Original Research

A youthful take on community-based healthcare

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Abstract

Youth are at a unique developmental stage, presenting with experiences and needs that can be challenging to address through traditional medical models. Youth health clinics (YHCs) have taken varying approaches to solving this problem; however, there is a paucity of research on adolescents' perspectives of these clinics.

We conducted four focus groups to ask high school students how YHCs could better serve them. Participants identified five essential elements for YHCs. They requested accessibility, reliability, and confidentiality, desiring private access with trusted healthcare professionals that was simple to access. They also emphasized the importance of a range of point-of-care services and proactive advertising of YHC services. Finally, youth prioritized mental health services that were both longitudinal and equipped for crises. Overall, our cohort of youth felt that YHCs could fill an important gap in meeting their healthcare needs.

Background

Youth are at a developmental stage marked by unique experiences and challenges. With a desire for autonomy and privacy, they can find themselves without accessible, comfortable, and effective healthcare[1].

Youth health clinics (YHCs) gained popularity in the United States in an effort to increase adolescent access to healthcare[2]. Reductions in teenage pregnancy achieved by early reproductive health-focused clinics lead to a proliferation of general health clinics in schools. In Canada, YHCs have produced success in urban and rural areas, including communities within Nova Scotia[3]. Halifax is a medium-sized city with an overburdened emergency care system[4]. The emergency system relies on patient self-referral and can fail to treat the most at-risk and difficult to reach youth and their families[5]. YHCs have been found to decrease emergency department (ED) use by youth[6], and broader implementation has the potential to reduce the stress on EDs both at the point of care and by providing preventative care before emergent health problems develop.

YHCs have been lauded for giving timely care that is more accessible than traditional health resources[7]. Adolescents have reported finding YHCs private and confidential[8]. YHCs provide an opportunity for youth to have their healthcare needs met in a familiar environment. Parents have reported greater satisfaction with YHCs, citing increased interactions with doctors and increased time for discussion as major benefits[9].

Young voices are needed to direct the future of YHCs in Nova Scotia. Clinics have been primarily designed by healthcare providers and administrators, lacking input from the patient population. Recent first-voice publications on virtual care have reinforced the need for youth perspectives to better understand and serve youth needs[10].

Methods

Overview

This study used in-depth semi-structured focus groups with high school students living in the Halifax area. Transcripts were analyzed using inductive thematic analysis. This format was selected to recruit a reasonable number of participants at multiple schools. Ethics approval was obtained from the IWK institutional research ethics board (#1023293) and Halifax Regional Centre for Education (HRCE). Parental/guardian consent was obtained for all participants.

Participants

Study participants were high school students aged 14-18 that regularly attended a high school in urban Halifax or the surrounding rural areas. Age, local high school attendance, and English speaking ability were inclusion criteria. Participants were recruited through schools and academic community programs with the aid of community partners. Participants and their guardians provided written informed consent on the day of the focus group.

Survey

Participants were invited to complete a written intake survey that collected data about demographics, health-

care utilization, and self-assessments of health knowledge.

Interviews

Focus groups of 8 participants each were conducted in private spaces in schools and community centres in June 2018 by one author. The four focus groups represented one large urban high school and three high schools with suburban and rural catchment areas. Questions (Table 1) were answered in an informal group conversation lasting between 60 and 90 minutes. Questions were developed by adapting surveys from prior literature on youth focus groups for healthcare planning[11,12]. The questions were developed to elicit local answers and obtain practical suggestions for implementation of YHCs in Nova Scotia. School and community centre staff were on site in case of adverse events. Participants received gift cards as remuneration for participation.

Analysis

Entire sessions were recorded and transcribed verbatim and anonymized. Initial transcripts underwent coding and inductive thematic analysis, with saturation achieved by analysis of the fourth group. Coding and analysis were done independently by two researchers (H.C. and C.B.), then discussed to consensus[13]. Statements of significance were extracted from transcripts. Survey data was compiled quantitatively to describe the study population.

Results

Demographics

A total of 28 youth (n=28) participated in four focus groups. Participant age ranged from 15-18 years, with an average age of 16.7 years. Participants identified primarily as female (79%), heterosexual (75%), and White (54%), with grade averages between 60 and 79 (64%). Note: Participants were able to select multiple answers. Categories with zero responses were not included in table. No adverse events were noted by or reported to researchers.

Themes Arising from Focus Groups

Accessibility

Youth described accessing healthcare services as overwhelming. They wanted a YHC that would not require fees, parental involvement, or frequent referrals to other points of care. Many expressed a preference for a drop-in model and a variety of opening hours, citing wait times as a major deterrent. One participant described their existing YHC as:

> *"One of the reasons that I like this [YHC] so much is I can literally just drop by in the ten minutes in between classes."*

> *"Someone constantly, not just like a certain amount of times of the week … that's not how it works, I don't decide when I'm sad."*

Confidentiality

A common sentiment was that privacy from both parents and peers would be critical for the success of the clinic. Some participants suggested that the clinic be located far from high traffic areas, while others felt that locating clinics within nearby community centres would generate anonymity and thereby less stigma. One felt,

> *"[A nearby community centre] would definitely be a good place to have it, and it's open and it's friendly and if you care about your reputation you won't lose it if you go there."*

Table 1. Question Route.

1. Do you think that being 'healthy' means something different for teenagers than it does for children or adults?
2. What can a teenager do to maintain their health?
3. What health resources do you know about in your community (outside of the hospital)?
4. What health resources have you heard of your peers using in the past?
5. What resources do you think could benefit your classmate or peers' health?
6. Where would you like these resources to be available?
7. When would you like these services to be provided?
8. Who would you like to provide these services?
9. Do you think that having a clinic in your school would be helpful?
10. What services would you like a youth health clinic to provide?
11. What would make you more likely to use one of the services we've discussed?
12. What would make you less likely to use one of the services we've discussed?

Table 2. Participant Demographics.

Variable	Answer	# of Answers
Age	15	3
	16	10
	17	8
	18	7
Gender	Female	22
	Male	6
	Trans*	1
Sexuality	Heterosexual/Straight	21
	Homosexual/Gay/Lesbian	2
	Bisexual	3
	Pansexual	1
	Not Specified	1
Race	White	17
	Black	7
	Indigenous	6
	Not Specified	1
Grade Average	50-59%	1
	60-69%	9
	70-79%	9
	80-100%	7
	Not Specified	1
Last Visit to Family Doctor	<1 month	7
	<6 months	9
	<1 year	7
	>1 year	3
	Not Specified	2

> *"... one of the things that would make me less likely to go, is like if I were to get my parents involved with [the healthcare provider], because it's kind of like confidentiality between me and [the healthcare provider], so kind of like getting them involved would suck, until it gets serious."*

Relatability

Participants expressed a preference for known adults when seeking care. Some suggested that clinic staff introduce themselves at a school assembly so students could know who they would see in the clinic. Youth consistently wanted to feel comfortable with their health care providers. They identified that many patients would prefer a healthcare professional of the same gender. Participants also felt more comfortable talking to a member of the LGBTQ+ community if they identified as such.

> *"...having more diverse people on staff makes it more accessible to people who don't feel like they're outing themselves, or putting themselves in danger when they're talking to these people."*

Some participants who were members of racial or religious minorities expressed concern about how healthcare providers could understand their experiences. Participants who had pre-existing relationships with elders or religious leaders in their community valued connecting over shared experience.

> *"... he could literally be the nicest person on earth, and I still wouldn't go probably, because there is no connection whatsoever. He is literally the opposite in almost every way, it just doesn't feel comfortable."*

Outreach

Many participants had only a vague idea of the roles of different healthcare professionals and how to access them. Most relied on known adults for information.

> *"I've heard of some of my friends coming to see the youth health centre nurse, I've heard of them going to see a duty doctor to get prescribed, [or] a pharmacist, I've heard of them going to a police station to get help."*

Participants suspected that typical methods such as posters and announcements could bolster awareness, and that assembly-style presentations from care providers could help youth know who and what to expect when accessing a clinic, making it less intimidating.

> *"... it doesn't matter how many resources you have, if no one knows about it, no one's going to use them."*

Mental health

Participants referenced several age-related stressors which they believed increased their susceptibility to mental health concerns. Some of these stressors were more autonomy in their lives, more challenging and consequential schoolwork, planning for university and careers, body image, and romantic relationships.

Participants hoped that a YHC would provide a supportive outlet for them to discuss mental health concerns. Some feared that their current resources may not be equipped to handle high acuity mental health needs.

> *"Not everybody has friends or close people they can talk to, so having an anonymous stranger without*

bias to talk to is really helpful."

Some youth felt that they were forced to act as mental health supports for friends who had no other options despite feeling ill-equipped to handle these issues. This subsequently impacted the supportive friends' mental health and they described wanting to alleviate this burden by having a convenient way to access professional help for their friends.

"…they're coming to you and there is nothing you can do and it piles up on you because you can't help them and you feel worse than you already did."

Broad services

Participants desired an expanded scope of practice at point of care. Their schools primarily offered preventative health and education in existing health centres. Participants asked for testing, diagnosis, prescription, and dispensing all available on-site.

"Being able to prescribe something like contraceptive birth control, or pain medication, or like Advil, or even if someone needed something for depression… on top of being able to diagnose ailments."

"… instead of just going to one and them like 'I don't know what's wrong with you, I don't know what to do with you, try going somewhere else."

Aside from medical care, several youth felt that their health would benefit from a greater amount of social programming run through the YHC.

"…just knowing that if you don't want to be at home that night, you can go do something and get away from all like the drama at home, or whatever's going on in your life, just go and not have to worry about that."

Participants advised that offering hygiene products and other necessities would provide an incentive for them to engage with the health centre. They emphasized the importance of the quality of these items as a predictor of uptake and engagement.

"… if they need anything they can just go in and grab it, like a mini stick of deodorant or for girls especially like if you need tampons or pads that they're there and they're not like the crappy ones."

"It's a good way to start a conversation, if you have food."

Participants wanted to contribute to the governance and organization of the clinic, requesting ongoing input into what services are offered and how the clinic operates.

"... a way to voice your opinion, then people will feel like they're heard and they don't have to just deal with it."

They expressed interest in involving many healthcare professionals in varying capacities. Pharmacists, therapists, nurses, doctors and social workers were specifically mentioned. Participants also expressed an interest in care that is privatized in Nova Scotia such as dental, hearing, and vision care, citing a lack of access to these services elsewhere.

Discussion & Recommendations

Overall, young people desire healthcare services that cater to their specific circumstances. Consistent with previous research, participants prioritized accessible and confidential healthcare[8], and generally preferred YHCs to traditional office models, considering them one of a few viable options that could address their priorities for healthcare delivery. These desires are congruent with studies on parental trust in school-based YHCs, with confidentiality and clear communication among the most important contributors to parental trust[14]. Participants expressed surprising and creative ideas for how healthcare could better work for them, findings which highlight the importance of youth voices in health research.

Since this study was conducted, healthcare has evolved dramatically to comply with COVID-19 restrictions through telehealth. Although it was not discussed in our focus groups, telehealth could comply with many of the principles described by participants. Telehealth delivery has the potential to lower barriers to access and improve confidentiality. In person, these two attributes can be difficult to balance. Using virtual methods, youth can receive support from health professionals from anywhere and at a flexible range of times. A YHC with a virtual option can do so without interfacing with a parent, teacher, receptionist, or peer, meeting the need for confidentiality. Although not every consultation or procedure can be completed virtually, the use of telehealth services presents an opportunity to meet youth healthcare needs according to their desires.

A second major priority for adolescents is the creation of lasting relationships between patients and healthcare providers. Participants consistently cited a desire for these relationships as a reason why YHCs

appealed to them. Many participants emphasized a need to be "understood" by their healthcare practitioner; this was especially true for youth who come from a demographic group whose healthcare needs have been historically discounted. These experiences are informed by a history of over-medicalization, underrepresentation, and systemic discrimination of minorities in Canadian healthcare15. While changing the demographic identity of the physician workforce is not a short-term project, these barriers can and should be addressed in other ways. Physicians must demonstrate their commitment to learning from and growing with historically underserved populations. YHCs can bring continuity and familiarity to patient-healthcare relationships, attributes which extend into virtual healthcare when circumstances demand. This may have been a contributor to prior studies' findings of reduced disparities in health-seeking behaviour associated with race and socioeconomic status when students had access to YHCs[16].

A final priority established by the results was access to mental health care for students, as well as resources for peer support. Participants expressed feeling a need to support their own friends, without any formal training, while needing support themselves. In the context of the COVID-19 pandemic, these experiences have likely evolved. Fear of infection, loss of independence, family financial struggles, and social isolation have been shown to cause psychological distress in young people during COVID-19[17]. Youth need mental health supports that will address their reactions in a social context and take the strain off informal peer-support networks. As we have seen in-person schooling quickly shift to virtual school, YHCs can pivot in a similar manner to provide consistent support, providing a crucial resource for reaching youth at home.

As societal healthcare norms continue to evolve, youth will continue to present with unique needs and desires. YHCs present an effective option to meet the expressed needs of high school students in the Halifax region. They address accessibility, continuity of relationships, and the possibility of integrated mental health support in adolescents' daily lives. Given the shortage of primary healthcare physicians in Nova Scotia, YHCs may be able to reach populations in ways that office-based medicine cannot. By designing YHCs in collaboration with youth, healthcare providers can better integrate healthcare into community and see the ongoing results of their work. Future research can explore the efficacy of YHCs after their implementation, with program evaluations to continuously improve healthcare delivery. This study was limited by geographic area and the local nature of the questions. Future research could apply this model to other communities, potentially focusing on non-English-speaking youth or youth with special healthcare needs, or expand the question route to solicit perspectives on care delivery on a broader level. Lastly, in light of the COVID-19 pandemic, future research could explore youth perceptions and experiences of virtual care delivery and perspectives on expansion.

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