

SCHOOL HEALTH

ISSUE BRIEF

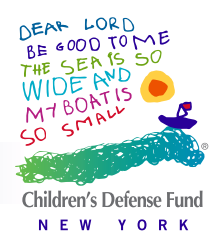
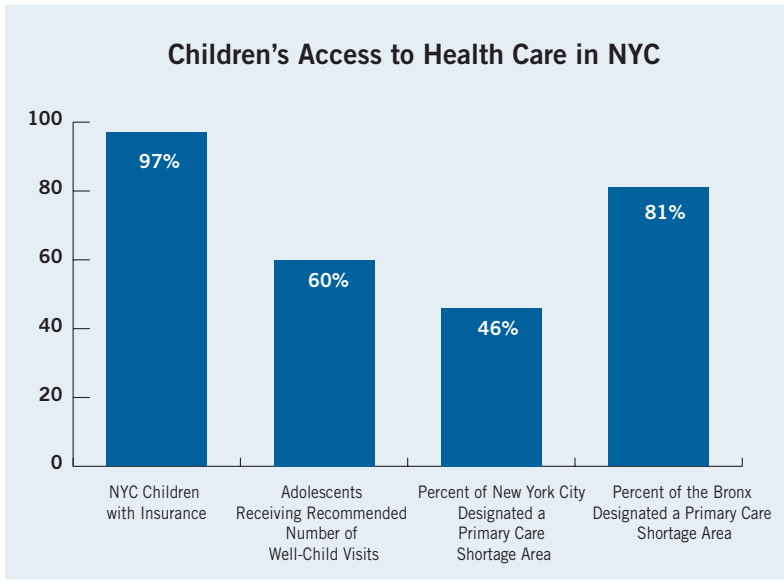
SCHOOL-BASED HEALTH CENTERS OF NYS: THE VALUE, NEED AND IMPLICATIONS

INTRODUCTION

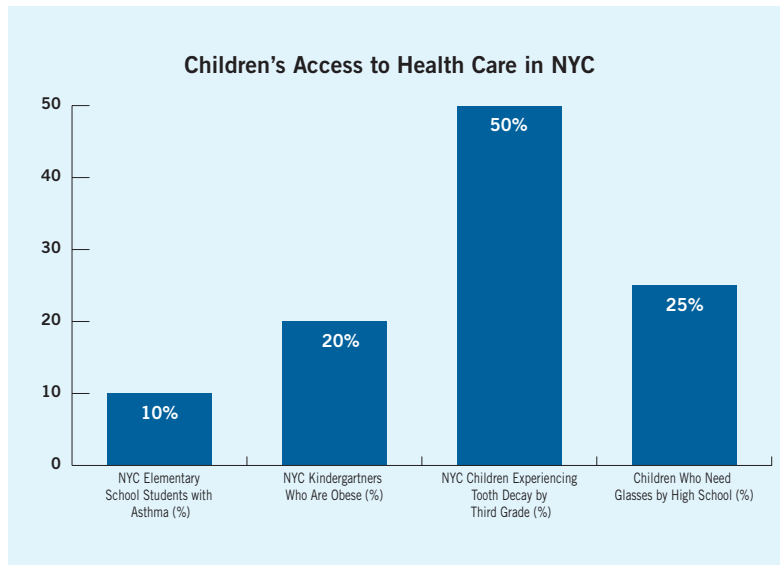
Children must be healthy in order to learn. Oftentimes delivering health care services in schools, especially through school-based health centers (SBHCs), offers the greatest opportunity to ensure children are best positioned for academic success and lifelong wellness. SBHCs are health clinics located within schools that deliver health care to children at no cost. Like a doctor’s office, SBHCs offer students, at minimum, primary and preventive care, chronic disease management and treatment of urgent care needs. For many underserved children, SBHCs are the first and only place in which they are able to access health care services.¹ SBHCs provide comprehensive care to hard-to-reach populations regardless of insurance or immigration status with minimal disruption to both the student and the parent.² As of March 2016, 145 SBHCs were serving 345 schools throughout New York City.³ SBHCs offer a unique model of care that effectively bridges New York’s health and education systems, creating easy to access health care services to students. SBHCs should be expanded across the city in order to improve the health of all children.

INDICATIONS OF NEED FOR SBHCs

In many New York City neighborhoods, children face significant barriers accessing high-quality, primary care health services. The health barriers facing children demonstrate the need for the readily accessible services delivered by SBHCs. While in New York City the percentage of children under 18 with health insurance is approximately 97 percent, only about 60 percent of adolescents receive the recommended number of well child visits (**Figure 1**).⁴ Data from the Health Resources and Services Administration show that while 46 percent of New York is designated as a primary care shortage area, this number is significantly higher in neighborhoods with historically poor health outcomes (81 percent in the Bronx and 72 percent in Brooklyn).⁵



Inadequate care receipt keeps many children from being able to attend school regularly, thus negatively impacting academic success. In neighborhoods that face significant health disparities, the rates of chronic absenteeism are far higher than citywide averages. During the 2013-2014 school year, the rate of chronic absenteeism among NYC public school student in grades K-5 was an average of 20 percent across New York City, compared to 30-40 percent in some Brooklyn neighborhoods and 30-37 percent in some Bronx neighborhoods.⁶



Thousands of vulnerable youth have limited or no access to comprehensive medical care and suffer from a high prevalence of preventable and chronic diseases (Figure 2). Asthma is a common chronic condition among children and youth, especially in low-income communities.⁷ In New York, asthma remains a leading cause of absenteeism, despite the fact that it is largely manageable with sound primary care and health education.⁸ Similarly, obesity is an issue which, if not treated properly, affects health and learning. New York youth are starting their battle with obesity at an even younger age, with 1 in 5 kindergarten schoolchildren and 1 in 4 Head Start children currently

obese.⁹ Additionally, a high prevalence of both dental and vision issues exists among NYC children. Fifty percent of children experience tooth decay by third grade¹⁰ and many continue to suffer from blurred vision, crossed eyes and lazy eyes.¹¹ It is important to note that SBHCs may also play a significant role in filling reproductive¹² and mental health care deficits often found in traditional primary care settings.¹³

THE SBHC MODEL IN NEW YORK CITY

Research has shown that SBHCs are cost-effective investments of public resources. They successfully serve traditionally harder-to-reach populations, such as children of color and males, and make deeply needed services available to children and youth at critical times during their lives.¹⁴ SBHCs offer a safe place for school-aged children to easily access health care services without the additional worry of cost.

The New York City Office of School Health (OSH), an administrative unit within the New York City Department of Education (DOE) and the New York City Department of Health and Mental Hygiene (DOHMH) sets policy and regulatory guidance for New York City SBHCs.¹⁵ SBHCs are located directly on the premises of the school and provide services on-site only to those students enrolled at that particular school. Scheduled and walk-in services are offered during the academic day with on-call medical staff available for the hours students are not actively engaged in class. Medical care provided by SBHCs is not a threat to the traditional primary care providers but rather a complement to the care administered by family practitioners. School-based care also allows for continuity of care through a child's school career.¹⁶

Services Provided

SBHCs pride themselves on a comprehensive, primary and preventative care approach. Care is administered by wide-ranging staff, often composed of pediatricians, nurses, nurse practitioners, physician's assistants, social workers, psychiatrists, dentists, orthodontists, health educators and medical assistants.¹⁷ This team is assembled to provide complete care: physical examinations, screenings for vision, hearing, asthma, obesity, scoliosis and tuberculosis, care and treatment of chronic diseases, distribution and prescription of medication, first aid care and emergency care.¹⁸ Most SBHCs also provide additional services, such as mental health care, reproductive health services, optometry services and dental care. Medical staff often make referrals to outside specialists when direct care is not available on site, serving as a bridge to other community-based health resources.

SBHCs: Article 28 vs. Article 31

SBHCs function under Article 28 of New York State's Public Health Law and under Article 31 of the New York State's Mental Hygiene Law. SBHCs under Article 28 are required to provide primary care and preventative care services, first aid, and emergency care. Although these SBHCs must address mental health concerns of students and refer out for further treatment, they are not required to render on-site services. The New York State Department of Health oversees the delivery of services in Article 28 clinics.¹⁹

Article 31 SBHCs specialize in in-depth and comprehensive mental health services with qualified clinicians on staff. These clinics are designed to offer both students and families assessments and evaluations; individual, group and family therapy; service coordination; case management; and crisis interventions.²⁰ In line with the preventative care model, Article 31 SBHCs focus on pre-emptive care by conducting classroom observations, participating in committee meetings and maintain an open line of communication with the principal and teachers regarding the students' social, emotional and behavioral needs. The New York State Office of Mental Health oversees the delivery of services in Article 31 clinics.

EVIDENCE OF SUCCESS

Health and Education Outcomes

SBHCs have proven to positively impact both health and social outcomes. These clinics have helped secure significant gains to children's physical health, weight and nutrition, dental and vision care, mental health, and reproductive health.²¹ Specifically, research clearly documents that SBHCs help schools meet immunizations requirements; and increase student classroom concentration and peer relationships through mental health services. SBHCs have also improved attendance rates and decreased tardiness, in many cases improving educational outcomes as well.²² One New York study reported students not enrolled in SBHCs lost three times as much instruction time compared to their enrolled counterparts.²³

FINANCIAL BENEFITS

Several studies conducted around the United States have highlighted the savings of providing health care in schools. By providing preventive and early intervention care in schools, children's health conditions can be addressed before they become serious enough to warrant a hospital visit. Given that school-based health care is usually provided in low-income neighborhoods and to children of low-income families, savings are likely to accrue for Medicaid programs. A study of school-based health center costs attributed a reduction in Medicaid expenditures related to inpatient, drug and emergency department use to use of school-based health centers.²⁴ Another report found that school-based health centers reduced inappropriate emergency room use,

increased use of primary care, and resulted in fewer hospitalizations among regular users.²⁵ Providing care to children in schools can also be a cost-effective method of improving a family's financial stability. With their children more easily accessing care through a SBHC and experiencing improved health, parents miss less work time to care for sick children or bring them to medical appointments.²⁶

CONCLUSION

The overarching goal of any school health service is to best position children to have the greatest opportunities for learning and life-long wellness. SBHCs are a proven effective model for delivery a wide array of health care services to children who too often lack access to care. SBHCs provide comprehensive care with a focus on management of chronic disease, preventative health care, mental health care and reproductive health care, while eliminating extensive classroom disruption, and decreasing unnecessary hospitalizations and emergency room visits. To improve access to primary care among New York City children, city-level decision makers and providers must look to sustainably expand the SBHC model. Doing so will ensure children in all five boroughs have the greatest chance to succeed.

ENDNOTES

¹ The Children's Aid Society. "School-Based Health Centers." <http://www.childrensaidsociety.org/health-counseling/school-based-health-centers>

² NYC Department of Education. 2016. "School-Based Health Centers." <http://schools.nyc.gov/Offices/Health/SBHC/SBHC.htm>

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⁴ New York State Department of Health. 2015. "New York State Prevention Agenda Dashboard – County Level." https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ch.

⁵ Health Resources and Services Administration. 2016. "HPSA Find Results." <http://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>.

⁶ NYC Department of Health and Mental Hygiene. 2016. "New York City Community Health Profiles." <https://www1.nyc.gov/site/doh/data/data-publications/profiles.page>.

⁷ School-Based Health Alliance. "Asthma." <http://www.sbh4all.org/school-health-care/health-and-learning/asthma/>

⁸ https://www.health.ny.gov/diseases/asthma/asthma_in_schools.htm#summary

⁹ City of New York. 2016. "Obesity." <http://www1.nyc.gov/site/doh/health/health-topics/obesity.page>

¹⁰ New York State Department of Health. 2005. "Oral Health Plan for New York State." https://www.health.ny.gov/prevention/dental/docs/oral_health_plan.pdf

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¹² Kaplan, Deborah. 2013. "Teen Sexual and Reproductive Health in New York City." <http://www.cccnewyork.org/wp-content/uploads/2013/11/DOHMHPresentation.pdf>

¹³ National Alliance on Mental Illness. 2010. "State Statistics: New York." <http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=93511>

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¹⁵ NYC Department of Education. 2016. "School-Based Health Centers." <http://schools.nyc.gov/Offices/Health/SBHC/SBHC.htm>

¹⁶ New York Civil Liberties Union. "Teenagers, Health Care, & the Law." <http://www.nyclu.org/files/thl.pdf>

¹⁷ The Children's Aid Society. "Medical Services." <http://www.childrensaidsociety.org/health-counseling/medical-services>

¹⁸ NYC Department of Education. 2016. "School-Based Health Centers." <http://schools.nyc.gov/Offices/Health/SBHC/SBHC.htm>

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¹⁹ Citizen's Committee for Children of New York. 2013. "School Based Mental Health Report." <http://www.cccnewyork.org/wp-content/uploads/2013/08/CCCSchoolBasedMentalHealthReport.August-2013.pdf>.

²⁰ Citizen's Committee for Children of New York. 2013. "School Based Mental Health Report." <http://www.cccnewyork.org/wp-content/uploads/2013/08/CCCSchoolBasedMentalHealthReport.August-2013.pdf>.

²¹ Keeton, Victoria, Samira Soleimanpour, and Claire D. Brindis. 2013. "School-Based Health Centers in an Era of Health Care Reform: Building on History." <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770486/>

²² Keeton, Victoria, Samira Soleimanpour, and Claire D. Brindis. 2013. "School-Based Health Centers in an Era of Health Care Reform: Building on History." <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770486/>

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²⁶ The Children's Aid Society. 2016. "Medical Services." <http://www.childrensaidsociety.org/health-counseling/medical-services>.

The Children's Defense Fund Leave No Child Behind[®] mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.