



Promoting Health & Education: Expanding School-Based Health Centers in Underserved Communities

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School-Based Health Centers (SBHCs) contribute to higher high school completion rates, an increase in student Grade Point Average (GPA), and a reduction in the risk of school suspension is a compelling argument for their expansion.

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tudents from low-income communities or minority racial and ethnic backgrounds are at greater risk of having poorer educational outcomes (Ferguson et al., 2007)

Poverty is a significant risk factor for impacting students' future success and health outcomes (Ferguson et al., 2007). Additionally, students from low-income or racial/ethnic minoritized backgrounds are at greater risk for developing chronic health challenges than their White counterparts (Knopf et al., 2016). Much of the literature has highlighted how school-based health centers can reduce disparities in academic achievement and health outcomes for students from low-income communities and racial/ethnic minoritized backgrounds (Knopf et al., 2016; Arenson, 2019). Furthermore, school-based health centers are proven to reduce the number of emergency room visits in school-aged children (Guo et al., 2011).

School-based health centers (SBHC) are clinics or providers that deliver health services to students in grades K-12 (Knopf et al., 2016). These services can be delivered at the school (on-site) or community centers connected to the school (off-site), typically at low-income schools or communities. SBHCs provide mental health services, dental treatment, and well-being checkups (Guo et al., 2011). SBHCs are heavily supported by the federal government, health insurance agencies, Medicaid, and "Healthy School and Healthy Communities (Guo et al., 2011).

All students are eligible to receive services offered by SBHCs, however, parental consent is required (Knopf et al., 2016). SBHCs serve as a benefit to students, parents, community residents, and school personnel. Services are provided by healthcare organizations independent of the school system. Furthermore, healthcare services at SBHCs are provided by a single clinician or multidisciplinary team (Knopf et al., 2016). SBHC services are typically only available during school hours, but some SBHCs provide services outside of school hours (Knopf et al., 2016).

Knopf et al. (2016) identified that much of the literature on SBHCs did not identify a positive influence on student health and academic outcomes. However, Knopf et al.'s (2016) systematic review yielded that SBHCs can contribute to higher high school completion rates, increasing student grade point average (GPA) and reducing the risk of school suspension.

Guo et al. (2011) cost-benefit analysis of SBHCs, discovered that SBHCs effectively reduced healthcare disparities in African American and low-income communities. Another systematic review conducted by Baines and Diallo (2016), revealed that over 30% of SBHC visits were focused on mental health treatment. Furthermore, students with access to SBHCs were more likely to seek mental health or substance abuse services than those who did not have access to an SBHC (Baines & Diallo, 2016). A recent report released by First Book (2022) showed that around 53% of low-income students face mental health challenges, and around 80% of school personnel feel unequipped to support

students through their mental health crises. Another report from the Centers for Disease Control and Prevention (2022) stated that around 44% of students report feeling hopeless and persistently sad, symptoms that could be categorized as depression. SBHCs can address the lack of mental health utilization among students from minority and low-income communities and contribute to improving mental health service delivery and psychosocial outcomes for the nation's K-12 students (Guo et al., 2008). SBHCs are proven to reduce the risk of substance misuse and adolescent alcohol use (Knopf, 2018). Moreover, female students who utilized SBHC services had higher rates of contraceptive use and improved prenatal care (Knopf, 2018).

SBHCs are proven to improve students' academic outcomes, especially high school students. A comparative study reported higher school attendance rates among SBHC users than non-users (Walker et al., 2010). Although there were no significant major differences among GPA for SBHC users and non-users, there was a steeper increase in GPA for SBHC users across two full academic terms (Walker et al., 2010). Furthermore, Walker et al.'s (2010) study revealed that students who utilized SBHC healthcare services had higher attendance rates, and students who used mental health services improved their GPA. Geierstanger et al. (2004) identified several academic outcomes among SBHC users compared to non-users. Foremost, SBHC users were more likely to complete high school than non-users, and SBHC users were more likely to be promoted to the next grade than

non-users. Specifically, there was a significant association between the frequency of visits and graduation rates among SBHC users.

Additionally, students who used SBHCs for physical health services were likelier to have higher reading scores than non-users. Academic performance among K-12 students is extremely important as it contributes to positive outcomes. K-12 students with higher academic performance are more likely to persist to higher education, successfully integrate into adulthood, have higher socioeconomic capital, and reduce their risk of engaging in criminal activities (Rogers, 2011).

In North Carolina, over 30,000 students have access to the state's 90 SBHCs. According to the North Carolina Department of Health and Human Services (NC DHHS), students aged 10-19 are eligible for services provided by SBHCs. North Carolina's SBHCs provide wellness visits and mental health and telemedicine services. The North Carolina School-Based Health Alliance is key in expanding the number of SBHCs statewide. During the 2019 academic year, 45% of the SBHC visits in North Carolina were for medical services, 24% were preventive care, 27% focused on behavioral health, and 4% were nutrition visits (North Carolina School Health Center Program [NCSHC], 2019). Access to healthcare services is a significant barrier for students from low-income communities. Thus, North Carolina SBHCs have focused on providing telehealth; subsequently, 48% of North Carolina's SBHCs provided telemedicine, increasing access to those living in rural North Carolina. Like the national average, mental health challenges among North Carolina's students are alarming. Suicide is a leading cause of death among North Carolina youth ages 12-17, and around 15% of adolescents in North Carolina are diagnosed with behavioral, mental, or developmental disorders (North Carolina School Health Center Program [NCSHC], 2019). North Carolina's SBHCs have played a pivotal role in reducing risk factors related to student mental health. North Carolina's SBHCs focus on preventive care to improve health and educational outcomes for children.

POLICY RECOMMENDATIONS

According to Figure one, many counties are without SBHCs, although SBHCs are proven to improve health and educational outcomes for minority and low-income students. In a recent report by a North Carolina media outlet (2021), Robeson, Tyrrell, Halifax, Bertie, Washington, Richmond, Bladen, Warren, Edgecombe, and Northampton counties are the top ten impoverished counties in the state (Stacker, 2021). According to Figure one, only two of North Carolina's most impoverished counties have school-based health centers. There is a huge need to expand SBHCs in North Carolina's most impoverished counties. Throughout this brief, numerous research studies and reports have highlighted the positive impact of SBHCs on students from low-income communities. Almost half of the students in North Carolina live in low-income areas, and poverty in North Carolina is a significant barrier to obtaining mental health services (Public Schools First NC, 2021). Students from low-income communities often have lower educational outcomes than those from higher socioeconomic backgrounds and are at greater risk for developing social and behavioral problems. SBHCs can combat the health disparities in services among low-income communities and allow students to receive mental health services. Additionally, establishing SBHCs in North Carolina's most vulnerable counties will increase students' educational outcomes in those areas.

A recent review of the literature on the effectiveness of SBHCs in North Carolina yielded no articles. If more research were conducted on the effectiveness of SBHCs in North Carolina counties, it could lead to the expansion of SBHCs across the state and policy creation for SBHCs. Additionally, if more research were focused on North Carolina's SBHCs, it would increase knowledge of SBHCs and how they contribute to increasing health and educational outcomes for students from racial/ethnic minoritized backgrounds and low-income communities. North Carolina has always had difficulty reducing the stark differences in educational outcomes among racial/ethnic communities (Dukes, 2022). Since the pandemic, grade promotion and K-12 enrollment have decreased in North Carolina (Dukes, 2022). Educational achievement has been linked to successful workforce development (Dukes, 2022). If the state expects to close the achievement gap, it should allocate resources for researchers to evaluate how SBHCs have helped NC counties thus far. In 2022, Governor Mike Dewine of Ohio announced that over \$25 million would be awarded to expand and create SBHCs. These centers in Ohio have contributed to increasing healthcare and mental health services, ultimately leading to increasing one's educational outcomes. SBHCs in Ohio have also contributed to a participant's future academic success. Healthy students are better learners.

FIGURE ONE: NORTH CAROLINA SCHOOL-BASED HEALTH CENTERS



SOURCE: NORTH CAROLINA SCHOOL-BASED HEALTH ALLIANCE

School-Based Health Centers (SBHCs) play a pivotal role in enhancing the educational and health outcomes of K-12 students, especially those from low-income and racial/ethnic minoritized communities. These centers work towards reducing health disparities, improving access to mental health services, boosting academic performance, and contributing to higher high school completion rates. Their significance is underscored in the context of North Carolina, where over 30,000 students benefit from these services.

Creating and expanding SBHCs in low-income communities is critical to reducing health disparities and increasing student educational outcomes. Education is a key player in increasing one's socioeconomic capital. When students are healthy, they are more likely to persist to graduation. SBHCs are perfectly positioned to meet the needs of our most vulnerable neighbors by bringing services to where they are, free of charge.

However, an evident lack of SBHCs in some of the most impoverished counties of North Carolina underscores the need for expansion. To better serve the health and educational needs of these underserved communities, SBHCs must be established and integrated into the existing school and community infrastructure. Such an initiative would not only address the ongoing health disparities but also work towards improving academic outcomes in these regions.

Finally, there is a pressing need for more research to be conducted on the effectiveness of SBHCs in North Carolina. Such studies could guide the development of policies that further enhance the role of SBHCs across the state, allowing them to make a more profound impact on students' health and educational outcomes. The evidence and insights from other states, such as Ohio, illuminate the potential benefits of expanding and creating SBHCs. With these efforts, we can better ensure the future success of our students and make strides toward fostering health equity and educational attainment for all.

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Policy Considerations:

1. Expansion of SBHCs: Many counties in North Carolina, particularly those that are most impoverished, lack SBHCs.
2. Invest in Telehealth: Recognizing the barriers to healthcare access, particularly in rural areas, investment should be made to provide telehealth services.
3. Research and Data Collection: Allocating resources for research in this area could provide valuable insights for policy creation, potentially leading to further expansion of SBHCs across the state.
4. Mental Health Services: SBHCs should prioritize and continue to enhance their mental health and substance abuse services.
5. Investment in Staff Training: Investment in training for school staff can supplement the work of SBHCs and contribute to an overall healthier and more supportive school environment.
6. Integration with Academic Efforts: Collaboration between SBHCs and academic support services can promote overall student well-being and success.
7. State Funding: North Carolina should consider state-level funding to expand and improve SBHCs.