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SCHOOL-BASED HEALTH CENTERS PLAY INCREASINGLY IMPORTANT ROLE IN CHILDREN'S HEALTH, NATIONAL SURVEY SHOWS

SBHCs Need Increased Federal Support In Order to Continue to Meet Growing Need for Primary Care and Other Critical Health Services

(Washington, DC) School-based health centers (SBHCs) can play a critical role in providing access to primary and other care for children and adolescents under health reform as they move further into the mainstream of health care delivery, according to new national census data released today. The survey, conducted by the National Assembly on School-Based Health Care (NASBHC), illustrates how SBHCs – if funded appropriately – are positioned to help fill the existing gap in access to care, particularly in rural and underserved populations.

View the full report at: <http://ww2.nasbhc.org/NASBHCCensusReport07-08.pdf>

The Census demonstrates that a majority of SBHCs already provide a broad array of primary care and other services, including:

- Comprehensive health assessments (97%)
- Prescriptions for medications (97%)
- Treatment for acute illness (96%)
- Asthma treatment (95%)
- Health screenings (93%)
- Oral health education (84%) and dental screenings (57%)
- Mental health providers (75%) who offer services including mental health assessments, crisis intervention, brief and long term therapy, family therapy, teacher consultation, and case management

SBHCs are located in geographically diverse communities, with the majority (57%) in urban communities. More than one-quarter (27%) of SBHCs are in rural areas. Students in schools with SBHCs are predominantly members of minority and ethnic populations who have historically experienced under-insurance, uninsurance, or other health care access disparities.

“School-based health centers provide nearly 2 million children across the country with comprehensive medical care, mental health services, preventive care, social services, and youth development,” stated Linda Juszczak, Executive Director of NASBHC. “This most recent data confirms that not only are SBHCs here to stay—they are more needed than ever.”

The Patient Protection and Affordable Care Act (P.L.111-148) includes a federal authorization for SBHCs in Section 4101(b) – a victory for vulnerable children and adolescents and for SBHCs. However, until funds are appropriated only limited federal support exists for SBHC operations, which means SBHCs may not have the resources they need to provide primary care and other services to millions of children.

“Becoming a federally authorized program through health care reform was a huge leap forward for school-based health centers, and an affirmation of all that we have achieved in the mere decades of the model’s existence,” stated Juszczak. “Unfortunately, SBHCs across the country are increasingly struggling due to a growing demand for services at the same time they are facing state budget cuts. We are asking for a \$50 million appropriation for the newly authorized school-based health center program. These funds will give critical resources to communities that desire to open health clinics at their schools and keep their existing clinics open.”

The Census is the most comprehensive analysis to date of SBHCs in the U.S. It provides a 360-degree view of the role of SBHCs in meeting the needs of underserved children and adolescents by collecting trend data on demographics, staffing, operations, prevention activities, clinical services, and policies.

Other key findings of the Census include:

An increase in SBHCs have been in existence for more than 5 years. Seventy-two percent of the nation’s SBHCs are five years or older, up from 41 percent in 1998 and 67 percent in 2004 – attesting to the sustainability of the model. Also, 287 SBHCs opened in the past 4 years, indicating a growth in demand for the model.

A growing number of SBHCs see members of the community beyond the schools they serve. SBHCs are expanding their reach into the community with 36 percent of SBHCs reporting they serve only children who attend the school(s) they serve – a 9 percent decrease from the 2004-2005 Census. Patient populations seen by SBHCs that open their doors beyond their school’s students include: students from other schools in the community (58%); out-of-school youth (34%); faculty and school personnel (42%); family members of students (42%); and other community members (24%).

More SHBCs are using health information technology (HIT) to support their work. SHBCs are adopting health information technology (HIT) to enhance their work with more than half (56%) using electronic billing systems, and 53 percent with an online management information system. A smaller number use an electronic medical record (32%) and electronic prescribing (22%) and 7 percent of SHBCs have a telemedicine system.

- Visit <http://ww2.nasbhc.org/NASBHCCensusReport07-08.pdf> to view an 8-page report highlighting the major findings of the survey.
- Visit www.nasbhc.org/healthcarereform for more information on SBHCs in health care reform.

Data for the 2007-2008 Census were collected from October 2008 through October 2009. The 2007-2008 Census identified 1,909 clinics and programs connected with schools nationwide. Sixty four percent of known programs responded to the survey.

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The National Assembly on School-Based Health Care (NASBHC) is the national voice for school-based health centers (SBHCs). Founded in 1995 to promote and support the SBHC model, NASBHC’s mission is to improve the health status of children and youth by advancing and advocating for school-based health care. Learn more at www.nasbhc.org.