphlets home on that. That really helped me and

their dad a lot--to sit down, talk to them, and tell them what they needed to know.

The intent of this study was to gauge the degree of impact that the rural school-based health center has had on the residents of Hancock County. Certainly from the analysis thus far, it is clear that the health center has impacted the students. However, the scope of this study extended beyond the students; it also included the parents, who were responsible for their children's well being.

Benefits to Parents

One distinct benefit that seemed to appear in each interview was the statement that the parent did not have to miss work in order to take their children to the doctor. The center's location at the school and being readily assessable was a tremendous benefit as stated by the participating parents. Patsy Rowe, a health center nurse and parent of five former students who attended Hancock County High, explained this benefit as it applied to parents:

As a parent, it has kept me and my children in school. It has kept me from missing a day of work. If my children needed something, they could come to the school-based health center for such things as physicals. They were involved in sports and could follow up on any injuries from the sports and any other intervention, health wise or grade wise. I was there and did not have to miss a day of work. Therefore, it helped economically. It helped all the children, cause not only am I a mother, but I am a surrogate mother to many of the students at Hancock County High School.

Harriet Walker, mother of a former student who was a severe asthmatic, appreciated the fact that she or her husband did not have to miss work to obtain treatment for their son's asthma. Harriet elaborated:

Well, with Marty being able to visit the school-based health center, I didn't have to miss a day's work to take him to the doctor and neither did my husband. One year it greatly helped us because we have a lot of medical bills and have to buy a lot of medicine, with him being an asthmatic; I'm also a diabetic. One year he had visited the clinic so much before the school-based health center got any money from them, it allowed us to meet our deductible. That was a \$250.00 savings for us. Anytime that she [the nurse] could give him a nebulizer, that saved me \$25.00 and even though we had to buy some, he got some free there at times. After he met his deductible, they billed our insurance and that was fine, but we still saved money because it allowed me to work and my husband to work. We had to miss work to go to the doctor, we'd have to drive round trip about 124 miles, so for the trip and the gas it would be quite a bit just for a 10 minute doctor visit.

The county residents are financially burdened for the most part; therefore, missing a day's work compounded the hardship on families and created financial problems. Janice Wallen, a parent of former students stated, "One of the really positive impacts that I have seen is the fact parents can be more dependent on the clinic and they do not have to miss work so much." Considering that most parents worked to provide for their families, it was not always possible for parents to miss work when their children needed minor help. Almost all the parent participants interviewed in this study worked, and all agreed that it was hard to lose work time to transport their children to medical offices. Lacy Collins, a parent of a former student, current student, and a working parent, described this benefit:

Well, I think the health center helped a big percentage of the parents by helping them not to take off work and take their kids to the doctor. They know that there is somebody there to take care of them and if they need to call and ask about it and if the kids have to go to the center, they will call and not have to take time off from work or anything like that.

Darlene Delph, a parent of current students and a working parent, delivered her opinion:

Well, for me the health center has made a difference. Like I said, I had the four children and I missed work a lot to take them to the doctor when I really felt like, hey , this is probably just a cold and I've been to the doctor with them many times and they've said this is just a cold. You should have just treated it and went on, but I didn't know. Now when they say they don't feel well, I say you don't need to miss school so why don't you go by the center let them check you out and if they say it's something serious then they'll call me, I'll come and get you and we'll go on to the doctor from there. So, for my children they have not missed near as much school as they did in the past.

Hancock County has only a few factories and not many other opportunities for work; therefore, those who have local employment want to keep their jobs. Missing work frequently is the reason most people lose their jobs, so parents are really pressured to not miss work. This only increased the value of the school-based health center's on-site quality. Parents viewed the health center as an option that allowed them to work and get their children treated. Mary Bowlin, who worked locally and had two children attending Hancock High, stated:

I have two children that use the school-based health center quite a bit. I think it's a good thing and if it hadn't been for that I would have been out of work a lot and the kids would have missed a lot of school.

Judy Carter, a working participant, parent, and substitute teacher, reported:

Well, like for me, it has kept me from having to leave work. I know that the students at school readily have access to the clinic at any time there is a need. It relieves my anxiety and worry about should I take them to the doctor, or shouldn't I?

Many participants spoke about the burden of travel if the student had to be transported to another county for health care. Parents reported that sometimes an appointment could not be arranged when the child was ill. There is no hospital or emergency room available in Hancock County; therefore, parents must transport their children to another county. Joylene Counts, a working parent with two students at Hancock High School, explained the benefit of having on-site health care, "Overall, the main thing is that the parents don't have to miss work to take their children to the doctor. There is less time from work, there is less travel for the parents." Gina Rhea, a school counselor and working participant, reported that the health center had many benefits for parents, but added that the accessibility and convenience of the center was the most valuable offering. Gina said:

One big thing I think helps parents is we're right there at the school, so if a kid has a headache or needs something that is a quick fix, we can give them an antihistamine or something and the parents aren't having to miss work, come and check the kid out of school and then miss several hours of their work. It helps keep them get caught up and just alleviates those types of problems. The parents get to stay at work and the kids can stay at school. There's no reason for them to miss school.

Students also realized the benefits to their parents. Charlie Jolly, who was a former student and son of two working parents, summed it up like this when he stated:

It had a good impact on my family. They had to worry less about me. It was one more burden off their backs because both my parents work and if something came up and they had to leave work, it took a lot of time and a lot of responsibility to try to take care of it. Now, with the health center there, they don't have this burden so often.

Almost all the current students participating in the study agreed that the health center offered a much-needed benefit by its accessibility and it kept their parents from missing work. Karen Ritter, a current student and daughter of two working parents, explained, "Since my family works all the time, I know that I can go up there and they'll take care of me and not have to call my parents or anything." Angie Smarts, who attended Hancock County High and had two working parents, conveyed, "It's really affected my whole family. It has helped my mother, like

when I'm sick, she doesn't have to leave work immediately. The school-based health center is there to help us." Jack Chopper agreed. He was a current student who also stated that his parents benefited from the care given at the center. Jack said that many times his parents found it difficult to miss work, and the center really helped them. Jack added, "It has helped my mom and dad to keep from missing work to take me to the doctor."

Cost of Treatment

A major benefit the center offered to parents was free health care. All students were treated, regardless of their family's ability to pay. The insurance company was billed when the student was covered under his or her parents' individual private policies, otherwise, the health center treated the child and it cost the parent nothing out of pocket. Patsy Rowe, a mother of five former students and the head nurse at the school-based health center, explained how this benefit was handled:

No student is turned away. We do bill insurance now. The first couple of years that we were in existence we did not bill but we do have a program now that we can bill insurance. There is no cost to the parent. No parent is ever billed directly from the school-based health center. What this does, students that have private insurance, they come to the clinic and we do bill their insurance. This helps them on their deductible. There is never any direct cost to the student or family. Both kids on TennCare, of course we bill TennCare, same thing there. Kids with no insurance, then whatever, we treat them just the same. We are on a sliding fee schedule the same as used by the Rural Health Services. What we do is we slide that fee off the grant money. So, the grant money is how we get the cost of things. We have a nurse practitioner that we do bill, but she has to have a preceptor and insurance still sometimes does not want to pay full amounts for the nurse practitioner seeing the patients. We have to have grant money to survive.

Most participants were quick to point out that many of Hancock County's residents are poor, and the health center offered a way to treat all children; this was a benefit for both students and parents. Nicole Shipley, a parent of both former and current students, reported it this way:

There have been numerous cases that I know of where it has been greatly helpful. There are parents that have children who are uninsured and they really don't have the money to pay for a visit to a doctor's office even on a sliding scale, so the services at the health centers are free to everyone. This has really been beneficial to these people. People who have moved into the area and have not been able to get on insurance yet and particularly from kids who are prone to allergies and asthma.

Parents and students who were interviewed stated that the free services were very important and that without the health center, some of the students would not be treated at all. Judy Carter, a parent of both former and current students, explained the importance of the free services at the center:

As for other parents, I think some parents would not have, what you'd say, ways of getting to a doctor if it wasn't for the school-based health center. A lot of other things are provided for them there that they would not get. Counseling for a lot of children that's troubled. That's one main reason a lot of children are getting back on the right track because that is so easily accessed that they can get it there while they're in school, whereas they couldn't go after school or on weekends. They wouldn't have any transportation to get there.

Rhonda Flut, a parent of former students, agreed with the other parents by saying, "The service is free to everybody, and I know this has helped a lot of kids and their parents." Financial burdens put a strain on all members of the family, including students. Several of the students had statements that confirmed this. Marty Wall, a former student, voiced his opinion clearly when he said:

Well, for one, it affected my life greatly while I was there and I'm sure many other students. As I just talked about, the issues they deal with there and help to educate the students there. That would probably have a great impact on the community. Without the school-based health center, health care would be a major problem with students. We're sort of a rural county and I'm sure that everybody doesn't have the greatest insurance. I think that the center helps families greatly as far as treatment of children and students go.

Bobby Crow, a former student, also said he thought the health center helped the less fortunate of the county while he attended Hancock County High School. Bobby stated:

It helps them financially. If they don't have the money to go to the hospital, they can just go up there. There are some people less fortunate I know, but I think it's a good program to help less fortunate kids.

When asked if he thought the health center helped the less fortunate, Charlie Jolly replied:

I would also like to say it helped a lot of people get medical attention that normally couldn't get medical attention due to no insurance, low income. Since the services were free, this allowed them to get this attention that they normally wouldn't get and I see that as a great benefit of the program.

Current students stated that the health center was still helping a lot of families by offering them free services. Many of the participants interviewed admitted that they did not have insurance

themselves and that without the health center they would not know where to go for health care services. Becky Moles, a current student, agreed:

Well for one, they're willing to help anybody. It doesn't matter what type of insurance you have. There are a lot of disadvantaged children in Hancock County and they are able to help students in need, including myself. When you're up there, they're always friendly. They don't look down upon anybody. We have John Deere health insurance. We are not able to be seen by many providers. I know that it has helped my sister and I. Our insurance doesn't cover very much and we're able to be seen for free when we need to be.

Carl Carter, a current student, reported that he had noticed students using the health center who otherwise could not afford it. Carl elaborated, "It's provided a way to get treatment if need be, for students who can't afford treatment any other way. Provided medicine for them, for their sickness if they need it and they can't afford it."

Any educator or teacher could agree with the premise that when students are healthy, they perform better in academics, sports, and all aspects of their lives. The school-based health center strove to contribute to the health care of students who attended Hancock High School, allowing them to achieve their potential both in sports and academics. Accordingly, this benefit influenced the atmosphere and productivity of the students while at school and promoted positive results on the school campus. However, as explained by Patsy Rowe, this impact did not stop on the campus; it extended beyond the walls of the facility and even outside the property boundaries. Ms. Rowe stated the impact of the health care center affected the city of Sneedville by offering another source of health care for the youth. The impact also reached well beyond the city limits of Sneedville to encompass the entire region known as Hancock County. This impact was mentioned several times throughout the interviewing process. Ms. Rowe, a parent of five former students and the school's nurse, gave further details regarding the influence:

We are a great asset to the doctor's office. You'd think that we would be competing with them, but they are so overwhelmed; they are so glad that we are seeing the pediatrics, that they send the pediatrics to us. The children, when they're overwhelmed, they refer them back to us. They're always there when we need them, if we need them for further information also. It's not only impacted the community with the health care that we give to the students, the access has been great. Economically, these parents have not had to

leave work at the factories, and many of our people have to drive out of town, so they would have had to miss a full day of work. We have helped these employers economically. We have improved the health of adolescents and all of the pediatric in Hancock County. We have improved the family relationship with one another and we use the churches to get information out a lot of times. Not only the community of Hancock County, but we have reached the whole state of Tennessee because we have given presentations nationally at the National Association of School-Based Health Centers and we have impacted. We helped with getting the school health system started in Tennessee. Also, we have had visitors from four different counties in Tennessee that are starting school-based health centers and they have visited our school-based health center to start theirs. We have helped not only immediate impact of the community, but also Tennessee and then nationally. We worked with ___ who is with the state department now and she followed our program and she has talked the state into giving nine grants, I think they have 10 now, to have a coordinate school health plan in 10 other counties in Tennessee. I'd like to think we were a big part of that also.

The power of a team working together to affect or change something became obvious as I talked with Sandy Wells. Sandy, who was a health center counselor, seemed to be “on a mission” to help the children of Hancock County. She appeared very energetic and was complimentary of the school-based health center staff, who had strong feelings about helping the students achieve healthy mental status. When asked to describe how the center has impacted the community, Sandy said:

I think it's had an impact on the community. Especially like during times of cold and flu season, if sometimes parents go to their local family physician and the office is full, then many times the doctor will say, especially if it's a school-aged child, “Just take them to the clinic.” I think that speaks highly of us that the doctors in the community feel confident enough to send the kids back--to know that we'll take care of them. So I think we have had a positive impact.

Mary Bowlin, a county official and mother of two sons who attended the high school, complimented the health center for its positive impact on the community, stating:

Everybody talks about it and what a good thing it is. They want it to stay there. Everybody brags that they don't have to leave work anymore and they don't have to worry about their kids, you know, them sitting and having to wait for somebody to come and pick them up to see that they are taken care of. To me, the whole community benefits--grandparents, not just parents, aunts, uncles, all these people that have to run and see to the kids; it helps them too.

Darlene Delph, a mother of four students who have had contact with the health center, complimented the center for its advantages. She said the staff there helped many people.

Darlene described her experiences with her children remarkably well and said she was relieved that the health center was still in operation, as she had heard several times that its funding was unstable. Darlene responded with these words when asked what impact the health center has had on the community:

Well, I think it has helped the community as far as students have been able to stay in school and not miss out on so much school that they get behind in their lessons. Like I said, for parents, they don't have to miss work and their children can get some medical care. It's a big problem with a lot of people. For myself, you know I can pretty much take off, but it puts a hardship on the woman I work for by not being there. I know it's been a great thing for the community. I know they've picked up on things with the kids. They have kept illnesses down just by being there. They send these kids home; get them out of school so they don't infect everybody else. I think that is one way they have helped the whole community. They contact early, they take care of the problem early and that way it doesn't spread to everybody else.

Charlie Jolly, a former student who has enrolled in college and said he was interested in the health profession as a possible career, spoke favorably of the health center and its impact on the county. He stated:

I think it was a great help on the community, it just being there. It provided many services that you normally couldn't get or would stretch the resources of some of our other medical clinics. It was just great to be there and I would hate to see it go if it came to that. It has just been such a great service for this county and for the Hancock County High School. I can't really describe, it's just been great having it there.

When I asked the participants about the health clinic's impact on the community, many spoke specifically about the need for health counseling in Hancock County. Gina Rhea, who served as one of the counselors at the school-based health center, said she saw no other options of mental health services for the county. She stated that the county had many issues that needed attention and high on the list were the addictions that she said were prevalent in the county. Gina explained:

I think the school-based health center has been an excellent program. I am really proud to be a part of it. I think they have impacted a lot of the students at school and I've watched them go on and be successful. As far as it impacting the community, I have seen and been able to educate and break cycles of abuse, of alcohol, and drug addictions. We try to follow them. I have students who call me way after they have graduated to tell me how they're doing and if they've been successful. I think this is a program that needs to be in all of the school systems.

Marty Wall, a former student who said he planned on living in Hancock County and working in the school system, presented his view when asked about the impact of the school-based health center on the community:

As far as the community, they impact the community quite a bit. The parents can go in and drop their kids off and if they get sick, they don't have to come and get them and take them to the doctor, then take them back to school.

Carl Carter, a current student who appeared authentically interested in the health center and its effect on the county, described his perception of the center's impact by saying, "Well, if they got a report card saying how well it did and how much it helped the county as well as the community and the city, it would definitely get an A+."

Weaknesses of the Health Center

During the interviews, several participants spoke of the weaknesses or problems that existed at the school-based health center. The lack of sustained funding was frequently mentioned as a troublesome concern regarding the center, especially from those who worked at the facility. Patsy Rowe, who was crucial in the center's development, spoke sadly about the center's ability to sustain funding. Patsy explained her feelings:

As I said, this has been my baby, my dream for so long. That's probably not a good question to ask me as far as weaknesses. But if there is a weakness, it's being unable to sustain itself. We do not refuse treatment to anyone, for any reason. We do not make money to sustain ourselves and it does cost to run the clinic and give the type of care that we give. So, just being not able to sustain it is a gigantic worry of mine.

Another weakness was revealed by many, especially the students. A number of participants said the health center needed more staff; they reported that at times there were long waiting periods to receive service. The staff was limited and at times overwhelmed, according to the participants. Marty Wall, a frequent center user, who received treatment for his asthma said:

At times there's not enough workers for all the students that were there some days. With any business or anything, some days are busier than others. On busy days, they may have needed a couple of extra nurses or something to visit with all the patients, especially if they had multiple emergency situations.

Linda Spout, a mother of three, was very outspoken and deliberate with her words, as she admitted her concerns:

Their major weakness is funding. They don't receive funding and they have to do it every year to try and get a grant to keep it here. We don't have a hospital here and we have two doctors that are so busy you can't get in touch with them. You can't get worked in. You spend an entire day waiting to get worked in. You have to go an hour across the mountain. We need them and they have to fight for their money every year.

The lack of funding and need for more staff were the two most stated weaknesses.

However, other problems were proclaimed, such as limited dental and vision programs, abuse by students to get out of class, limited prescription writing, and poor communication with teachers. These weaknesses were consistently mentioned by all the study's participants. Joylene Counts, a working mother of four, revealed her beliefs about the center's weaknesses, adding:

Well, they need more staff for the amount of students that they have to work with. That would be one thing that would help them a lot. Also, if they had some type of dental services and communication back with the teachers. I know as a parent, I get communication back with my children, but there's not a lot of communication that will come back to the teachers directly.

Janice Bolton, a parent of two sons who have had numerous health center visits, explained her opinion about the weaknesses of the health center openly as she stated:

The only weakness that I might talk about a little bit is probably, they don't have enough help to treat all the students that need to be treated. I know they work very hard and try to do that, but I think maybe they need more help.

Mitchell Nipper, a current student who had cerebral palsy, summed it up when he said, "They need more staff and more help because there's not enough employees to give medical attention to the people in the school because there's a lot of people in the school who go around here in the county." Harriet Walker, a high school teacher and parent of a former student who used the center for asthma treatment, explained her beliefs about the center's weaknesses:

Well, one thing, if students attend there regular they have to leave classes a little bit later. It's not always a major thing. I know certain days they have a lot of people up there and they seem to be overworked or short on staff members. They also need dental care. I think they checked teeth but they never did have any follow up on it.

Hancock County has no practicing dentist. There was a perceived need for available

dental care services. The participants revealed this need throughout the interviewing process, and mentioned it several times as being a weakness of their school-based health center. Nicole Shipley, a mother of three, elaborated:

Probably the major weakness that I can identify is there's no dental care there. I think that is an area that this county is deficient upon, dental care for everyone. I feel like if the school-based health center could provide dental care, it would be a great asset to the community.

Lorene Jackson, a parent of three current center users and a mother of a severe asthmatic son, said she thought the health center needed more staff available who could write prescriptions.

Lorene voiced her opinion in this manner:

A little more of a doctor or a nurse practitioner there more often, maybe. That's my main concern because sometimes they need antibiotics or something and there's not always somebody there. Usually they're at another clinic and finally, you can get in contact with them.

Mary Bowlin, responded to the question of weaknesses of the health center quickly and bluntly as she stated:

I think they need more funding. They need more services such as dental, maybe vision. I know they do vision screening, but it would help if they did a little bit more. The major problem is money.

Several of the student participants stated that some students abused the health center by using it as a tool to get out of class. They said if students had a test or something that they were not prepared for, sometimes they would pretend to be sick and go to the center. Johnny Harper, a former student athlete, admitted:

A lot of kids use it just to get out of class. Some kids, if they had a test or something, they would say they had a stomachache or a headache and they would go get medicine and eat crackers or something. They abused it a little bit, some of them.

Renee Copeland, a teacher at Hancock High and parent of both a former and current student, acknowledged that the health center was understaffed. Renee conveyed her thoughts regarding the clinic's weaknesses:

For the most part, there aren't many weaknesses. The one weakness I do see is how they are understaffed and when there is like a flu epidemic or a virus going around, students are not able to get in there quickly enough and have to stay in the classroom, which

contaminates other students. They try as quickly as they can, there's just not enough people to see the students that need to be seen when these things arise.

The center had only one nurse practitioner and one nurse on duty at any given time. According to Judy Carter, this was sometimes not enough. Judy was a parent of four children who used the center and she was also a substitute teacher at Hancock High School. Judy conveyed an example of the need for more clinic workers:

Well, just yesterday I was substituting at the high school and the one weakness I see is being understaffed. We had a child who was needing to be seen by the school nurse and there was only one and they said only emergencies were to be taken. To me, any time a child is sick, it's an emergency. It may not be life threatening but it's an emergency if you need that child to be seen.

The nurse practitioner and physician's assistant were the only two qualified professionals with the credentials to write prescriptions at the center. This was perceived by many participants to be a weakness. Darlene Delph, a mother of three, explained her views:

Well, sometimes my kids have gone and they were sick and they needed a prescription written out and there wasn't anybody there who could do that. That doesn't happen very often, but it has happened a few times.

Although Darlene noted the lack of personnel qualified to write prescriptions as a weakness, she deemed the problem of teachers' relationship with the health center to be a larger, more severe concern. Darlene disclosed her perception:

The biggest weakness I see with it is that I don't think they have a teacher relationship with the clinic. I've had kids who needed to go to the clinic and the teacher wouldn't let them go and I think it's not necessarily the clinic's weakness, but there's a gap there somewhere. I just know several times I have told my kids to go and be checked out and the teacher wouldn't let them go. But other than that, I've not had any problems with it.

Summary

Within the data analysis, several themes emerged that identified perceptions by the study's participants. These themes included accessibility to the school-based health center, confidentiality issues, school attendance, treatment for athletic injuries, treatment for emergencies, transportation of students, benefits to parents, cost of services, counseling services,

health education classes, and weaknesses of the center. Thick descriptions and actual quotes were used to present findings from the perspective of each type of participant (students, parents, teachers, counselors, nurse) whenever possible. Information from the data analysis was used to develop findings and implications for future research as presented in chapter 5.

CHAPTER 5

FINDINGS, CONCLUSIONS, AND IMPLICATIONS FOR FUTURE PRACTICE AND FURTHER RESEARCH

This case study investigated the impact of a rural school-based health center on students and their families in Sneedville, Tennessee. Interviews were conducted with 25 participants, including students, parents, teachers, and the school-based health center's staff. Individual indepth interviews were conducted using an open-ended technique with interview guide questions to focus the inquiry. The qualitative methodology used in the study allowed for the emergence of detail to establish the perceptions of the participants concerning the services given at the rural Hancock County School-Based Health Center. Personal interviews with the participants revealed thick description of their perceptions as they were related to health care given at the center. Themes developed out of the interview data that directed the flow and direction of the study. Major themes emerged from the coded transcriptions that were organized through the process of data analysis.

Information was presented through the review of literature concerning the development and services provided by school-based health centers. However, little information was available in the literature pertaining to rural school-based health centers. Educators and health professionals have agreed that students' health has a direct impact on attendance and academic performance. The findings of this study confirm the relationship that exists between students' health and their performance in school.

Nine major themes emerged from the inductive analysis of data from within this study and some were underscored by previous research findings. Areas identified as themes included the accessibility of the health center, confidentiality issues, availability of emergency treatment, benefits to parents, cost of treatment, benefits to the community, counseling, health education classes, and the weaknesses of the center. The context of reviewed literature was presented for

findings within each identified theme area. Conclusions and recommendations for future research and practice were related to and based on the study's findings.

General Findings

According to Brink and Nader (1984), schools provide the logical environment to deliver health care to children. School-based health centers have contained accessibility to students allowing health care professionals easy access to provide care. All 25, or 100%, of the participants in this study confirmed that statement, citing the school-based health center's location as its major attribute. The remoteness and isolation of Hancock County also creates many unfortunate situations that make it difficult for children to receive proper health care. When considering that Hancock County is the poorest county in Tennessee based on yearly per capita income (U. S. Census Bureau, 2001), cost of treatment is very important to the residents. The rural school-based health center can treat the students at no cost; this contributes greatly to the center's perceptive value. Most participants, (90%), stated that the center prevented the students' parents from missing work to obtain health care for their children. Based on the interview data from students, parents, and the school-based health center's staff, all participants perceived that the health center has had an impact on the lives of the students at Hancock County High School.

Students' Benefits

Accessibility

All 25 participants interviewed in this study emphasized the value of the convenience of the health center. The health center's location within the high school building was stated to be an advantage. According to Adams and Johnson (2000), these types of centers can reach a large number of high-risk populations because of their location. Ten participants, or 40%, cited the location as being the determinant to whether or not they used the clinic. Hancock County has no hospital and only two health care offices; therefore, few options exist to access health care. The

parents and teachers reported that the easy accessibility of the center promoted class attendance and decreased the amount of time spent out of class to obtain medical treatment. According to Making the Grade (1998), the Hancock County Health Center fits into the medical type of service delivery where the center is the basic provider of primary and preventative care. The isolation and geographic conditions that exist in Hancock County only added to the value of the convenient access provided by the health center. Many students were said to have no other means of medical care, relying on the school-based health center for all their primary and preventative health care.

Confidentiality

Confidentiality is a concern in health care. A patient's health care information is wholly private and cannot be released to anyone without written consent to do so. The health center only breaks confidentiality in life-threatening situations. Students must sign a form in order for the parent to know that they have received treatment. The study's participants listed confidentiality, convenience, and cost as major determinants of whether to seek health care. Eight of the 10 students interviewed said that they might avoid care for sensitive, private issues such as pregnancy, family planning, or sexually transmitted infections if they thought their parents might hear of their health problems. According to the Department of Health and Human Services (1993), the school-based health center population has many needs, including confidentiality, convenience, and accessibility. The counselors who were interviewed explained that trust was paramount in gaining friendship and access into the world of adolescents. The center offered a point of access for students who might not feel comfortable seeking any other source of care, especially for advice relating to sexual practices or mental health issues.

Emergency Treatment

Parents, students, and teachers in this study frequently expressed the "peace of mind" that the school-based health center provided for them. They spoke of available emergency care that

was only a “short distance away.” The participants who had chronic illnesses were extremely complimentary of the service the school-based health center provided for them. Two of the parent participants revealed personal experiences in which the school-based health center was thought to have prevented life-threatening situations from turning bad. DeYoung (1991) indicated that most parents, teachers, and administrators feel more confident about dealing with emergency situations if a school-based health center is located on the campus. One participant, who was a severe asthmatic, told of his experience at the high school with emotion. He said that he believed he would have suffocated if the health center staff had not been there on one occasion. In the course of the interviews, 100% of the participants talked about the assurance that the health center gave them by just being located on campus.

Another issue that emerged as the interviews progressed was the care given to adults who worked on the high school campus. Three participants spoke of situations in which adults were given emergency treatment by the staff at the health center.

Counseling Services

Many research participants spoke eagerly in praise of the counseling program at the health center. The current students, without exception, made complimentary remarks pertaining to the counselor and counseling program. Several parents spoke of individual experiences that their children or friends of their children had been through involving the counseling. There was an array of topics mentioned, including sexual counseling and alcohol, drugs, and tobacco counseling. These subjects were covered thoroughly, according to the students and parents. Two parents of former students gave personal testimonies regarding the intervention strategies used in some teen-suicide situations.

Other participants told of death and divorce counseling and cited examples of the center’s involvement. One parent stated that the school-based health center helped an entire family deal with the death of a cancer victim.

Several of the female participants explained how the counselor talked candidly with them

about sensitive issues of sex and dieting. The counseling program was highly praised by the majority of the study's participants.

Health Education Classes

Another topic that emerged out of the research interviews was the value of the health center's education classes. Many participants said that these classes educated them on a variety of topics including personal hygiene methods, nutritional foods, exercise programs, study habits, puberty issues, conflict resolution, and general good health habits. The participating teachers both voiced their opinions that the school-based health center's health education classes far exceeded what they were able to deliver on the subject. Both agreed that this instruction was greatly needed and that the current school curriculum did not incorporate time or commitment for health education instruction.

Several of the parent participants confessed that they had themselves learned from information brought home by their children. Specific references were made to pamphlets on food and nutritional values. One participant, who also was a counselor, explained that she tried to educate students in the lower grades about the dangers of unprotected sex and tobacco, alcohol, and drug use, encouraging the students to make good decisions.

Benefits to Parents

The statement, "It helped parents not to have to miss work" surfaced, without exception, in each interview. The parents who were interviewed were adamant about wanting it to be known that this was a great benefit to the family. Most participants quickly pointed out the financial hardships prevalent in Hancock County; these hardships made it essential for parents to be at work. The school-based health center promoted treatment of students on-site, allowing the parents to not miss work.

Another advantage that the parents revealed was the benefit of a correct diagnosis. The participants said that many times it was not clear what the illness was, and that the health center

was very good at making judgments and diagnosing illnesses.

Several participants talked about the convenience of having a health professional on-site who could write their children a prescription if it became necessary. Some revealed that the staff at the center would sometimes pick up the prescription at the local pharmacy.

Three of the student participants and three adult participants explained that the health center treated athletic injuries for the basketball teams appropriately and quickly, preventing the students from having to endure pain and saving the parents an emergency room expense.

Cost of Treatment

Unfortunately, cost is a determining factor as to whether or not some children receive health care. The study's participants stated that free care was a big advantage of the school-based health center. Rural school districts typically serve poor populations with great needs. Because these rural communities generally contain lower socioeconomic class individuals, money available for health care is sparse (Rural School and Community Trust, 2000). The Hancock County School-Based Health Center serves all the students, regardless of their ability to pay. A large portion of most school-based health center users are uninsured or on Medicaid (Department of Health and Human Services, 1993). In Hancock County, nearly 70% of the students who use the rural school-based health center are uninsured (U.S. Census Bureau, 2001). The research participants were quick to point out that many of the residents in Hancock County were poor and the health center offered a way to treat all children. This was a benefit for both parents and students. Parent and student participants agreed that without the school-based health center, many of the county's students would receive no treatment at all.

Benefits to the Community

The research participants mentioned throughout the interview process that there was no hospital in Sneedville, and that only two medical offices existed to serve the sick. Several parents complained about the overcrowded doctors' offices and the length of time it took to get

to see a physician. The participants explained that the health center relieved much of the overcrowding problem because most students used the center at the school. Another common statement that emerged from the study was that the health center helped keep germs and illnesses under control. Many research participants also stated that the health center helped tremendously during times of flu epidemics or other fast-spreading and contagious illnesses. Other research participants agreed that without the mental illness counseling offered at the center, there would be numerous students needing mental health care who would not receive it. Several students stated that without the school-based health center's educational classes on personal hygiene issues and other topics, many would have not received important and necessary information. Many participants said the school-based health center educated the entire county on health related topics. Other participants pointed out that parents were staying on the job more and missing less work, partly because the health center treated their children at school.

Weaknesses of the Health Center

The study's participants overwhelmingly agreed that funding was the largest problem or weakness facing the health center. Relying on grant money was said by many to be too unstable and unpredictable. Even the staff workers agreed that being unable to sustain it was a big concern and weakness for the center. According to Butin (2000), a common and reoccurring problem associated with rural school-based health centers was their inability to organize sustained funding.

Another obvious weakness of the center, according to the study's participants, was the overcrowding caused by lack of staff. Many interviewees mentioned long waiting periods, crowded sitting areas, and said that sometimes students could not be seen at all because of the high use. Most participants agreed that this overcrowding happened mainly at the high peak of flu and cold seasons.

Another problem voiced was the lack of available personnel who could write prescriptions. Several study participants said that many times there was no physician's assistant

or nurse practitioner available to write needed prescriptions. Five participants complained that there was not enough emphasis on dental and vision care. In addition, several of the students made statements that implied some of their peers were abusing the clinic's services only to avoid class work.

Conclusions

1. What impact has the Hancock County school-based health center had on students' physical health?

The school-based health center promoted the students' physical health and well being in several ways. The staff provided vaccinations and immunizations to students in a timely manner. The staff treated students who had chronic illnesses such as asthma or diabetes by providing proper, necessary care. The student athletes obtained health care for injuries and assistance in precautionary preparation before athletic events. The health care center also provided essential care and treatment for viruses, allergies, and contagious diseases.

In addition, the health center's staff distributed informative educational materials such as healthy food guides and exercise manuals. Whenever the health center's staff could not treat a student sufficiently, a referral was made to the proper physician.

2. What impact has the Hancock County school-based health center had on students' mental and emotional health?

When considering that Hancock County has no mental health treatment facility, the importance of the school-based health center's counseling program becomes apparent. Adolescent students have many stressful issues and, without intervention, they often choose negative and counter-productive ways of coping with them. The Hancock County school-based center offered several programs that provided important mental health care for the students. Several of the student participants told of personal success stories and complimented the counseling program.

The school-based counseling programs included the following services: death and divorce

counseling; peer tutoring; alcohol, drug, and tobacco counseling; diet and obesity counseling; abuse counseling; and counseling for issues relating to sexual practices.

3. To what extent has the Hancock County school-based health center had an impact on the health-related behaviors of students?

The rural school-based health center had a tremendous impact on the students of Hancock County. Because of the county's understaffed medical personnel and lack of a hospital, the health center became paramount in servicing the student's health care needs. Many students would not have received health care if the center had not been located on the school's campus. The health center's services were free for those who could not pay; this benefit increased the likelihood of use. The materials distributed to the students (and their parents) were valuable in contributing to the community's health-related behaviors as a whole.

4. What impact has the Hancock County school-based health center had on educational activities and health related instruction in Hancock County?

The health center gave class presentations on proper health care procedures such as personal hygiene, proper nutrition, obesity, and preventive-health care topics. Because there was a limited health education curriculum present at the high school, the health center played a crucial role in educating the youth (and their parents) on health related matters. Several of the participants mentioned the value of health related materials that were distributed by the center's staff.

The health center's staff promoted health related activities such as exercise programs and they occasionally rewarded students who participated in their events with personal recognition and ribbons. Exercise activities included bike riding, walking, and soccer games.

5. What impact has the Hancock County school-based health center had on the educational progress of students' and the school system's overall educational program?

The health center impacted the educational progress of students in several ways. School attendance improved and students spent more time in class. Research projects document that healthy students perform better, thus allowing for higher academic achievement. The

Hancock County school-based health center provided students with proper health care, allowing them to achieve more in their academic pursuits.

6. To what extent has the Hancock County school-based health center had an impact on the quality of life for students and their families?

The school-based health center affected the quality of life for students and their families by educating the students and their families of the importance of good health, including factors such as food, diet, and exercise. Issues of drug abuse, sexual diseases, and the importance of good decision-making skills were addressed. The educational materials delivered by the health center's staff educated the families of Hancock County and offered valuable information on how to achieve and maintain good health.

7. What would be the possible impacts of the potential loss of the Hancock County school-based health center in the rural community?

Without the health care center, many students might not receive proper health care; students' attendance rates could drop, and many parents could jeopardize their jobs by missing work to transport their children to get medical attention. Sexually transmitted diseases could increase and more teenaged girls could become pregnant. Mental health issues could become apparent through suicidal attempts or deaths. Student athletes might spend much more time out of class and could be forced to use expensive physician's services for sports-related injuries and treatment. Students with chronic diseases such as asthma and diabetes might have to resort to homebound programs to ensure that quick medical attention is given. Health-related expenses for students and their parents could increase drastically and several health care professionals would lose employment.

Based on the data generated by this study, no positive benefit would result from the school-based health center's closure; on the contrary, many aspects could arise to negatively affect student's health and health-related behaviors.

Implications for Future Practice and Further Research

Rural school systems should carefully examine the possibility of including an on-site school health center. This research project found no significant negatives associated with a school health center. Areas such as Hancock County that have large, rural geographic landscapes and limited health care facilities benefited greatly from the center's existence, according to the perceptions of the study's participants. The residents of Hancock are, to a large extent, poor, and the availability of adequate, free health care was very appealing. Almost any educator could agree with the premise that having a qualified health professional inside the building and available upon request would relieve the stress and pressure of a health related crisis.

Parents could feel "at ease" by knowing that if their son or daughter had a medical emergency, someone would be there just down the hall to assist them. It could also ease the financial burden of paying for expensive health care, especially for those who are uninsured. All the parents involved in this study praised the clinic's location, which allowed them to not miss work in order to obtain health care treatment for their children.

Parents and educators in the study agreed that having access to a health center where students could go in between classes or for a short period during class time to get treatment and return to class without missing valuable instructional time was ultimately beneficial to their academic performance. School administrators also benefited from the health center's ability to treat staff members, thus preventing teachers' absences to obtain health care elsewhere. The fact that students attended school more and missed fewer instructional days contributed to the system's funding for ADA monies. Isolated counties like Hancock County that are separated by distance and geographic obstacles such as mountains and rivers, benefit greatly from on-site health care. In addition, counties that have limited medical facilities and no hospitals are highly vulnerable to medical emergencies; sometimes, a student cannot wait until someone transports them 50 miles to receive medical help.

Another beneficial program delivered through the school-based health center was the

counseling. No mental health counseling, per se, is available in Hancock County, although statistics show that there is an evident need. With issues identified such as drug use, sexually active youth, alcohol and tobacco use, what parents or educators would not want a qualified counselor available for the adolescents.

There are several more advantages to having a school-based health center. One is that the children are accessible if they need a vaccine or immunization. If there is a problem with head lice or body rash, the center can diagnose and treat these conditions. Another important part of the service is that the care and treatment is done in a private, confidential manner, relieving any embarrassment concerns that are extremely important to adolescents.

Some negatives were discovered. In some situations, there was a long waiting period to see a nurse practitioner or physician's assistant. At other times, there was no one available to write a prescription for an illness. There was the possibility that some students might lie about being sick, abuse the center's accessibility, and unjustly stay out of class. There should also be more services offered to address the dental needs of the youth. Possibly the largest negative of all was that no state governing agency, or others, properly funded this particular center.

Considering all the data generated by hours of interviews, and according to the perceptions of the study's participants, the benefits of a rural school-based health center greatly outweighed any negative factors.

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APPENDICES

APPENDIX A

Teacher Interview Guide

Pre-Interview Items to Be Addressed:

- 1 Introductions
- 2 Explain the Purpose of the Study
- 3 Describe the Kinds of Questions that Will Be Asked
- 4 Describe the Informed Consent Form and Its Purpose
- 5 Present the Informed Consent Form
- 6 Give Him/Her Time to Read It/Answer Questions
- 7 Wait for Them to Sign

1. Please describe who you are and the kinds of contacts that you have had either directly or indirectly with the Hancock County School-Based Health Center.
2. What do you see as the major strengths of the Hancock SBHC?
3. What do you see as the major weaknesses of the Hancock SBHC?
4. Please describe the impact that the SBHC had on students in terms of physical health...provide examples.
5. Describe the impact that the SBHC has on students in terms of mental or emotional health.
6. What effect, if any, has the SBHC had on students' understanding of health-related behaviors and good health practices?
7. Tell me about some ways, if any, that the SBHC had an impact on students' health-related behavior such as eating habits, use of tobacco, use of alcohol, sexual practices, etc
8. Describe any impacts of the SBHC on students' educational activities, attendance, and performance in school.
9. Tell me about any impacts that the SBHC has had on students' families and family life.
10. How has the SBHC impacted teaching and learning in the high school?
11. Overall, how has the SBHC had an impact on the students from Hancock County High School? How has it impacted the community?
12. Describe how things might be different without the SBHC in Sneedville.
13. What other information would you like to offer to provide a complete picture of the SBHC in Sneedville?
14. If you were going to do a regional newspaper story about the Sneedville SBHC, what is the most important thing that should be said about it?
15. Who else can you suggest I might interview to help me gain a better understanding of the impact of the SBHC in Sneedville?

Thank you very much for helping in this study of the SBHC!

APPENDIX B

Parent Interview Guide of Current and Former Students

Pre-Interview Items to Be Addressed

1. Introductions
 2. Explain the Purpose of the Study
 3. Explain the Kinds of Questions that Will be Asked
 4. Describe the Informed Consent Form and Its Purpose
 5. Present the Informed Consent Form
 6. Give Her/Him Time To Read It/Answer Questions
 7. Wait for Her/Him to Sign
-
1. Please describe who you are and the kinds of contacts that you have had, either directly or indirectly with the Hancock County School-Based Health Center.
 2. What do you see as the major strengths of the Hancock County SBHC?
 3. What do you see as the major weaknesses of the Hancock SBHC?
 4. Please describe the impact that the SBHC is having (or had) on your child in terms of his or her physical health.
 5. Describe the impact that the SBHC is having (or had) on your child in terms of his or her mental or emotional health.
 6. What effect, if any, does (or did) the SBHC have on your understanding of health-related behaviors and good health practices?
 7. Tell me about some ways, if any, that the SBHC has (or had) an impact on your child's health-related behavior such as eating habits, use of tobacco, use of alcohol, sexual practices, etc.
 8. Describe any impacts of the SBHC on your child's educational activities, attendance, and performance in school.
 9. Tell me about any impacts that the SBHC has had on your family and your family life.
 10. In addition to yourself and/or the spouse, please describe what influence the SBHC has had on other parents from Hancock County.
 11. Overall, how has the SBHC had an impact on parents of the students from Hancock County High School? How has it impacted the community?
 12. Describe how things might be different without the SBHC in Sneedville.
 13. What other information would you like to offer to provide a complete picture of the SBHC in Sneedville?
 14. If you were going to do a regional newspaper story about the Sneedville SBHC, what is the most important thing that should be said about it?
 15. Who else can you suggest I might interview to help me gain a better understanding of the impact of the SBHC in Sneedville?

Thank you very much for helping in this study of the SBHC!

APPENDIX C

Current Student Interview Guide

Pre-Interview Items to Be Addressed

1. Introductions
 2. Explain the Purpose of the Study
 3. Explain the Kinds of Questions that Will Be Asked
 4. Describe the Informed Consent Form and Its Purpose
 5. Present the Informal Consent Form
 6. Give Her/Him Time To Read It? Answer Questions
 7. Wait for Her/Him to Sign
-
1. Please describe who you are and the kind of contact that you have, either directly or indirectly, with the Hancock County School-Based Health Center.
 2. What do you see as the major strengths of the Hancock County SBHC?
 3. Tell me about any impacts that the SBHC has on your family and your family life?
 4. Please describe the impact that the SBHC has on you, as an individual, in terms of your physical health.
 5. Describe the impact that the SBHC has on you, as an individual, in terms of your mental or emotional health.
 6. What do you see as the major weaknesses of the Hancock SBHC?
 7. Describe any impacts of the SBHC on your educational activities, attendance, and performance in school.
 8. What effect, if any, does the SBHC have on your understanding of health-related behaviors and good health practices?
 9. Tell me about some ways, if any, that the SBHC has an impact on your health-related behavior such as eating habits, use of tobacco, use of alcohol, sexual practices, etc.
 10. You have already mentioned the impact of the SBHC on you.....please describe what influences the SBHC has on other students from Hancock County.
 11. Overall, how does the SBHC impact the students from Hancock County High School? What impact does it have on the community?
 12. Describe how things might be different without the SBHC in Sneedville.
 13. What other information would you like to offer to provide a complete picture of the SBHC in Sneedville?
 14. If you were going to do a regional newspaper story about the Sneedville SBHC, what is the most important thing that should be said about it?
 15. Who else can you suggest I might interview to help me gain a better understanding of the impact of the SBHC in Sneedville?

Thank you very much for helping in this study of the SBHC!

APPENDIX D

Former Student Interview Guide

Pre-Interview Items to Be Addressed

1. Introductions
 2. Explain the Purpose of the Study
 3. Explain the Kinds of Questions that Will Be Asked
 4. Describe the Informed Consent Form and Its Purpose
 5. Present the Informed Consent Form
 6. Give Her/Him Time To Read It/Answer Questions
 7. Wait for Her/Him to Sign
-
1. Please describe who you are and the kinds of contacts that you had, either directly or indirectly, with the Hancock County School-Based Health Center while you were a student at the High School.
 2. What do you see as the major strength of the Hancock County SBHC?
 3. What do you see as the major weaknesses of the Hancock County SBHC?
 4. In addition to the impacts on you, please describe what influences the SBHC has had on other students from Hancock County.
 5. Please describe the impact that the SBHC had on you, as an individual, in terms of your physical health.
 6. Describe the impact that the SBHC had on you, as an individual, in terms of your mental or emotional health.
 7. What effect, if any, did the SBHC have on your understanding of health-related behaviors and good health practices?
 8. Tell me about some ways if any, that the SBHC had an impact on your health-related behaviors, such as eating habits, use of tobacco, use of alcohol, sexual practices, etc.
 9. Describe any impacts of the SBHC on your educational activities, attendance, and performance in school.
 10. Tell me about any impacts that the SBHC had on your family any your family life.
 11. In addition to the impacts on you, please describe what influence the SBHC has had on other students from Hancock County.
 12. Overall, how has the SBHC had an impact on the students from Hancock County High School? How has it impacted the community?
 13. Describe how things might be different without the SBHC in Sneedville
 14. If you were going to do a regional newspaper story about the Sneedville SBHC, what is the most important thing that should be said about it?
 15. Who else can you suggest I might interview to help me gain a better understanding of the impact of the SBHC in Sneedville?

Thank you very much for helping in this study of the SBHC!

APPENDIX E

Nurse Interview Guide

Pre-Interview Items to Be Addressed

1. Introductions
 2. Explain the Purpose of the Study
 3. Describe the Kinds of Questions That Will be Asked
 4. Describe the Informed Consent Form and Its Purpose
 5. Present the Informed Consent Form
 6. Give Her Time to Read It/Answer Questions
 7. Wait for Her to Sign
 8. No identifying information will be given out as a result of this study.
 9. Remind participants not to supply any identifying information, mention or sign any student or teachers names during the interview process
-
1. Please describe who you are and the kinds of contacts that you have had either directly or indirectly with the Hancock County School-Based Health Center.
 2. What do you see as the major strengths of the Hancock SBHC?
 3. What do you see as the major weakness of the Hancock SBHC?
 4. Please describe the impact that the SBHC had on students in terms of physical health.....provide examples.
 5. Describe the impact that the SBHC had on students in terms of mental or emotional health.
 6. What effect, if any, has the SBHC had on students' understanding of health-related behaviors and good health practices?
 7. Tell me about some ways, if any, that the SBHC had an impact on students' health-related behavior such as eating habits, use of tobacco, use of alcohol, sexual practices, etc.
 8. Describe any impacts of the SBHC on students' educational activities, attendance, and performance in school.

Ver. 07/31/03

9. Tell me about any impacts that the SBHC has had on students' families and family life.
10. How has the SBHC impacted personal hygiene and self-care in the high school?
11. Overall, how has the SBHC had an impact on the students from Hancock County High School? How has it impacted the community?
12. Describe how things might be different without the SBHC in Sneedville.
13. What other information would you like to offer to provide a complete picture of the SBHC in Sneedville?
14. If you were going to do a regional newspaper story about the Sneedville SBHC, what is the most important thing that should be said about it?
15. Who else can you suggest I might interview to help me gain a better understanding of the impact of the SBHC in Sneedville?

Thank you very much for helping in this study of the SBHC!

APPENDIX F

Counselor Interview Guide

Pre-Interview Items to be Addressed

1. Introductions
 2. Explain the Purpose of the Study
 3. Describe the Kinds of Questions That Will be Asked
 4. Describe the Informed Consent Form and Its Purpose
 5. Present the Informed Consent Form
 6. Give Him/Her Time to Read It/Answer Questions
 7. Wait for Him/Her to Sign
 8. No identifying information will be given out as a result of this study
 9. Remind participants not to supply any identifying information, mention or sign any student or teachers names during the interview process
-
1. Please describe who you are and the kinds of contacts that you have had either directly or indirectly with the Hancock County School-Based Health Center.
 2. What do you see as the major strengths of the Hancock SBHC?
 3. What do you see as the major weaknesses of the Hancock SBHC?
 4. Please describe the impact that the SBHC had on students in terms of physical health.....provide examples.
 5. Describe the impact that the SBHC has on students in terms of mental or emotional health.
 6. What effect, if any, has the SBHC had on students' understanding of health-related behaviors and good health practices?
 7. Tell me about some ways, if any, that the SBHC had an impact on students' health-related behavior such as eating habits, use of tobacco, use of alcohol, sexual practices, etc.
 8. Describe any impacts of the SBHC on students' educational activities, attendance, and performance in school.

Ver. 07/31/03

9. Tell me about any impacts that the SBHC has had on students' families and family life.
10. How has the SBHC impacted the students' character and value system in the high school?
11. How has the SBHC affected students' decision-making skills?
12. Overall, how has the SBHC had an impact on the students from Hancock County High School? How has it impacted the community?
13. What other information would you like to offer to provide a complete picture of the SBHC in Sneedville?
14. If you were going to do a regional newspaper story about the Sneedville SBHC, what is the most important thing that should be said about it?
15. Who else can you suggest I might interview to help me gain a better understanding of the impact of the SBHC in Sneedville?

Thank you very much for helping in this study of the SBHC!

APPENDIX G

Letter of Request to Director of Schools

June 9, 2003

Dear Director of Schools:

As we have discussed on many occasions, as a doctoral student at East Tennessee State University, I am interested in conducting a study within your school system to explore the perceptions of students who have had contact with the rural school-based health center located within your high school facility. Specifically, I want to investigate the impact that the exposure to the health center has had on the students, and furthermore their families. The study will involve interviewing five current students who attend Hancock high school. If necessary to gain enough information, it may be necessary to interview two teachers and some of the school-based health center staff. I believe the results of this study will be useful in future planning for the health care of the students who attend your school system.

If your permission is granted, to conduct this study, please be assured that written student and parental permission (if the student is under eighteen), will be secured prior to any interviewing of the students. Also be assured that the identity of the students and the school system will be protected in the reporting of study results. A copy of the information obtained will be provided to you at the conclusion of the study.

If you have any questions or concerns about my request for permission, please contact me. If you agree for me to conduct the study as outlined above, please sign the attached form and return it to me in the enclosed envelope.

Sincerely,
Michael D. Belcher
Doctoral Student
East Tennessee State University

APPENDIX H

Letter of Request to Principal

June 10, 2003

Dear Principal of Hancock County High School:

As we have talked about before, as a doctoral student at East Tennessee State University, I am interested in conducting a study within your school to explore the perceptions of students who have had contact with the rural school-based health center located within your high school facility. Specifically, I want to investigate the impact that the exposure to the health center has had on the students, and furthermore their families. The study will involve interviewing five current students who attend Hancock high school. If necessary to gain enough information, it may be necessary to interview two teachers and some of the school-based health center staff. I believe the results of this study will be useful in future planning for the health care of the students who attend your school.

If your permission is granted, to conduct this study, please be assured that written student and parental permission (if the student is under eighteen), will be secured prior to any interviewing of the students. Also be assured that the identity of the students and the school system will be protected in the reporting of study results. A copy of the information obtained will be provided to you at the conclusion of the study.

If you have any questions or concerns about my request for permission, please contact me. If you agree for me to conduct the study as outlined above, please sign the attached form and return it to me in the enclosed envelope.

Sincerely,
Michael D. Belcher
Doctoral Student
East Tennessee State University

APPENDIX I

Letter of Request to ETSU College of Nursing

June 9, 2003

Dear College of Nursing Director:

My name is Michael Belcher and I am a doctoral student in the Department of Educational Leadership and Policy Analysis at your university. I am interested in conducting a study that the school-based health center in Sneedville. the dissertation study will investigate the impact of the school-based health center (which operates under your direction) on the students and their families in rural Hancock county. Specifically, the study will involve interviewing 25 participants total,3 of which will be employees at the health center. I will interview Paulette Reed, Ms. Gail Rhea, and Ms. Scarlet walker. I believe the results of this study will be beneficial to both the Hancock county school system and the school-based health center located in Sneedville.

If your permission is obtained to conduct the study, please be assured that proper procedures will be followed in getting written permission. Also be assured that the identity of all involved will be protected and kept confidential. A copy of the information obtained will be provided to you at the conclusion of the study. If you any questions or concerns about my request for permission please feel free to contact me. If you agree for me to conduct this study as outlined above, please sign the attached form and return it to me in the enclosed envelope.

Sincerely, Michael Belcher
Doctoral Student
East Tennessee State University

APPENDIX J

Informed Consent Form (IRB)

East Tennessee State University
Department of Educational Leadership and Policy Analysis

INFORMED CONSENT FORM

PRINCIPAL INVESTIGATOR: Michael D. Belcher

TITLE OF PROJECT: *The Impact of a Rural School-Based Health Center On
Students and Their Families in Sneedville, Tennessee:
A Case Study*

This informed consent document will explain about being a research subject in a study. It is important that you read the material carefully and decide if you wish to be a volunteer.

The purpose of this study is to document the process of Rural School-Based Health Center development and determine if attendance, tobacco use and overall student health is impacted through direct weekly access to primary comprehensive health care services. Each participant will be interviewed in depth regarding their experience of the School-Based Health Center development, design, implementation and daily center operations. Student and parent perceptions will be documented to reveal current views of overall impact.

This study is not an experiment; no variables are being manipulated. The interview will take approximately 1 hour of your time. Risks for participating and inconveniences will be minimal. Participating in this study is strictly voluntary. You may refuse to answer any question you find uncomfortable, or quit at any time. The interview will be audio recorded and transcribed for response accuracy. All information you provide will be kept strictly confidential.

This research project will begin in begin in May 2003 and conclude in August 2003.

I understand the procedures to be used in this study and the possible risks involved. I also understand that participation in this study is strictly voluntary and that I may withdraw at any time by notifying Michael Belcher whose phone number is xxx-xxx-xxx.

I also understand that if there are any questions or research related problems at any time during the study, I may contact Michael Belcher @ xxx-xxx-xxxx or Dr. Russ West at xxx-xxx-xxxx. By signing on the line below, I consent to participate in this study.

signature of participant

date

signature of principal investigator

date

Narrative Description of the Project

- 1. PRINCIPAL INVESTIGATOR:** Michael D. Belcher
- 2. TITLE OF PROJECT:** *The Impact of a Rural School-Based Health Center on Students and Their Families in Sneedville, Tennessee: A Case Study*
- 3. PLACE:** NA
- 4. OBJECTIVES:** The objectives of this study are centered around determining whether or not the Sneedville School-Based Health Center, located on the Hancock County High School Campus has an impact on student's health care. Also important is whether or not these services affect student attendance and the use of tobacco products.
- 5. SUMMARY:** The purpose of this study is to determine what impact, if any, the Rural School-Based Health Center in Sneedville, TN. Has on the students, families and furthermore the community. From a known list of clients, the School-Based Health Center will send out letters to randomly determined clinic users supplying information about the study. Any interested parties will be asked to contact the principal investigator.
The principal investigator (Michael D. Belcher) will then, with written permission interview (5) current students who are presently enrolled at the health center, (5) former students, who used the health center during their school years, (5) parents of current students, (5) parents of graduated students, (2) teachers, (2) guidance counselors, and (1) school nurse. Open-end interview questions will be used in the interviews. All participants will be selected by their volunteering to contact Michael Belcher and choosing to be interviewed. All interviews will be recorded and transcribed and commonalities determined by the QSR-NUDIST 4 software program. The intent being to understand existing perceptions by those associated with the health center. The transcribed data will be delivered back to the interviewee to double check if the content reflects truly what they meant (member checking). All interviews will be strictly confidential and scheduled at the participant's convenience. After all interviews have occurred and all the transcriptions completed, the data will be analyzed and conclusions generated. All participants will be offered a copy of the study results, conclusions, and findings.
Hopefully the information obtained in this study can assist entities such as, The East Tennessee State University College of Nursing secure future funding to provide other School-Based Health Centers. Furthermore, this data could be used by school administrators to determine whether or not to locate School-Based Health Centers on their campuses. Also, this project has much potential to generate valuable information for existing School-Based Health Centers, allowing them to gauge how their services are perceived by their clients, possibly adjusting services. All interviews will be done at Hancock County Elementary School, with in put and direction given by Dr. Russell West of the ELPA Dept. at ETSU.
- 6. METHODS OF RECRUITMENT:** All participants involved with this study will be volunteers who want to participate. The School-Based Health Center will send letters to a random, selected group of parents of student clients, (both former and current). The center will

also generate a random list of students and send letters to them asking for volunteer participants. The other participants, (2) teachers, (2) guidance counselors and (1) school nurse will be selected based on their connection to the center.

All participants identities will remain anonymous and all information will be kept strictly confidential.

7. RESEARCH DATA: Data will be collected through the use of a minimum of 25 interviews. The interviewees will be broken down into (7) groups. Since the intent of this case study is to get a rich detailed picture of the School-Based Health Center over its existence (7 years), it is necessary to interview both current and former students and parents. The groups will be as follows: group 1 (5 participants), will be current students age 16-18, group 2 (5 participants) will be parents of current students, group 3 (5 participants) will be graduated or former students, group 4 (5 participants) will be parents of former students, group 5 (2 participants) will be teachers who work at Hancock County High School, group 6 (2 participants) will be counselors who work at the School-Based Health Center and finally group 7 (1 participant) will be the nurse who works at the center. No identifiable information will be obtained and all participants will be volunteers. I will use ELPA approved interview guides and will insure professional standards are observed.

8. SPECIFIC ROLE OF HUMAN SUBJECTS: The volunteer participants will only be asked to give their perceptions of the impact of health care delivered at the Hancock County School-Based Health Center. All questions will be non-intrusive in nature and all participants have the option to not answer any questions they feel uncomfortable with, or stop the interview at any point. The interviews will last approximately 1 hour and will be done on the Hancock County Elementary School Campus. The interviews will be tape recorded and transcribed, with the participants being allowed to view and change any thing considered to be wrong or taken out of context.

9. SPECIFIC ROLE OF HUMAN: There are no known risks associated with this research.

10: BENEFITS TO SUBJECTS: Information generated from this study could be used by grant writers for consideration when writing proposals for other health related monies. Health care professionals could use the data to develop strategies of health care to serve the youth in rural isolated counties. Educational Administrators could use the information to make inferences to similar circumstances and areas. The benefits could also include future funding for current and future students in Hancock County.

11. INDUCEMENTS: There will be no inducements or incentives offered in this study. The participants will be given a copy of the completed study at their request.

12. SUBJECT CONFIDENTIALITY: Each participant's right to privacy and confidentiality will be strictly maintained. The research information will be available for inspection by study related personnel, ETSU, and the ETSU IRB. All information about the participant's will be treated confidentially and will not be revealed, except as noted above, unless required by law.

13. INFORMED CONSENT: The informed consent form is attached, all participants will be given informed consent (IC), and have any questions answered by the principal investigator or other knowledgeable, qualified designee(s). All participants will also receive a copy of the informed consent document (ICD), unless the requirement for signed informed consent has been waived by the IRB. When appropriate, the participant will be required to document their agreement to participate by signing the ICD in order to participate in the project.

14. ADVERSE REACTIONS REPORTING: Any unanticipated event and all adverse events will be reported verbally and in writing within 24 hours of its occurrence. Any local events will be reported no later than 5 working days from the date of the event.

15. PERTINENT LITERATURE: List of references are attached

16. LOCATION OF RECORDS: All records will be stored in a locked filing cabinet in the principals office at Hancock County Elementary School.

East Tennessee State University
Department of Educational Leadership and Policy Analysis

CHILD ASSENT FORM

PRINCIPAL INVESTIGATOR: Michael D. Belcher

TITLE OF PROJECT: *The Impact of a Rural School-Based Health Center On Students and Their Families in Sneedville, Tennessee: A Case Study*

This study is centered around the objective of determining whether or not the Sneedville School-Based Health Center has had an impact on the well being of students who have had services there. Participants will be asked questions pertaining to their views concerning the value of services at the School-Based Health Center.

The interviews will be held at the Hancock County Elementary School and will be approximately 1 hour in length. The conversations will be audio taped and transcribed into typed words. The participant may at anytime remove any part of the interview that they feel uncomfortable with. **Participants may also choose not to answer any questions and may quit at any time.**

Ver.07/30/03

Subject's Initials _____

APPENDIX K

Interview Permission Letter

June 9, 2003

Dear Parent/Guardian of _____

Michael Belcher, a student at East Tennessee State University is doing his doctoral dissertation on the impact of the Sneedville School-Based Health Center. Michael needs to interview approximately 10 current students, 10 parents of current students, 10 graduated students, and 10 parents of graduated students. You or your child has been selected as someone who could be valuable to this research project. There is no risk involved and the interview will be scheduled at your convenience.

If you are willing to help, please send the enclosed form with your signature to Mr. Belcher in the self-addressed stamped envelope. Any help would be extremely helpful and appreciated by Mr. Belcher. This information will be strictly confidential and could assist in securing future health care for the children of Hancock County.

Your time and participation would be worthwhile and beneficial.

Appreciatively,
S.B.H.C. Staff

Yes, I will help provide needed information.

_____, please call me at _____
to schedule the interview.

APPENDIX L

Auditor's Letter

Hyle Ferguson
420 Court Street
Sneedville, TN. 37869

November 14, 2003

Dear Mr. Belcher,

On November 10, 2003, I had the privilege to meet you and begin the process of auditing your qualitative dissertation. The time you spent familiarizing me with your study on the Sneedville school-Based Health Center was most helpful. I have enjoyed reading your study and confirming the accuracy of the enormous amount of data you have collected during your research.

My review of your study, consisted of the following steps:

A review of the design section

The interview list was verified

The interview files were reviewed to verify the existence of a recorded copy and disk copy were present for each interview.

The interview protocol was reviewed to determine what type of information was collected.

The existence of transcribed versions of each interview was verified, and it was confirmed that the appropriate procedures were used to guarantee accuracy of the transcriptions.

Interview transcripts were checked with the paper to verify accuracy.

Review and verification of all informed consent documents.

Findings: The research design section accurately described the research questions to be addressed. The individuals interview protocol was followed, and the documents were analyzed with clear direction and focus.

The interview list was correct and included a direct, informative list of the interviewer and their associated group. The interview guides were well designed and asked appropriate questions. The interview files reflected clear verbatim interview answers and reflections, all were present.

As the auditor for this study:

I conclude that this study was conducted in a professional and thorough manner. All researched data was present and all appropriate areas appeared to be explored. There was evidence of credible qualitative research techniques. The data was well organized and related nicely to the study topic.

I congratulate you on completing this giant study. It is my judgment, based on my observation of the audit trail that you have maintained a high degree of professionalism as a researcher and have conducted a valuable and worthwhile research project.

Sincerely,

Hyle Ferguson
Supervisor Federal Projects, Hancock County Schools

APPENDIX M

Peer Debriefers' Letter

November 25, 2003

To Whom It May Concern:

I served as peer reviewer for Michael Belcher during his work on his dissertation; the impact of a rural School-Based Health Center on students and their families in Sneedville, Tennessee: A case study throughout his research, we discussed the work he was doing, from the prospectus through research and analysis.

Michael discussed his processes with me and I provided him with feedback and reactions to his maneuvers. He shared the process of his data collection with me, and we discussed his methods of analysis. We talked about the importance of validity and reliability issues pertaining to his study. I looked over his references, citations and research questions, providing feedback and some recommendations.

I believe that the data gathered in this study has much potential to be extremely useful to both health care officials and educators.

Similar rural communities considering starting up a School-Based Health Center would be well served to consider the recommendations and findings in this study.

I was glad to have helped Michael through this study and participate in the research process. I hope my assistance and support, have been beneficial to the overall outcome.

Sincerely,

Angela Kinsler

APPENDIX N

Thank You Letter to Participants

February 11, 2004

Dear study participant:

This letter is written to thank you for your valuable contribution to my research project investigating the impact of the rural school-based health center on the lives of students and families in Sneedville. Your input and perceptions of the care given at the health center were very helpful in gauging the centers value. Please remember that you are very welcome to have a copy of the completed study, which I will send to you free of charge at your request. Thanks again for your time, and interest in the helping the children of Hancock county.

Thankfully,

Michael D. Belcher

VITA

MICHAEL D. BELCHER

Personal Data: Date of Birth: March 1, 1962
 Place of Birth: Indianapolis, Indiana
 Marital Status: Divorced

Education: Hancock Central Elementary School
 Sneedville, Tennessee
 Hancock County High School
 1980
 East Tennessee State University, Johnson City, TN;
 B.S. Geography, Political Science
 1983
 East Tennessee State University, Johnson City, TN;
 M.A.T. Masters in the Art of Teaching
 1992
 East Tennessee State University, Johnson City, TN;
 Specialist in Education
 1994
 East Tennessee State University, Johnson City, Tennessee,
 Ed.D., Educational Leadership and Policy Analysis
 2004

Professional
Experience: Teacher, Hancock County Schools, Grades 3-8
 1989-1993
 Principal, Hancock County Schools
 Mulberry Gap Elementary, Kyles Ford Elementary
 1993-1997
 Director of Special Education, Hancock County Schools
 1997-1999
 Principal, Hancock County Elementary School
 1999-present

Professional
Associations: Hancock County Education Association
 Tennessee Education Association
 National Education Association
 Tennessee Association of Elementary School Principals
 Kellogg Foundation
 New Century Council
 Sneedville/Hancock County Partners