

Addressing Adolescent Social Determinants of Health

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Objectives of this talk

- Understand how **social and environmental factors shape adolescent health** behaviors and health outcomes
- Learn about **screening tools to detect social needs**
- Think about a **framework to screen for and refer social needs** in a school-based health center

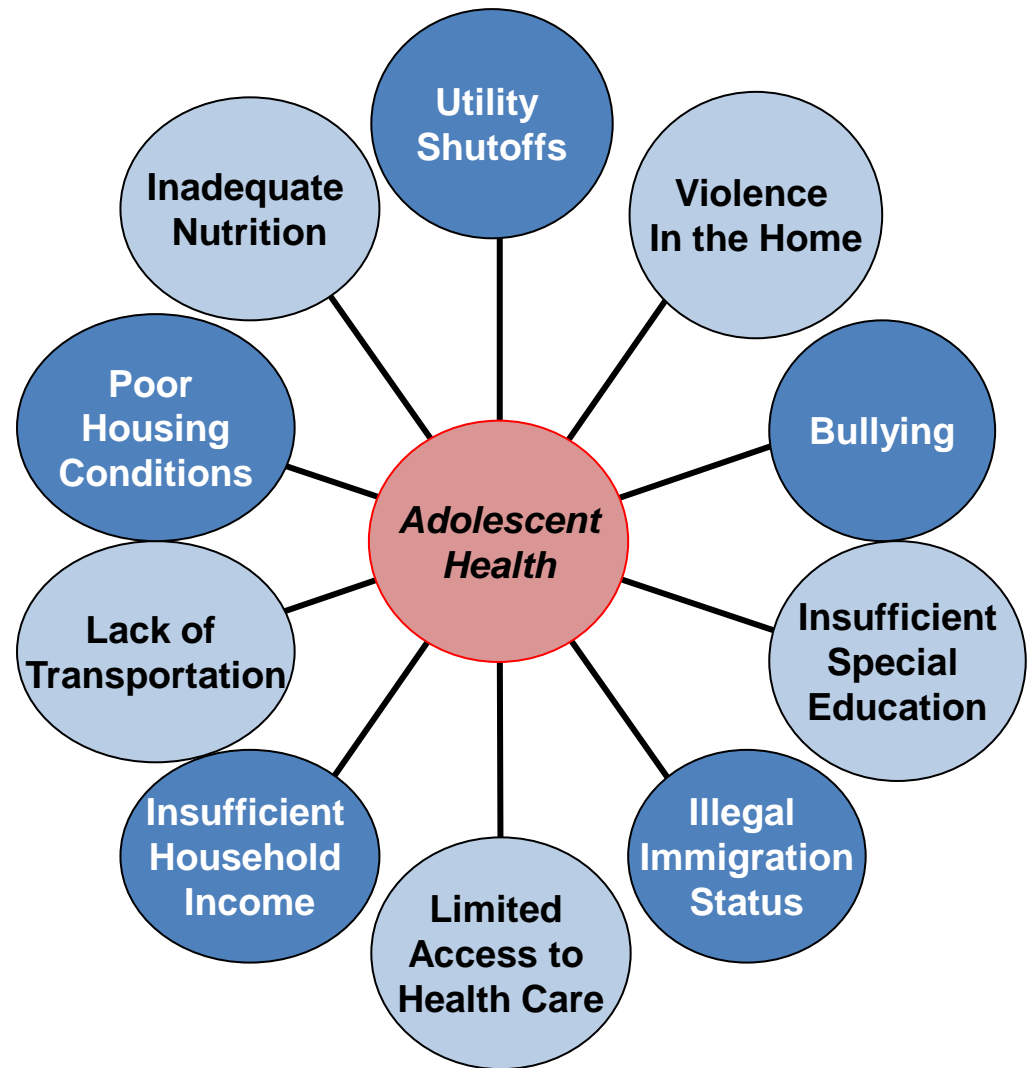


Let's start with a quick case



What are social determinants of health (SDH)?

- Social, economic, environmental conditions that affect individual and population health

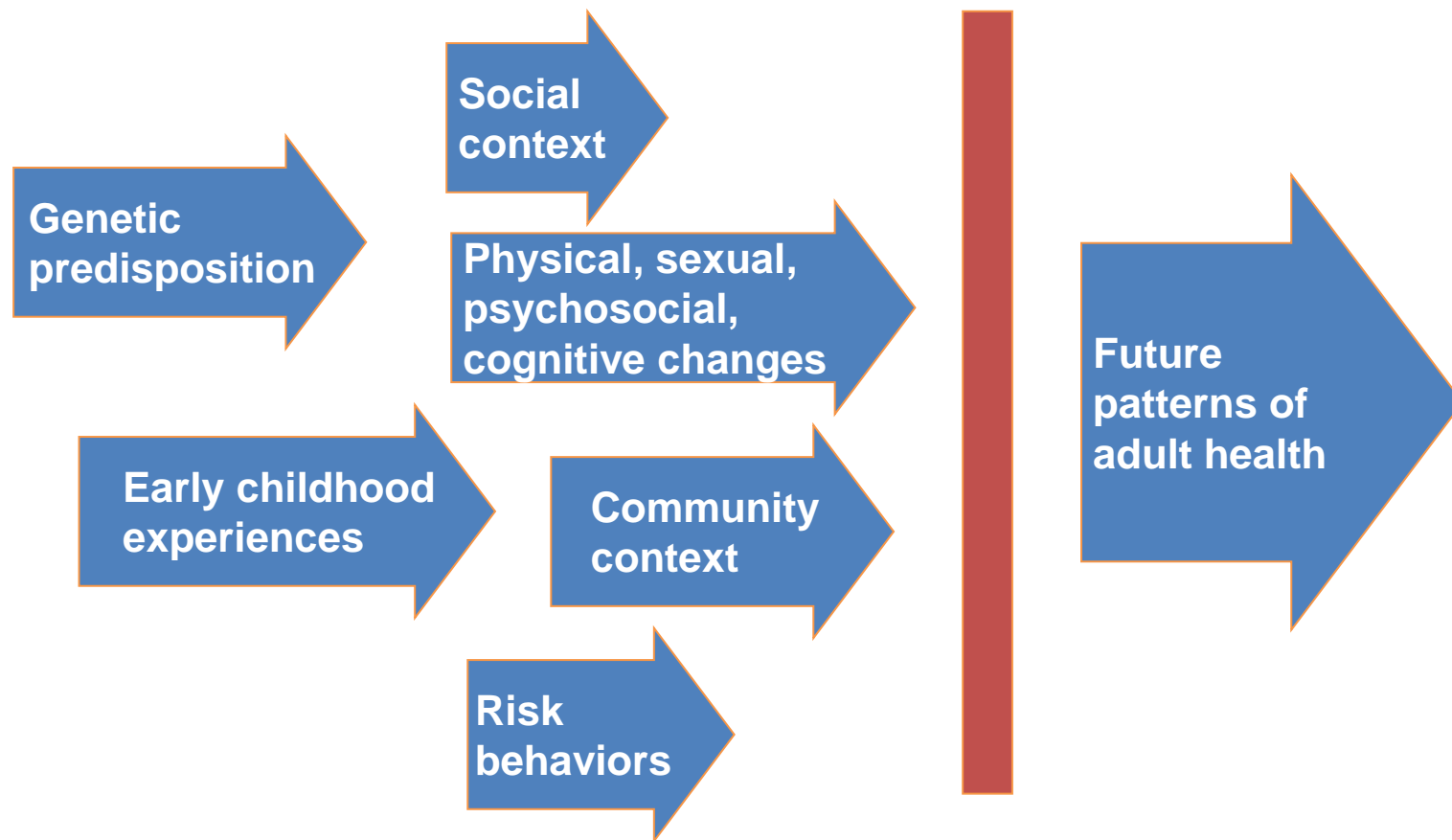


Increasing recognition that SDH are a critical component of healthcare

- Healthy People 2020 goal “to create social and physical environments that promote good health for all”
- American Academy of Pediatrics (AAP) recommendations for pediatricians:
 - Increase understanding of health and social risks on child outcomes (2010)
 - Routinely screen for food insecurity (2015)
- CMS dedicated \$157m funding towards SDH models (2016)



Adolescence is a critical developmental stage



Adolescents experience significant health disparities

- In 2011, 20% of adolescents lived below 100% of the federal poverty level
- Adolescents / young adults less likely to have health insurance than any other age group
- Poor and underinsured adolescents utilize fewer preventive health and reproductive health services



Health-related social problems are common

- Among 401 patients at Boston Children's Hospital Adolescent Clinic
 - Health-related social problems: 76% with 1; 47% with 2; 27% with ≥ 3
- Main health-related social problems
 - Healthcare Access (37%)
 - Housing (34%)
 - Food insecurity (29%)

Hassan et al, 2013



Few healthcare providers address SDH

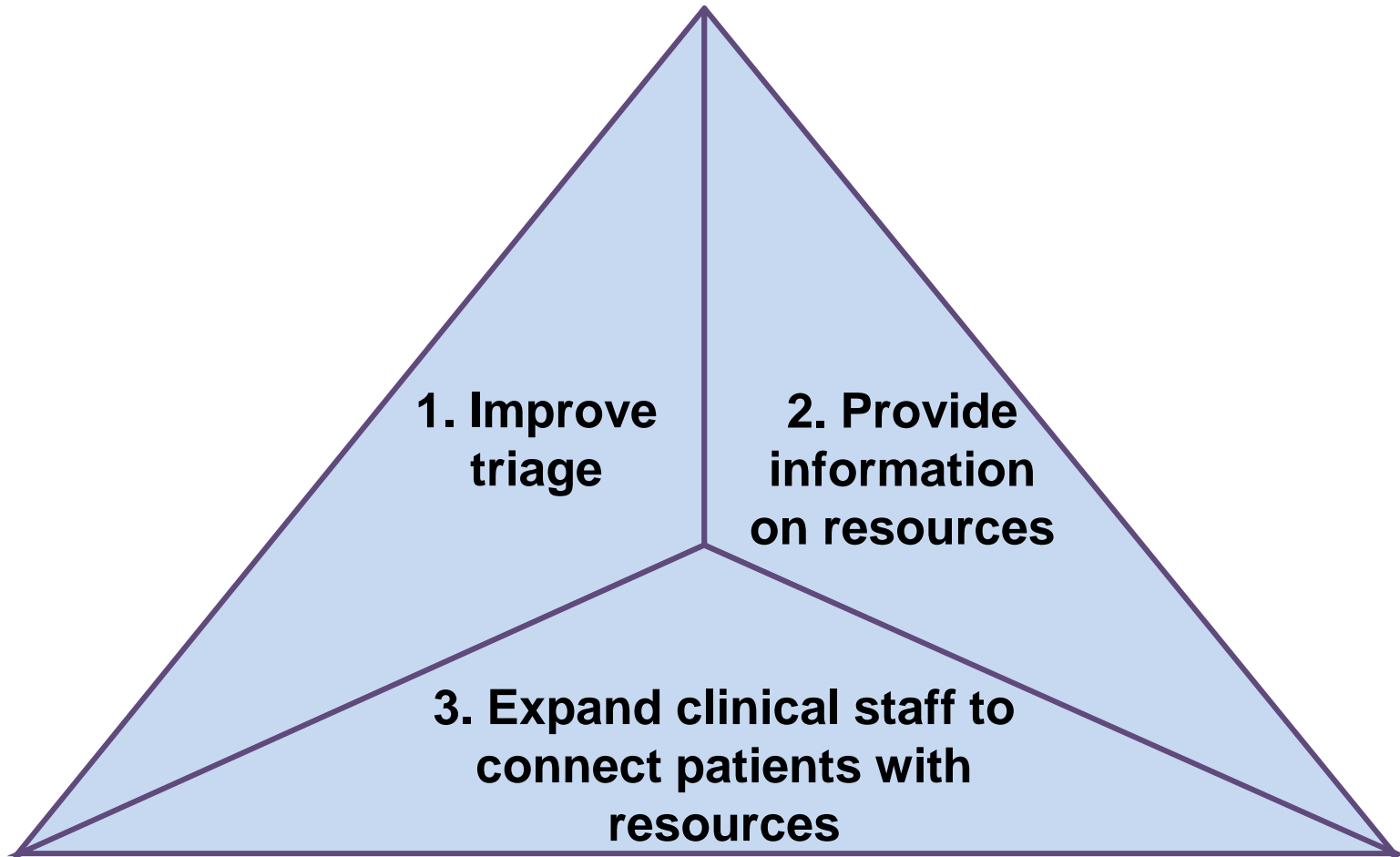
- Despite the number of health-related social problems among children / adolescents, limited screening or referrals for resources (Fleegler et al., 2007; Garg et al., 2009)



Challenges to address SDH in Medical Home

1. Limitations to provider availability to triage SDH needs
 - Providers not trained to screen for health related social problems
 - Time constraints
2. Availability of information on useful resources
 - Providers have limited knowledge about resources, may think SDH not remediable
3. Availability of clinical staff to link patients with resources

Solutions to address SDH



1. Triage: Screening Tools

- Provider screening
 - HEADSS Assessment: psychosocial review
 - **H**ome, **E**ducation, **A**ctivities, **D**rugs, **S**exuality, **S**uicide/depression
 - I-HELLP Screen: basic needs screen
 - RAPPS-PH: social determinants screen (raaps.org)
- Examples of patient self-screening
 - Help Steps (helpsteps.com)



I-HELLP Screen

Domain/Area	Examples of Questions
INCOME	
General	Does your family ever have trouble making ends meet?
Food	Within past 12 months have you worried food would run out?
Benefits	Are you / your family having problems receiving or applying for WIC, food stamps, SSI?
HOUSING	
Costs	Have you lived in more than 2 addresses in past year? Do you think you are at risk for becoming homeless?
Conditions	Is your housing causing health problems?
Utilities	In the past year, has your electricity or gas been shut off / threatened to be shut off?
EDUCATION	Do you get special services in school?
LEGAL STATUS	Do you have questions about your immigration status?
LITERACY	How well do you speak English? How well do you read English?
PERSONAL SAFETY	
Domestic violence	Have you ever been hurt or threatened by a relationship partner?
General safety	Do you feel afraid to play outside?

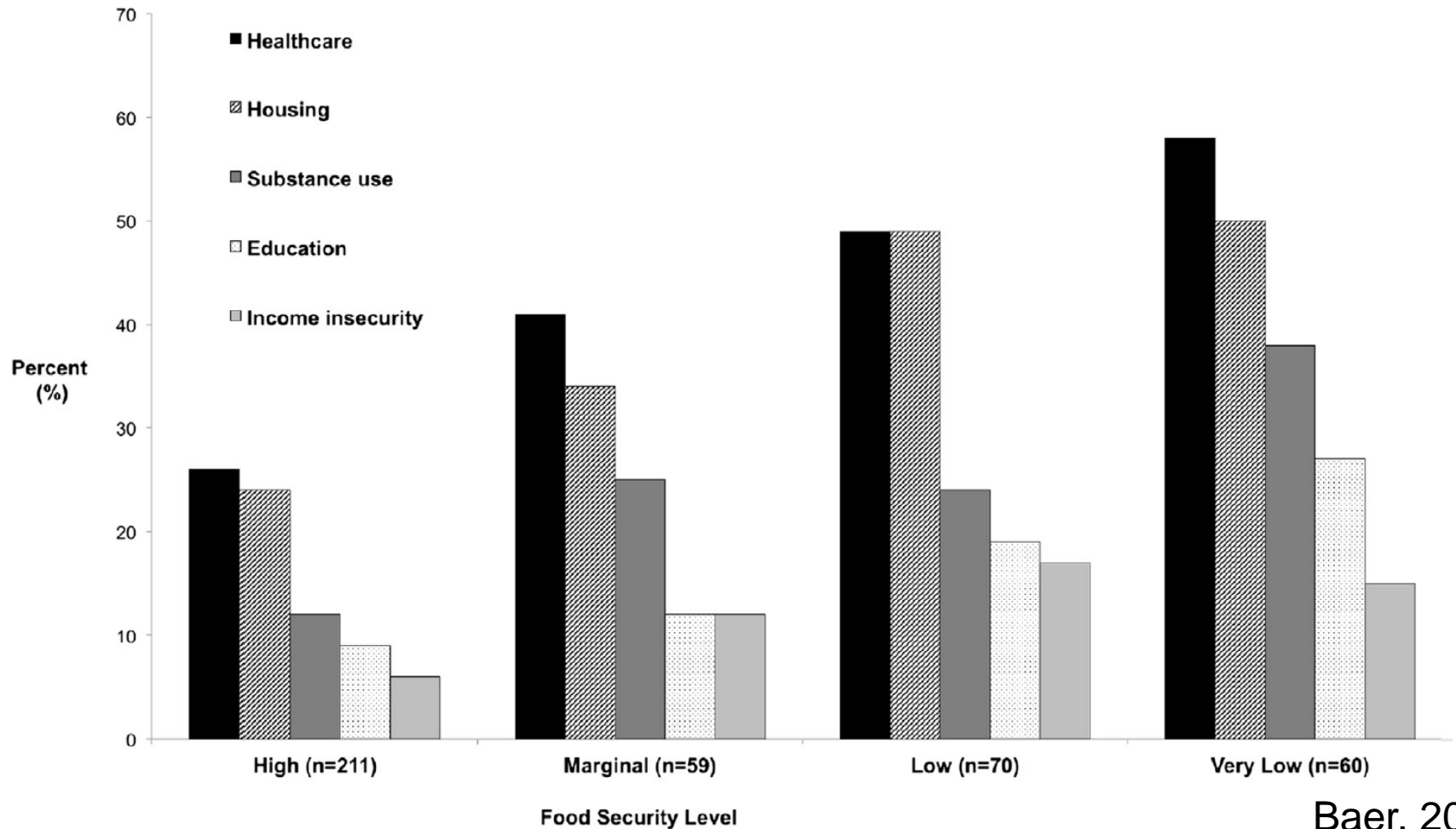


Food Insecurity screening and ‘Pandora's box’

- 2 item validated screen (Hager, 2010):
“Within the past 12 months...”
 - We worried whether our food would run out before we got money to buy more
 - The food we bought just didn’t last and we didn’t have money to get more
- Food insecurity significantly associated with increased odds of other health related social problems among teens (Baer, 2015)



Food security level correlated with other SDH



Baer, 2015



2. Provide information on available resources

- One reason that providers do not screen is that they have limited knowledge about resources
- Resource information delivery
 - Website tool with collection of parent handouts: The Children's Advocacy Project of America, CAP4KIDS (CAP4KIDS.org)



3. Expand Clinical Staff

Volunteers

Student volunteers

Youth / parent advocates

- Utilize parents who have had experience accessing resources for their own families

Professionals

Para-professionals

- Resource specialists
- Outreach workers

Professionals

- Social Workers
- Case Managers
- Lawyers



Health Leads

- Health Leads (healthleadsusa.org)
- Started at BMC in 1996, now > 21 Help Desks nationally, using over 800 college volunteers from 12 universities
- College student volunteers trained to assist patients with meeting basic needs sit at Help Desks in urban clinics

Health
Leads →

Better health.
One connection at a time.



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Medical Legal Partnership (MLP)

- Organization that places lawyers into the healthcare setting to benefit low-income and at-risk patients
- Started in 1993 at Boston Medical Center
- Now 95 MLP sites serving 54,000 patients per year at over 250 healthcare institutions
- medical-legalpartnership.org

National Center for Medical  Legal Partnership



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What does this mean for school-based health centers?

- SBHC ideal for addressing SDH
 - Intersection of adolescent's education and health
 - Schools are where adolescents spend majority of their time
- SBHC providers, teachers and guidance counselors could be trained to screen
- Schools can develop resource / referral guides or provide “on-site” resources



What would SDH screening potentially mean for our patient?



Thank You

