

Position Statement

The Role of School Based Health Centers (SBHCs) in Improving Health Equity and Reducing Health Disparities

Purpose and Relevance: Health inequities exist largely among socially disadvantaged people who are denied the highest attainable standard of health available to many Americans.¹ For low-income and minority children especially, health inequities are manifested by disparities in access to insurance and quality health care, and a maldistribution of health care resources, both of which result in disproportionately poorer health outcomes.^{2,3}

Statement of the Position: Access to culturally competent, high quality, first-contact primary care through school-based health centers is an effective way to reduce health inequities and, therefore, improve health outcomes for socially disadvantaged children and adolescents.

Description of the issue: The well documented strengths of the school-based health model – interdisciplinary, primary care delivered in school settings for children without access to routine health care are in direct alignment with the three critical dimensions for eliminating health disparities, as defined in the National Health Disparities Report: improving quality of care, increasing access to care, and targeting priority populations.⁴

Quality Health Care: SBHCs use evidence-based strategies to provide comprehensive primary, preventive, and mental health services to children and adolescents.⁵ SBHCs collaborate with parents, educators, and the medical homes of students to develop an array of services and programs to reduce risks of injury, violence, mental health problems, pregnancy, sexually transmitted diseases, and the impact of chronic illnesses.⁶

Accessibility: SBHCs increase utilization of first-contact primary care and appropriate medical referrals, while decreasing emergency room visits. SBHCs provide services to students with and without private and public insurance.^{6,7,8,9}

Priority Populations: SBHCs are located in schools whose students are likely to be members of racial and ethnic groups who face barriers to care.⁶ These students are at greater risk for experiencing both physical and mental healthcare inequities and may have limited access to health care for a variety of reasons. For students in rural communities, SBHCs are vital for all healthcare services.

Elaboration of the Position:

The Impact of Race, Ethnicity and Income on Health Disparities

Healthy People (HP) 2010 defines two primary goals: to increase the quality and years of life, and to eliminate health disparities.¹⁰ Twenty-one specific topics are relevant to child and adolescent health in HP 2010 objectives, grouped into six categories: 1) reduce mortality; 2) reduce unintentional injury; 3) reduce violence (including suicide); 4) increase the proportion of children receiving treatment for mental health problems (including substance use); 5) reduce pregnancies and sexually transmitted infections including HIV; and 6) increase prevention of chronic disease (including reducing tobacco use and decreasing obesity).

The primary source of data on adolescent health disparities is the Centers for Disease Control's biennial Youth Risk Behavior Surveillance System (YRBSS), a national survey of high school students that measures progress toward the achievement of 15 national health objectives and three of the 10 leading health indicators found in Healthy People 2010. YRBSS assesses trends in priority health-risk behaviors among high school students; and evaluates the impact of broad school and community interventions at the national, state, and local levels. These data document significant differences among health risk behaviors by race/ethnicity.

- African American students are more likely than White and Latino students to report first sexual intercourse before age 13, and also are more likely to have watched television for more than three hours a day.
- Latino students are more likely than White and African American students to have attempted suicide, with 15% of Latina girls reporting having attempted suicide. Latino students also report higher rates of lifetime cocaine use as well as no condom use with last intercourse.¹¹

Other national data paint a bleak picture of multiple health and mental health disparities for minority youth and children:

- Latinos have a significantly higher high school dropout rate, reported as high as 21 percent compared with 7 percent among Whites and 12 percent among African-Americans.^{12,13} Latino girls have the highest teen birth rate at 83 per 1,000 girls.^{14,15} Latinos are the most uninsured racial and ethnic group (33% compared with the national average of 15%, 10% among uninsured non-Hispanic Whites); One in three Latino children has no usual source of medical care, and 33 percent experience problems getting specialty care.^{16,17,18} Since 1991, teen births among African American women have declined by much greater proportions than White and Latina women; however, rates of new HIV infections and other STD rates continue to be significantly higher among African American women.¹⁹ According to the Centers for Disease Control (CDC), black youth comprised the largest single group of young people affected by HIV. As of 2001, they accounted for 56 percent of all HIV infections ever reported among those aged 13 through 24.²⁰ Among 10 to 24 year olds, homicide is the leading cause of death for African Americans, the second leading cause of death for Hispanics, and the third leading cause of death for American Indians, Alaska Natives, and Asian/Pacific Islanders.²¹
- Taking into account population age differences, American Indians and Alaska Natives are 2.2 times as likely to have diabetes as non-Hispanic whites.²² Native American youth also have the highest suicide rate of all ethnic groups, 2.5 times the national rate for all youth.²³
- African-American, Native American, and Latino youth are more likely to experience asthma, overweight/obesity, mental health

and substance abuse problems (including exposure to violence), teen pregnancy, and sexually transmitted infections.²⁴

- African American and Latino children are more likely not to receive needed mental health services, to end up in the most intensive mental health care settings, and to experience poorer outcomes.^{25,26,27 28} Indeed, minority children tend to receive mental health services administered by juvenile justice and child welfare systems more often than in schools or mental health settings.²⁹
- Asian American and Latina female teens experience the highest rates of depression.³⁰ African-American and Latino youth are identified and referred at similar rates as the general population, but are less likely to receive specialty mental health care or medications.³¹
- Of children with serious emotional and behavioral disorders, over 50% drop out of high school (compared to 30% of students with other disabilities).

Income and health disparities. The pediatric literature also documents the impact of poverty on the lives of children and their families, with considerable evidence for the ill effects of poverty on health. Low income levels are associated with higher risks for suicide, smoking, excess alcohol consumption, depression, obesity, and other behavioral risk factors among youth. Similarly, the higher the income level, the more likely youth are to have a usual source of care, obtain needed care, and receive any care from a health care professional.^{32,33}

- 19% of poor children lack health insurance, whereas 11% of all children (poor and nonpoor) lack health insurance.
- In the 10 most populated states, the percent of poor children who lack health insurance ranges from 10% in Ohio to 30% in Florida.
- The percent of all children who lack health insurance increased for the second year in a row in 2006, from 10.8% in 2004 to 11.7% in 2006.³⁴

Summary

School-based health centers (SBHCs) are an important, research-based strategy for creating access to health care and reducing health care disparities among low-income and minority children and adolescents. SBHCs should be an essential part of public health solutions that assure equal opportunities for all children to access needed health care services.

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