



Fact sheet

School-based health care in North Carolina: A closer look at school-based health centers (SBHCs)

Across North Carolina, **school-based health centers (SBHCs)** are being deployed as a leading, evidence-driven model for advancing school-based health care. SBHCs are created through a partnership between a school/school district and a healthcare provider to increase access to, at minimum, primary healthcare services to students on a school campus. The healthcare provider serves as the operator and administrator of the SBHC, working closely with the school or school district to ensure student needs are met. This collaborative health and education partnership is transformational in reducing disparities and improving health and education outcomes for students.

Why do North Carolina's children need SBHCs?

Students who are sick or who have unaddressed health conditions often cannot focus inside the classroom and are more likely to miss school altogether. When a child's education is negatively impacted, they face lifelong consequences — including a greater risk for poor health, higher healthcare spending, and increased economic instability in their future. The research is clear, healthy students learn better and are, in turn, better equipped and supported to reach their full potential.¹

The challenges facing North Carolinas's children have only been exacerbated by the pandemic, resulting in a worsening of outcomes and widening of disparities. SBHCs play a critical role in improving children's access to health care and closing gaps in health and education outcomes to ensure every child in our state thrives.



1 in 5

school-age children (21.6%), ages 6-17, **did not have a place to go or consult when they were sick.**⁴ (2020-2021)

Healthcare access

More than one in eight children (11.3%) reported being **depressed or having anxiety**² (2020)



Up **67%** since 2016

Health



Up **25%** from prior year

Nearly one in three (30%) North Carolina K-12 students were **chronically absent**³ (2021-2022 school year)

Education

What are the impacts of SBHCs?

SBHCs place children at the center of services and deliver care in a safe and nurturing environment. They remove barriers to accessing care — such as cost, transportation, and time — demonstrating strong evidence for improving student health and education outcomes, advancing equity, and reducing burdensome societal costs.

Key impacts of school-based health centers⁵



Health and health care impacts

- ✓ Increased utilization of critical healthcare services, such as well child visits, immunizations, preventative screening, prenatal care, substance use treatment, and mental health counseling
- ✓ Decreased unnecessary healthcare utilization, emergency department visits, and hospitalizations
- ✓ Increased identification and management of chronic disease
- ✓ Reduced engagement in poor health behaviors, including smoking, alcohol consumption, and illicit drug use
- ✓ Improved physical activity and consumption of healthy foods
- ✓ Increased health literacy



Education impacts

- ✓ Increased rate of high school completion and graduation
- ✓ Increased school engagement
- ✓ Higher GPA and grade promotion
- ✓ Decreased absenteeism
- ✓ Decreased school disciplinary actions and suspensions



Cost impacts

- ✓ Reduced societal costs associated with unnecessary healthcare utilization, economic productivity loss (including averted parental/guardian time off work), and decreased transportation needs
- ✓ Net savings to Medicaid programs

Equity impacts

Studies show that SBHCs can markedly improve outcomes and reduce disparities for students living in communities that are medically underserved or that experience economic or social disadvantage — across urban, rural and Appalachian school districts.

What opportunities lie ahead for North Carolina's SBHCs?

To meet the growing needs of North Carolina's children, we must ensure that our state's SBHC infrastructure is strengthened through:

- State funding to create, support, and expand the reach of SBHCs in North Carolina
- Exploration of payment models that remove barriers to market entry and enhance healthcare provider reimbursement
- Flexibility in designated space allowances for SBHCs in school facilities planning and construction to support the provision of quality, on-site healthcare services that meet student needs
- Incentivizing the partnership of schools with community healthcare providers to increase student's access to physical and behavioral health services and supports
- Implementation of policies that strengthen the provision of collaborative, comprehensive, integrated, and sustainable health services in schools

North Carolina School-Based Health Alliance

The North Carolina School-Based Health Alliance ("NCSBHA") is a professional, nonpartisan, nonprofit organization that serves as the only statewide organization created to improve access to comprehensive, integrated health services by advancing and supporting the sustainability and expansion of school-based health care.

Notes

1. Michael, Shannon L., Caitlin L. Merlo, Charles E. Basch, Kathryn R. Wentzel, and Howell Wechsler. "Critical Connections: Health and Academics." *Journal of School Health* 85, no. 11 (2015): 740–58. <https://doi.org/10.1111/josh.12309>. See also Basch, Charles E. "Healthier Students Are Better Learners: High-Quality, Strategically Planned, and Effectively Coordinated School Health Programs Must Be a Fundamental Mission of Schools to Help Close the Achievement Gap." *Journal of School Health* 81, no. 10 (2011): 650–62. <https://doi.org/10.1111/j.1746-1561.2011.00640.x>.
2. "Child Wellbeing Indicators & Data: Kids Count Data Center." KIDS COUNT data center: A project of the Annie E. Casey

Foundation, 2022. <https://datacenter.aecf.org/data/tables/11429-children-and-teens-with-anxiety-or-depression?loc=35&loct=2#detailed/2/35/false/574,1729,37,871,870/any/22085,22084> Last accessed March 31, 2023.

3. "My Future NC "Chronic Absenteeism." Available at <https://dashboard.myfuturenc.org/college-and-career-access/chronic-absenteeism/>. Last accessed March 31, 2023.
4. "Usual Source for sick care." National Survey on Children's Health, 2020–2021. Available at [NSCH Interactive Data Query \(2016 – present\) - Data Resource Center for Child and Adolescent Health \(childhealthdata.org\)](https://nsch.interactive.dataquery.org/2016-present/Data-Resource-Center-for-Child-and-Adolescent-Health-(childhealthdata.org)). Last accessed February 3, 2023.
5. Knopf, John A., Ramona K.C. Finnie, Yinan Peng, Robert A. Hahn, Benedict I. Truman, Mary Vernon-Smiley, Veda C.

Johnson, et al. "School-Based Health Centers to Advance Health Equity." *American Journal of Preventive Medicine* 51, no. 1 (2016): 114–26. <https://doi.org/10.1016/j.amepre.2016.01.009>. See also Ran, T, S Chattopadhyay, and R Hahn. "Economic Evaluation of School-Based Health Centers: A Community Guide Systematic Review." *Value in Health* 19, no. 3 (2016). <https://doi.org/10.1016/j.jval.2016.03.326>; Love, Hayley E., John Schlitt, Samira Soleimanpour, Nirmita Panchal, and Caroline Behr. "Twenty Years of School-Based Health Care Growth and Expansion." *Health Affairs* 38, no. 5 (2019): 755–64. <https://doi.org/10.1377/hlthaff.2018.05472>.