



School-Based Health Centers

Defining the District's Role

District Leadership Forum

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1) Executive Overview

Key Observations

Contacts and existing research suggest a link between school-based health centers (SBHCs) and student outcomes, behaviors, and attitudes. For example, a study published in the *Journal of School Health* found that high school students not registered with an SBHC lost about three times as much seat time as students enrolled in an SBHC because they had to leave school for health care services. The authors suggest these findings show SBHCs have a direct impact on outcomes. Two additional studies published in the *Journal of School Health* found that students at schools with an SBHC rated various aspects of their learning environments more favorably and that SBHC use was correlated with lower substance use rates among certain demographics.

To establish an SBHC, profiled districts partnered with health care organizations after demonstrating a need for health care services. These health care organizations will work with several school districts, and some districts partner with more than one health care organization. For example, **District C**, which has more than 20 SBHCs, partners with five sponsoring organizations, while **District A**, which has one SBHC, partners with two organizations.

Startup funding for SBHCs comes from federal and state grants. When initial grants expire, SBHCs seek funding from several other sources, including: public and private insurance, additional government grants, and private sector support.

SBHCs largely serve students, but about half of SBHCs in the country serve populations beyond the students enrolled in the host school. These populations include students from other schools, faculty and staff, and local residents. Among profiled districts, SBHCs serve only students. However, in **District D**, any student, including those who are homeschooled and enrolled in independent schools, can access the clinic. Meanwhile, contacts at **District A** report the SBHC plans to eventually expand services to the siblings of enrolled students.

SBHCs at profiled districts offer a wide spectrum of family medicine services (e.g., vaccinations, well-child check-ups). Additionally, SBHCs commonly offer mental health care, reproductive health services, and substance use services. Less common services include dental care, case management, and nutrition services. Contacts report they added services to meet changing or unmet needs. For example, **District D** administrators advocated for case management services to help students with several chronic health conditions navigate multiple points of care.

Among profiled districts, sponsoring health care organizations run day-to-day SBHC operations, but district and school leaders share some oversight responsibility. The Director of Health and Social Services at **District B** ensures that the memorandum of understanding between the District and its managing sponsor is updated each year. District leaders at **District C** similarly establish and monitor agreements between the District and their sponsoring organizations. Contacts report school-level stakeholders maintain more regular collaboration with SBHC staff. For example, the principal at one of **District A**'s middle schools hosts weekly meetings to discuss its clinic and troubleshoot new and ongoing challenges.

All contacts cite data sharing as one of the major barriers SBHCs face because schools and SBHCs are subject to separate privacy laws. For example, contacts at **District A** suggest that teachers who want to follow up on students after referring them to an SBHC are unable to receive information from providers at the SBHC because the Health Insurance Portability and Accountability Act bars it, even if

teachers have a legitimate educational interest (e.g., how a student's health might affect their academics). Meanwhile, the Family Educational Rights and Privacy Act prevents SBHC staff from gaining access to a school's student information system.

2) Impact and Use of School-Based Health Centers

Student Outcomes

Contacts at Profiled Districts and Existing Research Suggest Link between SBHC Use and Student Success

Contacts at all profiled districts agree that school-based health centers (SBHCs) support student success, in large part because delivering health care services on campus can increase the time students spend in the classroom.

Existing research corroborates these reports, suggesting links between SBHC use and increased seat time and improved outcomes. For example, one study published in the *Journal of School Health* found that high school students not registered with an SBHC lost about three times as much seat time as students enrolled in an SBHC because they had to leave school for health care services. The study defined “seat time” as the time students are available in school to learn or access support services. The authors suggest these findings demonstrate that SBHCs have a direct impact on academic outcomes.¹

In a separate study, researchers found that SBHC use was associated with academic improvements among high-risk students. Specifically, they found that students who sought medical services at SBHCs demonstrated significant increases in attendance, and students who received mental health services from SBHCs showed increases in GPA.²

While **District C** does not measure the impact of its SBHCs, the city’s Department of Education, which funds the District’s health centers through a broader academic improvement fund, tracks the impact of these investments. In 2016-2017, the majority of 9th grade students at high schools that received funding from these investments earned enough credits to advance on-time to 10th grade.³

While no other profiled district measures the link between SBHC services and student outcomes, contacts report the benefits of SBHCs anecdotally.

SBHCs Influence Student Attitudes and Behaviors

In addition to inflecting academic outcomes, SBHCs also appear to influence students’ attitudes toward school. Another study in the *Journal of School Health* found that students at schools with an SBHC rated two out of four aspects of their learning environments more favorably than students at schools without an SBHC: academic expectations/support from their teachers and engagement at their schools. Students at schools with an SBHC also rated communication with their teachers and school safety more favorably, but the difference was not statistically significant.⁴

Research also suggests SBHCs impact substance use behaviors. For example, a study in the *Journal of School Health* found that use of an SBHC correlated with lower substance use among certain ethnic minority groups. Among high school students, researchers found that 30-day alcohol use, binge drinking, and cigarette and e-cigarette use was lower among African American students, compared with their white

1) Maureen Van Cura, “The Relationship Between School-Based Health Centers, Rates of Early Dismissal From School, and Loss of Seat Time,” *Journal of School Health*, July 2010. doi.org/10.1111/j.1746-1561.2010.00516.x.

2) Sarah Cusworth Walker et al., “Impact of School-Based Health Center Use on Academic Outcomes,” *Journal of Adolescent Health*, March 2010. doi.org/10.1016/j.jadohealth.2009.07.002.

3) City Department of Education website, February 2018.

4) Jessica Strolin-Goltzman, “The Relationship Between School-Based Health Centers and the Learning Environment,” *Journal of School Health*, February 2010. doi.org/10.1111/j.1746-1561.2009.00480.x.

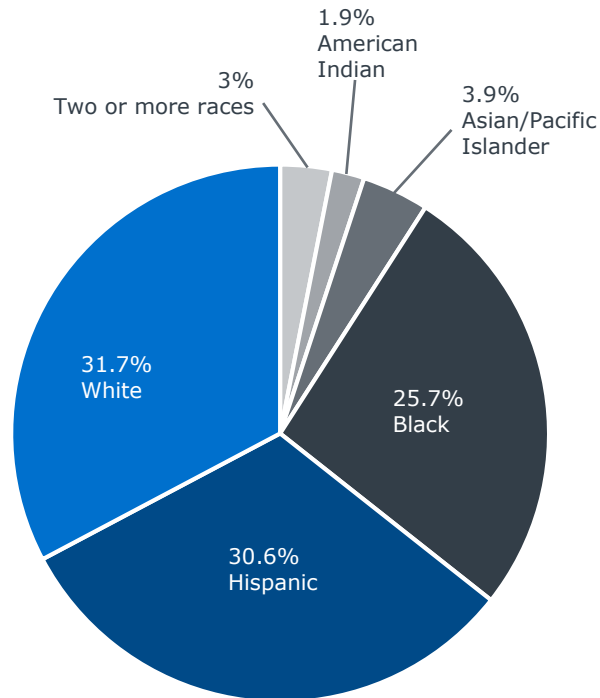
peers. Similarly, cigarette and marijuana use among Asian students was lower compared with their white peers.⁵

Utilization

SBHCs Serve All Students, Regardless of Ability to Pay

SBHCs generally serve diverse student populations, including those that experience disparities in health care access and outcomes. Data show that more than two-thirds of students in schools that contain SBHCs are of minority ethnic or racial backgrounds.⁶

Average Student Population at Schools with SBHCs



Actual utilization of SBHC services varies by school, location, race, and gender, among other factors. However, one study of four rural and four urban school districts with SBHCs found that black students and those enrolled in public health insurance were more likely to use an SBHC.⁷

5) Melina Bersamin, Mallie J. Paschall, Deborah A. Fisher, "School-Based Health Centers and Adolescent Substance Use: Moderating Effects of Race/Ethnicity and Socioeconomic Status," *Journal of School Health*, October 2017. doi.org/10.1111/josh.12559.

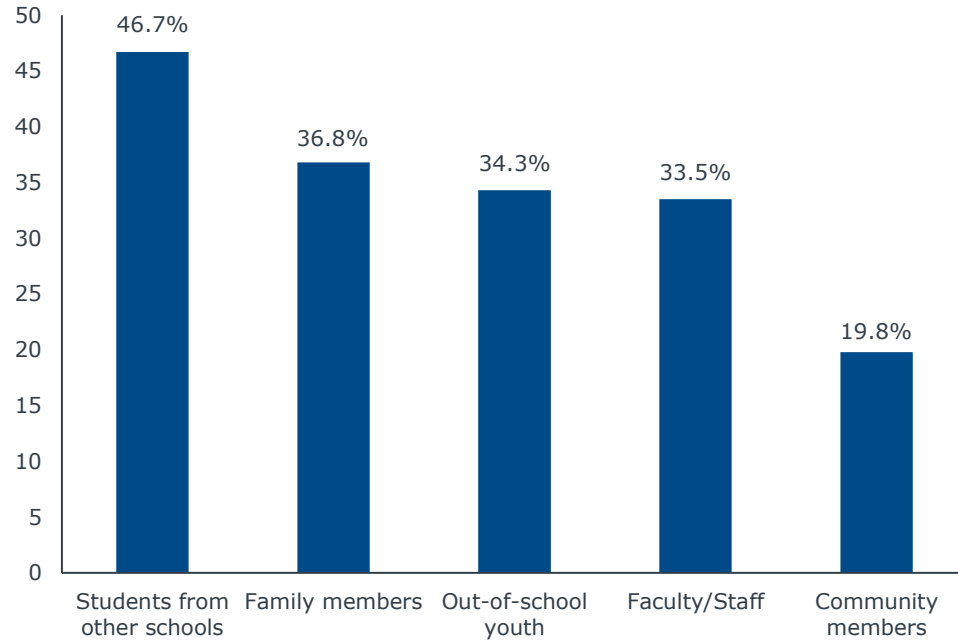
6) School-Based Health Alliance, "2013-2014 Digital Census Report," Accessed May 21, 2018. <http://censusreport.sbh4all.org/>

7) Terrance J. Wade et al., "Access and Utilization Patterns of School-Based Health Centers at Urban and Rural Elementary and Middle Schools," 2008, 10.1177/003335490812300610.

SBHCs Largely Serve Students, but Some Extend Services to Additional Populations

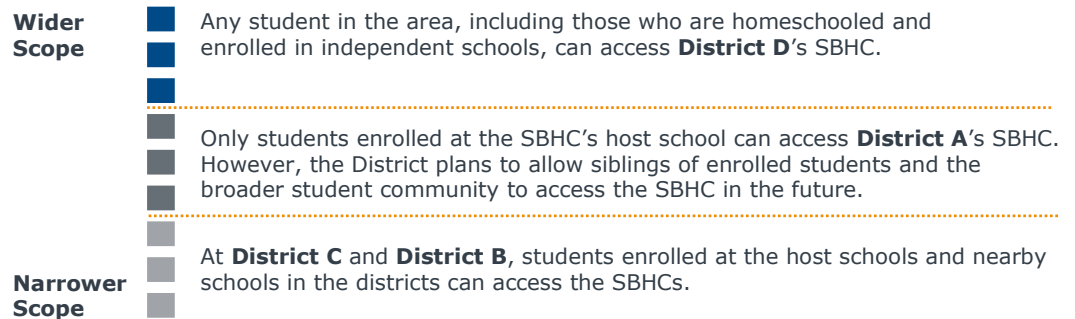
Nationally, about 56 percent of SBHCs report serving populations beyond the students enrolled in the host school.⁸

Percentage of SBHCs that Serve Additional Populations



Among the school districts profiled in this report, only students can access health care at the SBHCs to date. However, the type of student that can access an SBHC varies by district. At some, only students at the school that hosts an SBHC and a few select nearby schools have access. At others, like **District D**, any student can access an SBHC, regardless of whether they are enrolled in the host district.

Access to SBHCs at Profiled Districts



8) School-Based Health Alliance, "2013-2014 Digital Census Report," Accessed May 21, 2018. <http://censusreport.sbh4all.org/>

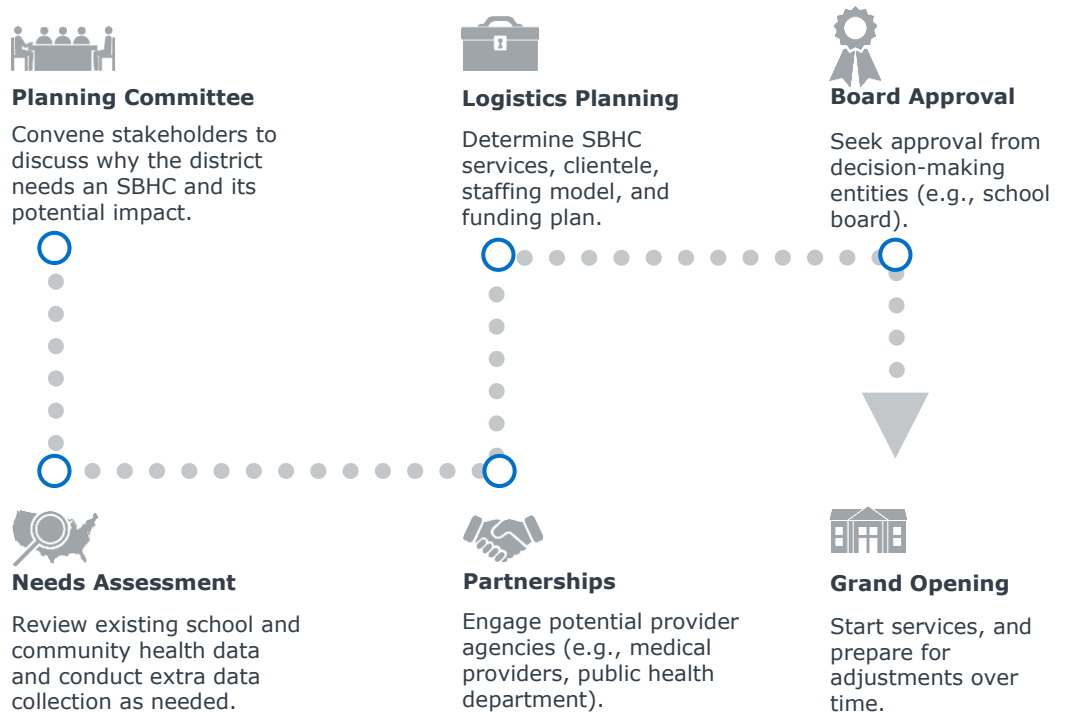
3) Launching and Operating an SBHC

Sponsorship and Funding

Contacts Report Common Steps to Launching an SBHC

The process of establishing an SBHC varies district-to-district, but contacts and organizations like the School-Based Health Alliance⁹ cite several common experiences and phases of the startup process.

Key Steps Districts Can Take When Planning an SBHC



Demonstrating a Need for Services at Profiled Districts

District D, located in an area with few options for health care, sought to establish an SBHC after data from a statewide survey indicated the District’s students were at risk for mental health issues. The District’s results caught the attention of the county health department, which then conducted targeted data collection among the District’s students to corroborate the findings of the statewide survey. The District’s sponsoring organization then approached District D when the state and county expanded funding for mental health care and SBHCs.

Leaders at **District B** are seeking to establish a third SBHC. To determine the need for an additional clinic, district leaders regularly survey staff, community members, and families of their students. Generally, these surveys aim to answer questions about what services schools need and which would most benefit their students.

The annual survey gauges students’ social and emotional health. It includes questions about depression, access to care, substance use, and other behaviors.

9) School-Based Health Alliance. Accessed May 21, 2018. www.sbh4all.org.

Profiled Districts Partner with Health Care Organizations to Run SBHCs

Profiled districts largely partnered with local health care organizations to establish their SBHCs. These organizations fully staff the health centers and oversee day-to-day operations. Health care organizations will work with several school districts, and some districts partner with more than one health care organization.

In general, contacts' sponsoring organizations approached profiled districts after the districts demonstrated a need for health care services in the area and when funding became available.

SBHCs Support Operations with Multiple Funding Sources

Startup funding for SBHCs generally comes from federal and state grants awarded to the managing sponsors of the centers. Once an SBHC is established and its initial grant expires, sponsoring organizations fund operations with multiple sources.

Potential Funding Sources for SBHCs



At **District C**, SBHCs receive funding from a city fund that allocates funding for initiatives various school and student health improvement initiatives.¹⁰

Profiled Districts and Sponsoring Organizations Share Responsibilities during Planning Phases

Contacts report grant writing and facilities planning are two of the major steps—and hurdles—in establishing an SBHC.

At **District D**, the sponsoring organization wrote the initial grant, while the District led the capital projects effort to identify space for the new health center. The two parties collaborated during much of the process. Specifically, district and school leaders regularly met with representatives from the sponsoring organization to discuss the logistics of their SBHC, including grant parameters (e.g., targets for student visits), service offerings, and facilities (i.e., temporary and permanent space options). Once the sponsoring organization received the grant, District leaders found space for the new health center based on certain criteria (e.g., space for a medical exam room, an office for a mental health provider, storage). The grant included funding for capital projects, which covered construction costs.

¹⁰) City Department of Education website, Accessed May 21, 2018.



Consider Impact on Faculty, Staff, and Students

Most contacts report renovations for their SBHCs posed a challenge because of disruptions to normal operations.

At **District D**, for example, faculty and staff lost access to some conference rooms as they were temporarily occupied by SBHC staff. Additionally, District D's high school removed a classroom to make space for the SBHC's permanent space.

Contacts at **District A** recommend district leaders use the planning phase to consider questions about how construction disruptions might impact faculty, staff, and students.

Services

BHCs Offer a Wide Range of Primary Medical Care Services

The planning phase also serves as the opportunity for districts and sponsoring organizations to determine which services to initially offer. SBHCs provide a wide spectrum of family medicine services (e.g., treatment of injuries and illnesses, well-child check-ups, immunizations). However, specific services vary by community needs.

SBHC Services at Profiled Districts

More Common



Primary medical care



Mental health care



Reproductive health care



Vaccinations



Sports physicals



Substance use services

Less Common



Nutrition services



Dental services



Health education



Case management



Crisis intervention



Pharmacy

Under state minor consent laws affecting profiled districts, students that meet certain age requirements can access several of these services without parental consent, including mental health care, substance use services, and reproductive health care.

Although these students do not require parental consent, contacts report that SBHC staff actively encourage students to involve their parents in their health care decisions.

Modify Services to Fill Unmet or Changing Needs

Districts and their SBHCs should choose their initial services—and make adjustments to them over time—based on assessments of community and school needs.

At **District D**, administrators advocated for case management services because many students in the District have multiple health conditions that require them to see several points of care (e.g., nurse, counselor, mental health therapist). Administrators asked their sponsoring organization to allocate some staffing for a case manager to help students navigate their various health care and support providers.

At **District C**, several SBHCs have applied for state grants to fund substance use services (i.e., assessment and treatment) after identifying a need for such services in their area. In one case, the SBHC staff advocated for the additional service and led the data collection and research process to demonstrate the community's need.

In some cases, SBHCs exclude services based on community sensitivities. For example, the SBHC at District D does not offer HPV vaccines due to hesitancy in the community, even though this vaccination typically is available at other SBHCs under their sexual health services.

Contacts Recommend Including Reproductive Health Care as an Initial Service

The SBHCs at all but one profiled district offered reproductive health services (e.g., contraceptives) from their launch. The health center at **District A** did not initially provide reproductive health services because the clinic faced challenges hiring a nurse practitioner, whose scope of practice includes these services. Once the District's sponsoring organization hired a nurse practitioner, however, the health center started offering reproductive health services.

Contacts at **District C** report that offering birth control and other reproductive health services on school grounds maximizes the time students stay on campus and in classrooms. Contacts note that because students that meet age requirements can legally obtain reproductive health services, students could visit public health clinics for the service if an SBHC does not offer it. Contacts suggest students are likely to miss less school if an SBHC offers the service rather than students taking hours out of the day to visit another clinic.

Contacts at District C and **District D** report that with the exception of a few vocal community members, families have been largely receptive of the service. In cases where parents raise concerns, district leaders emphasize that SBHC staff encourage students to involve their parents in their decisions and highlight that the service is protected under state law.

Consider Co-locating School Nurse with SBHC Staff

Specific staff positions at an SBHC naturally reflect the services offered and, as such, vary clinic-to-clinic. That said, SBHCs typically include several common positions: a nurse practitioner or physician assistant, mental health therapist, and clinic coordinator. While sponsoring organizations staff these positions independently, some contacts recommend co-locating the school nurse with SBHC staff.

Contacts at **District C** report school nurses serve as a bridge between a particular school and its resident SBHC. This can help to facilitate greater collaboration and integration so that students view the clinic and its health care services as part of the school's offerings.

The school nurse at **District D's** high school that hosts its SBHC, does not have dedicated space in the District's clinic. However, contacts suggest that co-location would help her and the SBHC staff to work more closely and communicate as one health care team. Contacts report this is important because school nurses are often the ones referring and triaging students to a health center.

Oversight

Districts Oversee Big-Picture Operations

Sponsoring health care organizations run day-to-day operations of SBHCs, while district staff manage longer-term issues (e.g., contracts).

For example, the Director of Health and Social Services at **District B** ensures that the memorandum of understanding between the District and its managing sponsor is updated each year. District leaders at **District C** similarly establish and monitor agreements between the District and their sponsoring organization to ensure all stakeholders are aware of what each party expects from the partnership.

In a more hands-on role, the manager of District C's Prevention and Intervention program occasionally offers trainings to SBHC employees on certain health care topics that affect the District's students. Trainings are offered on an as-needed basis and often at the request of the local public health department. However, the Prevention and Intervention manager will recommend trainings if they notice a trend among students that SBHC staff may need to consider when treating students. In the past, training topics have included:

- Signs of substance use at school
- Trends in vaping
- Sexual health curriculum so SBHC staff have a sense of what a student has been taught when they visit the clinic
- Serving LGBT individuals
- Various interventions (e.g., Teen Marijuana Check-Up)

Some Contacts Report Closer Collaboration at Schools

Among some profiled districts, contacts report school-level stakeholders regularly collaborate with SBHC staff.

For example, the principal at one of **District A's** middle schools, which hosts its SBHC, holds weekly meetings to discuss the clinic and troubleshoot new and ongoing challenges. In addition to the principal, attendees typically include SBHC providers, the health center's coordinator, the school counselor, the school nurse, and, on occasion, the District's special education supervisor. During these meetings,

Contacts at **District B** report District leaders took a more hands-on approach to oversight (e.g., discussing service options) during the infancy of their SBHCs.

Ongoing Challenges

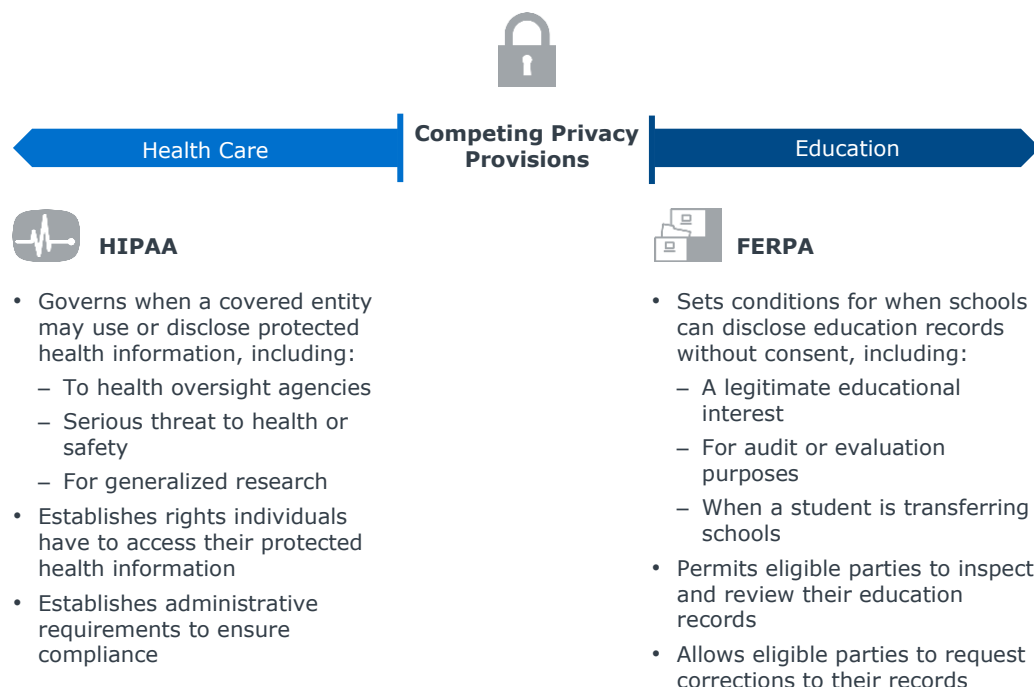
stakeholders discuss a wide range of issues, ranging from potential new services to raising awareness of the SBHC among staff and students.

Principals at **District D** also attend check-in meetings with their SBHC's medical supervisor and operations supervisor. Agenda items for these meetings vary but can include matters like reviewing utilization data.

Competing Privacy Laws Limit Data Sharing

All contacts cite challenges related to confidentiality and information sharing between schools and their resident SBHCs because they are subject to different federal laws governing privacy and security: the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

Key Privacy Components of HIPAA¹¹ and FERPA¹²



Contacts at **District A** share that teachers who want to follow up on students after referring them to an SBHC are unable to receive information from providers at the SBHC because HIPAA bars it, even if they have a legitimate educational interest (e.g., how a student's health might affect their academics). Meanwhile, contacts at **District D** report its managing sponsor faces challenges tracking the impact of their services on student outcomes because FERPA bars SBHCs from gaining direct access to the District's student information system. While SBHC staff only want access to basic demographic, academic, and attendance data, the District's lawyers have not yet been able to agree on a shared system that would satisfy both privacy laws.

11) U.S. Department of Health & Human Services, "The HIPAA Privacy Rule," Accessed May 21, 2018. <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>

12) U.S. Department of Education, "Family Educational Rights and Privacy Act (FERPA)," Accessed May 21, 2018. <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>



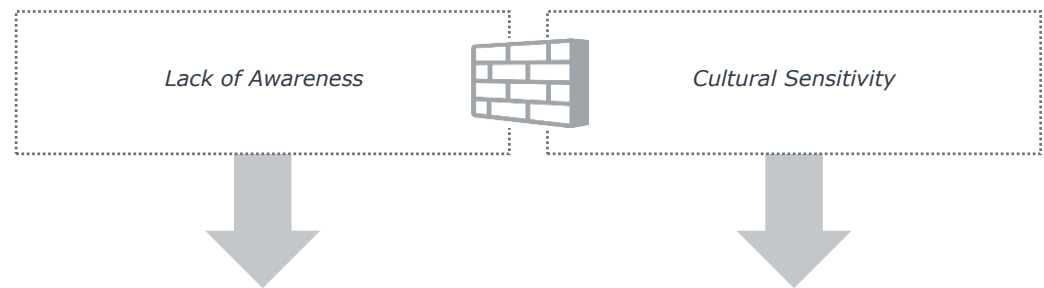
Testing a Workaround at *District C*

District C has established data sharing agreements under which trusted partners (e.g., some SBHC staff) can access some student data. Contacts note that such a solution may not be applicable at all schools or districts.

Build Awareness and Foster Inclusiveness to Promote Accessibility of SBHC Services

Beyond data-sharing barriers, contacts cite additional challenges their SBHCs have faced in making their services accessible.

Challenges at SBHCs and Potential Solutions



Invite SBHC staff to classrooms and school events

- To raise awareness among school staff, who often refer students to the SBHC, clinic staff at **District A**'s SBHC hosted one of the school's monthly breakfasts and offered tours and information about the clinic.
- To raise awareness among students, SBHC staff in **District C** visit classrooms and attend school lunches to share information and normalize their presence.

Develop materials in multiple languages; train staff

- The SBHC at **District A** has translated materials to multiple languages, and staff are considering other translation services they might need to better communicate with students and their families.
- Staff at **District A** are trained in racial equity, cultural awareness, and cultural responsive teaching.

4) Research Methodology

Project Challenge

Leadership at a member district approached the Forum with the following questions:

- What demographics of students utilize SBHC services the most?
 - Why are these demographics more likely to seek out SBHC services?
- Do SBHCs serve any population beyond students (e.g., teachers, staff, community members)?
- Do contacts measure the effect of SBHCs on student success? If so, how?
- How do SBHCs impact the following student outcomes:
 - Attendance
 - Academic performance
 - Graduation rates
- How do SBHCs influence student attitudes toward school?
- How do SBHCs impact substance abuse rates?
- How do SBHCs benefit their surrounding communities?
 - For example, do they have a measurable financial impact on students' families?
- How are SBHCs funded?
- What organizations sponsor/staff SBHCs?
- What role did the district and sponsoring organization each play in establishing an SBHC? How did they work together?
- What is the district's role in overseeing operations of SBHCs?
- What services do SBHCs provide?
 - Which services were offered from the start and which have been added over time?
- What factors influenced contacts' decisions to add new services?
- What significant hurdles did contacts overcome to establish an SBHC?
- What ongoing challenges does the SBHC face?

Project Sources

The Forum consulted the following sources for this report:

- Bersamin, Melina, Mallie J. Paschall, Deborah A. Fisher, "School-Based Health Centers and Adolescent Substance Use: Moderating Effects of Race/Ethnicity and Socioeconomic Status." *Journal of School Health*, October 2017. <https://onlinelibrary.wiley.com/doi/abs/10.1111/josh.12559>
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Research Parameters

The Forum interviewed district- and school-level administrators and school nurses.

A Guide to Districts Profiled in this Brief

School District	Location	Approximate Enrollment (Students/Schools)
District A	Pacific West	20,000 / 30 schools
District B	Pacific West	19,500 / 43 schools
District C	Pacific West	53,300 / 106 schools
District D	Pacific West	1,600 / 5 schools