

# Primary Health Care Access and Children's Educational Achievement

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*Abstract* There is a rapidly growing literature concerning how children's physical health, mental health, and regulatory skills play a critical role in determining success during school and beyond. Yet there is little direct evidence concerning whether greater access to primary health care services improves children's academic achievement. To investigate this issue, we examine school-based health centers (SBHCs)—clinics located inside school buildings but funded by non-educational revenues and operated by local health agencies. We use detailed data concerning New York City's SBHCs, which currently serve more than 100,000 students. We exploit the varied timing of the openings of these centers to explore how they have affected students' sorting across schools and their academic performance. New York City offers parents a fair amount of school choice, and the presence of an SBHC makes it more likely that certain types of student enroll in a school during the entry grade level. We estimate instrumental variables models that identify treatment effects based on center openings occurring after students are beyond the entry grade level. The results reveal that greater availability of primary health care substantially raises students' test performance in both language arts and mathematics, slightly improves their school attendance rates, and raises the likelihood that they receive special education services. We also explore longer run educational outcomes; in New York City, depending on which standardized exams and classes a student passed during high school, the student may graduate from high school with either a G.E.D., local diploma, Regent's diploma, or advanced Regent's diploma. The addition of a health center while a student is in middle school substantially increases the chance that this student eventually graduates from high school with a Regent's diploma rather than just a G.E.D. or local diploma. But middle school health centers do not have much influence on educational attainment above or below this margin. Based on these findings and the broader literature concerning the interplay between health and schooling, we hypothesize that the age of the targeted group for health interventions may be positively related to the achievement margin where the intervention has the most impact. That is, the younger the children served, the greater the potential to help those on lower educational trajectories.