



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 include:⁶

- 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 usually are made in conjunction with advisory boards comprised of parents, community representatives, community primary-care providers, 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 may receive support from hospitals, state and local health departments, and/or 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 grants, private support, and some third-party insurance reimbursements; a majority comes from Medicaid, the Children's Health Insurance Program, and TRICARE. Additionally, 59 percent of SBHCs bill private health-insurance companies as primary-care providers.

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 provider or medical home are often the ones with the greatest health risks. Furthermore, teens from troubled or violent homes where family communication about health-related issues is insufficient or nonexistent can get confidential health services at a SBHC. Research has found that SBHCs are able to fill the void and produce positive results:

Studies have shown that:

- Students who use SBHCs have better health-care access. In a national study, 71 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 reduces emergency room visits for non-emergency needs.¹²
- Young people who receive counseling services at SBHCs see a significant decrease their absenteeism and tardiness rates.¹³
- SBHCs' mental-health services can help with school discipline issues. A study found that students who received mental-health care at SBHCs saw 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 in three 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
- A sexually active teen who does not use contraception method has a 90-percent chance of becoming pregnant within a year.¹⁶
- Approximately 614,000 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
- Even though young people ages 15-24 represent only 25 percent of the sexually active population, they account for nearly half of the 19 million new cases of STIs each 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 cannot 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 color.²⁰ 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 at SBHCs because they recognize the potential to address the specific needs of at-risk youth populations. Forcing them to segregate reproductive-health care from other services 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.

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 be otherwise unmet. Yet despite their proven benefits and high approval ratings, SBHCs have been political targets of anti-choice lawmakers and activists since their inception.

Some of these politicians even claim that SBHCs provide abortion services in schools, a preposterous assertion. While some SBHCs are linked with major medical organizations that offer abortion services – like hospitals or Planned Parenthoods – SBHCs do not directly provide abortion care.

Legislative efforts to undermine the crucial services SBHCs provide have included:

- In 2015, House leadership slipped language into a No Child Left Behind reauthorization bill that forbids school-based health centers from providing teens information, counseling, or referrals related to abortion care (a policy also known as a gag rule).²² This language is based on a freestanding bill by Rep. Randy Neugebauer (R-TX) (H.R.463).²³ The House passed the legislation with the provision included,²⁴ but President Obama has threatened to veto the bill if it arrives at his desk.²⁵

- In June 2000, anti-choice former Sen. Jesse Helms (R-NC) offered an amendment to the FY'01 Labor, Health and Human Services, Education appropriations bill banning the prescription of emergency contraception to teens at SBHCs. While the amendment was dropped by House-Senate conferees, anti-choice and anti-family-planning House members were undeterred and offered a motion to reinsert the language into the bill. Thankfully, they were unsuccessful.²⁶

Countering Myths About School-Based Health Centers with Facts

“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 wiser.”²⁷—Rep. Michele Bachmann (R-MN)

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.”²⁸—Redstate.com

Fact: SBHCs Balance Confidentiality and Parents’ Rights.

More than 90 percent of SBHCs require parental consent for a student’s enrollment.²⁹ 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 often are 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 insured teens have access to the privacy their uninsured or underinsured peers do not, it compounds the existing race and class health disparities.

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.³⁰ Seventy percent of teens would not visit a clinic to obtain prescription contraceptives if the law required that their parents be notified.³¹

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 children”³²—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 judgment”³³—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 states and communities, but many local residents are active participants in the services their local SBHC provides. 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.³⁴

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.”³⁵—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.³⁶
- More than eight of 10 Americans believe that young people should be taught how to use, and where to obtain, contraceptives.³⁷

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 SBHCs’ many indispensable roles is to offer services that help 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:

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- 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).
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- 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://www.nasbhc.org/atf/cf/%7BB241D183-DA6F-443F-9588-3230D027D8DB%7D/Benefits%20of%20SBHCs.pdf> (last visited Oct. 10, 2012).
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- ¹² National Assembly on School Based Health Care, *Benefits of School-Based Health Centers*, at <http://www.nasbhc.org/atf/cf/%7BB241D183-DA6F-443F-9588-3230D027D8DB%7D/Benefits%20of%20SBHCs.pdf> (last visited Oct. 10, 2012).
- ¹³ National Assembly on School Based Health Care, *Benefits of School-Based Health Centers*, at <http://www.nasbhc.org/atf/cf/%7BB241D183-DA6F-443F-9588-3230D027D8DB%7D/Benefits%20of%20SBHCs.pdf> (last visited Oct. 10, 2012).
- ¹⁴ National Assembly on School Based Health Care, *Benefits of School-Based Health Centers*, at <http://www.nasbhc.org/atf/cf/%7BB241D183-DA6F-443F-9588-3230D027D8DB%7D/Benefits%20of%20SBHCs.pdf> (last visited Oct. 10, 2012).
- ¹⁵ The Guttmacher Institute *Facts on American Teens' Sexual and Reproductive Health* (May 2014) at <http://www.guttmacher.org/pubs/FB-ATSRH.html> (last visited Dec. 10, 2015).
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- ²⁰ Advocates for Youth, *Young Women of Color and Their Risk for HIV and Other STIs* (2003), at <http://www.advocatesforyouth.org/storage/advfy/documents/ywoc.pdf> (last visited on Dec. 11, 2015) (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 for 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 Dec. 10, 2015) (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%20&%20Means_CRR_NAPAWF_NLIRH%20_I.pdf (last visited on Dec. 10, 2015) (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-American youth having sex earlier than all other groups, and Asian youth having sex later than all other groups).
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- ²³ H.R.463, 114th Cong. (2015); H.R.1122, 113th Cong. (2013); H.R.6173, 112th Cong. (2012).
- ²⁴ H.R.5, 114th Cong. (2015).
- ²⁵ White House Statement of Administration Policy, H.R.5, February 25, 2015.
- ²⁶ S.2553, 106th Cong (2000); H.R.4577, 106th Cong. (2000).
- ²⁷ 155 Cong. Rec. H10146 (daily ed. Sept. 30, 2009) (Statement of Rep. Bachmann).
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- ³³ 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> (last visited Dec. 10, 2015).

³⁴ National Assembly on School-Based Health Care, *School-Based Health Centers: National Census School Year 2007-2008* (June 2010).

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