**OBJECTIVE**

To evaluate the extent to which school-based health centers (SBHC) address health disparities in adolescents and to assess predictors of school-based health center utilization.

**METHODS**

- Encounter data collected at each clinic visit by adolescents attending Oregon SBHC during the 2001-2002 service year were analyzed using SPSS 15.0.
- There were a total of 17,700 patients aged 11-19 years accounting for a total of 78,148 visits.
- Data included in these analyses were race/ethnicity, age, gender, insurance status at first visit, rural vs. urban location and primary ICD-9 code for each of first 10 visits.
- ICD-9 codes were grouped into the following diagnostic categories:
  - Asthma
  - Diabetes
  - Health care maintenance
  - Mental health
  - Reproductive health
- Multivariate analyses were done using stepwise methods for both linear and logistic regression.
- Variables included in the multivariate equations were those statistically associated in univariate analyses.

**RESULTS**

- Mean number of SBHC visits varied by race/ethnicity and gender.
- Multiple linear regression equation predicting number of SBHC visits showed that having a mental health diagnosis was the strongest predictor adjusting for age, race, gender, insurance status and comorbid conditions.
- Use of SBHC for health maintenance was statistically associated with lack of insurance.
- Multivariate logistic regression model predicting use of the SBHC for health maintenance showed that male, non-white, uninsured and younger patients were more likely to use the SBHC as a medical home.

**CONCLUSIONS**

- Utilization of SBHC is predicted by carrying a mental health diagnosis which is consistent with other research.  
  - Access to care for children’s mental health services in Oregon is limited.  
  - Use of SBHC for health maintenance or as a medical home is associated with lack of health insurance and with non-white race/ethnicity.  
  - Given that both lack of insurance and minority status are strongly associated with inadequate access to health care, SBHC are important to addressing health disparities.

**LIMITATIONS**

- Differences in data collection between SBHC sites may lead to inconsistent coding and information regarding demographics.
- Because mental health services are not available at all sites, these diagnoses may be under-reported in sites without mental health providers.
- Unable to compare users of SBHC to non-users at the school level.
- Data are only relevant to in-school youth.

**REFERENCES**