

Should Schools Have Onsite Health Clinics for Teachers?

By [Madeline Will](#) on [June 21, 2018 5:00 PM](#)



School-based health clinics for teachers and their families can significantly lower a district's health-care costs and slightly reduce teacher absenteeism, [a new study finds](#).

The study, conducted by the RAND Corporation and published in the *Journal of Occupational and Environmental Medicine*, is the first that examines the relationship between teacher health and onsite health clinics at schools, as well as how those clinics can affect student achievement and health-care costs. Researchers predicted that healthier teachers would translate into improved student achievement, but that was not evident in this study. Also, teachers who visited the clinics reported no more improvement in their health status than teachers who did not.

Instead, the study mainly found financial benefits for the school district. [Health-insurance costs for school districts](#) are higher than for private-sector employers, according to a 2013 analysis.

The idea behind onsite health clinics is that getting primary care at work could potentially lead to less time away from work and fewer unattended health problems, which could increase employee productivity. While this idea is catching on among large employers, relatively few school districts have these onsite clinics for their employees, said Harry Liu, a policy researcher at RAND and the study's lead author.

In 2009, the Nashville, Tenn., school district partnered with Vanderbilt University Medical Center to establish five school-based clinics for educators and their family members. Teachers who work in any given school in the district can reach a clinic within a 15-minute drive. District officials

thought this might be a perk that would help them better retain teachers (though the RAND study didn't examine retention data) and could also lead to higher employee productivity.

Family nurse practitioners run the clinics and are supervised by an on-call physician, who does not see patients. Educators do not have to pay a copay and, for the most part, same-day appointments are available with little wait time. The clinics have been growing in popularity among educators: There were 109 visits to the clinics in January 2009 and 2,735 in June 2016.

In a Nashville Public Radio piece last year, **educators praised the flexibility of the clinics' hours.**

"You don't get one single minute during your day," said Jill Peeples, a former teacher who now works in the district's central office. "So the idea of coming here, either before or after [school], it's really optimal."

The RAND study analyzes absence data, student-achievement growth data, health-care utilization and costs, and results from self-reported health surveys for all the teachers in the district from 2007 to 2015.

The most significant result was that per-person annual total health care costs for the district decreased by \$745, due to lower hospital inpatient and outpatient costs, as well as lower prescription costs. Teachers who went to the school-based clinics instead of going to a community-based health care provider had fewer primary care visits and significantly fewer inpatient admissions.

The study suggests that this is because the family nurse practitioners who staff the clinics focus on providing whole-person care, and because the care is provided in a more timely manner.

While teacher absenteeism did decrease as a result of clinic use, it was only by about two work hours per year. (Nationwide, **28 percent of teachers were absent for more than 10 school days** during the 2015-16 school year, according to an Education Week Research Center analysis.)

An interesting question for future research would be whether access to these types of clinics could reduce teacher stress. Past research has found that **most teachers experience high levels of stress**, which can affect student outcomes—teachers with high stress levels and limited coping skills had lower student math scores and more disruptive behaviors in their classrooms. And a new study shows that teachers who **report experiencing symptoms of depression** spend less time planning and leading whole-group instruction.

Liu said while one survey asked teachers about the state of their mental health and did not find any differences due to use of the clinics, it was a "rough metric" since it's self-reported data. Also, the researchers only had three years of survey data.

More research with a larger pool of data is also needed to tease out a possible connection between teacher health and student outcomes, Liu said.

"We expected school clinics to improve teacher self-reported health status, which would, in turn, improve teaching quality and student-achievement growth," the study said. "The fact that we did not find an impact on self-reported health status does not suggest student achievement growth is not associated with teacher health. ... Future studies are warranted."