



**SCHOOL-BASED  
HEALTH ALLIANCE**

The National Voice for School-Based Health Care

# **2020-21 National Survey of School-Based Health Centers:**

## **The Impact of the COVID-19 Pandemic**





## **Background**

### **WHO IS THE SCHOOL-BASED HEALTH ALLIANCE?**

Since 1995, the School-Based Health Alliance, a 501(c)(3) nonprofit corporation, has supported and advocated for high-quality healthcare in schools for the nation's most vulnerable children. Working at the intersection of healthcare and education, the School-Based Health Alliance is a recognized leader in the field and a source for information on best practices for philanthropic, federal, state, and local partners and policymakers.

For over 25 years, the School-Based Health Alliance has worked with state affiliates and national organization partners, advocates, healthcare providers, and school-based health centers across the nation to:

- Set the national policy and legislative agenda for the field, advocate for increased support and funding,
- Promote high-quality clinical practices and standards,
- Support data collection, reporting, evaluation, and research, and
- Provide training, technical assistance, and consultation.

### **WHAT ARE SCHOOL-BASED HEALTH CENTERS?**

School-based health centers provide the nation's vulnerable children and youth with access to primary care, behavioral health, oral health, and vision care where they spend most of their time – at school. School-based health centers operate through partnerships with health care organizations, school communities, community-based organizations, families, and youth. This collaboration, care coordination, and youth engagement improves student, school staff, and community health literacy and outcomes and contributes to positive educational results, including reduced absenteeism, decreased disciplinary actions, and improved graduation rates.

### **WHY A NATIONAL SURVEY?**

Since 1998, the School-Based Health Alliance has conducted a triennial Census to collect data from every known school-based health center in the nation. However, we delayed the scheduled Spring 2020 Census due to the COVID-19 pandemic. Schools and school-based health centers continued to respond to the pandemic for another year. In spring 2021, the School-Based Health Alliance decided that the field at large needed to understand school-based health centers' national response to and impacts from the pandemic. Given updates from the field regarding operations, staffing struggles, and concerns of reporting burden, the School-Based Health Alliance opted to pivot to a brief "2021 National Survey of School-Based Health Centers" (National Survey) to collect pandemic-related data.

# Methodology Overview

The School-Based Health Alliance administered the National Survey online between May and November 2021. The survey included questions specific to experiences through the pandemic. Representatives from 259 sponsoring organizations representing 1,122 school-based health centers completed the National Survey.

As shown in Table 1, the responding school-based health centers represent 33 states and the District of Columbia; most were in the South (41%) and West (33%) U.S. regions. This sample represents approximately one-third of the school-based health centers known to the School-Based Health Alliance nationwide; thus, the findings may not be generalizable to school-based health centers nationally. In follow-up communications with non-responders, many school-based health centers representatives expressed their inability to participate due to focusing on COVID-19 response. Non-responders also likely included school-based health centers that closed temporarily or permanently due to the pandemic. Therefore, findings reflect only the experiences of the school-based health centers that responded to the survey.

**TABLE 1. NATIONAL SURVEY RESPONDENTS BY U.S. REGION**

U.S. Region <sup>1</sup>	Survey Respondents, by Region % (n)
Northeast: CT, MA, ME, NJ, NY, PA, and VT	14% (160)
Midwest: IL, MI, MN, MO, and OH	12% (131)
South: AL, AR, DE, DC, FL, GA, KY, LA, MD, NC, SC, TX, VA, and WV	41% (459)
West: AK, AZ, CA, CO, NM, OR, WA, and WY	33% (372)

Traditionally, the School-Based Health Alliance reports data only on school-based health centers that provide primary care as a foundation of their services. However, in this survey data analysis, we included all school-based health centers that responded, whether they provided primary care or not, to understand the landscape of school health more broadly. Also, we were unable to identify which school-based health centers typically offered primary care but temporarily discontinued those services in the 2020-21 school year due to the pandemic versus those not offering primary care prior to or during the pandemic.

<sup>1</sup> U.S. Census Bureau. Census Regions and Divisions of the United States. Accessed on December 10, 2021. Available from: [https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us\\_regdiv.pdf](https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf).



# School-Based Health Center Delivery Models, Sponsorship, and Funding

## SCHOOL-BASED HEALTH CENTER DELIVERY MODELS

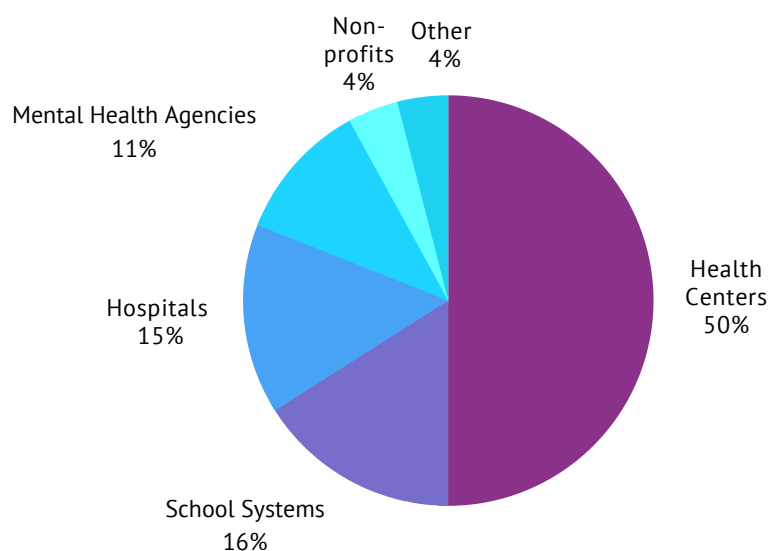
Most National Survey respondents described their health centers as school-based (75%, n=835), meaning their patients access care in a fixed facility on a school campus. Fifteen percent (n=166) reported operating as telehealth exclusive, with patients accessing care in a designated space at the school exclusively via telehealth. Seven percent of respondents (n=80) identified as school-linked, with patients accessing care in a fixed facility near the school campus, and 3% (n=37) operated as mobile models, with patients accessing care in a specially equipped van or bus parked on or near a school campus.

Most school-based health centers in the survey sample were open ten years or more (40%, n=430) or five to nine years (40%, n=427). Fourteen percent (n=155) had been open for two to four years and 6% (n=67) for less than two years.

## SPONSORSHIP AND FUNDING

School-based health center lead sponsors are local healthcare, education, or community-based organizations that generally oversee clinical and fiscal operations. They provide staffing and other support necessary for school-based health centers. The most commonly reported sponsor type in the National Survey was Health Centers<sup>2, 3</sup> (50%, n=544). Other sponsor types included school systems (16%, n=177), hospitals/medical centers (15%, n=167), mental health agencies (11%, n=120), non-profit/community-based organizations (4%, n=44), and other sponsor types (e.g., local health departments, universities, tribal governments; 4%, n=43).

**Survey School-Based Health Center Sponser Types (n=1,095)**



Health Centers, previously known as federally-qualified health centers or FQHCs

<sup>2</sup> <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>

<sup>3</sup> <https://www.nachc.org/about/about-our-health-centers/>

## FUNDING SOURCES

The most common sources of reported funding were third-party billing (55%, n=580) and state funding (47%, n=496). School-based health centers also received funding through federal (33%, n=345) and local government (22%, n=234), private foundation (18%, n=186), lead sponsor organization (43%, n=448), school system (22%, n=228), and in-kind (29%, n=304) support.

Of the federally funded school-based health centers that reported specific federal funding sources (n=214), over half reported receiving Section 330 Public Health Service Act funding (56%, n=120). Other sources included the Title X Family Planning Program (29%, n=61), Health Resources & Services Administration Telehealth Network Grant Program (16%, n=34), Substance Abuse and Mental Health Services Administration (8%, n=18), Title V Maternal and Child Health Block Grant Program (5%, n=11), and the U.S. Department of Education (3%, n=7). Nineteen percent (n=40) reported other federal funding sources.

## Operations

### SCHOOL COMMUNITIES SERVED

Among the National Survey respondents, school-based health centers provided access to five schools on average, ranging from one school to all schools in the district. Of these schools, the majority (79%, n=2,332) were designated as Title I, meaning they receive federal financial assistance because of the high percentage of students from low-income families.

Among respondents, half (51%, n=504) reported that they served populations other than the students attending their schools, such as siblings and family members of students, school staff, and other community members.



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“We coordinated several on-site pop-up COVID-19 vaccine clinics for students on the school campus once the Pfizer EUA [emergency use authorization] was lowered to age 12. We vaccinated 90-100 students at each clinic.”



### SCHOOL-BASED HEALTH CENTER OPERATIONS DURING THE 2020-2021 SCHOOL YEAR

Of 892 school-based health centers that responded to a question about the status of their operations in Spring 2021, a majority (60%, n=538) reported that they were fully open, while one-third were partially open either with some in-person services (27%, n=239) or telehealth/telephone visits only (5%, n=47). Nearly one in ten (8%, n=67) reported that they closed temporarily, and one closed permanently. The number of closed school-based health centers is likely under-represented compared to the field at large. Closed school-based health centers would be less likely to respond to the School-Based Health Alliance outreach and complete the National Survey.

Most school-based health centers reported being open full-time (31 hours or more a week; 70%, n=736). Less than half of responding school-based health centers (44%, n=443) reported usually remaining open during summer months.

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 “All services were impacted. Any child who was sick in any way either did not come to school or was sent home immediately after coming to school. Students were not allowed to walk around the school building and could not come directly to the health center for services on their own.”  
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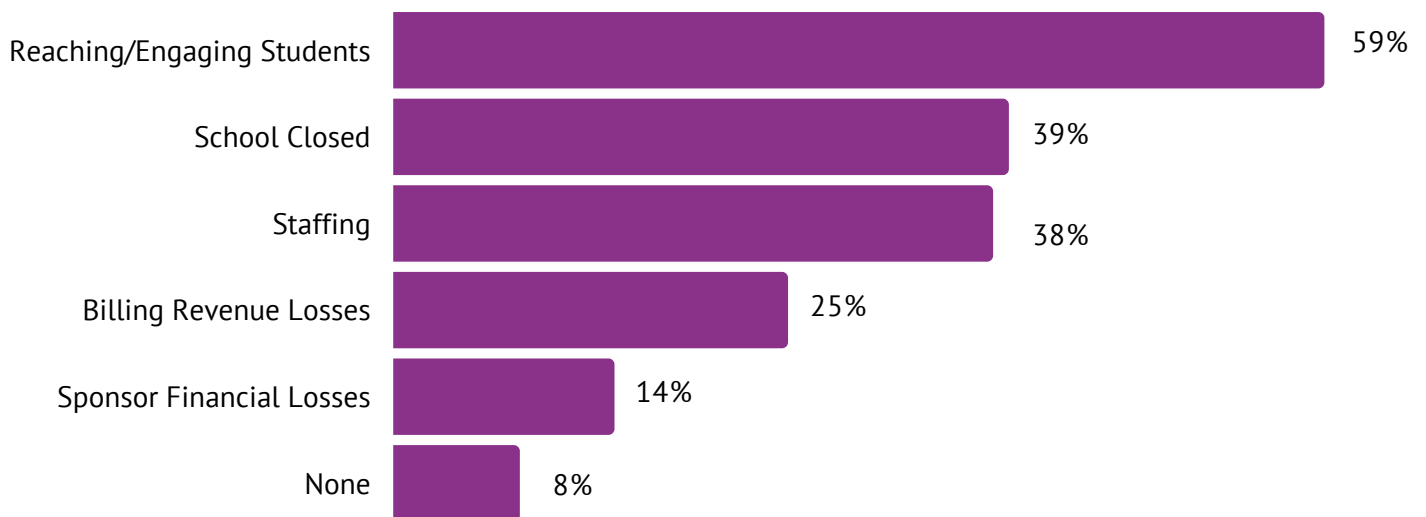
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**CHALLENGES DURING THE 2020-2021 SCHOOL YEAR**

The 2020-21 school year was, of course, quite different for nearly all school-based health centers due to the COVID-19 pandemic. Many school-based health centers faced challenges with re-opening or remaining open. The most commonly reported challenge was reaching or engaging students, whether due to lack of access to technology or confidential space or student interest or responsiveness (59%, n=620). Many respondents reported that the school-based health center was required to close while the school facility closed (39%, n=411). The pandemic also had a financial impact on school-based health centers through loss of third-party billing revenue (25%, n=262) or financial losses by the lead sponsor (14%, n=148). Another barrier to providing care was having staff redeployed to other roles, furloughed, or laid off (38%, n=396). Only 8% (n=87) said they faced no challenges re-opening or remaining open.

**Challenges Faced by School-Based Health Center Survey Respondents Due to the COVID-19 Pandemic (n=1,043)**



# Services



## SERVICES CHANGES DURING THE 2020-21 SCHOOL YEAR

For many school-based health centers, COVID-19 related precautions restricted who was in school buildings, leading to many school-based health centers temporarily pausing in-person services and a surge in the use of telehealth.

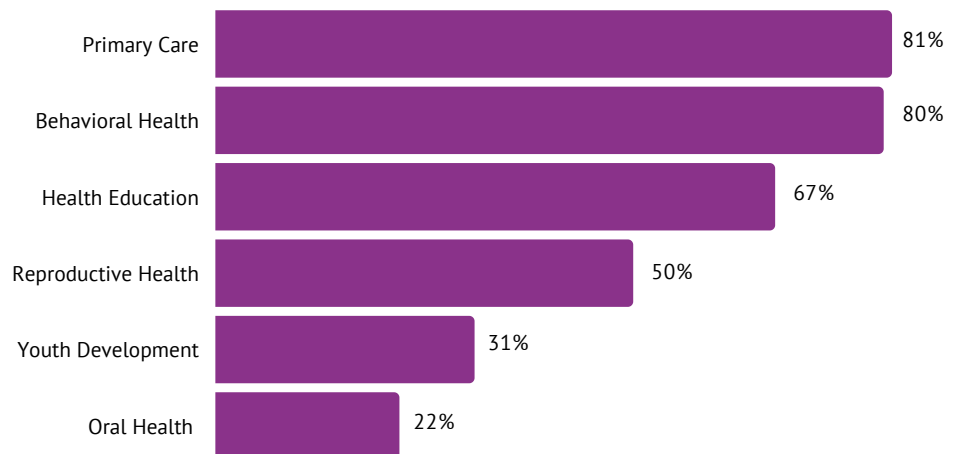
Of the 1,026 school-based health centers that reported changes to their primary care services, many began offering telehealth services (62%, n=631) or improved technology to expand pre-pandemic telehealth services (52%, n=534). In direct response to the pandemic, 45% (n=466) offered COVID testing or follow-up, and 25% (n=252) administered COVID vaccines or follow-up.<sup>4</sup> One out of five survey respondents (21%, n=219) reduced physical services hours or staffing.

Of the 1,016 school-based health centers that reported changes to mental health services, 64% (n=648) began offering telemental health services, and 49% (n=493) improved technology to expand pre-pandemic telemental health services. One-quarter (27%, n=277) delivered professional development or consulting to school staff and/or teachers to support student mental health, and (22%, n=223) expanded their mental health referral networks.

## SERVICES AVAILABLE

Of the school-based health centers that reported the services they provided (n=869), most provided primary care (81%, n=705) and behavioral health (80%, n=693) either on-site, via telehealth, or both. Over half (55%, n=475) reported that their school-based health centers provided primary care, behavioral health, and other services (such as oral health, health education or youth development programming) on-site or via telehealth.

**% Offering Service In-Person, Via Telehealth or Both (n=869)**



As noted, many school-based health centers shifted to providing telehealth services in the 2020-21 school year, with 82% (n=709) of survey respondents reporting they provided some services via telehealth. Though the survey samples vary, this is a large increase compared to the 2016-17 Census of School-Based Health Centers, when only 19% of school-based health centers nationwide reported using telehealth.

<sup>4</sup> During the 2020-21 school year, COVID-19 immunizations were only available for those over 12 years of age after Spring 2021.

# Main Takeaways

As demonstrated by the National Survey findings, school-based health centers pivoted to continue serving their school communities despite the challenges they faced due to the COVID-19 pandemic.

- School-based health centers in the survey faced significant challenges, including reaching or engaging students (59%), having to close when the school facility closed (39%), and having staff redeployed to other roles, furloughed, or laid off (38%). Yet, nearly all respondents to the survey (92%) remained fully or partially open by Spring 2021, though it is likely that school-based health centers that closed did not respond to the survey.
- Telehealth was a critical strategy for delivering continued care, with over 80% of survey respondents reporting they delivered some services via telehealth—a significant increase compared to prior years. Over 60% of survey respondents began offering primary care and/or mental health services via telehealth in the 2020-21 school year, and half improved technology to expand pre-pandemic telehealth services.
- School-based health centers transitioned quickly to providing direct services to combat the COVID-19 pandemic. Half of the survey respondents offered COVID-19 testing or follow-up, and one-quarter administered COVID-19 vaccines or follow-up. These numbers have likely increased as vaccine availability was expanded to children five years and older in Fall 2021.

## What's Next

### THE SCHOOL-BASED HEALTH ALLIANCE'S NEXT STEPS

As we advocate for national policy and legislative action, we will use the findings from the 2021 National Survey to tell the story of how COVID-19 impacted school-based health centers across the country and how they responded to meet the needs of their communities. The details on implementing telehealth, vaccinating and testing students and their families, and the challenges related to operating services during the COVID-19 pandemic illustrate the true strength of our field.

The National Survey was designed to obtain timely information from the field and does not capture all school-based health centers nationally. We hope that every school-based health center will participate in the 2021-22 National Census launching this upcoming spring. We aim to capture an accurate landscape of the impact that school-based health centers are making across the country with full participation from all school-based health center sites.

### HOW YOU CAN HELP

- 1 Share this report with your colleagues to launch dialogue and inform decision-making.
- 2 Connect with [research@sbh4all.org](mailto:research@sbh4all.org) to confirm your School-Based Health Centers contact information.
- 3 Complete the 2021-22 National Census of school-based health centers in Spring 2022.



# About This Report

## ACKNOWLEDGEMENTS

This work was supported in part by funding from the JPB Foundation. We also appreciate the contributions of our current and former School-Based Health Alliance staff, School-Based Health Alliance Affiliates, and State Program Offices, and California and New Mexico affiliates for contributing data from their states' data collection efforts. Thank you to the school-based health care professionals who generously participated in this survey in addition to facing the demands of an ongoing pandemic.

## GET INVOLVED

The School-Based Health Alliance is committed to strengthening and expanding school-based health centers nationwide. Learn about how you can contribute at [www.sbh4all.org](http://www.sbh4all.org). Be sure to also follow us on Twitter (@sbh4all) and Facebook (SchoolBasedHealthAlliance) for our latest updates.

## RECOMMENDED CITATION

Soleimanpour S, Cushing K, Goddard A, Even M, Green A, Geierstanger S, Brey L. (2021). 2020-21 National Survey of School-Based Health Centers: The Impact of the COVID-19 Pandemic. Washington, DC: School-Based Health Alliance.

“ Excellent COVID-19 mitigation measures in the school helped to prevent the usual illness seen. ”

“ Our current loyal and dedicated staff are growing weary. ”

“ All of our programs prioritize weaving health equity into our integrated mental and physical health model.” Our staff believe, ‘Nothing you do for a child is ever wasted. ”

