District of Columbia
School Health Services Program

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DC Department of Health
Strategic Priorities

• Promote a Culture of Health & Wellness
• Address Social Determinants of Health
• Strengthen Public-Private Partnerships
• Close the Chasm between Clinical Medicine & Public Health
• Implement Data Driven & Outcome Oriented Approaches to Program & Policy Development
What is Health?

“What is Health? Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

World Health Organization
What is Public Health?

“Public health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals”

World Health Organization
What is Population Health?

“Population health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group”

Determinants of Health

- Health Behaviors: 30%
- Clinical Care: 20%
- Physical Environment: 10%
- Social & Economic Factors: 40%

Policies & Programs = 50%
Health Factors = 50%
How Do We Improve Health?

Factors that Affect Health

- Smallest Impact
  - Counseling & Education
    - Clinical Interventions
      - Long-lasting Protective Interventions
        - Changing the Context to make individuals’ default decisions healthy
          - Socioeconomic Factors

Examples
- Eat healthy, be physically active
- Rx for high blood pressure, high cholesterol, diabetes
- Immunizations, brief intervention, cessation treatment, colonoscopy
- Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax
- Poverty, education, housing, inequality

(CDC Logo)
The image illustrates the difference between equality and equity. In the "equality" scenario on the left, a child is standing on a block to reach the level of an adult, suggesting that everyone should be given the same opportunity to succeed. In the "equity" scenario on the right, children are given blocks of appropriate size to reach the viewing level, reflecting the idea that differing needs and levels of support should be provided. The text reads "EQUALITY" and "EQUITY" at the bottom of each side, respectively.
DC School Health Services Program Goals

– Healthy and ready to learn
  • Enable children to be reach their optimal health so they are able to learn in a safe and supportive environment

– The right care, at the right time, in the right place
  • Improve population health outcomes for children by timely utilization of age-appropriate physical, mental, oral, and behavioral health services

– Maximize resources
  • Optimally utilize resources available in the community and school

– Family centered
  • Value the role of the family in health decision making
Current Program Approach

• Based on 20-year-old Coordinated School Health model

• One component (out of 8) is Health Services
  – Geared towards one-size-fits-all staffing
  – Reactive care
  – Less protected time for care coordination, chronic disease management, wellness promotion
Current Program

• Nurse Functions
  – Assess students with health complaints
  – Administer medication and treatments to students per advanced practitioner’s order
  – Review school health forms
  – Administer first aid
  – Deliver preventive and chronic care per advanced practitioner’s order

• School Staff Functions
  – Maintain 3 trained staff to administer medication when school nurse not available (Student Access to Treatment Act)
  – Administer basic first aid
  – Activate emergency medical services
Why the Change?

• School Health Needs Assessment early 2016
  – Assessed data on child health outcomes in the District
  – Interviewed school leaders, parents, nurses and other stakeholders

• No improvements in child health indicators despite high levels of nursing coverage

• Leading health challenges require ongoing, coordinated care
  – Asthma
  – Behavioral Health
  – Sexual Health
Why the Change?

• Variation in services across schools

• Strong local assets
  – One of the highest insurance coverage rates in the country
  – Investments in primary care capacity
Whole School, Whole Community, Whole Child (WSCC) Model

http://www.cdc.gov/healthyyouth/wsc/index.htm
New School Health Services Program Functions

• Increase access to clinical and allied health services
• Improve care coordination
• Provide children and families with assistance as they navigate their community resources
• Improve and standardize quality
Key Points

• There WILL NOT be an automatic reduction down to part-time nurse coverage
  – Services determined by:
    ➢ Children with Special Health Care Needs +
    ➢ Student Enrollment +
    ➢ Health Suite Utilization +
    ➢ School Profile data

• There WILL be additional services so nurses can focus on nursing skills while other needs of students and schools can also be met
Nursing Scope of Practice ➔
What It Is and What It Isn’t

• Assessment, not diagnosis
  – Assesses person’s response to or experience with a condition/injury but cannot diagnose the condition/injury
  – Assessments need to fall within the scope of what nurses are licensed to treat
  – Nurses are accountable for the outcomes associated with these assessments
Nursing Scope of Practice ➔
What It Is and What It Isn’t

• Notification, not outbreak investigation or disease surveillance

• Care plans, not treatment
  – Medication administration only with a physician or advanced nurse practitioner order
New Services to Improve Student Outcomes

• Team-based coverage to better manage needs of whole child

• Surge staffing to respond to increased need

• Proactive care coordination to prevent poor outcomes

• Community navigation
New Services to Improve Student Outcomes

• Revised Administration of Medication training and standard protocols to support school staff

• Better integration with school

• Quality assurance and feedback to ensure all schools and students receive highest level of service