# 2016-2017 FOCUS

## Healthy Attendance Matters!



A Joint Initiative To Reduce and Prevent Chronic Absenteeism

NHPS Goal: Reduce Chronic Absenteeism from 30% to under 10%

Health Issues are the leading reason for students missing school

## SHCs and school nurses are key partners with schools in efforts to reduce and prevent chronic absenteeism

In collaboration with the NHPS Youth, Family and Community Engagement team, the New Haven Health Department and schools, SHC staff and school nurses are working to help identify and support students who are at risk for chronic absenteeism. As front line health providers, they can assess/address many of the leading reasons why kids miss school: **Asthma, Dental problems, Acute illness, Emotional/Behavioral issues.** 

### SEPH (Social, Emotional, Physical Health) Student Health Survey: Pilot This Year

Every student deserves to be healthy, well and reach their full potential in school and in life. Creating healthy schools and providing the supports students need is central to our approach. The District is developing a student survey to assess health attitudes/behaviors in order to identify strengths, needs and/or gaps in student supports or resources. It will also help the District and schools to evaluate their impact and guide strategic planning for improving student health, wellness, and success.

## **OUR PARTNERS IN HEALTH:**

Yale New Haven Hospital

Cornell-Scott Hill Health Center

Fair Haven Community Health Center

**Clifford-Beers Clinic** 

- New Haven Health Department
- **CT Dental Associates**

CT Association of School Based Health Centers

**CT Department of Public Health** 





## New Haven Public Schools - School Health & Wellness School Health Centers (SHCs)

SHCs Support the WHOLE Child to Be Healthy and Successful In School And In Life

RESEARCH SHOWS THAT THE HEALTH OF STUDENTS IS DIRECTLY LINKED TO THEIR ACADEMIC ACHIEVEMENT, AND THAT SCHOOL HEALTH CENTERS (SHCs) PLAY A KEY ROLE IN IMPROVING HEALTH, AT-TENDANCE, BEHAVIOR AND ACHIEVE-MENT

 Students who used SHCs for medical reasons had significant increases in attendance over nonusers

• Students receiving SHC mental health services improve their grades more quickly than their peers who do not receive services

•AFF African-American male SHC users were three times more likely to stay in school than non-user peers

PRIORITIES

2016-2017

IMPACT

2015-2016



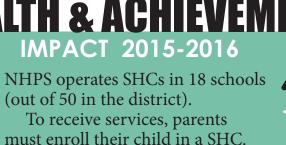
# **BARRIERS: HEALTH & ACHIEVEMENT**

Certain health factors such as asthma. tooth decay, emotional problems, and obesity have direct effects on 66 educational outcomes, including test scores, attendance and school engagement.

- Mental health issues affect 20-25% of children and adolescents, of which few receive services.
- Barriers such as cost, stigma and transportation often prevent children from getting the care they need, and can lead to chronic absenteeism, disengagement and low performance.

## **HOW SHCs HELP:**

- SHCs support the WHOLE child by offering enrolled students confidential medical, mental health and dental care in school, at no cost.
- SHCs eliminate many of the barriers to care.
- SHCs can address the leading health reasons for absenteeism.



More than **8000** students in grades pre-K through 12th are enrolled in our SHCs.





of the students used SHC services for the first

## **IMMUNIZATIONS/FLU**

- NHPS struggles with large numbers of students entering schools without required immunizations.
- In the US, the flu infects between 5% to 20% of the population, and causes serious illness and absenteeism (63 missed school days for every 100 children).

## **HOW SHCs HELP:**

- Vaccinate all enrolled students against flu and give required immunizations.
- Educate parents and staff about the *importance of immunizations and flu* prevention.

IMPACT 2015-2016



enrolled in a SHC received at least one immunization

This amounted to 2652immunizations total

60% of them were for flu.

**ONE IN FIVE** students was vaccinated against the flu





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### 778 students took a SHC Satisfaction Survey.

### Of these:

- 92% said that they got help for the problem that brought them to the SHC
- 91% rated the care that they received as excellent or good
- 55% changed some of their behaviors as a result of coming to the SHC
- 38% said that their grades improved since they have been coming to the SHC
- 40% missed less school since coming to the SHC







used the SHC

services at least once

(Statewide use - 43%).

17%

time.

## **DENTAL SERVICES** IMPACT 2015-2016

Among school-age children, TOOTH DECAY is the most common chronic disease, five times more common than asthma, and is the second leading reason for absenteeism.

- 20 percent of children ages 5 to 11 have at least one untreated decayed tooth.
- In NHPS nearly 40% of students screened had tooth decay.
- Nearly 60 percent of CT children do not have dental sealants, a well accepted intervention to prevent tooth decay.

**NHPS OPERATED 5 DENTAL CLINICS.** 80%

of students in 5 schools received dental screens.

Of those, the percentage of students having **MODERATE/SEVERE RISK** for caries ranged from 27% to 54%.

More than a THIRD of all screened are in need of at least one dental sealant.

Over 300 students received dental services. Nearly all of them received cleanings and fluoride treatments, X-rays, 19 children had emergency visits, and a total of 666 sealants were applied.



Every student seen received **COUNSELING about oral care:** brushing, routine visits and healthy diets.

### **HOW SHCs HELP:**

#### **Priorities 2016-2017:**

- Expand access to school based dental services from 5 to 8 schools.
- Screen all children for risk of dental disease.
- Provide preventive dental care.
- Work with school staff and parents to enroll students in dental clinics.
- Collaborate with school/parents/community to increase awareness about good dental care habits.

## ASTHMA

• One out of every seven (13.9%) Connecticut public school students has asthma.

- Asthma is the leading cause of school absenteeism, accounting for one-third of all days of missed instruction.
  - In 2015 in NHPS, there were 1614 students with asthma who required medication at school.
  - Poorly controlled asthma disproportionately affects urban minority youth, and has a negative impact on ACADEMIC ACHIEVE-**MENT** through its impact on learning, school connectedness, and absenteeism.
  - Asthma Action Plan (AAP) everyone with asthma should have an AAP, which describes how to control asthma and what to do when symptoms arise.
  - New Haven Public Schools: in 2015 only 20% of students with asthma had an AAP (CT data).



SHCs can:

- Diagnose, treat and manage asthma in school to decrease absenteeism and emergency room visits.
- Priority 2016-2017: Develop AAPs for students needing them, and work with school nurses to ensure all students with asthma have one.
- Provide asthma education to students and their families to better manage their asthma.

### IMPACT 2015-2016

**484** students were seen at SHCs for asthma.

This is 10% of all students seen at SHCs.

> 70% of them had an Asthma Action Plan in place.

In 88% of the cases these kids were sent back to class

## **OBESITY**

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Obesity remains a serious health issue that increases risk for physical, social and educational problems in childhood.

- In the US, one in three youth between ages 2-19 are overweight (OW) (16.2%) or obese (17.2%)
- CARE/NHPS data of 2013: Nearly half of middle school students followed were overweight or obese.
- Children who are overweight or obese have a greater risk of –

#### **PHYSICAL:**

*Type 2 diabetes, asthma, high blood pressure, high cholesterol, breathing problems* 

#### SOCIAL/EDUCATIONAL:

Being bullied, behavioral problems, learning problems, low school engagement, depression, poor self esteem



IMPACT 2015-2016 3607students (74%)

who were seen at a SHC had a BMI assessment.

518 of them (14%) were diagnosed as overweight or obese.

244 students received health counseling with the BMI assessment visit.

## HOW SHCs HELP:

- <u>Priority 2016-2017: Identify children at risk</u> for being overweight or obese through Body <u>Mass Index (BMI) screening during at least</u> one medical visit per year.
- Provide obese/OW students and their families with treatment, counseling and support to achieve goals to adopt healthy behaviors and a healthy weight.
- Work with schools to create health promoting environments and increase opportunities for students to be more physically active.
- Lead targeted student groups to learn and practice good nutrition and physical activity.
- Connect students/families with community supports and opportunities to improve health behaviors.



 Children cannot focus or learn to their potential if they are worried, distracted, anxious afraid or depressed.

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- 1 in 5 children, will have a mental disorder during their lifetime. Many are not identified or treated early. Untreated mental health issues, exposure to trauma, and stressful home environments can lead to poor grades, absenteeism and dropping out of school.
- High school students who screen positive for psychosocial problems have three times the absentee and tardy rates compared to students having no risk.
- Persistent behaviors such as inattention, hyperactivity, aggression and impulsivity are associated with poor academic and educational outcomes.



### IMPACT 2015-2016

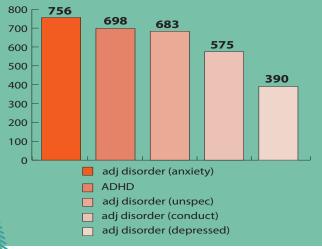
There were 7197 mental health visits, including crisis management (79) and family therapy (319).

In 68% of the cases the students were sent <u>back to class.</u>

**ONE IN THREE** students had a mental health screen done at a SHC visit.

Of those, 98 students were identified as having <u>HIGH OR MODERATE RISK</u> for mental health problems .

### **TOP 5 MENTAL HEALTH DIAGNOSES**



### **HOW SHCs HELP:**

- <u>Priority 2016-2017: Screen all children</u> seen at a SHC for mental health risks.
- Provide individual, family or group therapy for mental health issues.
- Work closely with teachers to identify and improve behaviors that affect learning and school success.

