

# Take a Stand for School-Based Health Centers Support SB 1055 (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.<sup>1</sup>
- **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.<sup>2</sup> Children between 5 and 17 lose about two million school days per year due to untreated dental problems.<sup>3</sup>
- **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.<sup>4</sup>



## 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.<sup>5</sup>
- **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.<sup>6</sup>
- **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.<sup>7</sup> 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).<sup>8</sup>
- **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 1055 (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 1055:

- 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 visit [www.schoolhealthcenters.org/policy/take-action](http://www.schoolhealthcenters.org/policy/take-action) or contact Lisa White ([lwhite@schoolhealthcenters.org](mailto:lwhite@schoolhealthcenters.org) or 510-268-1033) for more information on how to support this bill.

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<sup>1</sup> 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>.

<sup>2</sup> California Department of Public Health, "Asthma in California: A Surveillance Report," May 2013, [https://www.ehib.org/papers/Asthma\\_in\\_California2013.pdf](https://www.ehib.org/papers/Asthma_in_California2013.pdf).

<sup>3</sup> 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>.

<sup>4</sup> Kataoka, Rowan, and Hoagwood, "Bridging the Divide," 1510-1515.

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

<sup>6</sup> 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.

<sup>7</sup> 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>.

<sup>8</sup> 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.