

School Health Program and Services

A Legacy of Partnership and Collaboration

Fairfax County Health Department
Fairfax County Public Schools

April 1st 2016



Fairfax County
Health Department

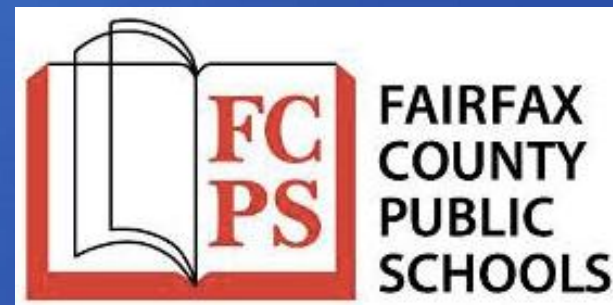
Outline

- *Background*
- *Program Overview*
- *School Health Service Delivery*
- *Trends and Challenges*
- *School Health Program Improvements*
- *Looking Forward*

BACKGROUND

Since 1956...

Fairfax County Public Schools (FCPS) and the Fairfax County Health Department (FCHD) have been working together to minimize the impact of health conditions and maximize every student's educational potential through a collaborative agreement.



Memorandum of Agreement

- Collaboration formalized under Memorandum of Agreement in 2011
- Commitment to collaborative decision making
 - Considers both the instructional/academic needs along with health/medical needs of the student
- Guides the two systems in the healthcare support of students with health needs
- “Improving Learning and Improving Health”

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PROGRAM OVERVIEW

School Health Program Structure

FCPS



FCHD

- School Health Services fall under the **Office of Operations and Strategic Planning** and is supported by:
 - School Health Services Specialist
 - Manager of School Health Services
 - Director of Operations and Strategic Planning
- School Health Program and Services fall under the **Division of Patient Care Services** and is supported by:
 - School Health Aide
 - Public Health Nurse
 - School Health Program Managers
 - Program Coordinator
 - Assistant Director of Patient Care Services
 - School Health Physician

FCHD School Health Program

● School Health Aides (SHA)

- Trained para-professionals who provide care to the sick and injured and administer medication in accordance with established protocols

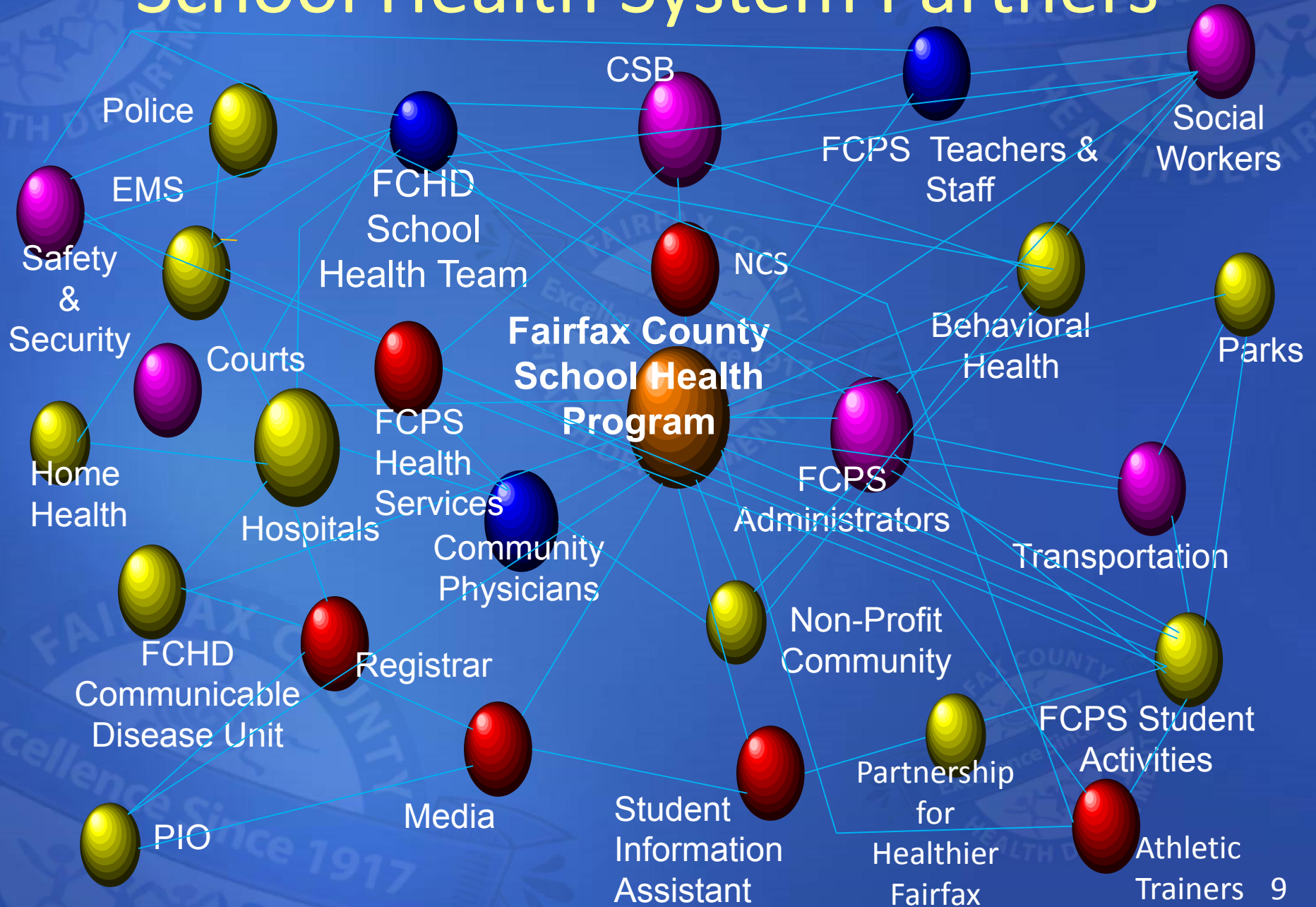
● Public Health Nurses (PHN)

- Registered nurses who provide increasing levels of supervision and implement the school health program
- PHN II and III develop care plans for students with health issues and supervise School Health Aides
- PHN IV provide district level supervision and coordinate services
- Assistant Director of Patient Care Services is responsible for planning, resource management and evaluation of program

● School Health Physician

- Public Health Physician assigned by the Health Director to provide medical oversight to the school health program
- Guides school health procedures and serves as the subject matter expert in pediatric and adolescent health and medicine

School Health System Partners



Health Department LOBs Summary Table

		FY 2016 Adopted	
LOB #	LOB Title	Disbursements	Positions
142	Department Leadership	\$2,117,032	4
143	Environmental Health Programs	5,087,287	63
144	Laboratory	2,003,991	16
145	Pharmacy	865,805	2
146	Maternal Health	1,075,825	14
147	Child Health	6,848,113	89
148	School Health	14,907,292	279
149	Communicable Disease	7,845,242	100
150	Long-Term Care Services	2,250,533	40
151	Long-Term Care Development and Support Services	1,071,600	8
152	Community Health Care Network	8,951,913	9
153	Dental Health	681,440	9
154	Community Health Development and Preparedness	1,376,956	19
Total		\$55,083,029	652

		FY 2016 Adopted	
LOB #	LOB Title	Disbursements	Positions
292	Forest Pest Program	\$1,196,067	6
293	Disease-Carrying Insects Program	2,111,860	5
Total		\$3,307,927	11

Overall School Health Program Funding

Expenditures	2014 Actuals	2015 Actuals	2016 Adopted
Total FCHD Expenditures	\$13,827,228	\$14,310,020	\$14,907,292
Total FCPS Expenditures ¹	<u>\$362,700</u>	<u>\$336,299</u>	<u>\$534,676</u>
Total Expenditures	\$14,189,928	\$14,646,319	\$15,441,968

¹ Does not include transportation costs, health room supplies/technology, training costs for CPR, AED and FA

Revenue	2014 Actuals	2015 Actuals	2016 Adopted
FCHD Revenue	\$2,011,112	\$2,026,089	\$2,039,282
Reimbursement - School Health ²	<u>\$3,995,766</u>	<u>\$3,995,766</u>	<u>\$3,995,766</u>
Total Revenue	\$6,006,878	\$6,021,855	\$6,035,048

² The \$3,995,766 in Reimbursement – School Health revenue is split equally between FCHD and FCPS; therefore, FCHD reimburses FCPS \$1,997,883 each year.

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SCHOOL HEALTH SERVICE DELIVERY

The Numbers

- 185,347 students
- 196 schools and centers
 - 139 Elementary Schools
 - 23 Middle Schools
 - 25 High Schools
 - 3 Secondary Schools
 - 6 Centers
- 200 School Health Aides
- 65 Public Health Nurses
- 4 Nurse Managers
- 1 School Health coordinator
- 1 Assistant Director
- 1 Physician

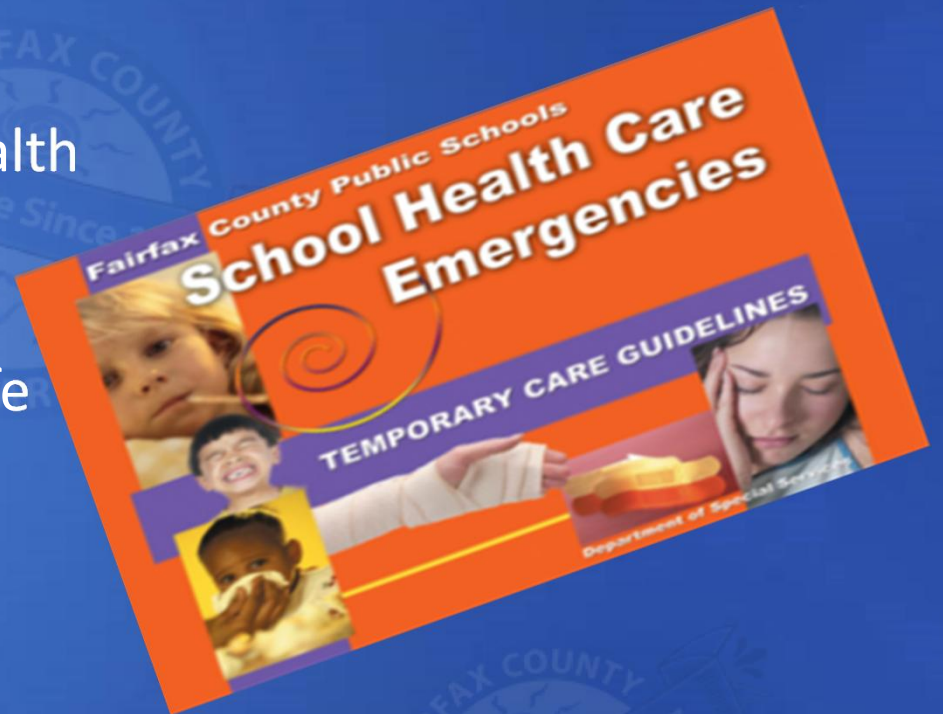
***Approximately 27% of enrolled students
have a health condition***

School Health Program Objectives

- Maximize the learning potential of school age children/adolescents
 - Care of sick and injured
 - Care coordination for children with a medical condition
 - Review of medically complex students with 1:1 nursing needs
- Health Promotion
 - Health screenings and Body Mass Index (BMI) surveillance
 - Health messaging
 - Guidance in school policies and procedures that optimize student and community health
- Disease and Illness Prevention
 - Communicable Disease surveillance and response

Care of Sick and Injured

- Trained School Health Aides deliver care according to standards and regularly updated and reviewed protocols outlined in “ School Health Emergencies Temporary Care Guidelines” Manual
- Emergency First aid and Basic Life Support (CPR)
- Select FCPS staff also receive training



Students with Medical Conditions

- Health Information Forms submitted annually by every FCPS student
 - Reviewed at least annually by Public Health Nurse and used to determine and plan for students health needs
- Medical Flag List generated for each school
 - List of students with health conditions that could impact the students learning environment or school day
- Care Planning and Coordination
 - Protocols and Procedures are developed for students with medications, medical procedures, and health conditions that will impact the learning environment
 - This minimizes the interruption to the school day, and enables safe and effective care for students with health conditions
 - Care is coordinated with support of the child's physician

Most Common Health Conditions Among FCPS Students

Condition	SY 10-11	SY 14- 15
Allergies (all)	21,500	23,353
Asthma	16,593	15,033
GI Disorders	1,187	2,867
Epilepsy/Seizures	1,789	1,705
Diabetes (type 1 & 2)	621	826

Medical Services Review Team

- A multidisciplinary team of FCHD and FCPS
 - Review the health care needs of students with multiple medical problems and very complex health care needs
 - Makes recommendations about the need for a skilled nurse (1:1) in the classroom
 - Recommendations are provided to the student's Individual Education Plan (IEP) team

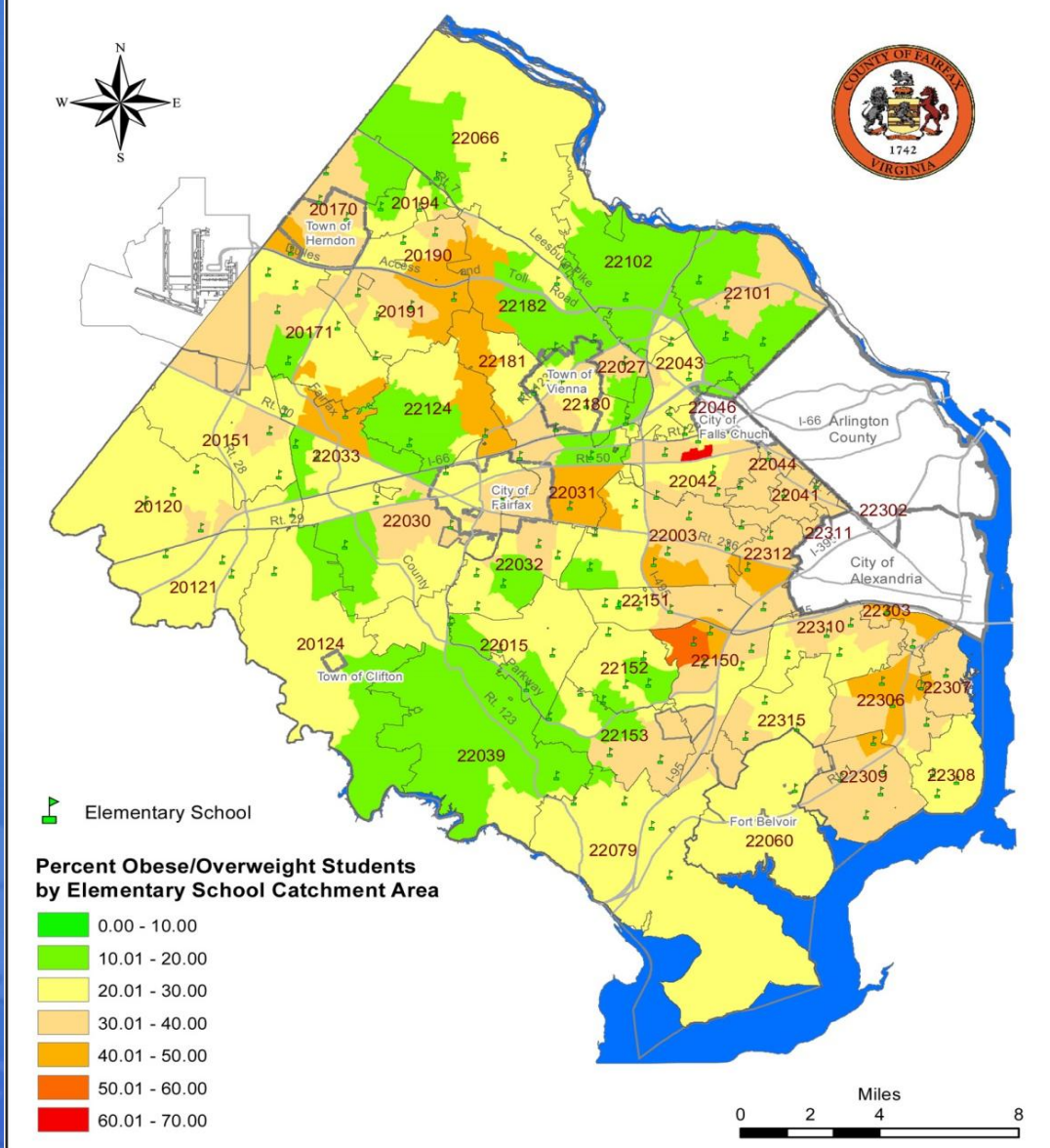
Health Promotion

- Health Promotion Specialist
 - Encourages students and families to make healthy choices
 - Health messaging
 - School Health Tool Kit
 - Resources for Adolescents engaged in unhealthy behaviors
- Health Screenings and Surveillance
 - Vision and Hearing
 - BMI surveillance program



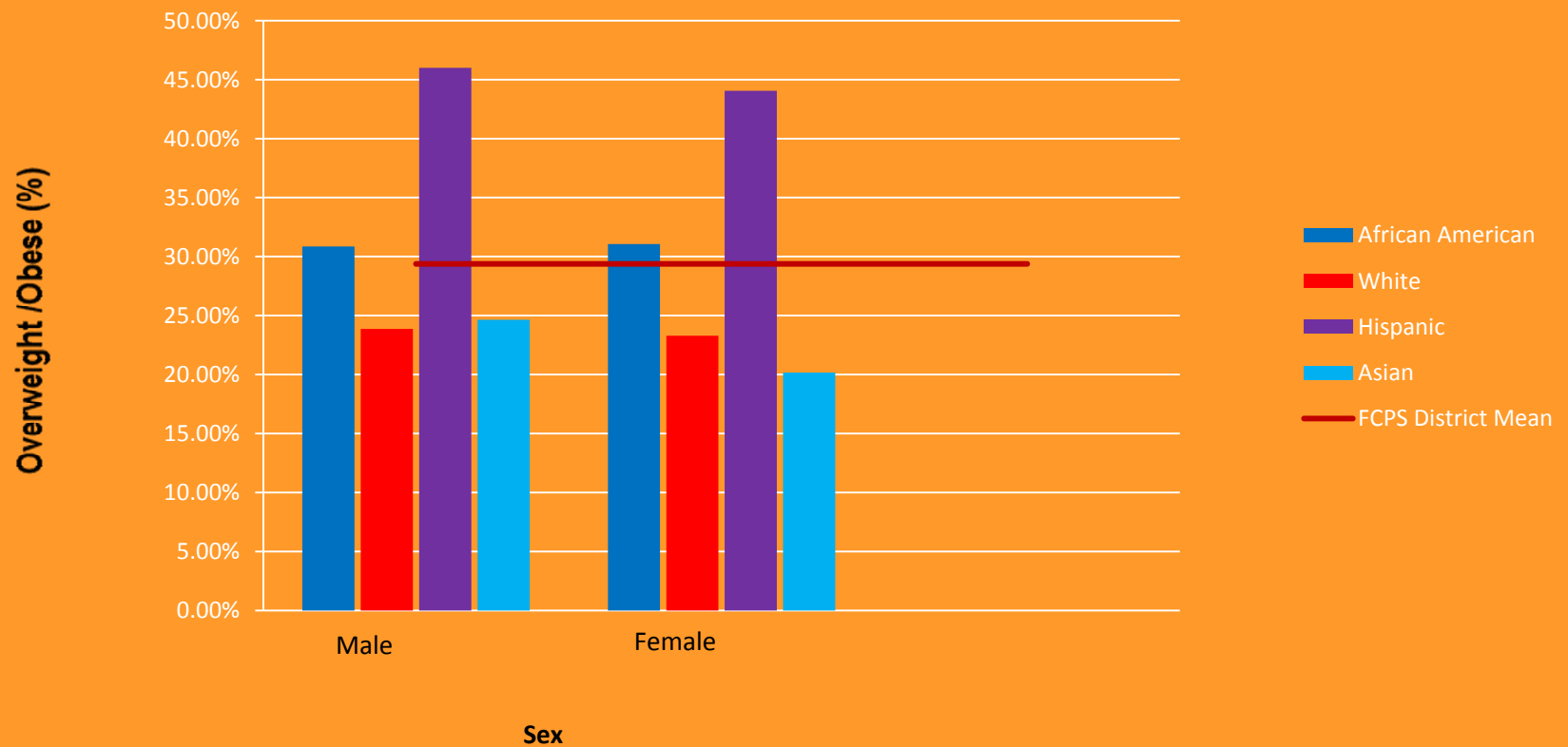
Overweight/Obese Students by Elementary School Catchment Area

(School Year 2010-2011 to School Year 2012-2013)



Body Mass Index Surveillance Program

Average Percentage of Overweight/Obese Kindergarten students by Race, Ethnicity and Sex
SY 2010-2011 - SY 2012-2013



Communicable Disease

● Surveillance

- School Illness Monitoring System (SIMS) based on absences and prevalence of illness in each school

● Control

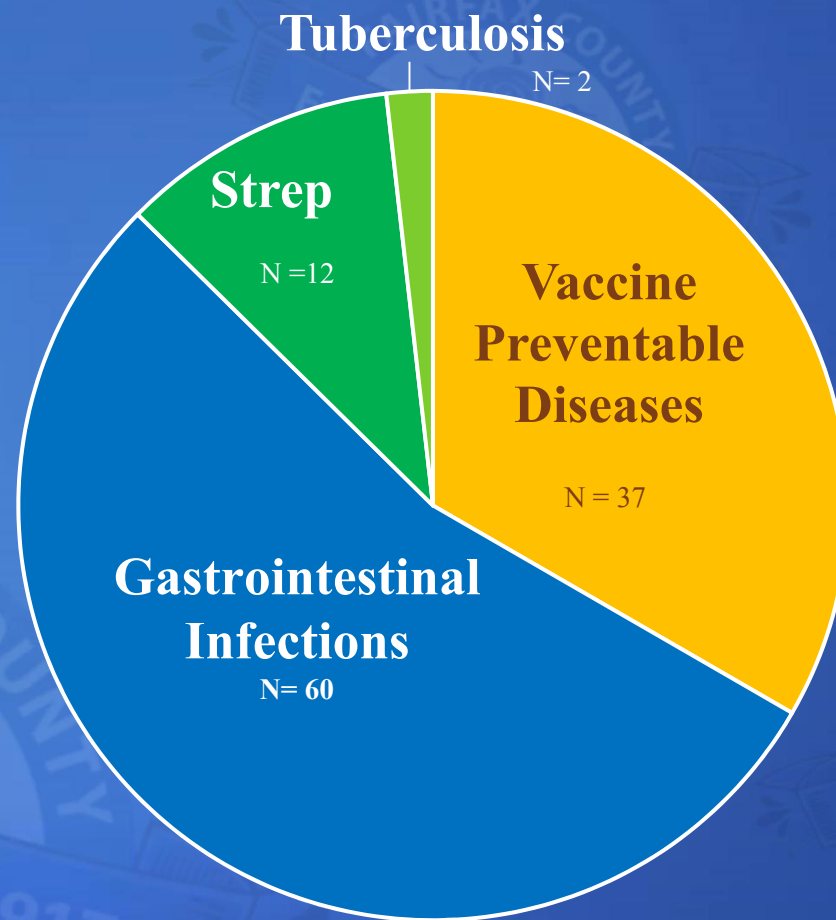
- Suspected outbreaks are investigated by School Public Health Nurse in coordination with Health Department Communicable Disease and Epidemiology Unit
- Wide range of Public Health actions are taken to identify and protect those exposed to prevent illness and further spread

● Primary prevention

- Student immunization compliance support and consultation

Communicable Disease Investigations

Communicable Disease Investigations SY 14-15 By Type





County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities

Dear Parent,

The Fairfax County Health Department is actively investigating a case of pertussis (whooping cough) in your community. This on-going investigation has revealed that you/your child had close contact with this ill individual.

Preventive treatment of close contacts of a person with pertussis is the best way to avoid additional cases. Therefore, we are recommending that you/your child see a physician as soon as possible. This medication is recommended regardless of whether the pertussis vaccine does not always provide long-lasting protection. Please take your child to see a physician.

We also recommend the following steps:

- **Check your/your child's immunization records.** Children should receive one dose at each of the following ages: 2, 4, 6, and 15-18 months and 4-6 years in your household has not received the vaccinations appropriate for his or her age, please contact your physician or the Health Department. For older children and adults, a booster vaccine is now available. This vaccine is recommended for children 7 to 10 years of age, and all adults. Please determine if you/your child are eligible for this booster vaccine.
- **Monitor yourself or your child for signs of illness.** Pertussis cases often occur in households where one individual has been vaccinated against pertussis. Even if an individual has been vaccinated against pertussis, disease because protection from the vaccine may wane over time. (See description of the symptoms of pertussis.)
- **Individuals experiencing pertussis symptoms should not participate in group settings until he/she has consulted with a physician or the Health Department for testing to confirm the diagnosis.** If a physician diagnoses pertussis, request that you/your child remain isolated at home during the first five days of illness.

We encourage everyone to adhere to standard disease control recommendations: wear a mask, cover coughs and sneezes, and washing hands regularly.

If you have any questions, please feel free to contact the Health Department, Epidemiology Unit at 703-246-2433.

Sincerely,

Gloria Addo-Ayensu, MD

Gloria Addo-Ayensu, MD, MPH
Director of Health



August 2013

Pertussis (Whooping Cough)

What is pertussis (whooping cough)?

Pertussis is a very contagious disease characterized by severe coughing and caused by the bacteria *Bordetella pertussis*. Among vaccine-preventable diseases, pertussis is one of the most commonly occurring in the United States. The disease can be very serious in children less than 1 year of age when it can cause lung infections and, less often, seizures or inflammation of the brain. In rare cases, pertussis can result in death in children less than 1 year of age.

Who gets pertussis?

Pertussis can occur at any age, but vaccination reduces the risk. It most commonly occurs in very young children who have not been vaccinated. Protection from vaccination wanes over time so even vaccinated persons can get pertussis. Pertussis in older children and adults often causes milder illness that may not be diagnosed.

What are the symptoms of pertussis?

The symptoms of pertussis occur in stages. The first stage begins like a cold with a runny nose, sneezing, mild fever, and cough. The cough lasts 1-2 weeks and then worsens. The second stage includes uncontrolled coughing followed by a whooping noise when the person breathes in air. During these severe coughing spells, a person might vomit; or the lips or face may look blue from a lack of oxygen. Between coughing spells a person may appear well. This stage can last 4-6 weeks. The last stage is when symptoms begin to disappear.

How soon after exposure do symptoms appear?

Symptoms usually appear 4-21 days after exposure.

How is pertussis spread?

The bacterium that causes pertussis is found in the nose and throat of infected people. These bacteria spread through the air in droplets produced by sneezing and/or coughing. Persons in the early stage of illness are the most contagious. Older children and adults are often the source of infection for infants with whom they have close contact. Antibiotics will shorten the length of time the illness can be spread. Children should be kept out of childcare or school until they have been treated with antibiotics for at least 5 days and are well enough to return. Adults with pertussis also should stay home from work until they have been treated with antibiotics for at least 5 days.

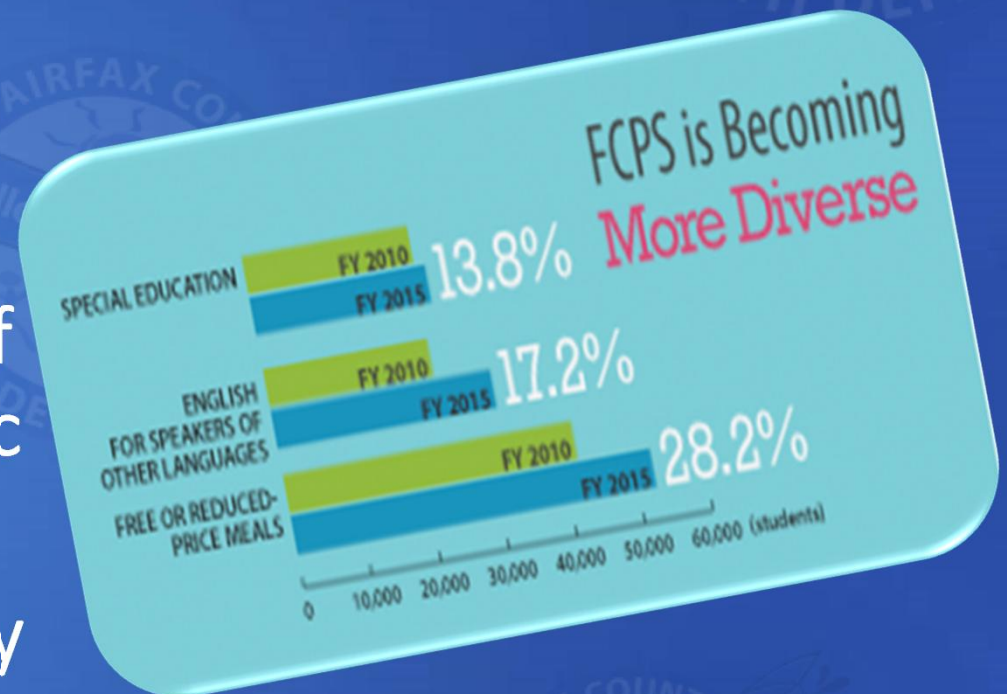
Fairfax County Health Department
Communicable Disease Unit
10777 Main Street
Phone: 703-246-2433 TTY: 703-246-2434

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TRENDS AND CHALLENGES

Trends

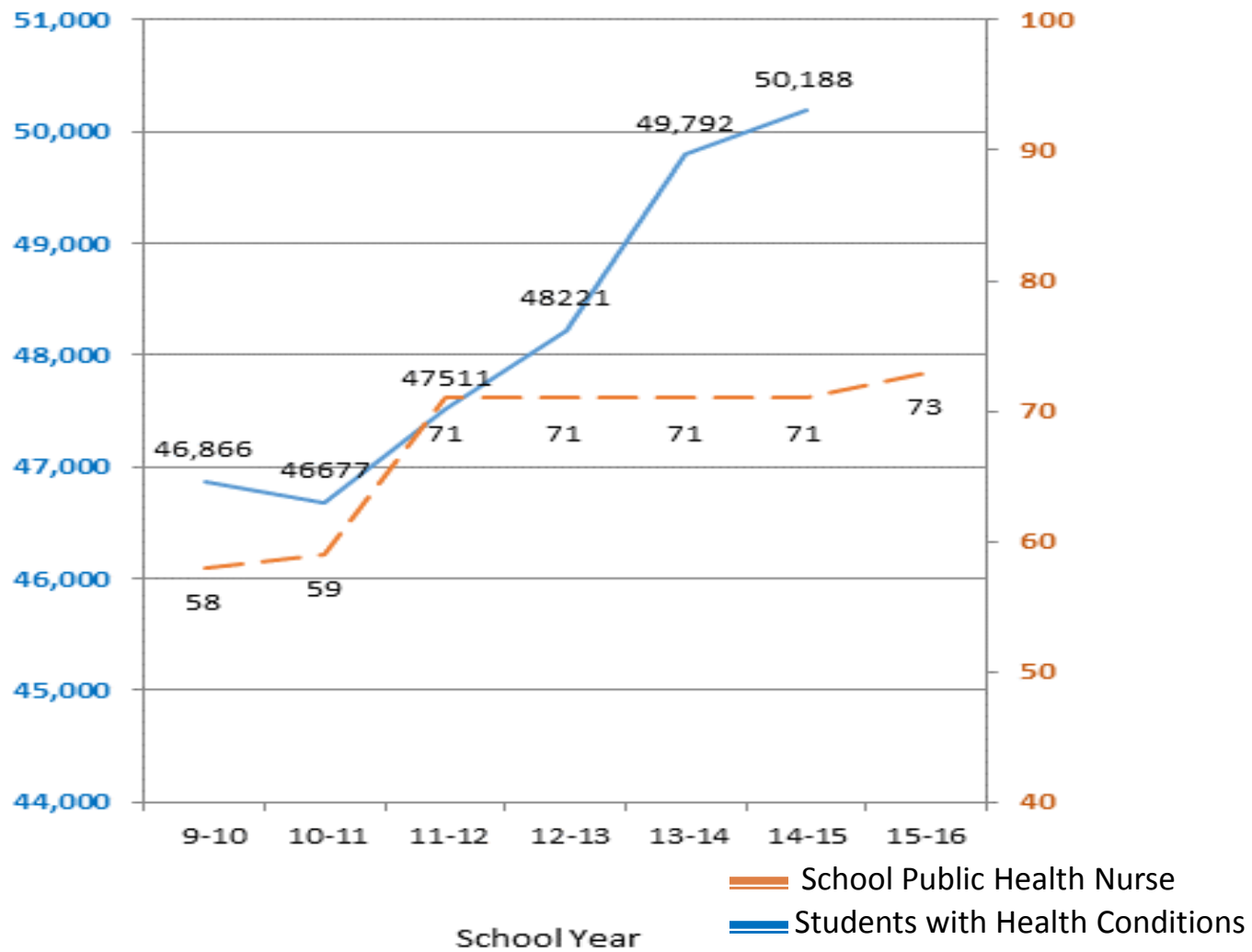
- Increasing diversity
- Growing student population
- Increasing number of students with chronic health conditions
- Increasing complexity of health conditions



Trends in School Health Services

Indicator	SY 10-11	SY 14-15	% change
Student enrollment	175,296	185,347	6%
Number of Health Conditions	50,342	51,214	2%
Annual visits for illness or injury	563,801	629,850	12%
Annual Medication visits	160,228	163,402	2%
Visits per day (illness, injuries and meds)	4,022	4,406	10%
Health plans implemented	47,511	50,188	6%
FCPS staff trained to perform procedures	10,250	17,067	67%

Students with Health Conditions and PHN Staffing



Nurse to Student Ratio

Challenge

- Current – 1:3,276
- VA Code – 1:1,000
- Target – 1:2,000



Response

- School Health Acuity calculation for each school guides allocation of nursing resources and personnel
- Regular education and training of PHNs and SHAs on evidenced based care of commonly encountered health conditions
- Regular benchmarking for best practices and program review for improvements in service delivery

Increasing Number and Complexity of Student Health Needs

Challenge

- Each year the number of students with a health condition increases
- More complex health conditions and procedures
- Nurse to student ratio worsens with increasing number of students

Response

- Ongoing care planning and care coordination review and updates to improve quality and efficiency
- Regular training in both common and complex health conditions
- Quality improvement analysis
- Creation of the Senior School Health Aide positions to support increasingly complex health needs of students, and to coach, train and provide ongoing quality measures

Celeste: A Student with a Life-Threatening Peanut Allergy

● Health Care Plan

- Developed with the PHN, parents and Physician to reflect changes in Celeste's health needs
- Communicated to all staff working with Celeste

● Training

- Provided annually by the PHN to all staff working with Celeste to recognize anaphylaxis and administer Epinephrine
- Provided annually to additional school staff, per Regulation 2102, to support Celeste in the event of an emergency

● Life Threatening Allergy Management During the School Day

- Considerations in the classroom, including all classrooms in which instruction is provided
- Peanut-free table in the cafeteria for breakfast and lunch
- Plan to address medical needs and emergencies during transport

● Life Threatening Allergy Management During School Sponsored Activities

- Before and afterschool activities
- Field Trips



Models of School Health Services Delivery

● School Nurse for Every School

- American Academy of Pediatrics (AAP) and National Association of School Nurses (NASN) endorsed model
- All concerns including emergencies addressed on site by RN
- Can be cost prohibitive

● RN/Trained Para-professional Model

- RN/Health Aide Team
- RN covers 2-3 schools in geographic proximity
- Health Aide in every school
- Emphasis on proper training for Health Aide and school staff

● Acuity Based Model

- School health acuity calculation
- Enhanced RN access for higher need schools and students
- Nurse on site for students with complex needs
- Health aide in low acuity schools
- Also relies on trained health aide and school staff

Fairfax County Model

- Blended Model
 - Trained Health Aide in every school
 - RN per every 3-4 schools
 - School health acuity calculation for each school, to optimize RN resources
 - Kilmer and Key Centers (high acuity centers) with RN on site
- Extensive and ongoing training for the School Health Aide and FCPS Staff
- Target Nurse to Student Ratio of 1:2000



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PROGRAM IMPROVEMENTS AND STRATEGIC PLANNING

Centers for Disease Control Whole School, Whole Community, Whole Child

- Schools, health agencies, parents, and communities share a common goal of supporting the health and academic achievement of students
- Emphasizes the relationship between educational attainment and health, by putting the child at the center of a system designed to support both



Program Improvement Initiative

● School Health Improvement Plan

- Values conversations and focus groups conducted between SHA, PHN, and Health Director
- Themes Identified
- Themes adopted into Goals
- Improvement plan and action steps developed around the goals

● Care Plan Improvement Process

- Process Action Team comprised of School Health Nurses, FCPS health specialist, FCPS due process
- Objective of the team was to study, review, and improve Health Care Plan Process
- Literature Review and Benchmarking
- FCPS Teacher Focus Groups
- Recommendations and Action Plan

● Strategies to Address Health Services Demand

- Generated from School Health Program Staff Feedback with Health Director
- Health Director Visits to School Health Room
- Ongoing program evaluation and quality improvement efforts

School Health Improvement Plan

- Strengthening Partnership between FCPS and FCHD
 - Leadership meetings between FCPS and FCHD to develop and implement policy
 - Attendance at Principal meetings to address important school health issues
- Improving Communication between FCPS and FCHD as well as communication within the community
 - School Health Communication Plan
 - Updated MOA agreement
 - Develop an Overview of the School Health Program available to FCPS community
- Optimize the use of technology in health care planning and to enhance data collection and streamline trainings for FCPS Staff
 - More accessible trainings that utilize internet
 - Improving data collection that utilizes available technology

Care Plan Improvement Process

- Implementation of a single preferred process for parents to communicate health information to the School and Nurse
- Streamline care planning for students with health conditions
- Media campaign to improve community awareness and understanding of school health program services
- Enhance performance measures to more accurately measure quality
- Utilization of technology in the assessment and care planning process of students with health care needs

Strategies to Address Health Services Demand

- Ongoing efforts to improve recruitment and retention of School Health Aides
- Implementation of the Senior School Health Aide position, which requires candidates to have higher levels of education and experience in caring for children with medical concerns
- Utilizing trained volunteers in the health room to assist with vision and hearing screening in larger schools



*The Building
Blocks for
Lifelong Health*

LOOKING FORWARD...

School Health Program Success Through
Collaboration

PORTRAIT OF A GRADUATE



Health Service Delivery

- Monthly Collaboration Meetings with FCPS School Health Leadership
 - To communicate about projects and program changes, and develop policy
- Medical Services Review Team
 - Bi-monthly meeting that reviews a student's need for one on one skilled nursing care
 - One on One nursing care when required is provided by an external nursing company
 - Reimbursement of 1:1 nursing cost with Insurance Provider
- Review and update of School Health Forms, Manuals and Protocols
- Training of FCPS Teachers and Staff
- School Health Improvement Plan and Care Plan process implementation
- Immunization Compliance Efforts

Communication

- School Health Program Presentations for Principals
- Informative School Health Services Video for FCPS Parents
- Linking FCPS and FCHD school health websites
- School Health Program Communication Plan
- Collaboration with FCPS Public Information Officer

Community Engagement

- Participation in community work groups focused on social determinants of health
 - Disconnected Youth
 - Truancy
 - Trauma Informed Community Network
- Suicide Epi –Aid Report
 - Coordinated interagency and community response to suicides in Fairfax County Youth
 - Systems of Care
 - Youth Suicide Review Team
- Body Mass Index Surveillance
- School Health Advisory Committee
 - Representation from FCPS, FCHD, and Community Partners
 - Wellness Policy
- Advisory Committee on Students with Disabilities
 - Representation from FCPS, FCHD, and Community Partners

QUESTIONS?