

### Figure 1. National Survey of State SBHC Initiatives School Year 2001-2002



Map reports number of centers by state for school year 2001-2002.

Figure 2. Types of Schools Housing SBHCs

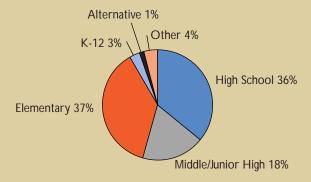
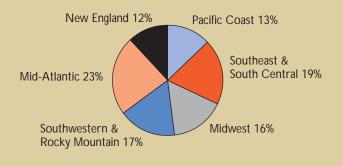


Figure 3. Location of School-Based Health Centers by Region of Country



# 2002 State Survey of School-Based Health Center Initiatives

## **Number of School-Based Health Centers** in the United States

According to the 2002 State Survey of School-Based Health Center Initiatives, there are 1498 school-based health centers across the country. This is an increase of nine percent over the past two years, an increase of 147% since 1994 and an increase of 650% since 1990 when 200 centers were estimated. The centers are found in 43 states plus the District of Columbia. Seven states do not have school-based health centers: Arkansas, Hawaii, Idaho, Montana, North Dakota, South Dakota, and Wyoming (Figure 1).

## **Types of Schools Housing School-Based Health Centers**

School-based health centers are located in elementary schools (37%), high schools (36%), middle/junior high schools (18%), K-12 schools (3%), alternative schools (1%), and a mix of other schools (4%). Since 1996, elementary schools have seen the largest growth in school-based health centers—growing from 286 or 32% of the total to 557 or 37% of the total (Figure 2).

#### **Location of School-Based Health Centers**

School-based health centers are found in urban (61%), rural (27%), and suburban (12%) communities in all regions of the country. Three hundred and forty-eight or 23% of the centers are located in the Mid-Atlantic states; 288 or 19% are located in the Southeast & South Central states; 253 or 17% are in the Southwestern & Rocky Mountain states; 239 or 16% are in the Midwest, and 192 or 13% are on the Pacific Coast. The remaining 178 or 12% of the centers are located in New England (Figure 3).

#### **Part-Time vs. Full-Time**

Primary care providers—usually a nurse practitioner or a medical doctor—work full time in 54% of the centers and part time (25 hours per week or less) in the remaining 46% of the school-based health centers.

The 2002 State Survey of School-Based Health Center Initiatives was developed and conducted by The Center for Health & Health Care in Schools. From July to October 2002, the Center surveyed all fifty states and the District of Columbia. The survey instrument consisted of 31 questions organized into 10 categories. The survey instrument was available to respondents online at the Center's website (www.healthinschools.org/survey2002) and in a paper version.

## State Funding for School-Based Health Centers

According to the 2002 State Survey, twenty-six states and the District of Columbia utilize a combined total of \$71.1 million to fund school-based health centers. Twelve state governments allocate \$27 million from their general fund and 13 states and the District of Columbia designate \$10.4 million of their Maternal and Child Health Block Grant funds to support school-based health centers.

Figure 4. State Dollars Supporting School-Based Health Centers, 2001-2002, N=27

Source of Funds	Amount	Percent
State General Fund	\$27,067,656	38.0%
Title V MCH Block Grant		
State-directed dollars	\$7,810,913	11.0%
Local-directed dollars	\$2,677,161	4.0%
Tobacco Tax Dollars	\$12,679,869	17.8%
Tobacco Settlement Dollars	\$12,444,591	17.5%
Other Sources <sup>1</sup>	\$8,425,709	11.8%
Total	\$71,105,899	100%

<sup>1</sup>Other Sources include: Title XX Social Services Block Grant dollars, Preventive Health and Health Services Block Grant dollars, and public dollars from other programs.

Figure 5. State Criteria for Funding SBHCs, N=19

	Number of states
Number of low-income children	17
Number of uninsured children	12
Number of adolescents	10
Other barriers to care	16

Figure 6. Policies and Programs for SBHCs, N=51

Number of s	
State office provides technical assistance regarding SBHCs	26
State grant programs support SBHCs	19
SBHCs eligible for Medicaid fee-for-service reimbursement	44
State laws permit nurse practitioners to participate as primary care providers under Medicaid managed care	31

Other state funding for school-based health centers include dollars from tobacco taxes, tobacco settlement dollars, and a mix of other sources. Eight states use tobacco settlement dollars totaling \$12.4 million to support the centers and four states use tobacco tax dollars totaling \$12.6 million for school-based health centers (Figure 4).

#### State Criteria for Funding School-Based Health Centers

Eighteen states plus the District of Columbia fund school-based health centers through grant programs. These states include CO, CT, DE, IL, KS, LA, MA, MD, ME, MI, NC, NJ, NM, NY, OR, RI, TX, and WV.

State grant programs use various criteria to guide funding decisions. The number of low-income children is the most often used criterion for funding school-based health centers. Other criteria used by these states and the District of Columbia include the number of uninsured children in the community, the number of adolescents to be served, and the capacity of the centers to overcome other barriers to care. Barriers cited include transportation and a shortage of community providers (Figure 5).

#### State Policies and Programs that Support School-Based Health Centers

Many factors have affected the growth of school-based health centers over the past decade. However, supportive state policies have been key. Almost all states have policies and/or programs that are supportive of school-based health center development (Figure 6).

Operating standards or guidelines for school-based health centers receiving state dollars are found in all states with grant programs as well as the District of Columbia. Fourteen states and the District of Columbia require their standards to funded sites, while four states recommend them.

#### **Prevention and Health Promotion Services**

Of the 30 states that report encouraging or supporting school-based health centers, nutrition is cited as the most important prevention-related topic for school-based health centers. Prevention of HIV and other sexually transmitted diseases, pregnancy prevention, alcohol and other drugs, and violence and conflict resolution skills are also noted as important topics to address.