



**Testimony for
Basic Education Funding Commission
Allentown School District, September 12, 2023**

Good morning. My name is Julie Cousler and I am the executive director of the Pennsylvania School-Based Health Alliance. I want to start by thanking the Commission for the opportunity to provide testimony today. I appreciate and commend this important work. I will speak about the importance of student access to health care in their school for Pennsylvania's students that live in poverty.

These hearings are about the varied needs of students in order for them to achieve academically. It's about education equity and, I would argue, health equity. If you are not healthy you cannot succeed, and more than half of students in poor districts are not healthy. School-based health centers are how thousands of schools across the country help students access preventive, acute, and chronic health care as well as mental health care so that all barriers are removed and students can be in school and ready to learn.

A school-based health center is like having an urgent care center right in the school. In-school medical professionals, including medical doctors or licensed nurse practitioners, provide acute and preventive care, render diagnoses and write prescriptions. The services range from health screenings, delivering sick and injury care, preventive well-child care and sports physicals, administering flu shots and vaccines, providing confidential reproductive health care for teens, conducting mental health and substance screenings and treatment, as well as dental care, vision, and more. A school-based health center is staffed by not only a medical provider but, usually, a mental health provider as well. They work in critical collaboration with the school nurse providing a very different, but complementary, service to the nurse, social workers and counselors.

There are so many reasons why low-income students do not get their annual preventive wellness checks, vaccines, or quarterly check-ins. Oftentimes, students with asthma will not receive their asthma check-ins from their doctor but rather the emergency room. We call these needs the social determinants of health. They are a parent's job insecurity and inability to miss work or not be paid, money for transportation, or even health insurance. Around 40% of students in low-income districts have a complicated chronic condition like asthma, diabetes, or ADHD. Medications and treatments are confusing or complicated, and often it's hard to control the conditions that exacerbate their health problems like the many asthma triggers for families living in substandard, insecure housing.

So many of our students are not emotionally well either. Mental health was a serious problem for many of our students before the pandemic but the distress has skyrocketed. School nurses, school-based

health center providers, family doctors and, even, teachers will tell you we are at a crisis level of need. The ongoing trauma is multi-faceted. Living in poverty, experiencing trauma and living within a gun violence epidemic in many parts of the state. Today's 24-hour technology cycle brings real world problems to every student every day on their phone way before they are ready to absorb the despair. After our students were socially isolated for two years and did not have an ability to grow and mature socially and emotionally at a critical time, the kids are not all right.

As we consider how to increase educational equity in Pennsylvania, we must increase health equity as well. For children and adolescents, we must provide these services where they spend most of their time- their school. Students get treated by a medical provider and, most likely, sent right back to class. No need to make appointments weeks away, burden parents and guardians with missed work or scrambling for transportation. Twenty-three (23) states provide state funding for school-based health centers because of the need and the positive impact on their students. There are decades of research showing that school-based health centers decrease hospitalizations and emergency room visits, decrease absenteeism, increase compliance with vaccines and routine wellness checks, and dramatically increase the number of students who access mental health care when they need it.

We at the Pennsylvania School-Based Health Alliance, along with the operators of 32 school-based health centers across the Commonwealth, are currently working with legislators and agency leaders to level health equity so that children and adolescents can do better academically. I welcome the opportunity to talk further with our great leaders to make this vision a reality, like so many other states have done for decades.

Thank you again for this opportunity to speak with you. I would be happy to answer any questions.

Respectfully submitted by,
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