



Your first choice for quality care

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

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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

# Behavioral Health at P1H

- ❑ 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

<u>Outcomes</u>	<u># of Patients</u>
Contraceptive Services	262
Homeless Enabling Svcs	28
Pregnant	193
Stillbirths	38
Vision	197
Dental	411

# 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

BH Clinicians Patient List by Age		
Age	# of Patients	% of Patients
12	2	1.1%
13	4	2.3%
14	3	1.7%
15	5	2.8%
16	12	6.8%
17	4	2.3%
18	7	4.0%
19	8	4.5%
20	25	14.2%
21	26	14.8%
22	28	15.9%
23	35	19.9%
24	17	9.7%
<b>Total</b>	<b>176</b>	<b>100.0%</b>

- 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.

Frazier, F. C., Belliston, L. M., Brower, L. A., & Knudsen, K. (2011). Placing black girls at promise: A report of the Rise Sister Rise study. Executive Summary Columbus, OH: Report from the Ohio Department of Mental Health.

# Other concerns

## ❑ Misidentification of mental health issues as behavioral issues

Cokley, K., Cody, B., Smith, L., Beasley, S., Miller, I. S. K., Hurst, A., Awosogba, O., ... Jackson, S. (January 01, 2014). Bridge over troubled waters: meeting the mental health needs of black students: black children are overidentified for behavior issues at schools and underidentified for mental health concerns.(Learning and mental health)(Report). *Phi Delta Kappan*, 96, 4.)

## ❑ 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.”*