

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

Danbury High School, Broadview Middle School, and Rogers Park Middle 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 for school age students, so that they are healthy and ready to learn.

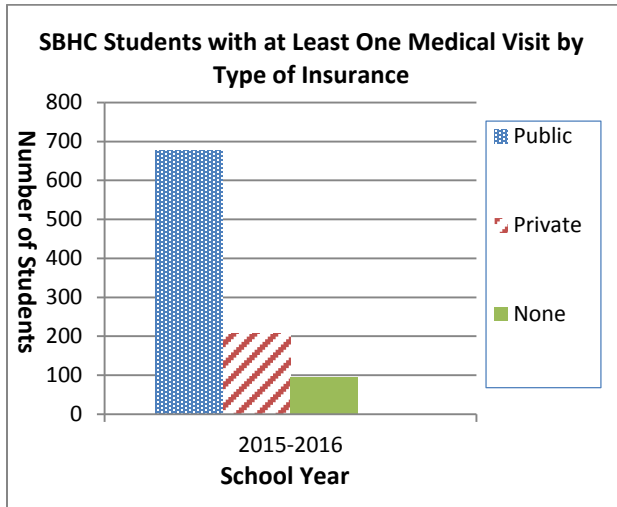
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 16	\$671,304*	\$0	\$0	\$0	\$387,023*	\$1,058,327
Estimated SFY 17	\$626,893*	\$0	\$0	\$0	\$400,000*	\$1,026,893

Sponsoring Agency: Connecticut Institute for Communities- Greater Danbury Community Health Center

Partners: City of Danbury, Western CT Health Network (Danbury Hospital, Samaritan Health Center), Danbury Board of Education (Oral Health Collaborative), Parents, Students, CASBHC, DPH, DSS, School Nurses, 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 three schools was 4,936, and the total enrolled in the School Based Health Centers (SBHCs) was 4,298 (87% of population). The number of students served for medical visits was 979 (23% of the enrolled and 20% of the total population). The average number of visits was 3 per patient (3,046 visits for 979 students served). Of the students served in 2015-2016, 676 (69%) were publically insured, 208 (21%) were privately insured and 95 (10%) had no insurance.

In 2015-2016, clinic staff continued to focus their efforts towards increasing awareness and utilization of the SBHCs. Insurance status was checked at every visit. Students who were identified as having no insurance were put into contact with multi-lingual Eligibility Specialists who could assist with public insurance applications. The office managers reached out to parents of students whose insurance had lapsed to encourage them to reinstate their insurance.

Student Population, Enrollment, Number of Medical Visits and Number Served in DHS Funded Schools in Danbury Public School District 2015-2016				
Schools	Population	Enrolled	Medical Visits	Medical Served
DHS	2,954	2,775	1,077	408
BMS	1,016	773	690	229
RPMS	966	750	1,279	342
Total	4,936	4,298	3,046	979

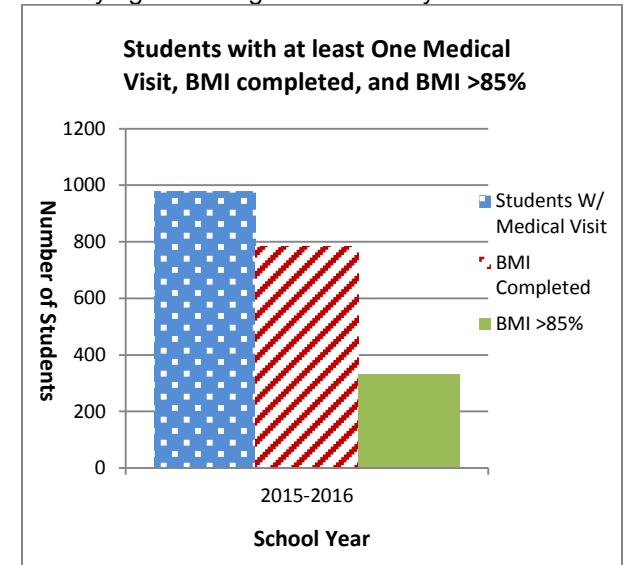
Outreach was individualized to suit school needs. Activities included classroom orientation sessions for students and presentations for parents at Open House Nights. Registration forms were mailed to all school enrollees and provided to students who entered school after the initial registration period.

Registration forms in English, Spanish and Portuguese were available on the school district website.

Trend: ◀▶

How Well Did We Do?

Identifying Overweight and Obesity in SBHC Users



Story behind the baseline:

Of the 979 students served in 2015-2016, 785 (80%) had their height and weight measured for a BMI

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

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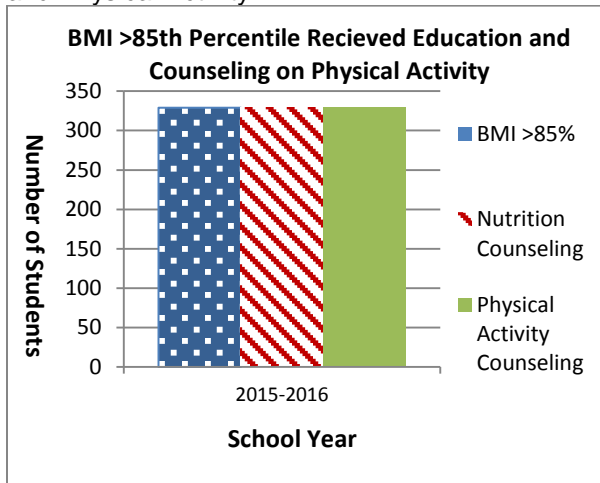
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calculation. The SBHCs identified 329 students (42% of those with recorded BMI) who had a BMI percentile equal to or greater than the 85th, putting them at risk for negative health effects associated with being overweight and obesity.

Trend: ◀▶

Is Anyone Better Off?

BMI > 85th percentile and Counseling on Nutrition and Physical Activity



Story behind the baseline:

Of the 329 students with a BMI >85% in 2015-2016, all 329 were given counseling in both nutrition and physical activity. Educational tools utilized by the middle schools include the 5-2-1-0 Plan and ChooseMyPlate.org materials. These materials were available in multiple languages and were reviewed in the office at the time of the visit and sent home with the student. At RPMS, the APRN included a section on the importance of maintaining a healthy BMI through physical activity and healthy diet to the 8th grade health classes. RPMS also organized a Lunch and Learn table during all grade lunch periods that focused on the hidden sugar in foods.

The BMS APRN developed a BMI template in the EMR that was utilized for students with a BMI greater than or equal to 95%. The BMI template focused on creating a personalized weight loss management plan based upon the student's self-reported goals and barriers to weight loss. Every 2 months the template was revisited and the management plan revised as necessary.

The high school utilized handouts from the University of Pittsburgh Medical Center entitled, "Weight Management Tips – Exercise" and "Weight Management Tips – Diet". Students were also advised to keep a food diary for four days. At follow up, the food diary was reviewed and food choices were discussed. Students were taught how to read food labels and about fat and sugar contents. There were given tips for healthy food choices and advised to start an exercise program if they were not active.

All schools had literature and posters available in the waiting and exam rooms encouraging healthy diet and physical activity.

Trend: ◀▶

Notes:

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

Proposed Actions to Turn the Curve:

How Much Did We Do:

Survey the staff to assess their knowledge of the medical and mental health services available at the SBHC.

How Well Did We Do:

The SBHCs will increase the number of students with a recorded BMI as to be able to identify more students who are overweight or obese to better plan

interventions to decrease morbidity and mortality. The middle schools are working on capturing BMI data on students who only receive mental health services to hopefully identify more students who would benefit from BMI counseling. The school nurses will refer any student they deem could benefit from counseling in nutrition and physical activity.

Is Anyone Better Off:

In the upcoming year, at least 50% of students with a BMI >95th percentile will be asked to return for a follow-up visit and a patient-specific care plan focusing on improved nutrition and increased physical activity will be created and follow-up appointments offered.

Data Development Agenda:

1. Work to ensure that data recorded in eClinicalWorks can be extracted and sent to DPH.
2. Document in EHR number of students with follow-up visits for nutrition and exercise counseling by diagnosis code.
3. Document in EHR actual weight loss/reduction in BMI by diagnosis code.
4. Continue to work on aligning EHR generated reports to meet DPH requirements.