Using the Social Determinants of Health to improve healthcare delivery in school

Presented by Laurie Fleming, RN, MPH, NCSN



What are the Social Determinants of Health?

How are the SDOH used to inform health practice and policies?

Healthy People 2030

Evidence-based Resources

How can we use this information to inform our practice?

What are the social determinants of health?

Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.



Why are the Social Determinants of Health Important?

- Healthy People 2030 sets the strategic agenda for public health improvements in the United States between 2020-2030.
- There are 3 priority areas for Healthy People 2030. The Social Determinants of Health is one of the areas.
- Healthy People has national objectives for each of the 5 domains of the SDOH.

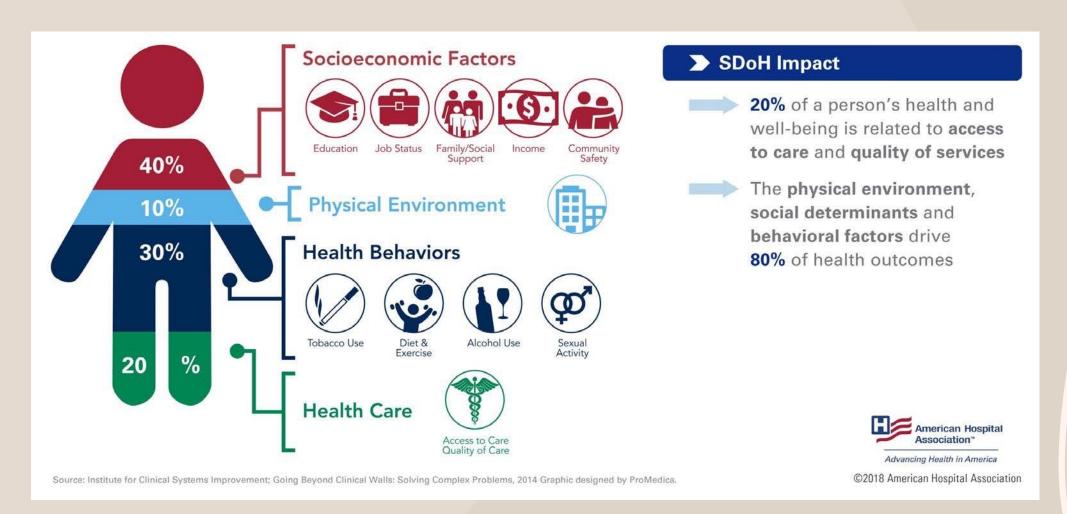


Why should School Nurses care about the Social Determinants?



- Nurses have a long history of focusing on the interaction between the patient, environment, and health
- School Nurses have relationships with children and families
- School Nurses are often the only healthcare some students get because they face barriers to accessing the healthcare system
- School Nurses are student advocates
- School Nurses follow a code of ethics

Health Outcomes



5 Domains of the Social Determinants of Health



- ☐ Education Access and Quality
- ☐ Health Care and Quality
- Neighborhood and Built Environment
- ☐ Social and Community Context
- ☐ Economic Stability

What are we measuring with the SDOH?

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



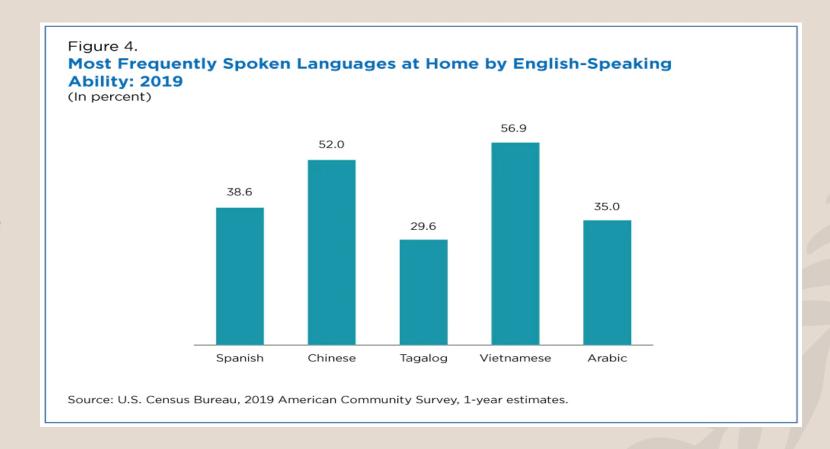
Education



- Language and Literacy
- Educational Attainment
- Early Childhood Development
- Quality of Local Schools

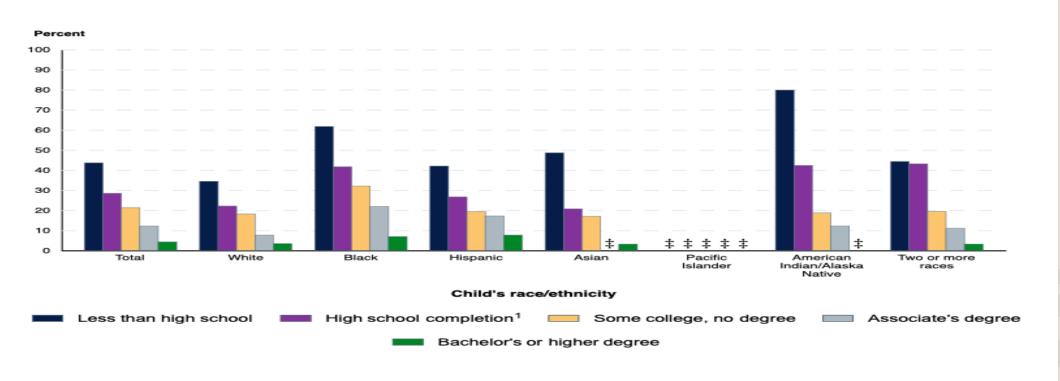
English Language Literacy

- 1 in 5 speak a language other than English at home.
- Most common are Spanish, Chinese, Vietnamese, Tagalog, and Arabic.



Parents without a high school education and poverty 2020

Figure 5. Percentage of children under age 18 in families living in poverty, by child's race/ethnicity and parents' highest level of educational attainment: 2020



† Not applicable.

!Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 and 50 percent.

‡ Reporting standards not met. Either there are too few cases for a reliable estimate or the coefficient of variation (CV) is 50 percent or greater.

¹ Includes parents who completed high school through equivalency programs, such as a GED program.

NOTE: Data are based on sample surveys of the noninstitutionalized population, but this figure includes only related children under age 18 who resided with at least one of their parents (including an adoptive or stepparent, but excluding parents not residing in the same household). Parents' highest level of educational attained by any parent residing in the same household as the child. The measure of child poverty includes children who are related to the householder by birth, marriage, or adoption (except a child who is the spouse of the householder). The householder is the person (or one of the people) who owns or rents (maintains) the housing unit. Poverty status is determined by the Census Bureau using a set of money income thresholds that vary by family size and composition. For additional information about poverty status, see https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html. Race categories exclude persons of Hispanic ethnicity. Although rounded numbers are displayed, the figures are based on unrounded data.

Healthcare & Quality

- Access to Primary, Specialty and Emergency Care
- Affordability
- Health Literacy
- Quality of Care
- Insurance Coverage



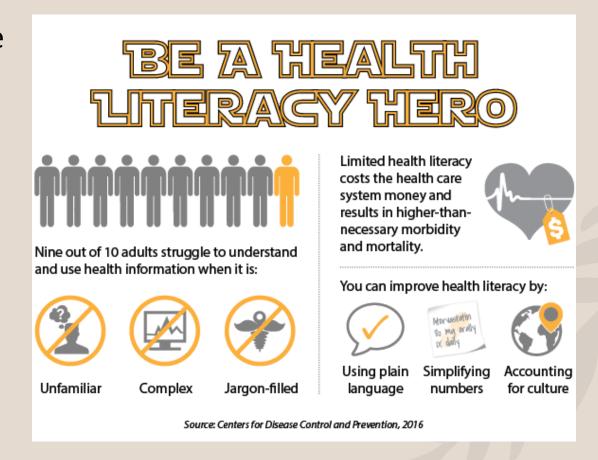
Health Insurance coverage



- According to the US Census Bureau, 8.3% of people or 27.2 million people had no health insurance at any point in 2021.
- 5% of children under age 19 were uninsured in 2021. This was a decrease due to Medicaid (COVID coverage still active)

Health Literacy affects more than just those who can't read

- Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform healthrelated decisions and actions for themselves and others.

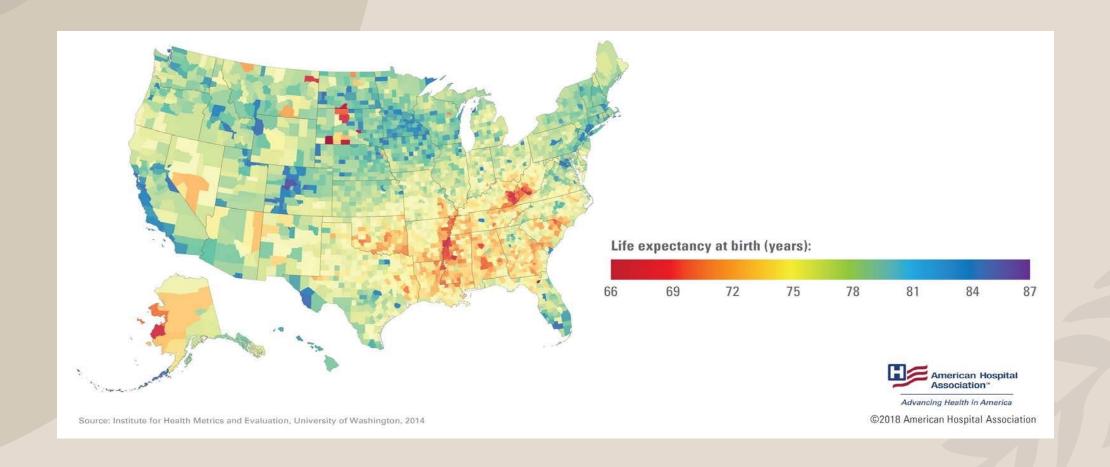


Neighborhood and Built Environment

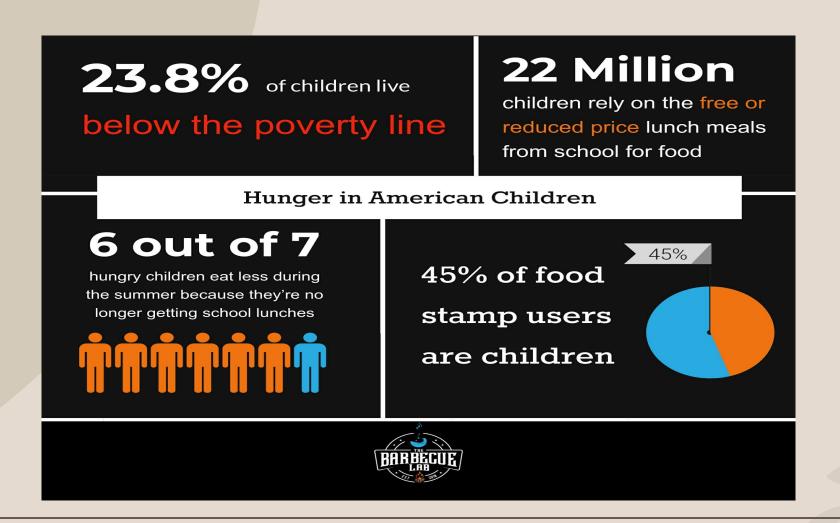


- Quality of Housing
- Food Access
- Violence
- Crime/Public Safety
- Environment (clean water and air)
- Healthy Workplaces
- Schools and Transportation

Life Expectancy-National Rates



Hunger and Poverty in the US 2019



Violence causes Adverse Childhood Effects

Nearly lives lost to homicide in 2020

- ACEs are common. About 61% of adults surveyed across 25 states reported they had experienced at least one type of ACE before age 18, and nearly 1 in 6 reported they had experienced four or more types of ACEs.
- Preventing ACEs could potentially reduce many health conditions. For example, by preventing ACEs, up to 1.9 million heart disease cases and 21 million depression cases could have been potentially avoided.
- Some children are at greater risk than others. Women and several racial/ethnic minority groups were at greater risk for experiencing four or more types of ACEs.
- ACEs are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year. A 10% reduction in ACEs in North America could equate to an annual savings of \$56 billion.

Social and Community Context

- Social Support
- Social Cohesion
- Civic Engagement
- Faith-based Communities
- Incarceration



Economic Stability

- Food Security
- Housing
- Employment
- Income/Poverty Level



Children and Poverty in NH

	Location	Poverty Level	Data Type	2016	2017	2018	2019	2020	2021
	New Hampshire	Children in Poverty	Number	28,829.0	25,993.0	26,189.0	23,451.0	23,655.0	23,655.0
		Children in Poverty	Percent	11.0%	10.0%	10.2%	9.2%	9.3%	9.3%

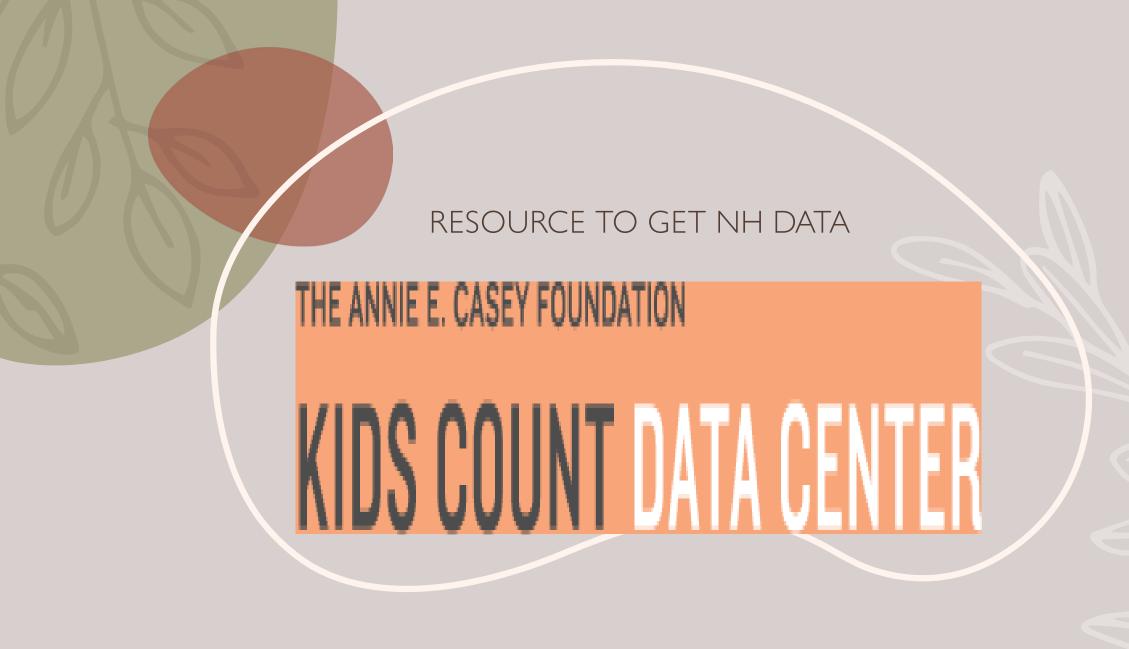
Children in NH without a vehicle at home

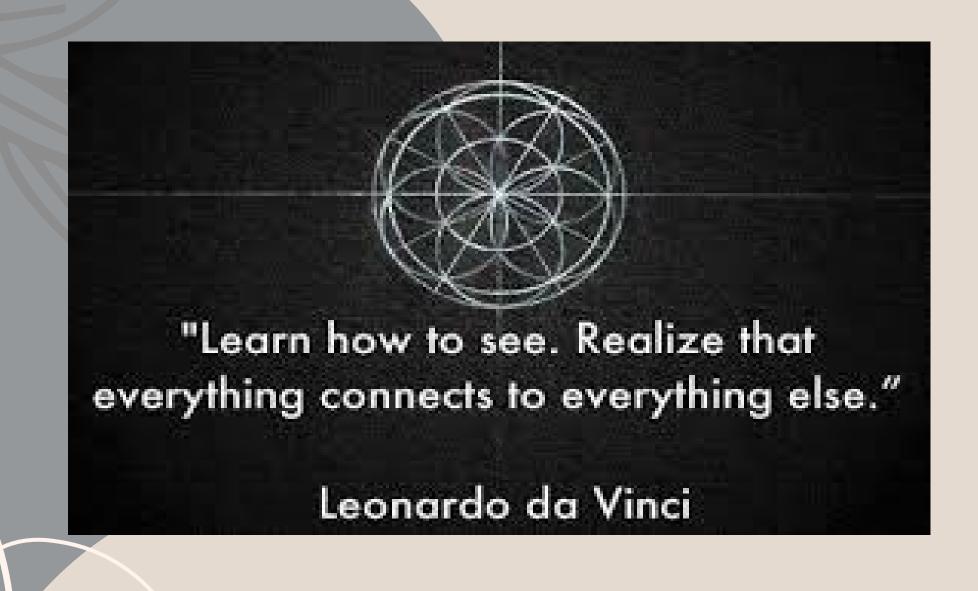
	Locati on	Data Type	2011	2012	2013	2014	2015	2016	2017	2018	2019	2021
	New Hamp shire	Num ber	5,000	8,000	7,000	9,000	7,000	7,000	6,000	7,000	4,000	5,000
		Perce nt	2%	3%	2%	3%	3%	3%	2%	3%	2%	2%



Grandparents raising grandchildren in NH

	Location	Grandparent Caregivers	Data Type	2016	2017	2018	2019	2020	2021
Ne		Total Over Age 30 Population	Number	853,692.0	860,478.0	870,217.0	876,893.0	885,755.0	901,054.0
		Grandparents living with own grandchildren	Number	21,591.0	22,765.0	23,092.0	23,478.0	23,113.0	23,166.0
		Grandparents responsible for own grandchildren	Number	7,189.0	7,675.0	7,470.0	7,416.0	6,907.0	6,224.
	New Hampshire	Responsible less than 6 months	Number	878.0	886.0	724.0	621.0	697.0	664.0
		Responsible 6 to 11 months	Number	727.0	821.0	843.0	788.0	641.0	500.0
		Responsible 1 or 2 years	Number	1,842.0	1,734.0	1,493.0	1,519.0	1,411.0	1,198.0
		Responsible 3 or 4 years	Number	980.0	1,111.0	1,322.0	1,336.0	1,336.0	1,400.0
		Responsible 5 years or more	Number	2,762.0	3,123.0	3,088.0	3,152.0	2,822.0	2,462.0





group activity

Focus Upstream

Upsteam Thinking

DOWNSTREAM VS. UPSTREAM THINKING

DOWNSTREAM THINKING

- o Does not remove causes or stop them from happening
- o Examples: Treating an illness, screenings

MIDSTREAM THINKING

- o We attempt to change the causes of illness
- o Examples: improving working and living conditions, promotion of healthy behaviors
- Happens at the local, community, and organizational levels

UPSTREAM THINKING

- o We create positive environments that affect midstream and downstream conditions and interventions
- o Affect the "causes of the causes"
- Examples- Safe
 Neighborhoods Initiative,
 Health Promoting Schools,
 Walkable Communities
 Initiative, and Housing for
 Health Programs.

Moving Upstream



Healthy People 2020 in Review:

Healthy People Objectives by the Numbers

Making progress toward Healthy People objectives — and meeting our targets — helps improve health and well-being for people nationwide!

Success in Healthy People 2020

Healthy People 2020 featured 1,111 measurable objectives. 985 of those were trackable because they had:



Baseline data



At least 1 additional data point collected during the decade





Met or exceeded the targets for



34%

of trackable objectives

Made progress towards

21%

of trackable objectives

Streamlining Healthy People 2030

With fewer objectives and higher data standards, Healthy People 2030 is more focused and rigorous than previous iterations of the Healthy People initiative:



3 Areas Addressed for Each Domain

CORE OBJECTIVES

- o Statistical source identified
- o Data after 2015 that represents the whole US
- o Probability of identifying at least 2 more data points in by Healthy People 2040
- o There is sufficient baseline data
- o There are timelines for implementation

DEVELOPMENTAL OBJECTIVES

- o Evidence —based interventions that have been identified to address gaps
- o Insufficient baseline data available
- o Difficult to measure changes effectively

RESEARCH PRIORITIES

o More research is required to identify and assess evidence-based intervention that can be used to improve the health and well-being of students

Education Access and Quality Core Objectives

OF HIGH SCHOOL
STUDENTS WHO GRADUATE
IN 4 YEARS

OF STUDENTS WITH
DISABILITIES WHO ARE
USUALLY IN REGULAR
EDUCATION PROGRAMS

OF 4TH GRADE STUDENTS
WITH MATH SKILLS AT OR
ABOVE THE PROFICIENT
LEVEL

OF HIGH SCHOOL
GRADUATES IN COLLEGE BY
OCTOBER AFTER
GRADUATION

OF 4TH GRADE STUDENTS
WITH READING SKILLS AT
OR ABOVE THE PROFICIENT
LEVEL



Increase the proportion of high school students who graduate in 4 years — AH-08

Recent Data:

85.8 percent (2018-19)

Target:

90.7 percent

Desired Direction:

Increase desired

Baseline:

84.1 percent of students attending public schools graduated with a regular diploma 4 years after starting 9th grade in school year 2015-16

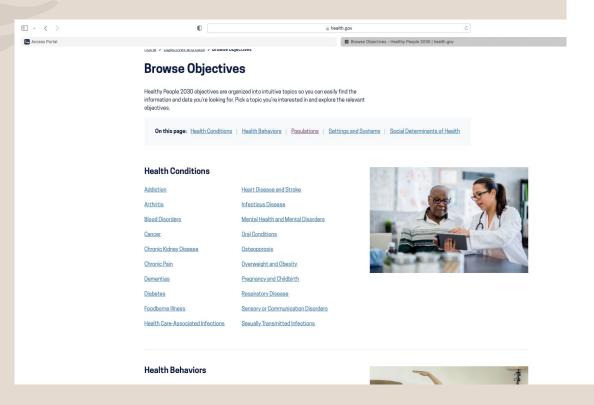
Status: Improving

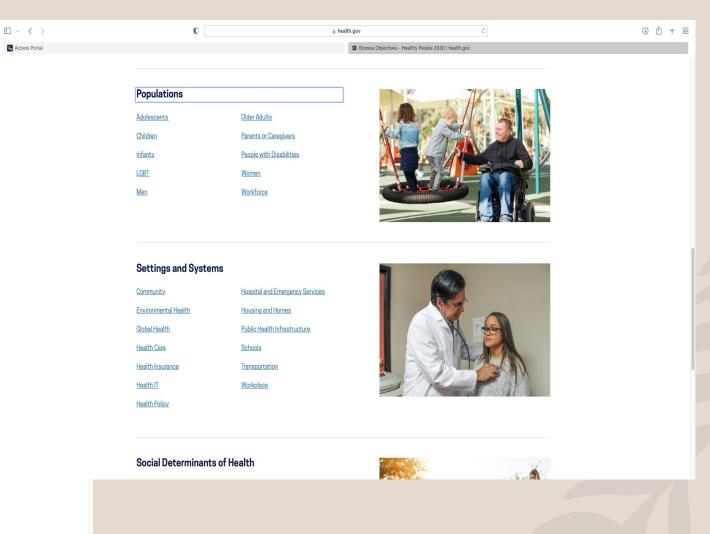


Examples of Other Healthy People 2030 Objectives

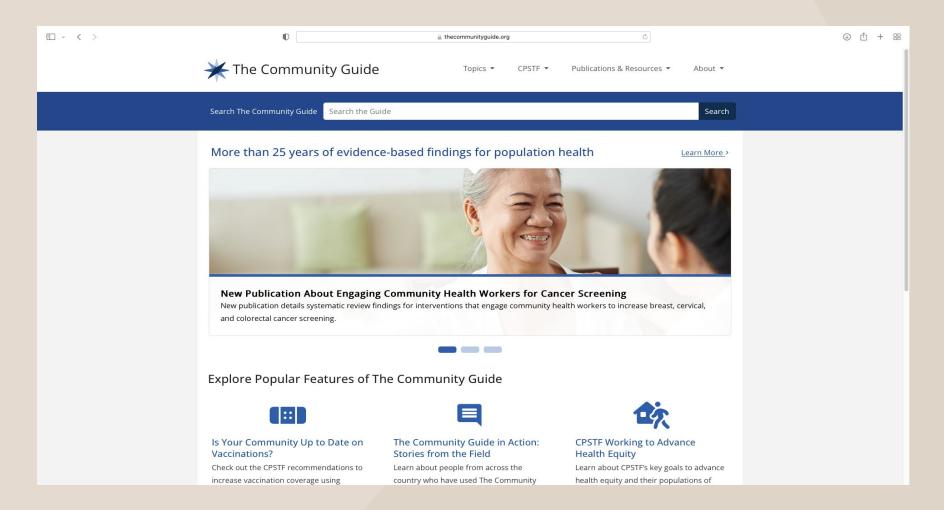
- Increase the proportion of schools with policies and practices that promote health and safety
- Reduce the proportion of students in grades 9 through 12 who report sunburn
- Reduce chronic school absence among early adolescents
- Increase the proportion of trauma-informed early childcare settings and elementary and secondary schools
- Increase the proportion of children and adolescents with ADHD who get appropriate treatment

Examples on how to search for topics or specific populations

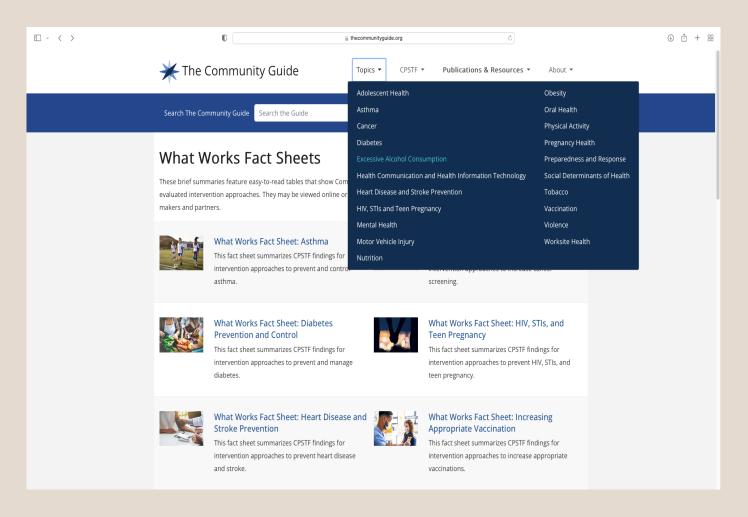




The Community Guide



Community Guide Topics



The Community Guide - High School Completion Evidence-based information

Programs in order of Effectiveness:

- Vocational training
- Alternative schools
- Social-emotional skills training
- College-oriented programming
- Mentoring and counseling
- Supplemental academic services
- School and class restructuring
- Multiservice packages
- Attendance monitoring and contingencies
- Community service
- Case management

OVERVIEW:

- High school completion is an established predictor of long-term health. In the United States, a high school education can add about 7 years to one's life expectancy. The proportion of students who complete high school varies markedly by race and ethnicity. In 2010, 83% of whites, 66% of blacks, 71% of Hispanics, 94% of Asian/Pacific Islanders, and 69% of American Indian/Alaska Natives completed high school.
- High school completion rates are also associated with family income, and those from the lowest quartile are the least likely to have completed their education.

Effective Evidence-based programs

EDUCATION

School-based Health Centers, High School completion programs, Out-of-school time academic programs (General, Math-Focused, Reading-focused), Disability Inclusion

HEALTHCARE ACCESS Depression and Suicide Risk in Children & Adolescents: Screening, Anxiety in children & Adolescents: Screening, Improving access to oral healthcare for vulnerable and underserved populations,

NEIGHBORHOOD AND ENVIRONMENT Violence Prevention: School-based programs, Recommended Actions based on blood lead levels, A healthy home for everyone: A guide for families & individuals, Asthma school-based self-management interventions, Interventions to improve adherence to inhaled steroids

SOCIAL AND COMMUNITY

Healthy school meals for all, Person-to-Person interventions targeted to parents to improve adolescent health, Fostering healthy mental, emotional, & behavioral development in children and youth, Individual and group-based parenting programs

ECONOMIC

Healthy School Meals for all

summary

As school nurses who practice in public and population health, we are in a unique position to identify conditions that impact health and quality of life. We can use our clinical competence in our standards of practice, and our skills and knowledge in community and public health, care coordination, quality improvement, and leadership to keep our students in school, healthy, safe, and ready to learn.



Resources

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- ➤ ASCD & CDC. (2014). Whole school whole community whole child: A collaborative approach to learning and health. Retrieved from http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wscc-a-collaborative-approach.pdf

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- ➤ McCaffrey, Paul. (2021). Dan Health: Three barriers to upstream thinking. Retrieved from https://blogs.cfainstitute.org/investor/2021/05/18/dan-heath-three-barriers-to-upstream-thinking/
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thank you

Laurie Fleming

Ifleming@sau10.org

603-505-5138