



Effective Strategies for Engaging the Pediatric Community in Prenatal-3 Initiatives



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

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Drs. Dina Lieser, Jill Sells, Dipesh Navsaria by the American Academy of Pediatrics
(photo courtesy Sells)



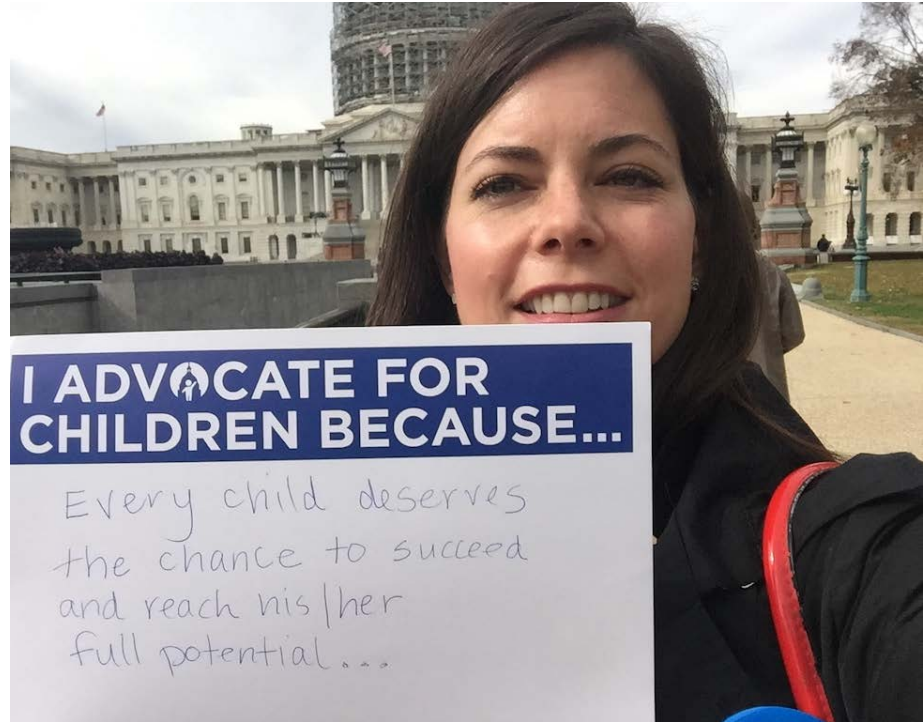
Learning Objectives

For Early Childhood Collaboration and Initiatives:

- ① Understand how medical providers can be an asset
- ① Understand some of the realities of pediatric practice
- ① Understand barriers to medical provider engagement
- ① Identify concrete strategies to effectively engage medical providers in your community-based initiatives



Why engage medical providers?



Dr. Amy Shriver - Iowa - by United States Capitol
(photo courtesy Shriver)



Why engage medical providers?

Access to families with young children

- Only universal system before K-12
- 96% have had a check-up in previous year
- For many families, only professional they'll have contact with
- Generally, low-income families have access (Medicaid, SCHIP)



Why engage medical providers?

Relationships!

Medical providers are generally:

- ① Trusted messengers with families
- ① Trusted community members



Why engage medical providers?

Knowledge and
experience with
child health

- Well-Child Care
- Acute/Chronic Illness
- Injuries
- Behavioral/Mental Health
- Oral Health



Why engage medical providers?

Knowledge and
experience with
child development

- Developmental surveillance, screening, linkage to services
- Child development promotion
- Early language and literacy promotion
- Trauma Informed Care:
Mitigation of toxic stress/ACES



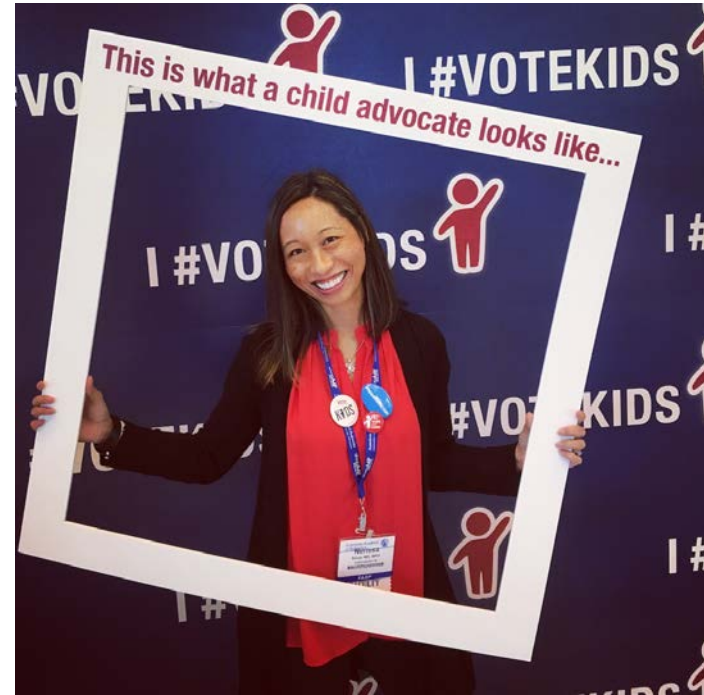
Why engage medical providers?

Knowledge and
experience from
caring for children
and families

- 2-Generation: care for children with their parent/caregiver
- See trends as they happen: 'first responders'
- Life trajectory: see children across lifespan



What roles might medical providers play?



Dr. Nerissa Bauer - Indiana
(photo courtesy Bauer)



Medical Provider Roles

- Service Provider
- Content Expert
- Advocate
- Systems Connector
- Coalition/Initiative Partner



How to engage medical providers

Service Provider

Medical providers are serving large number of families every day!

Their ability to provide quality care is the biggest platform we have for supporting young children and families and improving outcomes at the community level.



How to engage medical providers

Service Provider

- Primary care pediatrics
- Deliver an evidence-based program: Reach Out and Read
- Incorporate other professionals into the primary care team: Healthy Steps, DULCE
- Co-locate other professional services: behavioral/mental health, WIC, legal services
- Incorporate community linkages into practice: Help Me Grow



Content Expert

Provide advice

- A community-based health initiative
- A developmental screening, referral, linkage initiative
- Health policies in early childhood settings

Provide perspective

- Children's access to health care
- Child/family access to behavioral/mental health services



How to engage medical providers

Advocate

- Help educate decision-makers and funders
- Influence policy agendas to include early childhood issues
- Participate in an advocacy coalition
- Meet with government officials or testify at committees or hearing
- Speak at a press conference or community event
- Write an Op-Ed or letter to the editor



How to engage medical providers

Systems Connector

- Share what the families they care for experience
- Provide input to systems development: what's needed
- Help build bridges across disciplines
- Engage other medical providers and medical organizations
- Participate in an initiative as a point of screening or linkage
- Co-locate services with their practice



How to engage medical providers

Coalition or Initiative Partner

- Provide pediatric health perspective to community planning efforts
- Provide pediatric voice in steering committees or other leadership groups
- Facilitate the engagement of medical provider groups, such as the state AAP Chapter



The realities of medicine



Dr. Mary Ann Woodruff - Washington
(photo courtesy Reach Out and Read Washington State)



The realities of medical practice

Children's primary care medical providers

- Pediatricians
- Family Practitioners
- Nurse Practitioners
- Physician Assistants



Types of medical clinics

- Community Health Centers & Federally Qualified Health Centers (FQHC)
- Private practice
- Hospital-affiliated
- American Indian/Alaska Native (AI/AN): IHS, tribal, urban
- Military
- Public Health
- Residency program



The realities of medical practice

Continually changing health care environment

- Transition from single or group provider-owned practices to health system-owned
- Frequent buy-outs, mergers, takeovers, etc.
- Electronic medical records
- Increasing data expectations for payment
- Fast pace of change
- Provider burn-out, suicide



The realities of medical practice

Realities of a pediatric provider's day

- Outside the office (newborns, hospital)
- Typically busy times (Mon, Fri, winter, late summer)
- Long days, unpredictable end, no breaks
- Visit schedule 10, 15, 20, 30 min?
- Same-day access/work-ins
- Injuries and “sick” kids
- School interactions (IEP, 504)



Barriers to early childhood collaboration (for all of us!)



Dr. Dipesh Navsaria – testifying before the Wisconsin State Legislature
(photo courtesy Navsaria)



Barriers to Early Childhood Collaboration

“Early childhood” involves many sectors that are not yet well-connected into a “system” or “system of systems”

Some examples (and many ways to describe them)

- Early education/childcare
- Family Support
- Health
- Social-emotional/Mental Health
- Parenting
- Basic Needs



Barriers to Early Childhood Collaboration

Jargon, evolving terms, and terms with multiple meanings, within and across sectors

- Day care, childcare, early care and education, early learning
- Providers
- Workforce development
- Health
- Social-emotional development, relational health, mental health, behavioral health
- Nutrition, food insecurity, obesity
- ACES, trauma, toxic-stress
- Lived experience



Barriers to Early Childhood Collaboration

Abbreviations!

- CCDBG, CCDF
- CAPTA
- ECCS
- IEP
- IFSP
- EPSDT
- Part B
- Part C
- PDG
- 504



Barriers to Early Childhood Collaboration

Underlying inequities and challenges that are hard to talk about, understand, and address; and have their own evolving language and terms

- ⦿ Poverty
- ⦿ Immigration
- ⦿ Racism
- ⦿ White privilege
- ⦿ Intersectionality



Medical provider- specific barriers to community collaboration



Dr. Nathan Chomilo and Minnesota colleagues #dontletthesunset #MNLEG
(Photo courtesy Chomilo)



Provider schedule limitations

- Generally no time in their day to do partnership work, trainings, or attend community meetings
- Canceling clinic time is rarely possible: impacts families, other staff, and access to health care
- Clinic “rules” or needs often prevent time away
- Using vacation time or days off usually only option



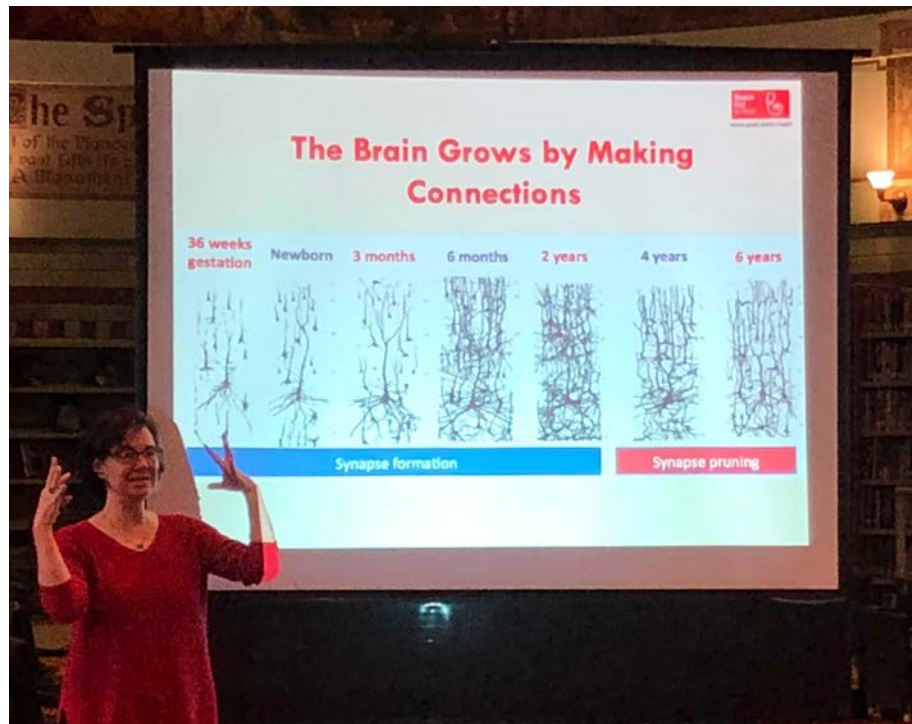
Barriers to Community Collaboration

Barriers to specific engagement

- Unaware of the need/opportunity
- Lack of a trusting relationship with the person or organization
- Role/request is not clearly defined
- The request is not well-matched to the provider's skills or interests
- Provider doesn't have knowledge, skills, and/or confidence
- Time commitment is not clear
- Potential for impact is not clear



Engaging medical providers in community- based initiatives



Dr. Mariana Glusman – Illinois
(photo courtesy Glusman)



Medical providers and community partnerships

The good news about children's medical providers

- Want better outcomes for the families they serve
- See the need for systems change/prevention
- Many are actively involved in things outside of practice already
- Many are willing to do something more or different
- Some are extraordinarily involved already!



Medical providers and community partnerships

More good news!

You can increase your effectiveness in engaging medical providers

(but it will take time and intentionality!)



Medical providers and community partnerships

Lay the groundwork

- Learn about the medical world-culture, language, realities
- Build relationships with providers, clinics, organizations over time
- Be sympathetic to realities, don't assume people "don't care"
- Clearly define the role you are asking a provider to play
- Be able to explain why a medical provider is needed (and if they aren't, don't make the request!)



Medical providers and community partnerships

Define the “type” of medical provider you think you need

- Someone with general knowledge about pediatrics?
- Someone representing a particular organization?
- Someone with a deeper knowledge or skill set in a particular topic?



Medical providers and community partnerships

Find medical provider partners, or people who can help you find them!

- ① Who cares for your children?
- ① Who cares for kids in your early childhood programs?
- ① Who is serving on a Head Start or other health advisory group?
- ① What leaders are connected to children in clinics or hospitals?



Medical providers and community partnerships

Find potential
medical providers
through pediatric-
related partners

- Contact your state AAP Chapter – Early Childhood Champion
- Contact Reach Out and Read – state/local affiliate
- Contact Help Me Grow – state/local affiliate



Medical providers and community partnerships

Make your work understandable

- Make it your job to make it easy for a medical provider to help you
- Be clear what you are trying to do
- Explain things in simple terms; avoid or explain jargon and abbreviations
- Provide context, background information, key things that are necessary to understand
- Explain strategy and political context, including potential pitfalls



Medical providers and community partnerships

Consider a provider's readiness for community engagement

Questions they may be asking

- Do I have time to do something?
- Is there a topic area or problem I want to address?
- What would I actually do?
- Can I make a difference?
- Who would be good people, organizations, or initiatives to work with?



Medical providers and community partnerships

Consider provider's self-assessment of fit for a particular opportunity

Questions they may be asking

- Am interested in this, and do I have the skills to get involved?
- How much time will this take?
- Will this interfere with clinic or family responsibilities?
- Will my getting involved really matter?
- Will my colleagues, clinic administrator, or other “higher ups” be supportive (at best), or discourage or not allow this?



Medical providers and community partnerships

Make a specific request and facilitate success

- Make individual/personal asks-to a person or an organization
- Make the time commitment explicit
- Explain goals & impact potential
- Offer support and coaching -- encourage, make it easier
- Ask what is feasible. Can you offer an alternative way of getting medical provider participation?
- Say thank you!
- Follow up to let them know what happened, the impact



Barriers to Early Childhood Collaboration

“We each need to ‘own’ the complexity of our own worlds, and work to make it easier for others to understand and participate in collaboration and systems building.”

- Jill Sells, MD



Medical providers and community partnerships

Summary

- Medical providers can enhance the impact of early childhood partnerships in many different roles
- The medical world has its own culture, language, and challenges (like all fields!) but you can increase your understanding of it!
- There are many barriers to medical provider engagement, but you can decrease these by better defining and positioning your requests



Medical providers and community partnerships

Is this worth
your time?

- Medical providers are caring people who want the same outcomes you do for children and families
- Working together across disciplines is worth the effort, and kids are counting on us to do it!



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Thank you!



LEILA NAVIDI • STAR TRIBUNE

Dr. Nathan Chomilo gave 15-month-old Tedra Gbelia a book at the beginning of her well-child visit with her mother Lorpu Cyrus.

(photo courtesy Chomilo)



Want to continue the conversation?

- ◎ Register to participate in a “Virtual Office Hour” with Jill Sells next Monday, June 10 from 1-2 EST

- ◎ Register for CSSP’s PN-3 Summer Webinar Series; remaining topics include:
 - **supporting early relational health**
 - **reaching isolated families**
 - **building local alliances to support your PN-3 agenda**

- ◎ Email: Erin.Robinson@cssp.org



Questions/Reactions?

