State of Minnesota Committee of Preventive Health Policy Division

February 9, 2022

HF No. 3114

Bill for an act relating to health; establishing grants and a contract for activities to sustain school-based health centers; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 144

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Good morning,

 Chair Freiberg and members of this committee, thank you for the opportunity to testify before you today. My name is Kaitlyn Lo, I am a third-year student at Northeastern University pursuing a B.S. in Health Science. I would like to submit support for the establishment of grants and a contract to sustain school-based health centers in Minnesota as a student who has used such services.

In the late 1960s and early 70s communities in St. Paul among other cities in the U.S., pioneered the first school-based health centers (SBHCs). Early centers focused on services such as family planning, teen pregnancy prevention and support for adolescent children (Love, et al., 2019). SBHCs have far evolved since then.

 Access to healthcare is vital to all, even more so for children. Undergoing major development, health is fluid and changeable in these periods of major change. For obvious reasons, health care has major impacts on health, influencing one’s ability to fulfil their roles as functioning adults in society.

School based health centers are invaluable, as they have been shown to “improve both educational and health outcomes… [a] source of student health care [that] may be a prominent means of advancing health equity,”(Knopf, et al., 2016). Investment into school-based health centers has proved worthwhile for their numerous long-lasting benefits to the community. A review of 46 studies found “the presence and use of SBHCs were associated with improved educational (i.e., grade point average, grade promotion, suspension, and non-completion rates) and health-related outcomes (i.e., vaccination and other preventive services, asthma morbidity, emergency department use and hospital admissions, contraceptive use among females, prenatal care, birth weight, illegal substance use, and alcohol consumption). More services and more hours of availability were associated with greater reductions in emergency department overuse” (Knopf et al., 2016). In addition to providing essential health care services to students, SBHCs have shown to have numerous downstream benefits for the students and families they serve.

In light of the COVID-19 pandemic, child health care is more important than ever. The pandemic brings threat of increased child vulnerability to main determinants of health with focus squarely on adults with covid-19, sidelining child health and social care services (Sinha, et al., 2020). SBHCs are vital to support child health needs, the pandemic requires that we find additional ways to ensure that the youth have sufficient resources to support their success.

SBHCs are well worth the economic investment. In an economic evaluation of SBHCs, findings supported that they generate considerable savings to society with only moderate costs (Ran et al., 2016). With a calculated benefit-cost ratio range of 1.38:1 to 3.05:1, major savings were observed as coming from averted ED use and asthmatic care (Ran et al., 2016). The proposed bill would contribute to a worthwhile investment that would with enormous returns in the form of societal and economic benefit.

 As a student, I know that health care access is an enormous privilege, one that has lifelong consequences. Therefore, I urge the committee to support HF 3114. Thank you for your time and the opportunity to testify today.

References

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