

2014 Program Report Card: Hartford Public High School School Based Health Center (Gr 9-12)

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

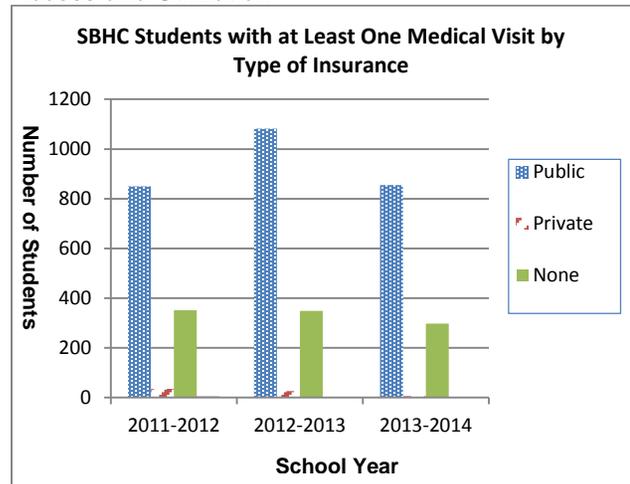
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$267,512	0	\$0	\$84,000*	\$217,149	\$568,661
Estimated SFY 15	\$242,537	0	0	\$91,041*	\$220,000	\$553,578

Partners: Parents, Students, CASBHC, DPH, DSS, School Based Health Alliance, Board of Education, Planned Parenthood of Southern New England, Institute of Living, Child and Family Services, Catholic Family Services, Hispanic Health Council, Charter Oak Health Center, Women's Ambulatory Health Services, School Administrators and Faculty, University of Hartford, University of St. Joseph, University of Ct., Southern Ct. State University, American Institute, Porter and Chester, Lincoln Technical Institute, Central Ct. State University, Goodwin College, Quinnipiac University, Stone Academy, Yale, CCMC Building Bridges, Ct State Dental Association, Hartford Care Coordination Collaborative, Connecticut Interscholastic Athletic Conference, Health Interactive Program.

How Much Did We Do?

Access and Utilization



Story behind the baseline: The total school population has fluctuated from 1485 in 2011-2012 to 1709 in 2012-2013 and 1320 in 2013-2014. As a result, enrollment in the health center has fluctuated from 1240 (83.5%) students to 1160 (87.8%) resulting in a slight reduction in demand for services. Over the timeline, many magnet and charter schools have opened and students who might have gone to Hartford Public High School (HPHS) have instead decided to go elsewhere. However, enrollment amongst those students attending HPHS has remained high at about 89% across the three years, and users of SBHC services has been steady at about 95%, 1160 total.

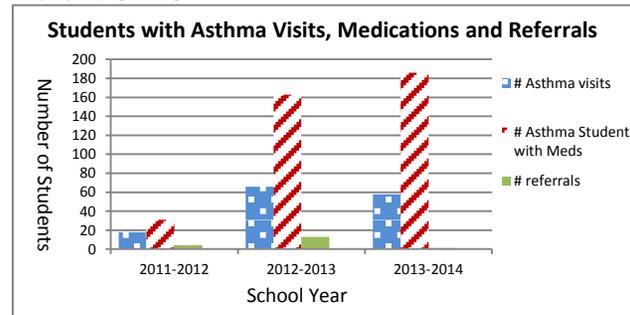
For 2013-2014 Medical insurance types among users of SBHC services has remained steady at approximately 74% (855 users) public insurance, 25% (297 users) no insurance or not eligible and 1% (8 users) private or not identified over the timespan. Staff refers uninsured students to CT Husky and encourages all parents to make sure that their child's enrollment to Husky is current. Additionally, over the years Health Services has worked with CT DSS to make the enrollment process more effective and efficient.

Student population at HPHS will decrease somewhat (5 to 10%) but then remain at the level of about 1200 students in the coming years. Efforts will continue to keep student enrollment at its current levels or better.

Trend: [◀ ▶]

How Well Did We Do?

Reduce Number of Asthma Severity and Frequency Visits to SBHC



Story behind the baseline: This data will work as our baseline for asthma reportage at our SBHC school sites. Even though during the report period, there was no data

taken that indicates who has an asthma action plan on record or what date such plans may have been generated, according to the nurse practitioner at Hartford Public High School about 90% (167) of users with asthma have updated asthma action plans in place. This was an issue with our data collection system and will be remedied in school year 2014-2015. Most students with asthma at the high school level are more independent with their asthma management and consequently do not present as often to the clinic.

However, there is information in the student history table of the SBHC database regarding those students who have asthma (chronic issue) and the number of those who have asthma medications. This information can be used as an *indicator* of the number of students having asthma action plans.

The information presented here compares the number of students with asthma related visits (as indicated by use of the 493.xx diagnosis codes), the number of students having asthma medications, and the number of students referred outside the SBHC, either to the PCP, parent or emergency room.

In 2013-2014, approximately 5% (58) of the 1160 unduplicated SBHC registered users at the Hartford Public High School SBHC presented for services related to asthma. This percentage is approximately level to the prior year and represents the effort to provide services to students and parents that will enable them to more appropriately and effectively manage their asthma. Additionally, students with asthma medications as indicated in our SBHC data base has increased steadily. Currently, many non SBHC schools in the district have initiated the CCMC Building Bridges program designed to promote

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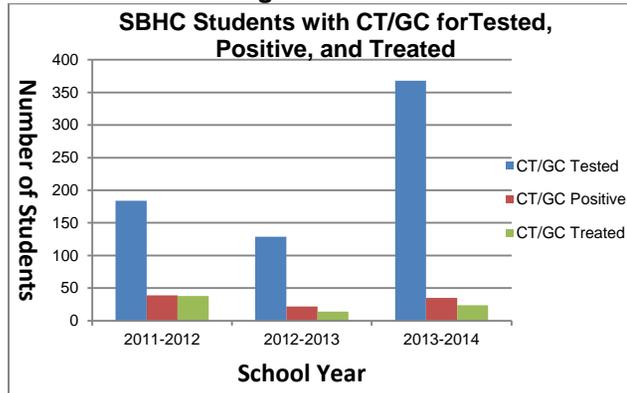
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communications between parents, students, PCPs and school nurses with regard to students with asthma. The project includes determination of the severity of student asthma, asthma plan creation and follows up. All information is included in the student's nursing record which follows the student through his/her career in the Hartford Public Schools district including when/if they become students at our SBHC sites and enroll for SBHC services.

Trend: [▲]

Is Anyone Better Off?

Reduce STDs among SBHC Students



Story behind the baseline: 2013-2014 saw a great increase (almost 3 times more tests were given than in the previous year) in the number of chlamydia/gonorrhea tests administered to students at Hartford Public High School. The number of positives has not increased accordingly. However, expressed as a percentage of the number of tests administered, there has been a dramatic reduction (from 21% in 2011-2012 to 9% in 2013-2014) in the percentage of tests coming back positive for either chlamydia or gonorrhea. HPHS has placed a great premium on STD preventive education

During this period the Health Interactive Program (HIP) has visited the site. HIP is a collaborative effort with the State of Connecticut STD Control Program, local school systems, school based health clinic staff and local HIV programs. HIP offers enhance education though a 45 minute interactive presentation with individual confidential counseling and optional screening for gonorrhea and

chlamydia are made available to students. HIP helps students access confidential optional testing for STDs. Through HIP, treatment and education promote health habits in order to reduce occurrence of youth acquiring STDs.

Trend: [▲]

Notes:

* Reflects direct payment by Hartford Public Schools for RN salary.

Proposed Actions to Turn the Curve:

Access and Utilization:

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

Asthma:

- Clinic staff will identify and treat students having asthma through medical history/episodic visits using visit encounter forms. Treatment will be in concert with student's PCP. Practitioner will note if an asthma action plan is present.
- If there is not a plan present, practitioner will write new asthma action plan in conjunction with the student's PCP.
- Nurse practitioners will offer individual and at least one group session for Asthma Management, based on the Open Airways program, providing health education and instruction on the proper use of medications (including inhalers) to students with asthma.
- Nurse practitioners at each site will offer at least one asthma awareness class for parents along with individual parent instruction

- Consider using an alternative measure to indicate how well we did.

STD Reduction:

- Continue efforts in STD prevention education.
- All students with a positive test for Chlamydia or Gonorrhea receive appropriate treatments and rescreening

Data Development Agenda:

- Work with Electronic Health Record Vendor:
 - To align EHR generated reports to meet DPH requirements
 - To streamline the process of exporting our data from EHR to DPH
- Develop tools to measure the success of the social skills groups that are offered to students.
- Data entry staff and/or Nurse Aides will use existing data to enter all encounter visit data and date of asthma action plan to the SBHC data base.
- All visit/exam information will be documented on an encounter form (dental superbill) and entered to the SBHC data collection database (data will include but is not limited to the American Dental Association procedure number, tooth number and surface number where applicable).