



Fostering Social and Emotional Health in Pediatric Primary Care: *Common Threads to Transform Everyday Practice and Systems*



**Center for the
Study of
Social Policy**
Ideas into Action

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Thank you!



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Purpose:

Study what is currently being done and what may be possible in the pediatric well-child visit (ages 0 – 3) and the pediatric primary care setting to promote social and emotional development and the parent-child relationship



Background

- Reviewed nearly 70 programs identified through the literature, registries or nomination
- Conducted 13 site visits, that included a Family Leader and a Pediatrician
- Facilitated stakeholder meeting of developers, implementers, pediatricians and family leaders
- Facilitated advisory groups of Parent Leaders and Pediatricians





Background

Programs Included in Program Analysis

Programs and Sites Visited		
CenteringParenting® Philadelphia, Pennsylvania	Promoting First Relationships® in Pediatric Primary Care (PFR-PPC) Seattle, Washington	
Developmental Understanding and Legal Collaboration for Everyone (DULCE) Long Beach, California	Quality through Technology and Innovation in Pediatrics (QTIP) 3 locations, South Carolina	
Family Connects Durham, North Carolina	Reach Out and Read™ (ROR™) Tacoma, Washington	
HealthySteps Show Low, Arizona Bronx/NYC, New York	TMW Well-Baby Chicago, Illinois	
Massachusetts Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) Worcester, Massachusetts	Video Interaction Project (VIP) Brooklyn/NYC, New York	
Programs Interviewed But Not Visited		
Empowering Mothers Oakland, California	The Incredible Years® Kansas City, Missouri	Mental health Outreach for MotherS (MOMS) Partnership® Washington, DC New Haven, Connecticut



Common Practices



Nurture parents' competence and confidence through direct, interpersonal, and culturally responsive interactions with families around their children's social and emotional development.



Connect families to additional supports to promote healthy social and emotional development and address stressors. These stressors fall into two basic categories: (1) personal and interpersonal challenges (e.g. depression or other mental health issues, intimate partner violence, and substance abuse challenges), and (2) struggles meeting basic needs that require concrete supports such as food and housing assistance.



Develop the care team and clinic infrastructure and culture by creating a backbone that makes it possible to implement innovative programs and practices and to facilitate trustful team environments.



Common Practices



“A physician doesn’t necessarily need to ‘look’ like you (a parent) in order to build a connection and relationship. But they do need to see you as a person, recognize your culture, understand your unique struggles, and find somewhere you can relate to each other on a personal level as parents and people.... Providers need to address their own biases to bridge gaps and build relationships.”

~Family Leader Panel, PSP Convening





Implications for Scale

Systemic Constraints

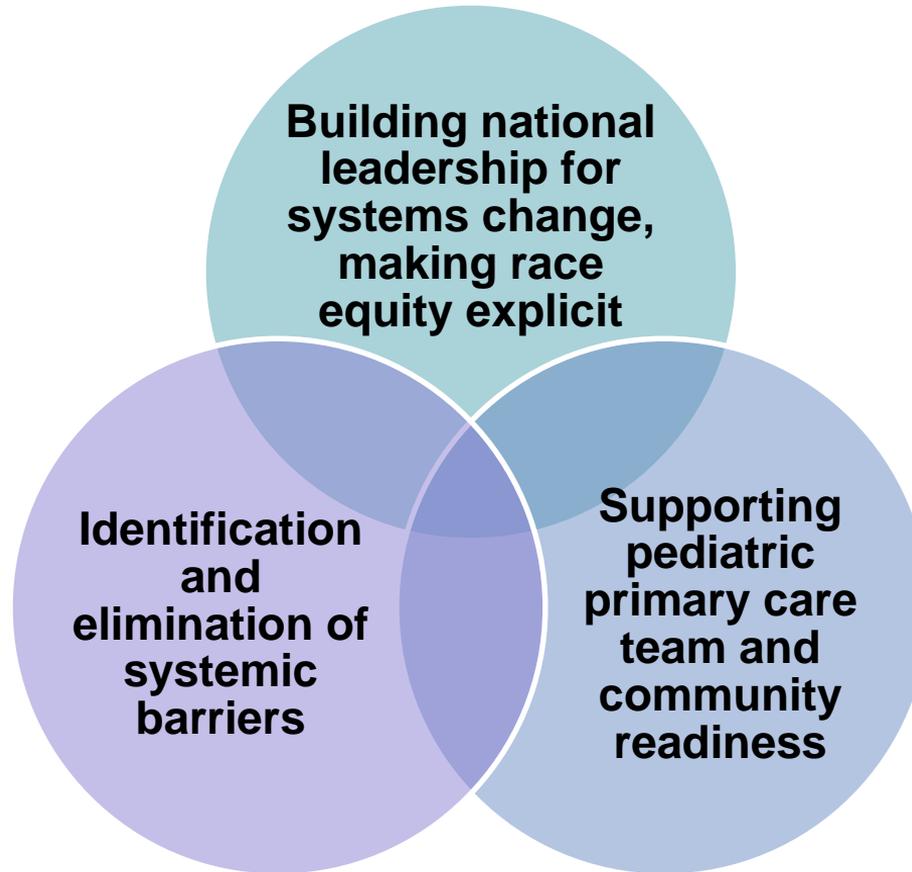
- ⦿ Time and Money (Financing Systems)
- ⦿ Data for Learning and Improvement
- ⦿ Physician Training

Pediatric Team Readiness

- ⦿ Care Team Development & Support
- ⦿ Training & TA Capacity
- ⦿ Family Partnerships in Systems Change
- ⦿ Community Engagement



Recommendations





Recommendations

Building national leadership for systems change, making race equity explicit

- Convene and support the development of a diverse set of leaders.
- Make racial equity explicit.



Recommendations

**Identification and
elimination of
systemic barriers**

- Create reliable and sustainable financial support.
- Generate data for learning, improvement, and case-making.
- Enhance medical education.



Medicaid State Implementation Workgroup

Center for the Study of Social Policy
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PEDIATRICS
Supporting Parents

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JUNE 2019

Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change

Donna Cohen-Ross | Center for the Study of Social Policy
Jocelyn Guyer | Alice Lam | Madeleine Toups | Manatt Health

Workgroup States





Recommendations

**Identification and
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- Create reliable and sustainable financial support.
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- Enhance medical education.



Recommendations

Supporting pediatric primary care team and community readiness

- Support care team preparation and expansion.
- Support training and technical assistance capacity.
- Invest in and incentivize partnerships with family-led organizations in systems change.
- Support emerging community systems designed to promote children's social and emotional development and respond to family needs.



Questions?

- For more information, please visit www.cssp.org or reach out!

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