

Cost-Savings of School-Based Health Centers

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.¹
- 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.²
- 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.³
- 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%).⁴
- 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.⁵
- 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.⁶
- 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.⁷
- 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.⁸

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