
An Evaluation of the Youth Health Centres: A Profile of the Centres

Final Report

Prepared on Behalf of:
Youth Health Evaluation Steering Committee

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1. INTRODUCTION

THE CONTEXT OF THE PROFILES

Phase 1 of the *Evaluation of the Youth Health Centres* (YHCs) in Nova Scotia learned about 34 centres in various stages of operation throughout the province. These YHCs operate in schools, health centres and community sites, with funding from a variety of public, private and volunteer sources. The centres provide a range of health services and support to youth including health education, health promotion, information and referral, follow-up and support.

YHCs operate relatively autonomously within their local areas. The research in Phase 1 found that while some centres have undertaken reviews and evaluations of their operations, little is known collectively about the centres: the governance models under which they function, their financial and operational structure, human resources and other characteristics. Moreover, there is no document that integrates this information.

The Youth Health Evaluation Steering Committee¹ commissioned **Collins Management Consulting Ltd.** to work with the YHCs to develop a profile of the established youth health centres in Nova Scotia. The information in this report supports the evaluation undertaken to inform decision-making for the Department, other health-related organizations and partners, and the YHCs themselves.

PROFILE METHODOLOGY AND RESPONSE

The framework for the YHC profile was developed in late 2001 in consultation with the YHCs through a series of regional workshops. YHCs and the Evaluation Steering Committee provided input on a draft profile form that was subsequently revised. In January 2002, all YHCs received a copy of the profile form along with a covering letter and guidance on the purpose of the profile. A more comprehensive FAQ² in February 2002 provided more substantive definitions and completion information. YHCs were able to submit their completed profiles by mail, fax or email. Participation in the profiling process was voluntary.

The profile form included sections on the following aspects of the YHCs, and these form the chapters in this report:

- Operational Characteristics of the YHCs;
- Governance of the YHCs, including Youth Participation;
- Starting a YHC;
- Financial Characteristics of YHCs; and
- Human Resources of the YHCs.

¹ A subcommittee of the Public Health Enhancement Core Services Committee

² Frequently Asked Questions

The interpretation of questions by respondents can be problematic in mailed requests for information, and this profile was no exception. Staff from the YHCs provided a great deal of information in response to many of the questions; the greatest challenge was interpreting this information and developing a concise and consistent set of responses. Some YHCs provided copies of their funding proposals, annual reports and other profile related information. This information proved very helpful and is incorporated into the profile.

The profile development process identified 34 YHCs in the province. Participation in the process was as follows:

- 23 YHCs completed profiles, including a centre that is no longer in operation;
- 6 YHCs are no longer in operation, and did not submit a profile;
- 4 YHCs are part of a research project with Dalhousie University and did not submit a profile; and
- 1 YHC did not participate.

The profile is based on the information provided by 23 YHCs; these YHCs are identified in Appendix A. Appendix B provides a copy of the profile form. Appendix C includes verbatim responses to open-ended questions concerning various aspects of the development of the YHCs.

The participation by these 23 YHCs helps government and other YHC stakeholders understand the role, kinds of activities and participation levels of the YHCs across Nova Scotia. It describes some of the challenges faced by YHCs in starting their organizations as well as ongoing issues. The financial and human resource characteristics of the centres reported here enhance the value of the profile report.

2. OPERATIONAL CHARACTERISTICS OF YHCS

LOCATION OF YHCs

YHCs are found throughout the province of Nova Scotia, in middle schools, high schools, community centres, health centres and clinics. Several community-based YHCs are located in stand-alone facilities.

Table 1 shows the location of the YHCs by the type of facility, based on the data provided by the responding YHCs.

Table 1: Location of YHCs

	Number	%
Health Services Centre	2	8.6
In School	18	78.3
Community-based Facility	3	13.0
Total	23	100.0

The three community-based centres include the Red Door Youth and Adolescent Health Centre in Kentville, Our House Youth Wellness Centre in Shelburne, and the Halifax-based Lesbian, Gay and Bisexual Youth Project.

YHCs are generally narrowly focused in terms of client base: most serve students and/or youth in their immediate area. Several school-based YHCs, including the four YHCs in the Cape Breton Regional Municipality, provide a satellite service to feeder schools in their communities.

The list of 34 YHCs indicates that close to half of the centres are located within the Halifax Regional Municipality (HRM). It does seem that gaps exist in some parts of the province, notably in rural Nova Scotia counties: Pictou, Antigonish, Victoria, Richmond and Inverness Counties.

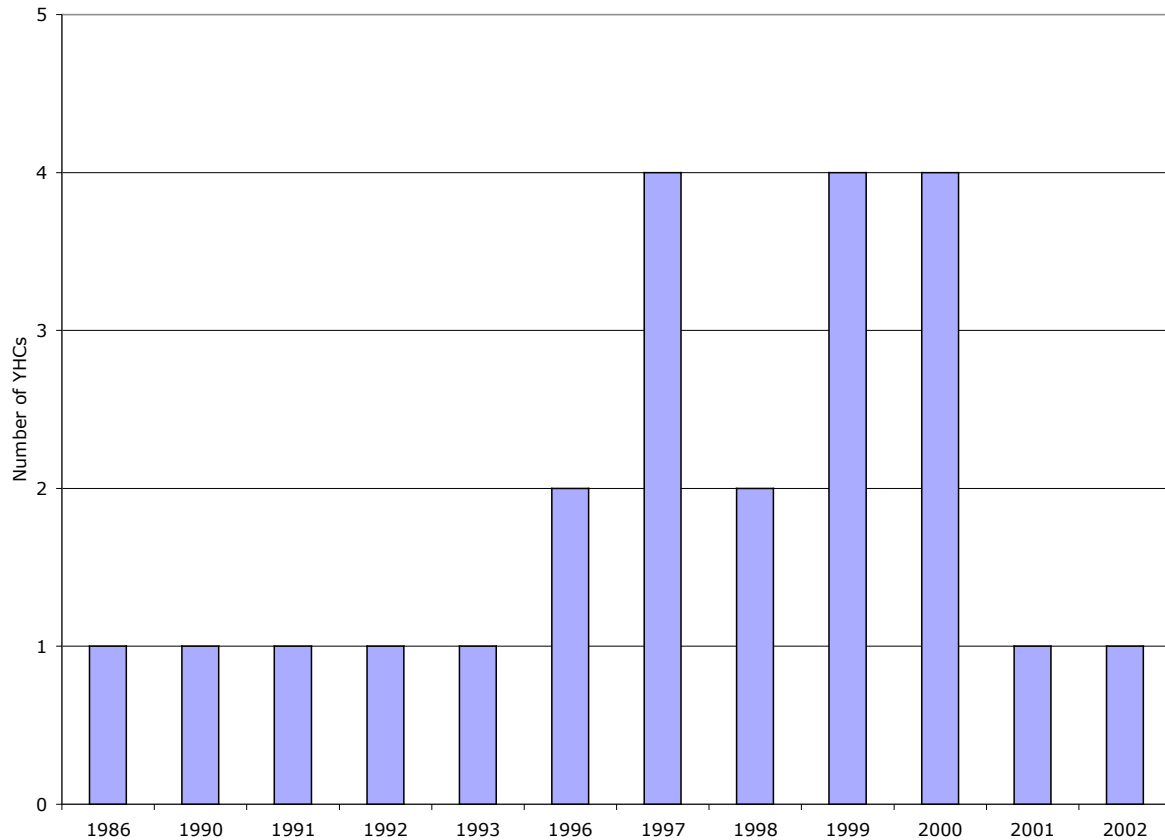
AGE OF YHCs

The Health Services YHC at the Nova Scotia Agricultural College, started in 1986, is the oldest YHC in the province. The Red Door Youth and Adolescent Health Centre in Kentville is the oldest non-school, community based YHC. The Red Door started in 1990, and subsequently supported the establishment and operations of several other YHCs located in the Annapolis Valley. The Teen Health Centre at J.L. Ilesley High School is the oldest school-based YHC. It began operating in 1991.

School-based YHCs have opened at the rate of 1-2 per year across the province. This low rate of opening relative to the number of schools in the province and the potential need for youth health services is mainly related to the challenges of obtaining funding and organizational development. This topic is discussed in Chapter 4 of the Phase I & II report.

The average age of all school-based YHCs is 3.8 years, compared to the average age of all YHCs of 5.1 years³. Chart 1 illustrates the start-up pattern of the 23 YHCs, based on their start-up year. It should be noted that the bottom scale only shows years for which YHCs started; there are several years in which no start-up activity occurred.

Chart 1: Start-up Date of YHCs



OPERATIONS OF THE YHCs

We asked YHCs to describe their hours of operation, when youth can access the services provided by their centre. For the most part, school-based YHCs follow an operational pattern organized around the hours in which their school is open; this generally includes the entire school day as well as some time before school begins, during the lunch period and after school. Community-based YHCs are able to be more flexible, and typically include hours of operation during evenings and weekends.

Table 2 provides details on various operating times of the centres. The table indicates the average number of responses for a particular operating time as well as the number of YHCs that provide service during that time.

³ As of June 30, 2002

Table 2: Operating Characteristics of YHCs

Operation of YHCs	Average	# of YHCs
How many hours available during a typical day?	6.4	23
How many days a week is the Centre open?	4.5	23
How many hours is Centre open outside the school day?	1.8	17
How many evenings is the Centre regularly open during the week?	2	2
Is the Centre regularly open on weekends?	Yes: 3 Centres	3
How many months of the year is the Centre open?	11.1	23
Is the Centre open at any other times?	Yes; YHC decides	13

Some YHCs have flexibility in their operating times. Several school-based centres report that they open at times other than regular hours, as the demand dictates. This might include, for example, around exam time, the first Saturday of the month and for special presentations. For example, school-based YHCs have been open during special events such as school dances in the evenings.

3. GOVERNANCE OF THE YHCS

FORMAL ORGANIZATION

Two thirds of the 23 YHCs that completed a profile reported that their centre has a formal Board of Directors. Information supplied by the YHCs indicates that some of these YHC boards are likely more informal than formal, serving as Advisory Councils or monitoring agencies.

Table 3 indicates the status of YHC Boards according to their type of organization: school, community or health sector.

Table 3: Existence of a Formal Board of Directors

	Health Services Centre (%)	In School (%)	Community-based (%)	Total (%)
No Board	50.0	38.9	0.0	34.8
Board	50.0	61.1	100.0	65.2
Number	2	18	3	23

Community-based organizations that provide health services for youth are most likely to have a formal Board of Directors. Many of the school-based YHCs have Advisory Councils rather than formal Boards.

All Boards have diverse memberships, with strong participation by members of their communities. Table 4 compares the representation of various types of Board members according to the three types of YHC organization structure.

Table 4: Participation on YHC Board of Directors (% Participation)

	Health Services Centre (%)	In School (%)	Community-based (%)	Overall Representation (%)
Students/Youth	0.0	61.1	100.0	60.9
YHC Staff	0.0	44.4	33.3	39.1
School Board/School	0.0	55.6	66.7	52.2
Community	50.0	61.1	100.0	65.2
Health Professional	50.0	55.6	66.7	56.5
Community Groups	0.0	55.6	33.3	47.8
Other	50.0	27.8	33.3	30.4

Each cell in the table shows the participation or representation rates for one of the seven types of participants in the three kinds of YHC organizations. For example, community representatives participate in 61.1% of school-based YHCs. YHCs sponsored by health services organizations are the least likely to include representatives from youth, staff or

schools. On the other hand, the boards of all community-based YHCs have youth representatives. These organizations may also invite participation from schools/school boards. School-based YHCs also have strong stakeholder representation.

A diverse range of community groups are represented on boards and include the RCMP, municipal councils, First Nations, Planned Parenthood, the Single Parent Centre, Public Health, church organizations and so on. The 'other' category includes parents, clergy, HRM Youth Council, lawyers and others.

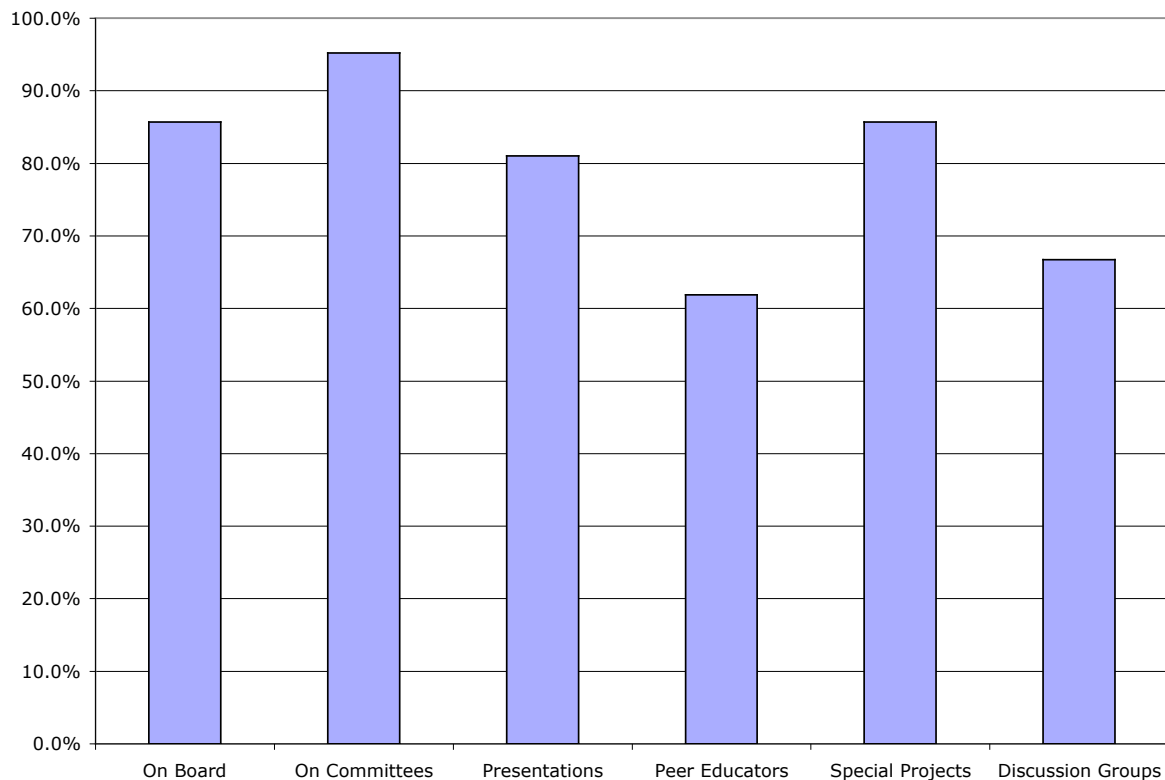
YOUTH PARTICIPATION AT YHCs

Participants at the workshops held during Phase 1 of the YHC evaluation stressed the importance of active youth participation at YHCs. The profile included several questions designed to depict the level and type of participation of youth.

According to the profile results, youth volunteer at 21 of the 23 YHCs on a regular basis. All of the health service-based YHCs and community-based YHCs reported that youth are regularly involved in their centres; 16 of the 18 school-based YHCs have youth regularly involved on a volunteer basis at their centres.

Chart 2 indicates the proportionate involvement level of youth in six different kinds of activities, from administrative and governance roles to educational and developmental roles.

Chart 2: Youth Participation at YHCs (% YHCs)



It is clear from the chart that the YHCs have managed to engage youth in all aspects of the management and development of their centres. The role of 'peer educator' is not as common as the other roles shown in the chart: analysis of the profile responses indicates that the peer educator role is not widespread amongst any of the three kinds of YHCs organizations. This situation may also reflect the kind of activities undertaken by YHCs.

The profile provided an opportunity for YHCs to give examples of the specific ways in which youth participate in their YHCs. Some of the activities and special projects listed by the YHCs include:

- Youth clean up the centre;
- Youth serve as the YHC representative on Junior and Senior [Student] council;
- Peer educators prepare monthly newsletter;
- Youth participate on Youth Action Team;
- Youth participate on Youth Advisory Council;
- Youth experience Junior Leadership, assisting with training programs and activities;
- Youth designed and chose the logo for the centre;
- Youth decorated, painted and made the centre space their own; and
- Youth help with everyday activities.

4. STARTING A YHC

RATIONALE FOR STARTING A YHC

YHCs have started for a variety of reasons, using a number of different approaches. These approaches have generally been independently pursued at local community levels by both formal and informal mechanisms.

The profile solicited information on the underlying development process and any particular issues that led to the development of the YHC. Several YHCs provided detailed descriptions of their development process. Some characteristic responses from the YHCs are summarized below. Appendix C provides the complete verbatim results for all YHCs.

- To provide support to students struggling with socio-economic issues, such as parenthood, homelessness, and poverty.
- Students were reluctant or unable to access traditional health system entry points.
- Youth wanted a safe comfortable place to talk and be heard, information, resources, programs for youth, access to other professionals without the whole school knowing.
- The main reason for opening this centre in a junior high was to attempt earlier prevention by: having info available and programs to promote positive lifestyles. By starting in younger schools, students and youth become accustomed to accessing centres on site so that they are comfortable and knowledgeable of what the centres can do when they get to high school.
- Junior High is a great place to begin employability training, which is some of the programming that is offered here.⁴
- The Plan was developed because of the need for resources for young people in the area. Our teen pregnancy rate is higher than both the regional and provincial rates. Over one quarter of the families in the area are low income.
- Teen pregnancy and suicides rising of youth in our area.
- Factors: high adolescent pregnancy rate and number of school dropouts due to pregnancy.
- Request from students to student council to put condom machines in the washrooms. Then expanded to the idea of a Youth Health and Support Centre.
- Student Council approached the school to increase the availability of the Public Health Nurse & contraception information/material.
- There had existed a strong history of the community identifying issues with formal/informal assessment of their community over a 10-year period. The centre began as a pilot demonstration project to establish a model to provide physical and mental health services and interventions for children and youth in rural community in the region.
- To address the specific needs around youth who are lesbian, gay, bisexual, transgendered, and/or questioning their sexual orientation (l/g/b/t/q). We provide services for youth who have questions about this topic, have friends who are l/g/b/t/q, want to start gay/ straight alliances in their schools, have parents who are l/g/b/t/q. High suicide rates, drug, and alcohol abuse and homelessness l/g/b/t/q youth directed us to the need to provide such a centre.

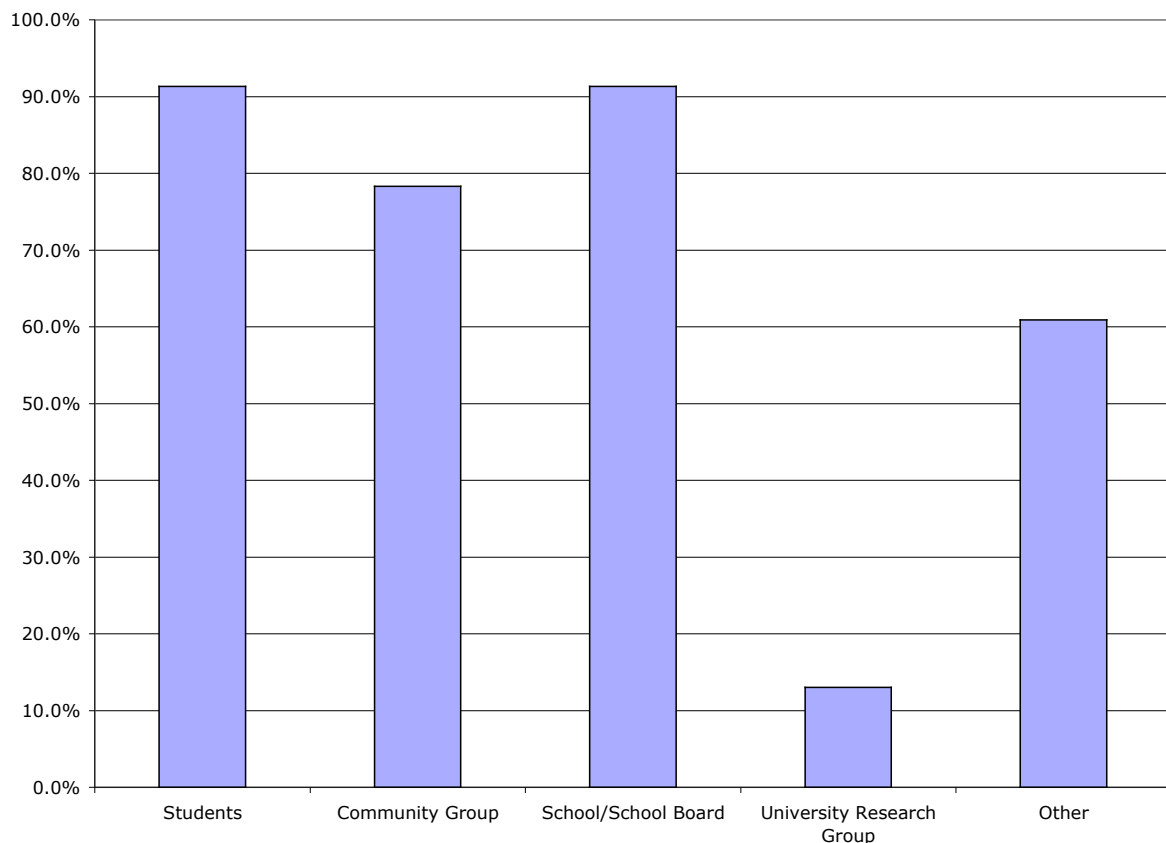
⁴ Funding from HRDC has supported the hiring of youth workers and others involved in helping youth with employability and other work-related development projects and programs.

- To provide health care, education, promotion to post-secondary clients and respond to clients' needs.
- Youth formed a Teen Issues Group, and then developed a Teen Issues Lounge with a part time staff person. Information regarding various issues was available there.
- Idea grew from needs identified by youth in a major survey of high school students: the need for health information, confidential health services and support to improve their personal health practices.
- Our Executive Director had an interest in another YHC and did a needs survey. The students and community supported the idea.
- A primary health care project was completed in the area. Teen health was identified in the needs assessment as an area of concern.
- Our centre started as a result of students having a need to have services.
- Community consultation process identified meeting needs of youth as a priority. YHC identified as one way to meet some of these needs.

GROUPS INVOLVED IN DEVELOPING A YHC

The level of participation of stakeholder groups in the initial development of a centre is a measure of the extent of community involvement and commitment to the YHC. Chart 3 indicates the participation rates of these groups in the development phase of the centres.

Chart 3: Stakeholder Involvement in YHC Development (% at each YHC)



Students and schools/school boards have the highest level of involvement, not altogether surprising since most centres are school-based. Four YHCs that were developed in partnership with a research project at Dalhousie University are not represented in this profile report; including these YHCs would undoubtedly increase university participation levels.

The ‘other’ stakeholder category includes broad representation from a variety of community, government and health organizations. Some of the major participants at the development stage mentioned by the YHCs include:

- Public health and public health nurses (3 YHCs);
- Community health boards (5 YHCs);
- School Advisory Council (1 YHC);
- *Federal, provincial & municipal governments:* HRDC, Community services (2 YHCs), Education (2 YHCs), Town council (2 YHCs), Municipal Social Services, Halifax Municipal Library, Eastern Region Child and Youth Services Project Inc and all their partners;
- RCMP (2 YHCs);
- Salvation Army;
- *Health organizations/agencies:* IWK Mental Health, Family Services Association, Nova Scotia Hospital – Mental Health, Single Parent Centre, Cowie Family Medicine, VON, Captain William Spry Multi-Service Centre, MV Memorial Hospital, University Program Placement - Social Work, Planned Parenthood, Island Alternative Measures.

In addition to this information, the profile asked if there were any common lead developers amongst those active in starting YHCs across the province. Table 5 presents the combined responses to this question — six of the 23 YHCs identified a secondary stakeholder group that participated in the YHC development. These were mainly community health boards.

Table 5: Stakeholder Groups with a Lead Role in the Development of YHCs

	Number	% ⁵
Community group	9	33.3
Other organization: health organization	9	33.3
Student Group	5	18.5
School/school board	4	14.8
University research group/team	0	0.0
Total	27	100.0

⁵ Since multiple responses were provided, the total in the table exceeds 23; the percentage calculation is based on the all-inclusive total.

The table indicates the important leadership role taken by both the community and community-based health organizations to develop the centres. In several cases, this lead role was shared between the two groups.

The profile asked YHCs to provide us with the benefit of their hindsight, gained from developing their centres. This question asked whether there were 'other' groups or organizations that the YHCs would recommend be involved in the planning and start-up of a YHC.

The responses make it absolutely clear that youth, the community and other professional resources groups be involved. The following statements are representative of the kinds of advice provided by YHCs.

- It is imperative that young people are a meaningful part of the planning stages of a youth health centre, and that centres are developed in response to what young people actually want and not solely in response to what adults think young people need.
- Both youth and community members are key stakeholders for the success of Youth Health Centres.
- Potential funding sources [should be involved]: district health authorities, school boards.

In addition, YHCs voiced a common theme concerning other agencies, encompassed in the following:

- Agencies and community organizations that can provide professional resources during the start-up process and after the centre has opened, and that are concerned with the well-being of youth.

OTHER START-UP CONSIDERATIONS

Finally, the profile asked YHCs to provide any additional detail on the start-up of their centre. These details focused on specific challenges, resources and other development issues. The responses include the following direct quotes:

Governance

- A Board of Directors is essential.
- We pride ourselves on being youth directed as fully as we can. We have a Youth Board who makes decisions about programming and services and works with and not under the Board of Directors. The Board of Directors are responsible for the legal aspects, but the youth run the Project.
- Must have the school and guidance counsellors and professionals on board for support.
- The challenge is always to stay responsive to what the youth are saying, listening to the needs of youth. [We developed] a Community Committee with a minimum of

50% membership of youth [that] would report directly to the Community Health Board, with an adult member of that board sitting on the Community Committee.

Funding

- The major challenge is funding and securing funding for operating expenses. Another problem faced during start-ups was the reluctance of school administration at the time to become involved.
- An ongoing challenge faced annually by the Red Door is funding. There was never and still isn't any form of substantial funding for this centre.
- Important that sustainable funding be established prior to developing details of Centre.
- Sustainable funding would be considered the biggest challenge.

Planning and Evaluation

- Prior to the initiation of a Centre, a needs assessment should be completed as well as ongoing evaluation.
- Homophobia was a challenge in the beginning of our growth, but we have proven to be a valuable resource in the community and have many referrals made to us as a result. Persistence was a factor in our ability to succeed.

Four of the eight YHCs providing comments noted that their greatest challenge is sustainable funding. This message — the importance of sustainable funding — was raised consistently by YHCs during the workshops completed during Phase 1 of the YHC evaluation in late 2001.

5. FINANCIAL CHARACTERISTICS OF YHCS

Financial resources supply the operating energy for the YHCs to help meet the needs of their constituent youth. These resources support the centres as they work with other stakeholders. Financial resources keep the centres operating.

The previous section highlighted the importance of adequate financial resources to the YHCs. However, as a result of varying funding mechanisms and sponsors, financial issues have a different significance for different kinds of YHCs. This section examines the major financial elements of the YHCs to determine levels of financial resources, funding sources and other financial support approaches.

Twenty-one of the 23 YHCs included their current operating budget for this fiscal year. In total, these budgets amounted to approximately \$1.34 million. Overall, the budgets range from a low of \$10,500 to a high of \$102,400. Chart 4 shows the average budgets for the three different kinds of YHC governance structure.

Chart 4: Average YHC Operating Budget by Type of YHC



The information in the table does not provide a completely representative picture of YHC operating budgets. First of all, the number of YHCs in the ‘health services’ and ‘community-based’ categories is small; the averages are based on two and three YHCs, respectively.

Second, there is considerable variation in the budget range for the ‘in-school’ YHCs. The five YHCs with the smallest operating budgets are school-based; the average annual budget

for these five centres is \$26,590. Four of the five YHCs with the highest operating budgets are school based as well; the average of the five YHCs with the highest budgets is \$97,915. This amount is more than 3.5 times greater than the average for the five smallest budgets. The average budget for the four school-based YHCs in the Cape Breton Regional Municipality is \$96,105.

These differences in operating budgets are largely influenced by the kinds of funding sources that have supported the YHCs.

The YHCs identified the funding sources for their operating budgets, along with the level of financial support. This information is categorized according to the major sources in the following table. The table shows the sources for an average operating budget for YHCs. The percentages for each category shown in the table indicate the percentage contribution a particular funding source made to the *total* operating budget for all 21 responding YHCs. The number of YHCs receiving a contribution from a particular source is shown in the ‘number of YHCs’ column. Since YHCs could receive funding from multiple sources, the total number of YHCs shown in the table exceeds the actual number of YHCs responding.

Table 6: Average Operating Budget Contribution to YHCs (%)

	Average %	Number of YHCs
Provincial government	47.2	11
District Health Authority	23.7	10
Other	13.3	9
Federal government funds	10.4	4
School contributions	3.1	4
Community Health Board	1.4	2
Municipal government	0.5	3
Corporate contributions	0.4	3
Total	100.0	46

Table 6 indicates, for example, that although the provincial government contributed to the operating budgets of only 11 YHCs, these contributions averaged 47.2% of the total operating budgets of the 21 YHCs providing financial information. In other words, close to half of the operating budget for YHCs comes from the provincial government. Contributions by District Health Authorities to 10 YHCs averaged 23.7% of the operating budget of all 21 YHCs.

The Nova Scotia Departments of Health, Community Services and Education were the main contributors amongst provincial government departments. The federal government contributed to YHCs through Human Resources Development Canada (HRDC) and Health Canada.

The distribution of funding sources varies by YHC. Ten YHCs received the major share of their funding from District Health Authorities, for example, while the provincial Department of Health funded 100% of the four YHCs in the Cape Breton Regional Municipality.

Close to 70% of the YHCs received in-kind or non-financial contributions from government and other organizations. These in-kind contributions were provided to help the centres get started as well as for on-going operational support. Some 34% of the YHCs received in-kind support from more than one of the eight sources shown in the table; five received in-kind support from multiple organizations.

The two major sources of in-kind support are schools, Public Health and District Health Authorities. According to the YHCs, the in-kind support mainly includes the YHC facilities/space, access to office supplies and equipment, computers and other office technologies.

Several YHCs estimated the value of this in-kind support provided by their stakeholders. The kinds of support and the average amounts, where available, are summarized in Table 7.

Table 7: In-Kind Support Provided to YHCs

Organization	Kind of Support	Estimated Total \$ Value (# of YHCs)
Schools (15)	YHC facilities/space, admin support, payroll support, access to office supplies and equipment, computers and other office technologies	\$50,280 (5)
DHA, Hospitals, Public Health	Overall management, legal counsel, payroll services, clinic supplies, examination table, lab facilities, laundry, meeting space	N/A
Pharmacies	Clinic supplies, BCP samples	\$9,675 (2)
Parents, Community	Furniture, volunteer time	N/A

The table includes the volunteer time of parents and the community as part of in-kind support. The practice of monetizing volunteer time is becoming common and some community development groups work hard to assign a monetary value to this time. Although no monetary amount is assigned for YHCs, the table recognizes the value and cost of volunteer time in helping develop and operate YHCs.

The list in Table 7 most likely grossly underestimates the level of contribution and true value of the community resources that contribute to each YHC to help it meet the needs of youth.

6. HUMAN RESOURCES OF THE YHCS

The development approaches used by YHCs to meet the needs of youth has resulted in a variety of human resource models. The centres use a mix of full-time, part-time and volunteer staff; professional and administrative staff; on-site and off-site services.

Table 8 presents a profile of the human resources available at the 23 YHCs that completed profiles. The table lists the nine most common occupations or positions at the centres and indicates how many YHCs have each position. YHCs may have more than one resource person for each occupation. For example, several YHCs have more than one RN or Public Health Nurse. The table attempts to illustrate the level of resources by indicating the modal number of each resource per YHC. This represents the ‘most common’ number of persons for a particular occupation. In most cases, the mode is ‘1’.

Table 8: Human Resources Available at YHCs

Position	Number of YHCs	Mode ⁶ /YHC	Mode Hours/Week	Range of Qualifications	Total # Paid
RN	14	1	37.5	RN, BSc.N, or MN (12 ⁷)	8
Physician	10	1	5	MD	5
Public health nurse	8	1	4	RN, BSc.N, or MN (5)	6
Social worker	8	1	37.5	BSW, MSW, BACS (5)	5
Health educator	5	1	37.5	B.Sc. HE, MA HE (3)	3
Guidance counsellor	5	1	Upon need	B.S.A, B.Ed, MA (2)	3
Adult volunteers	5	2	Upon need	N/A	–
Dietician/nutritionist	4	1	Upon need	P.D.T. C.D.E. (1)	3
School Psychologist	3	1	Upon need	Not provided	2

The table reports that most Public Health Nurses are only available at the YHCs for four hours per week; RNs tend to work full-time at the centres. The YHC staff qualifications vary by centre; the table indicates the range of qualifications amongst responding YHCs.

YHCs may not directly pay all their nursing staff. As the table indicates, there are six paid positions for Public Health Nurses and eight for RNs, respectively. Their respective District Health Authorities are responsible for paying nurses salaries. The CEC Youth Health Centre Association pays the nurse at the Cobequid Education Centre (CEC) YHC.

Several YHCs have access to the four kinds of human resources listed at the end of Table 8, but only ‘as needed’.

⁶ The Mode is the number appearing most often amongst all responses.

⁷ The number of responses is within brackets.

Five YHCs reported that they have adult volunteers that provide support of various kinds at their centres. This may be underestimated, based on the information provided during the 2001 workshops with the YHCs.

Close to half of the YHCs have direct access to a physician on a part-time basis. Physicians are paid by MSI. YHCs were asked to indicate how they were able to access physician services, if required. Chart 5 examines the access question in more detail, based on three possible options.

Chart 5: Arrangement by YHCs to Access Physician Services (% Used)

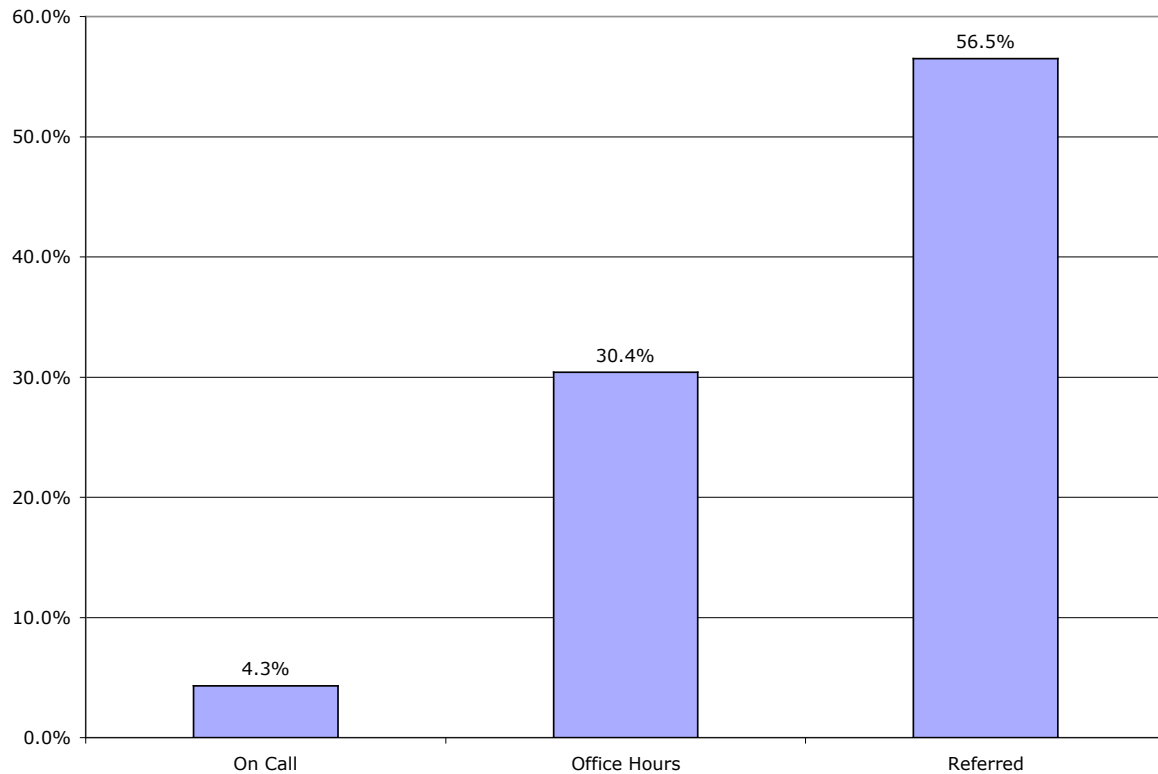


Table 8 does not fully capture the way in which YHCs capture other professional resources on a variety of training or educational development or volunteer bases. For example, several centres have access to student interns in health professions, academics undertaking research projects, graduate student researchers, massage therapists (2 YHCs) and youth workers. Funding from HRDC has supported the hiring of youth workers and others involved in helping youth with employability and other work-related development projects and programs. As noted earlier, several YHCs have administrative support staff.

APPENDIX A: YHCs PARTICIPATING IN THE PROFILE

Centre	Address
Amherst Association for Healthy Adolescent Sexuality: Teen Health Centre	Amherst
Beechville-Lakeside-Timberlea (B-L-T) Teen Health Centre, Ridgecliff Middle School	Beechville
Cobequid Education Centre, and Community Youth Health and Support Centre	Truro
Gaetz Brook JR. High Teen Health and Lifestyle Centre	Gaetz Brook
Glace Bay YHC	Glace Bay
Green Door	Cambridge
Guysborough Youth Health and Services Centre	Guysborough
HIP (Health Information Place) for Youth	Bridgetown
Lesbian, Gay, and Bisexual Youth Project	Halifax
Mainland South Teen Health Centre	Halifax
Musquodoboit Valley YHC	Middle Musquodoboit
New Waterford Youth Health Centre	New Waterford
North Sydney Youth Help Centre	North Sydney
Nova Scotia Agricultural College Health Services	Truro
Our House Youth Wellness Centre	Shelburne
Prince Andrew Health Centre	Dartmouth
Sheet Harbour and Area Youth Health Centre	Sheet Harbour
Spartan Lifestyle Centre, Dartmouth High School	Dartmouth
St. Pat's High School	Halifax
Sydney Youth Health Centre	Sydney
The Red Door Youth and Adolescent Health Centre	Kentville
Youth Help Clinic	Lower Sackville
Youth On The Move Association	Musquodoboit Harbour

APPENDIX B:

PROFILE OF THE CENTRE

Introduction

The success of the Evaluation of Youth Health Centres in Nova Scotia depends to a great degree on the information provided by each YHC. During the workshop process in September and October 2001, participants from YHCs and the Evaluation Steering Committee identified the need to develop a profile the YHCs. The following profile form is designed to collect basic, descriptive information on your Health Centre on a *one-time basis*.

The information you provide will not be shared with other YHCs directly without your permission.

The profile includes basic operating information such as hours of operation, staffing levels youth participation. It helps to provide context for the information provided in the monthly Data Collection Form.

If you need additional space for any question, please feel free to write it on another sheet of paper and enclose it with your profile information.

We would like to have the completed profiles sent to us by January 21. When you have completed the profile, you may mail, fax or email it to us at the following address.

Collins Management Consulting & Research Ltd.

106 Crichton Avenue

Dartmouth, Nova Scotia, B3A 3R5

T: 902.461.9606

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E: bcollins@collinsmgmt.ns.ca

If you have any questions, please do not hesitate to call us for clarification.

We value your input and your time. Thank you for participating.

Bill Collins
President

Contact and Operational Characteristics of Your Centre

Name of Centre	
Contact Person	
Contact Phone	
Contact email	
Address of the Centre (Community/town)	

1. Where is your Centre located? (PLEASE CHECK THE APPROPRIATE BOX)

In a school	
In a community centre	
In a hospital	
Some other facility/place – please write in	

2. When did your Centre begin to provide services to youth? (PLEASE INCLUDE THE MONTH AND YEAR IN THE FORMAT MM/YYYY)

--

3. What are your typical times of operation — when can youth access the Centre's services?

During a typical day? (FOR EXAMPLE, FROM 9:00 TO 4:00)	
How many days a week is the Centre open?	Number of days:
How many hours is the Centre open after the school day? (PLEASE CIRCLE ONE RESPONSE)	None Number of hours:
How many evenings is the Centre regularly open during the week? (PLEASE CIRCLE ONE RESPONSE)	None Number of evenings/week:
Is the Centre regularly open on weekends? (PLEASE CIRCLE ONE RESPONSE)	Yes No
How many months of the year is the Centre open?	Number of months:
Is the Centre open at any other times? (PLEASE SPECIFY)	

4. We'd like to know how your Centre is organized. First of all, is there a formal Board of Directors?

Yes	
No	

5. IF YOU ANSWERED "YES" IN THE PREVIOUS QUESTION: Which of the following are officially represented on your Board? (PLEASE CHECK ALL THAT APPLY)

Students	
Staff of the YHC	
School Board/school	
Your community	
Health profession	
Community groups (please indicate which group(s))	
Other – PLEASE SPECIFY	

6. Youth Health Centres have started for a variety of reasons and through a number of different approaches. Some centres have started in response to a particular issue affecting youth. Would you please describe how your Centre got started? For example, was there a specific issue that sparked the development of the Centre?

7. Which of the following groups were involved in the development of your Centre?
(PLEASE CHECK ALL THAT APPLY)

Student group	
Community group	
School/school board	
University research group/team	
Some other group/organization – PLEASE SPECIFY	

8. Which of the above groups took the lead in the development of your Centre? (PLEASE CHECK ONE ONLY)

Student group	
Community group	
School/school board	
University research group/team	
Some other group/organization – PLEASE SPECIFY	

9. Are there other kinds of organizations or groups that, based on your experience, you would recommend be involved in the planning and start-up of a Youth Health Centre?

Additional detail: (IF YOU'D LIKE TO PROVIDE ADDITIONAL DETAIL ON THE START-UP OF YOUR CENTRE, SUCH AS THE RESOURCES REQUIRED OR SPECIFIC CHALLENGES FACED IN THE DEVELOPMENT, PLEASE PROVIDE THE INFORMATION HERE, OR ATTACH SEPARATELY.)

Financial Characteristics of the Centre

The next questions are about the financial characteristics of your Centre. In answering the questions, please refer to the current fiscal year, that is, the financial year in which the Centre is operating now.

10. What is your total operating budget for this year?

\$

11. What are your direct sources of funding? (PLEASE INDICATE WHAT PERCENT OF YOUR FUNDING COMES FROM EACH OF THE SOURCES IN THE FOLLOWING TABLE.)

Provincial government funds (please note which department)	%
Community Health Board	%
District Health Authority	%
Federal government funds (please note which department)	%
Municipal government funds	%
School contributions	%
Corporate contributions	%
Other (PLEASE SPECIFY)	%
Total	100 %

12. Do you receive any in-kind or non-financial contributions from government or other organizations?

No	
Yes	

13. If YES: please indicate the source of the support, the kind of support and, if possible, the estimated annual value of this in-kind support

Organization, agency	Kind of Support	Estimated Value (\$)

Human Resources at your Centre

Now, we’d like to know about the human resources available at your Centre. We know that Centres have a variety of ways of getting the right kind of help for youth. Some of this help comes directly from full-time or part-time staff at the Centre while other Centres contract or work with a variety of health and other professionals on an as-needed basis, including health staff of their school.

14. Please indicate if the following provide services to youth *on location* at your Centre — regardless of which organization pays for the support — by completing the following table.

Position	# of Persons	Average Hours/ Week	Qualifications (if applicable; e.g. B.Sc., RN)	Paid (✓ if YES)	Paid By (Name of Organization/Department)
Public health nurse					
RN					
School Psychologist					
Physician					
Dietician/nutritionist					
Health educator					
Social worker					
Guidance counsellor					
Adult volunteers					
Other – PLEASE SPECIFY					

15. If you indicated in the previous question that your Centre has access to a Physician: which of the following best describes the arrangement? (PLEASE CHECK ALL THAT APPLY)

On-call arrangement for whenever services are required	
Office hours at the Centre (please indicate the number of hours in the box at right)	
Youth referred to physician's office	
Some other arrangement (PLEASE SPECIFY)	

Youth Participation at your Centre

16. Do youth volunteer at your Centre on a regular basis?

Yes	
No	

17. If “Yes”, how do the youth participate? (PLEASE CHECK ALL THAT APPLY)

Youth representatives on Centre Board	
Youth representatives on committees	
Presentations given by youth	
Youth as peer educators	
Youth develop and implement special projects	
Youth host discussion groups	
Other – PLEASE SPECIFY	

18. Please tell us about any special characteristics, programs or projects at your Centre. (You may wish to include any relevant brochures, pamphlets or newsletters.)

Thank you for your help!

Please send the completed form to us at the address provided on the first page of this form.

If you have any questions about completing the form, please call or email us at the same address.

APPENDIX C: DETAILED VERBATIM YHC RESPONSES

Question 6: Youth Health Centres have started for a variety of reasons and through a number of different approaches. Some centres have started in response to a particular issue affecting youth. Would you please describe how your Centre got started? For example, was there a specific issue that sparked the development of the Centre?

YHC	Response
Spartan Lifestyle Centre	Dartmouth High has worked with the community to provide support to students struggling with socio-economic issues, such as parenthood, homelessness, and poverty. An early response to these issues was subsidised on-site day-care spaces, which we introduced in 1987. In 1997, DHS conducted focus group sessions with our students, students from our feeder junior high schools. The results showed both a need and strong support for a youth health centre with many students indicating they were reluctant or unable to access traditional health system entry points. A study of centre models showed the most successful centres offered students health and academic support. Health centre opened February 21, 2000.
Gaetz Brook Jr. High Teen Health & Lifestyle Centre	Although most youth health centres are located in high schools, the reality is that many unhealthy lifestyle choices start in junior high school. The main reason for opening this centre in a junior high was to attempt earlier prevention by having info available and programs to promote positive lifestyles also by starting in younger schools students and youth become accustomed to accessing centres on site at their schools so that when they get to high schools they are comfortable and knowledgeable of what the centres can do. Junior High is also a great place to begin employability training, which is some of the programming that is offered here.
Prince Andrew Health Centre	Previous service was 1-4 hours/wk and classroom presentations. Students would see PHN by dropping into Student Services or on referral from school staff. Student Council approached the school to provide increased availability and condoms. We became a centre when an independent designated area, directly accessible by students was set up. It was decorated and furnished by student council and the hours were increased to 3-6 hours, biweekly. (Public health Nurse)
Our House Youth Wellness Centre	The Plan for a youth wellness centre came about because of the need for resources for young people in Shelburne co. Our teen pregnancy rate, for example, is higher than both the regional and provincial rates. Over 1/4 of the families in Shelburne are considered to be low income, and the County has a diverse range of family incomes. For example, the western part of the County has higher than regional and provincial median family income levels, while the eastern parts of the County's family income levels are considerably lower.
Youth On The Move Association	Youth sparked the idea, which was communicated through focus groups. They wanted a safe comfortable place to talk and be heard, information, resources, programs for youth, access to other professionals without the whole school knowing.
CEC & Community Youth Health & Support Centre	Request from students to student council to put condom machines in the washrooms. Then expanded to the idea of a Youth Health and Support Centre. Took 5 years from initial request to actual opening of centre.
Guysborough Youth Health and Services Centre	There had existed a strong history of the Guysborough Community identifying issues with formal/informal assessment of their community over a 10-year period. Examples include: Feelings Yes/ Felling No a Child Sexual Abuse prevention program 1988, Secretary of state funding for projects to

YHC	Response
	<p>identify barriers of employment to women, interagency parenting subcommittee programs, and Wake Up 95 a community Response to family violence Protocol, which included youth input. The centre began as a pilot demonstration project to establish a model to provide physical and mental health services and interventions for children and youth in rural community in the Eastern Region. The Eastern Region Child and Youth Services Project (ECYSP) had 4 youth health centres in Industrial Cape Breton in operation, Guysborough became the 5th based on a rural model. The ERCYSP Community Liaison Subcommittee began the process to determine where this rural component may sit in the rural Eastern Region. With the history of Guysborough having demonstrated a commitment toward working together for the benefit of children, youth and their families it was logical choice for placement of this rural model of a youth health centre. The community consultation began with regional level stakeholders, local agencies were also asked to bring forth any needs assessments or relevant related documents that they had in their possession that may add to the collection of data. Consultation with local level stakeholders, defined as direct service providers, Consultation with the target population (Youth Grades 6-12) through surveys and focus groups, and Consultation with parents and the community-at-large.</p> <p>The Ad-Hoc proposal Development Committee was struck at the final portion of the community consultation phase during the open public meeting wit the community-at-large. The composition of the committee was as follows: 3 representatives from the Community Liaison Subcommittee; 3 representatives from the local service provider community (the major areas of concern arising from the youth surveys and focus group sessions directed these). 3 parent/community representatives, 6 youth representatives and the ERCYSP Coordination ex-officio as facilitator.</p> <p>After two years of planning the centre opened in December 1999 in Guysborough Academy site. Public Health Services of the Eastern Regional health Board as the managing organisation, with funding and integrated support by the eastern Region Child and Youth Services Project. The opening of the centre is part of a two-phase project which will provide a forum for community-based organisations and groups to do joint planning in response to needs identified by young people. The centre gives youth access to integrated health and lifestyle services through the school location.</p> <p>The target population is the full youth sector in grades 6-12 at this site as well as youth of the same age in the community who are not currently attending school. The centre provides accurate information, education, counselling and referral services for topics the youth have defined as important to their health and well-being; including healthy sexuality, active living, and healthy eating. Although the centre serves young people n the Guysborough area, due to the nature of the rural community, plans for an outreach program to be set up for target youth in other rural communities in Guysborough County in intended.</p> <p>The Services component of the name Youth Health and Services Centre reflects the philosophy of providing better access and visibility for existing traditionally community-based services which currently serve the moderate-high risk portion of this youth population (Addictions Services, Family Services Counsellor, Probation Officer, etc.)</p>
<p>Lesbian, Gay, and Bisexual Youth Project</p>	<p>Our centre was started to address the specific needs around youth who are lesbian, gay, bisexual, transgendered, and/or questioning their sexual orientation. We also provide services for youth who have questions about this topic, have friends who are g/l/b/t/q, want to start gay/ straight alliances in their schools, have parents who are l/g/b/t/q. etc.</p> <p>There are no youth health centres in Nova Scotia that specifically provide a safe and supportive place for l/g/b youth. Because of this often l/g/b/q/t youth see this as a barrier to accessing health services and information. We</p>

YHC	Response
	<p>eliminate that barrier and are able to provide health service and information to this population without the fear of disclosure or homophobia.</p> <p>High suicide rates, drug, and alcohol abuse and homelessness l/g/b/t/q youth directed us to the need to provide such a centre.</p>
Mainland South Teen Health Centre	Separate attachment provided by Centre
NS Agricultural College Health Services	<p>To provide health care, education, promotion to post-secondary clients.</p> <p>To respond to the needs of clients.</p>
Sheet Harbour and Area Youth Health Centre	<p>A group of youth got together and formed a Teen Issues Group. From that group they developed a Teen Issues Lounge with a part time staff person. Information regarding various issues was available there. The next step was to have a youth health centre.</p>
New Waterford Youth Health Centre	2 issues: Teen pregnancy and suicides rising of youth in North Sydney
Musquodoboit Valley YHC	<p>The idea of a youth health centre grew from the needs identified by youth in a major survey of high school students in the Sheet Harbour. Musquodoboit Harbour/ Musquodoboit valley Area. Two Surveys were conducted; one by trial in 1995 and one as part of a community health needs assessment done in Middle Musquodoboit in 1996. Youth identified the need for health information and confidential health services and support in order to improve their personal health practices.</p>
HIP (Health Information Place) for Youth	<p>Our Executive Director had an interest in the Red Door and did a needs survey in Bridgetown. The students and community supported the idea. In beginning HIP inc. Fri. evenings at Salvation Army but this was faded out after 1 year. We have to get fundraising each year; the last 2 years it has been from Soldiers Memorial Hospital Foundation. Recently we have increased from one day weekly to two days weekly</p> <p>Dr. Bly Frank at MSVU helped with centre start-up. Phyllis Swat a PHN was an original Founder of the Red Door. The 1989 Youth AIDS study was part of the documentation used by the community members to support the Door</p>
Beechville-Lakeside-Timberlea B-L-T Teen Health Centre, Ridgecliff Middle School	<p>A primary health care project was completed in the Beechville-Lakeside-Timberlea area. Youth health was identified in the needs assessment as an area of concern. The remaining funds (once the project was complete) were used towards the start-up of a Teen Health Centre. The BLT Teen Health Centre is a component of the Comprehensive Guidance and Counselling Program at Ridgecliff Middle School.</p>
Youth Help Clinic	Driving factors: high adolescent pregnancy rate and number of school drop-outs due to pregnancy
Green Door	<p>Our centre started as a result of students having a need to have services. The Red Door offered within our school because it was a huge problem for students to get to the Red Door from our school area.</p>
St. Pat's High School	<p>Community consultation process by CHB identified meeting needs of youth as a priority. THC identified as one way to meet some of these needs. Research supported this.</p>

Question 9: Are there other kinds of organizations or groups that, based on your experience, you would recommend be involved in the planning and start-up of a Youth Health Centre?

YHC	Response
Spartan Lifestyle Centre, Dartmouth High School	Planned Parenthood. Lesbian, Gay and Bisexual Youth Project. Parent Resource Centres. Phoenix Centre. Public Health Nursing. Mental Health Services. IWK- Adolescent Services, Capital District Health, Community Health.
Gaetz Brook Jr. High Teen Health & Lifestyle Centre	Agencies that can provide professional resources after the centre has opened. Some examples of agencies that our centre has utilised for programs are: Red Cross, St. John Ambulance, Dartmouth Boys and Girls Club, HRDA, HRM.
Our House Youth Wellness Centre	I believe that it is imperative that young people be a meaningful part of the planning stages of a youth health centre, and that centres are developed in response to what young people actually want and not solely in response to what adults think young people need.
Youth On The Move Association	More community involvement and parents. The support from the community is essential. We are obtaining support and confidence as we go along.
CEC & Community Youth Health & Support Centre	Both youth and community members are key stakeholders for the success of Youth Health Centres
Guysborough Youth Health and Services Centre	Interagency (community Response to family Violence Committee), partners inc. Public Health, Family Services of NS, Justice, Clergy, School, RCMP, Addiction Services, Addiction Awareness Committee Rep., Medical Rep., Tearmann Outreach, Kids First, Victims Services). Youth groups specific to community. Groups reflective of the diversity of the community. Literacy groups. Any group that operated within and supports the determinants of health with an interest in youth.
Lesbian, Gay, and Bisexual Youth Project	Other organisations that deal with specific youth concern. Whether that be sexual orientation, race gender, or an issue such as drugs and alcohol abuse etc. Organisations dealing with these issues can help eliminate a barrier that may be present. Such as a health centre focusing on First Nations youth would provide services to youth who may not access a general youth health centre due to fear of racism or discrimination. We have had great success with that at the Project. It provides safety to youth, while we continue to work with other organisation and health centres on how they can make their services safe and more inclusive of these youth.
Mainland South Teen Health Centre	Local community groups who work youth families. Youth/families in the community and local school authorities. Local health providers.
NS Agricultural College Health Services	It is very important to have youth involved in the planning and start-up.
Sheet Harbour and Area Youth Health Centre	Heartwood. Parents. Any organisation in the community looking to improve the well being of youth.
New Waterford Youth Health Centre	Planned Parenthood. Island Alternative measures. Youth Centres (for activity)
Musquodoboit Valley YHC	Potential Funding Sources: district health authorities, school boards

YHC	Response
HIP (Health Information Place) for Youth	I was not involved with the organisation of HIP. Hope Graham, our ED, in 1998 was visionary.
The Red Door Youth and Adolescent Health Centre	Victory against Violence. MLAs. RCMP. Youth Associations
Youth Help Clinic	Any agencies or groups that deal with youth: names may vary from community to community
Green Door	Our centre is closed. It closed in October as a result of differences in the mandates of Health and Education. There must be a union of understanding of the working directives of each of these departments before a centre like ours can function within the school system

Additional detail: IF YOU'D LIKE TO PROVIDE ADDITIONAL DETAIL ON THE START-UP OF YOUR CENTRE, SUCH AS THE RESOURCES REQUIRED OR SPECIFIC CHALLENGES FACED IN THE DEVELOPMENT, PLEASE PROVIDE THE INFORMATION HERE, OR ATTACH SEPARATELY.

YHC	Response
Youth On The Move Association	Must have the school and guidance counsellors and professionals on board for support. A board of directors established is essential.
Guysborough Youth Health and Services Centre	<p>Needs Assessments were conducted at various levels to engage all layers of communities. Meetings were held with youth, parents, stakeholders and services providers. The approach included a principle that there was youth involvement in every phase. Views and opinions of students of Guysborough Academy were gathered in a survey, and followed up with focus groups with youth of this school.</p> <p>The Challenge is always to stay responsive to what the youth are saying, listening to the needs of youth. Therefore, it was decided by the Proposal Development Subcommittee not to develop an Interdisciplinary/Stakeholders committee, instead the Community Committee with a minimum of 50% membership of youth would report directly to the Community Health Board, with an adult member of that board sitting on the Community Committee.</p>
Lesbian, Gay, and Bisexual Youth Project	<p>Homophobia was a challenge in the beginning of our growth, but we have proven to be a valuable resource in the community and have many referrals made us as a result. Persistence was a factor in our ability to succeed.</p> <p>We also pride ourselves on being youth directed as fully as we can. We have a Youth Board who makes decisions about programming and services and works with and not under the Board of Directors. The Board of Directors are responsible for the legal aspects, but the youth run the Project.</p>
Mainland South Teen Health Centre	Please refer to publication attached.
Musquodoboit Valley YHC	The major challenge is funding and securing funding for operating expenses. Another problem faced during start-ups was the reluctance of school administration at the time to become involved. Once this hurdle was overcome, the school was and continues to be very supportive
The Red Door Youth and Adolescent Health Centre	An ongoing challenge faced annually by the Red Door is funding. There was never and still isn't any form of substantial funding for this centre.
Beechville-Lakeside-Timberlea Teen Health Centre, Ridgecliff Middle School	Sustainable funding would be considered the biggest challenge. Location to house the Centre, qualified personnel to staff the Centre, an advisory group that represents students, staff, administration, parents, and community members are other challenges. Prior to the initiation of a Centre, a needs assessment should be completed as well as ongoing evaluation.
Youth Help Clinic	Important that sustainable funding be established prior to developing details of Centre.
Green Door	<p>The school board provided the space and a phone line. (My line is shared with the nurse/doctor.) Students painted the room and found the furniture. Counselling donated a filing cabinet and we bought an old examining table that a student picked up in Halifax and delivered to the Centre.</p> <p>Funding was received from Community Health Board grants as a result of us writing grant applications and student-organized fund-raising events within the school.</p> <p>Public Health provide a nurse in the beginning few days of start-up.</p>

Question 18: Please tell us about any special characteristics, programs or projects at your Centre.

YHC	Response
Spartan Lifestyle Centre	<ol style="list-style-type: none"> 1. Lunch and Learn educational Sessions 2. Teen mother support group 3. No more butts smoking program 4. Survey students who leave early 5. Yearly student all-day conference 6. Healthy Relationship Program for Grade Elevens 7. Outreach to JR. High 8. In class health education sessions, health assessments and referrals 9. Health assessments and references
Gaetz Brook Jr. High Teen Health & Lifestyle Centre	<p>This school houses Gr. 7, 8 and 9. There is a large fear factor for kids leaving Gr. 6 to go to the Jr. High. Last year we started the grade seven "Survivor Kits". This is a welcome kit designed to help with the transition. The kits contain maps of the school, letters from former incomings, info on hygiene (kid-written), health info, letters from teachers, a few school supplies and some other fun stuff. Last year we made 220 kits and delivered them to our feeder elementary schools for all of the grade sixes.</p>
Youth On The Move Association	<p>Youth Against Racism Team. Peer Support Team. Comfy Casuals (recycling clothing line). All youth driven and implemented.</p>
CEC & Community Youth Health & Support Centre	<p>We are one of 4 centres participating in the Adolescent Health Project through Dalhousie University. The centre offers holistic services to Truro and the surrounding area. Although the centre is located in CEC High School the services are not restricted to CEC students. Youth from Jr. High Schools as well as Youth out of school can and have accessed the services.</p>
Guysborough Youth Health and Services Centre	<p>Term of Reference of Community committee. Summaries included will outline the special programs and projects we have been involved in. bracelet designed by a youth to promote centre included.</p>
Lesbian, Gay, and Bisexual Youth Project	<p>Youth Board. Safe Home Program- Foster Parent Program for l/g/b/t/q youth. Safe Classroom- operate a classroom for youth to complete school work/access resources/Internet/job search/ provide tutoring and academic support. Ally Program- Sets up identifiable people in community who are safe for l/g/b/t/q youth to talk to. Social programs- Two retreats per year/dances movie nights, etc.</p>
Mainland South Teen Health Centre	<p>Peer health Education Program. Youth Action Team. Teen Scene-Lunchtime Talk Services.</p>
NS Agricultural College Health Services	<p>Monthly newsletters regarding current topics developed by peer educators, 4 paid peer educator leaders who recruit peer educator volunteers, Ask the Nurse Bulletin boards and boxes around campus, info board regarding current topics around campus, monthly campaigns regarding current health related topics (ie. Public Health).</p>
Sheet Harbour and Area Youth Health Centre	<p>Our centre is very activity based with many recreational opportunities for youth to take part in during lunch and after school. We also have various health professional in on a regular basis.</p>
New Waterford Youth Health Centre	<ol style="list-style-type: none"> 1. Baby Think It Over Program- youth are given programmable babies to take home for weekend and parent 2. Healthy Cafeterias and Exercise- program 3. Loss and grief support for youth.
The Red Door Youth and Adolescent Health Centre	<p>NSCCSP and Cancer Care NS- pap screening funding for two years.</p>

YHC	Response
Beechville-Lakeside-Timberlea Teen Health Centre, Ridgecliff Middle School	“Let’s Talk About S.E.X. (Self-Esteem exploration),” Question box/Answer Book, HIP (Health In Perspective), Adolescent Mental Health Research Project, Integrated School and Community Drug Intervention Project, Dietetic Internship student, Social Work Field Placement student, Pancake breakfast, Fashion Show (fundraiser), Exploratories (Babysitting course, self defence, Positive self image, aerobic fitness), Youth and Community Fair, Walking club, guest speakers.
Youth Help Clinic	Hub of network for referral; specialty groups as needed
Green Door	There are numerous pieces of information at the centre covering a wide range of topics on the health theme.