UNDERSTANDING AND ADDRESSING THE SOCIAL INFLUENCERS OF HEALTH & EDUCATION

October 26, 2021
Housekeeping

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Webinar Agenda

1. Overview of School-Based Health Centers, Comprehensive School Mental Health Systems, and the National Quality Initiative
2. Introduction to the Social Influencers of Health and Education (SIHE)
3. Assessing SIHE through Screening and Surveillance
4. Providing Multi-Tiered Interventions to Address Unmet SIHE Needs
Welcome!

Who’s in the Zoom room?

Poll: What role do you represent?
Welcome!

Who’s in the Zoom room?

Poll: Where are you currently located?
This work is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services grant titled: Collaborative Improvement and Innovation Network on School-Based Health Services. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
School-Based Health Alliance

Transforming Health Care for Students

• The national SBHC advocacy, technical assistance and training organization based in Washington DC, founded in 1995

• We support the improvement of students’ health via school-based health care by supporting and creating community and school partnerships

www.sbh4all.org
School-Based Health Center Defined

• Shared commitment between a school, community and health care organization(s)

• Support students’ health, well-being and academic success by providing an array of services such as:
  • Medical
  • Behavioral counseling
  • Oral Health Care
  • Vision Care

• Works with existing school services and care providers but do not replace
National Center for School Mental Health (NCSMH)

Established in 1995 with funding from the Health Resources and Services Administration

The **NCSMH mission** is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

Visit the NCSMH website at [www.schoolmentalhealth.org](http://www.schoolmentalhealth.org)
Comprehensive School Mental Health Systems

• Provide a **full array of supports and services** that promote positive school climate, social emotional learning, mental health and well-being, while reducing the prevalence and severity of mental illness

• **Built on a strong foundation of district and school professionals**, including administrators and educators, specialized instructional support personnel (e.g., school psychologists, school social workers, school counselors, school nurses, other school health professionals) in **strategic partnership** with students, families and community health and mental health partners

• Assess and address the **social and environmental factors** that impact health and mental health
We seek to unleash the potential of SBHCs and CSMHSs to catalyze school administrators, teachers, health care organizations, and youth development staff to join with students and families to create the systemic conditions – values, beliefs, policies, resources, practices, programs, services, and partnerships – that enable ALL children to thrive in the classroom and in life.
NQI Goals

1. Improve quality of care and use of best business practices that promote sustainability among 50 percent SBHCs/CSMHSs

2. Increase the number of and utilization of SBHCs/CSMHSs by 15 percent

3. Increase state policies and programs that promote quality, sustainability, and growth of SBH services
SBHCs and CSMHSs are well-positioned to assess social influencers of health and education and act
Today’s Presenters

Olga Acosta Price, PhD
Director and Associate Professor
Center for Health and Health Care in Schools

Rachel Sadlon, MPH
Associate Director, Research & Evaluation
Center for Health and Health Care in Schools
What is the Center for Health and Health Care in Schools?
CHHCS is a national organization using a public health lens to provide program development, technical assistance, research translation, and evaluation.

Our mission is to build and sustain equitable environments for children to thrive.

Visit the CHHCS website at www.healthinschools.org
Social & Environmental Conditions for Children in the U.S.

The Good
• 96% received needed healthcare in the past year
• 96% have never been a victim of or a witness to violence
• 95% live in a safe neighborhood
• 93% have health insurance

The Bad
• 29% live in neglected neighborhoods
• 19% live in poverty
• 15% live in households where it is hard to get by on the family income
• 5% of households with children cannot afford food

Source: NSCH 2019; NSCH 2019-2020
Conditions for Students During the COVID-19 Pandemic

The pandemic intensified hunger in the D.C. region. Now, there’s a push to end it for good.

COVID-19 pandemic has worsened food insecurity, especially in households with children

NYC school attendance drops among homeless students amid coronavirus, report says

More than 140,000 U.S. children lost a primary or secondary caregiver due to the COVID-19 pandemic

1 in 5 Families Report Pandemic-Era Patient Care Access Hardship

Although telehealth has filled in some gaps, families still report challenges with patient care access and a preference for in-person care.

"It’s just hard to find somebody": Navigating childcare during the COVID pandemic

New study highlights stark disparities in caregiver deaths by race and ethnicity, calls for urgent public health response.
Social and environmental stressors contribute to health and learning outcomes

• Asthma (exacerbated by poor indoor air quality in the home)
• Obesity (lack of nutritious food options; lack of parks and unsafe neighborhoods that contribute to sedentary behavior)
• Mental and behavioral health problems (including those caused by ACEs)
• Lower math scores
• Lower English language arts scores
• Chronic absenteeism
• Disengagement from school
• Discipline referrals
• School drop-out
• On-time high school graduation
Reciprocal Effect of Health & Education

1. Education can create opportunities for better health
   - Income/resources
   - Healthy behaviors
   - Social/psychological benefits
   - Healthier neighborhoods

2. Poor health can put education at risk (reverse causality)
   - Attendance
   - Concentration
   - Learning disabilities

Contextual Factors
- Social policies
- Individual/family characteristics

3. Conditions throughout people’s lives can affect both education and health

Source: VCU Center for Society & Health
Students Living in Poor Housing Conditions

Poor indoor air quality caused by smoking, pet dander, dust mites, or animal droppings can aggravate childhood asthma, a common condition known to contribute to absenteeism and subsequent gaps in learning.
Understanding the “Root Causes”

- Requires an understanding of the environments and conditions in which people are born, grow, live, learn, work, and age
- Are the fundamental drivers of health and mental health status, and long-term success
Social Determinants of Health (SDOH/SDH)

• Medical care may be responsible for only 10–15% of health outcomes; SDOH contribute to the vast majority of individual outcomes
Social Influencers of Health and Education

• A child’s health status and educational achievement are influenced by multiple factors, many of which are external to the individual.

• Often experienced disproportionately by race and ethnicity and contribute to health inequities, learning disruptions, and opportunity gaps.
Social Influencers are Both Positive and Negative

- **When Protective Factors Outweigh Risk Factors**
  - Child is likely to be resilient.

- **When Risk Factors Outweigh Protective Factors**
  - Child is vulnerable.
Poll

From your perspective, what are the top concerns for students in your community right now?

Select your top 2.
Introducing Brief #1

- Provides an overview of the SIHE
- Describes the role of schools, as well as SBHCs and CSMHSs
- Presents a call to action and next steps for the field

Understanding Social Influencers of Health and Education: A Role for School-Based Health Centers and Comprehensive School Mental Health Systems
August 2020

A child’s health status and educational achievement are influenced by multiple factors, many of which are external and not readily controlled by the child or parents/guardians. These factors, such as the safety of the neighborhood, a family’s socioeconomic status, access to needed services, the availability of healthy food, the quality of the physical environment, and experiences with racism or discrimination, profoundly impact well-being and can severely limit opportunities for growth. Despite limitations on the extent to which these factors can be changed, school-based health centers (SBHCs) and comprehensive school mental health systems (CSMHSs) are well-positioned to assess and take actions to help overcome these obstacles to student achievement, social-emotional development, and well-being. This brief defines key concepts and outlines how school health service systems can play a role in addressing factors that affect student academic and health outcomes.

School-based health centers (SBHCs)
A partnership between schools and a local health-care organization.
- Provide a range of services that may include primary care, mental health, social services, and health education.
- Nutrition education, vision, and health promotion.
- Core care for unmet health needs, as well as school staff, family members, and others in the community during and after school hours, and other times during the summer.
- Offer services in the community and outreach services.

Comprehensive school mental health systems (CSMHSs)
- Provide a range of supports and services that promote positive school climates, social and emotional learning, and mental health and well-being, and reduce the prevalence and severity of mental health issues.
- Build on existing organizations of district and school professionals including administrators, educators, and specialized school-based support personnel.
- Establish a strategic partnership with students and families, as well as community health and mental health organizations.

What are the Social Influencers of Health and Education?
The influencers of health and education are nested in the social determinants of health. Social determinants of health refer to the characteristics in a child’s surroundings that affect a wide range of health, functioning, prevalence of risk, and quality of life—situations in other words, the social, environmental, or economic conditions in which individuals are born, live, learn, play, work, and age. To highlight the potential for positive change when social and environmental factors are identified and addressed early on, the term influencers has been favorited.1 Research underscores that social influencers of health not only have a positive or negative impact on the health of an individual child, they can also drive student educational outcomes. Therefore, we propose the term Social Influencers of Health and Education (SIHE) to reflect the social and environmental factors that affect the growth, development, and well-being of school-aged children, youth, and their families.

1. Understanding Social Influencers of Health and Education
Digging Deeper: SIHE Assessment

Schools collect and use data to assess learning, social-emotional growth and development, health, and mental health.

Schools can collect additional information around the SIHE to better understand the social and environmental factors that affect the development and well-being of students and families.
SIHE Screening

• Use of a systematic tool or process to identify the strengths and needs of students
• Universal screening: all students, regardless of risk status
• Targeted screening: subgroup(s) of students identified at-risk
SIHE Surveillance

• The systematic collection and reporting of data to monitor patterns and trends
• New versus existing measures
  • Publicly available surveillance data at national, state, local levels
  • School-wide surveys and questionnaires
    • Panorama for Distance & Hybrid Learning Survey
    • Community and Youth Collaborative Institute (CAYCI) School Experience Surveys
Two Approaches to Learn More

Use of both screening and surveillance to get a well-rounded perspective of student strengths and gaps.

Use of surveillance data tells us that we need to screen for student strengths and gaps at the individual level.
Questions to Ask Before Embarking on SIHE Assessment

1. What SIHE-related measurement activities already exist?
2. What is the scope of your SIHE measurement activities?
3. What are the desired actions and strategies you seek to implement to address SIHE?
4. What is feasible?
5. What are the ethical and regulatory considerations?
SIHE Screening Considerations

• Existing versus new measures
• Many screening tools are developed for parent/guardian self-report of their child’s experiences
• Mandatory reporting
• Assuring confidentiality
Screening Examples

- Accountable Health Communities Health-Related Social Needs (AHC HRSN) Screening Tool
- Family Needs Screening Tool (FAMNEEDS)
- Income, Housing, Education, Legal Status, Literacy, and Personal Safety (HELP)
- Just Health Mobile Application
- Pediatric ACEs Screening and Related Life Events Screener (PEARLS)
- Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE) Assessment Tool
- Rapid Assessment for Adolescent Preventative Services (RAAPS)
- SEEK Parent Screening Questionnaire-R (SEEK PRQ-R)
- Social Needs Screening Toolkit
- Upstream Risk Screening Tool and Guide
- Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education Survey Instrument (WE CARE)
# Screening Examples

**Rapid Assessment for Adolescent Preventative Services (RAAPS)  Possibilities for Change**

| Administered by a health provider or clinical staff, self-report by individual | Core screener: 21 questions | Supplemental screener: 11 questions | Often used in clinical settings | Paper version available | Cost for screening tool and training | English | Spanish |
|---|---|---|---|---|---|---|---|---|
| | | Can be administered in 5 minutes | | | | | |
| Children, 9-12 years old | Adolescents, 13-18 years old | Young adults, 19-24 years old | | | | | |
| Academics (e.g., grades, missed days of school) | Basic needs (e.g., food) | Housing instability | | | | | |
# Screening Examples

## Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE) Assessment Tool

**National Association of Community Health Centers**

Administered by a health provider, clinical staff, or non-clinical staff around a clinical visit or for proxy-report before or after a visit by an individual on behalf of a child. Often used in clinical settings. Paper and online versions available.

**Core screener:** 17 questions  
**Supplemental screener:** 4 questions

<table>
<thead>
<tr>
<th>Adults (in this case, parents, guardians, and caregivers)</th>
<th>Free screening tool and free training available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic, Bengali, Burmese, Chinese (Simplified), Chinese (Traditional), Chuukese, Farsi, French, German, Hindi, Karen, Karenni</td>
<td>Khmer, Korean, Lao, Marshallese, Nepali, Portuguese, Russian, Somali, Spanish, Swahili, Tagalog, Tongan, Uzbek, Vietnamese</td>
</tr>
</tbody>
</table>

**Optional measures:** incarceration history, refugee status, safety, and domestic violence.
### Screening Examples

**Pediatric ACEs Screening and Related Life Events Screener (PEARLS)**

**Bay Area Research Consortium on Toxic Stress and Health**

<table>
<thead>
<tr>
<th>Children</th>
<th>Teens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designed for proxy-report by an individual on behalf of a child or self-report by a child</td>
<td>Administered by a health provider or clinical staff; self-report by individual</td>
</tr>
<tr>
<td>Often used in clinical settings</td>
<td>Often used in clinical settings</td>
</tr>
<tr>
<td>Paper version available</td>
<td>Paper version available</td>
</tr>
<tr>
<td>Part 1: 10 questions</td>
<td>Part 2: 9 questions</td>
</tr>
</tbody>
</table>

- Parents, guardians, or caregivers responding for their child, 0-11 years old
  - Free screening tool and free training available
  - Arabic
  - Armenian
  - Cambodian
  - Chinese
  - English
  - Farsi
  - Hindi
  - Hmong
  - Japanese

- Parents, guardians, or caregivers responding for their adolescent child, 12-19 years old; Self-report for adolescents, 12-19 years old
  - Free screening tool and free training available
  - Arabic
  - Armenian
  - Cambodian
  - Chinese
  - English
  - Farsi
  - Hindi
  - Hmong
  - Japanese

- Community violence
  - Discrimination
  - Food insecurity
  - Housing instability
  - Interaction with the criminal justice system
  - Physical, mental, verbal, sexual and substance abuse in the home

- Korean
  - Lao
  - Latvian
  - Punjabi
  - Russian
  - Tagalog
  - Thai
  - Vietnamese
Poll

What screening tool are you – or your school/organization – using or have you used with children, youth, and families?
## Surveillance Examples

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Community Survey (ACS)</td>
<td>Asset Limited, Income Constrained, Employed (ALICE) Data</td>
</tr>
<tr>
<td>Civil Rights Data Collection</td>
<td>County Health Rankings &amp; Roadmaps</td>
</tr>
<tr>
<td>National Survey of Children’s Health</td>
<td>Kids Count</td>
</tr>
<tr>
<td>Youth Risk Behavior Survey</td>
<td>Populations, Methods, Frequency &amp; Availability, Geographic Focus, SIHE Assessed</td>
</tr>
</tbody>
</table>

- **Population**
- **Methods**
- **Frequency & Availability**
- **Geographic Focus**
- **SIHE Assessed**
Surveillance Example: Child Health and Education Mapping Tool
Poll

What surveillance tools are you – or your school/organization – using or have you used with children and youth?

(Select all that apply)
After Assessment, What Next?

• Data about the SIHE can support school-, district- or state-level improvements through:
  • Coalition-Building
  • Needs Assessments & Resource Allocation
  • Care Coordination & Partnership Development
  • Intervention & Treatment Planning
  • Policy Development

“What gets measured gets done” – W.E. Deming
Introducing Brief #2

- Provides screening and surveillance considerations
- Lists examples of each
- Offers guiding questions to get started

Overview of SIHE Assessment

K-12 school-based staff and their community partners collect and use data to assess learning, social-emotional growth, health, and mental health. Familiar measures of student health and academic success flag both opportunities and challenges experienced by students, but may not identify the root causes of negative health and educational outcomes. By assessing the social influencers of health and education (SIHE), schools and community partners providing school health services can better understand the social and environmental factors that affect the development and well-being of youth and their families. Staff from school-based health centers (SBHCs) and comprehensive school mental health systems (CSMHSs) are well-positioned to uncover the SIHE that serve as facilitators or barriers to optimal health and learning.

Importance of SIHE Assessment

Measuring the SIHE is the first step to understanding the role SIHE play in student well-being. This knowledge can then be used to develop targeted strategies and actions for improving outcomes. A five-year study by the World Health Organization Commission on Social Determinants of Health concluded that measuring, understanding, and implementing programs and services that foster child health and development are critical to achieving health equity. In schools, measurement of SIHE can help schools with needs assessments, program and partnership planning, referral pathway development, intervention and treatment planning. This brief highlights screening and surveillance as methods by which SBHCs and CSMHSs can assess SIHE, and outlines how assessing SIHE can inform school, district, and state-led activities to support student health and academic achievement.

For more information on SBHCs, CSMHSs, and how the education and health sectors can together address SIHE, visit:
Addressing SIHE Using a Multi-Tiered System of Supports (MTSS) Framework

Schools commonly use a three-tiered framework called a multi-tiered system of supports (MTSS) to deliver instructional or behavioral intervention to students.

Using an MTSS framework for SIHE facilitates the delivery of interventions to students dependent on their level of need.
Tier 3: Individual SIHE student interventions that address more serious concerns and prevent the worsening of symptoms that can impact daily functioning. This tier indicates more individualized services and supports.

Tier 2: Preventing risk factors or early-onset of problems from progressing for a targeted group of students thought or assessed to have more intense needs due to their experience with SIHE. This tier provides selective services and supports.

Tier 1: Promoting health and preventing adverse outcomes associated with SIHE among all children in the student population. This tier provides universal services and supports.
Tier 1 focuses on promoting health and preventing adverse outcomes associated with SIHE among all children in the student population based on available school, community and population data. This tier provides universal services and supports through strategies such as:

- Universal health and mental health literacy interventions
- Prevention and health promotion programs and policies
- Health communications and resource dissemination
- School-community partnerships with health and human service agencies
- Health and wellness events
- Professional development for school and community staff to build knowledge and awareness
- School-wide surveys about student assets and needs
- School or district policies that advance equity
Tier 2 focuses on preventing risk factors or early-onset of problems from progressing for a targeted group of students thought or assessed to have more intense needs due to their experience with SIHE. This tier provides selective services and supports through strategies such as:

- Targeted screening
- Referral and follow-up activities
- Small groups for students coping with specific challenges
- Support groups for at-risk families
- "Trainings and workshops to remediate limited knowledge or skills"
Tier 3 focuses on individual SIHE student interventions that address more serious concerns and prevent the worsening of symptoms that can impact daily functioning. This tier includes more individualized services and supports, such as:

- Individual screening
- Case management
- Care coordination
- Motivational interviewing
- Individual, group, or family counseling
<table>
<thead>
<tr>
<th>SIHE</th>
<th>Example of Potential Health Impact of SIHE</th>
<th>TIER 1 Intervention Example</th>
<th>TIER 2 Intervention Example</th>
<th>TIER 3 Intervention Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe housing</td>
<td>Living in older homes that are in disrepair may cause exposure to lead-based paint and elevated blood levels.</td>
<td>Disseminate information and host meetings in partnership with the local health department to educate all families about the dangers of lead exposure.</td>
<td>Conduct virtual or in-person home visits with families living in areas with high rates of lead poisoning to assess their risk and inform them of signs and symptoms of lead exposure; refer students to the SBHC for an annual well-check visit to conduct age-appropriate lead screenings.</td>
<td>Refer families to local housing authority programs to resolve home lead exposure or assist in their relocation to safe housing.</td>
</tr>
<tr>
<td>SIHE</td>
<td>Example of Potential Health Impact of SIHE</td>
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<tr>
<td>Food insecurity</td>
<td>Insufficient food to eat at home causes children to request to go to the nurse's office complaining of stomachaches.</td>
<td>Offer universal school meals (breakfast and lunch).</td>
<td>Work with partners to implement a school-based food pantry or holiday food drives.</td>
<td>Assist with applications and refer families to the local Supplemental Nutrition Assistance Program (SNAP) office for families with chronic food insecurity.</td>
</tr>
</tbody>
</table>
Example: Mary’s Center School-Based Health Program
Washington, DC

Tier 1:
• Sharing resources for medical, dental and social services at back-to-school events, parent-teacher conferences, and other school forums
• Cash assistance for families and 250 laptops donated to families

Tier 2:
• Family reunification workshops for recently-arrived immigrant students and their parents

Tier 3:
• Linkages to wraparound services such as psychiatry, case management, housing, legal support and social services
• Connection to COVID-19 services include testing sites, food distributions, vaccine registration and DC CARES funds
Introducing Brief #3

- Provides an overview of the use of an MTSS for SIHE interventions
- Lists examples at each tier
A Role for Leaders

Local/School Leaders
- Implement policies and practices that have direct impact on students and families
- Partner with school health providers, SBHCs, and CSMHSs
- Connect with local partners
  - Healthcare & social service agencies
  - Nutrition assistance programs
  - Housing authorities
  - Community-based organizations

State Leaders
- Develop policies, monitor programs, and regulate practices aimed at advancing positive SIHE
- Collect and monitor data around these factors
- Determine equitable distribution of resources
- Provide training and technical assistance on interventions
Next Steps in Advancing the SIHE

1. Continue to promote the series of SIHE briefs
2. Develop new resources to assist schools in planning and implementing strategies to address the SIHE
3. Collect best practices and examples to share with the field
   • Please put your name and email in the chat if you have an example to share with us!
Q&A and Thank you!

Website: www.healthinschools.org
Email: chhcs@gwu.edu