

School-Based Health Centers: A Child-Focused Safety Net Strategy

Children ages 10-19 have the lowest utilization of health care services of any group and are the least likely to seek care at a provider's office.

Risky behaviors are the leading threat to the health of school-aged children and youth.

Rural adolescents with no regular source of care are much less likely to obtain preventive or illness care than adolescents with a regular source of care.

Schools are major settings for the potential recognition of mental disorders in children and adolescents, yet trained staff is limited, as are options for referral to specialty care.

In thirty years since the inception of the first primary care clinic in a Dallas high school, secondary and primary schools have become an increasingly popular setting for physical and mental health care access programs. It is indeed a grassroots phenomenon that continues to build momentum across America's communities.

Today, over 1400 school-based health centers deliver primary preventive and early intervention services to nearly a million children of all grade levels in urban, rural and suburban schools across 45 states, a ten-fold growth in the past decade.

School-based health centers are located directly in the school or on school property. In collaboration with the school, health centers are administered by community-based organizations, including hospitals, public health departments, community health centers, non-profit health care agencies.

School-based health centers are staffed by an interdisciplinary team of physical and mental health professionals who provide a scope of service specifically tailored to the needs of children and adolescents.

Comprehensive assessments, diagnosis and treatment of acute illnesses, well child exams, mental health counseling, chronic health management, laboratory services, and prescriptions are commonplace in the health center. Health center visits most often reported include well child exams, mental health, respiratory illness, as well as ear, nose and throat concerns.

Investments of state and local general revenue, federal and state health block grants, private foundation grants, Medicaid, and resources from health care organizations and schools have created this exponential growth.

School-based health centers are strategically located in areas serving low-income minority children – a population that more frequently experiences disparities in health care access.

Why the school setting as a child-focused safety net strategy?

Unprecedented Access. School-based health centers have been successful because access is immediate and the health center staff becomes identified as a normative part of their school culture. Regardless of their insurance coverage, students widely accept and use the health centers. On average, 65% of the student body registers with the health center; 87% of enrollees use the center at least once each school year.

Convenience. Students use the health centers because of their convenient and familiar setting and a staff of professionals who are comfortable and experienced with the school-age population. Parents value the centers because of convenience as well, and that it is delivered at low or no cost.

Focus on Learning. Schools welcome the health centers because they attend to the physical, emotional and social health concerns that can impede successful learning. The entire school climate is enhanced by the health care presence. The truism that unhealthy children cannot learn resonates with educators whose mission it is to prepare

children to become healthy, responsible and productive adults. They cannot accomplish these goals solely with education dollars.

Continuity. Early and continuous engagement of young people in their health care is a unique hallmark of school-based health care. Unlike mainstream providers who have limited contact with their patients, school-based health center staff has the advantage of proximity to create substantive relationships with high risk children and youth.

Assurance of Care. The efforts of federal, state and community leaders to expand public health insurance for low-income children and youth are important first steps to breaking down financial barriers. It is the experience of many school-based health care providers, however, that despite these efforts extraordinary high rates of uninsured persist. School-based health centers provide a guarantee of meaningful access to comprehensive physical and mental health care to uninsured children and youth, as well as to those children who have insurance but cannot or do not access their provider.