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MCH Innovations Database Practice Summary & Implementation Guidance

Bringing Adolescent Well- Visits to the Standing Rock Sioux Reservation

We are implementing programs to increase adolescent well-visits on the Standing Rock Reservation.



		
Location	Topic Area	Setting
North Dakota	Equity & Anti-Racism, Primary & Preventative Care	School
		
Population Focus	NPM	Date Added
Adolescent & Young Adults	NPM 10: Adolescent Well-Visit	May 2024

Contact Information

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Section 1: Practice Summary

PRACTICE DESCRIPTION

Our goal for this project is to increase adolescent well-visits on the Standing Rock Reservation. We are completing this goal by partnering with the University of North Dakota (UND) Family Medicine Center. They have created a multidisciplinary team that consists of a medical provider (physician), medical residents, nurses, dentists, and virtual mental health providers. This team travels to the high school and middle schools within the reservation to complete the adolescent well-visits on site.

This need was identified by recent data from the North Dakota Health and Human Services (NDHHS) Unduplicated Count Report 2021 which indicated that only 23% of Sioux County 11-18-year-olds had a well-check/Health Tracks visit in 2021. These well-visits provide the following: address patient identified questions/concerns, perform anxiety and depression screenings, conduct visual acuity screens, calculate, and discuss weight/height/body mass index measurements, complete nutrition and lifestyle screenings and conduct or collect any other relevant history/physical exam.

CORE COMPONENTS & PRACTICE ACTIVITIES

The goal of this project was to increase the number of adolescents who receive an annual well-visit. This project provides well-visits on-site in the schools on the Standing Rock Reservation. The project team will review clinic data obtained from the 2023 school-based well-checks performed in Sioux County through this project. Through this project and the information obtained from project success, efforts will take place to further refine best practices, continuously work towards increasing the number of Standing Rock middle and high school adolescents who have received a preventive visit, increase the number of Standing Rock middle and high school families with insurance, and provide additional mental health resources as needed.

Core Components & Practice Activities

Core Component	Activities	Operational Details
Research	Review clinic project data from 2023 school-based well-checks performed in Sioux County through the project to refine best practices	Patients completed satisfaction surveys in person immediately following their well-visits from the 2023 school-based well-visit project. This was the first year that well-visits were provided within the school setting. These results were reviewed and taken into consideration for the planning of the 2024 well-visit project.
Promote	Created a letter as a mechanism for outreach disseminated to families through the schools and	This letter was distributed with the Back-to-School packet that was sent to all families in the Standing rock Middle and high school



	explained the benefits of adolescent preventative health visits.	districts. Positive emphasis was provided about the opportunity to have these completed at the school during the normal hours of operation of school day.
Implement	Increase percentage of Standing Rock adolescents who have had a preventive visit & screening labs for diabetes, hyperlipidemia, and STI's	The project team worked with the school to send out all paperwork and education during the back-to-school mailing for parents' awareness. These well- visits were performed on-site at the middle and high schools, so parents do not need to drive to appointments or take time off work.
Implement	Increase Immunization rates	The immunization rates have increased due to the availability and convenience of offering the well-visits in the school setting. Nurses are available to look up the medical records and see what immunizations are needed for each child.
Assessment	identify adolescent with abnormal anxiety and depression screens	Students fill out the PHQ 9 forms during the well child visit.
Assessment	Identify adolescents who are obese and associated comorbidities	Height and weight screenings are performed at the visit and their BMI is calculated. Blood work screenings are conducted to screen for diabetes and hyperlipidemia.
Promote	Delivery of healthy emotional and physical lifestyle information that can be used to make lifestyle choices	The importance of healthy and physical lifestyle information is discussed with all the adolescents during their visit, and they received educational handouts for reference.
Implement	Administer application of fluoride varnish to those eligible	Dentists are part of the well-visit multidisciplinary team and assess the dental needs
Connecting	Increase access to care for those with obesity and/or associated comorbidities	Students get referred for further care dependent on their BMI and lab results.



Connecting	Increase referrals made for preventive and/or therapeutic dental visits at Indian Health Services	Fluoride is applied to those who are eligible as well as referrals are made for the students who may need further dental work.
Connecting	Increase access to immediate as well as follow-up care for those with mental health concerns	If they are scored at a certain level on the PHQ 9 screening or if concerns are brought up during the well child visit with the providers, they are then referred to the virtual mental health providers.
Connecting	Increase access to care for adolescents with abnormal lab results	Dr. Connell (physician) returned to the schools to give these result letters- in sealed envelopes- to administration to deliver to the student /parents. At that time, Dr. Connell met with each student with an abnormal result who was on campus, to discuss the abnormal result and provided referrals as needed.
Evaluate	A satisfaction survey was created for students to complete after they went to all the components of the well-visit	Surveys are completed in person at the end of each well child visits.

HEALTH EQUITY

We are working to reduce health inequities in our state by bringing our Well-Child visits to the Standing Rock Reservation Middle and High Schools. This need was identified by recent data from the North Dakota Health and Human Services (NDHHS) Unduplicated Count Report 2021 which indicated that only 23% of Sioux County 11-18-year-olds had a well-check/Health Tracks visit in 2021.

These well-visits provide the following: address patient identified questions/concerns, perform anxiety and depression screenings, conduct visual acuity screens, calculate, and discuss weight/height/body mass index measurements, complete nutrition and lifestyle screenings and conduct or collect any other relevant history/physical exams right in their own local schools. This allows for more well child visits to be completed due to offering them during the school day for the students. Parents do not have to miss work to bring their children and children do not need to travel and miss school for these very important appointments.

We are also providing mental health telehealth visits immediately during these appointments – Therefore if a student screens positive for a mental health crisis they can meet that same day with a mental health provider. The Well Child Visit team consisted of the following:

- Joan Connell, MD MPH Grant Lead, Pediatrician/Supervising Attending Physician, UND Center for Family Medicine Bismarck



- Katie Logan, RN-BSN, CLC and Donita Johnson, LPN- Nursing Staff, UND Center for Family Medicine Bismarck
- Sabina Hyder, MD, Lucas Titus, MD, Karan Verma, MD, Pavan Reddy, MD, Sadaf Javaid-Kayani, MD, Monika Pothamsetti, MD, Jordan Barth, MD-Family Medicine Resident Physicians, UND Center for Family Medicine Bismarck
- Lisa Beehler, MLT, Monica Paczkowski, MT- Laboratory Personnel, UND Center for Family Medicine Bismarck
- Jodi Myrvik- Office Manager, UND Center for Family Medicine Bismarck.

EVIDENCE OF EFFECTIVENESS

In the first year of this project, they completed eighty-six well child visits which accounted for 19% of the students in the schools. We are currently in year two.

Two success stories from year one stand out:

- At one of the schools, we were asked if we would see a student's young infant. We connected with our partners to obtain an age-appropriate well-check form and were able to provide preventative care visits for both parents and the infant. We also connected the parents with local public health, who worked together to make a plan for immunization of the infant. I loved this for this family, where both parents were able to participate in their child's well visit without having to miss school. I loved this for our family medicine residents, who were reminded of the need to serve their families.
- Many of the students seemed to like to hang around us after they had received their preventive care. On one occasion, one of the students began visiting with a dentist, Dr. Perman. Eventually, the student shared that he was interested in becoming a dentist. Dr. Perman responded to this by providing some extremely useful guidance counseling as well as an offer to connect with the student to further the plan. I thought that this was awesome and hope that it leads to one of our first well-check participants coming back to us as a dentist in a few years!



Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

We partnered with UND Family Medicine Center and one of their medical providers Dr. Connell, by providing the funding for her to create a team that traveled to the Standing Rock Reservation to perform Adolescent Well child visits right at the middle and high schools. Within this partnership we have also brought on multiple other partners to complete the well child visits. These visits included a physical exam, mental health assessment, visual acuity screens, weight/height/body mass index calculations, nutrition and lifestyle screening, and lab work to include STI screening, lipid panel, hemoglobin A1C, and other relevant history/physical exam. Delivery of healthy emotional and physical lifestyle information will be shared with patients seen, immunizations will be caught up, and necessary referrals will be made. Along, with the staff from UND FMC, Title V staff will partner with Indian Health Services (IHS). An IHS dentist will attend and provide a dental exam and apply fluoride. A nurse from IHS will also attend and provide any vaccinations the students may need.

We are sustaining this partnership by continued collaboration with funding resources, offering guidance in planning, implementation, and evaluation of the Adolescent Well Child Visits. We provide direct assistance during the visits by sending one of our registered nurses from the North Dakota Health and Human Services.

Practice Collaborators and Partners

Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this stakeholder have lived experience/come from a community impacted by the practice?
Adolescents and families who live in ND on the Standing Rock Reservation	Our MCH Priority is to increase the number of adolescents who receive a well child visit in ND	Students are attending the well child visits and receiving the services that are offered	Yes, the students who live in ND on the Standing Rock Reservation are the ones receiving the care at the well-visit.
University of North Dakota (UND) Family Medicine Center.	They provided the team that consist of a medical provider, medical residents, nurses, dentists, and virtual mental health providers.	They receive the funding from ND Health and Human Services to be able to offer the well child visits and coordinate any follow up care that is needed	No



Staff at the Middle and High Schools in ND on the Standing Rock Reservation	Administrators and the School nurse helped coordinate the well child visits	They are working with HHS to help determine dates available, providing space, and sent out and collected the parental consents that were needed	Yes, many of the staff reside on the reservation and provide care to the students in the middle and high schools.
Indian Health Services	Provided the nurses for immunizations and dentists to perform the oral health screenings	They are providing the supplies needed to administer the vaccinations and oral health screenings that are needed	Yes, they are located right on the reservation and provide care for the students in the middle and high schools.
Mental Health Providers	Provide telehealth services as needed	They are available to provide telehealth services to those students that screened positive during the mental health screen	Yes, the mental health provider received the Indian Health Service 2009 Health Professional of the Year Award for outstanding service and the American Psychological Foundation 2010 Early Career Award for providing culturally competent practice techniques for Native Americans and for developing training programs in rural, underserved areas.

REPLICATION

We are still in the planning phases of replicating the practice of bringing the Adolescent Well Child Visits to additional rural area schools.

INTERNAL CAPACITY

The North Dakota Health and Human Services funds this practice by utilizing Maternal Child Health Block Grant funds to support the implementation of the Adolescent Well Child Visits that are being offered in the rural middle and high schools on the Standing Rock Reservation. Personnel needed to support this practice includes medical providers (physicians, dentist, and mental health), medical residents, nursing staff, grant managers,



state school nurse consultant and adolescent health coordinators. The number of personnel supports needed varies depending on the number of students at each school. In addition to the medical staff, we have the support of leadership from the Standing Rock Reservation, Indian Health Services, and school administration.

One additional recommendation for supporting this project would be to include an optometrist to help meet the vision needs of the students that are screened.

PRACTICE TIMELINE

For more information on this practice’s timeline and specific practice activities, please contact Heather Kapella at hkapella@nd.gov

PRACTICE COST

Budget			
Activity/Item	Brief Description	Quantity	Total
Personal			\$20,484 (Federal Funds) \$23,422 (Match Funds)
Fringe Benefits			\$8,135 (Federal Funds) \$9,400 (Match Funds)
Travel In State			\$2,710 (Federal Funds)
Supplies	Medical, Lab, Office		\$2,177 (Federal Funds)
Consultant/Contractual/ Sub-grantees			\$48,312 (Federal Funds)
Other	Administrative indirect costs at 10%		\$8,182 (Federal Funds) \$3,282 (Match Funds)



Total Amount:

\$90,000 (Federal Funds)
\$36,104 (Match Funds)

LESSONS LEARNED

We have streamlined the entire well child visit process and made changes necessary to improve the experience for all who were involved by:

- Learning how to better schedule the students to prevent them missing more class time than necessary.
- Removed large group educational sessions and provided the education in each individual visit to allow for more well child visits to be completed.

There were a few challenges in delivery of care via our mobile clinic. The major challenge was the inability to predict how many patients we would see on the day of the mobile clinic, which made staffing and event organization challenging. Even the day prior to the scheduled clinic, which had been promoted by staff and administration, the schools had collected only a handful of completed registration packets. Once we physically arrived and started seeing the registered student patients, we were inundated with just-completed registration forms. This was complicated by school administration inadvertently missing page 1 of the NDHSAA sports physical history form in the registration materials they were providing to parents/students to complete on the day of clinic, which resulted in inability to clear those kids for sports participation.

Immunization provision was hampered by the decreased ability of local public health to contact parents just prior and/or during the clinic day to obtain consent to administer eligible immunizations.

We did encounter students with urgent mental health issues. Students also faced access issues over the summer because the schools were going to be closed, resulting in loss of the visiting IHS-child psychiatry/psychology visits that had occurred during the school year. This is quite problematic for this patient population that struggles with access to reliable transportation. Patients traveling to IHS for these appointments is therefore unrealistic/unlikely. This was especially challenging due to our inability to find a mental health provider partner during the initial grant cycle.

Given that access to pediatric specialty care is a challenge, due to distance, access to reliable transportation, and insurance availability, we partnered with IHS physicians when patients needed subspecialty care, so that the local IHS physician could serve as a medical home to help arrange appointments, transportation, and insurance registration, as well as provide follow up. We did provide access to insurance navigators, which was helpful during this time of the federal emergency ending, resulting in the need to reapply for Medicaid. Unfortunately, the navigators were not utilized during these clinics.

NEXT STEPS

We hope to expand this project to other rural areas of our state in year three and add an optometrist to address vision concerns.



RESOURCES PROVIDED

- Evidence-Based Resources: Health Literacy Universal Precautions Toolkit, 2nd Edition
 - <https://www.ahrq.gov/health-literacy/improve/precautions/tool2b.html>
- Implementing the Guidelines for Adolescent Preventative Services:
 - <https://www.aafp.org/afp/1998/0501/p2181.html>
- American Academy of Pediatrics Bright Futures:
 - <https://brightfutures.aap.org/Pages/default.aspx>
- Healthy People 2020 Adolescent Health:
 - <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>
- Educating Providers and Community on Rural Mental Health
 - <https://ruralhealth.und.edu/assets/4260-18270/050521-rural-mental-health.pdf>
- Tribal Use of Behavioral Health Funding
 - https://ndlegis.gov/files/committees/66-2019/21_5102_03000appendixh.pdf
- U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability
 - <https://www.commonwealthfund.org/publications/issue-briefs/2020/aug/looming-crisis-health-coverage-2020-biennial>
- The Problem of Underinsurance and How Rising Deductibles Will Make It Worse
 - <https://www.commonwealthfund.org/publications/issue-briefs/2015/may/problem-underinsurance-and-how-rising-deductibles-will-make-it>
- Key Facts about the Uninsured Population
 - <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

APPENDIX

