

SDOH in North Dakota

Whitney Fear RN, BSN

Family HealthCare & Homeless Health Services

- ▶ Federally Qualified Community Health Center
- ▶ National Healthcare for the Homeless grantee
- ▶ Level III Patient Centered Medical Home
- ▶ Primary Care
- ▶ Dental
- ▶ Optometry
- ▶ Health Promotion/Tobacco Cessation (LRD and PharmD)
- ▶ Obstetrics
- ▶ 340B Pharmacy
- ▶ Healthcare Marketplace enrollment
- ▶ Hepatitis C clinic
- ▶ Medication Assisted Treatment (Suboxone)
- ▶ Behavioral Health

What do I do?

- ▶ Within reason, whatever it takes to achieve an individual's goals for their health and well-being
 - ▶ Ex. Dermatology appointment for cyst removal, secure PCA services to maintain independence in the home, arrange for a trial of acupuncture, memorial services, coordinating transportation across the state to attend child's funeral, etc.
 - ▶ Based on the individual goals of the patient
 - ▶ Harm-reduction frequently
 - ▶ Trauma informed
 - ▶ Formulate partnerships that would be beneficial for current and future patient needs

Highest Rates of Morbidity/Mortality

- ▶ Native American
- ▶ LGBTQ
- ▶ Women

Adverse Childhood Experiences

- ▶ Family level ACEs: emotional/physical/sexual abuse, neglect, domestic violence, mental illness, substance use disorder, separation/divorce of caregiver and incarceration of a family member (National Health Care for the Homeless Council, 2019)
- ▶ Community level ACEs: economic hardship, community violence, bullying, foster care and discrimination (National Health Care for the Homeless Council, 2019)
- ▶ 4+ ACEs increases likelihood of developing depression, a substance use disorder, suicidality, diabetes, cancer and cardiovascular disease by 250% (National Health Care for the Homeless Council, 2019)
- ▶ High ACE scores are positively correlated with high school dropout, unemployment, poverty and homelessness (National Health Care for the Homeless Council, 2019)
- ▶ In ND, individuals who experience ACEs at a higher rate are more likely to be incarcerated, live in poverty, become homeless and die young than they are to complete a college degree (HRSI, 2018)

Native Americans

- ▶ Highest rate of suicide, 3 times the state average
- ▶ Incarcerated at a rate 3 times above the state average, no services in jail/prison specific to Native Americans
- ▶ Average age of death 54.7 years old (state average 75.7 years old)
- ▶ 70% Children and Adolescents in school indicated to have an emotional disturbance
- ▶ Most common community ACES are homelessness, substance use disorders and poverty
- ▶ Overrepresented in SDOH, underrepresented in behavioral health workforce and leadership positions
- ▶ Overrepresented in the Homeless population of Fargo-Moorhead

(HRSI, 2018)

Interventions

- ▶ Partnered with FM Coalition to End Homelessness to provide cultural competency training to area service providers
- ▶ Provided training to Centre Inc. staff on cultural/spiritual practices
- ▶ Provided immersive clinical experience to NDSU Nursing Students Spring 2017
- ▶ Presence on Centre Inc. Community Reinvestment Board and South East Human Trafficking Community Coalition
- ▶ Donation of \$500 towards supplies/materials for Mending Broken Hearts Group
- ▶ Increased presence at local wacipis (pow-wows)

LGBTQ

- ▶ LGBTQ youth 3.4 times more likely to attempt suicide than youth who do not identify as LGBTQ
- ▶ Increased incidence of housing and workforce discrimination
- ▶ Zero legal protections against housing and workforce discrimination
- ▶ Homeless youth have the highest rate of death of anyone experiencing homelessness

(HRSI, 2018)

Interventions

- ▶ Reformed approach to asking demographic information
- ▶ Training provided to nursing staff
- ▶ Annual presence at FM Pride in the Park

Women

- ▶ Continuously increasing incidence of domestic violence against women (HRSI, 2018)
- ▶ 85% of incarcerated women had an existing substance use disorder (HRSI, 2018)
- ▶ Most frequent victims of sex trafficking (Polaris Project, 2018)
 - ▶ 64% of victims were homeless or in unstable housing situations at the time of recruitment
 - ▶ Between 2015-2017, 15% of victims reported being recruited from homeless shelters or group homes
 - ▶ Most common age groups entering the life is 12-17 year olds and 18-23 year olds
 - ▶ Average life expectancy is 7 years once an individual is recruited into sex trafficking (Common causes of death are homicide, suicide, overdose, STI infection and malnutrition)

Interventions

- ▶ Facility wide training for staff on how to spot human trafficking and how to intervene
- ▶ Facility policy mandating privacy during pelvic exams/STI screening (with exception for religious/cultural reasons)
- ▶ Human trafficking screening tool present in each exam room and on shared drive for reference
- ▶ Focus on interdisciplinary team approach and presence at bi-weekly case staffing meetings as needed
- ▶ Increase awareness for breast, cervical and uterine cancer screening
- ▶ Plan B available free of charge to women with financial difficulties
- ▶ In-house high risk pregnancy services and ultrasound services
- ▶ Maintenance of partnership and volunteer time with F5 Project

Changing the Game

- ▶ Vulnerable populations continuously report the most meaningful interventions for them would come from a professional who shared their culture and/or life experiences
- ▶ Need to acknowledge science that supports existing cultural beliefs
- ▶ Medicine that is truly holistic
 - ▶ Physical
 - ▶ Spiritual
 - ▶ Mental
 - ▶ Environmental
 - ▶ Trauma Informed
 - ▶ Empowering



“We need more light about each other. Light creates understanding, understanding creates love, love creates patience, and patience creates unity.”

-Malcolm X

References

HRSI. (2018, April). North Dakota Behavioral Health System Study (North Dakota Department of Human Services). Retrieved from <http://www.nd.gov/dhs/info/pubs/docs/mhsa/2018-4-nd-behavioral-health-system-study-final-report-hsri.pdf>

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