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School Based Health Centers Making Strides for Kids

Written by [Terri Wright](#)

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The best teachers and schools cannot compensate for poor health, hunger, fear and sadness, violence, bullying or poverty. When students wrestle with these and other social barriers, they are more likely to miss school, do poorly on tests and drop out.

In fact, nearly one-third of all students in the United States do not graduate from high school on time. For Black, Latino and American Indian students, that number jumps to half. It's a destructive cycle: students who don't graduate face lifelong health risks and medical costs, and are more likely to engage in risky health behaviors. They are less likely to be employed and insured, and earn less—all of which continues the cycle of poverty and disparities.

School-based health centers have a proven track record of serving vulnerable children and youth and keeping them in school. Numerous studies have conclusively linked school-based health center use to health and educational success. Specific findings include:

- High school school-based health center users in one 2000 study had a 50 percent decrease in absenteeism and 25 percent decrease in tardiness two months after receiving school-based mental health and counseling.
- A study of school-based health center users in Seattle, WA found that those who use the clinic for medical purposes had a significant increase in attendance over nonusers.
- A 2007 study found that students who used school-based health centers for mental health purposes increased their grade point averages over time compared to nonusers.
- African-American male school-based health center users were three times more likely to stay in school than their peers who did not use the centers.

School-based health centers provide physical and mental health services in over 1900 schools around the country and serve approximately 2 million school-age youth. Minimally their services include risk assessments, physical exams and treatment, mental health assessments and counseling, health education and support to reduce or eliminate the risky behaviors that plaque young people. They offer safe, mostly confidential, services at no charge to the user however most centers will bill 3rd party insurance such as Medicaid and the state/federal child health insurance program known as CHIPRA.

=Much of the research on school-based health care's impact on educational success is based on students who come to the center. Increasingly, though, researchers are looking at the impact of centers on the overall school population. One study found that the mere existence of a school-based health center has a stabilizing effect on the overall school atmosphere. Think, then, what might happen if all school-based health centers started consistently reaching out beyond the walls of the health center.

What Can Be Done?

If we really want to impact the health and wellbeing of our young people we must expand the current provisions for school-based health centers in the Affordable Care Act 2010 (to go beyond construction, technology and equipment to include operations. It is also important to incorporate the provision of school-based health care in the reauthorization of the Elementary and Secondary Education Act (ESEA). And The Harkin Bill for Successful, Safe and Healthy Students Act of 2011 is a good step in this direction but needs to go further.

About the Center for School, Health and Education

The American Public Health Association's Center for School, Health and Education advances the well-being and educational success of the school-age population through partnerships, policy and advocacy. The Center promotes school-based health centers as uniquely positioned to create learning-friendly environments, increase access to physical and mental health care, and promote lifelong healthy behaviors for children and teens. School-based health centers hold a position of trust with students and are able to advocate to make healthy options accessible. They address barriers to learning such as bullying, violence, dropout and teen pregnancy. A core focus of the Center's work is to be a catalyst for the development and implementation of collaborations between the educational and public health communities. For more information, please visit <http://www.schoolbasedhealthcare.org>

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Terri D. Wright is the director of the newly established Center for School, Health & Education Division of Public Health Policy and Practice at the American Public Health Association. She will provide leadership to the strategic development and integration of public health in school-based health care and education.

She recently retired from the W. K. Kellogg Foundation in Battle Creek, MI where she served for 12 years as a program director for health policy. In that capacity Terri developed and reviewed the Foundation's health programming priorities and initiatives, evaluated and recommended proposals for funding, and administered projects and initiatives. She also assisted in public policy analysis and related policy program development, as well as provided leadership to the Foundation's school-based health care policy program.

Previously, Terri was maternal and child health director and bureau chief for Child and Family Services at the Michigan Department of Community Health in Lansing, Michigan. In that role, she managed policy, programs and resources with the goal of reducing preventable maternal, infant, and child morbidity and mortality through policy and programming.

She received her bachelor's degree in community and school health, as well as her New York State certification in secondary school education from the City University of New York and her master's of public health degree in health planning and administration from the University of Michigan in Ann Arbor. She is currently a doctoral student in public health at the University of Michigan.

Terri takes an active leadership role in several professional associations and community organizations including the American Public Health Association and the Institute of Medicine's Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities.

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