

School-Based Health Services

This is one of a series of evidence-based strategies to help states and school districts invest Covid relief aid effectively. Read all 18 strategies in FutureEd's [Covid Relief Playbook](#).

Student health will be a major concern as schools reopen in the fall of 2021. Schools must continue to prevent the spread of Covid and cope with new and intensified health challenges related to the pandemic. Many students have missed regular checkups, and an estimated **one in five** has not received regular vaccinations against childhood diseases. Other students are struggling with anxiety and depression. Beyond hiring nurses and psychologists, schools and districts can use Covid relief money to expand access to health services by setting up full-service clinics in schools. They can also establish telehealth systems that encompass a range of services, from phone calls with doctors or nurses to video-based e-visits and online health questionnaires.

THE RESEARCH

Ensuring students take the Covid vaccine as soon as they become eligible will be a priority in many districts and communities. In addition to Covid vaccinations, schools can consider offering flu shots on campus to help cut down on absences. For example, school districts in central Texas delivered flu shots in the fall of 2016 to 38,032 students in 262 elementary and middle schools through an Austin-based regional education collaborative known as E3. The E3 **study** showed the biggest drops in absenteeism rates during the peak flu weeks among schools with the highest vaccination. In 2012, Texas A&M University researchers **found** elementary school students who received flu shots at school had fewer absences than their unvaccinated peers. Neither of the Texas studies evaluated academic results. However, researchers at Armstrong Atlantic State University in Georgia **found** gains in both academic

achievement and attendance among students vaccinated against the flu. They suggested the benefits could extend to entire school communities, as the vaccinations seemed to increase herd immunity against the flu.

Likewise, several studies suggest that school-based health centers improve attendance and a sense of connection to school among students. Across the U.S., nearly 2,600 schools with a total of 6.3 million students have clinics designed to promote healthy living and offer preventative care for chronic health conditions. A 2010 **study** by a researcher at St. John Fisher College compared outcomes for students who visited school-based clinics to those who visited school nurses. Students who visited clinics were less likely to be sent home from school or lose “seat time” than those who saw nurses—outcomes that could potentially impact academic achievement. According to 2003 **study** by researchers at Montefiore Medical Center in Bronx, N.Y., students with asthma who had access to a school clinic were less likely to be hospitalized and attended school an additional three days, compared to similar students in schools without clinics.

Another evidence-based approach to expanding school health services is telehealth. A student whose asthma symptoms flare can do so without leaving school. Or a dental technician can clean children’s teeth at school and communicate with a dentist off-site about any serious problems. For students, especially those in remote communities or in neighborhoods served by few doctors, telehealth can save hours of missed school. In Rochester, New York, schools **reduced asthma attacks** by increasing in-school services for children through regular telehealth visits with specialists, according to a study

School-Based Health Services

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led by University of Rochester researchers. In California, [Virtual Dental Home](#) delivers care to more than 40 sites, including elementary schools in low-income neighborhoods and Head Start centers. The program has shown promising results, as it allows patients to receive dental care while avoiding the logistical challenges and costs to families of taking students out of school.

WHAT TO CONSIDER

School nurses, counselors and healthcare providers will play a vital role in ensuring students come to school healthy and stay healthy post-pandemic. They should be involved in planning for reopening and in the development of protocols for social distancing, testing, and contact-tracing.

One of the biggest challenges in providing school-based health services is cost. Clinics rely on various combinations of local, state and federal dollars that are not guaranteed for the long term. Insurance reimbursements and Medicaid can supplement the clinics, but often involve complex billing systems that schools have trouble managing. Telemedicine can provide a more sustainable model, but often involves considerable start-up costs for buying equipment and ensuring adequate internet speed and bandwidth capabilities. Covid-relief aid can pay for infrastructure, equipment, and short-term staffing support for these programs.

All school-based health services, including telehealth interactions, require attention to federal privacy rules for sharing student information with providers beyond the school staff. Flu shots or other immunizations require parental permission.

RESEARCH

- [Efforts to Improve Attendance in Central Texas: “Kick the Flu”](#): **PROMISING**
- [School-Located Influenza Vaccination and Absenteeism among Elementary School Students in a Hispanic Community](#): **PROMISING**
- [Impact of School Flu Vaccine Program on Student Absences](#): **EMERGING**
- [Burden of Asthma in Inner-City Elementary Schoolchildren](#): **PROMISING**
- [The Relationship Between School-Based Health Centers, Rates of Early Dismissal from School, and Loss of Seat Time](#): **PROMISING**
- [Effect of School-Based Telemedicine on Asthma Management](#): **STRONG**

RESOURCES

- [The Cost Benefit of Comprehensive Primary and Preventive School-Based Health Care](#)
- [School-Based Health Care Support Toolkit](#)
- [Telemedicine in Schools Helps Keep Kids in the Classroom](#)
- [Roadmap for Action](#)
- [Center for Connected Health Policy](#)