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## **What is the Ohio School-Based Health Center Census?**

The Ohio School-Based Health Alliance (“Ohio Alliance”) completed the third iteration of a comprehensive census that provides an inventory of school-based health centers (SBHCs) across Ohio (hereinafter referred to as the 2025-2026 census). The purpose of the census is to gather information on the scope, reach, and impact of SBHCs statewide.

This third iteration of the census was enhanced with additional questions to provide a more complete picture of the state’s evolving school-based health care landscape. Data collected as part of the 2025-2026 census includes location and operational characteristics of SBHCs, such as the populations served (e.g., students, families, and/or the broader community), types of services provided, service delivery models, and key utilization metrics. The Ohio Alliance plans to conduct the census annually to support ongoing statewide tracking, planning, infrastructure development, and understanding of Ohio’s school-based health care landscape.

## **Methodology**

### **Respondents**

Census data were solicited from SBHC provider operators, the healthcare provider organizations that operate and administer SBHC services on a day-to-day basis. Healthcare providers were identified as SBHC operators if they: responded to the 2024-2025 school year census; were identified by the Ohio Alliance;<sup>1</sup> or were self-reported through the census as operating a site that meets the following criteria:

- Provides comprehensive primary care services, including at minimum well care, acute care, and administration of one or more immunizations
- Operates at least 8 hours a week during the academic year
- Primary care is delivered onsite and in-person in a permanent space<sup>2</sup>
- Located on a K-12 school campus

A total of 38 healthcare providers meeting the criteria above and currently operating Ohio SBHCs were identified. Of these, 32 responded to the 2025-2026 census resulting in an 84% response rate. SBHCs that will be opening in the next academic year or that are under construction are not included in the 2025-2026 census findings. Over the course of the census, 37 school-based healthcare operators have participated in the census.

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<sup>1</sup> The Ohio Alliance had previously engaged with the healthcare provider regarding SBHC operations, including through site visits, technical assistance, partnership activities, or operational discussions.

<sup>2</sup> Other services (i.e., behavioral health, oral, and vision services) may be provided through other school-based health care delivery modalities.

**Data collection approach**

Identified SBHC operators were invited to voluntarily participate in the census through direct email outreach. To encourage participation and support a strong response rate, the Ohio Alliance conducted multiple follow-up reminders via email and phone outreach. Participating operators were also eligible to receive a small incentive in the form of complimentary registration to the Ohio Alliance Annual School-Based Health Care Conference.

Data were collected through a customized SurveyMonkey census reporting form. The 2025-2026 Census instrument included several enhancements designed to improve the accessibility of the reporting process and the quality of the data collected. These refinements reflected feedback from a broad range of stakeholders, including SBHC operators, school districts, state agency partners, and other key informants.

The Census remains open to operators on a rolling basis until the next edition of the Census is released. However, for the purposes of this report, data was compiled for SBHC operators who completed the Census between the launch of the Census in October 2025 and March 13, 2026.

**Key Definitions**

Tables 1 and 2 list out key definitions used by the SBHC Census regarding types of services that may be offered (i.e., primary care, behavioral health, oral health, and vision) and school-based healthcare delivery modality (i.e., permanent, on-site; mobile; portable; and telehealth). In addition, the 2025-2026 Census includes an updated school-based health center definition. More information on the definition, including how it has evolved over the years of the Census, is available in the following section.

**Table 1. School-based health services definitions**

<b>Primary care</b>	includes comprehensive health assessments/exams, diagnosis and treatment of minor, acute, chronic medical conditions, and referrals to and follow-up for specialty care. Services may be delivered by physicians, nurse practitioners, and/or physician assistants.
<b>Behavioral health</b>	includes intake/assessments and individual or group therapeutic services provided by trained professionals such as social workers, licensed professional counselors, case managers, psychologists, or psychiatrists.
<b>Oral health</b>	include comprehensive dental examinations, preventive care, cleanings, and restorative services. Services provided by dentists, dental assistants, and/or dental hygienists beyond those provided by primary care.

<b>Vision</b>	includes comprehensive eye exams, glasses, and corrective lenses. Services provided by optometrists and/or ophthalmologists beyond those provided by primary care.
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**Table 2. School-based healthcare delivery modality definitions**

<b>Permanent, on-site</b>	Care is delivered onsite and in-person in a permanent space (i.e., brick-and-mortar building)
<b>Mobile</b>	Care is delivered onsite and in-person via a mobile unit
<b>Portable</b>	Care is delivered onsite and in-person in a temporary space
<b>Telehealth</b>	Care is facilitated by an adult telepresenter using technology to conduct the exam

***Methodology and SBHC definition refinement***

In the initial years of the Census, the Ohio Alliance used a broad approach to identifying and categorizing SBHCs. Sites were generally considered SBHCs if they were located on a school campus, served students, and provided primary care services. However, these criteria were not yet consistently defined across the field.

As Ohio’s school-based health care landscape has continued to evolve, the Ohio Alliance has refined its census methodology to support greater consistency, accuracy, and alignment in how SBHCs are categorized and counted statewide. Beginning with the 2025-2026 Census cycle, the Ohio Alliance is beginning to operationalize Ohio’s [SBHC Common Definition](#) to better differentiate between models of school-based health care delivery.

For the purposes of the 2025-2026 census, a site must meet all the following criteria to be counted as an SBHC:

- Provides comprehensive primary care services, including at minimum well care, acute care, and administration of one or more immunizations
- Operates at least 8 hours a week during the academic year
- Primary care is delivered onsite and in-person in a permanent space<sup>3</sup>
- Located on a K-12 school campus

As a result of these methodological refinements, comparisons of the aggregate number of SBHCs to prior Census years should be interpreted with caution. While the number of sites categorized as SBHCs under the updated methodology may appear lower than previous

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<sup>3</sup> Other services (i.e., behavioral health, oral, and vision services) may be provided and delivered through other school-based health care delivery modalities.

years, Ohio is actually experiencing continued growth in SBHCs statewide. Rather than reflecting a decline in SBHCs, these changes reflect a more standardized and intentional approach to differentiating between models of school-based health care delivery.

Continuing to refine and operationalize the SBHC Common Definition is important for improving clarity and consistency across the field, strengthening statewide data collection and analysis, accurately contextualizing impact, and better evaluating investments and interventions in school-based health care. The Ohio Alliance will continue this refinement process in future census editions as the field evolves, with the goal of supporting greater alignment, transparency, and consistency in how SBHCs are defined.

### **Ohio's SBHC landscape findings**

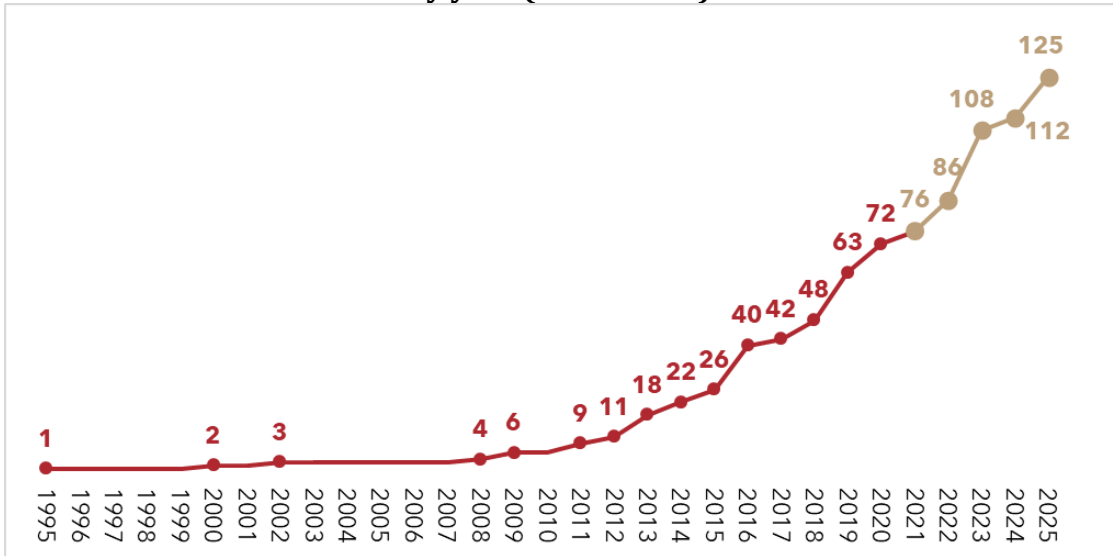
As of March 13, 2026, 125 sites have been verified as SBHCs that meet the set SBHC definition through responses submitted during one or more years of the Ohio Alliance Census (these are referred to in this report as verified SBHCs). However, through statewide engagement efforts, the Ohio Alliance estimates that there are actually more than 140 active SBHCs in the state (see Appendix A for unverified SBHCs).

Unless otherwise noted, **data in this section reflects all 125 verified SBHC sites across all years of the census.** More detailed analyses included later in this report are based on the 118 SBHC sites that submitted updated information through the 2025-2026 census.

Key summary data on verified SBHCs:

- Located in 38 of Ohio's 88 Counties (N=125)
- All SBHCs offer primary care services, 75% offer behavioral health services, 37% offer oral health services, and 19% offer vision services (N=125)
- Open hours ranged from 8 to more than 40 hours per week during the school year (N=125)
- Forty-two percent (N=53) of SBHCs were established within the last 5 years (2021 to 2025; N=125). Figure 1 shows the cumulative number of SBHC sites each year, with the number of new sites over the past five years highlighted in tan.

Figure 1. Number of SBHC sites by year (1995-2025)



**SBHCs by healthcare operator type**

Verified SBHCs in Ohio are operated by a diverse group of healthcare providers, with the majority operated by Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes. Hospitals and health systems also play a significant role in supporting and operating SBHCs statewide, while only a few sites are operated by other provider types.

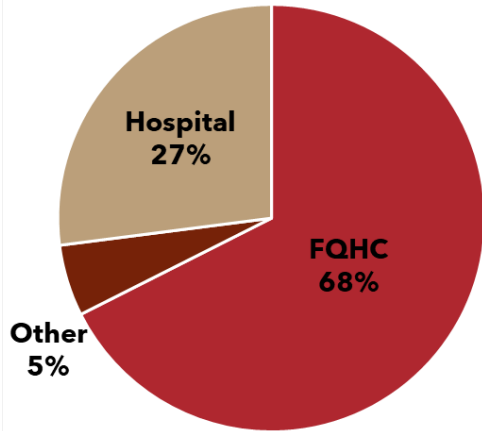
Table 3, Figure 2, and Figure 3 provide information on the composition of SBHC operators and sites by healthcare provider type.

Table 3. SBHC operators and SBHCs by healthcare provider type

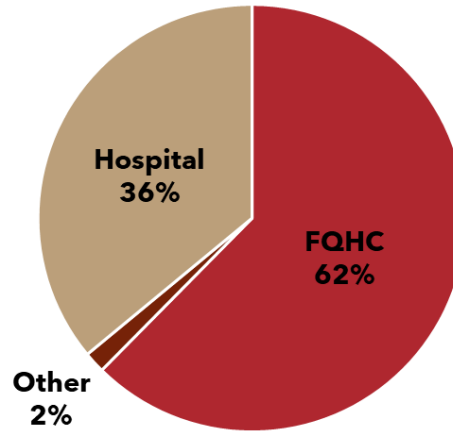
Provider type	N=37 SBHC healthcare operators	N=125 SBHCs
Federally Qualified Health Center (FQHC) or FQHC Look-Alike	25 (68%)	78 (62%)
Hospital/health system	10 (27%)	45 (36%)
Other*	2 (5%)	2 (2%)

\*Critical access hospital or independent provider practice.

**Figure 2. SBHC operators by healthcare provider type (N=37)**



**Figure 3. SBHCs by healthcare provider type (N=125)**



**Locations of SBHCs**

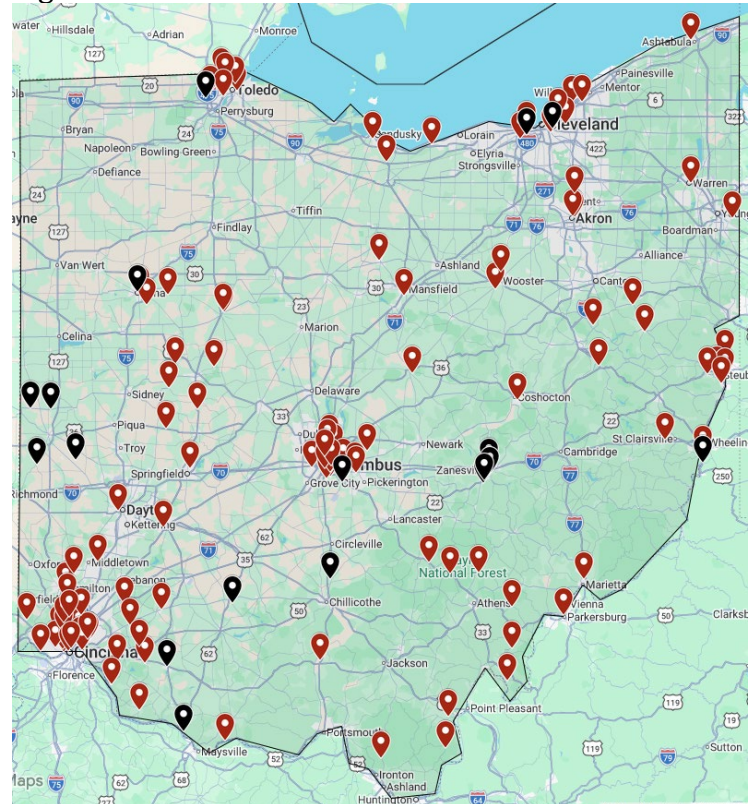
While SBHCs are located across all regions of Ohio, they are most heavily concentrated near major population centers, particularly Cincinnati, Columbus, and Cleveland. However, recent investments in school-based health care have contributed to continued expansion of the SBHC model into underserved Appalachian and rural communities.

Figure 4 shows the locations of SBHCs in Ohio, with red markers indicating SBHCs that have been verified by the Census and black markers indicating known SBHCs that have not been verified through the Census.

**Map Key:**



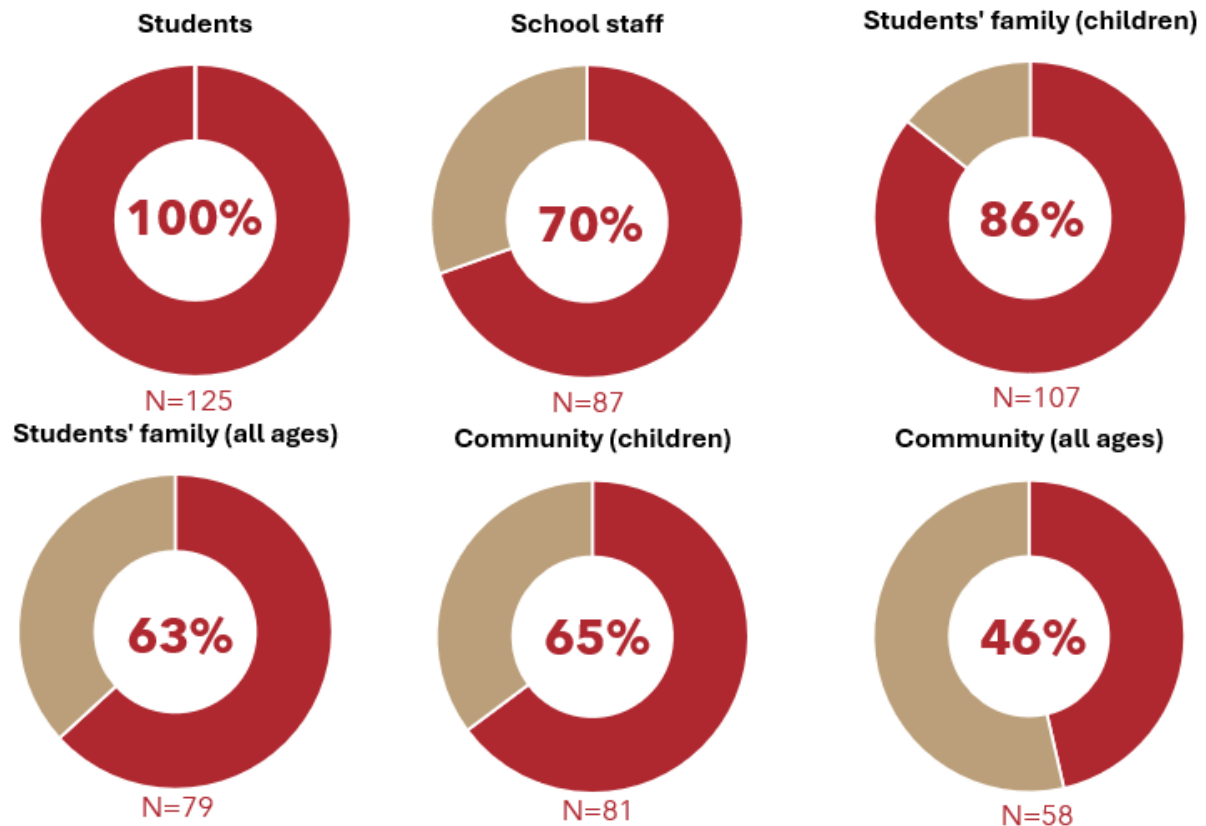
**Figure 4. Locations of verified and unverified SBHCs**



**Patient populations served by SBHCs**

In addition to prioritizing students, many SBHCs also provide healthcare services to additional populations. Figure 5 illustrates the range of patient populations served by SBHCs across Ohio.

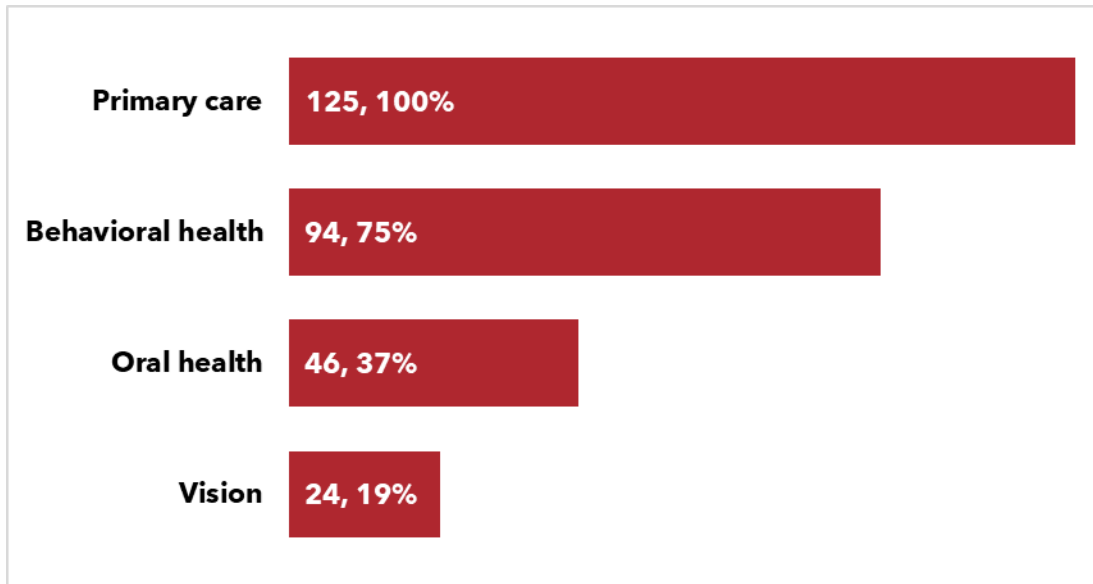
Figure 5. **Percentage of SBHCs that serve different patient populations**



**Services provided by SBHCs**

Figure 6 highlights the number and percentage of SBHCs by service line. In addition to offering primary care services, 75% of SBHCs offer behavioral health services, 37% offer oral health services, and 19% offer vision services. Definitions of the service categories used throughout the census and this report are available in Table 2 on page 3.

Figure 6. **Healthcare services offered by SBHCs**



## 2025-2026 Census findings

This section of the report provides detailed information on the **118 verified SBHC sites that participated in the 2025-2026 Census**, including specific types of services provided, staffing and service delivery models, and utilization metrics.

### Primary care

#### *Primary care services*

All SBHC sites responding to the 2025-2026 Census provide a foundational set of primary care services (well child exams, acute care, chronic condition management, and one or more types of immunizations)<sup>4</sup>. Table 4 provides additional information on the types of primary care services offered by SBHCs.

Table 4. **Primary care services offered by SBHCs (2025-2026 census respondents only)**

Primary care services	N=118
Comprehensive well child exams	118 (100%)
Acute care for illness and injury	118 (100%)
Chronic condition management	118 (100%)
School required vaccinations	116 (98%)

<sup>4</sup> Two SBHC sites offer at least one vaccine in either the school-required or recommended vaccination categories. As a result, vaccination category totals in Table 4 do not equal 100%, as some sites may offer vaccines in only one vaccination category.

<b>Primary care services continued</b>	<b>N=118</b>
Point of care testing	114 (97%)
Recommended vaccinations	113 (96%)
Medication administration and management	109 (92%)
Health coaching	100 (85%)
Preventive oral health care (i.e., fluoride varnish, dental hygiene education)	83 (70%)
Blood work and lab testing	82 (70%)
Primary care mental health	74 (63%)
Prescription delivery	49 (42%)
Silver diamine fluoride	25 (21%)

### **Primary care staffing**

SBHCs responding to the 2025-2026 Census most commonly rely on nurse practitioners (NPs) to provide primary care services. Table 5 provides information on the general staffing composition of SBHCs. In addition to NPs, SBHCs also utilize medical assistants (MAs/STNAs), licensed practical nurses (LPNs), and registered nurses (RNs).

**Table 5. SBHC primary care staff (2025-2026 census respondents only)**

<b>Staff type</b>	<b>N=117</b>	<b>Staff type</b>	<b>N=117</b>
Nurse practitioner	113 (97%)	Case manager/care coordinator	26 (22%)
MA/STNA	85 (76%)	Community health worker	18 (15%)
Licensed nurse practitioner	56 (48%)	Physician	7 (6%)
Registered nurse	42 (36%)	Physician assistant	7 (6%)

**Note:** One site was reclassified as an SBHC from another model type after meeting the SBHC criteria. Because the respondent did not complete all sections of the SBHC portion of the survey, the denominator for this item is 117 rather than 118.

### **Primary care screenings**

SBHCs play an important role in prevention and early identification by screening students and families for a wide range of health and social needs. Table 6 provides information on screenings conducted in SBHCs.

**Table 6. Types of screenings conducted by SBHCs (2025-2026 census respondents only)**

<b>Screening tools</b>	<b>N=117</b>	<b>Screening tools</b>	<b>N=117</b>
Depression	117 (100%)	Food security	104 (90%)
Social drivers of health	114 (97%)	Hearing	103 (88%)

Screening tools continued	N=117	Screening tools continued	N=117
Vision	112 (96%)	Substance use	99 (85%)
Anxiety	111 (95%)	ACEs	62 (53%)

**Note:** One site was reclassified as an SBHC from another model type after meeting the SBHC criteria. Because the respondent did not complete all sections of the SBHC portion of the survey, the denominator for this item is 117 rather than 118.

### *Use of telehealth in primary care*

SBHCs may utilize telehealth to supplement and expand their onsite primary care services, including for behavioral health and specialty care. However, telehealth is primarily used to connect patients to primary care providers when the provider or patient is offsite, such as when a student is in another school building or the provider is not at the SBHC. More information on use of telehealth is available in table 7.

Table 7. **Use of telehealth** (2025-2026 census respondents only)

Use of telehealth	N=117
Telehealth used when a provider is off site	63 (54%)
Telehealth used when patient is off site	50 (43%)
Telehealth used to access offsite behavioral health	48 (41%)
Telehealth used to access offsite specialists	7 (6%)
No use of telehealth	19 (16%)

**Note:** One site was reclassified as an SBHC from another model type after meeting the SBHC criteria. Because the respondent did not complete all sections of the SBHC portion of the survey, the denominator for this item is 117 rather than 118.

### **Behavioral health**

More than half (65%), of the SBHC sites that responded to the 2025-2026 Census also offer behavioral health services. More information on behavioral health services is available in tables 8-11.

### *Behavioral health mode of delivery*

While all SBHCs provide primary care services on-site and in-person, behavioral health services may be provided through other modes of delivery. Table 8 provides information on behavioral health modes of delivery. For reference, mode of delivery definitions are available in table 2 on page 3 of this report. Most behavioral health services are delivered from a permanent, onsite space, though some SBHCs also utilize other delivery modalities (i.e., mobile, portable, telehealth).

Table 8. **Behavioral health services mode of delivery** (2025-2026 census respondents only)

<b>Behavioral health services mode of delivery</b>	<b>N=78</b>
Permanent, onsite	61 (78%)
Mobile	4 (5%)
Portable	1 (1%)
Telehealth	12 (15%)

***Behavioral health services***

All sites with behavioral health services offer individual counseling by a licensed provider, and most do diagnoses and medication management. More information on these services is available in table 9.

Table 9. **Behavioral health services offered by SBHCs** (2025-2026 census respondents only)

<b>Behavioral health services</b>	<b>N=78</b>
Individual counseling by a licensed provider	78 (100%)
Diagnosis and medication management	54 (69%)
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	47 (60%)
Prevention	40 (51%)
Group therapy	34 (44%)
Family therapy	32 (41%)

***Behavioral health staff***

Table 10 shows information on the types of behavioral health staff found in SBHCs. The most common SBHC behavioral health staff are licensed social workers, counselors, and therapists.

Table 10. **Behavioral health SBHC staff** (2025-2026 census respondents only)

<b>Behavioral health services</b>	<b>N=78</b>
Licensed social worker, counselor, or therapist	73 (94%)
Psychiatric nurse practitioner	28 (38%)
Care manager/care coordinator	20 (26%)
Psychologist	9 (13%)
Community health worker	10 (14%)
Unlicensed social worker, counselor, or therapist	5 (7%)

***Barriers to providing behavioral health services***

SBHC operators that do not provide behavioral health services were asked to identify barriers to implementation. Table 11 provides information on these barriers. The most commonly reported barrier was that students already had access to behavioral health services through other resources or partnerships, followed by difficulty finding behavioral health providers to work at the SBHC.

**Table 11. Behavioral health barriers (2025-2026 census respondents only)**

<b>Barriers to providing behavioral health services</b>	<b>N=63</b>
Students already have access to behavioral health services	29 (46%)
Difficulty finding behavioral health providers to work at the school-based health center	28 (44%)
Lack of adequate space in the school	23 (37%)
Cost of providing services	9 (17%)
Parents don't seem interested in having their child receive behavioral health services at school	0 (0%)

**Oral health**

Oral health services are available at 43 SBHCs that responded to the 2025-2026 Census. More information on oral health services offered through SBHCs is available in tables 12-15.

***Oral health mode of delivery***

Table 12 provides information on oral health service delivery models. For reference, definitions for each mode of delivery are available in Table 2 on page 3 of this report. Among SBHCs that offer oral health services, most provide care through permanent on-site dental spaces, while approximately half also utilize either mobile or portable delivery models. No respondents reported using telehealth delivery models for oral health services.

**Table 12. Oral health services mode of delivery (2025-2026 census respondents only)**

<b>Oral health services mode of delivery</b>	<b>N=43</b>
Permanent, on-site	24 (56%)
Mobile	9 (21%)
Portable	10 (23%)
Telehealth	0 (0%)

***Oral health services offered by SBHCs***

Table 13 provides detailed information on oral health services offered by SBHCs. The most commonly provided services included dental sealants and oral health screenings (91% each), followed by dental education and comprehensive dental exams (86% each).

Table 13. **Oral health care services offered by SBHCs** (2025-2026 census respondents only)

<b>Oral health services</b>	<b>N=43</b>
Dental sealants	39 (91%)
Screening	39 (91%)
Dental education	37 (86%)
Comprehensive dental exams	37 (86%)
Fluoride varnish	34 (79%)
X-rays	32 (74%)
Prophylaxis	31 (72%)
Restorative services (e.g., fillings, extractions, crowns)	30 (69%)
Silver diamine fluoride	26 (61%)

### ***Oral health staff***

Table 14 provides information on dental staffing models within SBHCs. Among 2025–2026 census respondents offering dental services (N=43), the most common dental staff positions included dental hygienists (88%), dentists (86%), and dental assistants (81%). A smaller proportion of sites reported utilizing expanded function dental auxiliaries (23%).

Table 14. **Oral health staff** (2025-2026 census respondents only)

<b>Dental services</b>	<b>N=43</b>
Dentist	37 (86%)
Dental hygienist	38 (88%)
Dental assistant	35 (81%)
Expanded function dental auxiliary	10 (23%)

### ***Barriers to providing oral health services***

SBHC operators that do not currently provide oral health services were asked to identify barriers to implementation. The most commonly reported barrier was difficulty finding oral health providers to work within the school-based health center setting (64%), followed by lack of adequate space within schools (49%). Additional information on oral health barriers is available in table 15.

Table 15. **Oral health barriers** (2025-2026 census respondents only)

<b>Barriers to providing oral health services</b>	<b>N=75</b>
Difficulty finding oral health providers to work at the school-based health center	48 (64%)
Lack of adequate space in the school	37 (49%)
Cost of providing services	30 (40%)
Students already have access to oral health services	8 (11%)

<b>Barriers to providing oral health services continued</b>	<b>N=75</b>
Parents don't seem interested in having their child receive oral health services at school	3 (4%)

## Vision

Eleven SBHC operators reported providing vision services across 24 SBHC sites, representing approximately 20% of 2025–2026 census respondents. Additional information on vision care delivery models, services provided, and staffing is available in Tables 16–19.

### *Vision services mode of delivery*

Table 16 provides information on vision care delivery models. Definitions for mode of delivery are available in Table 2 on page 3 of this report. Across respondents offering vision services, half provided services through permanent on-site spaces (50%). Additional sites utilized mobile (33%) and portable (17%) delivery models to expand access to vision care services. No respondents reported using telehealth models for vision services.

Table 16. **Vision services mode of delivery** (2025-2026 census respondents only)

<b>Vision services mode of delivery</b>	<b>N=24</b>
Permanent, on-site	12 (50%)
Mobile	8 (33%)
Portable	4 (17%)
Telehealth	0 (0%)

### *Vision services offered by SBHCs*

Table 17 includes information on the types of vision services available through SBHCs. Nearly all sites reported providing comprehensive vision exams and fitting and dispensing corrective lenses (96% each). The majority also offered comprehensive dilated/cycloplegic exams (88%) and vision screenings (71%). A smaller number of sites reported offering vision therapy services (8%).

Table 17. **Vision services offered by SBHCs** (2025-2026 census respondents only)

<b>Vision services</b>	<b>N=24</b>
Comprehensive exams	23 (96%)
Fitting and dispensing corrective lenses	23 (96%)
Comprehensive dilated/cycloplegic exams	21 (88%)
Screening	17 (71%)
Vision therapy	2 (8%)

### ***Vision staff***

Table 18 provides information on vision staffing models within SBHCs. Optometrists were the most commonly reported vision staff type (88%), followed by opticians (67%) and optometrist technicians (58%). A smaller number of sites reported having ophthalmologists as part of their vision care staffing model (8%).

Table 18. **Vision SBHC staff** (2025-2026 census respondents only)

<b>Vision services</b>	<b>N=24</b>
Optometrist	21 (88%)
Optician	16 (67%)
Optometrist Technician	14 (58%)
Ophthalmologist	2 (8%)

### ***Barriers to providing vision services***

SBHC operators that do not currently provide vision services were asked to identify barriers to implementation, the results of which are summarized in Table 19. The most commonly reported barrier was difficulty finding vision providers to work within the SBHC setting (43%), followed by lack of adequate space within schools (37%). Additional barriers included the cost of providing services (23%) and perceptions that students already have access to vision services outside of the school setting (15%).

Table 19. **Vision services barriers** (2025-2026 census respondents only)

<b>Barriers to providing vision services</b>	<b>N=94</b>
Difficulty finding vision providers to work at the school-based health center	40 (43%)
Lack of adequate space in the school	35 (37%)
Cost of providing services	22 (23%)
Students already have access to vision services	14 (15%)
Parents don't seem interested in having their child receive vision services at school	4 (4%)

### **Utilization metrics**

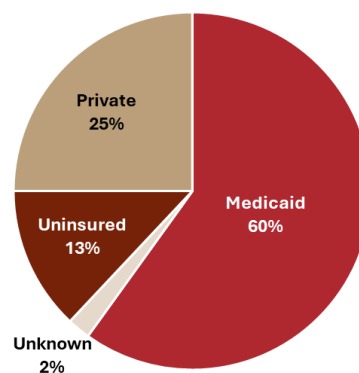
In the 2025-2026 Census, SBHC operators were asked to report on a set of utilization metrics to gather information on the impact and reach of SBHCs. Table 20 summarizes the data reported for SBHC sites. Because not all SBHCs were able to report information for every metric, the number of respondent sites is denoted in parentheses for each metric. SBHC operators were asked to provide data reflecting the full 2024-2025 school year. All utilization data is self-reported.

Table 20. **SBHC utilization data for the 2024-2025 school year (2025-2026 census respondents only)**

Metric	Total number	Avg. per SBHC site
<b>Consents.</b> Total number of consents on file for the 2024-2025 school year	23,942 (N=43)	556 (N=43)
<b>Consent rate.</b> The average percent of students in the school building where the SBHC is located with a consent form on file.	-	41% (N=67)
<b>Patients served.</b> Total number of unduplicated patients who had at least one visit (of any type) to the SBHC	69,486 (N=105)	662 (N=105)
<i>Ages 0-5</i>	7,377 (N=93)	79 (N=93)
<i>Ages 6-18</i>	42,387 (N=99)	428 (N=99)
<i>Ages 19+</i>	17,146 (N=95)	180 (N=95)
<b>SBHC visits.</b> Total number of SBHC visits (all ages)	159,101 (N=105)	1515 (N=105)
<b>Well child visits.</b> Total number of unduplicated patients 0-18 years old with at least one comprehensive well-care visit	23,766 (N=94)	253 (N=94)
<b>Well care visits.</b> Total number of unduplicated patients 19+ years old with at least one comprehensive well-care visit	4,945 (N=76)	65 (N=76)
<b>Depression screening.</b> Total number of unduplicated patients (12 years of age or older) with documentation of screening for clinical depression using an age-appropriate standardized tool	27,181 (N=90)	302 (N=90)

Respondents to the 2025-2026 Census were also asked to report on the insurance status of children served (ages 0-18). Across 89 respondents, on average, more than half (60%) of children served were enrolled in Medicaid, 25% had private insurance, and 13% were uninsured.

Figure 7. **Insurance status of youth patients** (N=89; 2025-2026 census respondents only)



## Limitations

The Ohio SBHC Census provides rich information about the Ohio SBHC landscape. However, there are several methodological limitations that should be considered when interpreting the findings presented throughout this report.

- **Self-reported data.** All census data are self-reported by participating SBHC operators. As a result, responses may be subject to variation in survey question interpretation, reporting practices, data availability, and human error, particularly for utilization and performance metrics. The Ohio Alliance conducts data cleaning and follow-up outreach with SBHC operators to clarify discrepancies and improve data quality; however, some inconsistencies may remain.
- **Voluntary participation.** Participation in the census is voluntary. Although the Ohio Alliance aims to conduct a comprehensive statewide census of all SBHCs operating in Ohio, not all identified SBHC operators participate or complete all sections of the census. As a result, findings presented in this report may not fully reflect all school-based health center activity occurring statewide.
- **SBHC operator data infrastructure and capacity.** SBHC operators vary significantly in their capacity to collect, extract, and report data. For example, some operators are not able to disaggregate data at the individual SBHC site level or efficiently query electronic health record systems for specific utilization, screening, or outcome metrics requested by the Census. These differences in data infrastructure and reporting capacity may affect the completeness, consistency, and comparability of certain data elements across sites and operators.
- **Evolving methodology and definitions.** The Ohio Alliance has refined its census methodology and strengthened operational definitions. As a result, comparisons to prior Census years, particularly related to the aggregate number of SBHCs should be interpreted with appropriate context and caution.
- **Point in time data collection.** Census findings are based on information reported by SBHC operators at a single point in time during the annual Census process. As new sites open, sites close, services expand, and operations evolve throughout the year, some changes occurring after survey completion may not be reflected in this report.