Build Your SDOH Roadmap for Children and Adolescents

Seleena E. Moore, MPH, Program Manager
Andrea Shore, MPH, Director of Programs
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We are
The national SBHC advocacy, technical assistance and training organization based in Washington DC, founded in 1995

Our Mission
To improve the health status of children and youth by advancing and advocating for school-based health care

Our Goals
1. Support strong school-based health care practices
2. Be the national voice
3. Expand and strengthen the SBHC movement
4. Advance policies that sustain SBHC
We Believe...

In the transformational power of the health and education intersection

HEALTHY STUDENTS make better learners
Today’s Presenters

Seleena E. Moore, MPH

Andrea Shore, MPH
Objectives

1. Learn about screening tools to detect social needs and strengths for children and adolescents.

2. Understand the benefits of school-based partnerships in addressing SDOH.

Meet Ana*

- High school student
- Visited SBHC
- Screened for SDOH
- Multiple needs uncovered

*Name changed to protect confidentiality
Meet Ana*

SDOH screening tool
Rapid Assessment for Adolescent Preventive Services (RAAPS)

SDOH needs identified
Unsafe home environment
Physical/sexual abuse

Care and services provided
Safe stable housing
STI testing, birth control, and sexual health counseling
Dental care
Mental health counseling

*Name changed to protect confidentiality
SCREENING FOR NEEDS AND STRENGTHS
“Could someone help me with these? I’m late for math class.”
Social Determinants of Health for Youth

**Safe Homes & Social Supports**

- Stable family relationships significantly reduce stress and allow for better health care-related decision-making.

**Health & Health Care Insurance & Access to Health Care**

- Increased access to health services, medical care, and medications improves treatment for acute and chronic illnesses.

**Neighborhood & Built Environment**

- A home free of environmental hazards reduces the risk of adverse health outcomes like asthma.

**Economic Stability**

- Additional financial support means families don’t have to decide whether to purchase food or health care-related necessities like medications.
- Decreased homelessness and transiency improves attendance, concentration, and behavior.

**Equal Access to Work & Education**

- Opportunities for public benefits and reduced emotional stressors related to undocumented status allow for improved mental health.
- Education is one of the greatest predictors of adult health, and receiving higher education translates to improved lifestyle and health outcomes.
In a survey conducted by the Robert Wood Johnson (RWJ) Foundation, 4 in 5 physicians said that:

- Patients’ social needs are as important to address as their medical conditions.
- They are not confident in their capacity to address patients’ needs.
- Unmet needs are directly leading to worse health for everyone—not only those in low-income communities.
Social Needs

- Neighborhood conditions & communities
- Gender
- Education
- Race & racism
- Lifetime & generational factors
- Working conditions
- Income & wealth

Social Strengths

- Personal Responsibilities
- Financial Responsibilities
- Goals and Priorities
- Spirituality
- Leisure Activities
- Health
- Needs
- Interests
- Motivations
- Values
- Skills
Key Considerations for Screening

- Normalize the process
- Go digital
- Mums the word
- Talk the talk
- Who’s the messenger?
- Plan the ‘how’ for the ‘why’
- Youth-friendly approach
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 SDOH

- Healthcare
- Housing
- Substance use
- Education
- Income insecurity

Percent (%)

Food Security Level:
- High (n=211)
- Marginal (n=59)
- Low (n=70)
- Very Low (n=60)

Baer, 2015
# SDOH Screening Comparison Chart

<table>
<thead>
<tr>
<th>Assessment Domains</th>
<th>HEADSS/H-HEADSSS</th>
<th>SSHADESS</th>
<th>I-HELPP (Adolescent)</th>
<th>Rapid Assessment for Adolescent Preventive Services</th>
<th>Center for Youth Wellness Adverse Childhood Experience Questionnaire</th>
<th>Pediatric Symptom Checklist Youth Report (Y-PSC)</th>
<th>Bright Futures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Type</td>
<td>Interview guidelines</td>
<td>Interview guidelines</td>
<td>Interview guidelines</td>
<td>Screening tool</td>
<td>Screening tool</td>
<td>Screening tool</td>
<td>Guidelines and screening tools</td>
</tr>
<tr>
<td>Self-Administered</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Web-Based</td>
<td>NO*</td>
<td>NO*</td>
<td>NO*</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO**</td>
</tr>
<tr>
<td>Guidance on Follow Up and Referrals</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>License Fee</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO**</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Public Domain</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>Registration required</td>
<td>YES</td>
<td>YES+++</td>
</tr>
<tr>
<td>Applicable to Adolescents</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Meets National Requirements for Billing</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Non-English Versions</td>
<td>NO+</td>
<td>NO+</td>
<td>NO+</td>
<td>Multilingual options available</td>
<td>20 languages</td>
<td>5 languages available &amp; pictorial versions</td>
<td>Spanish</td>
</tr>
</tbody>
</table>
HEALTH CENTERS AND SCHOOLS: UNITING FOR YOUNG PEOPLE’S SUCCESS
Why Schools?

• School partnerships ideal for addressing SDOH
  – Intersection of education and health
  – Schools are where youth spend majority of their time
• School-based providers, teachers and guidance counselors could be trained to screen
• Schools can develop resource / referral guides or provide “on-site” resources
2016-17 SDOH Census Data

“With which types of programs or community-based organizations does your health center currently work to secure social services for patients and their families?”

Response rate to Q.15

- Yes: 1793 (77%)
- No: 287 (13%)
- Non-response: 237 (10%)

N=2080
“With which types of programs or community-based organizations does your health center currently work to secure social services for patients and their families?”
## School-Based Health: Endless Possibilities
### SBHC Delivery Models

<table>
<thead>
<tr>
<th></th>
<th>Traditional SBHCs</th>
<th>School-Linked SBHCs</th>
<th>Mobile SBHCs</th>
<th>100% Telehealth SBHCs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong>&lt;br&gt;where <strong>patient accesses care</strong></td>
<td>A fixed site on school campus</td>
<td>A fixed site near school campus</td>
<td>Mobile van parked on or near school campus</td>
<td>A fixed site on school campus</td>
</tr>
<tr>
<td><strong>Location</strong>&lt;br&gt;where <strong>providers deliver care</strong></td>
<td>Physically onsite, and remotely for some services</td>
<td>Physically onsite, and remotely for some services</td>
<td>Physically onsite, and remotely for some services</td>
<td>Remotely for all services</td>
</tr>
</tbody>
</table>
Targeted School Health Services

Which of the following school-based services, functions, or events does your health center provide on area school campuses? Please check as many as apply:

- Oral health program
- School health fair
- Classroom-based health education
- On-site sports physicals
- Other - Write In (Required)
- Training to school staff members on community health topics
- Medicaid outreach and enrollment
- Onsite primary care
- Vaccine clinics
- Mental health program
- School-wellness committee participation
- After-school healthy youth development program

N=60
Indiana FQHC SBHCs

46 FQHC-sponsored SBHCs
SPEAKING EDUCATION’S LANGUAGE
Recommendations

1. Frame approach and language around the school, district, board, or agency’s top priorities

2. Speak in health and learning language

3. Keep it simple and don’t use large amounts of data

*adapted from NACDD’s “Speaking Education’s Language: A Guide For Public Health Professionals Working In the Education Sector”*
Recommendations

4. Acknowledge understanding of education sector’s great pressures

5. Communicate role that poor health status plays as an underlying cause of the achievement gap

6. Communicate respect for education system

*adapted from NACDD’s “Speaking Education’s Language: A Guide For Public Health Professionals Working In the Education Sector”*
Case Scenario

• You are a primary care provider. Felix is 13 years old, in middle school. He comes to your health center for his well-child visit.

• During the visit. Felix tells you he’s had headaches quite frequently lately.

• You’re using Bright Futures guidelines. When you ask about how he’s doing in school, he says “I guess okay.” Based on that response and some of his responses to other questions about friends, you feel like there’s something else going on.

• What else can you ask Felix?
Case Scenario

• Using motivational interviewing, you learn that Felix is getting bullied at school, which leads to his headaches and his desire to stay home from school.

• Luckily, your health center has an MOU with Felix’s middle school. One of your community outreach workers, Antonio, provides in-class health education twice a month to support the health teacher’s curriculum. Antonio has developed a relationship with many of the school staff members through this collaboration, including the school counselor.

• What are some next steps you could take to support Felix?
Key Considerations for Care Coordination

- **REFER**
  - patients to a list of general or curated resources, leaving engagement up to them

- **COMPLETE A WARM HAND-OFF**
  - by making a phone call or an introduction to a resource provider

- **ENGAGE IN CARE MANAGEMENT**
  - by scheduling the appointment with the resource provider

- **UTILIZE CLOSED-LOOP COMMUNICATION**
  - wherein the health-care provider is notified that the resources were accessed and what the outcome was
DEMONSTRATING THE VALUE OF SCHOOL-BASED SDOH WORK
Build a Wellness Team

An effective school-wide wellness strategy permeates every aspect of school life – from the classroom to the cafeteria, from campus to neighborhood, and from student support services to the attendance office. It requires active involvement of all who have a stake in student wellbeing and academic success.

Whatever the name - wellness committee, council, task force - a diverse coalition of school and community stakeholders, champions, supporters, and implementers serves many important functions. The group may do the following:

- Establish a compelling vision for what wellness makes possible.
- Explore shared values and aspirations.
- Set actionable goals and objectives.
- Align resources and partnerships.
- Create performance measures and benchmarks.
- Evaluate progress.
- Communicate the group’s efforts to a broader public.

Diversity of membership on the team in role, gender, racial, and sexual identity can fuel broader community connections and resources and generates more innovation. Based on your needs and process, recruitment and vision setting can occur simultaneously, or one may precede the other.
School Wellness Team

Teacher
Principal
Counselor
Health Educator

Students
Parents
Nurse
Cultivate a Youth-Centered Environment

Youth Engagement Toolkit

Lead the Way: Engaging Youth in Health Care is the School-Based Health Alliance’s online youth engagement toolkit. This resource is designed for individuals who work in school-based or community health centers who want to engage youth in their mission and work. In these sections, you will find practical strategies, resources, and reflections from the field to help you empower youth to be productive actors in their health care and their future.

The first edition of this toolkit was developed in 2011, with support from Atlantic Philanthropies. This second edition was created with support from the Bureau for Primary Health Care, has been expanded to include community health centers, alongside school-based health centers (SBHCs).

Establish youth partnerships

Youth-led Assessment

<table>
<thead>
<tr>
<th>No</th>
<th>Partially</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is in a location that young people in the community can easily get to.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Has walk-in or drop-in appointments.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Makes their hours visible (listed on the website, posted on the front door, etc.).</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Is open during times that are convenient for young people (after school, weekend hours, etc.).</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Has a physical space that is welcoming to young people (appealing artwork, posters, free WiFi, etc.).</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Has a check-in and check-out area that feels private.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Has exam rooms that feel private (soundproof, etc.).</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Has confidential services for youth.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Posts information about confidential services in places that youth can easily see.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Has services that are free or low-cost for youth.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Posts information about free or low-cost services in places that youth can easily see.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Posts visual cues (rainbow stickers, pamphlets, etc.) to indicate that LGBTQ+ youth are welcomed.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Has an all-gender bathroom in a convenient location.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Provides services in the languages spoken by youth in your area.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Posts information about the languages staff speak in places youth can easily see.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Has mental health services for youth.</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Posts information about mental health services in places that youth can easily see.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Has health education materials (brochures, etc.) that are easy to understand and appealing to youth.</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Provides free menstrual products.</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Provides free condoms.</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Provides multiple birth control methods (pill, patch, LARCs, emergency contraception, etc.).</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Provides pregnancy testing and comprehensive options counseling.</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Provides testing and treatment for sexually transmitted infections (STIs).</td>
<td></td>
</tr>
</tbody>
</table>
Translate SDOH Data to Outcomes

**NEED DATA**
- Standardized data on patient social risk/barriers (PRAPARE)

**RESPONSE DATA**
- Standardized data on interventions (Enabling Services + others)

**BOTH** are necessary to:
- Demonstrate health center value to payers
- Seek adequate financing
- Better target and or improve services
Translate SDOH Data to Outcomes

"Now what?" - linking SDOH to appropriate ES
Strong ES programs minimize barriers
Targeted ES interventions ----> better patient outcomes
Structured ES data can help to:
• Improve patient care
• Demonstrate the value of health centers
• Communicate complexity of patient populations
Questions?

Please enter your questions into the “Chat” box of the Zoom control window.
Health centers-schools partnerships resource

Health Centers and Schools: Uniting for Young People’s Success

School-based health care is a powerful investment in the health and academic potential of children and adolescents. This model delivers convenient, accessible, and wide-ranging primary and mental health care services to students where they already spend most of their time: in school.

At the heart of the model is the partnership between the schools and health centers* that give or support the services offered to the students. This resource explores:

- the value of school and health center collaboration,
- the benefits that health centers and schools get from the collaboration, and
- the supports in place that help health centers work with their local schools.

[Play Video]

*In this document, unless otherwise noted, the term “health center” is used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as “grantees”) and FQHC Look-Alike organizations, which meet all the Health Center Program requirements but do not receive Health Center Program grants. It does not refer to FQHCs that are sponsored by Tribal or Urban Indian Health Organizations, except for those that receive Health Center Program grants.*
Adolescent SDOH blog series


School-based MLP factsheet

Training Opportunities

Adolescent Health ECHO

Addressing Diabetes Risk Factors in Elementary School Children Through Community Partnerships

Virtual Sessions
January-May 2019
Thursdays, 12:00-1:30pm EST
Eight sessions
90 minutes each

Learn more about the Project ECHO Model:
Project ECHO Video Overview and www.echo.unm.edu

Who can apply?
Each community health center or FQHC must have at least one primary care provider and one behavioral health provider to apply. Space is limited. Apply by November 14th

Adolescent Health TeleECHO Coordinator
Selena Moore | 203-375-4303 | selena@sbh4all.org

Want to improve the adolescent-friendliness of your health center, and provide better care to adolescent patients? Are you interested in virtually working with and learning from other community health centers and federally qualified health centers (FQHCs) across the country? If you’re a primary care or behavioral health provider, clinic nurse, medical assistant, or health educator and answered yes to these questions, register for the School-Based Health Alliance’s TeleECHO Clinic today!

Clinic Benefits
- Participate in case-based clinical learning discussions focused on improving clinical care for adolescents and creating adolescent-friendly environments.
- Gain critical knowledge on how to identify and manage adolescent patients’ mental health, sexual reproductive health, and well care through brief didactics on topics of interest to learners.
- Become an adolescent expert and advocate for your patients, practice, and community.
- Receive 1.5 CEUs per session at no cost. This activity has been submitted to APHA & NASW for approval to award contact hours.

Apply Now!

https://www.sbh4all.org/current_initiatives/youthsafety-net-project/#anchor

https://www.sbh4all.org/?p=11892
Questions?

Please enter your questions into the “Chat” box of the Zoom control window.
Thank You

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