

Thinking Outside the Box: How to Advance Health Equity and Care Quality in the Pediatric Medical Home

A webinar series brought to you by the National Center for Medical Home Implementation



Changing Practice: How to Understand and Address Social Factors that Shape Child Health

**June 8, 2016
11- Noon Central**

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U43MC09134. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Changing Practice: How to Understand and Address Social Factors that Shape Child Health

brought to you by the National Center for Medical Home Implementation



Moderator:
Deborah Garneau, MA
Co-Director, Health Equity Institute
Special Needs Director
Rhode Island Department of Health

average number of claims per ER visit was not different in PPEP and (6.6 vs. 4.4; $p < 0.0001$) but higher in PPEP than pre-PPEP ($p < 0.0001$). Compared to standard care, it rates were higher in or pre-PPEP ($p < 0.0001$). PPEP's OP visit rate was care ($p = 0.0019$) and lower than for pre-PPEP ($p = 0.0061$). The claim per visit

Measure	9/15/2015	9/15/2016	9/15/2017	9/15/2018	9/15/2019
OP	4.4	4.4	4.4	4.4	4.4
ER	6.6	6.6	6.6	6.6	6.6
...

compared to pre-PPEP's claims than standard care and paid claims were PPEP hospitalizations (-\$4,396). The cost pre-PPEP group

Conclusions: PPEP pre-post differences in PPEP control group where the PPEP cohort results from the standard care group ($p = 0.1042$) but ER (total) pre-PPEP ER rates after joining the PPEP group (per child) after joining the PPEP group were lower than OP utilization rates after joining the PPEP group. This is a positive sign of improvement in the PPEP group and a decline in the standard care group.



Disclosures



- We have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this activity.
- We do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Objectives



- Describe the importance and prevalence of social factors (in rural, urban, and suburban areas) in impacting child health.
- Describe the role of the pediatric medical home in identifying and addressing the social factors affecting child health outcomes.
- Discuss tools and strategies that can assist pediatric medical homes with identifying and addressing social needs that affect children's health and development.

Changing Practice: How to Understand and Address Social Factors that Shape Child Health

brought to you by the National Center for Medical Home Implementation



Faculty:

Rhonique Shields, MD, MHA, FAAP
Chief Medical Officer
Vice President of Medical Affairs
Health Services for Children with
Special Needs, LLC

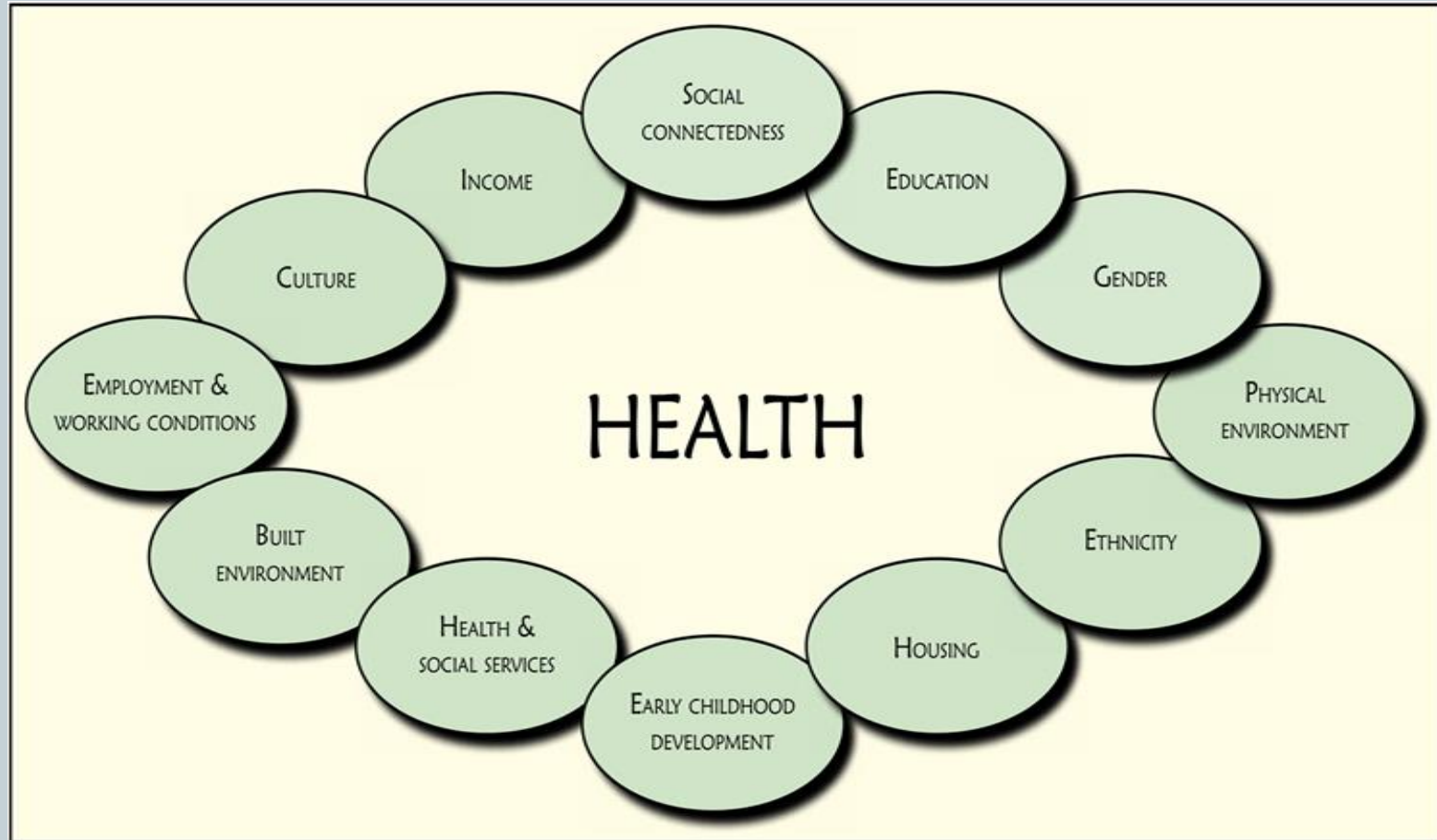


Social Factors Impacting Child's Health



- The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.
- These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

Social Factors Impacting Child's Health



Social Determinants of Health



- Availability of resources to meet daily needs
 - Safe housing and local food markets
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living
- Opportunities for recreational and leisure-time activities
- Transportation options
- Public safety

Social Determinants of Health



- Social support
- Social norms and attitudes
 - Discrimination, racism, and distrust of government
- Exposure to crime, violence, and social disorder
 - Presence of trash and lack of cooperation in a community
- Socioeconomic conditions
 - Concentrated poverty and the stressful conditions that accompany it
- Residential segregation
- Language/literacy
- Access to mass media and emerging technologies
 - Cell phones, the Internet and social media
- Culture

What do we know?



- We know that poverty limits access to healthy foods and safe neighborhoods and that more education is a predictor of better health.
- We also know that differences in health are striking in communities with poor social determinants of health, such as unstable housing, low income, unsafe neighborhoods, or substandard education.

Physical Determinants of Health



- Natural environment
 - Green space: trees and grass
 - Weather: climate change
- Built environment
 - Buildings, sidewalks, bike lanes and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements
 - Good lighting, trees and benches

Health Disparities



- Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Rural America



- Rural residents are more likely to experience some of the contributing social factors that impact health, such as poverty.
- The impact of these challenges can be compounded by the barriers already present in rural areas, such as limited public transportation options and fewer choices to acquire healthy food.



Rural America



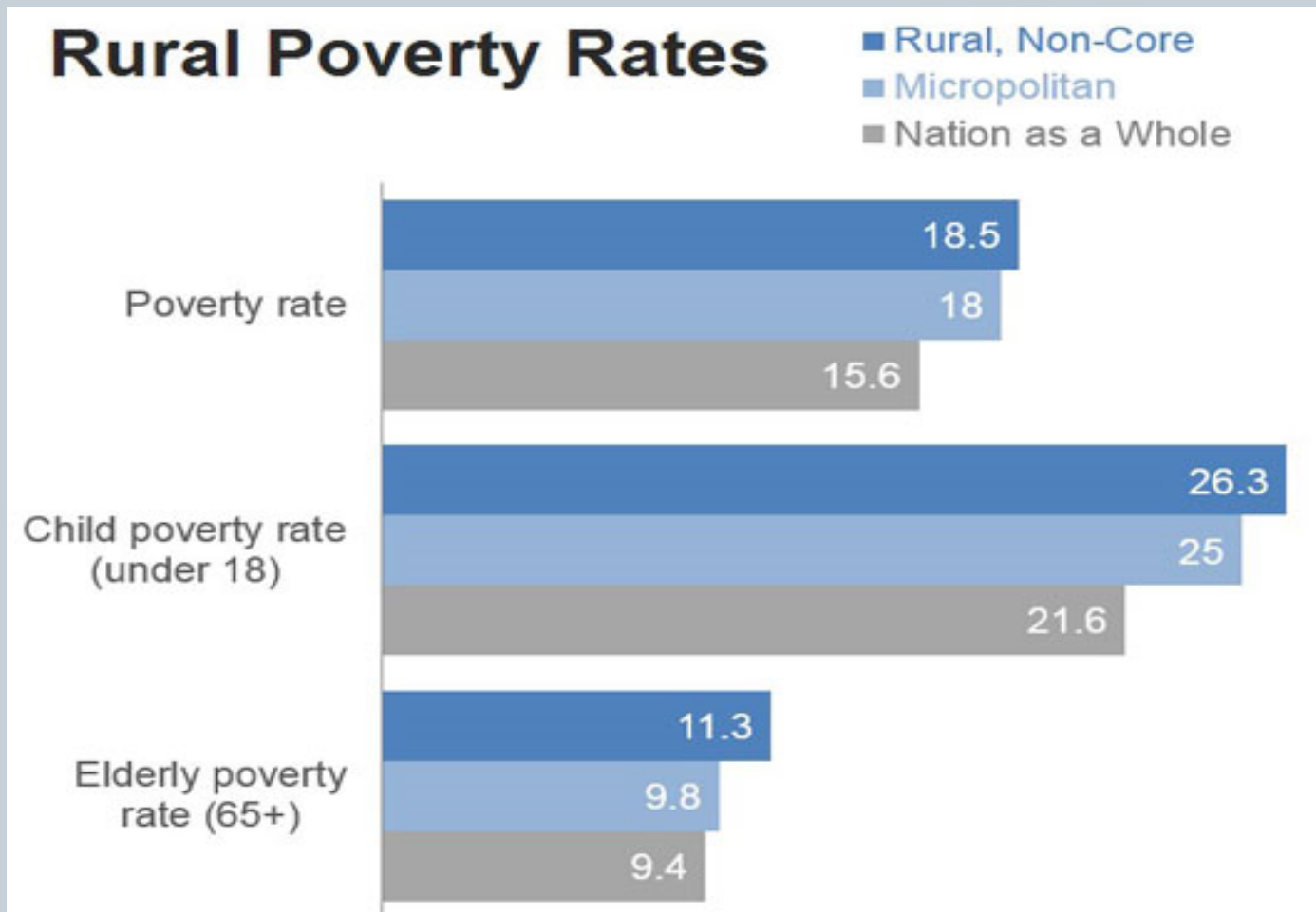
- Income, employment, and poverty
- Educational attainment and literacy
- Race/ethnicity
- Health literacy
- Adequate community infrastructure, which can ensure:
 - Public safety
 - Allow access to media
 - Promote wellness

Rural America



- Environmental health
 - Water quality, air quality and pollution
- Access to safe and healthy homes
 - Energy costs and weatherization needs
 - Lead-based paint
 - Other safety issues
- Access to affordable transportation
 - Can impact both job access and healthcare access
- Access to healthy and affordable food
- Access to healthcare services

Rural Poverty Rates



Income Disparities



- Average income is lower in rural areas.
- The rural per capita income in 2014 was \$45,482, compared to \$53,657 for the nation as a whole, as reported in the U.S. Census Bureau's Income and Poverty in the United States, 2014.

Rural America- Food Insecurity



- According to the USDA Economic Research Service report [Household Food Security in the United States in 2014](#), 17.1% of rural households are food insecure, compared to 14% for the nation as a whole.
- Households with children are impacted even more, with 23.6% of rural households with children food insecure, compared to 19.2% overall.

Rural America—Discrimination



- Many rural minorities face discrimination and racism that can result in stress, negatively impacting their health.
- More troubling, unfair treatment may impact rural minorities' ability to fully access services to support health, including healthcare services.

Rural America—Discrimination



- Discrimination can result in:
 - Mental health impacts, including stress, anxiety and depression
 - Violence, including intimate partner violence
 - Raised blood pressure
 - Poorer self-rated health
 - Chronic health conditions
 - Delay or failure to seek treatment, including preventive care
 - Substance abuse

Rural America—Cultural Beliefs



- May result in patient experiences that include:
 - Patients not following healthcare providers' advice and instructions
 - Reluctance to use the healthcare system
 - An experience of alienation, fear, and disrespect

Case Study



- AB is a 15 year old ex 30 week preemie born to a teenaged mother
- Presents to your office at 3 PM with a complaint of difficulty breathing
- Medical History:
 - Ex 30 week preemie, developmental delay, asthma, obesity
- Social History:
 - Lives with mom and paternal grandmother in a one bedroom apartment on the 12th floor
 - Family is at risk of eviction due to mom being in between jobs
 - Currently in 8th grade in special education at school, but doesn't attend school regularly
 - Doesn't know his father
 - Family receives food stamps
 - Family doesn't have a car and there is no public transportation

Case Study (continued)



- He smokes weed sometimes to alleviate his stress
- He is sexually active with his on-and-off girlfriend, they sometimes use condoms
- He spent some time in foster care due to neglect allegations
- Meds: Albuterol and Flovent
 - He says he only takes them when he feels he has to
- Allergies: No known drug allergies
- Surgeries: Bilateral inguinal hernia repair as an infant
- Vitals:
 - Blood Pressure: 135/85
 - Temp: 37.5
 - Weight: 350 lbs

Case Study



- What are clear social factors that will impact his health outcomes?
 - Teenaged parent
 - Smoking marijuana
 - Sexual activity

Patient Centered Medical Home



Medical Home Is and Is Not



- *How* care is provided
- The *attitudes* those who provide care to children and youth have about the care they provide
- An approach and model of providing primary care to all children and youth, including those with special health care needs, that is comprehensive and high quality



- A physical place or building like a house, hospital, clinic or office
- A physician who makes house calls or home visits
- Recognition, accreditation or certification in and of itself

What Can We Do?



- Assist in the development of posters and other information materials about medical home
- Assist in eliciting feedback from other families in the practice; disseminating surveys or getting informal feedback
- Help to plan and convene family advisory councils
- Plan lunch and learns with community organizations
 - Parents/families can identify community organizations
- Initiate Plan, Do, Study, Act cycles
 - Suggestion box in the practice waiting room

Promising Practices



- Federally Qualified Health Centers
 - Group well child visits
 - Caregiver education and support in culturally competent
 - Leverage existing opportunities
 - Engage key stakeholders and diverse communities



<https://medicalhomeinfo.aap.org>

Promising Practices



- Small Group Practices
 - Extended hours
 - Patient portals
 - Create community resource board
 - Flag patients identified as having non dominant language or complex needs
 - Train administrative staff
 - Host health fairs in the community
 - Parent council
 - Call center

<https://medicalhomeinfo.aap.org>

Promising Practices



- Academic Institutions
 - Flag high risk patients
 - Team based care based on interdisciplinary rounds
 - Expand traditional practice teams to include
 - ✦ Community health workers
 - ✦ Psychiatric nurse practitioners
 - ✦ Practice based care managers

Promising Practices



- State Based Organizations
 - Formalize memorandum of understanding
 - Standardize documentation
 - Data sharing
 - Collaborate with local payers

<https://medicalhomeinfo.aap.org>

Changing Practice: How to Understand and Address Social Factors that Shape Child Health

brought to you by the National Center for Medical Home Implementation



Faculty:

Abila Tazanu, MD
Executive Director, One World
Center for Autism, Inc
Acting Chair, Prince George's
County Commission for Individuals
with Disabilities



Case Study



- An African-American mother of West-Indian and West- African origin from a middle class suburb with private insurance raises concerns about the development of her 21 month old female daughter “Korah”



Case Study



- Since the birth of her younger brother, “Korah” has been showing regression in the areas of communication and appears to be still friendly but more aloof.
- She is advised that children will regress at times with the birth of a younger sibling and that she should not worry.

Case Study



- Korah's mother continues to watch her development over the next three months but remains very concerned.
- She raises the concerns at her 24 month well-child check. At this point her daughter continues to appear happy but is unresponsive to her name at times and seems to be in a "world of her own".
- She has reviewed information on child development that she acquired at her local library.
- Once again she is reassured that Korah will grow out of this stage and not to worry.

Case Study



- She leaves feeling ambivalent about her concerns and decides to keep watching and giving her daughter opportunities to learn and grow in the community with other children.
- These social outings become increasingly difficult as Korah seems to have little interest in other children and begins to develop difficult behaviors in loud and bright environments.
- She is also demonstrating challenges with directions and concepts she used to know like her numbers and letters.

Case Study



- After 6 more months of watching her child's development regress, Korah's mother decides to call the number for early intervention while watching a children's television program.
- Kora is evaluated shortly prior to her 3rd birthday by Child Find and diagnosed with Autism by a school psychologist.
- Due to changes in insurance coverage she had to switch providers. Her new primary medical doctor encouraged medical evaluation for Autism in addition to the educational evaluation received.

Case Study



- **Social factors**
 - Middle class, suburban neighborhood with access to care and private insurance.
 - Mother with educational ability to obtain information on typical development and realize a difference in her child's development.
- **Clinicians working within the child's pediatric medical home**
 - Did not consider social factors in addressing mother's concern at time of initial concern and 24 month well child check.
 - Provider used subjective knowledge and reassurance to encourage 9 months of "watch and wait."

Case Study



- Possible provider tools and strategies could have included:
 - Developmental screening
 - Referral to early intervention
 - Referral for developmental pediatrician

Take Home Messages



- Every patient, family, and clinician brings a unique cultural perspective
- Culture extends beyond race and ethnicity
- Consider social factors that may impact health and wellbeing for **all** patients and families
- The pediatric medical home can play a key role in identifying and addressing social factors that impact child health

Resources



- National Center for Medical Home Implementation
 - [Information materials about the medical home model \(for families and clinicians\)](#)
 - [How-To Videos: team huddles, family advisory councils, care partnership support](#)
 - [Building Your Medical Home Online Resource Guide](#)
 - [Evidence-based/informed promising practices](#)
- [National Center for Cultural Competence](#)
- [National Center for Family Professional Partnerships](#)
- [Family-to-Family Health Information Centers](#)
- [State Title V Programs](#)

Questions



We're Here to Help You!



Have a question about medical home?
Contact us!

www.medicalhomeinfo.org

Medical_home@aap.org

[Subscribe to our Listserv!](#)

800/433-9016 ext 7605