Maryland Assembly on School-Based Health Centers 2019 Annual Conference

CHRC Workshop – “Innovative Practices in SBHCs”

May 16, 2019

Barbara Brookmyer, MD, MPH
Frederick County Health Officer
**Mission**

The mission of the Frederick County Health Department is to improve the health and well-being of the residents of Frederick County through programs to **prevent** disease and illness, **promote** wellness and safety and **protect** public health.

**Vision**

Frederick County leads as a community of health and wellness.
Values

Excellence
We strive to maintain the high quality of work as we continue to meet the standards by our accredited status.

Integrity
We maintain consistency in what we say and what we do. We uphold ethical standards and maintain accountability to each other and the communities we serve.

Making a Difference
We believe the department's actions should assist our communities in addressing underlying factors that affect good health.

People
We value our employees as professional colleagues. We treat our customers, clients, partners, and those we serve with respect by listening, understanding, and responding to needs.

Quality
We actively work to maintain and improve our culture of quality, seeking opportunities to improve our daily work and looking for creative solutions to the challenges that face us.
What is Public Health?

Local health departments impact our lives every day

Immunization

Tobacco control

Emergency preparedness

Maternal and child health

Environmental health

Injury and violence prevention

Food safety

Infectious disease

Chronic disease

Local health departments promote and protect the health of people and the communities where they live and work.
Frederick County Demographics

• “Western” Maryland
• Largest land mass jurisdiction
• Population increased 8% from 2010 to 2018
  • White population decreased from 77.8% in 2010 to 73.6% in 2018
  • Black population increased from 8.6% to 10% and
  • Hispanic population increased from 7.3% to 9.6%
• Uninsured (physical health, under age 65) rate down to 5.5% and unknown underinsured rate
• Unknown dental uninsured and underinsured rate
<table>
<thead>
<tr>
<th>Population estimates, July 1, 2018</th>
<th>Frederick County</th>
<th>Maryland</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td>252,022</td>
<td>6,042,718</td>
<td>327,167,434</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>White, non-Hispanic (NH)</strong></td>
<td>73.6%</td>
<td>50.9%</td>
<td>60.7%</td>
</tr>
<tr>
<td><strong>Black, NH</strong></td>
<td>10.0%</td>
<td>30.8%</td>
<td>13.4%</td>
</tr>
<tr>
<td><strong>Hispanic or Latino</strong></td>
<td>9.6%</td>
<td>10.1%</td>
<td>18.1%</td>
</tr>
<tr>
<td><strong>Asian, NH</strong></td>
<td>4.8%</td>
<td>6.7%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>American Indian and Alaska Native, NH</strong></td>
<td>0.5%</td>
<td>0.6%</td>
<td>1.3%</td>
</tr>
<tr>
<td><strong>Native Hawaiian and other Pacific Islander</strong></td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Two or More Races</strong></td>
<td>3.0%</td>
<td>2.8%</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>Ages</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Under 5 Years Old</strong></td>
<td>5.9%</td>
<td>6.1%</td>
<td>6.1%</td>
</tr>
<tr>
<td><strong>Under 18 Years Old</strong></td>
<td>23.3%</td>
<td>22.3%</td>
<td>22.6%</td>
</tr>
<tr>
<td><strong>65 Years and Over</strong></td>
<td>14.1%</td>
<td>14.9%</td>
<td>15.6%</td>
</tr>
<tr>
<td><strong>Other Indicators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>High school graduate or higher (25+ years) (2013-2017)</strong></td>
<td>92.6%</td>
<td>89.8%</td>
<td>87.3%</td>
</tr>
<tr>
<td><strong>Bachelor’s degree or higher (25+ years) (2013-2017)</strong></td>
<td>40.5%</td>
<td>39.0%</td>
<td>30.9%</td>
</tr>
<tr>
<td><strong>Foreign born persons (2013-2017)</strong></td>
<td>10.2%</td>
<td>14.9%</td>
<td>13.4%</td>
</tr>
<tr>
<td><strong>Language other than English spoken at home, age 5+ years (2013-2017)</strong></td>
<td>13.1%</td>
<td>18.0%</td>
<td>21.3%</td>
</tr>
<tr>
<td><strong>Persons without health insurance (under age 65)</strong></td>
<td>5.5%</td>
<td>7.0%</td>
<td>10.2%</td>
</tr>
<tr>
<td><strong>Persons with a disability, under age 65 years (2013-2017)</strong></td>
<td>7.5%</td>
<td>7.4%</td>
<td>8.7%</td>
</tr>
<tr>
<td><strong>Persons in Poverty (2013-2017)</strong></td>
<td>6.9%</td>
<td>9.3%</td>
<td>12.3%</td>
</tr>
</tbody>
</table>
Uneven Opportunities: How conditions for wellness vary across the metropolitan Washington Region, October 2018.

**THE INCOMPLETE FEDERAL DEFINITION OF NEED**

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Federal Poverty Level</th>
<th>ALICE Survival Threshold</th>
<th>The ALICE Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$11,880</td>
<td>$35,316</td>
<td>-$23,436</td>
</tr>
<tr>
<td>2 Adults, 1 infant, 1 preschooler</td>
<td>$24,300</td>
<td>$84,036</td>
<td>-$59,736</td>
</tr>
</tbody>
</table>
Frederick County, MD, 2016

- 61% Above ALICE Threshold
- 31% ALICE
- 8% Poverty

ALICE Threshold

Maryland State Association of United Ways
UnitedWayALICE.org/Maryland
Frederick County’s First SBHC – Timeline of the Evolution

2006  The School Health Council started exploring the benefits of and feasibility of a school-based health center

2009  Frederick County Health Department (FCHD) was awarded an 18-month grant for $400,000 to start a SBHC at Hillcrest Elementary School ($200,000 in year one)
   • Grant funds supported 0.7 FTE nurse, 0.3 (increase to 0.5 in yr2) FTE physician, 0.1 FTE dental hygienist, 1.0 FTE family service worker, 1.0 FTE office services clerk, 0.13 FTE interpreter, and 0.05 FTE program director. Grant funds were also used for equipment, medical, and office supplies.

2011  Operations transitioned to the Frederick Community Action Agency
   • The FCAA offered the benefit of a year-round medical home for students enrolled in Medicaid and those who are uninsured AND for their families
   • The FCAA had access to private charitable funding for their health center mission
The Original Location

• Hillcrest Elementary School is located in the City of Frederick with an enrollment in 2006 of 629 students. It now has an enrollment of 1,013.

• It was a Title I school that had been in “School Improvement” status for the eight years prior to opening the SBHC

• At the time, 63% of Hillcrest students qualified for Free and Reduced Meals (FARM), a 23% increase at the time compared to 2001. Two sources listed it as over 90% now.

• A converted portable on the school campus
Frederick Community Action Agency, a FQHC

• Through a partnership with Frederick County Public Schools and the Ausherman Family Foundation, the FCAA began operating a School-Based Health Center during the summer of 2011.

• The School-Based Health Center serves students from Lincoln, Hillcrest, Waverley, North Frederick, Butterfly Ridge, and Monocacy Elementary Schools as well as their younger siblings. 252 patients were seen for a total of 605 medical encounters during FY 2018.

• Staffed by a Pediatric Nurse Practitioner, a Physician Assistant, a part-time Case Manager, and a full-time position shared by a Medical Assistant and LPN at Hillcrest SBHC.
FCAA’s Response to Needs

• SBHC is still located at Hillcrest ES, but children enrolled at the other Title I elementary schools are eligible for enrollment in the SBHC and they are trying to target children who don’t have access to primary care, primarily due to immigration status (including the 5-year waiting period for MA for legal immigrants).

• Transportation is also an issue and we’ve worked out 3 primary options:
  1) FCPS Community Liaisons can transport the child to the SBHC;
  2) parents can transport the child; and
  3) FCAA staff can transport the child and parent or guardian.

• In attendance at the conference are people who are more knowledgeable: Cathy Holman, Elena Adrianza-Tangrea, and Silva Yacoubian
FCAA SBHC Sustainability

• Ausherman Family Foundation provided a grant of approximately $300,000 that carried the SBHC for about 4 years until the CHC/FQHC Funding was awarded on 8/1/2015.

• The federal Community Health Center / FQHC Funding from HRSA really allows the continued operation of the SBHC. They couldn’t do it without the federal funding.