



# 2016-17 NATIONAL SCHOOL-BASED HEALTH CARE CENSUS

SBHCs continue to grow and expand their reach across the nation; they have more than doubled since 1998 when the Alliance conducted its first Census.

SBHCs provide care to geographically diverse populations and serve communities with high needs. Administrative sponsor types have shifted to include more Federally Qualified Health Centers (FQHCs) and SBHCs are increasingly using telehealth technology.



**SCHOOL-BASED  
HEALTH ALLIANCE**

Redefining Health for Kids and Teens

# 2,584

**The 2016-17 Census identified 2,584 SBHCs in 48 states and the District of Columbia and Puerto Rico.**

The National School-Based Health Care Census is a triennial survey of school-based health centers (SBHCs). An SBHC is a shared commitment between a community's schools and health care organizations to support the health, well-being, and academic success of students by providing preventive, early intervention, and treatment services where they are: in school. For twenty years, the School-Based Health Alliance has conducted the survey of SBHCs to track and record their growth and evolution across the country.

The 2016-17 Census collected information on SBHC locations, staffing, services provided, populations served, use of telehealth, and funding.

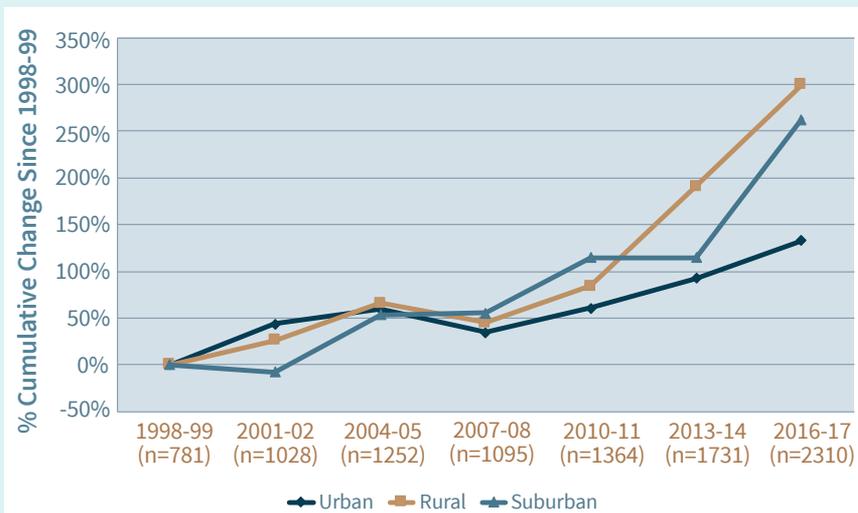
# 6.3

million students nationwide have access to SBHCs

## Providing Health Care Access for Underserved Youth

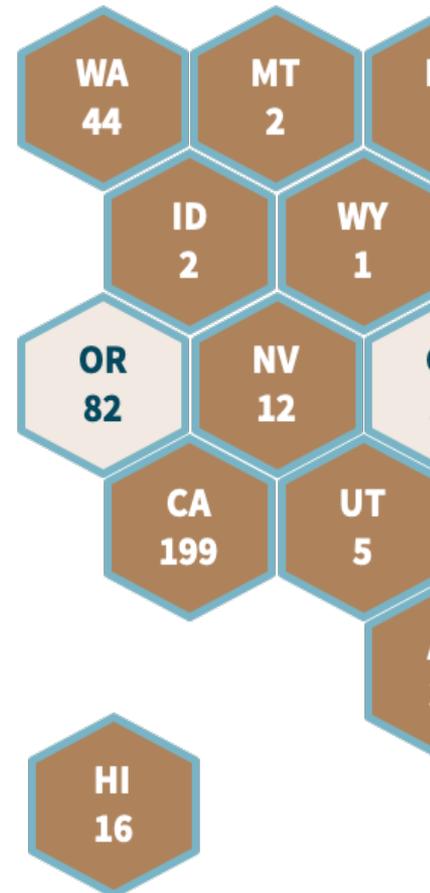
SBHCs serve communities in urban (46%), rural (36%), and suburban areas (18%). The geographic distribution of communities served by SBHCs remained fairly stable between 1998-2008. Growth in rural and suburban settings has dramatically out-paced growth in urban settings since 2008.

**Figure 1: Cumulative Change in Geographic Location of Communities Served by SBHCs, 1998-2017**



Note: Data points represent change compared to the number of SBHCs in 1998-99 in each geographic category.

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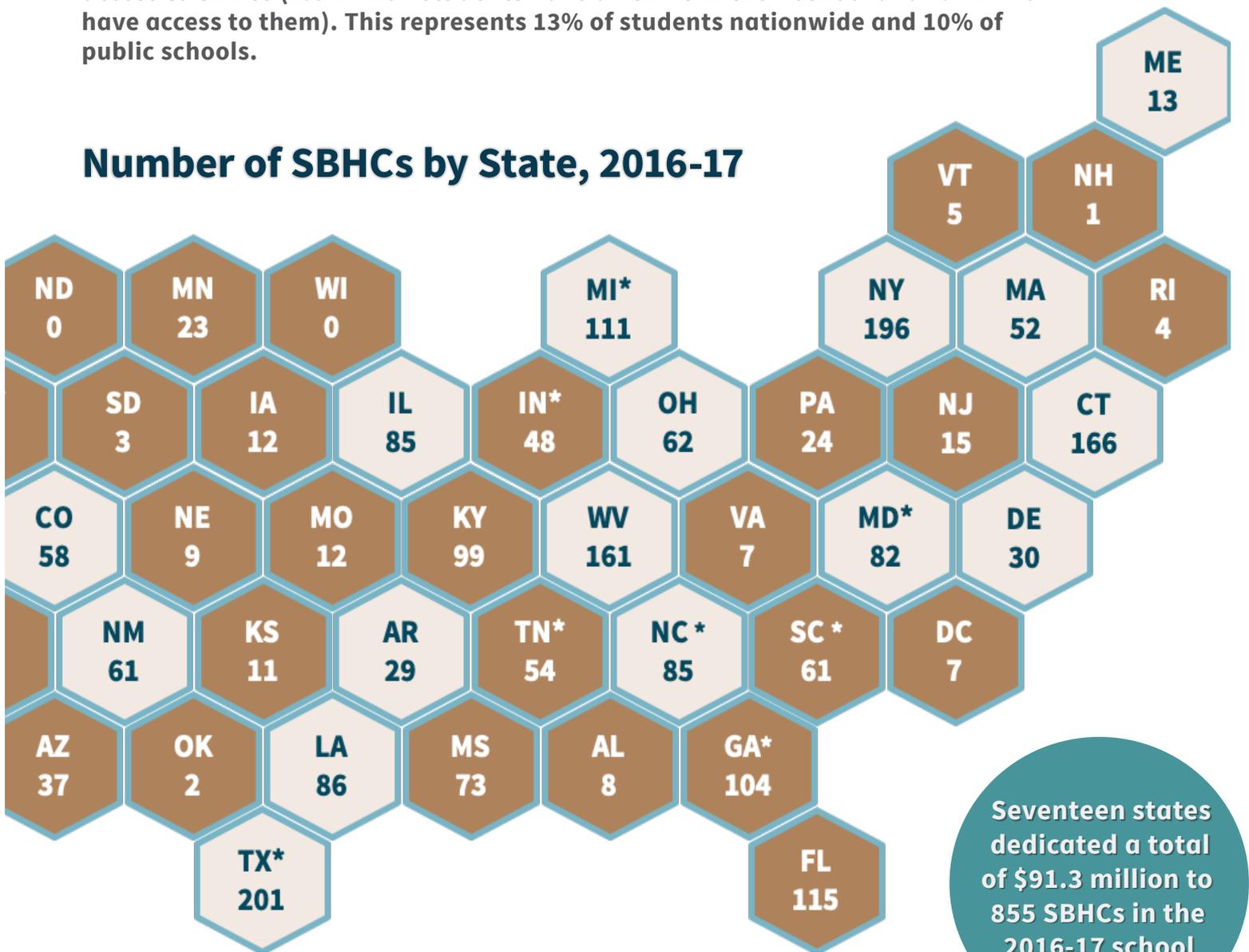
### SBHCs are strategically located in low-resource neighborhoods and communities:

- 89% of SBHCs provide access to one or more schools designated as Title I, meaning they receive federal financial assistance because of the high percentage of students from low-income families.
- On average, 70% of students in schools with access to SBHCs are eligible for free or reduced-priced lunch, compared with 55% of students in public schools nationwide.
- School populations with access to SBHCs have, on average, a higher percentage of enrolled students who are Hispanic (38%) and African American (24%) compared to schools nationwide (24% Hispanic and 15% African American). These youth are typically underserved by health care systems.

# National Reach of SBHCs

For the first time, Census data were linked with data from the National Center for Education Statistics to examine characteristics of students and schools with access to SBHCs. More than 6.3 million students in 10,629 public schools have access to SBHCs (1.6 million students have an SBHC in their school and 4.7 million have access to them). This represents 13% of students nationwide and 10% of public schools.

## Number of SBHCs by State, 2016-17



Seventeen states dedicated a total of \$91.3 million to 855 SBHCs in the 2016-17 school year.

 States that direct funds to SBHCs

\* Telehealth exclusive SBHCs are located in Georgia (73), Indiana (3), Maryland (6), Michigan (5), North Carolina (35), South Carolina (30), Tennessee (2), and Texas (113).

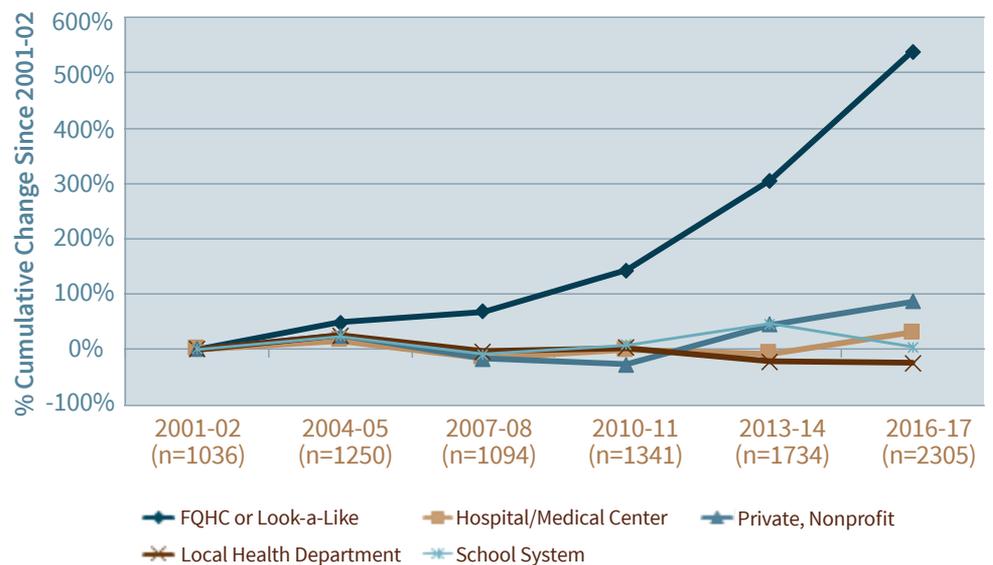
- Most SBHCs (75%) are open full-time (31 or more hours per week), providing significant opportunities for students to access care throughout the school day.
- Four out of five SBHCs (81%) serve youth in grades 6 and above, demonstrating that the unique developmental needs of adolescents remain a priority.
- 40% of SBHCs serve only elementary schools (Pre-Kindergarten or Kindergarten through grades 5 or 6), 13% serve only middle schools (grades 6 or 7 through 8 or 9), and 17% serve only high school (grades 9 or 10 through 12). Another 30% serve schools with unique grade combinations, for example Kindergarten through grade 12.



## SBHC Sponsorship – Primary Care Safety Net Driving SBHC Expansion

SBHCs are administered by health organizations that embrace this innovative strategy to improve access and quality of care for youth, particularly hard-to-reach and underserved populations. Currently, more than half (51%) of SBHCs are sponsored by Federally Qualified Health Centers (FQHCs). Starting in 2007, the field’s expansion has been driven by the nation’s primary care safety net: the sharp increase in the number of SBHCs sponsored by FQHCs is depicted in Figure 2. In comparison, sponsorship by hospitals/medical centers, local health departments, private/non-profit organizations, and school systems has remained relatively steady.

**Figure 2: Cumulative Change in SBHC Sponsor Type, 2001-17**



Note: Data points represent change compared to the number of SBHCs in 2001-02 in each sponsor type.

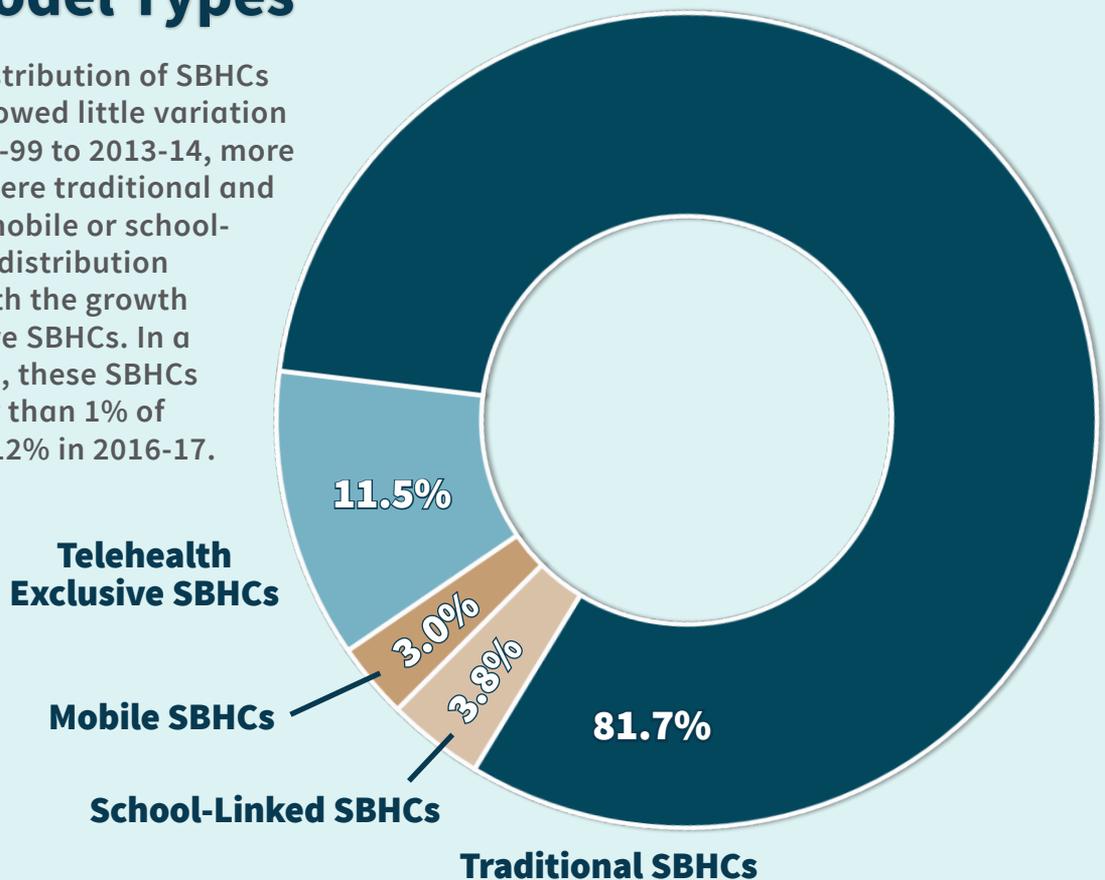
# Addressing Community Needs and Resources with Various Delivery Models

Various SBHC delivery models are used to respond to the differing needs and resources of communities. The four models captured by the Census include traditional, school-linked, mobile, and telehealth exclusive. These delivery models, described in the table below, are determined by the location of patients and providers.

Delivery Model	Traditional SBHCs	School-Linked SBHCs	Mobile SBHCs	Telehealth Exclusive
Location where a patient accesses care	A fixed site on school campus	A fixed site near school campus	Mobile van parked on or near school campus	A fixed site on school campus
Location where providers are delivering care	Physically onsite, and remotely for some services	Physically onsite, and remotely for some services	Physically onsite, and remotely for some services	All primary care delivered remotely and other services may be available onsite or remotely

## Delivery Model Types

Until recently, the distribution of SBHCs by delivery model showed little variation over time. From 1998-99 to 2013-14, more than 90% of SBHCs were traditional and less than 10% were mobile or school-linked. However, the distribution shifted in 2016-17 with the growth of telehealth exclusive SBHCs. In a matter of three years, these SBHCs increased from fewer than 1% of SBHCs in 2013-14 to 12% in 2016-17.



# Providing Primary Care, Behavioral Health, and More at School



For the purpose of the Census, we define SBHCs as having, at a minimum, a primary care provider on staff. That provider is typically a nurse practitioner (85%), and a growing number employ physician assistants (20%). Physicians are reported to be part of the team in 40% of SBHCs.

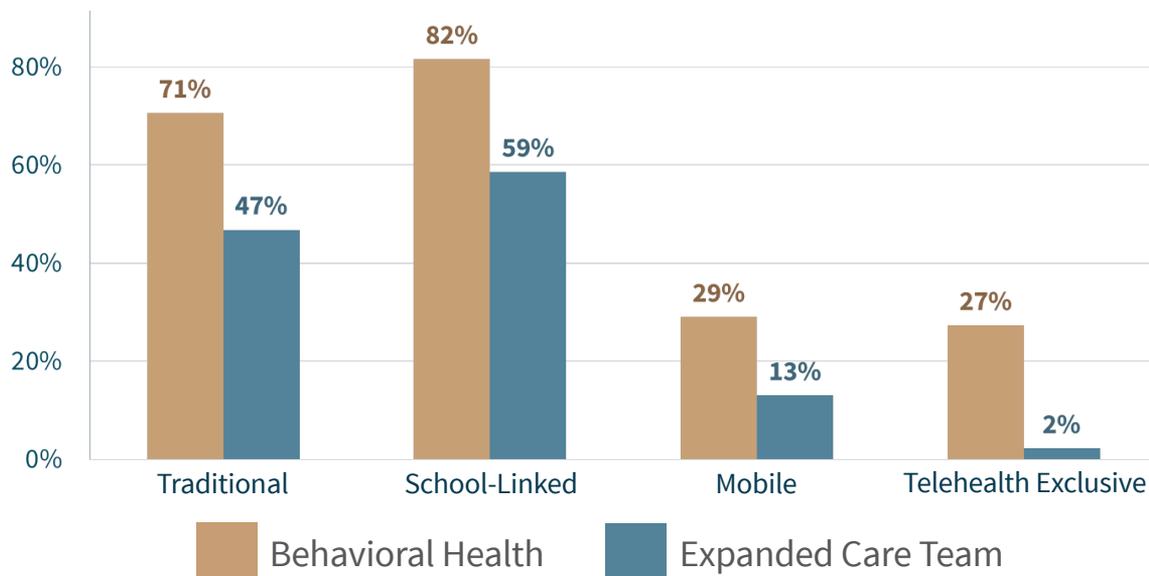
Two in three SBHCs (65%) partner primary care providers with behavioral health professionals. Forty-one percent of all SBHCs complement the primary care and behavioral health team with other professionals who expand the breadth and range of services. Having these expanded services organized under one roof allows for SBHCs to eliminate access barriers and improve coordination of care. Members of the expanded care team may include at least one of the following: dentist, dental assistant, dental hygienist, care coordinator, health educator, nutritionist, ophthalmic technician, optometrist or ophthalmologist, outreach coordinator, or registered dietician.

Nearly two-thirds of SBHCs nationwide (62%) provide services to populations other than students in their schools, including:

- Students from other schools (44%),
- Faculty and school personnel (39%),
- Family of student users (32%),
- Out of school youth (28%), and
- Other people in the community (17%).

The delivery models that most frequently employ a behavioral health professional are traditional (71%) and linked (82%) SBHCs. The SBHC delivery models that are most likely to employ only a primary care provider are mobile (71%) and telehealth exclusive (73%); Figure 3. School-linked SBHCs are most likely to employ a team with primary care, behavioral health, and expanded care providers (59%), followed by traditional SBHCs (47%). Overall, the proportion of SBHCs that employ an oral health provider increased from 9% in 2001-02 to 28% in 2016-17.

**Figure 3: Percent of SBHCs with Behavioral Health and Expanded Care Teams, by Delivery Model**



## Expanding Access with Telehealth Technology

An increasing number of SBHCs are using telehealth technology to expand health care services. Twenty percent have at least one provider available through telehealth. Primary care providers are most frequently connected by technology (17%), followed by behavioral health providers (7%). **In 2016-17, we made a concerted effort to identify SBHCs that are providing services exclusively through telehealth; that is, there are no primary care providers physically at the school site.** We received survey responses from 267 telehealth exclusive SBHCs.

### Telehealth Exclusive SBHCs

While they do share similarities with the traditional SBHC model, there are some distinct differences:

- More than half (56%) serve communities in rural areas, where transportation and provider shortages are significant barriers to health care access.
- 48% are sponsored by a hospital or medical center; none are sponsored by FQHCs.
- The majority (73%) are staffed by primary care providers only, and 27% are staffed by primary care and behavioral health providers.
- More than four out of five (86%) telehealth exclusive SBHCs reported that the host school employs the telehealth presenter.



## METHODOLOGY OVERVIEW

The 2016-17 Census identified 2,584 SBHCs that provided primary care, 90% of which completed the Census. The final study sample comprised 2,317 SBHCs that completed the Census and reported providing primary care services on-site or via telehealth by a physician, nurse practitioner, and/or physician assistant. Among these 2,317 SBHCs, 1,894 were traditional SBHCs, 87 were school-linked, 69 were mobile, and 267 were telehealth exclusive. Non-responders were contacted by phone to confirm that they were operational and provided primary care (n=267). The response rate for the 2016-17 Census was the highest to date. The survey included new questions for SBHCs offering health care exclusively through telehealth technology and invited SBHCs to report standardized performance measures as a part of the National Quality Initiative (NQI). For the first time, Census survey data were linked with data from the National Center for Education Statistics (NCES) to describe the number and characteristics of schools and students with access to SBHCs.

## ACKNOWLEDGEMENTS

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## ORGANIZATION DESCRIPTION

The School-Based Health Alliance is committed to strengthening and expanding SBHCs nationwide. Learn about how you can contribute at [www.sbh4all.org](http://www.sbh4all.org) and be sure to follow us on Twitter (@sbh4all) and Facebook (School-BasedHealthAlliance) for our latest updates.

## RECOMMENDED CITATION

Love, H., Soleimanpour, S., Panchal, N., Schlitt, J., Behr, C., Even, M. (2018). 2016-17 National School-Based Health Care Census Report. School-Based Health Alliance. Washington, D.C.

