Using the School-Based Heath Alliance’s Census and Children’s Heath and Education Mapping Tool to Tell Your Story with Data

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Suzanne Mackey, MPH
School-Based Health Alliance
Objectives

• Describe the School-Based Health Alliance and SBHC 101
• Describe key findings from the 2016-17 National School-Based Health Care Census
• Describe the Children’s Health and Education Mapping Tool including use cases
• Questions
WHO IS THE SCHOOL-BASED HEALTH ALLIANCE?
We strive to create communities where all children and youth are healthy and successfully learning to thrive in life.

Where children:

• Are accessing everything they need to reach their highest potential
• Live in safe, thriving homes and neighborhoods
• Live among adults that value, care for, and protect them
• Have a sense of self-worth, value, and agency around their own wellness (health/well-being)
<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Communities</td>
<td>Intensive, high engagement learning networks to foster innovation and leadership</td>
</tr>
<tr>
<td>Consultation</td>
<td>In-depth technical assistance to support starting/expanding/improving SBHCs</td>
</tr>
<tr>
<td>Training</td>
<td>Continuing education trainings (virtual and in-person) on broad range of topics</td>
</tr>
<tr>
<td>Documentation</td>
<td>Data collection/reporting tools to document the scope, breadth and impact of SBHC</td>
</tr>
<tr>
<td>Resources/Tools</td>
<td>Repository of tools, learning modules, resources that span developmental needs of SBHC</td>
</tr>
<tr>
<td>Communications/Advocacy</td>
<td>Tools and strategies to raise the profile of SBHC and the Alliance</td>
</tr>
</tbody>
</table>
WHY SHOULD HEALTH CARE BE PROVIDED IN SCHOOLS?
HEALTHY STUDENTS
make better learners
Could someone help me with these? I'm late for math class.
School-Based Health Center Basics

• School-based health centers (SBHCs) represent a shared commitment between a community’s schools and health care organizations to address health care access and utilization among the nation’s underserved communities and aim to support their health, well-being, and academic success.

• SBHCs help children and adolescents, and their families, overcome access barriers, including transportation, time, language, and financial barriers, that may prevent them from receiving needed health care services.
School-Based Health Center Basics

- Schools provide a space for SBHCs to operate, and local health care organizations, such as federally qualified health centers (FQHCs) or hospital systems bring an array of services.

- Services include primary health care as the foundation, and often mental health care, social services, oral health care, reproductive health, nutrition education, vision services, and health promotion.
School-Based Health Center Basics

• Care is provided during school hours, and often during non-school hours and the summer. In addition to the students in the school, services may be provided to school staff, student family members, and others within the surrounding community.
School-Based Health Centers to Advance Health Equity
A Community Guide Systematic Review

John A. Knopf, MPH,1 Ramona K.C. Finnie, DrPH,1 Yinan Peng, MPH, PhD,1 Robert A. Hahn, PhD, MPH,1 Benedict I. Truman, MD, MPH,2 Mary Vernon-Smiley, MD, MPH, MDiv,3 Veda C. Johnson, MD,4 Robert L. Johnson, MD,5 Jonathan E. Fielding, MD, MPH, MBA,6 Carles Muntaner, MD, PhD,7 Pete C. Hunt, MPH,3 Camara Phyllis Jones, MD, PhD, MPH,8 Mindy T. Fullilove, MD, MS,9 and the Community Preventive Services Task Force

The presence and use of SBHCs were associated with improved educational and health-related outcomes.
Economic Evaluation of School-Based Health Centers
A Community Guide Systematic Review

Tao Ran, PhD, Sajal K. Chattopadhyay, PhD, Robert A. Hahn, PhD, MPH, and the Community Preventive Services Task Force

Reductions in ED use

Avoid losses related to missed school time/missed work time for parents

Reduce unintended teen pregnancy
SBHC Literature Database

Use this resource to explore peer-reviewed articles that have been published about school-based health care (SBHC) from the 1970s to the present.

Sort articles by:
- Primary topic area
- Secondary topic area (primary and secondary) [view list of topic areas]
- Grade-level focus
- Year published
- First author last name and citation

View additional information about each article including:
- Objectives
- Findings
- Online abstract

Do you have articles to share?
Email us and we will add them to our database!

http://www.sbh4all.org/resources/sbhc-literature-database/
NATIONAL SCHOOL-BASED HEALTH CARE CENSUS
CULTURE OF HEALTH

By Hayley E. Love, John Schlitt, Samira Soleimanpour, Nirmita Panchal, and Caroline Behr

Twenty Years Of School-Based Health Care Growth And Expansion

ABSTRACT Youth in underserved communities lack access to consistent sources of high-quality health care. School-based health centers (SBHCs) address this challenge through the provision of primary care, mental health care, and other health services in schools. This article describes the current status of SBHCs nationally, including changes over the past twenty years. Data were collected through the School-Based Health Alliance’s National School-Based Health Care Census. The number of SBHCs doubled from 1,135 in 1998–99 to 2,584 in 2016–17. During this time they adapted to the changing health care landscape and community needs. Sponsorship shifted predominantly to federally qualified health centers, and SBHCs provided access to primary care and, often, to mental, oral, and other health services to 10,629 schools and over 6.3 million students. SBHCs have grown steadily since 1998, and recent expansion through federally qualified health centers and telehealth technology forecasts even greater growth, innovation, and access for underserved communities.

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John Schlitt is president of the School-Based Health Alliance.

Samira Soleimanpour is a senior researcher at the Philip R. Lee Institute for Health Policy Studies, University of California San Francisco.

Nirmita Panchal is a research and evaluation manager at the School-Based Health Alliance.

Caroline Behr is a census intern at the School-Based Health Alliance.

National School-Based Health Care Census

The National School-Based Health Care Census is a triennial survey of school-based health centers (SBHCs). The School-Based Health Alliance has conducted the survey for twenty years, capturing the growth and evolution of SBHCs across the country. Our 2016-17 Census—which had a 90% response rate—collected information on SBHC locations, staffing, services provided, populations served, telehealth services, and funding.

The 2016-17 Census identified 2,584 SBHCs in 48 of 50 states, the District of Columbia, and Puerto Rico. Over the past twenty years, the number of SBHCs in the country has more than doubled—growing from 1,135 SBHCs in 1998.

We have conducted the census since 1998. Prior to the Alliance, data collection efforts were led by the Center for Population Options (now Advocates for Youth) and the Center for Health and Health Care in Schools.

Summary reports from previous censuses led by the Alliance
- National Data from School Year 2016-17 (Summary Report)
- National Data from School Year 2016-17 (Chart Pack)
- National Data from School Year 2013-14 (Digital Report)
- National Data from School Year 2013-14 Census (Summary Report)
- National Data from School Year 2010-11 Census
- National Data from School Year 2007-08 Census
- National Data from School Year 2005-06 Census

http://www.sbh4all.org/census
• Approaches to identifying SBHCs
• Topics and an abbreviated survey
• Data collection approaches
10% No Response from SBHCs

90% Response from SBHCs with Primary Care
The 2016-17 Census identified 2,584 SBHCs in 48 of 50 states and in the District of Columbia and Puerto Rico.
Growth of SBHCs from 1998-99 to 2016-17

<table>
<thead>
<tr>
<th>Year</th>
<th>Census Non-responders</th>
<th>Census Responders</th>
</tr>
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<tbody>
<tr>
<td>1998-99</td>
<td>329</td>
<td>806</td>
</tr>
<tr>
<td>2016-17</td>
<td>267</td>
<td>2,317</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,584</td>
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</table>
# SBHC Delivery Models

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>School-Linked</th>
<th>Mobile</th>
<th>Telehealth Exclusive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location where a patient accesses care</td>
<td>A fixed site on school campus</td>
<td>A fixed site near school campus</td>
<td>Mobile van parked on or near school campus</td>
<td>A fixed site on school campus</td>
</tr>
<tr>
<td>Location where providers deliver care</td>
<td>Physically onsite, and remotely for some services</td>
<td>Physically onsite, and remotely for some services</td>
<td>Physically onsite, and remotely for some services</td>
<td>All primary care delivered remotely and other services may be available onsite or remotely</td>
</tr>
</tbody>
</table>

- **81.7%** Traditional
- **3.8%** School-Linked
- **3.0%** Mobile
- **11.5%** Telehealth Exclusive
LOCATIONS OF SBHCS

6.3 million* students in 10,629 schools have access to an SBHC

*Exact number is 6,344,907 students representing 13% of students and 10% of public schools nationwide.
Ethnic/Racial Profile of Students in Schools with and without Access to SBHCs

<table>
<thead>
<tr>
<th>Race/Culture</th>
<th>Access to SBHCs (n=10,629)</th>
<th>Without Access to SBHCs (n=91,772)</th>
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<tbody>
<tr>
<td>Hispanic</td>
<td>38%</td>
<td>22%</td>
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<tr>
<td>White</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>24%</td>
<td>14%</td>
</tr>
<tr>
<td>Asian</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Two or more races/Other</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Average Percent of Student Population Eligible for Free/Reduced Price Lunch

70%

53%

- Schools with Access to SBHCs (n=10,629)
- Schools without Access to SBHCs (n=91,772)
Geographic Location of Communities Served by SBHCs, 1998-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Urban</th>
<th>Rural</th>
<th>Suburban</th>
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</thead>
<tbody>
<tr>
<td>1998-99</td>
<td>59%</td>
<td>26%</td>
<td>15%</td>
</tr>
<tr>
<td>(n=781)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001-02</td>
<td>64%</td>
<td>25%</td>
<td>10%</td>
</tr>
<tr>
<td>(n=1,028)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004-05</td>
<td>59%</td>
<td>27%</td>
<td>14%</td>
</tr>
<tr>
<td>(n=1,252)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007-08</td>
<td>57%</td>
<td>27%</td>
<td>16%</td>
</tr>
<tr>
<td>(n=1,095)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010-11</td>
<td>54%</td>
<td>28%</td>
<td>18%</td>
</tr>
<tr>
<td>(n=1,364)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013-14</td>
<td>51%</td>
<td>35%</td>
<td>14%</td>
</tr>
<tr>
<td>(n=1,731)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016-17</td>
<td>46%</td>
<td>36%</td>
<td>18%</td>
</tr>
<tr>
<td>(n=2,310)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend: Urban, Rural, Suburban
Cumulative Change in Geographic Location of Communities Served by SBHCs, 1998-2017

% Cumulative Change Since 1998-99

-50% 0% 50% 100% 150% 200% 250% 300% 350%

1998-99 (n=781) 2001-02 (n=1,028) 2004-05 (n=1,252) 2007-08 (n=1,095) 2010-11 (n=1,364) 2013-14 (n=1,731) 2016-17 (n=2,310)

Urban ♦ Rural ⌂ Suburban △

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

**Primary Care** – this provider team is staffed by a primary care provider (nurse practitioner, physician assistant, or medical doctor). These SBHCs have no behavioral health provider on staff, though some have an oral health provider and/or a health educator on staff.

**Primary Care & Behavioral Health** – this provider team is staffed by a primary care provider in partnership with a behavioral health professional. Behavioral health professionals include one or more of the following: Alcohol and drug counselor, Case manager/social services provider, Licensed social worker/counselor/therapist, Unlicensed social worker/counselor/therapist, Psychiatric nurse practitioner, Psychiatrist, or Psychologist.

**Primary Care & Behavioral Health with an expanded care team** - this provider team is the most comprehensive. In this team, primary care and behavioral health providers are joined by other provider types to complement the health care team. Other provider types include one or more of the following: Dentist, Dental assistant, Dental hygienist, Care coordinator, Health educator, Nutritionist, Ophthalmic technician, Optometrist or ophthalmologist, Outreach coordinator, Registered dietician. (We exclude administrative assistant or receptionist; medical assistant or health aide; registered nurse from this definition.)
Cumulative Change in SBHC Provider Teams, 2001-17

Note: Data points represent change compared to the number of SBHCs in 2001-02 in each provider team category. Expanded care team is defined as having at least one of the following providers: Dentist, Dental assistant, Dental hygienist, Care coordinator, Health educator, Nutritionist, Ophthalmic technician, Optometrist or ophthalmologist, Outreach coordinator, or Registered dietician.
20% of SBHCs have at least one provider available via telehealth (n=2,317)
## Provider Types Delivering Care with Telehealth

<table>
<thead>
<tr>
<th>Provider Types, %</th>
<th>Traditional SBHCs Using Telehealth (n=167)</th>
<th>Telehealth Exclusive SBHCs (n=267)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider</td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>Behavioral Health Provider</td>
<td>49%</td>
<td>26%</td>
</tr>
<tr>
<td>Nutrition Provider</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Health Educator</td>
<td>0%</td>
<td>36%</td>
</tr>
</tbody>
</table>
SBHC Sponsor Organization Type

- Federally-Qualified Health Center (FQHC) or look-alike: 51%
- Hospital or Medical Center: 20%
- Non-profit/Community-Based Organization: 9%
- Local health department: 6%
- School System: 6%
- Other: 7%

(n=2,305)
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.
Funding Sources for SBHCs

- Public Insurance Revenue: 68%
- Private Insurance Revenue: 61%
- State Government: 59%
- Federal Government: 46%
- In-Kind Support: 40%
- Private Foundation: 35%
- Patient Fees: 35%
- Sponsor Agency: 32%
- Local Government: 21%
- School System: 23%
- Other: 12%

(n=2,301)
State Dedicated Funds for SBHCs, FY17

*State SBHC program office exists, but at time of survey, did not provide funding to SBHCs
Medicaid Policies that Support SBHCs

In general, states adopt one of two approaches to Medicaid and school-based health centers:

• **Reimburse SBHCs based on the provider (physician, nurse practitioner, etc.) or sponsor type (hospital, FQHC, health department) that submits claims to Medicaid; or**

• **Recognize SBHCs as a unique provider type and set up conditions or requirements for reimbursement by Medicaid.**
Medicaid Policies that Support SBHCs

States that afford special status to SBHCs under Medicaid typically:

• Require SBHCs to undertake a certification or credentialing process as an assurance to Medicaid that the site meets the state’s operating standards for quality of care (IL, LA, MI, NC, NM)

• Provide financial protection for SBHCs seeking reimbursement within a managed care environment, such as waiving the SBHC from securing prior authorization from the patient’s primary care provider or health plan (IL, MI), allowing adolescents to self-refer to the SBHC (MD), requiring contracts between managed care organizations (MCO) and SBHCs (MI), or allowing SBHCs to circumvent the MCO and bill the state Medicaid agency directly (NY)
Medicaid Policies that Support SBHCs

SBHCs and Medicaid State Policy Resources:
https://www.sbh4all.org/advocacy/medicaid-policies-that-work-for-sbhcs/
Children’s Health and Education Mapping Tool
What is the Children’s Health and Education Mapping Tool?

A GIS mapping tool designed to support diverse users to:
1) Identify geographic areas where disparities in child health, education, and socio-economic status exist, and
2) Develop school-based strategies to address these disparities.
What can you do with the mapping tool?

• Data that are traditionally reported in separate silos can be searched, mapped, downloaded, and compared to national averages.

• Users can view the locations of SBHCs, schools, and community partners, and strategically plan for future expansion of SBHCs.
What are the data sources for the tool?

- US Census Bureau’s American Community Survey
- National Center for Education Statistics Natality Files
- Centers for Disease Control’s (CDC) Diabetes Interactive Atlas
- CDC Atlas
- US Department of Agriculture (USDA) Food Atlas
- Comprehensive Housing Affordability Strategy data
- FBI Uniform Crime Reporting
- 2016-17 National School-Based Health Care Census
What indicators are included in the tool?

- Health Insurance and Coverage Indicators
- Health Indicators
- Education Indicators
- Demographic and Socioeconomic Status Indicators
What are the limitations of the data?

- County-level is the smallest geographic denomination with good data, but the indicators may vary within a county, such as at the neighborhood level.
- Data may be from different years, outdated, or missing.
- The tool cannot explain causation of indicator values.
- Testing for statistically significant differences is not available in the tool.
The Children’s Health and Education Mapping Tool

This tool leverages our latest National School-Based Health Care Census data and Geographic Information System (GIS) technology to give you an interactive look at the intersection of school-based health centers (SBHCs) and high-need areas. This tool is especially helpful for SBHC sponsors, practitioners, and advocates, as well as child and adolescent health researchers, policymakers, and supporters. You’ll be able to identify and target geographic areas for new or expanded health services, learn about SBHC characteristics, and help address the inequities that lead to poor health, wellbeing, and student achievement outcomes for children and adolescents.

www.sbh4all.org/mappingtool
A Guide to the Tool

1. Select a state: Select a state to view on the map
2. Data View: View a data table and download to excel
3. Zoom: Zoom in or out
4. Child Health & Education Indicators: Examine child health, education, social determinants, and socio-economic status data
5. Information Buttons: View indicator definition and data source
6. SBHCs and School Characteristics: View SBHCs and schools and filter by characteristics
7. Map My Data: Add your own data to view on map
8. Optional Layers: View healthcare facilities and federally defined health care shortage areas
9. Basemaps: Select different background map styles
10. High Needs Identifier: View high need counties
11. Legend: View a list of selected indicators and facilities
12. Print: Print a map
TWO USE CASES
EXPANDING SBHCs IN HIGH NEED AREAS IN NC
Child Health and Education Mapping Tool: North Carolina

- % Kids on Medicaid/CHIP
- % Kids Uninsured
- Teen Birth Rate
- Adult Population Percent Obese

- Total Population Percent Food Insecure
- Teen Chlamydia Rate
- Adults No High School Diploma
- Free Lunch

- % Kids in Poverty
- Kids in Single-Parent Household
- % Severe Housing Problems
- Violent Crime Rate
## Child Health and Education Mapping Tool: Download Data

### Child Health & Education Indicators

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>TOTAL POPULATION</th>
<th>TOTAL POPULATION AGES 5-17</th>
<th>NUMBER OF SBHCS IN COUNTY</th>
<th>UNDER 18: % ON MEDICAID OR CHIP</th>
<th>UNDER 18: % UNINSURED</th>
<th>TEEN BIRTH RATE</th>
<th>ADULT POPULATION: PERCENT OBESE</th>
<th>TOTAL POPULATION: PERCENT FOOD INSECURE</th>
<th>CHLAMYDIA RATE</th>
<th>PERCENT OF ADULTS WITH NO HIGH SCHOOL DIPLOMA</th>
<th>PERCENT FREE LUNCH</th>
<th>PERCENT KIDS IN POVERTY</th>
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<tbody>
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<td>Ashe</td>
<td>26992</td>
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<td>0.1</td>
<td>38</td>
<td>30</td>
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<td>92.2</td>
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<td>211.4</td>
<td>19</td>
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<td>31.9</td>
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**Select Table Columns**

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**50 rows**

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SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens
16 counties in NC underperforming on 10 indicators
12 of these counties have no SBHCs
Locations of schools
ADDRESSING TEEN PREGNANCY IN ARKANSAS
Child Health and Education Mapping Tool: Arkansas
Child Health and Education Mapping Tool: Arkansas
64 counties in AR underperforming on all 3 indicators
Counties with no SBHCs underperforming on all 3 indicators
Locations of schools
Locations of Hospitals and FQHCs
Contact info:

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