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The Influence of a School-Based Health Center on Students and Teachers' Classroom Experiences: Stories Teachers Tell

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THE INFLUENCE OF A SCHOOL-BASED HEALTH CENTER ON STUDENTS AND TEACHERS' CLASSROOM EXPERIENCES: STORIES TEACHERS TELL

by

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Abstract

This narrative qualitative study endeavored to learn from teachers' stories regarding the significance of a school-based health center. This study took place at North High School (pseudonym), an urban high school within a large metropolitan school district in the Pacific Northwest. The study used a three-interview series to elicit stories about the school-based health center and students' experiences with it. Several themes were evident across teachers' stories: 1) the school-based health center made a notable difference in the typical markers of academic success, 2) students who previously did not have an adult they trusted changed significantly when they got established with the school-based health center, 3) the school-based health center shifted the school culture to one of more transparency, sharing, and added support, and 4) teachers indicated some lingering logistical issues related to balancing academic and healthcare aims for students. Recommendations for practice suggest the importance of communication and collaboration between teachers, school staff, and school-based health center staff to provide appropriate and timely student intervention services. Clear and consistent communication is critical to sustain and enhance the work of the school-based health center. This research enhances the field's knowledge by illuminating teacher perspectives on school-based health centers and contributes to Geierstanger et al.'s (2004) theoretical framework by exploring the relationship between a school-based health center and academic outcomes.

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Chapter 1

School-based health centers operate in schools as a one-stop approach to providing students access to physical and mental health care services in a place where they spend most of their time: school. However, the political and financial support for these centers, and the debates about what they should do, has been known to initiate cultural controversy. This is especially true as each school-based health center is unique to, and a reflection of, its community. Thus, decisions related to funding, location, and healthcare partner organizations can place school-based health centers in precarious political positions. Since each health center operates in a complex social and political environment, this offers many researchable avenues regarding the existence and function of school-based health centers. This study offers a perspective on one such pathway for exploring the function and role of school-based health centers, one that is focused on the perspective of educators. Specifically, this study explored what teachers say school-based health centers mean for their students and their own classroom experiences.

There are approximately 2,315 school-based health centers operating nationwide in 49 states and the District of Columbia (School-Based Health Alliance, 2014). School-based health centers provide a source of physical and mental healthcare services to students from pre-kindergarten through twelfth grade. Services often include comprehensive physical and mental health assessment and treatment, vision and hearing services, immunizations, treatment for acute and chronic illness, dental services, and individual and group counseling (Geierstanger, Amaral, Mansour, & Walters, 2004; Keeton, Soleimanpour, & Brindis, 2012). School-based health centers respond to the unique physical and mental health needs of pre-kindergarten through twelfth grade students by bringing confidential, appropriate, and affordable youth-focused care

into schools, where children spend the greatest amount of their time (Bersamin, Paschall, & Fisher, 2017; Soleimanpour, Geierstanger, Kaller, McCarter, & Brindis, 2010).

School-based health centers are most frequently located in schools or on the school campus in an effort to increase convenience and accessibility to healthcare for vulnerable and at-risk populations (Geierstanger et al., 2004). Several research studies have identified lack of transportation and distance as significant barriers for children in need of accessing care (Gall, Pagano, Desmond, Perrin, & Murphy, 2000). Additional barriers to accessing care may include a student's inability to make or keep an appointment during regularly-scheduled hours, concerns about confidentiality, and a fear of judgment or insensitivity about issues (Gall et al., 2000; McCord, Klein, Foy, & Fothergill, 1993). School-based health centers exist to address all of these barriers.

Services offered by school-based health centers vary from site to site in response to the needs of the local community (Keeton et al., 2012). While this responsiveness means they are not a uniform model of intervention, there is strong evidence demonstrating that school-based health centers increase access to healthcare for youth. Kaplan et al. (1999) found, when examining a retrospective cohort analysis of elementary parent surveys, that school-based health centers can be an effective component of a healthcare delivery system for youth, especially underserved minority children. A longitudinal, quantitative study conducted by Gall et al. (2000) and a later study by Paschall and Bersamin (2018), using the Healthy Teens Survey and tracking mental health access at school-based health centers, found that school-based health centers overcome barriers to and increase access to mental health services for youth. Comparable studies that addressed access to healthcare also found that school-based health centers improve access to primary and preventive care for underserved youth (Strolin-Goltzman, 2010; Strolin-Goltzman,

Sisselman, Melekis, & Auerbach, 2014). Research thus far indicates that school-based health centers are in a unique position to reduce barriers to healthcare access and support students. In addition, they appear to be an effective, appropriate healthcare delivery model that increases accessibility for youth on the school campus (Guo, Wade, & Keller, 2008; Keeton et al., 2012).

The Affordable Care Act, passed in 2010, included appropriation for school-based health centers ("Affordable Care Act (ACA)," n.d.). While school-based health centers had experienced significant growth prior to passage of the ACA, this was the first time that they had been recognized on a national scale as entities that provide significant contributions to the health and well-being of youth and children (Keeton et al., 2012). This is significant because poor physical and mental health often leads to poor educational outcomes, and poor educational outcomes often lead to higher-risk health behaviors (Keeton et al., 2012). There is a significant and growing body of research that shows that school-based health centers positively, albeit indirectly, influence students' academic outcomes and school connectedness, which includes fostering a sense of belonging at school and helping students know that adults at school care about their success.

In their important meta-analysis of school-based health centers, Geierstanger et al. (2004) focused on seven experimental or quasi-experimental studies that examined the relationship between school-based health centers and students' academic performance. They reviewed methods, findings, and limitations in the studies, discussed challenges, interpreted results, described factors that influenced student performance, and made recommendations to further guide research (Geierstanger et al., 2004). Through this seminal work, Geierstanger et al. (2004) created a conceptual framework that represents a model of the relationship between a school-based health center and academic outcomes. According to Geierstanger et al., school-based

health centers positively impact intermediate outcomes of health status, resiliency, and school connectedness, which in turn positively affect academic outcomes. Geierstanger et al.'s (2004) visual representation of their conceptual framework is in Figure 1.

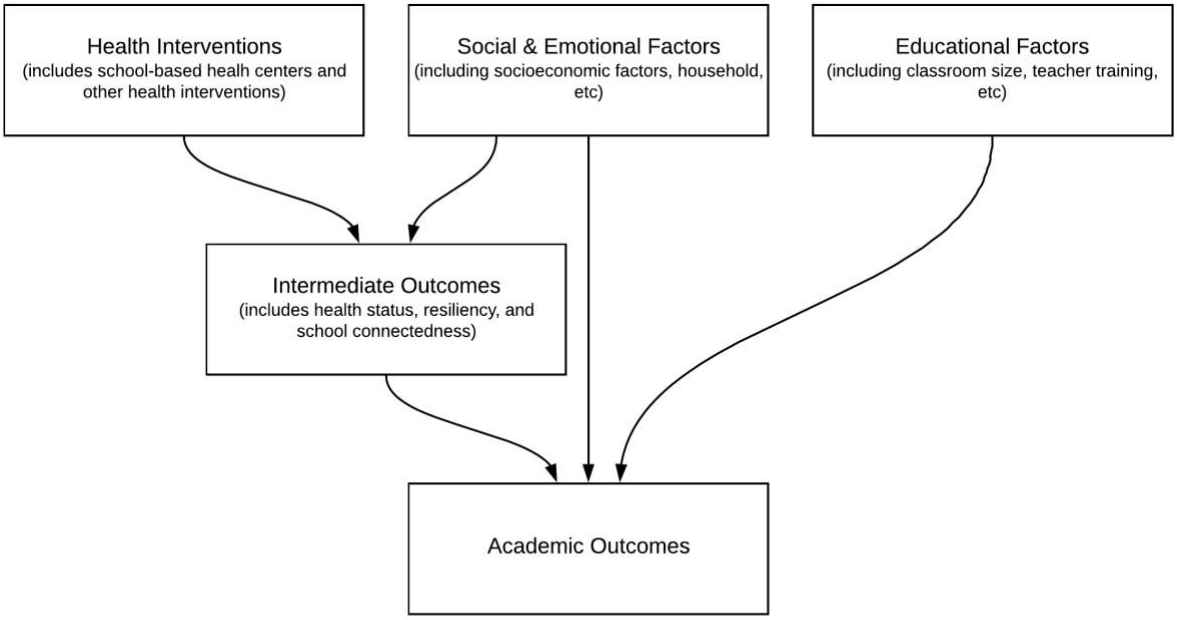

Figure 1. Visual representation of Geierstanger et al. conceptual framework (Geierstanger et al., 2004).

Geierstanger et al.'s (2004) theoretical framework for modeling the relationship between a school-based health center and academic outcomes implies that school-based health centers may play a significant role in influencing students' connections to their school (Daly et al., 2014; Geierstanger et al., 2004). Thus, researchers have used it to examine how school-based health centers positively influence students. These studies indicate that school-based health centers constitute one important strategy for meeting students' mental and physical health needs (Brown & Bolen, 2008) through creating and supporting students' school connectedness (Daly et al., 2014).

School connectedness, students' sense of belonging at school and their perception that adults at school care about them and their success, is a powerful predictor of student health and well-being. The more connected students are to school, the less likely they are to engage in

unhealthy behaviors such as drinking and smoking and the more likely they are to attend school regularly and be more successful academically (Waters, Cross, & Runions, 2009). This corresponds to and provides grounded support for Geierstanger et al.'s (2004) framework, which implies that school-based health centers positively influence students' school connectedness.

Geierstanger et al.'s (2004) framework is one way to conceptualize the relationship between a school-based health center and school connectedness and academic outcomes and provides the foundation for how this research study was structured. I focused on the school connectedness element of the framework as it offers an accessible basis from which to elicit classroom teachers' perspectives and stories. In addition, it served as a helpful lens through which I analyzed the data and framed the findings. As a result, this research contributes to a deeper understanding of school connectedness and how school-based health centers foster it.

Educational Problem of Practice

The large and recent rise in school-based health centers over the past decade may indicate extensive support from teachers, however teachers' voices often go unacknowledged on major policy decisions and educational practices (Rentner, Kober, Frizzell, & Ferguson, 2016). Geierstanger et al.'s (2004) framework asserts that school-based health centers positively impact intermediate outcomes, which in turn impacts academic outcomes. As teachers are the ones with the most student contact on a daily basis and have a front row view of these intermediate outcomes, teachers are in a unique position to offer insight into the observed results, unintended consequences, and contributions of school-based health centers.

Teachers also impact the values that govern and shape the learning environment and programs such as a school-based health center in significant ways. Strolin-Goltzman (2010) conducted a quantitative study using data from a learning environment survey consisting of

students, parents, and teachers. Her findings indicated that teachers, principals, students, and parents all influence the learning environment and the contexts in which learning occurs. Several other studies suggest that teacher opinions, involvement, and collaboration are critical in supporting students and improving academic and health outcomes (Kearney & Bensaheb, 2006; Logan & Curran, 2005).

School-based health centers present a challenge to educational researchers, as each site is unique. It is important to consider these particularities, specifically in the ways each health center responds and adapts to the local school community, when interpreting the influence of school-based health centers (Geierstanger et al., 2004). Qualitative methodology enables educators to understand teacher experiences related to particular school-based health centers. Descriptive, qualitative data provides an opportunity for a deep examination and understanding of these intersecting sites of academic and health services (Sisselman, Strolin-Goltzman, Auerbach, & Sharon, 2012). More specifically, the strengths of qualitative methodology provide for the applicability to subject areas with limited knowledge and understanding because it offers the flexibility to explore and investigate teacher knowledge as it arises.

Purpose of the Study

The purpose of this study was to use teachers' narratives to illuminate their perspectives on what school-based health centers mean to their students and their own classroom experience. With such a purpose in mind, it addressed a gap in the literature regarding teachers' insights into the benefits and connectedness potential of school-based health centers. As a narrative inquiry, this study offers a deeper, richer understanding of the link between a school-based health center and their teaching and learning experiences. Since teachers are "frontline service providers"

(Erickson, 2014, p. 3), this study served the dual purpose of fostering reflection in the midst of their work, while enhancing their professionalism and heart.

Research Questions

1. What stories do teachers tell about what school-based health centers mean to their students and their own classroom experience?
    a. What differences does the school-based health center seem to make for students?
    b. What do the stories reveal about the influence of a school-based health center on teachers' classroom experience?
    c. What do the stories suggest about the school-based health centers' influence on students' school connectedness?

Why Narrative Inquiry?

As a research methodology, narrative inquiry focuses on understanding a phenomenon through the personal experiences of the storyteller (Kramp, 2004). Narrative inquiry begins from the premise that people lead storied lives and make sense of their lives through story. Narrative researchers collect these stories and write narratives exploring these experiences (Connelly & Clandinin, 1990). While the broader aim of narrative inquiry is to describe storied lives, I used narrative inquiry to garner stories about a specific dimension of teachers' professional lives and experiences with school-based health centers.

Narrative inquiry enabled me to build strong, empowering, and mutually beneficial relationships with each participating teacher. Through sharing and examining my restorying work of their experiences, each teacher had opportunity to process, reflect, and rethink their understanding of each experience. That engagement and collaboration alongside the participants enabled me to enter into their experience and gain an understanding of their perceptions.

Working within narrative inquiry gave me windows into who these teachers were and what mattered to them, with regard to the school-based health center's presence on their campus. Narrative inquiry allowed me to offer a sense of understanding which could not be known by other methodologies (Clandinin, Pushor, & Orr, 2007).

How I Came to This Research

I became interested in school-based health centers approximately 10 years ago when a new center opened at the local high school close to my home. I remember following the story closely in the local newspaper and watching with interest as articles in support and opposed were published on a regular basis. School Board meetings included testimony from students, teachers, parents, and community members. At the time, it appeared that most supported the concept of a school-based health center, but controversy arose around the contentious issue of birth control. My wife, a family physician with a practice in town, was peripherally involved in the broader community conversations. I was fascinated by the wide variety of community comments, and those of my wife, situated as they were in her experience as a primary care provider. The school board voted in favor and the school-based health center opened but was not allowed to provide birth control. The implementation, and later closure, of that school-based health center spoke to the complex nature of who decides what is helpful when a school-based health center tries to serve the local community in which it is located.

Four years ago, I moved from principal of a K-8 school to an administrator at a large urban high school, leading to many conversations with other administrators, healthcare providers, and support staff about how school-based health centers interact and influence students and schools. I have worked hard to support the students at my high school by expanding partnerships with community organizations, adding additional mental health counseling, as well

as drug and alcohol counseling. I witnessed the ways access to basic health care created a barrier for many of the students. I became interested in the relationship between the health center and the students and school community and found the health centers to be a fascinating intersection between education and medicine. I wondered whether a school-based health center should be considered purely a student health intervention or an educational intervention, as well.

What emerged over time from these numerous conversations was an appreciation for the complexity of school-based health centers and a recognition of their potential for story. At the same time, I became aware of a lack of teacher voice in the decisions about school-based health centers, recognizing that these frontline educators could offer insight to the often-unforeseen outcomes of situating medical care in a school environment.

My recent professional and academic career has been a journey of discovering and learning about school-based health centers. My perspective has changed and evolved in that time. I recognize that they are an incredibly complex intervention program, beholden in political and financial ways to their local communities. This creates a wealth of diversity in the structures of different centers and the services and programs they offer. Yet my reflection on my own experiences with school-based health centers has helped me prioritize an interest in what school-based health centers mean to teachers and their students. I recognize that the politics, funding, and cultural controversies of school-based health centers were elements of those stories, but it is the teachers' perspectives that are of value in this research. This study makes it possible for teacher voice to shape a better understanding of what school-based health centers might accomplish.

Limitations and Delimitations

This narrative research study was conducted at a single site with a small sample of three teacher participants. This provided the opportunity for a rich and in-depth understanding of teachers' experiences. As with any study, several limitations and delimitations necessitate explanation.

Limitations. Given my interest in placing the setting of this study at a single high school, a limitation of this research study is that it was focused on a small number of participants and therefore cannot be generalized to all teachers in schools with school-based health centers. This is a common limitation with qualitative research as the participants did not represent a random sample and stories are inherently subjective. However, this limitation was balanced through a deep, rich understanding of the unique experiences of this study's participants and is transferable to similar situations (Guba, 1981).

Although stories were particular and personal, empirical data is central to narrative inquiry which uses terms found in literary criticism of fiction such as plot, rising action, setting, place, and characters. This does not negate the "truthfulness" of narrative research in any way; rather, story becomes the vehicle for understanding the perception of one's experience. The strength of narrative inquiry for this study was that the overall aim was understanding, rather than a conclusive scientific explanation.

An additional limitation for this study was time. While interviews, conversations, and sharing stories with the teachers took place over long window, they reflect only a moment in time as opposed to a longer, more comprehensive multi-year study.

Delimitations. Several significant decisions bounded the scope and features of this study, which involved teachers at a single urban high school within a large metropolitan school district

in the Pacific Northwest. While multiple school locations would have allowed for a greater number of teachers, I chose to focus my efforts on a single high school to examine the experiences of the teachers in greater depth. In addition, I chose not to include other school staff, such as administrators, or school-based health center staff, which enabled me to more clearly discern teacher voice in relation to school-based health centers. These narrative experiences were both personal and social and reflect the unique context in which teachers lived and worked (Clandinin & Connelly, 1998).

Organization of the Study

This research study is organized into five chapters. Chapter 1 offers background, research questions, and the rationale for a study such as this. In Chapter 2, I review relevant literature related to school-based health centers as they pertain to students' school connectedness and academic outcomes. Chapter 3 focuses on the methodological framework and processes used for data collection and analysis. In Chapter 4, I use assertions, vignettes, and supporting evidence to describe the data for this study, before discussing the significance of these findings in Chapter 5.

School-based health centers have been shown to support students through creating and supporting their positive connections to adults at school (Daly et al., 2014). While a great deal is known about the educational function of school-based health centers, this research addresses a gap in the research base regarding K-12 teachers' knowledge of school-based health centers and their influence on student outcomes. This narrative research study gathered the stories of three classroom teachers, to understand their perceptions of teaching and learning experiences related to a particular school-based health center. Since school-based health centers have a direct influence on connections between students and adults at school and the learning work that

students and teachers do together, this study has the potential to build bridges between educators and healthcare professionals to better serve students' needs.

Chapter 2: Literature Review

This literature review examines current research surrounding school-based health centers to better understand their significance to teachers and to students' school connectedness and academic outcomes. For this research, school connectedness is defined by a student's sense of belonging at school and their perception that the adults at school care about their academic success (Waters et al., 2009). In the literature, academic outcomes were typically represented as academic achievement determined through GPA, loss of seat time, and dropout and graduation rates. The literature review did not reveal any research exploring teacher perceptions of onsite school-based health centers, which suggested an important area of research that this study addressed.

This literature review was conducted using the tools and databases available through the George Fox University library system. Education Source, CINAHL with Full Text, SocINDEX, SpringerLink, Ebrary, and Sage Publications were used. Particularly relevant content was contained in the Journal of School Nursing, the Journal of School Health, and the Journal of Adolescent Health. The search for related research included the following terms: "school-based health center" by itself and with: "teacher," "school connectedness," and "academic outcomes." The searches were restricted to peer-reviewed, full-text articles published since 1990, which included articles examining both qualitative and quantitative studies. Google Scholar supported an analysis of the number of times each article was cited. The cited articles were evaluated and included if they played a role in further informing an understanding of the topic. In addition, the reference sections of selected articles were reviewed and evaluated for articles that may play a role in further informing the research.

This literature review is organized around three key areas of research related to school-based health centers. The first examines their influence on students' school connectedness, or students' sense of being part of the school community and their relationships with adults at school who care about them. The second area discusses research focused on how school-based health centers' influence academic outcomes; specifically, academic achievement, loss of seat time, and dropout and graduation rates. The third area explores methodological considerations that inspire and underpin this research study.

School-Based Health Centers' Impact on Students' School Connectedness

Geierstanger and colleagues' (2004) theoretical framework (see Figure 1) for modeling the relationship between a school-based health center and academic outcomes implies that school-based health centers may play a significant role in influencing students' connections to their school (Daly et al., 2014; Geierstanger et al., 2004). School connectedness is defined by a student's sense of belonging at school, that adults at school care about them and their success, and that students have access to caring and supportive adults at school (Stone, Whitaker, Anyon, & Shields, 2013; Waters et al., 2009). Regardless of how connectedness is defined or measured, it is consistently and positively associated with a wide range of physical and mental health, social, and academic outcomes for students (Waters et al., 2009). Connectedness is essentially about a student's interpersonal relationships, their perception that adults, and peers, at school care about them and their success, their sense of being part of the school community, and their access to caring and supportive adults in the school community (Basch, 2011; Stone et al., 2013).

Students' relationship with adults at school who care about them. In 2003, the University of Minnesota convened an invitational conference that brought together key researchers, government representatives, and educational and health sector professionals to

discuss and assess school connectedness. Based on research presented at the conference and participant discussions, the participants crafted a statement of core elements of school connectedness (Blum & Libbey, 2004). Two of the five core elements included student success is improved through stronger bonds with school and that in order to feel connected, students need to feel supported by school staff (Blum & Libbey, 2004). This is significant as it found that caring adult-student relationships at school foster students' connectedness to school.

In addition to offering accessible healthcare, school-based health center staff also establish positive relationships with students, provide positive role models, and deliver helpful social supports for students (McCord et al., 1993). Libbey (2004) completed a systematic review of literature with the goal of identifying the terms, constructs, and instruments used to measure a student's relationship with school. Adult support at school, most commonly identified as teachers, was the most common theme that emerged in the review. Measurement of support included items such as students feeling liked by their teachers, staff listening to students, feeling comfortable talking with teachers, and having strong relationships with adults at school (Libbey, 2004). These all serve to improve a student's connectedness to school.

Research by McNeely and Falci (2004) explored the association between teacher support and social belonging and the initiation, escalation, and reduction of six health-risk behaviors. The quantitative study used a nationally representative sample of American students in 7th-12th grades across 80 high schools and one feeder school for each high school. This was a significant study as it was consistent with earlier research, which found that when students perceive that teachers and adults in the school care about them and their learning, they are more likely to be connected to school, do better academically, and become involved in fewer health-risk behaviors (McNeely & Falci, 2004). In addition, McNeely and Falci (2004) found that the reciprocal nature

of student-teacher relationships, or the extent to which students are invested and connected to their adult relationships at school, may be the component of connectedness most important to reducing risky behaviors. These results are compelling and demonstrate that positive relationships with adults at school is a key component related to students' level of school connectedness.

A three-year longitudinal study by Wade, Mansour, Line, Huentelman, and Keller (2008) examined the role of school-based health centers on changes in elementary and middle school students' health-related quality of life. They found that school-based health centers demonstrated a positive impact of the students' reported health-related quality of life (Wade, Mansour, Line, Huentelman, & Keller, 2008). While the research focused on health-related quality of life and healthcare delivery, the authors found that school-based health centers provided a friendly, welcoming environment for students and families with opportunities to connect with school through positive relationships with multiple adults. Findings by Strolin-Goltzman et al. (2014), who examined school-based health center users and school connectedness, resembled Wade et al.'s results. They found that student users of school-based health centers rated each of the 12 items making up school attachment higher than nonusers (Strolin-Goltzman et al., 2014), which suggests higher levels of school connectedness for students who use a school-based health center. According to Strolin-Goltzman (2014), the largest differences between user and nonuser ratings were on items that included statements like, "Adults at this school look out for me," "Adults at this school are available to talk with me about something that is important to me," and "I have respect for the health professionals at this school" (p. 87). The results indicate that school-based health center users, when compared to nonusers, have higher levels of school connectedness.

A study completed by Stone et al. (2013) used student-reported data from a customized version of the California Healthy Kids Survey from the San Francisco area, to examine use of school-based health centers and student-reported school assets. Similar to Strolin-Goltzman et al. (2014), they found that use of a school-based health center appeared to positively relate to student-reported caring relationships with health center staff and adults at the school. Specifically, the authors found that the strongest effects were observed for students who reported ten or more health center visits (Stone et al., 2013). These findings are significant as they suggest that school-based health centers provide an opportunity for positive adult relationships at school, which then positively impact a student's school connectedness.

A recent systematic review completed by Kidger, Araya, Donovan, and Gunnell (2012), found correlations between students' school connectedness and mental health. They found that while there is limited evidence that the school environment significantly influences students' mental health, student perceptions of teacher support and resulting school connectedness are correlated to better emotional health (Kidger, Araya, Donovan, & Gunnell, 2012). Blacksin and Kelly (2015) completed a study that examined how a school-based health center provided students a network of connections to caring adults within the school community. The results the authors found supported their theoretical position, that a school-based health center is a multilayer intervention with the potential to create opportunities for adult relationships and an environment with interventions that can positively impact students (Blacksin & Kelly, 2015). According to Blackin and Kelly (2015), three significant themes emerged in the research: school-based health centers provided immediate access to student friendly services and interventions, healthcare providers established positive relationships with the students, and school-based health services had the potential to positively impact academic outcomes. These findings are consistent

with earlier research and support the positive correlation between school-based health centers and students' school connectedness.

Students' sense of being part of the school community. Current literature clearly demonstrates that the more connected students are to their school, the better their health and academic outcomes (Waters et al., 2009). Keeton et al. (2012) completed a systematic review of school-based health center literature to better understand how this intervention model could further promote the health of the nation's youth. The authors found positive correlations between school-based health centers and the school environment. It was significant that, in addition to their health and academic influence, school-based health centers provided students opportunities to connect with their school through a variety of services and outreach experiences (Keeton et al., 2012). Efforts to reach the broader school community included services such as delivering health-related curriculum in classrooms, presenting at health fairs, and consulting and collaborating with teachers and staff to support students' needs (Keeton et al., 2012). All these interventions help to increase students' sense of school connectedness.

A quantitative study that linked student survey results from 504 California high schools with publicly available data on school-based health centers and school demographics found that the mere presence of school-based health centers may help to contribute to healthy outcomes in youth (Bersamin et al., 2017). These healthy outcomes appear to be supported by school-based health centers in such ways as: providing valuable medical and mental health services, leveraging opportunities to intervene in student crises, and offering numerous outreach activities that further connect students to their schools and created a sense of belonging (Bersamin et al., 2017). Like Keeton et al. (2012), this study clearly links school-based health centers to supporting students' connections with school and their sense of belonging.

Similarly, Strolin-Goltzman (2010) conducted a quantitative study that investigated the relationship between school-based health centers and the learning environment. This retrospective quasi-experimental designed study used secondary data from a survey that included parents, teachers, and students (6^{th}-12^{th} grade) in a large northeastern city and compared schools with and without school-based health centers. She found that the presence of a school-based health center was associated with greater satisfaction on three out of the four learning environment domains – academic expectations, communication, and school engagement. The fourth domain, safety and respect, was higher, but not statistically significant across any of the samples. These are significant findings that indicate that the learning environment of schools with school-based health centers consistently rate higher than schools without school-based health centers. Also significant was the finding that the learning environment can be influenced by the services that are provided by the school, such as a school-based health center. By reaching out to the broader school community, thus increasing students' connectedness, school-based health centers can have positive impacts on environments beyond the school walls (Strolin-Goltzman, 2010).

A follow-up study on the topic of school-based health centers and school connectedness completed by Strolin-Goltzman et al. (2012) examined the moderating effects of school type on the relationship between school-based health centers and the learning environment. Similar to the earlier research, this study confirmed that, on average, schools with school-based health centers were perceived to have a more positive learning environment than schools without school-based health centers. However, they also found that this effect differed based on school type. For example, elementary participants in schools with school-based health centers perceived better communication and overall engagement than those schools without health centers. Middle school

participants in schools with school-based health centers indicated the greatest difference as they perceived better communication, safety and respect, engagement, and academic expectations. No statistically significant differences were found regarding high school participants' perceptions. These results were explained in the context of the realities that while most elementary and middle school students attend local neighborhood schools, high school students tend to travel greater distances and this may result in families facing more challenges in staying connected to the school (Strolin-Goltzman et al., 2012).

A notable follow-up study was completed several years later by Strolin-Goltzman et al. (2014), which looked specifically at a comparison of school-based health center users and school connectedness. Student and parent survey data and school administrative informational data were used to examine pathways between school-based health centers, school connectedness, and academic performance. The study found that the services and interventions offered by a school-based health center to the entire school community may have greater impact on students' connectedness for those that used the school-based health center than students that did not use the health center (Strolin-Goltzman et al., 2014). School-based health center users had higher scores all six of the school bonding items and five of the eight commitment to educational future items (Strolin-Goltzman et al., 2014). These results demonstrate a strong link between the services and interventions offered by school-based health center and students' school connectedness.

A two-year longitudinal study by McNall, Lichty, and Mavis (2010) researched the direct and indirect effects of school-based health centers on the health and health behaviors of middle and high school students. They found that school-based health center users were more satisfied with their health and were involved in a greater number of health promoting behaviors. In

addition to providing mental and physical healthcare directly to students, school-based health center staff were involved in a wide-range of other activities that supported students connectedness to school (McNall, Lichty, & Mavis, 2010). These findings link services offered by school-based health centers with increased students' sense of belonging. Similar to studies discussed above, Siselman, Strolin-Goltzman, Auerbach, and Sharon (2012) found that services and interventions offered by school-based health centers supported students. They found that they often resulted in a greater sense for students of belonging to the school, along with more positive perceptions of the learning environment.

Summary. Educational professionals have adopted the concept of school connectedness as one potential strategy to improve students' academic outcomes (Centers for Disease Control and Prevention, 2009). School-based health centers have developed a record of positively influencing students and are one important strategy for meeting students' mental and physical health needs (Brown & Bolen, 2008) through creating and supporting students' school connectedness (Daly et al., 2014). The reviewed literature provides evidence of the significant impact school-based health centers can play in promoting students' sense of belonging at school and providing and supporting positive relationships with adults at school who care about them and their success.

School-Based Health Centers' Impact on Academic Outcomes

Educational systems face enormous pressure to reform structures, curriculum, instruction, and increase academic achievement. Comprehensive, onsite school-based health centers represent an effective model to improve health and academic outcomes (Stone et al., 2013). Academic outcomes related to the existence of school-based health center that are examined in this literature review include academic achievement, loss of seat time, and an examination of

dropout and graduation rates. While not a uniform model, school-based health centers can serve as a bridge between educational and healthcare communities, which both have a mission of serving children and youth (Keeton et al., 2012).

Academic achievement. Educational professionals recognize the complexity of academic performance and the many factors that play into student success. The reciprocal nature of student health and education requires a strong relationship between educational and healthcare professionals. School-based health centers represent a coordinated approach that can help support students health and ability to learn (Basch, 2011; Brindis, 2005; Logan & Curran, 2005). Multiple research studies included in this literature review support Geierstanger et al.'s (2004) conceptual framework of the positive impact of school-based health centers on academic achievement. Walker, Kerns, Lyon, Bruns, and Cosgrove (2010) conducted a longitudinal analysis of a cohort of students in a large urban public-school district to examine the impact of the students' use of a school-based health center on academic outcomes and to determine whether medical and mental health services provided by the school-based health center differentially impacted academic outcomes. The evidence indicated that school-based health center use was significantly associated with gains in GPA and that student use of mental health services was most strongly associated with gains in GPA. Additionally, students receiving physical and mental health services through a school-based health center may have experienced improvements that increased their ability to succeed academically (Walker, Kerns, Lyon, Bruns, & Cosgrove, 2010).

A study completed by Strolin-Goltzman et al. (2014) found that school-based health center usage was significantly associated with school connectedness, which in turn is positively correlated to GPA. The authors surveyed students and parents across elementary, middle, and

high school and found that school-based health center users in middle and high school had higher GPAs, approximately the difference between a B- and C+ (Strolin-Goltzman et al., 2014). Bersamin et al. (2016) examined the association between the presence of a school-based health center and school-wide academic achievement and college preparation efforts. The authors found that the presence of a school-based health center was positively associated with efforts toward college preparation. Consequently, while not specifically related to GPA, successful application and admittance to college requires a strong GPA, which seems to be positively affected by students' use of a school-based health center. Additionally, the culture that supports the presence of a school-based health center may also provide the structure and support to help students prepare for and participate in college preparation efforts (Bersamin, Garbers, Gaarde, & Santelli, 2016). These studies complement and further demonstrate the positive correlation between school-based health centers and academic outcomes.

Evidence suggests that improved health status allows students to perform at higher academic levels (Strolin-Goltzman et al., 2012). Foy and Hahn (2009) conducted a four-year collaborative experience with an onsite school-based health center in the Vallejo City United School District. They found that the presence of a school-based health center had numerous advantages, including lowering missed school days and improving student academic outcomes through increased attendance. In addition, research by Logan and Curran (2005) that examined students suffering from chronic pain support these results. The authors found that students with chronic pain struggle at school, leading to decreased academic performance. Improved collaboration and more consistent access to healthcare, such as a school-based health center, can increase students' success at school by limiting missed content due to student absences (Logan & Curran, 2005). Soleimanpour et al. (2010) examined the impact of 12 school-based health centers

on clients' access to care, satisfaction, and reproductive and mental health outcomes. Most students responded "agreed" or "strongly agreed" that the school-based health center helped them improve a variety of behaviors and academic indicators. For example, 59% of students responded that they stayed in school longer and better dealt with stress and anxiety (Soleimanpour et al., 2010).

Loss of seat time. Attendance is an incredibly complex and multifaceted issue. Defining the term is challenging as different organizations, school districts, and local, state, and federal governments may each have their own definition. A school day includes not only educational time, but also lunch, passing time, and support services, therefore seat time is more clearly defined as the time students are in school in a learning environment or available to access support services (Van Cura, 2010).

Students' loss of seat time is a potentially devastating issue that educational professionals face on a regular basis. Loss of seat time may lead to consequences including, but not limited to, missing and incomplete work, alienation from peers, conflicts with school officials, dropout, and later economic hardship (Kearney & Bensaheb, 2006). Due to increased absences, poor student health is also linked to loss of seat time through many common health-related issues and situations (Kearney & Bensaheb, 2006). Webber et al. (2003) conducted a three-year project comparing hospitalization, emergency room visits, and loss of seat time in elementary students with asthma. The study compared students in schools that had a school-based health center to those that did not have a school-based health center. The authors found that access to a school-based health center resulted in a gain of three school days (Webber et al., 2003). Research by Logan and Curran (2005) examining students suffering from chronic pain supported these results. They found that students with chronic pain struggle to be successful at school, which led

to additional loss of seat time. This loss of seat time may be counteracted through more regular access to healthcare, such as a school-based health center (Logan & Curran, 2005).

Even in the earlier days of school-based health centers, research indicated their significance in positively improving seat time. A cohort study of students in West Dallas, Texas examined the effectiveness of school-based health centers compared to community-based prenatal health and family planning clinics (Setzer & Smith, 1992). The authors found that providing access to care through a school-based health center can counteract the negative consequences associated with youth pregnancy, including loss of seat time, more effectively than community-based healthcare. A later study by Barnet et al. (2004) evaluated the effect of a school-based health center's prenatal services on loss of seat time, academic outcomes, and dropout rates. Supporting the results from Webber et al. (2003), Logan and Curran (2005), and Setzer and Smith (1992), this retrospective cohort study found that access to the school-based health center significantly reduced loss of seat time compared to those students receiving non-school based healthcare. The authors theorized that having medical appointments on campus allowed students to return to school instead of missing additional seat time (Barnet, Arroyo, Devoe, & Duggan, 2004). These studies illustrate that increasing access to healthcare on campus may be one strategy for decreasing loss of seat time.

McCord et al. (1993) conducted a quantitative study using school enrollment, attendance, suspension, dropout, and graduation data from the local school district, school-based health center, and the department of public health from a sample of students from Greensboro, North Carolina public schools. The authors hypothesized that students who used a school-based health center would suffer from fewer suspensions and less loss of seat time. While McCord et al. (1993) found no difference in days suspended, they found that students who used the school-

based health center experienced less loss of seat time. This study was critical in laying the foundation for later work examining the ways school-based health centers provide students social supports that may positively impact academic outcomes.

Walker et al. (2010) conducted a longitudinal analysis of a cohort of students in a large urban public-school district to examine the impact of the use of a school-based health center on academic outcomes. While primarily focused on academic outcomes (such as GPA), their study also pointed to school-based health center use being associated with gains in seat time (Walker et al., 2010). A study by Van Cura (2010) examining the correlation between school-based health centers, early dismissal, and loss of seat time further supported the link between student health and loss of seat time. In addition, a study by Gall et al. (2000) that examined the utility of psychosocial screening at school-based health centers found similar results. The authors found that students who accessed the school-based health center for mental health services decreased their loss of seat time by nearly 50% (Gall et al., 2000). Students accessing a school-based health center experienced less loss of seat time; in fact, students not accessing the school-based health center lost three times the seat time as their peers who did. Like results from earlier studies, this correlation may positively impact students' ability to succeed academically.

Despite all these positive indications, several studies contradict these results and found no significant difference in loss of seat time correlated with school-based health center use. Kisker and Brown (1996) examined 24 school-based health centers using a cohort of students attending 19 schools and a national sample of urban youth. While the authors found that school-based health centers increased students' knowledge of their health, there was no statistically significant difference in attendance and loss of seat time associated with center-use (Kisker & Brown, 1996). Furthermore, Warren and Fancsali (2000) found that while school-based health centers

were correlated to less loss of seat time, it was not statistically significant (Warren & Fancsali, 2000). Strolin-Goltzman et al. (2014) looked at a comparison of school-based health center users and school connectedness. While school connectedness showed a positive correlation to school-based health centers, there was no difference in loss of seat time for students who used the school-based health center (Strolin-Goltzman et al., 2014). At first glance these results may seem to contradict school-based health centers' impact on loss of seat time, however these findings may be partially a result of many school-based health center users having significant health issues which may impact loss of seat time when compared to non-users (Amaral, Geierstanger, Soleimanpour, & Brindis, 2011; Wolk & Kaplan, 1993).

Dropout and graduation rates. Good education is a predictor of good health and disparities in education and health are closely correlated (Basch, 2011). Based on these ideas, McCord et al. (1993) used data from a sample of students from Greensboro, North Carolina public schools to learn that students who used a school-based health center were less likely to dropout and more likely to graduate. Students who registered to use the school-based health center and those who actually used the center were twice as likely as non-users to stay in school and twice as likely to graduate. One possible explanation is the trust and social support provided to students who accessed the school-based health center (McCord et al., 1993). Equally important, a study by Barnet et al. (2004) found similar results related to dropouts. The study evaluated the effect of school-based health center prenatal services on loss of seat time, academic outcomes, and dropout rates. While no difference was found regarding graduation rates, those students accessing a school-based health center during pregnancy missed significantly fewer days and were more than twice as likely to not to dropout. However, by the post pregnancy year, dropout rates for the two groups were comparable (Barnet et al., 2004).

Moreover, a later study by Kerns et al. (2011) found an association between low to moderate school-based health center use and reductions in dropouts for students in an urban school district, and this seemed especially true for at-risk students. For students who accessed a school-based health center and later dropped out, they remained in school one semester longer than non-users. This evidence suggests that low to moderate use may be most associated with the most significant reduction in dropout since these youth accessed a school-based health center for preventive and immediate needs that would have otherwise impacted their ability to remain in school (Kerns et al., 2011). This is a critical study to the field as it was the first to examine use of a school-based health center and its impact on dropout rates.

In contrast, several studies have not found a statistically significant relationship between school-based health centers and dropout and graduation rates. Kisker and Brown (1996) examined 24 school-based health centers using a cohort of students attending 19 schools and a national sample of urban youth. While the authors found that students progressed through school at higher rate when attending a school with a school-based health center when compared to other urban youth attending schools with no school-based health center, the difference was small and not statistically significant (Kisker & Brown, 1996). Bersamin et al. (2016) examined the association between the presence of a school-based health center and school-wide academic achievement and college preparation efforts. They found that the presence of a school-based health center had no association with increases in graduation rates. The authors suggested that college preparation efforts are a reflection of student engagement, which can be indirectly impacted through the presence of a school-based health center, while graduation rates are more indicative of long-term academic achievement (Bersamin et al., 2016).

Summary. Schools face enormous pressure to support students and positively increase academic outcomes. Despite some contradictory evidence, numerous research results support a positive correlation between school-based health centers and improved academic achievement as measured by improved GPAs, a decrease in the loss of seat time, lower dropout rates, and increased graduation rates. It is plausible that school-based health centers offer an effective model to address student physical and mental health needs while simultaneously potentially improving academic outcomes (Symons, Cinelli, James, & Groff, 1997).

Methodological Considerations in the Study of School-Based Health Centers

This section explores methodological considerations that inspire and underpin this research study. Methods in existing research of school-based health centers are discussed, focusing on several qualitative and quantitative studies and what these methods offer to understandings of school-based health centers. Finally, what these methods can tell us about school-based health centers frames a discussion of studies with student and adult perceptions at their center. These studies offered new and different ways of knowing about school-based health centers and offered a compelling path for this research study.

Qualitative studies. The following four studies are either entirely qualitative or employed some elements of qualitative methodology. They used participant interviews and/or focus groups to gather data on the impact of school-based health centers while maintaining an intensive focus on the topic.

Qualitative research by Logan and Curran (2005) focused on educator's understanding of youth in chronic pain and how healthcare and school systems can collaborate to better support students. They used focus group methodology to provide qualitative data with teachers, administrators, nurses, and school counselors. This structure allowed participants to share their

own views, while also responding to others' statements (Logan & Curran, 2005). Similar to Logan and Curran (2005), Soleimanpour et al. (2010) used focus groups to obtain qualitative data. These focus groups supplemented the mixed methodology approach used in this study. They examined the impact of 12 school-based health centers on clients' access to care, satisfaction, and reproductive and mental health outcomes. Twelve focus groups were conducted, which included 105 students who were both users and non-users of school-based health centers. Data was analyzed by content to identify themes and to explore emerging relationships (Soleimanpour et al., 2010). This was a significant study as it was the first evaluation that used qualitative and quantitative in methodology.

Sisselman et al. (2012), in their examination of innovative services offered at school-based health centers in New York City, conducted focus groups to identify programs and services. Feedback from these focus groups was then used to create surveys with open-ended questions. The questions were open-ended to allow participants the space to share their experiences and service programming (Sisselman et al., 2012). The qualitative nature of the questions permitted the authors to gain a better understanding of staff and student experiences. Similar to these open-ended questions, Blacksin and Kelly (2015) used case study methodology to examine how school-based health centers provided students a network of connections to caring adults within the school community. Specifically, they used unstructured interviews with providers to explore the unique dynamics of the school-based health center and how it impacted the health and wellbeing of the students (Blacksin & Kelly, 2015). They found that providers felt the school-based health center had a positive effect on students through the creation of a student-centered communities.

Quantitative studies. Of the research studies discussed in earlier sections of this paper, several stand out as exemplars of different quantitative methodological approaches to examining the impact of school-based health centers. These studies used regression analysis and propensity score matching.

Four studies used propensity score matching, a statistical technique that attempts to estimate the effect of an intervention when the treatment is not random. Strolin-Goltzman (2010) conducted a study that investigated the relationship between school-based health centers and the learning environment. In addition to using logistical regression to obtain a predicted probability of group membership, she used propensity score matching to estimate the treatment effects of using the school-based health center (Strolin-Goltzman, 2010). Her results indicated that school-based health centers improve access to primary and preventive care for underserved youth and that the presence of a school-based health center is associated with greater satisfaction in three out of four learning environment domains (Strolin-Goltzman, 2010).

A later follow-up study completed by Strolin-Goltzman et al. (2012) also used logistical regression to obtain a predicted probability of group membership and propensity score matching to estimate the treatment effects of using the school-based health center. A study by Kerns et al. (2011) found an association between low to moderate school-based health center use and reductions in dropouts for students in an urban school district. The authors linked two databases, a school database and a public health database, using unique identifiers and propensity scoring to control for several factors associated with school-based health center use (Kerns et al., 2011). Moreover, a later study completed by Stone et al. (2013) used data from a customized version of the California Healthy Kids Survey to examine use of school-based health centers and student-reported school assets. They used propensity scoring to carefully match schools with and without

school-based health centers or students who had or had not used the health center services (Stone et al., 2013). These studies found that schools with school-based health centers were perceived to have a more positive learning environment than schools without school-based health centers (Strolin-Goltzman et al., 2012), that low to moderate use of a school-based health center was associated with reductions in dropouts for students in an urban school district (Kerns et al., 2011), and that use of a school-based health center appeared to positively relate to student-reported caring relationships with health center staff and adults at the school (Stone et al., 2013).

What these methods can tell us about school-based health centers. School-based health centers present a challenge to educational researchers, as each site is unique. They encompass a wide variety of programs and services, making it challenging to determine causation or correlation of the numerous provided interventions (Amaral et al., 2011). It is important to consider this unique nature, and how each health center responds and adapts to the local school community, when interpreting the impacts of school-based health centers (Geierstanger et al., 2004).

It is clear that there are numerous methods for understanding and interpreting the impact of school-based health centers. Through examination of quantitative data, researchers attempt to estimate correlation, causation, and the relationships of variables and interventions. On the other hand, qualitative methodology attempts to understand the local nature of school-based health centers within particular schools or communities. Each approach is valid and offers different understandings of the impact of school-based health centers. However, this study is intended to be narrative in structure to better understand the complex nature of several teachers' perceptions of the influences of the school-based health center based in their school.

Summary. There are numerous methods to address the challenges of understanding and interpreting the influence of school-based health centers. Overcoming these challenges has led to a plethora of rigorous research studies using qualitative and quantitative methodologies. Both qualitative and quantitative research studies have their place in the examination of school-based health centers. However, the strengths of narrative methodology, specifically its applicability to areas with limited knowledge and the flexibility to explore new knowledge as it arises, led itself best to this research study which focused on three teachers' perceptions of school-based health centers. Narrative inquiry is a way of hearing teacher voice, of stepping into the lived story of the classroom, and of understanding teachers' experiences. Narrative inquiry created the space to share these stories.

Chapter 3: Methodology

It is challenging to research school-based health centers for many reasons, not the least of which is the variation across each health center and the differences in local school district and community priorities. These include the variability of healthcare models and the implementation of an assortment of programs and services (Brindis, 2016; Keeton et al., 2012), multiple layers of participants and stakeholders (Stone et al., 2013), and the conditions of the local school community that drive the uniqueness of each center. Narrative inquiry matched this study's research questions and was appropriate in meeting these challenges. Narrative inquiry is a way of sharing and characterizing human experience and the study of that experience, because it takes the view that educational research is the creation and recreation of people's stories (Clandinin & Connelly, 2000). These narrative experiences are both personal and social and reflect the unique context in which teachers live and work (Clandinin & Connelly, 1998).

Narrative inquiry has a long intellectual history in the social sciences and is increasingly being used in the field of education. One theory in educational research embraces the concept that people are storytellers who, both individually and socially, live storied lives (Connelly & Clandinin, 1990). It is the construction and reconstruction of individual and societal stories where each person not only tells their own story but interacts with others' stories.

Clandinin and Connelly (2000) drew on Dewey's (1938) philosophy that created two criteria for developing a narrative view of experience: interaction and continuity. Interaction recognizes that people are always in relation to other people and always in a social context. Continuity asserts that experiences are continually growing out of other experiences and that there is no beginning or end of these experiences. Context, taken together with interaction and continuity, form the three-dimensional space of narrative inquirers. Behaviors, events, and

actions are meaningful when taken in context, enabling the narrative researcher to make meaning (Kramp, 2004). Through this three-dimensional space, narrative inquiry does not subscribe to a tightly structured writing template, it is an iterative process of collecting, organizing, and writing (Creswell & Poth, 2018). This necessitated a collaborative process with teacher participants, where I listened to stories, processed, reflected, wrote, and rewrote. I was continually working in and through these relationships (Clandinin, 2006) to compose this research.

As Clandinin and Connelly (2000) point out, narrative inquiry is always formed around the research question, which is similar to a specific wonder, or type of puzzle. The large amount of descriptive, qualitative data that was provided through teachers sharing their stories provided me an opportunity for a deeper examination and understanding of school-based health centers (Sisselman et al., 2012). This iterative process is one of the strengths of narrative methodology as its applicability to areas with limited knowledge and the flexibility to explore new knowledge.

Role of the Researcher

As the researcher for this study, I approached this work from multiple roles including educator, administrator, and doctoral student. The roles I played were critical in the process of writing this narrative.

I have been an educator for 18 years, most of my adult life. I began as a high school teacher, teaching four subjects each day (AP US History, US History, computer programming, and website design). As a new teacher, I taught in three different classrooms and moved between these rooms with all my belongings on a borrowed cart that the school librarian was kind enough to loan me. It was hard work, developing lesson plans, aligning curriculum and standards, and simply getting comfortable in a classroom with 35, or more, juniors and seniors. I loved the connections with my students that teaching brought and the opportunity to learn and push my

professional boundaries. As a fellow teacher, my background provided some credibility and commonality with the teachers in the study and allowed me to better understand their perceptive and the lens in which they brought to their experiences. During my conversations with the teachers, we bonded over our first-year teacher stories, the challenging students we had encountered in our careers, and lighthearted moments.

My natural curiosity and desire to learn, grow, and improve continues to serve an important role in my life and led me to move into administration. I have been a building administrator for the past nine years, first as a K-8 principal and now at the high school level. While my primary role is in the counseling and special education departments, I also provide classroom level support to teachers, staff professional development, and manage multiple educational programs such as Advanced Placement and ASPIRE. Being an administrator at a large comprehensive high school is a balancing act between my curiosity and desire to learn coupled with the opportunity to work at the systems and process level of a large educational institution.

I am also a graduate student at George Fox University working to complete my doctoral degree in the School of Education, so I had a personal stake in the completion of this study. As a doctoral student, I was aware of my personal biases and assumptions while completing this research study. I worked closely with my critical friend, a fellow doctoral candidate at George Fox University in the School of Education, who reviewed my work and helped determine if my methodological process, data, findings, and conclusions were justified and conversed with me about my biases. My assumption that the voices of teachers were critical in understanding the influence of school-based health centers was foundational to this study. In addition, my assumption that teacher voices often go unheard was supported through the lack of teacher voice

in the reviewed literature. These spoke to a gap in the literature and further supported the justification for this study.

Setting

Data collection for this study took place at North High School (pseudonym) between December 2018 and January 2019. North High School is an urban high school within a large metropolitan school district in the Pacific Northwest. North High School was the ideal location for this study for two primary reasons. First, the 2018-2019 school year was the school-based health center's second year in operation. As a result, two of the three participating teachers were able to reflect on their teaching and learning experiences both before and after the implementation of the health center. This was advantageous as it provided them a baseline knowledge on which to reflect. Second, as an administrator in a different school, I had independent access to the school and teachers on a regular and recurring basis, while also avoiding any power issues involved in studying alongside teachers I supervised.

Participants and Sampling Strategy

With the permission of North's principal, I requested participants via a presentation to North High School's teachers during their morning staff meeting on December 5, 2018. I shared the study aims and asked teachers if they would consider being a participant. In order to ensure confidentiality, all teachers were given my email address and contact information and those interested in participating were asked to contact me. I appealed to teachers by discussing how this research would offer important insights into the influences of a school-based health center on teaching and learning and the importance of sharing their stories. In addition, I offered a $25 gift card as a participation incentive to express appreciation for teachers' time. During the staff

meeting, multiple copies of the teacher recruitment letter were placed at all the tables where teachers sat (Appendix A).

After the meeting, I made myself available to talk with any teachers who might be interested. One teacher, Mark, introduced himself and asked to join the study. Mark was running late for class, so we had a brief conversation and agreed to setup our first meeting via email. We emailed the same day and arranged a time to meet later that week. Emily, the second teacher to join the study, emailed me later that day and shared that she would like to participate. Like Mark, Emily and I had our first meeting later that same week. Patti was the third and final teacher to join the study. She emailed me several days after my presentation to express interest in joining the study. I happened to be at North High School when I received her email, so I stopped by her classroom after school the same day. I answered her questions and she agreed to join the research study.

To further understand the background and history of the school-based health center's implementation at North High School, I asked John (pseudonym), a district office representative, to be a key informant. A key informant is a person who is well-informed, accessible, and can provide leads about critical information and people (Creswell & Poth, 2018). John had an extensive background with school-based health centers and was instrumental in establishing the health center at North High School as well as at another comprehensive high school in the district.

I recruited John by sending him a letter via email, describing the purpose of the study (Appendix B). I met him for coffee and described the study and the information I needed. He agreed to participate and later signed a confidentiality agreement (Appendix C). John was helpful

in enabling me to understand a more comprehensive picture of the background and history of how and why the school-based health center was established at North High School.

Data Collection

I used a series of three face-to-face, informal, conversational style interviews with each participant to gather their stories. I met with each participant individually and established trust and rapport, further explained the research study, and answered any questions they had. During this first meeting I also obtained a signed informed consent letter (Appendix D) before moving into the first interview. We met for the second and third interviews in subsequent days. The interviews ranged in length from 45-70 minutes and the day and time for each conversation was set by the teachers. Teachers selected their own pseudonyms to represent them in this study while protecting their identity. Each teacher chose the location for our interviews as it was important that they were relaxed and comfortable during our conversations. Emily and Mark both preferred to meet in their classrooms, where it was quiet, and we were undisturbed. Patti preferred a conference room in the main office area since her classroom was being used during her preparatory periods by two student teachers. All the conversations flowed freely, and the teachers were eager to share their stories. At no time during any of the discussions did a teacher stop the interview or express any concern about the conversation.

I created guiding questions for each interview (Appendix E) that gave them a place to begin if they needed help in starting their stories. After each interview, I revised follow-up questions slightly to probe further into the stories they had shared. The guiding questions were most useful in the initial interviews, but I used them less with each successive interview as the conversations became more spontaneous. I often encouraged the teachers to give me more detail

about characters in their story or to share a story about a compelling student or experience that was related to the topic they were discussing generally.

With teachers' permission, I used a digital audio device and recorded the conversations for documentation and later analysis. The data files were transcribed into Word format by gotranscript.com, a professional audio and video transcription company, and I checked them carefully for accuracy. Audio recording the interviews allowed me to focus on the dynamics and topic of the conversation. Having an audio record of the interview also allowed me to return to the conversation unlimited times to process, relisten, and rethink.

This type of face-to-face, informal, conversational style interview allowed for flexibility in the conversation (Turner, 2010). It also made it possible for follow-up questions to occur in the moment of the experience (Turner, 2010). The guiding and follow-up questions enabled us to stay focused while providing participants the space to authentically share their stories (Creswell & Poth, 2018).

In addition, I kept researcher notes which helped me to record important details and any thinking or ideas that came from the interviews. I took notes immediately after the interviews that recorded observations, reflections, and captured the context of the interview. These notes also included the participants' demeanor, tone, and anything important about the interview that I wanted to remember and refer back to at a later date. I also recorded my thoughts on follow-up question and my ongoing reflections on the data.

Data Analysis

One of the unique features of narrative inquiry is that data analysis occurs throughout the study and includes analyzing the participants' stories and restorying them in a way that creates meaning and understanding (Creswell, Hanson, Plano Clark, & Morales, 2007). Thus, narrative

inquiry and the resulting data is an iterative process of collecting, organizing, and writing (Creswell & Poth, 2018). During the study, I looked for trends to make sense out of what I had uncovered and to inform further interview questions. These trends were evident in consistent phrases, expressions, or ideas that were common among the teachers and kept reappearing during their storytelling.

While attending to the iterative and ever-changing trends evident in the data, I also used a systematic process to analyze data. This process included first-cycle coding, second cycle coding, analytical memoing, member checks, and reviews with my critical friend. Throughout this process, I read and re-read the interview transcripts to piece together the data and find understanding and meaning. My goal was to discover the commonality in the stories across the three teachers, as well as to identify contrasting voices.

First cycle coding. Coding is a fundamental approach to analyzing data in qualitative research and allows information to be grouped and chunked in different ways to identify emerging patterns and help create understanding. I utilized first cycle coding as a way to initially summarize different parts of the data, identify patterns, and begin to determine meaning (Miles, Hiberman, & Saldana, 2014). During the first cycle coding process I used in vivo and descriptive coding.

I printed my interview transcripts with a 3.5-inch margin on the right side to provide space for coding and notes. I read and re-read through each series of transcripts for each participant, using in vivo coding first to underline and mark significant phrases, ideas, and quotes in pencil. I then made notations on the right-side margin and recorded distinctive terms that the teachers repeated or were repeated across participants. I utilized in vivo coding first because it focused on words or short phrases and honored the participants' own voices (Miles et al., 2014).

This cycle of coding also included rounds of descriptive coding, where I summarized the basic topic of each segment of data by writing a single word or phrase in the right-side margin. These descriptive codes helped me further categorize the information (Miles et al., 2014; Saldana, 2013) into ideas including access, trust, attendance, grades, classroom, and connection.

Second cycle coding. Pattern coding, a second cycle coding method, provided a way to further organize and analyze data coded through first cycle methods (Saldana, 2013). I used pattern coding to further group segments of data into a smaller number of themes (Miles et al., 2014). Pattern codes helped me identify emergent themes by pulling trends from first cycle coding into meaningful understandings (Miles et al., 2014).

I searched my researcher's notes and analytical memos to ensure I had accounted for all the themes I had identified earlier in the process. I re-read the series of transcripts for each participant, highlighting common themes as they emerged. I then cut apart the transcripts and gathered each section of data organized by the different themes. I used sticky notes and poster paper to identity themes and link them to corresponding key words and phrases. This initial patterning process revealed six themes I collapsed into four distinctive, overarching themes as I considered them against my research questions. I grouped data chunks to create relevant sub-themes and reflected along the compositional process. I found the pattern coding process deeply reflective, providing me with meaningful ways to analyze and interpret the data.

Analytical memos. Another helpful analysis method was memoing, which provided me a reflective process that allowed me to track the development of my ideas in a format that was individualized to my needs (Creswell & Poth, 2018). While most of the analytical memos were completed as a Word document, some were handwritten. I wrote an analytical memo after each cycle of coding, which enabled me to contemplate the information I had collected. After the

second cycle coding process, I wrote an analytical memo for each participant that included their story on why they became a teacher, summarized the patterns and themes from their interviews, and included distinctive terms and thoughts that teachers had repeated.

Member checks. Narrative research necessitates an in-depth and collaborative relationship between the researcher and participants (Connelly & Clandinin, 1990). As such, I utilized member checks during the research process by providing the teachers an opportunity to review my research. Member checking was a critical method that allowed me to check for accuracy and credibility, while continuing to reflect on my analytic thinking. I conducted information conversations with each teacher and provided them an opportunity to review the analytic memo I composed of their story. These conversations offered occasions for further thought and reflection and prolonged the interaction between the teacher, me, and the research text (Clandinin et al., 2007). Participants reviewed their memos and none requested significant changes.

Assertions. From the data analysis, I identified four themes, which I wrote as assertions. The assertions served to identify patterns and relationships across the interconnected data and established key interpretations (Erickson, 1986). These assertions encompassed the teachers' perspectives on the influence of school-based health centers on students and their own classroom experiences. I organized findings in Chapter 4 around these assertions in order to make them clear for the reader, supporting each with vignettes, comments and stories from the teachers.

Vignettes. I used a narrative vignettes to provide a commentary of the experiences of the teachers (Erickson, 1986). Vignettes helped to encapsulate the essence of each assertion. While I narrated these vignettes, the stories were drawn directly from teachers.

Critical friend. My critical friend, a peer in the doctoral program at George Fox University, and I worked closely together reviewing each other's research and writing. My critical friend was instrumental in helping me review the themes I had identified in order to determine the quality and effectiveness based on their perspective (Creswell & Poth, 2018). In addition, my critical friend's lack of contextual understanding of school-based health centers helped challenge my biases, re-see the data, and identify where I had overanalyzed the data (Foulger, 2010).

Ethical Considerations

Ethical oversight is a critical feature of narrative inquiry. This research study was approved through the Institutional Review Board (IRB) approval process at George Fox University (Appendix F) and at the school district in which the school setting was located. Prior to beginning this research project, I submitted a complete and thorough application to the IRB, including the informed consent letters and anticipated interview prompts.

I had no prior knowledge or authority over the participating teachers. This was critical as I did not have any power or authority over the teachers, which I believe enabled me to build trust and engage together as colleagues. This trust was essential in creating space for teachers to share their stories without fear of consequence or retaliation. In addition, since I had no positional authority, I believe this reduced the effects of social desirability as teachers shared their experiences.

I obtained a signed informed consent letter during the first face-to-face meeting with each teacher (Appendix D). I also informed them of the free and confidential mental health assistance that was available through the District's Employee Assistance Program, just in case anything from the research process was challenging for them. I was aware that, although the risks

associated with this research study were minimal, there was potential that sharing their stories could surface unexpected emotions. With this in mind, I monitored the teachers and made sure they knew that they did not need to share information that made them uncomfortable and that they could stop at any time. At no time during the interviews did any of the teachers express concern about the conversation or ask to stop.

I maintained rigorous efforts for confidentiality, using teachers' chosen pseudonyms in place of any potentially identifying information (names, addresses, titles, school names, etc.). Throughout the research project, I kept all my notes, digital files, concepts maps, and other related materials secure, locked closet in my private office area. All materials will be kept securely for five years, at which point I will personally destroy the information.

Summary

Narrative inquiry is an old practice and it is commonplace for people to use stories to share their experiences and seek to understand each other and the context of their lives (Clandinin, 2006). I used narrative inquiry to garner the experiences of three teachers to better understand their perceptions of their teaching and learning experiences in relation to a school-based health center. This narrative study, oriented to the perspectives of teachers, offers important insights into how school-based health centers function within educational spaces and points to how teachers conceptualize their role in educating students.

Chapter 4: Findings

This narrative study was organized around the question: *What stories do teachers tell of what school-based health centers mean to their students and their own classroom experience?* The results of this study reflect three participating teachers' stories collected over a two-month period from December 2018 to January 2019. I collected the data through a series of semi-structured interviews where teachers shared their stories in a leisurely and unhurried manner with multiple points of reflection.

In this chapter, I describe how the school-based health center at North High School was established, introduce the participating teachers, and explain the themes resulting from my analysis of the data. Four clear themes or assertions serve as organizing structures for this chapter. They are as follows:

- Academics: Teachers' stories indicated the school-based health center made a notable difference in the typical markers of academic success: attendance, attitudes, engagement, and grades. School felt like a better place to be, for both teachers and students, because of the health center.
- Trust: Teachers witnessed how students who previously did not have an adult they trusted changed significantly when they got established with the school-based health center. Students flourished under the connection with an adult.
- Culture: Teachers believed that the school-based health center shifted the school culture to one of more transparency, sharing, and added support. Teachers were better able to partner with parents, and students became more comfortable and less embarrassed about accessing care, because of the health center.

- Logistics: Teachers pointed to logistical issues related to balancing academic and healthcare aims for students and wished for some changes, going forward.

How the School-Based Health Center at North High School was Established

The school-based health center at North High School grew out the success of the school-based health center at Mountain Pass High School (pseudonym), one of the other comprehensive high schools in the same district. The health center at Mountain Pass, which opened around 2010, started as a grassroots project to provide medical, dental, and mental health services to students in partnership with a community non-profit organization that served youth and homeless individuals in the community. Services were provided through a mobile medical van that was stationed on campus two to three times per week. At the same time, a community advisory board and youth advisory council were created to support the implementation of the health center. Through extensive fund raising, federal grants, and local and state funds a permanent location on the Mountain Pass campus was secured. The location was eventually remodeled to create a school-based health center complete with exam rooms for physical health, mental health, and dental services. The health center at Mountain Pass continues to serve students and subsequently became a model for other districts looking to establish school-based health centers in their own communities.

The success of the school-based health center at Mountain Pass High School led the school district to include funding in a recent capital bond for health centers at the other three comprehensive high schools. With passage of the bond, a district-wide committee was created to assist in the implementation at each of the remaining high schools. With help and guidance from this group, a planning committee formed at North High School that included teachers, administrators, and support staff. Over the next year, this group met on a weekly basis to plan the

implementation of the health center. These meetings began after school, but quickly moved to the mornings to better accommodate everyone's schedule. In addition, a student advisory group was established to provide student input. Both groups toured the health center at Mountain Pass High School and met with teachers and staff there, as well as health centers at other neighboring high schools. As both groups continued working, a mobile medical van similar to the one used earlier at Mountain Pass, began serving students at North three times per week. The van provided services to the students and also helped generate interest and support for the health center within the school community.

Led by the principal, the group put on a communication campaign about the health center that included regular updates in the school newsletter, evening orientation meetings, staff updates, and presentations to the school board. The location and layout of the health center was a critical component of the planning and implementation process. After reviewing plans and walking the building, three classrooms were chosen for remodel that fit the needs of the health center, with attention to ensuring an interior and exterior entrance. Initial construction was completed in late 2017 and the health center moved from the mobile medical van to its new location in early 2018. The new location included three exam rooms, one dental room, multiple mental health offices, a small laboratory, a conference room, two bathrooms, and eight offices. To guide readers, a blueprint of the health center has been included (Appendix G). When the health center moved into its permanent location, the community operating partner shifted from the non-profit organization that served homeless and youth to the county department of health clinics.

Description of the Teachers

Three teachers shared their stories about the school-based health center at their school. Emily, Patti, and Mark had between nine and twenty-six years of total classroom teaching experience and each had taught in at least two different school districts during their careers. They had been at North High School between two and twelve years.

Patti and Mark both taught core content courses in different departments. They were the only teachers in their departments to teach their specific required course. This is significant because it meant they have had every student in their class at one time or another, teaching approximately 25% of all students each school year. Emily, on the other hand, taught elective area classes and, as a result, saw a much smaller collection of students each year. As is typical of many high schools, all three teachers had their own classroom that they did not share with anyone else. Their classrooms were brightly decorated with student work, class information, posters with course content, and other inviting artwork on all the walls. While Emily and Mark's classrooms were down the hallway from each other, Patti's classroom was in a different part of the school building. Based on our conversations, there was no indication that the three teachers interacted on a regular basis or that their friend groups overlapped. This meant they did not know one another well, even though they all taught in the same comprehensive high school.

The brief portraits that follow provide a glimpse into each teacher's history, background, comments, and stories. Each story is a complex journey that impacted the teacher's perspective of the influence of the school-based health center. A table with the demographic information about the three participating teachers is in Table 1.

Table 1
Demographic Information about the Teachers

Name	Age range	Years of teaching experience	Years of teaching at North High School	Current teaching role
Emily	50-55	26 years	12 years	Elective teacher
Patti	45-50	19 years	8 years	Core teacher
Mark	30-35	9 years	2 years	Core teacher

Patti. Patti and I met for her interviews in one of the school's conference rooms, which provided a quiet place to talk away from her classroom. Our conversations were easy and flowed freely; she only needed guiding questions to start the discussion. Patti was kind, caring, reflective, and thoughtful in her word and story choice. She grew up in a small community, small enough, as she told it, that she always referred to a larger neighboring city because no one recognized the name of her home town or knew where it was. As a child, Patti enjoyed sports and dreamed of becoming a physical therapist. However, early in her college years she realized that being a physical therapist required more schooling, especially math, than she had bargained for. She changed focus to athletic training and completed her degree in Health Promotion, Fitness Management, and Sports Medicine. Her first exposure to her new field was as an athletic trainer and assistant for her university football team.

Upon graduation, Patti moved to get a taste of "big city life." She quickly found a job as a coach and athletic trainer at a private high school. A year later she moved to a large public high school where she served as a coach and athletic trainer for the next five years. As an athletic trainer, Patti formed positive relationships with a wide range of student athletes who would often come to her to talk through their problems and challenges. She enjoyed this role but found herself wanting "to make a bigger difference than just after school."

Patti decided to go back to school to become a teacher, but as a new single mother, her life had gotten infinitely more complex and challenging. With support from her mom, and working multiple part-time jobs that allowed her to bring her son to work with her, she completed a one-year Master of Arts in Teaching program. Patti formed a special bond with her practicum teacher and wanted to be just like her in the classroom. Patti became animated, with a big smile and hands moving, as she described her approach of working with students, making caring connections and finessing the right amount of strictness with love, all modeled after her mentor teacher.

Patti's first teaching job was a one-year temporary position at a local public high school. When that position ended, she found a job at a public high school in a neighboring district that also allowed her to continue coaching. On the second to the last day of school in 2010, due to significant budget cuts and having the least seniority in her department, Patti was transferred to her current position at North High School. While hurt and resentful that she had to move schools, she eventually found a home and fell in love with the North High School community.

Patti was really excited when she first heard about the school-based health center opening at North. While she had heard about the health center at Mountain Pass High School, she was not sure how it would look or work at North High School. Regardless, she felt strongly that students needed access to healthcare, mental health counseling, and sexual health related services.

Emily. Emily was a kind, thoughtful, and caring individual. She was easy to talk with and eager to participate in the study. Our conversations were held in her classroom where we sat across from each other in student desks, the style where the seat and table top are one unit. The atmosphere was relaxed and casual, and conversation flowed easily from one topic to the next.

Emily grew up in a family of educators; her mother was a high school English teacher and her aunt, a Catholic nun, was also a high-school English teacher. Emily dreamed of being a teacher from an early age. She fondly recalled holding school lessons for her dolls and the neighborhood children, all the while requiring them to sit in nice quiet rows.

When it came time to attend college, Emily headed to a large state university in Texas, where she was living at the time. Her decision to attend the university was largely based on its reputation as one of the top education colleges in the country. She completed her undergraduate degree in English education and followed her dream of teaching to a position in South Texas. After several years, Emily returned to her alma mater and completed a master's degree in English language acquisition. Through her time in the classroom, she noticed that many of the students she was working with were dual-identified in ELL and special education. This observation and interest led Emily to complete a master's degree in special education.

Missing home, Emily returned to the Pacific Northwest. She found a position as a middle-school teacher and later moved to her current position at North High School. Emily described herself as a natural born teacher and said she loves being in the classroom. She talked passionately about supporting her students as they learn, describing in great detail those moments "when the light bulb goes on." She found a home in high school, watching as her students mature from freshmen "still blowing their nose in their sweatshirt" to seniors ready to take their next step into the broader world.

Several years ago, Emily's love of learning and natural curiosity led her and a close friend to complete their initial administrative license. While at the time of this study, she did not intend to become an administrator, she enjoyed the exposure to bigger picture issues that were not taught in teacher education programs. The required administrative practicum offered her a

glimpse of "a different side of things that you don't get to see when you're a classroom teacher." Emily felt strongly that this experience gave her a fuller picture of the many varied issues throughout the school, including a deeper understanding of the school-based health center.

Emily recalled thinking, "this is going to be really great!" when she first heard of a school-based health center opening at North. She recognized that access for students was important since there were "a lot of kids that would use the emergency room as the doctor, and so it was like, this is going to be great." Emily recalled thinking that her students generally "don't know how to access medical care in the community, so they use the emergency room" and that a school-based health center on campus would help address this barrier. She paused for a moment, looking at her hands, and then summarized her initial thoughts as, "oh my God, we so need this."

Mark. Mark and I met in his classroom for all our conversations. We gathered around his desk, which he had placed near the front of the room on the side. Mark and I quickly developed a connection and our discussions were effortless. He was comfortable talking for long stretches without needing any direction. He was contemplative in his comments and the stories he shared. His passion for creating meaningful relationships with his students was evident in the way he described his classroom experiences.

Mark was born and raised in the Portland metropolitan area. He described his home as in an area where it felt like you were surrounded by the city, with no clear line between where one city ended and another started. He attended the local elementary school and middle school and his high school had long-standing historic ties within the community.

Mark did not grow up wanting to be a teacher but found his calling when he was 14 years old. That summer all his friends had found jobs and were busy working, but he was bored at

home. Since he lived near a local elementary school, he decided that he would try his hand at volunteering. For six weeks, Mark worked with three second-grade students that had been identified as nonreaders. Each day included basic phonics practice and repetition, and by the end of the summer one student was reading at grade level and the other two students were only one year behind. As an advanced Spanish student in high school, Mark had another opportunity to teach when he spent 1st period of his junior year helping the first-grade class at the nearby Spanish language immersion program. He fondly recalled his Spanish teacher telling him “you basically have the skills of a first-grader now in Spanish. Go read with them. You're on their level." Through these experiences Mark realized that he had an aptitude for teaching and loved it.

Mark attended a local university where he completed an undergraduate degree in political science and secondary education. He planned a career in higher education as a professor in educational policy, but felt he wanted some classroom experience first. While he was confident he would find a position, he graduated at a time when the economy and job market for high school social studies teachers was bleak. He recognized that he had to do something, or he would end up living with his parents, so he added a mathematics endorsement to improve his resume and eventually got hired as a math teacher at a small, alternative middle school in a neighboring district. This position lasted for one year before the school closed and transitioned into a therapeutic day high school. Mark admitted that he stayed on staff, not because he had special education background and training, or even because he was deeply qualified, but because he needed a full-time job. While in college, he had envisioned himself an Advanced Placement or International Baccalaureate teacher, but quickly found that he loved alternative education. Building relationships with his students and helping students who had been “written off” by traditional schools was incredibly rewarding to him.

While Mark's career began as a math teacher at an alternative middle school, he eventually taught courses ranging from algebra and geometry to health, PE, and science. When his current position was posted two years ago, he wanted to see if his skills and talent would translate to a comprehensive high school setting. Mark found North High School to be "the most stable, organized, efficient building" he had ever worked in and the students "genuinely nice and sweet in ways that I have not encountered in my career to this point." While moving to North had been a culture shift, he loved working with his students and that is what motivated him every day.

Mark learned of the school-based health center at North after he had been hired. Of his first thoughts on learning about it, he indicated it would be "a huge value-add, I think that that's such a big resource." At his previous position, he had led a project on chronic absenteeism and found one of the "major factors that came out of student report and data was because of health-related issues either for them or their family. They were often not making it to school." Mark's natural curiosity bubbled to the surface as he wondered what influence the school-based health center may have had on his students. He shared that his first impression was pretty simple, "I was excited."

Assertions

This narrative study gathered the stories of these participating teachers through three semi-structured interviews each. From these interviews and my analysis of the resulting data, I identified four assertions. These assertions comprise the foundation of my explanation of the data.

Each assertion is followed by a vignette that encapsulates the essence of the assertion, along with supporting data that includes additional teacher comments and stories to offer further

evidence of the claim. While I narrate the vignettes, the stories are constructed directly from teachers' words. The vignettes are in italics and highlight a particular teacher's story as a representative example of the data supporting the assertions. In offering supporting evidence, I endeavored to re-story the narratives to both preserve the participating teacher's voice and share the information in a clear and coherent manner. Longer teacher quotations and occasional italics serve to highlight teachers directly quoting themselves or others. All student names are pseudonyms I chose randomly from a list of the most common girl and boy names.

Academics: Teachers' stories indicated the school-based health center made a notable difference in the typical markers of academic success: attendance, attitudes, engagement, and grades. School felt like a better place to be, for both teachers and students, because of the health center.

While the following vignette, narrated by Emily, was an extreme example of an untreated health issue affecting a student's academics, her story was representative of the ways that participant teachers witnessed how the school-based health center made a marked difference in the traditional measures of school success: attendance, grades, and levels of student engagement. The stories that the teachers shared described in detail how these aspects of school success were influenced in tangible ways. This appeared to go beyond a simple increase in attendance and improved grades. Teachers described that school felt like a good place for them and their students, which was a positive change from when health-related issues more significantly impacted the students.

At first glance, Charlotte blended in with the rest of the students walking down the hallway. She was a little shorter than average, with long dark brown hair that was most often worn straight, sometimes with a bow in the back. She preferred to wear jeans, with an

occasional skirt thrown in, a t-shirt, and a selection of sweatshirts that rotated every so often. Simply put, Charlotte appeared like many of my other students. She was happy, or at least I thought she was.

Charlotte was in my second period class, which just happened to be one of my smaller classes. As I look back on it now, I think this was crucial because it gave me an opportunity to get to know her that I may have missed had she been in a larger class. It didn't take long for me to notice that hidden under Charlotte's happy exterior was constant pain. I remember the day well, it was a Tuesday. At the end of class after all the other students had left, I asked her 'are you ok?' She stopped in her tracks, paused to think a moment, and then sat back down. I pulled up a chair next to her. She collected herself and simply said 'no.' She shared her story, stopping frequently to hold back tears. Charlotte had been suffering from a rare condition called juvenile rheumatoid arthritis. While her parents had jobs, neither provided medical insurance and her family struggled just to make ends meet. There was no money for doctor visits or even for insurance.

Charlotte told me, 'I hurt almost everywhere, all the time. It hurts just to get out of bed.' Nearly every day Charlotte experienced stiffness in her joints, along with pain and swelling. Not to mention she was simply tired all the time. Keeping weight on her small frame proved a challenge. She spent endless days and nights in the emergency room when the symptoms, fever, and rashes became too much. However, visits to the emergency room meant missed school days, missed assignments, and more work when she returned. Charlotte was often tired at school, disengaged, and constantly worried about her health.

Hearing Charlotte's story broke my heart. We talked about the school-based health center and the services it could provide her, and she agreed to give it a try. They were able to

sign her up for the state health plan, connected her to an outside specialist, and scheduled regular appointments for her in the health center there on campus. In addition, they helped her family navigate the healthcare system outside the school.

Charlotte still struggled, but it was a big difference. She didn't miss as much school and her focus in class improved which led to better grades. Charlotte would occasionally stay after class and check-in with me, sharing 'I'm feeling better, more normal like everyone else.' I noticed that she didn't worry constantly about her pain anymore, she became more engaged in my classroom and work we were doing, and she got on track. I could see the sense of relief on her face.

Attendance. The stories the teachers shared indicated that student attendance improved over time for many of the students accessing care through the school-based health center. Another example Emily offered was Amelia, who dealt with asthma on a daily basis. "She was really struggling to keep her grades up because she couldn't be in the school, she was missing a lot of school." When she missed school, she got even farther behind and that often caused her to become overwhelmed in class. "When she was here, she was so focused on, 'How am I going to get this?' She was simply overwhelmed most of the time.

> Finally, I was like, *Okay, no,* we're going to go down there and talk to them [health center] and come up with a plan and a pattern and a schedule. It was like, *okay,* and now, I don't see her struggling and panicked like that anymore. She's here so she's able to focus on getting her work done and getting her grades back up so that she can graduate this year because it was not going to happen. (Emily, January 16, 2019).

Emily felt that having the health center on campus and easily accessible for Amelia in a way that allowed her to remain in school was significant. As Amelia's attendance increased and she became more confident in her plan, her ability to be successful academically also increased.

Mark also shared a story about a student with a chronic medical condition whose attendance improved when she accessed the school-based health center. Evelyn struggled with chronic medical issues, anxiety, and depression. "She was going through quite a bit of things that caused her to miss school quite frequently." Clearly, this had an impact across the board for her, she missed assignments, got farther behind in class, and got overwhelmed. It was about this time that she got connected with the health center.

> It really made a big difference in terms of getting her into the building more, she missed a lot less frequently. She still missed, she was sick and had a bunch of legitimate reasons why she couldn't be here. Having those scheduled times really helped to keep her in class as much as possible. (Mark, December 10, 2018).

Mark felt that the health center created a network of resources for Evelyn that she needed in order to attend school and earn credit in her classes. Her increased attendance made a big difference as she "went from somebody that wasn't going to pass anything to passing almost everything. I feel fairly confident it was because of the services that she got." Not only did Evelyn's attendance and grades improve, but he noticed that she began to engage with her peers again. He noted, "[the] thing that came back online first was the peer part. Once I saw her starting to talk to peers more, I was like, 'Okay, she's feeling a little better.' Because that's always the first thing."

Similar to Emily and Mark, Patti recognized that accessing the health center often led to increased attendance.

> What I believe, I think it's on a case by case situation, if you have said students, and they're going to the clinic to see the wonderful counselors that we have in there, and they're seeing them on a regular basis, absolutely, that helps improve attendance and makes them want to be here at school because that person, that experience is helping them but also helps keep them focused on their classes, their grades, balancing everything. (Patti, January 10, 2019).

Patti shared that what she saw most often was students initially hesitant about going to the health center and how that may impact attending class. This was almost always girls who wanted birth control or needed a pregnancy test. She would reassure the students and even sometimes walk with them down to the health center if they asked. "I had to walk over there, I had to talk for her. These other girls that it positively impacted. I can see it in their faces how appreciative they are and happier around school." While most teachers may not have walked their anxious students to the health center, it was clear that Patti felt strongly that having the health on campus kept students in school and that she was going to do everything she could to support her students accessing the health center.

Attitude and engagement. Several stories below illustrate the teachers' perception that access to the school-based health center improved students' demeanor in class and that they felt the students were more focused and engaged.

Earlier in the year during registration, Patti saw Abigail from across the room and yelled out "hey, how are you doing Abigail?" At the time, it made sense. She knew Abigail from class, and they had a strong connection. However, Patti felt terrible when she learned a little later that Abigail was transitioning to male and was going by Mason. It "totally makes sense in hindsight" but that didn't help Patti feel any better at the time.

> I've learned from other transgender students just the name is a huge deal and how its pronounced. I didn't know that their given name at birth is called their dead name because it means so little to them. It's almost offensive or hurtful or painful because it's not who they are. (Patti, January 10, 2019).

When he first came to Patti's class, Mason was hunched and really withdrawn into himself. She apologized for using his old name and said she would do her best not to make the mistake again. The school-based health center has been instrumental in helping him through this process.

> Just some place to decompress, to talk about what's going on in school. How are you being accepted. I can see how much more comfortable he was. It was just really good to see this outcome. He's more comfortable, he's participating. He had maybe one issue with a student, but it was misconstrued. We talked it out. The kid said it wasn't aimed at them and they apologized. I think he feels much better actually now that we're talking about it. (Patti, January 10, 2019).

Patti continued to check in with Mason and realized how far he had come, how much more comfortable, focused, and engaged he was. She felt the health center was critical in that process because it provided him a "sounding board, being able to talk to him. The most resounding thing that I would say and what hear over and over is that the health center is right here, that it's accessible."

One of Emily's favorite students was Harper, whose story was similar in many ways to Charlotte's story. Harper was an 18-year-old senior who had just recently been diagnosed with asthma and a seizure disorder. She was technically homeless, since she was not living with her parents, but couch surfing with a different friend each night. Harper began accessing the health center on a regular basis not long after her diagnosis. As Emily said, "I know she's accessed it a

lot. I know she didn't have insurance, she moved in here from another state" so she did not have any state sponsored medical insurance. Emily could see the difference in Harper's attitude almost immediately after she began accessing the health center.

> I've seen it in her, yes. Not necessarily her academics but in her demeanor and the way she-- Like before, it was, *Oh my God, what am I going to do?* and *I got this* and *I've got to do this* and *I've got to*-- like constant, always mind-going, like, *Oh my God, how are we going to take care of all this stuff?* and *I'm 18 and I should be taking care of all this.* Now, it's like, *Okay, well, I can go down here and ask them if I have to.* She'll ask or she'll say, *I've got a question about this. Can I go down there and ask them about it?* (Emily, January 16, 2019).

Emily shared that it was clear that Harper felt more comfortable talking about things than she had been before she got connected to the health center. She had a plan developed with the health center for when she would have an asthma attack or seizure. "I think she feels more comfortable knowing that we have it and that we were able to access that and be able to put a plan in place for her. She's much open about talking about it and about what she needs." This comfort has positively impacted Harper's focus and engagement in class.

Elizabeth was a student that Mark got to know fairly well last year. She suffered from a personality related disorder that often left her quiet, yet sometimes volatile. Elizabeth took medication for her condition and saw a counselor in the health center on a regular basis. Mark saw how Elizabeth benefitted from her regular appointments and how they helped her focus in class.

> I think it helps her to be able to refocus. It's not going to like, *Get over it*. No one's asking her to, but to be able to make it, to think about what she needs to make it through a day,

> because sometimes making it through a day is asking more than she's really ready to do. She has good days and bad days, the times when she does well, and the times when she's struggling. (Mark, January 10, 2019).

While Elizabeth had some days that were harder than others, she would still come to class even when she was not in a space to do academic work. There were times when she struggled and times when she excelled. Regardless, Mark felt strongly that Elizabeth's ability to access support services through the health center positively impacted her focus and engagement in class.

Grades. Of the many stories that the teachers shared that explored the school-based health center's effect on grades, these two stories serve as exemplars that point to an improvement in academic performance for many of the students accessing care through the school-based health center.

William was a student in Mark's class who "was a super sweet kid [who] always sat in the front of the room." As Mark got to know William, he learned that William unknowingly suffered from poor eyesight. He was a diligent worker, but always struggled when he would do any of longer, focused activity, especially when it involved any kind of reading.

> The stuff on the board, not so much because he was pretty good at listening and writing down the main ideas of what he heard, but if it was a reading assignment, he usually went into it or if he did do it, he would work with a partner where he'd basically copy. He didn't ever independently read. (Mark, December 10, 2018).

Mark remembered being worried and having a conversation with William. "When I've seen that behavior in the past, I usually think that they're nonreader." William shared that he could read just fine, but anytime he did, he got terrible headaches. William's story struck Mark because he had dealt with a similar issue himself in late high school and early college.

> It was awful so I asked him about…glasses and he's like, *No, I don't think I need them. I couldn't get them anyways because I don't have any insurance or anything. We can't afford them, I don't need to go get an eye test. I think it's something else. I have headaches, it's not something that I can't see.* (Mark, December 10, 2018).

Mark encouraged William to schedule an appointment at the health center to test his eyesight. He learned later that William had accessed the health center and had been prescribed glasses.

> Once he got what they needed though, I saw a pretty big improvement in terms of the level of attention. He was never an A student in my class, but he was capable of producing A work and did it at about a C level, so he got a B. I think that he's doing well. This year, he seems to be doing much better, more focused, and doing well. He remembers to wear his glasses to school so that actually helps because that was a big thing for a while. (Mark, December 10, 2018).

Mark recognized how the migraines William was experiencing were debilitating and significantly impacting his grades. Once resolved, Williams' grades improved over time.

Another example of how the school-based health center helped students with their grades came from Emily, who prided herself on her strong relationships with her students. She felt she was able to get to know her students and built rapport that allowed her to better support them. James was one her students that needed her help. James was a senior that Emily had gotten to know during his freshman year. He was bright, had good friendships, and enjoyed being at school. However, during his senior year Emily could see a difference. "I could see him getting depressed, I could see his emotional state, who his friends were and how they changed. I could see how he changed, the way he dressed and his hygiene" and his grades had slipped.

Emily approached James and asked him what was going on. He shared that he was struggling coming to terms with some sexual identity issues and had suicidal ideation over the past several months. In addition, he came from a conservative religious family and did not feel comfortable taking to his parents about what he was experiencing. Emily immediately connected James with the counselors at the health center. While it was still too early to have a good sense of how James was doing, she felt hopeful.

> I don't notice that he's coming out of the shell in a positive way or embracing his authentic self. It's more like he's becoming more inside of himself. I don't know if that's because he's now talking and opening up at admitting things and really looking like, Wow, this really is who I am. How do I deal with that? (Emily, January 16, 2019).

Similar to the other students described above, the support that James received would help him in a way that also allowed him to improve his grades and graduate on time. This was a pattern that appeared in many of the stories shared by the teachers.

School felt like a good place. Teachers' stories indicated that school felt like a better place to be for both teachers and students. Students were happier and more engaged, which resulted in a more pleasant and enjoyable classroom environment.

Mark identified that the health center provided students an opportunity to process and to deal with their issues in a way that allowed them to be more successful at school.

> Kids can go get those services and still not be ready for school, but that's how it's helping in the process of getting them to that point, which is all we can ask or for some students that are severely impacted. (Mark, January 10, 2019).

While the health center is not a perfect system, Mark would rather have his students at school because at least if they are at school, there is an opportunity to connect with them.

> With students being able to go and access services that they need. That means that I have students that are here ready to learn and not hear preoccupied with other issues that are preventing them from being able to do what they need to do. (Mark, January 10, 2019).

Mark felt that the health center helped students be readier to learn, which in turn helped the environment that he created in his classroom.

"Everyone is meeting about this girl" Patti shared as she described the wrap around services that the school was implementing - special education support, increased school counselor involvement, and connecting her to the health center. Avery has "this huge, hard exterior put up," but she's not really like that from Patti's perspective. She shared all this stuff and what she really needed was someone to connect with and talk to.

> I convinced her to go by how most things I was saying. This person, I promise they're going to be really receptive… not pressuring you, likable. I would even say, I would even go to this person. Finally, talking them into it. (Patti, January 10, 2019).

Avery scheduled a counseling session, but then a few classes later told Patti that she had cancelled the appointment.

> Like, what? No, you can't. Remember da, da, da, da, da. See, these are the little gems and all of this craziness that we deal with every day and they're complaining and the bad kids. I thought it was over with this girl, that I couldn't get her to go see. She said she was fine. (Patti, January 10, 2019).

The day after winter break began, Avery sent an email to Patti letting her know that she was going to reschedule with the counselor and try again.

> She sends me, this is just really cool. It means a lot. Here it is, I just wanted to say thank you for everything and for being there for me this year. It really means a lot. I have an

> appointment with the counselor the week we get back from school. (Patti, January 10, 2019).

After winter break ended, the first day back Avery came in "before school, bust into the door, all excited. She's like, 'Guess what? Last night, I couldn't wait to come in here this morning.'" Patti was excited to see the progress she anticipated Avery would make with support from the health center. In her view, she expected Avery to become more relaxed, less defensive, and a happier student in class that, hopefully, would also result in her becoming more engaged in school and connected with the adults in the building that were supporting her.

Sofia had a passion for art and wanted to do something in graphic design when she graduated. Given that it was Sofia's senior year, Emily had known her for several years. Approximately two years ago Sofia got quiet and generally stopped talking. Her family realized something was happening and took her to a counselor outside the school. Despite the support, Sofia still did not open up and instead, remained quiet. Another attempt was made, and Sofia was connected with the mental health counselor in the health center. After some time, she slowly began to talk again. Through counseling, it came out that Sofia had experienced a traumatic event as a child.

> She walked in on someone who had committed suicide and they didn't know she saw it. They thought that they had gotten everybody out of the house in time before the little kids had seen it and they hadn't, but she hadn't told anyone, and she wouldn't talk about it. She was seven. So, she's been carrying that around all this time and so she was finally able to talk about it. (Emily, January 24, 2019).

During her senior year, Sofia took a creative writing class. She began to write about her experience and eventually shared it with her classmates.

> I know she's more willing to talk to people, especially if she knows that you know her story. She's still dark and she's still very sullen and she's very guarded but she seems to be more connected to the people that she knows. (Emily, January 24, 2019).

The mental health counseling made a big difference for Sofia. She was happier, more connected, and felt, for the first time, that school was a safe and happy place to be.

Summary. The stories described above are examples of an untreated health issue affecting a student's academics and how the teachers witnessed the school-based health center make a difference in the traditional measure of success: academics, grades, and engagement. Teachers observed improvement over time in students' attendance and academic performance. In addition, the teachers' shared that access to the school-based health center improved students' demeanor in class, which led them to be more focused and engaged. Finally, the teachers' stories indicated that school felt like a better place to be for both teachers and students, which resulted in a more positive classroom environment. The next assertion moves from these more traditional measures of academic success to more affective qualities like trust and connection and how the health center fostered these things.

Trust: Teachers witnessed how students who did not have an adult they trusted changed significantly when they got established with the school-based health center. Students flourished under the connection with an adult.

The following vignette shares a story of Mark's that fully captures the essence of this assertion. In my analysis, I conceptualized this finding as the connections between adults and students that were strengthened and deepened when students felt they had an adult at school who knew about them and cared about them. This appeared to go beyond the level of connection that teachers could offer on their own, as students rarely discussed the intimate details of their health

with their teachers. But when students could share these details with a trusted adult in the health center, this connection grew and spread into teachers' classrooms in discernable ways.

Olivia was a student in one of my first semester classes. She was tall and slender, typically wearing a baggy sweatshirt and the ripped style jeans that kids enjoy these days. I try really hard to talk to all my students and learn their names as quickly as possible. It's one of the ways I try and build connections with my students and usually takes me a few days. What struck me about Olivia is that she wouldn't talk to anyone in class. She kept to herself and liked to sit in a back corner, almost like she was trying to hide or blend into the background. Occasionally she would talk with another girl in class, but for the most part, she just sat quietly with her head down. On those rare instances when she looked up, she appeared totally disengaged, like her mind and body were somewhere else.

I tried all the tricks I could think of to win her over but was having no luck. And then during mock interviews in November there was a breakthrough. For whatever reason, she just had this instant connection to the person that interviewed her. Without any prompting, she just spilled her guts to the mock interviewer and shared everything that she had been dealing with and struggling with over the past few months. Luckily for Olivia, the mock interviewer told me about their conversation, and I knew I had to help this kiddo. I reached out to the school-based health center and shared what I learned. It was important to me that I not break Olivia's trust in the mock interviewer, so I made sure that she wouldn't know it was me that connected her to the health center. From Olivia's perspective, things just happened and someone from the health center reached out to her.

It didn't take long before I saw a difference in Olivia. Earlier in the year, she had isolated herself and was essentially shut down. Slowly she started becoming a little more social

and was now chatting with the students sitting around her. This new openness led to her being more engaged in my class and she started completing work and participating in class discussions. I was so excited for her, she even started coming to me for quick pep talks. These included anything from my class, to other classes, to simply anything she wanted to chat about. In fact, she was just in earlier today. While Olivia still struggles, now she has people at the health center that she checks-in with, she's got resources that she's connected to.

Connections grew. The stories in this section reveal a prevalent perception across the participants that for those students who accessed the school-based health center, it connected them with an adult that built trust and confidence.

Emily had just received an email from the school psychologist prior to one of our conversations. The school psychologist was working with the health center and was hoping for her help in supporting a student. Liam was a junior and former student of Emily's from his freshman year. He was a special education student at the time who had struggled academically and socially but ended up exiting out of special education that year. The email from the psychologist indicated that through his connection to the health center, Liam had shared that he still struggled and needed additional support. The health center had acted as Liam's adult advocate and had reached out to the school psychologist for support. Emily was excited about this clear connection to our conversations about the health center. "That's a good example of having that connectedness that would he have known who to go to if he hadn't been talking to them or would he have just floundered through?" While the conversation with Liam and school psychologist were just starting, she felt that his story was a "good example of that, of being connected to someone he felt trusting enough that he could go to."

Without naming specific students, Emily shared the adult connections she recognized in her classroom on a daily basis. She commented, “I see connectedness all the time,” offering examples of students’ relationships with the counselors and the supports provided through the health center. Students were continually telling her that the health center offered them a safe place to go “when they’re feeling depressed or having negative thoughts” and a person they trusted. Emily knew many of her students that received counseling and the positive influence it had on them. They were able to access somebody that they can go and talk to, open to, and confide in, someone they trust. “I think this is very positive for them” that they have an adult in the building that they trust and have a positive relationship with. For several of her students, she felt that these relationships with the counselor in the health center were the only positive adult relationships they had in the building.

Similar to Emily, Patti also shared stories of her perspective of adult connections. As a strong supporter of the health center, she looked for opportunities to tell her students about the services they offered. She stressed that the health center is available and encouraged her students to “remember it’s there, that’s where you can go.” These in-class conversations prompted many students, especially girls, to seek out her advice around a variety of health-related issues. “I have had kids come to me personally and ask about birth control and the side effects, and then I’ll direct them to the health center. In some cases, kids want to be private and just want to know.” These students trusted her and wanted her help and support in connecting them to the health center.

Patti’s conversations with students often led to her walking with the student down to the health center to help ease their anxiety, making sure to show them the reception area and introduce them to the secretary. Ideally, she looked to introduce the student, even briefly, to the

secretary and counselor to create that connection that she felt was so important to her students. By walking with her students to health center, she was empowering her students to navigate the health care system. Patti felt students were "absolutely connected with the mental health counselors" and to the secretary, who she described as "everybody loves her, she's amazing, she's motherly." The secretary is the "first person they see if they're going to the nurse, or to find out about the health center." Patti's story illuminates how she feels the school-based health center has helped connect people with her and the counselors. This connection provides a support system for students to further engage and participate in the daily life of school.

Mark's work at the therapeutic day high school taught him the red flags that often identify potential dropouts. Emma possessed many of these - her attendance was poor, she did not turn in work, and she was failing her classes. But she would occasionally come to school and to Mark's class. He shared that "a lot of times it's like climbing a mountain for a kid to get to school. We don't remember that that's asking the world of them." While Mark felt that there may be a better academic placement for her, this was the best socially and service wise. Once connected to the health center, things began to change for Emma. "The trendlines are positive, she's doing better physically, counseling appears to have helped her mental health, and her attendance improved" partially as a result of her connection to adults at the health center. He acknowledged that Emma's next steps would not be easy but "the longer we have a kid, the better chance we have of making another connection somewhere else." (Mark, January 10, 2019).

Connection generated confidence. A clear thread through the stories was that the connection created by a trusted adult in the school-based health center led to increased confidence on the part of the students and their ability to effectively deal with their challenges.

Mark shared a story about on Ava, who had just finished talking to him when I walked into his classroom for our third conversation. Ava did regular check-ins with one of the mental health counselors in the health center. These check-ins provided her a connection with an adult where there's "not a grade attached to the conversation with the person. There's no external weight being placed on the relationship." Mark believed that Ava's relationship and counseling was "helpful because it gives her an opportunity to think" and process what her day was going to encompass. Mark was passionate about building relationships with his students and knowing them and their story. He recognized that Ava's check-ins helped her "get into a better head space for the whole day and be more engaged in the classroom. I think having another trusted adult that students can go to, obviously is a huge benefit, and the health center is providing that."

Isabella was "overwhelmed at school." She didn't feel comfortable talking, her attendance had declined, her grades had dropped, and she had gotten "herself into a hole that she couldn't get out of." In class one day, Isabella shared that she just wanted to die, and Emily quickly responded, "we need to get you some help." That day was the culmination of acting out behaviors that Emily had seen in class. "Going from cute, little blonde to goth, black lipstick, and 'I hate everybody' thing." She knew something was wrong, just couldn't articulate what is was. Emily connected her with the health center, and she started going there on a regular basis. She was comfortable going to the health center and it appeared that she had begun to learn strategies for dealing with her struggles. Emily was saddened when Isabella moved away a short time later. While she wasn't able to see if Isabella had improved, she felt she had connected with "somebody that she started working with" and hopefully learned some skills that she took with her to her next school.

Summary. The stories shared by the teachers illustrate how the connections between adults and students were strengthened and deepened when students felt they had an adult at school who knew about them and cared about them. This connection with an adult built trust and confidence in the student, which in turn improved their ability to effectively deal with their challenges, which often led to students' increased participation in school. The next assertion examines the shift in culture to one of more transparency as a result of the school-based health center and how the health center provided an additional resource that supported students and teachers.

Culture: Teachers believed that the school-based health center shifted the school culture to one of more transparency, sharing, and added support. Teachers were better able to partner with parents, and students became more comfortable and less embarrassed about accessing care, because of the health center.

The following vignette, told from Patti's perspective, was a wonderful exemplar for this assertion. In my analysis, I envisaged this theme as a shift from a reserved, confidential culture to one of transparency, sharing, and added support. The school-based health center provided the teachers a resource they were able to offer to students and families that they had not had before. This allowed the teachers to more fully support their students and families and be more strategic in their conversations with parents. In addition, the presence of the school-based health center seemed to gradually eliminate the stigma attached to students sharing their mental and physical health needs. This resulted in students being more comfortable and at ease sharing their interactions with the school-based health center with students and teachers.

Noah was a great kid. He was fun to have in class, well-liked by his peers, full of energy, and seemed entirely present at all times. I had to be on my toes because you just never knew

what he was going to do next - he was all boy. Something happened and he just tanked right before Christmas. He stopped coming to school, started lying to everyone, and appeared sad and depressed.

Noah lived with his aunt, both of his parents were dead, and she had custody of him. After we came back from winter break, I sat down with his aunt. She and I had a good relationship and we depended on each other to help keep Noah on track. She had witnessed the same change in Noah that I described. She was frustrated and scared but didn't know what to do. We talked about outside counseling, which she said she had tried but that Noah wouldn't go. She paused a moment, trying to collect herself as tears began to run down her cheeks. My classroom was silent as I waited for her next thoughts. In a quiet, almost timid voice she said, "I don't know what to do." Several years ago, the conversation may have ended here, simply because we didn't have many resources to offer parents. But now, I shared what services we could offer through the health center to support Noah.

I told her that we had resources that could help, especially mental health counseling. I told her that his friends were already going to the health center for counseling and that Noah knew that because they talked openly about it in class. He could go to counseling without having to leave the building, without being embarrassed or teased since there was no stigma attached to it. With his aunt's enthusiastic buy in - "yes, let's do it," I arranged for Noah to visit the health center and meet the counselors.

I don't know what issues came up in counseling, and it's not my place to know. But I can see the change in Noah. He stated attending school again, in fact he came everyday once he got connected to the health center. I think he caught himself in a hole and couldn't figure out how to get himself out. He seemed happier, less stressed, and a lot less agitated, which also made his

aunt happier. Noah was able to focus again and is working on getting back on track with his grades and classes. He began to look like the student I knew before his nosedive.

Teachers partnered with parents. The three teachers felt that the school-based health center provided them a resource they could offer to parents. This added resource helped them strategize more fully with students and parents, sharing the services that the health center could provide in-house, and partner is educating and supporting their students.

Emily was shocked and saddened when she learned that a survey conducted last school year (during the time the school-based health center was using the medical van) of North High School juniors showed that only 50% felt they had an adult they could trust. "We thought it was 90% plus. That's so sad." Emily felt the staff needed to work harder to connect with every student and that this included partnering more effectively with parents. She believed that the implementation of the health center made the school a more complete package with additional resources to support students and families. This has changed her conversations with parents.

> It gives me a resource so that I can talk to the parents so we can brainstorm what's in the best interest of supporting the student. The students are like, *Yes, okay, I can do that*. It's almost like a relief to the family and the student as well that we've got a resource here that we can access for this kind of stuff. You don't have to go the emergency room and sit for seven hours before you get seen. (Emily, January 16, 2019).

She later indicated,

> I have parents go, *I'm struggling with this, or my student is struggling with that*, Okay, we have a resource that we can give you now, versus we used to go, well, we'll make a list of some places outside but you're on your own kind of thing. (Emily, January 24, 2019).

Emily shared that many times these conversations started when parents asked for help “is there any help? I don’t know what to do. I don’t know where to turn. I don’t have resources.” Her response has changed from “I don’t know,” to “yes, we have this here.” Emily also noticed a subtler change in herself and among some of the other teachers since the health center opened.

> Back in the day, my God, you don't ever mention medication or anything, any medical stuff to a student because if the parent interprets that that you're diagnosing, we're responsible for paying for it. We can get sued. That's burned into my - I very rarely talk to them about like, have you thought about talking to them about medication? Or, have you thought about talking to one of the - because we don't do that, we're just strict. (Emily, January 16, 2019).

Now, she is more open in referring students and families to the health center. “It's more of just, if they come up and say, ‘I don't feel good,’ or ‘I'm having this or that.’ ‘Well, do you want to go to the health center and make an appointment?’ ‘Yes.’ ‘Okay, go to the health center, make an appointment.’” Sometimes the students returned and shared the results and other times they do not. “I think a huge piece of it is that now I know that there’s resources down there” to support students and families.

Mark was adamant that “schools aren’t just schools anymore.” He saw his job as more than just educating students. Math, reading, writing, and social skills are all important things that students need to learn, but schools have evolved into something much more.

> We're really more, in a lot of ways, really, really good social workers that also do education on the side in my opinion because that's what students need now. Students need us to be more than just the basics. When I look at the health center, that's a huge value-add because you're adding this whole other component, this whole other layer to things

> that we're able to do for kids that we used to have to outsource. The more that we have reasons for kids to be here that otherwise may not be here, the better chance we have of getting them those other things that we do while they're here. (Mark, January 10, 2019).

Mark was clear when he shared his thoughts that the health center provided him a resource to support students and families in a way that he had not had before.

> I have students that will bring unrelated, outside real stuff that they need help with. It's super helpful to have that resource, to be able to not have to run them through for the idea of different systems to get them something that they should just have access to because they need it. (Mark, December 10, 2018).

He believed that the health center kept many students at school when they would have otherwise been at home or elsewhere. "If we did not offer those services, they would not remain enrolled in school." This was not only beneficial for his students, but also helpful to many families that struggled supporting the increasingly complex needs of many children. Mark was hopeful that as long as his students were in class, or even in the building, there was an opportunity to connect with them. "I think that a huge aspect of it is it's adding so much to what we can do for kids, to the community as a whole, to be able to provide something that students really need."

Similar to Emily and Mark, Patti discusses the health center often with both students and families. "Everyone is really supportive." She laughed as she shared, "when my friends or adult, older family hear about it like, 'What? A health center in a high school? No way.' Our students are very, very fortunate. I cannot complain about that." Patti felt that the next step for the school in supporting students and families would be to extend the health center's accessibility to include family members. The health center's location on campus includes an external entry door that

could make the health center available to the community. Patti felt that opening the health center to the whole family, especially siblings, would be incredibly beneficial to her students' success.

Students opened up. The stories that the teachers shared revealed that prior to the school-based health center, students did not generally share if they were seeing a mental health counselor or if they had any type of medical condition. However, with time, the health center seemed to open up a culture of transparency. This was evident in what teachers shared about how students seemed less embarrassed to talk about their mental and physical health needs, reducing stigma around these issues.

Sophia was one of Patti's students she had in class last semester. When Sophia walked in the room several months later, Patti could immediately tell something was wrong. "Well, you could definitely see kids that have already had a bad day. If it's the first period, they probably had issues at home or with kids before school started but it definitely impacts their class and maybe even their whole day." Whatever the event or issue, the impact on Sophia's demeanor was clear - she carried herself differently, she stopped smiling, she was quiet, withdrawn, and not engaged in the class. Patti referred her to counselors in the health center, especially "when I find out people have an ongoing conflict at home or school or within, that's a really big one." After accessing the health center, Sophia found Patti and shared, "I'm not pregnant. Thank God it went like that. It was so easy. It was right here. They were so nice." Patti felt that it had become more normal for her students to come back and share their experience. "I'm always checking with them after class or if I catch them at the door, how are you doing? How was it? You feel better?" Patti was convinced that the best thing students told her when returning from the health center was that they had made another appointment. "That's the best thing I hear," and students were not embarrassed to share.

Like Patti, Emily identified a culture shift, noting that students had become comfortable sharing with the other students their interactions with the school-based health center. Emily recounted brief glimpses of how students over the last two years had become comfortable sharing in class "they wave those yellow slips around like they couldn't care less. They couldn't care less." She felt strongly that the students had opened up in ways they had not before.

> I can't speak for the whole school, all I can speak about is my little corner of it here. They have absolutely no problem. They just, *I have to go to the health center. I have my appointment. I have my counseling appointment at the health center.* It's like they don't even hesitate about that. (Emily, January 16, 2019).

Emily summarized her thoughts succinctly when she stated that her students are "more likely to ask for the help and not be embarrassed by it or avoid because they see that other kids are accessing it. They're way less hesitant to bring it up, they are not embarrassed about it."

Students often came to Mark for routine check-ins, those types of short conversations that occurred because a trusting relationship existed. Mia was a senior who had connected with Mark the previous year in one of his classes. On a recent Monday morning, Mia appeared in Mark's classroom, she needed help. Mia lived with her mom and two younger brothers that both attended a local elementary school. Her mom was a bartender, leaving for work at 4:00pm and not returning home until well after midnight. Mom insisted that Mia provide child care nearly every night, taking care of the household and playing the role of the mother to her two brothers. With little independence, Mia bristled at the obligation but recognized her brothers needed the care. At the same time, she realized that she wanted to move out when she graduated. Mia and her mom had gotten in a fight on Sunday and Mia had been kicked out of the house. Her mom

"took all of her documents. Took everything, computer, phone, smashed them, documents gone, burned." Mark set to work helping Mia.

> She came in on Monday after that happened on Sunday. We had to make plan. Get housing set up. Get her hooked up, too. As soon as she stayed the night away from home, she's eligible for services, so got her set up. Hooked up with that. Got to get her all new documents. Got to redo her FAFSA so she can go to college. Got her situated and set up so that she's ready to go. She's got some of her own health stuff, relatively minor, but she's got some medications and stuff that she has to take. Getting all that squared away and set up along with, birth control and everything else that you'd want to just make sure that a homeless teenage girl has to be able to have access to. It was a process. (Mark, January 23, 2019).

Mark felt that she may not have shared her entire story before if the school did not have the health center and the resources that went along with that program. "That's her situation right now, is that she's got nothing and nobody" but she is connected to the health center and has trusting adults, like Mark, who care about her.

Summary. The comments and stories shared by the teachers captured the change in culture from confidential to one of transparency, sharing, and added support. The school-based health center provided teachers a new resource that they could offer to students and their families. The addition of this resource allowed teachers to more fully partner with parents in supporting their students. In addition, the establishment of the school-based health center gradually eliminated the stigma attached to students sharing their mental and physical health needs with other students and teachers. The final assertion explores the logistical issues related to the school-based health center that impacted students and teachers.

Logistics: Teachers pointed to logistical issues related to balancing academic and healthcare aims for students and wished for some changes, going forward.

Mark's following vignette encapsulates the logistical considerations of a school-based health center's existence at his school. In my analysis, I conceptualized this theme as encompassing the logistical complexity and multiple layers of the school-based health center. All through the stories, it was clear that having the health center on the school campus played a critical role in providing convenient access to the students. At the same time, moving the mental health counselors from the school counseling office into the school-based health center created new accessibility challenges for the teachers. In addition, the lack of a clear procedure in the student appointment process created some strain on teachers and led to frustration for two of the three teachers. Finally, it was abundantly clear that the teachers wanted to work more closely with the school-based health center to share information in a way that better supported students and families.

I have been here at North High School for two years now and absolutely love it. I remember when I first heard about the school-based health center, that was so cool! I had always wanted to work in a school with a health center because I think its super valuable. I'm not really concerned with the whole - what do you mean we're going to go dental appointments in the middle of my curriculum? I think it's really important that kids can access it.

My role is beginning to expand a little and I can see the bigger picture in terms of the role the health center is playing. I'm working on my administrative license and part of my practicum is to be involved in meetings and things that I would never have done as a classroom teacher. That is really cool. I'm working with far more data now, which is great since I will have taught every student by the time they graduate. I know a majority of the kids by name, and I think

that provides me a good sense of our students. I chat with them, have frequent check-ins from students I haven't had in over a year, and the physical location of my classroom, in the middle of the building, makes it easy for kids to stop by.

I see more students accessing the health center this year. This probably has a lot to do with the new location and them not needing to go outside to a van. Just easier for students. It may not be as easy for teachers to connect with the counselors, but I expect us to get that worked out in the next several years as we learn to work more closely together. For me, I think seeing a bigger picture helps me appreciate all the work that is being done, and services being provided, to support out students. I feel like we are creating a safe place for our kids.

Accessibility to students. Teachers' stories indicated that the number of students accessing the school-based health center increased significantly when it transitioned from the mobile medical van to the location in the building. Teachers felt this occurred due to an increase in the number of appointment slots and the increased convenience of the interior location.

"I think it was pretty awkward for them because it looked very much like the bloodmobile." Emily felt that many of the students simply did not know what to make of the medical van, despite announcements that "it's here and you guys can access it." In addition, she felt that many teachers were unsure how kids were going to access the van. "We as teachers, were not really up to speed yet on it because it was so new." The same, she stated, could be said about the students.

> Then when they started construction, it became more real, and I think people were like, *wow, this is going to be an actual clinic*. When you walk in there and it's the counter that you see in your own doctor's office, there is the dentist chair just like at the dentist. It was

> like, *wow, they really are serious*. Teachers were like, *wow, this is really serious*, and we were really excited about it. (Emily, December 7, 2018).
>
> In another interview, she indicated,
>
> More girls are accessing the clinic part of it, but I have more boys accessing the mental health piece. I think, I don't know if the stigma has come off of that or if it's just because it's there. It's easy to get, it's in our building, and I don't have to go to an outside counselor kind of thing. (Emily, January 16, 2019).

Teachers took a tour of the new health center once construction was completed, "Okay, now I can tell kids." Emily felt that once the health center moved into the building it became part of the school community, and the number of students that accessed the services increased dramatically.

Like Emily, Mark saw a significant increase in the number of students that accessed the health center once it moved into its new location.

> I'll say last year when we had it, at least until the health center was completed, we would have large vans come to do the service. I think it was just two days a week that they were here which was a little hard because all of the students would have to get crammed into appointment slots on those days. It often meant that they would run behind. Students would be out of class longer or they would miss multiple classes on the same day consistently. (Mark, December 10, 2018).

Not only did more students access the services, but since it was open daily it was more convenient. "There's just way more flexibility in scheduling under the current system which is nice because students can prioritize to a degree, how they're going to navigate." Mark felt this flexibility had allowed more students the opportunity to access the health center in a way that was more supportive of their academic schedule.

> When I first started here, when I took the job, I had no idea that was an offer. When I started, I knew that it was a service, but I didn't have a ton of students in the fall semester last year that utilized. I think I only had one or two that frequently utilized the vans. It seems to me like far more students are using it this year. (Mark, December 10, 2018).

Mark believed that the facilities were a lot nicer and the services improved. As the health center became more integrated into the school community, more students became aware of the services, which naturally then led to more students who accessed the health center in general.

Similar to Emily and Mark, Patti felt that the physical location of the health center was critical.

> The most resounding thing that I would say and what hear over and over is that the health center is right here, that it's accessible. It is such a luxury to have a health center right here, so close, so accessible, so free, so caring, so safe and private. (Patti, January 10, 2019)

For Patti, convenience is an issue she heard her students talk about over and over. She talked with all her classes about the services the health center offered and how to schedule appointments.

> Then it also has to do with this accessibility. If it were the situation I just explained where they would have to go to a doctor or clinic outside of school, they would have to tell their mom, or they would have to find thinking about my own son when he was high school asking me to do everything. I couldn't imagine him trying to access medical care without having to tell me. Imagine a girl who seemed to need it more. What they end up doing is just letting it go or have them do things that are destructive. (Patti, January 10, 2019)

Patti felt that more students were becoming comfortable with the health center and were more likely to use it. This convenience was huge for her, "that's maybe the best part of it. It's hand-in-hand with where they can do their services."

Accessibility to teachers. While teachers felt overwhelming positive about the school-based health center, there was a perception that the mental health counselors were more difficult to connect with than they were before the health center was built. Emily and Patti felt this was a result of the counselors moving from the school counseling office to inside the health center; Mark did not mention this as an area of concern.

While Emily felt very strongly that the school-based health center had been beneficial to her and to students, she felt some frustration trying to access the mental health counselors. Emily shared that she used to stop by the counseling office and connect with the mental health counselors informally in exchanges that let her better support her students.

> Things like that. *Do you realize that you smell so bad that nobody wants to sit next to you?* What do you do when you are out of sanitary supplies and your period starts? We have a lot of girls that are out of the supplies at home. They don't have access to them, or they're embarrassed to tell her family and so we have to pick up those pieces. (Emily, December 7, 2018).

Sometimes these conversations led to additional supports, and other time the exchange of knowledge gave her additional insight into her student. Having that connection with the student's mental health counselor helped Emily better support her students by understanding their situation in more depth and context. Since the mental health counselors have moved into the health center, it is significantly more challenging to just drop by. Emily felt this had sometimes created a barrier to her supporting her students.

Patti also felt strongly that the mental health counselors were more difficult to see since they moved from the school counseling office to inside the health center.

> Our mental health counselors are all in there. I don't like that either because I used to be able to just walk by their door like the counselors say, *hi*, or mention someone or something. (Patti, January 23, 2019).

Everyone had to have an appointment, and even as a teacher Patti said she would not feel comfortable just walking past the receptionist.

> I used to like to do that, run something by her or I have a student that I know is seeing her and we can touch base, so yes, I miss that because I felt like we were a lot alike. I could really count on her and refer kids to her. (Patti, December 12, 2018).

Patti felt frustrated with the change and disconnected from the mental health counselors since their move into the health center.

The student appointment process. The stories revealed that the student appointment process was challenging because communication procedures were not always smooth. Two teachers were bothered by it, one was more philosophical.

When a student had an appointment at the school-based health center they received a yellow call slip delivered to the class they needed to leave from. The call slip notified the teacher when the student needed to leave and served as a reminder to the student that they had an appointment. When the appointment was completed, the student was given a call slip to return to class. However, Patti was frustrated because this process was not always followed and when teachers asked the health center what happened they were told they could not share that information.

> The kids get a call slip to go and then they get a call slip to go back to class. This is the time they left, but as teachers, if they don't come back during your class period, you don't know. You can assume they were there the whole time, or you can assume that they skipped. (Patti, December 12, 2018).

Patti shared that her students almost always came back, but when they did not, getting any information, like when the appointment ended, from the health center was challenging.

> I usually have kids that come back. I can't think of the last time a kid didn't come back but I hear stories from teachers at lunch all the time and they're asking me, *Patti, how do we know if a kid actually went to the health center because of privacy laws? How do we know that? Are they just there the whole time or are they supposed to come back?* I'm pretty sure what we were told from the get-go that no appointment should be all period long. (Patti, January 10, 2019).

Patti felt that information needed to be shared more easily since it was in the best interest of supporting students academically.

Like Patti, Emily also felt frustrated with the student appointment process and lack of information when a student did not return when she expected. “The information doesn't get shared or we can't access things and that's frustrating. We understand why, but it can be frustrating depending on what the information is that you're trying to access.” She also identified her frustration with students being allowed to schedule whenever they wanted. While this was not an issue for the vast majority of students, some took advantage of it and frequently missed the same class on purpose.

> I had one student who is no longer here. She used it to get out of class, and it was the same time every single day, every single day. Then I went down and said, *please stop*

> *doing this. There's nothing we can do about it*. They were very nice about it, but they were like, *she made an appointment. This is what time she said she was available. We can't check on that*. (Emily, December 7, 2018).

When things like that happened, it made it very difficult for Emily to support her students.

> I said, *just so you know, I'm responsible*. They were very nice, and they said, *we are responsible for making these appointments.* I said, *I'm responsible for making sure that the student graduates and that they get the support. When you're pulling them out of math and she is failing math because she's never there, because she's always in here.* I said, *maybe you could talk to her next time that she makes the appointment and maybe suggest that she pick a different time.* They said, *we'll try to remember that*. (Emily, December 7, 2018).

Emily acknowledged that situations like this did not happen very often and that she understood confidentiality, but she was clearly frustrated with this aspect of the health center's function.

While Patti and Emily were bothered by pieces of the student appointment process, Mark was more philosophical. "The only information that we get is a call slip saying that they have the appointment. Students also generally have a reminder that comes to them, I'm assuming via e-mail or they usually have it on their phone in some way." Mark shared that the most important thing to him is that students have access to all the services they need.

> I suppose the downside to that is that they're missing instructional time, but I don't think of it that way because they're getting what they need in that moment. If they're not healthy, they're not going to be here at all. I would rather have them be here even if it's for a short period of time, even if it's a check-in before they go to their appointment. (Mark, December 10, 2018).

Mark was clearly excited about the health center and talked about health as a major factor in preventing his students from attending school. He felt strongly that the health center was a resource his students needed even if it meant some missed class time.

The hope to work together. Teacher stories revealed a desire to partner better with the school-based health center to more fully support students.

"The role of public education is shifting because society needs it to. Because of that, the health centers just seamlessly fit into that." Mark shared that students were telling schools, through surveys and informal and formal conversations what they needed to be successful.

> Their home life is so unstable that they don't have access to things that they need. It's not easy to do but it's there, it's present. I think in general for us as a building, what I expect that to look like is I would expect that a freshman is going to come into the building knowing that we have this community-based health center that's here for them. They would know what the services are that's offered. (Mark, January 23, 2019).

Mark felt that the more the health center had become a part of the school culture the greater its impact on students was. He acknowledged that more teamwork was needed and that with that, more outreach to students was needed.

> Usually, I would say that starts with parents, I don't think so in this. I think that starts with students, because of the nature of this type of thing. I think that that outreach is going to look a little different than maybe some of the other outreaches that we've done, that we do. That's probably part of the challenge of it, is how do we get students attention to know that this is a service that they have and to remember when they're in crisis and they're struggling, that this is a place that they can access. (Mark, January 23, 2019).

Mark believed that this partnership would come with time, and that it had already begun. He was hopeful for how the health center was becoming more embedded in the school community.

Like Mark, Emily was excited about how a deeper partnership with the health center could benefit kids, saying, "we have a golden opportunity here too, which is one of the reasons why it would be nice if we would start working together instead of two separate entities." She felt the opportunity to work together more often, to bring the health center staff more into the fabric of the school, would better serve all students.

> Is there something else they can do here education-wise, to be present outside of those rooms that are over there to be in our classrooms, in our hallways, to be more part of our staff. I know they're not part of our staff, but there just has to be a way that we can support each other to get as much information to these kids as possible because they're not going to get it anywhere else. (Emily, December 7, 2018).

In addition to greater outreach and exposure, Emily believed that greater teamwork around sharing information would be incredibly helpful to students. You could hear the excitement in her voice when she spoke about this:

> We have so much knowledge about these kids, and we watch them every day. We observe them in classes every day. We know what's happening with them every day. They get knowledge with them through our conversation or through their dealings with them. If we could put all of that together, how much stronger would each of us be to support that kid? In the future if we can get to that point, we're going to be unstoppable as far as what we can support our kids. (Emily, January 24, 2019).

Emily felt that the wrap around piece, described above, would require a deeper partnership but would make a huge difference for students.

Patti also felt strongly that further partnering with the health center would be beneficial to the students. This partnership also needed to include greater outreach to students and into classrooms. “It's an amazing opportunity to have here. I just don't think it's used enough.” She felt that it would be great if health center staff spent time in classrooms, such as health classes, PE, and even at tables during lunch where they would teach about nutrition.

> As freshman in September when they're new to the school, and it’s not just about going somewhere for birth control or testing, but sicknesses as well, injuries and sports, physicals I think it’s mostly used for birth control. (Patti, January 23, 2019).

In addition, Patti discussed wanting to see more direct outreach to students.

> A better sign, for one, showing where it is. Hours posted, a lot of teachers don’t know then they asked me when is it open? We don't even know. See, that's the thing. I would always have them come in to talk about the health clinic or the van and their services and their hours. What they can and can't do. (Patti, December 12, 2018).

Patti argued that additional outreach in classrooms and directly to students would be helpful to students and teachers.

Summary. The comments and stories shared by the teachers captured many of the challenges and complexities the school-based health center brought to the school community. Teachers shared that having the health center on the school campus played a critical role in providing access to the students. However, the change in location for the mental health counselors created new accessibility challenges for the teachers. In addition, the stories revealed that the student appointment process was challenging, yielding mixed opinions about this across participants. Finally, teachers expressed a desire to work more closely with the school-based health center in to better support the students and families.

Summary of the Findings

This narrative study gathered the stories of three participating teachers through a series of three semi-structured interviews each, which created a wealth of data with which to work. Each of the participating teachers had unique experiences and perspectives and all were passionate about working with students. From the interviews and my analysis of the resulting data, I identified four assertions which formed the foundation for my explanation of the data. In the following chapter, I address the significance of these findings, discuss implications for practice, and offer direction for future study.

Chapter 5: Discussion

Hearing teachers' candid and honest stories offered me a window into their experiences, which enabled me to understand what a school-based health centers meant to their students and to their own classroom experiences. In this final chapter, I discuss the implications of teachers' stories, explore contributions to the research, and make recommendations for future study. While the broader goal of narrative inquiry is to examine and describe storied lives, I used narrative inquiry to gather stories about a specific dimension of teachers' experiences related to the school-based health center.

Differences for Students

The data made it clear that the school-based health center made a notable difference for students in the typical markers of academic success, namely attendance, attitudes and engagement, and grades. The location of the school-based health center on campus increased students' ability to access healthcare and gradually eliminated the stigma attached to students sharing their healthcare needs with other students and teachers. These findings connect with those from Van Cura's (2010) work that point to how access to health services can increase the amount of time students spend in class. This improvement in attendance was especially significant for students who suffered from chronic health related conditions, which often require many appointments and subsequent absences (Webber et al., 2003).

As students' attendance increased, so did their confidence in their ability to effectively manage their challenges. Teachers witnessed an improvement in students' demeanor in class and perceived that they were happier and more engaged. As students' demeanor improved, the overall classroom environment became more pleasant and enjoyable for students and teachers. This corresponds with findings from Walker et al. (2010), which points to the ways health

centers can help students be more comfortable at school, resulting in increased engagement and academic success. This study confirmed that by providing a place for students to address their physical and mental health-related issues, and creating a plan to manage them, they felt better about their overall health.

Students who accessed the school-based health center also experienced an improvement in their academic performance. As students' attendance and engagement increased, there was a corresponding increase in their work completion and grades. While health centers are not a panacea solution, this study corresponds with research indicating that school-based health centers offer strong evidence for improved health status and academic performance (Walker et al., 2010; Waters et al., 2009). Similar to research by Basch (2011) and Brindis (2005), who found that school-based health centers represent a coordinated approach that can improve students' health and ability to learn, this research points to substantial differences for students that qualitatively improved their lives.

Increased access to health care was another key difference that the health center made for students. Prior to the establishment of the health care on campus, distance to outside providers and lack of transportation were major barriers to seeking care, ones also identified in Gall et al.'s (2000) work. The school-based health center was uniquely positioned to reduce these barriers and provide appropriate, relevant, and timely healthcare to the students, which corresponds to findings by Guo et al. (2008) and Keeton et al. (2012). Students accessed the health center more frequently when it moved from the temporary medical vans to the permanent, on-campus location as it became more convenient. This added flexibility made it easier for students to access the health center in way that was more supportive of their academic schedule.

Finally, the establishment of the school-based health center contributed to a culture of transparency and decreased stigma around mental and physical health needs. Prior to the school-based health center, students did not generally share if they were seeing a mental health counselor or if they had any type of medical condition. As the health center became more familiar, students became comfortable sharing their interactions freely with the other students and teachers in the classroom.

Influence on Teachers

The data clearly demonstrated that the school-based health center influenced teachers' classroom experience and provided them a resource to more fully partner with families to support students. In addition, teachers displayed a clear desire to deepen the partnership between the school and the school-based health center in order to better support students.

Teachers directly benefitted from students' increased ability to manage their health-related issues. Students became happier and more engaged in the classroom, which resulted in a more pleasant and enjoyable classroom environment. This study extends findings by Strolin-Goltzman (2010) and Strolin-Goltzman et al. (2012), which found that schools with school-based health centers were perceived to have a more positive classroom environment than schools without school-based health centers. With a more positive classroom environment, teachers were able to teach in greater depth and rigor as their attention was not diverted to students consistently struggling with health-related issues.

While the teachers were overwhelmingly positive about the school-based health center, their inability to access attendance-related information regarding health center appointments and easily connect with the mental health counselors created a few challenges. As school employees, teachers are bound by the laws of the Family Education Rights and Privacy Act, generally

referred to as FERPA, that guides what student information can and cannot be shared ("Family Educational Rights and Privacy Act," n.d.). Outside partners providing healthcare services, such as the school-based health center staff, are bound by the privacy laws of the Health Insurance Portability and Accountability Act ("Health Information Privacy HIPAA," n.d.). FERPA and HIPAA often intersected when teachers sought information they felt they needed to support their students. The intersection of these privacy acts served to create frustration and challenges for teachers. Once a student was sent to the health center, teachers did not receive any information back as to whether the student arrived and when the student was sent back to class. The teachers did not want to know why the student had an appointment, simply that they had arrived/departed safely; yet this conflicted with HIPAA requirements. This lack of information negatively impacted the teachers' ability to keep accurate attendance and manage the logistical details of the classroom. Teachers also experienced less accessibility to the mental health counselors after they moved from the school counseling office to the school-based health. This meant teachers felt less resourced in the casual conversations they used to be able to have with mental health professionals.

Yet, despite these minor frustrations, the school-based health center provided teachers a new resource that they could offer to students and their families. The addition of this resource allowed teachers to more fully partner with parents in supporting the students' health and academic outcomes. These findings connect with those from Keeton et al. (2012) who found that poor physical and mental health often leads to poor educational outcomes and that school-based health centers have a record of positively influencing students by helping meet their mental and physical health needs. Teachers' conversations with parents positively changed as the health center provided an additional resource to support students and families.

Teachers recognized that the school-based health center was a valuable resource to support students and expressed a desire to partner more closely with the health center. Teachers saw their students daily, knew a great deal about them, and wanted to share that information in a way that would provide support and interventions for their students. While there are FERPA and HIPAA related issues to sharing information, we want our teachers to know their students and learn about their lives. Teachers are asked to dance on a razor's edge, that fine line between probing and listening while students talk, in order to provide the students the help they need. However, unsolicited information can often be incredibly beneficial in supporting students. Similar to Strolin-Goltzman et al.'s (2014) findings, which demonstrated a strong link between the services and interventions offered by school-based health center and students' connection to adults in the building, teachers recognized their students as unique individuals and wanted them to be known by an adult at school who cared about them and their success.

Students' School Connectedness

Geierstanger et al.'s (2004) framework helped me see the significance of trust and connection in teachers' stories. Students flourished under the connection with an adult that resulted from accessing the student-based health center. The connection with an adult built trust and confidence in the student, improved their ability to effectively deal with their challenges, and often led to the students' increased participation in school, which included a significant increase in typical academic markers. Students' sense of belonging at school and their perception that adults at school care about them is a powerful predictor of student health and academic success. This appeared to go beyond the level of connection that teachers could offer on their own, as students rarely discussed the intimate details of their health with their teachers. But when students could share these details with a trusted adult in the health center, this connection grew

and often led to increased attendance and academic success. These findings extend Waters et al.'s (2009) research which found that the more connected students are to their school, the better their health and academic outcomes and Strolin-Goltzman et al.'s (2012) work that suggested that that improved health status allows students to perform at higher academic levels.

The school-based health centers provided an opportunity for positive adult relationships at school, which in turn positively impacted the student's school connectedness. This study adds to research by Stone et al. (2013) who found that use of a school-based health center appeared to positively relate to student-reported caring relationships with health center staff and adults at the school and to research by Daly et al. (2014) who found that connections between adults and students were strengthened and deepened when students felt they had an adult at school who knew about them and cared about them.

Limitations

As is true of all narrative inquires, stories occurred and created meaning within their own context and offered the unique perspective of the storyteller. This is a common limitation with qualitative research as the stories are inherently unique and subjective. The multiple opportunities during the research process to reflect and create/recreate meaning are beneficial to personal and professional growth, the very act of researching teacher experience means teachers may have reconstructed their experience based on what they felt I wanted to hear. This may have led teachers to mix and match memories to form new stories and beliefs. Although this is a risk of qualitative research, I believe the benefits outweigh these possibilities.

Lastly, participating teachers self-selected to be part of this research. Because participation was voluntary, teachers who participated may have had a greater likelihood of having positive opinions of the school-based health center. While the teachers represented a

broad cross-section of the staff based on age, gender, experience, content area, and age of the students they taught, it is possible that there may have been teachers that held a negative view of the school-based health center who chose not to participate in this study.

Recommendations for Practice

While this narrative study cannot be generalized, it offers fresh insight into how an onsite school-based health center can influence students and teachers. The following recommendations derived from this study offer suggestions for how teachers and administrators might increase the effectiveness of school-based health centers in supporting students, teachers, and families.

Focus on communication. A lack of transparent communication can lead to conflict and frustration on the part of all involved. A clear and consistent set of policies and procedures could be established that would enable students and teachers access to required and appropriate information. At the most basic level, this could establish clear guidelines for what happens under a set of specific circumstances. For example, guidelines could be established for the student appointment process that would lay out and point to what the process would look like and what information would be shared during each step of the procedure. Regular and consistent communication to the students and staff and broader school community could provide additional information about the goals and mission of the health center, how and when to access health center services, and volunteer opportunities.

Focus on collaboration. Educational administrators and policymakers must recognize the wealth of knowledge that teachers and school-based health center staff have about the students they support. This study points to the importance of creating processes and systems by which to share information between teachers, school support staff, and school-based health center staff. This coordination could help to ensure implementation and alignment of programs

and services on the school campus, and should include analysis of usage statistics and the impact of services on the overall health of students and staff. Efforts to reach the broader community could include services such as delivering health-related curriculum in classrooms, presenting at health fairs, manning a nutrition table during student lunches and consulting and collaborating with teachers and staff to support students' needs.

A focus on communication and collaboration could also invite coordination with students as well as the broader community, local non-profit organizations, and business organizations. Communication in this sense is about clearly communicating intent and action, such as the student appointment process, while collaboration is a focus on teamwork and building partnerships. These groups could work together to improve the health and well-being of the student body, develop and implement strategies for youth leadership, share the youth perspective on health issues with adults, and provide technical assistance that would ensure student engagement.

Contributions to the Research

This study addressed a gap in the literature on teachers' perspectives of the influence of the school-based health center on students and teachers. It enhances the field's knowledge by illuminating teacher experiences in relation to a school-based health center and academic outcomes. While the positive impact on typical academic markers and student engagement could be anticipated, the change in student culture came as a surprise. This is significant, as this change in culture could be a byproduct of improved student connectedness.

Geierstanger et al.'s (2004) framework served this study in offering a perspective through which to see the health center's influence on school connectedness and academic outcomes. This research speaks back to the framework by contributing to a deeper understanding of the

influences of the school-based health centers on students and teachers through the lens of three classrooms teachers. The data supports the connectedness element of the framework as students who accessed the school-based health center experienced a marked improvement in attendance, attitude, engagement, and grades while becoming more connected to their school.

Recommendations for Future Study

A study that further explores the change in school culture would be a worthwhile extension to this research and could add to field's knowledge about the influence of school-based health centers. Further studies that explore the experiences of a larger group of could offer additional insight on the influence of health centers across different levels of schooling, from elementary to middle to high school, and across different geographic regions.

Quantitative research studies that include perspectives from a more representative and random sample could offer different views on teachers' experiences, which might illuminate similarities and differences across school types and geographic regions. Conducting quantitative research using a larger sample could help evaluate the relationship of race/ethnicity of both students and teachers on students' school connectedness related to a school-based health center. When examining race/ethnicity, similar to research by Stone et al. (2013) and Daly et al. (2014), a larger sample could allow comparisons of student users and non-users of a school-based health center. In addition to race/ethnicity, studies that examined teacher demographics, such as age, gender, and classroom experience, related to perceptions of school-based health centers could be helpful in establishing systems and processes to support students school connectedness and academic outcomes. For instance, do educators teaching health-related content have a stronger connection to students as their content area is more likely to initiate conversations around student physical and mental health status? Questions such as these could be analyzed in a study similar

to Walker et al. (2010) who conducted a longitudinal analysis of a cohort of students to examine the impact of the students' use of a school-based health center on academic outcomes.

I would expect that addressing the questions described above would build on this research and place it in context using larger, random samples. The ability to compare and contrast a larger number of teacher, administrator, and counselor perspectives could be helpful in providing foundational knowledge to further support or establish school-based health centers. These sorts of studies may allow a deeper understanding of bigger-picture issues, both on campus and at the district level. These common understandings would provide a strong foundation to work collaboratively in supporting students, teachers, and families.

Reflections

I started this study with a mildly favorable opinion of school-based health centers, but with numerous questions about how they were perceived by teachers. Through this research process, I have become a strong advocate for onsite health centers, because I have learned firsthand how significantly they can influence students, teachers, and families in ways I had not previously considered. The change in school culture from one of stigma around student healthcare needs to one of transparency is a particularly compelling element of this transformation.

This research process offered me and participating teachers multiple points for reflection; such is the power of narrative research. Each teacher mentioned how our conversations prompted their own reflection and how that reflection had influenced their thought processes. That process of reflection can be incredibly powerful in our professional practice. Unfortunately, in most schools, there are few formal structures in place for continual reflection. Often the only place reflection is formalized is the teacher evaluation process. However, the evaluation process may

not allow deep, thoughtful reflection because of the power structures at play. What might reflection look like if teachers could process without the pressure of their own assessment and without positional authority playing a role? Teachers would certainly benefit by being given time to sit with their stories and reflect with a trusted other. I wonder what might happen if education foregrounded reflection as an educational priority. In the end, this research highlighted stories pointing to the significance of a school-based health center's power to make significant shifts to school culture, positively impacting teachers and students' lives.

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Appendices

Appendix A

Teacher Recruitment Letter

Appendix A

Teacher Recruitment Letter

Dear Teacher,

My name is Joe Bridgeman and I am a student in the Doctor of Educational Leadership program at George Fox University in Newberg, Oregon. I am an Assistant Principal at Clackamas High School where my focus areas are supporting the Counseling and Special Education departments.

As a requirement of my program, I will be conducting original research and I have chosen to conduct a narrative study in exploration of teachers' perceptions of teaching and learning experiences related to a school-based health center.

You are invited to engage in several conversations with me regarding your experiences in relation to the school-based health center. The questions are open-ended and relate to your background and your experiences with students and the school-based health center. The interviews will be conducted at a place of your choosing. The location of the one-on-one interviews will be a safe, public place like your classroom, the library, an office at your school, or a local coffee shop.

This study has the potential to provide several benefits. I hope the findings of our conversations will help me understand the experiences of classroom teachers and the influence of the school-based health center. Teachers are uniquely positioned to share their stories of teaching and learning in relation to school-based health centers as they are the ones with the most student contact on a daily basis. By engaging in deep, rich conversations, this research study will address a gap in the literature regarding teachers' insights into the benefits and connectedness potential of school-based health centers. In addition, this research will offer an opportunity for you to share your experiences with a larger audience.

Participants will remain anonymous in this study through the use of pseudonyms (fake names). You will be given the opportunity to choose your own pseudonym to appear in the study. For participating in this research study, you will receive a $25 gift card to a business of your choosing.

Thank you for your time in considering this project. If you have any questions regarding this research or would like to participate, please contact me at joe.bridgeman@me.com or 503-621-2432.

Sincerely,

Joe Bridgeman

Appendix B

Key Informant Recruitment Letter

Appendix B

Key Informant Recruitment Letter

Dear Administrator,

My name is Joe Bridgeman and I am a student in the Doctor of Educational Leadership program at George Fox University in Newberg, Oregon. I am an Assistant Principal at Clackamas High School where my focus areas are supporting the Counseling and Special Education departments.

As a requirement of my program, I will be conducting original research and I have chosen to conduct a narrative study in exploration of teachers' perceptions of teaching and learning experiences related to a school-based health center.

I would like to invite you to be a key informant of my study. Key informants are knowledgeable about the study's setting and have insight about the context being examined. Because of your role and expertise at the high school, I am asking for your help in understanding the background and implementation of the school-based health center.

It will be important that you hold any information you offer me in confidence, in order to comply with IRB requirements to assure participants' confidentiality. If you agree to be a Key Informant, you will be asked to sign a confidentiality agreement.

Thank you for your time in considering this project. If you have any questions regarding this research, please contact me at joe.bridgeman@me.com or 503-621-2432, or my Dissertation Chair at George Fox University, Dr. Susanna Thornhill, at sthornhill@georgefox.edu.

Sincerely,

Joe Bridgeman

Appendix C

Key Informant Confidentiality Agreement

Appendix C

Key Informant Confidentiality Agreement

Researcher: Joe Bridgeman

Key Informant: _____

Thank you for agreeing to be a key informant of my study. As a key informant of this study you may have access to confidential information about study sites and possible participants. It will be important that you hold any information you offer me in confidence, in order to comply with IRB requirements to assure participants' confidentiality.

- By signing this statement, you are indicating your understanding of your responsibilities to maintain confidentiality and agree to the following:

- The names and any other identifying information about study sites and teachers are completely confidential.

- Agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this study.

- Understand that you should not read information about study sites or possible participants, nor ask questions of teachers for your own personal information.

- Agree to notify the researcher immediately should you become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this be on your part or on the part of another person.

Consent
If you understand and agree to participate in this study, please sign your name next to the following item:

Name: _____

Signature: _____ Date: _____

Appendix D

Letter of Consent for Teacher Participants

Appendix D

Letter of Consent for Teacher Participants

Dear Educator,

My name is Joe Bridgeman and I am a student in the Doctor of Educational Leadership program at George Fox University in Newberg, Oregon. I am an Assistant Principal at Clackamas High School where my focus areas are supporting the Counseling and Special Education departments.

As a requirement of my program, I will be conducting original research and I have chosen to explore teachers' perceptions of teaching and learning experiences in relation to a school-based health center.

Details of the study

You are invited to engage in several conversations with me regarding your stories in relation to the school-based health center. The questions are open-ended and relate to your background and your experiences with students and the school-based health center. I hope that the findings of our conversations will reveal insight into the experiences of classroom teachers and the influences of the school-based health center.

Benefits

This study has the potential to provide several benefits. I hope the findings of our conversations will help me understand the experiences of classroom teachers and the influence of the school-based health center. Teachers are uniquely positioned to share their experiences of teaching and learning in relation to school-based health centers as they are the ones with the most student contact on a daily basis. By engaging in deep, rich conversations this research study will address a gap in the literature regarding teachers' insights into the benefits and connectedness potential of school-based health centers. In addition, this research will offer an opportunity for you to share your experiences with a larger audience.

Compensation

For participating in this research study, you will receive a $25 gift card to a business of your choosing.

Confidentiality

Participants will remain anonymous in this study through the use of pseudonyms (fake names). You will be given the opportunity to choose your own pseudonym to appear in the study. I will make a digital recording of tour conversations, which will be transcribed by a professional company. This will provide me the opportunity to review and better understand what was said during our conversations.

I will be the only one who knows your identity, which will be stored in a secure location to which only I have access. The specific location of the school, the city, or the school district

will not be disclosed in the study and every effort will be made not to share information that would allow readers to decode the location of the school.

Throughout the research project, all my notes, digital files, concepts maps, and other related materials will be kept in a secure, locked closet in my private office area. All materials will be kept securely for five years, at which point I will personally destroy the information.

Risks

The risks associated with this research are minimal. The interview questions are general in nature and seek to explore your experiences in relation to the school-based health center. I recognize that sharing stories can surface unexpected emotions. With this in mind, please be aware that your participation is completely voluntary, and you may decline to continue at any time or decline to answer any question at your discretion. Free and confidential mental health assistance is available through the District's Employee Assistance Program, which can be accessed via the District's website.

Arranging Interviews/Location

The interviews will be conducted at a place of your choosing. The location of the one-on-one interviews will be a safe, public place like your classroom, the library, an office at your school, or a local coffee shop.

Use of Study

The results of this study will be used for my research and dissertation as part of my study with George Fox University. If you would like a copy of the final result, I would be happy to share a copy with you upon its completion.

Thank you for your time in considering this project. If you have any questions regarding this research, please contact me at joe.bridgeman@me.com or 503-621-2432, or my Dissertation Chair at George Fox University, Dr. Susanna Thornhill, at sthornhill@georgefox.edu.

Consent

If you understand the use of this research and agree to participate in this study, please sign your name next to the following items:

Name: _____

Signature: _____ Date: _____

I agree to be digitally recorded:

Name: _____

Signature: _____ Date: _____

Appendix E

Guiding Questions

Appendix E

Guiding Questions

The first Interview I began with a review of the purpose of the study, obtained any required permissions, and answered any general questions related to the process and procedures. Once that process was completed, I moved into the guiding questions for interview one. The first list was designed to establish rapport with the teachers while the second list focused on their perceptions of the school-based health center.

I established the guiding questions for the second and third interviews after reviewing and analyzing the data from all the previous interviews.

Interview One - Guiding Questions

List one questions - designed to establish rapport:

1. Tell me your story about how you came to be a teacher?
2. Tell me about your journey to North High School.
3. What do you enjoy most about being a teacher?
4. How do you go about getting to know your students?

List two questions - story of the school-based health center questions:

1. I'm looking for the overall story of the school-based health center here at your school and the ways it has shaped your teaching experience. Can you tell me that story?
2. Tell about what you thought when you first heard about the idea of a school-based health center.
3. Tell me about how the school-based health center got started.

   a. What was the story of how teachers handled the implementation of the school-based health center?

4. Can you share an occasion when you feel the school-based health center made a difference for you?
   a. Can you think of another story about how the school-based health center made a difference for you?
5. Tell me a story where the school-based health center influenced your teaching and learning.
   a. What was the result?
   b. What made you choose this story and how did it influence for you?

Interview Two - Guiding Questions

1. Demographic questions – age, total years teaching, years at North High School.
2. Is there anything from our previous conversation that you would like to revisit?
3. Can you tell me a story where the school-based health center influenced a student?
   a. What made this story significant for the student? For you?
   b. Do you have another example you can share?
4. Tell me a story where the school-based health center influenced your classroom.
   c. What was the result?
   d. What made you choose this story?
5. Given the stories you have shared, describe what differences you perceive the school-based health center seems to make for you and your students?
6. Is there anything else you would like to share with me?

Interview Three - Guiding Questions

1. Is there anything from our previous conversation that you would like to revisit?
2. For this research, school connectedness is defined by a student's sense of belonging at school, that adults at school care about them and their success, and that students have access to caring and supportive adults at school.
    a. Do you perceive the school-based health center has an influence on student's school connectedness? Can you share a story about a student?
    b. Connect to adults in the building?
    c. Do you perceive the school-based health center has an influence on the broader school community? Can you share a story?
3. Do you perceive the school-based health center has an influence on students that may not be clients? Knowledge of resources?
4. How do you anticipate the school-based health center influencing you and your students in the future? What would you like to see happen?
5. How have your perceptions of the school-based health center changed?
6. What would you like other teachers and staff to know or understand about your stories related to the school-based health center?
7. Is there anything else you would like to share with me?

Appendix F

Institutional Review Board Documents

Appendix F

Institutional Review Board Documents

GEORGE FOX UNIVERSITY HSRC INITIAL REVIEW QUESTIONNAIRE **Page 7**

Title: Stories Teachers Tell About School-Based Health Centers

Principal Researcher(s): Joe Bridgeman

Date application completed: 11/8/18

(The researcher needs to complete the above information on this page)

COMMITTEE FINDING: For Committee Use Only

☑ (1) The proposed research makes adequate provision for safeguarding the health and dignity of the subjects and is therefore approved.

☐ (2) Due to the assessment of risk being questionable or being subject to change, the research must be periodically reviewed by the **HSRC** on a basis throughout the course of the research or until otherwise notified. This requires resubmission of this form, with updated information, for each periodic review.

☐ (3) The proposed research evidences some unnecessary risk to participants and therefore must be revised to remedy the following specific area(s) on non-compliance:

☐ (4) The proposed research contains serious and potentially damaging risks to subjects and is therefore not approved.

Chair or designated member

11/13/18

Date

Appendix G

North High School School-Based Health Center Floorplan

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North High School School-Based Health Center Floorplan