

Division of General Pediatrics and Adolescent Medicine

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William E. Kirwan, Chair Maryland Commission on Innovation and Excellence in Education
Maryland Department of Legislative Services
90 State Circle Annapolis, MD 21401

Dear Chairman Kirwan,

As the medical director of a large school-based health center program, serving more than 1500 low-income students in northwest Baltimore, I have been closely following the Commission on Innovation and Excellence in Education discussions regarding health and behavioral services for at-risk students. I am pleased that the Commission recognizes the critical role school-based somatic and behavioral health services can play in improving health and educational outcomes, particularly for at risk students.

Funding to support health services delivery in school was discussed at the August 14, 2018 meeting of Workgroup 4. At the conclusion of that discussion it seemed that the recommendation was narrowed to limit funding for a health services practitioner, unless a school first chooses to become a community school. ***I urge you to insure that the funding recommendation specify school-based health centers for all schools that meet the concentration of poverty criteria and not be limited in placement to just community schools.***

School-based health centers are a critical part of the healthcare safety net for at-risk children and are typically located in schools with a high concentration of poverty. They provide some level of primary healthcare and, when adequate funding is available, also incorporate behavioral and oral health services. They are proven to improve both health and academic outcomes for vulnerable students, including: decreased absenteeism, improved attendance, school performance, grade promotion, and high school completion as well as increased vaccination and preventive services and decreased asthma morbidity, emergency department use, and hospitalization. As a result, the Community Preventive Services Task Force (CPSTF) recommends the implementation and maintenance of school based health centers in low-income communities to promote health and educational equity.ⁱ


Most school based health centers in Maryland, and across the nation, are not located in community schools. While some schools have chosen to implement both the community school model, and school-based health centers, that decision is based on the specific needs and resources of the school and its local community. Not all schools may be able to become a community school in order to open a school based health center. Additionally, the process of becoming a community school is lengthy and might not result in a school-based health center onsite in the school.

Existing school-based health centers could benefit from additional funding to support and sustain their operations, and to expand to provide additional services and supports for the students who need them most. New school-based health centers may be desperately needed in schools not currently in a position to

fully implement the community school model. If the Kirwan Commission narrows its funding recommendation to schools that are able to become community schools, the depth and breadth of health and behavioral services available to most Maryland children who live and learn in concentrated areas of poverty would be severely limited.

Thank you for the opportunity to submit these comments to the Kirwan Commission. Please do not hesitate to contact me regarding school-based health centers or my recommendations.

Sincerely,



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ⁱ Knopff et al. School Based Health Centers to Advance Health Equity: A Community Guide Systematic Review. *Am J Prev Med* 2016;51(1):114–126.
<https://www.thecommunityguide.org/findings/promoting-health-equity-through-education-programs-and-policies-school-based-health-centers>