

Take a Stand for School-Based Health Centers Support SB 118 (Liu)

THE PROBLEM: POOR HEALTH LEADS TO POOR EDUCATIONAL OUTCOMES

Too many of California's children suffer from health conditions that prevent them from succeeding in school.

- **Children and youth are not getting the health care they need.** Even though about 9 out of 10 California children have health insurance, almost 20% of them did not have a recommended annual preventive medical visit in 2011.¹
- **Students are missing school due to chronic medical and dental conditions.** Children with asthma missed approximately 1.2 million school days due to symptoms last year.² Children between 5 and 17 lose about two million school days per year due to untreated dental problems.³
- **Untreated mental health problems affect student performance and school safety.** Students who struggle with mental health issues or trauma often exhibit behavioral problems in the classroom that compromise their learning and academic progress.⁴



THE SOLUTION: SCHOOL-BASED HEALTH CENTERS WORK

Research shows that school-based health centers (SBHCs) are a proven model for increasing access to affordable, quality primary and preventive care.

- **SBHCs increase access to health care.** Research shows that SBHC users are more likely to have yearly dental and medical check-ups and are less likely to go to the Emergency Room or be hospitalized.⁵
- **SBHCs improve attendance.** Students enrolled in a school-based health center are absent three times less often than those students not utilizing a school-based health center.⁶
- **SBHCs address the mental health needs of students.** Over 70 percent of students receiving mental health services get them at school, resulting in less out-of-school time.⁷ Students who receive mental health services on campus report greater school assets (such as caring relationships with adults, opportunities for meaningful participation, and strong connection to school).⁸
- **SBHCs are uniquely able to reach adolescents.** This is because they are located on school campuses, offer confidential care, and are staffed by providers with a special commitment to serving children and youth. Additionally, many SBHCs are located in schools serving some of the state's most vulnerable children. On campuses with SBHCs, about 70% of students receive free or reduced price meals.

TAKE ACTION: SUPPORT SB 118 (LIU)

The Public School Health Center Support Program has existed in statute for eight years yet has never been implemented due to a lack of funding. It is time for this program to be updated and funded. SB 118:

- Modifies the SBHC grant program to reflect the goal of leveraging existing funding streams.
- Adds a “population health grant” for the purpose of advancing prevention programs such as those related to obesity, asthma, substance abuse and mental health.
- Updates terminology, including references to the Affordable Care Act and Local Control Funding Formula.

Please contact Lisa Eisenberg (leisenberg@schoolhealthcenters.org or 510-268-1033) for more information on how to support this bill.

SUPPORTERS OF SB 118

ADVOCACY ORGANIZATIONS AND ASSOCIATIONS

California Black Health Network

California Primary Care Association

Children Now

Children's Defense Fund – California

Los Angeles Trust for Children's Health

Partnership for Children & Youth

¹ Data Resource Center for Child & Adolescent Health, National Children's Health Survey, Indicator 4.1: One or more preventive medical visits, 2011/12, <http://www.childhealthdata.org/browse/survey/results?q=2494&r=6&r2=1>.

² California Department of Public Health, "Asthma in California: A Surveillance Report," May 2013, https://www.ehib.org/papers/Asthma_in_Calfiornia2013.pdf.

³ U.S. Department of Health and Human Services, *Oral Health in America: A Report of the Surgeon General*, (Rockville, Maryland: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000). Available at <http://profiles.nlm.nih.gov/ps/access/NNBBJV.pdf>.

⁴ Kataoka, Rowan, and Hoagwood, "Bridging the Divide," 1510-1515.

⁵ Allison MA, Crane LA, Beaty BL, et al, (2007), "School-Based Health Centers: Improving Access and Quality of Care for Low-Income Adolescents," *Pediatrics*.

⁶ Maureen Van Cura, "The relationship between school-based health centers, rates of early dismissal from school, and loss of seat time," *Journal of School Health* 80, no. 8 (2010). 371-377. doi: 10.1111/j.1746-1561.2010.00516.x.

⁷ Laura Hurwitz and Karen Weston, *Using Coordinated School Health to Promote Mental Health for All Students* (Washington, D.C.: National Assembly on School-Based Health Care, 2010). Available at <http://cshca.wpengine.netdna-cdn.com/wp-content/uploads/2011/07/NASBHC.CSH-Mental-Health.pdf>.

⁸ Susan Stone et al., "The Relationship Between Use of School-Based Health Centers and Student-Reported School Assets," *Journal of Adolescent Health*. Published online July 10, 2013. doi: 10.1016/j.jadohealth.2013.05.011.