



Provide Preventive Reproductive Health Care Services and Dispense Contraceptives On-Site through School-Based Health Centers that Deliver Health Care to Adolescents in Colorado

Data released by the U.S. Centers for Disease Control and Prevention found that among students in grades nine through 12 surveyed from 2004 to 2006 nationwide, nearly half (46.8 percent) reported having had sex.¹ In Colorado, nearly four out of every 10 students reported having had sex, and about 30 percent reported being currently sexually active. Among sexually active students, almost 70 percent reported condom use and 15 percent reported using birth control pills the last time they had sex.²

Ensuring Colorado youth have access to medically and scientifically accurate information about sexual and reproductive health is critical to empowering them to make responsible decisions in their intimate relationships. Such education, however, is only part of the equation. Colorado youth also must have access to the contraceptive products that will enable them to protect themselves and their partners should they engage in sexual activity. Mitigating barriers teens face in accessing medically accurate information and effective contraception can lay the foundation for youth to make healthy decisions about their reproductive health throughout their lives. As such, Prevention First Colorado recommends providing preventive reproductive health care services and dispensing contraceptives on-site through school-based health centers that deliver health care to adolescents in Colorado.

THE NEED FOR REPRODUCTIVE HEALTH CARE SERVICES AND ON-SITE CONTRACEPTIVE DISTRIBUTION IN SCHOOL-BASED HEALTH CENTERS

The Colorado Department of Public Health and Environment (CDPHE), whose School-Based Health Centers Program began in 1987 to support operations in Colorado, defines school-based health centers (SBHCs) as “clinics operated within a public school, charter school or state-sanctioned GED building that provide primary and mental health services. Some also offer expanded behavioral and oral health services.”³

SBHCs fill a critical gap in the provision of medical care for the state’s youth. According to the Colorado Association for School-Based Health Care (CASBHC), SBHCs serve students whose access to health care may be limited, whether by low family income or a lack of health care providers in the communities in which they live. During the 2008-2009 school year, 45 SBHCs operated in 17 school districts.⁴ Just two years earlier, during the 2006-2007 school year, Colorado’s SBHCs served a population of 193,153 eligible students. During that time, patients had 66,708 visits.⁵ CASBHC found the overwhelming majority of SBHC users during this timeframe were either uninsured (45 percent) or insured through public programs (32 percent Medicaid, 6 percent Child Health Plan *Plus*).⁷ Among Colorado’s total school-age population, research from the Kaiser Family Foundation found that 401,059 Coloradans under age 18 either had no health insurance or were insured through public programs during 2006-2007.⁸ Because SBHCs are lo-

cated on school grounds, that model provides a unique opportunity to meet the health care needs of nearly half a million Colorado youth who may otherwise not receive medical care.

Specific to preventive family planning needs among Colorado youth, original research conducted by Prevention First Colorado found that women in their 20s and younger were more likely to be uninsured and to indicate that cost was a barrier to their use of contraceptives than older women.⁹ Among teens who participated in survey research assessing their knowledge about sexual and reproductive health, one out of every four respondents had no health insurance¹⁰ – and so had no coverage for contraceptive counseling and contraceptives prescribed by a health care professional. Perhaps most indicative of the need for access to such services, 95 percent of respondents indicated that they had had sex, and when asked about the last time they had sex, 34 percent reported not using any contraceptive method.¹¹

National research indicates teenagers’ failure to effectively and regularly use contraceptives can be attributed in part to a lack of access to reproductive health care and contraceptives.¹² The challenges that teens face in securing reliable transportation and money, teens’ perceptions that they lack “extra” time in their schedules to obtain contraceptives, and restricted clinic operating hours, also have been identified as specific barriers that limit teens’ access to and use of contraceptives. SBHCs’ in-school location eliminates those barriers related to accessibility, effectively making health

Table 1: Select Reproductive Health Indicators for Colorado

Indicator	National	Colorado ¹³	Number of Colorado Counties that Exceed National Rate ^{†14}	Number of Colorado Counties that Exceed Colorado Rate ¹⁵
Unintended Pregnancy Rate	49% ¹⁶	39.8%	6	18
Teen Fertility Rate [‡]	40.5% ¹⁷	23.7%	3	24
HIV/AIDS Total Cases*	1,185,000 ¹⁸	10,451	N/A	N/A
Gonorrhea (per 100,000 people)	120.9 ¹⁹	71.6	2	2
Chlamydia (per 100,000 people)	544 ²⁰	334	1	4
Percent of Births to Women with less than 12 years of Education	17% ²¹	21.4%	34	26

† Where data is available; not all counties have data available.
‡ Total number of live births per 1,000 women aged 15 to 17.
* Based on data from 33 states with long-term, confidential name-based HIV reporting.

care an always-available option to youth.

This is particularly critical when considering that more than 12,130 teen pregnancies are estimated to occur each year, making Colorado the state with the 22nd-highest teen pregnancy rate nationwide.²² In fact, nearly 40 percent of Colorado counties logged a teen fertility rate that exceeded the state average in 2006. (See Table 1 on page 66, “Select Reproductive Health Indicators for Colorado.”) Moreover, the 4,730 cases of chlamydia diagnosed among 10- to 19-year-olds as of 2006 represented nearly one out of every three reported cases in the state.²³ Those figures demonstrate the need to reduce barriers that Colorado youth face to accessible, medically and scientifically accurate information about sexual and reproductive health and the contraceptive products that decrease the likelihood of pregnancy and the spread of dangerous sexually transmitted infections (STIs).

Specific to teen pregnancy, it also should be noted that parenting teens may qualify for public services; as a result, both pregnant teens and parenting teens strain publicly funded programs. In 2004 alone, Colorado taxpayers spent an estimated \$101 million to cover costs related to teen pregnancy.²⁴ That same year, taxpayers spent at least \$167 million for children born to teenage mothers, with expenses including medical care for the child, child welfare and lost tax revenue due to parents’ decreased earnings and spending.²⁵ Furthermore, national research has identified pregnancy as one of the top three reasons adolescent girls drop out of school²⁶ and shows that “children of teen mothers have poorer health, more developmental delays, and are more likely to be abused and/or neglected.”²⁷ By providing preventive reproductive health care services that include screenings for STIs, counseling and education about contraceptives, and direct access to contraceptives, SBHCs could potentially defray publicly funded health care costs associated with treatment of STIs and prenatal care, delivery and infant care related to teen pregnancies.

OTHER STATES AND NATIONWIDE

Nationally, there is no set standard as to the scope of preventive reproductive health care services that SBHCs provide, with options ranging from screening and treatment for STIs to contraceptive counseling and on-site contraceptive distribution, or any combination thereof. Among those SBHCs that do provide reproductive health services on site, those services often are included as part of a holistic approach to prevention and wellness care, not as fully developed family planning services. For example, while receiving a comprehensive physical or receiving care for specific health concerns other than family planning issues, patients who receive services through a SBHC in Baltimore are screened and counseled on risk behaviors and given information about condoms and emergency contraception.²⁸

Douglas Kirby, who has published numerous studies evaluating programs that promote adolescent health, including those that incorporate SBHCs, argues strongly for on-site contraceptive distribution through SBHCs. He notes:

“Well-run, well-staffed SBHCs that dispense contraceptives have many qualities that make [them] the ideal providers of reproductive health services for adolescents – their location is convenient to students, they reach both genders, they provide comprehensive health services, they are confidential, their staffs are selected and trained to work with adolescents, they can easily conduct follow-up monitoring and counseling, their services are often free, and they can integrate education, counseling and medical services.”²⁹

Where SBHCs do provide on-site contraceptive distribution, community buy-in has been critical to provision of that service. For example, clinicians at a SBHC in St. Paul, Minn., found that data collection – such as surveys on condom availability and how often teens visit SBHCs in comparison to primary care physicians – were both credible and powerful resources for communities to use in their negotiation with lo-

cal school districts about offering contraceptive distribution in their SBHCs.³⁰ Other tools that have been effective are the opinions of teens, strong involvement of local health departments, and the influence of community leaders. Studies also show that “school and parental attitudes have been known to shift over time, particularly as the SBHC builds trust, comfort, and familiarity, as well as data”³¹ regarding the potential benefits of contraceptive distribution. As a result, SBHCs that have not previously dispensed contraceptives often are able to do so at a later date after receiving community buy-in.

The impact of making contraceptives available in SBHCs can be extensive. In Baltimore, for example, SBHCs statistics show that “sexually active young women enrolled in SBHCs report stronger continuation rates for all forms of contraception than do their non-enrolled peers.”³² Another case study that evaluated SBHCs in Multnomah County, Ore., found that “[of] female students who [sought] family planning services at the SBHCs, 96.2 percent have experienced no pregnancy.”³³ In clinics that provide contraceptives to teens there is a clear correlation between participants and low pregnancy rates.

Ensuring that students’ privacy is strictly protected has proven to be a critical component in those SBHCs that offer family planning services. The Health Insurance Portability and Accountability Act (HIPAA) regulates privacy of medical records. Some parents and community advocates have expressed concerns about the potential for their teens to access contraceptives and other reproductive health care services without their knowledge. SBHCs, however, can ameliorate those concerns both by acquiring widespread community support for provision of reproductive health care services when determining scopes of care and by requiring a signed parent/guardian consent agreement at the beginning of each school year before students receive any health care services through their SBHC.

CURRENTLY IN COLORADO

Although research suggests that barriers to access affect teenagers’ use of contraceptives, there is a lack of consistency regarding the scope of services offered through SBHCs in Colorado when it comes to preventing reproductive health care needs. Reproductive health services vary across centers, but they most often include human sexuality education, a comprehensive behavioral risk assessment, counseling, pregnancy testing, contraception or referral for contraception, and diagnosis and treatment of STIs.³⁴ Of the 45 SBHCs operating in Colorado as of August 2008, 11 offered reproductive health services. The low provision of reproductive health care services in SBHCs in Colorado, however, may be partly attributed to the age of the students served: preventive reproductive health services are offered in six high schools, three middle schools, one elementary school and one school that includes middle and high school students.

(See Table 2 on page 68, “Counties Served by School-Based Health Centers, Education Levels Served, and Number of SBHCs that Provide Reproductive Health Care Services† in the Designated County/Region.”)

Each school district in Colorado that houses a SBHC determines if contraceptives should be dispensed. In conjunction with community advisory boards, school districts decide which services are offered by assessing the age of the students served, the documented need for the service, community resources, available funding and other factors as determined by the individual school district. A number of service-assessment tools exist from many organizations and agencies, including CDPHE and the Washington, D.C.-based Center for Health and Health Care in Schools.³⁵

While health care services at SBHCs vary across sites depending on the affected community’s needs and preferred scope of services, health care can include

“comprehensive well-child and well-adolescent exams, immunizations, treatment for illness or injury, management of chronic conditions such as obesity, diabetes or asthma, mental health assessment and treatment, prevention programs including smoking, violence and pregnancy, substance abuse counseling, nutrition counseling, and dental cleaning and sealants.”³⁶

A statewide assessment of the provision of reproductive health care services through SBHCs found “[preventive] and primary reproductive health services may be offered at school-based health centers [...] to reduce the incidence of disease and prevalence of at-risk behaviors among adolescents.”³⁷

Funding for SBHCs in Colorado comes from a mix of public and private funds, as well as patient fees and in-kind contributions (i.e., district-donated space and medical and billing personnel donated by community providers). (See Table 3 on page 69, “Funding Sources for School-Based Health Centers in Colorado, 2006-2007.”) More than \$1.3 million in state funds have been allocated for fiscal year 2008-2009,³⁸ a 36 percent increase over the \$982,894 in state funds allocated in fiscal year 2006-2007.

BARRIERS TO IMPLEMENTATION

Although the need for increased access to contraceptives for teens is made apparent by the approximately 12,000 Colorado girls who become pregnant each year,³⁹ both attitudinal and financial barriers inhibit on-site contraception distribution through SBHCs. Educating teens about sexual health and behavior is a complex issue that also is one of those most likely to splinter parents, health advocates, educators, and other community organizations as they all work to empower young people with the knowledge and skills they need to make responsible decisions throughout their lives. School-based distribution of condoms and other contraceptives can exacerbate those divisions as families’ differ-

ing attitudes and expectations around sexual activity collide within the shared space of a local school. One of the concerns that may be voiced as communities consider on-site distribution of contraceptives through a local SBHC is the notion that access condones sexual activity. Research has shown, however, that there has been no demonstrable increase in teen sexual activity rates in schools that dispense contraceptives.⁴⁰

Lack of adequate funding also can pose a barrier to SBHC's providing reproductive health care services and on-site distribution of contraceptives. Even if a school district wants to provide contraceptives through a SBHC as part of a comprehensive strategy to reduce unintended pregnancy and STI rates, funding shortfalls can restrict implementation. Given the current economic downturn, private funding could be limited and donations to organizations that support SBHCs could decline. Colorado's \$600 million revenue shortfall during fiscal year 2008-2009, as well as projected shortfalls for fiscal year 2009-2010, likely will decrease available state funds to support SBHC work.

Funding may be available through the federal Temporary Assistance for Needy Families (TANF) program. TANF is designed to help needy families achieve self-sufficiency. School districts could potentially receive funds through TANF to support a SBHC's effort to prevent and reduce unintended pregnancies, which is one of the four stated goals of the TANF program.⁴¹ In addition, the TANF-authorizing legislation specifically references reduction and prevention of teen pregnancies.⁴² As a result, school districts that are interested in providing reproductive health care services should work with their county to find out whether TANF funds are available to offset the costs.

At the national level, the change in presidential administration may provide an opportunity for the state and/or local school districts to access federal funds to support SBHCs that engage in pregnancy-prevention efforts through education about and distribution of contraceptives. SBHC advocates already have identified a victory at the federal level: for the first time, federal legislation has included language defining SBHCs.⁴³ Another potential area of federal funding is through the annual budget, which previously allocated

Table 2: Counties Served by School-Based Health Centers, Education Levels Served, and Number of SBHCs that Provide Reproductive Health Care Services[†] in the Designated County/Region⁴⁴

County	Elementary School	Middle School	High School	Provides Reproductive Health Services
Adams/Arapahoe (Aurora) [‡]	1			
Adams	1	2	2	3
Arapahoe			1	
Denver*		6	7	
Eagle		1		
Eagle/Pitkin	1			
El Paso		1		
Jefferson	1	1	2	3
La Plata			1	1
Larimer			1	
Montezuma			1	1
Montrose	1			
Pitkin			1	
Prowers			1	
Pueblo		2	2	
Sheridan		1		1
Summit	1	1	1	2
Teller	1			
Weld	1			

[†] Provision of reproductive health care services does not imply on-site distribution of contraception, though some SBHCs do so.

[‡] In addition to SBHCs reflected above, Adams County had one SBHC operating in a school for students in kindergarten through eighth grade.

* Denver County had one SBHC operating in a school for students in grades seven through 12.

Table 3: Funding Sources for School-Based Health Centers in Colorado, 2006-2007⁴⁵

Type of Funds	Amount	Percent	Source
Federal	\$1,204,526	13%	There are no federal funds specifically allocated for SBHCs; however, SBHCs may apply for federal funding earmarked for specific services (i.e., STI reduction) or, if sponsored by federally qualified health centers (FQHCs), may receive support through Section 330 of the Public Health Services Act
State	\$982,894	11%	State-level funding originally came through the federal Maternal and Child Health Block Grant administered by CDPHE; since the enactment of Colorado House Bill 1396 in 2006, General Funds have been statutorily allocated to support SBHCs
Local	\$137,816	2%	Sources range from local tax revenue to counties' use of funds allocated through the Temporary Aid to Need Families (TANF) program
Private	\$2,272,941	25%	Foundation grants, corporate donations, community/workplace campaigns (e.g., Mile High United Way), and program-specific fundraising
Patient Fees	\$2,028,458	22%	CHP+: \$334,586; 17% Medicaid: \$1,509,261; 74% Other: \$20,483; 1% Out-of-pocket: \$135,841; 7% Private insurance: \$28,287; 1%
In-Kind	\$2,471,846	27%	Space, utilities, phones; janitorial, maintenance, security, medical and other staff; billing and accounting services; malpractice and other insurance

significant funding to programs that promoted abstinence-only programs, but little or no funding for comprehensive sexuality education. Given President Obama's public support for age-appropriate, comprehensive sexuality education, some reproductive health care advocates have urged a redirection of funds to include pregnancy-prevention programs based on comprehensive sexuality education and increased access to affordable contraception.⁴⁶

FIRST STEPS

SBHCs are an effective approach to teaching and caring for youth and their evident reproductive health care needs. Prevention First Colorado recommends the following changes be made to facilitate provision of reproductive health care services and on-site contraceptive distribution by SBHCs that provide health care services to adolescents in Colorado.

1. Determine counties with highest need for increased access to adolescent reproductive health care services, including screening and treatment for STIs, contraceptive counseling, and access to affordable contraceptives. Suggested metrics include identifying locations where rates for teen pregnancy and STIs among teens exceed state and national averages. In those counties, evaluate:
 - a. scope and content of sexuality education;
 - b. availability of adolescent health care clinics and/or providers;
 - c. availability of pharmacies or other distribution points for contraceptives; and
 - d. whether gaps exist between adolescent reproductive

health care needs and available services.

2. In those counties, develop work groups comprised of parents, educators, medical providers, students, advocacy groups, and other interested parties to evaluate the benefits of including school-based health centers to address unmet health care needs.
3. Identify existing school-based health centers' policies regarding the provision of reproductive health care services, including screening and treatment for STIs, contraceptive counseling, and on-site distribution of contraceptives. Based on that information, support the exchange of best practices for on-site distribution of contraceptives through SBHCs.
4. Incorporate metrics to evaluate the provision of reproductive health care services, including screening and treatment for STIs, contraceptive counseling, and on-site distribution of contraceptives, into state, local, and private funding requests for SBHCs that provide services to adolescents.
5. Encourage all SBHCs that serve high school students to dispense contraceptives on-site.
6. Develop parameters for educators, school-based health professionals, and local community and policy leaders to use to identify sexual risk-taking behaviors among middle-school students. Use those parameters to conduct assessments to determine the range of reproductive health care services that should be provided by SBHCs serving middle-school students.
7. Maximize existing funding streams to offset costs to

establish and operate SBHCs, including exploring opportunities to use unspent TANF funds and funds earmarked by the U.S. Centers for Disease Control and Prevention for STI prevention.

8. Support existing efforts to expand health care services at current SBHC facilities to include reproductive health care services and on-site distribution of contraceptives.

Ensuring that Colorado youth have access to safe and affordable reproductive health services should be a top priority in the efforts to reduce unintended pregnancies, especially among teens. Prevention First Colorado believes that if the above recommendations are implemented throughout the state, unintended pregnancies and STI rates could be reduced among adolescent populations. Moreover, teens who have access to preventive reproductive health care services through SBHCs will be better equipped to develop skills that ensure they make healthy reproductive health decisions throughout their lives.

REFERENCES & NOTES

1. "Morbidity and Mortality Weekly Report: Youth Risk Behavior Surveillance United States, 2005," U.S. Centers for Disease Control and Prevention, June 2006, in *The Delivery of Preventive and Primary Reproductive Health Services In School-Based Health Centers*, note 1, Colorado Association for School-Based Health Care, September 2007, accessed February 2009 at <http://www.casbhc.org/publications/Reproductive%20Health%20Position%20Statement.pdf>.
2. Ibid.
3. "About the School-Based Health Centers Program," School-Based Health Centers Program Web site, Colorado Department of Public Health and Environment, accessed February 2009 at <http://www.cdphe.state.co.us/ps/school/about.html>.
4. "Colorado School-Based Health Centers by County School Year 2008-09," Colorado Department of Public Health and Environment, accessed February 2009 at <http://www.cdphe.state.co.us/ps/school/SBHCStatelistmapbycounty2008-09.pdf>.
5. "What is a School-Based Health Center?" Colorado Association for School-Based Health Care, accessed February 2009 at <http://www.casbhc.org/SBHC/index.asp>.
6. Colorado Child Health Plan *Plus* (CHP+) provides low-cost health insurance to uninsured children and pregnant women in Colorado who, because of their income or that of their family, are ineligible for Medicaid; "Child Health PlanPlus. Keeping Colorado Kids Healthy," accessed May 2009 at <http://www.cchp.org/index.cfm?action=home&language=eng>.
7. Ibid.
8. "Colorado: Health Insurance Coverage of Children 0-18, states (2006-2007), U.S. (2007)." State Health Facts. Kaiser Family Foundation. <http://www.statehealthfacts.org/profileind.jsp?ind=127&cat=3&rgn=7>.
9. "How She Does it: Contraceptive Use and Decision-Making in Colorado Women," by Laurie E. James-Hawkins, Prevention First Colorado, accessed May 2009 at <http://preventionfirstcolorado.org/uploads/How%20She%20Does%20It.pdf>.
10. "Attitudes, Knowledge, and Use of Birth Control Methods among Teenagers," by Laurie E. James-Hawkins, Prevention First Colorado, accessed May 2009 at <http://www.preventionfirstcolorado.org/uploads/Survey%20of%20Colorado%20Teenagers.pdf>.
11. Ibid.
12. "Contraceptive Access at School-Based Health Centers: Three Case Studies," by Kate Fothergill, in *Advocates for Youth*, 1999, accessed May 2009 at http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=513&Itemid=336.
13. Unintended pregnancy rate: Percentage of live births that were the result of unwanted or unintended pregnancies in 2006 (or the latest year for which data are available) according to data collected through the Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) by the Colorado Department of Public Health and Environment (CDPHE) between 2000 and 2006; teen fertility rate: total number of live births per 1,000 women aged 15-17 in 2006 (or the latest year for which data are available) as reported by CDPHE; births to women with less than 12 years of education: percentage of all births in 2006 (or the latest year for which data are available) that were to women with less than 12 years of education as reported by CDPHE; PRAMS data and statistics about teen fertility rates and mothers' educational attainment accessed via the Colorado Health Information Dataset available through the CDPHE Web site at <http://www.cdphe.state.co.us/cohid>. Reported AIDS/HIV cases

- and rates of gonorrhea and chlamydia cases per 100,000 people based on data reported by CDPHE and accessed via CDPHE's AIDS/HIV and Sexually Transmitted Disease Surveillance Report at <http://www.cdph.state.co.us/dc/HIVandSTD/index.html>. Information compiled and published in "Reproductive Health in Colorado: A State Profile," 2008, NARAL Pro-Choice Colorado.
14. Number of counties calculated based on reported rates of unintended pregnancy and teen fertility published by the Colorado Health Information Dataset maintained by the Colorado Department of Public Health and Environment at <http://www.cdph.state.co.us/cohid>; rates published in "Reproductive Health in Colorado: A State Profile," 2008, NARAL Pro-Choice Colorado.
 15. Ibid.
 16. "Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001," by Lawrence B. Finer and Stanley K. Henshaw in *Perspectives of Sexual and Reproductive Health*, June 2006, the Guttmacher Institute, accessed March 2009 at <http://www.guttmacher.org/pubs/psrh/full/3809006.pdf>.
 17. "Rising U.S. Teen Fertility," 2009, Population Reference Bureau, accessed February 2009 at <http://www.prb.org/Articles/2009/teenagefertilityrate.aspx>.
 18. "HIV/AIDS in the United States: Fact Sheet," 2008, Center for Disease Control and Prevention, accessed February 2009 at <http://www.cdc.gov/hiv/resources/factsheets/us.htm>.
 19. "Gonorrhea: CDC Fact Sheet," 2008, Center for Disease Control and Prevention, accessed February 2009 at <http://www.cdc.gov/std/Gonorrhea/STDFact-gonorrhea.htm>.
 20. "Sexually Transmitted Disease Surveillance 2007 Supplement: Chlamydia Prevalence Monitoring Project Annual Report 2007," January 2009, p.6, Center for Disease Control and Prevention, accessed February 2009 at <http://www.cdc.gov/std/chlamydia2007/CTSurvSupp2007Short.pdf>.
 21. "State-Specific Trends in U.S. Live Births to Women Born Outside the 50 States and the District of Columbia --- United States, 1990 and 2000," Table 2, December 2002, Center for Disease Control and Prevention, accessed February 2009 at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5148a3.htm>.
 22. "Contraception Counts: Colorado," Guttmacher Institute, accessed February 2009 at <http://www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf>.
 23. "The State of Adolescent Sexual Health in Colorado 2008," note 7, 2008, Colorado Organization on Adolescent Pregnancy, Parenting, and Prevention, accessed March 2009 at <http://www.coapp.org/images/08SASHreport.pdf>.
 24. "By the Numbers: The Public Costs of Teen Childbearing in Colorado," November 2006, The National Campaign to Prevent Teen and Unplanned Pregnancy, accessed February 2009 at <http://www.thenationalcampaign.org/costs/pdf/states/colorado/factsheet.pdf>.
 25. "The Delivery of Preventive and Primary Reproductive Health Services In School-Based Health Centers," September 2007, Colorado Association for School-Based Health Care, accessed February 2009 at <http://www.casbhc.org/publications/Reproductive%20Health%20Position%20Statement.pdf>.
 26. "When Girls Don't Graduate, We All Fail: A Call to Improve High School Graduation Rates for Girls," 2007, National Women's Law Center, accessed February 2009 at <http://www.nwlc.org/pdf/DropoutReport.pdf>.
 27. "Room to Grow: Improving Services for Pregnant and Parenting Teenagers in School Settings," by C. Brindis and S. Philliber, in *Education and Urban Society*, 1998, pg. 242-60, in "The Delivery of Preventive and Primary Reproductive Health Services In School-Based Health Centers."
 28. "The Delivery of Preventive and Primary Reproductive Health Services In School-Based Health Centers."
 29. "Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases," Douglas Kirby, November 2007, The National Campaign to Prevent Teen and Unplanned Pregnancy, accessed February 2009 at http://www.thenationalcampaign.org/resources/pdf/pubs/EA2007_FINAL.pdf.
 30. "The Delivery of Preventive and Primary Reproductive Health Services In School-Based Health Centers."
 31. Information provided upon request from Denver School Health Centers.
 32. "Contraceptive Access at School-Based Health Centers: Three Case Studies."
 33. Ibid.
 34. "The Delivery of Preventive and Primary Reproductive Health Services In School-Based Health Centers."
 35. See especially "Planning and Evaluation Tools," Colorado Department of Public Health and Environment, School-Based Health Centers Program Web site, accessed February 2009 at <http://www.cdph.state.co.us/ps/school/planning.html>; and "Publications and Resources," The Center for Health and Health Care in Schools, accessed February 2009 at <http://www.healthinschools.org/Publications%20And%20Resources.aspx>.
 36. "What is a School-Based Health Center?"
 37. "The Delivery of Preventive and Primary Reproductive Health Services In School-Based Health Centers."
 38. "School-Based Health Center Program Funding Contractors FY 2008-2009," Colorado Department of Public Health and Environment, School-Based Health Centers Program Web site, accessed February 2009 at <http://www.cdph.state.co.us/ps/school/FY2008-2009ContractFigures.pdf>.
 39. "U.S. Teenage Pregnancy Statistics, National and State Trends by Race and Ethnicity," 2006, The Guttmacher Institute, accessed February 2009 at <http://www.guttmacher.org/pubs/2006/09/12/U.S.TPstats.pdf>.
 40. "Students in Schools with SBHCs Report Neither More Sexual Activity Nor Increased Frequency of Sexual Intercourse Compared to Students in Schools without Centers," by D. Kirby, C. Waszak, & J. Ziegler in "Six School-Based Clinics: Their Reproductive Health Services and Impact on Sexual Behavior," 1991, *Family Planning Perspectives* Vol. 23: 6-16.
 41. "TANF Dollars for School-Based Health Centers," *Todd's Tips*, vol. 1, September 2008, Colorado Association for School-Based Health Care, accessed February 2009 at <http://www.casbhc.org/publications/ToddsTips/TANF.pdf>.
 42. Ibid.
 43. "February 2009 Policy Update," National Assembly on School Based Health Care, accessed February 2009 at http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.5018277/k.136D/advocacy_209_policy_update.htm.
 44. "Colorado School-Based Health Centers by County School Year 2008-2009," Colorado Department of Public Health and Environment, School-Based Health Center Program, August 2008, accessed February 2009 at <http://www.cdph.state.co.us/ps/school/SBHCStatelistmapbycounty2008-09.pdf>; types of services provided based on information presented in "Directory of School Based Health Centers in Colorado: 2008-2009," Colorado Association for School-Based Health Care, accessed February 2009 at <http://www.casbhc.org/publications/2008-2009%20Directory.pdf>.

45. "Financing School-Based Health Centers," Colorado Association for School-Based Health Care, accessed February 2009 at <http://www.casbhc.org/publications/CASBHC%20Information%20Folder%202008/Financing%20School-Based%20Health%20Centers.pdf>.

46. "Target Resources to Youth and Teens," Family Violence Prevention Fund, accessed February 2009 at <http://endabuse.org/content/news/detail/1113>.