

2015-2016, Waterbury - School Based Health Centers, Medical Services (grades K - 12)

Driggs Elementary School, Crosby High School and Wallace 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.

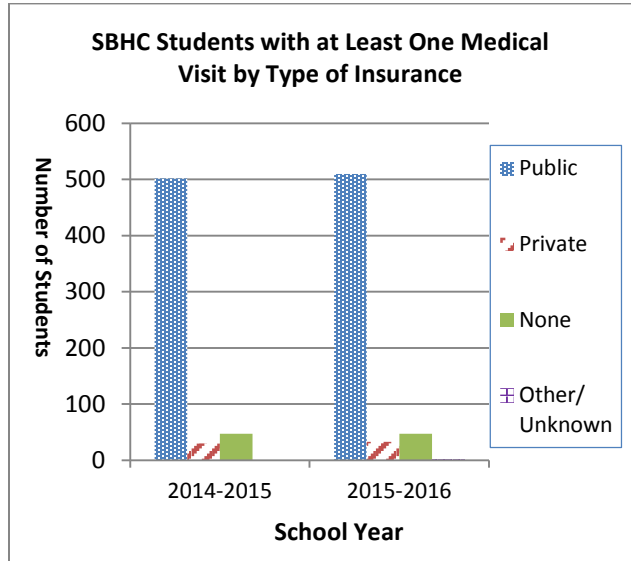
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 16	\$272,484*	\$0	\$0	\$0	\$444,543	\$717,027*
Estimated SFY 17	\$256,435*	\$44,000**	\$0	\$0	\$444,550	\$744,985*

Sponsoring Agency: StayWell Health Center

Partners: Waterbury Board of Education, Teaching Faculty; School Nurses, Psychologist and Social Workers; Administrators, Parents, Wellmore Behavioral Health, University of New Haven, CASBHC, DPH, DSS, Bridge to Success Community Partnership, CT Chapter of the AAP, School Based Health Alliance

How Much Did We Do?

Access and Utilization



Story behind the baseline:

In 2015-2016 the total student population for Driggs Elementary & Crosby/Wallace was 2,935. The total enrolled in the School Based Health Centers (SBHC) was 2,107. Driggs has a high student turnover rate, which accounts for the number enrolled being higher than the school census. It is therefore difficult to determine the percentage of enrollment, but we

estimate it is close to 100%, which exceeded our goal of 70% student enrollment.

In 2015-2016 the total student population for Crosby High School and Wallace Middle School was 2,397, and the total enrolled in the SBHC was 1,490 (62% of population), which exceeded our goal of enrolling 40% of students.

The number of students receiving medical services was 592 (28.1% of enrolled), with an average number of 1.95 medical visits. There was a slight increase of 2.2% in the number of students served from 2014-2015 (579) to 2015-2016 (592). Note that this was in spite of a decrease in medical hours in 2015/2016 due to both APRNs being on maternity leave during part of the year.

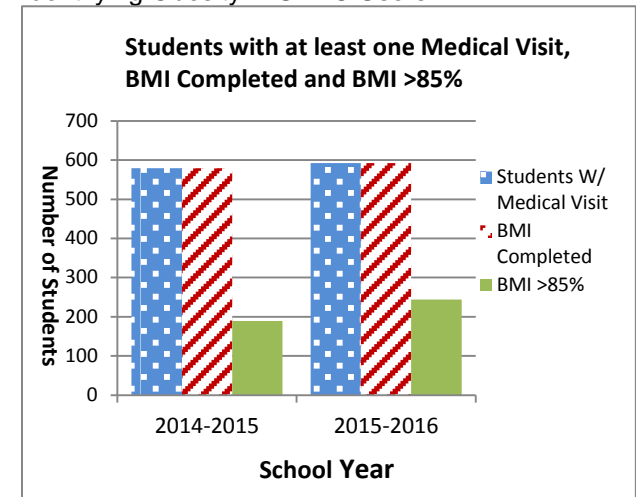
We continue to make considerable effort to acquire public insurance for students who qualified and had a status of none or unknown. Due to these ongoing efforts, we have maintained a high level of insured students, which has not changed significantly over the past year. Of those seen for a medical visit in 2015-2016, 510 (86%) had public insurance, 33 (6%) had private insurance, 47 (8%) had none, and 2 (.3%) had other/unknown insurance.

Trend: [◀▶]

Student Population, Enrollment, Number of Medical Visits and Number Served in 2015-2016				
Schools	Population	Enrolled	Medical Visits	Medical Served
Driggs ES	538	617	579	264
Crosby/Wallace	2,397	1,490	574	328
Total	2,935	2,107	1,153	592

How Well Did We Do?

Identifying Obesity in SBHC Users



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

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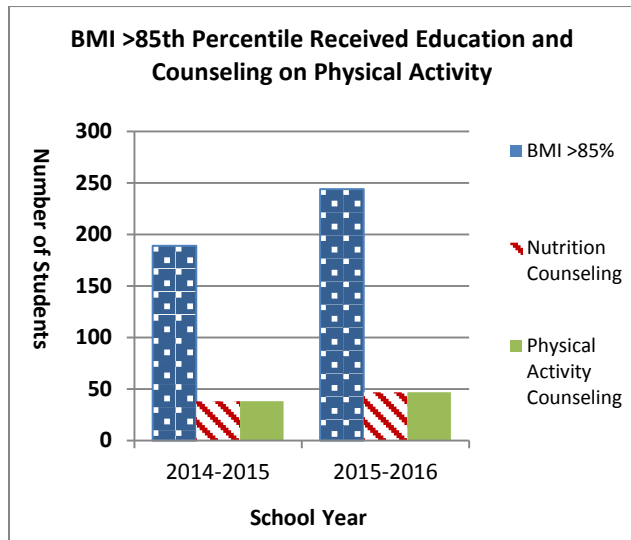
Starting in 2014-2015 all students having a medical visit were required to have a BMI calculated. It has been StayWell's policy to do so. In fact, it is a requirement to record height and weight in our Electronic Health Record, and then BMI is automatically calculated. Therefore, 100% of students who used medical services had a BMI calculated. We exceeded our goal to document BMI of 90% of students who utilize medical services.

In 2014-2015, 579 students had a BMI completed with 189 students (32.6%) having a BMI $\geq 85\%$. In 2015-2016, 592 students had a BMI calculated with 244 students (41.2%) having a BMI of $\geq 85\%$.

Trend: [▲]

Is Anyone Better Off?

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



Story behind the baseline:

All students who are StayWell patients with a BMI >85% are offered counseling in both nutrition and physical activity at the time they receive a physical where a high BMI is identified. However, due to our Medical Department's policies regarding Patient Centered Medical Home requirements, we provide nutrition and physical activity counseling only quarterly only to those students for whom the SBHC provided a physical which revealed a BMI of >85%. Counseling includes discussion regarding healthy eating & physical activity, as well as the provision of materials based on the 5210 messaging campaign given to students and parents. The 5210 messaging posters are also posted at the SBHCs. The number of students provided with nutrition and physical activity counseling was 38 (20%) in 2014-2015 and 47 (19%) in 2015-2016.

Trend: [◀▶]

Notes:

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

**Funding through OPM for facility renovations at Driggs SBHC.

Proposed Actions to Turn the Curve:

How Much Did We Do:

- Provide brochure along with enrollment form, to further explain SBHC programs and benefits to parents in order to increase use of center services.
- Provide outreach activities with parents, students and school staff, including new student kindergarten & 6th grade orientation.
- Implement use of automatic message system, which interfaces with EHR, to remind parents of scheduled appointments.
- At Crosby/Wallace, provide training at a staff development meeting to increase school staff's

knowledge of what services are available at the SBHC.

- At Crosby Wallace, identify key staff members to meet with to increase number of students who attend scheduled appointments.

How Well Did We Do:

- Provide professional development on weight management and counseling on nutrition and physical activity.
- Revise satisfaction survey to obtain additional information to gain perspective on how SBHC services are viewed, including a question to assess cultural sensitivity

Is Anyone Better Off:

- Provide counseling on nutrition and physical activity for students with BMI >85%.
- Work toward having written plans for students with a BMI of $\geq 95\%$.

Data Development Agenda:

1. Refine methods of documenting in the Greenway Intergy EHR, with the assistance of the Clinical Informatics Specialist, in order to obtain the most accurate data possible.
2. All returning clinicians will meet with the SBHC Manager re: data collection and discuss during quarterly staff meetings.
3. Data will continue to be shared by the schools in order to make data-driven decisions regarding service need and outcomes.