

:just health™
Making health data useful for DASH 1308 programs

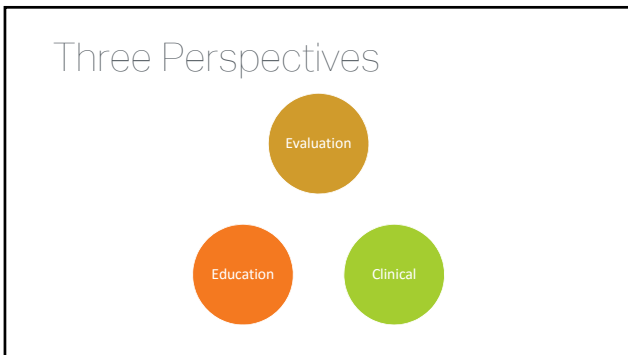
Carlos Romero



National Center for Technologic Innovation



National Center for Technologic Innovation




Evaluation Perspective




Evaluation Perspective

- Making data useful
- Developmental
- Relevant
- Collaborative



Evaluating SBHCs

Needs Assessment	Services	Outcome
What do patients look like going in to SBHC?	What happens at the SBHC?	Is anyone better off?
Student Health Questionnaire	Patients Visits Odds/lot	Saved instructional time Patient feedback: • satisfaction • engagement • health outcomes • academic outcomes



Evaluating SBHCs

Needs Assessment	Services	Outcome
What do patients look like going in to SBHC?	What happens at the SBHC?	Is anyone better off?
Student Health Questionnaire ↓ Electronic Student Health Questionnaire (eSHQ)	Patients Visits Codes	Saved instructional time Patient feedback: • satisfaction • engagement • health outcomes • academic outcomes

Clinical Perspective



Design Principles

- Create user-friendly, efficient, accurate data collection experience
- Provide immediate feedback
- Produce population-level reporting
- Support integration with other data systems (e.g. EHR)
- Use > Collect
- Make technology work for people
- Solve the problem of not enough time, too much information

The Just Health Equation

Collect new information	+	Relate it to existing information	=	Create custom reports
<ul style="list-style-type: none"> • Home/School • Health Behaviors • Safety/Injuries • Feelings/Well-Being • Sexual Health • Substance Use 		<ul style="list-style-type: none"> • Counseling messages • Motivational Interviewing prompts • Clinical guidelines • Provider profile 		<ul style="list-style-type: none"> • Individual Alert • Population

Before Just Health

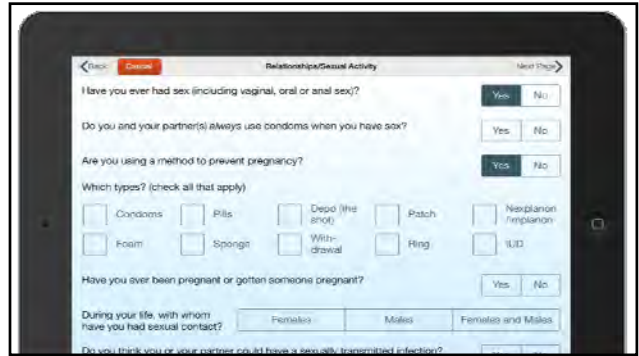
Electronic Student Health Questionnaire (eSHQ)

Broad risk screen for adolescents in primary care settings



Tablet-based Sexual History Application (TaSHA)

Focused risk screen for men in HIV clinical settings



Legend	No Concern	Needs Attention	Red Flag	Auto-Skipped	Unanswered
Home/School	Lives On Campus	Lives with Roommate	Someone they did not tell to friends	Problems at home, Consistent with a family member	Problems at school or work, Missing address
Health Behaviors	Participates in 1 hour of physical activity per other	More than 2 hours per day walking	3 or more servings of fruits and vegetables	More than 8 hours of sleep per night	Smokes in last 6 months
Safety/Injuries	Always wears a seatbelt	Always wears a helmet	Not, Not, Not	Using hands-free while driving	Physically assaulted, emotionally abused
Feelings / Well-Being GAD-7	Worried or feel like something bad will happen	Some, somewhat	Feeling nervous, anxious, or on edge	Control over or control wanting	Worried or feel like something bad will happen
Feelings / Well-Being PHQ-9	Little interest or pleasure in doing things	Feeling tired, exhausted, or having trouble sleeping	Thoughts of death or suicide	Thoughts of death or suicide	Thoughts of death or suicide
Relationship / Sexual Activity	Has had sex	Consistent hearing	Consistent hearing	Partner has had sex with someone else	Partner has had sex with someone else

Partners	Gender of partner(s)	Transgender Partner(s)	# of partners	New Partner(s)	Partner Has Partner(s)	Any negative partners	Partner(s) use Meth
Sex in last 3 months	Both	No	2-5	Yes	No	Yes	Yes
Venues	Disclosure	Sexual practices	Condom use	Substance use	STD in past year		
Screen	check for last annual test	fast today					

eSHQ → Just Health

What's Inside Just Health

- Bright Futures Guidelines
- HEEADSSS
 - Home environment
 - Education and employment
 - Eating
 - Activities
 - Drugs,
 - Sexuality, Suicide/depression, and Safety

What's Inside Just Health

- PHQ-9
- GAD 7
- CRAFFT
- CDC Clinical STD Guidelines
- Motivational Interviewing Prompts

What's Inside Just Health

- Home/School
- Health Behaviors
- Safety/Injuries
- Feelings/Well-Being
- Sexual Health
- Substance Use
- Development/Future Plans

What's Inside Just Health

- Skip Logic
- Middle School, High School, University Versions
- English and Spanish

Current Status and Evaluation

Current Status

- eSHQ in 36 sites in NM and CO with over 6,000 surveys synched in 2014-2015
- eSHQ in 49 SBHCs in NM and CO with 5,000 surveys synched to date 2015-2016
- TaSHA piloting in three HIV clinics on west coast
- Just Health piloting in three university clinics on east coast



Student Health Questionnaire (eSHQ) at a Glance

- Addresses risk and resiliency screening tool
- Screen domains:
 1. Home/school
 2. Physical health behaviors (e.g., physical activity, nutrition, sleep, and mental)
 3. Safety/resilience
 4. Posttraumatic stress
 5. Relationships/social activity
 6. Substance use
 7. Development/future plans
- 32 items (high school version); 37 items (middle school version)
- Electronic/iPad app
- Takes 5-10 minutes to complete

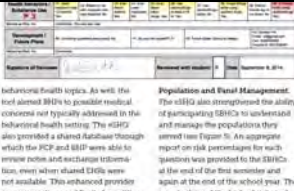
Students were more comfortable by taking the screening tool, and more likely to complete the questionnaire, when administered via an iPad.

Information on our design process is available on our website. Many factors were important in ensuring the screening tool, and more through its completion, when administered via an iPad. Students found it engaging and easy to complete. Additionally, because of its portability and the fact that it is the primary application used in our classrooms, it has been widely adopted. Research has shown that use of an electronic screen health questionnaire also enhances physician counseling and improves adherence (Kawachi et al., 2007).

Early Identification of Health Risk Behaviors and Promotion of Positive Outcomes. Providers can use

Report card Follow-Up highlights risk factors that need high level attention. A risk profile is generated to provide a more detailed report that provides responses to each question. Using the Profile Home Screen, health care providers can also use the iPad to review and make comments directly on individual reports, and then electronically sign and push for approval the report to the student's email.

Integration of Primary Care and Behavioral Health Care. The eSHQ provided integrated care by facilitating early identification of risks to physical and behavioral health. Flagging high-risk responses to health care providers of mental and behavioral health care. The eSHQ also helped PCPs,



Inducting health topics. As with the tool aimed SBHCs to possible medical concerns not typically addressed in the behavioral health setting. The eSHQ also provided a shared platform through which the PCP and SBHC were able to review notes and exchange information, even when shared EHRs were not available. This enhanced provider communications and limited repetitive questions and procedures for students.

Population and Panel Management. The eSHQ also strengthened the ability of participating SBHCs to understand and manage the population they served (see Figure 5). An aggregate report on risk percentages for each question was provided to the SBHCs at the end of the first semester and again at the end of the school year. The reports showed the highest risks and needs of the SBHC users compared to...

Providers can see the results of the survey on the iPad immediately upon completion.

The eSHQ helped PCPs initiate difficult conversations with students about sensitive emotional and behavioral health topics. The tool also alerted BHPs to possible medical concerns not typically addressed in the behavioral health setting.

Right Place. Right Time.
School-Based Health Centers Improve Care for Adolescents

Just Health Vision

Just Health is a means to an end

- New + Existing = Reports
- Design Principles
- ↑ efficiency and accuracy
- Improve communication
- Reduce stigma
- Improve quality of care

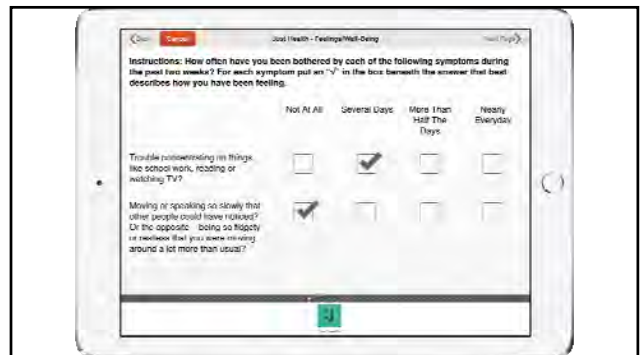
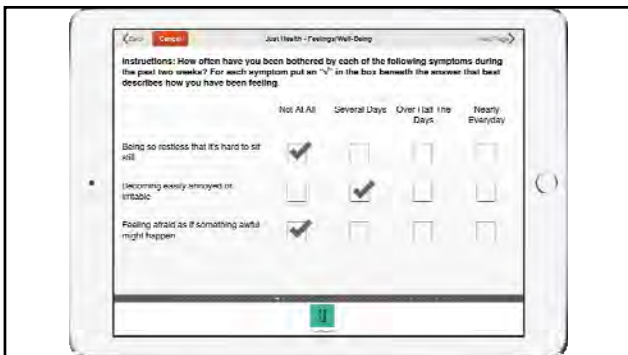
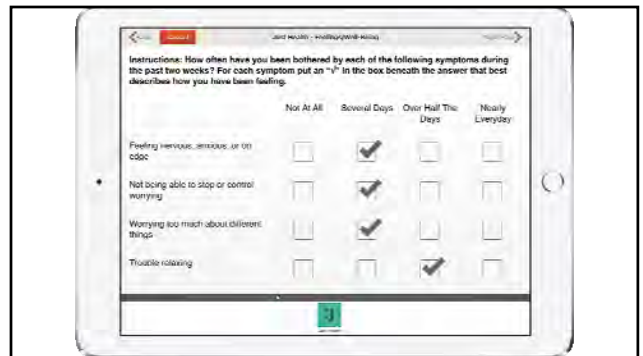
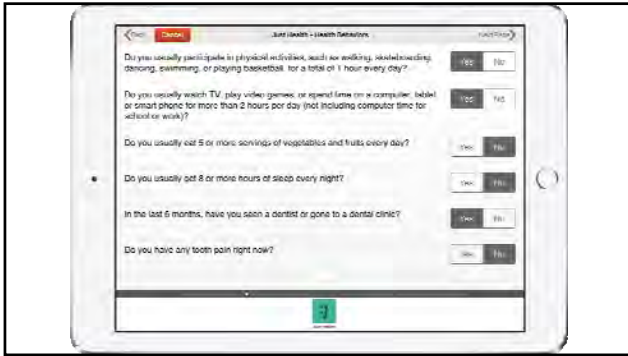


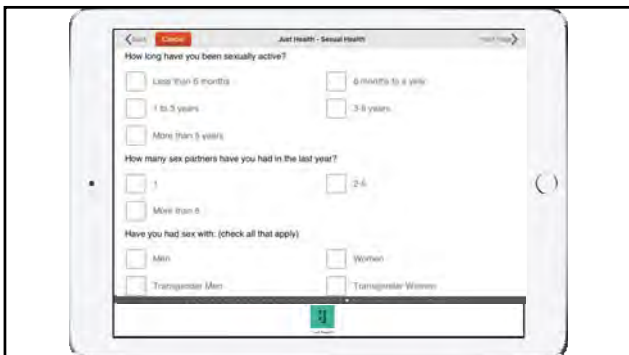

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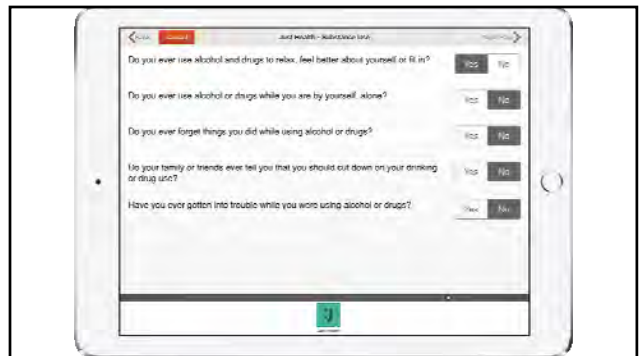
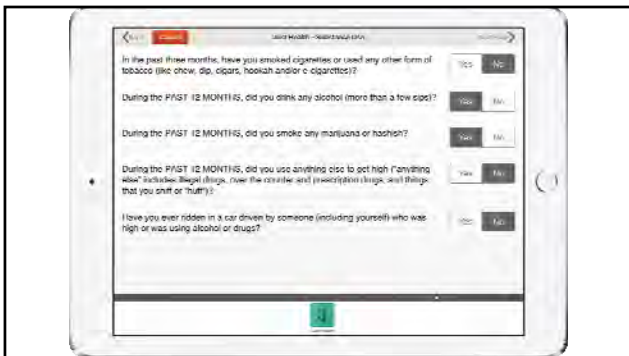
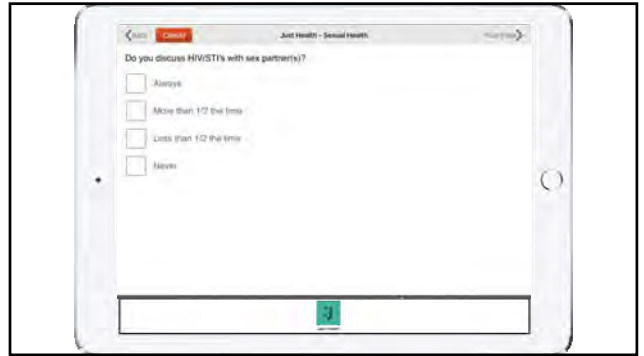
sexual health is just health™

mental health is just health™

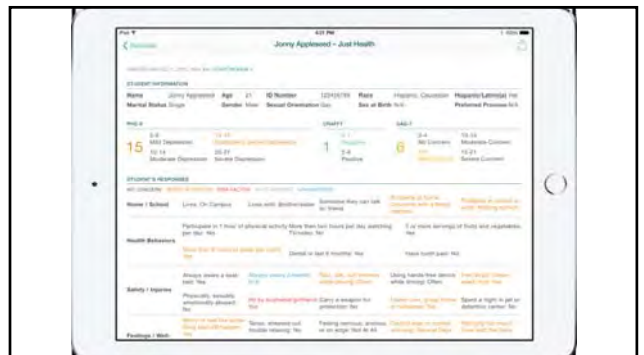
A Tour of Just Health







Just Health Reports



4:21 PM
Jonny Applesseed - Just Health

STUDENT INFORMATION
Name: Jonny Applesseed, Age: 21, ID Number: 123456789, Race: Hispanic, Caucasian, Preferred: Hispanic
Marital Status: Single, Gender: Male, Sexual Orientation: Gay, Sex at Birth: N/A

PHQ-9
5-9: Mild Depression, 10-14: Moderate Depression, 15-21: Severe Depression
15: Moderate Depression

STUDENT'S RESPONSES
Home / School: Lives On Campus, Lives with: Brother/sister, Someone they can talk to: friend
Participate in 1 hour of physical activity per day: Yes, More than two hours per day watching TV/video: No, 9 or more servings of fruits per day: Yes

Feelings / Well-Being - PHQ-9

Feeling sad about themselves: Nearly Everyday
Problems making life hard: Very Difficult
Has had sex: Yes
Pharyngitis prevention method: Goodness
They have had sex with: Men
How old are their sex partners: About the same age
Tried for STIs in last year: Yes
Has partner been treated for STI or HIV: No
Used condom for receptive anal: No

Feeling sad about themselves: Several Days
Purposefully hurt themselves: No
Currently having sex: Yes
Been vaccinated for HPV: I don't know
Partner has had sex with men and women: Yes
Had sex when they did not want to: Yes
Ever been tested for HIV: Yes
Discusses HIV & STIs with partner(s): Always
Insertive anal sex in last year: Yes

Missing/breaking slowly for opposite: More Than Half The Days
Thought about ending life in last month: No
Considering having sex: No
Never had a HPV shot
Partner had sex with someone else in relationship: No
Exchanged money or drugs for sex: No
Ever been tested for STI or HIV: No
Discusses HIV & STIs with partner(s): Always
Used condom for insertive anal: Never

Thought partner off events at last visit
Has ever tried to commit suicide: Yes
Using methods to prevent pregnancy: Yes
How long sexually active: More than 5 years
How many sex partners in last year: 2-5
They or partner could have STI: Yes
High risk with people outside: Yes
Sexual exchange
Has been or gotten someone pregnant: No
STI or other STD(s) diagnosed: No
Ever been treated for or HIV: No
Has a good idea how to use safe practices: Yes
Receptive anal sex in last year: No
Received oral sex in last year: Yes

SEXUAL HEALTH CLINICAL GUIDANCE

Recommended Screenings
- Syphilis: serology per antibiotic last today
- Chlamydia and GC: per today
- HIV: test

Counseling Messages
Never using condoms or not consistently using condoms. Provide counseling on the importance of condom use.
What is your approach to discussing HIV status with partners? What has been the most difficult part of discussing HIV status with partners? How do you protect your negative partner from acquiring HIV via unprotected topping, condom use, anal play? How do you protect yourself and your partners from sexually transmitted infections?

PROVIDER COMMENTS
NO INFO

Name / School
Loren (last) 1001 St. James, St. Louis, MO 63101

Health Behaviors
Menses: normal, regular, no pain, no heavy, no abnormal, no odor

Safety / Risks
Alcohol: not with alcohol, can handle, no problems, no problems, no problems

Feelings / Well-Being
Energy: regular, no problems, no problems, no problems

Relationships / Sexual Activity
Happily: not with anyone, no problems, no problems, no problems

Health Behaviors / Substances
Tobacco: not with anyone, no problems, no problems, no problems

Development / Future Plans
Substance use: not with anyone, no problems, no problems, no problems

PROVIDER ACTIONS
State Return: Yes, Counselor: Yes, Office: Counseling, Date: 22 Dec 2015

SIGNATURE
Reviewed with the Student: [Signature], Date: 22 Dec 2015

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Natalie Krainer - logged in

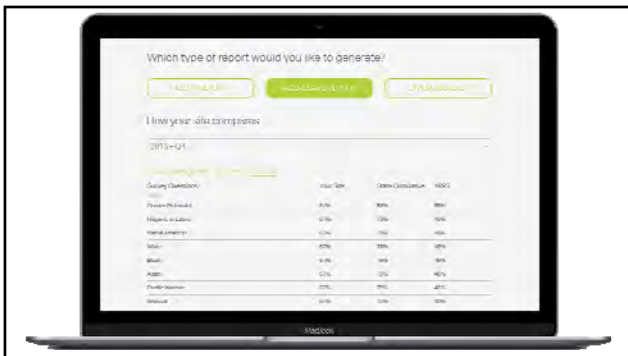
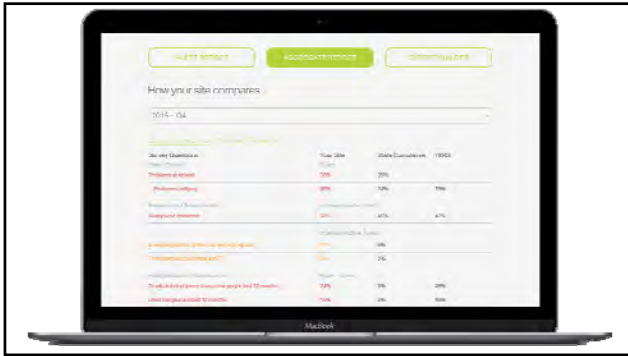
PROFESSIONAL DEVELOPMENT
Natalie Krainer
Mental Health
3 days in school
Expanded Partner Therapy - completed

POPULATION - Your data dashboard
Mental Health: 40%
Social Health: 30%
Substance Abuse: 15%
Risk: 15%

RECOMMENDED RESOURCES
Mental Health
Social Health
Substance Abuse
Risk

Aggregate Web-Based Reports



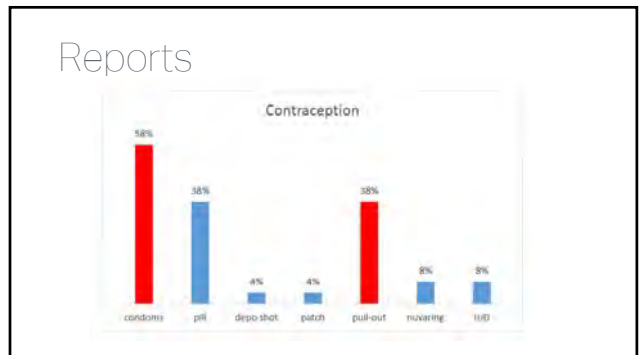


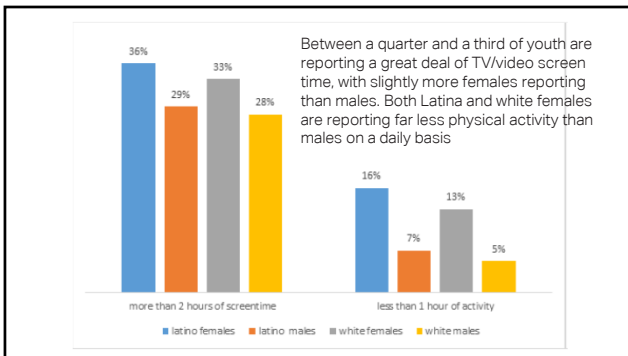
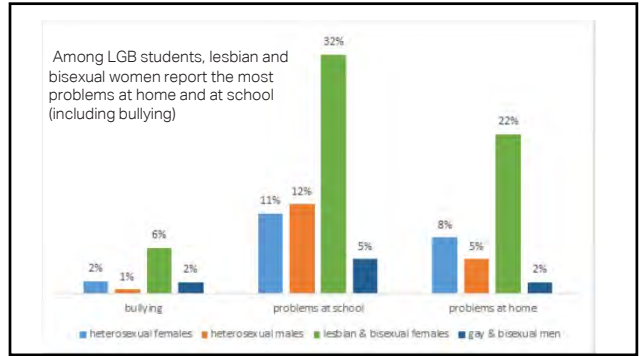
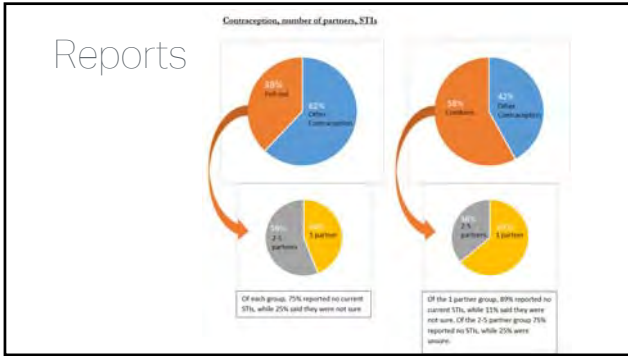
Reports

Feelings & Wellbeing				
Worry or feel like something bad will happen	Risk	55%	27%	
Tense, stressed, trouble relaxing	Risk	59%	40%	
Feeling down, depressed, irritable, hopeless?	Risk	59%	34%	24% <i>(worry day for 2 weeks over the past year)</i>
Less enjoyment or interest?	Risk	64%	37%	
Thought, planned or attempted suicide	Risk	36%	11%	15%, 7% <i>(thought about, attempted suicide)</i>
Thought about hurting yourself on purpose		14%	16%	11% <i>(had hurt themselves)</i>

Reports

Health Behaviors & Substance Use				
Used tobacco in past 12 months	Risk	32%	12%	11% <i>(in last 30 days)</i>
Drank alcohol more than a few sips?	Risk	27%	19%	31% <i>(in last 30 days)</i>
Used marijuana	Risk	23%	14%	20% <i>(in last 30 days)</i>
Used other drugs (cocaine, crack, heroin, ecstasy, meth, pills, or inhalants)	Risk	14%	3%	
Sit in a car with someone who was impaired	Risk	19%	12%	19% <i>(with someone who had been drinking)</i>
Used alcohol to relax or fit in	Risk	19%	7%	
Used alcohol or drugs alone	Risk	19%	7%	
Forget things while using drugs or alcohol	Risk	14%	5%	
Family or friends tell you to cut down	Risk	9%	5%	
Been in trouble while using drugs or alcohol	Risk	14%	5%	





Questions

What is the relationship between

- Demographics (gender, sexual orientation)
- Conditions (safety, homelessness)
- Substance Use
- Sexual Behavior
- Mental Health

Education Perspective

Education

Synergy of Interests


- CDC
- Just Health
- SBHCs

- Primary Care Settings
- Broad to Focused Screen
- Universal Screening
- Prevention & Education
- Early Intervention

Efficacy (a work in progress)

- Broader surveillance (location and patient)
- More efficient and accurate data collection
- More comfort in disclosure
- Improve provider ability to use data

More Synergy

- Just Health
 - SBHCs
 - Schools
- 
- Improved outcomes for youth
 - Address barriers to academic and social success including those related to health

Efficacy (still in progress)

- Broader surveillance (location and patient)
- More efficient and accurate data collection
- More comfort in disclosure
- Improve provider ability to use data
- Use of data by other stakeholders including schools for:
 - Needs assessment
 - Education and health promotion
 - Advocacy
 - Policy

Voices from the field

- How do patients like using it?
- How do providers use it for clinical use?
- How is aggregate data used?

A voice from the field

Devra Fregin
 Director of Practice Management
 Kids First Health Care
 Denver, Colorado



Another voice from the field

Merry Hummell
 Center Coordinator
 Health and Wellness Center at Centennial
 330 East Laurel Street
 Fort Collins, CO 80524

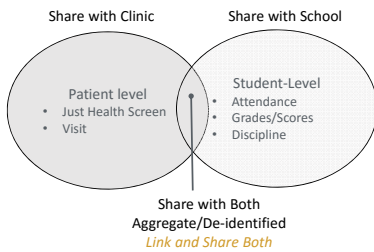


Other Field Voices

Just Health and DASH 1308

- Exemplary Sexual Health Education
- Access to Key Services
- Safe and Supportive Environments
- Policy

Data Sharing



How to get Just Health

- Annual license:
\$3,000 to \$5,000 per year based on number of sites
- iPads:
\$500/each plus accessories (tether, case, locks, keyboards)
- Options
 - Add other data collection tools (family history, consent forms)
 - Integrate service data
 - Integrate educational data

Just Health for Education

JH_{now} → JH_{next}

- School Setting:
- Education and Prevention
 - Needs Assessment and Priorities
 - Attitudes and Knowledge

Making Data Useful Equation

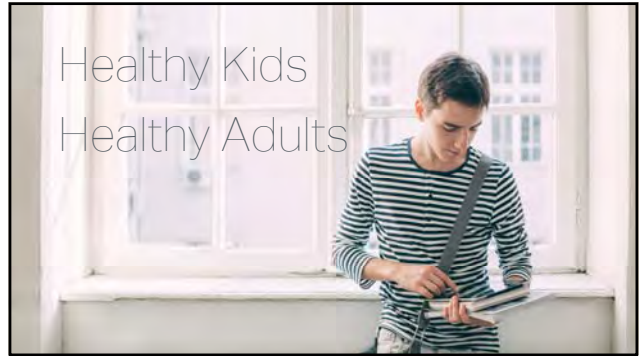
<u>Collect new information</u>	+	<u>Relate it to existing information</u>	=	<u>Create custom reports</u>
New things we want to know		Things we already know		Putting the right data in the right hands in the right format at the right time.

And that's Just Health

- It's an **app**
- It's a set of **principles** for how to make data useful
- It's a **movement** to normalize sexual health and mental health



Healthy Kids
Healthy Adults



just health™

Questions?
Discussion

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