Commission on Black Girls
Michael B. Coleman Government Center
September 20th 2018
4:00 p.m. – 6:00 p.m.

Staci Swenson, MA, MSW, LISW-S
Director of Behavioral Health & Social Work
Vision and Mission

- Quality Healthcare for All
- To provide access to quality healthcare and to improve the healthcare status of families especially those experiencing financial, social, and cultural barriers.
About Us

- Largest and oldest Federally Qualified Health Center (FQHC)/Community Health Center in Central Ohio
- Third largest FQHC in Ohio
- Recognized by the National Committee for Quality Assurance as a Level 3 Patient-Centered Medical Home
- Ten locations in Central Ohio
Our services

- **Behavioral Health:**
  - Mental health and substance use disorder screenings and outpatient counseling
  - Group counseling
  - Psychiatry
- **Primary Care**
- **Pediatrics**
- **Women’s Health (OB/GYN)**
- **Dental**
- **Vision**
- **Other specialty services including:**
  - Centering Pregnancy
  - Clinical Care Coordination
  - Dietetics
  - Pharmacy
  - Physical Therapy
Embedded integrated comprehensive BEHAVIORAL HEALTH services into Primary Care

How we identify patients in need of BH:
- Through depression screenings (PHQ-2)
- By medical provider
- By patient/family request

Ideal: Same-day connection with patient/family to increase engagement and increase trust
- “Someone to talk to” versus “Social Worker”
- Reduces stigma
Our services

- PrimaryOne Health provides healthcare and enabling support services to Black girls in Columbus since 1997

- Enabling Services include, but are not limited to:
  - Transportation
  - Interpretation/Translation
  - Case Management/linkage to social services to address social determinants of health
# Data - Source: 2017 UDS

## Outcomes

<table>
<thead>
<tr>
<th>Service</th>
<th># of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive Services</td>
<td>262</td>
</tr>
<tr>
<td>Homeless Enabling Svcs</td>
<td>28</td>
</tr>
<tr>
<td>Pregnant</td>
<td>193</td>
</tr>
<tr>
<td>Stillbirths</td>
<td>38</td>
</tr>
<tr>
<td>Vision</td>
<td>197</td>
</tr>
<tr>
<td>Dental</td>
<td>411</td>
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</tbody>
</table>
Black Girls receiving BH Services

- From 09/01/2017 to 08/31/2018
  - 1,561 Black Girls ages 11 to 22
  - 176 (11%) saw a Behavioral Health Clinician at least one time

<table>
<thead>
<tr>
<th>Age</th>
<th># of Patients</th>
<th>% of Patients</th>
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<tbody>
<tr>
<td>12</td>
<td>2</td>
<td>1.1%</td>
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<tr>
<td>13</td>
<td>4</td>
<td>2.3%</td>
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<tr>
<td>14</td>
<td>3</td>
<td>1.7%</td>
</tr>
<tr>
<td>15</td>
<td>5</td>
<td>2.8%</td>
</tr>
<tr>
<td>16</td>
<td>12</td>
<td>6.8%</td>
</tr>
<tr>
<td>17</td>
<td>4</td>
<td>2.3%</td>
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<tr>
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<td>14.2%</td>
</tr>
<tr>
<td>21</td>
<td>26</td>
<td>14.8%</td>
</tr>
<tr>
<td>22</td>
<td>28</td>
<td>15.9%</td>
</tr>
<tr>
<td>23</td>
<td>35</td>
<td>19.9%</td>
</tr>
<tr>
<td>24</td>
<td>17</td>
<td>9.7%</td>
</tr>
<tr>
<td>Total</td>
<td>176</td>
<td>100.0%</td>
</tr>
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</table>
Facts

- What we know: African American girls have higher percentages of traumatic stressors/Adverse Childhood Experiences (ACEs) than other racial and ethnic groups of similar ages.
  - Poverty
  - Domestic violence
  - Teenage pregnancy
  - Underage drinking
  - Homelessness
- This can extend into adulthood and affect their overall quality of life.

Other concerns

- Misidentification of mental health issues as behavioral issues


- Other issues seen by BH Clinicians
  - Exposure to racism/cultural biases
  - Parenting stressors, especially single parenthood
  - Stressed single-mother home (parentification of older sibling)
  - Sexual violence
Other concerns

- Other issues seen by BH Clinicians
  - Colorism and internalized racism
  - Self-esteem (body image and fear of fat)
  - Under-educated or uneducated
  - Under-employed or unemployed
  - Knowledge of resources and access to them
  - Living environment
    - Section 8 housing in neighborhoods with high crime rates
    - Living in household with multiple families
    - Living in a shelter in order to have faster access to housing
Challenges for P1H

- Staffing ratios: Lack of Community Health Outreach Workers (CHOWs) and BH Clinicians specialized to serve targeted group
- Awareness: Lack of awareness in community of available resources and methods to address needs of population
- Funding: Lack of grants and other revenue sources to support services needed to provide education, parenting coaching, and needed long-term trauma treatment
- High rate of uninsured/unemployment/poverty: Barriers to seeking needed care including contraception, mental health, and substance use counseling
- Affordable and safe housing continues depth of trauma
- Generational trauma
Improve Quality of Life

- Increase integrated behavioral health services in primary care and educational settings (reduces stigma and other barriers, “one-stop shop”)
- Provide school-based integrated health services
- Encourage group prenatal care for teens
- Increase Community Health Outreach Workers
- Provide child/day care services
Closing

- Collaborative effort involving entire community
- Acknowledge impact of stressors and community needs (social determinants)
- Provide support for all elements of well-being (mental, physical, educational, social, spiritual, and financial)
- We can all be mentors, allies, advocates to serve as role models (those who have over-come and can provide inspiration and hope)
  - “Your life will never be the same” versus “Your life is over.”