Benefits of School-Based Health Centers

School-Based Health Centers (SBHCs) have existed in the United States since the 1960s and their beneficial effects on health care access, student health status, academic behaviors, and health system costs have been measured.

SBHCs Improve Access and Quality of Care

School-Based Health Centers reach at-risk populations. A study published in Pediatrics, the journal of the American Academy of Pediatrics, compared visit rates, emergency care use, and markers of quality of care between users of Denver School-Based Health Centers, which are sponsored by Denver Health, and other public school students who sought care at Denver Health’s traditional outpatient sites. All study subjects were 14- to 17-years old and were either uninsured or insured by Medicaid or the State Children’s Health Insurance Program (CHIP+). The study found that School-Based Health Center users were more likely to have made more than three primary care visits during the year, were less likely to have used emergency care, and were more likely to have received a comprehensive well-child exam, an influenza vaccine, a tetanus booster, and a hepatitis B vaccine. These findings indicate that SBHCs augment both access to care and quality of care for underserved populations. (Mandy A. Allison, 2007)

An earlier study, also conducted in Denver, compared use of health services for adolescent members of Kaiser Permanente who were enrolled in a school with a SBHC and those who were attending other schools. Adolescents with access to a SBHC were ten times more likely to make a mental health or substance abuse visit and a greater percentage had a comprehensive well-child visit (80.2% compared to 68.8%). In addition, the adolescents with access were screened for high-risk behaviors at a higher rate. (David W. Kaplan, 1998)

SBHCs Impact Academic Achievement

Current national educational policies, such as the No Child Left Behind Act, are increasingly exerting pressure upon schools to document improvements in student achievement. A large, well-established body of research has established links between student health status and academic performance. Furthermore, research has documented that School-Based Health Centers impact educational success through improving health status, reducing absenteeism, decreasing discipline referrals, increasing parental involvement, and improving readiness to learn. (Sara P. Geierstanger, 2005)
SBHCs SUPPORT FAMILIES

SBHCs make health care convenient and accessible for students and parents. SBHCs increase the link between the school and the family in order to best meet the educational and medical needs of the child. In addition, many SBHCs assist families with applications for enrollment in Medicaid or the State Children’s Health Insurance Program (CHIP+), thereby increasing their ability to access additional health services when necessary.

SBHCs ADVANCE HEALTH EDUCATION AND HEALTH PROMOTION

School-Based Health Center staff serves as a resource to school administration on the selection, development and delivery of health education curricula. The providers participate in small-group, classroom-based, and school-wide health promotion activities that are responsive to the risk factors that are prevalent in the school. This increases students’ understanding of health and psychosocial issues and increases positive health and safety behaviors. It also increases the students’ ability to communicate about and advocate for their personal health care needs.

SBHCs REDUCE HEALTH SYSTEM COSTS

Research has demonstrated that School-Based Health Centers represent cost-effective investments of public and private resources. A study by Johns Hopkins University found that SBHCs reduce inappropriate emergency room use. (J.D. Key, 2002) A study by Emory University School of Public Health attributed a reduction in Medicaid expenditures to the availability of SBHCs. (Johnson, 2000) And, in 2005, The Health Foundation of Greater Cincinnati conducted a study to determine the return on investment in SBHCs. Analyzing the costs and benefits of operating four SBHCs in Cincinnati over three years, the foundation determined that for each $1 spent, about $2 was generated in healthcare savings due to decreased emergency room visits, hospitalizations, and prescription drug use as well as in family savings related to not needing to accompany children to primary care visits. (The Health Foundation of Greater Cincinnati, 2005)