

Build Your SDOH Roadmap for Children and Adolescents

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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



SCHOOL-BASED
HEALTH ALLIANCE
Redefining Health for Kids and Teens

We Believe...

In the transformational
power of the health and
education intersection



HEALTHY STUDENTS
make better learners



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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.
3. Describe best practices in SDOH care coordination and follow-up in school settings.

Meet Ana*



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

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



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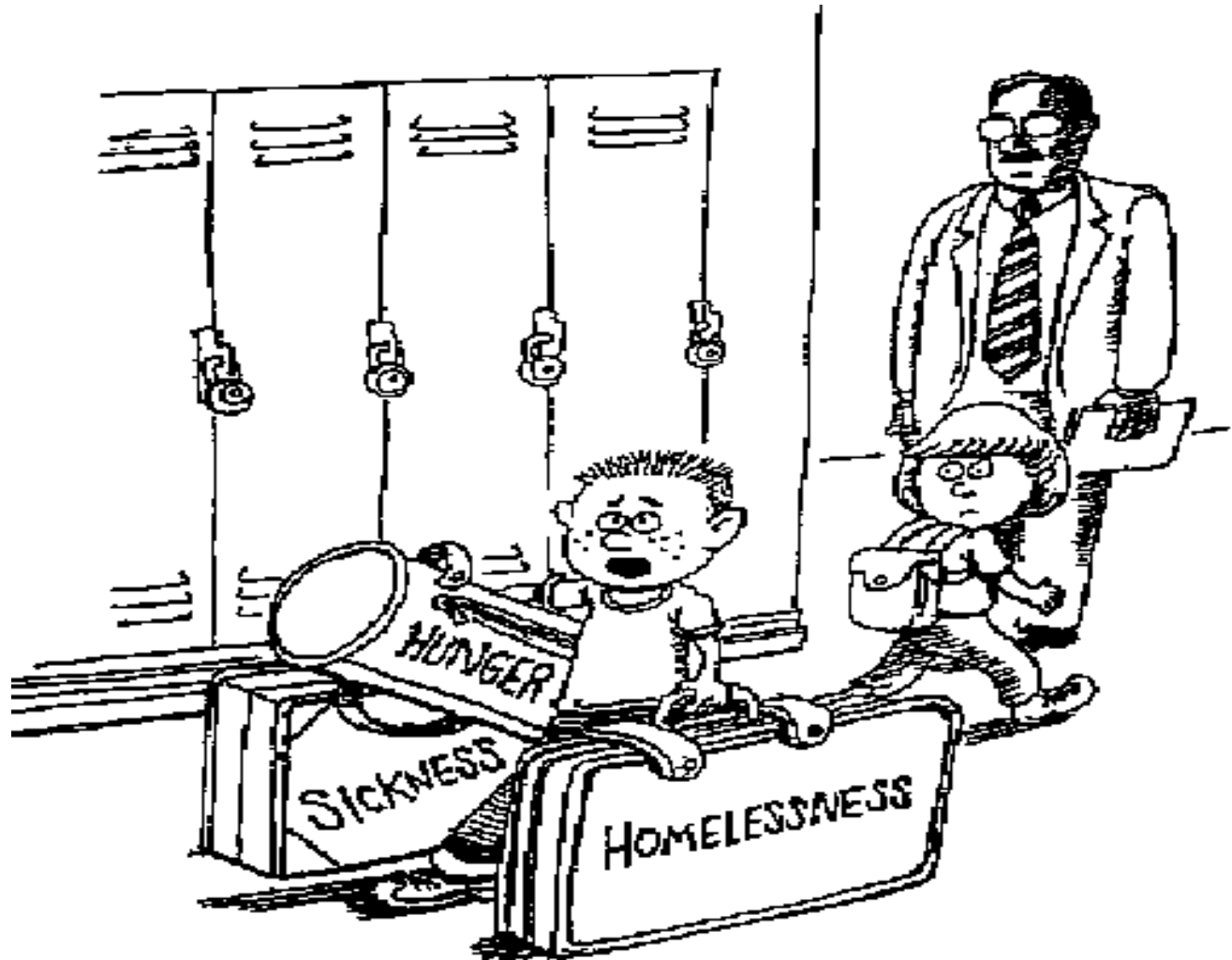


SCREENING FOR NEEDS AND STRENGTHS



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*“Could someone help me with these?
I’m late for math class.”*





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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

Quality of Housing



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

ECONOMIC STABILITY

Food Security
& Housing Security



- 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

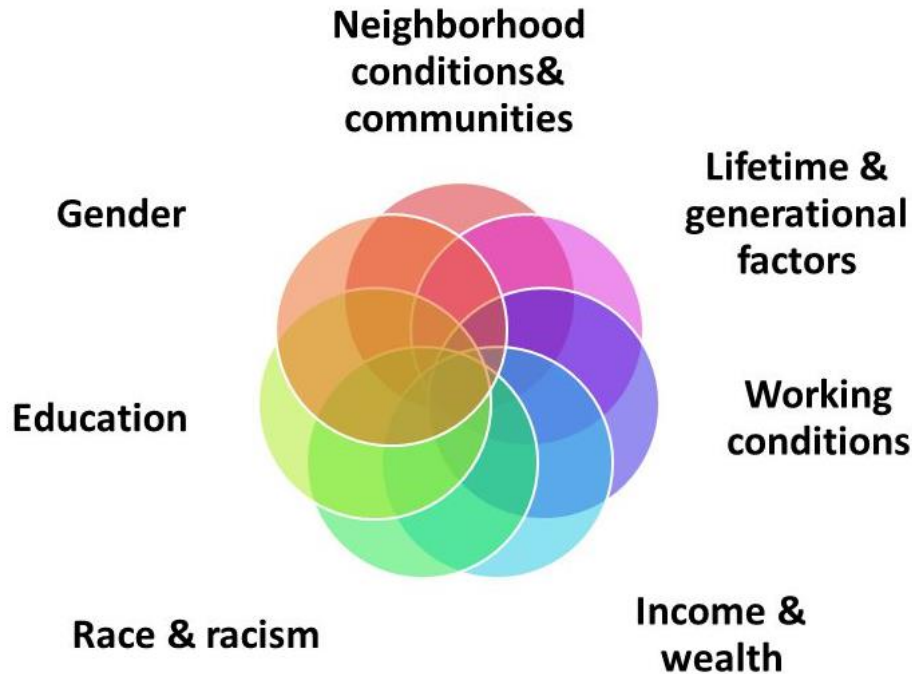


- Opportunities for public benefits and reduced emotional stressors related to undocumented status allow for improved mental health.
- Education is one of the greatest predictors of adult health, and receiving higher education translates to improved lifestyle and health outcomes.

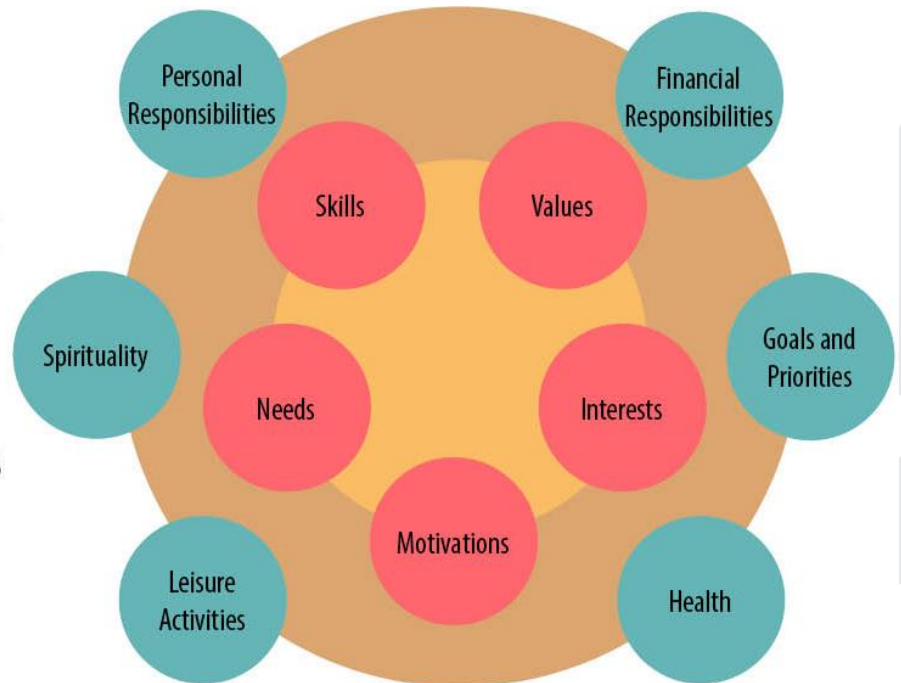
**In a survey
conducted by the
Robert Wood
Johnson (RWJ)
Foundation, 4 in 5
physicians said that:**

- 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



Social Strengths



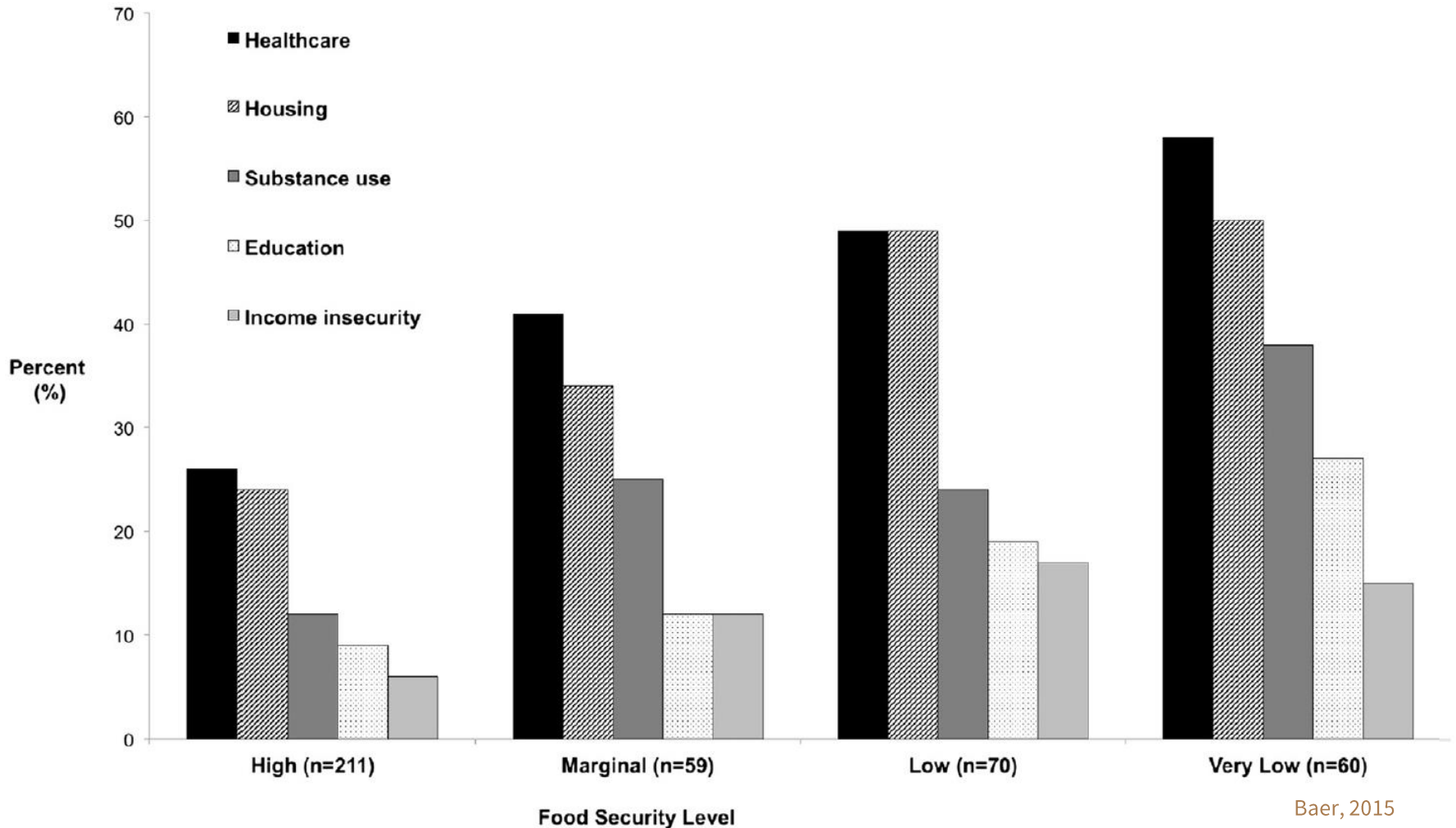
Key Considerations for Screening

- 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





SDOH Screening Comparison Chart

| | HEADSS/ HEEADSSS | SSHADESS | I-HELLP (Adolescent) | Rapid Assessment for Adolescent Preventive Services | Center for Youth Wellness Adverse Childhood Experience Questionnaire | Pediatric Symptom Checklist Youth Report (Y-PSC) | Bright Futures |
|--|--|---|---|--|---|---|--|
| Assessment Domains | Home, education and employment, eating, activities, drugs, sexuality, suicide/depression, safety | Strengths, school, home, activities, drugs, emotions /depression, sexuality, safety | Income, housing, education, legal status, literacy, personal safety | Social and behavioral determinants | Abuse, household dysfunction, neglect | Social, school performance, physical and mental health, high-risk behaviors | Strength-based assessment, home, education, eating, activities, drugs, safety, sex, suicidality/ mental health |
| Resource Type | Interview guidelines | Interview guidelines | Interview guidelines | Screening tool | Screening tool | Screening tool | Guidelines and screening tools |
| Self-Administered | NO | NO | NO | YES | YES | YES | YES |
| Web-Based | NO* | NO * | NO* | YES | NO | NO | NO++ |
| Guidance on Follow Up and Referrals | NO | NO | NO | YES | NO | NO | YES |
| License Fee | NO | NO | NO | YES | NO** | NO | YES |
| Public Domain | YES | YES | YES | NO | Registration required | YES | YES+++ |
| Applicable to Adolescents | YES | YES | YES | YES | YES | YES | YES |
| Meets National Requirements for Billing | YES | YES | YES | YES | YES | YES | YES |
| Non-English Versions | NO+ | NO + | NO+ | Multilingual options available | 20 languages | 5 languages available & pictorial versions | Spanish |



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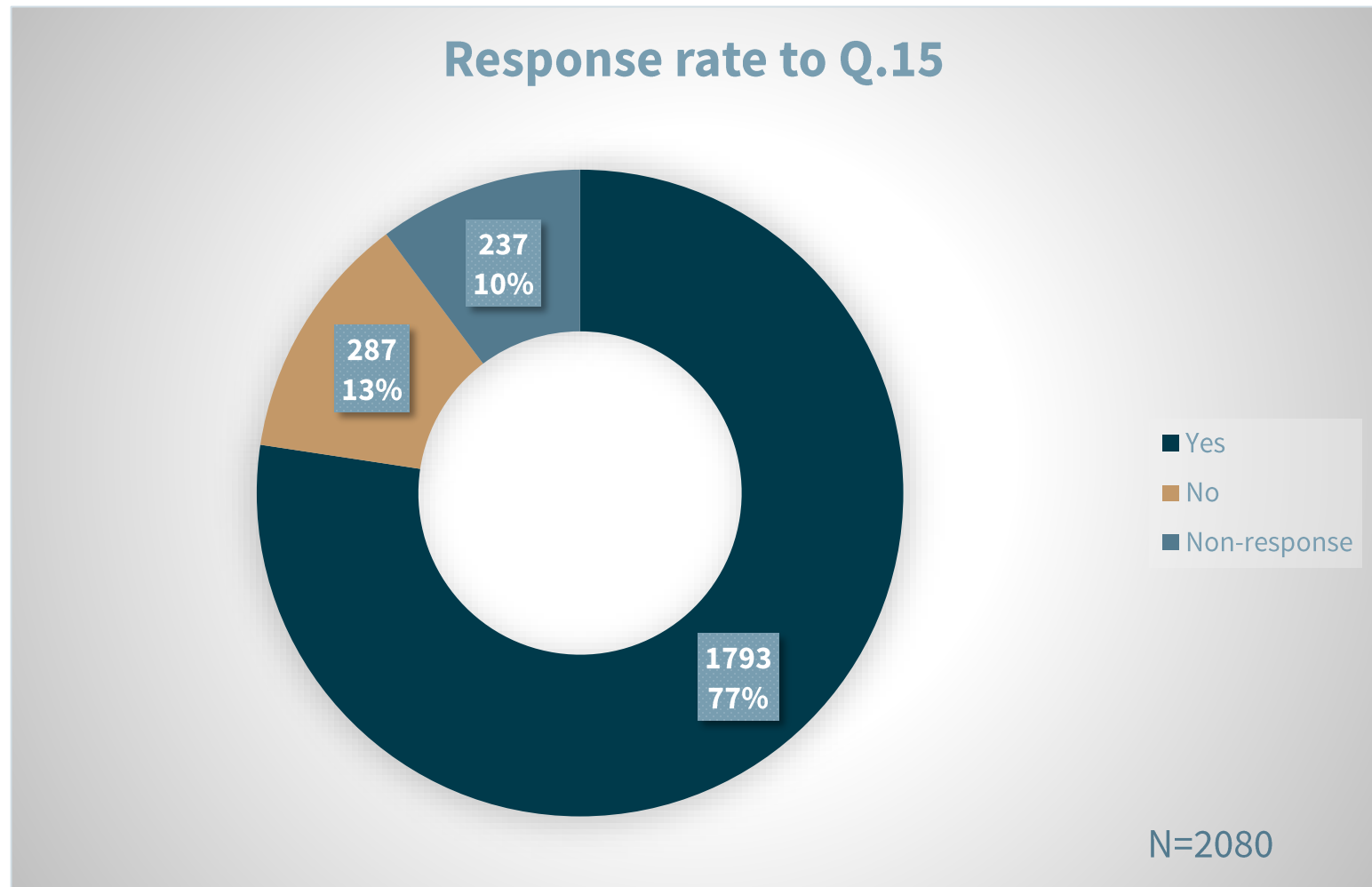
HEALTH CENTERS AND SCHOOLS: UNITING FOR YOUNG PEOPLE'S SUCCESS

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

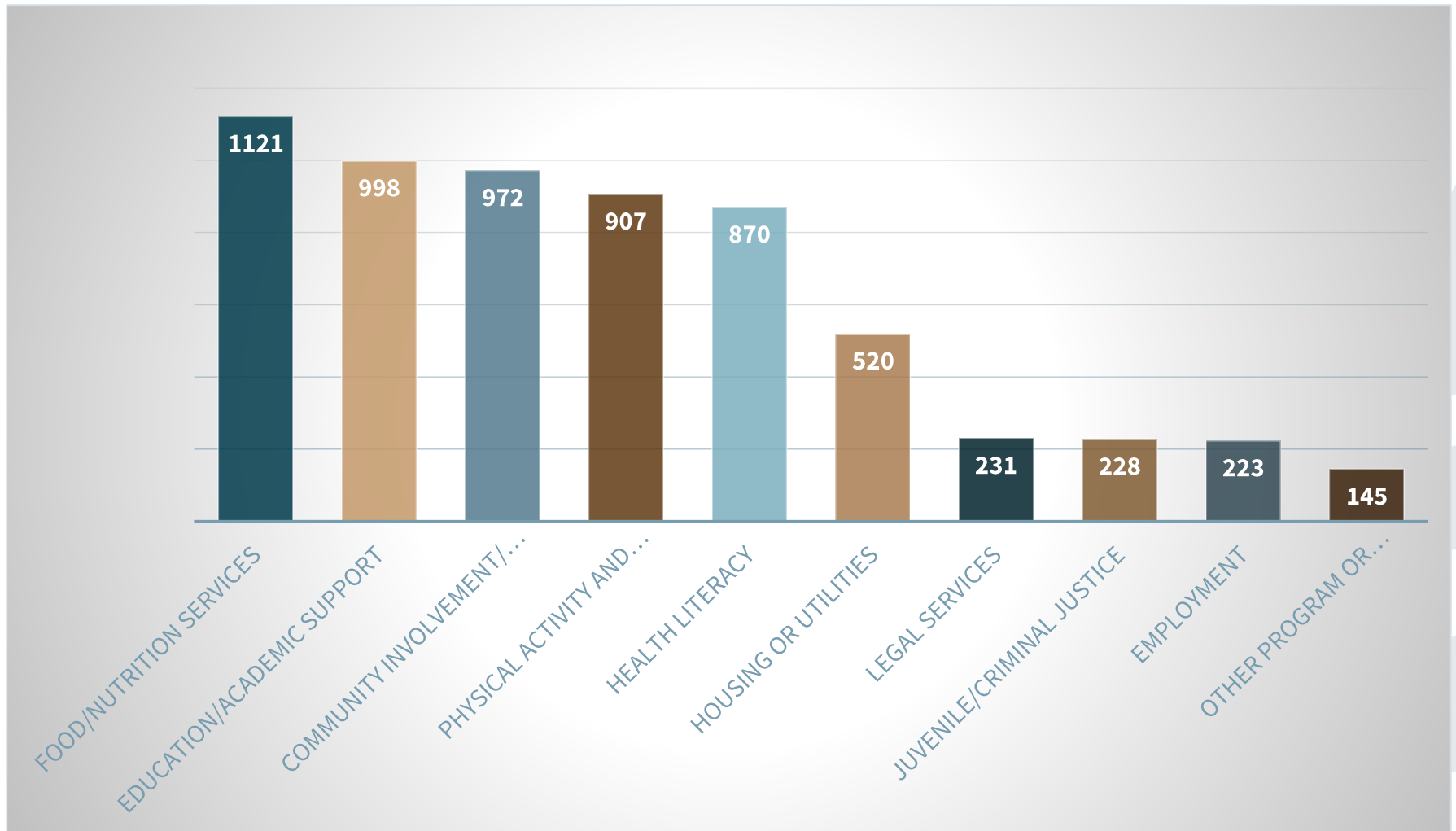
2016-17 SDOH Census Data

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



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?”



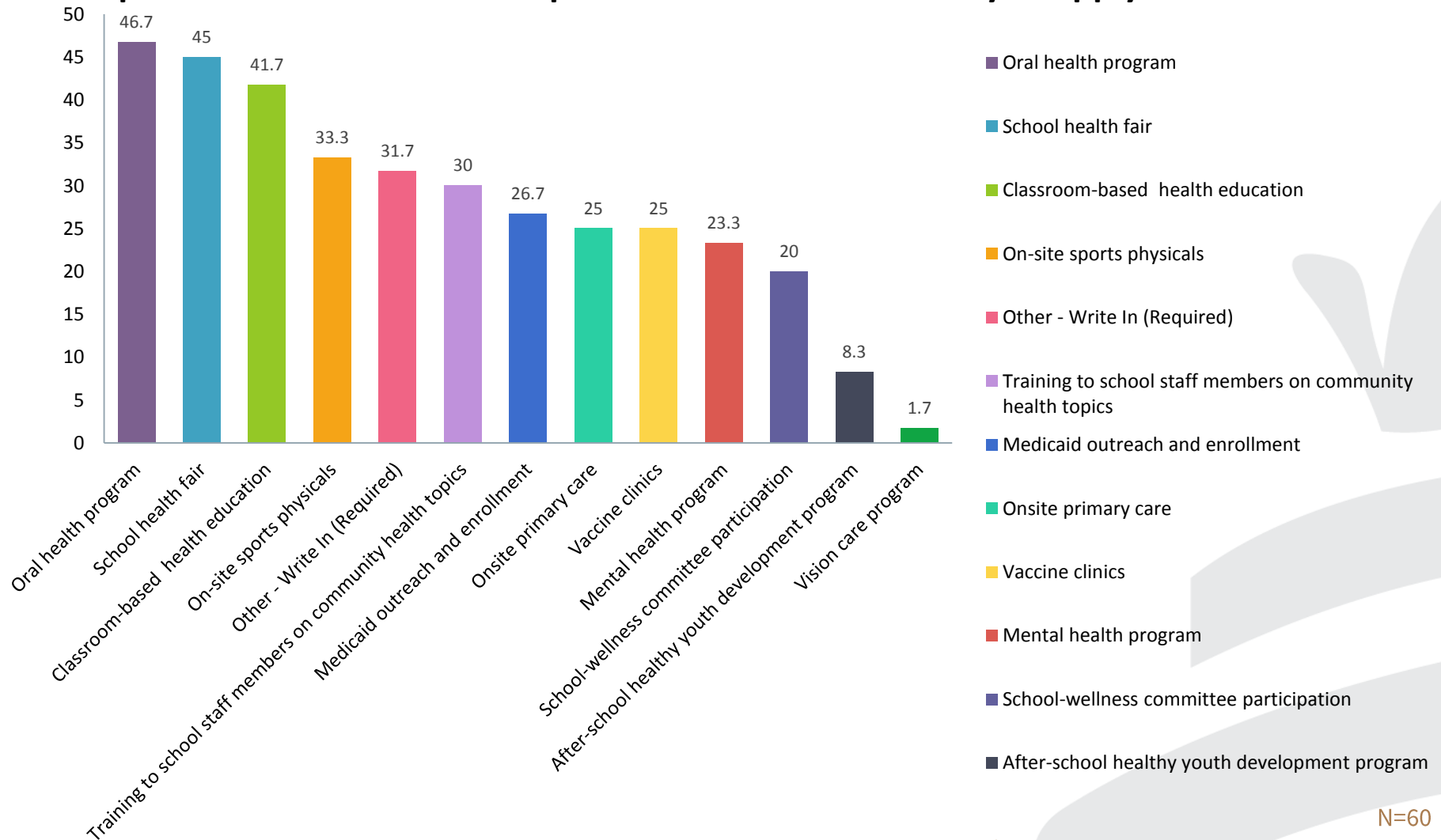
School-Based Health: Endless Possibilities

SBHC Delivery Models

| | Traditional SBHCs | School-Linked SBHCs | Mobile SBHCs | 100% Telehealth SBHCs |
|--|---|---|---|-------------------------------|
| Location where <u>patient accesses care</u> | A fixed site on school campus | A fixed site near school campus | Mobile van parked on or near school campus | A fixed site on school campus |
| Location where <u>providers deliver care</u> | Physically onsite, and remotely for some services | Physically onsite, and remotely for some services | Physically onsite, and remotely for some services | Remotely for all services |

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:





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Indiana FQHC SBHCs





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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

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

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

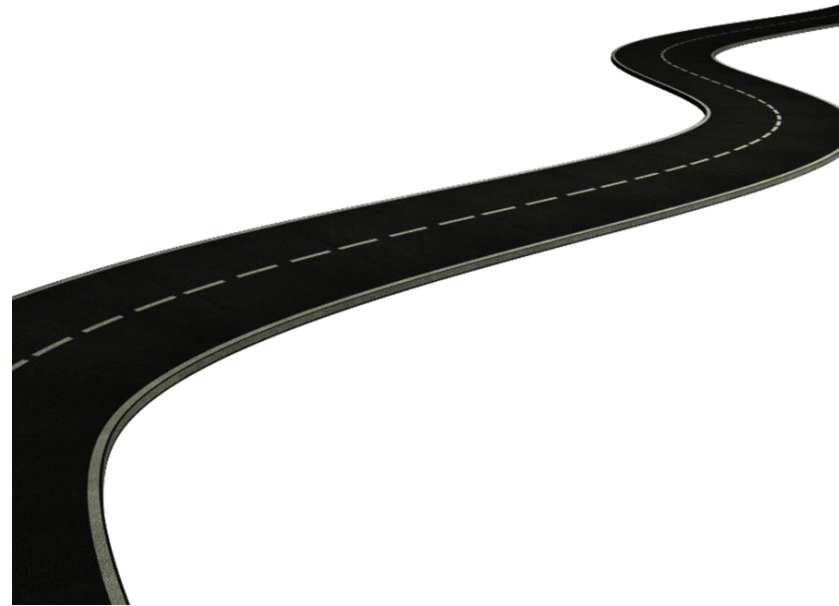


UTILIZE CLOSED-LOOP COMMUNICATION

wherein the health-care provider is notified that the resources were accessed and what the outcome was



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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



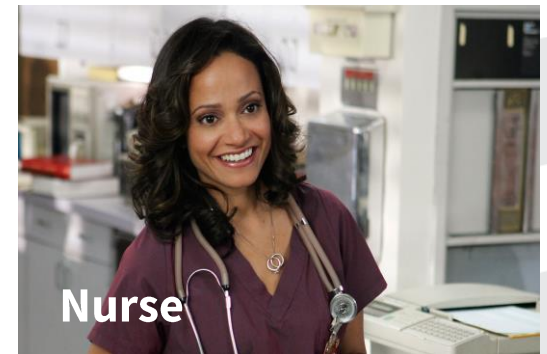
Health Educator



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).

[Access Toolkit](#)

Establish youth partnerships



Search >
INSTITUTE
Discovering what Kids
need to succeed



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

Youth-led Assessment

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.

<http://sbh4all.org/chc-schoolpartnership.php/>

Adolescent SDOH blog series

School-based MLP factsheet



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About Initiatives School Health Resources Training Advocacy Members

Posts Tagged 'Coordinating Care around the Social Determinants of Health'

Social Determinants of Adolescent Health: Culturally Respectful Care: Growing Beyond Competency

April 19, 2017

Coordinating Care around the Social Determinants of Health is a blog series from the School-Based Health Alliance. We feature stories from clinicians that demonstrate the impact of safety-net health centers that use a social determinants lens when providing coordination of care for adolescents. Read more posts in the series...

[Read More](#)

Social Determinants of Adolescent Health: Screening Students for Community Needs

October 4, 2018

Coordinating Care around the Social Determinants of Health is a blog series featuring clinician stories that illustrate the impact of safety-net health centers coordinating adolescent care through a social determinants lens. Read more posts in the series here. By Seleena Moore, Program Manager, School-Based Health Alliance When addressing social...

[Read More](#)

[Read More](#)

Latest News

SBHC Advocates Introduce Legislation in Senate to Reauthorize SBHC Program
October 17, 2018
SBHC Advocates Introduce Legislation in Senate to Reauthorize SBHC Program
WASHINGTON, DC (October 17, 2018) - In a bipartisan show ...

How Youth Leadership Changes the World
October 11, 2018
How Youth Leadership Changes the World By Anna Gabriella Casalme, Alliance Board Member and former Youth Advisory Council Member A ...
[See All News](#)



<http://www.sbh4all.org/tag/coordinating-care-around-the-social-determinants-of-health/>

<http://www.sbh4all.org/wp-content/uploads/2018/08/School-Based-Health-and-Medical-Legal-Partnership.pdf>

Training Opportunities

Adolescent Health ECHO

Addressing Diabetes Risk Factors in Elementary School Children Through Community Partnerships

FREE Adolescent Health TeleECHO Clinic™

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.



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 16th!

Adolescent Health TeleECHO Coordinator
Seleena Moore | (202) 370-4383 | smoore@sbh4all.org

APPLY NOW!


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

<https://www.sbh4all.org/?p=11892>

Questions?

Please enter your questions
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Thank You

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