

# Promoting Health Equity Through Education Programs and Policies: Effectiveness of School-Based Health Centers in Improving Educational and Health Outcomes

## Summary Evidence Table - Economic Review

Study	Study and Population Characteristics	Intervention Description	Effect Size	Program Costs	Health Care Cost Averted/ Productivity Losses Averted	Full Economic Summary Measure*
<p><b>Author (Year):</b> Adams and Johnson (2000)</p> <p><b>Study Design:</b> Comparison control (Difference in differences)</p> <p><b>Economic Method:</b> Benefit analysis (savings to Medicaid expenses)</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 1994 is 1.57.</p>	<p><b>Location:</b> Atlanta, GA</p> <p><b>Population Characteristics:</b> Sample is children 4 through 12 years old enrolled in Medicaid, 97% to 98% African Americans.</p> <p>Whitefoord Elementary SBHC (WESBHC) had been in operation after 1994.</p> <p>About 90% of the Whitefoord children were enrolled in Medicaid sometime during this period.</p> <p><b>Time Horizon:</b> 1994-1996</p>	<p>The goal of the analysis is to evaluate and compare the Medicaid health care costs per child for those children whose primary caregiver was the WESBHC to children in an area without a SBHC.</p> <p><b>Control group:</b> 349-632 students from non-SBHC schools</p> <p><b>Intervention group:</b> 262-274 from WESBHC school during the two years of research study.</p>	NA	NA	<p>Users ever used SBHC: During 1994-1995, yearly per person expense change in Medicaid was -\$535.51 (-\$841.77 in 2013 dollars) for the intervention group. And the yearly per person expense change in Medicaid was -\$278.64 (-\$438 in 2013 dollars) for the control group. The difference in differences was -\$256.87 (-\$403.77 in 2013 dollars)</p> <p>Users having SBHC as the primary provider: During 1994-1995, yearly expense change in Medicaid was -\$895.36 (-\$1,407.42 in 2013 dollars) for the intervention group. And the yearly per person expense change in Medicaid was -\$278.64 (-\$438 in 2013 dollars) for the control group. The difference in differences was -\$616.72 (-\$969.42 in 2013 dollars)</p>	<p>SBHCs saved Medicaid expenses. Preventive care usage was also improved.</p> <p>Regression results: The emergency department expenses per child-year enrolled decreased by \$52.39 (p=.10) after a school as the comparison group adopted SBHC.</p>

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					<p>Asthmatic users ever used SBHC: During 1994-1995, yearly expense change in Medicaid was -\$614.97 (-\$966.68 in 2013 dollars) for the intervention group. And the yearly per person expense change in Medicaid was +\$126.51 (+\$198.86 in 2013 dollars) for the control group. The difference in differences was -\$741.48 (-\$1,165.54 in 2013 dollars)</p>	
<p><b>Author (Year):</b> Brindis et al. (1992)</p> <p><b>Study Design:</b> Cross-sectional</p> <p><b>Economic Method:</b> Cost-benefit analysis</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 1988 is 1.97</p>	<p><b>Location:</b> CA</p> <p><b>Population Characteristics:</b> Nine SBHCs with 1,339 to 4,375 visits per year, or 2.2 to 5.1 per person per yr. Female users range from 47% to 64%. The majority of the users are 9<sup>th</sup> and 10<sup>th</sup> graders. 56% users are Hispanics, 21% African American, 12% White, 9% Asian, and 7% others. 60% no insurance, 12%</p>	<p>SBHCs mainly provided primary care, reproductive healthcare and counseling.</p> <p>No control group</p> <p><b>Intervention group:</b> School students from three schools, school size in terms of students were not reported.</p>	<p>The numbers of users were calculated by the reviewer, ranging from 462-1071 for school#1; 389-903 for school#2, and 366-848 for school#3.</p>	<p>Total cost: tcost</p> <p>School #1: tcost=\$335,000 (\$659,684 in 2013 dollars) (year 1989); tcost=\$421,000 (\$750,382 in 2013 dollars) (year 1991).</p> <p>School #2: tcost=\$195,000 (\$383,995 in 2013 dollars) (year 1989); tcost=\$162,000 (\$288,745 in 2013 dollars) (year 1991).</p> <p>School #3: tcost=\$227,650 (\$448,290 in 2013 dollars) (year 1989);</p> <p>tcost=\$227,650 (\$405,759 in 2013 dollars) (year 1991).</p>	<p>Cost averted:</p> <p>1. ER services: \$540 total (\$1,063 in 2013 dollars) for school#1, \$2,360 total (\$4,647 in 2013 dollars) for #2, and \$3,920 total (\$7,719 in 2013 dollars) for #3 (year 1989).</p> <p>2. Avoided pregnancy: \$452,886 for 21 avoided pregnancy (\$891,826 in 2013 dollars) for school #1. \$345,056 (calculated by the reviewer) (\$679,486 in 2013 dollars) for 16 avoided pregnancy in school #2. \$409,754 (calculated by the reviewer) (\$806,890 in 2013 dollars) for 19 avoided</p>	<p>B-C ratio: 1.38 for school #1; 2 for school #2; 1.88 for school #3. (year 1989)</p> <p>Net benefit: \$253,195 for school #1; \$385,529 for school #2; \$395,387 for school #3. (year 1989)</p> <p>Total benefit was mainly driven by the benefit from avoided pregnancy which was calculated as the public cost of</p>

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	<p>private insurance, 15% HMO, 13% Medi-Cal.</p> <p><b>Time Horizon:</b> 1986-1991</p>			<p>Costs were based on operating budget</p>	<p>pregnancy in school #3: (year 1989).</p> <p>3. Early pregnancy detection: \$1,416 (\$2,788 in 2013 dollars) for #1; \$8,756 (\$17,242 in 2013 dollars) for #2; \$2,929 for #3 (\$5,768 in 2013 dollars) (year 1989).</p> <p>4. Prenatal care: \$6,333 (\$12,471 in 2013 dollars) for #1; \$28,034 (\$55,205 in 2013 dollars) for #2; \$11,522 (\$22,689 in 2013 dollars) for #3 (year 1989).</p> <p>5. STD detection &amp; treatment: \$2,402 (\$4,730 in 2013 dollars) for #1; \$6,573 (\$12,944 in 2013 dollars) for #2; \$310 (\$610 in 2013 dollars) for #3 (1989).</p> <p>Total Benefit: \$463,577 (\$912,878 in 2013 dollars) for #1; \$390,779 (\$769,524 in 2013 dollars) for #2; \$428,435 (\$843,677 in 2013 dollars) for #3 (year 1989).</p>	<p>raising a child. However, less than 10% of the visits to the SBHCs were for reproductive service.</p> <p>Benefit of avoided pregnancy/child birth might have been overestimated.</p>

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<p><b>Author (Year):</b> The Children’s Aid Society, 2012</p> <p><b>Study Design:</b> NA</p> <p><b>Economic Method:</b> Benefit only analysis</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 2010 is 1.07</p>	<p><b>Location:</b> NY</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>248 emergency room visits were prevented, saving nearly \$250,000 (\$267,079 in 2013 dollars) in ambulance and emergency room costs to NY taxpayers</p>	<p>The savings to taxpayers in ambulance and emergency room were calculated as \$1,077 (in 2031 dollars) per visit.</p>
<p><b>Author (Year):</b> Contraceptive Technology Update (1985)</p> <p><b>Study Design:</b> NA</p> <p><b>Economic Method:</b> benefit only analysis</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 1985 is 2.41</p>	<p><b>Location:</b> Jackson, MS.</p> <p><b>Population Characteristics:</b> 5 community health center established clinics in five public schools, three urban high schools, one rural high school, and one urban junior high school.</p>	<p>NA</p>	<p>NA</p>	<p>\$143 was spent (\$345 in 2013 dollars) per student served by the program.</p> <p>The service was free to the students.</p>	<p>The average cost in 1982 of raising one son to age 22 was about \$215,000 (\$519,023 in 2013 dollars), that for two sons was \$357,000 (\$861,820 in 2013 dollars), and that for three sons was \$475,000 (\$1,146,680 in 2013 dollars).</p> <p>Yearly savings per student for not raising the son is \$23,592 (\$519,023/22).</p> <p>With daughters, the cost was 9% higher</p>	<p>“School-based clinics are likely to be successful only when they offered family planning services as part of a comprehensive health care clinic.”</p>

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<p><b>Author (Year):</b> DC 21<sup>st</sup> Century School Fund (2004)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 2003 is 1.27</p>	<p><b>Location:</b> D.C.</p> <p><b>Population characteristics:</b> public charter schools.</p> <p>Eastern Sr. High: 968 students, 890 students enrolled in SBHC. 19% uninsured.</p> <p>Brightwood elementary school: 503 students, 130 students enrolled in SBHC.</p>	<p><b>Intervention group:</b> Eastern: SBHC opens all weekdays, 8.5 hours. Pediatrician, 0.5 FTE; nurse practitioner, 1.0 FTE; psychiatrist, 0.1 FTE; clinical social worker, 1.0 FTE, and medical assistants, 2.0 FTE.</p> <p>Brightwood: SBHC opens all weekdays, 8.5 hours. 1 nurse practitioner, 1.0 FTE.</p>	<p>Users: 890 students in Eastern Sr. High and 130 students from Brightwood elementary school</p>	<p>Operating budget was \$200,000 (\$253,214 in 2013 dollars) for eastern and \$95,000 (\$120,277 in 2013 dollars) for Brightwood.</p>	<p>NA</p>	<p>Operating budget was between \$120,277 to \$253,214</p>
<p><b>Author (Year):</b> Dryfoos (1988)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 1988 is 1.97</p>	<p><b>Location:</b> U.S.</p>	<p>NA</p>	<p>NA</p>	<p>Costs per client at school-based clinics are roughly estimated to be between \$150 (\$295 in 2013 dollars) and \$250 (\$492 in 2013 dollars) per year, and caseloads average about 1,000, yielding an annual estimated cost of about \$200,000 (\$393,841 in 2013 dollars) for clinic operations.</p>	<p>NA</p>	

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<p><b>Author (Year):</b> Dryfoos (1985)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 1985 is 2.165</p>	<p><b>Location:</b> U.S.</p> <p><b>Population Characteristics:</b> 14 SBHCs operating in 32 schools. Caseloads ranged from 500 to 5000 students per year and handle up to 20,000 patient visits annually.</p>			<p>Depending on the diversity of the program, costs ranged from \$25,000 (\$54,126 in 2013 dollars) to \$1.9 million (\$4,113,553 in 2013 dollars) providing maternity services with a number of clinic sites. \$90,000/year was needed for St. Paul clinic (\$194,853 in 2013 dollars). On average, \$100 per patient per year (\$217 in 2013 dollars) was needed for comprehensive services, including family planning</p>	NA	
<p><b>Author (Year):</b> Foch (1995)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 1992 is 1.66</p>	<p><b>Location:</b> U.S</p> <p><b>Population characteristics:</b> Enrollment rates vary from 60% to 90%, mostly African-Americans, 1991-1992 school year</p>	<p><b>Intervention group:</b> 24 SBHCs in the school-based adolescent health care program</p>	NA	<p>“Operating costs are dependent on such factors as number of personnel, and the range of services delivered. Expense ranges from \$130,000 to \$325,000 (\$215,854.67-\$539,636.67 in 2013 dollars). Staff salaries and benefits often comprise 80% to 90% of the operating budget. Laboratory work, X-rays, medications, office supplies, medical supplies and equipment maintenance are additional expenses.”</p>	NA	

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<p><b>Author (Year):</b> Fothergill and Ballard (1998)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 1997 us 1.45</p>	<p><b>Location:</b> U.S</p> <p>Nationwide survey on school linked health centers (SLHCs), 41 SLHCs, 21 responded the survey.</p> <p>SLHCs’ target audience is adolescents, including young adults up to 23 years of age and the children of adolescents. 37% of visits were for children of teens. Also, 81% SLHCs reported providing services to homeless youth and university students.</p>		NA	Budgets ranged from \$30,000 (\$43,543 in 2013 dollars) to \$1,500,000 (\$2,177,168 in 2013 dollars). The mean and median are \$436,511 (\$633,572 in 2013 dollars) and \$410,000 (\$595,093 in 2013 dollars).	NA	
<p><b>Author (year):</b> Guo et al. 2010</p> <p><b>Study design:</b> Comparison control</p>	<p><b>Location:</b> Greater Cincinnati, OH</p> <p><b>Population characteristics:</b> 7 schools with SBHCs and 6 schools without.</p>	<p><b>Intervention group:</b> 3673 students enrolled in schools with SBHC. A total of 7572 encounters from the students.</p>	From a related report, the sizes of four schools were: rural (1018 students and 461 users); urban#1 (3338 students and 614 users);	For the first 3 years of operation (2001-2003), the operation funding was \$1,382,260 as proxy for the operational costs. Medicaid reimbursement value to 7,572 encounters was \$479,929. Copayment by the patients were \$75,720. Market value of	<p>A. Total value of health state change is \$954,387.</p> <p>B. Additional funding attracted by SBHC is \$457,598.</p> <p>C. Cost averted:</p>	<p>Total net benefit was:</p> <p>\$1.35 million</p> <p>Specifically, net benefit for:</p> <p>rural school was \$192,880 with</p>

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<p><b>Economic analysis:</b> Cost-benefit</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 2002 is 1.29</p>	<p>Targeted population is school aged students (kindergarten through 12<sup>th</sup> grade) enrolled in Ohio Medicaid or SCHIP from 1997-2003. A total of 7608 students enrolled in 4 school districts with SBHCs, 5056 of them used Medicaid.</p>	<p><b>Control group:</b> 1383 students enrolled in schools without SBHC</p>	<p>urban #2 (648 students and 410 users); urban #3 (2604 students and 829 users)</p>	<p>the space was \$60,750 for 3 years. Therefore, the total cost for 3 years was 1,998,659 (\$2,588,113 in 2013 dollars).</p> <p>From a related report, specific cost for each school was obtained:</p> <p>Rural: \$168,700</p> <p>Urban #1: \$165,838</p> <p>Urban #2: \$143,728</p> <p>Urban #3: \$118,876</p>	<p>1. Asthma hospitalization: \$228,144.</p> <p>2. RX drugs \$443,532</p> <p>3. productivity loss \$542,761</p> <p>4. travel cost \$42,956</p> <p>5. medical referrals \$42,642</p> <p>D. Multiplier effect for community: \$638,726</p> <p>E. Unquantifiable benefits</p> <p>Total benefit was \$3,350,746 (\$4,338,965 in 2013 dollars), which was \$361,581 per school per year.</p> <p>From the payers' perspective, Medicaid net savings was \$533,964, which was \$35.20 per child per year (\$46 in 2013 dollars), or \$23.5 per visit (\$30 in 2013 dollars). Total per year net savings for Medicaid was \$177,988 (\$230,481.10 in 2013 dollars).</p>	<p>benefit-cost ratio of 2.14;</p> <p>school urban#1 was \$195,742 with benefit-cost ratio of 2.18;</p> <p>school urban#2 was \$217,852 with benefit-cost ratio of 2.52;</p> <p>school urban#3 was \$243,204 with benefit-cost ratio of 3.05.</p>



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<p><b>Author (year):</b> Guo et al. (2005)</p> <p><b>Study design:</b> Comparison control (difference in differences)</p> <p><b>Economic analysis:</b> Benefit only</p> <p>Regression (ANCOVA)</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 2002 is 1.29</p>	<p><b>Location:</b> Greater Cincinnati, OH</p> <p><b>Population characteristics:</b> 7 schools with SBHCs and 6 schools without</p> <p>273 asthmatic children who continuous enrolled in both their schools and the Ohio Medicaid program, including 196 in SBHC schools and 77 in non-SBHC schools, 42% female, 41.7% African-Americans, with average age of 8.2</p>	<p><b>Intervention group:</b> 196 asthmatic students using SBHC</p> <p><b>Control group:</b> 77 non-SBHC students</p>	<p>Outcome measures are: rate of hospitalization per child; rate of ED</p> <p>The number of hospitalizations decreased from 36 to 12 in the SBHC group; while the rate remained the same in the control group.</p> <p>The total number of ED visits for all diagnoses decreased from 344 to 307 in the intervention group; while the number increased from 200 to 210 in the control group</p>	<p>NA</p>	<p>Difference in differences for cost of hospitalization is \$748.06 (\$968.68 in 2013 dollars) in terms of rate of hospitalization per child.</p> <p>ED visit: difference in differences calculated by the reviewer was \$56 (\$72.24 in 2013 dollars).</p>	<p>The potential savings from SBHC for hospitalization for child with asthma was \$969.</p> <p>A significant interaction effect between time and SBHC on hospitalization (<math>p=.044</math>), indicating the existence of SBHC was related to the decrease in hospitalization cost. But insignificant effect on ED use (<math>p=0.477</math>).</p>

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<p><b>Author (Year):</b> Horton and Lima-Negron (2009)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost and benefit (startup cost only)</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 2008 IS 1.08</p>	<p><b>Location:</b> NY state</p> <p><b>Population characteristics:</b> 216 SBHCs, serving 200,000 students, who made 700,000 visits in 2008. Enrollment in NY state is 87%.</p>	<p>No control group</p>	<p>One full time nurse practitioner, or physician assistants, should be available for every 700-1500 enrollees. One full-time licensed mental health provider should be available for every 700-1500 enrollees.</p>	<p>Start up cost reported only: Ranged from \$200,000 to \$350,000 (\$216,402 to \$378,704 in 2013 dollars)</p>	<p>benefit related to asthmatic patients were \$13,888.89 (\$15,027.93 in 2013 dollars) per SBHC</p>	<p>Benefit cost ratio not calculated because only startup cost information was available</p>
<p><b>Author (Year):</b> Keeton and Brindis (2012)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 2012 is 1.014</p>	<p><b>Location:</b> U.S</p>	<p>NA</p>	<p>NA</p>	<p>In Colorado, SBHCs operate on an average annual revenue of approximately \$287,000 (\$291,196 in 2013 dollars)</p>	<p>NA</p>	<p></p>

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<p><b>Author (Year):</b> Massachusetts Association for school-based health care (2012)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Benefit only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 2010 is 1.07</p>	<p><b>Location:</b> Massachusetts</p> <p>8059 visits during 9/1/10-6/30/11, 1234 asthma/allergy related visits, others are of the remaining 5 categories</p>	<p>No control group,</p> <p><b>Intervention group:</b> Assume 50% of visits would have been delivered in an ED, even though the cases are non-emergent</p>	<p>50% reduction in visits by assumption</p>	<p>NA</p>	<p>For each asthma-related visit, \$565 (\$604 in 2013\$) would be saved by community health center sponsored SBHCs, \$529 (\$565 in 2013\$) would be saved by hospital-sponsored SBHCs, and \$565 (\$604 in 2013\$) would be saved by others.</p> <p>For each visit of other categories, \$190 (\$203 in 2013 dollars) would be saved by community health center sponsored SBHCs, \$154 (\$165 in 2013 dollars) would be saved by hospital-sponsored SBHCs, and \$190 (\$203 in 2013 dollars) would be saved by others.</p>	
<p><b>Author (year):</b> Mckinney and Peak (1993)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013</p>	<p><b>Location:</b> U.S</p> <p><b>Population characteristics:</b> 202 of 510 surveyed SBHC/SLHCs, located in 34 state. 61% were school-based and 37% were school-linked. 21% operated over 10 years, 33%</p>	<p>NA</p>	<p>NA</p>	<p>The median cash operating budget per SBHC/SLHC was \$143,575, with median in-kind contributions of another \$20,000, resulting a total of \$163,575 (\$279,779 in 2013 dollars) 83% of the cash budget was on staff.</p>	<p>NA</p>	

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<p>against year 1991 is 1.71</p>	<p>operated for 5 to 9 years, and 46% less than 5 years.</p> <p>SLHCs on average served 5.1 schools. Mean number of eligible students was 1,948. Of them, 58% was enrolled, with rural centers having slightly higher enrollment.</p>					
<p><b>Author (year):</b> Moore (1998)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 1998 is 1.43</p>	<p><b>Location:</b> Denver, CO</p> <p><b>Population characteristics:</b> Sheridan school district with 2170 student, 59% are eligible for reduced-cost lunch, and 42.5% under poverty level.</p> <p>Year of Aug 1, 1997 to July 31 1998, 1206 users made 3837 visits.</p>	<p>NA</p>	<p>1206 users made 3837 visits.</p>	<p>\$325,155 (\$464,706.34 in 2013 dollars) spending for fiscal year 1998, 90% of which was on salary and benefits.</p> <p>Operation cost was actual data, but based on spending. There was a deficit of \$64,960.</p>	<p>NA</p>	

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<p><b>Author (year):</b> Nystrom and Prata (2008)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 2005 is 1.19</p>	<p><b>Location:</b> Oregon</p> <p><b>Population characteristics:</b> State wide data, total 63863 visits by 20177 clients to 42 SBHCs</p>	<p>NA</p>	<p>NA</p>	<p>Startup costs (midrange): for centers without modular is \$49,750 (\$59,343 in 2013 dollars) [\$34,750, \$95,750]; for centers with modular is \$128,250 (\$152,979 in 2013 dollars) [\$110.250, \$163,750].</p> <p>Annual 9 months' operation costs (midrange): for core center is \$90,750 (\$108,248 in 2013 dollars) [\$41,000, \$212,500]; for intermediate center is \$121,750 (\$145,225 in 2013 dollars) [\$60,000, \$247,000]; for expanded center is \$152,750 (\$182,203 in 2013 dollars) [\$88,500, \$311,250].</p> <p>Annual 12 months' operation costs (midrange): for core center is \$116,000 (\$138,367 in 2013 dollars) [\$56,500, \$255,000]; for intermediate center is \$162,250 (\$193,534 in 2013 dollars) [\$85,000, \$277,500]; for expanded center is \$208,500 (\$248,702 in 2013 dollars) [\$127,000, \$402,500].</p> <p>Total cost was between 203,077 and 489,950 in 2013\$, with midrange of \$298,204, assuming</p>	<p>NA</p>	

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				intermediate center with modular, operating for 9 months.		
<p><b>Author (year):</b> Schlitt, Juszczak and Eichner (2008)</p> <p><b>Study design:</b> N.A</p> <p><b>Economic analysis:</b> Cost only by grant funding</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 2004 is 1.23</p>	<p><b>Location:</b> U.S</p> <p><b>Population characteristics:</b> Survey of 19 states</p>	NA	NA	Yearly operation costs by funding ranged from \$13,235 (\$16,322 in 2013 dollars) to \$248,515 (\$306,476 in 2013 dollars) per HBSC, with an average of \$91,057 (\$112,294 in 2013 dollars).	NA	
<p><b>Author (year):</b> Siegel and Kriebel (1987)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> benefit only</p> <p><b>Monetary conversion:</b> CPI</p>	<p><b>Location:</b> Delaware</p> <p><b>Population characteristics:</b> Middletown, rural area 30 miles south of Wilmington, Del.</p> <p>658 students (87% Caucasian,</p>	NA	1000 medical visits were made in school year 1985-1986; nutrition service was provided to 35 individuals with 156 visits. Social worker held 158 counseling sessions. Health	NA	<p>Cost averted to private physician's office: \$23.94/visit (\$51.83 in 2013 dollars).</p> <p>Productivity loss averted and travel cost averted by the parents: \$14.30/visit (\$30.96 in 2013 dollars).</p>	<p>Calculated by the reviewer:</p> <p>Compared to private clinic, net savings per visit was \$21.33 (\$46.18 in 2013 dollars). This was obtained by \$42.83-\$21.5.</p>

Study	Study and Population Characteristics	Intervention Description	Effect Size	Program Costs	Health Care Cost Averted/ Productivity Losses Averted	Full Economic Summary Measure*
ratio of year 2013 against year 1985 is 2.165	51% female), and 50% enrolled (Caucasian females are frequent users), 80% of whom had private insurance, 6% covered by Medicaid, and 13% had no health insurance.		education services were given to 31% of the student body.		Student’s loss of school time averted: \$4.59/visit (\$9.94 in 2013 dollars).  The total cost averted is \$42.83 (\$92.73 in 2013 dollars)  The cost of visiting a SBHC was \$21.5 (\$46.55 in 2013 dollars).	To the enrolled patient, the service is free. Therefore, cost savings to them was \$21.33+\$20.26, or \$46.18+\$43.86=\$90.04 in 2013\$
<p><b>Author (year):</b> Silberberg and Cantor (2002)</p> <p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 2002 is 1.29</p>	<b>Location:</b> New Jersey	NA	NA	\$150,000 (\$194,239 in 2013 dollars) to \$200,000 (\$258,985 in 2013 dollars) annual operation cost	NA	
<b>Author (year):</b> Tereszkievicz and Brindis (1986)	General description of SBHC	NA	NA	A former program administrator in St. Paul estimates that \$100,000-\$125,000 per year (\$212,552.01-\$265,690.01 in	NA	

Study	Study and Population Characteristics	Intervention Description	Effect Size	Program Costs	Health Care Cost Averted/ Productivity Losses Averted	Full Economic Summary Measure*
<p><b>Study design:</b> NA</p> <p><b>Economic analysis:</b> Cost only</p> <p><b>Monetary conversion:</b> CPI ratio of year 2013 against year 1986 is 2.13</p>				<p>2013 dollars) is needed to operate a full-time high school clinic, even after it has been equipped.</p>		