

BENEFITS OF SCHOOL-BASED HEALTH CENTERS

School-based health centers (SBHCs) place critically-needed health-related services directly in schools to reduce access to barriers for children, families, and school personnel.^{1, 2}

THE NEED FOR SCHOOL-BASED HEALTH CENTERS IN GEORGIA

166,000 children  not have health care coverage	212,015 children, on average, stay home more  6 days a year	46.7% of children, a  3-17, had difficulty obtaining or were unable to obtain mental health care
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What are the benefits of school-based health centers?⁷

More than 100,000 children, families, and school personnel benefit from services at 129 SBHCs in Georgia. There are another 22 SBHCs pending.



National Health Data Supports⁸

Increase in:

- Access to primary, oral, and behavioral health care
- Use of mental health and substance abuse services
- Access to the flu vaccination

Decrease in:

- Emergency room use and hospitalization for children with asthma

Local Data and Implementation in Georgia^{9, 10}

- Turner and Lake Forest SBHC implement **Halls to Health**, a program that addresses childhood obesity, student emotional health, and staff wellness
- Tiger Creek and Taliaferro SBHC, and several others, offers services to the entire community, including adults
- Albany Area Primary Care SBHC offers eye exams and glasses to all students within the Dougherty County School System
- Lake Forest, Turner, and Tiger Creek SBHCs provide preventative services and asthma management



National Education Data Supports^{11, 12}

Increase in:

- Attendance and GPAs for students utilizing mental health services

Decrease in:

- Drop out rates and school discipline referrals
- Faculty and staff absences due to illness

Local Data and Implementation in Georgia^{13, 14, 15}

- Turner SBHC prioritizes state grant funding to reduce barriers to healthy lunches for teachers
- Lake Forest SBHC resulted in a 40% increase in seat time after the first year. The length of time that students were absent due to illness decreased as well
- Health and support services also provided to school staff to increase their attendance and instruction time



National Data Shows Cost Savings^{16, 17}

- Emergency room use and hospitalizations
- Pharmacy and transportation costs
- Time away from work for parents
- Pediatric health care for Medicaid, PeachCare for Kids, and private insurers

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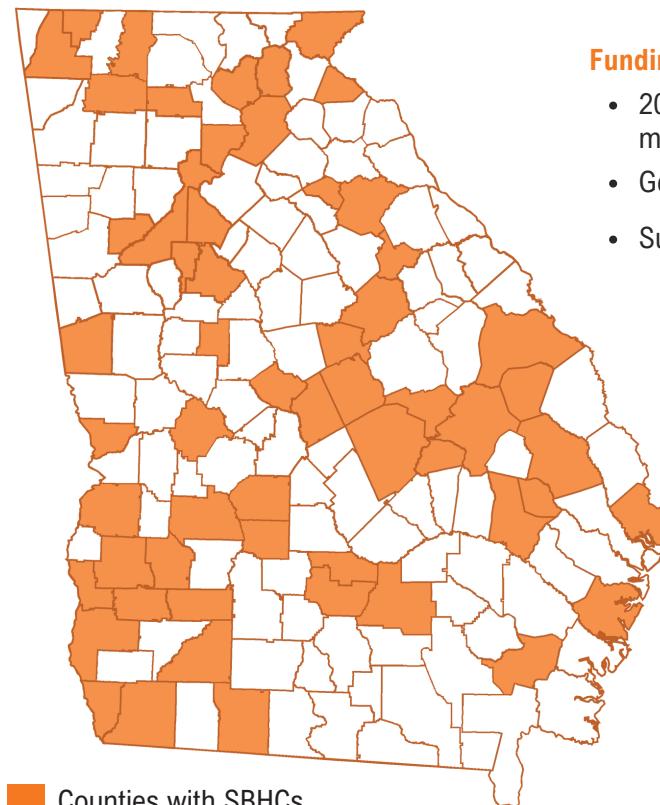
Local Data and Implementation in Georgia¹⁸

- Whitefoord SBHC reported a 50% reduction in average cost per child to Medicaid for children with SBHC access, and a 62% reduction in annual expense per Medicaid-covered child

SCAN BELOW TO SEE
FACTSHEET CITATIONS

Sustaining School-based Health Centers

School-based health centers can become self-sustaining when startup funds are available. Georgia has allocated \$125 million of federal funding to support planning and startup of new SBHCs.



■ Counties with SBHCs

Funding for SBHCs

- 20 states and Washington, D.C. have an ongoing funding mechanism to support SBHCs.¹⁹
- Georgia's share of federal SBHC funding
- Support for SBHCs in Georgia includes:
 - Governor's funding resulted in the creation of 15 new SBHCs with 19 additional centers opening during the 25-26 school year
 - **National Institutes of Health (NIH) grants** study the impact and benefits of SBHCs in suburban and rural areas of Georgia.
 - **PARTNERS for Equity in Child and Adolescent Health** allocates planning grants to communities in Georgia. 48 have been awarded since 2010.
 - **Georgia Department of Education's Whole Child Supports** offers SBHC planning grants to expand school-based health services to rural communities. June 2023 Round 1 funding resulted in 8 grantees; to date there are 29 planning grants
 - **Medical College of Georgia** supports a SBHC in a middle school in Athens, Georgia.

TYPES OF SCHOOL-BASED HEALTH CENTERS

School-based Health Center

These centers offer primary care services through a staffed primary care provider (e.g., nurse practitioner, physician assistant).

Comprehensive School-based Health Center

These centers offer primary care, behavioral health, and other expanded services, including health education, dental, and vision services.

RECOMMENDATIONS TO STRENGTHEN SCHOOL-BASED HEALTH CENTERS

- Continue to increase state and federal funding for medical sponsorship (FQHC and non-FQHC) to support the development and expansion of school-based health services throughout the state, especially in high-need, rural areas.
- Promote the integrated mental health and primary care model into SBHCs.
- Utilize telemedicine as an adjunct to the comprehensive primary care services within the SBHC model (i.e., hub spoke).
- Obtain parent consent to ensure their participation in medical decision-making within the SBHC model.
- Galvanize community support to educate and increase public will for SBHCs.

SCAN BELOW TO SEE
FACTSHEET CITATIONS

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