

Colorado's Investment in School-Based Health Centers

2011 marks the fifth anniversary of Colorado's School-Based Health Center Grant Program. We have a lot to celebrate. During these five years, an estimated 125,000 Colorado children will have received care in school-based health centers. Studies have shown that these children are healthier and doing better academically than their peers who do not have access to a school-based health center.^{1,2} Whether you look at child health or student academic achievement, the state's investment is paying off.

THE HISTORY OF SCHOOL-BASED HEALTH CENTERS

Colorado's first school-based health center (SBHC) opened its doors in 1978 in Commerce City. Today, there are 47 SBHCs in 19 school districts across the state from Denver to Durango and from Lakewood to Lamar.

The State of Colorado has supported school-based health care for almost 30 years, beginning in 1982 when the Colorado Department of Public Health and Environment (CDPHE) used part of the federal Maternal and Child Health Block Grant to provide funding. Since then, Colorado's SBHCs have received income from federal, state and local governments, private grants and donations, patients and insurers, and in-kind support.³

While all of these sources have helped SBHCs to grow in number, size and scope, the state's investment of General Fund dollars has made it possible to serve more children and youth who do not have access to preventive and primary care because of low income, lack of health insurance, or geographic isolation.

COLORADO'S SCHOOL-BASED HEALTH CENTER GRANT PROGRAM

In 2006, Colorado created and funded the School-Based Health Center Grant Program, the first and only source of state funding dedicated to SBHCs. Sponsored by both sides of the aisle, House Bill 06-1396, "Concerning the Funding of School-Based Health Centers", allowed for the state to invest its resources in this efficient and effective model of health care delivery.⁴

In state fiscal year 2006-2007, the General Assembly appropriated \$500,000 to the grant program. This included support for a .7 Full-Time Equivalent (FTE) within the Colorado Department of Public Health and Environment (CDPHE), to which the program was assigned. In the following year, the General Assembly created a line item in the Department's budget, and appropriated another \$500,000. For 2008-09, the legislature doubled its investment by appropriating \$1 million to the program, and continued funding at that level for the next two years. In total, over the last five years, the state has contributed almost \$4 million to ensure that Colorado's vulnerable children and youth have access to preventive and primary care where they spend a great deal of their time – in school.

School-based health centers deliver a wide range of services including physical, behavioral and oral health care. They provide preventive care and manage students with chronic conditions. SBHCs:

Are located in a school or on school grounds

Deliver high-quality, low cost preventive and primary care

Provide care especially tailored to school-aged children and youth

Are locally-controlled by a community advisory committee

Require parental consent before a child may receive service

Assist with enrollment in Child Health Plan Plus (CHP+) and Medicaid.

Colorado's General Fund Investment in School-Based Health Centers⁵

State Fiscal Year	2006-07	2007-08	2008-09	2009-10	2010-2011	Total	Percent
Administrative	\$55,455	\$61,851	\$38,376	\$40,992	\$57,997	\$254,671 ⁶	6.4%
Direct Services	\$444,545	\$437,959	\$955,588	\$961,644	\$940,782	\$3,740,518	93.6%
Total	\$500,000	\$499,810	\$993,964	\$1,002,636	\$998,779	\$3,995,189	100%

As a result of the Colorado General Assembly’s demonstration of support for school-based health care, additional investments have been made in this cost-effective model. Over the five year period covered by this report, the federal Maternal and Child Health Block Grant (MCHB), distributed through states, has contributed \$796,221 for direct services and \$460,679 for administration. In late 2007, The Colorado Trust announced a grant of \$1 million to CDPHE to boost the growth of school-based health care. Over three years, \$926,275 of this grant was received by SBHCs to provide direct services, and \$164,357 was spent by CDPHE on administration.

State Fiscal Year	2006–07	2007–08	2008–09	2009–2010	2010–2011*	Total
State General Fund	\$444,545	\$437,959	\$955,588	\$961,644	\$940,782	\$3,740,518
Federal MCHB Grant	\$24,478	\$321,632	0	\$184,098	\$266,013	\$796,221
The Colorado Trust	0	0	\$411,895	\$450,380	\$64,000	\$926,275
Total	\$469,023	\$759,591	\$1,367,483	\$1,596,122	\$1,270,795	\$5,463,014

* estimated by CDPHE

RETURN ON THE STATE’S SCHOOL-BASED HEALTH CENTER INVESTMENT

Colorado’s investment has meant that SBHCs all over the state have been keeping children healthy, in school, and ready to learn. In the first four years of state investment in school-based health centers, the number of children and youth served increased 31 percent, and the number of visits provided increased 25 percent.

School Year	2006–07	2007–08	2008–09	2009–10
SBHC Users*	20,964	26,650	27,468	27,560
SBHC Visits*	67,030	80,341	82,294	84,101
# SBHCs Reporting	37	44	44	45
# SBHCs Funded by CDPHE	34	32	40	41

* Includes users of and visits to SBHCs that did not receive funding from CDPHE in the year indicated.

Cost-Effectiveness

We have known for a long time that high quality preventive and primary health care delivered where children spend a lot of time—in school—makes sense. But empirical evidence shows just how beneficial SBHCs can be. Study after study demonstrates that school-based health centers increase utilization of preventive and primary care and thereby reduce expensive emergency room use and hospitalizations.^{9,10} A report by

Emory University School of Public Health attributed a reduction in Medicaid expenditures to the availability of SBHCs¹¹, and a study conducted by the Health Foundation of Greater Cincinnati determined that for every \$1 spent on SBHCs, \$2 was generated in health care savings.¹²

Better Health Outcomes

A national multi-site study of SBHCs, conducted by Mathematica Policy Research, found a significant increase in health care access by students who used SBHCs.¹³ Access to care in SBHCs has improved early identification and treatment of many conditions from asthma to depression. In addition, the health benefits provided by SBHCs extend beyond the students to their families. In a 2008 study involving more than 15,000 schoolchildren, researchers found that the students with access to a SBHC offering flu vaccines had a statistically significant reduction in flu-like symptoms that would have kept the students and their parents at home, rather than at school and at work.¹⁴

The American Journal of Public Health dedicated its September 2010 issue to documenting the value of school-based health centers. The issue included ten peer-reviewed articles that “affirm their positive influence on reduction of absenteeism, improved management of chronic disease such as asthma, and early identification of risk behaviors because of their ecological approach to children’s and youths’ health.”¹⁵ One of the published studies was conducted by Denver Health and compared completion rates

Endnotes

- ¹ National Assembly on School-Based Health Care. Benefits of School-Based Health Centers. 1 brochure, 2010, 1 p. Available from: [http://www.nasbhc.org/atf/cf/%7BCD9949F2-2761-42FB-BC7A-CEE165C701D9%7D/Academic%20Outcome%20Fact%20\(FINAL\).pdf](http://www.nasbhc.org/atf/cf/%7BCD9949F2-2761-42FB-BC7A-CEE165C701D9%7D/Academic%20Outcome%20Fact%20(FINAL).pdf)
- ² National Assembly on School-Based Health Care. School-Based Health Centers and Academic Success, 1 brochure, August 2010, 1 p. Available from: [http://www.nasbhc.org/atf/cf/%7BCD9949F2-2761-42FB-BC7A-CEE165C701D9%7D/Academic%20Outcome%20Fact%20\(FINAL\).pdf](http://www.nasbhc.org/atf/cf/%7BCD9949F2-2761-42FB-BC7A-CEE165C701D9%7D/Academic%20Outcome%20Fact%20(FINAL).pdf)
- ³ Colorado Association for School-Based Health Care. School-Based Health Centers: Communities Working Together to Improve the Health of Colorado Children. 1 brochure. 2010. 12 p. updated with 2009-10 data.
- ⁴ C.R.S. Sections 25-20.5-501-503
- ⁵ Colorado Department of Public Health and Environment. provided 2010, Dec. 27.
- ⁶ A total of \$927,038 was expended by CDPHE over five years on program administration and technical assistance under the School-Based Health Center Grant Program. The sources of these funds were: General Fund \$254,671, Maternal and Child Health Block Grant \$508,010, and The Colorado Trust \$164,357. This \$927,038 represents 14.5% of the total of \$6,390,052 expended under the program, the remaining \$5,463,014 or 85.5% going directly to support school-based health center services.
- ⁷ Colorado Department of Public Health and Environment. provided 2010, Dec. 27.
- ⁸ Colorado Association for School-Based Health Care. School-Based Health Centers: Communities Working Together to Improve the Health of Colorado Children. 1 brochure. 2010. 10 p.
- ⁹ Key JD, Washington EC, Hulsey TC. Reduced Emergency Department Utilization Associated with School Based Clinic Enrollment. *J Adol Health.* 2002; 30:273-278.
- ¹⁰ Santelli J, Kouzis A, et al. School-Based Health Centers and Adolescent Use of Primary Care and Hospital Care. *J Adol Health.* 1996; 19: 267-275.
- ¹¹ Adams EK, Johnson V. An Elementary School-Based Health Clinic: Can it Reduce Medicaid costs? *Pediatrics.* 2000 Apr;105(4 Pt 1):780-8.
- ¹² The Health Foundation of Greater Cincinnati. Evaluation of Healthcare Costs and Utilization among Medicaid Recipients in Schools with School-Based Health Centers. Cincinnati, OH. 2005.
- ¹³ Kisker EE, Brown RS. Do School-Based Health Centers Improve Adolescents' Access to Health Care, Health Status, and Risk-Taking Behavior?. *J Adol Health.* 1996;18:335-343.
- ¹⁴ Schmier J, Li S, King JC, Nichol K, Mahadevia PJ. Benefits and Costs of Immunizing Children Against Influenza At School: An Economic Cluster Analysis Based on a Large-Cluster Controlled Clinical Trial. *Health Affairs.* 2008 Jan 23.
- ¹⁵ Richardson J, Wright T. Advancing School-Based Health Care Policy and Practice. *Am J Pub Health.* 2010;100:1561.
- ¹⁶ Federico S, Abrams L, Everhart R, Melinkovich P, Hambridge S. Addressing Adolescent Immunization Disparities: A Retrospective Analysis of School-Based Health Center Immunization Delivery. *Am J Pub Health.* 2010;100:1630-1634.
- ¹⁷ Basch CE. Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. *Campaign for Educational Equality.* 2010 March; 6: 109.
- ¹⁸ Walker SC, Kerns S, Lyon AR, Brun EJ, Cosgrove TJ. Impact of School-Based Health Center Use on Academic Outcomes. *J Adol Health.* 2010; 46(3):251-257.
- ¹⁹ National Assembly on School-Based Health Care, School-Based Health Centers and Academic Success [Internet]. August 2010. Available from: [http://www.nasbhc.org/atf/cf/%7BCD9949F2-2761-42FB-BC7AEE165C701D9%7D/Academic%20Outcome%20Fact%20\(FINAL\).pdf](http://www.nasbhc.org/atf/cf/%7BCD9949F2-2761-42FB-BC7AEE165C701D9%7D/Academic%20Outcome%20Fact%20(FINAL).pdf)
- ²⁰ Guo J, Wade TJ, Pan W, Keller KN. School-Based Health Centers: Cost-Benefit Analysis and Impact on Health Care Disparities. *Am J Pub Health.* 2010;100:1617-1623.