

## Benefits of School-Based Health Centers

Research and evaluations have demonstrated that school-based health centers represent cost-effective investments of public resources.

- A study by Johns Hopkins University found that school-based health centers **reduced inappropriate emergency room** use among regular users of school-based health centers. (5,9)
- A study of school-based health center costs by Emory University School of Public Health attributed **a reduction in Medicaid expenditures** related to inpatient, drug and emergency department use to use of school-based health centers. (1)
- School-based health centers have demonstrated that they attract harder-to-reach populations, especially minorities and males, and that they do a better job at getting them crucial services such as mental health care and high-risk behavior screens. Two studies found adolescents were **10-21 times more likely to come to a SBHC for mental health services** than the community health center network or HMO. (3,4)
- A national multi-site study of school-based health centers conducted by Mathematica Policy Research found a **significant increase in health care access by students who used school-based health centers**: 71% of students reported having a health care visit in past year compared to 59% of students who did not have access to a SBHC. (6)
- A study of elementary school-based health centers conducted by Montefiore Medical Center found a **reduction in hospitalization and an increase in school attendance** among inner-city school children asthma (10). Another study on school-based health care's effects on asthma found decreases in hospitalization rates of 75-85% and improvements in the use peak flow meters and inhalers. (7)
- Adolescents who received counseling services in a school-based health center significantly **decreased their absenteeism and tardiness**, while those not receiving counseling slightly increased their absence and tardiness rates. (2)
- A study of student users of health centers found that **students who reported depression and past suicide attempts were significantly more willing to use the clinic** for counseling than student reporting no so. Those with perceived weight problems reported more willingness to **use a school clinic for nutrition information** than those who did not feel overweight. Sexually active students were willing to **seek information on pregnancy prevention** and to have general disease checks. (8)
- Dallas school-based health centers found that medical services helped **decrease absences by 50%** among students who had three or more absences in a six-week period; students who received mental health services had an **85% decline in school discipline referrals**. (11)

### Sources

1. Adams EK, Johnson V., An elementary SBHC: can it reduce Medicaid costs? *Pediatrics* 2000 Apr;105 (4 Pt 1):780-8.
2. Gall G, Pagano ME, Desmond MS, Perrin JM, Murphy JM. Utility of psychosocial screening at a SBHC. *J Sch Health*. 2000;70:292-298.
3. Juszczak L, Melinkovich P, Kaplan D, Use of health and mental health services by adolescents across multiple delivery sites. *J Adol Health* 2003;32S:108-118.
4. Kaplan DW, Calonge BN, Guernsey BP, Hanrahan, MB. Managed care and SBHCs. Use of health services. *Arch Pediatr Adolesc Med*. 1998 Jan;152(1):25-33.
5. Key JD, Washington EC, Hulseley TC, Reduced emergency department utilization associated with SBHC enrollment. *J Adol Health* 2002; 30:273-278.
6. Kisker EE, Brown RS, Do SBHCs improve adolescents' access to health care, health status, and risk-taking behavior? *J Adol Health* 1996;18:335-343.
7. Lurie N, Bauer EJ, Brady C. Asthma outcomes in an inner-city SBHC. *Journal of School Health*. 2001; 71(9):9-16.
8. Riggs S, Cheng T. Adolescents' willingness to use a SBHC in view of expressed health concerns. *J Adol Health*. 1988 9: 208-213.
9. Santelli J, Kouzis A, et al. SBHCs and adolescent use of primary care and hospital care. *J Adol Health* 1996; 19: 267-275.
10. Webber MP, Carpiniello KE, Oruwariye T, Yungtai L, Burton WB, and Appel DK. Burden of asthma in elementary school children: Do SBHCs make a difference? *Arch Pediatr Adolesc Med*. 2003; 157: 125-129.
11. Dallas Youth and Family Centers Program: Hall, LS (2001). *Final Report — Youth and Family Centers Program 2000–2001* (REIS01-172-2). Dallas Independent Schools District.

SBHC= school-based health center