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### Healthy Students Are Better Students

#### Health Reform Bill Gives a Boost to School-Based Health Centers



SOURCE: AP/Shari Vialpando

A student at Las Cruces High School in New Mexico receives an exam at the school-based medical center.

**By Saba Bireda | May 19, 2010**

The recently passed Patient Protection and Affordable Care Act, P.L.111-148, promises to make far-reaching changes to our current health care system. But the law's benefits may go well beyond improvements to care and savings to consumers. At least one provision in the law could help improve academic outcomes for low-income students by providing much-needed health services at school.

The law for the first time creates federal grant programs to fund the expansion and support of school-based health centers, or SBHCs. School-based health centers provide free, comprehensive health services to students during school hours, including primary care, mental health, dental, vision, and nutrition services. The centers are typically located in medically underserved communities—almost a third in rural areas—and the grant program would give preference to SBHCs that serve large populations of children eligible for state Medicaid or children's health insurance plans. Students in most schools have sporadic access to a school nurse, but students at or near SBHC schools can use the center for most of their health care needs.

There are currently about 2,000 SBHCs in the United States, but advocates such as the National Assembly on School-Based Health Care estimate that many more clinics are needed to serve students who are uninsured or living in underserved areas. One grant program, authorized under section 4101(a) of the health reform bill, would provide \$200 million for SBHC facility costs. A second program, authorized under Section 4101(b) but with no funds yet appropriated, would cover operation costs of existing SBHCs.

The bill's expansion of SBHCs reflects a growing recognition of the strength of the integrated services model that community schools utilize. **Community schools** address students' "nonacademic" needs such as health care, social services, and parent education, while also providing a strong academic program. They co-locate services at the school building, which allows them to

combat the damaging effects of poverty on student learning and strengthen students' connection to the school. School-based health centers have long operated as a key component of successful community schools, and the new health care bill will undoubtedly help support new and existing programs.

High-performing community schools are intentional in providing services that meet a demonstrated need and create an atmosphere for academic success. For instance, many low-income families struggle to obtain the immunizations students need to attend schools. SBHCs offer immunizations at the school building, removing what could otherwise be a significant barrier to school access. Children with chronic conditions such as asthma or in need of ongoing medication can receive consistent treatment at school. And the SBHCs can address acute care needs such as minor illnesses and injuries that are often treated through the emergency room so that students don't have to miss hours or days of school time. Students who regularly visit SBHCs also receive health education that can prevent obesity, drug use, and other high-risk behaviors. Some states such as New Mexico have also made strides in integrating SBHCs with other care providers so that low-income students have more consistent care both in and out of school.

The presence of wraparound services such as SBHCs also gives teachers and staff added support in educating high-needs students. Teachers and staff can make referrals to the SBHC, and medical care can be administered automatically once parental consent is given. This immediate access to care can greatly reduce absenteeism, making the learning process more consistent. Most SBHCs also provide mental health care, which can dramatically decrease disciplinary incidents and reduce high-risk behaviors. Parent involvement at schools also increases as parents visit the school-based centers with their children.

More research is still needed to better correlate SBHC use with academic outcomes, but existing academic achievement data for students at schools with SBHCs is promising. The Children's Aid Society community schools in New York City, which provide access to five full-service SBHCs, demonstrate **higher achievement than other city schools** on state math assessments and post higher attendance rates. A **recent study** of ninth graders at high schools in Seattle with SBHCs found that students who used the centers saw an increase in GPA and attendance.

High-risk students that use SBHCs have also been found to be **less likely than nonusers** to drop out of school and graduate. Sayre High School, a community school with a health clinic formed in partnership with the University of Pennsylvania, had a graduation rate of **80 percent** in 2006-07—**significantly higher** than the Philadelphia citywide average of 50 percent.

School-based health centers typically draw funds from a variety of sources, most often state and private funds. Some centers do bill students' insurance when available, but many SBHCs are unable to secure reimbursement under current Medicaid policies. A dedicated funding stream, detailed but not funded in the health reform bill, could provide more financial stability to the centers and ensure that they can offer services for free. Section 4101(a) of the bill allocates funding for construction and other facilities costs associated with SBHCs, but advocates caution that law's current language prohibits using the funds for other operations costs. Guidelines for the new program should clarify this issue and free up funds to be used for multiple expenses. If not, the grant program risks funding the construction and facility costs of SBHCs that go unused without sufficient funds for operations.

Healthy children make for better students, and the new health care bill recognizes this important fact. Federal policies and programs that support integrated service models such as SBHCs provide the foundation for schools to transition to **high-performing, full-service community schools**. These strategies play an important role in decreasing barriers to learning for low-income students and creating the right environment for academic success.

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