

COMMENTARY

# Advancing the Role of School-Based Health Centers in Driving Health Justice

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School-based health centers (SBHCs) provide vulnerable children and youth in the United States with access to primary care, behavioral health care, oral health care, and vision care where they spend a large proportion of their time—at school. Over 6.3 million students in the United States are served by SBHCs. SBHCs are strategically located in low-resource neighborhoods and communities. As many as 89% of SBHCs provide access to one or more schools designated as Title I, meaning they receive federal financial assistance because of the high percentage of students from low-income families.<sup>1</sup> Additionally, school populations with access to SBHCs have, on average, a higher percentage of enrolled students who identify as Latinx (38%) and African American (24%) compared to schools nationwide (24% and 15%, respectively), thereby targeting and reaching youth typically underserved by the health care system.<sup>1</sup>

There is a growing body of literature supporting the positive impact that SBHCs have on student health and education outcomes. One systematic review conducted by the Centers for Disease Control and Prevention (CDC) found that SBHCs are associated with significant improvements in health care use and outcomes, including a 70.6% reduction in asthma-related hospitalization and 15.8% decrease in asthma-related emergency visits, 15.5% increase in immunization, and 12.0% increase in other recommended preventive screening and counseling.<sup>2</sup> Working at the intersection of health and education, SBHCs collaborate with school districts, school principals, teachers, school staff, families, and students. Parents do not miss work to take their child to the doctor, and students do not miss a half or full day of school to see the doctor. This collaboration, care coordination, and youth engagement results not only in improved student,

school staff, and community health literacy and outcomes,<sup>3</sup> but also contributes to positive educational outcomes including reduced absenteeism, decreased disciplinary actions and suspensions, and improved graduation rates.<sup>2,4-7</sup> SBHCs advocate for the needs of at-risk children, youth, and families, provide them with a safe haven, and serve as a protective factor that reduces their poor health and education outcomes.

As senior leaders at the School-Based Health Alliance, the national voice for school-based health care in the United States, and Community Health Center, Inc./Weitzman Institute, one of the largest Federally Qualified Health Center-sponsors of SBHCs, we offer our perspectives on the potential role of SBHCs in promoting health and well-being during the converging pandemics of COVID-19 and racism in the United States, and present future-oriented recommendations beyond COVID-19 for how SBHCs can serve a key driver in moving the needle on health justice.

## ROLE OF SBHCS IN THE COVID-19 CONTEXT

### Addressing Misinformation and Promoting Health Literacy

In a previous paper, we described how the rampant spread of misinformation, combined with limited health literacy, disproportionately impacts racial and ethnic minorities, nonnative speakers of English, those with low socioeconomic status, and medically underserved people, specifically the uninsured and Medicaid-insured—the same populations that SBHCs target and serve.<sup>7</sup> Given the locality of SBHCs within institutions of learning, in addition to the mission of SBHCs being inclusive of health care prevention and health promotion,<sup>8</sup> SBHCs are uniquely positioned

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to promote and track progress in health literacy, and educate children and their families about preventive behaviors, including proper hygiene, during pandemics. SBHCs also can educate families and children about trusted sources of information, as well as helpful community resources during an outbreak.

### **Leveraging the Locality of SBHCs to Enhance Availability and Accessibility of Testing**

As schools in the United States have begun reopening, the CDC has issued guidelines for schools and persons that should be prioritized for school-based testing, which include schools in communities disproportionately affected or that lack access to testing such as schools with moderate or large proportions of racial/ethnic groups that have experienced higher rates of COVID-19 cases relative to population size and schools in geographic areas with limited access to testing due to distance or lack of availability of testing.<sup>9</sup> Thus, given that SBHCs are predominantly located in low-income neighborhoods with high percentages of racial/ethnic minorities, they are primed to support schools by facilitating testing and potentially COVID-19 vaccinations, if the logistics regarding refrigeration or other storage can be addressed. Moreover, given that school administrators and staff already may be overwhelmed by the changes in delivering instruction such as a pivot to a hybrid model, SBHCs, if properly resourced, may be able to help alleviate this burden by providing the necessary personnel, infrastructure, and resources to provide testing and vaccinations to students, teachers, and staff, as well as facilitate coordination and information exchange with health departments and staff.

### **Ensuring Access to Psychosocial Support for Students and Families**

There is a growing body of literature on the immediate impact of the pandemic on the mental health of youth. Several studies have suggested an increased risk for posttraumatic stress disorders, depression, anxiety, as well as grief-related symptoms among youth,<sup>10-15</sup> which is associated with long-term negative neuroanatomical and neurofunctional consequences, particularly declining hippocampal volume, increasing amygdala reactivity, and declining amygdala-prefrontal coupling with age.<sup>16</sup> Reliable resources including the Substance Abuse and Mental Health Services Administration and the CDC have provided clear guidance on age-appropriate messaging during infectious disease outbreaks to those working with children. SBHCs are equipped with health care staff that are professionally trained in understanding the difference between normal behavior in children and youth during times of stress, and the timing and age-appropriate approach to helping children

cope. Additionally, during times of pandemics, SBHCs also can expand their reach and connect parents, caregivers, and other family members with health care and community supports to help whole families reduce their individual and collective stress and anxieties.

### **BEYOND THE PANDEMIC: LONG-TERM VISION FOR SBHCs IN THE HEALTH JUSTICE MOVEMENT**

During his acceptance speech, then President-elect Joseph R. Biden gave America and the world a new sense of optimism and hope, highlighting his administration's commitment to ending the pandemic and systemic racism; his COVID-19 transition team comprised of diverse and seasoned scientists and public health leaders is a promising indication of this commitment. Nonetheless, our decades of experience in the field have taught us 2 things. First, the pandemic has both exacerbated and brought to light the longstanding challenge of health and social inequities that have existed since the birth of the United States. Second, whereas elected political officials should be held accountable for protecting the health and well-being of all peoples, every sector has a role and responsibility for advancing health justice, including racial equity and justice. Thus, as leaders in health and education, we challenge our fields to look beyond the pandemic, and envision the role of SBHCs moving forward, particularly through expanded investment in human capital and sustained cross-sector collaboration between health and education.

### **Investing in Human Capital/Workforce Development**

The challenge to attract health care workers to schools serving children from low-income communities cannot be minimized. Although technology can help, the ability to serve the health needs of students from low-income households will be directly proportionate to the number of trained, licensed, and certified professionals available to staff SBHCs and other school-based health roles such as school nurses, psychologists, counselors, and social workers. This will take incentives and aggressive recruitment of an expanded workforce. In the battle for health care workers, schools and SBHCs must compete with better paying private sector and hospital jobs. The goal of any incentives should be to attract and retain workers. We propose 2 incentives in the 117th US Congress: (1) a \$5000 annual tax credit for all workers serving in Title I schools and (2) student loan forgiveness for all workers that chose to serve in Title I schools. Both of these proposals would necessarily include teachers, administrators, and health care workers, regardless of their employer.

Another goal must be the racial diversification of the school health field. Many national organizations

representing SBHCs, and school health personnel, such as nurses, psychologists, and counselors all report that over 80% of their workforces are white women. The year 2020 brought issues of implicit bias and racism to the forefront of conversation and we cannot rule out those workforce concerns where the racial composition is so skewed. Training is warranted, but it will not suffice for the lack of a diverse workforce that looks like and shares similar experiences with the students they serve.

### Enhancing Cross-Sector Collaboration Between Health and Education

Since the pandemic, there has been unprecedented cooperation both between and within the health and education sectors. For example, the Coalition of Community Schools Steering Committee brings together representatives from the teachers' unions, superintendents, principals, after school programs, and SBHCs, to name a few.<sup>17</sup> Pandemic coordination and support has led to public recognition by education partners of the critical role of school-based health care workers in responding to the pandemic and looking forward. This has included language in COVID-19 relief bills that acknowledges SBHCs as a legitimate educational cost at the discretion of the district superintendent.

As noted earlier, the pandemic has both revealed and exacerbated the chronic underfunding of safety-net services, particularly public schools and SBHCs, which so many disadvantaged youth rely on in the United States. To fund a program for the first time will not compensate for the lack of investment of the last decades. The federal government must be prepared to make major investments in health care and education for low-income communities if it is to reverse existing inequities. Conversely, the health care and education sectors must build on the unprecedented cooperation described earlier and commit to partnering and advocating for each other's issues beyond the pandemic. Such organizations should continue to put pressure on the federal government to increase the necessary investments that must be made if we are to improve the plight of students from low-income households, many of which are also people of color.

Long-term, we believe that every school-serving student from low-income communities should have full service health clinics staffed by a diverse professional workforce. The pandemic has shown the disparities between the haves and have-nots. Accessible quality health care should be a right for all K-12 public school children, particularly those from low-income communities. SBHCs offer the greatest opportunity to right the wrong.

### Conflict of Interest

The authors declare that they have no conflict of interest.

### REFERENCES

1. School-Based Health Alliance. National School-Based Health Care Census. Available at: <https://www.sbh4all.org/school-health-care/national-census-of-school-based-health-centers/>. Accessed October 15, 2020.
2. Knopf JA, Finnie RK, Peng Y, Community Preventive Services Task Force. School-based health centers to advance health equity: a community guide systematic review. *Am J Prev Med.* 2016;51(1):114-126.
3. Beem AA, Batlivala C, Norwood AA. School-based health centers as the pediatric expanded medical home. *J Sch Health.* 2019;89(11):934-937.
4. Geierstanger SP, Amaral G, Mansour M. School-based health centers and academic performance: research, challenges, and recommendations. *J Sch Health.* 2004;74(9):347-352.
5. Dunfee MN. School-based health centers in the United States: roots, reality, and potential. *J Sch Health.* 2020;90(8):665-670.
6. Johnson V, Ellis RS, Hutcherson V. Evaluating a strategy for implementation and sustainability of school-based health centers in 3 disparate communities. *J Sch Health.* 2020;90(4):286-294.
7. Damian AJ, Gallo, JJ. Promoting health literacy during the COVID-19 pandemic: a call to action for healthcare professionals. June 15, 2020. Available at: <https://misinforeview.hks.harvard.edu/article/promoting-health-literacy-during-the-covid-19-pandemic-a-call-to-action-for-healthcare-professionals/>. Accessed October 15, 2020.
8. Arenson M, Hudson PJ, Lee N, Lai B. The evidence on school-based health centers: a review. *Glob Pediatr Health.* 2019;6:2333794X19828745.
9. US Centers for Disease Control and Prevention. Interim Considerations for Testing for K-12 School Administrators and Public Health Officials. December 4, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-testing.html>. Accessed January 7, 2021.
10. Brooks SK, Webster RK, Smith LE. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet.* 2020;395(10227):912-920.
11. Cortese S, Asherson P, Sonuga-Barke E. ADHD management during the COVID-19 pandemic: guidance from the European ADHD guidelines group. *Lancet Child Adolesc Health.* 2020;4(6):412-414.
12. Guessoum SB, Lachal J, Radjack R. Adolescent psychiatric disorders during the COVID-19 pandemic and lockdown. *Psychiatry Res.* 2020;291:113264.
13. Garza K, Jovanovic T. Impact of gender on child and adolescent PTSD. *Curr Psychiatry Rep.* 2017;19(11):87.
14. Kar N. Depression in youth exposed to disasters, terrorism and political violence. *Curr Psychiatry Rep.* 2019;21(8):73.
15. Wang G, Zhang Y, Zhao J. Mitigate the effects of home confinement on children during the COVID-19 outbreak. *Lancet.* 2020;395(10228):945-947.
16. Herringa RJ, Trauma PTSD. The developing brain. *Curr Psychiatry Rep.* 2017;19(10):69.
17. Coalition for Community Schools at the Institute for Educational Leadership. Little girl trying on glasses with community school coordinator. 2021. Available at: <http://www.communityschools.org/about/default.aspx>. Accessed January 7, 2021.