



SCHOOL-BASED HEALTH CENTERS: PROVEN SOLUTIONS TO PRESSING PROBLEMS

The Problem: Access to Care

According to the 2009 California Health Interview Survey (CHIS), 10% of currently insured children age 5-18 had no usual place to go for medical care. Additionally in 2009, HEDIS data reveal that 23.8% of children age 3-6 did not have at least one well-child visit with a PCP and that 54.9% of adolescents age 12-21 did not have at least one comprehensive well-care visit with a PCP or OB/GYN.

School-Based Health Centers (SBHCs) Increase Access to Care

- SBHCs increase access to health care.^{1,2,3,4,5}
- SBHC users are likely to use primary care—both medical and behavioral health—more consistently.^{6,7,8,9}
- SBHC users are more likely to have yearly dental and medical check-ups.^{10,11}
- SBHC users are less likely to go to the emergency room or be hospitalized.¹²

The Problem: Obesity and Diabetes

Among California public school students in 2008, 38% were overweight, 19.8% were obese and 3.6% were severely obese.¹³ In the 2009 measurement year, HEDIS data show that 43.2% of children and adolescents did not have an outpatient visit with a PCP or OB/GYN that included evidence of BMI documentation, counseling for nutrition, and counseling for physical activity.

SBHCs Help Kids Make Healthy Lifestyle Choices

- Adolescent SBHC users engage in more physical activity and consume more healthy foods.¹⁴
- SBHC staff can effectively screen students for important diabetes risk factors.¹⁵

The Problem: Childhood Asthma

Sixteen percent of California children, age 5-18, have at some point in their lives been diagnosed with asthma. Among children who currently have asthma, 9% had an asthma-related emergency room or urgent care visit in the past year.¹⁶

SBHCs Can Help Manage Asthma

- SBHC users are less likely to have asthma-related restricted activity days.¹⁷
- SBHC users are less likely to go to the Emergency Room or be hospitalized for asthma.¹⁸

The Problem: Teen Pregnancy and Chlamydia

Sexually transmitted diseases and unplanned pregnancies are major public health issues. Chlamydia rates have been steadily increasing in the state for the past 15 years. In 2010, the rate of Chlamydia for adolescent females age 15-19 was 2,247 per 100,000, with rates among African-Americans more than twice that level.¹⁹ And while teen birth rates have improved in recent years, 32 of every 1,000 California teenagers still have babies each year.²⁰

SBHCs Promote Preventive Reproductive Health

- Adolescent girls who have access to an SBHC are more likely to get reproductive preventive care.²¹
- SBHCs can reduce the unplanned pregnancy rate among adolescents.²²

-
- ¹ Soleimanpour S, Geierstanger SP, Kalley S, et al. (2010). The Role of School Health Centers in Health Care Access and Client Outcomes. *American Journal of Public Health*. 100(9): 1597-1603.
 - ² Guo JJ, Wade TW, & Keller KN. (2008). Impact of School-Based Health Centers on Students with Mental Health Problems. *Public Health Reports*. 123: 768-780.
 - ³ Wade TJ, Mansour ME, Guo JJ et al. (2008). Access and Utilization Patterns of School-Based Health Centers at Urban and Rural Elementary and Middle School. *Public Health Reports*. 123: 739-750.
 - ⁴ Allison MA, Crane LA, Beaty BL, et al. (2007). School-Based Health Centers: Improving Access and Quality of Care for Low-Income Adolescents. *Pediatrics*. 120(4): e887-e894.
 - ⁵ Kaplan DW, Brindis CD, Phibbs SL, et al. (1999). A Comparison Study of an Elementary School-Based Health Center. *Archives of Pediatric and Adolescent Medicine*. 153: 235-243.
 - ⁶ Allison et al (2007).
 - ⁷ Kaplan et al (1999).
 - ⁸ Anglin TM, Naylor KE, & Kaplan DW. (1996). Comprehensive School-Based Health Care: High School Students' Use of Medical, Mental Health, and Substance Abuse Services. *Pediatrics*. 97: 318-330.
 - ⁹ Santelli JS, Kouzis A, & Newcomer S. (1996). School-Based Health Centers and Adolescent Use of Primary Care and Hospital Care. *Journal of Adolescent Health*. 19(4):267-275.
 - ¹⁰ Allison et al. (2007).
 - ¹¹ Kaplan et al. (1999).
 - ¹² Allison et al. (2007).
 - ¹³ Madsen, K. et al. (2010). Disparities in Peaks, Plateaus and Declines in Prevalence of High BMI Among Adolescents. *Pediatrics*. 126(3):434-42.
 - ¹⁴ McNall MA, Lichty LF, & Mavis B. (2010). The Impact of School-Based Health Centers on the Health Outcomes of Middle School and High School Students. *American Journal of Public Health*. 100(9): 1604-1610.
 - ¹⁵ Rafalson L, Eysaman J, & Quattrin T. (2011). Screening Obese Students for Acanthosis Nigricans and Other Diabetes Risk Factors in the Urban School-Based Health Center. *Clinical Pediatrics*. 50(8): 747-752.
 - ¹⁶ California Health Interview Survey. CHIS 2009. Los Angeles, CA: UCLA Center for Health Policy Research.
 - ¹⁷ Mansour ME, Rose B, Toole K, et al. (2008). Pursuing Perfection: An Asthma Quality Improvement Initiative in School-Based Health Centers with Community Partners. *Public Health Reports*. 123: 717-730.
 - ¹⁸ Mansour et al (2008). Webber MP, Carpinello KE, Oruwariye T, et al. (2003). Burden of Asthma in Inner-city Elementary Schoolchildren: Do School-Based Health Centers Make a Difference? *Archives of Pediatric and Adolescent Medicine*. 157: 125-129.
 - ¹⁹ California Department of Public Health, STD Control Branch. (2010). California STD Surveillance, 2010 Graph Data Set
 - ²⁰ The Public Health Institute. Teen Births in California, Texas and the United States, 1991-2009. Viewed at <http://teenbirths.phi.org/Charts2009Data.pdf>
 - ²¹ Ethier KA, Dittus PJ, DeRosa CJ, et al. (2011). School-Based Health Center Access, Reproductive Health Care, and Contraceptive Use among Sexually Experienced High School Students. *Journal of Adolescent Health*. 48: 562-565.
 - ²² Ricketts SA & Guernsey BP. (2006). School-Based Health Centers and the Decline in Black Teen Fertility During the 1990s in Denver, Colorado. *American Journal of Public Health*. 96(9): 1588-1592.