



WHOLE CHILD

Fueling Development for Learning and Life

January 2026



HEALTH SERVICES:

Evidence-Informed Practice Brief

This brief is part of our series of evidence-informed practices supporting the whole child. We organize the series using the ten domains of the [Whole School, Whole Community, Whole Child \(WSCC\)](#) model. In this brief, we introduce the **Health Services** domain.

WHAT DO WE MEAN?

As defined by the Whole School, Whole Community, Whole Child (WSCC) model, *Health Services* are supports provided to promote students' health in the school setting. These services are delivered by school nurses or other credentialed medical staff such as nurse practitioners, dentists, health educators, or physicians.¹ Promoting student well-being and a healthy, safe school environment requires active collaboration between school health service providers, staff, students, families, and community-based providers. School health services facilitate positive outcomes by increasing access to preventive care and health education, assessment and planning for chronic health conditions, and first aid and emergency care for students and staff.² Health services also work to inform students and families of how they can effectively advocate for their own health needs.² Finally, school health services also can extend beyond the school building to help families manage, adapt to, and plan for social and economic barriers to health care through connections to community-based health care.

The School Health Services Model developed by the CDC³ describes four key components of school-based health services. The first component is acute and emergency care. Emergencies related to unexpected injury or illness can occur at any time throughout the school day, so schools must have staff available who are trained and prepared to handle acute and emergency care. Most often, the school nurse, in collaboration with community medical personnel, is responsible for addressing medical crises that take place at school.⁴ The second component of school health services is care coordination, which involves the organization of student care by sharing information and maintaining communication between all individuals concerned with student needs.⁵ Students can benefit from improved medical management, access to more detailed health information, and consideration of health needs for Individualized Education Programs or Individualized Health Plans when students, families, health care providers, and school staff are in communication.⁵ The third component is management of chronic health conditions. Federal and state regulations mandate that schools provide services and accommodations for students with chronic health conditions,^{5,6} which commonly include asthma, diabetes, food allergies, poor oral health, and epilepsy or other seizure disorders. The fourth component is family engagement in school health services, which promotes family awareness of available health services that may benefit students. Family engagement is also critical for developing relationships that foster continuing communication and coordination between the school, family, and health care providers.⁷



Health Services Practice Brief was created by the UConn Collaboratory on School and Child Health. Copyright © 2026 by the University of Connecticut.

All rights reserved. Permission granted to photocopy for personal and educational use as long as the names of the creators and the full copyright notice are included in all copies.

csch.uconn.edu | @UConnCSCH

WHY IS IT RELEVANT TO CHILD OUTCOMES?

Physical Health Outcomes

Effective school health services offer a variety of benefits for students' physical health and can increase access to health care and related health outcomes.⁸ At the universal level, screening students for conditions such as asthma, hearing, and vision problems can result in early identification and referral to appropriate services for diagnosis or changes to medication.⁹ School-based health services (e.g., community clinics, school-based health centers) that offer vaccinations for common illnesses, such as the flu, can help to reduce the spread of germs, infections, or diseases.^{10,11} For students who become sick or get injured during the school day, health service staff can provide first aid within the school building or referral to proper outside health care. For individual case management, such as medication administration at school, health services can help to reduce students' physical symptoms.¹² Specifically, for students with asthma, use of school health services is associated with fewer urgent visits to primary care physicians, visits to the emergency room, and hospitalizations.^{12,13} Overall, health services can support both prevention of, and response to, negative physical outcomes associated with student health needs and chronic health conditions.

Social, Emotional, and Behavioral Outcomes

Students who are affected by chronic illness or physical health complications are at increased risk for a wide range of psychosocial difficulties compared to their healthy peers.^{14,15} These students may be at an increased risk of suicide/self-harm and may struggle with anxiety about a sudden health emergency or peer rejection.^{13,14} School-based health service providers can work with teachers, peers, and families who are in close contact with students with special health needs to reduce anxiety and concerns.¹⁵ Research has also found that the general student population often experiences distress or symptoms of anxiety around health services, such as scoliosis screenings or vaccination that occurs in school-based health centers.^{11,16} Supporting student social, emotional, and behavioral well-being as part of school health services emphasizes the need for integration and collaboration of supports across components to properly care for the whole child.

Academic Outcomes

Student access to school health services is related to both health outcomes and academic achievement. If schools can meet varied health needs, students can feel more comfortable and safe attending school, which can result in a healthy body and mind available for learning. Researchers have found an association between improved attendance and access to school health services, including screenings, direct clinical interventions (e.g., providing medications at school), and care coordination.^{5,17} However, students with chronic health conditions tend to have lower academic achievement if their health needs are not appropriately managed.^{5,18} Research indicates positive academic outcomes, including improved grades and increased standardized test scores, for students who receive proactive management of their health condition.^{5,19,20} By providing students with access to preventive and responsive care, school health services can play a vital role in ensuring that students achieve their full academic potential.



HEALTH SERVICES: EVIDENCE IN ACTION

The strategies provided here summarize a review of available evidence and best practice recommendations in this domain. Strategies are grouped by anticipated resource demand (e.g., funding, time, space, training, materials).*

Level 1 Strategies: Low resource demand

Use the Health Services Assessment Tool for Schools (HATS)

- This free assessment was developed by leading school health organizations and experts in the field and has been widely used by school districts.²¹
- Schools can use this tool to help reach the “gold standard” for comprehensive school health by assessing the quality of services, resources available to support those services, and strength of policies and practices.²¹

Disseminate health information resources to students and families

- Research suggests the importance of distributing information regarding available school health services to families and students, particularly tailored messages that address individual student health needs.¹⁶
- Schools can distribute health information with pamphlets, newspapers, flyers, posters in the school building, or email¹¹; potential topics include vaccination programs, school-based screening, and allergy management.
- Materials should be tailored to student interests and backgrounds, along with school core values.^{22,23}

Level 2 Strategies: Moderate resource demand

Assess and plan for chronic health condition management

- Approximately 30% of children in the US have a chronic health condition such as asthma, diabetes, or epilepsy.²⁴ In addition, 4-8% of children in the US are affected by food allergies, which have become the most common cause of serious and life-threatening allergic reactions in community health settings.^{25,26}
- Schools can educate students about their medications,²⁷ develop management and response plans for various conditions (e.g., allergy management plan),²⁸ train appropriate staff on emergency care procedures (e.g., inhalers for asthma attack, glucagon emergency kit for low blood sugar, epinephrine injector training), and specify Individualized Health Care Plans.²⁹
- Students with chronic health conditions are at greater risk for prolonged absences.²⁹ Implementing school reentry programs can help to educate peers and teachers about unfamiliar illnesses or injuries, prepare the family, school, and health care system for a partnership, and promote successful return to school.¹⁵

Develop relationships with a broad range of community partners

- When schools, families, and communities form partnerships, schools are better able to provide health services tailored to the unique needs of the school community.³⁰ For example, school nurses can serve as a key team member in creating partnerships with community health organizations to coordinate responding to a public health crisis (e.g., pandemic).³⁰
- Schools can collaborate with community partners (e.g., community healthcare providers, local government, local non-profit organizations, colleges/universities) to tailor health services to the needs of the school community.³⁰

Level 3 Strategies: High resource demand

Provide behavioral health training for school health service providers (SHSP)

- Because of their frequent access to students, SHSP are ideal candidates to identify student social, emotional, or behavioral concerns (e.g., unsafe sexual activity, substance use, suicidality); it is estimated that SHSP spend about a third of their time responding to mental health needs, as they are trained to treat physical complaints that co-occur with these concerns.³¹
- SHSP can identify students exhibiting social, emotional, or behavioral concerns by using data-based decision making, such as tracking the number of visits students make to the nurse's office for psychosomatic concerns.

Implement multicomponent school-based prevention programs

- Multicomponent school-based interventions can promote student health and reduce risk behavior (e.g., bullying, smoking, and teenage pregnancy), particularly when students are involved in planning these efforts.^{32,33} These interventions should include multiple strategies to promote health, including school policy changes (e.g., anti-smoking policy), family involvement (e.g., trainings/education), and relationships with the local community (e.g., student community service)³³
- School-based prevention programs should be tailored to student needs and interests, and offer opportunities for social support (e.g., mobile phone contact, peer counselors), telehealth, and family engagement.^{22,34}

Expand school-based health center (SBHC) efforts

- School-based health centers (SBHCs) are designed to increase access to healthcare in the school setting.⁸
- SBHCs have shown to improve student educational and health outcomes, particularly when they offer a range of services and hours of operation extend beyond the school day. SBHCs can also improve healthcare access by removing barriers such as transportation, financial constraints, and privacy.⁸

**For more information about the systematic review process we used to identify evidence-based practices, please refer to our [overview brief](#).*



ADDITIONAL RESOURCES

Note: The [WellSAT WSCC](#) allows users to evaluate district policy alignment with 'best practices' in policy associated with Health Services and other WSCC model domains.

American Academy of Pediatrics

[National Center for Medical Home](#)

[Implementation: Medical Home Care](#)

[Coordination Resources](#)

This webpage offers a collection of tools and resources pertaining to health services care coordination, including a framework for implementing care coordination and instructional curricula for school health care providers.

TEAMS: Enhance School Health Services

This webpage offers many resources, including an online course, policy guides, videos, case examples, and the Health Services Assessment Tool to help schools incorporate the TEAMS framework for the purposes of improving health services.

School Health

This webpage provides resources about supporting and managing children's health in schools.

CDC

[School Health Services](#)

This website provides information for school health services staff around acute and emergency care, care coordination, chronic disease management, and family engagement.

CDC

[Strategies: School Health Services](#)

This website outlines ways that school health services staff can integrate school health services across the WSCC framework.

Healthy Schools Campaign

[Resource Center](#)

This website provides access to tip sheets, model policies, and reports helpful for improving school health services, including school health care provider leadership documents and current school health care policies.

National Association of School Nurses

[NASN: Home](#)

This website provides news in school health services and up-to-date toolkits, skills training, and sample and model health services programs.

School-Based Health Alliance

[SBHA: Home](#)

This website provides information about and resources for school-based health care.

To cite this brief: UConn Collaboratory on School and Child Health (2026, January). *Health Services Practice Brief*. Storrs, CT: Authors.

Acknowledgements: We thank Sandra Chafouleas, Jessica Koslouski, and Helene Marcy for their work in developing this brief. We thank Stephanie Domain for her expert review of this brief. Erika Anderson, Jayne Concannon, Emily Iovino, Hannah Perry, and Taylor Thorne contributed to previous versions of this brief.



Health Services Practice Brief was created by the UConn Collaboratory on School and Child Health. Copyright © 2026 by the University of Connecticut.

All rights reserved. Permission granted to photocopy for personal and educational use as long as the names of the creators and the full copyright notice are included in all copies.

csch.uconn.edu | @UConnCSCH

SOURCES

- ¹ Association for Supervision and Curriculum Development & Centers for Disease Control and Prevention (2014). *Whole school, whole community, whole child: A collaborative approach to learning and health*.
<http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wsccl-a-collaborative-approach.pdf>
- ² Centers for Disease Control and Prevention (CDC). (2021). Components of the whole school, whole community, whole child (WSCC).
<https://www.cdc.gov/healthyschools/wsccl/component.s.htm>
- ³ Centers for Disease Control and Prevention (n.d.). *School health services*. <https://www.cdc.gov/school-health-conditions/health-services/index>.
- ⁴ Tuck, C. M., Haynie, K., & Davis, C. (2014). Emergency preparedness and response in the school setting--the role of the school nurse. Position Statement. *National Association of School Nurses (NASN)*. <https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-emergency-preparedness>
- ⁵ Leroy, Z. C., Wallin, R., & Lee, S. (2017). The role of school health services in addressing the needs of students with chronic health conditions: A systematic review. *The Journal of School Nursing*, 33, 64-72.
- ⁶ Section 504 of the Rehabilitation Act of 1973, 34 C.F.R. Part 104.
- ⁷ Uhm, J.-Y., & Choi, M.-Y. (2020). Barriers to and facilitators of school health care for students with chronic disease as perceived by their parents: A mixed systematic review. *Healthcare (Basel)*, 8(4), 506.
- ⁸ Knopf, J. A., Finnie, R. K., Peng, Y., Hahn, R. A., Truman, B. I., Vernon-Smiley, M., Johnson, V. C., Johnson, R. L., Fielding, J. E., Muntaner, C., Hunt, P. C., Phyllis Jones, C., Fullilove, M. T., & Community Preventive Services Task Force. (2016). School-based health centers to advance health equity: A community guide systematic review. *American Journal of Preventive Medicine*, 51(1), 114-126.
- ⁹ Yawn B.P., Wollan P., Scanlon P.D., Kurland M. (2003). Outcome results of a school-based screening program for undertreated asthma. *Annals of Allergy, Asthma & Immunology: Official Publication of the American College of Allergy, Asthma, & Immunology*, 90, 508-515.
- ¹⁰ Cawley, J., Hull, H. F., & Rousculp, M. D. (2010). Strategies for implementing school-located influenza vaccination of children: A systematic literature review. *Journal of School Health*, 80, 167-175.
- ¹¹ Robbins, S. C., Ward, K., & Skinner, S. R. (2011). School-based vaccination: A systematic review of process evaluations. *Vaccine*, 29, 9588-9599.
- ¹² Guo, J., Jang, R., Keller, K., McCracken, A., Pan, W., & Cluxton, R. (2005). Impact of school-based health centers on children with asthma. *Journal of Adolescent Health*, 37, 266-274.
- ¹³ Ahmad, E., & Grimes, D. E. (2011). The effects of self-management education for school-age children on asthma morbidity: A systematic review. *The Journal of School Nursing*, 27, 282-292.
- ¹⁴ Barnes, A. J., Eisenberg, M. E., & Resnick, M. D. (2010). Suicide and self-injury among children and youth with chronic health conditions. *Pediatrics*, 125, 889-895.
- ¹⁵ Canter, K. S., & Roberts, M. C. (2012). A systematic and quantitative review of interventions to facilitate school reentry for children with chronic health conditions. *Journal of Pediatric Psychology*, 37, 1065-1075.
- ¹⁶ Perman, S., Turner, S., Ramsay, A. I., Baim-Lance, A., Utley, M., & Fulop, N. J. (2017). School-based vaccination programmes: A systematic review of the evidence on organisation and delivery in high income countries. *BMC Public Health*, 17.
- ¹⁷ Lineberry, M. J., & Ickes, M. J. (2015). The role and impact of nurses in American elementary schools: A systematic review of the research. *The Journal of School Nursing*, 31, 22-33.
- ¹⁸ Gorodzinsky, A. Y., Hainsworth, K. R., & Weisman, S. J. (2011). School functioning and chronic pain: A review of methods and measures. *Journal of Pediatric Psychology*, 36, 991-1002.
- ¹⁹ Murray, N. G., Low, B. J., Hollis, C., Cross, A. W., & Davis, S. M. (2007). Coordinated school health programs and academic achievement: A systematic review of the literature. *Journal of School Health*, 77, 589-600.
- ²⁰ Strunk, J. A. (2008). The effect of school-based health clinics on teenage pregnancy and parenting outcomes: An integrated literature review. *The Journal of School Nursing*, 24, 13-20.
- ²¹ American Academy of Pediatrics (n.d.). *TEAMS: Enhancing school health services*.
<https://schoolhealthteams.aap.org/public/content.cfm?m=11&id=11&startRow=1&mm=0&parentMenuID=0>
- ²² Brackney, D. E., & Cutshall, M. (2015). Prevention of Type 2 diabetes among youth: A systematic review, implications for the school nurse. *Journal of School Nursing*, 31(1), 6-21.
- ²³ Langford, R., Bonell, C., Jones, H., & Campbell, R. (2015). Obesity prevention and the Health Promoting Schools framework: Essential components and barriers to success. *The International Journal of Behavioral Nutrition and Physical Activity*, 12(1), 15-15.
- ²⁴ Wisk, L. E., & Sharma, N. (2025). Prevalence and Trends in Pediatric-Onset Chronic Conditions in the United States, 1999-2018. *Academic Pediatrics*, 25(4). <https://doi.org/10.1016/j.acap.2025.102810>
- ²⁵ Elghoudi, A., & Narchi, H. (2022). Food allergy in children-the current status and the way forward.



World journal of clinical pediatrics, 11(3), 253–269.

<https://doi.org/10.5409/wjcp.v11.i3.253>

²⁶ Zablotsky, B., Black, L.I., and Akinbami, L., J. (2023). Diagnosed Allergic Conditions in Children Aged 0–17 Years: United States, 2021. NCHS Data Brief, no 459. Hyattsville, MD: National Center for Health Statistics.

²⁷ Guirguis, L. M., Singh, R. L., Fox, L. L., Neufeld, S. M., & Bond, I. (2020). Medication education provided to school-aged children: A systematic scoping review. *Journal of School Health*, 90(11), 887–897.

²⁸ Centers for Disease Control and Prevention (CDC). (2013). Voluntary guidelines for managing food allergies in schools and early care and education programs.

https://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf

²⁹ Centers for Disease Control and Prevention (CDC) (2020). *Asthma*.

<https://www.cdc.gov/asthma/default.htm>

³⁰ McIsaac, J. L. D., Hernandez, K. J., Kirk, S. F., & Curran, J. A. (2016). Interventions to support system-level implementation of health promoting schools: a scoping review. *International Journal of*

Environmental Research and Public Health, 13(2), 200.

³¹ McDermott, E., Bohnenkamp, J. H., Freedland, M., Baker, D., & Palmer, K. (2017). The school nurse's role in behavioral health of students. Position Statement. *National Association of School Nurses (NASN)*.

<https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-behavioral-health>

³² Griebler, U., Rojatz, D., Simovska, V., & Forster, R. (2017). Effects of student participation in school health promotion: A systematic review. *Health Promotion International*, 32(2), 195–206.

³³ Shackleton, N., Jamal, F., Viner, R. M., Dickson, K., Patton, G., & Bonell, C. (2016). School-based interventions going beyond health education to promote adolescent health: Systematic review of reviews. *Journal of Adolescent Health*, 58, 382–396.

³⁴ Sanchez, D., Reiner, J. F., Sadlon, R., Price, O. A., & Long, M. W. (2019). Systematic review of school telehealth evaluations. *The Journal of School Nursing*, 35(1), 61–76.

