JOURNAL OF SCHOOL HEALTH

American SCHOOL HEALTH Association
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www.ashaweb.org

RESEARCH ARTICLE

Putting Health care Where the Kids Are: US Public Attitudes About School-Based Health Centers

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ABSTRACT

BACKGROUND: School-based health centers (SBHCs) have been shown to offer substantial benefits to students but we know little about how the public thinks about them. We sought to assess US public attitudes about SBHCs and the provision of 7 health service lines—primary care, preventive care, vaccinations, preventive dental care, preventive vision care, mental health care, and nutrition counseling.

METHODS: We administered a national online survey (N = 4196) of US adults using Lucid, a large, internet-based, opt-in panel to assess public attitudes about SBHCs as well as 7 commonly offered health services in SBHCs. We then used *t*-tests and weighted linear regression models to carry out our study objectives.

RESULTS: Unadjusted analysis revealed that more than 2 in 3 respondents supported SBHCs in general as well as the provision of all health services in SBHCs. Regression analysis indicated that ideology, partisanship, and trust in public school principals served as consistent predictors of attitudes when controlling for demographic and health characteristics. The provision of vaccinations stood out as particularly controversial. Subanalysis of parents found even higher levels of support as well as a more subdued role of ideology and partisanship.

CONCLUSIONS: The US public broadly supports the provision of health services in SBHCs. Our results should inform policymakers, advocates, and providers seeking to improve access to health care among school-aged children, particularly for underserved populations. Increasing knowledge about SBHCs and providing stable funding should be a priority. In the immediate future, SBHCs may offer an important buffer against ongoing Medicaid disenrollments.

Keywords: school-based health centers; access to care; health equity; school health; politics.

Citation: Haeder SF, Marthey D, Skinner D. Putting health care where the kids are: US public attitudes about school-based health centers. J Sch Health. 2025; 95: 56-69. DOI: https://doi.org/10.1111/josh.13478.

Received on March 11, 2024
Accepted on May 15, 2024

Despite the presence of near universal health insurance coverage among US children (0-17 years), 1 in 5 did not have a preventive health care visit in 2022.[1] Hispanic (27.5%) and non-Hispanic black (22.4%) children were significantly more likely to report having no preventive visit in the past 12 months relative to non-Hispanic white children (17.7%) and similar disparities were reported based on income and other socioeconomic factors.[2] Disparities in access to preventive health care among children have been persistent and, evidence suggests, may have been exacerbated by the COVID-19 pandemic.[3] Improving access to health care is important for addressing children's health needs but may also positively affect long-term educational and economic outcomes.[4]

There has been considerable investment in public programs like Medicaid and HRSA-funded health centers to address barriers to the health care

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This work was funded by the Robert Wood Johnson Foundation's Interdisciplinary Leadership Program, Grant ID 76950.

system. This was evident during the COVID-19 Public Health Emergency (PHE) when child enrollment in Medicaid and the State Children's Health Insurance Program (SCHIP) grew by roughly 4 million due to the continuous enrollment provision, which temporarily halted eligibility redeterminations.[5] While these programs have proven effective at reducing financial and accessibility barriers, they fall short of overcoming other important determinants of access such as exposure to community violence and lack of transportation.[6,7] Moreover, the end of the PHE has initiated state eligibility redeterminations in Medicaid which has resulted in the loss of coverage for at least 3.2 million children (as of February 2024) among 21 states reporting age of the disenrolled population.[8] Addressing these concerns requires careful accounting of policy options that will overcome the limitations of existing programs and systems of delivery.

School-based health centers (SBHCs) offer an alternative approach by placing health care delivery sites directly on or near school campuses, overcoming many of these challenges and may mitigate regressions in access caused by the unwinding of Medicaid. SBHCs are community clinics that coordinate preventive health services with school partners to deliver health services where children spend the majority of their time. More than 70% of SBHCs offer preventive health services alongside additional service lines including behavioral health, oral health, and sexual and reproductive health services. SBHCs are typically staffed by multidisciplinary teams including advanced practice nurses, physicians or physician assistants, and licensed behavioral health providers.[9] Today there are nearly 2500 SBHCs serving more than 6.3 million students.[10]

Existing research on SBHCs suggests they are effective at improving access to care,[11-14] supporting chronic disease management,[15] and reducing racial/ethnic and income-based disparities.[11,12] There is substantial evidence that SBHCs increase utilization,[16] particularly for mental health services,[17] and that SBHCs play an important role in health education. Several studies have found improvements in various health outcomes,[18,19] and recent empirical work also provides evidence that the benefits of SBHCs may extend to educational outcomes including improvements in student attendance,[4,19,20] grade point average,[4] and reductions in high school dropout rates.[21] Importantly, SBHCs consistently report high levels of patient satisfaction[22] and have been shown to be highly efficient at providing services.[22]

However, SBHCs have not been without controversy. From the beginning, tensions emerged over the provision of reproductive health services, which were vehemently opposed by the Catholic Church and other conservative organizations.[23] Other criticisms have included encroachment on parental rights,[24] distraction from the educational mission of schools,[25] and paternalism.[26] Reproductive health care services have been particularly controversial despite being among the highest in demand and may have prevented the establishment of SBHCs.[16,27,28] Yet, with the exception of a recent analysis on reproductive health services,[29] there is a dearth of knowledge about contemporary public opinion about SBHCs. This paper thus examines American public support for SBHC services and characteristics that are predictive of support or opposition to specific health services commonly offered at SBHCs. Addressing this gap will support policy and practice seeking to improve access to health care among school-aged children.

METHODS

Participants

We fielded a survey of more than 16,000 Americans in early 2022 using Lucid. Overall, 53,517 respondents initiated the survey; attention checks reduced the number of completions to 16,598 (31%). The attrition due to attention checks is in line with other studies.[30,31] To assess US public opinion related to primary care services provided by SBHCs, 4196 randomly assigned respondents were presented with questions related to SBHC services (see Appendices 1 and 2) as well as standard socio-demographic questions including age, gender, race/ethnicity, educational attainment, income, health insurance status, and self-reported health status (see Appendix 3). Respondent demographics in these groups were comparable to the overall sample (see Appendix 2a and 2b). Lucid utilizes a double-opt in procedure where respondents first opt into the Lucid panel and then into specific surveys. Lucid's approach relies on quota sampling to provide nationally representative samples. These samples closely align with national benchmarks on a variety of demographic factors such as age, race, gender, education, and income. Unweighted data closely matched population benchmarks. However, we utilized post-stratification weights for gender, education, race, age, and income to further approximate the US population (see Appendix 2). Lucid's data have been validated against probability-based samples and have been found to do exceptionally well when data quality procedures like attention checks are utilized.[32-34] Lucid's data are frequently used for survey research related to health policy. Table 1 contains weighted and unweighted descriptive statistics of sample respondents.

Instrumentation

Before exposing respondents to questions about SBHCs, respondents were presented with a brief introduction (Appendix 4):

Table 1. **Descriptive Statistics for an Online Survey of US Residents, January to April 2022**

Variable	N	Unweighted Mean	Unweighted Standard Deviation	Weighted Mean
Age (years)	4196	48.12	17.24	48.03
Gender				
Female	4190	55.54%	49.70%	52.29%
Race/Ethnicity				
NH-Asian	4196	3.34%	17.96%	2.86%
NH-black	4196	9.84%	29.79%	12.25%
Hispanic	4196	9.70%	29.60%	13.57%
NH-white	4196	70.78%	45.48%	65.49%
Education				
High school or less	4196	23.76%	42.57%	35.42%
Some college	4196	37.99%	48.54%	29.73%
College degree	4196	24.29%	42.89%	20.79%
Graduate degree	4196	13.92%	34.62%	14.02%
Income	4196	3.73	1.69	4.27
Political ideology				
Conservative	4196	33.75%	47.29%	34.06%
Liberal	4196	31.27%	46.36%	30.51%
Democrat	4196	35.32%	47.80%	36.20%
Republican	4196	25.71%	43.71%	25.81%
Insurance type				
Medicare	4196	29.01%	45.34%	28.49%
Medicaid	4196	16.56%	37.18%	14.05%
Employer-sponsored	4196	31.23%	46.35%	34.83%
Self-purchased	4196	8.70%	28.19%	8.39%
Religiosity	4190	2.99	1.42	2.99
Self-rated health	4192	3.25	1.03	3.31
Rural resident	4181	29.28%	45.51%	27.08%
Urban resident	4181	26.31%	44.04%	27.30%
Underage children in household	4196	30.74%	46.15%	34.48%
Trust in school principal	4185	2.66	0.81	2.69

NH, Non-Hispanic. Age is reported in years. The means of binary variables are reflected as a percent of the sample respondents. Income is based on a 6-point scale. Religiosity measures engagement with religion or spirituality ranging from (1) very inactive to (5) very active. Self-rated health was reported on a 5-point scale ranging from (1) poor to (5) excellent. Trust in school principal measures confidence in public school principals to act in the best interest of the public ranging from (1) no confidence at all to (4) a great deal of confidence.

> *''Some schools provide a limited number of medical services to their students by having a school nurse on staff. Others provide much more comprehensive medical services through what is known as a 'school-based health center'. These SBHCs are usually run by private community health organizations such as a community health center or local hospital.''*

The survey then asked respondents about their general attitudes about SBHCs: ''Do you think it is appropriate or inappropriate for schools to allow these school-based health centers to operate on school grounds?'' We offered respondents a 5-point response scale from extremely inappropriate to extremely appropriate with a neutral middle option. Respondents were also asked about various health services. Specifically, the survey asked, ''Do you believe K-12 students should have access to the following services in these school-based health centers?'' Respondents were presented with randomly ordered questions about (1) primary medical care like exams and treatment for minor illnesses, (2) preventive services like health screenings or physicals, (3) vaccinations, (4) preventive dental care (like tooth screenings and cleanings), (5) preventive vision care (like vision exams), (6) mental and behavioral health care, (7) nutrition counseling. The services were selected based on common SBHC offerings.[9] Due to their increasingly controversial nature, we specifically carved out vaccination services.[35-37] For all 7 questions about SBHC services, respondents were offered a 4-point scale that included response options for ''definitely not,'' ''probably not,'' ''probably yes,'' and ''definitely yes.'' An index of all 7 services had a Cronbach's alpha of .91.

The empirical literature has identified several important predictors of support for SBHCs (Appendix 5) as well as for the provision of school-based health services including political ideology,[29,35,36,38] parental status,[39] rurality,[40,41] religiosity,[29] and trust in public authorities.[42,43] To empirically assess these determinants of public opinion related to SBHCs, the survey asked respondents to self-identify their ideology on a scale from extremely liberal to extremely conservative. We constructed categorical variables for liberals (Extreme Liberal, Liberal, Slight Liberal) and conservatives (Extreme Conservative, Conservative, Slight Conservative) with Moderates serving as the omitted category. Respondents were also asked whether any children under the age of 18 lived in their household (yes/no). We created a binary variable indicating whether respondents had underage children living in their household. The survey asked respondents to self-identify as urban, suburban, or rural settings. Based on those responses we created binary identifiers for respondents indicating urban or rural residence, with suburban serving as the omitted category. We asked respondents about their involvement in religion and spirituality and offered them a 5-point scale from very inactive to very active. The survey also asked respondents about their levels of trust in public school principals using a standard 4-point scale from ''no confidence at all'' to ''a great deal.''

Data Analysis

First, we examined the distribution and mean public support for SBHCs and for each SBHC service including (1) primary medical care, (2) preventive screenings or physicals, (3) vaccinations, (4) preventive dental, (5) preventive vision, (6) mental and behavioral health care, (7) nutrition counseling, and (8) all services combined in an index.

We then used weighted least squares regressions to examine the relationship between each of the explanatory factors (above) and public support for SBHC services. All regressions adjusted for explanatory factors (above) as well as socio-demographic characteristics gender (binary indicator for reporting ''female''),[44] income (6-point scale, up to $14,999 (reference), $15,000 to $24,999, $25,000 to $34,999, $35,000 to $49,999, $50,000 to $74,999, $75,000, and more),[45,46] health insurance status (Medicare; Medicaid; self-purchased; employer-sponsored coverage; all others),[29] educational attainment (high school graduation or less [reference], some college, or college graduation, graduate degree),[46] health status (a self-rated 5-point scale from poor to excellent),[39,47] age (in years) as well as its square, and race and ethnicity.[45]

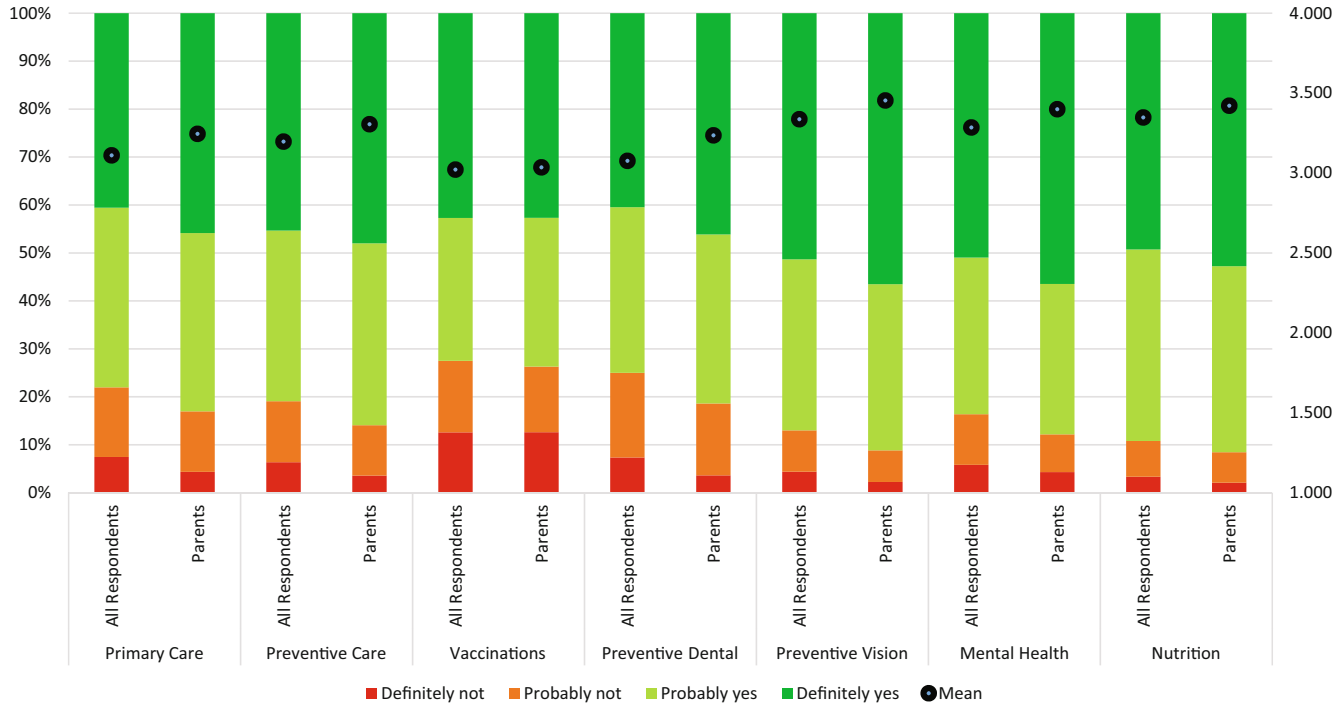
RESULTS

Unadjusted Support for School-Based Health Services in SBHCs

Overall, we found substantial support for the SBHCs with a mean of 3.715 (on a 5-point scale, 95% CI: 3.669 to 3.760). Across all respondents, 38.2% (36.5 to 40.1%) thought that SBHCs were somewhat appropriate and another 28.3% (26.6 to 30.0%) found them extremely appropriate. This compared to only 6.4% (5.5 to 7.5%) of respondents who deemed them extremely inappropriate and 10.7% (9.6 to 11.9%) who thought they were somewhat inappropriate with the remaining 16.4% (15.0 to 17.8%) have a neutral opinion. Among parents of underage children, mean support reached 3.863 (3.784 to 3.941). Here, 71.2% of respondents (36.6% (33.5 to 39.9%) found SBHCs somewhat appropriate and 34.6% (31.5 to 37.8%) founded them extremely appropriate) were supportive of SBHCs. We found opposition in 23.1% of respondents (5.6% (4.2 to 7.5%) extremely inappropriate and 9.4% (7.6 to 11.6%) somewhat inappropriate) (Appendix 6).

The overall distributions of support and opposition to school-based health services in SBHCs are presented in Figure 1 (Appendix 7 contains results from *t*-tests comparing mean levels of support for each service). Across all 7 services, more than 3 in 4 respondents supported the provision of services in SBHCs with the exception of vaccination services, where support was slightly lower. Support was highest for nutritional counseling (89.2% ''probably yes'' and ''definitely yes'' combined, 95% CI: 88.0 to 90.3; mean 3.347, 95% CI: 3.318 to 3.377) and preventive vision care (87.0%, 85.7 to 88.2%; 3.336, 3.304-3.367). The differences in means between the 2 services were not statistically significant (delta .013, $p < .254$). Mental health services were supported by 83.6% (82.2 to 85.0%; 3.285, 3.251-3.319), preventive care by 80.9% (79.4 to 82.4%; 3.196, 3.162-3.231), and primary

Figure 1. **Distribution of Support for the Provision of Various Health Services in School Based Health Centers**
Figure is based on data collected by authors from an online survey of US residents, January to April 2022.



care by 78.0% (76.4 to 79.6%; 3.110, 3.075-3.146). Support was lowest for preventive dental care (75.0%, 73.3-76.6%; 3.076, 3.040-3.111) and vaccination services (72.5%, 70.7-74.2%; 3.021, 2.981-3.062). Overall, the level of support across all 7 services had a mean of 81.1% either probably or definitely supporting school-based health services with a mean level of support of 3.203. Figure 1 also contains the distribution of support for the subset of respondents who are parents with underage children in their household. Support in this subgroup was consistently larger compared to the overall sample, as mean levels of support ranged from 3.035 for vaccination services to 3.453 for preventive vision services.

Determinants of Public Opinion School-Based Health Services and SBHCs

The main regression results for the overall appropriateness of SBHCs and opinions regarding each of the 7 health services are displayed in Table 2. Attitudes about the appropriateness of SBHCs (Column 1) were strongly shaped by ideology, with statistically significant differences between Democrats and Moderates (.223, $p < .001$) as well as Conservatives and Moderates (−.198, $p < .002$). We also found that trust in school principals (.308, $p < .001$) as well as having obtained a graduate degree (.280, $p < .001$) were strong predictors of support for SBHCs. Lastly, we also found that urban residents (.125, $p < .025$) and those with some college experience (.121, $p < .045$) were supportive of SBHCs. Alternative specifications replacing ideology with partisanship (Appendix 8) found similar associations. When we restricted our analysis to parents with underage children (Table 3), we continued to find more limited associations between ideology and support for SBHCs with consistently statistically significant differences only between Liberals and Conservatives (.232, $p < .013$). Trust in principals remained an important correlate (.242, $p < .001$), as did graduate education (.431, $p < .003$). However, we also found lower levels of support among rural parents (−.261, $p < .015$). In our partisanship specification (Appendix 9), we only found differences between Democrats and Moderates (.229, $p < .021$), with analogous results for the other covariates.

Ideology was also consistently associated with support and opposition to each of the 7 SBHC service categories (Table 2, Columns 2-9) with liberals showing great levels of support (compared to moderates; .130 to .322, $p < .001$) and conservatives showing lower levels of support compared to moderates (−.112 to −.312, $p < .001$). Liberals and conservatives consistently differed from each other (.270 to .633, $p < .001$). Differences were particularly large with regard to vaccinations. We note that results were unchanged in an alternative specification that replaces ideology with partisanship (see Appendix 8). Second, we found consistent associations for trust in school principals (.149 to .227, $p < .001$). Women also tended to be more supportive of SBHC services compared to men (.083 to .198, $p < .020$) with the exception of vaccinations where we found no difference. For 5 of the 7 cases, urban respondents were more supportive than suburban respondents (.086-.189, $p < .046$) with the exceptions being preventive care and mental health services. Those with underage children were only more supportive than those without for preventive dental (.091, $p < .032$) and preventive vision care (.079, $p = .032$); they were less supportive of vaccinations (−.100, $p = .036$). We found no associations between educational attainment and public support apart from vaccinations, where college graduates (.165, $p = .008$) and those with a graduate degree (.381, $p < .001$) differed from those with a high school degree or less. The same held for rural residents (−.147, $p = .003$). Those with higher levels of religiosity were only more supportive of nutrition services (.031, $p = .004$) and preventive dental care (.030, $p = .027$). In general, income, health insurance status, and race/ethnicity were not significantly associated with support. Findings for the index led to similar conclusions.

Again turning our focus to the analysis of parents only, we found less consistent results for ideology with differences between Liberals and Conservatives being present in all cases except vision coverage (.119 to .393, $p < .074$). We found differences between Liberals and Moderates only for preventive care (.146, $p < .024$) and vaccination services (.186, $p < .035$) while we found differences between Conservatives and Moderates for 4 of the 7 services (−.124 to −.206, $p < .083$) including primary and preventive care, vaccinations, and preventive dental care. Trust in principals, however, remained consistently significant (.074 to .121, $p < .045$). We also found consistently negative results for respondents who graduate from college but did not obtain a graduate level degree (−.267 to −.180, $p < .043$) with the exception of mental health services as well as for rural residents for 5 of the 7 services (−.262 to −.119, $p < .045$). Lastly, results for partisanship (see Appendix 9) became more inconsistent for parents but continued to show differences between Republicans and Democrats while differences between both partisans and moderates became intermittent.

DISCUSSION

Overall, our analyses of US public opinion related to health care services provided in SBHCs found overwhelming support for SBHCS in general, as well as all 7 services as well as a cumulative index measure in particular. While there are some differences across the specific services, a vast majority of Americans

Table 2. **Results for Weighted Linear Regression Models, Support for Various Health Services Provided in School-based Health Centers in the United States**

Variables	(1) SBHC Services	(2) Primary	(3) Preventive	(4) Vaccinations	(5) Preventive Dental	(6) Preventive Vision	(7) Mental Health	(8) Nutrition	(9) Index
Liberal	.223*** (.000)	.194*** (.000)	.231*** (.000)	.322*** (.000)	.189*** (.000)	.184*** (.000)	.165*** (.000)	.130*** (.000)	1.417*** (.000)
Conservative	−.198*** (.001)	−.156*** (.001)	−.189*** (.000)	−.312*** (.000)	−.182*** (.000)	−.112** (.005)	−.221*** (.000)	−.139*** (.000)	−1.321*** (.000)
Underage children	−.007 (.901)	.035 (.405)	−.020 (.621)	−.100* (.036)	.091* (.032)	.079* (.032)	−.028 (.483)	.006 (.867)	.081 (.719)
Rural resident	−.103 (.064)	−.067 (.124)	−.034 (.431)	−.147** (.003)	.004 (.924)	.038 (.325)	−.058 (.174)	−.009 (.801)	−.301 (.213)
Urban resident	.125* (.024)	.089* (.045)	−.006 (.885)	.189*** (.000)	.108* (.014)	.086* (.028)	.061 (.119)	.086* (.015)	.635** (.005)
Health level	.025 (.336)	.004 (.827)	.003 (.881)	−.025 (.255)	.010 (.625)	−.017 (.318)	.002 (.901)	.002 (.919)	−.020 (.853)
Trust in principal	.308*** (.000)	.173*** (.000)	.174*** (.000)	.227*** (.000)	.150*** (.000)	.150*** (.000)	.150*** (.000)	.149*** (.000)	1.179*** (.000)
Medicare	.017 (.834)	.088 (.162)	−.018 (.769)	.198** (.004)	.035 (.574)	.050 (.381)	.077 (.201)	.009 (.862)	.364 (.282)
Medicaid	.095 (.263)	.144* (.031)	.101 (.113)	.094 (.232)	.076 (.252)	.086 (.155)	.105 (.112)	.049 (.396)	.595 (.107)
Employer-sponsored	.037 (.624)	.093 (.143)	.063 (.286)	.121 (.071)	.006 (.922)	.101 (.073)	.094 (.105)	.031 (.553)	.462 (.171)
Self-purchased	−.053 (.607)	.038 (.658)	−.050 (.537)	.169 (.063)	.032 (.687)	.040 (.566)	.055 (.464)	−.012 (.848)	.251 (.563)
Religiosity	−.001 (.973)	.010 (.414)	.021 (.094)	−.010 (.497)	.030* (.027)	.015 (.201)	−.003 (.809)	.031** (.004)	.096 (.178)
Age	−.017* (.030)	−.018** (.003)	−.008 (.156)	−.010 (.137)	.008 (.216)	−.013* (.012)	−.017** (.001)	−.011* (.029)	−.070* (.023)
Age squared	.000 (.144)	.000 (.056)	.000 (.707)	.000 (.201)	−.000 (.091)	.000 (.050)	.000 (.137)	.000 (.072)	.000 (.203)
Female	.066 (.151)	.083* (.019)	.142*** (.000)	.037 (.348)	.198*** (.000)	.197*** (.000)	.141*** (.000)	.108*** (.000)	.902*** (.000)
Some college	.121* (.044)	−.022 (.638)	.033 (.465)	.097 (.067)	−.022 (.635)	.023 (.571)	.001 (.976)	−.004 (.924)	.104 (.681)
College graduate	.120 (.101)	−.043 (.448)	.037 (.501)	.165** (.008)	−.074 (.185)	−.053 (.291)	−.032 (.549)	−.037 (.438)	−.025 (.936)
Graduate degree	.280*** (.000)	.060 (.325)	.184** (.001)	.318*** (.000)	.079 (.182)	.086 (.096)	.102 (.068)	.017 (.727)	.846** (.008)
Income	.007 (.654)	−.004 (.760)	.017 (.158)	.010 (.498)	.011 (.372)	.010 (.365)	.004 (.738)	.011 (.281)	.074 (.258)
White	.134 (.179)	.117 (.154)	.034 (.660)	.131 (.131)	−.018 (.822)	.005 (.944)	.127 (.121)	.048 (.502)	.553 (.229)
Black	.115 (.341)	.146 (.129)	.119 (.176)	.102 (.315)	.106 (.251)	.108 (.189)	.204* (.026)	.165* (.038)	1.085* (.038)
Asian	−.163 (.274)	.079 (.473)	−.117 (.277)	.017 (.891)	−.134 (.267)	−.202* (.047)	.038 (.730)	−.101 (.275)	−.383 (.523)
Hispanic	.053 (.659)	.019 (.845)	.028 (.753)	.015 (.890)	.009 (.921)	.017 (.844)	.078 (.407)	.050 (.553)	.271 (.609)
Constant	3.026*** (.000)	2.926*** (.000)	2.754*** (.000)	2.426*** (.000)	2.247*** (.000)	2.987*** (.000)	3.237*** (.000)	2.940*** (.000)	13.346*** (.000)
Observations	4151	4141	4137	4132	4139	4133	4136	4138	4065
R^2	.114	.099	.110	.155	.093	.094	.123	.080	.150

***p < .001;
**p < .01;
*p < .05.
Standard errors in parentheses. SBHC Services is a 5-point scale. All other dependent variables are 4-point scales. Analyses based on data collected by authors from an online survey of US residents, January to April 2022.

Table 3. **Results for Weighted Linear Regression Models, Support for Various Health Services Provided in School-based Health Centers in the United States, Parents with Underage Children Only**

Variables	(1) SBHC Services	(2) Primary	(3) Preventive	(4) Vaccinations	(5) Preventive Dental	(6) Preventive Vision	(7) Mental Health	(8) Nutrition	(9) Index
Liberal	.051 (.595)	.064 (.350)	.146* (.023)	.186* (.034)	.095 (.178)	.071 (.230)	.042 (.558)	.068 (.248)	.670 (.063)
Conservative	−.181 (.081)	−.151* (.033)	−.142 (.057)	−.206* (.021)	−.124 (.082)	−.006 (.924)	−.077 (.275)	−.061 (.307)	−.816* (.029)
Rural resident	−.261* (.014)	−.144 (.053)	−.141 (.059)	−.262** (.008)	−.063 (.419)	−.075 (.252)	−.200* (.010)	−.119 (.069)	−1.079** (.009)
Urban resident	.143 (.150)	.036 (.622)	−.019 (.788)	.179 (.054)	.160* (.028)	.070 (.294)	.099 (.130)	−.004 (.949)	.515 (.170)
Health level	.091 (.070)	.092** (.004)	.080* (.024)	.038 (.386)	.093** (.005)	.032 (.232)	.020 (.560)	.045 (.099)	.395* (.023)
Trust in principal	.242*** (.000)	.117** (.003)	.112** (.004)	.121* (.014)	.074* (.044)	.106** (.005)	.103** (.005)	.099** (.003)	.742*** (.000)
Medicare	.048 (.761)	.014 (.893)	−.193 (.053)	.073 (.561)	−.098 (.341)	.122 (.254)	.066 (.543)	−.010 (.914)	−.209 (.702)
Medicaid	.183 (.215)	−.017 (.867)	−.087 (.372)	−.134 (.291)	−.150 (.138)	.102 (.312)	.072 (.506)	.005 (.955)	−.310 (.564)
Employer-sponsored	.149 (.320)	.098 (.330)	−.086 (.363)	−.008 (.942)	−.092 (.364)	.251* (.012)	.155 (.114)	.032 (.720)	.147 (.785)
Self-purchased	−.214 (.259)	−.008 (.949)	−.148 (.225)	.030 (.845)	−.135 (.273)	.123 (.295)	−.010 (.935)	−.018 (.875)	−.211 (.754)
Religiosity	−.010 (.741)	−.017 (.443)	.010 (.642)	−.048 (.081)	.016 (.487)	.004 (.833)	−.039 (.073)	.031 (.100)	−.053 (.650)
Age	−.018 (.357)	−.009 (.473)	−.011 (.395)	−.016 (.311)	.015 (.285)	−.011 (.326)	−.017 (.163)	−.026* (.014)	−.087 (.165)
Age squared	.000 (.516)	.000 (.944)	.000 (.676)	.000 (.401)	−.000 (.182)	.000 (.645)	.000 (.573)	.000* (.048)	.001 (.427)
Female	−.107 (.201)	−.016 (.792)	.136* (.017)	−.013 (.865)	.131* (.034)	.158** (.002)	.095 (.089)	.036 (.467)	.498 (.104)
Some college	.143 (.205)	−.104 (.174)	.014 (.846)	.145 (.131)	−.082 (.274)	−.009 (.885)	−.039 (.610)	−.079 (.228)	−.136 (.738)
College graduate	.073 (.595)	−.203* (.025)	−.180* (.042)	.263* (.016)	−.267** (.002)	−.240** (.001)	−.129 (.161)	−.197* (.013)	−.903 (.057)
Graduate degree	.431** (.002)	−.010 (.919)	.050 (.591)	.430*** (.000)	−.047 (.605)	.010 (.893)	.037 (.684)	−.060 (.470)	.483 (.338)
Income	−.017 (.563)	−.011 (.584)	.017 (.352)	.011 (.683)	−.003 (.891)	−.000 (.994)	−.016 (.458)	−.015 (.379)	.029 (.780)
White	.168 (.442)	−.014 (.914)	−.003 (.981)	.064 (.724)	−.153 (.259)	−.092 (.453)	.152 (.369)	.068 (.588)	.352 (.665)
Black	−.000 (1.000)	−.127 (.430)	−.103 (.527)	.030 (.881)	−.094 (.550)	−.139 (.336)	.071 (.698)	.026 (.857)	−.005 (.996)
Asian	−.332 (.277)	−.141 (.445)	−.170 (.348)	−.100 (.672)	−.292 (.169)	−.346* (.035)	.058 (.769)	−.298 (.073)	−.994 (.325)
Hispanic	−.069 (.775)	−.184 (.207)	−.131 (.379)	−.150 (.436)	−.269 (.069)	−.169 (.205)	.012 (.945)	−.052 (.702)	−.701 (.410)
Constant	3.215*** (.000)	3.171*** (.000)	3.051*** (.000)	2.881*** (.000)	2.676*** (.000)	3.256*** (.000)	3.576*** (.000)	3.585*** (.000)	16.002*** (.000)
Observations	1280	1278	1271	1277	1276	1274	1277	1277	1255
R^2	.141	.088	.082	.145	.074	.076	.084	.067	.117

***p < .001;
**p < .01;
*p < .05.
Standard errors in parentheses. SBHC Services is a 5-point scale. All other dependent variables are 4-point scales. Analyses based on data collected by authors from an online survey of US residents, January to April 2022.

support all services. Notably, support was lowest for vaccination services, a finding highlighting ongoing controversy on this issue.[43,48,49] Nonetheless, even for this controversial service, support was exceedingly high. We also found that ideology (and partisanship), gender, and trust in public school principals serve as consistent and substantial correlates of support for SBHCs (except gender) and school-based health services. With some inconsistencies, these findings also apply to urban residents, educational attainment, and parents with underage children in the household. Sub-analyses for the latter group found even higher levels of support as well as a more subdued influence of ideology and partisanship. Vaccination services stood out because of the strength of association with ideology as well as differences identified based on educational attainment. We did not find strong evidence that income, race and ethnicity, and insurance status are predictive of public support for SBHCs.

Our finding that ideology (and partisanship) was predictive of public support for SBHC services is consistent with prior work in this area.[29,50] However, it is worth pointing out that even among conservatives and Republicans, support for the 7 SBHC services remains generally strong, serving as an indication of the bipartisan nature of the issue.[51] The findings related to vaccinations highlight the growing controversy surrounding vaccinations,[43,48,49] these findings are not surprising. It is worth noting, however, that more than 70% of respondents supported these types of services including vaccinations.

IMPLICATIONS FOR SCHOOL HEALTH POLICY, PRACTICE, AND EQUITY

While SBHCs have seen tremendous growth since the 1960s, they continue to serve a small minority of students and only provide a limited number of services.[52] The growing empirical evidence on SBHCs has shown they are effective at increasing access to care and reducing disparities.[11,12,18] They also serve as important assets to public health to ensure that students have access to recommended vaccines.[14] One of the potential factors holding back the expansion of SBHC services are concerns about public opposition which has been described, primarily anecdotally, in the literature in the form of concerns about parental autonomy,[53] distraction from the educational mission of schools[25] or paternalism.[26] Our findings indicate that policymakers and providers have strong support among the American public to advance school-based health services. Expanding these services holds the potential to improve health access, particularly among underserved populations and can thus be an important contributor to advancing health equity. Given the findings of consistent and broad support, overcoming knowledge barriers may play a crucial role in increasing the number of SBHCs serving students. Strong public support as well as clear evidence of their benefits to children should encourage federal and state policymakers increase funding for SBHCs.

Limitations

There are a number of limitations to our study. First, as our data come from a cross-sectional survey using Lucid's panel which relies on quota sampling to identify survey respondents thus, unweighted estimates may not be generalizable to the US adult population. In practice, characteristics of the unweighted sample were very similar to demographic characteristics from the American Community Survey. However, we also used post-stratification weights to better approximate known characteristics of the US population based on estimates from the American Community Survey (see Appendix 2). In addition, as the survey is representative at the US national level, we are not able to speak to sub-national contexts. Lastly, our analyses can only speak to the school-based services we asked respondents about. Public opinion may differ for additional services like reproductive care.[29]

Conclusions

Early investments in child health have long-term benefits for health and economic wellbeing in adulthood.[54-56] Although previous strategies have prioritized health insurance coverage, it is clear that barriers such as work, transportation, and discrimination remain prevalent, particularly among the publicly insured.[6,7] Additionally, as states continue conducting eligibility redeterminations in Medicaid the uninsured rate among school-aged children will continue to grow. SBHCs overcome many of these challenges by placing delivery sites on or near school campuses, where children spend most of their time. Our results suggest there is broad support for the provision of services at SBHCs. These findings should inform advocates and stakeholders seeking to enhance access to primary care services and advance health equity among school-aged children.

Human Subjects Approval Statement

This study was declared exempt by the appropriate Institutional Review Board.

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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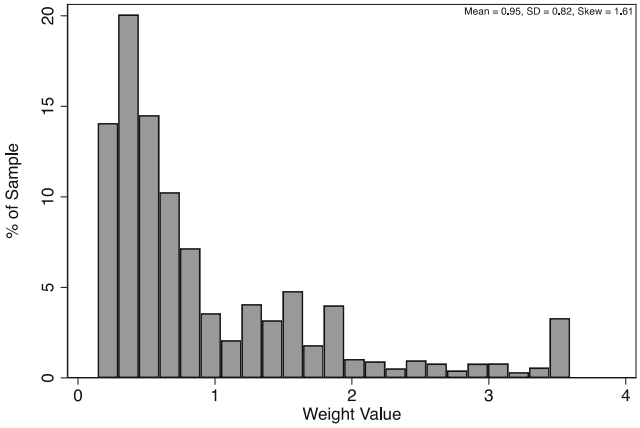
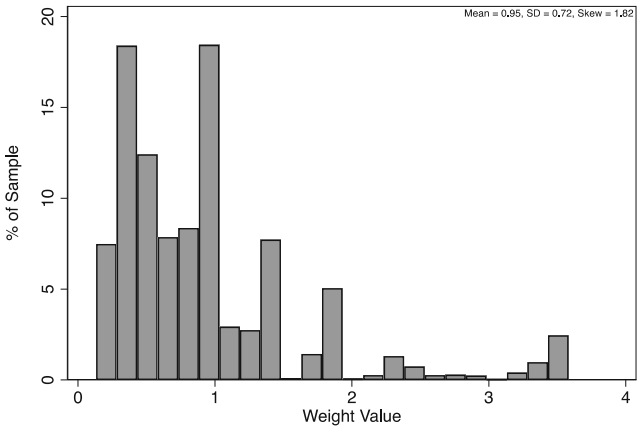
Appendix 1

(a) Distribution of Weights, All Respondents



(b) Distribution of Weights, Respondents Who Received Questions Related to SBHCs



Appendix 2

(a) Comparison of Raw and Weighted Qualtrics Data to National Benchmarks, All Respondents

Variable	Survey Data (Raw)	Survey Data (Weighted)	Bench-mark	Benchmark Source
Female (%)	56	52	51	CPS
College degree (%)	38	33	31	CPS
Black (%)	10	13	13	CPS
White (%)	70	64	62	CPS
Hispanic (%)	10	15	18	CPS
Mean age	48	47	47	ANES (Wgt.)
Median income	$35-49,999	$50-74,999	$55-59,999	ANES (Wgt.)

CPS, Current Population Survey; ANES, American National Election Study. Comparison of the data to known population benchmarks. Weights in column 2 adjust for gender, education, race and ethnicity, age, and income. N (survey data) = 16,565.

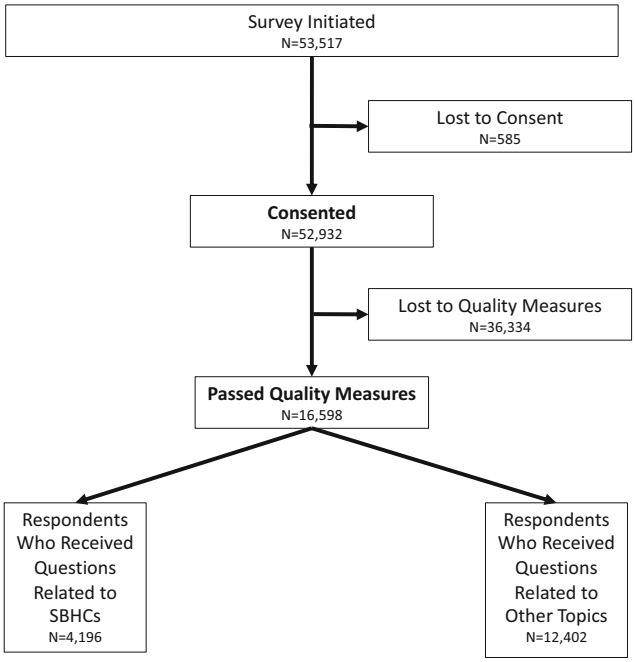
(b) Comparison of Raw and Weighted Qualtrics Data to National Benchmarks, Respondents Who Received Questions Related to SBHCs

Variable	Survey Data (Raw)	Survey Data (Weighted)	Bench-mark	Benchmark Source
Female (%)	56	51	51	CPS
College degree (%)	38	34	31	CPS
Black (%)	10	12	13	CPS
White (%)	71	65	62	CPS
Hispanic (%)	10	16	18	CPS
Mean age	48	47	47	ANES (Wgt.)
Median income	$35-49,999	$50-74,999	$55-59,999	ANES (Wgt.)

CPS, Current Population Survey; ANES, American National Election Study. Comparison of the data to known population benchmarks. Weights in column 2 adjust for gender, education, race and ethnicity, age, and income. N (survey data) = 4196.

Appendix 3

Survey Structure



Appendix 4

Survey Introduction and Questions

Introduction

Some schools provide a limited number of medical services to their students by having a school nurse on staff.

Others provide much more comprehensive medical services through what is known as a ''school-based health center.'' These SBHCs are usually run by private community health organization such as a community health center or local hospital.

Survey Questions Related to Health Services in School-Based Health Centers

Do you think it is appropriate or inappropriate for schools to allow these school-based health centers to operate on school grounds?

- Extremely inappropriate
- Somewhat inappropriate
- Neither inappropriate nor appropriate
- Somewhat appropriate
- Extremely appropriate

Do you believe K-12 students should have access to the following services in these school-based health centers?

- Primary medical care like medical exams and treatment for minor illnesses
- Preventive services like health screenings or physicals
- Vaccinations
- Preventive dental care (like tooth screenings and cleanings)
- Preventive vision care (like vision exams)
- Mental and behavioral health care
- Nutrition counseling

The choices presented for each were:

- Definitely not (1)
- Probably not (2)
- Probably yes (3)
- Definitely yes (4)

Appendix 5

Survey Questions for Primary Variables

How much confidence, if any, do you have in public school principals to act in the best interests of the public?

No confidence at all
Not too much
A fair amount
A great deal

How many children or teenagers age 0 to 17 live in your household?

None
One or more

What best characterizes the area where you live?

Urban
Suburban
Rural

Would you say that in general your health is . . .

Poor
Fair
Good
Very good
Excellent

We hear a lot of talk these days about liberals and conservatives. Here is a 7-point scale for the political views that people might hold. Where would you place yourself on this scale?

Extreme liberal
Liberal
Slight liberal
Moderate; middle of the road
Slight conservative
Conservative
Extreme conservative

Which of the following is your main source of health insurance coverage?

Medicare
Medicaid
Plan I purchase myself
Plan through own, spouse's, or parents' employer (employer-sponsored insurance)
Other

How would you classify your level of involvement with your religion or spirituality?

Very inactive
Moderately inactive
Neither active nor inactive
Moderately active
Very active

Generally speaking, do you usually think of yourself as a Republican, a Democrat, an Independent, or something else?

Democrat
Republican
Independent
Something else

How do you describe yourself?

Female
Male
Something else

Appendix 6

Support and Opposition for SBHCs

	All Respondents			Parents with Underage Children		
	Estimate	95% Confidence Interval		Estimate	95% Confidence Interval	
Extremely inappropriate	.064	.055	.075	.056	.042	.075
Somewhat inappropriate	.107	.096	.119	.094	.076	.116
Neither inappropriate nor appropriate	.164	.150	.178	.137	.116	.162
Somewhat appropriate	.383	.365	.401	.366	.335	.399
Extremely appropriate	.283	.266	.300	.346	.315	.378
Mean	3.715	3.669	3.760	3.863	3.784	3.941

Appendix 7

Unweighted *t*-Test Results

Service 1	Service 2	Mean 1	Mean 2	Delta	p-Value
Primary care	Preventive care	3.107	3.208	.101	.000
	Vaccinations	3.109	3.050	−.060	.000
	Preventive dental care	3.108	3.079	−.029	.017
	Preventive vision care	3.108	3.336	.228	.000
	Mental health care	3.109	3.288	.179	.000
	Nutrition	3.108	3.349	.241	.000
Preventive care	Vaccinations	3.209	3.050	−.159	.000
	Preventive dental care	3.209	3.080	−.129	.000
	Preventive vision care	3.209	3.337	.127	.000
	Mental health care	3.209	3.289	.081	.000
	Nutrition	3.208	3.349	.141	.000
Vaccinations	Preventive dental care	3.051	3.081	.030	.042
	Preventive vision care	3.051	3.339	.288	.000
	Mental health care	3.050	3.290	.240	.000
	Nutrition	3.051	3.350	.299	.000
Preventive dental care	Preventive vision care	3.078	3.337	.258	.000
	Mental health care	3.081	3.290	.209	.000
	Nutrition	3.080	3.350	.269	.000
Preventive vision care	Mental health care	3.337	3.289	−.048	.000
	Nutrition	3.336	3.349	.013	.253
Mental health care	Nutrition	3.290	3.350	.060	.000

Appendix 8

Results for Weighted Linear Regression Models, Support for Various Health Services Provided in School-based Health Centers in the United States, Alternative Specification (Partisanship)

Variables	(1) SBHC Services	(2) Primary	(3) Preven -tive	(4) Vacci -nations	(5) Preven -tive Dental	(6) Preven -tive Vision	(7) Mental Health	(8) Nutrition	(9) Index
Democrats	.300*** (.000)	.218*** (.000)	.235*** (.000)	.399*** (.000)	.168*** (.000)	.150*** (.000)	.158*** (.000)	.103** (.003)	1.451*** (.000)
Republicans	−.160** (.007)	−.069 (.155)	−.128** (.008)	−.233*** (.000)	−.152** (.002)	−.132** (.003)	−.199*** (.000)	−.120** (.003)	−.996*** (.000)
Underage children	−.030 (.576)	.017 (.691)	−.040 (.312)	−.132** (.005)	.075 (.080)	.065 (.077)	−.044 (.268)	−.005 (.891)	−.045 (.842)
Rural resident	−.090 (.105)	−.062 (.155)	−.027 (.522)	−.130** (.007)	.010 (.825)	.042 (.277)	−.050 (.242)	−.006 (.870)	−.249 (.305)
Urban resident	.090 (.107)	.071 (.111)	−.027 (.526)	.146** (.003)	.092* (.038)	.071 (.071)	.042 (.281)	.077* (.032)	.495* (.032)
Health level	.018 (.482)	−.002 (.918)	−.004 (.848)	−.035 (.105)	.004 (.844)	−.020 (.228)	−.003 (.868)	−.002 (.890)	−.063 (.561)
Trust in principal	.300*** (.000)	.171*** (.000)	.171*** (.000)	.219*** (.000)	.150*** (.000)	.148*** (.000)	.150*** (.000)	.150*** (.000)	1.164*** (.000)
Medicare	−.020 (.800)	.065 (.303)	−.042 (.491)	.150* (.028)	.018 (.777)	.035 (.544)	.059 (.335)	−.001 (.977)	.211 (.536)
Medicaid	.088 (.294)	.142* (.033)	.099 (.123)	.087 (.257)	.075 (.256)	.084 (.166)	.105 (.114)	.048 (.404)	.586 (.113)
Employer-sponsored	.017 (.821)	.079 (.215)	.048 (.422)	.094 (.162)	−.006 (.929)	.092 (.104)	.081 (.169)	.023 (.665)	.364 (.288)
Self-purchased	−.074 (.477)	.021 (.806)	−.068 (.412)	.139 (.128)	.019 (.814)	.031 (.660)	.041 (.589)	−.022 (.745)	.144 (.747)
Religiosity	−.013 (.405)	−.004 (.759)	.005 (.677)	−.031* (.028)	.016 (.231)	.005 (.670)	−.016 (.194)	.021 (.052)	−.006 (.933)
Age	−.020* (.012)	−.021*** (.001)	−.011 (.065)	−.014* (.045)	.006 (.356)	−.015** (.005)	−.019*** (.001)	−.012* (.015)	−.087** (.006)
Age squared	.000 (.100)	.000* (.032)	.000 (.544)	.000 (.121)	−.000 (.127)	.000* (.034)	.000 (.117)	.000 (.057)	.001 (.130)
Female	.069 (.133)	.089* (.012)	.151*** (.000)	.046 (.251)	.208*** (.000)	.203*** (.000)	.152*** (.000)	.117*** (.000)	.958*** (.000)
Some college	.118* (.048)	−.023 (.628)	.034 (.461)	.093 (.073)	−.021 (.645)	.026 (.528)	.001 (.990)	−.003 (.939)	.102 (.687)
College graduate	.119 (.099)	−.035 (.523)	.044 (.412)	.168** (.006)	−.067 (.228)	−.046 (.352)	−.029 (.584)	−.032 (.507)	.014 (.963)
Graduate degree	.280*** (.000)	.070 (.242)	.196*** (.001)	.324*** (.000)	.089 (.136)	.095 (.066)	.106 (.055)	.024 (.625)	.907** (.004)
Income	.010 (.513)	−.002 (.896)	.020 (.089)	.015 (.298)	.015 (.240)	.014 (.206)	.008 (.519)	.014 (.182)	.098 (.136)
White	.133 (.178)	.112 (.183)	.033 (.666)	.130 (.140)	−.015 (.856)	.011 (.881)	.134 (.104)	.052 (.485)	.561 (.233)
Black	.045 (.712)	.106 (.284)	.071 (.428)	.013 (.903)	.070 (.456)	.070 (.402)	.167 (.069)	.143 (.083)	.777 (.146)
Asian	−.193 (.192)	.063 (.574)	−.134 (.215)	−.018 (.888)	−.143 (.242)	−.214* (.038)	.032 (.767)	−.104 (.271)	−.475 (.436)
Hispanic	.041 (.733)	.013 (.895)	.025 (.785)	.000 (1.000)	.009 (.922)	.016 (.849)	.080 (.396)	.052 (.551)	.247 (.649)
Constant	3.156*** (.000)	3.042*** (.000)	2.883*** (.000)	2.612*** (.000)	2.348*** (.000)	3.080*** (.000)	3.319*** (.000)	3.007*** (.000)	14.151*** (.000)
Observations	4151	4141	4137	4132	4139	4133	4136	4138	4065
R^2	.117	.094	.102	.153	.086	.091	.117	.074	.140

***p < .001; **p < .01; * p < .05.

p-Values are in parentheses. SBHC Services is a 5-point scale. All other dependent variables are 4-point scales. Analyses based on data collected by authors from an online survey of US residents, January to April 2022.

Appendix 9

Results for Weighted Linear Regression Models, Support for Various Health Services Provided in School-based Health Centers in the United States, Parents with Underage Children Only, Alternative Specification (Partisanship)

Variables		(1) Primary	(2) Preven -tive	(3) Vaccina -tions	(4) Preven -tive Dental	(5) Preven -tive Vision	(6) Mental Health	(7) Nutrition	(8) Index
Democrats	.229* (.020)	.135* (.047)	.210** (.002)	.338*** (.000)	.096 (.167)	.091 (.135)	.107 (.115)	.111 (.063)	1.107** (.003)
Republicans	−.154 (.152)	−.114 (.141)	−.095 (.209)	−.227* (.017)	−.172* (.042)	−.087 (.207)	−.205* (.014)	−.049 (.463)	−.910* (.030)
Rural resident	−.234* (.026)	−.130 (.082)	−.125 (.089)	−.230* (.014)	−.052 (.506)	−.065 (.317)	−.181* (.019)	−.110 (.095)	−.964* (.018)
Urban resident	.106 (.286)	.017 (.814)	−.042 (.549)	.132 (.157)	.145* (.045)	.055 (.412)	.072 (.277)	−.017 (.785)	.360 (.336)
Health level	.081 (.103)	.084** (.008)	.071* (.046)	.023 (.587)	.086** (.009)	.029 (.284)	.014 (.674)	.040 (.146)	.336* (.049)
Trust in principal	.226*** (.000)	.108** (.005)	.103** (.009)	.101* (.038)	.065 (.073)	.100** (.008)	.090* (.013)	.094** (.005)	.674** (.001)
Medicare	−.002 (.990)	−.018 (.865)	−.235* (.019)	.002 (.984)	−.122 (.228)	.103 (.327)	.038 (.722)	−.031 (.729)	−.442 (.410)
Medicaid	.158 (.281)	−.031 (.754)	−.107 (.272)	−.169 (.165)	−.162 (.101)	.092 (.356)	.057 (.593)	−.006 (.947)	−.429 (.412)
Employer-sponsored	.125 (.398)	.079 (.423)	−.113 (.235)	−.045 (.683)	−.106 (.288)	.244* (.013)	.147 (.127)	.019 (.829)	.022 (.966)
Self-purchased	−.231 (.220)	−.023 (.862)	−.174 (.161)	−.003 (.985)	−.147 (.234)	.115 (.320)	−.015 (.901)	−.030 (.787)	−.327 (.627)
Religiosity	−.017 (.564)	−.025 (.239)	−.003 (.899)	−.061* (.023)	.009 (.707)	.003 (.877)	−.039 (.065)	.026 (.164)	−.107 (.354)
Age	−.018 (.346)	−.010 (.457)	−.013 (.326)	−.018 (.272)	.015 (.293)	−.011 (.326)	−.016 (.198)	−.026* (.011)	−.090 (.158)
Age squared	.000 (.536)	.000 (.971)	.000 (.646)	.000 (.411)	−.000 (.172)	.000 (.660)	.000 (.670)	.000* (.046)	.001 (.463)
Female	−.085 (.311)	.003 (.959)	.160** (.006)	.021 (.785)	.151* (.013)	.165*** (.001)	.108 (.053)	.047 (.341)	.636* (.038)
Some college	.111 (.310)	−.121 (.112)	−.007 (.927)	.105 (.264)	−.096 (.199)	−.020 (.751)	−.060 (.432)	−.091 (.166)	−.277 (.495)
College graduate	.044 (.747)	−.212* (.019)	−.185* (.036)	.240* (.028)	−.266** (.003)	−.244** (.001)	−.144 (.109)	−.203** (.010)	−.962* (.042)
Graduate degree	.397** (.004)	−.021 (.820)	.042 (.645)	.403*** (.001)	−.049 (.593)	.004 (.953)	.018 (.840)	−.066 (.413)	.406 (.413)
Income	−.017 (.567)	−.009 (.633)	.019 (.305)	.015 (.532)	.002 (.918)	.003 (.861)	−.011 (.610)	−.014 (.424)	.049 (.637)
White	.149 (.493)	−.029 (.829)	−.020 (.885)	.051 (.770)	−.154 (.243)	−.083 (.492)	.161 (.329)	.061 (.631)	.281 (.723)
Black	−.075 (.757)	−.173 (.288)	−.159 (.317)	−.071 (.718)	−.136 (.381)	−.167 (.246)	.019 (.916)	−.003 (.984)	−.371 (.689)
Asian	−.363 (.229)	−.153 (.410)	−.189 (.299)	−.140 (.566)	−.301 (.159)	−.361* (.030)	.035 (.857)	−.311 (.059)	−1.141 (.264)
Hispanic	−.113 (.644)	−.209 (.155)	−.161 (.275)	−.202 (.274)	−.288* (.049)	−.180 (.173)	−.010 (.954)	−.069 (.616)	−.901 (.284)
Constant	3.310*** (.000)	3.250*** (.000)	3.187*** (.000)	3.059*** (.000)	2.753*** (.000)	3.299*** (.000)	3.608*** (.000)	3.652*** (.000)	16.665*** (.000)
Observations	1280	1278	1271	1277	1276	1274	1277	1277	1255
R^2	.150	.090	.085	.165	.077	.082	.099	.070	.129

***p < .001; **p < .01; *p < .05.

p-Values in parentheses. SBHC Services is a 5-point scale. All other dependent variables are 4-point scales. Analyses based on data collected by authors from an online survey of US residents, January to April 2022.