

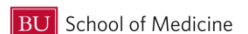
# Extending and disseminating family-focused interventions in pediatric primary care

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# Healthy Steps for Young Children

- Evidence-based model of primary health care for infants and young children (designated by SAMHSA and ACA MIECHV)
- Focused on promotion of emotional well-being in young children and prevention of mental health concerns
- Infuses infant mental health and trauma informed care into primary care pediatrics within the context of a PCMH

# Origins of Healthy Steps

- Based on developmental theory, brain development research and relationship-based care
- Cross walked with Bright Futures, Strengthening Families and NICHQ guidelines for Patient-Centered Medical Home
- Current training includes focus on trauma informed care and the Fussy Baby approach
- Technical assistance provides support for sites to develop their system of care through CQI

# Initial Assumptions of Healthy Steps

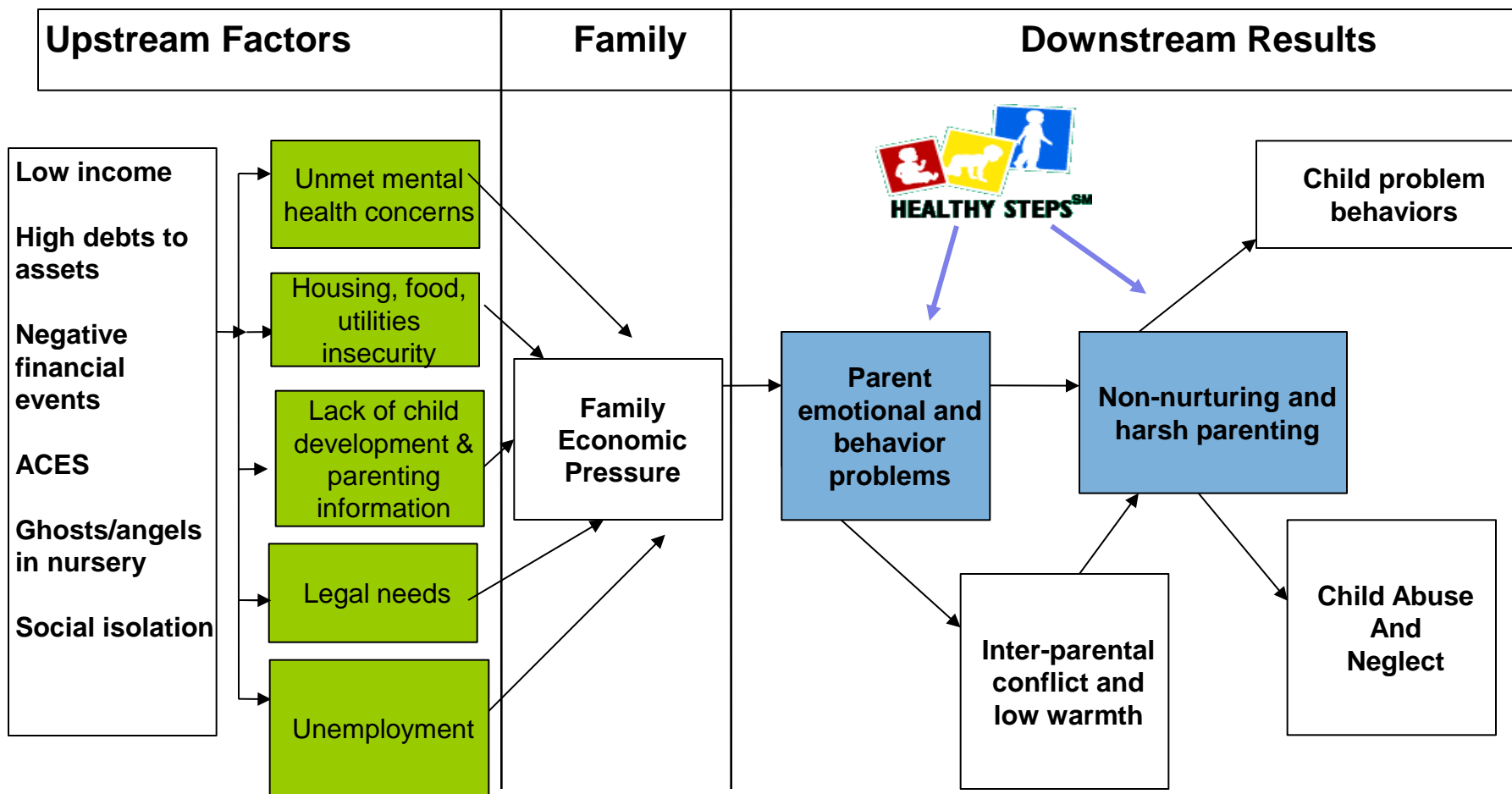
- Primary care pediatrics can be a powerful **point of entry** into services for families with infants and young children
- Primary care is a **window of opportunity** for families to learn about their child and themselves as parents
- Developmental and behavioral concerns are the **new morbidity** for primary care pediatrics
- Pediatric practice can be **dyadic**: Best way to help children is to help their parents
- Pediatric clinicians cannot do all this alone: they need another professional to work as **part of a team**

# Primary care pediatrics is:

- **Accessible:** evening, weekend hours, “same day sick” visits
- **Universal:** Medicaid; S-CHIP; Affordable Care Act
- **Non-stigmatizing:** addressing mental health within the context of primary care
- **Supportive:** High **Trust** factor
- **Available** to everyone: **no eligibility criteria**
- **Where** parents take their infants and young children for care



# Collaboration: Logic Model



# Components of Healthy Steps

- Enhanced well child care with new team member:
  - Healthy Steps Specialist
  - Establish a therapeutic relationship with family and with the practice: Using teachable moments to explore parental wishes, concerns, fears and hopes
  - Teachable moments
  - Reach Out and Read supporting early literacy for infants
- Home visits by Healthy Steps Specialist
- Developmental screening for child and for family risk and protective factors, including concrete supports
- Child development telephone information line
- Linkages and facilitated referrals to community resources
- Written materials emphasizing prevention
- Parent groups: Stroller group; Mommy & Me on ACC; Educational evenings (infant CPR; sleep training)

# Supporting early literacy: Reach Out and Read

## Role of the pediatrician:

- Discussion at each well child visit re: talking with infants, narrating their activities; using traditional songs, poems and oral storytelling
- Discussion about sharing books with babies starting at 6 months of age and then at each subsequent well child visit
- Give child developmentally and culturally appropriate book to take home



# Home visits by Healthy Steps Specialist

- Voluntary home visits timed to period of greatest need:
  - Newborn home visit: Reading behavioral cues (NBO); support positive attachment; maternal depression
  - 6-9 month visit: Temperament, increasing mobility and separation anxiety
  - 12-15 months: Toddler autonomy; home safety check
  - 15-24 months: emerging language development
  - 24-30 months: Setting limits on continuing toddler independence
- More home visits scheduled as requested by parent or clinician

# Screening for Adult Protective & Risk Factors

Why Worry About Adult Behavior in Pediatrics?

- Clear risk to children's health and behavior
- Birth of a baby is a window of opportunity for parents to consider changes to their behavior
- Children serve as powerful motivators for parental change
- Accessibility - repeated contact with parents over time allows for follow-up and support
- Relationship that exists between child's parent and the pediatric team

# Why Ask?

1. Critical importance of the first three years of a child's life
2. Offer parents opportunity to consider concerns about their behavior
3. The act of asking identifies you as someone with whom they can talk about the issue
4. Risk of under-diagnosing parental mental health and legal issues that have the potential to be treated and solved

# Becoming a Healthy Steps site

- Identify medical practice & champion
- Hire Healthy Steps Specialists
- Attend Healthy Steps Training Institute with a year of follow-up technical assistance
- Costs:
  - salary for Healthy Steps Specialist
  - computer; phone; travel for home visits
  - toys and assessment materials
  - one time, on site training (approx. \$16,000)
  - monthly TA calls to ensure model fidelity (\$2000)
  - MIECHV affiliation fee (\$1000)

# Healthy Steps Sites



# Diversity Of Sites

- Community Health Centers
- Federally Qualified Health Centers
- Private practices
- Hospital-based clinics
  - NICU follow-up
  - Academic Health Centers
- Residency Training Programs
  - Academic Health Centers
  - Hospital-based training programs
  - Residency training rotations sites

# Healthy Steps for Young Children: Quality Enhancement in Pediatrics and Family Medicine



**Healthy  
Steps**

Cross-walked with  
Bright Futures

2,021 families in HS;  
1,716 in comparison

**Cost \$400-800/family**

## Outcomes

- **Moms match behaviors to children's development**
- **Moms openly discuss feelings of sadness**
- **Moms use less physical punishment**
- **Infants sleep on back**
- **Greater compliance with immunization schedule**
- **Parents and physicians more satisfied with care**

# Impact of Healthy Steps on Parenting Behavior

- Greater **knowledge** of infant development, better recognition of appropriate discipline and increased satisfaction with pediatric care among parents who received Healthy Steps services; and
- **Continuity of care:** The rate of disengagement from the HMO was 75 percent lower among families enrolled in Healthy Steps during the prenatal period.

Johnston, B., et. al. "Expanding Developmental and Behavioral Services Newborns in Primary Care." *American Journal Preventive Medicine*, 26(4), May 2004.



# **Healthy Steps: Long term outcomes at 5 1/2 years**

- Parents reporting more child behavioral issues to clinician
- Parents less likely to use severe punishment
- Parents receiving anticipatory guidance
- Greater parental satisfaction with practice
- Children experiencing continuity within same practice
- Children reading/looking at books more

C. Minkowitz, et. al., Pediatrics, 2007

# **Adaptations/Enhancements to Healthy Steps**

- Using public health nurses to deliver Healthy Steps in rural communities
- Use Healthy Steps as a platform for additional services: Fussy Baby Program; Medical Legal Partnership (MLP); doula program; lactation consultation
- Can be delivered during prenatal period via home visits
- Cultural adaptations based on family and community practice

# Lessons Learned

- Pediatrics is a ***window of opportunity***, especially for families with new babies
- Enormous reach and power of pediatric visits: Pediatrics is a ***non-stigmatizing*** and ***universal*** environment
- Pediatricians are often the only professionals to interact with the family around this new baby: ***Accessibility, timing & frequency of visits***
- Pediatrics can be a vehicle for real change: ***High trust*** factor

# Lessons Learned

- Pediatricians have the power to:
  - support parents in their child rearing
  - validate parents' ideas and concerns
  - change parental behavior
- “How you are is as important as what you do”
  - non-judgmental
  - validation for doing a good job
  - empathy for how parent feels

# DISSEMINATION: A leap of faith





# Top 10 Critical Success Factors for Dissemination

1. A **champion** who has the power to make change in the organization
2. Set a “**big table**” and invite everyone to participate in decision-making that impacts their work whenever possible
3. Acknowledge the work that came before to avoid resentment
4. Horizontal and vertical diffusion of ideas across staff – **training** implications



# Top 10 Critical Success Factors for Dissemination

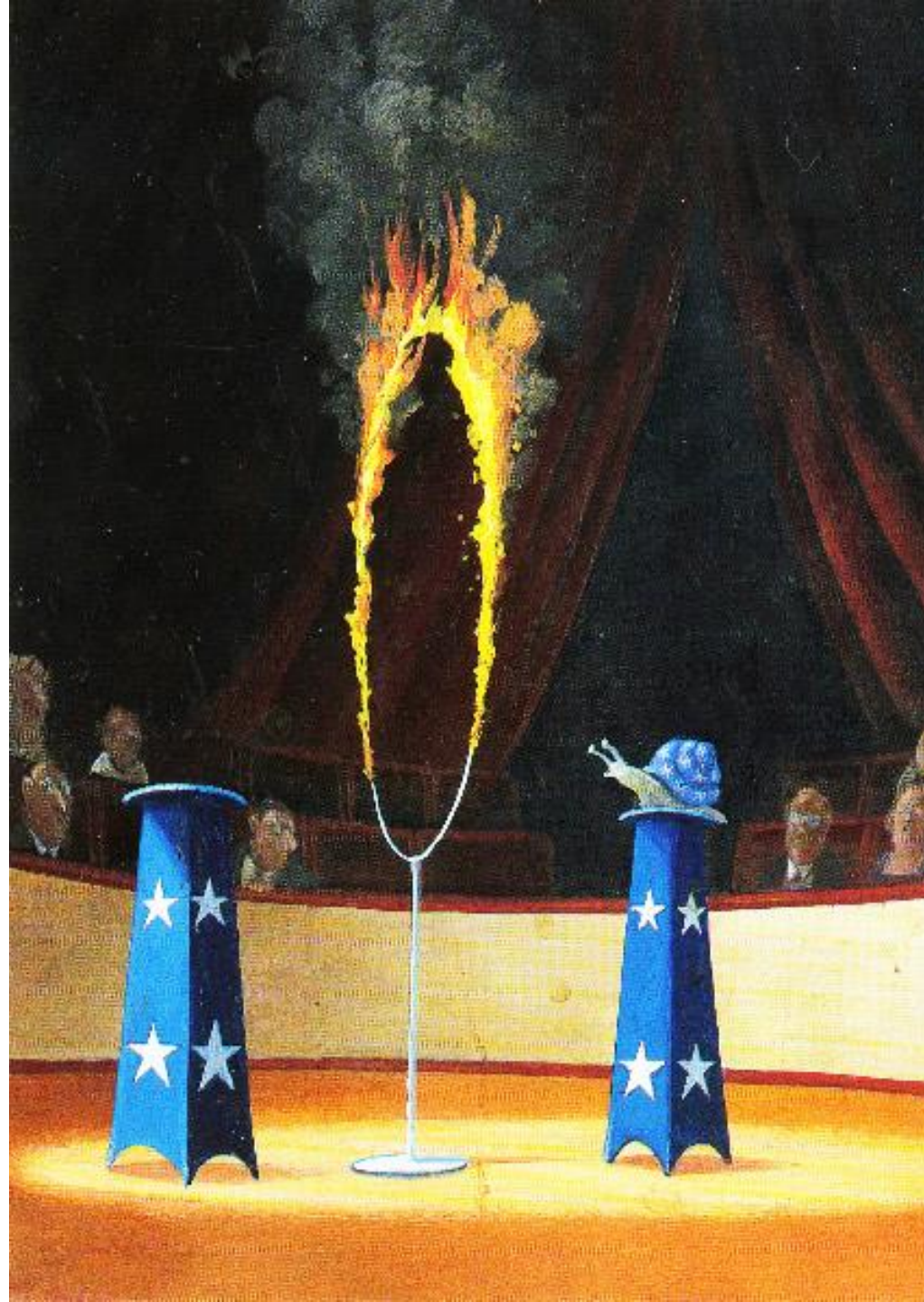
5. “All **politics** is local”: get a lay of the land – perceived competition, governmental supports and regulations, barriers, deal killers
6. Articulate clear messages to recipients: what can they expect
7. Articulate clear outcomes to providers: what can they expect



# Top 10 Critical Success Factors for Dissemination

8. Acknowledge **unintended** outcomes
9. **Celebrate**: donuts, bagels & fruit!
10. Balance requirements with flexibility:  
avoid sites feeling like they need to jump  
through hoops





# Challenges to Focusing on the Relationship

- Agenda
- Time
- Office flow
- Child's perspective
- Opening the can of worms/adult reactions
- Provider ghosts
- Lack of confidence and experience in relationship observation/assessment



# Challenges for the practice

- Confidentiality issues within a team of physicians, nurses and mental health providers
  - concerns re: HIPAA regulations
- Confidentiality issues within the practice
  - recording parental information in the child's EMR
- Referral program vs standard of care
  - “patient navigator”/case manager vs HSS
- Defining collaborative care
- Sustainability

# Challenges for the Model/Program Developers

- Generating operating costs for dissemination:
  - administrative overhead
  - updates to training/materials/website
  - development of materials tailored for population of the practice
- Monitoring fidelity to the model
- Ensuring the right people attend training

# **And remember...**

“The intensity of the intervention does not have to be directly proportional to the intensity of the trauma (or, “even a little can help”).”



# One Mother's Comments:

“It's amazing the services you can get just by coming to your daughter's physician . . . First, he referred me to you [Healthy Steps Specialist]. Then you have connected my family to several services we needed. And [they] are also connecting me with other services . . . but everything started just by going to an appointment with my daughter's physician.”

“Everything you touch you change,  
everything you change, changes you.”

Octavia Butler, Parable of the Talents

