BENEFITS OF SCHOOL-BASED HEALTH CENTERS

School-based health centers (SBHCs) are proven to be an effective method for addressing medical, behavioral, dental, and vision health needs by meeting students where they are – in school. This healthcare delivery model helps eliminate barriers such as transportation, accessibility, and cost for children and families living in communities with little to no access to healthcare.

Studies have been conducted in various areas of the country to document the benefits of SBHCs. The studies span from 1996 through 2001. The following pages include documented benefits of SBHCs.





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Increase Healthcare Access

- SBHCs attract harder-to-reach populations and do a better job getting them crucial services such as mental health care and high-risk behavior screens. Adolescents were 10-21 times more likely to come to an SBHC for mental health services than the community health center.^{i & ii}
- There was a significant increase in healthcare access by students who used SBHCs: 71% of students reported having a healthcare visit in the previous year compared to 59% of students who did not have access to an SBHC.ⁱⁱ
- Significant increases occurred in preventive care (well-child visits and influenza vaccinations).ⁱⁱⁱ
- SBHCs reduced inappropriate emergency room use among regular users of SBHCs.^{iv}

Decrease Absenteeism and Tardiness

- SBHC medical services helped decrease absences by 50%.^v
- Adolescents receiving counseling services in an SBHC significantly decreased their absenteeism and tardiness, while those not receiving counseling slightly increased their absence and tardiness rates.^{vi}
- A reduction in early dismissals for health-related issues was found. Students not enrolled in an SBHC lost three times as much seat time as students enrolled in an SBHC.^{vii}

Increase Student Achievement

- Students receiving SBHC mental health services improve their grades more quickly than their peers.^{viii}
- Grade point average increases over time were observed for mental health users compared to non-users. ^{ix}
- States with SBHCs that serve as Medicaid providers have higher student achievement results.x
- States that oversee health education and health services have higher test scores and lower dropout rates.^{xi}

Decrease Healthcare Costs

- Use of SBHCs caused reduced Medicaid expenditures in Atlanta, GA, related to inpatient, drug, and emergency department use.^{xii}
- SBHCs are a cost-beneficial model that can lower Medicaid costs in Cincinnati, OH.xiii
- SBHCs can reduce healthcare costs for children with asthma by reducing emergency room visits and hospitalizations in Cincinnati, OH.^{xiv}

Reduce Health Disparities

- Significant increases in well-child visits and influenza vaccination were found for children with versus without a new school-based health center.¹⁵
- A significant increase in asthma-related visits and use of controller meds in students with versus without a school-based health center.¹⁶

For more information, contact Ruth Ellis at ruth.ellis@doe.k12.ga.us.



^{ix} Ibid

^x Vinciullo FM @ Bradley FM. A Correlational Study of the Relationship Between a Coordinated School Health Program and School Achievement: A Case for School Health. *Journal of School Nursing*. 2009. 25(6); 453-465.
^{xi} Ibid

^{xii} Adams EK, Johnson V. An Elementary School-Based Health Clinic: Can it Reduce Medicaid Costs? *Pediatrics.* Apr 2000: 105(4 Pt 1): 780-788.

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xivav Guo JJ, Jang R, Keller KN, et al. Impact of School-Based Health Centers on Children with Asthma. 2005. *Journal of Adolescent Health*. 37: 266-274.

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¹⁶ Adams K, Johnson V, Hogue C, Montoya D, Strahan A, Joski P, Hawley J. C Elementary School-Based Health Centers in Georgia: Effects on Publicly Insured Asthmatic Children. Public Health Rep. 2021 Aug 26:333549211032973. doi: 10.1177/00333549211032973.



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ⁱ Juszczak L., Melinkovich P, Kaplan D, Use of Health and Mental Health Services by Adolescents Across Multiple Delivery Sites. *Journal of Adolescent Health*, June 2003:32(6) Suppl):108-118.

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^w Key JD, Washington EC, Hulsey TC. Reduced Emergency Department Utilization Associated with School-Based Clinic Enrollment. *Journal of Adolescent Health*. Apr 2002; 30(4): 273-278.

^v Dallas Youth and Family Centers Program: Hall L. *Final Report – Youth and Family Centers Program 2000-2001*. Dallas, TX. Dallas Independent Schools District; 2001.

^{vi} Gail G, Pagano ME, Desmond MS, Perrin JM, Murphy JM. Utility of Psychosocial Screening at a School-Based Health Center. *Journal of School Health.* Sept 2000; 70(7); 292-298.

^{wi} VanCura M. The Relationship Between School-Based Health Centers, Rates of Early Dismissal from School, and Loss of Seat Time. 2010. *Journal of School Health*. 80(8): 371-377.

^{viii} Walker SC, Kerns SEU, Lyon AR, et al. Impact of School-Based Health Center Use on Academic Outcomes. *Journal of Adolescent Health.* 2010. 46: 251-257.