

ANCHORAGE SCHOOL DISTRICT
ANCHORAGE, ALASKA

MEMORANDUM #358 (2009-2010)

June 28, 2010

TO: SCHOOL BOARD

FROM: OFFICE OF THE SUPERINTENDENT

SUBJECT: CLARK HEALTH CENTER UPDATE

ASD Goal: All ASD departments support the mission of the District and will be highly effective, efficient, and responsive to internal and external customers.

PERTINENT FACTS:

The school-based health center in progress for Clark Middle School is a project with both health and educational benefits for students. Research on school-based health centers over the last fifteen years has shown substantial decreases in absenteeism and tardiness, while significantly increasing timely, accessible and affordable health care for students. Staff from ASD Health Services, Health and Physical Education Department, the Anchorage Department of Health and Human Services, the All Alaska Pediatric Partnership, the Anchorage Neighborhood Health Center, Southcentral Foundation, Elmendorf AFB, health care providers, and health care advocates came together in the spring of 2008 to discuss the need for more immediate and accessible health care for students in the Clark Middle School neighborhood of Mountain View. Discussions were in response to community input that suggested a health center during the planning and design phase for the new school.

A pilot project from January 2010 to June 2011 was approved by the Anchorage School Board on October 19, 2009.

Since January 2010, key issues for implementation of the pilot project have been infrastructure development (including formalizing collaborative relationships with community agencies), community engagement, provision of some initial services, and evaluation. Staff from district nursing and health services and health and physical education continue to work with existing health centers across the nation to gather information about all aspects of establishing and operating a health center, and will attend the National Assembly on School Based Health Care conference in June 2010.

Key accomplishments of the pilot school based health center at Clark have included:

- part-time coordinator hired in February 2010
- sports physicals were conducted at Clark Middle School in March 2010
- fiscal agent (Christian Health Associates) located; ASD is in the process of finalizing a formal agreement with CHA
- received over \$11,000 of in-kind donations by community agencies and health care providers
- collected feedback from students and health care providers about health center services
- formal agreements are being developed to allow volunteer health care providers to work at the school based health center
- partnership established with Anchorage Project Access.

Infrastructure Development

A part-time coordinator, Tari O'Connor, was hired in mid-February 2010, and is overseen by Nancy Edtl, Director of Nursing and Health Services. Ms. O'Connor previously managed the Municipality's Community Health Services, including two clinics, and in that role was a member of the community group that developed the original proposal for the school based health center. This position is funded by a grant provided for this purpose by Providence Health and Systems Alaska.

Because the Clark School Based Health Center was recommended and approved as a collaborative effort with community groups and is not a service provided by ASD, it was necessary to seek a fiscal agent to formally apply for, accept, and spend grant funds to support health center operations. Christian Health Associates, a local nonprofit organization that operates Cornerstone Clinic, Anchorage Project Access, and other programs involving charitable health care, has agreed to take on this role pending ASD approval. The coordinator will continue to be housed by ASD, but any other staff (a part-time nurse practitioner and part-time administrative assistant are envisioned once grant funding is secured) would be hired or contracted by Christian Health Associates. ASD's contribution also includes making available the approximately 240 sq. ft. space that was constructed at the Clark facility for this purpose

The coordinator has developed a program budget, and is working with Christian Health Associates to identify and apply for grant funding, primarily from private foundations, to cover startup costs for the program. Total budget is approximately \$205,000, all of which will be funded by grants or in-kind

donations.

Formal agreements are in progress with the Municipality of Anchorage/Department of Health and Human Services for the provision of electronic health records and vaccine, as well as for health care providers who volunteer to provide services at the Clark School-Based Health Center. Some interest has already been shown by local health care providers to provide volunteer services.

Anchorage Project Access, an organization that links low income individuals without insurance to free medical care, has agreed to assist with volunteer recruitment and provider relations, and will ensure that children seen at the health center who do not have insurance will have resources available to provide prescription medications and any needed specialty care.

Policies and procedures to govern activities in the health center as well as to clarify interaction with school staff are additionally being developed in anticipation of the start of regular services in fall 2010.

Community Engagement

Community Engagement was envisioned to involve parents, community members, the faith community, and other community organizations and stakeholders. Prior to the school board's approval of this project, the Clark Middle School principal and community advocates who have worked on planning for the school based health center presented to the Mountain View Community Council and received a very positive reception. Since then, the Mt. View Community Council has included information about the plans for the school based health center in their newsletter.

Due to the amount of time involved with opening a new school, Clark has not been able to hold events to share information with and gain feedback from parents in conjunction with Clark. Plans are to meet with parents, other community members, and community organizations during registration, regular school events for parents, at community council meetings, and at other community events.

Another means of soliciting feedback from some of these stakeholders is via written feedback forms. Student, parent, and health care provider feedback forms were developed under the oversight of Gabriel Garcia, PhD, of the UAA Health Sciences Department, and approved by ASD Assessment and Evaluation prior to distribution. Health care providers who participated in the March 2010 sports physicals completed provider feedback forms, and then Clark Middle

School distributed student feedback forms in late March/early April 2010. Twenty-three students offered suggestions for additional services; the suggestions mentioned most often included (in declining order of popularity) eye exams, dental care, and free checkups for themselves and their families (it was not clear whether they understood sports physicals and treatment of minor illness and injury would already be available for students).

Until recently, ASD met regularly with a steering committee of health care providers, health care advocates and other community agencies that planned and advocated for this project to provide feedback on progress. This group disbanded in May to allow for a transition to a formal School health Center Advisory Council (SHCAC) that will provide policy guidance and formal community input for the program, and to an Implementation Team, a working level group that will focus on completing the immediate tasks necessary to allow the Clark School Based Health Center to offer the full range of approved services during the 2010-2011 school year. ASD will staff and appoint members to the SHCAC. The structure and scope of work have been finalized and are shown in Attachment A; formal bylaws are under development.

Service Provision

Sports physicals were conducted at Clark Middle School for 53 students on March 3 and 4, 2010. Students from the Family Nurse Practitioner at UAA and a UAA faculty member were on site for a total of seven hours during school hours on those two days. Students were required to bring in signed consent forms from their parent or guardian, and the services were provided at no cost. Planning time and advertising time to students and parents was short due to the hiring of the coordinator only two weeks prior, very limited availability of the UAA students and faculty, and the desire to avoid school testing and parent teacher conference dates, while still enabling students to complete physicals before the spring sports season started. In the future, much more time to plan as well as to advertise to students and parents will be ideal and can allow more students to be served.

Planning is underway for sports physicals, treatment and diagnosis of minor illness and injury, and immunizations for the 2010-2011 school year. While the number of students who will want to receive a sports physical at the health center is unknown, approximately 300 of the 1,100 students at Clark participated in school sports during the 2009-2010 school year. Based on the experiences of other school health centers in the U.S., a very rough estimate is 25-30 percent of students at Clark having parent consent to use the health center during its first year. We would expect that many, if not most, of those 275-330 students would access it multiple times. Current plans include providing sports physicals three

times during the year; treatment and diagnosis of minor illness and injury for a few hours several days per week; and immunizations once per month beginning in fall 2010. ASD nurses will provide immunizations, and volunteer health care providers will initially provide most other services. As grant funds become available to hire a part-time nurse practitioner, a paid nurse practitioner will provide most services for ½ days/five days per week, while volunteer health care providers will continue to supplement service provision, especially for sports physicals.

Evaluation

Gabriel Garcia, PhD from the UAA Department of Health Sciences has been working with ASD on the SBHC evaluation. ASD Assessment and Evaluation has contributed by reviewing and approving any feedback forms prior to use, and by collaborating when ASD data is involved. Feedback forms have been developed to solicit input from parents, students and healthcare providers, and have been distributed to students and healthcare providers. Development of a feedback form for Clark MS staff is underway, and will supplement information received in direct meetings with staff.

Other data that will be considered during the evaluation process includes some data already collected by ASD (e.g. attendance, participation in sports, school connectedness), aggregate information collected from SBHC records (e.g. number and types of visits, types of referrals, number of students who have parent consent to use SBHC services).

A formal evaluation report of the pilot program is anticipated to be available in fall 2011.

CC/EG/LV/CW/NE/TO

Attachment

Prepared by: Leslie Vandergaw, Executive Director, Middle School Education
Cessilye Williams, Principal, Clark Middle School
Nancy Edtl, Director of Nursing
Tari O'Connor, Coordinator, Clark School-Based Health Center

Approved by: Ed Graff, Assistant Superintendent, Instruction

SCHOOL HEALTH CENTER ADVISORY COUNCIL

The School Health Center Advisory Council (SHCAC) is the bridge between community and ASD; it advises ASD regarding school based health services and related matters. It is not a medical advisory committee but rather a council that links teachers, students, parents and community to work together. It additionally serves as the eyes and ears for the School Based Health Center (SBHC) in the community, and helps to share information about the SBHC with community members and organizations.

The School Health Center Advisory Council

- Is staffed by Nursing and Health Services, School Based Health Center Coordinator
- Is appointed by ASD
- Meets quarterly to review policy, planning, funding and other administrative/management matters
- Sets up needed subcommittees to delve into specific task areas
- Links with ASD Medical Advisory Committee (MAC)
- Holds public meetings as needed for listening and promoting various health needs

School Health Center Advisory Council membership:

- Principal (or designee) from each school with health services
- Community medical and behavioral health providers – up to one from each group providing personnel to work in the SBHC, including one medical director
- Two parents
- Two youth
- Two teachers
- One school board member
- Up to two school nurses
- Fiscal agent representative
- Municipality of Anchorage or Department of Health & Human Services representative
- Local business person
- Service club reps
- Local church reps

As much as possible, individuals will serve dual roles to keep the size of the SHCAC to no more than 15, for example, we could recruit a parent who is also a local business person.

SHCAC members ought to serve at least two year terms to help build and share knowledge and build/maintain trust within the school community and neighborhoods. Meeting protocol, record keeping, etc. will follow that of the Anchorage School Board.

(The Medical Advisory Committee will continue to advise Health Services ASD staff on medical /issues matters and may be called upon to give specific medical advice to School Health Center Advisory Council)

Those appointed/chosen for this advisory council will have links to other organizations, groups to whom they are expected to report and represent input from. For example, youth chosen will be in leadership in student organizations; parents chosen will be in leadership in community organizations that support school health services; school board, principal self-explanatory.

This council is concerned with policy, funding, evaluation: the big picture. It should be the place where community members, partners, students, parents can go to learn, be listened to and feel welcomed within ASD. It helps direct focus for the Coordinator and links to other resources within the community. Both ASD and the fiscal agent will have the ability to veto decisions made by the council, but will be judicious about using this authority.