

2014-2015 Program Report Card: Hartford - Sanchez Elementary School School-Based Health Center (K-8)

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.

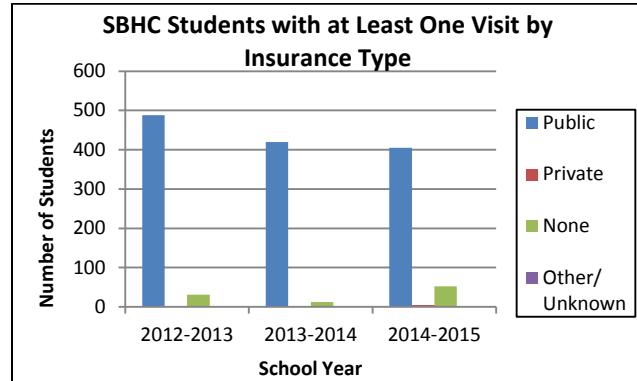
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 15	\$264,108	\$0	\$0	\$84,500 *	\$155,118	\$503,726
Estimated SFY 16	\$229,407	\$0	\$0	\$105,000*	\$188,096	\$522,503

Sponsoring Agency: Hartford Board of Education

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:

With the proliferation over the past few years of magnet and charter schools, there has been a decrease in overall student population at Sanchez Elementary School. The total school population has held at about 500 students. In all years, the percentage of SBHC enrolled students has remained in the area of 90%, with slight decrease to 462 of 529 students (87%) in 2014-2015.

The percentage of those with public insurance has decreased over the period to 88% (405) of users in 2014-2015. In previous years the percentage was 94% (488 of 519) in 2013-2014 and 97% (488 of 519) in 2012-2013. The percentage of those with no insurance has risen in

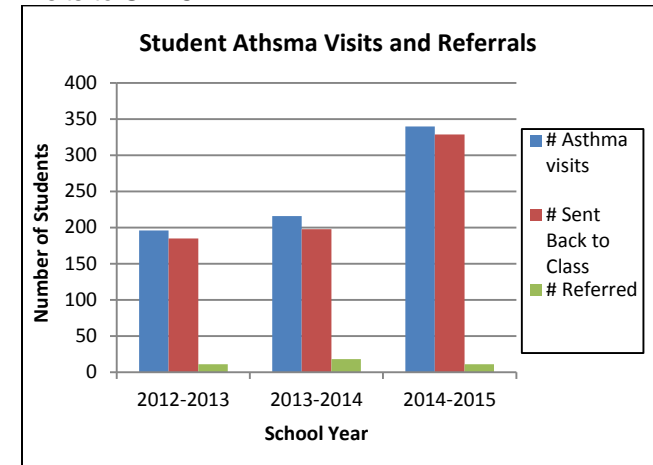
2014-2015 to 11% (52 of 462) from 3% (12 of 432) in 2013-2014. In 2014-2015, there were 4 students with private insurance. Likewise, there was one student whose insurance status was unknown. In previous years there were no privately insured enrollees or enrollees with an unknown insurance type. The appearance of private insurance might be due to the Affordable Care Act but there is not enough data at this point to tell.

Staff refers uninsured students to CT Husky and encourages all parents to make sure that their child's enrollment to Husky is current. Hartford continues to work with CT DSS to make the enrollment process more effective and efficient.

Trend: [◀▶ Flat/ No Trend]

How Well Did We Do?

Reduce Number of Asthma Severity and Frequency Visits to SBHC



Story behind the baseline:

The nurse practitioner at Sanchez is responsible for assuring that students presenting with asthma have asthma action plans and understand how and when to use their asthma medication. If students do not have an action plan, the nurse practitioner will create one and provide the appropriate education. Hartford continues to work with CCMC Easy Breathing for Schools program on improving collaboration between SBHC practitioners and PCPs to ensure better asthma control among our students.

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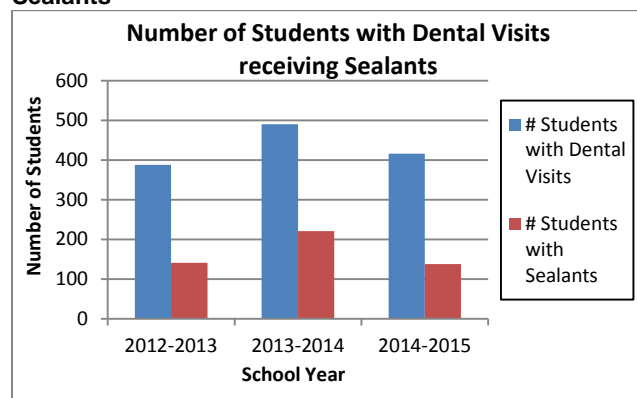
Out of 340 asthma visits at Sanchez during 2014-2015 329 (97%) students were sent back to class. This illustrates the importance and the effectiveness of the SBHC in getting students back to the classroom as quickly as possible, creating better long term academic outcomes.

The expected incidence of asthma in Hartford is about 25% of children in the elementary school age group. As the data reflects (340 asthma visits in 2014-2015 versus 216 visits in 2013-2014), we have been more aggressive in identifying and providing service for our students with asthma. Sanchez has seen increased efforts on the part of the SBHC nurse practitioner and the school nurse working in collaboration to ensure that students with asthma are appropriately treated and monitored.

Trend: [▲]

Is Anyone Better Off?

Number of Students with Dental Visits that got Sealants



Story behind the baseline:

Dental services are provided by the dental assistant, hygienist and dentist. Students are enrolled using a separate dental registration form. The medical and dental student registration documents have been combined to reduce the amount of paper that parents have to complete.

138 of 416 (33%) SBHC enrolled students who came in for dental treatment received sealants as a preventive measure compared to 221 of 490 (45%) in 2013-2014. The data reveals a decrease in both the number of dental visits and sealants provided in 2014-2015. The figure does not reflect what percentage of the 416 had received sealants in previous years. In other

words, in performing the dental assessment for the 416 students, 138 were found in need of sealants at the time of the examination and those teeth were sealed.

It is the policy of the dental program that all students presenting for dental services will be given an oral examination and dental health education as a part of an ongoing preventive effort. When other services are found necessary during the course of the oral risk assessment, then further visits will be scheduled to provide those services. Services that cannot be addressed by the staff are referred to outside practitioners. Referred services are usually less than 2% (5 users at this site).

This graph does not reflect the true scope of dental services provided to Sanchez SBHC users, including, oral health screenings, oral hygiene instruction, fluoride and dental caries treatments and documentation of oral health risk assessment. The numbers of students receiving these services in 2014-2015 were: 268 (64%) students received fluoride treatment; 144 (35%) students received services to address dental caries.

A dental sealant quickly bonds into the depressions and grooves of the teeth, forming a protective shield over the enamel of each tooth. Children should get sealants on their permanent molars and premolars as soon as these teeth come in. In this way, the sealants can protect the teeth through the cavity-prone years of ages 6 to 14. Sealants can protect teeth from decay for up to 10 years and need be applied only once, but they should be checked for chipping or wearing at regular dental check-ups and reapplied if needed.

Trend: [◀▶ Flat/ No Trend]

Notes:

* Reflects funding provided by the local Board of Education

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 with 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 and the school nurse.
- Nurse practitioner 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.

Dental Sealants:

- Dental screenings/exams are performed twice annually. We will increase student SBHC enrollments.
- Staff will schedule students for regular preventive and treatment visits. The goal is to schedule students for dental exams twice yearly.
- Clinic users will receive appropriate sealant/preventive/ treatment from licensed hygienists and dentists.

Data Development Agenda:

- The first attempt at instituting an Electronic Health Record for Hartford SBHCs was not successful. Practitioners found the EHR cumbersome and not user friendly. Hartford will continue to explore other options to streamline the process of exporting our data from an EHR to DPH
- Data entry staff and/or Medical Assistants will use existing data to enter all encounter visit data and date of asthma action plan to the SBHC data base.
- All dental 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).

Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend