

NATIONAL ACADEMIES Sciences Engineering Medicine

Thursday, June 15, 2023

Collaborative Programs to Support Children's Health and Wellbeing session

Texas Children's Hospital®

Baylor College of Medicine®

Christopher Greeley, MD, MS
Vice Chair for Community Health
Chief, Division of Public Health Pediatrics
Baylor College of Medicine
Texas Children's Hospital

Pediatrics

Context

- Texas Population: 28.7 million (7.3 million <18y)
- Greater Houston: 7.3 million (1.9 million <18y)
  - -10,000 square miles
  - -GDP: $490 billion (7th highest in the US)
  - -Birth rate: 103,000 births (> than 40 states)
- Harris County: 4.7 million (1.2 million <18y)
  - -Third most populous county in the US
  - -Ethnicity: 44% Hispanic, 26% AA, 26% White

Texas Children's Hospital®

Baylor College of Medicine

Texas Children's Hospital®

Baylor College of Medicine

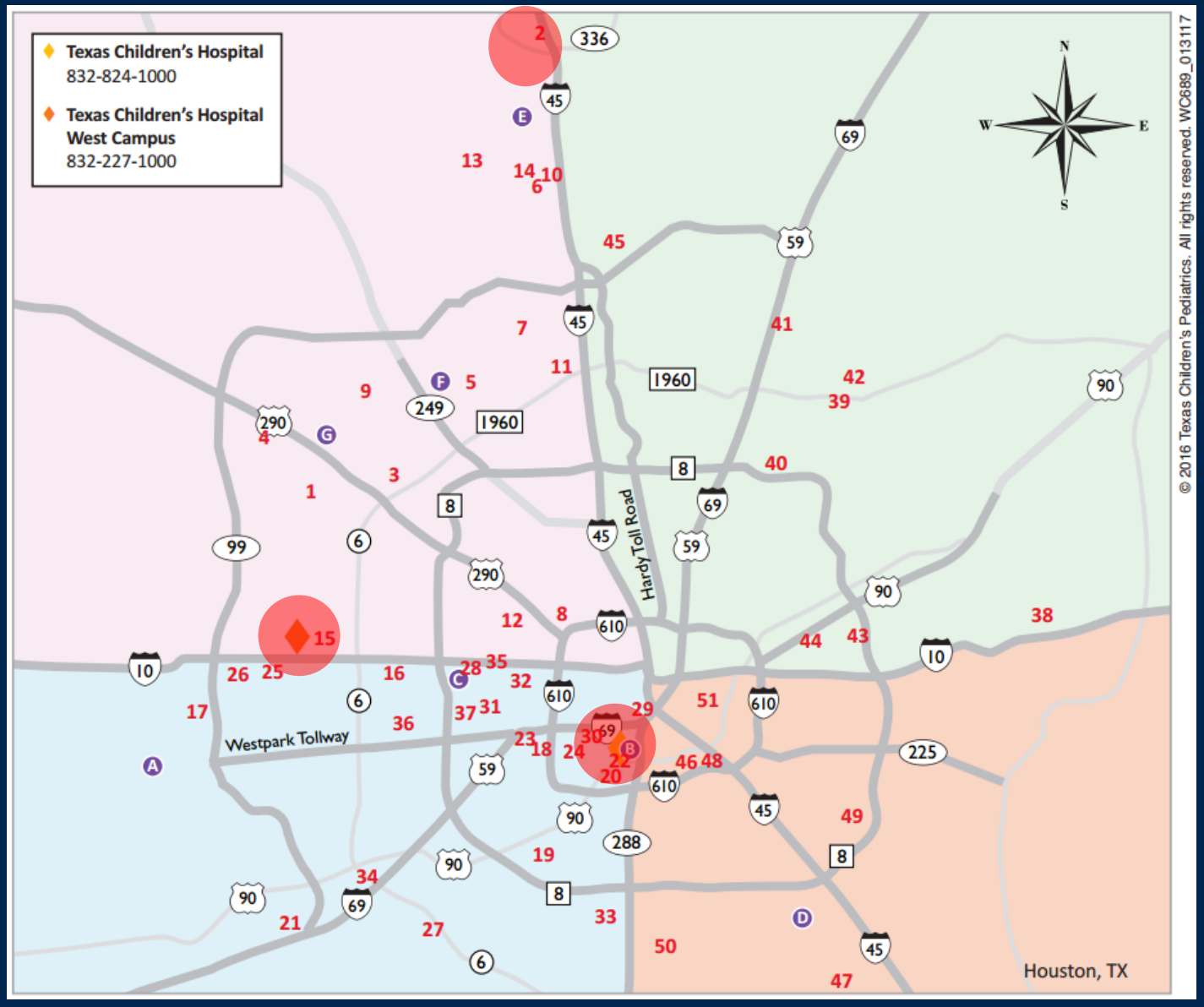
Texas Children's System

- Hospitals
  - -3 hospitals with 4.6 million patient encounters / year
- Texas Children's Pediatrics
  - -55 pediatric practices, 260+ pediatricians, largest pediatric primary care network in the nation
  - -Provides care to 1.5 million encounters each year
- Texas Children's Health Plan
  - -~450,000 members, provides >50% of Medicaid coverage to children in Harris County
- TCH Pavilion for Women
  - -6,600 births /year
- Baylor College of Medicine
  - -Department of Pediatrics, >1,400 faculty members

*2020

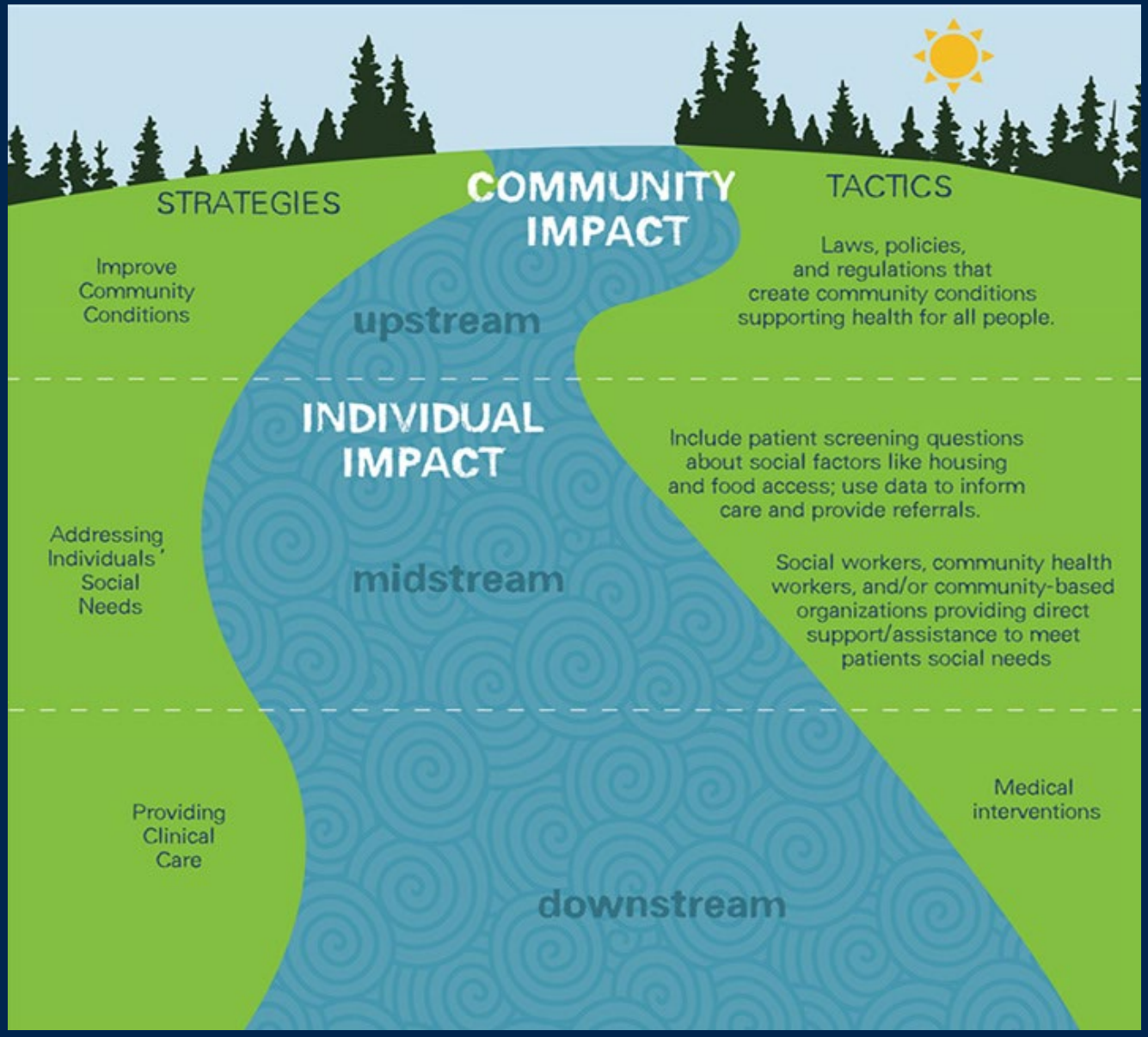
Texas Children's Hospital®

Baylor College of Medicine



Texas Children's Hospital®

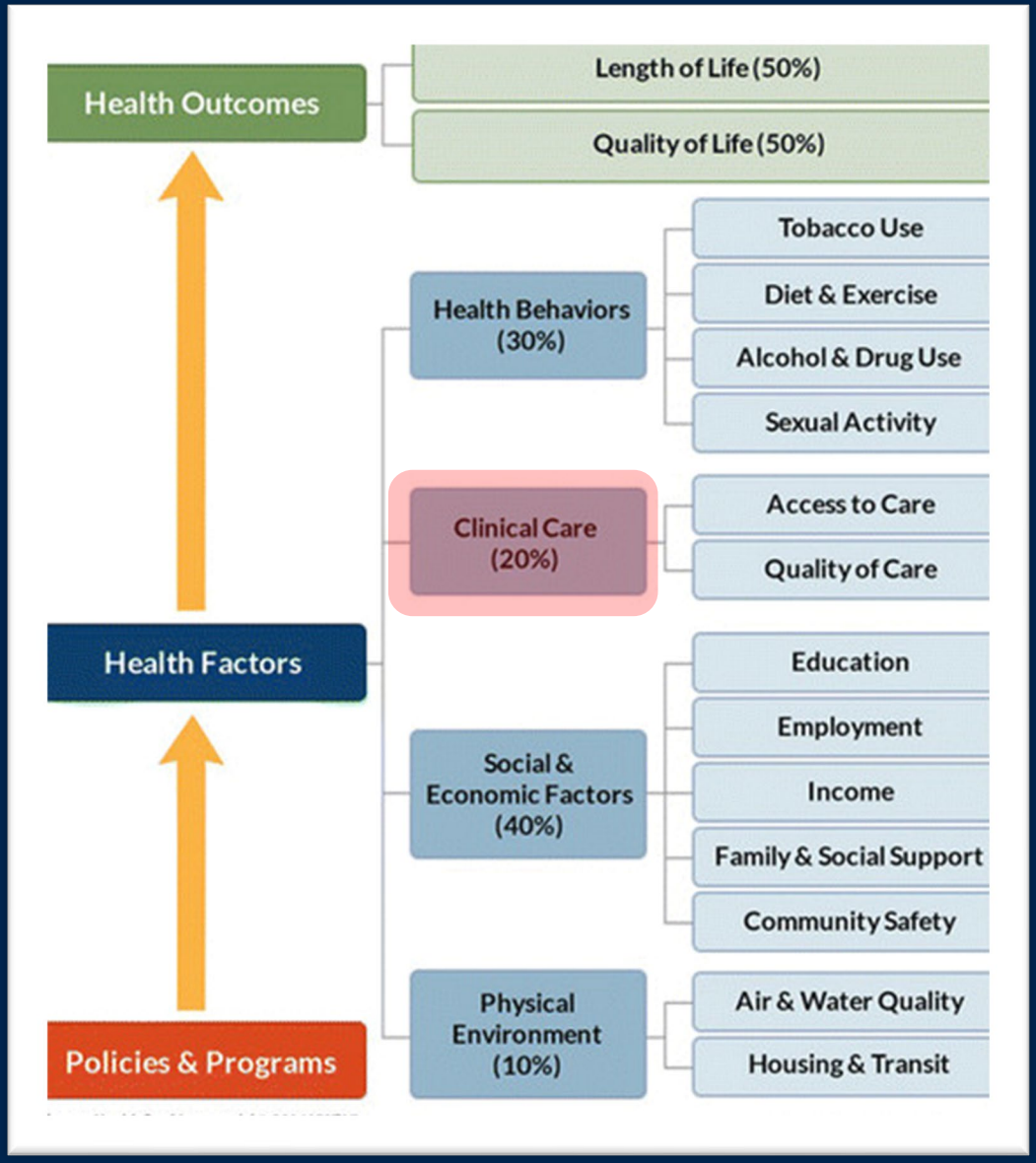
Baylor College of Medicine



National Academies of Sciences, 2019

Texas Children's Hospital®

Baylor College of Medicine



National Academies of Sciences, 2019

Texas Children's Hospital®

Baylor College of Medicine

Considerations

- Drivers
  - External
    - CMS, Joint Commission, USNWR
  - Internal
    - Quality Metrics
- Internal
  - Clinic processes, clinical data, providers, workflow
- External
  - Community partners

Texas Children's Hospital®

Baylor College of Medicine

Addressing “Social Determinants of Health”

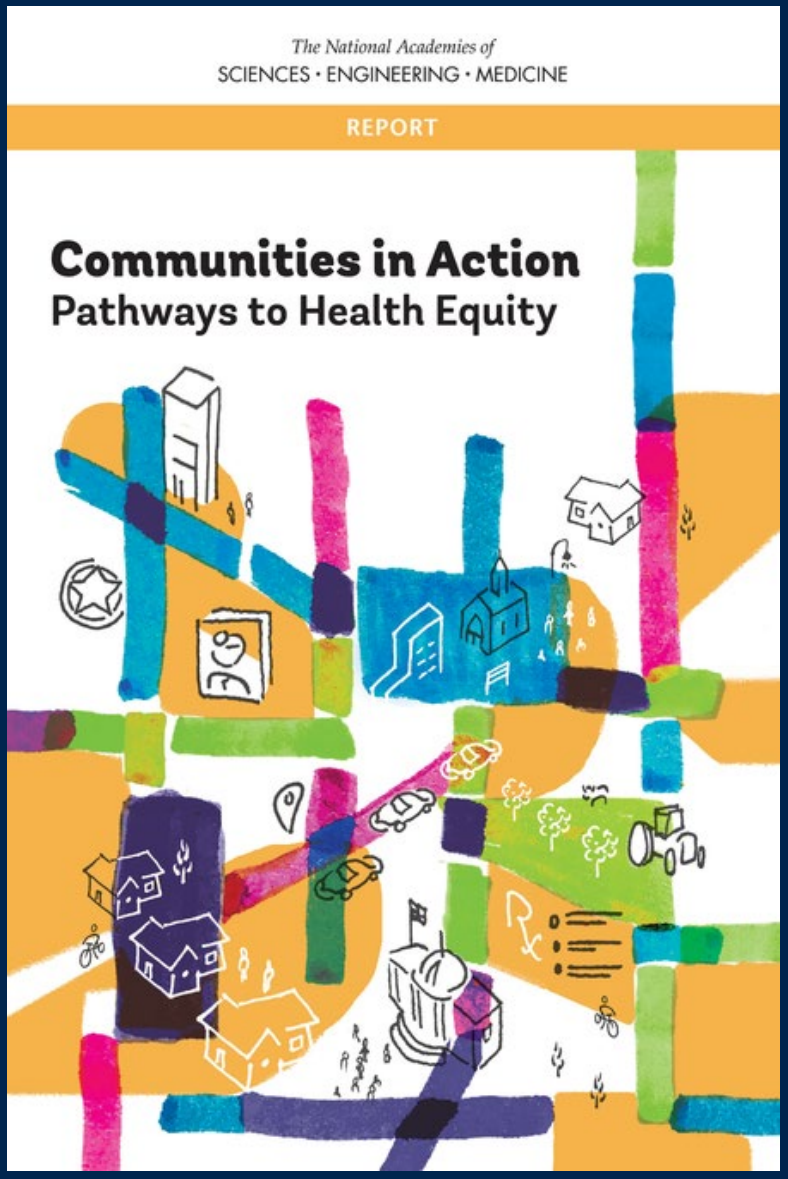
- Is complicated
  - -Not a single strategy in isolation
- Requires a collective (team) effort
  - -No one can do it alone
- Requires cross disciplinary/sector collaboration
  - -Non-profit, government, academia
- Requires attention to data
  - -Not all things that sound good are effective
- Takes Time
  - -Need to develop thoughtful (realistic) sustainability models

Texas Children's Hospital®

Baylor College of Medicine

Questions

- What to do?
  - -What is effective to address the need?
- How to do it?
  - -What is the role of healthcare/pediatricians?
  - -How to integrate into care delivery
- Why do it?
  - -What are the outcomes that are anticipated?



ADVERSE CHILDHOOD EXPERIENCES COALITION - TEXAS

Submitted by: Nancy Correa, MPH, Sr. Community Initiatives Coordinator, Texas Children's Hospital

*Note that this submission features a specific activity that arose from the CHNA

Structure

Arrangement

Texas Children's Hospital facilitates an Adverse Childhood Experiences (ACE) Coalition to mitigate adversities, foster resilience, and improve outcomes for vulnerable children. Community partners, including hospitals, clinics, academics, local non-profits, and health departments, collaborate to conduct needs assessments that address specific child adversities and social drivers of health. The workgroups first conduct a needs assessment and develop recommendations on how to address the specific adversity. The assessment typically includes a literature review, collection of local data, interviews with key stakeholders, and focus groups. Upon completion of the needs assessment, workgroup members identify and implement strategies to mitigate or prevent the adversity and develop recommendations, which may include programs and services, education and training, policy and advocacy, and research and scholarship. The principles of the workgroups are to be collaborative, action oriented, and data driven.

The coalition is composed of workgroups that address specific adversities. Last year, the ACE workgroups focused on intimate partner violence (IPV), postpartum depression (PPD), and food insecurity.

- Intimate partner violence: The IPV workgroup conducted a needs assessment on IPV screening and identified the need for local health care institutions to improve how IPV screening is being conducted. Focus groups with local survivors of IPV revealed that best practices are not being followed such as screening alone, asking specific and direct questions, and showing compassion. Using the experiences of the local survivors collected through focus groups and evidence from the literature, the collaborative developed a protocol to improve IPV screening and recruited four pilot sites. Two of the four sites did not previously screen for IPV, but are now integrating IPV screening protocols into their workflow. Two of the four sites previously screened for IPV, but improved their screening protocols to reflect the literature and the experiences of local survivors. The IPV screening pilots are currently being implemented, and data are being collected to identify the percentage of eligible patients screened and the rates of positive disclosure to determine whether the new methods improved screening and disclosure rates.
- Postpartum depression: The PPD workgroup identified the need to support local efforts of embedding PPD screening into pediatric practices along with the need to expand the availability of services for women, especially those with low incomes, who screen positive for PPD. To address these needs, in partnership with organizations across the state, the workgroup members successfully advocated for the passage of a state bill, HB 2466, that requires Texas Medicaid to reimburse pediatricians for screening for PPD. In addition, the collaboration also developed a research protocol for a randomized controlled trial to determine if a home visitation program is as effective as a referral to a psychiatrist for moms who exhibit mild to moderate signs of PPD. The research study is currently underway and if successful may lead to more treatment options for women with mild to moderate PPD.

National Academies of Sciences, Engineering, and Medicine, 2017

FOOD INSECURITY SCREENING IN HOUSTON AND HARRIS COUNTY:

A GUIDE FOR HEALTHCARE PROFESSIONALS

CFRT
Harris County
Child Fatality Review Team

THE FORGOTTEN FAMILIES:

A NEEDS ASSESSMENT ON CHILDREN WITH INCARCERATED PARENTS IN HARRIS COUNTY, TEXAS

FEBRUARY 2019

SUPPORTING MOTHERS AND INFANTS IMPACTED BY PERINATAL OPIOID USE:

A CROSS-SECTOR ASSESSMENT

HOUSTON AND SAN ANTONIO, TEXAS

MARCH 2019

Baylor College of Medicine

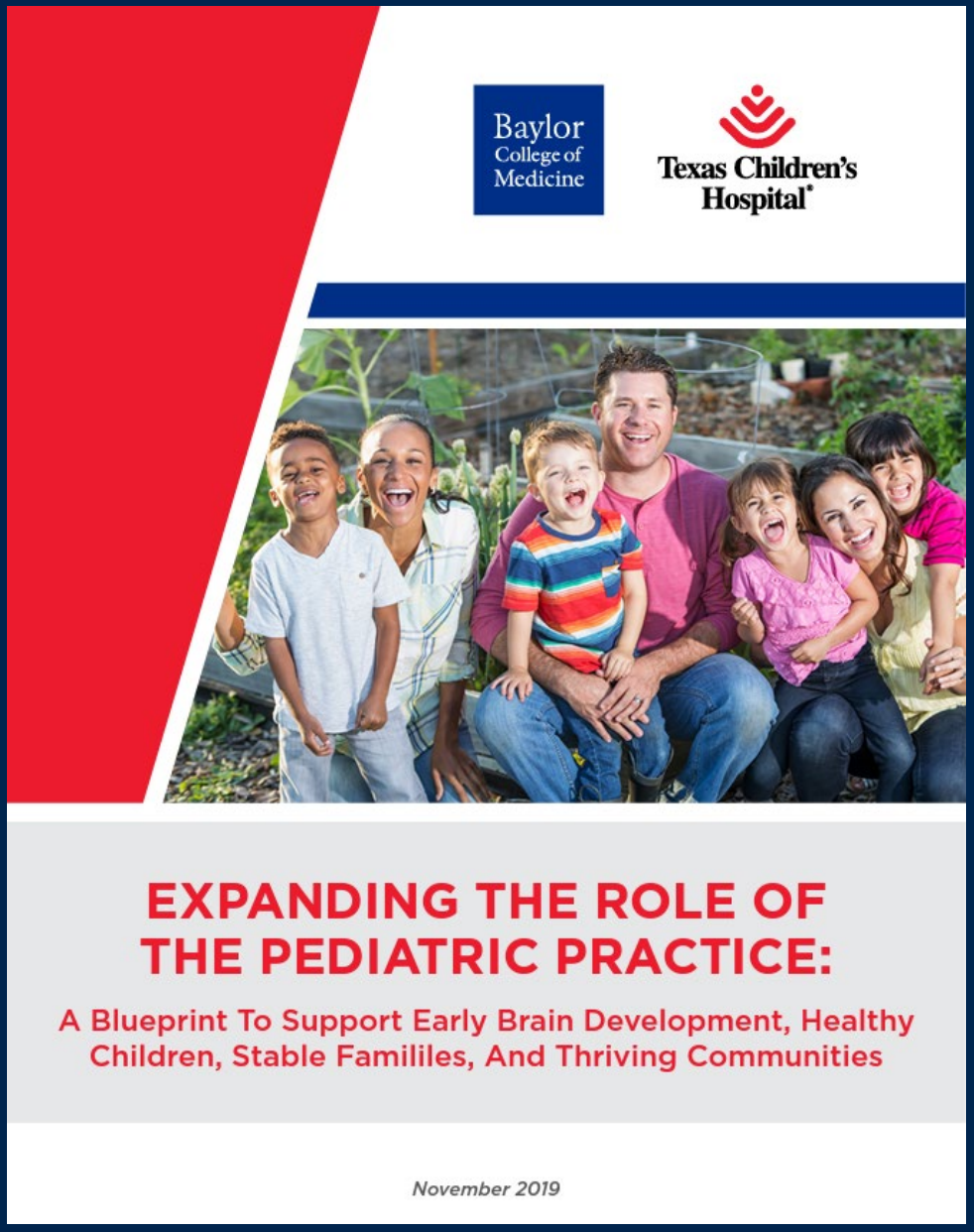
Texas Children's Hospital®

EXPANDING THE ROLE OF THE PEDIATRIC PRACTICE:

A Blueprint To Support Early Brain Development, Healthy Children, Stable Famililes, And Thriving Communities

Texas Children's Hospital®

Baylor College of Medicine



EPISCOPAL HEALTH FOUNDATION

https://www.texaschildrens.org/departments/public-health-pediatrics/resources

Texas Children's Hospital

Baylor College of Medicine

EPISCOPAL HEALTH FOUNDATION

https://www.texaschildrens.org/departments/public-health-pediatrics/resources

Texas Children's Hospital®

Baylor College of Medicine

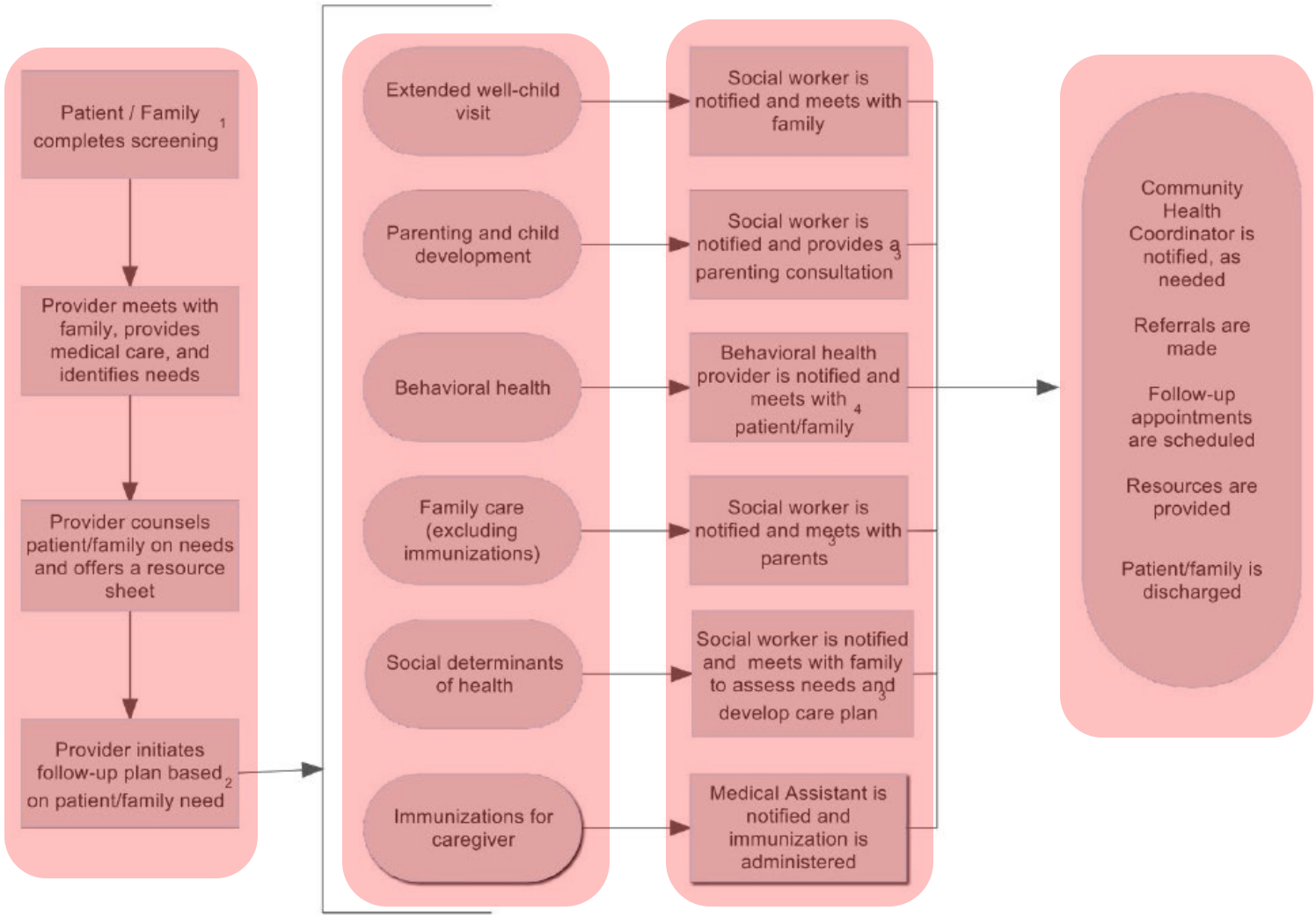
TABLE 2. RECOMMENDED SCREENING INSTRUMENTS AND USAGE FOR THE EXPANDED MODEL OF PEDIATRIC CARE

Topic		Who is being screened	Frequency	Tools	Notes and Recommendations
Parenting Support		Parent	Every well-child visit	SEEK Whole Child Assessment	There are validated tools that assess parenting challenges such as SEEK and the Whole Child Assessment, but these screening tools are long and include many additional measures. To avoid screening fatigue, practices may want to include a checklist of specific common parenting challenges and ask parents to select items that they would like to discuss. In addition, it is helpful to include an open-ended question so that parents can ask about additional questions, challenges, or concerns, such as, "What is your main concern about your child's behavior and development?"
Social Determinants of Health (SDH)		Parent	Annually per family	We Care IHELLP SEEK Whole Child Assessment PRAPARE	Many SDH screening tools are available on the AAP's Screening Tool Finder. Practices may need to modify screening instruments to screen only for those SDH they can address. When possible, practices should use validated screening tools and/or questions.
Family Care	Family planning	Mothers, under age 50	Every well-child visit	One Key Question	
	Tobacco use	Parent	Annually	SDH screening instruments	Questions on tobacco use are included in some of the SDH screening tools.
	Postpartum depression	Mother	Infant's 2-week, 2-month, 4-month, 6-month, and 9- month well-child visits	EPDS	
	Depression	Parent	Annually, beginning at 12- month well-child visit	SDH screening instruments PHQ-2	Some SDH screening tools include questions about parental depression. We recommend using the PHQ-2 if the practice is not using an SDH screening that covers parental depression.
	Targeted Immunizations	Parent	Every well-child visit 0 – 6 months for TdaP and 0-12 months for influenza	Have you received your TdaP/flu vaccine?	Screening for immunizations should continue annually for children with complex medical needs.
Child Development	Developmental screening	Parent	9-month, 18-month, 24-month, 30-month, 36-month, and 48-month well-child visit	ASQ Peds	
	Autism spectrum disorder	Parent	18 month and 24 month well-child visit	MCHAT	
Behavioral Health	Psychosocial/ behavioral assessment	See notes	Every well-child visit, beginning at age 5	Ages 5 - 6: ASQ-SE Ages 7 -10: PSC-17 Ages 11 -18: PSC-17 + PSC-Y	Parents should complete the ASQ-SE and PSC-17. The child should complete the PSC-Y.
	Tobacco, alcohol, or drug use	Child	Every well-child visit, beginning at age 11	CRAFFT HEADSS	Provider should perform screening without parents or others in the room.
	Depression and anxiety	See notes	Every well-child visit, beginning at age 7	Ages 7 -10: PSC-17 Ages 11 -18: PSC-17 + PSC-Y or PHQ-9A	Parents should complete the PSC-17. The child should complete the PSC-Y and PHQ-9A.

TABLE 2. RECOMMENDED SCREENING INSTRUMENTS AND USAGE FOR THE EXPANDED MODEL OF PEDIATRIC CARE

Topic		Who is being screened	Frequency	Tools	Notes and Recommendations
Behavioral Health	Psychosocial/ behavioral assessment	See notes	Every well-child visit, beginning at age 5	Ages 5 - 6: ASQ-SE Ages 7 -10: PSC-17 Ages 11 -18: PSC-17 + PSC-Y	Parents should complete the ASQ-SE and PSC-17. The child should complete the PSC-Y.
	Tobacco, alcohol, or drug use	Child	Every well-child visit, beginning at age 11	CRAFFT HEADSS	Provider should perform screening without parents or others in the room.
	Depression and anxiety	See notes	Every well-child visit, beginning at age 7	Ages 7 -10: PSC-17 Ages 11 -18: PSC-17 + PSC-Y or PHQ-9A	Parents should complete the PSC-17. The child should complete the PSC-Y and PHQ-9A.
	Depression	Parent	12- month well-child visit	instruments PHQ-2	the PHQ-2 if the practice is not using an SDH screening that covers parental depression.
	Targeted Immunizations	Parent	Every well-child visit 0 – 6 months for TdaP and 0-12 months for influenza	Have you received your TdaP/flu vaccine?	Screening for immunizations should continue annually for children with complex medical needs.

Figure 2. Overview of the Clinic Workflow of the Pediatric Practice



UP START

UP START

Healthy Outcomes through Prevention & Early Support

Community-driven initiatives and supports for families with children 0-5 years of age

Texas Children's Hospital®

Baylor College of Medicine

On Behalf of

- Beth Van Horne, DrPH
- Nancy Correa, DrPH
- Cary Cain, PhD
- Maura Dugan, SLP
- Yen Nong, MPH
- Ursula Johnson, DrPH
- Adrian McKinney, RN
- Avni Bhalakia, MD, MPH
- Lorena Diaz, LCSW

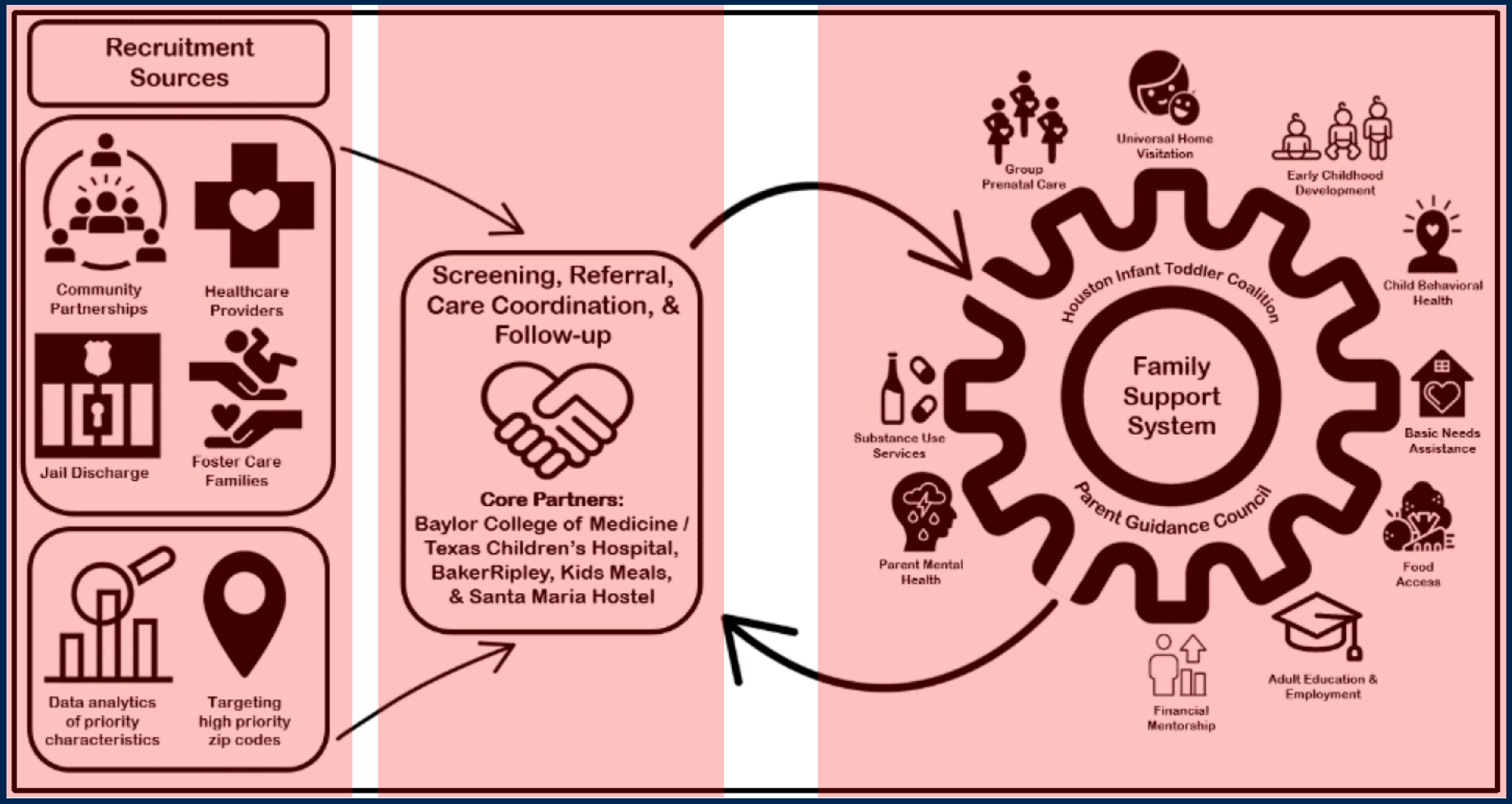
upWORDS Staff: Jessica Garza, Roukiatou Barry, Claudia Zolezzi, and Jennifer Howell, Program Assistants include Mahrukh Shiekh, Maria Trujilo, and Rosa Parades

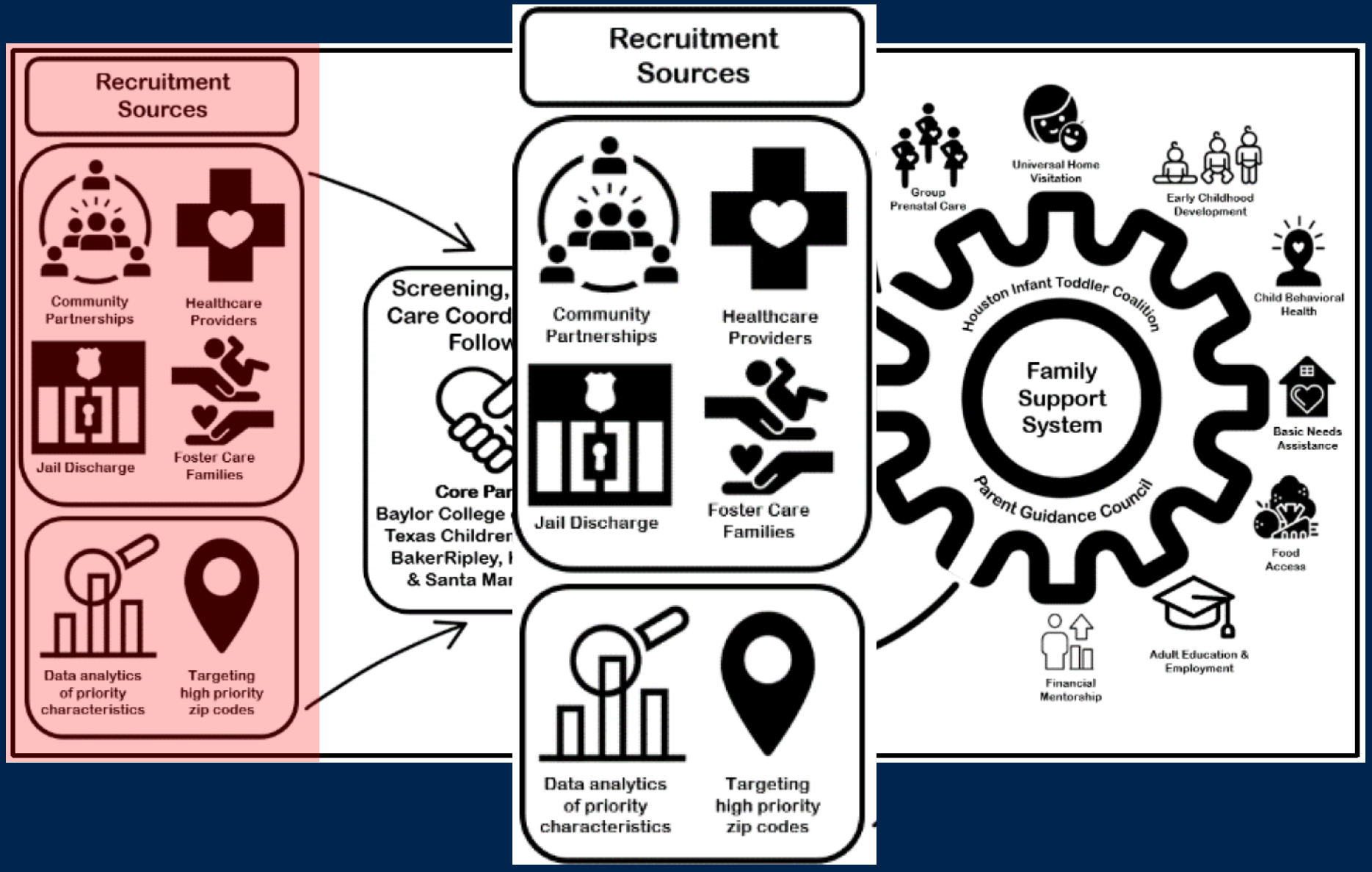
Texas Children's Hospital®

Baylor College of Medicine

upSTART

- A multi-component, community-based maternal and family support framework
  - -Multidisciplinary
  - -Ecologically based
  - -Modular
  - -Skill building
  - -Early brain development at the core (prenatal to 5y)


Recruitment Sources
Community Partnerships
Healthcare Providers
Jail Discharge
Foster Care Families
Data analytics of priority characteristics
Targeting high priority zip codes
Screening, Referral, Care Coordination, & Follow-up
Core Partners:
Baylor College of Medicine / Texas Children's Hospital, BakerRipley, Kids Meals, & Santa Maria Hostel
Houston Infant Toddler Coalition
Family Support System
Parent Guidance Council
Group Prenatal Care
Universal Home Visitation
Early Childhood Development
Child Behavioral Health
Basic Needs Assistance
Food Access
Adult Education & Employment
Financial Mentorship
Parent Mental Health
Substance Use Services



UP START

Texas Children's Hospital®

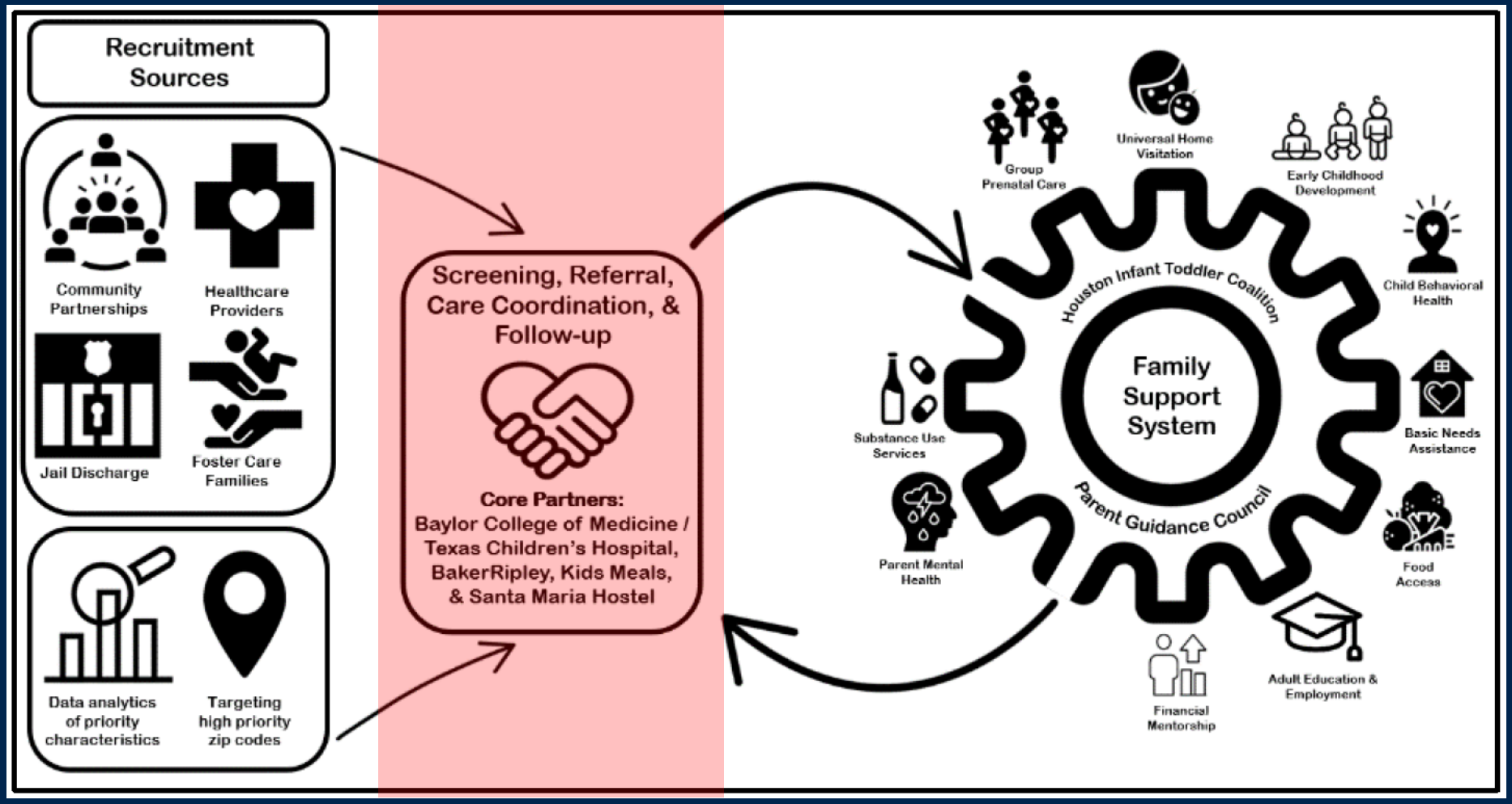
Baylor College of Medicine

- Child care
- Child serving agencies
- Community coalitions
- Neighborhood stakeholders

- Harris County Reentry programs

- Pediatric offices
- Hospitals
- Substance use programs

- Foster care clinic
- Child placing agencies
- CPS/courts



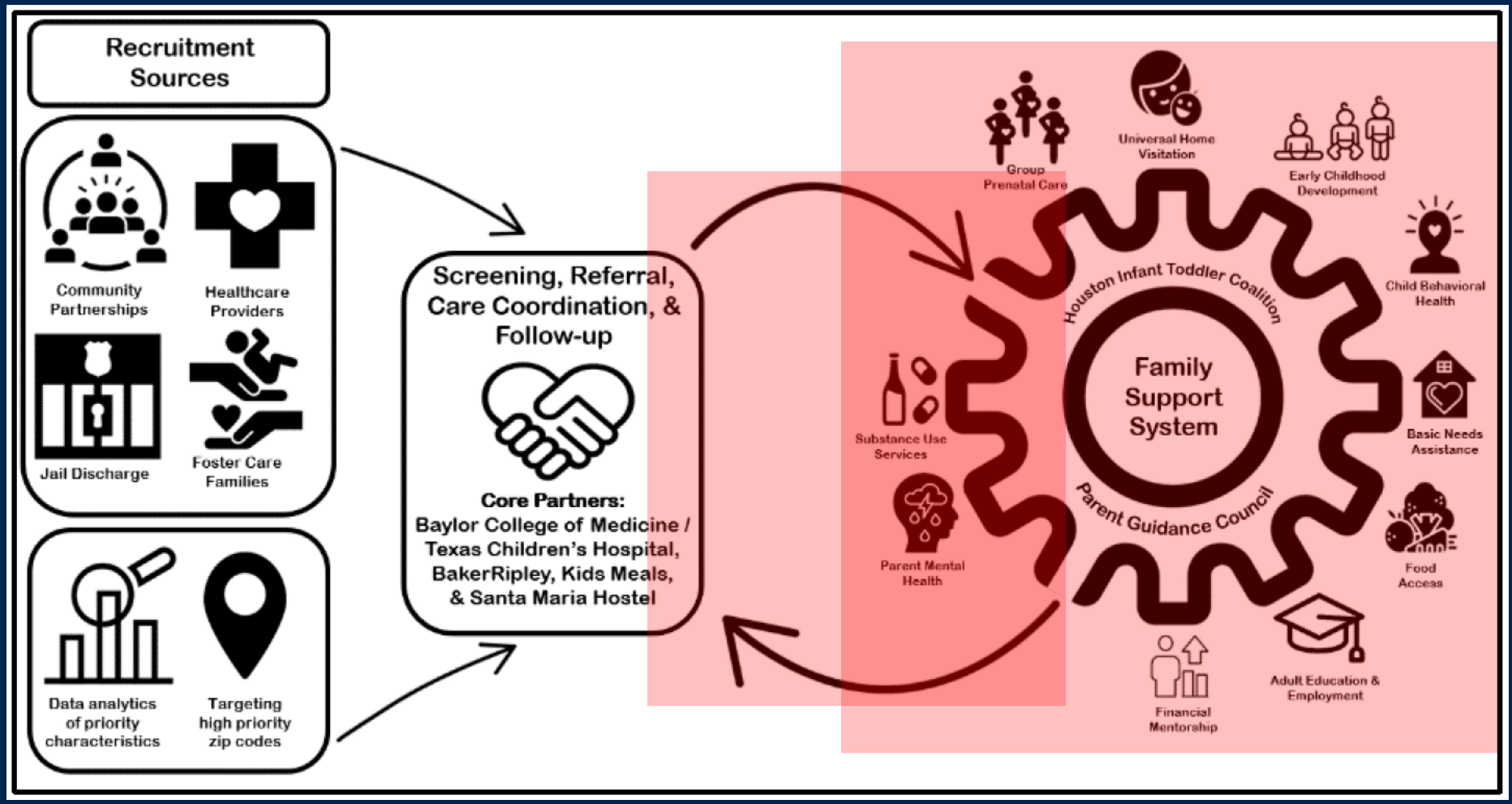
UP START

Texas Children's Hospital®

Baylor College of Medicine

- Screening for basic needs
- Screening for medical needs
- Screening for social needs
- Assessing financial needs

- Closed-loop referrals
- Warm hand offs
- "Social" care coordination


Recruitment Sources
Community Partnerships
Healthcare Providers
Jail Discharge
Foster Care Families
Data analytics of priority characteristics
Targeting high priority zip codes
Screening, Referral, Care Coordination, & Follow-up
Core Partners:
Baylor College of Medicine / Texas Children's Hospital, BakerRipley, Kids Meals, & Santa Maria Hostel
Houston Infant Toddler Coalition
Family Support System
Parent Guidance Council
Group Prenatal Care
Universal Home Visitation
Early Childhood Development
Child Behavioral Health
Basic Needs Assistance
Food Access
Adult Education & Employment
Financial Mentorship
Parent Mental Health
Substance Use Services

UP REACH+

Brief home visitation program for pregnant and postpartum women

- Receiving prenatal care at the Ben Taub High Risk Obstetric Clinic
- Women delivering at Ben Taub without prenatal care, or
- Women delivering at Ben Taub who develop hypertension near delivery.

UP LIFT

Short home visitation/virtual program for pregnant and postpartum women with elevated symptoms of depression and anxiety.

UP WORDS

Group-based early language and brain development program for caregivers of children 0-3. Bridges' extension program assists families with developmental evaluations and connection to therapy.

Community Education

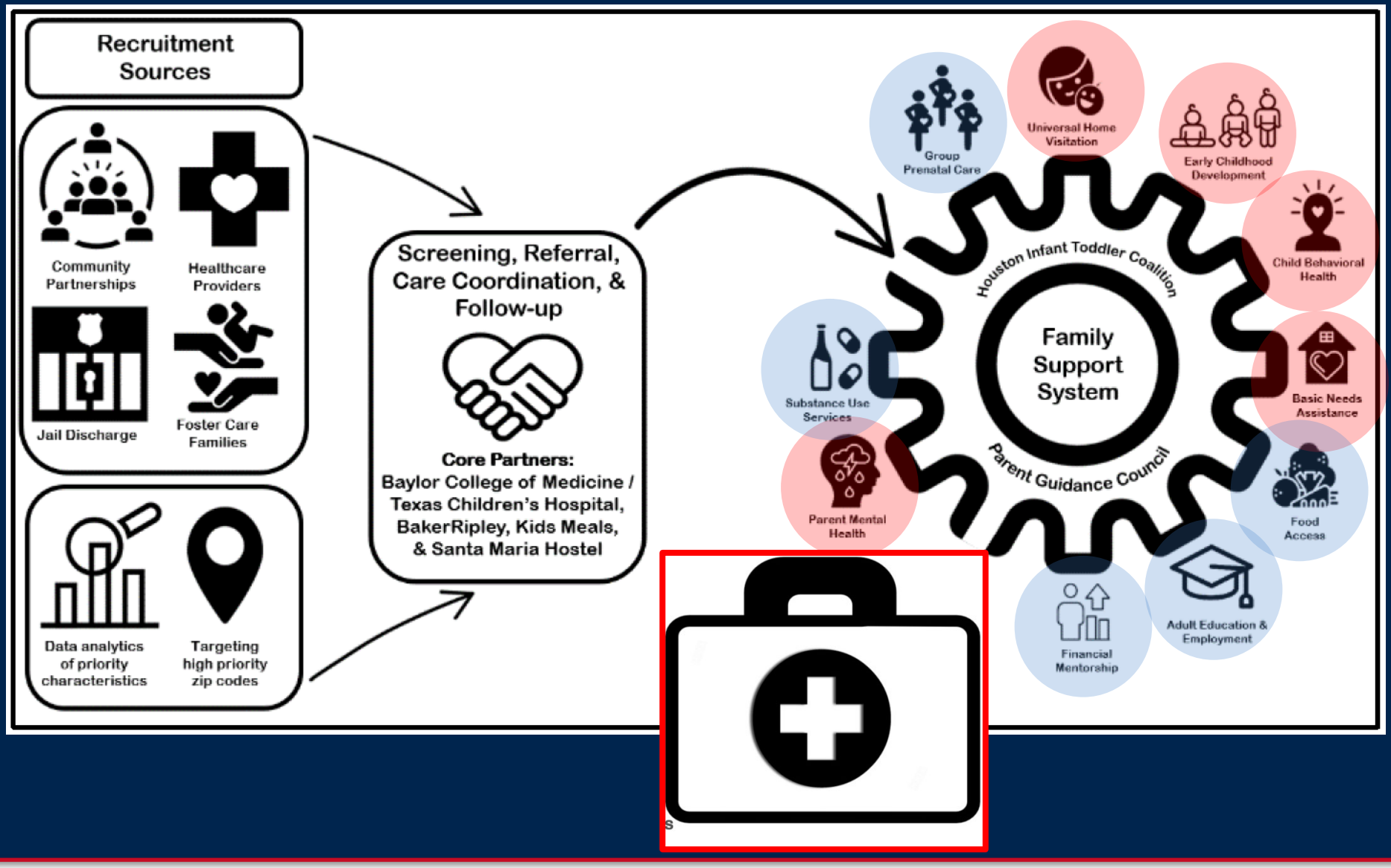
Partnered with the Children's Museum and Houston Basics to provide Welcome Baby Bags and education to the community about early brain development.

Screening for basic needs, care coordination, and connection to community resources.

UP START COMMUNITY PROGRAMS

Texas Children's Hospital®

Baylor College of Medicine



UP START

Texas Children's Hospital®

Baylor College of Medicine

Summary

- Large system
  - -Multiple assets, multiple challenges
  - -Align incentives, drivers, processes
- Re-envision the role of the pediatric office
  - -Different, additional skillsets
  - -Different, additional disciplines
  - -Retain the core of the relationship
- Develop two-way relationships with community partners

Texas Children's Hospital®

Baylor College of Medicine

Division of Public Health Pediatrics

Education and Training

Community education on topics including preventing and mitigating childhood adversities, child abuse and neglect, and early brain development

Collaboration

Partnerships with community organizations to identify and implement strategies to support children and families

Research and Evaluation

Lead and participate in research and evaluation initiatives to better understand how to prevent and mitigate childhood adversities

Community Programs

Community based programs to strengthen families, promote early brain development, and address maternal depression

Mission: To prevent and mitigate childhood adversities; foster resilience in children, families, and the community; and provide care for the most vulnerable children in Texas.

Moving upstream

Clinical Services

Clinical services for children with suspected injuries from abuse or neglect and children in the foster care system

Texas Children's Hospital®

Baylor College of Medicine