

2014-2015 Program Report Card: Bridgeport, Bassick School Based Health Center (Grades 9 -12)

Quality of Life Result: All Connecticut children will grow up in a stable environment, safe, healthy and ready to succeed.

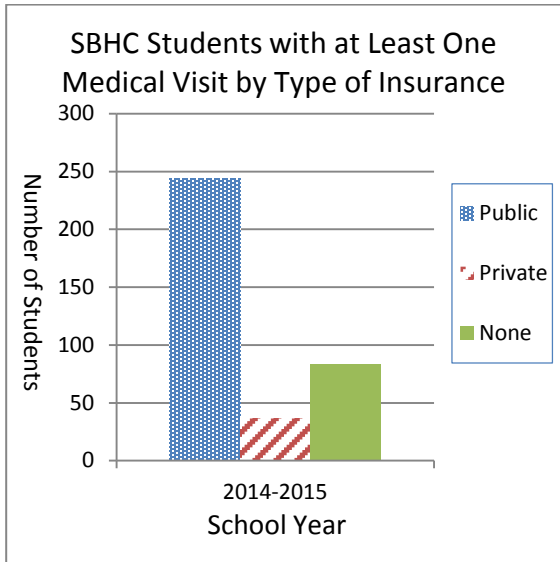
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

Program Expenditures	DPH SBHC Funding	Federal Funding	Other Funding	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 14	\$136,742	\$0	\$0	\$0	\$225,196	\$ 361,938
Estimated SFY 15	\$118,939	\$0	\$0	\$0	\$205,199	\$ 324,138

Sponsoring Agency, Optimus Health Care Inc. Operated by Southwest Community Center

Partners: Parents, Students, CASBHC, DPH, Board of Education City of Bridgeport, Advisory Board, School Administrators, Faculty, Optimus Health Care, and Southwest Community Health Center.

How Much Did We Do? Access and Utilization



Story behind the baseline:

This SBHC serves a diverse inner city student population. Since 2014-2015 is the first year of reporting, the data will be baseline.

In 2014-2015, the school population was 968. Of those, 607 (63%) were enrolled in the SBHC. Of those 295 (49%) had at least one medical visit. Of those, 36 (12%) students were privately insured, 244 (83%) were publically insured and 84 (28%) had no insurance.

Two hundred ninety-five students made a total of 1,167 medical visits, an average of 3.9 visits per student. Fifty five students (9% of enrolled) made a total of 597 mental health visits, an average of 10.8 visits over the same time period. This SBHC also offers dental care. Of the 2,230 total clinic visits, 466 (20%) were for dental services.

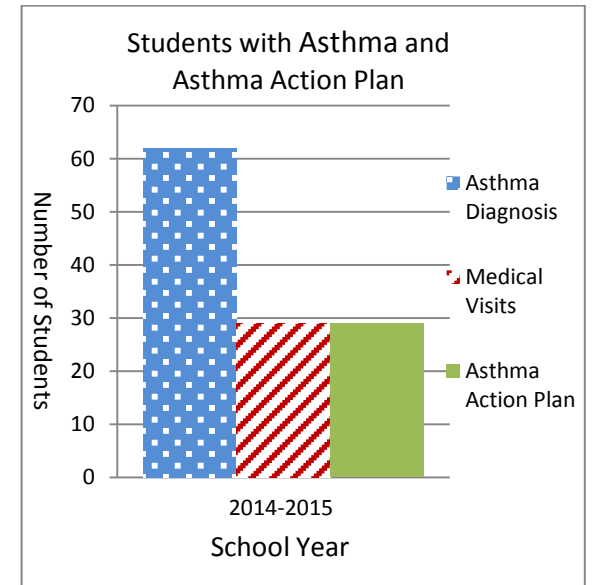
Information about SBHC services were disseminated to the school community through new faculty orientations, back to school and orientation nights, school fairs and classroom presentations reaching approximately 90% of the school population.

Outreach was provided to parents of students without insurance coverage to assist them in accessing insurance programs for which they may be eligible.

Trend: ◀▶

How Well Did We Do?

Reduce the severity and frequency of asthma symptoms among students with asthma that utilize the SBHC.



Story behind the baseline:

In 2014-2015, 62 (10%) of students enrolled in the SBHC had a diagnosis of asthma. Of those, 29 (47%) had at least one medical visit. Of those, 29 (100%) students had an Asthma Action Plan.

Asthma plans of care were reviewed for the year to make sure staff was prepared to carry out specific orders to ensure the overall health of students.

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Asthma education/services are a vital component of SBHC service delivery. Topics included but were not limited to: identifying asthma triggers, maintaining a good health regime to reduce student visits to the Emergency Department (ED), preventing colds and flu, and healthy eating. Healthy eating is important as obesity is associated with more severe asthma. The increased knowledge that students obtained provided them with a sense of responsibility for their own care in terms of keeping on top of possible triggers in their home and personal environment.

In addition to education and often, reinforcement of that education is monitoring the student; seeing them anywhere from monthly to once every 2-3 months, depending on the severity of their asthma to review the student's asthma medications and the purpose of each, checked peak flow and oximeter readings to obtain a norm when they feel good. Peak flow meter readings will often drop before their pulse oximeter readings.

Trend: ◀▶

Is Anyone Better Off?
Student Satisfaction

MEASURE/QUESTION	RESPONSE 45/100
"I have learned new habits through my visits here"	YES-90% N=41
"I have learned better ways to manage my emotions."	YES-80% N=36
"I feel well taken care of at the SBHC."	YES-95% N=43
"The health center staffs made me feel welcomed."	YES-96% N=44

Measuring the impact of the services delivered at SBHCs must go beyond numbers. It is a given fact that providing immunizations will prevent disease. It is also an established fact that physical exams can identify potential health issues. What is harder to link to good health is for students to recognize that their behaviors affect their health status.

One method for assessing health outcomes was to administer a Student Satisfaction Survey. A sample of questions asked of students on the 2014-2015 survey is presented in the above chart.

A student satisfaction survey was administered to the students using the health centers during the period January 2015 – April 2015. A total of 100, nine question surveys from all SBHCs operated by Southwest Community Health Center were distributed to students in grades 4-12. Of those, that were disseminated, 45 (45%) were returned.

Of the 45 students that returned the survey, 41 (90%) students indicated that they learned new habits through their SBHC visits. Thirty-six (80%) stated that they learned better ways to manage their emotions. Forty-three (95%) students felt that the SBHC took good care of them and 44 (96%) felt that the SBHC staff made them feel welcomed.

Trend: ◀▶

Notes:

Proposed Actions to Turn the Curve:

- Access and Utilization:**
 - SBHC staff will step up marketing efforts to students, parents and school personnel by

mailing SBHC enrollment forms to first time students and kindergarteners, attending community back to school activities, and new student and freshman orientations.

Reduce Asthma Severity:

- Provide updates/education information on asthma prevention to students on a continuous basis. Such as new trends/issues related to knowing triggers and reducing exposure to triggers, maintaining a healthy weight, maintaining healthy status overall. Information will be provided in group settings and individually.

Student Satisfaction Survey:

- Increase the number of surveys distributed to students from 100 to 250. Identify and implement strategies to increase the number of surveys completed and returned.

Data Development Agenda:

- Increase capacity of SBHC staff to effectively use the electronic health record software
- Work with Electronic Health Record Vendor:
 - To implement an EHR in the SBHC
 - To align EHR generated reports to meet DPH requirements
 - To streamline the process of exporting data from EHR to DPH