

Position Statement on Reproductive Health Education & Services at SBHCs

Mission

The California School-Based Health Alliance is the statewide organization working to put health care where kids are—in schools. Our mission is to promote the health and academic success of children and youth by increasing access to high quality health care and support services provided by school-based health centers (SBHCs).

Statement of Position

The California School-Based Health Alliance believes adolescents should have access to comprehensive, age-appropriate information and services in order to make informed decisions about their health and well-being. School-based health centers (SBHCs) provide a safe, confidential, and youth-friendly environment that is accessible to all students.

We recognize reproductive health education and services as an essential component of quality health care for adolescents, and one of the most effective strategies for preventing sexually transmitted diseases, HIV, and unplanned pregnancies. Reproductive health education and services should include accurate information about what constitutes responsible, healthy sexual behavior, including the efficacy of abstinence and contraceptives. When combined with other primary care and comprehensive health services, reproductive health education and services give adolescents the tools and confidence they need in order to make responsible choices.



Rationale

By ensuring age-appropriate reproductive health education and services are a key component of an SBHC serving the adolescent population, teens will have access to the necessary support for their health and wellness and improve their chances of being academically successful. Pregnancy is the main reason adolescent girls drop out of school.¹ Young mothers are less likely to graduate, less likely to attend college, and more likely to have children who will live in poverty.²

SBHCs provide a crucial access point to health care services. Students visiting an SBHC for one issue are often assessed by staff to need other services. By providing reproductive health education and services, SBHCs can add a crucial level of care. Students seen in SBHCs are likely to receive other services such as crisis intervention (91%); mental health assessment and diagnosis (91%); substance abuse counseling (77%); abstinence counseling (76%); pregnancy testing (78%); and STD testing and treatment (62%).³

When SBHCs offer reproductive health services, including access to contraception, evidence supports that students select contraceptives earlier and use them more consistently when compared to peers in high schools without an SBHC.^{4 5} Studies also show that offering reproductive health services in schools does not increase the onset or frequency of sexual activity.⁶

The availability of comprehensive reproductive health and education services can have several present and future impacts. Between 1995 and 2002, teen pregnancy rates nationwide declined 24%, largely because teens used contraceptives more often and more effectively.⁷ Every public dollar spent on family planning services saves the federal and state governments \$3 in Medicaid costs for prenatal and newborn care.⁸

Recommendations for the Delivery of Reproductive Health Education & Services

- SBHC staff should encourage open dialogue between parents, guardians, and teens. This includes supporting parents/guardians in their important role of providing guidance to their teen and informing parents/guardians of California's minor consent laws.

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- All confidentiality policies and protocols should be consistent with federal and state laws; and with professional standards of health and mental health practice that protect the health, safety and well-being of teens.
- The SBHC should develop procedures for communicating with the primary care providers of the clients for whom the SBHC is not serving as the primary care provider. These procedures are necessary to promote continuity of care, facilitate provider collaboration, and assure appropriate utilization of health resources. This communication must also reflect the confidentiality afforded teens under California's Minor Consent laws, so that no protected, confidential reproductive health services information is shared with other providers, except with the teen's permission.
- Reproductive health education and services offered in SBHCs should adhere to nationally accepted adolescent health care standards and guidelines. Such standards and guidelines include those of the American Academy of Pediatrics, American Medical Association, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and the Society for Adolescent Medicine.
- SBHCs are encouraged to offer the following reproductive health care services as developmentally-appropriate given the age of the patients served:
 - Psychosocial/risk assessment
 - Pregnancy tests and counseling
 - Contraceptive counseling; and dispense or prescribe contraceptives, including emergency contraception
 - Education, diagnosis and treatment for sexually transmitted infections, including HIV testing and counseling
 - Gynecological examinations and cancer screening *if indicated*
 - Treatment or referral for prenatal and postpartum care
 - Referral for additional education, counseling or services as needed
- Critical to the success of a SBHC is an interdisciplinary approach in which SBHC staff, school support staff, administrators, and classroom teachers work together to support the whole child. SBHCs often experience an increase in the number of student visits after health center staff give a presentation in classrooms about the health information and services available on campus.
- SBHC staff should help teens learn how to communicate with partners about abstinence and sexual activity and how to build healthy, respectful, and safe relationships.

¹ Brindis, C., & Philliber, S. Room to Grow: Improving Services for Pregnant and Parenting Teenagers in School Settings. *Education and Urban Society*, 242-260. 1998.

² Kirby, D. *Emerging Answers Summary: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen and Unwanted Pregnancy. 2007.

³ Juszczak, L., Schlitt, J., Moore, A. *School-based health centers: National census school year 2004-05*. National Assembly on School-Based Health Care: Washington, DC. May 2007.

⁴ Zimmer-Gembeck, M.J., et al. Contraceptive Dispensing and Selection in School-Based Health Centers. *Journal of Adolescent Health*, 2001, 29: 177-185.

⁵ Kirby, D., et al. School-Based Programs to Reduce Sexual Risk Behaviors: A Review of Effectiveness. *Public Health Reports*. May-June 1994, Vol. 109, No. 3.

⁶ Ibid.

⁷ Santelli, J., et. al. Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contributions of Abstinence and Improved Contraceptive Use, *American Journal of Public Health*, January 2007.

⁸ Guttmacher Institute. *Contraception Counts: California*. March 2006.