

## SCREENING FOR HEALTH BARRIERS TO LEARNING

This reference guide is intended for clinical staff and contains the most up to date recommendations for screening on the seven Health Barriers to Learning (HBLs) and easy to understand language you can use when explaining the HBLs to parents.

### What are the Health Barriers to Learning?

What to say to parents:

- **Uncontrolled asthma** can make it hard for children to breathe and may cause them to miss school. It can keep children from sleeping at night.
- **Hearing problems** can cause problems with a child's speech. Kids have a hard time learning when they can't hear the teacher.
- **Tooth pain** makes it hard to focus in school. It may also lead to infection.
- **Vision problems** make it hard to see in class. Kids may have trouble reading at grade level.
- **Mental and behavioral health conditions** may distract a child during class time and at home. It may also be a sign that a child needs extra support.
- **Hunger** could cause behavior problems in the classroom. Students may not have enough energy to learn in class.
- **Lead exposure** can slow a child's brain and social growth.

### Healthy and Ready to Learn Health Barriers to Learning Screening Form

The [Health Barriers to Learning \(HBL\) Screening](#) form is designed to be used by healthcare personnel who are screening school-aged children for health conditions.

The goal of the Health Barriers to Learning Screening Form is to help ensure that all school-aged children are systematically screened for health barriers to learning annually, and that identified HBLs are properly managed and communicated. To achieve this goal, the form serves multiple purposes:

- 1) Informs parents, clinicians, teachers, school nurses, and other school personnel about the importance of screening for and managing HBLs;
- 2) Provides a structured yet flexible guide for clinicians that can be incorporated into existing screening protocols;
- 3) Provides parents, clinicians, and school personnel with a coordinated Action Plan for each of the identified HBLs; and
- 4) Provides a communication tool to help ensure that the parents, clinicians, and school are all working with the same information and plan, encouraging a team approach.

### Best Practices for Health Staff to Address Health Barriers to Learning with Families

Health Barrier to Learning Screening	How to Screen	Recommendations on who can do screenings and during what part of the visit time	How often to do screening?	Referral
Vision	Use Age appropriate <a href="#">Snellen Chart</a> OR <a href="#">Picture Chart</a> Or <a href="#">Spot Screener</a> OR <a href="#">Sure Sight Screener</a>	Nurse, medical assistant, health educator who has been trained with the chosen method of screening  Screening can be done before seeing the doctor, at the nurse's station/triage area	Annually  <a href="#">Bright Futures/American Academy of Pediatrics recommendation</a>	If child has failed screening, inform PCP and provide a referral list of Ophthalmologists/ optometrists to parent. Assist in making appointment whenever possible.
Hearing	Use age appropriate equipment <a href="#">Pure Tone</a> Or for infants <a href="#">Otoacoustic Emissions (OAEs)</a>	Nurse, medical assistant, health educator who has been trained with the chosen method of screening. Screening should be done in a quiet room before seeing the doctor.	Annually  <a href="#">Bright Futures/American Academy of Pediatrics recommendation</a>	If child has failed screening, inform PCP and provide a list of audiological referrals to parent. Assist in making appointment whenever possible.
Dental Pain	Oral Exam <a href="#">Oral Health Risk Assessment Tool</a>  Ask questions on dental pain, losing teeth, does child have a dentist, when was the last time the child so dentist	Health Care Practitioners in exam room	Consult  <a href="#">Bright Futures/American Academy of Pediatrics recommendations</a>	If child does not have a dentist, dental pain and/or failed screening, provide a list of dental referrals to parent. Assist in making appointment whenever possible.



<p>Asthma</p>	<p>Use Asthma Screener Questionnaire (form attached to this document!)</p>	<p>Nurse, medical assistant, health educator who has been trained with the chosen method of screening.</p> <p>Screening can be done before seeing the doctor, at the nurse's station/triage area</p>	<p>While there are no national-level screening recommendations, clinicians should focus on <b>diagnosis, classification, and proper management</b></p>	<p>If Asthma Screening questionnaire indicates that child has had "previous asthma" or "suspected undiagnosed Asthma", inform PCP for further examination.</p>
<p>Mental Health</p>	<p>Use suggestions of AAP for age appropriate questionnaires and procedures</p> <p><a href="#">Bright Futures/American Academy of Pediatrics recommendations</a></p> <p>Suggestions:</p> <p><a href="#">ASQ questionnaires for well-child visits</a></p> <p><a href="#">Bright Futures PSC - ages 6 to 10</a></p> <p><a href="#">Gaps - ages 11 and older</a></p>	<p>Social worker, nurse, medical assistant, health educator who has been trained with the chosen method of screening.</p> <p>Screening can be done before seeing the doctor, at the nurse's station/triage area</p>	<p>Annually</p> <p><a href="#">Bright Futures/American Academy of Pediatrics recommendations</a></p>	<p>If screening questionnaire indicates that child needs follow-up, inform PCP for further examination. Provide a list of mental health referrals to parent. Assist making appointment whenever possible.</p>
<p>Lead Exposure</p>	<p>Risk assessment during well-child visits: 6 months, 9 months, 12 months, 18 months, 24 months, and at 3, 4, 5 and 6 y</p>	<p>Physician or healthcare practitioner</p>	<p>Annually Consult</p> <p><a href="#">Bright Futures/American Academy of Pediatrics recommendation</a></p> <p><a href="#">AAP Detection of Lead Poisoning</a></p>	<p>A risk assessment and a blood lead level test only if the risk assessment comes back positive. Follow AAP and CDC <a href="#">Follow-up and Case Management of Children Based on Confirmed* Blood Lead Levels</a></p>



<p>Hunger</p>	<p>Use the 2 question <a href="#">AAP approved The Children's HealthWatch Hunger Vital Sign™</a></p>	<p>Case managers, social workers, community health workers, patient navigators, and nurses Screening should be done before or after seeing doctor, in a quiet room for privacy</p>	<p>At every visit. Screening questions can be done as part of "vital signs" assessment -as recommended by AAP, before or after patient is seen by the doctor.  Consult with <a href="#">AAP approved toolkit for pediatricians</a></p>	<p>If parent says yes to either question, inform doctor and point person to follow-up with parent. Provide parent with referral list on nutrition assistance programs, such as <a href="#">Supplemental Nutrition Assistance Program</a> (SNAP) and the <a href="#">Women, Infant and Children</a> (WIC), and local pantries.</p>
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## ASTHMA SCREENER

### FOR PARENT

1. Has your child ever had a cough that would not go away or ever seemed to be coughing more than other children of the same age?  
 Yes                       No
2. Has your child ever had wheezing?  
 Yes                       No
3. Has your child ever had to stop running or playing because of coughing or wheezing?  
 Yes                       No
4. Has your child ever said his/her chest felt tight or heavy or that his/her chest hurt?  
 Yes                       No
5. Has your child ever had breathing problems (coughing, wheezing, shortness of breath, chest tightness) that woke him/her up at night?  
 Yes                       No
6. Has your child ever had breathing problems (coughing, wheezing, shortness of breath, chest tightness) when he/she first woke up in the morning?  
 Yes                       No
7. Has a doctor ever said your child has asthma?  
 Yes                       No
8. Does your child take asthma medicine prescribed by a doctor daily or even occasionally?  
 Yes                       No
9. Has a doctor ever said your child had bronchiolitis?  
 Yes                       No
10. Has a doctor ever said your child had bronchitis?  
 Yes                       No
11. Has a doctor ever said your child had asthmatic bronchitis?  
 Yes                       No
12. Has a doctor ever said your child had pneumonia (more than one time)?  
 Yes                       No

### FOR OFFICE USE ONLY

- No Asthma:** All "No" answers **OR** Answer "Yes" to Q2 only **OR** Answer "Yes" to Q4 only **OR** Answer "Yes" to Q10 only **OR** Answer "Yes" to Q2 & Q10 only
- Previous Asthma:** "Yes" to Q7 & Q8
- Suspected Undiagnosed Asthma:** All other combinations of answers