

ACCESS TO HEALTH CARE

The next four questions measure indicators of health care access and needs among Oregon high school students. Adolescents are thought of as healthy when health is measured by traditional markers such as presence of disease or other chronic health conditions. However, national data indicates that the primary health threats for adolescents are social and behavioral rather than biomedical in nature. Health-damaging behaviors such as substance use, early sexual behavior, and risky vehicle use are commonly started during adolescence, and these behaviors are increasingly responsible for the majority of deaths and disabling conditions among those between their teen years to age 40.¹

Although adolescents see health care professionals less frequently than other age groups, about three quarters (73%) of American adolescents do report having yearly visits.² Current Guidelines for Adolescent Preventive Services (GAPS) provide recommendations for primary care physicians and other health providers about types and frequency of health services and screening as well as methods of providing health guidance to adolescents and their parents about adolescent development and how to achieve a healthy lifestyle.

GAPS recommendations are designed to be a comprehensive preventive health services package delivered in a series of annual health visits between the ages of 11 and 21. These annual visits include a discussion of risk behaviors including tobacco, alcohol and other drug use, as well as sexual behaviors that may result in unintended pregnancy and STDs, including HIV infection. All adolescents should be asked annually about a history of emotional, physical, and sexual abuse, and about behaviors or emotions that indicate recurrent or severe depression or risk of suicide. In addition, the visits should include annual screening for hypertension, blood cholesterol level, obesity, eating disorders and dieting patterns; screening for STDs for sexually active youth; and provide health guidance information to adolescents and their parents.³ Studies indicate that both adolescents and their parents want health clinicians to address prevention and risk-taking, and a large majority feel they can trust health clinicians to give them reliable information and to keep their questions confidential.²

Nationally over the last decade, about one in seven adolescents had no health insurance, while many others are under-insured and without access to preventive care and counseling. Poverty is the single most important factor correlated with lack of access to health care and poor health status.¹ Those with significant health problems tend to be the uninsured, and least likely to get care.

Even those youth with some health insurance face a broad range of obstacles to getting needed health care, including a shortage of approved providers, the adolescent's own inexperience in seeking care, inability to obtain care because of age or lack of resources, inhibitions about seeking care for potentially embarrassing health needs, and confidentiality concerns.¹

NOTE: Graphs show information by total participants, then by gender and grade level (9, 10, 11, 12).

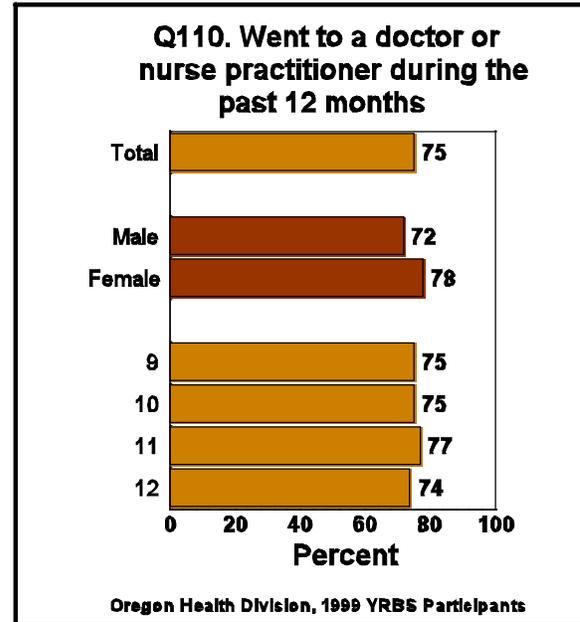
WHAT OREGON STUDENTS REPORTED

Q110. When did you last go to a doctor or nurse practitioner?

Three fourths of Oregon 1999 YRBS participants reported that they had seen a doctor or nurse practitioner during the 12 months prior to the survey.

Females were slightly more likely than males to have seen a health practitioner (78 vs. 72 percent).

The percentage of students who reported a visit to a health care practitioner did not vary greatly by their grade.



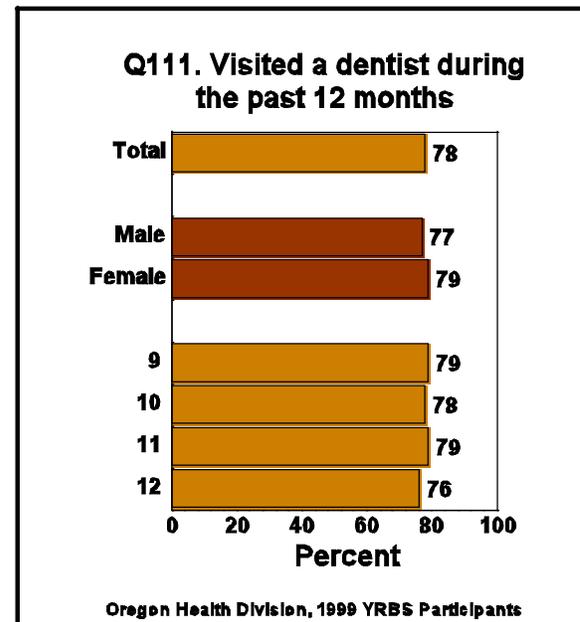
Q111. When did you last go to a dentist?

A little over three quarters of Oregon 1999 YRBS participants reported a visit to the dentist within a year prior to the survey. However, almost one-fourth of high school students did not see a dentist.

The differences in percentage by gender and by grade were minimal. Slightly fewer males than females went to a dentist (77 vs. 79 percent).

Twelfth graders were slightly less likely than those in other grades to report seeing the dentist in the past year.

The recommendation for dental care is a yearly visit.



Q112. Has a doctor, nurse or other professional ever told you that you have one or more of the following? (Mark all that apply)

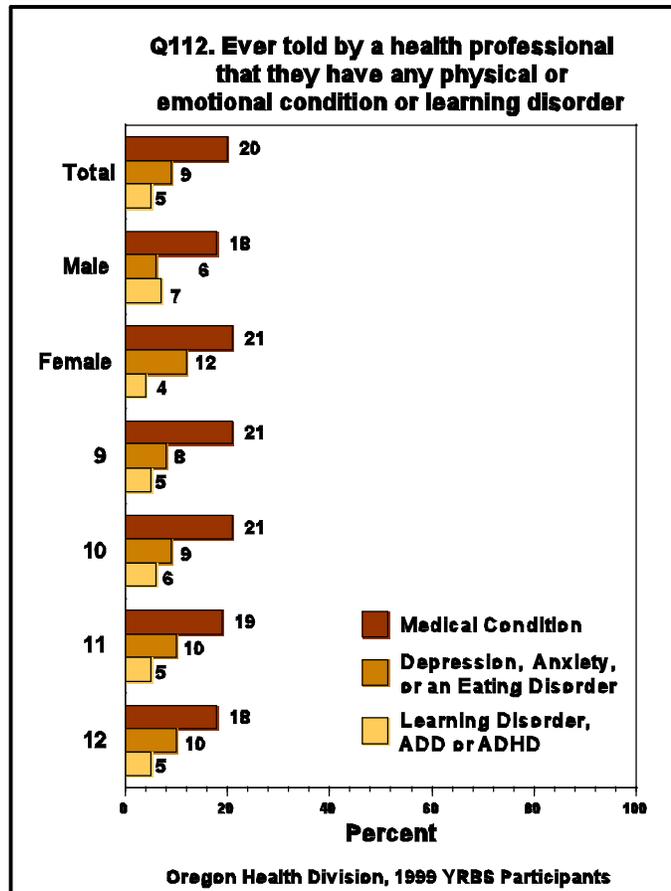
Oregon 1999 YRBS participants were asked about whether they had ever been told by a health professional that they had one or more of the following:

- a medical condition [e.g., asthma, arthritis, cancer, diabetes, heart problems, seizures, hearing or vision problems (other than needing glasses or contacts)];
- an emotional condition [e.g., depression, problems with anxiety or fearfulness, or an eating disorder (e.g., anorexia or bulimia);
- a learning disorder, attention deficit disorders (ADD) or ADHD.

One fifth of students reported having a medical condition.

More females than males were told that they had a medical condition (21 vs. 18 percent). Females were twice as likely as males to have been told they had depression, problems with anxiety or fearfulness, or an eating disorder (12 vs. 6 percent). Males were almost twice as likely as females to have been told they had a learning disorder, attention deficit disorder (ADD) or ADHD (7 vs. 4 percent).

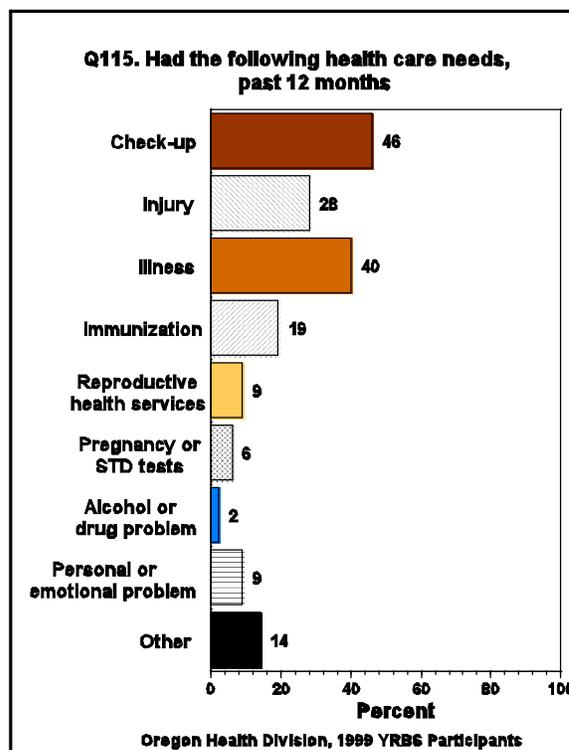
The percentage of students reporting various diagnosed conditions did not differ much by grade.



Q115. During the past 12 months, did you have any of the following health care needs? (Mark all that apply)

Almost half of the Oregon 1999 YRBS participants reported needing a regular check-up or a sports physical in the 12 months prior to the survey (46%). The other most common types of health care needs listed were illness (40%), injury (28%), and immunizations (19%). Fourteen percent of high school students reported having a health care need that wasn't specified in the list.

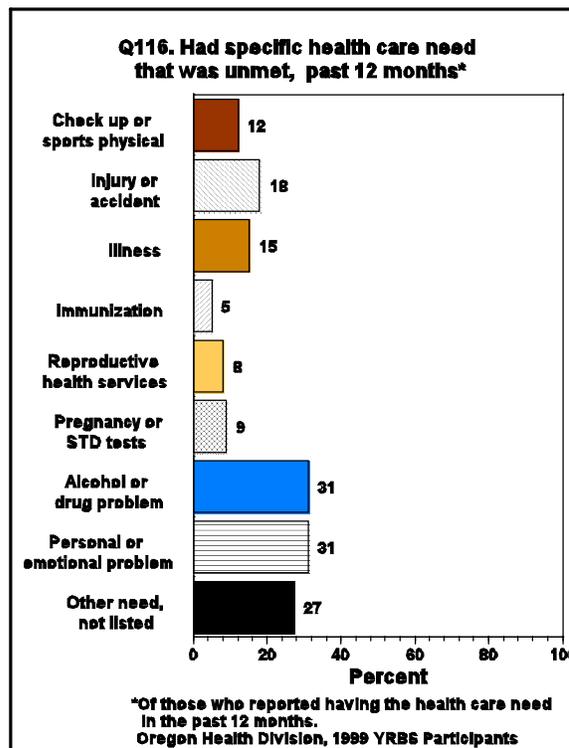
Differences by grade occurred in only a few types of health care needs. Ninth and 10th graders were more likely than 11th and 12th graders to report needing check-ups or sports physicals. Eleventh and 12th graders were more likely than their younger counterparts to report reproductive health services needs. Twelfth graders were more likely than other students to report having no health care needs.



Q116. During the past 12 months, did you have any of the following health care needs that were not met? (Mark all that apply) [Of those who reported having the specific health care need in the past 12 months]

This graph shows that some of the more common health care needs in Question 115 (check-ups, illness, injury or accident, and immunization) were more likely to be met than some of the less commonly reported needs. For example, 2 percent of students reported needing alcohol or drug problem-related health care, but 31 percent of those who reported that need said that they didn't get the health care needed.

Among specific health care needs reported in the past 12 months, the needs most often not met were alcohol or drug problems (31 percent), personal or emotional problems (31 percent), and "Other" not listed needs (27 percent).

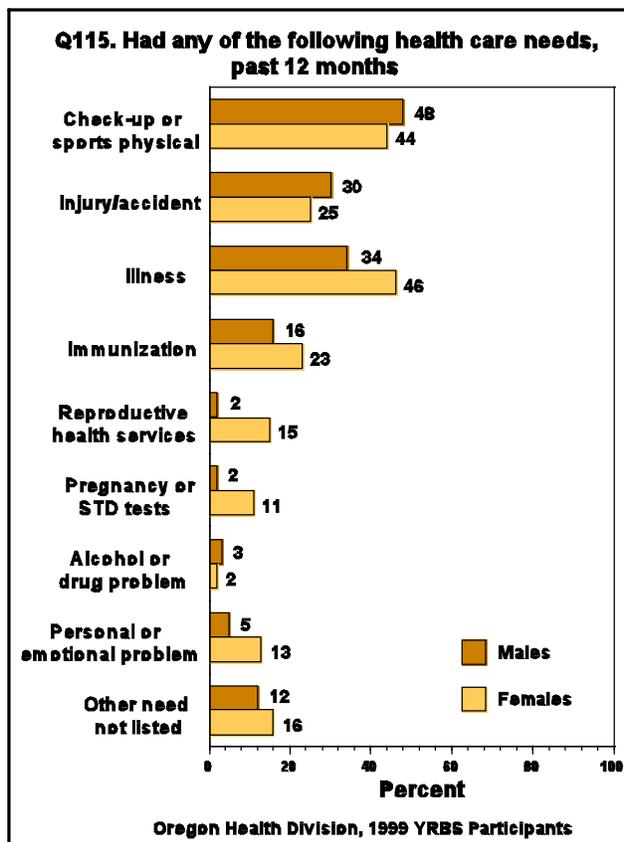


Q115. During the past 12 months, did you have any of the following health care needs? (Mark all that apply)

Male and female Oregon 1999 YRBS participants reported somewhat different health care needs. Males were more likely than females to report needing a check-up or sports physical, and to report injuries or accidents that constituted a health care need.

Females were more likely to report illness, immunizations, reproductive health needs including pregnancy tests and STD tests, personal or emotional health care needs, and other unlisted health care needs.

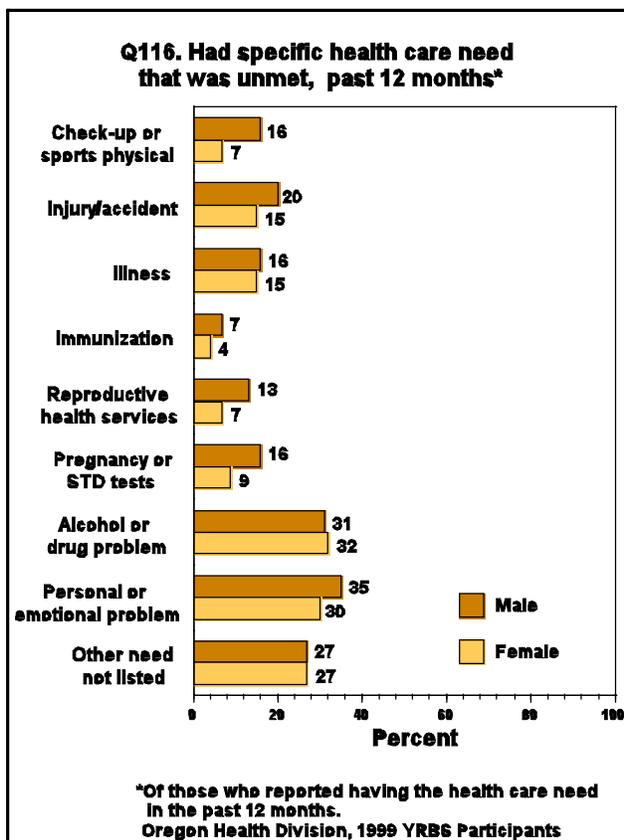
Males were more likely than females to report that they did not have any health care needs (23 vs. 17 percent).



Q116. During the past 12 months, did you have any of the following health care needs that were not met? (Mark all that apply) [Of those who reported having the specific health care need in the past 12 months].

Among YRBS 1999 participants, males were a little more likely than females to report needing a check-up or sports physical (16 vs. 7 percent), but they were twice as likely to report not getting the check-up or physical needed (16 vs. 7 percent).

While the fewer males than females reported needing reproductive health services or STD tests, the males were about twice as likely as female students to report that reproductive health care or STD test needs were not met. However, the actual number of females reporting those needs as unmet was still about four times the number of males.

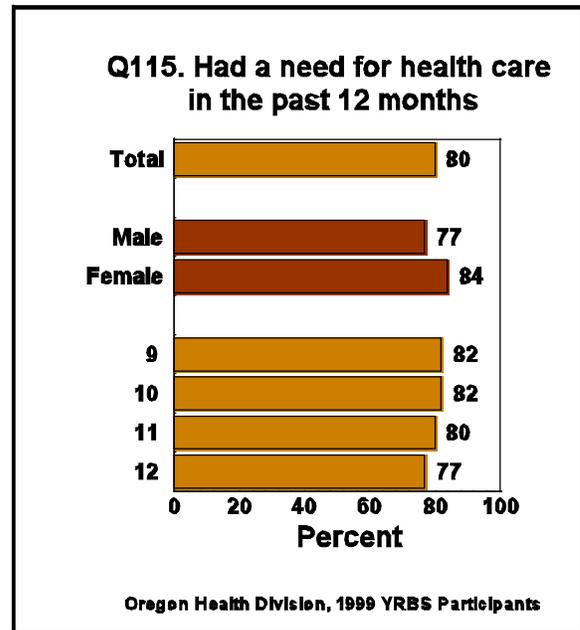


Q115. During the past 12 months, did you have any of the following health care needs? (Mark all that apply)

Over three fourths of Oregon 1999 YRBS participants (80 percent) reported having one or more health care needs in the past year.

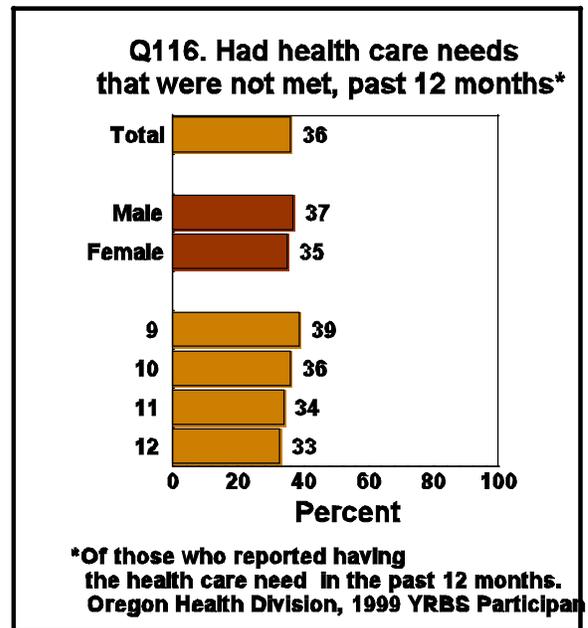
Females were more likely than males to report that they had a health care need (84 vs.77 percent).

Differences by grade were slight. Twelfth graders were marginally less likely than students in other grades to report having health care needs.



Q116. During the past 12 months, did you have any of the following health care needs that were not met? (Mark all that apply) [Of those students who reported a health care need in the past 12 months]

Overall, 36 percent of students who reported one or more health care needs in Question 115 also reported that some or all of those needs were not met. Although males were less likely to report having health care needs, they were slightly more likely to report having unmet needs overall (37 vs 35 percent). By grade, the percentage of students with unmet health needs followed the same pattern as those reporting having health care needs; 9th graders were more likely to report needs as well as unmet needs, while 12th graders were least likely to report needs or unmet needs.

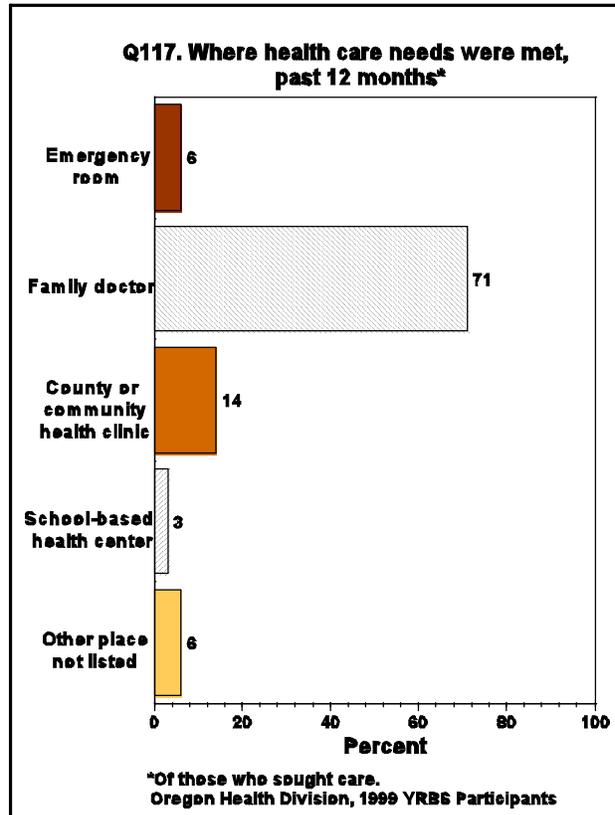


Note: Some students did not appear to understand that Question 115 and Question 116 were related questions. For example, about 7 percent, or 277 students, reported that they had no health care needs in Question 115, but reported having unmet health care needs in Question 116. For this reason, the information about unmet health needs reported in all three of the preceding Question 116 graphs include only those students who identified the specific health need in question 115.

Q117. During the past 12 months, where did you usually go to meet your health care needs? (Of those who sought care)

Among Oregon's 1999 YRBS participants who sought health care, almost three quarters, or 71 percent, reported that they usually went to a family doctor when they had health care needs. Local health clinics were the second most commonly reported location (14 percent). Three percent of those who sought care reported that their school-based health center was their usual source of health care, and six percent reported having a usual health care source that was not listed in the survey choices. In addition, six percent reported the emergency room, which is not an appropriate source for primary health care.

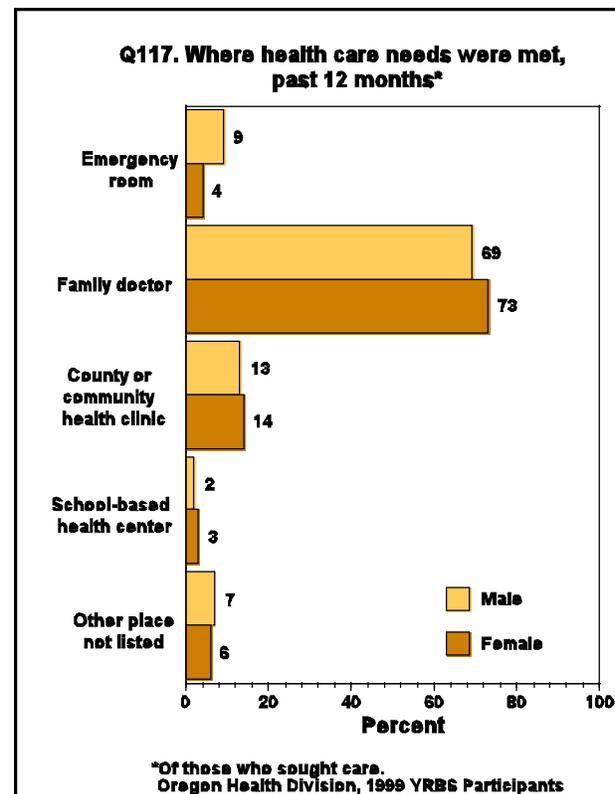
Among Oregon's 1999 YRBS participants who did not seek care (not shown in graph), two percent reported needing care, but not seeing anyone for this need. Eighteen percent of students reported that they hadn't sought care because they didn't need health care in the past year.



Q117. During the past 12 months, where did you usually go to meet your health care needs? (Of those who sought care)

Among Oregon YRBS 1999 participants who sought health care, males were more likely than females to report the emergency room as their usual source of health care in the past year (9 vs. 4 percent). Females were more likely than males to report a family doctor (73 vs. 69 percent) as their usual source of health care in the past year. There were only slight differences between males and females reporting SBHC's, local health clinics or another usual health care source not listed in survey.

As in Question 115, males were more likely than females to report not having any health care needs in the past year (23 vs 14 percent, not shown in graph).



SCHOOL-BASED HEALTH CENTERS

Studies indicate that improving adolescent health requires a broad prevention approach, and multiple ways to access primary health care and prevention information.⁴ Nationally, school-based health centers have helped expand access and opportunities to provide a wide range of preventive mental and physical health services. Evidence suggests that adolescents who have access to school-based health centers use more preventive mental and primary care services, but require fewer urgent care and emergency visits which constitute the more costly types of care.^{2, 5}

Oregon's School-based Health Center (SBHC) program was started in 1986 and has grown to 46 SBHCs serving youth grades K-12. During the 1999-2000 school year, 21,610 students made 70,089 visits to school-based health centers. Each of Oregon's SBHCs has a mechanism for obtaining community input regarding services and operations of the health center, and parental involvement in a student's health care is encouraged.⁶

In Oregon, one third of the students who went to SBHCs reported that they had no insurance.⁶ A study of Oregon's SBHCs showed that only a third of the students who came to the clinics would have received health care if they hadn't had access to the SBHC.⁷

This section reports the responses of YRBS participants in high schools with School-based Health Centers. Sixteen high schools with SBHCs, representing a total enrollment of approximately 17,900 students, participated in the 1999 YRBS survey.

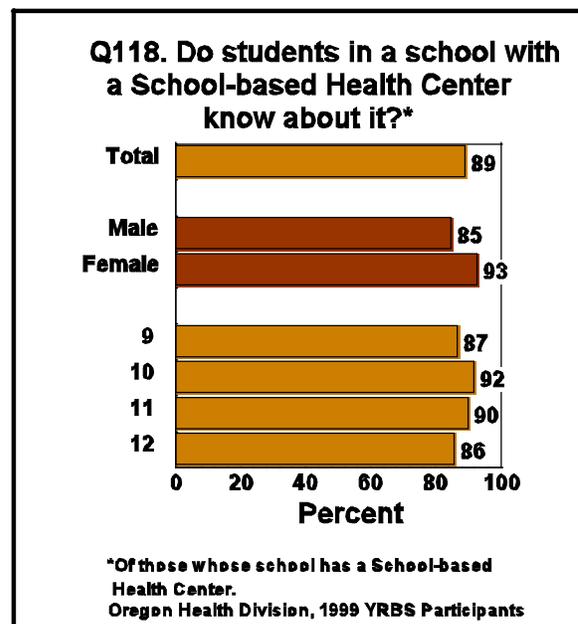
WHAT OREGON STUDENTS REPORTED

Q118. Does your school have a School-based Health Center? [Of those YRBS participants whose school has a SBHC]

The majority (89 percent) of Oregon 1999 YRBS participants in schools with School-based Health Centers (SBHCs) knew about their health center.

Females were a little more likely than males to know about the SBHC at their school (93 vs. 85 percent).

Awareness level about the SBHC differed only slightly by grade. Tenth and 11th graders were more likely than 9th and 12th graders to report knowing about the SBHC.

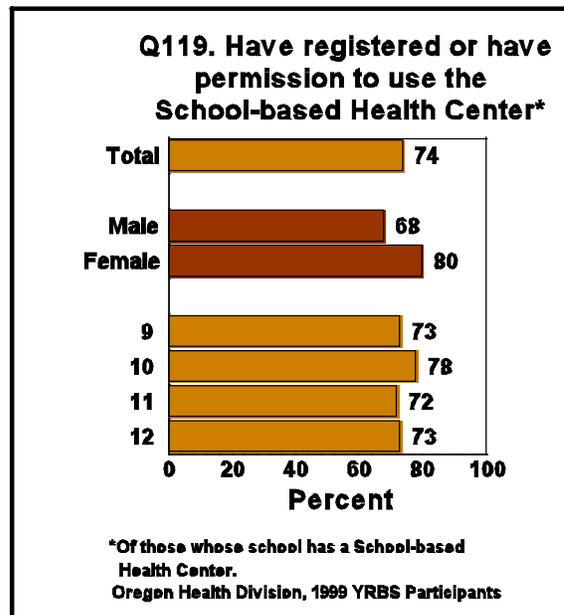


Q119. Have you registered or do you have permission to use the School Based Health Center? [Of those YRBS participants whose school has an SBHC]

About three quarters (74 percent) of Oregon 1999 YRBS participants in schools with SBHCs reported that they had the necessary consent (registration or permission) to use the School-based Health Center.

Females were more likely than males to report having obtained consent (80 vs. 68 percent).

Tenth graders were somewhat more likely than students in other grades to report having registered or obtained permission to use the SBHC.

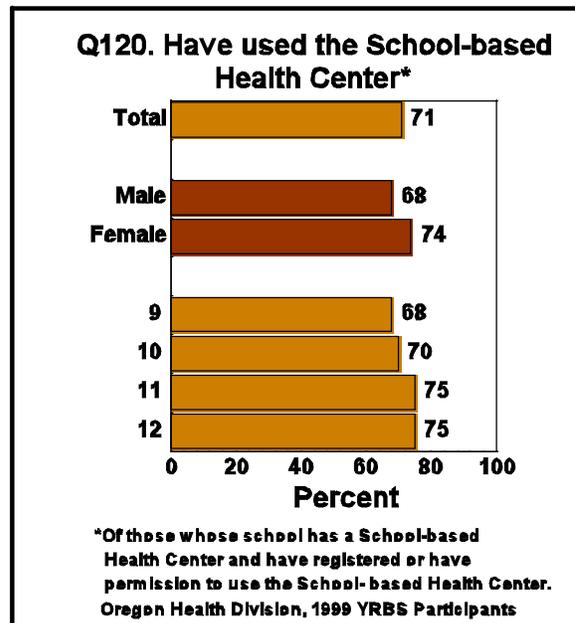


Q120. Have you used the School-based Health Center at this school? [Of those YRBS participants whose school has an SBHC and have registered or have permission to use it]

Among YRBS participants who had obtained permission or registered to use their School-based Health Center, seven out of ten students (71 percent) reported that they had used the health center. This group represented 55 percent of students overall, in schools with SBHCs.

More females than males reported using their School-based Health Center (74 vs. 68 percent).

Among grade levels, 9th graders were least likely to have used the School-based Health Center. The percentage of students who reported using the SBHC was fairly similar for grades 10-12.



WHAT OREGON STUDENTS WROTE

"I think it would be nice if we could have a School Based Health Clinic [here] because of all the problems that occur with teens. [It] will help them not be afraid and have somewhere to go for help and advice."

"I don't think our school has a designated school nurse. It would be nice to know there is First Aid or medical care readily available if needed."

"We need a free clinic in this school. I don't have the money to go to a doctor when I'm sick, hurt, or need other services."

"I think the school needs a better health clinic and a nurse there all day to help. Whenever I go in there's no one in there to help."

"I believe the school should not only have a regular nurse and drug counselor but a psychologist individual equipped to help with students emotional problems."

"We need more peer counselors, and programs to stay focused on our futures. Many people have given up on school already, or have young children now. Help us."

"I just need a good healthy diet. So maybe the school health center can help provide a healthy diet to students who ask."

"I have been diagnosed with clinical depression. Life didn't do that to me; high school did that to me. Please do something."

"I do not think that the psychological needs of troubled students are being met."

"Give me a grant for the peer helpers group I'm trying to get started. That would take away a lot of stress."

School-based Health Centers

"My family doesn't have health insurance anymore. It was discontinued a couple of months ago. It scares me not to be able to go to the doctor or dentist. I know I can go to the school based health center, but what about dental and other specialized health care needs?"

"More health services should be provided for teens, so it's confidential."

"[The] School-based Health Center helps me out a lot. [It's] too small though."

REFERENCES

1. Ozer, EM, Brindis CD, Millstein, SG, Knopf, DK, Irwin, CE Jr. *America's Adolescents: Are They Healthy?* San Francisco, CA: University of California, San Francisco, National Adolescent Health Information Center, 1998.
2. Park, MJ, McDonald, TM, Ozer, EM, Burg, SJ, Millstein, SG, Brinidis, CD, Irwin CE Jr. Investing in clinical preventive health services for adolescents. San Francisco, CA: University of California, San Francisco, Policy Information and Analysis Center for Middle Childhood and Adolescence, and National Adolescent Health Information Center, 2001.
3. American Medical Association. Guidelines for adolescent preventive services (GAPS): Recommendations monograph. Chicago, IL: American Medical Association, Department of Adolescent Health, 1997.
4. Irwin, CE, Brindis, C, Holt, KA, Langlykke, K. (Eds.). Health Care Reform: Opportunities for Improving Adolescent Health. Arlington, VA: National Center for Education in Maternal and Child Health, 1994.
5. Kaplan, D, Calonge, N, Guernsey B., Hanrahan M. Managed care and school-based health centers. *Archives of Pediatric Adolescent Medicine*, 1998 (152:25-33).
6. Center for Child and Family Health. *Oregon School-Based Health Centers 2001 Report*. Portland, OR: Oregon Department of Human Services, Health Division, 2001.
7. Oregon School-Based Health Center Program Office. 2001 Patient Satisfaction Survey. Oregon Department of Human Services, 2001.