

## School-Based Health Centers

**About Technical Assistance Briefs.** The MCH Evidence Center provides ongoing technical assistance (TA) to Title V agencies related to the emerging evidence base, strategies, and measures related to many topics interconnected with National Performance Measures and other critical topics in MCH. *Technical Assistance Briefs* are an outcome of these TA sessions that are designed to act as *conversation starters* in thinking about programs that can be developed to address issues that affect women, infants, children, adolescents, youth, families, and communities. These briefs are not meant to be comprehensive; full analyses of the NPM topic areas are provided in [Evidence Analysis Reports](#).

The Center makes these customized briefs available during TA and on the program website to identify evidence-based/informed strategies, promising practices, examples of ESMS from the field and peer-reviewed resources. Please [contact us](#) if you would like us to develop a similar report for topics that you are working on.

**Initial Query for this Brief.** Identify the effectiveness of school-based health centers (SBHC) and related strategies to encourage use of SBHC's and measurements associated with mental health and academic outcomes.

**Overview.** The following information comes from [the Robert Wood Johnson Foundation's \(RWJF\) County Health Rankings & Roadmaps What Works for Health](#) database and recent scoping review by Arenson et al. in 2019: [The Evidence on School-Based Health Centers: A Review](#).

School-based health centers (SBHCs) are a scientifically supported evidence-based strategy. SBHCs provide elementary, middle, and high school students with a variety of health care services on school premises or at off-site centers linked to schools. Teams of nurses, nurse practitioners, physicians, counselors, social workers, and oral health providers often provide primary and preventive care, including:

- Well-child visits
- Vaccinations
- Sports physicals
- Mental health care
- Physical activity counseling
- BMI screening
- Chronic illness diagnosis and management (asthma, diabetes, obesity, mental health)
- Sick visits
- Sexual health education
- Reproductive health services (middle and high school)
  - STI screening
  - Birth control
- Oral and dental hygiene services

- Vision and hearing screenings
- Laboratory and prescription services
- Treatment of acute illnesses
- Medication monitoring
- Access to mental health providers, counseling and behavioral risk assessments
- Medical records review
- Implementation of Individualized Health Plans
- Development of Individualized Education Plans
- Enrollment into public insurance programs (for eligible students and families)

State policies vary regarding which services may be provided to a student without a parent or guardian present and/or with or without parental consent.

Patients who utilize SBHCs are usually publicly insured (Medicaid or CHIP) or uninsured and come from marginalized or underserved populations. SBHCs are located in urban, rural, and suburban areas. Funding may come from federal, state, and/or local government as well as community resources and foundations.

Since 2011, there has been a 20% increase in the number of SBHCs in the United States, increasing the number to more than 2,400. “The American Academy of Pediatrics (AAP) recommends SBHCs as a recommended safety-net health care delivery model for pediatric populations that are uninsured, underinsured, or represent populations that do not have access to regular health care.”

#### Other Expected Benefits of SBHCs:

- Increased access to care and quality of care
- Reduce emergency room visits and hospital utilization
- Reduce health care costs
- Improved health outcomes for chronic diseases and mental health
- Increased academic achievement
  - Reduce absenteeism
  - Increase graduation rates
  - Reduce drop-out rates
  - Increase students’ connectedness to school
  - Higher GPAs among students who access needed mental health services
- Increase access to services to address marijuana, cigarette (including vaping and e-cigarettes) and prescription drug abuse.
- Increase vaccination rates
- For students with chronic illnesses (asthma), who receive needed on-site management of their disease, there is an increase of time in the classroom
- Support school climate with crisis interventions and mental health care access

**Mental and Behavioral Health** SBHCs may reduce barriers to mental health services by providing on-site access to mental health services and treatment. SBHCs with mental health services may be more appealing to students if they offer culturally sensitive services for student and parent engagement, develop student advisory committees to incorporate student feedback at SBHCs, and engage peer health advocates to encourage other students to seek support. SBHCs offering mental health services are generally larger, more established clinics with more resources and state funding.

For additional information and evidence, visit RWJF’s [What Works for Health](#) strategies database and Arenson M, Hudson PJ, Lee N, Lai B. [The Evidence on School-Based Health Centers: A Review](#). *Glob Pediatr Health*. 2019 Feb 19.

### Evidence-Based Strategy Measures

**ESM: Program Integration.** These ESMs have been chosen by other states or jurisdictions. You can review the ESMs to see if any resonate with your goals. Evidence Center staff are available to talk through how you could modify select ESMs to serve your needs.

State	ESMs	Evidence
AR	ESM 12.5: Number of School-based Health Center Coordinators that complete a Title V Health Care Transition Readiness Assessment Survey with questions regarding the school district’s health center	Emerging
AK	ESM 10.1 Percent of students who have a comprehensive wellness visit at school-based health centers	Emerging
CT	ESM 10.2: Percent of adolescents 12 through 17 with a depression screening at the time of medical visit at all school-based health centers	Emerging
DE	ESM 10.2: Number of adolescents receiving services at a school-based health center who have a risk health assessment completed ESM 10.3: Increase the # of unique mental health visits provided to SBHC enrollees	Emerging Emerging
IL	ESM 10.1: Number of adolescents (ages 10-21) served by school-based health centers	Emerging
MD	ESM 10.1: Number of adolescent (12-17) who receive well visits through school based health centers	Emerging
NC	ESM 10.1: Number of adolescents receiving a preventive medical visit in the past year at a local health department or school health center	Emerging
OH	ESM 10.2: Percent of middle and high schools with a school-based health center that offers health services to students	Emerging
PA	ESM 10.1: In schools with a Health Resource Center (HRC), the percent of youth within that school utilizing HRC services ESM 10.2: Number of referrals provided to school and community-based resources (Health Resource Centers)	Emerging No Similar Strategy

## Priorities and strategies related to SBHCs

State	Priority Needs	Strategies
MD	Ensure that adolescents age 12-17 receive comprehensive well visits that address physical, reproductive, and behavioral health needs.	<ul style="list-style-type: none"> <li>• SBHCs bring medical and mental health services directly to schools, making healthcare more accessible to students</li> <li>• SBHCs focus on preventive care, such as vaccinations, health screenings, and health education</li> <li>• SBHCs can serve as a resource for the broader community, providing healthcare services to family members and the local population</li> </ul>

## State Examples of SBHCs

- [California School-Based Health Alliance](#). This website provides information about SBHCs in California as well as research supporting the evidence-based initiative and an impact report.
- [School-Based Health Alliance](#). A one-pager on the benefits of SBHCs and the evidence to support them.
- [School-Based Health Alliance of Arkansas](#). A project of the SVHC of Arkansas highlighting SBHCs in the state.
- New York State [School-Based Health Centers Program Description](#).
- [Minnesota School-Based Health Centers](#)

## Evidence-Based Strategies – From the Literature

The following programs have been identified as effective models related to SBHCs; access the studies below:

Title	Short Overview
<a href="#">School-based Health Centers and Academic Performance: Research, Challenges, and Recommendations</a>	This 2004 article by Geierstanger is the first article to examine the relationship between SBHCs and academic performance. Existing literature build on the work of Geierstanger et al.
<a href="#">School-based Health Centers and Pediatric Practice</a>	This is a policy statement (2021) from the Academy of Pediatrics (APP). Best practices and recommended guidelines for SBHCs include community need assessments, coordination of care with the medical community, and measurement of performance indicators reflecting the services from the SBHC and the students' academic performance. The article highlights the seven core competencies for SBHCs.

<p><a href="#">The Evidence on School-Based Health Centers: A review</a></p>	<p>This 2019 review supports the evidence that SBHCs should collect and analyze data to demonstrate outcomes and cost-savings benefits.</p>
<p><a href="#">Assessing the Effect of School-Based Health Centers on Achievement of National Performance Measures</a></p>	<p>This article uses Medicaid claims data in Delaware to assess the use of health care and mental health services in youth with and without SBHCs. Findings indicate increased use by students who have SBHC for health care and mental health.</p>
<p><a href="#">School-Based Health Centers, Depression, and Suicide Risk Among Adolescents</a></p>	<p>This study examined the availability of mental health services in SBHCs in Oregon related to decreasing depressive episodes and suicide risk among adolescents. Results are positively associated with increasing access to school-based mental health services could reduce depressive episodes and suicide risk.</p>
<p><a href="#">School-based Health Centers, academic achievement, and school discipline: A systematic review of the literature</a></p>	<p>A systematic review to understand the association between SBHCs and educational outcomes of students. Findings indicate BSHC can be both an indicator and a result of a child’s health. Still there is limited evidence to confirm the association between having SBHCs and improved educational outcomes.</p>
<p><a href="#">Twenty Years of School-Based Health Care Growth and Expansion</a></p>	<p>Data from the School-Based Health Alliance’s National SBHC Census in 2016 -2017. A list of states with SBHCs is provided in the article. SBHCs allow students from other schools to utilize their services, as well as faculty, school personnel, families of students. There has been an increase in rural SBHCs over the past few years. Telehealth is a growing source of providing care to the populations using SBHC services. Measurement comes from the School Health Services National Quality Initiative (NQI), led by the School-Based Health Alliance and national Center for School Mental Health and funded by MCHB. For more information: <a href="https://tools.sbh4all.org/quality-counts-home/">https://tools.sbh4all.org/quality-counts-home/</a></p>
<p><a href="#">The Influence of a School-Based Health Center on the Students and Teachers’ Classroom Experiences: Stories Teachers Tell</a></p>	<p>A 2019 paper found four emerging themes from interviews with two high schools with SBHCs. Themes: SBHCs make a difference in typical markers of academic success; student who did not have a trusted adult changed significantly when the SBHC was operationalize; SBHC shifted the cultural of the school to be more transparent, open, sharing, and supportive; and some logistical issues balancing academic and health care aims for the students including communication and collaboration between the SBHC team and teachers, faculty, staff at the schools.</p>
<p><a href="#">School-Based Health Centers and Academic Performance: What is the Intersection?</a></p>	<p>This conference report provides a stimulus for further discussion and research on the connection between SBHCs and academic performance and guidance to those currently working with SBHCs on strategies to document and enhance the collaboration between SBHCs and educators to improve student success and sustain the viability of the SBHC initiative.</p>

<a href="#">The Community Guide: School-based Health Centers</a>	Recommendations in The Community Guide are the gold standard for what works to protect and improve population health. This resource offers a collection of evidence-based recommendations and findings around SBHC's.
<a href="#">School-based Health Alliance</a>	The School-based Health Alliance works to increase equitable access to health care for children through school-based health care. This alliance offers expertise, driving innovation, advocating for policies and measuring impact with the overarching goal in increasing the number of school-based health centers and improve the quality of services they offer.

## Specific Focus Areas of SBHCs

**Intervention.** Strategies to encourage teachers and principals to allow students to utilize SBHCs:

1. **Improved health leads to improved academic performance.** Research has documented that there is a positive connection between the health of student and their academic performance.<sup>1</sup> Many health issues, including vision, oral health, asthma, teen pregnancy, aggression and violence, physical activity, substance use and abuse, and inattention and hyperactivity inhibit a students' ability to learn.<sup>2,3</sup>
2. **Increase access to health care.** Students and families spend a majority of their time in a school setting. Providing access to health care services where students already are can reduce absenteeism, improve management of chronic health conditions, and connect students and families to other needed services.<sup>4</sup>
3. **Educate Teachers and Principals:** Provide comprehensive information about the benefits of SBHCs, including how they can improve students' access to healthcare, address health-related barriers to learning, and support overall student well-being. Sharing relevant research and success stories from other schools can help build a strong case for these centers.
4. **Engage Parents and Guardians:** Involve parents and guardians in the decision-making process. Hold informational meetings or workshops to discuss the importance of SBHCs and address any concerns or misconceptions they may have. When parents are on board, they can advocate for the centers and encourage teachers and principals to support them.
5. **Professional Development:** Offer professional development opportunities for teachers and school staff to learn about the services and resources available at the SBHCs. When educators understand the potential benefits for their students, they are more likely to support the initiative.
6. **Data Collection and Analysis:** Gather data on the impact of SBHCs on student health outcomes and academic performance. Presenting evidence of positive results can be compelling for teachers and principals to endorse these initiatives. Assessments can support tracking well care visits, risk assessments, depression screenings, BMI, and STI screenings.<sup>5</sup>
7. **Collaboration and Partnerships:** Foster partnerships between the SBHCs and academic staff. Encourage healthcare providers to work closely with teachers and administrators to integrate health and wellness into the school curriculum and activities. This collaboration can enhance the overall support for students' physical and mental health.

8. **Incentives and Recognition:** Recognize and reward schools, teachers, and principals that actively support the use of SBHCs. Positive reinforcement, awards, or recognition from the school district can motivate educators to prioritize the centers' services.
9. **Tailored Outreach:** Recognize that each school community is unique and may have specific concerns or barriers. Tailor the messaging and approach to address these specific concerns, ensuring that teachers and principals see the relevance of the SBHCs in their particular context.
10. **Parent-Teacher Communication:** Promote ongoing communication between teachers and parents about the availability and benefits of the SBHCs. Teachers can serve as essential conduits to inform parents about the services offered and how they can benefit their children.
11. **Student Involvement:** Involve students in raising awareness about the SBHCs. Student testimonials and involvement in promotional activities can create a positive impact on teachers and principals and underscore the centers' value.

**Outcomes.** The research on this topic suggests that there is a potential link between referring students to mental health services and reducing suspension rates in schools. Key findings include:

1. **Early intervention:** Early identification and intervention for students experiencing mental health challenges can lead to improved behavior and academic outcomes. When schools provide appropriate mental health support, students are less likely to engage in disruptive behaviors that might result in suspensions.
2. **Social and emotional learning (SEL):** Implementing social and emotional learning programs in schools can contribute to better mental health outcomes for students. These programs teach emotional regulation, empathy, and relationship-building skills, which can lead to decreased conflict and disciplinary issues.
3. **Addressing underlying issues:** Students may act out or display challenging behaviors due to underlying mental health issues. Providing access to mental health services (such as individual counseling, group counseling, crisis intervention, medication management, and psychoeducation) allows for these issues to be addressed, potentially reducing the need for punitive disciplinary actions like suspension.
4. **Alternative approaches to discipline:** Schools that adopt restorative justice practices or other alternative disciplinary measures tend to have lower suspension rates. These approaches prioritize repairing harm, building relationships, and addressing the root causes of behavioral issues, rather than solely focusing on punishment.
5. **School climate:** Mental health services can contribute to a positive school climate, where students feel supported and safe. A positive school climate is associated with lower rates of suspensions and other disciplinary actions.

Note that while there is emerging evidence supporting the potential benefits of receipt of mental health services on suspension rates, more research is needed to establish direct causation and to understand the specific mechanisms at play. Additionally, different schools and districts may experience varying results based on their unique circumstances, resources, and implementation strategies.

## Summary of Impact of SBHCs

SBHCs have shown impact on the well-being and academic performance of students. Here is a summary of their effects:

1. **Improved access to healthcare:** SBHCs bring medical and mental health services directly to schools, making healthcare more accessible to students. This helps remove barriers related to transportation, time constraints, and parental availability, ensuring that students can receive necessary medical attention promptly.<sup>6</sup>
2. **Enhanced academic performance:** By addressing health issues promptly, SBHCs can improve students' overall well-being, leading to better attendance and engagement in the classroom. Healthy students are more likely to concentrate on their studies and perform well academically.<sup>7,8</sup>
3. **Mental health support:** SBHCs offer counseling and mental health services, which are crucial in supporting students dealing with emotional, behavioral, and psychological challenges. Early intervention can lead to better mental health outcomes and reduce the risk of long-term mental health issues.<sup>9</sup>
4. **Preventive care and health education:** SBHCs focus on preventive care, such as vaccinations, health screenings, and health education. By promoting healthy behaviors and providing essential preventive services, they contribute to reducing the prevalence of diseases and chronic conditions among students.<sup>10,11</sup>
5. **Reduction in emergency room visits:** With on-site health services available, SBHCs can address minor health concerns before they escalate, leading to a decrease in unnecessary emergency room visits and associated costs.<sup>12</sup>
6. **Support for students with chronic conditions:** SBHCs can provide ongoing care and management for students with chronic health conditions like asthma or diabetes. This ensures that these students can manage their conditions effectively and participate fully in school activities.<sup>13</sup>
7. **Positive impact on school staff:** SBHCs also benefit teachers and school staff by reducing the time spent dealing with health-related issues. When students can access healthcare within the school premises, it lessens disruptions caused by absenteeism and health-related distractions in the classroom.<sup>14</sup>
8. **Community health benefits:** SBHCs can serve as a resource for the broader community, providing healthcare services to family members and the local population. This improves community health overall and fosters positive relationships between schools and the surrounding neighborhoods.<sup>15,16</sup>

## Evaluation questions for students related to their use of SBHCs

1. **Awareness and Accessibility:**
  - Were you aware of the school-based health center before today's visit/survey?
  - How did you first learn about the school-based health center?
  - Did you find it easy to locate and access the health center within the school premises?
2. **Services and Support:**

- What services did you utilize at the health center (e.g., medical check-ups, counseling, vaccinations)?
  - Did you feel comfortable discussing your health concerns with the staff at the health center?
  - Were the health center staff supportive and respectful of your needs and preferences?
- 3. Effectiveness of Services:**
- Did the health center services address your health concerns effectively?
  - How has your use of the health center positively impacted your overall well-being and academic performance?
- 4. Confidentiality and Privacy:**
- Did you feel that your privacy and confidentiality were adequately respected during your visits to the health center?
  - Were you comfortable discussing sensitive health issues with the health center staff?
- 5. Communication and Information:**
- Were you well-informed about the services available at the health center?
  - Did you receive clear and helpful information from the health center staff?
- 6. Convenience and Scheduling:**
- Were the health center operating hours convenient for your schedule?
  - Did you face any challenges in scheduling appointments at the health center?
- 7. Referral and Follow-up:**
- If you were referred to other health professionals or services, did you receive appropriate follow-up care?
  - Were you given sufficient information about external resources for additional support?
- 8. Improvement Suggestions:**
- What improvements would you suggest to make the school-based health center more helpful and accessible?
  - Are there any additional services or resources you would like to see provided at the health center?
- 9. Overall Satisfaction:**
- On a scale of 1 to 10, how satisfied are you with your experiences at the school-based health center?
  - Would you recommend the health center to your peers? Why or why not?
- 10. Impact on Academic Performance:**
- Have your experiences at the health center positively impacted your ability to focus on studies and perform better academically?
- 11. Health Education and Promotion:**
- Have you received any health education or preventive health information from the health center? If yes, did you find it helpful?
  - Are there any specific topics you would like to see covered in health education programs at the school-based health center?
- 12. Cultural Sensitivity and Diversity:**

- Did you feel that the health center staff understood and respected your cultural background and values?
- Were there any cultural aspects that you think should be considered to improve the health center's services for diverse student populations?

**13. Peer and Staff Support:**

- Did the health center offer peer support groups or counseling services? If yes, did you find them beneficial?
- Did you receive support and guidance from the health center staff beyond your immediate health needs?

**14. Mental Health Services:**

- Have you utilized mental health services at the health center? If so, how have they positively impacted your mental well-being?

**15. Health Center Facilities and Environment:**

- What are your thoughts on the health center's facilities and waiting areas? Is there anything that could be improved to enhance the environment?

**16. Student Involvement and Input:**

- Were you given an opportunity to provide feedback or suggestions to improve the health center's services?
- Do you feel that student voices and preferences are taken into account when planning health center programs?

**17. Collaboration with School Staff:**

- How well do you think the health center staff collaborated with your teachers and school administrators to support your health needs?

**18. Impact on Absenteeism and Dropout Rates:**

- Has the availability of the health center on campus influenced your decision to attend school more regularly or continue your education?

**19. Long-term Health Outcomes:**

- How do you think the health center's services have contributed to your long-term health outcomes and lifestyle choices?

**20. Recommendations for Improvement:**

- If you could change or improve one aspect of the health center, what would it be, and why?

**21. Health Center Outreach and Promotion:**

- How effective do you think the health center is in promoting its services and reaching out to students?

**22. Parental Involvement:**

- Were your parents or guardians informed about the school-based health center's services, and do you think parental involvement would be beneficial?

Remember to encourage students to provide honest and constructive feedback to gain valuable insights for improving SBHCs' services. Additionally, you can conduct these evaluations through surveys, focus group discussions, or one-on-one interviews, depending on what suits your evaluation process best.

## References

- <sup>1,6,7,13</sup> Basch C. Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. New York: Campaign for Educational Equity Teachers College, Columbia University; 2010.
- <sup>2</sup> Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. *Preventing Chronic Disease*. Oct 2007;4(4):A107.
- <sup>3</sup> Guarnizo-Herreño CC, Wehby GL. Children’s dental health, school performance, and psychosocial well-being. *The Journal of Pediatrics*. 2012;161(6):1153-1159. e1152.
- Also see: Bradley BJ, Greene AC. Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents’ academic achievement and health behaviors. *Journal of Adolescent Health*. 2013;52(5):523-532.
- <sup>4</sup> <https://www.schoolhealthcenters.org/school-based-health/>
- <sup>5</sup> <https://tools.sbh4all.org/quality-counts-home/>
- <sup>8</sup> Bradley BJ, Greene AC. Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents’ academic achievement and health behaviors. *Journal of Adolescent Health*. 2013;52(5):523-532.
- <sup>9</sup> Paschall MJ, Bersamin M. School-Based Health Centers, Depression, and Suicide Risk Among Adolescents. *Am J Prev Med*. 2018 Jan;54(1):44-50.
- <sup>10</sup> Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. *Preventing Chronic Disease*. Oct 2007;4(4):A107.
- <sup>11</sup> Guarnizo-Herreño CC, Wehby GL. Children’s dental health, school performance, and psychosocial well-being. *The Journal of Pediatrics*. 2012;161(6):1153-1159. e1152.
- <sup>12,14</sup> Paschall MJ, Bersamin M. School-Based Health Centers, Depression, and Suicide Risk Among Adolescents. *Am J Prev Med*. 2018 Jan;54(1):44-50.
- <sup>15</sup> Love HE, Schlitt J, Soleimanpour S, Panchal N, Behr C. Twenty Years Of School-Based Health Care Growth And Expansion. *Health Aff (Millwood)*. 2019 May;38(5):755-764.
- <sup>16</sup> Bridgeman JD. The Influence of a School-Based Health Center on Students and Teachers' Classroom Experiences: Stories Teachers Tell Teachers' Classroom Experiences: Stories Teachers Tell. (2019). Doctor of Education (EdD). 127. <https://digitalcommons.georgefox.edu/edd/127>

---

School Based Health Centers

May 2024

Access other resources at <https://www.mchevidence.org>

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC31613, Strengthen the Evidence for Maternal and Child Health Programs, \$3.5 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.