Screening for Social Needs & Strategies to Support Children in Poverty in Urban Practice Settings

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Disclosure Statement

- I have no relevant commercial relationships to disclose and I do not plan to reference an unlabeled or unapproved uses of drugs or products in my presentation.
Definition: **Toxic Stress**

- Excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships

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Center on the Developing Child at Harvard University. 2007.
Examples of Toxic Stress

- Maternal Depression
- Parental Substance Abuse
- Child Abuse or Neglect
Examples of Toxic Stress

- Maternal Depression
- Parental Substance Abuse
- Child Abuse or Neglect
- Unmet Basic Social Needs
  - Food, housing, employment
Low-Income Families’ Needs

- 46% do not have a parent working full-time
- 32% are food insecure
- 26% parents < high school degree

What Can a General Pediatrician Do?
Well-Child Care Visit

AKA:
- Health Supervision visit
- Preventative care visit
- Check-up
Why the Well-Child Care Visit?

- Health-promoting and disease-preventing services
- Family-driven: addressing parent and child concerns
- Surveillance and screening
- Anticipatory guidance
- 10 WCC visits recommended before child is 2 yrs of age
What Can a General Pediatrician Do?
Barriers for Pediatricians
Barriers for Pediatricians

- **Time**
  - Average well-child care visit\(^\dagger\) = 18 minutes
  - Many anticipatory guidance topics to discuss
  - Discussing unmet social needs may lengthen the visit

\(^\dagger\)AAP Periodic Survey of Fellows #56, 2004.
Barriers for Pediatricians

- **Lack of Professional Training**
  - AAP recommends that residency training programs should “include in their curriculum psychosocial issues that affect children and their families” (2001)
  - ? ACGME requirements
  - Most programs do not have a structured curriculum for teaching residents how to address families’ social needs
Barriers for Pediatricians

- **Unsure of effectiveness**
  - Limited evidence for anticipatory guidance recommendations\(^1\)

- **Negatively impact therapeutic alliance**
  - 25% pediatricians believe parents would react negatively to discussion of smoking cessation\(^2\)

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Barriers for Pediatricians

- Time
- Lack of professional training
- Unsure of effectiveness
- Negatively impact therapeutic alliance
- Lack of knowledge of community resources
Barriers for Pediatricians

- Time
- Lack of professional training
- Unsure of effectiveness
- Negatively impact therapeutic alliance
- Lack of knowledge of community resources
- Reimbursement
What Can a General Pediatrician Do?
“[H]igher level of quality cannot be achieved by further stressing current systems of care. Members of the health care workforce are already trying hard to do their jobs well. **Trying harder will not work. Changing systems of care will.**”
“Primary care pediatricians give parents advice. Academic pediatricians give primary care pediatricians advice about what advice to give parents.”

Robert Needlman, MD

Take a Good Social History-IHELLLP

I - income
H - housing, utilities
E - education
L - legal status
L - literacy
P - personal safety

? Screen & Refer for Multiple Social Needs at Well-Child Care Visits?
Developmental Surveillance & Screening

- AAP and *Bright Futures* recommends it as best practice at WCC visits (*Pediatrics* 2006;118;405)
- Aim is to increase the detection of developmental delays earlier for children
- Administer standardized screening tools at periodic visits

- Can apply these recommendations to family social needs (Garg A, Dworkin PH. *J Dev Behav Pediatr.* 2011;32(5):418-426)

Funded by: The Commonwealth Fund
Study Rationale

- Research had focused on interventions targeting one specific family/parent problems (e.g. depression, smoking)
- Many low-income families face >1 problem
- No interventional research addressing multiple family problems at once
The *WE CARE* project

- Well-child care visit
- Evaluation
- Community resources
- Advocacy
- Referral
- Education
Conceptual Model

Medical Home

Community Resources
- Childcare
- Health Services
- Food Clothing & Housing
- Transportation
- Link to HelpSCC.org

Internet Access

County Benefits Programs
Methods: Urban Hospital-Based Clinic

- Study Design: Randomized controlled trial
- Setting: Harriet Lane Clinic, Baltimore MD
  - Medical Home for low-income children
  - Primary site for Johns Hopkins residents’ continuity clinics
- Population: Low-income African-American children
- >90% Medicaid coverage
WE CARE Intervention

- 3 Components:
  1) Survey Instrument
  2) Family Resource Book
  3) Provider Training
Component 1: *WE CARE* Survey

- Self-administered questionnaire
- Parents completed prior to visit
- Screened for 10 family psychosocial problems
- Readability: 3rd grade level
10 Family Psychosocial Problems

- Alcohol abuse
- Childcare
- Depression
- Domestic violence
- Drug abuse
- Homelessness risk
- Inadequate food supply
- Low education (< high school)
- Smoking
- Unemployment
WE CARE Survey Instrument

Introduction:

“Our goal at the Harriet Lane Clinic is to provide the best possible care for your child and family. We would like to make sure that you know all the resources that are available to you for your problems. Many of these resources are free of charge. Please answer each question with an “X” and hand it in to your child’s doctor at the beginning of the visit. Thank You!”
WE CARE Survey Instrument

- Self-report
- Each topic: 2 questions to screen for problem and identify motivation to address it
- *Example*: Unemployment
  - Do you have a job?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

If No, Do you want help?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Maybe later</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Based on Family's Priorities

In case your child’s doctor cannot address all these issues at this visit, please rank the 3 items that you wish to talk about in order of importance.

1. MOST IMPORTANT

2.

3. LEAST IMPORTANT
Community Resources?
Community Resources?

- Head Start
- Ripkin Learning Center
- Eastside Career Center
- Echo House
- Beans and Bread
- Turnaround, Inc.
- Rental Allowance Program
- Fresh Start
- Baltimore Crisis Hotline
- Pro Bono Counseling
- House of Ruth
- WIC
- Locate Childcare
- Baltimore Homeless Services
- First Call for Help
- JHH Community psychiatry
Component 2: Family Resource Book

- Contained 1 page tear-out information sheets for each family psychosocial problem
- Lists 2-4 community resources
- Available in continuity exam rooms
Program Name: Baltimore Reads, Inc.- Ripkin Learning Program

Program Description: This program offers services for the following:
- GED classes
- Adult Basic Education (ABE)

Contact Information: Marlene McLaurin, 1010 Park Ave, Baltimore, MD

Phone Number: 410-752-3595

Program Hours: Monday – Thursday 8:30am-5pm & 5:30pm-8:30pm
Fridays 8:30-5pm; Saturday 10am-2pm

Eligibility: All Adults and teenagers over the age of 16

Payment Source: Pre-GED and Adult Basic Education classes are FREE.
GED classes are $100- but this fee will be waived.

Referral Source: Self-referral
Component 3: Provider Training

- Teaching session 1 week prior to study
  - Introduced the *WE CARE* survey and Family Resource book
  - Instructed to make a referral if parent indicates wants help
Results: Discussion of Family Psychosocial Topics at WCC visit

<table>
<thead>
<tr>
<th></th>
<th>Intervention (n=98)</th>
<th>Control (n=95)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean # of Topics Discussed</td>
<td>2.9</td>
<td>1.8</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>
### Unmet Desires for Discussion

<table>
<thead>
<tr>
<th>% Desired Discussion</th>
<th>Intervention</th>
<th>Control</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness risk</td>
<td>4%</td>
<td>23%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Drug exposure</td>
<td>3%</td>
<td>20%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>4%</td>
<td>16%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Childcare needs</td>
<td>13%</td>
<td>34%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Depression</td>
<td>4%</td>
<td>12%</td>
<td>.06</td>
</tr>
<tr>
<td>Employment</td>
<td>4%</td>
<td>12%</td>
<td>.09</td>
</tr>
</tbody>
</table>
Referrals Received

% Received Referral

- Intervention: 51%
- Control: 12%

P<.001
Referred Intervention Parents

- 58% received $\geq 2$ referrals
## Referral Types (n=137)

<table>
<thead>
<tr>
<th>Referral Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Training</td>
<td>22%</td>
</tr>
<tr>
<td>GED classes</td>
<td>15%</td>
</tr>
<tr>
<td>Smoking cessation classes</td>
<td>15%</td>
</tr>
<tr>
<td>Homeless shelters/ Rental assistance programs</td>
<td>13%</td>
</tr>
<tr>
<td>Food pantries/WIC/food stamps</td>
<td>10%</td>
</tr>
<tr>
<td>Other (substance abuse/domestic violence programs/counseling)</td>
<td>13%</td>
</tr>
</tbody>
</table>
## Community Resources Contacted

<table>
<thead>
<tr>
<th>Contacted Referred Community Resource (1 mo)</th>
<th>Intervention (n=85)</th>
<th>Control (n=89)</th>
<th>P value</th>
<th>Adjusted OR** (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>2%</td>
<td>&lt;0.001</td>
<td>17.5 (4-78)†</td>
<td></td>
</tr>
</tbody>
</table>

**Adjusted for child age, Medicaid, race, education, food stamps
†P<.05
## Referred Parents Subset

<table>
<thead>
<tr>
<th>Contacted community agency</th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>intervention</th>
<th>control</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>P value</td>
<td></td>
</tr>
</tbody>
</table>
Intervention Residents’ Attitudes (n=22)

- 0% felt uncomfortable with parents handing them the **WE CARE** survey
- 77% reported intervention did not slow down the visit
Conclusions

- *WE CARE* intervention increased the discussion and referral of family psychosocial problems at low-income children’s WCC visits.

- Can serve as a model for medical homes which care for low-income children.
Next Study: Community Health Centers

- Eight urban community health centers in Boston, MA
- Administer brief survey at WCC visits in 1st year of life
- 6 Basic Social Needs: food, housing, employment, education, childcare, utilities
- Telephone follow-up and EMR update notes
- Assess distal outcomes when child is 1 yr of age:
  - Enrollment in community resources

Funding: NIH R00HD056160
### Baseline Needs (n=336)

<table>
<thead>
<tr>
<th>Need</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
<td>57%</td>
</tr>
<tr>
<td>Housing instability&lt;sup&gt;1&lt;/sup&gt;</td>
<td>43%</td>
</tr>
<tr>
<td>Childcare need</td>
<td>29%</td>
</tr>
<tr>
<td>Food insecurity&lt;sup&gt;2&lt;/sup&gt;</td>
<td>20%</td>
</tr>
<tr>
<td>&lt; High School education</td>
<td>17%</td>
</tr>
<tr>
<td>Utilities</td>
<td>9%</td>
</tr>
</tbody>
</table>

<sup>1</sup>Adapted from Deb Frank’s housing insecurity scale; Pediatrics; 125:4:e1115-e1123.

<sup>2</sup>18 item Food Security Scale (FSS)
Referrals Received Post-Baseline Visit

% Received Referral

- Intervention: 70%
- Control: 7%

Referrals Received Post-Baseline Visit
## Types of Referrals

<table>
<thead>
<tr>
<th>Type of Needs</th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Childcare</strong></td>
<td>46%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td>27%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Utilities</strong></td>
<td>26%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Food</strong></td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td>17%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>GED</strong></td>
<td>12%</td>
<td>2%</td>
</tr>
</tbody>
</table>
## Follow-up Data

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Resources at 9 mo (n=223)</td>
<td>64%</td>
<td>50%</td>
</tr>
<tr>
<td>Enrollment in new resources at 12 mo (n=271)</td>
<td>39%</td>
<td>24%</td>
</tr>
</tbody>
</table>
Create a Similar System that Works for Your Practice
Step 1. Needs Assessment

- Determine the needs for your patients and families
Step 2. Identifying Community Resources

- Critical Step
- Talk to colleagues, support staff
2-1-1 Infoline

- 50 States maintain a toll-free 2-1-1 Infoline
- Link families to human service resources (e.g., food banks, job training, Head Start)
- 2012: 15.8 million calls were received nationally
Step 3. Screening & Referral

- Screening for unmet social needs pre-visit
- Develop resource books, handouts to give to families in need
Innovative Referral Systems

- Clinic-based Referral System to Head Start
- Randomized Controlled Trial, Seattle, WA
- Intervention group: Computer-generated referral packet containing physician letter mailed directly to Head Start
- Control group: List of Head Start contact info

# Head Start Results

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with Head Start</td>
<td>57%</td>
<td>36%</td>
</tr>
<tr>
<td>Attending Head Start</td>
<td>25%</td>
<td>11%</td>
</tr>
<tr>
<td>Head Start Waiting List</td>
<td>22%</td>
<td>9%</td>
</tr>
</tbody>
</table>

1. Screening for social needs
2. Strategies to support children in poverty at well-child care visits
Buffering Against **Toxic Stress**
Buffering Against **Toxic Stress**

- Promote children’s emerging social, emotional, and language (SEL) skills
- Encourage parent’s adoption of positive parenting techniques

Reach Out and Read (ROR)

- 3 Components:
  - Anticipatory guidance reading aloud
  - New book given by physician at each visit
  - Volunteers read aloud in waiting room
ROR Evidence

- Increased book ownership
- Read on average 1 more day per week
- 18-25 mo old showed higher receptive and language scores

Enhancing Parenting Skills

- Anticipatory Guidance
  - Purposeful Parenting program
    - Guidance, handouts to promote SEL skills

- Incorporating Parenting Programs
  - Triple P, Incredible Years, Nurturing Parenting
Medical Home
Health Neighborhood
