PENNSYLVANIA SCHOOL-BASED HEALTH ALLIANCE

HEALTHY CHILDREN, HEALTHY TEENS, HEALTHY SCHOOLS

Testimony for Julie Cousler Emig, Executive Director
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Senate Democratic Policy Committee Hearing on
Expanding School-Based Health Centers in Pennsylvania
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Good morning, Chairwoman Muth, Senator Haywood, members of the Senate Democratic Policy Committee, friends and guests. I am Julie Cousler Emig, executive director of the Pennsylvania School-Based Health Alliance. Thank you for providing me with the opportunity to speak today about the great benefits of school-based health centers and why the Commonwealth should expand the model.

The Pennsylvania School-Based Health Alliance is a statewide, nonprofit organization that represents the SBHCs across the state and works to convene current and future SBHCs and their supporters to build the reach and impact in PA. We are the Pennsylvania affiliate to the national School-Based Health Alliance where we benefit immensely from the insights from 26 other state networks, many of which have dedicated state funding for years that have enabled them to truly improve child and adolescent health outcomes in their communities.

There are currently 33 SBHCs in PA serving students in predominantly low-income Title One schools and communities. Fifteen years ago there were dozens more that were not able to survive without additional support. Today there are SBHCs in Erie, Harrisburg, York, Chambersburg, Scranton, Philadelphia and Allentown serving more than 17,500 students.

Let me start with what is a School-Based Health Center (SBHC). And then I'll talk about the why.

A SBHC is a health center located in a school or on school grounds for the students. Think of it as an urgent care embedded within a school. It is led by a health care provider, either a physician, nurse practitioner or physician's assistant, and supported by a critical health care team including a master's level behavioral health clinician, and, ideally, a dentist and a community health worker. A community health worker supports students and parents with health education and the social determinants of health that often drive the outcomes we see for children and youth that live in poverty. When SBHCs have the resources, they help the school to create a schoolwide culture of health that lays the foundation for healthier citizens that are better ready and able to contribute to the economy and society as a whole. Just like with any health care services, parents must **opt-in** to the health services.

Now the why.

The status quo is just not enough for children and adolescents who live in poverty. We know this from the data that hasn't changed much in a very long time.

The first point is access. We know that children who live in poverty are more likely to lack annual preventive routine care, especially teenagers. We see this in our state Medicaid data. We also see this in the research. Studies have consistently shown that more students with access to a SBHC have had a health care visit in the past year compared to students who did not have access to a SBHC.

Also, children and youth who live in poverty are more than twice as likely to have asthma, a chronic disease that is the leading cause of absenteeism in America. Research tells us that chronic absenteeism is a leading predictor of diminished academic outcomes. Data also tells us that there has been a dramatic growth in the prevalence of asthma since the 1980s, likely due to environmental changes.

Many cities in Pennsylvania rank among the top 50 worst places to live in the nation if you have asthma. Philadelphia is ranked 4th worse; Scranton ranks 21st, Allentown ranks 27th, and Pittsburgh ranks the 42nd worst place to live if you have asthma. That data correlates directly with chronic absenteeism; Scranton's chronic absenteeism rate before the pandemic was 28%, Pittsburgh's 30%, Philadelphia's 38%. Also before the pandemic, Pennsylvania led the nation in premature deaths caused by air pollution per capita.[1]

SBHCs have shown in dozens of studies that they significantly reduce hospital visits and hospitalizations due to asthma, by as much as 75%-85% in some studies, 50% in one study in Philadelphia, which reduces public costs to Medicaid and CHIP. The data also shows they reduce absenteeism especially among asthmatics, as much as 50% in some studies. In many low-income communities the student asthma rate is 20-25%. We need to do better.

Children and adolescents who live in poverty in urban and rural areas have long had greater incidences of mental health distress and exposure to trauma. While rates of mental health distress were higher among low-income children and youth before the pandemic, new data from the CDC show that 37% of high school students reported last year that they experienced poor mental health, and 44% said they persistently felt sad or hopeless during the past year, youth of all socioeconomic backgrounds. Pediatric and adolescent primary care providers and hospitals as well as school nurses have reported sharp increases in distress among their patients. Our SBHCs in Pennsylvania report the same level of crisis.

[1] https://www.pghcitypaper.com/pittsburgh/pennsylvania-has-the-most-premature-deaths-caused-by-air-pollution-of-any-state/Content?oid=16757374

SBHCs offer integrated mental health services that have consistently demonstrated to be the leading way to reach youth with consistency and effectiveness. One research study found that "inner-city students were 21 times more likely to make mental-health related visits to school-based health centers than to community health centers." As we look to quickly expand capacity in an area of critical importance in the next school year, SBHCs represent the best place to do that.

The traditional medical home and outpatient behavioral health model has proved to be insufficient for children & youth who live in rural and urban poverty. SBHCs have proved to be one of the most effective ways to improve health and academic outcomes, to narrow the gap between low-income and other youth, as well as minority children who face a number of other structural barriers in life.

SBHCs operate on Medicaid reimbursement rates, which are too low. The rates are so low that some Primary Care Providers (PCPs) do not accept Medicaid. Many SBHCs in PA and across the country are operated by Federally Qualified Health Centers (FQHCs) who are better resourced to do so, but still so many services happen in a SBHC are not reimbursable, such as community health workers. Community Health Workers are a critical component for a SBHC and provide the essential collaboration work with the school nurse to identify who needs more and connect those students to the SBHC; with the school leadership team, counselors, parent outreach and community engagement. Community Health Workers help to create that schoolwide culture of health.

There are over 2,500 SBHCs across the county in 23 states. Pennsylvania is just one of the 3 states that have SBHCs and do not contribute any state funding or resources. Later on today, you will hear from Robert Boyd, the Executive Director of the School-Based Health Alliance, who will provide you with some snapshots of states that provide funding for their SBHCs and how that funding directly correlates to better health outcomes for students.

I want to return for a moment to the mental health of our students. We are currently sharing a proposal with all four caucuses for $2.85 million dollars next year to give each of the existing 33 SBHCs in Pennsylvania $86,000 to immediately expand mental health services for the next school year. This funding would also launch the SBHC Data Hub that is used by many other states to extract detailed utilization data from electronic medical records so that we can provide a detailed report back to the legislature on the return of investment on the one year. The report would include, among other aspects, evaluation of the services to measure decreases in hospital visits and admission data for Medicaid and CHIP via DHS data, and school attendance cross referenced with data from the Department of Education. This one-time investment will have far-reaching effects across the Commonwealth and lead to healthier student outcomes, including decreased absenteeism and increased academic achievement.

If the pandemic has shown us anything, it is the critical mental health services our students desperately need. Our students are in a crisis. And, frankly, we are at a point where we should not just hope that our children's resilience and grit will prevail and that our students will survive this

pandemic. We need to make sure our students not only survive this time, but thrive post pandemic. Let us not lose a generation of students to this pandemic, we have already lost so much.

I thank you for the opportunity to share this information and for considering this critical investment in child and adolescent health and education in the next fiscal and school year. I would be happy to take any questions. Thank you.

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