Measures Demonstrating the Impact and Return on Investment of School-Based Health Centers

School-Based Health Centers (SBHCs) improve health and educational outcomes by reducing barriers to care, preventing emergency and hospital visits, and supporting student success. [1, 2] Across states, SBHCs have demonstrated both health impact and fiscal return on investment (ROI) through measurable outcomes tied to Medicaid savings, reduced absenteeism, and improved academic achievement.[3, 4] Many of these data points (i.e. Medicaid claims, emergency department use, hospitalization rates etc.) are collected by agencies external to schools, including state health departments and Medicaid agencies. Therefore, one challenge in articulating the full impact of SBHCs is navigating these external data systems and establishing partnerships to access and analyze health outcome data alongside education data.

As part of the Leadership Exchange for Adolescent Health Promotion Plus (LEAHP+) Community of Practice, ASTHO has consolidated the following list of measures and data points to help identify what data can be used to illustrate the impact and return on investment of SBHCs.

Health Outcomes and Service Utilization

SBHCs play a critical role in keeping students healthy by providing timely, accessible care that prevents more serious health issues. The table below highlights several measures that illustrate how SBHCs reduce acute care use and strengthen connections to preventive and ongoing health services.

Measure	Impact
Emergency department (ED) visits	Students who have access to SBHCs use EDs less often to manage their asthma or other chronic conditions. [3, 4, 5]
Hospitalizations	Students who have access to SBHCs require fewer in-patient hospitalizations for asthma or other preventable health concerns. [3, 4, 5]
Preventive visits	SBHCs increase the number of well-child visits, immunizations, and physical exams completed for students who have access to SBHCs. [6, 7]
Mental and behavioral health services	Students with access to SBHCs have increased access and utilization of mental health services and a reduction in untreated behavioral health conditions. [4, 16]
Dental and vision care	Students with access to SBHCs report higher rates of dental and vision screening and preventive service. [4]
Chronic condition management	Students with access to SBHCs have improved control of chronic conditions such as asthma, diabetes, and seizures. [3, 8]

Numerous examples exist around how states and school districts have used the above measures to explain the impact of SBHCs. Illinois SBHCs save $585K–$855K annually by reducing asthma hospitalizations.[3] Similarly, Ohio SBHCs reduced Medicaid costs by $35 per student per year and closed racial disparities in care.[4]

2. Cost Savings and Economic Impact

Evidence shows that SBHCs not only keep students healthy but also save money for families, schools, and state Medicaid programs. The following measures highlight how SBHCs reduce costly care and generate meaningful financial returns.

Measure	Impact
Medicaid avoided costs	Students with access to SBHCs generate lower overall Medicaid costs due to reductions in hospitalization, emergency department, and prescription drug claims [4]
Cost avoidance calculations	Students with access to SBHCs generate overall cost savings by avoiding teen pregnancies and pelvic inflammatory disease, increasing immunization rates, and reducing dropout-related income loss. [3, 11, 12]
Return on Investment (ROI)	National estimates show SBHCs generate net savings for healthcare payers ranging from $30 to $969 per visit and $46 to $1,166 per person. New Mexico estimates a ROI of $7 for every $1 spent on SBHCs.[13, 14]
Parental productivity	Parents whose children have access to SBHCs experience cost savings by avoiding time off work and travel normally required for their child's medical appointments.[3, 4]
Medicaid reimbursement	Schools with SBHCs can increase their Medicaid reimbursement dollars and reinvest those dollars into additional services such as school health staffing, behavioral health and prevention programs.[10]

Numerous examples exist around how states and school districts have used the above measures to explain the impact of SBHCs. Illinois estimates $98M lifetime savings from reducing high school dropout rates (including reduction in costs associated with incarceration, reduced tax revenue, etc.) [11]

3. Educational and Social Outcomes

SBHCs help ensure that health issues do not become obstacles to learning, resulting in stronger school engagement and improved academic outcomes. The measures below show how SBHCs support students' success both inside and outside the classroom.

Measure	Impact
Dropout and graduation rates	Schools with SBHCs often experience lower dropout rates and higher graduation rates compared with schools without SBHCs.[7, 11]
Attendance and absenteeism	Schools with SBHCs typically experience improved daily attendance and reduced chronic absenteeism. [3, 7]
Academic performance	Schools with SBHCs often see higher test scores and GPAs, driven by improvements in student health and attendance.[2, 12]
Student engagement and well-being	Students with access to SBHCs often self-report improvements in stress, stronger relationships and increased readiness to learn.[7]

4. Equity and Access Measures

SBHCs play a critical role in expanding access to care for students who face the greatest barriers to services. The measures below highlight how SBHCs support equity by improving insurance coverage, broadening geographic reach, and reducing racial and socioeconomic gaps in care

Measure	Impact
Insurance coverage and Medicaid enrollment	Schools with SBHCs can utilize the percentage of students served who are Medicaid-enrolled or uninsured to demonstrate reach of services.[6, 15]
Geographic reach	Schools with SBHCs can track the number of schools or districts served, as well as the number of students per site, to demonstrate the reach of services and assess whether SBHCs are equitably accessible to students across different communities.[4]
Demographics served	Schools with SBHCs can document demographics of students served, including race/ethnicity, income, and disability status, to illustrate whether services are reaching populations that have historically faced barriers to care.[4]
Health equity impact	Schools with SBHC can demonstrate how SBHCs close racial and socioeconomic gaps in care access for their students.[4, 15]

5. Evaluation and Reporting Examples

States and national organizations offer useful models for evaluating and reporting the impact of school-based health services. For example, Colorado tracks Medicaid reimbursements, reinvestments, and services billed annually to monitor both financial performance and service delivery.[9, 10] Arkansas reports data on student screenings, chronic disease management, and health education provided by school nurses to assess how well schools are meeting student health needs. Additionally, the Healthy Schools Campaign recommends tracking Medicaid billing, equity of access, and service reach as core indicators, underscoring the importance of combining financial, service, and equity measures in comprehensive SBHC evaluation efforts.[6]

Summary

Collectively, these measures show how SBHCs improve student health, increase school engagement, and generate significant cost savings for state Medicaid programs and communities. Using data across sectors and linking health, education, and fiscal indicators strengthens the case for sustainable SBHC funding and expansion.

Of note - The resources referenced throughout this guide and additional resources are summarized on an excel document, which can be accessed in the Resources on Measuring the Impact of SBHCs google drive folder.

References

1. Arenson M, Hudson PJ, Lee N, Lai B. The evidence on school-based health centers: a review. *Glob Pediatr Health*. 2019;6:2333794X19828745. doi:10.1177/2333794X19828745
2. Westbrook M, Martinez L, Mechergui S, Yeatman S. The influence of school-based health center access on high school graduation: evidence from Colorado. *Journal of Adolescent Health*. 2020;67(3):447-449. doi:10.1016/j.jadohealth.2020.04.012
3. Illinois Coalition for School Health Centers; Center for Impact Research. Fact Sheet on the Costs and Benefits of School Health Centers. February 2006.
4. Guo JJ, Wade TJ, Pan W, Keller KN. School-based health centers: cost–benefit analysis and impact on health care disparities. Am J Public Health. 2010;100(9):1617-1623. doi:10.2105/AJPH.2009.185181.
5. New York School-Based Health Alliance. Cost Savings of School-Based Health Centers. Accessed October 22, 2025.
6. Healthy Schools Campaign. A Guide to Expanding Medicaid-Funded School Health Services. 2022 Update.
7. California School-Based Health Alliance. Navigating the Promise of SBHCs. 2022.
8. Arkansas Department of Education. School Health Services Report 2023–2024. 2024.
9. Colorado Department of Health Care Policy & Financing. School Health Services Program Annual Report. FY 2024.
10. Colorado Department of Health Care Policy & Financing. School Health Services Program Highlights. FY 2023–24.
11. Illinois Coalition for School Health Centers. School Health Centers are a Smart Investment in Illinois' Health and Human Services Safety Net. Policymaker Report. 2018.
12. Lovenheim MF, Reback R, Wedenoja L. *How Does Access to Health Care Affect Teen Fertility and High School Dropout Rates? Evidence from School-Based Health Centers*. National Bureau of Economic Research; 2016. https://www.nber.org/system/files/working_papers/w22030/w22030.pdf
13. Ran T, Chattopadhyay SK, Hahn RA; Community Preventive Services Task Force. Economic evaluation of school-based health centers: a systematic review. Am J Prev Med. 2016;51(1):129-138. doi:10.1016/j.amepre.2016.01.022.
14. Shaw Ginn M, Gluck A. *New Mexico Alliance for School-Based Health Care Phase II Expected Value-Return on Investment Analysis*. Melanie Ginn & Associates; 2015. https://www.nmasbhc.org/wp-content/uploads/sites/32/2018/10/NMASBHC-Phase-II-EV-ROI-for-2013-14_FINAL.pdf
15. Boudreaux M, Chu J, Lipton BJ. School-based health centers, access to care, and income-based disparities. *JAMA Netw Open*. 2023;6(9):e2334532. doi:10.1001/jamanetworkopen.2023.34532
16. McCrary H, Carney C. Strategies to expand school-based mental health services and support student well-being. Mathematica. October 31, 2024. Accessed November 18, 2025. https://www.mathematica.org/blogs/strategies-to-expand-school-based-mental-health-services-and-support-student-well-being
17. *Findings from the 2022 National Census of School-Based Health Centers*. School-Based Health Alliance; 2023. https://www.sbh4all.org/wp-content/uploads/2023/10/FINDINGS-FROM-THE-2022-NATIONAL-CENSUS-OF-SCHOOL-BASED-HEALTH-CENTERS-09.20.23.pdf