HealthySteps: Transforming pediatric primary care to support families living in poverty, ensuring children are healthy and prepared to succeed in school and life

Arreola, Guadalupe, University of California, Davis, School of Medicine MS4

ABSTRACT

The first 1,000 days of a child’s life are considered the most important time for cognitive development, setting the foundation for future learning, behavior, and health. These early years are critical because the neuroplasticity of the brain is at its lifetime peak, with more than 1 million neuronal connections made each second. Recent studies show that a rich early language environment and responsive caregiver interactions are key to forming brain connections, ultimately promoting healthy cognitive development and school readiness.

Current programs aimed at aiding children after they begin school come too late, and interventions in the critical early years are needed to prevent such disparities at their onset.

Since caregivers are the key mediators of a child’s environment, especially before children begin school, interventions aimed at guiding caregivers in providing rich early learning environments are likely to be effective. Family Physicians and Pediatricians are well-positioned to provide this knowledge to caregivers of all income levels, as the American Academy of Pediatrics (AAP) recommends twelve routine well-child visits from birth to age three and these visits are widely covered by both private and public insurance plans.

HealthySteps is a national model of enhanced pediatric primary care that integrates a child development specialist into the primary care team, in order to foster positive parenting and strengthen the child’s early social and emotional development, particularly for families living in low-income communities.

BACKGROUND

SOCIAL PROBLEM BEING TACKLED

• 6.7 million children (ages 0-3) living in poverty.  
• By 9 months of age, infants in families of low socioeconomic status (SES) score lower on cognitive development assessments than their peers, a disparity triples in severity by 24 months of age.  
• Less than half (48%) are ready for school by age 5.  
• Low SES children are 1.7x more likely to have serious behavioral or emotional issues, affecting their development.  
• Recent studies show that responsive caregiver interactions and a rich early language environment are key to promoting healthy cognitive development and school readiness.  
• Caregivers are the key mediators of a child’s environment, especially before children begin school, interventions aimed at guiding and supporting caregivers are likely to be effective in mitigating the effects of poverty.

OBJECTIVES

• Attend conference learn about HealthySteps  
• Get Buy-in from Petaluma Health Center key internal stakeholders  
• Meet with community partners and neighboring county clinics on implementation process  
• Find funding sources for program to ensure sustainability

METHODS

TIER 1. UNIVERSAL SERVICES

Child development, social-emotional & behavioral screening  
Screening for family needs (i.e., maternal depression, other risk factors, social determinants of health)  
Child development support line (e.g., phone, text, email, online portal)

TIER 2. SHORT-TERM SUPPORTS (mild concerns)

Child development & behavior consultations

TIER 3. COMPREHENSIVE SERVICES (families most at risk)

Ongoing, preventive team-based well-child visits (WCV)

RESULTS

PROJECT MILESTONES REACHED:

• 3 months: Attend conference, learn about HS, network leadership from clinics where HS is in full implementation, participate in various conference calls with National Director of HS, Santa Cruz County Department Health Services about to undergo HS site training  
• 6 months: Meetings with key internal stakeholders at Petaluma Health Center and community partners

CONCLUSIONS

• HS is a robust structured program of Zero to Three, a national nonprofit dedicated to ensuring babies and toddlers have a strong start in life.  
• 15-years of evidence indicates that HealthySteps yields strong outcomes.  
• Start-up costs, not including training fees paid to the national office, range from $5-15k. This is for equipment, data collection, and tracking and ongoing support during the first-year when case load is typically smallest.  
• There is also cost of hiring a new Master’s level Full Time Employee.  
• Current policy initiatives are working to convince states to reimburse for services from state and federal funding streams.  
• The project was a big undertaking - more experienced administrative personnel and my mentor at the Petaluma Health Center (PHC) understood this before I did.  
• Nonetheless, they allowed me to proceed. Guiding me as I began to uncover the work required to obtain buy-in from staff and ultimately the challenges of obtaining funding.