

2014 Program Report Card: Westhill High School (9-12)

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

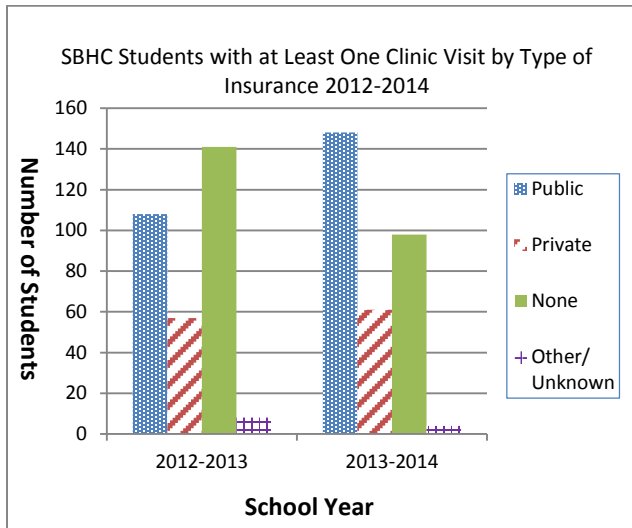
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 14	\$248,574	0	0	\$76,623	\$20,992	\$346,189
Estimated SFY 15	\$248,574	0	0	\$76,623	\$20,992	\$346,189

Partners: Parents, Students, CASBHC, DPH, DSS, DMHAS, The CT Chapter of the AAP, School Based Health Alliance, KIDS' FAN Program, Stamford Board of Education, Child Guidance of Southern Connecticut Emergency Mobile Psychiatric Services, Family Centers SBHC Advisory Board, Young Parents Program, Nurturing Families Network, Connecticut Oral Health Initiative, School Administrators and Faculty.

How Much Did We Do?

Access and Utilization



Story behind the baseline:

In 2013-2014 the total school population was 2,132. Of those, 1,155 (54%) were enrolled in the school based health center (SBHC). In 2012-2013, the total school population was about the same, and the enrollment numbers were identical: 1,155 (54%). Enrollment remained consistent over these last two school years. .

In 2013-2014, 311 (27%) unduplicated students had at least one clinic visit. Of those, 148 (48%) were publically insured, 61 (20%) were privately insured, 98 (32%)

reported no insurance and 4 (1%) insurance status was unknown or unreported.

In 2012-2013, 314 (27%) unduplicated students had at least one clinic visit. Of those, 108 (34%) were publically insured, 57 (18%) were privately insured; 141 (45%) reported no insurance; and 8 (3%) insurance status was unknown or unreported.

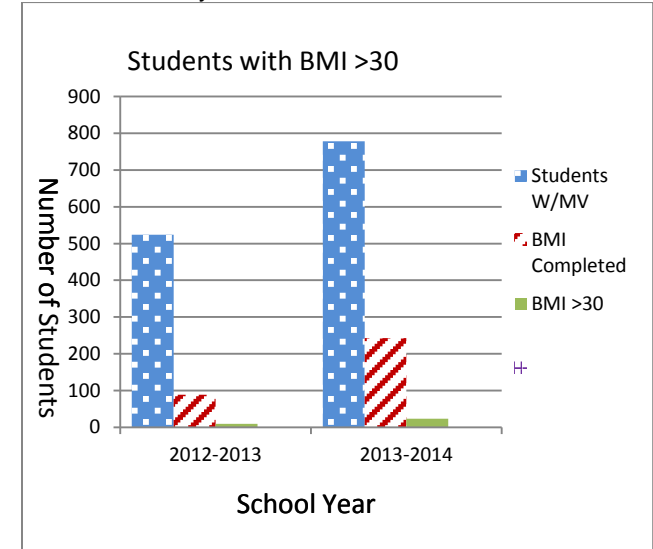
Comparatively, there was an increase (14%) in the number of students on public insurance (Husky) and an increase in students using private insurance (14%). From 2012 to 2014 there was also a change for the better in the number of students reporting no insurance (down 12%) There was also a decrease in the number of students with "Other/Unknown" insurance status. SBHC Staff do as much as they can to obtain insurance information from students and families. Enrollment efforts include attempts to identify 3rd party payers for services.

Enrollment activities include distributing information at parent nights, open houses, student orientations and health promotion activities. In 2013-2014, Stamford SBHC Health Education and Promotion activities reached over 9,464 students, parents and faculty in over 95 health promotion activities held in the schools where we have SBHC's sited.

Trend: [▲]

How Well Did We Do?

Reduce Obesity in SBHC Users.



Story behind the baseline: Body Mass Index (BMI) at the SBHC's is calculated by getting height and weight from a student when they receive a medical visit. A BMI >85% indicates obesity. In 2012-2013, 89 (17%) students who received a medical visit had their BMI calculated. In 2013-2104 that number went up to 243 (31%). The quality goal is to get this information for every medical visit where appropriate. In 2012-2013, 9 (17%) students had a BMI >85%. In 2013-2014, the number of obese students increased to 23 (31%) of those measured. When a student's BMI is of concern to the Nurse Practitioner (NP),

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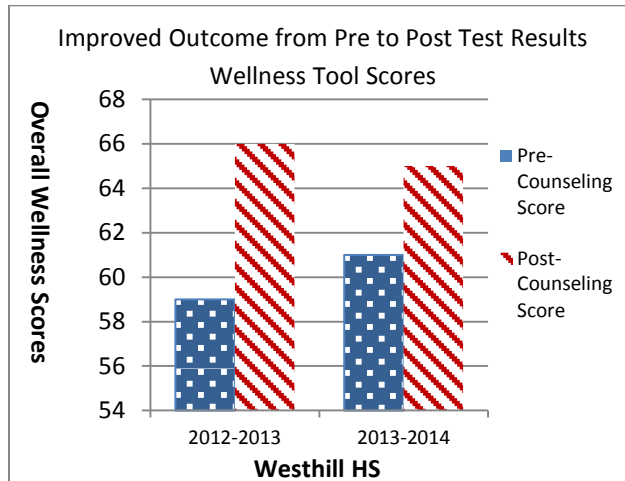
(Percentile is based on national data) weight and nutrition counseling is initiated. Recently, a Health Educator began working with all the clinics and now provides one-to-one Health Coaching. Additionally, staff members are working with the Coordinator of the local Kids FANS program to see how to better integrate nutrition counseling into the array of services offered at the clinics.

Stamford SBHC's have always been involved in large-scale educational activities around nutrition awareness for students and families. Stamford SBHC collaborates with the food service provider for the schools (Chartwells) to set up tasting tables during lunch waves, demonstrating quick and easy ways to prepare healthier foods and snacks, such as fruit smoothies, hummus and raw veggies instead of processed chips and dips. Additionally, electronic educational campaigns have been initiated at host schools through the use of the school TV monitors, providing hints for healthy eating and integrating exercise into a day. By providing both targeted and general health education campaigns, it is clear we reached 2,132 (100%) of the students enrolled at Westhill HS. The feedback from students and faculty on these electronic health promotion activities has been overwhelmingly positive.

Trend: [▲]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

In 2012-2013, 78 (7% of enrolled users) of student users accessed mental health services. In 2013-2014, 57 (5%) accessed mental health services during the school year. The average number of sessions per student user was 7. All students assessed for treatment and initiating a treatment plan are provided a Wellness Measure at the start of treatment and at the close of treatment. The Wellness tool was created using the Ohio Scales for Youth and the Wisconsin Risk/Needs Scale and is considered a good indicator of a student's perception of their own wellbeing.

In 2012-2013, the average pre-treatment score was fifty nine (59). The average post-treatment score was sixty six (66). This change reflects a positive modification from moderate severity functioning to mild severity. In 2013-2014, the average score pre-treatment score was sixty one (61) and the average post-treatment score was sixty eight (65). Overall, this indicates that students, regardless of where they start, end up with an average score that remained consistent for both years, and reflective of a positive change toward higher functioning lesser severity of wellness indicators.

Trend: [◀▶]

Notes:

* Other funding includes United Way, Stamford Public Schools, private Foundations and agency fundraising.

Proposed Actions to Turn the Curve:

Access and Utilization:

- SBHC staff will increase public information sessions to spread the word about SBHC's including Parents Nights, presentations to health classes, enhanced publicity highlighting SBHC's, making enrollment forms available electronically on school websites and Family Center's website.

Obesity Reduction:

- The Nurse Practitioner and Health Educator will provide follow up health coaching and/or referrals to programs to help manage weight and activity.

Mental Health Services:

- SBHC staff will analyze raw data wellness scores to ascertain which domains have the lowest improvement and develop ways to target those areas.

Data Development Agenda:

- Work with Electronic Health Record (EHR) Vendor:
 - To align EHR generated reports to meet DPH requirements.
 - To develop ways to measure aggregate changes in BMI for follow up visits.
 - To figure out ways to incorporate percentiles into EHR.
- Explore tools to measure the success of the health education prevention activities.
- Develop ways to compare changes in wellness scores comparisons to other schools or statewide measures