

# 2013-14 Census of School-Based Health Centers: Methodology, Key Report Data Details, and Acknowledgements

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## I. Census Methodology

The School-Based Health Alliance has conducted the Census of School-Based Health Centers (SBHCs) since 1998. From 1986-1997, the Center for Population Options (now known as Advocates for Youth) conducted the survey. The census is a triennial national survey of school-based and school-linked health centers, mobile health centers, and telehealth programs. This online survey provides the school-based health care field with accurate, up-to-date data about SBHC demographics, staffing, services, policies, utilization, financing, prevention activities, and clinical policies. The most recent Census of SBHCs was conducted in 2013-2014.

### Master SBHC Database

The School-Based Health Alliance has maintained a database of SBHCs since 1998 when it took over the census from the Center for Population Options. This “Master SBHC Database” was initially compiled by the Center for Population Options and has been updated regularly by the School-Based Health Alliance based on information from the following sources:

1. **State affiliate rosters:** There are currently 19 state affiliates and six emerging state affiliate organizations nationwide. These organizations maintain lists of SBHCs in their states, many of which receive direct state funding. Updated lists are provided to the School-Based Health Alliance annually.

2. **State government office rosters:** There are 18 states that provide funding to SBHCs, and these state offices maintain lists of the SBHCs they support. Updated lists are provided to the School-Based Health Alliance every three years before the census is launched to the field.
3. **School-Based Health Alliance membership:** The Alliance has approximately 200 organizational and 180 individual members. Members are asked for contact information on their respective SBHCs.
4. **Annual Convention registration:** Every three years at the Alliance's annual convention, we ask participants to update the contact information for the person responsible for completing the census for their health center program.

The master database is updated continuously based on the following procedures:

1. **Ongoing identification of new and closed SBHCs:** We identify the openings and closures of SBHCs through relationships with our state affiliates, state government offices who fund SBHCs, our members, and daily compilation of news articles published online about SBHCs. We update our database as we learn of new or closed programs.
2. **Prior to launching the census:** Six months before we launch the census, we reach out to the 25 states with state affiliate or emerging state affiliate offices and ask them for an updated list of all SBHCs in their states and contact information for representatives of each site. We also reach out to state government offices that fund SBHCs with the same aim. In states where we do not have state affiliates or state government contacts, we reach out to representatives from the sponsoring organizations that completed the previous census and ask for updated contact information.
3. **After launching the census:** About three months after we've launched the census, we reach out to all of the sites individually who have not started the census to confirm whether or not they are open, update our contact information, and ask that they complete the survey. We also identify new programs that are not in our database through this outreach.

## Survey Completion

The School-Based Health Alliance requests that the survey be completed by the person who is most knowledgeable about the care provided in the health center, such as the SBHC administrator, nurse practitioner, or clinical director.

## Data Collection

Data for the 2013-14 Census of SBHCs were collected from July 2014 to May 2015 and 2,315 centers and programs connected with schools were identified nationwide. The highest completion rate (82.1%) in the history of the census was achieved, representing 1,900 known programs. The analysis and data presented in the digital and print reports include SBHCs that provide primary care (n=1,737). The 163 centers excluded from the analysis provide access to behavioral and/or oral

health services but not primary care. They were excluded because, unlike those providing primary care, their identification was less systematic and we cannot be confident that the data pertaining to these alternative models is generalizable. Missing data and "do not know" responses were excluded from the analysis and the number of respondents for each question is reported in section II. The growth section reports the total number of SBHCs identified in the database for each census, while the results from the remaining sections are limited to SBHCs that provide primary care.

## II. Key Census Results and Data

Detailed information about the key census data points included in the digital census report are presented below.

### A. Growth

Year	SBHCs Identified (N)
1998-99	1,135
2001-02	1,378
2004-05	1,709
2007-08	1,909
2010-11	1,930
2013-14	2,315

### B. Access

Where Are SBHCs Located?

Physical Location of SBHC	%	N
In school building or on school property	94.1%	1,633
Beyond school property	2.7%	47
Mobile program	3.0%	52
Telehealth only site	0.2%	4
<b>Total</b>	<b>100%</b>	<b>1,736</b>

Type of School where SBHC is Located	%	N
Parochial/private school	1.1%	17
Charter school	2.9%	44
Alternative school	5.0%	75
Vocational school	6.0%	90
Magnet school	6.7%	100
Community school	10.0%	150
Traditional public school	66.6%	995

<b>Other</b>	1.6%	24
<b>Total</b>	<b>100%</b>	<b>1,495</b>

<b>Grade Levels Served by SBHC*</b>	<b>%</b>	<b>N</b>
<b>Elementary school</b>	15.3%	252
<b>Middle school</b>	8.8%	144
<b>High school</b>	23.4%	385
<b>Pre-K/K - 12</b>	27.9%	459
<b>Other</b>	24.6%	405
<b>Total</b>	<b>100%</b>	<b>1,645</b>

\*Grade levels are defined as elementary school (pre-k or kindergarten to five or six), middle school (six or seven to eight or nine), high school (nine or ten to twelve), all grades (pre-k or k to 12), and any other ranges.

### Providing Care to Diverse and Underserved Populations

<b>Ethnic/Racial Profile of Student Population at Schools Served by SBHCs*</b>	<b>Mean (%)</b>	<b>Number of Respondents (N)</b>
<b>Hispanic/Latino of any race</b>	30.6%	1,736
<b>White</b>	31.7%	1,736
<b>Black or African American</b>	25.7%	1,736
<b>Two or more races</b>	3.0%	1,736
<b>Asian/Pacific Islander</b>	3.9%	1,737
<b>American Natives</b>	1.9%	1,736

\*Due to some SBHCs reporting estimates, means presented do not sum to 100%. Where SBHCs did not report these data, National Center for Education Statistics (NCES) data were used.

<b>Populations Eligible for Care at SBHCs Serving Non-Students*</b>	<b>%</b>	<b>Yes (n)</b>	<b>Number of Respondents (N)</b>
<b>Any population other than enrolled students from their school</b>	55.9%	924	1,653
<b>Students from other schools</b>	83.6%	753	901
<b>Family of student users</b>	65.8%	594	903
<b>Out-of-school youth</b>	61.4%	548	892
<b>Faculty/school personnel</b>	59.9%	537	897
<b>Other people in the community</b>	35.5%	314	884

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

<b>Title I Eligibility*</b>	<b>%</b>	<b>N</b>
<b>SBHC serves a Title I school</b>	77.6%	1,075
<b>Not a Title I School</b>	22.4%	310
<b>Total</b>	<b>100%</b>	<b>1,385</b>

*\*Title I of the Elementary and Secondary Education Act provides financial assistance to local educational agencies (LEAs) and schools with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards.*

<b>Student Population Eligible for Free/Reduced Lunch Program at Schools with SBHCs</b>	<b>%</b>	<b>N</b>
<b>76-100% students on free/reduced lunch</b>	48.7%	845
<b>51-75% students on free/reduced lunch</b>	27.8%	483
<b>26-50% students on free/reduced lunch</b>	16.3%	282
<b>0-25% students on free/reduced lunch</b>	7.2%	125
<b>Total</b>	<b>100%</b>	<b>1,735</b>

<b>Trends in Urban/Rural/Suburban Status</b>	<b>1998-99</b>	<b>2001-02</b>	<b>2004-05</b>	<b>2007-08</b>	<b>2010-11</b>	<b>2013-14</b>
<b>Urban</b>	56.0%	62.0%	59.0%	56.7%	54.2%	51.2%
<b>Rural</b>	30.0%	25.0%	27.0%	27.2%	27.8%	34.6%
<b>Suburban</b>	14.0%	13.0%	14.0%	16.1%	18.0%	14.2%
<b>Total Respondents (N)</b>	<b>806</b>	<b>1,026</b>	<b>1,235</b>	<b>1,096</b>	<b>1,364</b>	<b>1,731</b>

## C. Comprehensive Care

### Staffing

Multidisciplinary Staff*	%	Yes (n)	Number of Respondents (N)
Primary care provider	100.0%	1,737	1,737
Behavioral health provider	67.2%	1,167	1,737
Vision services provider	0.5%	9	1,737
Health educator	12.4%	216	1,737
Nutritionist/dietician	16.8%	292	1,737
Oral health provider	17.7%	308	1,737
Behavioral health provider	67.2%	1,167	1,737
Nursing or clinical support	69.3%	1,204	1,737

\*Clinical support staff types include medical assistant or health aide, administrative assistant or receptionist, licensed practical or vocational nurse or registered nurse. Staffing data are based on survey respondents' reported clinical and telehealth hours for each provider type. If no hours were listed, we assumed that the SBHC did not have that type of provider on staff.

Expanding Care Teams	2001-02	2004-05	2007-08	2010-11	2013-14
Primary care and behavioral health provider team is complemented by other provider types such as nutrition, health education, social services, oral health, and/or vision care	27.0%	32.3%	34.9%	37.4%	50.6%
<b>Total respondents (N)</b>	1,026	1,235	1,096	1,381	1,737

### Physical Health

SBHCs Provide Immunizations for...	%	Yes (n)	Number of Respondents (N)
Inactivated polio virus (IPV)	70.9%	1,076	1,517
Varicella (varivax)	72.1%	1,105	1,532
Hepatitis B	75.1%	1,155	1,538
Diphtheria/tetanus/acellular pertussis (DTaP, Tdap, or Td)	77.9%	1,192	1,530
Influenza	86.2%	1,328	1,541

SBHCs Provide....	%	Yes (n)	Number of Respondents (N)
Vision screenings	84.3%	1,306	1,549
Individual chronic disease management	83.4%	1,397	1,676

## Behavioral Health

SBHCs Report Screening for...*	%	Yes (n)	Number of Respondents (N)
<b>Depression/sadness</b>	76.1%	1,281	1,683
<b>Anxiety/nervousness/phobias</b>	71.2%	1,198	1,683
<b>Social skills/relationship issues/conflicts</b>	71.5%	1,203	1,683
<b>Attention/concentration/ADD/ADHD</b>	67.7%	1,139	1,683

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

## Oral Health

SBHC Primary Care Medical Professionals Offer...*	%	Yes (n)	Number of Respondents (N)
<b>Education</b>	88.7%	1,347	1,519
<b>Risk assessment</b>	68.5%	1,000	1,460
<b>Dental screenings</b>	66.1%	1,002	1,516
<b>Prescribe fluoride supplements</b>	21.5%	315	1,463
<b>Fluoride treatments</b>	17.2%	257	1,497
<b>Sealants</b>	9.7%	146	1,502

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

Oral Health Providers on Staff and Provision of Exams	%	Yes (n)	Number of Respondents (N)
<b>Oral health provider on staff</b>	17.7%	308	1,737
<b>Dentist provides oral health exams at SBHC on-site</b>	19.1%	321	1,683
<b>Dental hygienist provides oral health exams at SBHC on-site</b>	18.0%	303	1,683

## D. Adolescent Centered Care

### Preventive Activities

SBHC Provides Individual Counseling for....*	%	Yes (n)	Number of Respondents (N)
<b>Substance Use</b>	79.7%	1,108	1,391
<b>Violence Prevention</b>	75.8%	1,055	1,391
<b>Dating Violence</b>	76.1%	1,059	1,391
<b>Suicide Prevention</b>	76.0%	1,057	1,391
<b>Positive Youth Development</b>	71.1%	989	1,391

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

### Peer Groups for Social and Emotional Health

Among SBHCs Providing Group-Based Services, Topics Include...*	%	Yes (n)	Number of Respondents (N)
<b>Emotional health and well being</b>	59.6%	508	853
<b>Positive youth development</b>	58.3%	497	853
<b>Interpersonal relationships</b>	55.0%	469	853
<b>School safety/climate</b>	49.4%	421	853

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

### Healthy Eating and Active Living

SBHC Provides Healthy Eating/Active Living/Weight Management Support Through...	%	Yes (n)	Number of Respondents (N)
<b>One-on-one counseling</b>	85.6%	1,190	1,391
<b>Group education</b>	45.6%	634	1,391
<b>Activities with community members or parents</b>	26.0%	362	1,391

Sexual and Reproductive Health (SRH)

SRH Services Delivered by SBHCs...	%	Yes (n)	Number of Respondents (N)
<b>Pregnancy testing</b>	80.2%	1,023	1,275
<b>Abstinence counseling</b>	83.3%	1,047	1,257
<b>Sexually Transmitted Disease diagnosis and treatment</b>	69.5%	889	1,280
<b>Papanicolaou (Pap) test</b>	45.3%	579	1,278

SBHCs Excluded from Dispensing Contraceptives and Source of Limiting Policy	%	Yes (n)	Number of Respondents (N)
<b>SBHC is prohibited from dispensing contraceptives</b>	50.2%	620	1,236
<b>SBHC is prevented from dispensing contraceptives by...*</b>			
<b>State policy</b>	42.1%	146	347
<b>State law/regulation</b>	44.2%	151	342
<b>Sponsor policy</b>	47.4%	155	327
<b>Health center policy</b>	47.8%	154	322
<b>School policy</b>	68.8%	229	333
<b>School district policy</b>	90.5%	379	419

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

Among SBHCs that Dispense Contraceptives On-site, Methods Include...*	%	Yes (n)	Number of Respondents (N)
<b>Barrier methods</b>	96.8%	488	504
<b>Hormonal methods</b>	82.9%	417	503
<b>Emergency contraception</b>	73.3%	367	500
<b>Implantable devices</b>	39.8%	199	501

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

## E. Health System Partnerships

### SBHC Sponsorship

Trends in SBHC Sponsorship	2001-02	2004-05	2007-08	2010-11	2013-14
<b>Local health department</b>	16.9%	18.0%	15.1%	13.3%	7.8%
<b>School system</b>	15.0%	14.0%	11.9%	11.3%	11.8%
<b>Hospital/medical center</b>	32.0%	29.0%	24.6%	26.4%	19.0%
<b>Community health center, FQHC or Look-Alike</b>	17.0%	22.0%	28.4%	33.4%	44.5%
<b>Other</b>	19.1%	17.0%	20.0%	15.6%	16.9%
<b>Total respondents (N)</b>	<b>1,026</b>	<b>1,233</b>	<b>1,096</b>	<b>1,341</b>	<b>1,734</b>

## F. Sustainability

### Financial Support from State Government, Local Government, and Private Foundations

% of SBHCs that Receive Funding that Support the SBHC from ...*	%	Yes (n)	Number of Respondents (N)
<b>State government</b>	70.9%	1,092	1,540
<b>County/city government</b>	31.7%	474	1,497
<b>School/school district</b>	33.9%	519	1,532
<b>Corporations/businesses</b>	17.2%	254	1,477
<b>Private foundations</b>	40.4%	607	1,501

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

### Insurance Billing Capacity

% of SBHCs with Capacity to Bill Entities for Services Provided*	%	Yes (n)	Number of Respondents (N)
<b>Private/commercial insurance</b>	69.0%	1,154	1,672
<b>Children's Health Insurance Program (CHIP)</b>	71.4%	981	1,375
<b>Medicaid: Managed Care Organization (MCO)</b>	78.1%	1,261	1,614
<b>Medicaid: state agency</b>	89.0%	1,496	1,681
<b>Families or patients (self-pay)</b>	48.1%	801	1,664
<b>Tri-care (military insurance program)</b>	51.6%	785	1,522

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

Types of Health Insurance Payments SBHC Receives...*	%	Yes (n)	Number of Respondents (N)
<b>Monthly or annual capitated payments for care coordination</b>	18.8%	193	1,027
<b>Supplemental payments for meeting performance standards</b>	26.7%	270	1,011
<b>Monthly or annual capitated payments for primary care</b>	34.8%	376	1,081
<b>Fee for service</b>	78.3%	1,070	1,366

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

### Federal Government Funding Sources

Among SBHCs Receiving Federal Support, Funding Sources Include...*	%	Yes (n)	Number of Respondents (N)
<b>School-Based Health Center Capital Program (HRSA)</b>	61.0%	381	625
<b>Section 330 Public Health Services Act (PHSA): FQHC Funding</b>	34.7%	202	583
<b>Title X PHSA: Family Planning</b>	19.4%	118	607

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

*Section 330 Public Health Service Act (PHSA) – is funding for Federally Qualified Health Centers (FQHCs). To be eligible a health center must fulfill Health Center Requirements including:*

- *Being located in a HRSA-designated Medically Underserved Area/Population*
- *Operate under a consumer Board of Directors governance structure*
- *Provide comprehensive primary health, oral, and behavioral health/substance abuse services to persons in all stages of the life cycle*
- *Provide services without regard for patients' ability to pay*
- *Charge for services on a Board-approved sliding-fee scale that is based on patients' family size and income, and*
- *Comply with all other program expectations/requirements and all applicable Federal and State regulations*

*Title X Public Health Service Act (PHSA): Family Planning - Title X is the only Federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. Title X program is designed to provide access to contraceptive services, supplies and information to all who want and need them. By law, priority is given to low-income persons.*

## G. Accountability

### Quality Improvement

SBHC Collected Quality Outcomes Data According to...*	%	Yes (n)	Number of respondents (N)
<b>Recommended core set of child health quality measures (CHIPRA/Medicaid)</b>	55.3%	611	1,105
<b>Healthcare Effectiveness Data and Information Set (HEDIS) measures</b>	65.3%	761	1,165
<b>State-defined tools/measures</b>	77.2%	951	1,232

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

The “Initial Core Set of Children’s Health Care Quality Measures Technical Specifications and Resource Manual” is for use by states that seek to voluntarily report the initial core set of quality measures for children enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). Although reporting the initial core set measures is voluntary, the Centers for Medicare & Medicaid Services (CMS) encourages states to report on as many of the measures as feasible. For more information, see <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/chipra-initial-core-set-of-childrens-health-care-quality-measures.html>.

HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 76 measures across five domains of care. For more information, see <http://www.ncqa.org/HEDISQualityMeasurement.aspx>.

### Accreditation

SBHC is Accredited by...*	%	Yes (n)	Number of Respondents (N)
<b>Any source</b>	70.3%	952	1,354
<b>State certification</b>	43.9%	493	1,124
<b>Joint Commission</b>	41.1%	528	1,284
<b>National Committee on Quality Assurance (NCQA)</b>	22.2%	260	1,170

\*Respondents can select more than one answer. Total could add up to more or less than 100%.

The Joint Commission is an independent, nonprofit organization. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards. For more information on the Joint Commission accreditation and certification, see <http://www.jointcommission.org/>.

National Committee for Quality Assurance (NCQA) - The National Committee for Quality Assurance is a private, 501(c)(3) nonprofit organization dedicated to improving health care quality. For more information on NCQA accreditation, see <http://www.ncqa.org/Programs/Accreditation.aspx>.

## Technology Use

<b>SBHC Uses...*</b>	<b>%</b>	<b>Yes (n)</b>	<b>Number of respondents (N)</b>
<b>Management Information System (MIS)/practice management system</b>	66.3%	905	1,365
<b>Electronic prescribing</b>	71.2%	1,189	1,671
<b>Electronic billing system</b>	78.7%	1,304	1,657
<b>Electronic health/medical record (EHR/EMR)</b>	87.0%	1,468	1,688
<b>Telehealth</b>	7.3%	127	1,737
<b>Telehealth, among rural areas</b>	12.7%	76	599

*\*Respondents can select more than one answer. Total could add up to more or less than 100%.*

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