

2015-2016, Hartford Public Schools- School Based Health Centers, Medical Services (Grades PK-12)

Clark, Sanchez, MD Fox, HPHS, JMA, Bellizzi

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

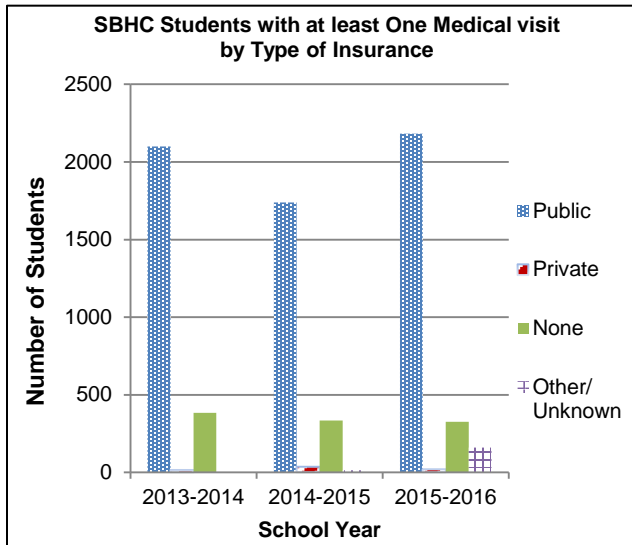
Contribution to the Result: School Based Health Centers provide healthcare for school age students, so that they are healthy and ready to learn.

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	\$839,361*	\$0	\$125,000**	\$6,041***	\$578,019	\$1,548,421
Estimated SFY 17	\$781,161*	\$0	\$125,000**	\$6,041***	\$575,000	\$1,487,202

Partners: Parents, Students, CASBHC, DPH, DSS, Board of Education, School Nurses, Administrators, and Faculty, 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, 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 Easy Breathing for Schools, CCMC CASE, CT State Dental Association, Hartford Care Coordination Collaborative, Connecticut Interscholastic Athletic Conference, Healthy Eyes Alliance, Greater Hartford Lions Club, Brain Injury Alliance of CT, AMR CPR Training, Community Health Centers, Inc.

How Much Did We Do?

Access and Utilization



Story behind the baseline:

The total student population for the schools where clinic sites were located was 4,491 in 2014-2015 and decreased to 3,613 in 2015-2016. The total number of students enrolled within the School Based Health Centers decreased from 4,144 in 2014-2015 to 3,334 in 2015-2016. In 2014-2015, 2,122 of enrolled students had at least one medical visit with 1,739 (82%) on public insurance, 36 (2%) on private

insurance, 335 (16%) with no insurance, and 12 (1%) with other/unknown insurance. In 2015-2016, 2,686 students had at least one medical visit with 2,181 (81%) on public insurance, 20 (1%) on private insurance, 326 (12%) with no insurance, and 159 (6%) with other/unknown insurance. In 2015-2016, there were 11,670 medical visits (4.3 visits per student). This is a decrease from 12,183 visits in 2014-2015 and 15,584 visits in 2013-2014. This may be due to the overall districtwide student population decrease.

The SBHC clinic staff worked vigorously to increase access and utilization through classroom visits, working directly with parents of current and new students to complete registration processes, and developing further community outreach ideas for the 2016-2017 school year. Despite considerable efforts made to acquire public insurance for students who qualified in 2015-2016, the percentage of students with public insurance compared to the amount enrolled decreased 1% (16 students). The decrease in the amount of students with private or no insurance may be due to the reduction in student's enrollment districtwide.

While there was a decrease in school population and SBHC enrollment, there was an increase in students with at least one medical visit by 27%.

Student Population, Enrollment, Users, and Users with at least one medical visit serviced in HPS's schools 15-16				
Schools	Population	Enrolled	Medical Visits	Medical Served
Clark	240	225	378	158
Sanchez	485	479	1,385	421
JMA	208	168	562	149
HPHS	1,258	1,206	3,960	902
Bellizzi	703	647	1,366	497
MD Fox	719	609	4,019	559
Totals	3,613	3,334	11,670	2,686

Trend: [◀ ▶]

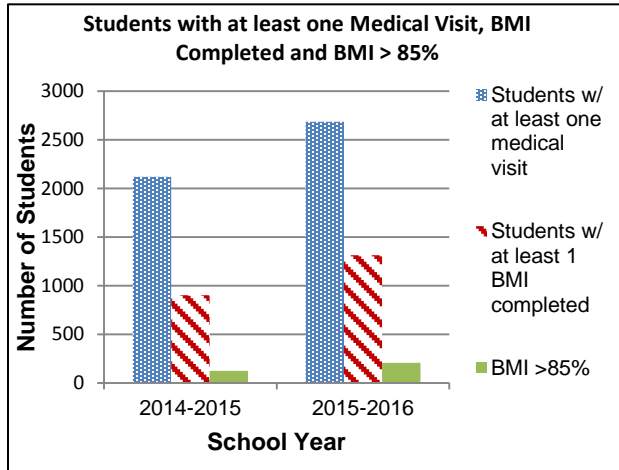
Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

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How Well Did We Do?

Identifying Obesity in SBHC Users.



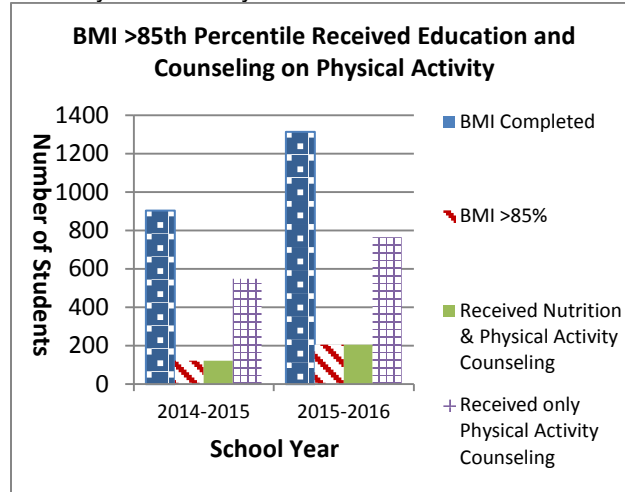
Story behind the baseline:

As of 2014-2015, all students with a medical visit were required to have a BMI calculated. Because of this change in policy, there was an increase in the number of students getting a BMI calculated from 904 (43%) students out of 2,122 with at least one medical visit in 2014-2015 to 1,314 (49%) out of 2,686 with at least one medical visit in 2015-2016. This also resulted in an increase in the number of students with BMI>85%, from 123 (14%) students in 2014-2015 to 205 (16%) in 2015-2016. This increase can be attributed to the fact that the SBHC staff has been performing a greater number of BMI screenings than in the past.

Trend: [▲]

Is Anyone Better Off?

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



Story behind the baseline:

All students with a BMI >85% are offered counseling in both nutrition and physical activity (BMI of 27 or higher). The percentage of students receiving both nutrition and physical activity counseling increased by 2%; from 14% (123 students) in 2014-2015 to 16% (205 students) in 2015-2016. The increase in the number of students counseling is due to the increase in number of students screened for BMI's. Students with a BMI of 17-26 that completed at least one BMI also receive physical activity counseling. The number of students that received such counseling increased by 217 - from 549 (61%) in 2014-2015 to 766 (58%) in 2015-2016.

Trend: [▲]

Notes:

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

**Maternal and Child Block Grant Funds

*** Planned Parenthood of Southern New England Grant

Proposed Actions to Turn the Curve:

How Much Did We Do:

- Increase staff and parent coordination to provide preventative care to students and maintain treatment of routine illnesses.
- Increase access that is school-based to reduce student absenteeism, sickness, and parental burden of seeking outside treatment.

How Well Did We Do:

- Increase the number of BMI screenings to identify which students could benefit most from counseling on nutrition and exercise. This is a continuation on the preventative approach as the staff is working towards identifying possible health issues earlier.

Is Anyone Better Off:

- Place an emphasis on educating students on good nutrition and health through counseling on topics such as healthy eating choices and exercising.
- Review student recommendations in the student satisfaction survey of what they would like to see offered by the clinic.

Data Development Agenda:

1. Document Students Satisfaction Survey results and number of counseling visits in the database.
2. Document any changes in BMI and weight.
3. Work to ensure that data can be extracted and sent to DPH when requested.