# 2018-2019, Danbury School Sites - School Based Health Centers, Medical Services (grades 6-12)

Broadview Middle School, Rogers Park Middle School, and Danbury High School

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

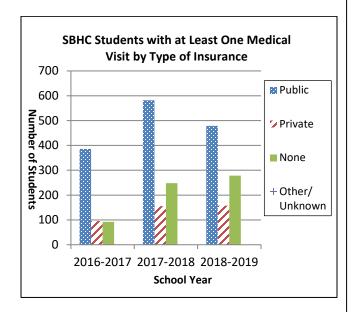
Contribution to the Result: School Based Health Centers provide healthcare for school age students, so that they are healthy and ready to learn.

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 19	\$209,704*	\$0	\$0	\$0	\$320,654	\$530,358
Estimated SFY 20	\$209,704*	\$0	\$0	\$0	\$350,000	\$559,704

Sponsoring Agency: Connecticut Institute For Communities – Greater Danbury Community Health Center Partners: Parents, Students, CASBHC, DPH, DSS, The CT Chapter of the AAP, School Based Health Alliance, Board of Education, Local Health Department

#### How Much Did We Do?

Access and Utilization



## Story behind the baseline:

In 2018-2019, the total student population for all three Danbury School Based Health Centers (SBHC) was 5,034, and the total enrolled was 4,119 (82%). The number of students who received medical services was 914 or 18% of the total population and 22% of enrolled. Enrollment has increased steadily over the last three years. In 2016-2017, 63% were enrolled; in

2017-2018, 77% were enrolled; and in 2018-2019, 82% were enrolled.

Insurance data in 2016-2017 did not include Danbury High School due to a system failure and loss of data.

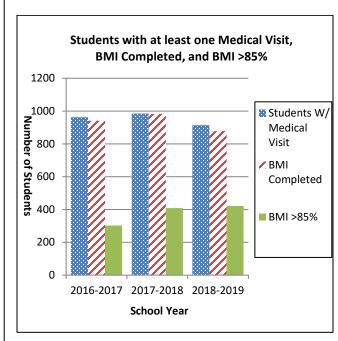
In 2017-2018, of the 985 students who had at least one medical visit, 582 (59%) had public insurance, 155 (16%) had private insurance, and 248 (25%) had no insurance. In 2018-2019, of the 914 students who had at least one medical visit, 479 (52%) had public insurance, 157 (17%) had private insurance, and 278 (30%) had no insurance. From 2017-2018 to 2018-2019, there was an 18% decrease in medical users with public insurance and a 12% increase with no insurance. While we referred uninsured students to our organization's insurance eligibility specialist, less students have likely been qualifying for public insurance or even applying.

Student Population, Enrollment, Number of Medical Visits and Number Served at Danbury School Sites 2018-2019									
Schools	Population	Enrolled	Medical Visits	Medical Served					
Broadview	973	627	640	213					
Rogers Park	1005	815	588	463					
Danbury HS	3056	2677	628	238					
Total	5034	4119	1856	914					

Trend: [▼]

### How Well Did We Do?

Identifying Obesity in SBHC Users.



# Story behind the baseline:

In 2016-2017, of the 963 students who had a medical visit, 941 (98%) had a BMI completed and 303 (31%) had a BMI greater than the 85th percentile. In 2017-2018, 983 (99%) out of 985 students who were seen for a medical visit had a BMI completed. 409 (42%) had a BMI greater than 85 percent. In 2018-2019, out

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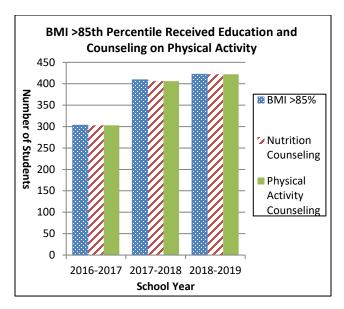
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of 914 students with a medical visit, 878 (96%) had a BMI completed. 422 (48%) had a BMI greater than the 85th percentile. The decrease in growth measurements may be attributed to a medical assistant staff vacancy, whose responsibility is to obtain growth measurements.

Trend: [▼]

### Is Anyone Better Off?

BMI > 85<sup>th</sup> percentile and Counseling on Nutrition and Physical Activity



## Story behind the baseline:

From 2016-2017 to 2018-2019, nearly 100% of students with a BMI > 85% received physical activity and nutrition counseling. Dietary counseling was provided using USDA ChooseMyPlate educational materials, as well as, the Go 5210 Plan for Healthy Living. Physical activity counseling was accomplished by encouraging 30-60 minutes of cardiovascular exercise every day. Despite these

measures and follow-up visits to assess for health changes, the percentage of students with a BMI greater than 85% has increased over the past three years and may be a reflection of the national obesity epidemic.

### Trend: [▼]

#### Notes:

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

## **Proposed Actions to Turn the Curve:**

#### How Much Did We Do:

- One measure to further increase enrollment includes a revision of the current cover-letter accompanying the SBHC registration form. This form includes "Meet the Staff" information/pictures and is written in simpler terms and will be distributed in 3 languages.
- A second measure will be to distribute SBHC registration forms to local pediatric practices and to encourage collaboration of care between the SBHC's and outside providers.

#### **How Well Did We Do:**

- Provide professional development on weight management and counseling on nutrition and physical activity.
- In an attempt to curb the obesity epidemic, we will encourage parent participation in BMI followup visits and develop individual family nutrition and exercise plans. In addition, SBHC APRNs will offer to provide a presentation on nutrition to health classes.

### Is Anyone Better Off:

 Despite the fact that nearly 100% of students with BMI >85% were provided nutritional and exercise counseling, obesity remains on the rise as reflected by national data. We will continue to tailor our approach based upon our community's needs and cultural norms. We will continue to be diligent with follow-up visits and positively reinforcing even the smallest of healthiest changes.

### **Data Development Agenda:**

- An EHR template will be developed for follow-up BMI > 85% visits. The template will focus on student identified barriers to weight loss, goals for change and methods to achieve these goals.
- 2. BMI and blood pressure data will be documented initially and at each follow-up visit.
- We will continue to work with our organization to ensure that data collection and extraction can easily be achieved to provide DPH with the most reliable data.