

National Alliance for School-based Health Conference June 28, 2022 Alex Zepeda, Senior Data and Research Analyst Maryjane Puffer, Executive Director



Putting the care in student healthcare

Taking data off the shelf to improve student wellness

Learning Objectives

Participants will be able to:

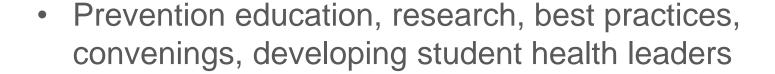


- 1. Discuss the value of a consistent, seamless technology solution for reporting and monitoring impact of SBHC on student wellness
- 2. Promote the use of data to drive program strategy
- 3. Describe how student leaders can use data to develop health campaigns and promote access to care



The L.A. Trust: at a glance

Bridging health and education to achieve student wellness



 Supporting LAUSD's Wellness Centers(fullservice clinics on campuses) and SBHCs through data driven outcomes





The Data xChange was developed to:

Key questions that drove this work were:

- 1. How do you monitor the school health system and drive better quality?
- 2. How can we reduce data collection burden and consistency?
- 3. How do we ensure that our students with high need get the care they need?
- 4. How do we make the case for sustainable investment?



Monitoring and Quality Improvement



Population Health



LCFF and Philanthropic Funding



Advocacy



What is the Data xChange?

A database that provides insights and measurable connections between school-based health care and student academic achievement data

Student + Family + Community

Expandable + Centralized

HIPAA + FERPA Compliant Medical +
Mental + Dental
+ Academic Data



Academic data includes

Demographic data

- Race
- Ethnicity
- Gender
- School name

Attendance

Daily attendance for each period of class

Grades

- Class grade (A, B, C, D, F)
- G.P.A. (grade point average)

Standardized test scores

- Test subject
- Achievement level

Foster Youth

Students without housing

English Learner



SBHC Data



Patient and visit data, including diagnoses, vaccines, tests, and treatment





Core performance measures for SBHCs

Annual well child visit

Annual risk assessment

BMI screening and nutrition/physical activity counseling

Depression screening

Chlamydia screening

Access to care

L.A. Unified Wellness Centers are full-service clinics providing care where it's needed most.

In the past six years, Wellness Centers and other LAUSD School-Based Health Centers (SBHCs) have provided care to 188,666 unique patients through 615,031 visits.

Patients visit three times a year on average, showing they consider these clinics a trusted source of care.



615,031 VISITS

188,666 PATIENTS

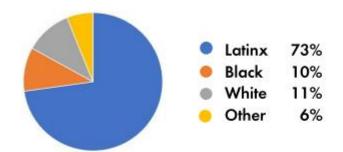




Demographics

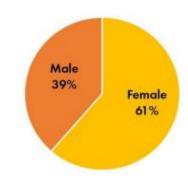
Wellness Centers are specifically designed to serve not just students, but their families and community members, too. These clinics serve a diverse population and are deeply committed to health equity — they turn away no one.

Race



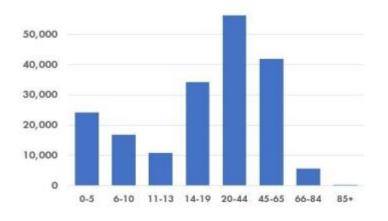
Latinx patients made up the largest proportion of patients over the past six years. This reflects LAUSD's student population —73% of students enrolled in LAUSD schools in the 2020-21 school year were Latinx.

Gender



More females visit the Wellness Centers and SBHCs than males. Among student-aged patients 6-19 years old, the proportion of males increases to 43%.

Age

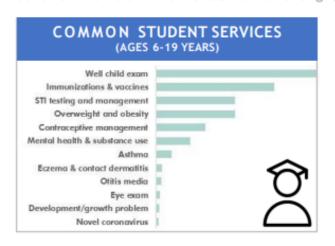


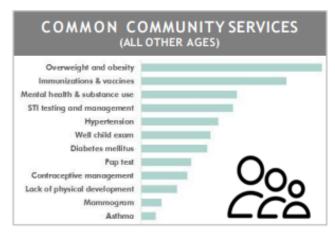
Wellness Centers provide intergenerational care to families and community members, while SBHCs primarily serve students ages 5-19.



Services

Healthcare is fundamental right for all children. The school-based health clinics in L.A. Unified help students access the care they need. Wellness Centers and SBHCs play an important role in promoting positive lifelong behaviors, reducing the risk of chronic disease later in life. Establishing healthy behaviors in children is more effective than changing behaviors as adults.





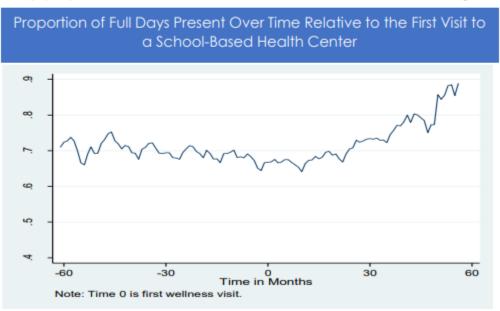
Most services to students focus on prevention while services for community members focus on both prevention and chronic disease management. Compared to previous years, visits for vaccines, testing and management of sexually transmitted infections and mental health were more common among both students and community members. For example, visits for mental health and substance use are now the third most common service for community members. Compared to the previous 5 years, visits for mental health problems increased from 3.7% of all visits to 10.0% of all visits for student-aged patients and from 8.1% of all visits to 13.5% of all visits for all other age groups.





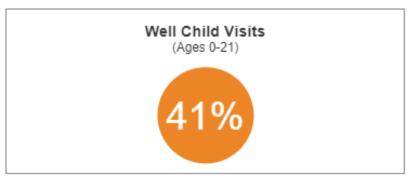
Visiting a school-based health center was associated with increase in school attendance.

On average, the proportion of full days present in school was declining for students before their first school-based health center visit. After the first visit to a school-based health center, the proportion of full days present increased over time. Students' attendance increased by 5.4 school days per year following any type of visit to a school-based health center. Students' attendance increased by 7 school days per year after a school-based health center visit for a mental health diagnosis.

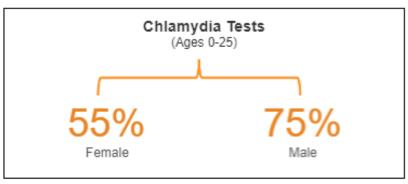




SBHA measures are used to drive program strategy and student campaigns



Shows clinics strengths and potential areas to focus improvement efforts on



Risk Assessments
(Ages 12-21)

Depression Screenings (Ages 12-21)

13%

BMI Screenings with exercise & nutrition counseling (Ages 3-17)

11%

All charts use The L.A. Trust Expanded Codes except for BMI Screenings which uses the SBHA Code List



Use of data to promote access to care

Number of Encounters		
3,801		
2018 - 2019	2019 - 2020	2020 - 2021
2,103	1,097	3,592

Number of Unique Patients		
2,324		
2018 - 2019	2019 - 2020	2020 - 2021
1,270	791	1,374

Avg Number of Patient Visits Per Year		
1.6		
2018 - 2019	2019 - 2020	2020 - 2021
1.7	1.4	2.6

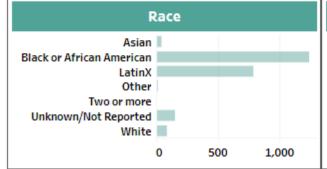
Indicators of Depth of Relationship Clinics Have With Patients - Medical

Percent of Unique Patients Who Are Students		
20.9%		
2018 - 2019	2019 - 2020	2020 - 2021
31.5%	25.4%	9.3%

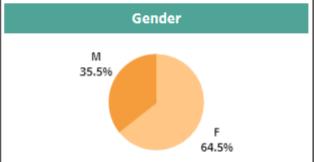
Percent of Unique Patients with Two or More Visits Per Year		
29.8%		
2018 - 2019	2019 - 2020	2020 - 2021
36.9%	26.9%	51.0%

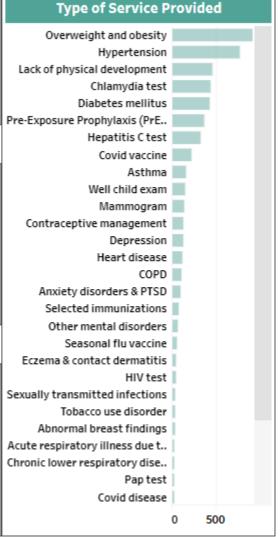
Percent of Unique Patients 0-21 Years with Well Child Visit Per Year (>= 1 visits)		
6.4%		
2018 - 2019	2019 - 2020	2020 - 2021
23.0%	14.5%	5.2%

Patient Demographics Across All Clinics - Medical









Use of data to drive program strategy

Assessment of cross cutting diagnosis codes can lead to grants proposals

Can inform the principals funding strategy

Can help students direct outreach campaigns

Can support clinical best practice adoption (SBIRT)



Student Event to increase chlamydia screenings

ors learned about

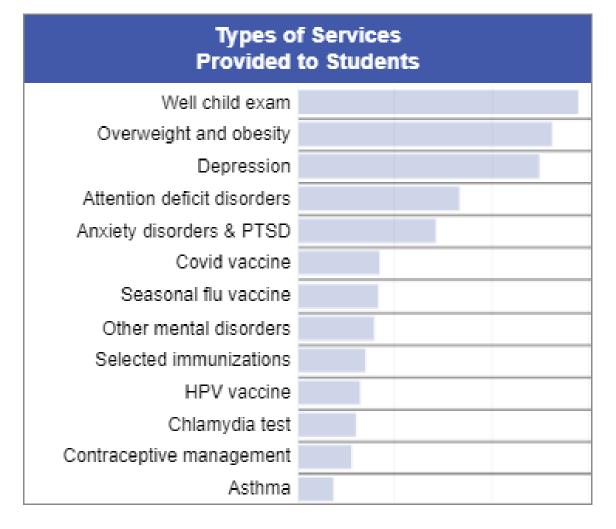
Fremont High Wellness Center Student Advisors learned about the incidence of chlamydia in their community and saw the low number of students receiving STD screening at their Wellness Center.

They designed the "haunted house of STDs" tabling and chlamydia screening went up dramatically at the SBHC



Types of Medical Services and Diagnosis

High numbers of overweight and obesity SABs interest in nutrition





Student Advisory Boards





Students present at the Y2Y (Youth to Youth) Conference on nutrition and wellbeing



Other SAB events

Oral Health Promotion



Kick Butts Day
Anti- Tobacco and
Vaping

Impact of sugary drinks on whole health Obesity and Diabetes Prevention



Questions:

1. Do you use intersectional health and education data?

a. If so, how do you use it?

2. Do you look at population health data?

- a. How do you use it?
- b. Would you consider having students use the data?



Supporting Wellness Centers at 17 campuses

Belmont High School Carson High School Crenshaw High School Elizabeth Learning Center Fremont High School Gage Middle School Garfield High School Hollywood High School Jefferson High School Jordan High School Locke Early Education Center Maclay Middle School Manual Arts High School MaCES James Monroe High School Santee Education Complex Washington Prep





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