

Policy Frameworks for Scaling School-Based Health Centers: Advancing Equity in Child Health and Education in Underserved Communities

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Abstract

School-Based Health Centers (SBHCs) are essential for reducing health and educational disparities in marginalized communities; yet, their scalability is limited. This systematic review compiles evidence from 15 studies, comprising peer-reviewed papers, policy reports, and toolkits, to establish a policy framework for expanding SBHCs to promote equity in child health and education. The review used a PRISMA-guided methodology to scan PubMed, ERIC, and Google Scholar, focusing on papers from 2010 to 2025. The results show that SBHCs make it easier for people to get care, close health gaps, and improve educational outcomes including attendance and grades. But things like inadequate funding, a lack of workers, inconsistent policies, and problems with execution make it hard to grow. Some of the chances are more Medicaid financing, cooperation between different sectors, telehealth integration, workforce development, and frameworks that focus on equity. The review suggests a unified policy framework based on social determinants of health and interconnected systems theories to guarantee long-term growth. Suggestions include increasing Medicaid payments, encouraging partnerships for health education, adding telehealth, and doing needs assessments to make programs more useful. Subsequent studies ought to investigate culturally sensitive policies and international School-Based Health Center (SBHC) models. This study emphasizes the necessity for cohesive policy initiatives to expand SBHCs, guaranteeing equal health and educational results for marginalized children.

Keywords: Educational Disparities; School-Based Health; Child Healthcare; Social Determinants; Telehealth

1. Introduction

School-Based Health Centers (SBHCs) are important means of providing healthcare in schools. They give kids and teens, especially those in communities with limited resources, easy access to medical, mental health, and preventive services. These centers help close the health gap by providing full care in the schools. This makes it easier for low-income and disadvantaged communities to get care by removing barriers like cost and transportation (ORS Impact, 2023; California School-Based Health Alliance, 2022). SBHCs have been demonstrated to enhance health outcomes, including increased immunization rates and improved chronic condition management, as well as educational outcomes, such as reduced absenteeism and enhanced performance in school (Rebell, 2015; Koloski, 2024).

SBHCs are especially needed in communities that don't have enough resources, where things like poverty, lack of access to healthcare, and systemic inequalities make child health and education even worse (Knight, 2022). To deal with these problems, SBHCs and other school health programs have been used around the world. Their adoption and scalability depend on different policy frameworks (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2021). SBHCs have risen significantly in the United States, thanks to policies like Medicaid funding expansions and state-level initiatives. However, they still don't reach many low-resource areas (Kona, Houston, & Gooding, 2022; Healthy Schools Campaign, 2022).

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1.1. Rationale

The reason for expanding SBHCs is that they have been shown to be beneficial in improving health and educational equity. Studies show that SBHCs make it easier for disadvantaged adolescents to get primary care, which leads to better health outcomes and fewer health inequalities (Rittenhouse et al., 2024, 2024; Davis, Eraca, & Davis, 2024). For example, SBHCs in low-income regions have been linked to more people using healthcare services and less visits to the emergency room, which directly addresses inequality in access (Johnson, Ellis, & Hutcherson, 2020). Furthermore, SBHCs promote educational fairness by alleviating health-related impediments to learning, including untreated mental health disorders or chronic illnesses, which disproportionately impact vulnerable students (Katz, E., 2020; Rebell, 2015).

Even though SBHCs have many benefits, they need strong legislative frameworks to address problems like not having enough money, not having adequate staff, and not having enough coordination between stakeholders (Dower & Preston, 2010; Eisenberg, Sabalburo, & Ford, 2025). To increase SBHC coverage and make sure that it lasts, it is important to come up with evidence-based policy measures, especially in communities that need it the most (Robert Wood Johnson Foundation, 2022). This study seeks to integrate existing evidence to establish a complete policy framework for the expansion of SBHCs, focusing on both health and educational inequalities.

1.2. Research Gap

There is a lot of research on SBHCs, but we still don't know how to properly scale these centers using policy frameworks that work together. Current research primarily emphasizes the implementation or assessment of individual SBHCs, rather than comprehensive strategies for national or regional development (Johnson, Ellis, & Hutcherson, 2020; Koloski, 2024). For example, systematic studies have looked at how SBHCs affect health inequalities, but not many have looked at the policy tools needed to make these programs work in a wide range of economically disadvantaged regions (ORS Impact, 2023; Knight, 2022). Additionally, there exists a shortage of research concerning the integration of educational and health policy frameworks to maximize the benefits of School-Based Health Centers (SBHCs) for both health and academic outcomes (Rebell, 2015). This study aims to address this deficiency by creating a policy framework that integrates global and national best practices for the expansion of SBHCs, emphasizing equal opportunity in marginalized populations.

1.3. Objective

The aim of this research is to establish a policy framework for the expansion of School-Based Health Centers to promote equity in child health and educational results in marginalized populations. The study seeks to identify effective policy strategies and implementation techniques that address barriers and explore possibilities for SBHC expansion by gathering knowledge from global and national contexts.

1.4. Research Questions

- What are the key policy frameworks and strategies for scaling School-Based Health Centers in underserved communities?
- What barriers and opportunities exist for expanding SBHCs to improve health and educational equity?
- How can cross-sector partnerships between health and education systems enhance the scalability and sustainability of SBHCs?
- What are the implications of existing SBHC policies for addressing health and educational disparities in low-income populations?

1.5. Problem Statement

Even though School-Based Health Centers have been shown to improve children's health and school performance, their growth is still hindered by ineffective regulations, inadequate funding, and lack of cooperation among stakeholders, especially in communities that don't have enough resources. The absence of a comprehensive policy framework obstructs the systematic proliferation of SBHCs, hence sustaining disparities in access to healthcare and education for marginalized people. This study tackles the urgent necessity for evidence-based policy measures to expand SBHCs, guaranteeing fair health and educational opportunities for children in resource-limited environments.

2. Literature Review

2.1. Theoretical Framework

The theoretical basis for the expansion of School-Based Health Centers (SBHCs) to promote equity in child health and education is derived from health equity theories, social determinants of health (SDOH) models, and policy implementation frameworks. The World Health Organization's (WHO) SDOH framework is a big part of this. It says that socioeconomic variables, access to care, and community surroundings all affect health outcomes, and that these effects are worse for communities who don't have enough resources (Knight, 2022). This is in line with the Thrive Rural Equity Framework, which says that to ensure fair results, universal access needs to be balanced with targeted help for priority groups based on race, income, and location (ORS Impact, 2023).

The Interconnected Systems Framework (ISF) also brings together education, health, and mental health systems into a Multi-Tiered System of Supports (MTSS). This encourages service providers to work together to break down barriers in communities that don't get enough help (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2021). Policy-oriented frameworks, such as the Robert Wood Johnson Foundation's Raising the Bar framework (2022), describe the important roles that healthcare institutions should play (provider, employer, partner, advocate) to promote fairness, push for changes in how payments are made, and collaborate with the community. These theories emphasize the necessity for enduring policy frameworks, such as Medicaid expansions and workforce development, to effectively scale School-Based Health Centers (SBHCs) (Rittenhouse et al., 2024; Healthy Schools Campaign, 2022). Together, they offer a framework for examining the scaling of SBHCs as a strategy to address inequities, guaranteeing that policies emphasize cultural responsiveness, stakeholder involvement, and quantifiable equitable results in child health and education.

2.2. Review of Related Literature

This section reviews the 15 selected sources, each contributing to comprehending policy frameworks for scaling SBHCs. For each one, the title, authors/publishing organization, goal, technique, main findings, and suggestions are all summarized, with a focus on how they relate to equity in underprivileged communities.

Katz (2020) sought to determine solutions for the expansion of School-Based Health Centers (SBHCs) via multidisciplinary partnerships to improve equity in health and educational outcomes for students in underserved regions. The study utilized a literature analysis and review of best practices from existing SBHC programs, revealing that SBHCs enhanced access to treatment and academic achievement in low-income regions; however, scaling necessitated community engagement and integrated funding. It suggested encouraging collaboration between the health and education sectors, focusing on regions that are not getting enough attention, and creating long-term funding strategies.

Kona, Houston, and Gooding (2022) evaluated policy approaches aimed at enhancing primary care access and reducing inequities in underprivileged groups. Based on a survey of peer-reviewed studies and other sources published after 2011, the authors discovered that SBHCs improved access in both rural and urban underprivileged areas and promoted health equity, despite encountering challenges related to financing and privacy issues. They suggested broadening scope-of-practice laws, augmenting funding for residency programs, and expanding SBHCs through partnerships with FQHCs.

ORS Impact (2023) investigated how SBHCs affected academic and health equity in the Greater Cincinnati area. The evaluation utilized mixed methodologies, including utilization data, surveys, interviews, focus groups, and case studies, demonstrating that SBHCs enhanced service access and improved outcomes, although faced challenges related to personnel shortages and funding issues in impoverished regions. Suggestions included making sure that services fit with district goals, using equity frameworks, and changing how data is reported for outcomes analysis.

Koloski (2024) examined the relationship between health and education by investigating how School-Based Health Centers (SBHCs) mitigated health inequities and fostered academic success among underrepresented groups. The study conducted a thorough literature analysis from 2001 to 2024, revealing that SBHCs mitigated obstacles for low-SES students, enhancing attendance and GPA, however financing constraints hindered expansion. It suggested expanding SBHCs in remote areas using telemedicine and making sure that services are culturally appropriate.

The California School-Based Health Alliance (2022) provided recommendations on how to create and grow SBHCs in California, with a focus on fairness and long-term success. The publication stated that SBHCs serviced places with a lot

of need, but that they needed a variety of financing sources and stakeholder involvement to grow. It did this by using best practices, expert advice, and operational tools. It suggested doing needs assessments, getting the most money back, and using trauma-informed methods.

Dower and Preston (2010) examined workforce policies essential for the expansion of SBHCs as access sites for underserved kids. The authors conducted a literature review and analyzed workforce data, revealing that staff shortages impeded the expansion of SBHCs, but varied recruitment strategies fostered equity. They suggested making "Grow Your Own" job routes and making ties with schools and other educational institutions stronger.

The National Alliance to Impact the Social Determinants of Health and the Robert Wood Johnson Foundation (2022) put forward a strategy for making healthcare, particularly SBHCs, fairer. The study included literature analysis, focus groups, interviews, and stakeholder workshops to demonstrate that healthcare providers and partners might significantly contribute to promoting equity, with SBHCs evidenced to mitigate gaps in underserved schools. The groups suggested pushing for changes to how people are paid and more money for the community to help SBHC grow.

The U.S. Department of Education's Office of Special Education and Rehabilitative Services (2021) addressed the growing need for mental health services by providing them in schools as a way to promote fairness. The report synthesized research, case studies, and policy analysis, revealing that underserved groups saw increasing problems, but ISF and MTSS frameworks improved access to mental health support. Suggestions for improving equitable outcomes included using federal money, hiring more staff, and combining systems.

Knight (2022) established the Children and Young People's Health Equity Collaborative, which provided a framework for tackling social determinants of health, encompassing school-based treatments. The framework, created with input from stakeholders and a review of the research, revealed that school-based methods could close gaps, but it was still important for policies to work together to reach people who weren't getting the help they needed. It suggested that policies include equity and that marginalized populations be directly targeted.

Rittenhouse et al. (2024) outlined policy priorities for enhancing health equity within California's primary care system, particularly affecting SBHCs. The study, which used expert input and the results of a policy summit, determined that there were still not enough primary care providers in underserved areas and that basic regulations were needed to make access easier. To make SBHC services better, the recommendations included raising provider payments, defining spending goals, and opening up more job opportunities.

Johnson et al. (2020) examined options for the implementation and sustainability of SBHC in three underprivileged neighborhoods. Using a mix of approaches, such as enrollment statistics, questionnaires, and interviews over two years, the study found that sustainability depended a lot on high usage rates and Medicaid reimbursements. It suggested getting the community on board and focusing on ways to make money.

Davis et al. (2024) used a New York case study to show how SBHCs can help underserved students get better access to primary care. The investigation showed that SBHCs cut down on absences and risky behaviors among at-risk groups, which shows that they could be important access points. The authors suggested that districts be given explicit instructions on how to set up SBHCs in a way that works.

The Campaign for Educational Equity (2016) made the case for steady funding for SBHCs in New York so that they could satisfy both health and education needs. The study indicated that SBHCs were at risk of failing because they didn't have enough steady funding, even though they were successful at helping low-income students do better in school. It suggested funding strategies based on the number of students and the pursuit of government waivers.

Eisenberg et al. (2023), in collaboration with WestEd, assisted school health clinics in adapting to statewide reforms to maintain services. The study showed that programs like CYBHI made services better through interviews, budget analysis, and technical assistance sessions. However, problems with the workforce still existed. The authors suggested pushing for SHCs to be included in policy implementation and making partnerships with school districts stronger.

The Healthy Schools Campaign (2023) produced a roadmap on extending Medicaid-funded school health services as a means to make things fair. The report used collaborative learning from state teams and policy analysis to show that reversing the "free care" policy opened up more funding options, which helped states make more money. It suggested that states change their plans and use Medicaid payments to pay for school health services again.

2.3. Gaps

Despite robust evidence on SBHC benefits, gaps persist in the literature. Few studies provide integrated policy frameworks specifically for scaling SBHCs nationwide, with most focusing on implementation rather than long-term sustainability (Johnson, Ellis, & Hutcherson, 2020; Koloski, 2024). There is limited empirical research on equity outcomes in diverse underserved contexts, such as rural vs. urban settings, and insufficient attention to cultural responsiveness in policy design (ORS Impact, 2023; Knight, 2022). Additionally, while funding barriers are well-documented, there is a lack of comparative analyses on innovative models like telehealth integration or cross-sector partnerships for child education equity (Kona, Houston, & Gooding, 2022; Rittenhouse et al., 2024, 2024). This study addresses these by synthesizing a comprehensive policy framework.

3. Methodology

3.1. Study Design

This study utilizes a systematic literature review methodology to assemble knowledge about policy frameworks for the expansion of School-Based Health Centers (SBHCs) to promote equity in child health and education within marginalized communities. Systematic reviews are effective for synthesizing different data to guide policy formulation, as evidenced in previous SBHC studies (Kona, Houston, & Gooding, 2022; Koloski, 2024). The review adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards to guarantee rigor and transparency in the identification, selection, and analysis of pertinent research (Page et al., 2021). This methodology allows for a thorough analysis of policy initiatives, obstacles, and prospects for the expansion of SBHC, emphasizing equity results.

3.2. Search Strategy

A thorough search strategy was developed to find peer-reviewed papers, gray literature, and policy reports that were related to SBHC scaling and equity. Searches were performed in academic databases such as PubMed, ERIC, and Google Scholar, in accordance with methodologies employed in analogous reviews (Kona, Houston, & Gooding, 2022; Koloski, 2024). Some of the main search terms were "school-based health centers," "health equity," "educational equity," "underserved communities," "policy frameworks," and "scaling health services." These were all merged using Boolean operators like "AND" and "OR." We got gray literature from well-known groups including the Robert Wood Johnson Foundation, the School-Based Health Alliance, and the U.S. Department of Education to get policy briefs and toolkits (Robert Wood Johnson Foundation, 2022; California School-Based Health Alliance, 2022). The search included papers from 2010 to 2025 to make sure they were still relevant to current policy situations. It focused on sources from after 2020 to show how things have changed recently, such as the incorporation of telehealth (Rittenhouse et al., 2024, 2024).

3.3. Inclusion and Exclusion Criteria

Studies were included if they: (1) examined policy frameworks, implementation strategies, or the expansion of SBHCs; (2) concentrated on health and/or educational equity outcomes in underserved communities; (3) were published in English between 2010 and 2025; and (4) comprised empirical research, policy analyses, or authoritative reports. Exclusion criteria included: (1) research not specifically related to SBHCs or school health services; (2) publications that did not emphasize equity or underserved populations; (3) studies not conducted in English; and (4) opinion pieces or non-peer-reviewed materials that lacked methodological rigor. These criteria are in line with what previous assessments have said to make sure they are relevant and of good quality (Koloski, 2024; Johnson, Ellis, & Hutcherson, 2020).

3.4. Study Selection

The procedure of selecting studies used a multi-stage PRISMA-compliant method. The first searches of the database found a full set of records, which were then imported into a reference management program (like EndNote) to remove duplicates. Two reviewers separately evaluated titles and abstracts against the inclusion criteria, reconciling any inconsistencies through consensus. Full-text papers were subsequently evaluated for eligibility, with documented justifications for exclusion (e.g., insufficient equity focus). The method used matches stringent selection methodologies employed in SBHC literature evaluations (Kona, Houston, & Gooding, 2022). The final selection consisted of 15 essential materials, including peer-reviewed publications, policy studies, and toolkits, as they offered substantial insights into SBHC scalability and equity (Katz, E., 2020; Healthy Schools Campaign, 2022).

3.5. Data Extraction

Data were extracted via a standardized template derived from systematic review procedures (ORS Impact, 2023). The extracted variables comprised: (1) study/authors, (2) publication year, (3) aim/objectives, (4) methodology, (5) main findings, (6) recommendations, and (7) relevance to SBHC scaling and equity. Additional fields recorded obstacles (e.g., money, workforce) and prospects (e.g., partnerships, regulatory reforms) for the expansion of SBHCs in underprivileged communities. One reviewer did the data extraction, while a second checked it to make sure it was correct.

3.6. Data Synthesis

Data were synthesized narratively to identify themes and patterns relevant to policy frameworks for the scaling of SBHCs. Thematic analysis was utilized, organizing results into areas including policy strategies, barriers, opportunities, and equity outcomes, in alignment with previous SBHC assessments (Davis, Eraca, & Davis, 2024). A comparative methodology evaluated global and national policy frameworks, emphasizing best practices and shortcomings. For instance, Medicaid funding approaches and cross-sector partnerships were integrated to create a unified framework (Healthy Schools Campaign, 2022; Dower & Preston, 2010). No meta-analysis was performed because of the variability in methodology and results, consistent with narrative synthesis methodologies in policy-oriented studies (Robert Wood Johnson Foundation, 2022).

3.7. Quality Assessment

The Mixed Methods Appraisal Tool (MMAT) was used to rate the quality of empirical studies, and the Authority, Accuracy, Coverage, Objectivity, Date, Significance (AACODS) checklist was used to rate gray literature (Hong et al., 2018; Tyndall, 2010). Peer-reviewed research were scrutinized for methodological rigor, sample representativeness, and relevance to equality, whereas reports were examined for trustworthiness and policy usefulness. Two reviewers independently evaluated each paper, addressing any inconsistencies through discussion. This method guarantees a thorough assessment, as evidenced by previous SBHC studies (Kona, Houston, & Gooding, 2022; Koloski, 2024).

3.8. Ethical Considerations

This study, being a systematic review, did not include human subjects, thereby eliminating the necessity for ethical approval. However, ethical considerations encompassed maintaining transparency in study selection, mitigating bias in data extraction, and truthfully portraying findings from included sources. The review followed PRISMA rules to make sure it was honest and could be repeated (Page et al., 2021). The study also prioritized cultural sensitivity by emphasizing equity for underprivileged people, in accordance with ethical norms in health policy research (Knight, 2022).

3.9. Limitations

There are a few known limits. First, depending on English-language publications may leave out important studies that aren't in English, which could limit global viewpoints. Second, the diversity of study designs (e.g., qualitative, quantitative, policy reports) inhibited meta-analysis, perhaps diminishing statistical accuracy. Third, concentrating on literature published after 2010 may neglect seminal SBHC studies; however, this was alleviated by emphasizing current policy advancements. Finally, gray literature, although useful, may create bias due to its non-peer-reviewed status, which can be mitigated through stringent quality evaluation.

4. Results

4.1. Overview of Included Studies

The systematic review incorporated 15 studies, including peer-reviewed articles (n=3), policy reports (n=10), a toolkit (n=1), and a doctoral dissertation (n=1), published between 2016 and 2024, alongside two undated sources (ORS Impact, 2023; U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2021). These studies were chosen because they are related to policy frameworks for expanding School-Based Health Centers (SBHCs) and improving health and education equity for children in communities that don't have enough resources. The methodologies employed included literature reviews (Koloski, 2024; Kona, Houston, & Gooding, 2022), mixed-methods evaluations (ORS Impact, 2023; Johnson, Ellis, & Hutcherson, 2020), case studies (Davis, Eraca, & Davis, 2024), and policy analyses incorporating stakeholder inputs (Rittenhouse et al., 2024, 2024; Robert Wood Johnson Foundation, 2022). The research covered worldwide (Knight, 2022), national (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2021), and regional contexts (e.g., California, New York) (California School-Based Health Alliance, 2022; Rebell, 2015). Key outcomes encompassed expanded health access, decreased inequalities, and

improved educational results in marginalized communities, emphasizing policy mechanisms such as Medicaid funding and cross-sector partnerships (Healthy Schools Campaign, 2022; Katz, E., 2020).

4.2. Barriers to SBHC Expansion

The reviewed studies consistently identified several barriers to scaling SBHCs in underserved communities, categorized into funding, workforce, policy, and implementation challenges:

- **Funding Constraints:** Limited and unstable funding was a major problem. Relying on grants and Medicaid payments made it hard to keep going (Rebell, 2015; Johnson, Ellis, & Hutcherson, 2020). For example, SBHCs at schools with few resources had trouble expanding their services since their operational budgets weren't big enough (Koloski, 2024; Eisenberg, Sabalburro, & Ford, 2025).
- **Workforce Shortages:** The shortage of skilled healthcare personnel, especially in rural and marginalized regions, impeded the scalability of SBHC (Dower & Preston, 2010; Rittenhouse et al., 2024). Low pay and few training opportunities made it much harder to hire people (Kona, Houston, & Gooding, 2022).
- **Policy Fragmentation:** Inconsistent state and federal policies, including rigorous Medicaid reimbursement criteria or different scope-of-practice restrictions, made it hard to scale up (Healthy Schools Campaign, 2022; Robert Wood Johnson Foundation, 2022). Privacy regulations also made it hard to combine health and education data (Kona, Houston, & Gooding, 2022).
- **Implementation Challenges:** Lack of community support, poor infrastructure, and poor coordination among stakeholders were big problems, especially in rural areas (Katz, E., 2020; Johnson, Ellis, & Hutcherson, 2020). Cultural and linguistic hurdles made it even harder to provide services in various underserved areas (Knight, 2022; California School-Based Health Alliance, 2022).

4.3. Opportunities for SBHC Expansion

The literature highlighted several opportunities to overcome barriers and scale SBHCs effectively, focusing on policy innovations, partnerships, and technological advancements:

- **Policy Innovations:** Increasing Medicaid financing through state plan revisions and getting rid of "free care" requirements made the program more financially stable (Healthy Schools Campaign, 2022; Healthy Schools Campaign, 2023). Policy changes, like higher payments for primary care and budget goals, helped SBHC flourish in areas that didn't have enough of them (Rittenhouse et al., 2024, 2024).
- **Cross-Sector Partnerships:** Collaboration between the health and education sectors, encompassing collaborations with Federally Qualified Health Centers (FQHCs) and community organizations, augmented the scalability of School-Based Health Centers (SBHCs) (Katz, E., 2020; Kona, Houston, & Gooding, 2022). District-level alignments enhanced service integration and community support (ORS Impact, 2023; Eisenberg, Sabalburro, & Ford, 2025).
- **Technological Advancements:** The incorporation of telehealth in School-Based Health Centers (SBHCs) mitigated access obstacles in remote and underserved areas, hence broadening service availability (California School-Based Health Alliance, 2022; Koloski, 2024). Digital health tools enhanced data collection for outcome monitoring (ORS Impact, 2023).
- **Workforce Development:** Initiatives such as "Grow Your Own" programs and collaborations with educational institutions enhanced workforce diversity and capability, hence promoting equity-centered service delivery (Dower & Preston, 2010; Rittenhouse et al., 2024).
- **Equity-Focused Frameworks:** The implementation of equity frameworks, such as the Thrive Rural and Raising the Bar models, facilitated targeted interventions for vulnerable communities, hence improving health and educational outcomes (Robert Wood Johnson Foundation, 2022; Knight, 2022). Community needs assessments and trauma-informed practices enhanced scalability (California School-Based Health Alliance, 2022).

5. Discussion

5.1. Key Findings

This systematic study highlighted major barriers and prospects for growing School-Based Health Centers (SBHCs) to promote equity in child health and education within marginalized communities. Principal obstacles are financial limitations, workforce deficits, policy disunity, and implementation difficulties, including insufficient community engagement and cultural impediments. Opportunities include legislative innovations such as Medicaid funding

increases, cross-sector collaborations with Federally Qualified Health Centers (FQHCs), telemedicine integration, workforce development initiatives, and equity-oriented strategies. These findings underscore the necessity for unified policy frameworks that amalgamate health and education systems to guarantee sustained SBHC expansion, especially in resource-limited environments. The review emphasizes that expanding SBHCs can markedly diminish health disparities and enhance educational outcomes, including attendance and academic performance, for marginalized populations.

5.2. Comparison with Literature

The results correspond with current literature on SBHCs, underscoring their function in mitigating health and educational disparities while also emphasizing problems related to scalability. Funding instability persists as a significant obstacle, as SBHCs frequently depend on transient grants or intricate payment frameworks; nevertheless, this analysis builds upon previous research by highlighting current policy improvements, such as the reversal of Medicaid's "free care" rule, as potential remedies. The focus was on worker shortages, although the latest findings underscore innovative strategies such as "Grow Your Own" programs, which were less emphasized in previous studies. This analysis emphasizes scalability through cross-sector partnerships, in contrast to some studies that concentrated on SBHC implementation, coinciding with contemporary appeals for integrated systems. The incorporation of telehealth as an option is a recent development, highlighting post-COVID improvements that remain inadequately examined in prior work.

5.3. Implications

The findings possess considerable ramifications for policy, practice, and research. The assessment recommends that governments establish cohesive regulatory frameworks to simplify Medicaid reimbursements and encourage state-level expansions of School-Based Health Centers to improve equity. Practitioners might utilize cross-sector cooperation and telehealth to surmount implementation obstacles, guaranteeing culturally sensitive services in marginalized communities. SBHCs provide educators with a means to mitigate health-related obstacles to learning, hence promoting academic equity. The proposed policy framework, based on equity models such as Raising the Bar, offers a strategy for stakeholders to synchronize health and education objectives, possibly impacting health equity on both national and global scales.

5.4. Theoretical Insights

The results substantiate the importance of the Social Determinants of Health (SDOH) framework and the Interconnected Systems Framework (ISF) in expanding School-Based Health Centers (SBHCs). The SDOH concept emphasizes that mitigating socioeconomic obstacles via SBHCs diminishes inequities in underserved communities, facilitating focused interventions for underrepresented groups. The ISF, in conjunction with Multi-Tiered Systems of Support (MTSS), emphasizes the significance of collaborative health-education frameworks, exemplified by effective SBHC partnerships. The study enhances these frameworks by integrating the Thrive Rural Equity Framework, which underscores the importance of balancing universal and targeted strategies to guarantee equitable resource distribution. These observations indicate that forthcoming policy frameworks ought to incorporate equity-centered ideas to facilitate the effective scaling of SBHCs.

5.5. Limitations

This review has several constraints. The exclusive focus on English-language studies may omit essential global viewpoints, especially from non-English-speaking areas with strong school health initiatives. The diversity of study types (e.g., qualitative, quantitative, policy reports) constrained the practicality of meta-analysis, potentially diminishing statistical precision. Third, dependence on gray literature, although beneficial for policy insights, may add bias due to its non-peer-reviewed nature, albeit this risk is alleviated through quality assessments. The emphasis on post-2010 literature may neglect fundamental works, while this is warranted by the necessity for contemporary policy relevance.

5.6. Future Research

Future research should focus on identifying limitations to improve the scaling of SBHC. Initially, empirical research comparing scaling solutions in various disadvantaged environments (e.g., rural versus urban) is essential for the effective customization of policies. Secondly, investigating cultural responsiveness in SBHC policy formulation can guarantee equitable service provision for varied populations. Third, longitudinal studies assessing the effects of telehealth and novel finance mechanisms on the sustainability of SBHCs would enhance the evidence base. Ultimately,

comparative assessments of global SBHC policies could provide insights for scalable frameworks in low-resource environments, rectifying the absence of international viewpoints in this analysis.

6. Conclusion

This systematic analysis highlights the critical role of School-Based Health Centers (SBHCs) in promoting equity in child health and education, especially in marginalized populations. The results indicate that SBHCs facilitate healthcare access, diminish inequities, and improve educational outcomes, including attendance and academic achievement. Nonetheless, the expansion of SBHCs encounters considerable obstacles, such as financing volatility, workforce deficiencies, policy disarray, and implementation difficulties. Opportunities to surmount these obstacles encompass legislative innovations such as Medicaid funding increases, cross-sector collaborations, telemedicine integration, workforce development, and equity-centered frameworks. This paper asserts that a unified policy framework, based on social determinants of health and systems theories, is crucial for the sustainable expansion of SBHC. This paradigm can connect health and education systems, guaranteeing equitable results for marginalized people and tackling underlying inequalities in access and opportunity.

Recommendations

Based on the review's findings, the following recommendations are proposed to guide the scaling of SBHCs for equity in child health and education:

- **Policy**

Expand Medicaid Funding: Policymakers should prioritize state plan amendments to reverse "free care" rules, enabling broader Medicaid reimbursements for SBHCs to ensure financial sustainability in underserved communities.

Develop Unified Policy Frameworks: Create national and state-level policies that integrate health and education goals, streamlining scope-of-practice laws and funding mechanisms to support SBHC expansion.

Incentivize Equity-Focused Reforms: Establish spending targets and payment reforms to prioritize SBHCs in low-resource areas, aligning with equity frameworks like Raising the Bar.

- **Implementation**

Integrate Telehealth: Expand telehealth services within SBHCs to address access barriers in rural and underserved areas, ensuring culturally responsive and trauma-informed care.

Conduct Needs Assessments: Implement community-driven needs assessments to tailor SBHC services to local health and educational disparities, enhancing effectiveness and buy-in.

Strengthen Data Systems: Develop robust data collection and reporting systems to track health and educational outcomes, supporting evidence-based scaling.

- **Partnerships**

Foster Cross-Sector Collaboration: Build partnerships between schools, FQHCs, and community organizations to enhance SBHC scalability and resource sharing, particularly in underserved regions.

Engage Stakeholders: Involve educators, healthcare providers, and families in SBHC planning to ensure community buy-in and cultural responsiveness.

Leverage District Alignments: Align SBHC goals with school district priorities to integrate services within educational frameworks, improving sustainability.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest

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