



Student Health Index

Advancing Student Health and Education Equity Through
School-Based Health Centers

FALL 2021



Executive Summary

The fall of 2021 has been an extraordinarily challenging time for California’s students, families and schools as in-person learning resumes against the backdrop of continued COVID risks and ongoing concerns for the physical and mental health of students, which have been exacerbated by the isolation and academic challenges of over a year of distance learning.

The twin pandemics of COVID and racial reckoning have laid bare the increasing need for health and mental health supports, as well as the low access to those services—visits to pediatricians’ offices fell by 58% for all age groups in March 2020¹; rates of suicidal thinking and behavior are up by 25 percent or more from similar periods in 2019²; by the end of the 2020/21 school year, students were, on average, five months behind from the previous year.³ And for each indicator, the disproportionalities in historically marginalized communities are glaring.

“Now is the time to invest in what we know works. School-based health centers, especially those that focus on both physical and mental health, are a proven path to better health outcomes for students, and we know that translates into better education outcomes.”

Tony Thurmond, State Superintendent for Public Instruction

And yet, California lags behind other states in supporting the value of school-based health centers (SBHCs). For example, we are one of only fifteen states that does not provide state-level funding and support for SBHCs. The result is that fewer than 3% of California’s six million students⁴ have access to school-based health centers on their school campus. Looking deeper into the data shows that children in communities of color, where access to healthcare is more challenging, are even less likely to have access to an SBHC.

The Student Health Index is the first comprehensive analysis to show the counties, districts, and schools where new SBHCs will have the greatest return on investment for improving student health and education.

¹ AAP, [Action on Childhood Vaccinations, July 21, 2021](#)

² [Journal of the American Academy of Pediatrics, September 2021](#)

³ [COVID-19 and education: the lingering effects of unfinished learning, McKinsey & Company, July 2021](#)

⁴ <https://www.schoolhealthcenters.org/>

The Goals of the Student Health Index

In 2020 the California School-Based Health Alliance (CSHA) launched a three-year strategic plan with an intentional focus on developing and supporting more SBHCs across the state to reach students facing the greatest health and education disparities. The goals of the Student Health Index are to:

- **Provide a quantitative analytical tool** to support and intensify statewide advocacy to increase the number of SBHCs—especially in the counties and districts identified as having students with the highest need—and to help advocate for state investment in the ongoing development and maintenance of SBHCs across California.
- **Build awareness of the ways in which health and education are reciprocally related**, and how health conditions, community socioeconomic characteristics and school demographics overlap to influence wellbeing and academic outcomes.
- **Provide publicly available, local data** in a comparative way to communities and stakeholders across California to help them identify opportunities to improve health care access in schools.

This effort is vital given there are currently only 291 SBHCs in California⁵ but over 10,000 K-12 schools. Moreover, the development and location of SBHCs is not a coordinated, state-wide effort. Instead, local districts, community organizations, healthcare providers and school leaders are at the forefront of this decision-making and implementation process, placing the burden to seek funding onto communities already most impacted by barriers to healthcare access.

Key Findings of the Student Health Index

- **Existing SBHCs are located at higher need schools but not consistently at the highest need schools.**
- **Highest need schools** serve significantly more low-income students of color than lower need schools.
- **There are counties and districts with significant levels of unmet need and very few SBHCs**, particularly in the Central Valley and Inland Empire.
- **There are key data limitations** that cannot be addressed without the state improving data collection and reporting, particularly around student mental health.

The Unique Value of the [Student Health Index Dashboard](#)

The Dashboard accompanies the Index and provides a new way to look at health and educational data to help advocate for SBHCs in local school districts and schools. The Dashboard is unique because:

- **It is a public, interactive mapping tool** that spans K-12 public schools in the state of California, and allows users to view, download and explore school-level data on health, socioeconomic, and school demographics and outcomes.
- **It enables the retrieval, visualization, exploration and download of uniformly defined data** across California for health conditions, school characteristics and risk factors that can be improved through access to school-based health centers and have been associated with impacts on educational outcomes.
- **It can be used by school staff, state legislators, parents, and the general public** to assess opportunities for expanding school-based health care access in California.

“Access to SBHC services personally changed my life and I saw how it changed the lives of my peers that struggled with depression, anxiety, and trauma. Services helped us learn how to control our emotions, what our emotions mean, and how to have healthier interactions with others. I can go back to my family and know that even though I didn’t grow up getting what I need, that’s not how my story will end. It flipped the script for me and many others.”

Irma Rosa Viera, Youth Board Member, California School-Based Health Alliance

Recommendations

Use the [Student Health Index and Dashboard](#) to:

- **Further build the case for SBHCs in high need locations.**
- **Advocate for state-level funding for SBHCs.**
- **Advocate for better state- and school-level health related data collection and sharing.**