Is there a need for more school-based health centers in low-income neighborhoods?

“Not always,” says Quianta Moore, J.D., M.D., co-author of a study on the topic. School-based health centers (SBHC) are typically formed through partnerships between schools and health care organizations to provide various health services, which may include primary care, mental health, dental health, and nutrition and health education. SBHCs evolved as a way to increase access to health care for low-income children, and when implemented in partnership with school communities that have an identified need, have been found to reduce barriers to access and improve health outcomes. However, not all low-income communities self-identify as having barriers to access, particularly in urban cities.

For the study, Moore and colleagues partnered with a mid-sized nonprofit health care organization to evaluate the utilization of its SBHCs in elementary schools. Community-based participatory research (CBPR) was used to actively engage parents, students and teachers in the study. CBPR emphasizes “community-defined issues, equitable partnerships and structures for participation,” which give researchers and policymakers insights into the needs of the targeted community.

Using CBPR resulted in a 100 percent response in student surveys and up to a 91 percent response in parent surveys. The survey data demonstrated that the school communities were receptive to having an SBHC, despite underutilization of their current SBHC. Focus groups were then conducted, which allowed researchers to ask tailored questions regarding the utilization of clinics. Researchers discovered that most students had primary care providers that parents trusted. For parents, the primary value of the SBHC was to provide care when their child was sick at school. However, the SBHC was only open one day a week, making the probability that a student would get ill on that one clinic day relatively small. Moreover, there was a mismatch between the services offered by the SBHC and the health services desired by the school community. Parents, students and teachers wanted more health promotion and health education, particularly on wellness and nutrition. However, the SBHC focused primarily on the delivery of medical care.

Improving health outcomes in children is a public health priority. SBHCs have proven to be a mode of health care delivery that has demonstrated improvement in several child health outcomes, at a reduced cost. However, the benefits of SBHCs cannot be realized if the communities they are meant to serve underutilize them. Best practices for implementing SBHCs support community needs assessments, yet types and quality of needs assessments vary. This study supports engaging school communities in the needs assessment to match the needs of the community to the health services provided. Improving health is more complicated than the availability of medical care in schools. Opportunities should be created to facilitate the engagement of communities in health decision-making and the improvement of community participation in health promotion, health protection and disease prevention efforts. This will lead to delivery of care that matches the needs of the patient population, which ultimately should lead to better health outcomes.
HEALTH POLICY research presents a summary of findings on current health policy issues. It is provided by Vivian Ho, Ph.D., James A. Baker III Institute Chair in Health Economics and director of the Center for Health and Biosciences at Rice University’s Baker Institute for Public Policy, in collaboration with Laura Petersen, M.D., M.P.H., chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

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