# Assessing Social Influencers of Health and Education

## 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.[1] 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.[2] 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:**

The Center for Health and Health Care in Schools

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

# Types of SIHE Assessment

**Screening and surveillance are two forms of SIHE measurement. Schools might undertake one or both, based on level of readiness, resource availability, and subject of interest.**

**Screening** involves using a systematic tool or process to identify the strengths and needs of students. Standardized student-reports, parent-reports, and teacher-report measures, as well as existing administrative data (for example, attendance or discipline data), can be used as part of screening. Schools may choose to conduct universal screening (for all students, regardless of risk status) or targeted screening (for a subgroup of students identified at-risk), each of which require its own considerations.[3]

Many youth screening tools are developed for parents, caregivers or guardians to self-report their child's experiences. While these adults are well-positioned to respond, there can be differences in the way a child and an adult perceive their experiences. In some cases, fear and social desirability can influence a particular response to a question.[4] Thoughtful selection, implementation, and administration of a screening tool is critical to improve the accuracy of the results. If the administrators of a screening tool are mandatory reporters, they should disclose their requirement to report any suspicion of child abuse or neglect to the relevant authorities. Under all other circumstances, the screening tool administrator should assure confidentiality of results and emphasize that the reason for collecting this information is to support children and families with identified needs.

**Surveillance** identifies assets and needs common across all students and families or a subgroup. In public health, surveillance is the systematic collection and reporting of data to monitor patterns and trends to guide the implementation and evaluation of interventions.[5] Surveillance has traditionally focused on disease incidence and prevalence and has more recently expanded to include data on social, behavioral, economic, and environmental factors. Publicly-available surveillance data are available at the national, state, and local levels.

In addition, schools may choose to administer their own surveys to students, family members and school staff. Two examples include the Community and Youth Collaborative Institute School Experience Surveys, which includes items related to parental engagement efficacy and family history,[6] and the Panorama for Distance & Hybrid Learning Survey, which asks about student experiences and needs during COVID-19.[7]

# Embarking on SIHE Assessment

The first step for a school, school district, or state to conduct SIHE screening or surveillance is early discussion and thoughtful planning with key partners. Collaborators may include education leaders, health and mental health providers, community-based partners, and more. The following questions can help guide your team toward the selection of the SIHE measurement activity that is right for your community:

*"SIHE that cause distress and remain unaddressed can increase behavioral or emotional difficulties, which in turn can shape both the short- and long-term path for children and adolescents."*

1. **What SIHE-related activities already exist?**
   What screening activities are currently conducted by your school and its community partners? Does your community have a recent community health needs assessment, landscape analysis, or other data map? How can you leverage existing activities that measure SIHE to inform your next steps?

2. **What is the scope of your SIHE measurement activities?**
   Are you interested in a subset of students, the student body, or the broader community? What are you trying to learn about the SIHE needs and assets?

3. **What are the desired actions and strategies you seek to implement to address SIHE?**
   Are you interested in uncovering needs and assets in individual students or understanding more widespread trends and patterns? What types of activities, such as referral services, do you intend to implement?

4. **What is feasible?**
   Does the school/school district/state have the required resources to implement screening and/or surveillance activities? What materials, training, and technology will staff require? Is there sufficient buy-in at all levels – leadership, supervisors, and staff – to adopt this set of assessment activities?

5. **What are the ethical and regulatory considerations?**
   What must you consider within the regulations set by your school district, organization, or locality? How will you address issues of student confidentiality, parent/guardian notification, and other privacy concerns? To share the data with partners, what must you keep in mind?

**The following tables provide a selection of SIHE screening and surveillance tools that you may consider for your community.**

# A Selection of Screening Tools to Assess SIHE

**SIHE screening tools can be used to assess the social, economic, and environmental assets and needs of an individual or group. Many fields use screening as a method of early detection to identify and understand risk factors to target interventions that can reduce their negative impacts. Below is a list of select screening tools that schools may use to assess SIHE in students.**

Most are available in multiple languages to support use in diverse student and family populations.

Screening tools may be administered by school staff or school health workers, by parents or guardians (proxy-reporting information about their child), or independently by the student (self-reporting information about themselves). Many child-focused screening tools are developed for adults (e.g., parents) to respond on behalf of their child or household. While adults are well-positioned to describe the needs of their child (especially for younger children), it is important to note that there could be differences between child and adult perceptions of these experiences.

Depending on the administration method, the data is captured electronically, through paper forms, or verbally to the administrator who records responses.

Most are available free of charge, with the exception of the Just Health Mobile Application and RAAPs.

A few are administered online, such as the Just Health Mobile Application, RAAPs, and PRAPARE, making these tools suitable for telehealth settings.

Many tools address health risk behaviors and health outcomes, such as physical activity, nutrition, substance use, mental health status, and more. However, screening for SIHE can also incorporate inquiry into family strengths, such as resilience, talents and gifts, cultural identity, spirituality/religiosity.[8] The SIHE that each tool can screen for are highlighted in the last column. Every tool is hyperlinked to additional online information.

**Administration Considerations**

**Population Assessed**

**Cost**

**Language(s) Available**

**SIHE Assessed**

## Accountable Health Communities Health-Related Social Needs (AHC HRSN) Screening Tool  *Centers for Medicare & Medicaid Services*

- Self-report by individual
- Often used in clinical settings
- Paper version available
- **Core Screener:** 10 questions
- **Supplemental Screener:** 16 questions (includes health risk-related items)

Adults (in this case, parents, guardians, and caregivers)

Free screening tool

English

- Food insecurity
- Housing instability
- Transportation
- Utility help needs

## Family Needs Screening Tool (FAMNEEDS)  *Northwell Health*

- Administered by a health provider or clinical staff; self-report by individual
- Often used in clinical settings
- Paper version available
- 28 questions (includes health risk-related items)

Adults (in this case, parents, guardians, and caregivers)

Free screening tool

Arabic   Hindi
Creole   Punjabi
English   Spanish
Haitian   Urdu

- Discrimination
- Economic stability
- Employment
- Food insecurity
- Health insurance
- Housing instability
- Transportation
- Violence & safety

## Income, Housing, Education, Legal Status, Literacy, and Personal Safety (HELLP)  *American Academy of Pediatrics*

- Administered by a health provider or clinical staff; self-report by individual
- Often used in clinical settings
- Paper version available
- 11-24 questions

Adults (in this case, parents, guardians, and caregivers)

Free screening tool

English

- Economic stability
- Education
- Food insecurity
- Neighborhood & physical environment
- Social and community context

## Just Health Mobile Application  *Apex Data*

- Administered by a health provider or clinical staff; self-report by individual
- Often used in clinical settings
- For use with Internet-connected mobile device or tablet
- Combines questions from a number of validated tools (approx. 45 questions)

Children and adolescents, 11-21 years old

Cost for screening tool and training

English
Spanish

- Education
- Employment
- Home environment
- Interpersonal relationships
- School experiences
- School experiences
- Violence & safety

## Pediatric ACEs Screening and Related Life Events Screener (PEARLS) *Bay Area Research Consortium on Toxic Stress and Health*

### Children

Designed for proxy-report by an individual on behalf of a child or self-report by a child

Often used in clinical settings

Paper version available

**Part 1:** 10 questions

**Part 2**: 9 questions

Parents, guardians, or caregivers responding for their child, 0- 11 years old

Free screening tool and free training available

| | |
|---|---|
| Arabic | Korean |
| Armenian | Laotian |
| Cambodian | Punjabi |
| Chinese | Spanish |
| English | Russian |
| Farsi | Tagalog |
| Hindi | Thai |
| Hmong | Vietnamese |
| Japanese | |

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

### Teens

Administered by a health provider or clinical staff; self-report by individual

Often used in clinical settings

Paper version available

11-24 questions

Parents, guardians, or caregiversresponding for their adolescent child, 12-19 years old;

Self-report for adolescents, 12-19 years old

Free screening tool and free training available

| | |
|---|---|
| Arabic | Korean |
| Armenian | Laotian |
| Cambodian | Punjabi |
| Chinese | Spanish |
| English | Russian |
| Farsi | Tagalog |
| Hindi | Thai |
| Hmong | Vietnamese |
| Japanese | |

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

## 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

Adults (in this case, parents, guardians, and caregivers)

Free screening tool and free training available

| | |
|---|---|
| Arabic | Khmer |
| Bengali | Korean |
| Burmese | Lao |
| Chinese (Simplified) | Marshallese |
| Chinese (Traditional) | Nepali |
| Chuukese | Portuguese |
| Farsi | Russian |
| French | Somali |
| German | Spanish |
| Hindi | Swahili |
| Karen | Tagalog |
| Karenni | Tongan |
| | Uzbek |
| | Vietnamese |

Education
Employment
Housing instability
Income
Insurance status
Languages spoken
Migrant/seasonal farm work
Social support
Transportation

*Optional measures:*
incarceration history, refugee status, safety, and domestic violence

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

Administered by a health provider or clinical staff; self-report by individual

Often used in clinical settings

Paper version available

**Core screener:** 21 questions

**Supplemental screener**: 11 questions

Can be administered in 5 minutes

Children, 9-12 years old

Adolescents, 13-18 years old

Young adults, 19-24 years old

Cost for screening tool and training

English

Spanish

Academics (e.g., grades, missed days of school)
Basic needs (e.g., food)
Housing instability

## SEEK Parent Screening Questionnaire-R (SEEK PRQ-R)  *Safe Environment for Every Kid*

Administered by a health provider or clinical staff; completed through self-report by individual

Often used in clinical settings

Paper version available

16 questions

Can be administered in 2-4 minutes

Adults (in this case, parents, guardians, and caregivers)

Free screening tool; free resources, including parent video (English), parent materials (English/Spanish)

English        Spanish

Chinese       Swedish

Italian         Vietnamese

Food insecurity
Household environment
Violence and safety

## Social Needs Screening Toolkit  *Health Leads*

Administered by a health provider or clinical staff; self-report by individual

Often used in clinical settings

Paper version available

**Core screener:** 10 questions

**Supplemental screener:** 6 questions

Adults (in this case, parents, guardians, and caregivers)

Free screening tool and toolkit

Engish

Spanish

Economic stability
Employment
Food insecurity
Housing instability
Transportation
Utility needs
Violence and safety

## Upstream Risk Screening Tool and Guide   *Health Begins*

- Administered by a health provider or clinical staff; completed through self-report by the user
- Often used in clinical settings
- Paper version available
- 28 questions (includes health risk-related items)

- Adults (in this case, parents, guardians, and caregivers)

- Free screening tool

| Arabic | Hindi |
| --- | --- |
| Creole | Punjabi |
| English | Spanish |
| Haitian | Urdu |

- Discrimination
- Economic stability
- Employment
- Food insecurity
- Health insurance
- Housing instability
- Transportation
- Violence & safety

## Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education Survey Instrument (WE CARE)
*Boston Medical Center*

- Administered by a health provider or clinical staff; completed through self-report by the user
- Often used in clinical settings
- Paper version available
- 6 questions
- Can be administered in 4-5 minutes

- Adults (in this case, parents, guardians, and caregivers)

- Free screening tool, community resource guide and information sheets

- English
- Spanish

- Economic stability
- Employment
- Food insecurity
- Housing instability

# Selection of Surveillance Tools to Assess SIHE

**SIHE surveillance tools can be used to assess and monitor the extent to which social, economic, and environmental factors impact a school community.**

Unless schools are using a SIHE screening tool, such as the tools listed above, it can be challenging to identify the SIHE assets and needs of students. SIHE surveillance offers another path to understanding factors at the individual, household, and community levels that impact student health and learning. Schools may anecdotally or through screening begin to uncover a pattern of similar SIHE needs across numerous students.

Through systematic SIHE surveillance, a school and its community partners can confirm the prevalence of an issue. For example, documenting the levels of food insecurity and poverty in a neighborhood can help inform the school of a need for an intervention around low- or no-cost food availability. The

magnitude of the food insecurity and poverty issues can determine whether a school requires a targeted intervention – such as an in-school food pantry – or a wide-scale intervention – such as a universal school meals program. Surveillance data are typically available for states and major metropolitan areas, and in some cases, available by ZIP Code level – allowing schools and school districts to zone in on their community.

Many of the surveillance tools below also address health risk behaviors and health outcomes, such as physical activity, nutrition, substance use, mental health status, and more. The table below provides detailed information, with more available through the hyperlink, including SIHE that each survey assesses.

**Population**

**Methods**

**Frequency & Availability**

**Geographic Focus**

**SIHE Assessed**

## American Community Survey (ACS)  *U.S. Census Bureau*

Foundational data for users to understand the changes taking place in their communities.

| | | | | |
|---|---|---|---|---|
| Self-reported by adults 18 years and older. | Mail, phone, and in-person and online surveys conducted with adults using U.S. Census Bureau data of addresses for housing units and group quarter facilities. | Data collected annually and gives estimates for every 1, 3, and 5 years of data.<br><br>Most recent available data are from 2019. | U.S.<br>State<br>County<br>Metropolitan area<br>ZIP Code | Computers & Internet use<br>Citizenship status<br>Disability status<br>Economic & financial characteristics<br>Education<br>Employment<br>Grandparents responsible for children<br>Household characteristics<br>Insurance access<br>Place of birth |

## Asset Limited, Income Constrained, Employed (ALICE) Data  *United Way*

Asset Limited, Income Constrained, Employed is a way of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford a bare-bones household budget.

| | | | | |
|---|---|---|---|---|
| Self-reported by adults 18 years and older from the ACS and other data sources. | Data from the ACS, U.S. Department of Housing and Urban Development, U.S. Department of Agriculture, and U.S. Bureau of Labor Statistics. | County and state data are compiled annually. National data is based on 3-year averages.<br><br>Most recent available report is from 2020, using data from 2018. | U.S. Participating states (AR, CT, FL, HI, ID, IL, IN, IA, LA, MD, MI, NJ, NY, OH, OR, PA, TN, TX, VA, WA, WI)<br><br>Counties in participating states<br><br>Local jurisdictions in participating states | Childcare costs<br>Food costs<br>Healthcare costs<br>Household income<br>Housing costs<br>Poverty<br>Taxes<br>Transportation costs |

## Child Health and Education Mapping Tool  *School-Based Health Alliance in partnership with Health Landscape*

This tool leverages the National School-Based Health Care Census data and Geographic Information System (GIS) technology to give users an interactive map to look at the intersection of school-based health centers (SBHCs) and high-need areas.

| | | | | |
|---|---|---|---|---|
| Self-reported by adults 18 years and older from the ACS and other data sources. | Data from the ACS, Centers for Disease Control and Prevention (CDC) Atlas, CDC Health Indicators Warehouse, Health Resources and Services Administration Data Warehouse, and more. | Frequency of data collection varies by indicator.<br><br>Most recent available data are from the 2017-2018 school year. | State<br>County<br>Metropolitan area<br>ZIP Code | Children in Medicaid or CHIP<br>Crime<br>Food insecurity<br>Health policies<br>Healthcare facilities<br>Poverty<br>Title I eligibility<br>Uninsured children |

## Civil Rights Data Collection (CRDC)   *U.S. Department of Education*

The CRDC collects a variety of information including student enrollment and educational programs and services, most of which is disaggregated by race/ethnicity, sex, limited English proficiency, and disability.

All local educational agencies (LEAs) in the country, including every public school district, charter schools, juvenile justice facilities, alternative schools, and schools serving only students with disabilities.

Data reported by LEAs.

Data is collected biennially (every other school year).

Most recent available data are from the 2015-2016 school year.

U.S.
State
School district (LEA)
School

Bullying and harassment
School enrollment
School resources (e.g., expenditures)
Student demographics

## County Health Rankings & Roadmaps   *Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute*

Compiles data from multiple sources to identify and explore health differences by place and race/ethnicity to provide a deeper understanding of community  health by county.

Self-reported by adults 18 years and older from the ACS and other data sources.

Data from the ACS, National Center for Health Statistics - Mortality Files, Behavioral Risk Factor Surveillance System, National Center for Health Statistics, and more.

Data compiled annually.

Most recent available data are from 2020.

State
County
ZIP Code

Access to care
Air and water quality
Community safety
Employment
Family and social support
Housing
Household income
Quality of care
Transportation

## Kids Count   *Annie E. Casey Foundation*

A premier source of data on children and families. Each year, the Foundation produces a comprehensive report that assesses child well-being in the United States.

Self-report assessments from adults 18+ that have a mailing address and children in their home

Uses data from the ACS, CDC Atlas, and more.

Data book released annually.

Most recent available data are from 2020.

U.S.
State
County
Congressional District
Metropolitan area

Adverse childhood experiences
Employment status
Food insecurity
Health insurance
Housing
Income and poverty
Interaction with criminal justice and foster care systems
Neighborhood characteristics
Technology
Transportation

## National Survey of Children's Health   *Health Resources and Services Administration, Maternal and Child Health Bureau*

Provides estimates of key measures of child health and well-being.

| | | | | |
|---|---|---|---|---|
| Self-reported by adults for their children ages 0-17. The questionnaire is completed by an adult that is familiar with the health and health care of the child. | Households with children are identified. One child is randomly selected from each household as the subject of a follow-up, topical questionnaire. | Data are collected annually.<br><br>Most recent available data are from 2019. | U.S.<br><br>State | Access to healthcare and community services<br>Child and family demographics<br>Family interactions<br>Health insurance<br>Neighborhood characteristics<br>Parental health<br>Quality of healthcare<br>School and afterschool experiences |

## Youth Risk Behavior Surveillance System (YRBSS)   *Centers for Disease Control and Prevention*

Monitors health behaviors that contribute to negative health outcomes among youth in the U.S..

| | | | | |
|---|---|---|---|---|
| Self-reported by high school students (grades 9-12), and some middle school students by state and metropolitan area. | National survey as well as special-population surveys are conducted in school. | Data collected biennially (every other school year).<br><br>Most recent available data are from 2019. | U.S.<br><br>State<br><br>Territorial and tribal government<br><br>Selected metropolitan areas and school districts | Behavioral factors contributing to unintentional injuries and violence<br>Safety |

# Conclusion

**Assessing the social and economic factors that impact students, families, and their neighborhoods can guide school health providers, educators, and other invested partners' actions.**

By integrating awareness of SIHE into student, program and policy-level decisions, stakeholders can maximize the use of resources to improve school communities. Collecting, analyzing, and interpreting information from screening and surveillance activities first requires understanding and careful consideration of available tools and instruments. Successful assessment activities also require a commitment to thoughtful planning, multidisciplinary collaboration, and follow-through on interventions to address identified social, environmental, and economic needs.

Leaders at state and local levels, working within health, mental health, education, and other systems, can promote student health and academic success by prioritizing SIHE measurement. These strategies support all students and families but identifying and monitoring possible disparities associated with the inequitable distribution of SIHE becomes even more important during public health crises (e.g., COVID-19), natural disasters (e.g., hurricanes or wildfires), periods of economic downturn (e.g., a national recession), and other times of social disruption.

Data about the SIHE can support school-, district-, or state-level improvements through:

- **Coalition-Building:** Identifying patterns of social or economic hardship that disproportionately impact some children, families, or neighborhoods more than others can mobilize local or state advocates to collectively prioritize and address their root causes. Information-sharing and communication can build public will to address the SIHE and create accountability and processes for action across partners and sectors.

- **Needs Assessments and Resource Allocation:** Many cities, counties, and states conduct community health assessments to compile a wide array of data and information about a community's current health status and needs. This information is useful for developing community health improvement plans; uncovering health disparities and health priorities; identifying service gaps; and determining where public services, resources and financial investments should go. Including information collected from school health providers can add breadth and depth to community needs assessment efforts and direct the allocation of resources.

> *By integrating awareness of SIHE into student, program and policy-level decisions, stakeholders can maximize the use of resources to improve school communities.*

> *Assessing SIHE is an essential strategy in the advancement of child, family, and neighborhood well-being.*

- **Care Coordination and Partnership Development:** At times, stressors require collaboration with social service providers or other community-based supports outside of the school. These partnerships can address the complex needs associated with issues such as housing instability, food insecurity, safety, or economic challenges. Establishing or refining referral pathways and clear communication channels among trusted partners and community agencies can be facilitated through formal or informal agreements executed at school building, district, and state levels.

- **Intervention and Treatment Planning:** Knowing which children and families are experiencing social and environmental stressors can help school health providers identify appropriate interventions to reduce the impact of these stressors and improve health and education outcomes. Similarly, local education agencies (LEAs) and state education agencies (SEAs) that monitor these stressors across a district or state can offer guidance and resources to facilitate the effective implementation of programs and services at a school-level or across a district or state.

- **Policy Development:** Recognizing persistent inequities in the SIHE can initiate local and state health and education policy development to reduce influencers' effects on child and family well-being. School health-related policies, regulations, and procedures can recommend screening tools, provide protocols, and establish timelines.

Consistent with the adage from W.E. Deming, "What gets measured gets done," assessing SIHE is an essential strategy in the advancement of child, family, and neighborhood well-being. Through the use of assessment tools, schools and their community partners can identify and address acute needs, as well as acknowledge the long-term impact of structural inequities. Equipped with this information, schools, districts, and states can plan and implement programs and services that mitigate the social, environmental, and economic needs of children.

# Endnotes

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