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home school families. "If you want to keep a student healthy and in class and the younger siblings all have a contagious something, then you want to treat them all, not just the one in the district," explains Ford.

Another policy decision was about whether to open the clinic to all members of the community and attempt to serve more than just the student population. "We recognize that there is a health care vacuum in the community," says the School District's Bell. According to Bell, the Planning Committee decided it was best initially to stay with serving just students. "We can expand later, but we don't know what the demand is going to be at the start."

Of course, a major policy decision was what services to offer. In addition to primary care treatment, the clinic will offer screening services that include blood pressure, vision, hearing and scoliosis as well as minor dental screenings and preventive treatment. The clinic will have the capacity to write prescriptions and administer over the counter and prescription medications.

In addition the clinic will provide reproductive health services including pap exams, pelvic exams, testicular exams, pregnancy testing and counseling. They will also provide Sexually Transmitted Disease/Sexually Transmitted Infections (STD/STI) treatment and prevention including condom availability for STD/pregnancy prevention use. According to state law there is no Self Consenting Age restriction for students seeking reproductive health services.

Ford says the Planning Committee has decided that the clinic will not provide birth control as a family planning method, but will not restrict the medical treatment scope of the provider if birth control pills need to be prescribed for a medical intention, such as hormone therapy.

What will happen, says Ford, if a patient is requesting family planning service or has questions about using birth control pills, is the provider will have a conversation with the student about who is a responsible adult in their life. "The provider will talk about responsible choices and decisions and people they may want to talk with about this decision," says Ford. "In the end that patient will walk away with a list of resources about where they can go to get more information about this decision that they are making, but we cannot provide the contraceptive method here."

As far as distribution of condoms, for patients who come to the clinic and are talking about participating in sexual activity, the clinic will offer condoms for the purpose of disease or pregnancy prevention, along with the same discussion with the provider about responsible choices and decisions, and what adults in their life might be available to discuss these important decisions. "They will be taught how to use it effectively, what it prevents, what it doesn't prevent and about health risks," says Ford.

According to Ford, the state requires a SBHC

to provide STD/STI treatment and prevention, but it does not require providing condoms on site. "Our Planning Committee wisely looked at that and asked, 'How do you tell people to prevent STD/STI and only give them one option [abstinence], when you know medically you have this other option, condoms, which is effective in preventing those,'" says Ford. "So by providing condoms, we can say we are doing everything we can to prevent STD/STI."

Bell says students themselves through Healthy Teen Surveys have indicated there is a health concern about this issue and have expressed a need for disease prevention. The SBHC provides an opportunity where students are in an environment where they are comfortable and can ask questions of a medical professional and receive accurate information.

Ford agreed with Bell that the data indicates that Vernonia, the county and the state has a percentage of students who are sexually active with one or multiple partners and who aren't using condoms because they don't have access to them or they don't know how to use them. "We see that there are already students who are sexually active and our goal is to give them the skills to stay healthy if that is the decision they are choosing."

A SBHC has been in the works for Vernonia for several years. It was being considered in the fall of 2007, but the flood in December and the resulting lack of adequate school facilities forced the project to be put on hold. "Public Health stayed involved with the Wellness Team and we just kept working and keeping a health focus for the district," says Ford. "We worked together on a Tobacco Free Campus policy, we worked on a school wellness policy and together just kept health at the forefront of the school population." When it came time to build the new school campus, Ford and the Wellness Team got back to planning for the SBHC.

The Public Health Foundation received a \$60,000 grant from the state for startup, and according to Ford, whatever is not used for equipment and supplies can be used toward operations costs. "We have a business model that runs in the black," says Ford.

Initially the plan calls for the nurse practitioner to be in the office for twelve hours each week. The clinic will be open an additional eight hours each week to offer mental health services, for

a total of twenty hours. Ford says that any revenue from insurance billing will be used to expand services.

In addition to Ford and Bell, members of the SBHC Planning Committee include Aaron Miller-WGS principal, Heidi Brown-VSD Nurse, Karen Ladd -Public Health Administrator, Dr. Ken Cox-VSD Superintendent, Peter Weisel-Vernonia School Counselor, Bill Langmaid-VSD Board, Marie Krahn-Vernonia Health Clinic Board, Tara Roberts-Medical Professional, Heather Lewis-Resource Coordinator, VPC, AHEC, Public Health Board and DeAnna Pearl-VPC Director.

For more information about the Vernonia SBHC contact Sherrie Ford at: sford@tphfcc.org.

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Better Parenting: *continued from page 13*

might be fun or cool, but could lead to trouble. Make sure they write out real life situations with real words on sheets of paper. Problems like shoplifting, breaking windows, drinking alcohol, smoking, using drugs, sex, etc.

Then have your kids list some of the bad things that could happen and write them out. Things like, we could get caught, we could get a referral or suspended, we could get grounded; someone could call the police, etc.

One child can act out the part of the one who resists the temptation with the parent doing the pressuring to do something wrong, and then trade off. You might have the kid's pair up and practice together also.

The more the kids have to say and do the more they will learn.

You might begin by practicing one step at a time with each family member as the resister and each doing the pressuring.

To get the most out of your prac-

tice consider starting with written role-plays of what would happen in real life until the kids get used to using the tactics and words in the proper order. After they get comfortable with the practices have them practice without the written words.

It might be a good idea to have the kids make up a check list that outlines each of the tactics so they can gently coach each other after each practice. Pointing out what went well and go back over the stumbling blocks.

In closing, encourage your kids to practice and use the strategies that feel the most comfortable. Try to have occasional follow up tests to keep the strategies fresh and the kids "at the ready" when they are asked to do something they do not want to.

Resources: Roberts, Fitzmahon & Associates, Strengthening Families Program, Iowa State University, ETR Associates.

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Vernonia resident Tera Roberts was a single mother with eight children and few options when she came to PCC. Now a nurse practitioner just months from her doctorate, Tera is showing her children the value of higher education and inspiring them to follow in her footsteps.

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