**Appendix Table 1:** Economic Search Terms and Overall Strategy

|  |  |
| --- | --- |
| Economic Search Terms | economic, cost, benefit, cost-benefit, benefit-cost, utility, cost-utility, expenditure, cost effectiveness, cost of illness, cost saving, cost averted, $, dollar, WTP, willingness to pay, net cost, increment, opportunity cost, travel cost, treatment cost, lost productivity, fixed cost, operation cost, variable cost, sensitivity analysis, breakeven, discount rate, value, QALY, DALY, capital cost, life time cost, medical cost, time cost, treatment saving, funding, money |
| Additional Search Terms | Effectiveness termsa  Outcome termsa |
| Search Databases | PubMed, EconLit, ERIC, JSTOR, Social Sciences Citation Index (SSCI), databases at the Centre for Reviews & Dissemination at the University of York, and Google Scholar. |
| Search Period | January 1985 - September 2014 |
| Other | Studies with economic information identified by the effectiveness review team |

a Search terms used in concurrent effectiveness review search

**Appendix Table 2**. Benefit Components of Studies included in the Economic Assessment of School-based Health Centers (SBHCs)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Healthcare costs averted** | | | | | | **Productivity and other losses averted** | | | |
| **Hospital** | **EDa** | **Drug** | **Referrals** | **Private clinic** | **Pregnancya** | **Productivitya** | **Travel** | **School time** | **Others** |
| Adams 2000b | **🗸** | **🗸** | **🗸** | — | — | — | — | — | — | **🗸c** |
| Brindis 1993 | — | **🗸** | — | — | — | **🗸** | — | — | — | **🗸d** |
| Brindis 1997 | — | **🗸** | — | — | — | — | — | — | — | — |
| Children’s Aid Society 2012 | — | **🗸** | — | — | — | — | — | — | — | **🗸e** |
| Contraceptive Tech Update 1985 | — | — | — | — | — | **🗸** | — | — | — | **🗸f** |
| Guo 2010  (Societal perspective) | **🗸g** | — | **🗸** | **🗸** | — | — | **🗸** | **🗸** | — | **🗸h** |
| Guo 2010  (Medicaid perspective) | **🗸g** | — | **🗸** | — | — | — | — | — | — | — |
| Guo 2005b | **🗸** | **🗸** | — | — | — | — | — | — | — | — |
| MA SBHC Assoc. 2012b | — | **🗸** | — | — | — | — | — | — | — | — |
| Horton 2009 | **🗸** | — | — | — | — | — | — | — | — | — |
| Siegel 1987 | — | — | — | — | **🗸** | — | **🗸** | — | **🗸** | — |

**a** Major benefit drivers.

b The study took Medicaid (healthcare payers’) perspective.

**c** Others include nonemergency transport and similar costs.

**d** Others include early pregnancy detection, prenatal care, and STD detection and treatment.

**e** Others include ambulance use.

**f** Others include cost averted due to avoided pregnancy such as cost of raising a child.

**g** Asthma hospitalization only.

**h** Others include improved health and relevant effect to the community.

ED, emergency department; SBHC, school-based health center.

**Appendix Table 3.** Results from Studies Based on Regression Analysis (Intervention Benefit from Medicaid Perspective)

|  |  |  |
| --- | --- | --- |
| **Study** | **Sample** | **Results** |
| Adams 2000 | Children aged 4 – 12 years | The emergency department cost per child-year enrolled decreased by $52.39 (p=.10) after the comparison group adopted SBHC. |
| Guo 2005 | Children with asthma in Medicaid program, with average age of 8.2 years | After SBHC opened, the cost of hospitalization per child decreased significantly over time in SBHC schools (p=.044), including the cost for African-American children (p= .023). |