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Education Plus Health: A Social Innovation Integrating Convenient Healthcare into Underserved K-12 Schools

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Abstract

School-based health centers (SBHCs) have been an innovative mechanism to address healthcare disparities in underserved school communities since the 1990s. This paper explores the Education Plus Health (EPH) model, a Philadelphia-based nonprofit serving Title 1 schools located in neighborhoods disproportionately impacted by poverty and the opioid epidemic. The EPH model is unique because it leverages the autonomous primary care practice led by Nurse Practitioners in partnership with traditional school nursing. Addressing a population where 42% of youth live in poverty, EPH provides essential services such as asthma management, mental health support, and primary care regardless of a family's ability to pay. The inclusion of Community Health Workers further addresses needs related to social determinants of health. Supported by a diversified revenue stream, this sustainable framework aligns with value-based healthcare to advance health equity and improve academic readiness.

Introduction

School-based health centers (SBHCs) provide a critical access point to healthcare for students in underserved communities, where they spend most of their time—at school.[1] Lack of access to health services is linked to poor educational consequences disproportionately experienced by children of color growing up in impoverished neighborhoods across the country.[1–4] SBHCs help parents and caregivers avoid taking time off work to bring their children to health appointments, as students can be seen during the school day with parental consent, similar to convenient care clinics located in grocery stores and pharmacies.[5–7] The difference between the two models of healthcare delivery is that SBHCs act like a safety net by providing services regardless of the ability of a student's family to pay or present insurance.[3, 8] More than three decades of research have demonstrated that this unique healthcare delivery model keeps students in school and fosters healthy environments for learning.[1, 4] Many centers offer a nurse-led model where Certified Registered Nurse Practitioners create an approachable space for students to access high-quality, cost-effective healthcare. In 2024-2025, 13,274 children were served by SBHCs in Pennsylvania.[9]

Education Plus Health (EPH) is a nonprofit organization based in Philadelphia that operates SBHCs in Title 1 schools across the city. With partner schools primarily located in the "River Wards" neighborhoods, which have been heavily impacted by the opioid epidemic, students living in these communities are surrounded by drug use, violence, and generally poor living

conditions.[10] According to the 2023 American Community Survey, on average across the zip codes where these schools are located, 42% of youth live in poverty, and nearly 8% of the population is uninsured, a rate three points higher than the average in Philadelphia County.[11, 12]

Despite these challenging circumstances, children living in these communities emerged from the pandemic and re-entered their school communities. EPH currently serves about 2,100 students from Kindergarten through 12th grade.[13, 14] During the 2024-2025 school year, EPH Nurse Practitioners served over 1400 students with primary care services, including well-child checks, sports physicals, reproductive health, and acute care visits.[13, 14] 76% of the students served were enrolled in Medicaid, 6% in the Children's Health Insurance Program (CHIP), 6% with private insurance, and the remaining 11% as either uninsured or "other." The racial/ethnic breakdown of the student population is Black/African American (44%), White and Hispanic (26%), Unknown/Other (47%), White (5%), and Multiple Race (4%).[13, 14]

In terms of medical demographics, the student population may be described as high needs, with a significant portion of students living with diagnosed conditions. Of the children served in 2024-2025, over one-half were identified as overweight/obese, 31% of asthmatic students had an uncontrolled asthma control test (ACT) score at pre-assessment, and 36% screened positive for mental health risk.[12, 14] As most of these students are enrolled in Medicaid, which covers close to 40% of children in Pennsylvania, there is a looming threat of increased uncompensated care as the Commonwealth anticipates the impact of the Big, Beautiful Bill (HR 1), where up to 73,000 people in Philadelphia County alone could lose coverage, and a projected 310,000 statewide.[12, 13, 15]

An Innovative Solution

The success of the EPH model is due to the coordination of care under one organizational umbrella (Figure 1).

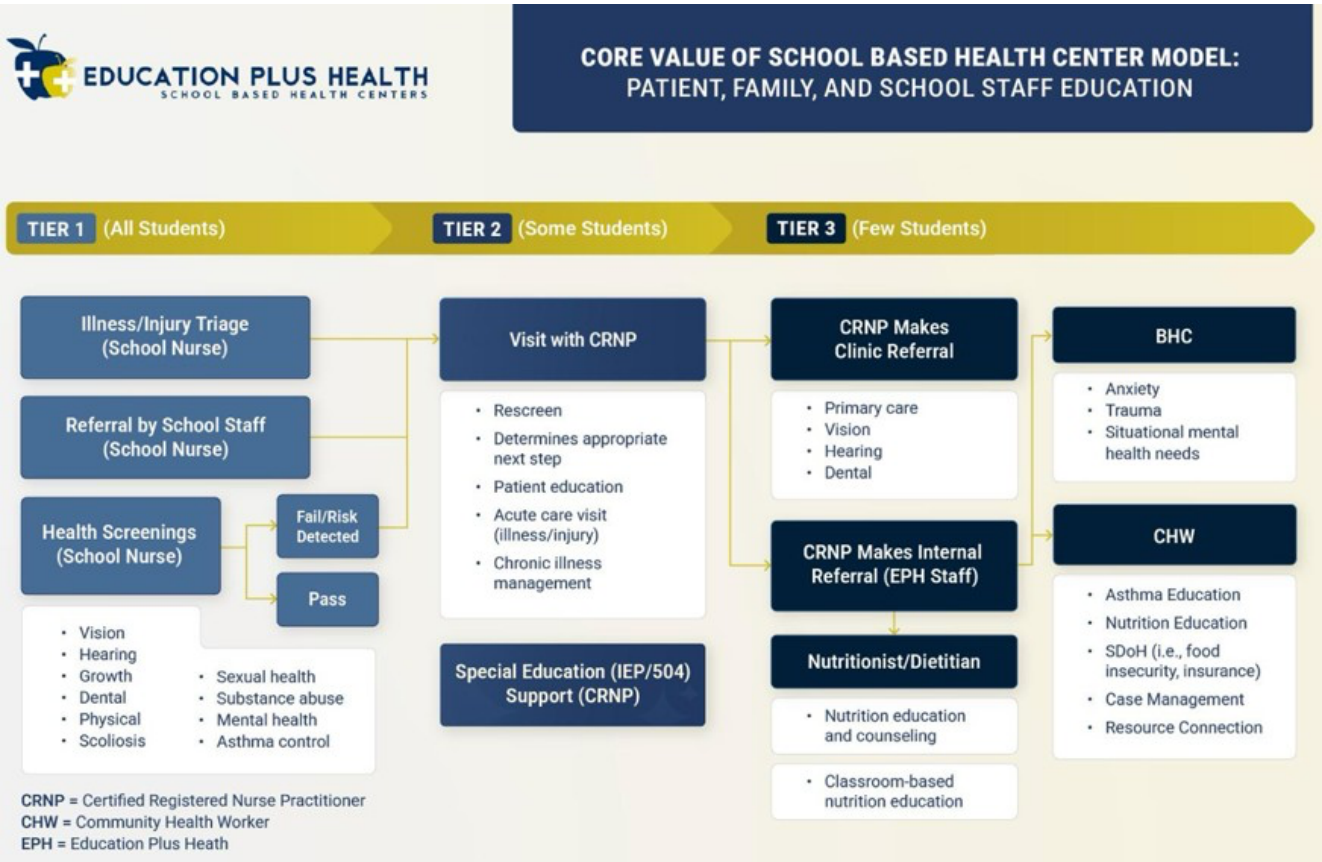

Figure 1. *Education Plus Health School-Based Health Center Model*.
Source: https://educationplushealth.com/strategy-and-model/) **Reprinted with permission.**

Through a prevention-forward, population health approach, all students in EPH partner schools have the opportunity to be screened and provided with the appropriate level of follow-up care without leaving school.

The EPH model for SBHCs complies with the Pennsylvania Code for School Health by adhering to mandatory health screenings for all students.[16] School Nurse Assistants (e.g., Licensed Practical Nurses) conduct screenings including height, weight, vision, hearing, and scoliosis, as well as monitor compliance for vaccines, dental and medical exams. As a way to address the specific needs of this high-poverty, vulnerable population in Philadelphia, EPH conducts additional screenings for asthma, mental health, substance abuse, and social determinants of health. In the 2024-2025 school year, EPH screened over 2,100 students; provided nearly 600 asthma education sessions; served 195 students with behavioral health support; and counseled over 400 students who had a body mass index (BMI) categorized as obese.[13, 14] Outcomes data show an association between this model of care and students' adherence to Early, Periodic Screening, Diagnostic, and Treatment guidelines and the American Academy of Pediatrics Bright Futures Periodicity Schedules – both well-accepted, age-appropriate pediatric care guidelines and recommendations.[17, 18]

During the previous school year, EPH Nurse Practitioners conducted nearly 300 physicals required for medical records compliance, bridging the care gap experienced by families who were unable to visit their primary care provider during business hours.[13] Twice a year, School Nurse Assistants coordinate a mobile dental unit for students who may struggle to access dental care, a common need for students living in poverty.[13, 14] Annually, EPH also facilitates a local optometry partner to provide exams and glasses for students who need them, free of charge. School Nurse Practitioners thread the needle for each tier of care, ensuring coordination with families, primary care providers, and school staff as appropriate.[13, 14]

EPH clinics also incorporate Community Health Workers (CHW), who, in addition to student-based intervention, reach families through social determinants of health screening, connection to community resources, insurance support, and care coordination. Known for their efforts in bridging the health literacy gap between patients and providers, school-based CHWs support students directly with asthma and nutrition education.[19] Last year, CHWs screened over 350 parents/guardians for social determinants of health.[14] CHWs fill a great need for students with asthma, considering Philadelphia County ranks among the top counties in the Commonwealth for rates of childhood asthma, with a prevalence of 17%, which is above the state average.[20] The additional layer of care and education through the CHW ensures students are equipped with the tools and knowledge they need to control and manage their asthma independently. Visits with the Nurse Practitioner on both ends of the intervention support a model of care that is both coordinated and comprehensive.

Distinct from Other School-Based Health Clinic Models

The EPH SBHC model is unique in that primary care is coordinated into the traditional school nursing approach. These integrated and comprehensive services are available to any student in the school.[13] Traditional SBHC models do not include the school nurse and are often comprised of a lead medical provider such as a Nurse Practitioner, Physician's Assistant, or Pediatrician; a behavioral health provider; a Medical Assistant; and administrative staff.[21] The 2022 School-Based Health Alliance National Census indicated the majority of SBHCs across the country were operated by federally-qualified health centers (FQHC).[21] EPH is a health-focused nonprofit organization that operates similarly to an FQHC, in that patients are not turned away based on their ability to pay, but it does not receive the same benefits, such as increased Medicaid reimbursement and discounted pharmacy costs, that an FQHC does. While this structural flexibility allows EPH to operate nimbly, unique financial challenges exist without state or federal support for the program.[14]

Financial & Revenue Sources

Education Plus Health has a diversified revenue stream consisting of three primary sources: healthcare reimbursement, school contracts, and grants. This model allows a modest amount of flexibility in that the first two sources are generally unrestricted, while the grants are supplemental and provided for the implementation of specific programs.

Healthcare Reimbursement:

EPH has worked hard to build relationships with all major Medicaid payors in the Philadelphia region. Billing is conducted through a fee-for-service model, with some rates being enhanced due to evidence of closed care gaps and improved outcomes for students.[14] This model is straightforward, but comes with challenges, as navigating the insurance ecosystem is often complicated, fragmented, and inconsistent.

School Contracts:

The organization engages in contracts with partner schools to charge for nursing services. Schools/local education agencies are accustomed to either employing a school nurse or contracting out these services, making it a standard component of their annual operating budgets. These contracts often cover infrastructure and organizational fixed costs.

Supplemental Government Grants:

Local, state, and federal government grants cover programming, staff, and infrastructure costs. These grants are typically restricted, as funds are allocated to serve a specific purpose and generate specific outcomes. Grants implemented by EPH fund nursing, behavioral health services, CHW interventions, and other health education initiatives.

Discussion

A need for safety net healthcare will always exist, and SBHCs offer a convenient solution to address the needs of students where they are, while mitigating major social determinants of health and advancing health equity.[4] However, EPH is at a pivotal point: to grow sustainably and reach more students, it must expand the impact of its services while carefully avoiding overextension of resources. In many successful nonprofit expansion ventures, pathways to scaling impact have included building networks, developing talent, and converting bricks to clicks, i.e., the development of toolkits and blueprints for processes that can readily be implemented.[22] With that in mind, opportunities for growth within EPH include a technical assistance business line, leveraging critical workforce and clinical partnerships for resource sharing, and providing telehealth services in rural areas.

State and federal funding streams are critical to supporting the innovation and sustainability of this model. The increased chronic disease burden and Medicaid utilization of students and families may be alleviated through the addition of more SBHCs in high-needs communities, particularly in Title 1 schools. This model directly addresses the acute needs of students living in poverty and creates an avenue for schools to better support students with chronic illness, as well as behavioral and mental health needs. From a revenue-generating perspective, SBHCs align with a value-based payment model, as this type of care is prevention-focused. Improved data collection and analysis could provide better indicators and measurable healthcare outcomes, including reduced frequency of hospitalizations and emergency department visits, sustained

well-child checks and developmental screenings, improved chronic disease management and mental health access, and more holistic health management overall.

Further key to the success of this model beyond sustainable funding is the guarantee of parental rights and responsibility for their child's healthcare and the supportive link to a child's primary care provider or medical home. The SBHC can function as a primary care provider to those who do not have access to one, improving the ability of families to receive routine and necessary healthcare services that ensure students are healthy and ready to learn.

Conclusion

Twenty-first-century healthcare requires innovative solutions that improve access to sustainable forms of high-quality, cost-effective care that meet individuals and entire communities where they are. School-based health centers provide convenient, comprehensive, no-cost care that saves parents time off from work and keeps students in schools.[4, 23] Significant financial investment from the education and/or public health sector, both at the state and federal level, could unlock the potential to support this innovative healthcare solution more broadly, especially in light of significant upcoming cuts to the federal safety net. The opportunity exists to further demonstrate the link between health and scholastic success, providing students with the ability to achieve their highest potential. In the current political climate, SBHCs have the time-sensitive opportunity to provide evidence that could impact long-term policy change for pediatric healthcare, preparing children to thrive in this modern era.

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