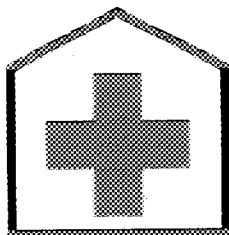
Copyright © 1999. All rights reserved.



School-Based Health Centers and Education Reform

By Joy G. Dryfoos
From *Journal of School Health*

SCHOOL-BASED health centers (SBHC) were conceived by individuals who wanted to provide adolescents with access to primary health care and help them prevent behavioral problems, particularly teen pregnancy. The first I visited was in Jackson, Mississippi, in 1983, an innovative program started by Aaron Shirley, a pioneer in the community health centers movement, in the high school he had attended. "Why not bring health services directly to the students?" he asked.

In 1984, the 10 SBHCs identifiable around the country were invited to participate in a national meeting under the auspices of the Center for Population Options (now Advocates For Youth) and the Ford Foundation. These programs had in common strong local leaders, mostly from the health system, who had garnered support from their community-based health agencies and brought the programs to schools. The potential for replication was high, especially since foundation and state health officials were in attendance and enthusiastic about the idea.

Today, more than 1,200 SBHCs are in operation, supported by half of the states, many foundations, Medicaid, health insurance, and even a few earmarked federal dollars through the "Healthy Schools, Healthy Communities" program of the Bureaus of Primary Health and Maternal and Child Health. The National Assembly on School-Based Health Care has a growing membership and sponsors national meetings and regional technical assistance workshops. Health centers can be found at every school level, in rural and suburban areas as well as inner cities.

This engine is being driven not only by health professionals with the

---

Joy G. Dryfoos can be contacted at 20 Circle Drive, Hastings-on-Hudson, NY 10706. *Condensed from* Journal of School Health, *68 (December 1998), 404-8. Published by the American School Health Association, 7263 State Route 43, P.O. Box 708, Kent, OH 44240.*

Copyright © 1999. All rights reserved.

desire to give children access to health care, but by an increasing recognition in the educational establishment that without attention to basic human needs, school reform will fail. This rapid proliferation of SBHCs is occurring in an environment in which educational quality is at the top of the list of citizen concerns. In considering what is occurring in school reform and its effect on the SBHC movement, it is also possible for us to consider a new vision that puts the two social movements together into "full-service community schools."

Two Streams

Most of the debate about school reform that is relevant to SBHCs focuses on two different streams: school reorganization and targeted school interventions. School reorganization models attempt to change the whole school system for all students. Targeted school-based interventions identify high-risk students and offer comprehensive programs to help them adjust to the school, build social competence, and graduate.

Regarding school reorganization models, education experts have promulgated hundreds of different approaches to improving the quality of schools. As for targeted school interventions, many dropout prevention and educational enhancement programs have been implemented over the years, programs which are generally "add-ons" not directed toward changing school systems but focusing on changing the lives of individual students, more in the mode of SBHCs.

Looking back over the program models with the strongest evaluations and the most successful outcomes, certain components seem associated with effective school programs. Indeed, a discussion of school reform promise and practice may sound familiar to practitioners in the SBHC movement. Many components of successful school initiatives are similar to certain aspects of school clinic models: one-on-one attention, focus on mental health issues, parent involvement, early intervention, small group sessions, extended hours, and the need for professional training and technical assistance.

SBHC leaders have overcome the same barriers as school reformers, such as funding problems and turnover. But SBHCs also have experienced unique barriers because they are the "outsiders."

Of course, many school reformers are outsiders too, coming out of their university laboratories and think tanks and going into the schools to sell their ideas. But they are not expected to remain in the school building to implement their programs after they teach existing school personnel to change their practices and use new protocols. In most cases, the school reformer goes on to the next school system.

For SBHCs, the rules are different. While school reform efforts are largely carried out by school personnel, the development and operation of a school clinic is primarily the function of practitioners from outside of school systems. Most SBHCs are perceived by the school as an "add-on," a valued property presented to the school

Copyright © 1999. All rights reserved.

by some community agency but not integral to the workings of the school. Even the existing school health staff may not be part of the school clinic, at least initially.

While much has been said about turf problems with school nurses, turf issues also arise over relationships with teachers, principals, social workers, custodians, and school guards. Teachers will not allow children to leave classes to go to clinic appointments. Custodians resist keeping doors open after school hours. Principals, especially if they are assigned to the school after the clinic is already located there, may be lukewarm about the idea and fail to foster coordination. Social workers feel threatened. Whose case is it? What records can be shared?

Many SBHCs have overcome these turf problems by working with school personnel to give them a sense of shared ownership and shared responsibility. In one school I have visited over the past decade, the principal shifted his attitude toward the clinic from one of obvious distrust to outright total ownership. He calls it "my clinic" and attributes his conversion to the fact that the quality of his school has vastly improved through the infusion of new resources supplied by the clinic program.

A whole wing of the school has been turned over to rooms for medical, mental health, social services, counseling groups, eye-and-ear clinic, and now a dental suite. Clinic personnel have assumed responsibility for all the health education in the school. And, of particular relevance, the SBHC director has helped the principal bring in a consultant on school reorganization.

Now this middle school is divided into four academies and each has its own clinic-based social worker on call. As the principal says, "A lot of poor Hispanic kids and their families have access to human services for the first time in my school."

As with school reform, documenting the successes of SBHCs has been difficult. A recent review of research found strong evidence of utilization of clinics by needy children and youth, with the highest-risk students most likely to make multiple visits. The record for prevention of high-risk behaviors, however, was spotty.

"Intensive Care" Results

Only those programs with "intensive care"—a heavy focus on either substance abuse or sexual behavior—produced results. Clinic users reported significant benefits, but few effects were demonstrated for the whole school. Research did document, however, that the presence of a clinic in a school increased attendance rates and substantially cut down on the number of children sent home from school for medical reasons.

School reformers are frustrated because, despite all their efforts, academic achievement levels are slow to change. Practitioners in SBHCs are frustrated because, despite all their efforts, positive health and behavioral outcomes are difficult to demonstrate. What would happen if the finest school reform was combined

Copyright © 1999. All rights reserved.

with the foremost SBHC? The answer is a "full-service community school."

A community school combines the best in quality education with the supports needed to assure the healthy development of children in the context of their families and their communities. These new kinds of schools are produced by partnerships between school systems, parents and neighborhood groups, health and social service agencies, and universities. Community schools offer stimulating and appropriate curricula that integrate the acquisition of basic cognitive skills with community life, cultural history, and other relevant material. The classroom is organized to promote engagement with each student and respect for diversity.

These schools act as hubs for an array of integrated health, mental health, social, and recreational services, usually brought into schools by community-based agencies, and financed outside the educational system. The school building is open before and after school, evenings, weekends, and summers and becomes a center of community life.

Parents are provided with opportunities to participate in school projects and to attend educational enrichment classes, and they are assisted to help their children with homework. Parent-run family resource rooms provide space for counseling, meetings, and socializing.

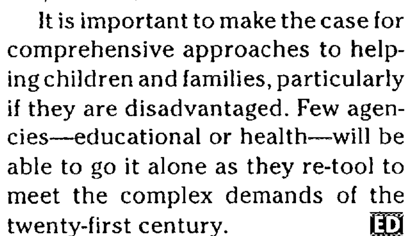
Community schools create safe havens, places where families can go for culture and recreation without fear of violence and disorder. Children participate in community-oriented projects such as health surveys, environmental protection, community policing, gardening, home improvement, and community service.

Each community defines its own needs, identifies its own assets, and creates its own vision of a community school. These are locally-based, home-grown institutions. Like SBHCs, they are proliferating rapidly.

New Movement

The success of a community school is measured by children's achievement. Clear, mutually-agreed-upon results drive the work. Other expected outcomes include personal growth, social development, improved health, and community betterment and safety. Preliminary evaluations from community schools show that these outcomes can be accomplished. School-based health centers are an integral component of this new movement.

Advocates from across the country are coming together to form an "Emerging Coalition for Community Schools," with a view toward broadening the scope of educational reform. For further information, contact, Community Schools, Institute for Educational Leadership, 1001 Connecticut Ave. NW, Suite 310, Washington, DC 20036.



It is important to make the case for comprehensive approaches to helping children and families, particularly if they are disadvantaged. Few agencies—educational or health—will be able to go it alone as they re-tool to meet the complex demands of the twenty-first century. ED