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UNDERSTANDING AND ADDRESSING THE SOCIAL INFLUENCERS OF HEALTH & EDUCATION

October 26, 2021

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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

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Welcome!

Who's in the Zoom room?

Poll: What role do you represent?

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Who's in the Zoom room?

Poll: Where are you currently located?

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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

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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)

UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

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.

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Visit the NCSMH website at 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

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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.***

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Challenging comprehensive school-based health centers and school mental health systems to adopt, report, and improve standardized performance measures

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

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SBHCs and CSMHSs are well-positioned to assess social influencers of health and education and act

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Today's Presenters

Olga Acosta Price, PhD
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What is the Center for Health and Health Care in Schools?

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The Center for Health and Health Care in Schools

Center for Health and Health Care in Schools

Advancing School-Connected Programs and Policies for Children's Health and School Success

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.

Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY

The Center for Health and Health Care in Schools

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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

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Source: NSCH 2019; NSCH 2019-2020

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Conditions for Students During the COVID-19 Pandemic

Local

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

Education

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

Updated: Oct. 20, 2021, 10:31 a.m. | Published: Oct. 20, 2021, 9:57 a.m.

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.

DETROIT

The world is going virtual but many in Detroit are still left behind

Dana Afana Detroit Free Press
Published 6:01 a.m. ET Oct. 2, 2021

3rd party ad content

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

Katelyn Waltemyer Jackson Newspapers
Published 9:29 a.m. ET Oct. 18, 2021 | Updated 10:02 a.m. ET Oct. 18, 2021

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

New study highlights stark disparities in caregiver deaths by race and ethnicity, calls for urgent public health response.

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Review Article | Published: 27 September 2021

Why lockdown and distance learning during the COVID-19 pandemic are likely to increase the social class achievement gap

Sébastien Goudeau, Camille Sanrey, Arnaud Stanczak, Antony Manstead & Céline Darnon

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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

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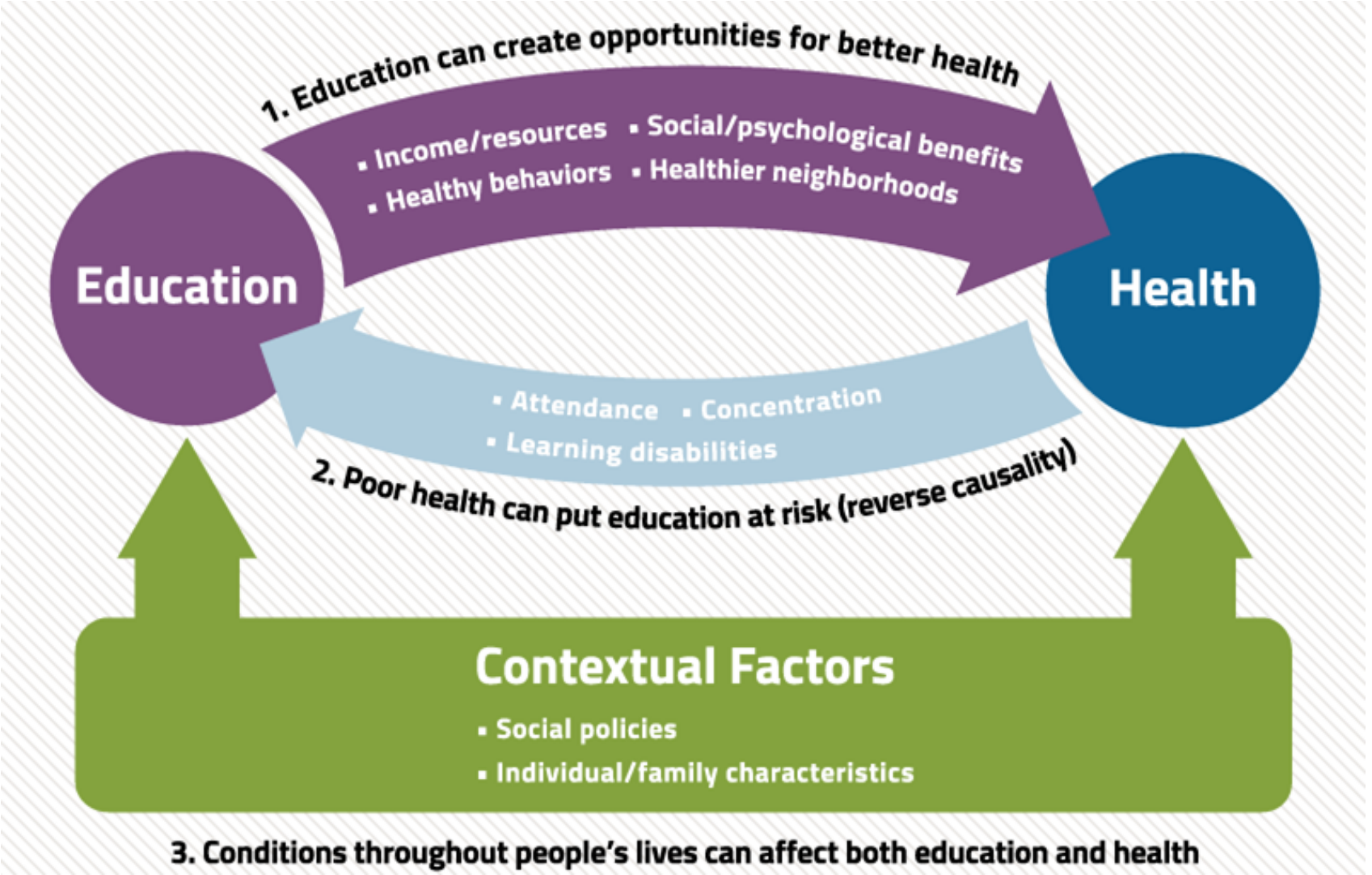
Reciprocal Effect of Health & Education



Source: VCU Center for Society & Health

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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.

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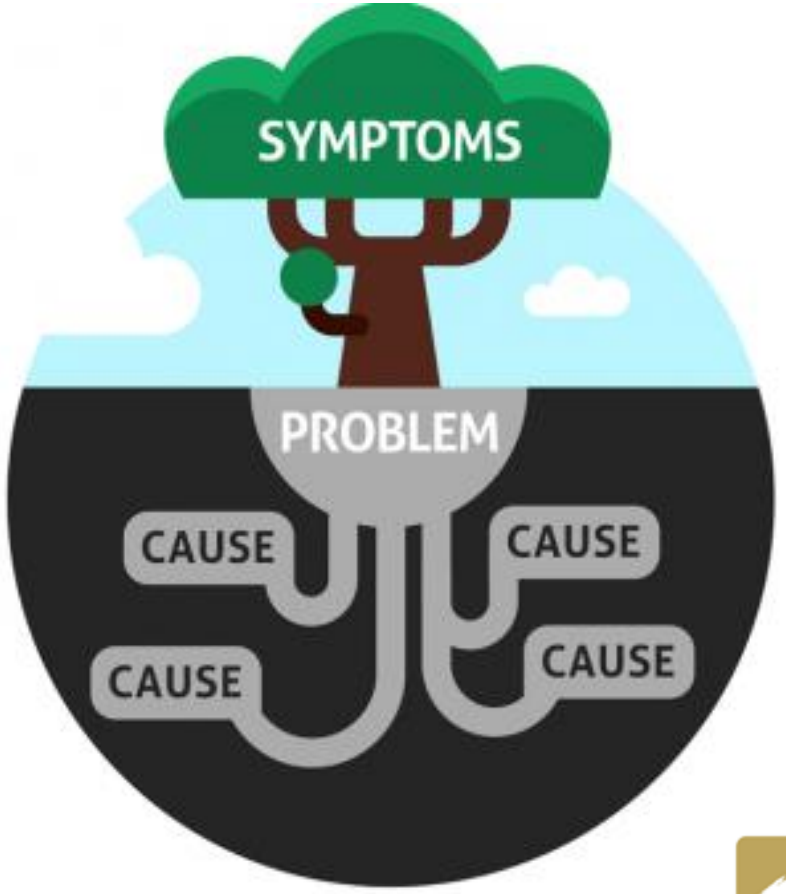
Understanding the "Root Causes"

- 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



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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

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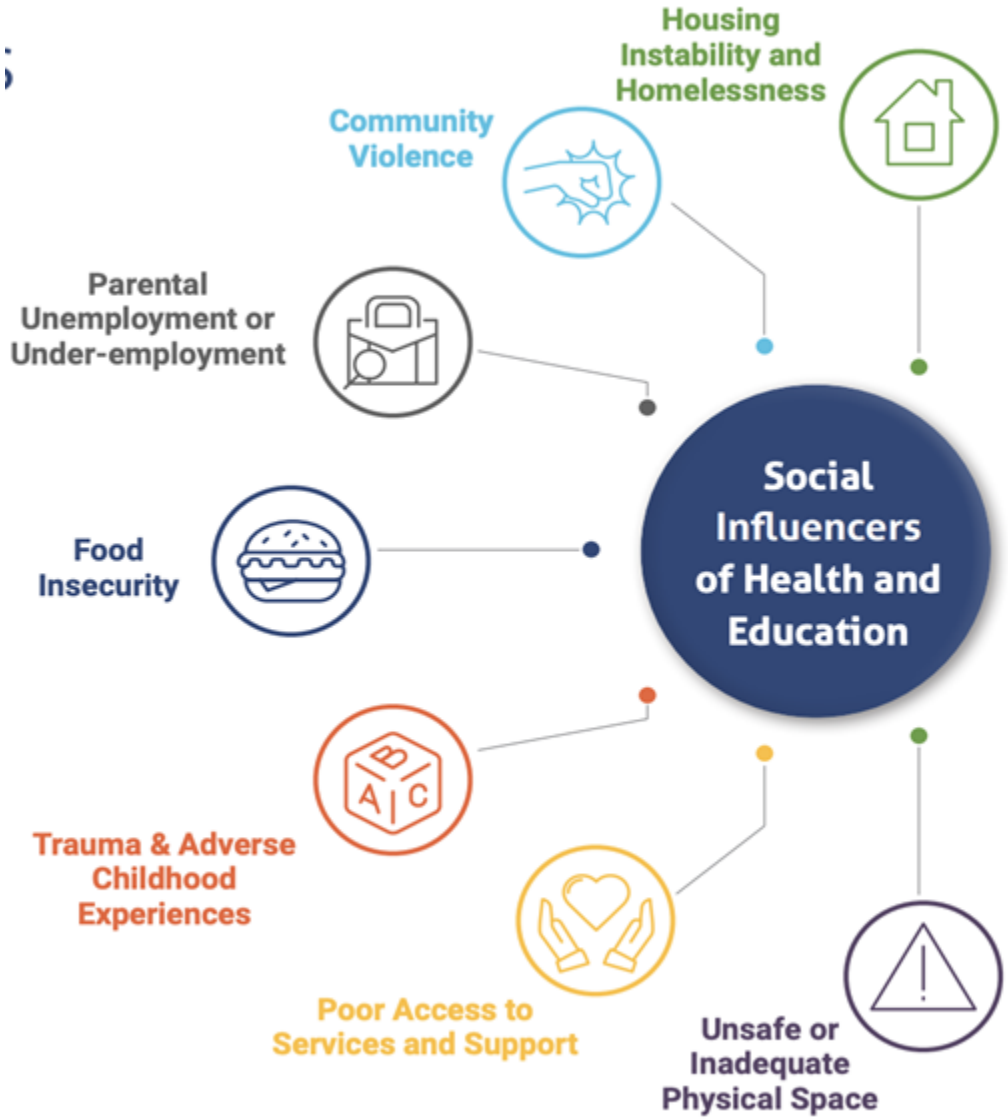
Social Influencers of Health and Education

- 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



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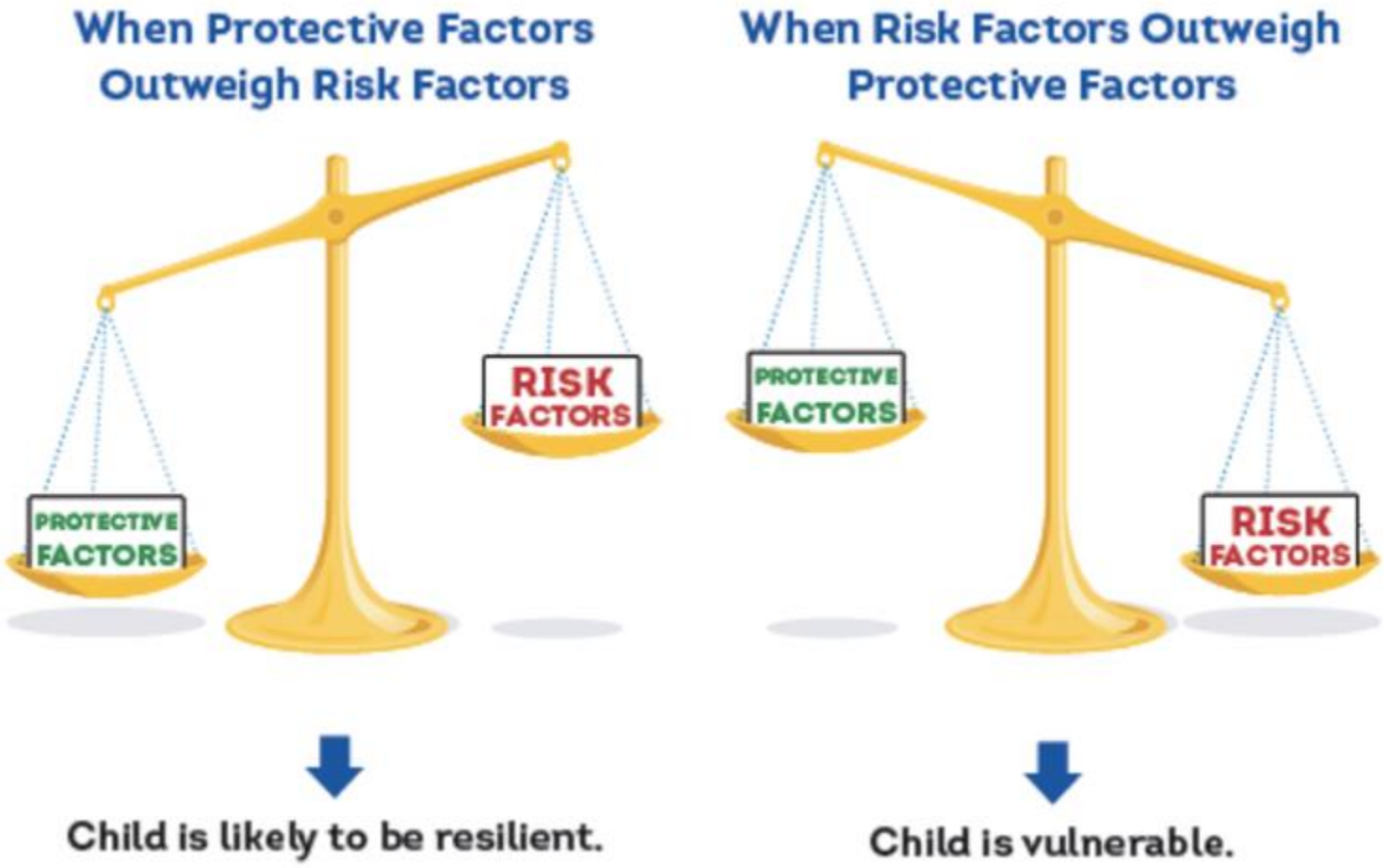
Social Influencers are Both Positive and Negative



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Poll

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

Select your top 2.

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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 easily 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, staff from 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 array of services that may include primary care, mental health, social service, oral health, reproductive health, nutrition education, vision, and health promotion.

Care may be provided to students, as well as school staff, family members, and others in the community during and after school hours, and often during the summer.[1]

The CDC Community Preventive Services Task Force recommends SBHCs in low-income communities to improve educational and health outcomes.

Comprehensive school mental health systems (CSMHSs)

Provide array of supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, and reduce the prevalence and severity of mental illness.

Built on a strong foundation of district and school professionals, including administrators, educators, and specialized school-based support personnel.

Builds a strategic partnership with students and families, as well as community health and mental health organizations.[2]

What are the Social Influencers of Health and Education?

The influencers of health and education are rooted 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 risks, and quality-of-life outcomes—in other words, the social, environmental or economic conditions in which individuals are born, live, learn, play, work, worship, and age.[3] To highlight the potential for positive change when social and environmental factors are identified and addressed early on, the term *influencers* has been favored over *determinants*.[4] 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.[5] 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.

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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.

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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

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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

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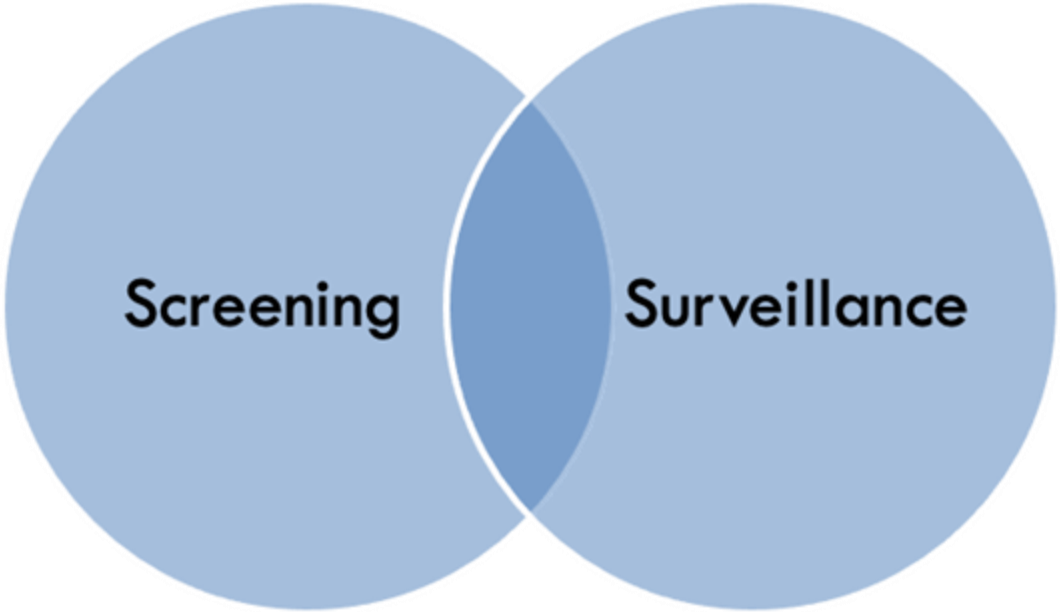
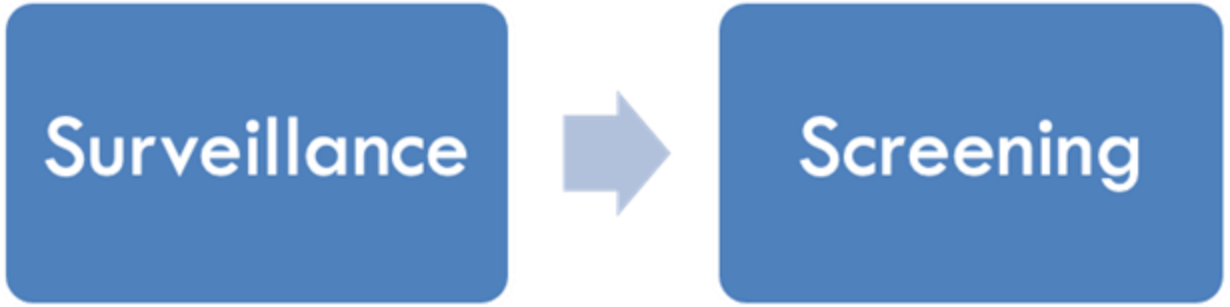
Two Approaches to Learn More



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

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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?

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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

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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 (HELLP)
- 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)

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Screening Examples

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

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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

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

Free screening tool and free training available

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

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Screening Examples

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

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

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

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Poll

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

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Surveillance Examples

- American Community Survey (ACS)
- Asset Limited, Income Constrained, Employed (ALICE) Data
- Child Health and Education Mapping Tool
- Civil Rights Data Collection
- County Health Rankings & Roadmaps
- Kids Count
- National Survey of Children's Health
- Youth Risk Behavior Survey

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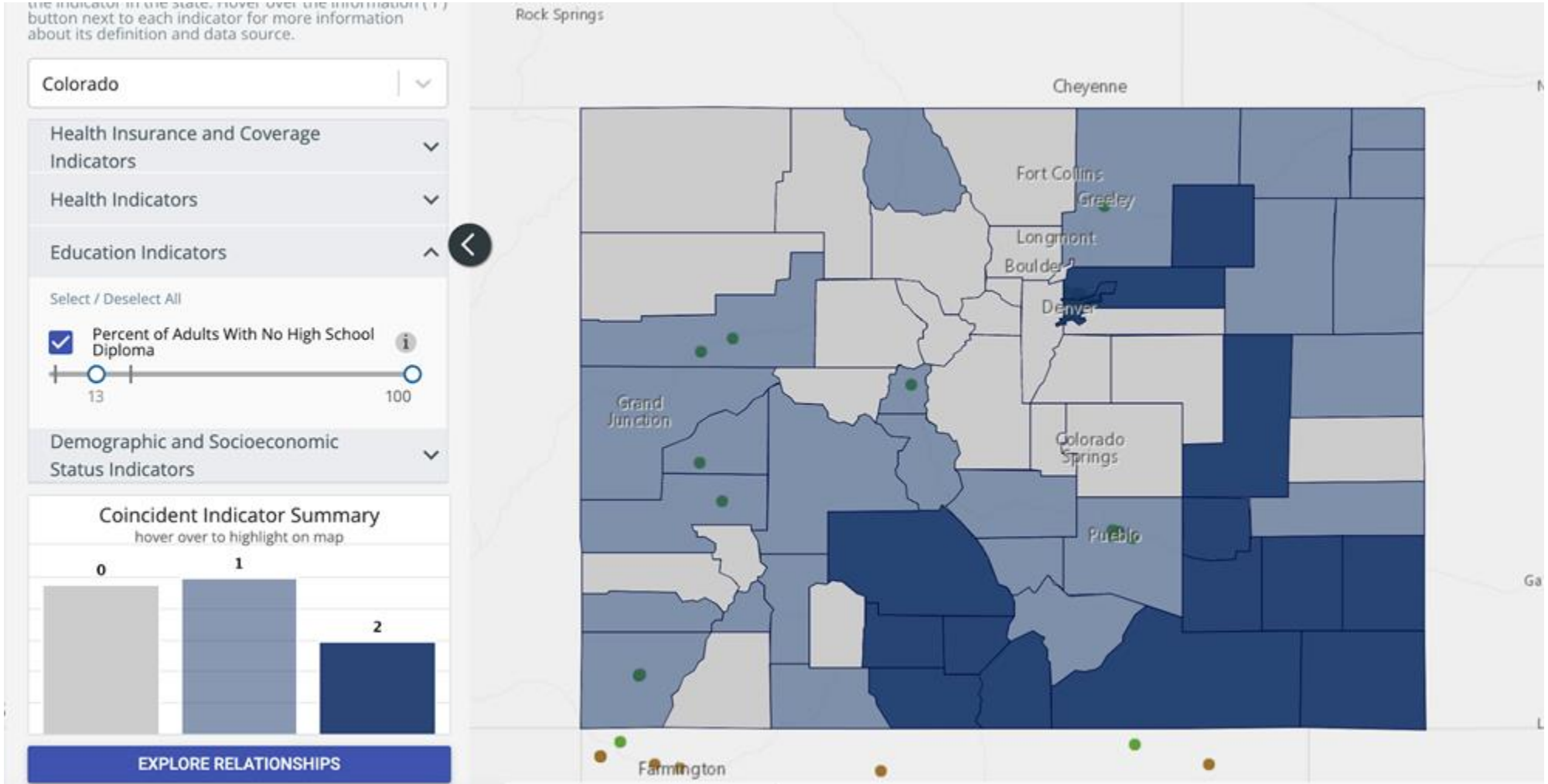
Surveillance Example: Child Health and Education Mapping Tool



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Poll

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

(Select all that apply)

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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

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"What gets measured gets done" – W.E. Deming

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Introducing Brief #2

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

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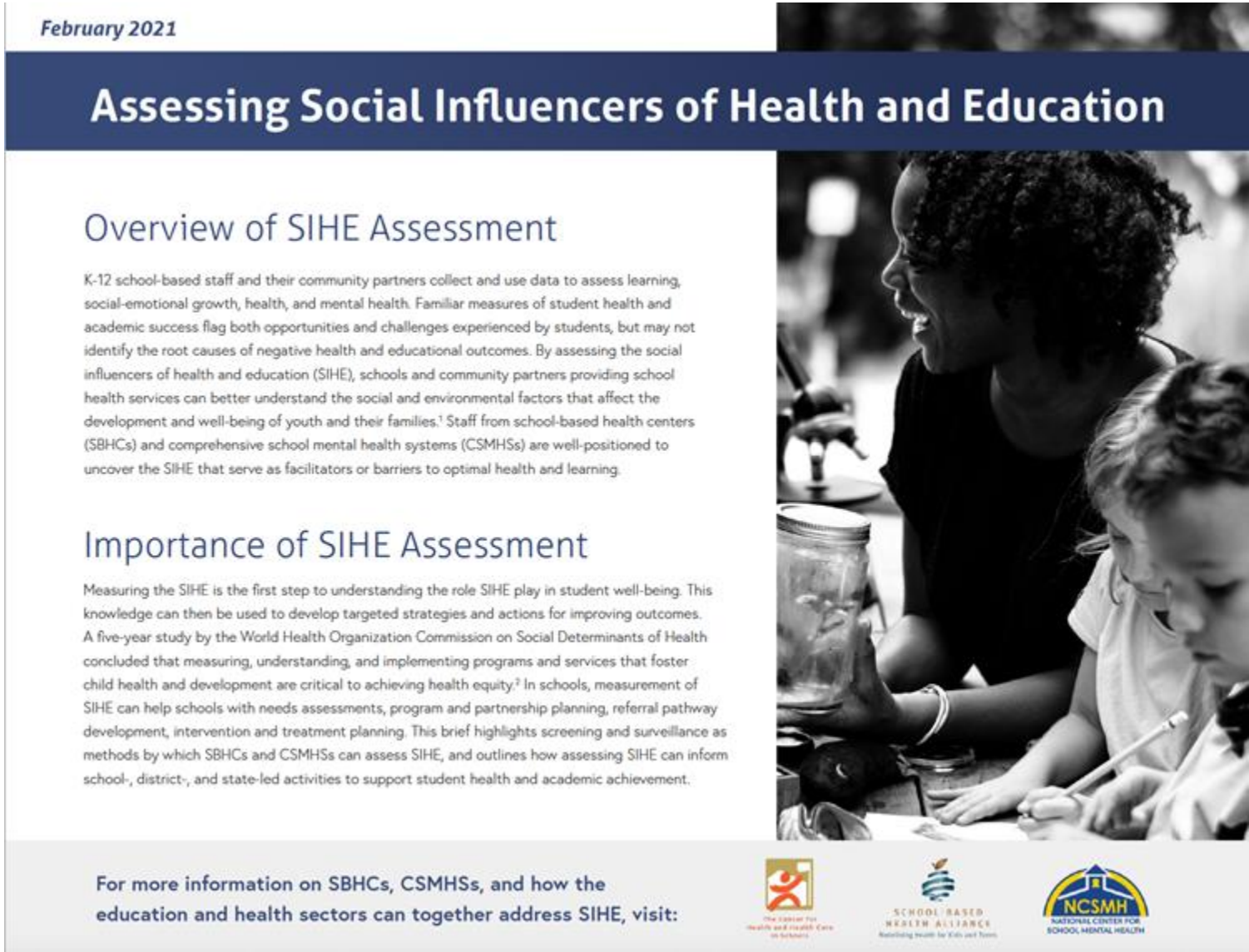

February 2021

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:

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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

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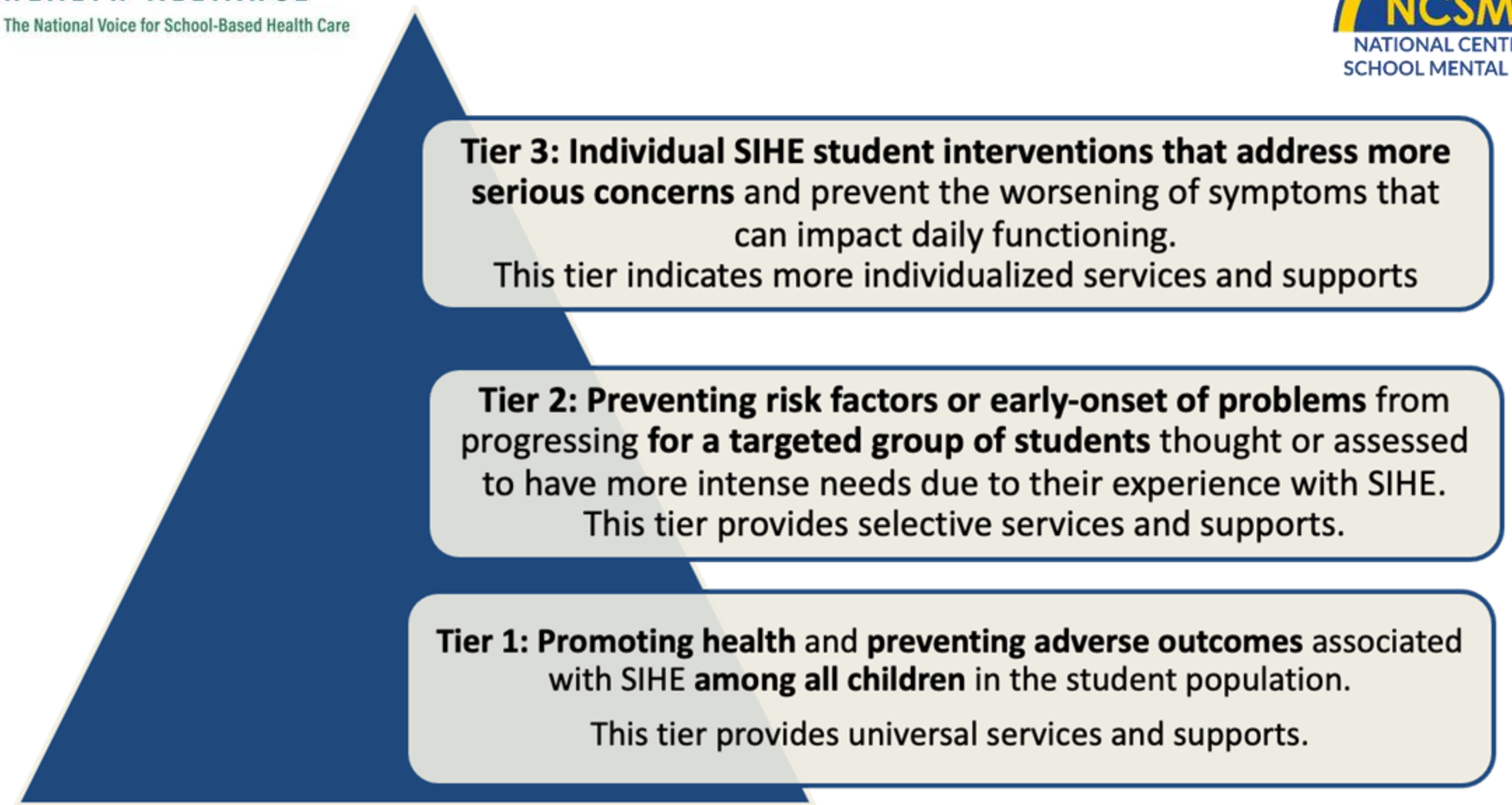

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Tier 1 focuses on promoting health and preventing adverse outcomes associated with SIHE among all children in the student population based on available school, community and population data. This tier provides universal services and supports through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

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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[7]
- Small groups for students coping with specific challenges
- Support groups for at-risk families
- "Trainings and workshops to remediate limited knowledge or skills

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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

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SIHE	Example of Potential Health Impact of SIHE	TIER 1 Intervention Example	TIER 2 Intervention Example	TIER 3 Intervention Example
Unsafe housing	Living in older homes that are in disrepair may cause exposure to lead-based paint and elevated blood levels.	Disseminate information and host meetings in partnership with the local health department to educate all families about the dangers of lead exposure.	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.	Refer families to local housing authority programs to resolve home lead exposure or assist in their relocation to safe housing.

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SIHE	Example of Potential Health Impact of SIHE	TIER 1 Intervention Example	TIER 2 Intervention Example	TIER 3 Intervention Example
Food insecurity	Insufficient food to eat at home causes children to request to go to the nurse's office complaining of stomachaches.	Offer universal school meals (breakfast and lunch).	Work with partners to implement a school-based food pantry or holiday food drives.	Assist with applications and refer families to the local Supplemental Nutrition Assistance Program (SNAP) office for families with chronic food insecurity.

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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

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Introducing Brief #3

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

Addressing Social Influencers of Health and Education Using a Multi-Tiered System of Supports Framework

June 2021

Schools provide an ideal setting to deliver interventions that support student learning, health, and well-being.

Many K-12 schools partner with community resources to provide wraparound services, expand health and mental health services, and offer a continuum of health and learning supports. Research confirms that implementing prevention and health promotion programs, as well as delivering services in schools, improves access and reduces barriers to services, increases utilization and follow-up, reduces stigma, and is associated with a host of positive health and education outcomes.[1,2]

Factors that impact health, well-being, and learning are also known as Social Influencers of Health and Education (SIHE). The SIHE are essential to understand because the social, environmental, or economic conditions in which individuals are born, live, learn, play, work, worship, and age, impact their health status and educational achievement.[3] Screening and/or surveillance for SIHE can uncover the extent to which these may positively or negatively impact individuals, groups, or the whole school community.[4] With this information, schools with their integrated health and mental health professionals – and namely school-based health centers (SBHCs) and comprehensive school mental health systems (CSMHSs) – can provide interventions that mitigate the effects of SIHE associated with poor short- and long-term outcomes.

This brief describes how the use of a multi-tiered system of supports (MTSS) framework for SIHE-related interventions promotes alignment with and can increase the benefits of other academic, social-emotional, and behavioral interventions already offered in school.

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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

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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!

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Q&A and Thank you!

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