



School Based Health

 GraceHealth



Our Mission:

To show the love and share the truth of Jesus Christ to southeastern Kentucky, through access to compassionate, high quality, primary health care for the whole person.

Grace Health School-Based Health

- School-based services are provided in 38 school-based health centers
- Provide school-based health in:
 - Bell County Public Schools
 - Clay County Public Schools
 - Knox County Public Schools
 - Leslie County Public Schools
 - Corbin Independent School District

Grace SBHC Services

- Nurses *RN or LPN) on site at each school every day
- Rotating nurse practitioner on site
- Primary Care
 - Preventive care (well child visits etc)
 - Treatment for acute illnesses (cuts, headaches, cough, sore throat, fever etc.)
 - Manage chronic conditions like diabetes
- Dental
- State of the art telehealth program
- Vaccines/immunizations
- Health education

Grace Health SBHC Services

- Address emergencies like seizures, anaphylactic reactions, asthma exacerbations, head injuries, broken bones etc
- Sports physicals
- Referrals
- Coordinated care with other providers
- Order labs, x-rays and other outpatient diagnostic procedures
- Kentucky HEALTH and Marketplace assisters to assist uninsured children and staff

Grace Health SBHC Services

- Enrollment at schools with our SBHC: **15,600**
- Saw patients in more than **46,000** visits

Why School-Based Health?

- **High need in the community**
 - 70.9% children eligible for free/reduced lunch
 - 10.4% households have no vehicle
 - No access to a vehicle in a very rural area causes many barriers
 - 42.4% of the population on Medicaid
 - 40.9% children live in poverty

Why School-Based Health?

- **Access to healthcare providers is limited**
 - 38 dentists per 100,000 population (compared to 61.8 per 100,000 across the state)
 - 47.6 primary care providers per 100,000 population (compared to 74 across the state)
- **For many students, the provider they see at school is the only access to healthcare they have**

Why School-Based Health?

- **High need for health care:**
 - **Poor health: 30.0%**
 - **Poor dental health: 33.1%**
 - **Asthma: 18.4%**
 - **Diabetes: 13.1%**
 - **Heart disease: 11.7%**
 - **High blood pressure: 37.7%**
 - **Obesity: 38.2%**
- **By providing care early, we can prevent serious conditions from developing**

Health Outcomes

	Heart Disease Mortality (per 100,000)	Drug Poisoning (per 100,000)	Lung Disease (per 100,000)	Premature Death Rate (per 100,000)
Service Area	264	38.4	81.5	12,549
National	168.2	15.6	41.3	7,222

Why School-Based Health?

- Health care safety net
- Enable children with acute or chronic illnesses to attend school and improve their overall health and wellness through health screenings, health promotion, and disease prevention activities.

Why School-Based Health?

- Results - decrease in non-urgent emergency department visits (Young, D'Angelo, & Davis 2001).
- SBHCs increases preventative screens (Jones & Clark 1997)
- Schools with SBHCs have lower hospitalization rates for asthma (Webber et al. 2003)
- Decreases absenteeism (McCord et al. 1993)
- Improves drop out rate (McCord et al. 1993)

Our Model

- **Age-appropriate services focus on:**
 - Prevention
 - Early intervention
 - Immediate or urgent need (while avoiding expensive forms of care like the emergency department).



Access to Care

- Children with the greatest unmet need, including uninsured students, benefit most from SBHC services.
- SBHCs have significant ability to reduce health care access disparities.

USDA DLT Grants

- **Grace Health 2011 (3 year project)**
 - **Basic Telehealth Equipment Funding**
 - **\$100,000 Project**
 - **15% Match**

USDA DLT Grants

- Partnership with Baptist Health Corbin 2016
 - Mobile Telehealth Carts
 - 10 School Based Health Sites
 - Behavioral Health

USDA DLT Grants

- **Grace Health 2018**
 - **Telehealth Equipment Funding**
 - **\$649,866 includes \$153,786**
 - **7 Clinics Sites**
 - **8 School Based Health Sites**
 - **6 Nursing Home Sites**
 - **1 LTAC Site**

References

- Jones, M.E. & Clark, D. (1997). Increasing access to health care: A study of pediatric nurse practitioner outcomes in a school-based clinic. *The Journal of Nurse Care and Quality*, 11(4): 52-59
- McCord, M.T., Klein, J.D., Foy, J.M., Fothergill, K. (1993) The impact of school-based health center use on academic outcomes. *The Journal of Adolescent Health*, 46(3): 251-257.
- Young, T.L., D'Angelo, S.L, Davis, J. (2001) Impact of a school-based health center on emergency department use by elementary school students. *Journal of School Health*, 71(5): 196-198
- Webber, M., Carpiniello, K., Oruwariye, T, Yungtai, L., Burton, W., & Appel, D.K. (2003). Burden of asthma in inner-city elementary school children: Do school-based health centers make a difference? *Archives of Pediatrics and Adolescent Medicine*, 157(2): 125-129