

California Youth Need School-Based Health Centers!

Although the majority of California's adolescents are physically healthy, a sizeable number of teens face physical and/or mental health challenges during these critical transitional years. For example:

- At least 20% have major mental health problems which may go undiagnosed and untreated for years.
- Half of sexually active Californians will contract a sexually-transmitted infection by age 25, and 15-24 year-olds have the highest rates of Chlamydia of any age group in the state.
- Although teen birth rates are declining in most demographic groups, they are rising among those under 15, and 34% of Americans become pregnant before the age of 20.
- Young women of color have the fastest rising rates of HIV infection, and public health officials speculate that most of these new infections occur during adolescence.
- Teens exhibit high rates of untreated dental disease, and asthma causes a great deal of missed school and hospitalizations.
- By age 18, one in four youth have experienced personal or community violence.
- Finally, poor nutrition and physical inactivity have combined to make adolescent obesity a new "epidemic". Since 1980, the prevalence of overweight teens ages 12-19 has more than tripled, bringing with it related risks of hypertension, Type II diabetes and other chronic health problems.

Other health problems faced by youth include: child abuse, sexual assault, eating disorders, and among immigrant communities, exposure to tuberculosis.

Many of the health problems Californians face are the result of "risky behaviors" such as substance use and unsafe driving. Some of these behaviors – gang involvement, gun use, driving drunk – have immediately threatening consequences; others, such as smoking, don't take effect for years. In fact, the two leading causes of death for adults - cancer and heart disease – are both rooted in risk behaviors typically established during

adolescence. For example, 23% of high school students report current cigarette use, which is clearly implicated in these and other causes of mortality.

Access to health care services is essential to address these health and mental health issues with teens. Regular physical exams are recommended by the American Academy of Pediatrics and other professional organizations. These exams are important to screen for health problems that emerge during adolescence; to provide needed immunizations; and to offer education and "anticipatory guidance" about topics such as seat belts, tobacco use, safe sex and healthy nutrition.

Yet, California teens are among the groups with the least access to, and use of, regular health care services. They are the least insured age group of any in the state: 15% of 15-19 year-olds are uninsured, compared to 8% of 0-5 year-olds. Many public insurance expansions have focused on younger children, while teens and young adults hover between coverage through state programs or their parents' employment based insurance and perhaps earning their own benefits as workers.

Adolescents are also less likely than younger children to have a "medical home" – a regular place to receive continuous primary care. While 47% of 0-5 year-olds have a medical home, only 32% of 12-17 year olds do. Not having a medical home means that, when a teen does receive health care services, they are likely to be episodic, unconnected to their medical history, and less likely to identify psychosocial concerns or provide preventive health education.

California parents bring their young children in for doctor's visits and check-ups. Schools often require these visits, and most recommended immunizations occur during the first six years of life. But during adolescence, as teens become more autonomous from their families, parents and guardians are less likely to schedule physical exams or dental visits for their teens. As a consequence, too few teens – including those with insurance and a medical home – receive annual well visits. When these visits do occur, they are frequently too brief to be effective: the average length of an adolescent health visit is only 15 minutes.



School-based and school-linked health centers (SBHCs) can help address many of the key health issues faced by youth. SBHCs are ideally located to promote easy access for in-school youth, and most charge students and their families nothing for their services. By minimizing transportation and financial barriers to care, SBHCs promote early access to developmentally-appropriate services that so many adolescents need.

When SBHCs are available to students, they are more likely to access health, mental health and health education services early and for preventive services than if they use traditional community-based care. Several studies have found that youth using SBHCs are significantly more likely to initiate a visit for health maintenance reasons than those using a community health center network. SBHC clients also demonstrate increased use of mental health and substance abuse services, lower rates of urgent and emergency room care, as well as decreased hospital admissions.^{1,2,3} In one study, fewer students attending schools with SBHCs reported considering suicide compared to urban youth nationally.⁴ SBHC evaluations also show increased reproductive health knowledge and more consistent contraceptive use among clients.⁵

SBHCs effectively serve middle and high school students, particularly in the sensitive areas of sexual health and mental health. Health professionals who self-select to work in SBHCs are generally committed to supporting underserved, at-risk youth. SBHCs generally schedule longer patient visits, giving providers more time to screen, educate and prevent. These first two factors combine to give teens a sense of trust and belonging in SBHCs, which in turn helps support youth development and resilience. Because these health centers exist to serve them, adolescents are more invested, learn to

navigate the health care system independently, and take more responsibility for their own health and health care.

Finally, it is important to note that many of these services are cost-effective: for example, each \$1 spent on teen pregnancy prevention in California saves taxpayers \$7 in future health, education and social service costs. The average SBHC costs only about \$260,000 per year to operate, and many of these resources are leveraged through federal Medicaid dollars and/or private philanthropy, versus state or local funds.

California faces a rare opportunity...

- In July 2006, Governor Schwarzenegger and the California Legislature recognized the value of SBHCs and committed state resources to expanding and improving the state's network. Although the Governor's plan focuses on elementary schools, many groups are advocating for the inclusion of adolescents in this strategy.
- There is strong public support for SBHCs: two thirds of California voters support the concept of SBHCs and agree that investing in them is a smart thing to do.⁶ School personnel appreciate the support SBHCs give students so that they can focus on teaching and learning; and youth across the state "vote with their feet" by visiting their SBHCs daily.
- To truly invest in the young people who need it most, California needs to support school-based and school-linked health centers for all California students, not just those in elementary schools. Not only will this investment improve the health and well-being of California teens, but it may actually save taxpayers money down the road!

¹ Anglin, T., Naylor, K. & D. Kaplan. Comprehensive school-based health care: high school students' use of medical, mental health, and substance abuse services. *Pediatrics* 1996 Vol.97 (3):318-330.

² Juszczak, Linda, Paul Melinkovich & David Kaplan. Use of health and mental health services by adolescents across multiple delivery sites. *J Adolescent Health* 2003;32S:108-118.

³ Santelli, John, Anthony Kouzis & Susan Newcomer. School-based health centers and adolescent use of primary care and hospital care. *Journal of Adolescent Health* 1996(4): 267-275

⁴ Kisker, E., & R.S. Brown. Do school-based health centers improve adolescents' access to health care, health status, and risk-taking behavior? *Journal of Adolescent Health* Vol. 18, 335-343.

⁵ Brindis, C, Soleimanpour S, Faxio A, Geierstanger S, McCarter V. Alameda County SBHC Coalition 2005-06 Aggregate Evaluation Highlights, University of California, San Francisco: December 2006.

⁶ http://www.calendow.org/news/press_releases/2006/10/100406.stm

