

PART I

INTRODUCTION



INTRODUCTION

School-based health centers (SBHC) provide an array of services to children and adolescents and are increasingly becoming a valued tool for addressing the unmet needs of youth, particularly those most underserved by the traditional service delivery system. Both primary care and mental health services have become an integral part of the school-based health program. An estimated 13,000 centers all were providing care in schools (Making the Grade, 2000).

All too often, many children's health care needs are compromised due to the lack of primary care providers, the lack of insurance, and poverty. According to recent statistics, about 15% of adolescents are without health insurance. In addition, all adolescents confront a shortage of physicians or other health professionals specifically trained in adolescent health care (Making The Grade, 2000). Accordingly, one study was conducted to explore adolescent students' use of school-based medical care, mental health, and substance abuse counseling services. This study concluded that during a 38-month period, students enrolled in the SBHCs had higher rates of visits for health and medical care than student users of traditional sources of medical care. Additionally, the proportions of student users of SBHCs mental health and substance abuse counseling services were commensurate with the estimated prevalence of these problems in the adolescent population (Anglin, 1996).

The SBHCs will continue to serve a unique role in providing accessible health related services to students who otherwise might have difficulty obtaining health services in traditional settings. This is reflected in the proliferation of SBHCs and the support of the HSHC program to increase access to primary and mental health services for young people.

HEALTHY SCHOOLS, HEALTHY COMMUNITIES PROGRAM HISTORY

Since the 1970s, the Bureau of Primary Health Care (BPHC) has supported and promoted the concept of school-based health centers. In 1994, the Secretary of Health and Human Services, Donna Shalala, and Secretary of Education, Richard Riley issued a joint statement on school health. Both Secretaries Shalala and Riley expressed the belief that health and education are joined in fundamental ways with each other and with the destinies of the Nation's children. This collaborative focus, led to the establishment of the HSHC program in 1994. The objective of this program was to encourage the development of new, comprehensive full-time, school-based primary care programs that serve high-risk children. The HSHC program is the first Federal program to support the creation of SBHCs. The program is funded under section 330 of the Public Health Service Act as amended by the Health Centers Consolidation Act of 1996.

HEALTHY SCHOOLS, HEALTHY COMMUNITIES SERVICE PROVISIONS

The HSHC program grantees provide basic health services directly, through contracts, or through cooperative arrangements. Such services include:

- primary care;
- diagnostic laboratory and radiological services;
- preventive diagnostic laboratory and radiological services;
- preventive services including prenatal and perinatal services;
- screening for cancer and other diseases;
- well child services;

- oral health and mental health services;
- immunizations against vaccine-preventable diseases;
- screening for elevated blood lead levels, communicable diseases and elevated cholesterol;
- eye, ear and dental screenings;
- emergency medical services; and
- pharmaceutical services as appropriate to a particular center.

Additionally, other services are provided that may be critical to improving the health status of a specific community or population group. Services beyond the required health center services are provided based on the needs and priorities of the community, the availability of other resources to meet those needs, and the resources of the health center.

The HSHC program is administered by the Center for School-Based Health in the Division of Programs for Special Populations under the Health Resources and Services Administration’s BPHC.

FUNDING

It is the BPHCs commitment to achieve 100 % access to needed primary health services with 0% health disparities. This commitment is reflected in the steady funding increase as reflected in the following appropriations which have increased access points form 20 in FY 1994 to 76 in FY 2000:

FY 1994	\$3.25 million	FY 1998	\$5.25 million
FY 1995	\$4.25 million	FY 1999	\$11.5 million
FY 1996	\$4.25 million	FY 2000	\$14.4 million
FY 1997	\$4.25 million		