CSBHA Central Valley Coalition



November 13, 2015 | Fresno, CA

Todays Plan

1. School Wide Screenings

- Overview of La Clinica SBHCS
- Public Health = Health Equity = Social Justice
- Schoolwide Surveys
- Adolescent Screening Visits
 Break

2. Group Visits for Obesity Interventions

- Context & Framework of 3 Projects
- Curriculum Themes
- A Closer Look: United for Success, Havenscourt & Roosevelt
- Data & Sustainability
- Major Lessons Learned
- Impact & Youth Voices

SESSION #1 SCHOOL WIDE SCREENINGS

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Mizan Alkebulan-Abakah, MPH Roosevelt Health Center Clinic Supervisor La Clinica de la Raza Oakland, CA



About La Clínica

La Clínica is one of the largest community health centers in California. Since its beginnings in 1971, La Clínica has grown into a sophisticated provider of primary health care and other services with 40 locations spread across Alameda, Contra Costa, and Solano Counties. In 2013, La Clínica served over 91,000 patients and provided 427,867 patient visits.

Our Mission

The mission of La Clínica is to improve the quality of life of the diverse communities we serve by providing culturally appropriate, high quality, and accessible health care for all.



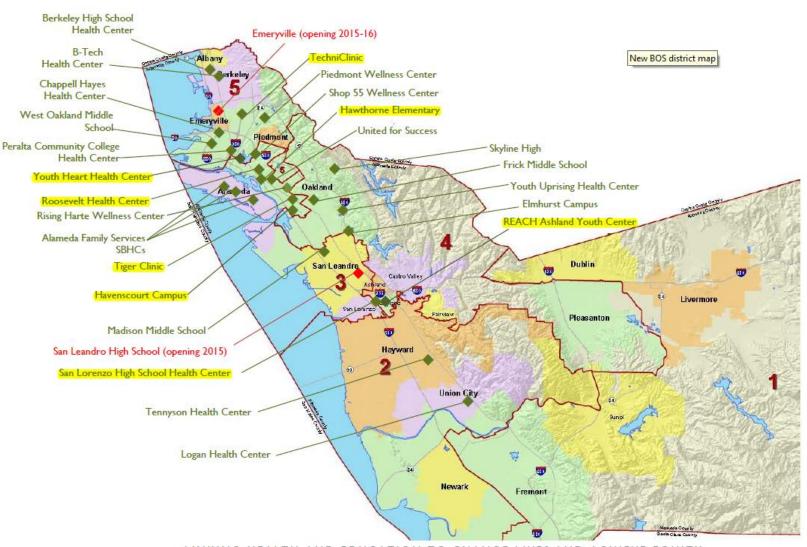


•SBHC Department Mission

"To improve students' health, wellbeing, and success in school by increasing access to high-quality health care services, reducing barriers to learning, and supporting families and communities by providing basic medical care, behavioral health services and health education in a respectful, youthcentered environment."

27 Current School Health Centers (SHCs) 2 New School Health Centers

CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES Alameda County Health Care Services Agency



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Public Health = Health Equity = Social Justice



We Understand:

Healthy youth make better students...

Healthy students lead to healthier communities.

We Collaboratively Support the Whole Student.

We are committed to serve all!

Linguistically diverse Undocumented Un/Under insured Refugee/Asylum status

More than health care – its Public Health

- SBHC sites often see 90%+ of the student body
- Ongoing & Mass Screening for medical home, insurance, vaccines, legal needs, etc.
- Campaigns of STI testing of student body
- Holiday Food, Clothing & School Supply Giveaways
- Health Fairs & Wellness Campaigns
- Staff Wellness Activities
- PBIS & COST Support
- School-wide Surveys
- PD For Staff & Teachers
- Youth Leadership (PHE/YAB)



School Health Services Racial Equity Lens



Goals

- Create universal access to health and learning supports
- 2. Increase quality and responsive approaches to serving children, youth and families
- 3. Strengthen youth & family partnerships to support community and systems change
- 4. Create safe, healthy and culturally-responsive school communities
- 5. Support implementation of Community Schools
- 6. Strengthen interagency collaboration and deepen shared investments
- 7. Develop systems, policies and practices that promote equity

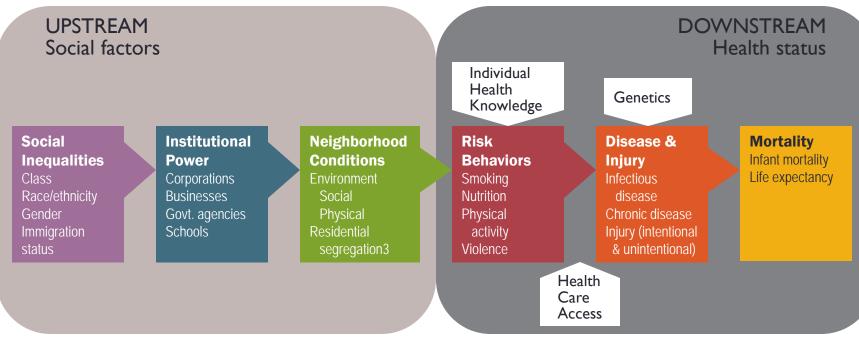
Health and Educational Equity for Children and Youth

Health Equity Framework

Socio-Ecological

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Medical Model



Social Justice is an Imperative



Addressing the Levels of Oppression:

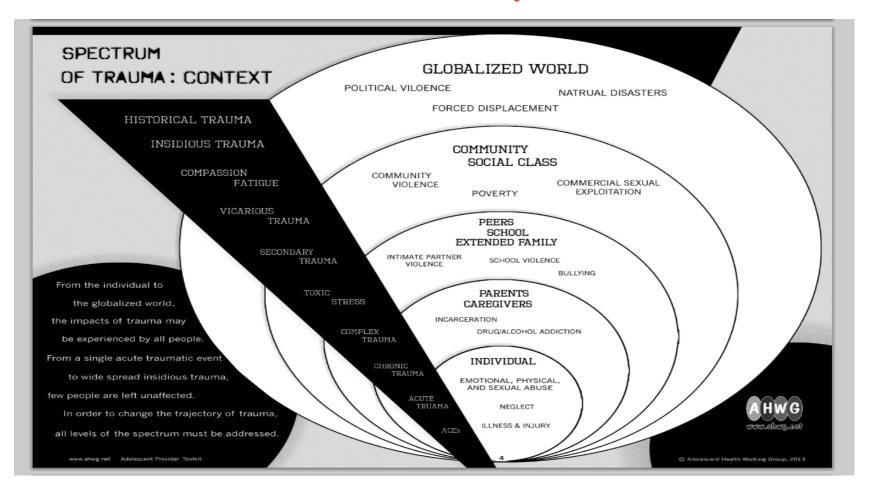
<u>Ideological</u>- the *idea* that one group is somehow better than another, and in some measure has the right to control the other group

Institutional - the *idea* fuels the "right" to control others gets embedded in the *institutions* of the society-the laws, the legal system and police practice, the education system and schools, hiring policies, public policies, housing developments, media images, political power, etc

<u>Interpersonal</u> – personal disrespect or mistreatment of individuals in the oppressed group. Also reflect in the manner that people build relationships of inequity and abuse their power.

Internalized - internalized beliefs, attitudes, and behaviors that stem from the oppression and turn into heavy feelings of powerlessness or despair. The oppressed group often tend to put themselves and others down, including their own children, in ways that mirror the oppressive messages they have gotten all their lives.

Trauma Informed – the spectrum



From Adolescent Health Working Group Behavioral Health: An Adolescents Providers Toolkit



Campus Wide Screenings

Schoolwide Surveys

Getting to Know Your Population

- Who is in need of support/regular services?
- How can you engage youth/families?
- What are the main health issues?
- Where are the gaps in services?
- What info/data does the school have/want?
- What Partners / Groups may want data?



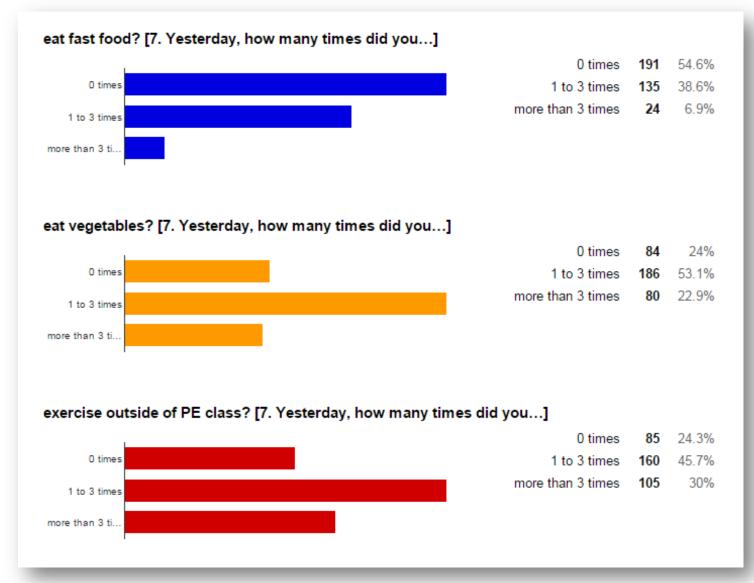
Schoolwide Surveys

Case Study: Roosevelt Middle School

- Done in Fall & Spring (2013, 2014, 2015)
- Developed collaboratively with RMS Administration, PBIS Committee, Wellness Committee & Health Center
- Administered in Core class of entire school
- Computer based (Google form)
- Based upon CHKS questions for comparability
- Minimal survey questions yet reduced # of Q's

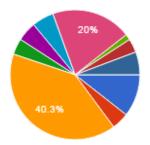


The Data: Nutrition & Exercise



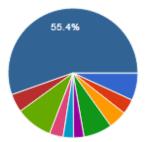
The Data: School Safety

11. Where do you feel SAFEST at school in the/on the (Choose one)



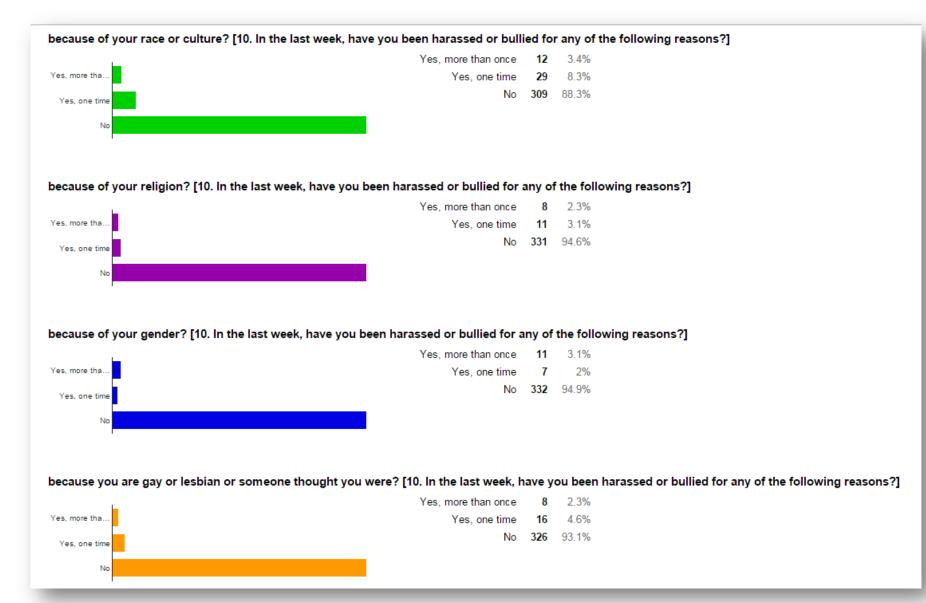
Courtward	27	10.00/	
Courtyard	37	10.6%	
Cafeteria	15	4.3%	
Classroom	141	40.3%	
Hallways	14	4%	
Blacktop during PE	17	4.9%	
Blacktop during lunch	19	5.4%	
Main office	70	20%	
Bathrooms	5	1.4%	
Gym/locker room	12	3.4%	
On the street around school	20	5.7%	

12. Where do you feel the most UNSAFE at school in the/on the (Choose one)



Courtyard	24	6.9%
Cafeteria	13	3.7%
Classroom	16	4.6%
Hallways	25	7.1%
Blacktop during PE	9	2.6%
Blacktop during lunch	9	2.6%
Main Office	12	3.4%
Bathrooms	32	9.1%
Gym/locker room	16	4.6%
On the streets around school	194	55.4%

The Data: Bullying & Discrimination



Schoolwide Surveys-Lessons Learned

Case Study: Roosevelt Middle School

- Revisions are required, at least annually
- In-class support necessary to clarify questions & for translation
- Reading level and ELL important to prepare for
- Confidentiality important, yet de-idenitified data may let some students "fall through cracks"
- Google Forms is useful, yet not secure and has limited statistical function
- Other resources: RAAPS, RAAPS-PH, CHKS, YRBS
- School/Administration Buy-In is Essential! ③



Discussion / Reflections

What's true for you?

- What is impacted the public health of your school?
- What are the social determinants (root causes/upstream factors) that you need to quantify?
- Are the similarities across sites?





Adolescent Screening Visits

Adolescents Screening Visits

Be innovative and think BIG!

- Host special events with registration/services
- Grade-level, or Special group screening drives
- Dental screening/immunization/Healthy Weight screens
- Campus campaigns / Culminating events
- Make it Fun!

CASE STUDIES:

- Tiger Clinic: Basic Flow
- Roosevelt: Check Yourself
- Havenscourt: Get Yourself Tested
- Youth Heart: Taco Testing





- 9th Grade Registration/Screening Drive:
- Annual 2-day event that targets every 9th grade student
- Reaches at least 130 students each year
- Each student receives a brief (at least 15 min) individual visit with a provider (FNP, health educator, MH clinician). Screening includes:
 - Overview/confidentiality/mandated reporting
 - HEADSS assessment
 - Sexual health screen

CASE STUDY: Tiger Clinic

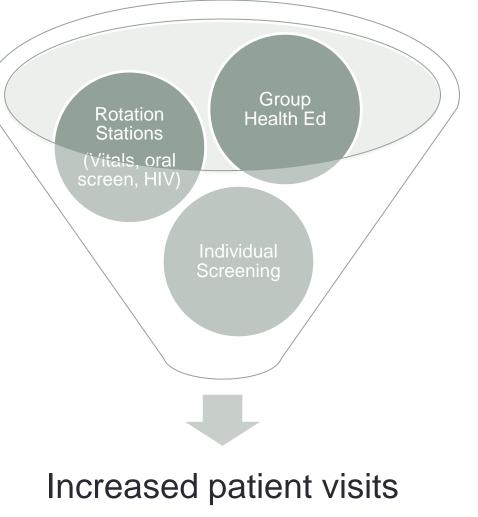
Groundwork

	Big Day		
Classroom outreach Review services/minor consent/confidentiality Complete all forms Admin time: Enter registration,	Call students to HC in groups Create a welcoming space Students complete survey "Normalize" clinic Provider meets with students for 15 min	Follow-up Identify additional needs for patients Schedule follow-up appointments Thank teachers/admin Report back on data	
activate FPACT, scree for student need, etc.	n	Admin time: review billing, enter notes, communicate	

CASE STUDY: Roosevelt SBHC

8th Grade "Check Yourself" Wellness Screen

- Students reached through 8th Grade History classes (five 50 minutes periods x ¹/₂ class at a time = 10 periods of screenings
- 157 students screened over 2 days
- FPACT and MediCal billing



CASE STUDY: Roosevelt SBHC

8th Grade "Check Yourself" Wellness Screen

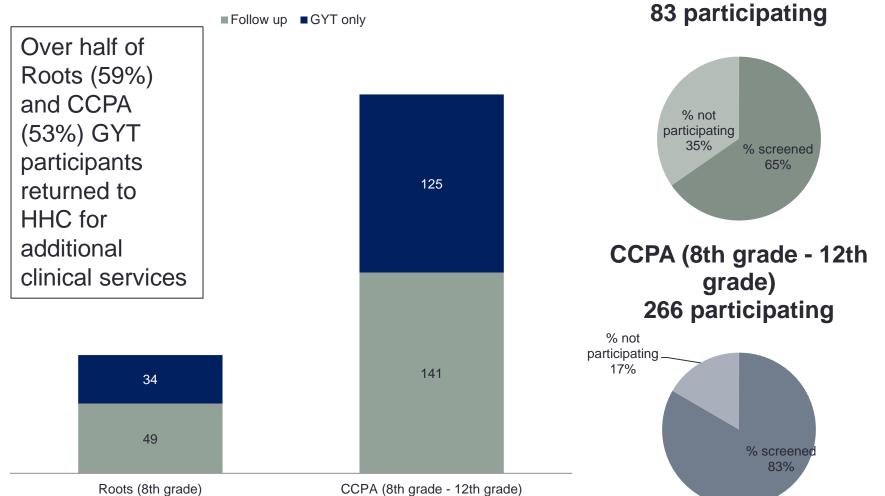


CASE STUDY: Havenscourt

Get Yourself Tested – HIV & GC/CT Screen

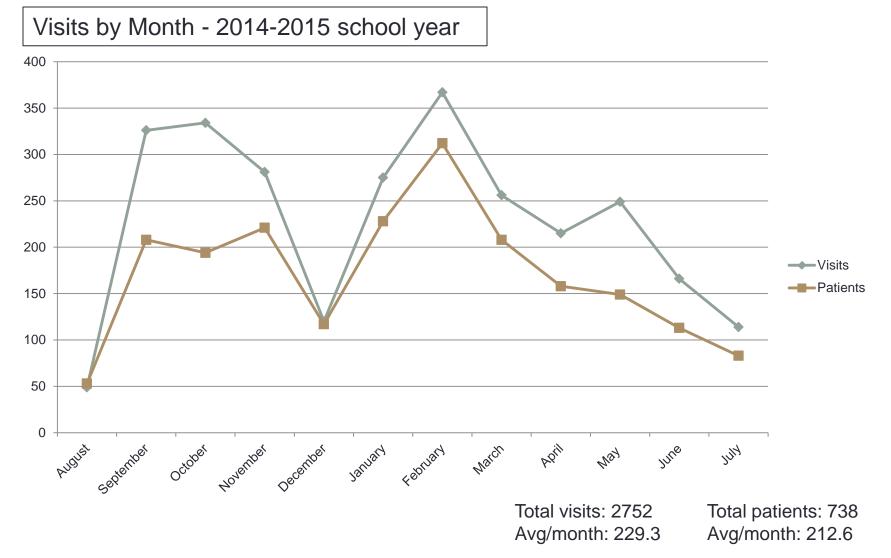
Roots (8th grade)

GYT Participants and Follow Up



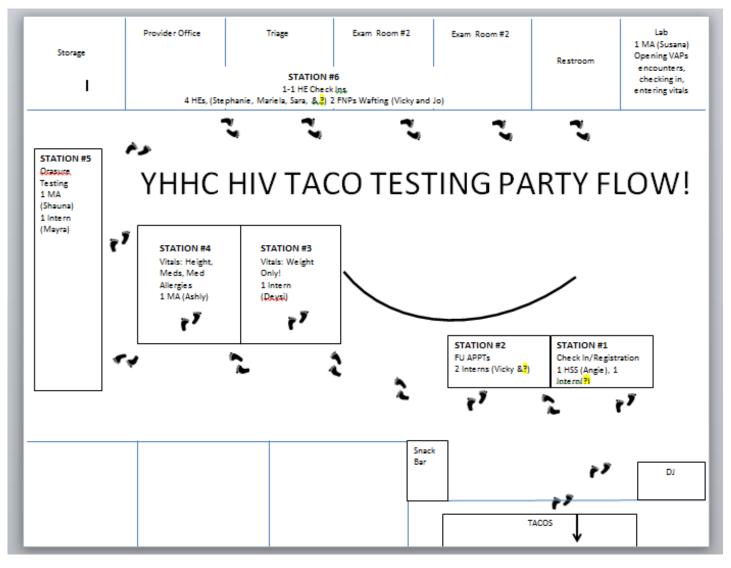
CASE STUDY: Havenscourt

Get Yourself Tested – HIV & GC/CT Screen



CASE STUDY: Youth Heart

"Taco Testing" HIV Screen



CASE STUDY: Youth Heart

"Taco Testing" HIV Screen



Discussion / Reflections

Do we want this?

- Is data gathered in another way?
- Is the data accessible to those that can use it?
- Would this be useful to Health center?
- Would it benefit school partnership?

Are we ready?

- Do we have buy-in/support from School?
- Do we have staff capacity?
- Do we technology at hand?
- What Data do we need?





LUNCH BREAK



Session #2

Group Visits for Obesity Interventions

ROOSEVELT HEALTH CENTER CLINIC SUPERVISOR LA CLINICA DE LA RAZA | OAKLAND, CA



Public Health Meets Clinical Care

Multiyear interventions for Adolescent Group Obesity Prevention at 3 SBHCS

First presented at APHA Annual Meeting November 1, 2015 | Chicago, IL.

Naomi A. Schapiro, RN, PhD, CPNP Mizan Alkebulan-Abakah, MPH Atziri Rodriguez, BS, MPH 2017 Jyu-lin Chen, RN, PhD

Obesity: the Problem in Context

- Complex and Persistent
- General Concordance (parent-child)
- High poverty neighborhoods lack:
 - Access to affordable fresh foods
 - Safe and affordable exercise opportunities
- Most health care programs addressing this issue are high intensity, not sustainable without grants





Health Inequities by Place

Indicator	East Oakland	Alameda County	California	
Obesity rates	48%	34%	30%	Life Expectancy by Census Tract Alameda County
Overall poor health	13%	5%	7%	Life Expectancy at Birth 286.0 81.0 - 85.9 77.0 - 80.9 477.0
Physically active	12%	15%	18%	East Oakland Unio Cry Surger
Nearby park/ playground viewed as safe during the day	50%	88%	90%	N 10 Miles Source: CAPE, with data from Alameda County vital statistics files 2006-2010.

Multiple BMI screens in East/West Oakland middle schools show 50% of children overweight or obese

California Health Interview Survey, 2012

The Group Model Framework

- Inspiration from Centering Pregnancy and group diabetes visit models
- •Students have the ability to work with multidisciplinary team of providers
- School context- groups of students (classes) already exist!
- Population health
- Financially sustainable
- Potential to include community partners
- Learning about nutrition is more engaging when you do it as a group!



The UC San Francisco-Alameda County Academic Community Partnership

- Originally funded through UCSF Elev8 nursing/dental grant
- UCSF Nursing students & faculty assisted with:
 - Program design & implementation (all)
 - BMI screening & QI projects (all)
 - Funding for student/parent stipends & food (UFSA)
 - Gender- and culture-specific support groups (Roosevelt)
 - IRB approval for pre- post surveys and focus groups



Three Schools, Three Projects:

United For Success Academy

11 week intervention Met 1x/wk through afterschool program targeted at 6th grade

Recruitment:

Presentation to 6th graders in the afterschool program.

Integrated Medical Visits:

Each participant had at least 5 visits with provider

Other Key Components:

*Partnered with County Nutrition Department to help facilitate 3 family nights as well as group sessions

Havenscourt

9 week intervention Met 2xs/wk as an alternative to PE targeted at 6th-8th grade

Recruitment:

School-wide Screening

Integrated Medical Visits:

Each participant had at least 9 visits with provider

Other Key Components:

* Partnered with Destiny Arts to facilitate physical component of program 1x/wk

Roosevelt MS (Year One)

6 week intervention Met 4 days/wk as Health Elective class targeted at 6th-8th grade

Recruitment:

Targeted by identifying students most in need from existing medical patients??

Integrated Medical Visits:

Each participant had 2-4 visits with the provider

Other Key Components:

*3 family engagement educational nights

*Youth lead wellness activities (school health fair)

*Incorporated school staff wellness

*All 3 sites received evaluation assistance through UCSF in terms of analysis of biometric data, pre/post surveys and facilitation of focus groups

A closer look: curriculum themes

Health Center	# of Sessions	Nutrition	Physical Activity	Emotional /Problem Solving	Family Component	Sedentary Behavior
Roosevelt MS	24 (30 mins)	Х	X weekly	X weekly	3 sessions	-
Havenscourt	18 (55mins)	Х	X weekly	Х	1 session	-
UFSA	11 (55mins)	Х	-	Х	3 sessions	-

- All 3 sites integrated a multidisciplinary team that together implemented the program:
- *A medical provider
 - * A medical assistant
 - * A health educator
 - * A community partner
 - * A behavioral health clinician
- Fun and engaging lessons were the key to successful program implementation

A closer look: Curriculum Example

With this lesson participants can practice what they've learned about reading nutrition labels

Activity:

Students take a walking fieldtrip to their corner store

Students are given a worksheet to compare 3 snacks

Students are given \$5 to buy a healthy snack based on their worksheet





A closer look: UFSA Program Cost/Income



Personnel	Rate	Hours	Total
Health Educator	\$20/hr	50	\$1,000
Medical/Program Assistant	\$15/hr	20	\$300
Nutritionist	\$30/hr	20	\$600
Provider	\$45/hr	20	\$900
Incentives			\$200
Supplies			\$850
TOTAL			\$3850

Actual billing revenue = \$3449

Potential revenue (if all children covered by Medicaid) = \$15,200

A closer look: Havenscourt Centering Wellness

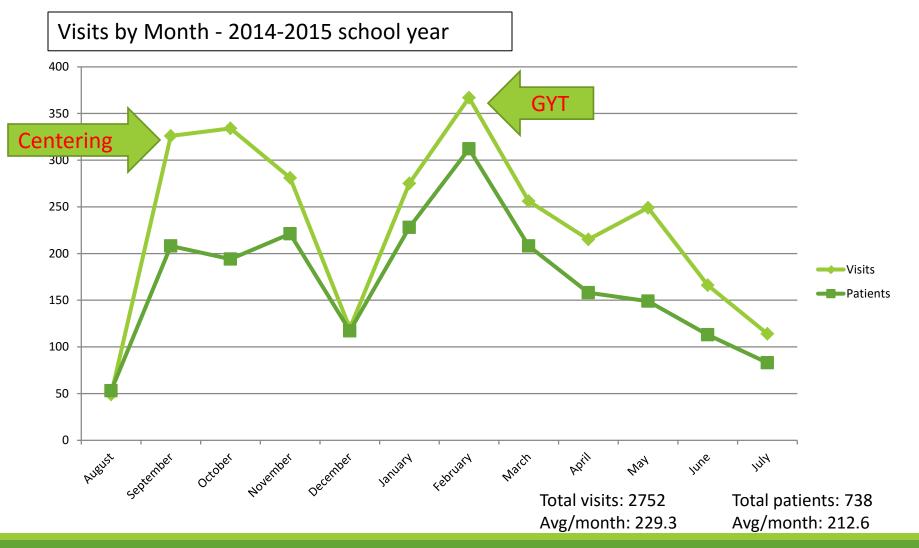
- Campus-wide screening used to recruit participants :
 - * Total of 6 groups in 2014-2014
 - * 55-64% were new SBHC clients
 - *Parent involvement challenging

- Groups repeated in 2014-2015
 - *Trauma treatment (CBITS) groups also offered - some overlap *Youth from original year tracked through Year 2 – small BMI changes in those followed most often



A closer look: Havenscourt Centering Wellness

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A closer look: Roosevelt, two models

YEAR 1 - TARGETED APPROACH

Wellness Boost Class

•Parent Nutrition Ed. Nights

Integrated Medical Visit model

•Youth led Wellness Wednesdays

•School-wide Health Fair



YEAR 2- *CAMPUS WIDE P.H. APPROACH* For Youth:

- •Nutrition Education Series in New Health Class
- Wellness Screens
- Spa Water Wednesdays
- •Peer Health Educators
- For Staff:
- Monthly Staff Wellness Breakfasts
- Restorative Justice for Staff
- •Yoga & Mindfulness on "Free & Fit Fridays"



A closer look: Roosevelt, Integrated Med Visits

PROCESS & CONSIDERATIONS

- •Students recruited through chart audit –ID elevated BMI (then they recruited friends)
- •Med Visit & SOAP Note aligned with content of Boost Curriculum
- •Reviewed 1 Body System at each visit
- •Students where seen every other week (2-4 times during intervention)
- •Mostly Medi-Cal billing, some initially Gatewayed

•Challenges:

- some students entered and exited program
- Reimbursements came months after services so hard to connect actual paymenst vs those billed
- Need to ID if there is a limit on diagnosis coeds with certain time period

A closer look: Roosevelt, two models - Data

Improved Youth's Nutrition:

Targeted Approach –

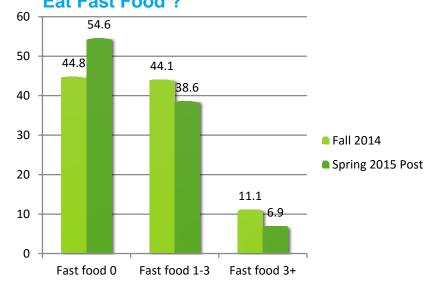
Year #1

- I can choose fruit of veg for snack 27% to 56%
- Reduced Soda Consumption

Campus Wide Public Health Approach – Year #2

- Reduced consumption of Fast Food from 49% to 32%
- Increased consumption of 5 or more raw fruits from 13% to 20%

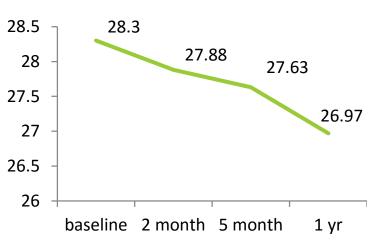
School-wide Surveys: Year #2 Pre (N-471) & Post (N=351)



"Yesterday, how many times did you... Eat Fast Food ?"

Results at All Sites

UFSA Data



UFSA BMI Mean

N=7

In a small cohort with periodic follow-up, small decline in BMI. Larger cohort at Havenscourt did not show same decline

UFSA, Havenscourt & Roosevelt Data

6 5.35 4.8 5 3.9 4 3 2.25 Baseline 1.6 2 1.4 Post intervention 1.1 1 0.9 1 ■ 18 mo f/u 0 Number of day During the past 24 I feel support hours, how many exercise (60 mins from my times did you classmates per day) drink a glass of can of soda?

Significant improvement of behaviors

T1, T2 N=71, p<0.05, T3 N= 10, trends

A closer look: 18 month Follow Up Focus Groups

Students had vivid memories of obesity group:

Cooking/tasting activities	Havenscourt United for Success	
Learning about nutrition content & food portions	Havenscourt United for Success	
Physical activity	Havenscourt	
Stress reduction	Havenscourt	
Corner store field trip	United for Success	
Parent meetings	United for Success	

Nutrition Facts Field Trip W Food-Cooking Eating Certain Portions of Food. Meeting with porent. Talking about food we ate FOOD Plate heginvisood Eating Certain Portions of Hie Hop class

Major Lessons Learned Bridging from the Individual to the Group

At the Patient Level

Youth learn specific skills in group visits and in parentchild events:

- Learning about foods & reading nutrition labels
- Tasting new foods
- Mindfulness/stress reduction
- More active participants than in single provider or HE interactions
- Remember and incorporate skills up to 18 months later

At the school-wide level

Potential for greater impact:

- Culture changes: seeds planted for shifts in behavior
- Changing teacher (role model) eating habits
- •Bringing back the salad bar with broader student participation
- •Shift to pay for performance how can we use partners & relationships to improve outcomes for an important & seemingly intractable public health issue

Major Lessons Learned Being Data Driven improves Sustainability

LA CLINICA IN 2005

- Four sites
- Small SBHC staff
- No Behavioral Health
 Providers
- Operating in deficit
- Mostly FPACT clinics

LA CLINICA IN 2010

- **↑** attention to productivity and accountability
- Started tracking visit numbers, using EPM well
- Formalized billing infrastructure
- Tracking revenue and expenses
- Trained staff to be eligibility experts

Major Lessons Learned Being Data Driven improves Sustainability

LA CLINICA IN 2015

- 8 sites
- Growth in staff
- Number of patients served has tripled in 5 years
- Integrated behavioral health at all 8 sites
- More robust payer mix (FPACT, minor consent Medi-Cal and managed care MC)
- Annual budget of nearly \$5 million



Next Steps

- •Revisiting our evaluations: More consistency in data collection vs. collective impact model?
 - What physical & indicators do we follow?
- •Continuing chart review & analysis of youth who attended original groups what kinds of follow-up lead to long-term changes/
- Replicating & evaluating schoolwide interventions
- •Review Billing mecanisism to ensure longterm reimburment





Impact of group visits: Youth voices

"The thing was because every time when you're stressed you feel like eating, and we're like trying to calm down our stress so we don't eat too much."

"We used different foods that we never tasted that much and we made it into something that we liked."

"I didn't know how the food affected you so I would eat whatever what I wanted, and now I don't. My mom helps me to eat more fruits and vegetables, and I'll stick with them, you know, because I like them."

"I didn't know about reading the nutrition facts and my mom didn't know about them. Now she checks everything, I mean everything, even the water. And she always gets the fresh fruits."

Discussion / Reflections

THINGS TO CONSIDER:

How could group visits be applied at your site?

Do we have staff capacity?

Do we have billing infrastructure to support or grant funds?

Are there other health needs that could be serviced through group visits?

What partnerships exist that could support this effort?





Give Thanks!



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