

Best Practices for Youth-Friendly Sexual and Reproductive Health Services in Schools

RECOMMENDATIONS FOR SCHOOL NURSES AND SCHOOL-BASED AND SCHOOL-LINKED HEALTH CENTER STAFF

Schools are in a unique position to provide their students comprehensive health services and referrals to community-based health centers, due to their accessibility to students and their ability to provide health education and services targeted specifically for young people. Schools have the important responsibility of addressing the needs of students by helping them succeed academically. Studies show healthy students learn better. Providing access to health services will enable them to lead both healthy and successful lives.

Four strategies schools commonly utilize to provide health services and referrals to care for students are school nurses, school-based health centers, school-linked health centers, and partnerships with community-based organizations (CBOs) or health departments.

- According to the National Association of School Nurses, **school nurses** facilitate positive student responses to normal development; promote health and safety including a healthy environment; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self advocacy, and learning. In addition to treating illnesses and injuries, administering medications, and managing chronic illness, school nurses typically oversee all school health policies and programs. School nurses are generally available to students during regular school hours through scheduled or walk-in appointments.
- **School-based health centers (SBHCs)** provide comprehensive medical and mental health screening and treatment for young people on their school campus. Staffed primarily by nurse practitioners supported by physicians, registered nurses, and clinical assistants, SBHCs offer a wide range of health services that meet the many needs of youth including acute medical care, preventive care, mental health, injury preven-

tion, care for chronic conditions, dental care, and sexual and reproductive health services. SBHCs typically provide health services to young people attending the school in which the SBHC is housed as well as students of other schools within the district or county. In some cases, the SBHC is open to all young people in the community, and in others, services are available to all members of the community. Some SBHCs are open year-round, while others follow the academic calendar. Most SBHCs offer both scheduled and walk-in appointments to reduce barriers to care for young people.

- **School-linked health centers (SLHCs)** are similar to SBHCs in that they provide a wide array of general medical services, counseling services, reproductive health care, and social services specifically targeted for adolescents. SLHCs, however, have more autonomy over their scope of services than SBHCs and as a result are able to provide services which may be restricted for SBHCs by state school district policies. Such services may include dispensing contraceptives or offering full-options counseling for pregnant teens. SLHCs are generally located close to school grounds with staffing by health professionals experienced and trained to work with young people. While linkages to schools can be either formal or informal, the relationship between a school and school linked health center facilitates two-way referrals and consultations, improving overall quality and continuity of care for young people. A key benefit of SLHCs is the ability to go beyond school populations and serve youth who are not in school, homeless youth, and youth in detention centers, shelters, and other social service programs. As such, SLHCs typically provide services in the evening, during school vacations, and in the summer with some even offering services on Saturday.
- **Partnerships between schools and CBOs/health departments** support schools to ensure the diverse needs of students are met, including academic success and access to critical health services. Establishing such partnerships is especially important

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in school districts that do not have SBHCs. Through these partnerships, schools can offer a wider range of health and social services to students such as testing for sexually transmitted infections (STIs), including HIV.

This document provides recommendations for school nurses and health center staff on nine essential components of youth-friendly services – confidentiality, respectful treatment, integrated services, culturally appropriate care, easy access to care, free or low cost services, reproductive and sexual health care, services for young men, and promoting parent-child communication.

MAINTAIN ADOLESCENT CONFIDENTIALTY

Confidentiality means that the provider keeps an adolescent’s sensitive health care issues private. The imperative need to guard the adolescent’s confidentiality extends to every member of the health center’s staff, including receptionists and technicians.

Recommendations for school nurses and school-based or school-linked health center staff:

1. Make sure that health center or school nurse staff have a clear understanding of the state’s laws on informed consent and confidentiality in regard to a) contraceptive services; b) STI testing and treatment; c) HIV testing and treatment; d) substance abuse treatment; and e) mental health care.
2. Train all health center and school nurse staff about the importance of guarding adolescents’ confidentiality. Make sure that receptionists, medical assistants, technicians, and health providers understand how sensitive youth may be to any incident of carelessness with regard to their medical records, name, appointment, test results, and/or the reason they are seeking care.

3. Ensuring confidentiality of student medical records can be a challenge due to the myriad of state and federal sources on confidentiality requirements in health care. Determining which legal requirements apply in each situation with a student can be a challenge for school-based and school-linked health centers. Each situation in which confidentiality or disclosure may be at issue must be evaluated on a case-by-case basis. As a result, the recommended approach is to compile a list of applicable confidentiality laws and requirements and, with the help of legal counsel, create scenarios in which confidentiality would be at issue. This will allow staff and advocates of school-based and school-linked health centers to be familiar with the laws that are applicable in their jurisdiction.

4. Emphasize the protections of confidentiality. In focus group research, youth recommended that clinicians consider saying, “*I promise ...*” and that clinicians avoid using the word ‘except.’ They also recommended that clinicians explain the limits of confidentiality as a matter of caring rather than of law. For example, “*I hope you would discuss things like feeling suicidal or being abused with me because these are really serious and I would want to help you and get others to help you, too.*”

5. When prescribing medication, refer all young people, especially minors, to a pharmacy where their confidentiality will be respected and where the pharmacist will call the health provider (not the parents) with questions about a prescription. School nurses and school-based or school-linked health center staff can also assist in calling the pharmacy to reinforce the need for confidentiality.

6. Remember that some populations of youth need extra assurances of confidentiality:

- **HIV-positive youth** have a critical need for assured confidentiality, especially in regard to their HIV status. They are often fearful of being rejected by family and friends if their status becomes known.
- **Older youth** may be particularly concerned about confidentiality. For older adolescent females, this may relate to their increasing autonomy from the family. For older adolescent males, this may relate more to their need to conceal vulnerability from their peers than to concerns about their parents.
- **Gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth** can be especially concerned about confidential-

ity regarding their sexual orientation or gender identity. They may be put in considerable danger by being deliberately or accidentally 'outed.'

- **Pregnant and parenting teens** may worry that health center or school nurse staff are not careful with their privacy. These young people are already under considerable stress and may discontinue or delay care if their confidentiality is not assured.

7. Some research has examined the value of involving young people in health center operations. One study on "peer providers" in family-planning clinics showed that teens may feel more comfortable talking about reproductive health issues with other teens and may be more likely to absorb reproductive health messages from other teens. However, it is important to carefully weigh the benefits of having teens in a clinic environment, especially as it relates to preserving confidentiality.

8. In areas – both rural and urban – where young people may know peer educators, health centers could inadvertently compromise a young person's confidentiality. Consider other ways to involve teens, such as through focus groups, as outreach workers, as members of advisory councils, and as media spokespeople.

9. School-based health centers which serve the entire community, in addition to students, must take extra steps to ensure confidentiality for young people. These steps can include measures such as additional staff trainings, use of confidential codes, and when possible, separate waiting rooms for young people.

TREAT YOUTH WITH RESPECT

Respectful treatment is critical as adolescents are particularly sensitive to rude, judgmental, or overbearing attitudes and behaviors on the part of adults. In fact, such attitudes and behaviors can cause adolescents to:

- Leave the health center or school nurse office before they get the care they need;
- Fail to comply with treatment requirements (such as taking medicine on time, getting physical therapy, etc.); and/or
- Refuse or forget follow-up care.

Recommendations for school nurse and school-based or school-linked health center staff:

1. Make sure that every staff member – from health providers to receptionists – receives training in adolescent development and in treating youth respectfully. Provide additional training for staff members who don't consistently treat youth with dignity and respect.

2. Schedule slightly longer visits with adolescents so they have time to ask questions and to get answers to their questions. Remember that just because an issue is not clinically significant does not mean it is not important to the youth who is asking about it.

3. Train all health providers, including school nurses, on how to raise sensitive issues, such as sexual health, condom and contraceptive use, substance use, interpersonal violence, and mental health.

4. Treat every youth as a whole person. Involve adolescents in their own health management. Remember that adolescence is a time when independence is increasingly important. Youth will appreciate and respond positively to being treated with dignity.

5. Explain the reason for a particular test and what is involved. Be gentle when performing the test, whether it is a Pap smear, a testicular exam, drawing blood, or any other procedure that may make young people feel uncomfortable, wary, or fearful.

6. Be aware that some populations of youth are particularly sensitive to disrespectful treatment:

- **Parenting teens, and those who are pregnant and intend to be parents**, have many fears and worries. They are often scared about: being examined; the pain of delivery; having a secure place to live with the baby; being a good parent; and finishing school, among other things. They need reassurance and emotional support from health providers and staff.

- **GLBTQ youth** should not be subjected to heterosexist assumptions on the part of the health provider or staff. Avoid assuming that all youth are heterosexual. Train all health providers regarding sexual orientation so that they know to avoid:

“Treat every youth as a whole person. Involve adolescents in their own health management.”

“It is important that schools have strong linkages with community-based health centers and health departments where youth can access contraceptive services.”

- Saying that a teen who has acknowledged being gay, lesbian, bisexual, transgender, or questioning is ‘just going through a phase’;
 - Confusing sexual orientation with sexual behaviors (e.g. a male who has had a sexual experience with another male may not identify as gay)
 - Stigmatizing a teen’s sexual orientation or gender identity; or
 - Associating sexual orientation with risk or safety regarding STIs or pregnancy, domestic violence, or any other issue that youth may face.
- **HIV-positive youth** struggle with all the developmental issues facing any teen. When first diagnosed, they may be overwhelmed with fears about the future, dying, maintaining relationships, establishing intimacy, being abandoned by family and friends, and being stigmatized. Taking a lot of medications is often difficult for youth who are balancing the normal developmental tasks of adolescence with social life and peer relationships, so being patient, positive, and nonjudgmental is particularly important to assuring that youth continue with the health care they need.
 - **Racial or ethnic minority youth** are justly sensitive to discourtesy. A recent study found that providers may (intentionally or unintentionally) act differently according to a young person’s ethnicity. These providers may base their actions on stereotyped beliefs about the youth’s fundamental values, competence, and deservedness. Health providers must question their own assumptions regarding youth of an ethnicity different than their own because there is substantial evidence that providers’ beliefs, expectations, diagnoses, and treatment are influenced by the race/ethnicity of clients.

- **Youth who are survivors of sexual or physical assault** are particularly vulnerable to disrespect because of the traumatic event(s) they have endured. Young women may blame themselves while young men may question their own masculinity. Respectful treatment is imperative for any adolescent or young adult survivor.

PROVIDE DIFFERENT SERVICES IN ONE LOCATION

Integrated services allow youth to obtain different services in a single location. Ideally, integrated services offer a multidisciplinary, holistic approach, including primary care, reproductive and sexual health care, STI/HIV testing and treatment, substance abuse treatment, mental health care, and education and counseling. Young people often feel anxious to receive services in a setting that would stigmatize them. Integrated service settings, such as school-based and school-linked health centers, are therefore critical as they do not expose what services young people are seeking.

Recommendations for school nurse and school-based or school-linked health center staff:

1. Establish protocols to ensure that youth receive preventive counseling as recommended by GAPS (the American Medical Association’s Guidelines for Adolescent Preventive Services). Set up protocols so health providers remember to ask about risk-taking behaviors, including unprotected sex, substance use, and violence as well as about issues like depression, suicidal thoughts, and violence victimization.
2. Make sure that staff understands some teens, including teen parents and those in foster care, homeless shelters, juvenile detention centers, and substance abuse programs, have higher rates of risk-taking than other teens. Set up strong referral systems, co-locate services, and/or establish collaborative partnerships with agencies who serve these youth.
3. School-based health centers are especially effective in serving teens but are sometimes unable to provide contraceptive and family planning services. It is important that schools have strong linkages with and provide referrals to community-based health centers and health departments where youth can access these services.
4. Many youth use the hospital emergency department as their usual source of care and, thus may not receive comprehensive

care. Connect with local emergency rooms so they can refer youth to local community health centers for family planning and other services.

5. To the extent possible, ensure continuity of care by making every effort to have teens see the same counselor and/or health provider at every appointment.

6. Widely advertise the breadth of the health center's services. If youth know that the health center offers primary care and general and sports physicals as well as care for more sensitive issues like reproductive and sexual health, STIs, substance abuse, and/or mental health, they can come in for care related to a sensitive issue without worrying that others will know why they are in the health center.

7. Try 'in-reach' as well as outreach. Excellent ways to reach young men include their girl- or boy- friends and other young men who have used the health center and been satisfied.

8. Since adolescents often have difficulty navigating complex medical systems, make referral appointments for them and ensure that they know exactly where and when to go. Give them clear directions, assurances of continuing confidentiality, and information about fees, if any. Knowledge can help lessen their anxiety so they will be more likely to keep the referral appointment.

9. Before an adolescent leaves the health center, provide a slip of paper with their correctly spelled diagnosis and medications, if any. The same paper can include reliable and accurate Web-sites that offer consumer health information. Health providers can have ready a sheet of paper with the Web addresses of organizations that offer consumer health information on reproductive and sexual health, substance use, mental health, violence, and general health. All the health provider has to do is to add any diagnosis and medications, clearly printed, on the paper before handing it to the client.

10. Remember that integrated care is especially important to some populations of youth:

- **Young men** may be particularly drawn to integrated services that allow them to seek care for sensitive issues without exposing their vulnerability.
- **Young women** need proactive health care. Sexually active young women need

annual screening for Chlamydia and gonorrhea, regardless of whether or not they are symptomatic.

- **Pregnant teens who intend to become parents** need more than just prenatal care. They need to know that their health provider cares as much about them as about the fetus they carry. They often need assistance in accessing publicly-funded health insurance and social services.
- **GLBTQ youth** have the same physical and psychosocial needs as their heterosexual peers and need the same comprehensive services.
- **HIV-positive youth** need coordinated care that provides a range of services, including case management, comprehensive medical care, and social services to ensure that their fundamental needs, such as food and housing, are met.
- **Sexual assault survivors** need immediate prophylaxis for STIs including HIV, while women of reproductive age need immediate prophylaxis, such as emergency contraception, to prevent pregnancy. CDC recommends a variety of antibiotics for preventive therapy against gonorrhea, chlamydia, trichomoniasis, and bacterial vaginosis. Youth need clear, gentle explanations of why the medications are important. And they need to be treated gently and respectfully during the examination.

AIM FOR A DIVERSE, WELL-TRAINED STAFF

Cultural competence in health care acknowledges and incorporates the importance of culture(s); assesses cross-cultural relations; is vigilant regarding dynamics that result from cross-cultural differences; expands cultural knowledge; and adapts services to meet the culturally unique needs of clients.

“Ensure high quality adolescent health education materials are available in all the languages that young people in the community speak and for various reading levels, including low literacy.”

“Establish a text-messaging line which can provide youth with information about where and when to access nearby youth-friendly health services.”

Recommendations for school nurses and school-based or school-linked health center staff:

1. Establish continuous, ongoing training regarding:
 - Cultural diversity;
 - Sexual orientation and gender identity; and
 - Cultural norms particular to the cultures of the clients.
2. Establish clear, unambiguous policies against discrimination on the basis of sex, age, race/ethnicity, sexual orientation, religion, gender identity, and gender expression. Make sure that the health center is a safe place for *all* clients and staff.
3. Hire diverse staff, in regard to both ethnicity and gender. Pay attention to gender role dynamics between staff and clients.
4. Ensure that staff can communicate with clients in their own language(s). This may mean hiring bilingual and multilingual staff and/or generously compensating staff who learn one or more additional languages.
5. Depending on the demographics of the health center's patients, be sure that bilingual staff is available, either during all operating hours or at set times and on set days. Remember that misinformation may be exchanged if the health provider and the client do not speak the same language. Language clarity is vitally important during discussions of diagnoses, treatment, and medications, and also of sensitive subjects like violence victimization, substance use, and sexual risk-taking.
6. Ensure that high quality adolescent health education materials are available in all the languages that young people in the community speak and for various reading levels, including low literacy.

7. Involve young people in assessing the policies and services offered by the health center. Take their recommendations seriously.

8. Choose gender neutral décor for waiting rooms to provide reassuring visual cues that both young men and young women belong there and are welcome. Additionally, school nurses and school-based or school-linked health centers can ensure that waiting and examination rooms have posters and resources inclusive of LGBTQ youth.

9. Remember that cultural competence is highly important to particular populations of youth:

- **Young lesbians and bisexual women** want clinicians to be respectful. Clinicians who show sensitivity and respect can have a highly positive impact on young lesbians' willingness to seek and receive care. Be aware that sexual orientation does not preclude either pregnancy or STIs among lesbian women.
- **Gay and bisexual men** often rely heavily on the experiences and recommendations of their peers. Good client-staff interactions with one young man will be likely to come to the attention of other gay and bisexual young men. Be aware that young gay and bisexual males have the same need as their heterosexual peers to be treated holistically and to receive optimal care that addresses their physical, emotional, and psychosocial health.
- **Ethnic minority youth** need to know that they are seen as individuals, not as someone's stereotype of their race/ethnicity. Remember that any individual adolescent is no more and no less likely than any other to participate in or to avoid risk-taking behaviors. All need the same individual counseling and care.

REMOVE BARRIERS TO CARE

Easy access to health care is important for youth. Barriers to access may include: lack of transportation; difficulties making appointments; not knowing where to go; hours and days when services are available; and requirements to return for follow-up.

Recommendations for school nurses and school-based or school-linked health center staff:

1. If possible, offer transportation vouchers or bus tokens to youth who need them. If this is not possible, link with community health

centers around the county or geographic area so that you can offer youth the option of using a health center closer to their home, school, or work.

2. Offer a special help-line that adolescents can use to inquire about services, make appointments, and request follow-up care. Where possible, consider establishing a text-messaging line or web page which can provide youth with information about where and when to access youth-friendly health services.

3. For school-linked health centers, offer flexible hours for adolescents. Offer walk-in hours and appointments in the evening and on weekends. For school-based health centers, consider being open year-round, not just during the academic school year. Additionally, ensure the health center is open before and after school, not solely during school hours. Lastly, school nurses and health providers in school-based health centers can partner with schools to establish policies which allow students to see medical providers during the school day.

4. Be sure to get a cell phone number and/or private e-mail address for youth. For youth in need of follow-up care, such those who have tested positive for STIs, health centers may be able to contact youth much more quickly and reliably through text messaging or e-mail than through more traditional methods. Contact youth within 24 hours with their test results. Keep a confidential log book to document follow-up, treatment, and partner notifications.

5. School nurses and health center staff can also provide students and families with referral information along with available community resources to improve access to care.

6. School nurses and school-based health center staff can follow-up with students if they are referred to a community health clinic to ensure that the young people understood what was discussed during their appointment and to ensure they will follow through with the recommended next steps whether it is a follow-up appointment or taking a prescribed medication.

7. Other steps to ensure young people continue the recommended care include scheduling routine follow-ups. Follow up appointments can be scheduled before young people leave the health center and can be coordinated with when youth will need a refill on any medication.

PROVIDE FREE OR LOW COST SERVICES

Poor and uninsured adolescents worry a lot about whether they can afford the care they need. Youth who have health insurance often worry about confidentiality—for example, about information forms or insurance receipts going to their parents. So, whether youth have insurance or not, cost can be a major factor in whether they even attempt to get medical care. Health centers should offer free services and/or use sliding fee scales to ensure that young people get the services they need.

Recommendations for school nurses and school-based or school-linked health center staff:

1. Offer free or greatly reduced-fee services to adolescents. This can be especially important for STI testing and treatment.

2. Set up private billing accounts for adolescents who seek confidential services. Arrange for laboratory fees for confidential tests to be billed directly to the health center. Work out a nominal payment plan with the adolescent. At the same time, bill the adolescent's insurance for provider time, using confidential codes, so that information forms sent to the parents will not betray youth's confidentiality.

3. Where permitted by state law, dispense free or low cost prescriptions to adolescents.

4. Stock exam rooms (not just the waiting room) with baskets of condoms along with signs saying that youth are free to take as many as they like, at no charge.

5. School nurses and providers at school-based or school-linked health centers can assist students and families in obtaining health insurance as needed and can represent the school on community coalitions to advocate for increased resources for school-based health care.

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OFFER AN ARRAY OF REPRODUCTIVE AND SEXUAL HEALTH SERVICES

These can include education and counseling, contraceptive services, and STI/HIV testing and treatment, in addition to prenatal and obstetrical care, pregnancy options, and fertility counseling and treatment. Most of these services are important to adolescents and young adults.

Recommendations for school nurses and school-based or school-linked health center staff:

1. Use a standardized form for eliciting sexual history. Whether the health center uses computer technology or nurse interviews or both, it is critically important to obtain a sexual history from every young person using standardized forms. This will help to ensure that health providers can adequately and appropriately address each young person's sexual risk.
2. Offer adolescent females a wide array of contraceptive methods. Do not hesitate to offer intrauterine contraception and contraceptive injections as well as the patch, the ring, or birth control pills. A young woman cannot make an informed choice unless she knows the benefits and drawbacks of all her contraceptive options. If she chooses the pill, patch, or ring, encourage her to begin her method immediately, regardless of where she is in her menstrual cycle. At the same time, advise her of the importance of using condoms for additional protection against pregnancy in the first seven days after she has begun her chosen method of hormonal contraception.
3. If the law does not allow school nurses or health providers in school-based health centers to discuss the various methods of contraception or does not allow them to be made available to young people, refer students to school-linked health centers and other community clinics where young people can access these services. This is particularly important for pregnant young women who need counseling on all options available, including abortion and adoption.
4. Explain the difference between the relative risks and the absolute risks associated with contraceptive options, especially since media usually highlight relative risks and ignore absolute risks. Take for example, oral contraceptives and the risks of heart attack: among one million non-smoking women ages 30 to 34 who use oral contraceptives, about four experience a heart attack each year, compared to two who do not

use oral contraceptives. Thus, the relative risk has doubled; but the absolute risk has remained quite low.

5. Advise all adolescents about the importance of using dual protection, regardless of their sexual orientation. Most sexually active young women are able to use hormonal contraception to prevent pregnancy. All sexually active youth should be advised to use condoms or dental dams at every act of sex, to prevent or lessen the risk of transmission of STIs, including HIV.
6. Do not require a pelvic exam before prescribing or dispensing hormonal contraception to adolescents. Also, be sure that young women know, in advance, when a pelvic exam will not be necessary and when it will be needed. Many experts now recommend that the first Pap test should occur three years after the first episode of vaginal intercourse or at 21 years of age, whichever comes first. Thereafter, women under age 30 should be screened once each year with conventional cervical cytology or every two years, using liquid based tests.
7. Do not require a pregnancy test before offering emergency contraception. A pregnancy test is entirely unnecessary before a young woman uses emergency contraception because the medication will not harm an established pregnancy and will have no effect if the woman taking it is already pregnant. Remember that emergency contraception is *entirely safe* for adolescent women.
8. For purposes of partner notification, be sure to ask about sexual partners in the previous two weeks to one month (for herpes and most bacterial infections); in the past two months (for chlamydia and gonorrhea); and in the past year (for HIV).
9. Screen consistently for Chlamydia and gonorrhea, using urine based testing. Experts suggest that, whenever possible, health providers offer urine-based STI screening, using sensitive nucleic acid amplification techniques, for the diagnosis of most STIs.
10. Screen all sexually experienced females, ages 25 and under, annually for Chlamydia AND for gonorrhea unless the prevalence of gonorrhea in your youth population is known to be less than two percent. Do not limit screening to symptomatic clients.
11. Screen *all* young men, ages 25 and under, for Chlamydia and gonorrhea, unless prevalence in your youth population is known to be less than two percent. For purposes of assessing prevalence, consider separately

the populations of young men who do and do not have sex with other men. *Do not* limit screening to symptomatic clients.

12. Peer education groups are a great way to provide information about comprehensive reproductive and sexual health services. Some school-based health centers have an established group of peer educators who may teach sexual health information and conduct community outreach and advocacy to mobilize students, parents, and community members in support of programs and policies that support young people's health.

13. To ensure that students receive reproductive and sexual health education, school nurses and health providers in school-based health centers should advocate for schools to implement comprehensive sex education and linkages to reproductive health care services.

PROVIDE SERVICES SPECIALIZED TO YOUNG MEN

Services for young men are important, particularly around confidentiality concerns. Studies have shown that young men, especially older adolescents and young adults, were often less concerned than their female peers about confidentiality with regard to their parents. However, young men expressed considerable concern about whether their peers would learn that they were seeking care and why.

Recommendations for school nurses and school-based or school-linked health center staff:

1. To draw young men as clients, offer integrated care so they can seek services for sensitive issues without their peers learning why they came in. Offer services that young men want: holistic care that addresses their physical, emotional, and social health and that increases their knowledge and skills, supports positive behaviors, improves physical and psychological health, and fosters better communication with intimate partners.

2. If the health center is unable to offer a full breadth of services, link with other community health centers and agencies so that the health center can easily and readily refer young men to nearby care, preferably to venues where they will feel that their peers will not know *why* they are there.

3. Train *all* health center staff about the importance of guarding male adolescents' confidentiality, especially among their peers. Medical staff at school-based health cen-

ters should be pro-active in assuring male students that their confidentiality will be guarded, especially with regard to their medical records and conversations that might be overheard by other students, faculty, or school staff.

4. Create links between the health center and area emergency rooms and school-based health centers. Young men who use the emergency room as their usual source of care may need a referral to community-based health centers for reproductive and sexual health care and other services, such as mental health care, substance use treatment, and/or primary care. Young men who use school-based health centers may also need referrals to local family-planning or STI clinics, especially for sexual health care.

5. Advertise the breadth of the health center's services, especially in venues where young men congregate. If young males know that the health center offers primary care and general and sports physicals as well as reproductive and sexual health care, STI testing and treatment, substance abuse treatment, and/or mental health care, they can come in for care related to sensitive issues without worrying that their peers, advisors, coaches, and others will know why they are in the health center.

6. Try 'in-reach' as well as outreach. Studies suggest that an excellent way to reach young men is through their girlfriends. Young men also listen to the recommendations of other males who have used the health center and been satisfied.

“To ensure students receive reproductive and sexual health education, school nurses and health providers in school-based health centers should advocate for schools to implement comprehensive sex education.”

7. Treat young gay and bisexual males holistically and assure that they receive optimal care that addresses their physical, emotional, and psychosocial health. Gay and bisexual men often rely on the experience and recommendations of their peers and therefore, good client-staff interactions with one young man are likely to come to the attention of other gay and bisexual young men.

8. Screen *all* young men under age 25 for chlamydia and gonorrhea, unless the prevalence in your client population is known to be less than two percent. For purposes of assessing the prevalence, consider separately the populations of young men who do and do not have sex with other men. *Do not* limit screening to symptomatic males.

PROMOTE PARENT-CHILD COMMUNICATION.

Improving parent-child communication about sexuality, drug use, and other critical health issues is an important aspect of the work of many health providers, health educators and nurses today. Studies have shown that adult-focused programs and workshops can greatly strengthen parents' skills, willingness, and determination to have conversations with their teens about sex and other important health issues. Studies have showed that parents' improved communication skills resulted in better communication with their teens and improved behavioral health outcomes for youth.

Recommendations for school nurses and school-based or school-linked health center staff:

1. To encourage parent-child communication about sensitive health issues, advertise and offer workshops for parents on how to talk with their children. Several programs have been evaluated and found to be effective. Provide these workshops offsite or when the clinic is otherwise closed.

2. If the school nurse or health providers at the school-based and school-linked center cannot offer workshops directly, find out what other agencies in the community are doing to promote parenting skills or to address teen pregnancy or adolescent substance use and other adolescent risk behaviors. Consider collaboration with these agencies in sponsoring workshops that will improve parents' skill in having positive, healthy, two-way discussions with their adolescents.

3. Schools can also utilize partnerships with local community-based organizations to provide trainings, resources, and materials for parents on how to talk with their children about sensitive issues surrounding the child's sexual and reproductive health and rights.

4. Offer pamphlets, online resources, and other materials, in a variety of languages and reading levels, to help parents talk with adolescents about sexuality and other sensitive health issues.

5. When counseling adolescents to talk with their parents:

- First, ascertain whether the adolescent has already talked with a parent.
- If the adolescent has not talked with their parent(s) about sexual health, be sure that the adolescent lives in a safe environment before counseling her or him to do so.
- Finally, be very clear with adolescents that you will *not* break their confidentiality, regardless of what they decide about talking with their parents.

6. Health providers at school-based health centers and school nurses can collaborate with schools by providing resources on discussing sensitive subjects with teens during back to school nights as well as during orientations for freshman parents.

Health providers in school settings are ideally positioned to provide a wide array of youth-friendly services to young people. Schools can also provide linkages to youth-friendly school-linked health centers as well as community-based organizations and health departments when all health needs of adolescents are not met within the school setting. Provision of youth-friendly services is a critical component of ensuring young people receive the care they want and need, whether it is sexual or mental health services. Access to such services helps young people to lead healthy and successful lives.

Advocates for Youth © 2012

This factsheet serves as a supplement to Advocates for Youth's publication Best Practices for Youth-Friendly Clinical Services, by Sue Alford, which contains all citations and extensive research. It was adapted by Sulava Gautam, Program Coordinator, Health and Social Equity.

MISSION

Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

OUR VISION: THE 3RS

Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource.

The core values of Rights. Respect. Responsibility.® (3Rs) animate this vision:

RIGHTS Youth have the right to accurate and complete sexual health information, confidential reproductive and sexual health services, and a secure stake in the future.

RESPECT Youth deserve respect. Valuing young people means involving them in the design, implementation and evaluation of programs and policies that affect their health and well-being.

RESPONSIBILITY Society has the responsibility to provide young people with the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves from too-early childbearing and sexually transmitted infections (STIs), including HIV.