

Statement to the Health and Human Services Committee**January 15, 2009****2:45 pm**

School-Based Health Centers (SBHCs) have existed in the United States since the 1960s and their beneficial effects on **health care access, student health status, academic behaviors, and health system costs** have been measured. There is much research that supports a connection between health status and academic performance. SBHCs impact educational success through improving health status, reducing absenteeism, decreasing discipline referrals, increasing parental involvement, and improving readiness to learn. Research has also demonstrated that SBHCs represent a cost-effective investment because they are designed to promote healthy choices, prevent disease, intervene early when problems arise, and provide integrated services and continuity of care. They have been shown in several studies to reduce emergency room utilization which reduces cost to the entire system, but especially to Medicaid.

SBHCs reach at-risk populations. They are located where access to care is limited for a large number of children, either because of low-income, lack of health insurance, or geographic isolation. They are also uniquely situated to bring health care professionals, educators and parents together to address the often complicated and inter-related needs of at-risk children and adolescents. They provide a safe place for students to talk about troubling issues that may affect health and interfere with learning. Students and teachers alike say that SBHCs make a difference because they take health issues out of the classroom and put them into the hands of qualified medical professionals.

SBHCs serve all students regardless of ability to pay. SBHCs also support families because they make health care convenient and accessible. In addition, many SBHCs assist families with applications for enrollment in Medicaid or CHP+, thereby increasing their ability to access additional health services when necessary.

Finally, SBHC staff serves as a resource to school administration on the selection, development and delivery of health education curricula. The providers participate in small-group, classroom-based, and school-wide health promotion activities that are responsive to the risk factors that are prevalent in the school. This increases students' understanding of health and psychosocial issues and increases positive health and safety behaviors. It also increases the students' ability to communicate about and advocate for their personal health care needs.

During the 2006-07 school-year, almost 67,000 visits were made to SBHCs by 21,000 students. This includes visits for primary medical care (60%), mental health assessment and treatment (16%), substance abuse counseling (11%), and dental care (3%). It also includes a small number of visits for immunization (4%) or health education (2%) only. In most cases, immunization and health education are provided as part of a medical visit. In any case, in excess of 30,400 immunizations were provided.

The Colorado Association for School-Based Health Care (CASBHC) believes that securing comprehensive, affordable health care for **all** children is critical to ensuring the vitality of the next generation. School-Based Health Centers (SBHCs) offer a unique opportunity to reach children where they spend a great deal of their time – in school. CASBHC provides leadership to proliferate and sustain SBHCs, and thus increase access to physical, mental and dental health services, as well as health promotion and education, for underserved children and youth. Our mission is to keep children healthy, in school, and ready to learn.

Thank you