Cost-Savings of School-Based Health Centers

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Research and evaluations have demonstrated that school-based health centers represent cost-effective investments of public resources:

- A study by Johns Hopkins University found that school-based health centers reduced inappropriate emergency room use, increased use of primary care, and resulted in fewer hospitalizations among regular users. (5)
- A study of Medicaid-enrolled children served by a SBHC in Atlanta, Georgia found significantly lower inpatient, nonemergency department transportation, drug, and emergency department Medicaid expenses as compared to children without a SBHC. In 1996 the total yearly expense per individual for the SBHC was \$898.98, as compared to \$2360.46 for individuals without a SBHC. (1)
- The number of hospitalizations and emergency department visits decreased for children with SBHCs in Cincinnati schools (2.4-fold and 33.5% respectively) – with an estimated savings of nearly \$1,000 per child. (2)
- Students in New York City schools with SBHCs were *less likely to have been hospitalized for asthma* at least once in
 the past year (10.5%) compared to those in schools without
 SBHCs (17.1%). (7)
- In South Carolina, prevention-oriented health care provided in a SBHC decreased emergency department visit rates by 41% to 57% -- 18% greater than the decrease in students who did not use the SBHC. (4)
- Adolescents with access to SBHCs in Denver had 38% 55% fewer after-hours care (emergent or urgent) visits than those without school-based health center access. (3)
- Students in Ohio who used an SBHC reported more positive self-perceptions of their health, which correlated with *lower Medicaid costs.* SBHC patients cost Medicaid an average of \$30.40 less than comparable, non-SBHC patients. (8)
- A study that explored the cost-benefit of a nationwide SBHC program to manage childhood asthma estimated total savings for opportunity costs of work loss and premature death at \$23.13 billion. (6)