

Economic Framework: School-Based Health Centers

The framework shows that school-based health centers (SBHC) provide services to students by engaging with the school's students, staff, and parents. The framework postulates that increased health education and access to care provided by SBHCs will reduce risk behaviors and increase early diagnosis and treatment. In particular, asthma control will improve, reduced sex risk behavior will avert teen births, and improved health will increase academic achievement. In both the short and the long term, improved health will reduce morbidity and mortality.

The economic framework identifies start-up and operating costs for SBHCs. Start-up costs include facility and administrative fees. Operating costs include medical costs (i.e., vaccines, supplies, medications, labs) and non-medical costs (i.e., staff salaries and benefits; rent, utilities, and facilities maintenance; information technology; office supplies; travel, education, training). Salaries and benefits are postulated to be the major driver of operating costs.

The economic framework postulates that one set of economic benefits of SBHC derive from healthcare costs averted due to improved health of students. The drivers of the healthcare costs averted are expected to be emergency department visits and costs associated with teen pregnancies and births. Other components of healthcare cost are inpatient stays, outpatient visits, ambulance use, medications, and labs. SBHCs also generate economic benefits from increased productivity by freeing parents time for child healthcare appointments and increasing the students' lifetime incomes as a result of higher academic achievement.

The framework conceptualizes summary economic outcomes as cost-benefit or cost-effectiveness. Cost-benefit is the ratio of averted healthcare cost and increased productivity to the intervention cost. Cost-effectiveness is net cost per additional quality adjusted life year saved or disability-adjusted life year averted.