



Testimony for Cliff Deardorff Pennsylvania School-Based Health Alliance

Senate Democratic Policy Committee Hearing on Expanding School-Based Health Centers in Pennsylvania Tuesday April 26, 2022

Good afternoon, Chairwoman Muth, Senator Haywood, members of the Senate Democratic Policy Committee. My name is Cliff Deardorff. Thank you for the opportunity to provide testimony to this committee on the importance of school-based health centers for children and adolescents who live in poverty. I have been a strong advocate for school-based health centers for nearly 30 years. I am a proud member of the board of directors of the Pennsylvania School-Based Health Alliance.

I have a unique history with school-based health centers. I first learned about them in the early nineties when many states were embracing them as an innovative and effective model to improve pediatric and adolescent health outcomes for poor children and narrow the health and education equity gap. Pennsylvania was one of those states. Under then Governor Casey, as a program officer for the Pennsylvania Department of Health, I helped lead a Robert Wood Johnson-funded initiative of the Children's Cabinet to launch a network of school-based health centers in high need areas. Grounded in the early research on school-based health centers, there was a lot of momentum then to scale the model and improve the effectiveness and efficiency of school health services overall. Today, though, just one of those original school-based health centers exists, at Reynolds General Middle School in Lancaster operated by Penn Medicine Lancaster General. Without some sustained public support, school-based health centers proved to be hard to sustain on insurance reimbursement alone.

During that decade and the next, dozens of large scale studies were performed across the country. The data has been incredibly compelling. These data led many other states to launch and expand their network of school-based health centers backed by state support. The nearly two dozen states that provide supplemental funding to school-based health centers have state program offices that liaison with these centers and evaluate the impact in order to sustain the commitment.

I'd like to share a snapshot of some of the most compelling research demonstrating the effectiveness of school-based health centers.

- A study by Johns Hopkins University found that school-based health centers reduced inappropriate emergency room use among regular users of school-based health centers.^{i, ii}
- A study of school-based health center costs by Emory University School of Public Health attributed a reduction in Medicaid expenditures related to inpatient, drug and emergency department use to use of school-based health centers.ⁱⁱⁱ
- School-based health centers have demonstrated that they attract harder-to-reach populations, especially minorities and males, and that they do a better job at getting them crucial services such as mental health care and high-risk behavior screens. Two studies found adolescents were 10-21 times more likely to come to a SBHC for mental health services than the community health center network or HMO.^{iv, v}
- A national multi-site study of school-based health centers conducted by Mathematica Policy Research found a significant increase in health care access by students who used school-based health centers: 71% of students reported having a health care visit in past year compared to 59% of students who did not have access to a SBHC.^{vi}
- A study of elementary school-based health centers conducted by Montefiore Medical Center found a reduction in hospitalization and an increase in school attendance among inner-city school children for asthma.^{vii} Another study on school-based health care's effects on asthma found decreases in hospitalization rates of 75-85% and improvements in the use peak flow meters and inhalers.^{viii}



- Adolescents who received counseling services in a school-based health center significantly decreased their absenteeism and tardiness, while those not receiving counseling slightly increased their absence and tardiness rates.^{ix}
- A study of student users of health centers found that students who reported depression and past suicide attempts were significantly more willing to use the clinic for counseling services. Those with perceived weight problems reported more willingness to use a school clinic for nutrition information than those who did not feel overweight. Sexually active students were willing to seek information on pregnancy prevention and to have general disease checks.^x
- Dallas school-based health centers found that medical services helped decrease absences by 50% among students who had three or more absences in a six-week period; students who received mental health services had an 85% decline in school discipline referrals.^{xi}

While I am disheartened that we haven't seen child and adolescent health outcomes for poor children improve much over the last few decades, (many worsened through this pandemic), I am also incredibly optimistic given the renewed focus and passion for school-based health centers through my service on the Pennsylvania School-Based Health Alliance board of directors and the interest of this committee. For children and youth who live in poverty we must do more, because the traditional model of health care has proved to be insufficient. School-based health centers represent the best way to meet children and families where they are at.

I continue to stay committed to the concept of school-based health centers and parent choice. I remain invigorated by the data and the impact that so many areas have had across the country. I hope the legislature will consider seriously the timeliness for Pennsylvania to join the nearly two dozen other states supporting school-based health centers.

I thank you for the opportunity to share my perspective and for your interest in seeking new old ways to improve children's health. Thank you.

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