



# School Based Health Centers Partners to Reduce Chronic Absenteeism



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*Healthy Attendance Matters!*

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# What is a School Based Health Center?

## Public Act No. 15-59

### AN ACT CONCERNING SCHOOL-BASED HEALTH CENTERS

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (Effective October 1, 2015) (a) As used in sections 19a-6i of the general statutes, as amended by this act, 19a-7d of the general statutes, as amended by this act, and 19a-638 of the general statutes, as amended by this act:

1. "School-based health center" means a health center that: (A) Is located in, or on the grounds of, a school facility of a school district or school board or of an Indian tribe or tribal organization; (B) is organized through school, community and health provider relationships; (C) is administered by a sponsoring facility; and (D) provides comprehensive on-site medical and behavioral health services to children and adolescents in accordance with state and local law, including laws relating to licensure and certification.

(2) "Expanded school health site" means a health center that: (A) Is located in, or on the grounds of, a school facility of a school district or school board; (B) is organized through school, community and health provider relationships; (C) is administered by a sponsoring facility; and (D) provides medical or behavioral services, including, but not limited to, dental services, counseling, health education, health screening and prevention services, to children and adolescents in accordance with state and local law, including laws relating to licensure and certification.



## Why do students use School Based Health Centers?

*“Youth bring all of their issues to school”*

**Asthma**

**Tooth pain**

**Domestic violence**

**Illnesses and injuries**

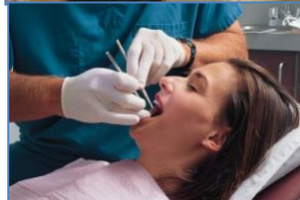
**Learning disabilities**

**Peer conflict**

**Diagnosed and undiagnosed mental health conditions**

**Homelessness**

**And many more issues...**





## Medical Services

- **Treatment of illnesses and injuries**
- **Management/treatment of chronic diseases**
- **Referrals for specialty care (orthopedics, pulmonology, gastrointestinal disorders, cardiac care, etc.)**
- **Health education / Immunizations / provide prescriptions**
- **Case management with students, families, primary care providers, and specialty care providers**





## SBHC Waiting Room



## SBHC Medical Exam Room



## SBHC Dental Room







## Mental Health Services



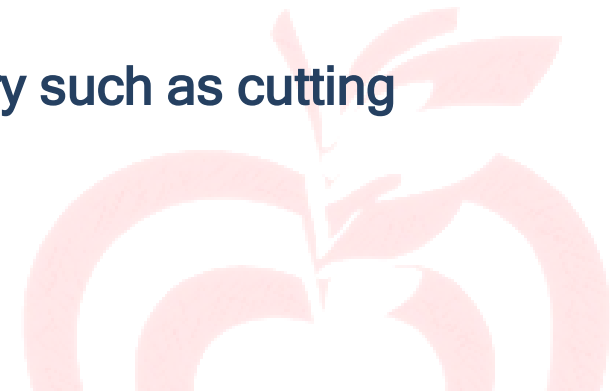
- Individual, group, and family therapy
- Support groups for topics such as anger management, substance abuse, bereavement, parental illness
- Some SBHCs have onsite consultation with child psychiatrists; others have direct referrals to care





## Mental health issues seen in SBHCs:

- Anxiety disorder; bipolar disorder; learning disorders; eating disorders; autism; major depression
- Psychosocial problems with family and peers
- Attention deficit disorder/ ADHD
- Victimization; traumatic stress
- Alcohol / substance abuse
- High risk behavior; self-injury such as cutting





## SBHC Dental Services

- **Dental Hygiene and Restorative Treatment may be provided:**
  - **Onsite fixed dental operator in or near SBHC or portable dental equipment that moves from school to school**
  - **Cleanings, sealants, fluoride treatments, x-rays, health education**
  - **Exams, fillings, other restorative dental procedures**
  - **Partnerships with community dentists**

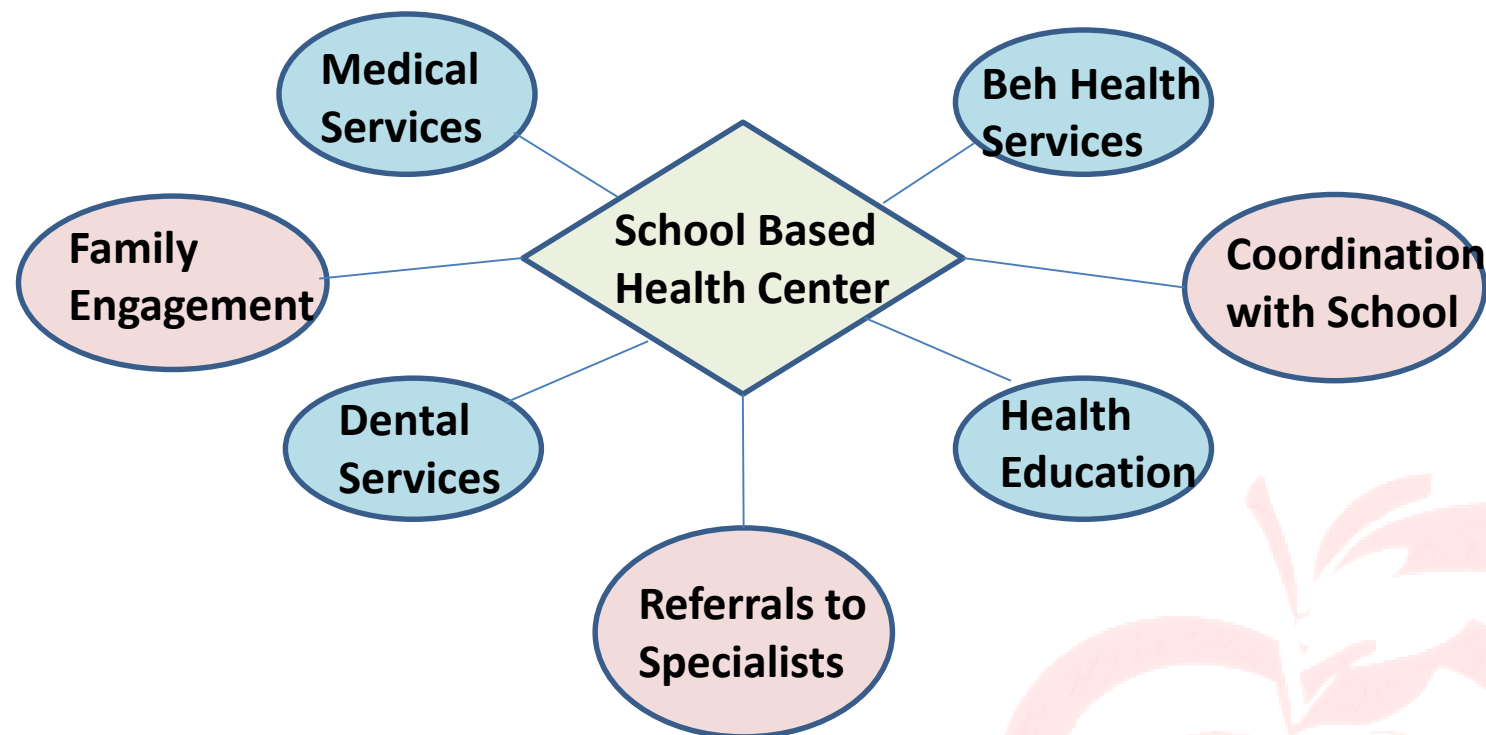






# Integrated Care Model

School Based Health Centers *Integrate and Coordinate* Primary Medical Care, Behavioral Health Therapy, and Dental Services in one location



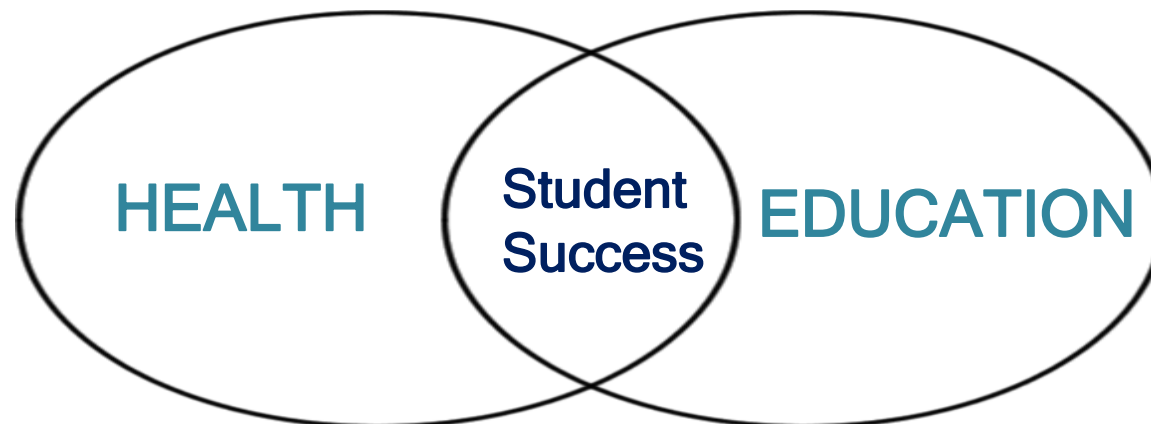


# Health and Education Sectors

- Health and Education work in silos
- Have separate data and separate systems



**We can connect it better**





## State-funded SBHCs in Alliance Districts \*

Chronic Absence State Average = 9.6%

| Alliance District | # of SBHCs | District CA Percent 2015-2016 |
|-------------------|------------|-------------------------------|
| Ansonia           | 1          | 14.5%                         |
| Bridgeport        | 11         | 17.4%                         |
| Danbury           | 3          | 7.4%                          |
| East Hartford     | 6          | 12.9%                         |
| East Haven        | 1          | 10.2%                         |
| East Windsor      | 1          | 12.2%                         |
| Hamden            | 2          | 18.4%                         |
| Hartford          | 6          | 22.4%                         |
| Meriden           | 9          | 12.7%                         |
| Middletown        | 4          | 9.1%                          |
| New Britain       | 3          | 18.0%                         |
| New Haven         | 11         | 19.9%                         |
| New London        | 7          | 17.6%                         |
| Norwalk           | 3          | 10.2%                         |
| Norwich           | 1          | 10.9%                         |
| Putnam            | 1          | 14.7%                         |
| Stamford          | 5          | 11.7%                         |
| Waterbury         | 2          | 16.2%                         |
| Windham           | 3          | 16.1%                         |

\*only state funded SBHCs are listed; some communities have additional non state-funded sites

# New Haven Public Schools

## District Snapshot

Schools – **46** Total Student Population: **21,981**

**2016-2017: Chronic Absenteeism: 18.3**

**2015-2016: Chronic Absenteeism: 19.9**

### School Health Providers:

School Health Centers=**17** Ave Enrollment=**84%**

SHC Users: 2016-2017 Med: **4,128** SW: **637**

School Dental clinics= **8** Dental Screens: **3,018**

NHHD: School Nurses: **39**



# CHRONIC ABSENTEEISM & HEALTH

## Leading Health Reasons for Absenteeism

### 1. ASTHMA-#1

- 14 million missed school days-1/3 of all missed school days.

### 2. ORAL HEALTH

- 2 million missed days-20% of students aged 5-11 has at least 1 untreated decayed tooth-NHPS=45%!

### 3. ACUTE ILLNESS (e.g. Flu, strep throat)

- 40% of children missed 3 or more days of school in past year due to acute illness.

### 4. MENTAL HEALTH

20% children experience behavioral d/o in a given year- of these,25% get the help they need.

### 5. OBESITY/FOOD INSECURITY:

- Children of food-insecure families are more likely to **have higher absenteeism rates and poor health** compared to their peers. Obese children **are 1.7 times more likely to have 10 or more absences** in a given year than their non-obese peers. **NHPS-51% of 5<sup>th</sup>-8<sup>th</sup> grade student cohort were obese/overweight.**





# 1. Collaboration Starts at District Level

## District Plan Did Not Initially Include School Health Providers

July 2016: NHPS YFCE and **School Health Center** Directors and NHHD/School Nurses Supervisor **partnered** to involve SHC staff and school nurses in the district-wide effort to reduce Chronic Absenteeism.

## Healthy Attendance Matters!

(Health “arm” of Attendance Matters!)

- Strengthen collaboration between SHCs, SNs, School Principals and staff
- Demonstrate the **impact** SHPs have on reducing absenteeism, preventing missed school/class time, and on student health.

# Health providers are not seen as “school staff”

## Often not included in key school staff meetings/initiatives



**Weight management & Counseling**



**Trusted, Caring Adults**



**Asthma Care**



**Illness Prevention**

***Health + Education : Different roles, language and goals***



**Dental Screens**



**Behavioral Health Services**

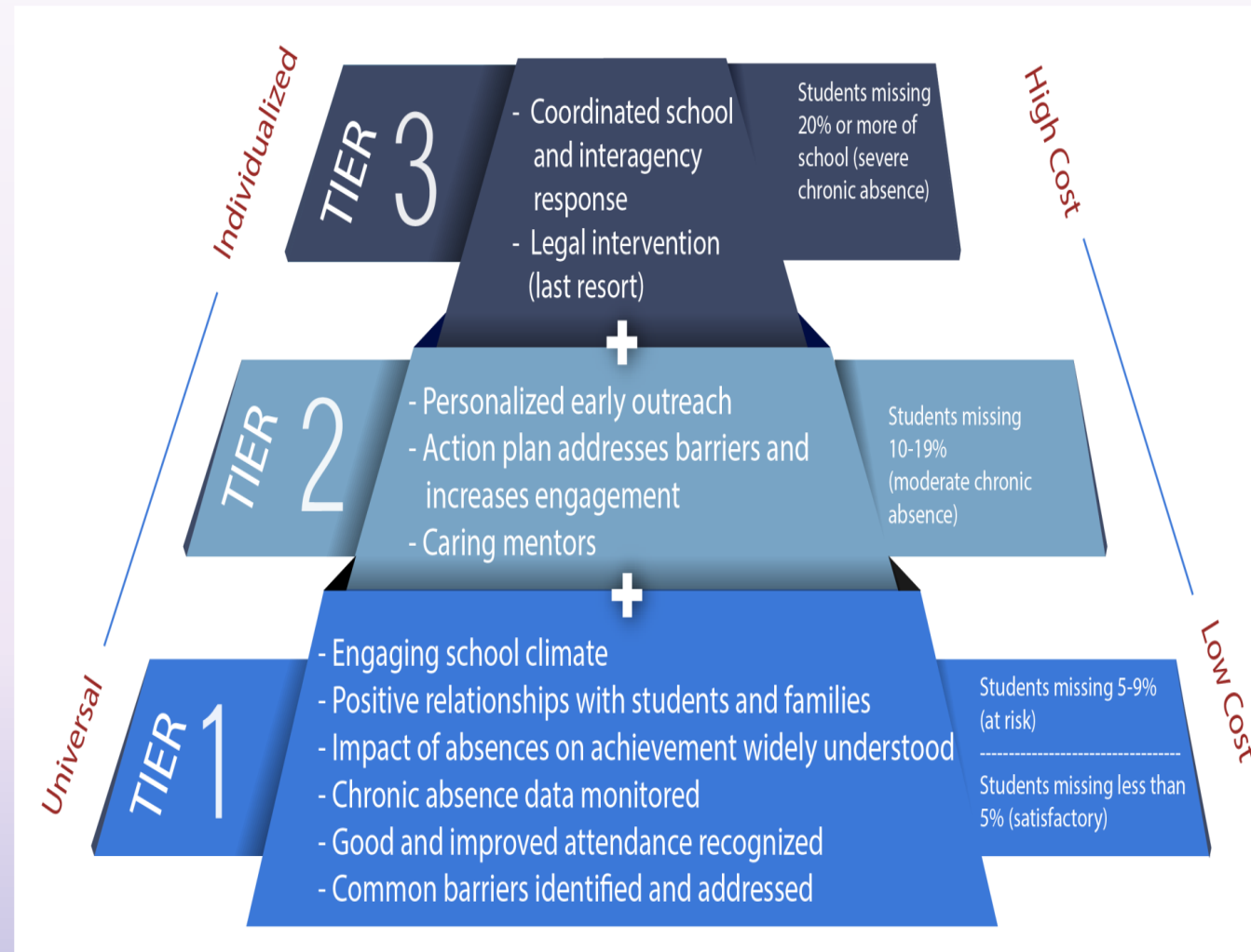


# Chronic Absenteeism: A Golden Opportunity! Connects Health & Education Worlds

- Health is a leading cause of absenteeism, and keeping students healthy is a priority for health providers
- Reducing absenteeism is a priority for districts/Principals
- Neither Health providers nor Educators can solve this alone-they need each other!
- Can finally develop a common language sharing a common goal
- Can share data and plans to provide supports to students/families

**Opportunity for each to understand/appreciate what other can contribute and to collaborate in a meaningful way**

# Educational Tiered Approach

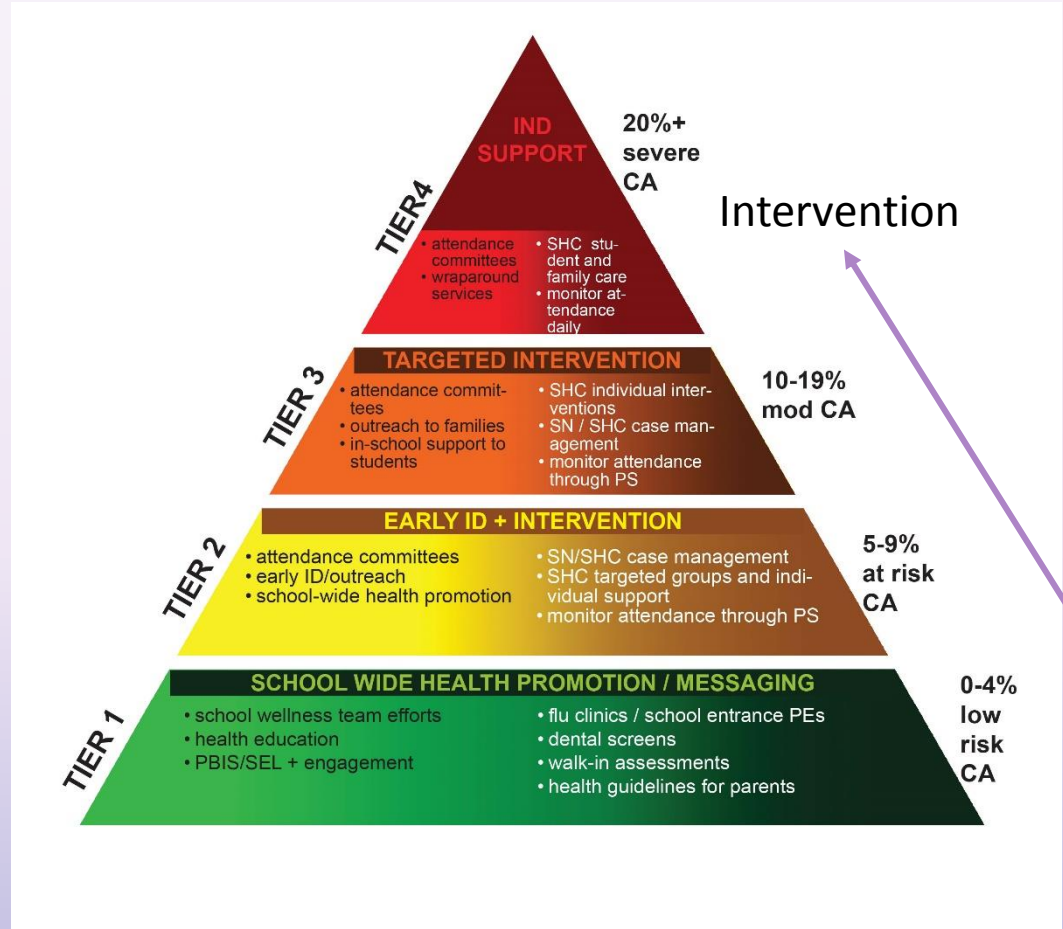


Attendance works!  
2017 SBHC conference



# Healthy Attendance Matters!

A 4 tiered approach to preventing absenteeism for health reasons.



**SHC Providers Can Address All Tiers!**

Prevention

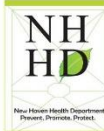



## 2. Collaboration at the School Level


Each group was presented with plan before the start of school by Directors:  
*SHC staff, SNs, Drop-out Prevention staff, Administrators*

1. Targeted Messaging – Parents and staff
2. Combine Health/Educational prevention & intervention efforts
3. SN/SHC staff: Included in School Attendance Meetings
4. Monthly Case Management meetings (health teams)
5. Walk in Health Assessment Service-SHCs
6. Urgent visit referrals to SHC-NPs
7. Process for data sharing and documenting impact

# Focused Messaging to Parents: Responsibility for Child's Health and Attendance

**HEALTHY**





**Attendance Matters!**  
**Healthy students make better learners!**

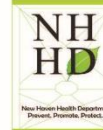

Parents, be sure your child has the support she/he needs to stay healthy and well, stay in school and be successful learners!

**Parents, have you**


- seen the school nurse about required school health forms or medical/medication needs at school?
- enrolled your child in the School Health Center?
- enrolled your child in the Dental Clinic?
- ensured that your child receives regular medical and dental health care?
- ensured that your child attends school every day?

New Haven School Change  
NEW HAVEN PUBLIC SCHOOLS


**HEALTHY**



**Attendance Matters!**

*Did you know that dental problems are the second leading reason why children miss school?*

Parents, be sure your child receives regular dental care and has good oral hygiene habits to stay healthy, well, and in school!





**Parents, have you**

- enrolled your child in the School Dental Clinic\*?
- brought your child for regular dental check-ups?
- ensured that your child has a regular dentist?
- ensured that your child brushes her/his teeth twice a day?
- limited unhealthy foods and sugary drinks from your child's diet?
- ensured that your child attends school every day?

\* in selected schools

*Have questions, need resources? Contact:*

- Sue Peters, phone #203-946-4860
- Deirdre Gruber, phone #203-946-7097
- your school nurse.

New Haven School Change  
NEW HAVEN PUBLIC SCHOOLS

## Shared Problem:

Compliance w/School Entry Health Requirements

Shared Solution: *Collaboration Health Providers/Educators*

- Letters sent to Parents in Spring-*SNs/Principals*
- SHCs open in summer for PEs/Immunizations
- Principals- Given regular updates students who are non-compliant
- SNs/SHC staff review lists weekly together
- **16-17- SHCs provided over 1,500 students with required PEs/Immunizations within first 2 months of school!**
- **17-18 December- 94% compliant!**





# RESULTS: Healthy Attendance Matters!

## Case Management Meetings-AAPs In Place

### Asthma Action Plans (AAP)-SCHOOLS w/SHCs

**Collaboration between SN and SHCs resulted in nearly 100% of students w/ Asthma meds in school having an AAP in place.**

**Percentage of students having Asthma meds with school nurse with an AAP in place.**

**District-wide : 43 Schools**

**2016-2017 66%**

**Schools w/SHCs-17**

**2016-2017 99%**

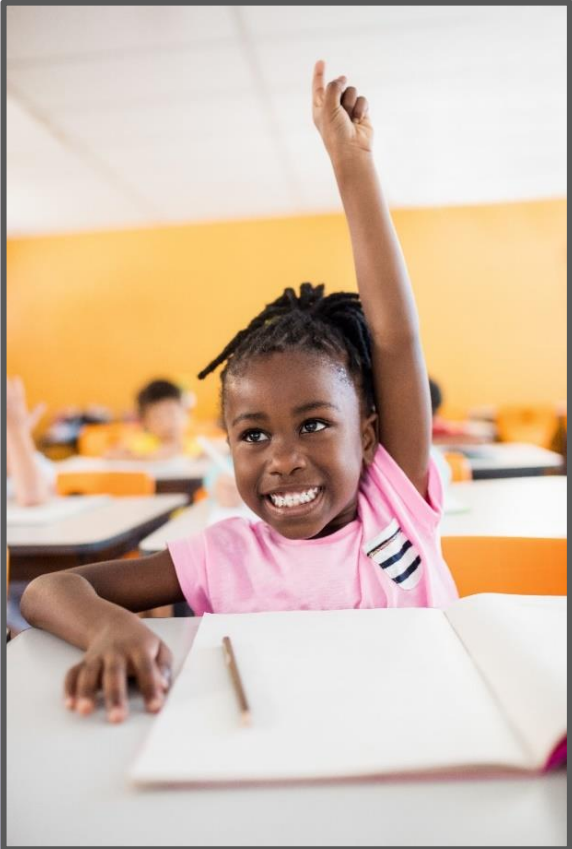
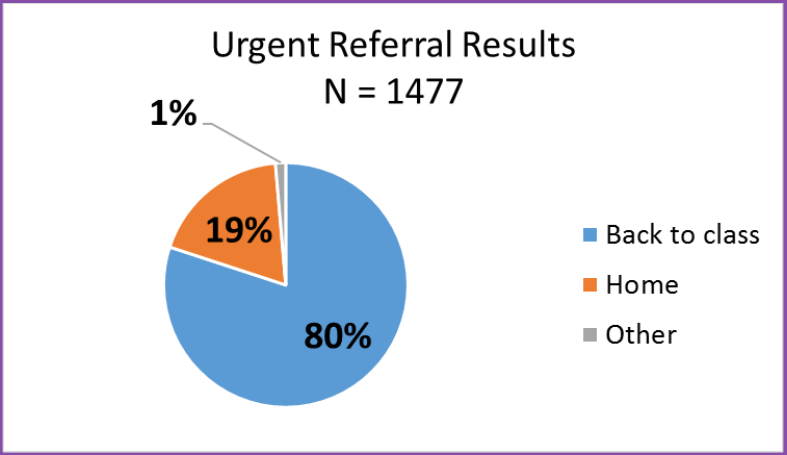
# RESULTS Healthy Attendance Matters! Urgent Visits: SN Referrals to NP

## URGENT VISIT RESULTS:

In just 4 months, 15 SHCs Kept

**2,120** students in school

**by addressing their  
urgent health issue!**





# RESULTS: Healthy Attendance Matters! Walk-In Health Assessments

*Data from 14 SHCs from Jan-June*

## SHC WALK-IN HEALTH ASSESSMENTS PREVENT ABSENTEEISM!

In 4 months, SHCs Kept

**261 students** in school who would have  
been kept home OR brought to outside providers.



### Preventing Absenteeism:

Percentage of parents who said they would have kept their child home if SHC wasn't there: **76%**

### Preventing missed class time:

Percentage of parents who said they would have brought their child elsewhere if SHC wasn't there: **83%**

2017-2018

## Efforts to Increase Impact and collaboration

1. Integrate Data collection in health provider systems (HealthX, PowerSchool, Nurse Daily Reports)
2. Expand health promotion/marketing efforts to parents and staff
3. Facilitate Sharing of data
  - Tailored PowerSchool reports for health providers
  - Principals receive “health & absenteeism” impact reports from District Supervisor
  - Health providers identify/share/intervene students who are missing more school earlier
4. Integrate health prevention/intervention efforts in school attendance plans
6. PD for health providers (SN/SHCs), school administrators and partner health agencies that emphasizes their role/responsibility to collaborate with one another to prevent absenteeism, keep students healthy and to help all students to succeed



# Healthy Attendance Matters!

If you have questions or requests for more information, materials or tools, please contact Sue Peters at:

[Sue.peters@new-haven.k12.ct.us](mailto:Sue.peters@new-haven.k12.ct.us)

203-946-4860



# *Healthy Kids Make Better Learners!*

- CT Association of School Based Health Centers is the single formalized voice of School Based Health Centers (SBHC) in CT

## Vision:

*All children and adolescents are healthy and achieving at their fullest potential.*

**For more information, contact:**

Jesse White-Fresé, Executive Director  
CT Association of School Based Health Centers  
[jesse@ctschoolealth.org](mailto:jesse@ctschoolealth.org)

203-230-9976 - Visit our website at [www.ctschoolhealth.org](http://www.ctschoolhealth.org)