# Issue At A Glance:

## School-Based Health Centers

*This brief examines the important role School-Based Health Centers play in addressing children's access to health care in the United States.*

## Introduction

School-Based Health Centers (SBHCs) began in the late 1960s and early 1970s in urban communities such as Cambridge, Dallas, and St. Paul to provide preventive health care to urban youth. By the late 1980s, there were 120 SBHCs in 61 cities. Today, there are over 3,900 of them.[1]

The structure and function of SBHCs have evolved over time to what they are now. These centers are designed to provide comprehensive health services including medical, behavioral, dental, vision care, youth development, and sexual health services directly within schools, making health care accessible to all students regardless of their zip code, insurance status, or ability to pay.[2]

Besides serving the students of the school, SBHCs also provide care for their families, school staff, students of other schools, and other community members. In addition to direct healthcare services, they also assist patients with insurance enrollment, food security, housing, financials for basic needs, legal concerns, employment, immigration, childcare, transportation, and academic support.[2]

### *Growth of SBHCs in the US[1]*

| | |
|---|---|
| **1973** | 3 SBHCs |
| **1980** | 120 SBHCs |
| **1998** | 1,135 SBHCs |
| **2016** | 2,584 SBHCs |
| **2022** | 3900 SBHCs |

# Why We Need More School-Based Health Centers

Despite the importance of regular health care for healthy growth and development, millions of children in the United States do not receive adequate care. This problem is most acute among disadvantaged communities. Recent studies show that nearly one-third (32.4%) of U.S. children are underinsured, lacking either continuous or adequate insurance coverage, and this proportion is rising.[3,4] Studies also show that rates of inadequate insurance are higher for children with medical problems: 55.8% of children with diabetes and 39.9% of children with autism were found to have inadequate insurance.[3,4]

In addition, racial disparities exist among children experiencing gaps in healthcare coverage. For example, Hispanic children had a 34.5% underinsurance rate, higher than their non-Hispanic Black (27.9%) and White (32.5%) peers. Families with Spanish or "other" as the household language also had increased rates of underinsurance (35% and 39.9%, respectively).[4]

The consequences of inadequate insurance are profound. Underinsured children are more likely to lack a regular provider, miss preventive services, and have unmet chronic medical and dental needs.[5] Children with special healthcare needs, particularly those with chronic medical conditions, are at even greater risk since lack of adequate health insurance leads to not getting the care and treatments they need. One effective approach to addressing these disparities is to invest in the expansion of School-Based Health Centers (SBHCs) in underserved communities, as they have been shown to promote equitable access to healthcare services for all children.

## School-Based Health Alliance

The School-Based Health Alliance (SBHA) is a national organization dedicated to advancing and supporting School-Based Health Centers (SBHCs) across the United States. The SBHA was founded in 1995 to oversee and advocate for funding for SBHCs. The alliance conducts the State Policy Assessment, which asks state departments of health and education about their investments in SBHCs, and advocates for healthcare access for children. It also provides training and technical assistance.[6]

# SBHC Origin, Funding Mechanism, and Impact

## Origin Story

The first SBHCs were established in the 1960s and were intertwined with the Civil Rights Movement. Like other Community Health Centers founded in that time, the goal was to provide preventive services to racial minorities and children from low-income families. These early centers focused on family planning access, teen pregnancy prevention, and supports to adolescent parents.[7] While the statistics that they claimed have been debated, the attention they garnered from stakeholders has led to the expansion of SBHCs to what we see today. As SBHCs expanded through the 1980s-1990s, private foundations, such as the Robert Wood Johnson Foundation, played a critical role by providing grants to demonstrate the effectiveness and sustainability of SBHCs.[7] The Affordable Care Act (ACA) became the first dedicated federal funding stream for SBHCs, allocating $200 million over four years specifically for construction and equipment.[7]

## Current Funding

Today, SBHCs are supported by a mix of federal, state, local, and private funding sources, reflecting the growing recognition of their role in student health and well-being.[8] Additional federal funds were provided in 2021 from the American Rescue Plan Act to boost mental health services and support telehealth infrastructure.[9] In 2025, it was announced that these funds were used to open 60 new SBHCs in Connecticut. Federally Qualified Health Centers (FQHCs) have a central role in the operation, funding, and sustainability of SBHCs, enabling them to deliver comprehensive, high-quality care while integrating school-based services into the larger healthcare network. Around 63% of SBHCs are sponsored by a FQHC, and SBHCs that are structured under a FQHC are better equipped to bill Medicaid and other insurers for services.[10]

## Impact of SBHCs

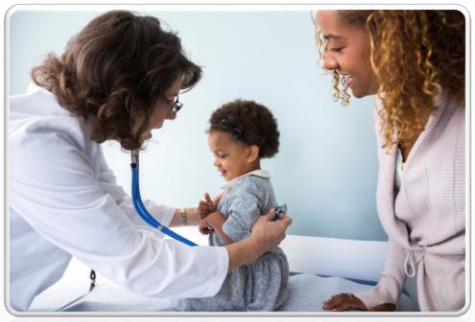
Access to SBHCs is associated with reduced use of ERs and fewer hospitalizations.[11,12] Also, children are more likely to have conditions such as asthma monitored by a provider. There is also data that reports a 50% reduction in school absences and 85% decline in school discipline referrals for students who utilized mental health services at a SBHC.[11] Aside from direct benefits to the health and education of children, for every dollar invested in SBHCs, $1.38–$3.05 is returned through reduced healthcare costs, improved parent and teacher productivity, and decreased travel costs.[13]

## Upcoming Challenges

Approximately $1 billion in federal grants that were awarded in 2022 through the Bipartisan Safer Communities Act to boost mental health services in schools were cancelled in April 2025.[14] Recipients were notified that the funds would no longer be available after the current budget period. As political climates shift, federal grants may become a less reliable source of funding.

# Conclusion

From their origins in the 1960s as a response to unmet health needs in urban schools, SBHCs have grown into a nationwide network providing comprehensive, accessible health care to millions of students. They started as an urban solution to lack of care but are now expanding into rural communities to address the need for care there. Their expansion has been driven by public health advocacy, philanthropic investment, and federal policy, making them an essential part of the U.S. healthcare safety net for children and adolescents. Children who attend schools with SBHCs have a distinct advantage over those who do not as they have fewer health related emergencies and a multitude of resources for non health related concerns.[11-13] From a financial standpoint, SBHCs have been found to be a profitable endeavor for the US.[13] Continued investment in school-based health initiatives, alongside broader efforts to address financial, systemic, and social determinants of health, is vital to ensuring that all children receive the care they need to grow, learn, and succeed.



## Did you know?

In 2022, only 3.9% of the US public schools had School Based Health Centers.[15]

## References


1. https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05472
2. https://www.sbh4all.org/about/
3. https://pmc.ncbi.nlm.nih.gov/articles/PMC8383158/
4. https://pmc.ncbi.nlm.nih.gov/articles/PMC9647940/
5. https://americanspcc.org/the-impact-of-healthcare-access-on-child-development/
6. https://sbh4all.org/wp-content/uploads/2023/10/FINDINGS-FROM-THE-2022-NATIONAL-CENSUS-OF-SCHOOL-BASED-HEALTH-CENTERS-09.20.23.pdf
7. https://pmc.ncbi.nlm.nih.gov/articles/PMC3770486/
8. http://ww2.nasbhc.org/infographic/resources/SBHC%20Finance%20fact%20sheet.pdf
9. https://www.congress.gov/bill/117th-congress/house-bill/1319/text
10. https://www.macpac.gov/wp-content/uploads/2025/03/School-based-Health-Centers-and-Behavioral-Health-Care-for-Students-Enrolled-in-Medicaid-Final.pdf
11. https://publications.aap.org/pediatrics/article/148/4/e2021053758/183284/School-Based-Health-Centers-and-Pediatric-Practice
12. https://pubmed.ncbi.nlm.nih.gov/8897104/
13. https://www.cdc.gov/high-impact-prevention/php/case-studies/health-care-clinical-schools.html
14. https://www.edweek.org/policy-politics/trump-ends-1-billion-in-mental-health-grants-for-schools/2025/04
15. https://ajph.aphapublications.org/doi/10.2105/AJPH.2024.307736



LOMA LINDA UNIVERSITY HEALTH

Institute for Health Policy and Leadership

**11209 Anderson Street**
**Loma Linda, CA 92354**
**Phone: 909-558-7022**
**Fax: 909-558-5638**
**IHPL.llu.edu**

*Guest Contributor:*
*Margarita Maksimova, MD*

*Questions?*
*Please contact the Institute for Health Policy & Leadership (ihpl@llu.edu).*