



# NAPNAP Position Statement on School-Based Health Care

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School-based health centers (SBHCs) maximize full and direct access to high-quality health care for children and adolescents by providing comprehensive primary care on or near school campuses and linking these services with the school, primary care providers, and community resources. According to the 2016–17 National School-Based Health Care Census, 41% of SBHCs provide comprehensive health care through expanded health care teams comprised primary care providers, behavioral health specialists, dental professionals, nutritionists/registered dietitians, care coordinators, and ophthalmic specialists (School-Based Health Alliance, 2018). Having a diverse complement of disciplines working together in an SBHC helps to ensure the sociocultural influencers of health in at-risk pediatric populations are identified and addressed, improving the coordination of care. A large proportion of SBHCs are found

in schools with a high percentage of students from low-income families. Of the 2,584 SBHCs in the United States, 89% provide access to health care services in schools designated as Title I (School-Based Health Alliance, 2018). Of all students in the United States, 13% have access to an SBHC, and over 6 million children and adolescents use this service (Love, Panchal, Schlitt, Behr, & Soleimanpour, 2019a). With most SBHCs located within disadvantaged areas, they are uniquely positioned to partner with schools to improve access to care, address obstacles to health care, and increase the opportunity for health equity by reducing health disparities (Arenson, Hudson, Lee, & Lai, 2019; Love, Schlitt, Soleimanpour, Panchal, & Behr, 2019b; School-Based Health Alliance, n.d.).

The four SBHC delivery models include a traditional model where care is provided in a clinical space on the school campus (82%), a school-linked center where the clinic is located close to the school campus (4%), mobile units where care is provided in a van or bus parked on or near the school campus (3%), and telehealth services where care is delivered virtually (11.5%; School-Based Health Alliance, 2018). The use of SBHCs has been shown to improve pediatric health outcomes, and studies illustrate that the addition of telehealth can further improve these outcomes (Love et al., 2019b; Sanchez, Reiner, Sadlon, Price, & Long, 2019), especially for at-risk populations including medically fragile children (Cormack et al., 2016).

SBHCs provide primary care services, which may include well-child examinations, immunizations, screenings for vision and hearing, dental and behavioral health services, treatment of minor illnesses and injuries, laboratory services, and referral for specialty care. Select SBHCs (37%) provide

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This document replaces the 2013 NAPNAP Position Statement on School-Based Health Care. All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

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confidential adolescent health care, including reproductive services (Boonstra, 2015). SBHCs may function as a health center that offers community outreach and education. Nearly two-thirds (62%) of SBHCs provide services to populations other than students in their schools, including students from other schools (44%), faculty and school personnel (39%), the family of student users (32%), out of school youth (28%), and other people in the community (17%; School-Based Health Alliance, 2018).

Sponsoring agencies provide human and financial resources to maintain SBHCs. Sponsoring agencies also play a large part in arranging additional funding, helping to secure political support, and aiding in collaboration with school personnel. Sponsoring agencies are critical to the viability of SBHCs (Love et al., 2019b). In addition to the support, SBHCs receive from sponsoring organizations, most SBHCs bill insurance programs, such as Medicaid, the Children's Health Insurance Program, and private insurance. Moreover, most also assist families with on-site insurance eligibility and enrollment or have a sliding-scale payment plan (Boonstra, 2015).

Educational achievement is not only a predictor of adult success but also strongly predicts adult health outcomes (National Collaborative on Education and Health, 2015). Poor health severely limits a child's motivation and ability to learn (Basch, 2011). By integrating SBHCs into the educational environment, clinic services contribute directly to the school's mission and deliver outcomes that matter to educators. SBHC staff can act as key partners in an effort to address chronic absenteeism and promote a positive school climate. Accessible, affordable school-based primary health care and behavioral health care benefit students as they are able to increase their attendance and spend more time engaged in the classroom. Furthermore, parents benefit because they do not take multiple days off work to seek care, particularly for intensive behavioral interventions, for their children. Employers benefit because parents do not miss workdays.

To promote access to affordable, high-quality care through SBHCs, the National Association of Pediatric Nurse Practitioners endorses:

1. Delivery of comprehensive, collaborative, and equitable primary health care to all children, especially at-risk and vulnerable populations; these health care services can include management of acute and chronic illnesses and injuries, immunizations, well-child care and sports physicals, mental, behavioral, dental, hearing, vision, and reproductive services, and delivering, when possible, general health, safety, and nutrition education.
2. Development and implementation of national standards for school-based health care using current evidence-based practice guidelines whether delivered through school-located, school-based, mobile, or telehealth.
3. Comprehensive, high-quality, sustainable, value-based care for school-based health services.
4. Equitable private and public insurance reimbursement.
5. Health care delivery to students, siblings of students, children of adolescent parents who are students within

the schools and, when feasible, educators and school staff.

6. Broadband access for all children and families as a platform for addressing critical education, mental and physical health needs.
7. Research and quality improvement initiatives that measure physical, mental, dental, sociocultural health influencers, and/or academic outcomes of school-based health care delivery systems and models.

In summary, the National Association of Pediatric Nurse Practitioners, an organization whose mission is to empower pediatric-focused advanced practice registered nurses and key partners to optimize child and family health, believes that SBHCs are vital components of the health care system that increase health care access for children and adolescents. SBHCs provide a comprehensive range of services that specifically meet the needs of children, including many who are uninsured, underinsured, or underserved. The multiple models of SBHCs allow for flexibility to serve the specific needs of schools and communities. The school-based health care setting provides a unique opportunity to implement an interdisciplinary team approach, integrating health and education to manage issues impacting a child's health, school performance, and life potential.

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