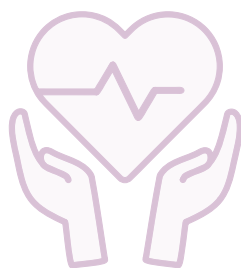


Addressing Health Disparities Through School-Based Health Services

Bryan Kelley and Gerardo Silva-Padrón

Much attention has been focused on the importance of providing physical and mental health services to students in educational environments in recent years; this was true before the COVID-19 pandemic and is even more pertinent now. Millions of students receive school-based health services, and for many students, schools are their first and only option to receive health care. At least 70% of students who access mental health services begin doing so in a school-based setting.

State policymakers have a lot to consider in this policy area, including funding, workforce needs and coordination of efforts across agencies. State leaders are not only enabling health services to be offered in schools but working to ensure equitable access to those services for students who may otherwise struggle to receive them. This Policy Brief outlines how some states have been using school-based health services in K-12 environments — particularly through the school-based health center (SBHC) and community school models — to pursue equitable access to both physical and mental health services for all students.



Disparities in access to health care exist for students and their families across race, ethnicity, socioeconomic status, language proficiency, disability status, sexual orientation and other potentially intersecting categories.

School-based health services are sometimes the only available option to access health care for students and their families.

Policymakers in many states have enacted policies promoting school-based health centers and community schools to pursue equitable access to physical and mental health services for all students.

Health Benefits and Access Barriers

Decades of research have highlighted the many ways in which healthier students are better equipped for learning. [One study](#) found that “educationally relevant health disparities,” such as impaired vision, asthma, teen pregnancy and a lack of daily breakfast access can negatively impact cognition and school engagement levels, while increasing absenteeism and high school drop-out rates. Other studies have similarly pointed to health’s impact on [attendance](#) and [engagement](#) levels.

Defining Equitable Access to School-Based Health Services

Equitable access occurs when every student — each with their own unique, individual needs and circumstances — can access health and wellness services without facing structural or systemic barriers.

Research has also revealed [racial](#) and [socioeconomic disparities](#) in [access](#) to health care and [insurance coverage](#) for students and their families. These gaps in access to care also exist for individuals depending on other [potentially intersecting](#) categories such as [disability status](#), [language proficiency](#), [immigration status](#), [sexual orientation](#) and for those living in [rural areas](#).

The link between academic achievement and student health has also been [documented](#). One study suggests that “community-and family-based efforts coordinated with comprehensive school-based approaches may be essential to reduce disparities in both health and academic achievement.” Although access to health care service itself cannot guarantee a person will be healthy — especially considering the many [social determinants](#) of health, such as an individual’s socioeconomic status, neighborhood, physical environment and social support network — [expanding access](#) is recognized as a crucial step toward reducing health disparities. As a result, many states have focused efforts on strategies that provide school-based health services with greater levels of engagement and outreach to students, families and local communities to increase equitable access to health and wellness.

Student Health Policy Trends

In 2022, 188 [bills](#) were enacted in 45 states and the District of Columbia that address a full range of student health and wellness [elements](#) in state policy. In addition to school-based health services, there are other policy trends that have emerged in pursuit of ensuring equitable access to student health and wellness. For example, [some states](#) are [using Medicaid](#) and [employing federal funds](#) to expand school health services, while [others](#) have increased investments in [telehealth](#) or made investments in [strategies](#) to recruit and retain mental health practitioners.

School-Based Health Centers



School-based health centers provide health care to students on school grounds. According to the [American Academy of Pediatrics](#), school-based health centers “improve access to health care services for students by decreasing financial, geographic, age, and cultural barriers,” with particular benefits for “students with health disparities or poor access to health care.” School-based health centers have a long, well-documented history: between 1998 and 2017, more than 10,000 schools had access to SBHCs and over 6.3 million students had access to SBHC care in [all 50 states](#) and the District of Columbia. The School-Based Health Alliance created a national 2016-17 school-based health center [census](#) and is currently conducting a [2022 census](#) on the topic.

The Center for Disease Control’s Community Preventive Services Task Force formally [recommends](#) the implementation and maintenance of school-based health centers, particularly in communities with low incomes. After conducting a [systematic review](#), the

task force found sufficient evidence that school-based health centers not only improve health outcomes — such as the delivery of preventative health care and vaccinations, asthma morbidity, hospital admissions, contraceptive use and other health risk behaviors — they also improve educational outcomes, such as school performance, grade promotion and high school completion. It found that “if targeted to low-income communities, SBHCs are likely to reduce educational gaps and advance health equity.”

According to the National Association of State Boards of Education, at least 18 states and the District of Columbia formally address on-campus health centers or clinics in [statute or regulation](#). As a result, there are many models and approaches to school-based health centers for state policymakers to consider. School-based health centers are funded in a number of ways: States have different approaches to [using Medicaid](#) in school-based health centers as well as different approaches to [funding](#) them through grants from local, state and federal governments.



Health and Wellness Services

Depending on implementation and local context, school-based health centers offer a [variety of services](#) delivered by multidisciplinary teams. The centers provide primary care, which often includes mental health care, social services, oral health care, reproductive health care, nutrition education, vision services and health promotion. Sometimes services are open to school staff, student family members and others in the community. During the [2019-20](#) school year, 55% of public schools reported evaluating student mental health disorders through diagnostic mental health assessments and 42% reported providing treatment for mental health disorders. One [study](#) from 2017 found that 70% of school-based health centers nationally offered some form of mental health services.

In 2022, **Colorado** enacted a [bill](#) creating a program that showcases how school-based health centers can act as part of a network of sources of care. The program is authorized to collaborate with school-based health centers, primary care providers, behavioral health clinics, and other community-based providers to support behavioral health assessment and treatment to children and families. The bill also appropriated \$1.5 million to fund a grant program to support school-based health centers in response to the COVID-19 pandemic.

Some states have surveyed districts to showcase what services are most often provided. A 2021 [Utah survey](#) of districts found that the most-commonly provided student health services in responding districts included medication administration/management, vision services, audiology/hearing services and psychology/mental health counseling.



Efforts to Expand Access

State policymakers continue to find new ways to promote and enable school-based health centers to expand equitable access to health care, and they often target specific student populations that historically experience barriers to accessing care. In 2021, **Washington** enacted [legislation](#) to establish a School-Based Health Center Program Office to expand and sustain the availability of school-based health centers with a focus on historically underserved populations. The bill directs funding — subject to appropriations and totaling [\\$2.4 million](#) for 2022-23 — to award grants for school-based health services for planning, start-up and ongoing operation costs, as well as partnering to provide school-based health center training and technical assistance.

In 2022, **Delaware** enacted a [bill](#) appropriating \$5.4 million to fund school-based health centers. About \$3.4 million was dedicated to establish two school-based health centers in eligible schools in the state. School eligibility is limited to those with large numbers of students who are emerging bilingual learners, part of historically excluded communities, from families with low incomes or for students who have an Individualized Education Plan. Similarly, **Massachusetts** enacted a [bill](#) in 2021 that appropriated \$15.5 million for school health services and school-based health centers. This bill also allowed a portion of those funds to be used to reduce health disparities experienced by LGBTQ youth, as recommended by the [Commission on LGBTQ Youth](#).

School-based health centers have also been recognized for their effectiveness in increasing access to care in rural areas. The [Rural Health Information Hub](#), which is funded by the Federal Office of Rural Health Policy, calls attention to the ability of school-based health centers to “operate as a partnership between the school and a community health center, hospital, or local health department to improve the health of students, as well as the community as a whole.” One [example](#) shared by the Hub comes from **Louisiana**, where [school-based health](#)

[centers](#) sought to collaborate with dental providers. When it became clear a dental workforce shortage would be an obstacle, additional training was given to advanced nurse practitioners to perform focused oral health assessments, apply fluoride varnishes and make referrals to dentists as needed. This led to an increase both in students receiving care and practitioners with training in dental care.



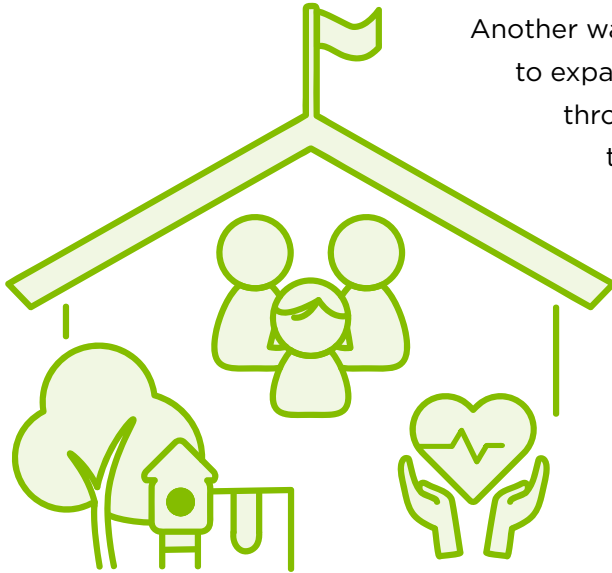
Family and Community Engagement Strategies

Some states have placed a special emphasis on promoting [family engagement](#) strategies to increase access and reduce barriers for students to receive care. For instance, **Illinois** [regulations](#) require school-based/linked health centers to ensure that working parents in particular are accommodated in the health care of their children to the maximum extent possible. In **South Dakota**, the school-based health center model has been [used](#) to provide dental care to students in rural areas by involving medical students from the community, dental hygiene students and their professors and traveling to rural schools to deliver oral health education, screenings and services. **Texas** [regulations](#) for school-based health centers require that recipients of grants who are covering the costs of establishing and operating a school-based health center must facilitate collaboration among families, schools and members of the community.

Student Mental Health Resources

Many states have placed an emphasis on student mental health in state policy, including approaches that emphasize mental health and wellness in school-based health centers. Read recent ECS work on various [state approaches](#), the student mental health services [ecosystem](#), [funding](#) considerations and a helpful [glossary](#) of related concepts.

Community Schools



Another way state policymakers have sought to expand equitable access to health care is through [community schools](#). According to the Coalition for Community Schools, a community school is “the [hub](#) of its neighborhood, uniting families, educators and community partners as an evidence-based strategy to promote equity and educational excellence for each child.” State policymakers and researchers have [used](#) community schools in state policy to ensure equitable access to school-based student health and wellness services

since the 1990s. Since 2020, policies supporting community schools have been adopted in [at least](#) 37 states.

There’s no one-size-fits-all community school model. Before establishing a community school, a community must conduct a needs assessment or audit to capture the services families and children need. The needs assessment can help identify the potential barriers and capture the specific community needs. Thus, states play a crucial role in authorizing the establishment of community schools and tapping into state and local funding sources. One funding priority may include the authorization of a community school coordinator position, which is responsible for conducting the needs assessment and assuring that the opportunities and services being offered are a true reflection of the identified barriers and concerns captured by the assessment.

States have been shifting their attention to the surroundings of students in recognition that family health can have an impact on a student’s ability to excel in the classroom. In this way, states have attempted to leverage community schools, a comprehensive school-based engagement strategy, as another school-based health service option that provides services to the student and their family.



Health and Wellness Services

The services provided at community schools are often tailored to the state and local districts as they are based on what was captured from the community needs assessment. In **Maryland**, [health services](#) can range from home visitation services, physical education opportunities, nutrition and food pantries, primary health and dental care, to mental health and counseling services. Maryland community schools also offer academic services such as counseling, job training, internship opportunities, postsecondary advising, and career, apprenticeship and employment opportunities for older students. Maryland also provides services for parents like programs that promote parental involvement and family literacy, parent leadership development and advocacy activities. Finally, they include parenting courses and adult English courses for non-native speakers and other courses on homelessness prevention and guidance on obtaining housing services.

In 2021, **Arkansas** signed into law [Act 744 of 2021](#) also called the Community Schools Act. In response to the state's enactment, the City of Little Rock and the Little Rock School District have partnered to establish community schools. Based on their needs assessment, Little Rock's [Community Schools](#) identified healthcare, internet and technology, food resources and academic support as common needs for families across all their community school locations. Some of the locations offered school-based family health care clinics with primary and behavioral health services as a focus. Students received laptops and Wi-Fi hotspots to help meet distance learning needs. The partnership also led to the opening of more food pantries and school gardens with monthly community cafes for families. Lastly, once in-person classes returned, tutoring sessions and after school care helped many families.



Efforts to Expand Access

In recognition that socioeconomic barriers can prevent students and families from accessing health and wellness services, some states have placed a priority on creating community schools in communities with low incomes. For instance, **Maine** established community school plan [goals](#) geared toward providing services to students attending schools with the highest poverty rates, including rural schools. The **California** [Community Schools Partnerships Act](#) specifies that the superintendent should prioritize grant funding to schools where at least 80% of the student population are classified as an emerging bilingual learner, eligible for free or reduced-price meals, or are in the foster care system. The grant recipient must commit to providing trauma-informed health, mental health and social services for students at the school site.

Community schools prioritize expanded and enriched learning time and opportunities by making services accessible to anyone in the community. In **West Virginia**'s community schools [framework](#), the program's purpose reiterates that schools become centers of the community and are open to "everyone — all day, every day, evenings and weekends." **Tennessee** specifies in its community school [legislation](#) that "community schools formed should strive to become centers of their communities providing programs and services for persons of all ages. They should be open to everyone throughout each day, including in the evenings, on weekends, and in the summer." Tennessee teachers can also receive in-service credit for teaching classes for parents outside of normal school hours. By offering expanded services and hours of operation that go beyond traditional business hours, Tennessee community schools attempt to serve students and working families who might not otherwise have access to such services.

Some states have tapped into various local, state and federal funding streams. The Tennessee Department of Education encourages blending funding sources such as the federal funds and grants provided by Title I, including consolidated administration and school improvement funds to create more community schools in their [ESSA plan](#). **Colorado** enacted [Senate Bill 22-054](#), which allows for a public school to be converted into a community school as a school improvement strategy. States have and continue to propose plans for increasing access to community schools in areas of need in their states.



Family and Community Engagement Strategies

Active family and community engagement strategies are essential to community schools. Some states have taken the step toward removing language barriers and providing culturally responsive support to better serve all families and communities.

In 2019, **New Mexico** enacted [H.B. 589](#), which created a community school fund. The enacted legislation mentions the state’s appreciation and “values the experiences of people from diverse backgrounds as empowered partners in decision-making and encourages partnerships with parents or caregivers to develop and promote a vision for student success.” Many states have suggested that the community school coordinator position should foster a strong connection to the community to better understand its needs. New Mexico’s [community school framework](#) includes culturally and linguistically responsive instruction, programs and services, and restorative practices that focus on building and maintaining relationships. **Maryland** [statute](#) requires that community school coordinators understand, respect and demonstrate a high degree of cultural awareness.

Community school coordinators can gather the input and voices of parents and community leaders by building off existing relationships of local organizations. Policymakers have also encouraged community members to get involved in community schools through leadership opportunities. In Maryland [statute](#) there are efforts to promote collaborative leadership and practices by empowering parents, students, teachers, principals and community partners to build a culture of shared responsibility through site-based leadership teams, teacher-learning communities and a school family council. Lastly, both Maryland [statutes](#) and **Florida** [statutes](#) specify that the needs assessment must be developed in collaboration with those who have an understanding of local conditions and needs such as health care practitioners, school leaders, colleges and universities, local community organizations and faith leaders.

Final Thoughts

For decades, state policymakers have sought to address student health and wellness through state policy. In recent years, many states have been building on these efforts and placing a special emphasis on addressing barriers and ensuring that equitable access to those services is achieved. Many states have recognized that schools may be the first and only available option that allows students and their families to receive both physical and mental health services. The shift in focus has allowed state policymakers to use more innovative strategies that leverage and pursue models like school-based health centers and community schools. Health care services cannot guarantee that a person will be healthy, but ensuring equitable access to physical and mental services can be critical in promoting student health and wellness and academic success.



About the Authors

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As a policy analyst, Bryan's work includes tracking legislation, authoring reports, answering State Information Requests and contributing to various Policy Team projects. He is particularly interested in education policy regarding access, equity and civil rights. Prior to joining Education Commission of the States, he worked in public policy research at the National Conference of State Legislatures in Denver and AcademyHealth in Washington, D.C.; he also earned a master's degree from the University of Manchester and a bachelor's degree from Colorado College. Contact Bryan at bkelly@ecs.org.

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