No commercial disclosures

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Kristine Carter – Participated in ACEs Aware Virtual Learning Collaborative for SBHC Providers

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We would like to acknowledge and pay respects to the Chochenyo and Ramaytush Ohlone people, who are the traditional custodians of the land that is home to our SBHCs and university in the SF bay area, and the Serrano and Cahuilla people, who originally settled and occupied this land in Redlands. We are proud to continue their tradition of coming together and growing as a community, and we thank them for their stewardship and support.
WHAT WE WILL COVER

- Why screen for psychosocial risk and/or ACEs
- Trauma-Informed Approaches to Screening
- Using the RAAPS and PEARL screeners to open conversations with youth and families
- Issues related to confidentiality and screening special populations
BRIEF REVIEW OF TERMS

Adverse Childhood Experiences (ACEs)
child abuse, neglect, household dysfunction, typically 10 experiences from the original Kaiser/CDC study

Social Determinants of Health
social and material needs essential for good health (such as stable housing and utilities, sufficient food, freedom from racism, homophobia, anti-immigrant discrimination)

Toxic stress
dysregulated biological stress response and the concomitant long-term changes in physiology,” usually driven by prolonged, chronic stressors, without buffering by caring adults and other stress relievers
BRIEF REVIEW OF TERMS

**Child Traumatic Stress**
“occurs when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced“

**Positive Childhood Experiences**
include parent-child attachment, positive parenting (eg, parental warmth, responsiveness, and support), family health, and positive relationships with friends, in school, and in the community

**Resilience**
class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development.
ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- Drawn from landmark study of insured adults by Kaiser/CDC
- 10 adversities most associated with chronic physical and mental health
- Most ACE clinical screener questions drawn from this population-level research
Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.
If we don’t acknowledge racism as a source of toxic stress, we tend to blame minoritized families for the resulting impacts of this stress.

Deaths from heart disease, diabetes, and kidney disease (combined) per 100,000 — United States, 2015

Source: CDC, [https://www.cdc.gov/mmwr/volumes/66/wr/mm6615e1.htm](https://www.cdc.gov/mmwr/volumes/66/wr/mm6615e1.htm)

RATIONALE FOR SCREENING FOR ACES
IMPACT OF ACEs

- All of this evidence is epidemiological
- Supported by research on the impact of toxic stress on children & adults

Adverse Childhood Experiences
Traumatic events that can have negative, lasting effects on health and wellbeing

- Abuse
  - Emotional abuse
  - Physical abuse
  - Sexual abuse
- Neglect
  - Emotional neglect
  - Physical neglect

Household Challenges
- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Incarcerated parent

4 or more ACEs
- 3x the levels of lung disease and adult smoking
- 14x the number of suicide attempts
- 11x the level of intravenous drug abuse
- 4x as likely to have begun intercourse by age 15
- 2x the level of liver disease
- 4.5x more likely to develop depression

Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today
Dr. Robert Block, the former President of the American Academy of Pediatrics

67% of the population have at least 1 ACE

People with 6+ ACEs can die
20 yrs earlier than those who have none

1/8 of the population have more than 4 ACEs
Impact NOT just social and behavioral but also biochemical

• “toxic stress refers to the dysregulated biological stress response and the concomitant long-term changes in physiology”

Excessively high, prolonged exposures lead to:

• Changes in the brain – e.g. altered neuroendocrine responses
• Altered size and function of brain centers
• Biological disruptions that increase predisposition to chronic diseases of adulthood
PREVENTING ACES COULD PREVENT...

Estimates based on 2017 Behavioral Risk Factor Surveillance System (BRFSS)

https://www.cdc.gov/vitalsigns/aces/index.html
INTERVENTIONS TO MITIGATE IMPACT OF ACEs

- Reviews of 40 studies (randomized controlled trials/RCTs) for children (Purewal Boparai et al., 2018)
  - Positive changes in brain development (MRI measurements)
  - Improvements in cortisol levels
  - Epigenetic changes (improved telomere length)
  - Other health outcomes (e.g. lower rates of pre-diabetes)
- RCT of children screened via PEARL screener in a safety-net primary care clinic, measuring biomarkers, parent rating of child health, comparing psycho-education vs. more intensive resiliency interventions (Thakur et al., 2020; in progress)
GAPS IN THE ACEs EVIDENCE PYRAMID

Impact of interventions still under investigation

Impact of ACEs on youth’s ability to perceive, process and heal from acute/chronic trauma in adolescence understudied

Individual impacts of different ACEs

Very little research on screening adolescents and immigrant populations, or screening in SBHC
INTEGRATING ACEs SCREENING INTO TRAUMA-INFORMED CARE
TO SCREEN OR NOT TO SCREEN FOR ACEs?

- **Potential Benefits**
  - Open trauma-informed discussion and partnership with families
  - Identify families who need support
    - Referrals for resources
    - Teaching coping skills
    - Referrals for behavioral health
  - Potential for interventions to mitigate impact of ACEs

- **Potential Harms**
  - Tying services to disclosure may pressure families, rather than support autonomy about their own narratives of adversity
  - Monitor and stigmatize already stigmatized families
  - Screening for risks without screening for positive experiences & resilience
  - Challenges in the time of COVID
APPROACHES TO SCREENING IN PRIMARY CARE

**Traditional:**
Health screening to discover early signs of treatable health problems, reverse or minimize disease, prevent spread

- examples: blood lead levels, tuberculosis, developmental milestones

“We screen for what we can treat”

**Trauma-informed screening:**
Open a conversation with children and families about adversity in order to partner with them
TRAUMA-INFORMED PRACTICES FOR ACEs SCREENING IN ADOLESCENTS:

- respect confidentiality
- universal education about impact of ACEs & available resources
- acknowledge that teens may not disclose ACEs or even the total number of ACEs
- shared decision-making about next steps

(adapted from Miller, 2019)

https://traumatransformed.org
Figure 1. ACEs Aware ACE Screening Pediatric Clinical Workflow

1a. Introducing the ACE Screening Purpose & Tool

Registration or clinical staff reviews patient’s record to determine if PEARLS screen indicated during visit. Staff provides PEARLS tool to caregiver (0-19 years) and/or patient (12-19 years) in private setting.

2b. Receiving an Incomplete Screening Tool Back

Caregiver (0-19 years) and/or patient (12-19 years) completes PEARLS.

Provider provides education about how ACEs and buffering practices and interventions can affect health and offers patient/family opportunity to discuss and/or complete PEARLS screen.

Screen complete

2a. Reviewing ACE Screening Results & Treatment Plan

Provider or Medical Assistant transcribes ACE score (Part 1 of PEARLS tool) into EMR.

Provider reviews screen with patient/family and follows appropriate risk assessment algorithm: incomplete or at low, intermediate, or high risk for toxic stress.

Provider documents ACE score, billing code, and treatment plan, follow-up in visit note.

Screen incomplete

3. Following up on the Treatment Plan

Provider reviews ACE score, treatment plan, and follow-up prior to next visit; at next visit, updates as needed.
Adverse Childhood Experiences

Understanding ACEs

ACEs (Adverse Childhood Experiences) are serious childhood traumas that can result in toxic stress. Prolonged exposure to ACEs can create toxic stress, which can damage the developing brain and body of children and affect overall health. Toxic stress may prevent a child from learning or playing in a healthy way with other children, and can cause long-term health problems.

- Lowers tolerance for stress, which can result in behaviors such as fighting, checking out or distance.
- Increases problems with learning and memory.
- Increases difficulty in making friends and maintaining relationships.
- Increases stress hormones which affect the body's ability to fight infection.
- May cause lasting health problems.
- Increases ACEs can increase the risk of:
  - Adolescent pregnancy
  - Alcohol and drug abuse
  - Asthma
  - Depression
  - Heart disease
  - Intimate partner violence
  - Liver disease
  - Sexually-transmitted disease
  - Smoking
  - Suicide

ACEs can include:
- Abuse: Emotional/physical/sexual
- Bullying/violence of or by another child, sibling, or adult
- Homelessness
- Household: Substance abuse/mental illness/domestic violence/incarceration/parental abandonment/divorce, loss
- Involvement in child welfare system
- Medical trauma
- Natural disasters and war
- Neglect: Emotional/physical
- Racism, sexism, or any other form of discrimination
- Violence in community

Survival Mode Response
Toxic stress increases a child's heart rate, blood pressure, breathing, and muscle tension. Their thinking brain is knocked off line. Self-protection is their priority.

What is resilience?
Research shows that if caregivers provide a safe environment for children and teach them how to be resilient, that helps reduce the effects of ACEs.

What does resilience look like?
Having resilient parents and caregivers who know how to solve problems, have healthy relationships with other adults, and build healthy relationships with children.

Building attachment and nurturing relationships:
Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child's physical and emotional needs.

Building social connections:
Having family, friends, neighbors, community members who support, help and listen to children.

Meeting basic needs:
Provide children with safe housing, nutritious food, appropriate clothing, and access to health care and good education, when possible. Make sure children get enough sleep, rest, and play.

Learning about parenting, caregiving, and how children grow:
Understand how caregivers can help children grow in a healthy way, and what to expect from children as they grow.

Building social and emotional skills:
Help children interact in a healthy way with others, manage emotions, communicate their feelings and needs, and rebound after loss and pain.

Resources:
- ACEs Too High
- ACEs Connection
- Resource Center
- Parenting with ACEs
SUGGESTIONS FOR DEBRIEFING ACES SCREENING

Talking with parents (Gillespie, 2019):

1. Do any of these experiences still bother you now?

2. Of those experiences that no longer bother you, how did you get to the point that they don’t bother you?

3. How do you think these experiences affect your parenting now?

Adapted for talking with teens:

1. Do any of these experiences still bother you now?

2. Of those experiences that no longer bother you, how did you get to the point that they don’t bother you?

3. How do you think these experiences affect your relationships with your family and friends now?
<table>
<thead>
<tr>
<th>SUGGESTIONS FROM PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve teens in the rollout of ACEs Screening</td>
</tr>
<tr>
<td>Train whole staff in trauma-informed care</td>
</tr>
<tr>
<td>Systematic plan for rolling out screening</td>
</tr>
<tr>
<td>Provide resources to all families, regardless of score</td>
</tr>
<tr>
<td>Ask about strengths &amp; resilience</td>
</tr>
<tr>
<td>Open the conversation</td>
</tr>
</tbody>
</table>
SUGGESTIONS FROM TEENS

- Recommend de-identified screening
- Explore and strengthen peer supports
- For providers: Show genuine interest, develop comfort with asking questions & receiving any answer
- Go beyond the questionnaire to make a personal connection with youth
DOCUMENTATION AND BILLING

Become certified [https://training.acesaware.org/](https://training.acesaware.org/)

Medical providers are eligible for $29 payment for ACE screenings
- Includes FQHCs, RHCs, CBRCs, and IHS

Documentation must include:
- Screening tool used
- Completed screen reviewed
- Results of screen
- Interpretation of results
- What was discussed with patient/family and actions taken

Screen periodically: 1 time per year, per clinician/managed care plan
BILLING AND CODING FOR ACES SCREENING

CPT codes

- 96160 – administration of patient-focused health risk assessment
- 96161 – administration of caregiver-focused health risk assessment

HCPCS codes (to bill Medi-Cal)

- G9919 – ACE screening performed, score is 4 or higher
- G9920 – ACE screening performed, score is 0 to 3

ICD-10 codes

- Z65.8 - other problems related to psychosocial circumstances
- Z63.0 - relationship problem between spouse/partners
- Z62.819 - history of abuse in childhood
- Z63.5 - family disruption due to divorce or separation
- Z63.32 - absence of family member
- Z81.9 - family history of mental/behavioral disorder
- Z63.72 - alcoholism/drug addiction in family
- Z63.9 - problem related to primary support group
- Z13.4 - encounter for screening for dev disorders in childhood
SPECIAL CONSIDERATIONS
Concerns about confidential information from ACEs screen being disclosed to parents, potential CPS reports, and how provider view of them might change

Providers noted that parents who disclosed early childhood ACEs about their teen ALSO wanted confidentiality

Concerns by emerging adults about past histories of abuse following them “forever” on their problem list – did not want adult providers to have this information without their permission

Providers and immigrant teens expressed concerns about disclosing immigrant family issues and risks for deportation – “we live in the shadows”
As of April 5, 2021, the Final Rule of the 21st Century Cures Act went into effect

- Purpose of Cures Act primarily to support research and patient access to records
- Nothing in the Act specifically addresses clinical adolescent confidentiality
- "Open Notes" - give caregivers access to records
- Specialists and PCPs and parents can see all problem lists and meds, including for mental health issues, contraception and STI treatment, possibly problems/diagnoses related to ACES/child maltreatment
  - Specific therapy notes can be hidden
  - Some protections for Drug & Alcohol treatment
Institutions can be fined (up to $1 million) for "information blocking"

- Increased inequities between "rich" institutions with robust EMR platforms and public/safety net clinics with bare bones EMR systems.

- There ARE exceptions to the prohibition of "information blocking" including:
  - Potential harm to the patient (or provider)
  - Disclosure would harm legal proceedings
  - Infeasibility: it is not feasible for the EMR to allow the provider to "segment" out the sensitive information, so the entire note MAY be blocked without triggering fines or sanctions
  - Protecting privacy guaranteed by State or Federal laws
ACEs IN THE CHART?

- Most safety net clinics are blocking all notes for teens 12-17 from release to My Chart
- Check with your institution to see what goes on the after-visit note
  - Some don’t give the after-visit note to teens
  - Usually possible to block confidential info (check with your institution)
  - Consider how/if score appears on problem list
- HIPAA vs. FERPA
ACEs SCREENING IN SPECIAL POPULATIONS

- Foster and kinship care
- History of incarceration
- Newcomer/immigrant
- LGBTQ+
- Children with special health care needs

- Change in caregivers – deciding whom to screen
- Screening by mandated reporters may be a barrier
- Inconsistent or transient access to care – ensuring follow-up
- Navigation of services and trust building – care often based outside the SBHC
- Multiple ACEs are almost a given – does screening help?
- Impact of repeated disclosure of trauma
- Support services and resilience building
ELMHURST UNITED MIDDLE SCHOOL

Public middle school serving 6th-8th graders in East Oakland, CA

Enrollment data 2019-2020

- 716 students
- 24% African American, 68% Latino, 4% Asian and 4% more than 1 ethnicity
- 90.4% students eligible for free/reduced price meals
- 39.5% students are English learners
- Languages spoken: Spanish, Arabic, Amharic, Tongan

Started PEARL screening January 2021 at SBHC for well child exams

https://www.ed-data.org/school/Alameda/Oakland-Unified/Elmhurst-United-Middle
Pediatric ACEs and Related Life Events Screener (PEARLS)

**PART 1:**

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues? 
   (for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child’s biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver? 
   (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?
   Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?
   Or has any adult in the household ever hit your child so hard that your child had marks or was injured?
   Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse? 
   (for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child’s caregiver(s)? 
    (for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

**Add up the “yes” answers for the second section:**

**PART 2:**

1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school? 
   (for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Has your child experienced discrimination? 
   (for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Has your child ever had problems with housing? 
   (for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Has your child ever lived with a parent or caregiver who died?

**Add up the “yes” answers for the second section:**
PEARL Screener Adolescent Self-Report, de-identified

Dear Parent or Caregiver,

At your child's visits, we often ask you to complete a few questionnaires before meeting with your provider.

Why do we ask these questions?
While we’re the experts in children’s health, you are the expert on your child. Your child’s daily experiences affect their health. We want to make sure your child receives the best quality care, both physically and emotionally, and answering these questions gives your provider a clue on what is going well with your child and where you and your child may want some more support.

We’re here to help.
We know answering these questions may be hard, so these questions are optional. Or you may choose to fill it out later and return it to our clinic. All your answers will be kept confidential. On page 2 is a list of resources that may help support your child and family. Feel free to keep this cover sheet as a reference.

Your provider will review your answers to the questionnaire and may discuss available resources for support. Feel free to ask questions. We’re here to help if you want us to.

Thank you,

LifeLong Medical Care – School Based Health Centers

COMMUNITY RESOURCES

- Dial 211 for support with community resources such as access to food, shelter, legal advice
- Food Bank 1-855-309-3663
- CalFresh 1-877-505-4630
- Trouble paying rent? California state law protects you from eviction thru September 30, 2021 if you continue to pay at least 25% of your rent
- Rent assistance through East Bay Housing Organizations – call 510-899-9289, 510-860-4985 or 510-452-4541 Rent relief for low income tenants or those at risk for homelessness
- Housing problem? If you need help contact ECHO HOUSING 22551 Second Street # 200 Hayward, CA 94541 (510) 581-9380 or 855-ASK-ECHO
- Family Justice Center – 470 27th St, Oakland 94612 (510) 267-8800 - provides Family support with issues regarding domestic violence
- Call SENECA at 1-877-441-1089 for support with accessing Behavioral Health crisis intervention
POST-SCREENING COMPLETION FEEDBACK

1. How comfortable were you filling out this form?
   ¿Qué tan cómodo estuvo llenando estas formas?
   1-Uncomfortable/Incomodo
   2
   3 – Neutral/Neutra
   4
   5-Very comfortable/Muy comodo

2. Do you understand why we are doing this screen?
   ¿Entiende usted porque estamos haciendo estas preguntas?
   Yes/ Sí
   Somewhat/Un poco
   No

3. In spite of everything going on, what is going well for you and your family right now?
   ¿A pesar de todo lo que está pasando ahora, que hay de sueno para ti y tu familia?

4. What hobby/activity do you and your family enjoy doing together?
   ¿Qué actividades o pasatiempos son los que tu y tu familia disfrutan juntos?

5. What are your dreams for your child?
   ¿Cuáles son tus sueñas para tu hijo/hija?
Out of 86 feedback questionnaires received, 81% of parents/guardians reported being very comfortable with the PEARLS screener while 90% stated they understood why we were doing the screener.

“Tenemos un nuevo hogar”
“No one caught Covid”
“We both have jobs and are able to provide for our kids. Zoom school is not ideal and very difficult on our family”

“Salir al parque”
“Hacemos comidas en casa como carnes asadas”

“Que estudio y sea profesional en lo que le gusta”
SCREENING FOR OTHER PSYCHOSOCIAL RISKS
Assess mental, physical and reproductive health

- Integrated into schools
  - Annual mass screenings
  - Sports physicals
  - Reproductive health visits

- Integrated into primary care
  - Annual physical exam
  - Sick visits (psychosomatic symptoms, reproductive visits, etc.)

- Increase health promotion and access to care

Shared Goal: Optimal wellbeing and success for all students
RAPID ASSESSMENT FOR ADOLESCENT PREVENTIVE SERVICES (RAAPS)

- www.possibilitiesforchange.com/raaps
- Standardized and validated assessment
- Age specific
  - RAAPS-OC 9-12 years
  - RAAPS 13-17 years
  - RAAPS-CA 18-24 years
- Addresses social determinants for health
- Recognized by leading organizations
- Yearly subscription
RAAPS (13-18yrs) Screening

'I AGREE' IN ORDER TO START THE SURVEY:

This survey asks you about things like eating habits, safety, violence, drug use, sexuality and emotions. Be sure to answer every question as honestly as possible by checking the box next to your answer.

This survey is confidential, meaning that your answers are not shared with anyone (not even your parents) unless we have reason to believe that you are hurting yourself or someone else or that someone is hurting you.

Talk to the person who asked you to complete this module if you have any questions or concerns.

If you understand and agree to continue with this survey, click on the 'I Agree' button below:

I agree      I don't agree

In the past 3 months, have you used any form of nicotine including vaping (e-cigarettes, Juul, RUBI, Suorin, Blu, hookah, vape pens), smoking (cigarettes, cigars, black and mild) or chewing tobacco (dip, chew, snus)?

No
Yes

During the past month, have you been threatened, teased, or hurt by someone (on the internet, by text, or in person) causing you to feel sad, unsafe, or afraid?

No
Yes
IDENTIFYING AND REDUCING ADOLESCENT RISK BEHAVIORS IN (ORGANIZATION)  
2021-2022 RAAPS

The Rapid Assessment for Adolescent Preventive Services© (RAAPS) is a validated risk assessment and coaching system developed to support professionals in addressing the risk behaviors impacting health, well-being, and academic success in youth.¹

WHO COMPLETED THE RAAPS AT WOMS?

In 2021, 173 youth completed RAAPS while accessing care at LifeLong Medical Care West Oakland Middle School (WOMS) Health Center.

1. A study by the National Institute of Mental Health.
TOP 10 RISK BEHAVIORS BY GENDER AT WOMS

IDENTIFIED AS GIRLS
% of those that are at risk for these behaviors
- Anxiety: 44%
- Depression: 41%
- Electronic use: 39%
- Helmet: 30%
- Anger management: 27%
- Swim: 27%
- Disordered eating: 27%
- Fruits and vegetables: 15%
- Suicide/self-harm: 15%
- No trusted adult: 14%

IDENTIFIED AS BOYS
% of those that are at risk for these behaviors
- Electronic use: 44%
- Disordered eating: 35%
- Helmet: 35%
- Depression: 22%
- Swim: 21%
- Anxiety: 17%
- Fruits and vegetables: 16%
- Anger management: 9%
- Physical activity: 2%
- Seatbelt use: 2%

Note: For reporting significance, larger gender populations are featured.

Girls are more likely to report being depressed than boys.

- Girls reporting being depressed are also more likely to report...
  - Self-harm/suicidal thoughts: 15%
  - Difficulty controlling anger: 20%

Boys are more likely to report electronic use than girls.

- Boys reporting electronic use are even more at risk as they are also more likely to report...
  - Disordered eating: 32%
  - Difficulty controlling anger: 15%

*To learn more about RAAPS, visit: [http://www.possibilitiesforchange.com/raaps](http://www.possibilitiesforchange.com/raaps)*
WHO COMPLETED THE RAAPS AT ELMHURST UNITED?

**AGE**
- 1% (11 years old)
- 30% (12 years old)
- 60% (13 years old)
- 9% (14-16 years old)

**GENDER**
- 42% girls
- <2% transgender/gender queer
- 56% boys

**RACE**
- Asian/Pacific Islander: 6%
- Black/African American: 15%
- Hispanic: 71%
- Middle Eastern/Arab: 3%
- Multiracial: 2%
- Other: 3%

In 2021, **305** youth completed RAAPS while accessing care at LifeLong Medical Care Elmhurst United Health Center.
## Top 10 Risk Behaviors by Gender at Elmhurst United

### Identified as Girls

- Depression: 43%
- Physical activity: 25%
- Anxiety: 22%
- Anger management: 22%
- Disordered eating: 21%
- Helmet: 19%
- Sexual attraction: 19%
- Electronic use: 17%
- Swim: 16%
- Serious problem/worry: 8%

Note: For reporting significance, largest gender populations are featured.

### Identified as Boys

- Swim: 52%
- Electronic use: 36%
- Helmet: 22%
- Disordered eating: 21%
- Fruits and vegetables: 14%
- Depression: 14%
- Anxiety: 11%
- Anger management: 9%
- Physical activity: 7%
- Seatbelt use: 6%

---

Girls are more likely to report being depressed than boys.

- Girls reporting being depressed are also more likely to report...

  - Anxiety: 51%
  - Self-harm/suicidal thoughts: 34%

Boys are more likely to report not being able to swim than girls.

- Boys reporting not being able to swim are even more at risk as they are also more likely to report...

  - Disordered eating: 29%
  - Difficulty controlling anger: 19%

To learn more about RAAM, visit: [http://www.greenh基督徒.org/raam/](http://www.greenh基督徒.org/raam/)
SELF CARE TOOLS

Exercise
- Walking 20 minutes a day

Nutrition
- Eat breakfast
- Increase water and decrease sugary beverages
- Increase whole grains

Sleep
- No screen 30 min before bed
- Shower/bathe before bed

Mindfulness
- Yoga
- Mindful breathing
- Apps (Calm, Headspace)

Connect to nature
RESOURCES


QUESTIONS?

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