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School Based Health Centers Should Provide Contraception to Teens

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School-based health centers (SBHCs) are popular as providers of affordable, age-appropriate, convenient, and confidential services in the school setting. The first SBHC was established in 1970 in Dallas, Texas. By 1984, 31 SBHCs were operating in the United States. Today, almost 2,000 centers provide care to 2 million students across the country.[1] As a testament to the significant impact of SBHCs on student wellness and educational success, in July 2011, the U.S. Department of Health and Human Services in conjunction with the Department of Education jointly announced the first round of awards in the new School-Based Health Center Capital Program, an initiative through the Affordable Care Act that will provide $200 million to help clinics expand and provide more health care services at schools nationwide.[2]

Although SBHCs are praised for their delivery of comprehensive services, they often are pressured to omit reproductive health and other sensitive services such as mental health care and substance abuse prevention and treatment. According to the latest census conducted in 2007-08 by the National Assembly of School Based Health Centers, about 60 percent of SBHCs are prohibited from dispensing contraception.[3] This policy is a grave impediment to reducing sexual risk-taking behavior, especially among low-income and uninsured students.

Many students are sexually active and in need of contraceptive services. According to the 2009 Youth Risk Behavior Survey, 46% of high school students reported already having had sex, while 34% reported being currently sexually active. According to the survey, 39 % did not use condoms at last intercourse, and 77% did not use hormonal contraception.[4] Studies have found that a healthy student is more engaged and better able to succeed in school; but for millions of students, unprotected sex leads to health worries. Young women ages 15-19 experience the highest rates of gonorrhea and chlamydia of any age group – leading to emotional distress, sometimes painful symptoms, and doctor visits.[5] Teen pregnancy, which more than 750,000 teens in the United States experience each year,[6] creates even more serious obstacles to academic success. In fact, 30 percent of teen girls who drop out cite pregnancy or parenthood as a reason.[7] Young people of color are more likely to experience both sexually transmitted infections and pregnancy than their white peers - and are twice as likely to lack a regular source of health care.[8] Clearly, schools have a vested interest in helping students prevent negative health outcomes and maximize their potential for academic success – including by ensuring their access to contraception if they become sexually active.

Studies show that SBHCs are a viable setting for promoting consistent use of birth control among sexually active teens.[9-11] Yet, little research has focused specifically on whether access to contraception through SBHCs also affects adolescent pregnancy rates. Authors Smith, Novello, and Chacko tackle this question in their study, *Does Immediate Access to Birth Control Help Prevent Pregnancy? A Comparison of Onsite ProvisionVersus Off Campus Referral for Contraception at Two School-Based Clinics.*

The study involves two high school based clinics (A and B), located in a city in the American Southwest. Both serve a predominantly Hispanic population. Both serve youth lacking health insurance. With parental consent, both provide students with primary care. At School A, policy allows teens to obtain condoms, birth control pills, progestin injections, and/or emergency contraception on-site and immediately. At School B, teens who seek contraception are referred to an off-site family planning clinic. The study compares teens' rates of keeping contraceptive appointments, selecting and using contraception, and experiencing pregnancy in the two SBHCs.

The findings strongly favor the policy of dispensing contraception *on-site*, at the SBHC. A significantly higher proportion of students seeking contraception at School A kept their appointments compared to students at the school with a referral policy. At School A, the pregnancy rate was significantly lower among students who sought contraception compared to those at the school with a referral policy. Moreover, the pregnancy rate was significantly lower at School A among students who had no prior history of pregnancy compared to those in the school with a referral policy.

Despite the relatively small size of the samples, this study makes an important contribution to the literature about the potential role of SBHCs in reducing teen pregnancy rates and thus, has significant implications for the federal government's new program to strengthen and expand SBHCs. Key findings of this study show that policymakers, school administrators, and health providers should ensure that SBHCs:

- **Provide on-site contraception rather than referrals to neighboring family planning centers.**
- **Advertise the services offered and their *confidential* nature.**
- **Allow teens to self-consent for their health services.**
- **Offer a wide range of contraceptive methods.**
- **Employ youth-friendly clinical protocols, including the Quick Start method (where patients who are prescribed hormonal**

birth control pills begin taking them immediately rather than waiting until their next period begins) .

- **Tailor services to parenting teens as well as to those who have not experienced a pregnancy.**

This study demonstrates the value of including pregnancy prevention services, specifically access to contraception, in the service package offered through SBHCs. The findings are supported by a report recently released by National Academy of Sciences' Institute of Medicine concluding that contraception is **basic preventive care for all women**, regardless of age.[12] The United States Department of Health and Human Services has also acknowledged the importance of access to birth control and, in keeping with IOM recommendations, announced that insurance companies must provide contraception with no co-pay.[13]

Students who do not use contraception face serious health risks – risks school systems have the ability, and the responsibility, to mitigate. Bans on contraception in school-based health centers are misguided and a detriment to student health and achievement.

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