

2015-2016, Stamford - School Based Health Centers, Medical Services (Grades 6-12)

Stamford High School, Westhill High School, Dolan Middle School, Cloonan Middle School, Rippowam Middle School/Academy of Information Technology and Engineering High School

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

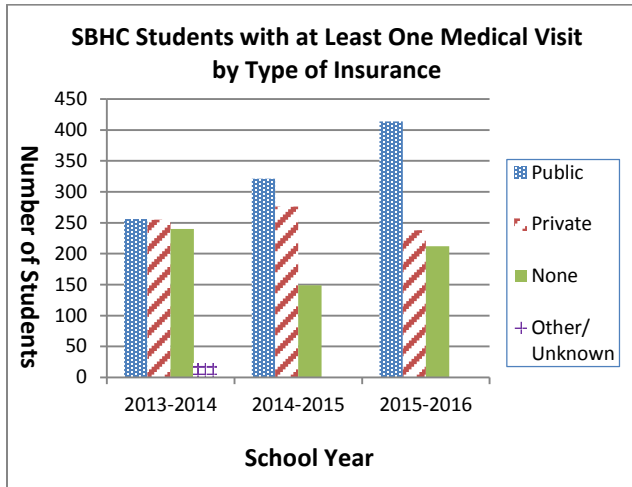
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Program Funding
Actual SFY 16	\$852,795*	\$0	0	\$395,389**	\$156,009	\$1,404,193*
Estimated SFY 17	\$792,289*	\$0	0	\$305,000**	\$160,000	\$1,257,289*

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 2015-2016, the total student population for the 5 Stamford schools was 6,334, and the total enrolled in the SBHCs was 3,207 (51%). The number of students served was 864 (27% of enrolled). The average number of visits was 2.8 per student. This was an increase in students served from 2013-2014 when 774 students were served. In 2015-2016, of the students that had at least one medical visit, 414 (48%) had public insurance, 238 (28%) had private insurance, and 212 (25%) were uninsured. This was an increase from 33% in 2013-2014 of students with a visit that had public insurance and a decrease from 31% in uninsured students. This is a result of structured and

focused attempts to obtain insurance info from parents and trying to enhance revenue as grant revenue declines annually for the last three years.

From 2014-2015 to 2015-2016, there was an increase in the number of students with no insurance: 149 (20%) to 212 (25%). This number was unexpected as Obamacare was in full swing. However, the number of undocumented students served by the clinic increased so that would be the main reason why this number increased. In all three school years displayed, the majority of medical visits were made by students who were publicly insured.

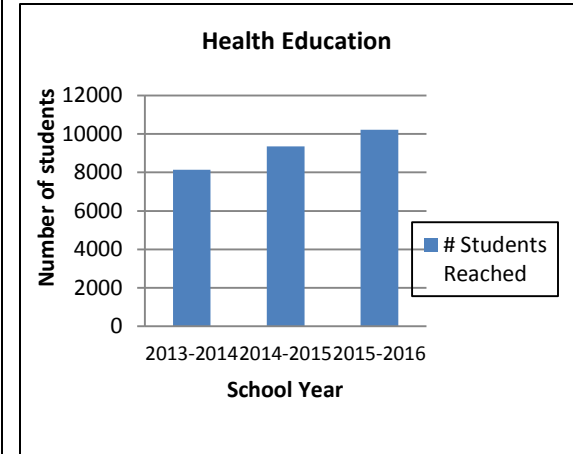
In addition to the positive health outcomes made as a result of adding a Health Educator in 2013-2014, Health Education activities always include information on the health centers in the schools where they are sited.

Student Population, Enrollment, Number of Medical Visits and Number Served in Stamford's SBHCs, 2015-2016				
SBHC/Site	School Population	Enrolled	Medical Visits	Medical Served
Dolan/Toquam	501	248	284	103
Stamford HS	1,729	985	620	234
Rippowam/AITE	1,479	582	251	109
Westhill HS	2,090	1,079	769	278
Cloonan MS	535	313	477	140
TOTAL	6,334	3,207	2,401	864

Trend: [▲]

How Well Did We Do?

Expanded Health Education



Story behind the baseline:

In 2015-2016 10,217 students received health education. This was an increase from the previous 2 school years when 8,138 students in 2013-2014 and 9,360 students in 2014-2015 received health education. These are the total number of students at each health education event. Students may have attended more than one event.

Family Centers Inc. received two 3-year grants from the Lowenstein Foundation and the Arcadia Foundation to support the work of a health educator (partially paid for by the DPH SBHC Grant). These grants end in January 2017. The Health Educator focused on encouraging healthy lifestyles and wellness by educating students and families about behaviors that can prevent obesity, diseases, injuries

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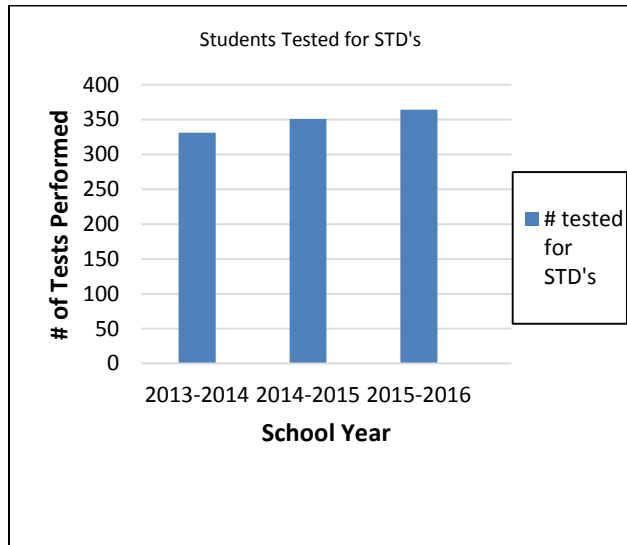
and other health problems. The Health Educator worked to prevent illnesses by informing and educating students and families about health-related topics, such as proper nutrition, the importance of exercise, and the habits and behaviors necessary to avoid illness. Health education provides students with the opportunity to acquire the knowledge, attitude, and skills necessary for making health-promoting decisions, achieve health literacy, adopt health-enhancing behaviors, and improve the health of others.

Another benefit of having a Certified Health Education Specialist (CHES) was that it helped keep the Clinicians in the clinic to receive the referrals being made by the CHES. This past year, the Health Educator focused on providing education around sexually transmitted infections (STI's) with age-appropriate information to all grades where our clinics are. While there may be many factors combined, in addition to the one-to-one counseling a student receives from the Nurse Practitioner when a student admits to being sexually active, students get large group instruction from the Health Educator as well. The decline in the percentage of positive STI's found is correlated to the number of students reached by health education provided by the SBHC. We are still experiencing the positive outcomes of having a health educator and will be looking to make sure we keep this valuable service funded.

Trend: [▲]

Is Anyone Better Off?

Reduce the Occurrence of STDs Among Students



Story behind the baseline:

Over the course of three school years, we have seen an increase in reproductive and overall health education (as shown under "How Well Did We Do?"). It is no surprise that the number of students coming to our clinic seeking STD testing has increased a little. In 2015-2016, 364 STD tests were performed (including Chlamydia, HIV and Gonorrhea) and the number of positives decreased from 17(5%) positive in 2013-2014 to 11(3%) positive in 2015-2016.

Trend: [▲]

Notes:

Other funding:

* Reflects funding provided to the SBHCs for Medical and Mental Health Services

**Grants were received from Stamford Public Schools, Inner City Foundation, Near and Far Aid, Hearst Foundation and proceeds from Family Centers annual fundraising event.

How Much Did We Do:

- SBHC staff will conduct additional orientations to all students and will attend the first Parent Night meeting to share information about the SBHC with parents/guardians.
- SBHC information will also be included on the school website, in the school newsletter, on school bulletin boards, and through the school message blast system that reaches the households of students attending the school.

How Well Did We Do:

- The Health Educator will develop health education calendars with each SBHC to focus on needs of that school. Using Health Risk Assessment Data, feedback form data from educational events, and school health instructor feedback, each school will develop its own agenda to implement health education series throughout the school year.

Is Anyone Better Off:

- The APRN, in conjunction with the Certified Health Educator will expand reproductive health education in all grades in all high schools, including HIV/AIDS education large group assemblies.

Data Development Agenda:

1. Work with Netsmart (EHR Vendor)
 - To align EHR generated reports to meet DPH requirements
 - To streamline the process of exporting our data from EHR to DPH
2. Continue to develop tools to measure health outcomes, not just outputs.

Proposed Actions to Turn the Curve: