



Child and Adolescent Health Center Program

# Risk Assessment

Middle Childhood, Older Childhood, Adolescence



**Middle Childhood  
(5-8 years of age)**  
Involve the parent,  
when possible.



**Older Childhood  
(9-11 years of age)**  
Some pieces may  
involve the parent,  
while others may be  
confidential

## Risk Assessment in Primary Care

### WHAT IS A RISK ASSESSMENT?

According to the CDC, a health risk assessment is, “a systematic approach to collecting information from individuals that identifies risk factors, provides individualized feedback, and links the person with at least one intervention to promote health, sustain function and/or prevent disease.”

1

#### HEALTH RISKS

Risk assessment and counseling are a standard of care for pediatric and adolescent practice.

2

#### DEVELOPMENTAL AGE

Assessment and counseling should be consistent with developmental age.

3

#### APPROPRIATE USE

Assess and counsel on individual risks;  
Aggregate data inform practice changes.



**Adolescence  
(12-21 years of age)**  
Completely confidential

A **health risk assessment** is a way of assessing *existing* health hazards to reduce behaviors that may cause harm, injury and/or illness in a defined population. In this way, a provider can intervene in these behaviors through appropriate goal-setting with the patient that reduce harm and improve health. The outcome of the assessment is to identify modifiable risk factors and develop a mutually agreed upon plan to target changes in those behaviors to promote health and prevent disease.

**Anticipatory guidance**, is complementary to the risk assessment, and is focused on preventative counseling that “addresses the significant physical, emotional,

psychological, and developmental changes that will occur in children during the interval between health supervision visits (AAP).”

Assessment of risk behaviors, combined with a person’s perception of health status and willingness to change are the basis for risk reduction in our program.

### WHAT ARE THE COMPONENTS OF A RISK ASSESSMENT?

The use of a comprehensive, population-based tool to assess health risks is an essential part of risk assessment. There are a number of standardized risk assessment tools available to the health center provider **(See Yellow box on page 4)**.

These tools offer the benefit of data systems and counseling prompts. If a provider and/or health center prefers to formulate their own tool, we recommend the use of population data to determine which factors are most important for you to assess on your risk tool, and which factors can be addressed through anticipatory guidance. Population data, combined with the developmental stage of the youth you serve, as well as risk level of the behavior will guide your choice of factors. While some factors are universal, others are dependent on risk factors associated with practice location. These assessment factors can be viewed in the green box below.

#### FACTORS OF HEALTH RISK ASSESSMENT

##### PHYSICAL

- Age
- Sex
- Race
- Socioeconomic Status (SES)
- Height
- Weight
- Blood Pressure
- BMI
- Growth velocity
- Sleep

##### LIFESTYLE

- Physical Activity
- Nutrition
- Oral care

##### SOCIAL

- Peer relationships
- Family relationships
- Functioning in school
- Grades in school
- Social Media
- Social Determinants of Health (SDOH)

##### EMOTIONAL/BEHAVIORAL

- Behavior in school
- Behavior at home
- Bullying
- Coping skills
- Resiliency

##### DEVELOPMENTAL

- Hearing
- Vision
- Speech
- Safety
- Injury Prevention

## “Risk assessments are based on factors that effect health and well-being.”

For example, population data on vaccination uptake, age of sexual debut, activity and dietary norms, environmental exposures, etc., may assist you in identifying specific risk factors for your population. Developmental age of the patient will influence your choice of risk factors. A middle-aged child (helmet safety, reading ability, home life, etc.), may be very different from those of a middle adolescent (ATOD exposure, peer relationships, sexual activity, social media usage, etc.). Also, as a provider practicing in a rural community (bicycle safety, hunting safety, ATV safety, etc.), may be very different from a provider working in an urban area (neighborhood violence, lead exposure, community areas for physical activity, etc.), while some may be similar (access to healthy food, sexual activity, bullying, etc.).



The level of risk (high, medium or low) of each behavior in your population will also influence which factors you include on your tool. For instance, sexual health behaviors, body safety around adults, family and peer relationships, and social determinants of health factors may present a higher risk to the patient and involve sensitive topics (e.g. substance abuse in the home, history of physical or sexual abuse, sexual orientation and/or identity). Therefore, these factors should be assessed by the risk assessment tool. Other factors, such as personal hygiene, recreational and sports safety, and nutrition or physical activity, may be better assessed and counseled through anticipatory guidance. The decision to include or exclude certain factors based on risk level would be based

on your individual community population data.

### HOW DO YOU APPLY THIS CONCEPT TO DIFFERENT AGE GROUPS?

The purpose of the risk assessment is to assess an individual’s developmental risk for injury or illness in order to provide an opportunity to counsel a client to reduce risk, prevent injury and illness. These factors should be evaluated in the context of the youth’s family, community, developmental level, and risk level.

While all factors are significant for health, the provider may want to reserve riskier behavior assessment for the confidential tool, and review others in the context

of age-appropriate anticipatory guidance.

### Early to Middle Childhood

Developmentally, youth of this age group are still very much dependent upon their families for support, and are beginning to engage in social relationships with peers. Therefore, risk assessment in middle childhood would engage the family.

Common risk factors in this age group include: nutrition and physical activity, sleep, family discipline patterns, family connectedness and rules, food security, school performance, self-esteem, peer relationships, home and after-school safety, stranger safety, body safety around adults, emotional control, immunization status, car and water safety, oral health care, and environmental exposures.

### Older Child

Risk assessment in the older child would engage the family, yet begin to transition the older child to adolescence by preparing the older child for a more confidential experience.

Common risk factors in this age group include: nutrition, peer and social relationships, recreational and sports safety, family substance use, social media use and rules, conflict resolution skills, pubertal development and family communication, school engagement, community engagement, food and beverage choices, participation in physical activity, safety around adults, firearm safety, strengths and protective factors, personal hygiene, school performance, gender identity and sexual attraction, connectedness with family and peers, emotional security and self-esteem, food security, environmental and community exposures, relationship safety.

### Adolescence

Risk assessment in the adolescent depends on the stage of adolescence, but is most definitely a transition to a completely confidential service at middle and late adolescence.

Common risk factors at these ages include: interpersonal relationship violence, recreational and sports safety,

#### Available Comprehensive Risk Assessment Tools

##### AAP Bright Futures Pre-Visit Tools

<https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx>

##### Risk Assessment for Adolescent Preventative Health Services (RAAPS)

<https://possibilitiesforchange.org/raaps/>

##### APEX Evaluation

<https://apexeval.org/just-health/>

##### Adolescent and Young Adult (AYA) Tool

<https://www.health.state.mn.us/people/childreneyouth/ctc/youth.html>

#### Resources for Creating a Comprehensive Risk Assessment Tool\*

- HEEADSSS
- PHQ-9
- CRAFTT
- GAD-7
- CDC 6 P's of Sexual Health History
- ASQ Suicide Tool
- Hanging Out and Hooking Up (Relationship Violence)
- APHA SDOH assessment
- Human Trafficking Screener
- CYW Trauma Screener
- Population Data

\*These resources assess one or multiple domains, and should be combined to create a comprehensive tool.

substance use, conflict resolution skills with peers and coworkers, community engagement, food and beverage choices, use of supplements, body image, acoustic trauma, participation in physical activity, sleep, firearm safety, strengths and protective factors, personal hygiene, school and career performance, gender identity and sexual attraction, connectedness with family and peers, emotional security and self-esteem, food security, environmental and community exposures, living situation, decision-making, mental health and mood regulation, coping with stress, pregnancy and STI prevention, and driving safety.

## HOW DO YOU USE RISK ASSESSMENTS IN HEALTH CENTER PRACTICE?

### Risk Reduction Counseling

Once the assessment is completed, the provider can target education and counseling to the youth according to developmental age. Family involvement in would also depend on the developmental age of the youth in your care. Counseling would target health risks identified on the risk assessment that may lead to injury, chronic disease and/or behavioral health issues. The provider would work with the youth to identify specific, measurable, attainable, realistic and time-limited (SMART) goals to reduce the identified risks and promote harm reduction.

### Perception of Health Status

The youth and/or family's perception of their own health is an essential part of the health risk assessment. For example, a child or family who perceives her or his health as "excellent" when obese, may need some education on normal weight for age and lifestyle behaviors that would better align their perception with true risk. Also, the perception of health status can be a point for reinforcement of positive lifestyle choices when the perception of risk is aligned with actual risk.

### Willingness to Change

Assessment of the child and family's willingness to change is important as the education and plan are a direct result of the current Stage of Change (Prochaska's Transtheoretical Model: pre-contemplation, contemplation, determination, action, maintenance, and relapse). SMART Goals are developed with youth and/or family, to promote small measurable changes in risk behaviors or harm and toward health and risk reduction, specific to the assessed Stage of Change.

### Protective Factors and Resiliency

The astute provider will be able to tailor interventions toward the youth and/or



family's strengths and resiliency factors (community engagement, school engagement, grades in school, trusted adult, racial identity, sense of self-identity, future orientation, coping skills, emotional intelligence, talents, etc.). Through assessment of and building upon strengths, the provider is able to minimize risks and reduce harm through focus on assets and strengths.

### How We Help

The CAHC program provides risk assessment and motivational interviewing training for all new providers. This training is offered on an annual basis, and is required for all clinical providers in the program. Mental Health and program staff are also welcome to attend, if space allows. Announcements of training dates occur through the clinician list serv.

For more information, contact your Site Consultant and/or a program Clinical Consultant for details. Program resources are also located on the CAHC website:

[www.michigan.gov/CAHC](http://www.michigan.gov/CAHC).



## PRACTICE CONSIDERATIONS

### Clinic Flow

- Paper vs. electronic tool
- Confidential space for completion of assessment
- Which staff administer and/or counsel?

### Teaching Youth To Be Good Health Care Consumers

- Rights and Responsibilities to healthcare inclusive of right to refuse or delay all or part of the assessment
- Limits to Confidentiality- harm to self or others
- Family and youth education on confidentiality as a continuum based on developmental age

### Follow-Up and Referrals

- Risk reduction plan and revision of goals to meet identified outcomes
- High risk vs moderate or low risks identified with appropriate follow-up and referrals

### Documentation

- Maintain confidentiality
- Documentation is complete and allows continuity of care among providers

### Policy and Procedure

- Includes all elements of risk assessment process.
- Matches practice in the health center

### Data Usage and Reporting

- Data retrieval from EHR is possible
- Data accuracy is verified for reporting
- Aggregate data informs Evidence-Based Interventions (EBI)
- Method of tracking unduplicated users and risk assessment completion.

