



School-Based Health Centers: A Vital Resource For Young People's Health

School-based health centers (SBHCs) provide both primary and preventive services to children and adolescents at schools across the country. SBHCs first were established in the 1970s in Texas and Minnesota¹ and now there are approximately 2,000 across the country.² They can be found in geographically diverse areas, with the majority - 57 percent - in urban communities and 27 percent in rural areas.³ Sixteen percent are in suburban areas.⁴ "Students in schools with SBHCs are predominantly members of minority and ethnic populations who have historically experienced under-insurance, uninsurance, or other health-care access disparities."⁵

SBHCs strive to reach young people where they spend most of their time – at school – so they can receive services to which they might not otherwise have access. SBHCs provide a wide array of services that include⁶:

- Immunizations
- Vision, hearing and Scoliosis screenings
- Sports physicals
- Annual check-ups
- Nutrition counseling
- Mental-health services
- Dental screenings
- Prescriptions
- Making sure scheduled medication is taken at the right time of day
- Reproductive health-care services

Each center or school district decides what specific services to offer, taking into account the needs of each community.⁷ Decisions are made in conjunction with advisory boards comprised of parents, community representatives, youth, and family organizations so they reflect the unique needs, expertise, and values of individual communities. Of course, services must be in accordance with state and local law.

SBHCs are staffed by doctors, nurses, social workers, and psychologists, among others. Some SBHCs also employ oral health-care providers, including dentists, dental hygienists and dental assistants.⁸

Twelve percent of SBHCs are sponsored by a school system,⁹ others receive support from hospitals, state health departments, and community health centers.¹⁰ Since there is currently no single dedicated federal funding stream for SBHCs, they survive on a combination of state and local funds; a majority comes from Medicaid, the Children's Health Insurance Program, and TRICARE. Additionally, 59 percent of SBHCs bill private health-insurance companies for their services and some do receive a small amount of private funding.

The medical services young people receive at SBHCs yield tremendous benefits. Teens that are the most likely to be uninsured and lack access to any stable health-care center or hub are the

ones with the greatest health risks. Furthermore, teens from troubled or violent homes where family communication about health-related issues is nonexistent may access confidential health services. Research has shown that SBHCs are able to fill the void and produce positive results:

- Students who used SBHCs have better health-care access. Seventy-one percent of students reported having a health-care visit in the past year compared to 59 percent of students who did not have access to a SBHC.¹¹
- Access to SBHCs reduced emergency room visits for non-emergency needs.¹²
- Young people who receive counseling services at SBHCs significantly decrease their absenteeism and tardiness rates.¹³
- Students who use mental-health services have an 85-percent decline in school discipline referrals.¹⁴

In addition, when students are healthy and have access to comprehensive health services, they are better able to pay attention in class, retain important information, and ultimately do better in school.

The Critical Role SBHCs Play in Young People’s Reproductive Health

A young person at risk of a health problem should have access to the preventive care he or she needs—and reproductive-health services are no different. Our nation is facing an adolescent reproductive-health crisis. One in four teenage girls has a sexually transmitted disease and one-third of teenage girls will become pregnant before the age of 20.

- By their 19th birthday, seven in 10 teens of both sexes have had sex.¹⁵
- Nineteen percent of young women who are at risk of unintended pregnancy were not using any contraceptive method the last time they had sex.¹⁶
- Approximately 750,000 young women in the United States become pregnant each year—eight in 10 of these pregnancies are unintended¹⁷ and nearly a third end in abortion.¹⁸
- Ninety percent of young people who are sexually active and do not use contraceptives become pregnant within one year.¹⁹

In light of these statistics, SBHCs may choose to offer services such as:

- Abstinence counseling
- Pregnancy testing
- Prenatal care
- Contraceptive access and counseling
- Treatment for sexually transmitted diseases
- Gynecologic exams and Pap smears

There are many reasons young people may face difficulties accessing reproductive-health services. Some can’t afford the services; others face language or cultural barriers. In the worst circumstances, they may be in abusive situations at home.

Notably, disparities persist in the reproductive health of young Americans of color²⁰. According to the Centers for Disease Control and Prevention:

- Pregnancy rates for Hispanic and non-Hispanic black teenage girls are much higher than their non-Hispanic white peers;
- Non-Hispanic black young people are more likely to be affected by HIV/AIDS; and
- Chlamydia, gonorrhea, and syphilis rates were highest among non-Hispanic black young people.²¹

Many states and localities have built reproductive health-care into their range of on-site services because they recognize the potential SBHCs have to address specifically the needs of these at-risk populations. Forcing them to segregate reproductive-health care from other services in their schools would be entirely counterproductive to the basic mission of SBHCs, which is to provide the medical services young people need in an accessible, seamless manner.

Debunking the Myths: Political Attacks on School-Based Health Centers

The public overwhelmingly supports SBHCs because they offer critical services to young people whose health-care needs would otherwise be unmet. In spite of their proven benefits and high approval ratings, SBHCs have been political targets of anti-choice lawmakers and activists since their inception.

“Someone’s 13-year old daughter could walk into a sex clinic, have a pregnancy test done, be taken away to the local Planned Parenthood abortion clinic, have their abortion, be back, and go home on the school bus that night? Mom and dad are never the wiser²².” —Rep. Michele Bachmann (R-MN)

It is time to counter the myths with facts.

Myth #1: SBHCs Undermine Parents’ Rights

“The pills will be available to any child who asks for them and who’s [sic] parents have signed a consent form to use the school’s health services. That’s right - no parental consent required to actually inject your 11-year old with hormones.²³” —Redstate.com

Fact: SBHCs Balance Confidentiality and Parents’ Rights.

More than 90 percent of SBHCs require parental consent for a student’s enrollment.²⁴ And of course, SBHCs follow all the laws in their states. Young people should be able to turn to their parents for every health need, and SBHCs’ policies reinforce that goal. Unfortunately, some cannot talk openly with their parents, and some live in families where violence, abuse, or neglect is present. For these reasons, and because some health issues like sex, substance abuse, and mental illness are so personal and sensitive, SBHCs follow the medical community’s longstanding policy of ensuring patients’ confidentiality.

Even when the law does permit confidential care for minors, critics' attempts to dismantle these protections are often aimed exclusively at SBHCs, widening a gap in what is already a two-tier system of access. Young people who are insured are more likely to have access to a private physician's office, to discuss their health care confidentially. An adolescent from a low-income household may have only an SBHC to turn to for the same information. Yet, because providers at SBHCs face political scrutiny and attacks that private doctors do not, their patients risk being denied the same right of patient confidentiality. When wealthier, insured teens have the privacy their uninsured or underinsured peers do not, it compounds the existing health disparities between economic echelons.

This is particularly concerning in light of scientific studies that document the pivotal role patient confidentiality plays in young peoples' decisions to seek reproductive-health care. In fact, research has shown that parental-consent requirements for birth-control access deter teens from seeking other reproductive-health services too, including testing and treatment for STDs.²⁵ Seventy percent of teens would not visit a clinic to obtain prescription contraceptives if the law required that their parents be notified.²⁶

Myth #2: SBHCs Ignore Local Values

"We have a growing Federal Reach that Reaches way down into the heart of our educational system from K through 12 and wanting to get into preschool—and is, in some ways—and they want to go clear back to the womb and they want to inject themselves into the unborn children²⁷" — Rep. Steve King (R-IA)

"They [SBHCs] impose one set of values on the entire country, trampling on local and state laws reflecting their communities' deliberate moral judgment²⁸" — The Heritage Foundation

Fact: School-Based Health Centers Are Community-Based and -Led.

SBHC opponents sometimes claim that the federal government is somehow inappropriately directing local health centers. Nothing could be further from the truth. Not only do SBHCs operate under the rules set forth by their communities, but many local residents are also active participants in their local SBHC's work. Parents and young people volunteer as advisors or board members, participate in SBHC-sponsored health-education events, and do local, state, and national outreach work.²⁹

Myth #3: Americans Oppose Reproductive-Health Services For Young People

"The ethos governing health care reflects the values of the bureaucrats, professional organizations, industry lobbyists, and the administrators of big hospitals that embody the health care establishment.³⁰" — The Heritage Foundation

Fact: The Public Supports Reproductive-Health Services for Young People

The public agrees overwhelmingly that young people should have access to reproductive-health services and information.

- Ninety-nine percent of Americans agree that young people should be provided with medically accurate information about STDs, and 94 percent of Americans believe young people should learn about birth control.³¹
- More than eight of 10 Americans believe that young people should be taught how to use, and where to obtain, contraceptives.³²

Conclusion

School-based health centers play a critical role in the nation's health-care system. Their familiarity and accessibility multiply the chances young people will seek out the broad and diverse range of preventive-health services they need. And their benefits are proven.

Only one of their many indispensable roles, SBHCs offer services that are helping to address the reproductive-health crisis facing our nation's youth. NARAL Pro-Choice America is among the many organizations who laud their missions and demonstrated positive outcomes.

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Notes:

¹ Texas Department of State Health Services, *School-Based Health Centers* (June 10, 2010) at <http://www.dshs.state.tx.us/schoolhealth/healctr.shtm> (last visited Oct. 19, 2011).

² Divya Mohan Little, *School Based Healthcare*, SEEN MAGAZINE, Nov. 20, 2009, at <http://www.seenmagazine.us/Sections/ArticleDetail/tabid/79/ArticleID/243/smid/403/reftab/292/Default.aspx> (last visited Oct. 19, 2011).

³ Press Release, National Assembly on School-Based Health Care, *School-Based Health Centers Play Increasingly Important Role In Children's Health, National Survey Shows* (May 26, 2010).

⁴ National Assembly on School-Based Health Care, *School-Based Health Centers: National Census School Year 2007-2008* (June 2010).

⁵ Press Release, National Assembly on School-Based Health Care, *School-Based Health Centers Play Increasingly Important Role In Children's Health, National Survey Shows* (May 26, 2010).

⁶ National Assembly on School-Based Health Care, *School-Based Health Centers: National Census School Year 2007-2008* (June 2010).

⁷ National Assembly on School Based Health Care, *Benefits of School-Based Health Centers*, at http://ww2.nasbhc.org/RoadMap/PUBLIC/advocacy_factsheetbenefits.pdf (last visited Oct. 18, 2011).

⁸ Texas Department of State Health Services, *School-Based Health Centers* (June 10, 2010) at <http://www.dshs.state.tx.us/schoolhealth/healctr.shtm> (last visited Oct. 18, 2011).

⁹ National Assembly on School-Based Health Care, *School-Based Health Centers: National Census School Year 2007-2008* (June 2010).

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- ¹⁰ Press Release, The Center for Health and Health Care in Schools, *Number of School-Based Health Centers Continue to Rise Across the United States, National Survey Finds* (August 11, 2003).
- ¹¹ National Assembly on School Based Health Care, *Benefits of School-Based Health Centers*, at http://ww2.nasbhc.org/RoadMap/PUBLIC/advocacy_factsheetbenefits.pdf (last visited Oct. 18, 2011).
- ¹² National Assembly on School Based Health Care, *Benefits of School-Based Health Centers*, at http://ww2.nasbhc.org/RoadMap/PUBLIC/advocacy_factsheetbenefits.pdf (last visited Oct. 18, 2011).
- ¹³ National Assembly on School Based Health Care, *Benefits of School-Based Health Centers*, at http://ww2.nasbhc.org/RoadMap/PUBLIC/advocacy_factsheetbenefits.pdf (last visited Oct. 18, 2011).
- ¹⁴ National Assembly on School Based Health Care, *Benefits of School-Based Health Centers*, at http://ww2.nasbhc.org/RoadMap/PUBLIC/advocacy_factsheetbenefits.pdf (last visited Oct. 18, 2011).
- ¹⁵ Alan Guttmacher Institute *Facts on American Teens' Sexual and Reproductive Health* (Aug. 2011) at http://www.guttmacher.org/pubs/fb_ATSRH.html#n10 (last visited October 18, 2011).
- ¹⁶ Alan Guttmacher Institute *Facts on American Teens' Sexual and Reproductive Health* (Aug. 2011) at http://www.guttmacher.org/pubs/fb_ATSRH.html#n10 (last visited October 18, 2011).
- ¹⁷ The National Campaign to Prevent Teen Pregnancy, *The DCR Report: Percent of Pregnancies That Are Unplanned By Age Group*, (2001) at http://www.thenationalcampaign.org/resources/dcr/SectionA/DCR_A2.pdf (last visited Oct. 18, 2011); The National Campaign to Prevent Teen Pregnancy, *General Facts and Stats* (Nov. 2006) at <http://www.teenpregnancy.org/resources/data/genlfact.asp> (last visited Oct. 18, 2011).
- ¹⁸ Alan Guttmacher Institute *Facts on American Teens' Sexual and Reproductive Health* (Sept. 2006) at http://www.guttmacher.org/pubs/fb_ATSRH.html#n10 (last visited October 1, 2009).
- ¹⁹ Alan Guttmacher Institute *Facts on American Teens' Sexual and Reproductive Health* (Sept. 2006) at http://www.guttmacher.org/pubs/fb_ATSRH.html#n10 (last visited October 1, 2009).
- ²⁰ Advocates for Youth, *Young Women of color and Their Risk for HIV and Other STIs* (2003), at <http://www.amplifyyourvoice.org/images/FE/chain237/siteType8/site206/client/ywoc%5B1%5D.pdf> (last visited on Oct. 18, 2011) (discussing the various factors that negatively affect the health of young women of color, such as poverty, access to care, communication, and cultural barriers); Advocates of Youth, *Youth of Color—At Disproportionate Risk of Negative Sexual Health Outcomes* (2004), at <http://www.advocatesforyouth.org/storage/advfy/documents/fsyouthcolor.pdf> (last visited on Oct. 18, 2011) (discussing differences in sexual risk behaviors among youth of color and the significant cultural, financial, and institutional barriers facing youth of color in accessing comprehensive, adolescent reproductive health services in the United States.); *Testimony of Center for Reproductive Rights, National Latina Institute for Reproductive Health, and National Asian Pacific American Women's Forum to the Ways and Means Committee on Concerns Regarding Wide Racial and Ethnic Disparities in Reproductive Health*, http://reproductiverights.org/sites/crr.civicactions.net/files/documents/Written%20testimony%20Ways%200&%20Means_CRR_NAPAWF_NLIRH%20_I.pdf (last visited on Sept. 29, 2009) (discussing how the unintended pregnancy rate among Latinas is three to four times higher than other women because they are less likely to use contraception, and that, since 2002, the overall rates of contraception use have declined due to the rising nonuse among low-income women, a disproportionate number of whom are women of color.); Cavazos-Rehg et al., *Summary of "Age of Sexual Debut Among U.S. Adolescents, Contraception* (Aug. 2009) (discussing the differences in sexual debut among four major ethnic groups in the U.S. – Caucasians, African-Americans, Hispanics, and Asians – with African Americans youth having sex earlier than all other groups, and Asian youth having sex later than all other groups).

²¹ Centers for Disease Control, *Sexual and Reproductive Health of Persons Aged 10--24 Years -- United States, 2002--2007*, Morbidity & Mortality Weekly Report, Surveillance Summaries (July 17, 2009), at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5806a1.htm> (last visited on Oct. 18, 2011).

²² 155 Cong. Rec. H10146 (daily ed. Sept. 30, 2009) (Statement of Rep. Bachmann).

²³ RedState.com blog entry at

http://archive.redstate.com/blogs/docj/2007/oct/18/there_are_days_when_i_wish_canada_would_annex_new_england (Oct. 18, 2007).

²⁴ Cynthia Dailard, *School-Based Health Centers and the Birth Control Debate* GUTTMACHER REP. ON PUB. POL'Y, (Vol. 3, Num. 5 Oct. 2000), <http://www.guttmacher.org/pubs/tgr/03/5/gr030505.html>.

²⁵ Cynthia Dailard and Chinué, *Teenagers' Access to Confidential Reproductive Health Services*, GUTTMACHER REP. ON PUB. POL'Y (Nov. 2005), at <http://www.guttmacher.org/pubs/tgr/08/4/gr080406.pdf>.

²⁶ Alan Guttmacher Institute, *Facts on American Teens' Sexual and Reproductive Health* (January 2010) at http://www.guttmacher.org/pubs/fb_ATSRH.html#n10 (last visited January 2010).

²⁷ 155 Cong. Rec. H10147 (daily ed. Sept. 30, 2009) (Statement of Rep. King)..

²⁸ "Reforming Health Care to Protect Parents' Rights". Daniel Moloney, Ph.D. September 15, 2008. http://www.heritage.org/Research/Reports/2008/09/Reforming-Health-Care-to-Protect-Parents-Rights#_ftn8.

²⁹ National Assembly on School-Based Health Care, *School-Based Health Centers: National Census School Year 2007-2008* (June 2010).

³⁰ Daniel Moloney, Ph.D. *Reforming Health Care to Protect Parents' Rights*, Heritage Foundation, (Sept. 15, 2008), at http://www.heritage.org/Research/Reports/2008/09/Reforming-Health-Care-to-Protect-Parents-Rights#_ftn8.

³¹ National Public Radio/Kaiser Family Foundation/Kennedy School of Government, *Sex Education in America; General Public/Parent Survey* (Jan. 2004).

³² National Public Radio/Kaiser Family Foundation/Kennedy School of Government, *Sex Education in America; General Public/Parent Survey* (Jan. 2004).