

# School-Based Health Centers:

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Essential community  
providers on the front line  
for our kids



**New York State  
Coalition for  
School-Based  
Health Centers**

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**Healthy Children. Healthy Teens. Healthy Schools.**

# What is a School-Based Health Center?

A School-Based Health Center provides students with easy access to physical, mental health, dental, and health promotion/preventative services. In most cases, students don't need to miss school to get the help they need. The centers are operated by hospitals, community health centers, or diagnostic & treatment centers.

## Who can use the SBHC services?

Any student in a school where a health center is located may register to use the center. Students under age 18 must provide a signed consent form from a parent or legal guardian to register. Services are available at no cost to students or families and health insurance is not required.

## Who works in SBHCs?

Staffing models vary across the centers, but typically includes:

- Nurse Practitioners or Physician Assistants
- Physicians
- Psychologists
- Licensed Social Workers
- Dental Professionals
- Health Educators
- Community Health Workers
- Medical Assistants



## Services Accessible at SBHCs

- Health Assessments and physical exams
- Immunizations
- Laboratory tests
- Medications administered at the health center
- Prescriptions for medication
- Sick visits
- Adolescent care
- Asthma care
- Diabetes monitoring
- Individual, family, and group counseling
- Evaluation and referral
- Crisis counseling
- Health education
- Dental examination, cleanings, and treatment

# Snapshot of SBHCs in New York State

- 219 School-Based Health Centers are located in New York State.
- Over 200,000 school-aged youth have access to a SBHC.
- Last year, there were over 680,000 visits to New York SBHCs.
- 52 different health institutions operate the centers.

## School-Based Health Centers are located in 26 of New York's 62 counties.



Albany	3	Franklin	1	New York	43	Richmond	1
Bronx	40	Jefferson	8	Oneida	2	Schoharie	2
Broome	2	Kings	32	Onondaga	6	St. Lawrence	2
Chautauqua	2	Lewis	6	Orange	1	Warren	2
Chenango	2	Madison	1	Oswego	4	Washington	1
Cortland	4	Monroe	7	Otsego	8	Westchester	11
Delaware	6	Nassau	4	Queens	7		
Erie	12						

Source: New York State Department of Health, 2011



# PROTECT SBHCs: Keep Parents at Work

*School-Based Health Centers deliver healthcare services in an easily accessible setting—school. SBHC allow parents to remain productive and students to achieve academically.*

## Facts:

- In a study in Cincinnati, SBHCs were linked to saving between 30,000-60,000 hours of parental employment with an estimated value of *\$1 million dollars in worker earnings*, based on 7,752 visits to a SBHC.<sup>1</sup>
- In New York State, there are over 680,000 visits to SBHCs per year.<sup>2</sup>

## Rising poverty rates impact families and children in New York State.

**39%** of New York children live in low-income families.<sup>3</sup>

**47%** of children in low-income families have at least one parent who is employed full-time and deeply depend on steady income.<sup>4</sup>



*Ms. Ramirez is a single mom that was not able to work because her daughter suffers from severe asthma. She enrolled her daughter in a school with a school-based health center, who could respond right away when her child had difficulty breathing in school making it possible for her to stay for the whole day. Ms. Ramirez was able to find employment, knowing that her daughter was safe in school.*

~ Testimony from a parent whose child is enrolled in an urban SBHC in the Bronx.

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*Mary is a mom who cannot afford to take time off of work to take her children to the doctor. At the SBHC in the school, there is no wait and she doesn't have to miss work.*

~ Testimony from a parent whose child is enrolled in a rural, northern NY SBHC.

## PROMOTE worker productivity of New York parents.

# PROTECT SBHCs: Essential Community Providers

*School-Based Health Centers provide easily accessible services to students directly where they are—in school.*

## Health Care Capacity

Located in some of New York's poorest urban and rural communities, there are 217 SBHCs in New York State with the *capacity* to serve nearly 200,000 students. All SBHCs in NY provide comprehensive primary and preventive health care services at *no out-of-pocket cost*.

SBHCs fill service gaps for children who face barriers trying to access primary care in their community. The investments in SBHCs are essential to New York's primary care health system. By breaking down barriers to primary care, SBHCs are able to prevent unnecessary emergency room visits.

## Coverage for Hard to Reach Kids

Community agencies trust SBHCs as an extension of coverage to reach out to children and families who cannot access traditional primary care services and often over utilize emergency room care for non-urgent problems. Some children require episodic coverage by the SBHC to augment an already well-established relationship with a health provider. Others require a more comprehensive approach. SBHCs partner with local and mental health practices to ensure coordination of care for acute and chronic illnesses.



## Facts:

**1 in 10** New York State residents, both upstate and in New York City, live in *Primary Care Health Professional Shortage Areas*.<sup>5</sup> SBHCs are located in all of these shortage areas.

A study showed that **over 80%** of teens having access to SBHCs had an annual well child visit.<sup>6</sup>

## PROTECT children's access to these essential community providers.

# PROTECT SBHCs: Access to Health

*School-Based Health Centers are an essential part of the Medical Home in low-income neighborhoods.*

## Insurance does NOT equal Access

Some reasons families need access to SBHC services despite having health insurance and the availability of community providers include:

- Shortage of primary care services
- Shortage of mental health services
- Shortage of dental services
- High deductibles and co-pays
- Language and cultural barriers
- Lack of adolescent-friendly services in the community
- Transiency in housing and/or caretaker status
- Travel and access barriers
- Lost parental work hours
- Limited appointment schedule
- Parental neglect
- Child's caretaker may have significant physical and/or mental health problems which seriously impact their ability to comply with medical appointments for the child



## Facts:

As many as **20 %** of children experience *gaps* in insurance coverage over the course of a year leaving them without stable, reliable coverage.<sup>7</sup>

Children with insurance gaps are less likely to have a relationship with a traditional primary care office.<sup>8</sup>

# PROTECT SBHCs as Medical Homes in Schools.



# PROTECT SBHCs: Essential Providers for Asthma

*School-Based Health Centers compliment the asthma services provided by other health care providers.*



## Facts:

- **SBHCs Reduce Use of Emergency Rooms.** In a study in the Bronx, *ER visits were double for children in schools without a SBHC* compared to those in schools with a SBHC.<sup>9</sup>
- **Fewer Unnecessary Hospitalizations.** Asthmatic children in schools with a SBHC are 50% less likely to be hospitalized than those who attend a school without a SBHC.<sup>10</sup>
- **Lower costs.** Annual hospitalization costs decrease by 85 percent (nearly \$1,000 per child) for children at *schools with SBHCs.*<sup>11</sup>

*Kayla is a ten year old girl who came to the clinic on a cold winter day with significant respiratory distress from asthma. She had taken her asthma medicine that morning but she was wheezing and having more and more difficulty breathing. She came to her SBHC, received a nebulizer treatment and prescription medication to reduce inflammation. Within half an hour she was back in class and her asthma was controlled.*

~ SBHC located in the Bronx, NY

*Lesha came to her school-based health center with the onset of an asthma attack on her way to school. Lesha was immediately brought to the school health center; rescue medications were administered and she was started on liquid prednisone to reduce the swelling in her airways. The wheezing did not clear and Lesha was sent to the emergency room. Because the prednisone was given early she was significantly improved by the time she reached the emergency room and did not need to be hospitalized.*

~ SBHC located in New York, NY

## SBHCs reduces cost by preventing hospitalization for asthmatic children.

# PROTECT SBHCs: Essential Providers for Obesity

*School-Based Health Centers are uniquely positioned to provide obesity prevention services. SBHCs are able to treat obesity comprehensively by:*

- Collaborating with specialist and primary care providers of students with Type 2 diabetes;
- Addressing the risk factors for obesity such as depression and stress; and

## Facts:

- Decreased BMI rates. Nearly 52% of 3,000 participants in a SBHC obesity prevention program called “Fit for Life” experienced a significant decrease in BMI screenings.<sup>12</sup>
- Increased Physical Activity. NYC students participating in an in-class short burst aerobic exercise program introduced and coordinated by their SBHC take an average of 325 more steps per day than students in schools *without* the program.<sup>13</sup>
- Decreased Caloric Intake. NYC students reduced their caloric intake by 4.6 billion calories per year as a result of the SBHC-initiated 1% milk campaign.<sup>14</sup>

*“... This generation must break the cycle of childhood obesity, but we can’t do it alone. If every student had access to a SBHC, like I did, they too could have a safe place to begin this life transformation. I was able to address my nutrition and the mental barriers to losing weight simultaneously. I’m not sure I could have been as successful in my efforts without having these services offered in the same place, where I spend the majority of my time – at school.”*  
~ Jonathon, who lost 137lbs through SBHC nutrition counseling.

*Alex was experiencing emotional trauma from recent family issues and history of homelessness. As part of his counseling sessions with the SBHC psychologist, Alex was referred to participate in the teen nutrition program led by the center’s community outreach worker. He learned how to cook healthy meals and about culinary professions. Today, Alex is a peer mentor to new program participants has landed an internship with a local chef.*  
~ SBHC located in New York, NY.

**Investments in SBHC obesity prevention programs save long-term costs as participants are less likely to have obesity-related medical costs later in life.**



# PROTECT SBHCs: Essential Providers for Pregnancy Prevention

*School –Based Health Centers are effective in delivering preventative care, including reproductive health care services, to adolescents – a population that is often difficult to reach.*

## Facts:

- **Teen Pregnancy Prevention.** In a study being prepared for publication, pregnancy test data was analyzed over a four-year period at one high school SBHC in the Bronx which showed nearly 50% reduction in positive pregnancy tests.<sup>15</sup>
- **Kids Use and Trust SBHCs.** SBHC users are more likely than those enrolled in Medicaid or commercial insurance plans to receive critical screening and counseling and they trust their centers as a confidential place to go for care.<sup>16</sup> In a similar study students enrolled in SBHCs are more satisfied with their health and are engaged in a greater number of health promoting behaviors.<sup>17</sup>
- **Teen Childbearing Costs Money.** A new analysis from the National Campaign to Prevent Teen Pregnancy shows that teen childbearing (teens 19 and younger) in New York costs taxpayers (federal, state, and local) at least \$377 million annually.<sup>18</sup>



*Amber, 14, was thinking about having sex because of peer pressure to "just get it over with". The SBHC health educator provided counseling about sexual decision-making and risk reduction. Amber learned that the only way to fully protect herself from pregnancy and STI's was to remain abstinent. Still, she felt ambivalent. The SBHC social worker encouraged her to participate in a family session with her mother to discuss her thoughts and feelings about becoming sexually active. The open communication between Amber and her mother, along with support of the SBHC, helped her decide that she was not ready to become sexually active*

~ New York, NY

**SBHCs play a critical role in reducing poor outcomes such as adolescent pregnancy and sexually transmitted infections through health promotion, prevention, early intervention, and treatment.**

# PROTECT SBHCs: Essential Providers for Mental Health

*School-Based Health Centers play an important role in overcoming disparities in access to mental health services as well as addressing barriers to student learning. As front-line providers, SBHCs are routinely called upon to help students with problems such as suicide ideation, depression, abuse, family violence, and bullying.*

## Facts:

- Students who were treated for mental health services through their SBHC showed significant declines in depression and improved their self concept.<sup>19</sup>
- Fewer students attending schools with SBHCs reported considering suicide.<sup>20</sup>
- Visits by adolescents were 21 times more likely to be initiated for mental health reasons at SBHCs than at Community Health Network facilities.<sup>21</sup>
- Students who have access to a SBHC have significantly lower total health-care costs and lower costs of mental health services, based on Medicaid reimbursements, compared with non-SBHC students.<sup>22</sup>

*Tina, 17, was referred to the SBHC by her teacher for grief counseling after her mother passed away. She had been previously hospitalized for a suicide attempt and had been referred to a community mental health clinic but because her appointments conflicted with her school hours, she was referred to her SBHC. She had no health insurance as a result of an ongoing custody issue, she was failing school for poor attendance, and was reeling from the loss of her mother. By having access to mental health services at her SBHC, Tina was able to continue to go to school while receiving the therapy she needed to deal with her depression. Today, Tina has passed her classes and is planning to graduate next June. ~ Bronx, NY*

*Lisa is a 13 year old Latina who was referred to the SBHC by her grandmother for poor peer relationships and behavioral problems. She was diagnosed with oppositional defiant disorder.*

*As a result of the SBHC interventions, Lisa learned how to effectively communicate and increased her self-esteem. She has been able to develop trusting relationships with her peers, grandmother, and other adults. A year later, Lisa's grades have significantly improved and she has been promoted to high school.*

*~ Mental health professional, New York, NY*

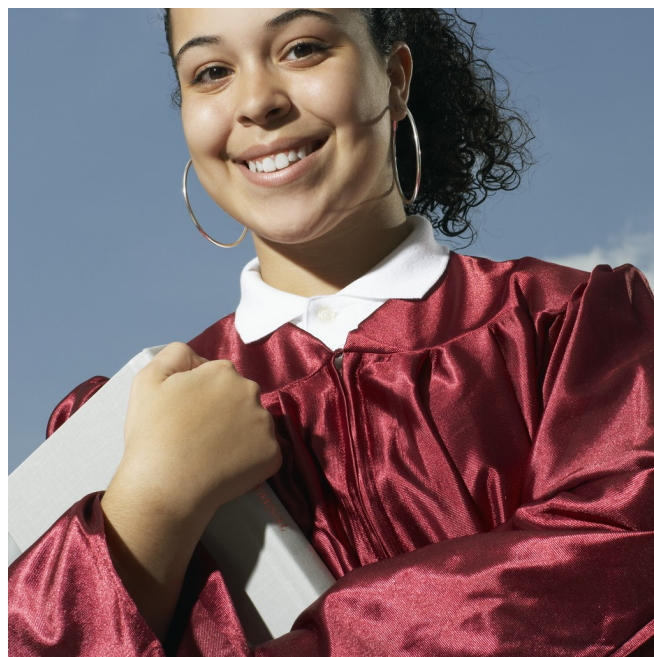
**SBHCs eliminate barriers that delay needed mental health care which result in decreased health risks and avoidable hospitalizations.**

# PROTECT SBHCs: Improving Academic Outcomes

*School-Based Health Centers foster learning readiness and academic achievement while giving children the resources they need to improve their health and stay in school.*

## Facts:

- SBHCs keep children in school and ready to learn.<sup>23</sup>
- Students enrolled in a SBHC had three times less of a loss of *academic seat time* when compared to students not enrolled in a SBHC.<sup>24</sup>
- High school SBHC users in a 2000 study had a 50% *decrease in absenteeism* and 25% *decrease in tardiness* two months after receiving school-based mental health counseling.<sup>25</sup>
- SBHC users for mental health services purposes increased their *grade point averages* over time compared to non-users.<sup>26</sup>
- African-American male SBHC users were three times more likely to *stay in school* than their peers who did not use the SBHC.<sup>27</sup>



*Maria was a 16 year old living with her abusive boyfriend and their 1 year old child. She refused referrals to a shelter.*

*The SBHC social worker and NP initiated a treatment plan to help Maria prevent a second pregnancy and receive counseling on healthy relationships.*

*The day after she graduated from high school she moved to a shelter for battered women. She applied for legal status as an abused partner, found an apartment and went to college. Maria is now a graduate of a well-known college, works as a paralegal, and is planning to go to law school.*

~ Nurse Practitioner, Bronx NY

**SBHCs foster learning readiness and academic achievement by giving children the resources they need to improve their health.**



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## PROTECT School-Based Health Centers from Further Cuts!



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