

School Based Health Clinics

Five School-Based Health Clinics (SBHCs) are being placed in NYC high schools that are located in high poverty and high teen pregnancy neighborhoods. The clinics will provide comprehensive health and reproductive services.

<i>Agency</i>	<i>Start Date</i>	<i>Number Served per year</i>	<i>CEO Budget (City FY 08)</i>	<i>Total Budget (City FY 08)</i>
The Department of Health and Mental Hygiene	2007-2008 School Year ¹	TBD by enrollment at each SBHC	\$827,000	\$1.3 million (program expenses); \$1 million (capital expenses)

Problem Statement

Teen pregnancy continues to be a serious health and poverty issue in New York City. In 2004, there were 8,415 births and 13,859 teen abortions to 15-19 year old females citywide. Teen pregnancy rates are highest among black and Hispanic teenagers.^{2,3} Teen mothers are also less likely to complete high school and earn an adequate living. As a result, young mothers are more likely to require public assistance to support themselves and their children.⁴

Research and Evidence

Studies have shown an increase in the use of contraception and a decrease in the rate of teen pregnancy when school-based or school-linked clinics include reproductive health services. These services include one-on-one counseling, the provision of contraceptives and condoms, and the dissemination of educational materials.^{5,6} One evaluation of a school-based reproductive health services program used pre and post-test data to compare program schools and comparison schools that had no pregnancy prevention program. The results showed that after 28 months program schools experienced a 30.1% decline in pregnancy rates, whereas comparison schools showed a 57.6% increase in pregnancy rates.⁷ It is also worth noting that research has established that the provision of contraception at school-based clinics does not increase or hasten the onset of sexual activity of students.⁸

Evidence of Cost Savings

Teen pregnancy is associated with significant costs to the health care system and to society. It is estimated that in 2004, the 22,977 teen pregnancies (ages 15-19) in New York City cost nearly \$112 million in health care expenditures alone. In addition, studies estimate that 79% of teen mothers are likely to use public assistance after delivery.⁹ In New York City, this translates into a cost of over \$21.8 million per year in public assistance alone.¹⁰

The return on investment will be seen in the form of reduced health care and public assistance expenditures. Reducing the teen pregnancy rate by 25% could result in a savings of nearly \$28 million in health sector costs and over \$5.4 million in annual public assistance costs. In addition to monetary savings that are associated with a reduction in teen pregnancy, delaying pregnancy will increase young girls' chances of completing their education (and thereby raising their earning potential), supporting themselves, and having healthier babies.

Program Description

Reproductive health services in school have the potential to reduce teen pregnancy and other health risks associated with sexual activity. Because School-based Health Clinics (SBHCs) provide comprehensive primary care services, they also offer a non-stigmatized environment for reproductive health services. SBHCs are being established in five selected "high-need" high school sites. The onsite reproductive health services are confidential, and include dispensing of contraceptives, testing for pregnancy and sexually transmitted infections, education, counseling, referrals for additional services, and the reinforcement of activities aimed at reducing teen pregnancy and sexually transmitted infections.

The Department of Health and Mental Hygiene contracts with major health providers, such as Columbia Presbyterian or the Health and Hospitals Corporation, to provide comprehensive primary care services that are delivered by a nurse practitioner or physician assistant with physician oversight. Staff will also support the Department of Education's health education curriculum that stresses abstinence and provides information on reducing risky behaviors.

Target Population

SBHCs are being opened in high schools in areas with high-poverty rates. In order to use SBHCs services, a student must be enrolled in a high school where an SBHC is located.

Expected Outcomes

Short-Term:

- Enroll 70% or more HS students in the SBHC
- Distribute information at SBHC on pregnancy, STI prevention and general health
- Test for and treat STIs
- Prescribe and dispense hormonal contraception to sexually active enrollees

Long-Term:

- Reduce number of teen births
- Increase utilization of health care services (visits to provider) by enrollees
- Increase utilization of reproductive health care services
- Increase rates of hormonal contraceptive use
- Decrease prevalence of STIs

¹ One site opened September 2007. The remaining sites will open in 2008.

² Data from DOHMH Bureau of Vital Statistics. 2006.

³ Data from DOHMH Bureau of Vital Statistics. Analyses conducted by Bureau of Maternal, Infant & Reproductive Health, 2006.

⁴ As-Sanie, Sawzan, M.D., M.P.H., Angela Gantt, M.D., M.P.H., and Marjorie S. Rosenthal, M.D. "Pregnancy Prevention in Adolescents." *American Family Physician*. October 15, 2004.

⁵ Zabin Laurie S., Marilyn B. Hirsch, Edward A. Smith, Rosalie Streett, Janet B. Hardy. "Evaluation of a Pregnancy Prevention Program for Urban Teenagers." *Family Planning Perspectives*. Vol. 18, No. 3 (May - Jun., 1986), pp. 119-126.

⁶ Koo Helen P., H. Dunteman, Cindee George, Yvonne Green, Murray Vincent. "Reducing Adolescent Pregnancy Through a School- and Community-Based Intervention: Denmark, South Carolina, Revisited." *Family Planning Perspectives*, Vol. 26, No. 5 (Sep. - Oct., 1994), pp. 206-211,217.

⁷ Zabin et. Al., 1986.

⁸ Ibid.

⁹ Acs, Gregory, and Heather L. Koball. "TANF and the Status of Teen Mothers under Age 18." The Urban Institute. No. A-62 in Series, *New Federalism: Issues and Options for States*. June 2, 2003.

¹⁰ District Resource Statement FY04-05; HRA Facts Quarterly Supplement - October 2004; New York State Temporary & Disability Assistance Statistics - October 2004.