

FACT SHEET ON THE COSTS AND BENEFITS OF SCHOOL HEALTH CENTERS

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SCHOOL-BASED HEALTH CENTER SERVICES IN ILLINOIS

- Illinois currently has 49 operating School Health Centers (SHCs), plus four centers in the planning phase and two satellite centers.
- In Fiscal Year 2005, i.e., the 2004-2005 school year, the Illinois Department of Human Services (DHS) provided grants to 38 SHCs and an additional three planning grants. In that year, these 38 SHCs reported enrolling 81,897 students and providing over 102,600 physical, mental, dental, and health education visits.¹ These visit numbers are under-reported; for example, only 24 of 38 SHCs reported their mental health visits to the state.

STATE EXPENDITURES ON SCHOOL HEALTH CENTERS ²

- DHS spent \$3.987 million on SHCs in FY 2005.
- Thirty-eight operational SHCs received a state grant ranging from \$49,860 to \$178,000 each. In addition, three planning grants were awarded for \$30,000 each.
- The average state subsidy per visit across the 38 SHCs was \$38.84, for all clinical visits and health education visits combined.

• THE SHORTFALL OF STATE FUNDING

- SHC staffs report that their operating budgets range from \$170,000 to \$460,000.⁴ The state subsidy currently accounts for 26% to 44% of the SHC's operating budget.⁵
- Each SHC must raise from 56% to 74% of its operating budget in the form of additional revenue from federal grants, local grants, billing, foundations, hospitals or other health providers, and donations. SHC staffs vary in their knowledge and ability to secure funding.

- Some SHCs have received the same amount of sustained funding for the last five to eight years, even as the number of students they serve and the costs of providing services have increased substantially. For example, one SHC served 350 students during its first year in 1996. In 2005, this clinic had 5,400 student visits, but received a state grant for \$62,000 less than in 1996.
- After SHCs expend their state startup grants to create new sites of service delivery, SHCs leverage state grants to obtain additional resources and services for their students. Examples include rent-free clinic space, donations of medical supplies, free testing, and pro bono services for dental, specialist, optometry, and mental health care.⁶
- Non-cash resources are not uniformly reported in SHC operating budgets. Accordingly, data for cost per visit pertain to the amount SHCs pay in operating costs. This amount is less than the full cost of delivering SHC services, which would include the value of pro bono resources and services.

SAVINGS AND BENEFITS TO ILLINOIS FROM SCHOOL HEALTH CENTERS

- A study conducted in the Bronx, New York showed that asthmatic students attending a school with a school health center are 33% less likely to be hospitalized for asthma compared to students without this access.⁷ Based on asthma prevalence and hospitalization costs in Illinois,⁸ SHCs save an estimated \$585,000 to \$855,000 per year by reducing asthma hospitalizations.
- A study of school health centers in Denver, Colorado showed that students attending a school with an SHC are 37% less likely to visit the emergency room in a 12-month period compared to other students, after taking into account factors like insurance status and demographic indicators.⁹ Based on the most recent emergency room prevalence¹⁰ and cost data,¹¹ SHCs save an estimated \$2.5 million per year by reducing emergency room visits.
- One recent nationwide study showed that for every one dollar spent on immunizations, society gained \$16.50 in benefits from avoided disease and death.¹² Based on the number of immunizations provided at SHCs¹³ and the costs of providing immunizations,¹⁴ SHCs save between \$1.12 million and \$2.26 million per year by providing immunizations to students in Illinois.
- Other benefits to Illinois of SHCs include: fewer hospitalizations for all conditions (not just asthma), decreased risky behaviors, lower drop-out rates, increased access to preventive health care, decreased student time lost from school, and decreased instances of parents losing wages from missing work to stay home with a sick child or take a sick child to the doctor.¹⁵ These benefits also provide cost savings to the state.

- In FY 2005, SHCs provided over 6,200 school physicals, helping to decrease the number of Illinois children excluded from school. Mandatory school physicals often serve as a gateway for students to begin a relationship with a health care provider. SHCs regularly conduct risk assessments and provide health education during physicals.
- In addition, SHCs also provided over 4,100 sports physicals, helping students become physically active and learn social skills through participating in school athletics.

¹ Visit data provided by the Illinois Department of Human Services, November 2005.

² Cost data provided by the Illinois Department of Human Services, November 2005.

⁴ Interviews with SHC staff.

⁵ Based on case studies of the operating budgets of four school health centers.

⁶ Interviews with SHC staff.

⁷ Mayris Webber, Kelly Carpinello, Tosan Oruqariye, Yungtai Lo, William Burton, and David Appel. "Burden of Asthma in Inner-city Elementary Schoolchildren." *Archives of Pediatric and Adolescent Medicine*. 2003, Volume 157, pp. 125-129.

⁸ Illinois Health Care Cost Containment Council, *Asthma Hospital Guide 2000*. Available online at <http://www.state.il.us/agency/hcccc/freepubs/Asthma2000.pdf>

⁹ David Kaplan, Claire Brindis, Stephanie Phibbs, Paul Melinkovich, Kelly Naylor, and Karin Ahlstrand. "A Comparison Study of an Elementary School-Based Health Center." *Archives of Pediatric and Adolescent Medicine*. 1999, Volume 153, pp. 235-243.

¹⁰ National Center for Health Statistics. "Health, United States 2005, with Chartbook on Trends in the Health of Americans." Hyattsville, Maryland, 2005. Table 81, page 294. Available online at <http://www.cdc.gov/nchs/data/hus/hus05.pdf>.

¹¹ S. R. Machlin, "Expenses for a Hospital Emergency Room Visit, 2003." Statistical Brief #111. January 2006. Agency for Healthcare Research and Quality, Rockville, Maryland. Available online at <http://www.meps.ahrq.gov/papers/st111/stat111.pdf>.

¹² Fangjun Zhou, Jeanne Santoli, Mark L. Messonnier, Hussain R. Yusuf, Abigail Shefer, Susan Chu, Lance Rodewald, and Rafael Harpaz. "Economic Evaluation of the 7-Vaccine Routine Childhood Immunization Schedule in the United States, 2001," *Archives of Pediatric and Adolescent Medicine*, Volume 159, pp. 1136-1144, December 2005.

¹³ Visit data, Illinois DHS.

¹⁴ Centers for Disease Control and Prevention. "CDC Vaccine Price List." December 22, 2005. Accessed online at http://www.cdc.gov/nip/vfc/cdc_vac_price_list.htm on February 1, 2006.

¹⁵ Illinois Department of Human Services, Division of Community Health and Prevention, Office of Family Health. "The Health Status of School Age Children and Adolescents in Illinois." May 2002.