

What are Clinical Preventive Services?

Services that are delivered by a health care provider in a clinical setting:

- Private office
- Community Health Center
- Department of Health clinic
 - Hospital-based clinic
 - Family Planning clinic
 - School-based clinic

1. Rationale?

2. How broadly provided?

3. Are recommendations followed?

4. Barriers to CPS?

5. Strategies that improve implementation?

How Improve CPS?

1. Technology, e.g. Computer-assisted self-assessments
2. Provider training
3. Increase use of ancillary staff
4. Forms (e.g. checklists), guidelines, manuals
5. Improved health education materials
6. Improved referral sources
7. Health insurance expansion
8. Enforce guidelines

Computer-assisted visits



- Based on GAPS
- Computer, review print-out with counselor/nurse
- Effective? Feasible? Acceptable?

What is GAPS?



A comprehensive set of recommendations developed to provide a framework for the organization and content of clinical preventive health services

4 Types of Services (GAPS)

- Health care (3)
- Health guidance (7)
- Screening (13)
- Immunizations (1)



13 Topics/Health Conditions

- Parents ability to cope
- Adolescent adjustment
- Safety & injury prevention
- Physical fitness
- Diet
- Psychosexual development
- Hypertension
- High cholesterol
- Tobacco
- Alcohol & other drugs
- Depression & suicide
- Abuse
- Learning problems
- Infectious diseases



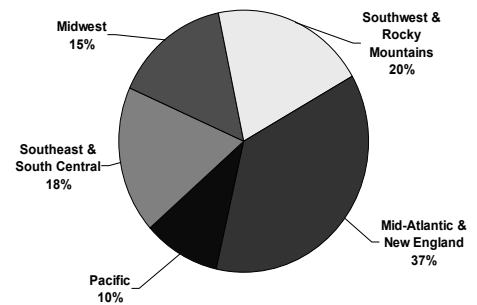
Comprehensive School-Based Health Centers

Brief History

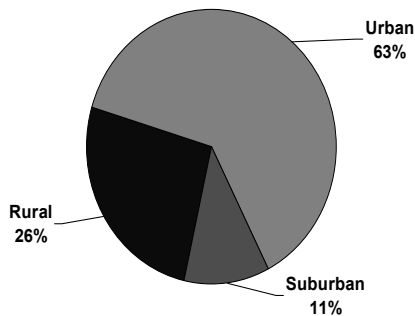
- School-based Health Centers established in 1970
- 200 in 1990
- 1,380 in 2000
- all regions of U.S.; all types of schools
- only Idaho, Nevada, North & South Dakota, and Wyoming report no SBHC

Location of SBHC's by Region

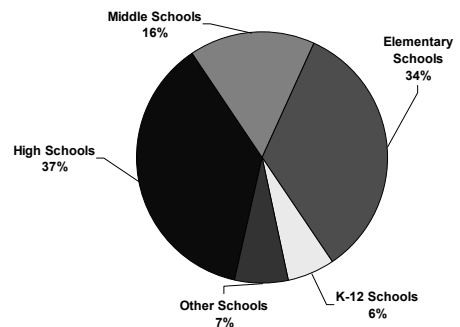
158 SBHC's in NYS; 98 in NYC



Location of SBHC's by Region



Types of schools housing SBHC's



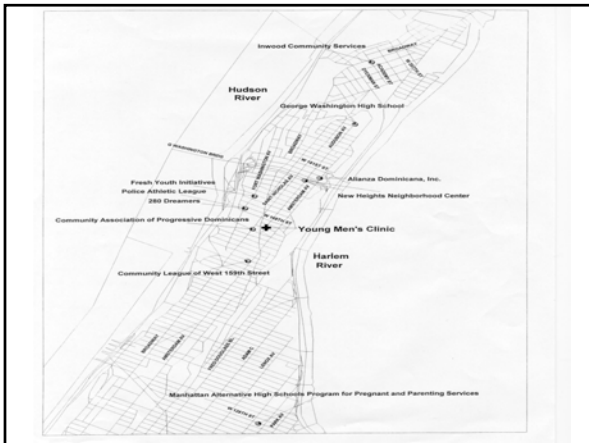
Comprehensive Services

- To ensure comprehensive health services, SBHCs led by a community health-care institution
- Three-quarters of SBHCs administered by community health center, health department, or hospital

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CHEP School-Based Health Centers

- I.S. 164 (1986)
- I.S. 52 (1986)
- I.S. 143 (1989)
- I.S. 136 (1990), now TMA/B&R
- George Washington High School (1995)
- High School for Pregnant Teens (1998)
- Family Academy (2002)



Staffing

- Nurse practitioner or physician assistant
- Social worker (MSW) or psychologist
- Health educator
- Health advocate
- MD

SBHC Services

- Medical
- Mental Health
- Health Education
- Social Work/Support

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In Your Face (Tiezzi)

- **Group and individual counseling in the SBHC**
- **Classroom education**
- **Intensive case management and case finding**
- **Referrals to YMC and YAC**
- **STD prevention services**
- **HIV pre & post- test counseling and testing**

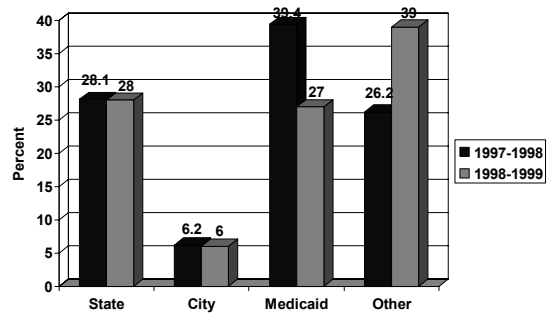
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Evaluation

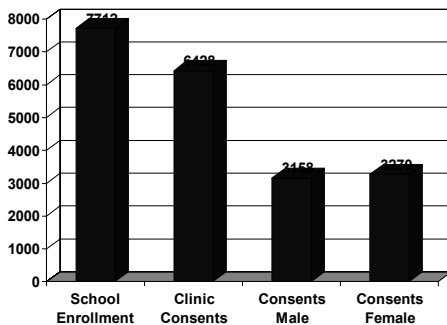
- **Pregnancy rates among teens younger than 15 decreased by 34% over four years**
- **In the fourth year of the program, the pregnancy rate in one school that was unable to continue *IYF* had three times the rate of pregnancy as three program schools (16.5 per 1,000 female students versus 5.8 per 1,000)**

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CHEP SBHC Funding



School Enrollment & Clinic Consents



Screening Survey:

administered school-wide risk screening survey to identify students who might otherwise not utilize health services

Results

- **Fall 1997, over 2,200 7th and 8th graders surveyed:**
 - 3% cigarettes every day
 - 2% alcohol every day
 - 13% sex
 - 2% tried suicide
 - 15% easy to buy gun

- 6% adult in home use substances
- 13% > 1 fight in past 3 months
- 12% “Hooky Party” in past year
- 38% something happen makes them feel terrible when think about it
- 16% to a Botanica

Bipolar Disorder

- Manic episodes fluctuate with depressive
- Usually depressive first; manic maybe not for years
- Often begins in adolescence
- Manic: energetic, confident, special, trouble sleeping but not tired, talk a lot & rapidly, racing thoughts, disorganized, inflated sense of self, reckless behavior

Reactive Depression

- AKA “adjustment disorder with depressed mood”
- Brief
- In response to rejection, loss, disappointment
- Most common mood disorder

Case Study

“Male Adolescent Use of Health Care Services: Where Are the Boys?”

Arik Marcell, etal. Jnl of Adolescent Health, 2002: 30

- Secondary analysis of NAMCS, NHAMCS, CAHSS
- 13 % males make fewer visits to adolescent health programs (schools, hospitals, community health centers)
- Of all adolescent health clinic venues, SBCs see *highest proportion* of males (40% vs. 60%)

DHHS Office of Family Planning

R & D funding from Title X for SBC program for male adolescents in 1999:

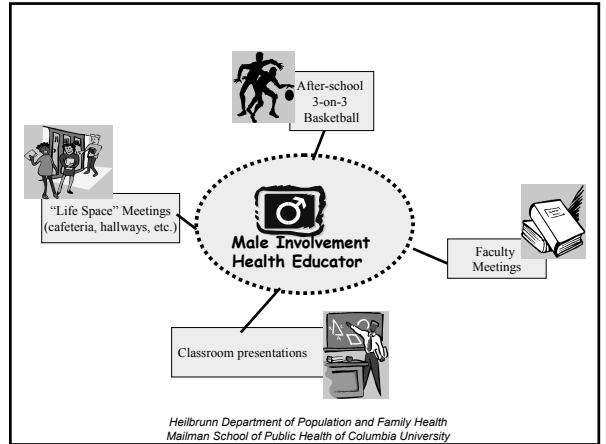
- one SBC
- full-time health educator



Engaging male students in health services at the SBC



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After-school Tournament



- 18 males
- 3 prior visit to SBC
- 15 newly recruited
- All examined and screened
- identified risk taking behaviors
- 7 of 15 new males currently in SBC groups

Brief classroom presentations to motivate young men to take health action

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Why do differences between racial/ethnic groups exist?



Health Disparities:



- Infant mortality
- Cancer
- Cardiovascular diseases
- Diabetes
- Immunizations
- HIV/AIDS

There are many reasons...



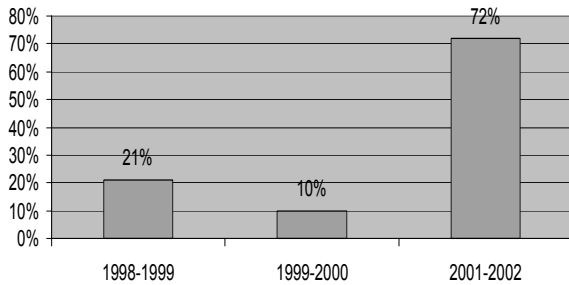
- Risky behaviors
- Unhealthy environments
- Not enough health services
 - Other ideas?



Clinic-based Activities

- Comprehensive intake assessment
- Small groups
- Case management of high risk
- Referrals

Percentage of enrolled male students making individual health ed visit to SBC



Condom Distribution Programs in Schools



- In >400 U.S. high schools (1997)
- 22 randomly selected schools in NYC & Chicago
- Modest, significant increase on condom use
- Does not increase rates of sexual activity
- “school may not be the best place to reach adolescents at highest risk of HIV infection”???????