

Implementing the Early Childhood Development Continuum of Care in Community Health Centers

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Early Childhood
Developmental
Health Systems

EVIDENCE TO
IMPACT CENTER



February 8, 2024



Housekeeping

- Attendees are muted for the duration of the event.
- Use the chat to introduce yourself, chime in, and ask questions! You can also submit questions through the Q&A feature.
- Today's slides are available under the Handouts tab on the eLearn event page.
- A recording will be available within 48 hours.
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CMEs

Enduring Material content is available 2/8/2024-12/31/2024

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Activity Location: <https://earlychildhoodimpact.org/>

Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center

- The **ECDHS: Evidence to Impact Center** supports states and communities to build equitable and family-centered early childhood systems that improve the health and well-being of young children and their families
- The Center is led by ZERO TO THREE with several leading health and early childhood organizations



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- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.



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Objective:

Summarize the details of each of the stages of the ECD Care Continuum, differentiating the components of each stage and applying community health center perspectives to each.



Objective:

Design strategies for integrating components of the ECD Care Continuum into own community health center framework.



Our Story

April 1, 1981

Young Children's Health Center, Albuquerque



Early Childhood
Developmental
Health Systems

EVIDENCE TO
IMPACT CENTER

Health Center Fills Special Needs

By STEVE PENROSE
Journal Trends Writer

There's more to the Young Children's Health Center than tongue depressors and teeth cleaning.

There are punch and puppet shows; toy trucks and tricycles.

Located in a suite of offices on Zuni in the far Southeast Heights, the center offers all those things to young residents of a unique area — the Trumbull Neighborhood.

Bounded by Central, Wyoming, Kirtland Air Force Base and Louisiana, the Trumbull area is different from any other part of town in many ways.

"It has a high (population) density with most people living in rentals (primarily small apartment complexes). There is a lot of poverty in the area with many people receiving some type of assistance. And there is a diverse ethnic mixture," said Dale Golden, social worker at the health center.

And there is another important factor. Unlike other areas of town with social and economic problems, many Trumbull residents are highly mobile, never taking the time for social and family ties.

City planners back up Ms. Golden's statements about the area.

In the Trumbull Neighborhood Plan, issued earlier this year, findings included an average length of residence of 1.1 years compared to 3.3 years citywide, a median family income of \$11,175 compared to \$17,533 citywide, an estimated one-third of the area's residents receiving some type of public assistance and a population breakdown of 29.3 percent Hispanic, 9.9 percent black, 53.3 percent Anglo and 6 percent Asian, mostly Vietnamese and Laotian refugees.

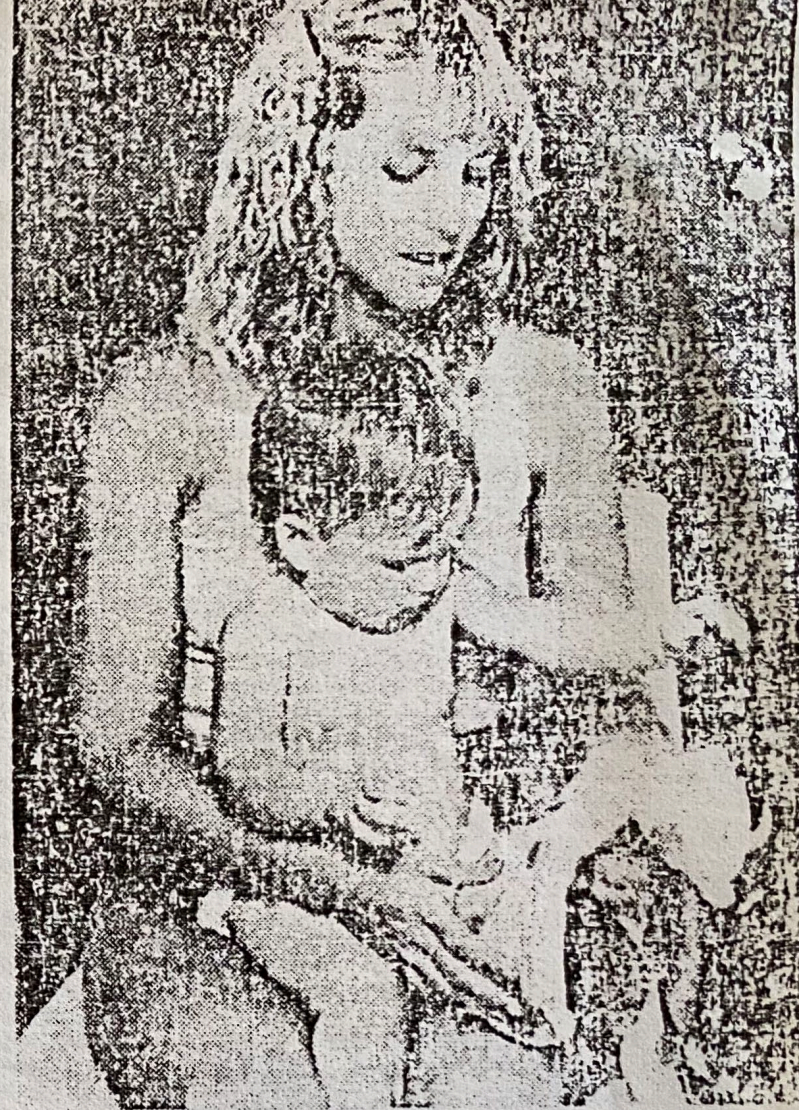
Being a living part of such statistics "makes it difficult to set priorities in terms of getting medical care," said Dr. Carol Geil, the center's part-time pediatrician.

She is a member of the faculty in the department of pediatrics at the University of New Mexico School of Medicine, one of the center sponsors. Others are the Maternity and Infant Care Program and the Health Services Division of the state Health and Environment Department.

The center is federally funded through the Social Security Act. Because it is a social program, Dr. Geil said its future funding is uncertain. "Nobody knows."

The demographics of the Trumbull Neighborhood and their impact on residents' medical needs were a special consideration in planning and starting the center.

After it opened on April 1, center staff went door-to-door in the area let-



Journal Photos by Greg Sorber

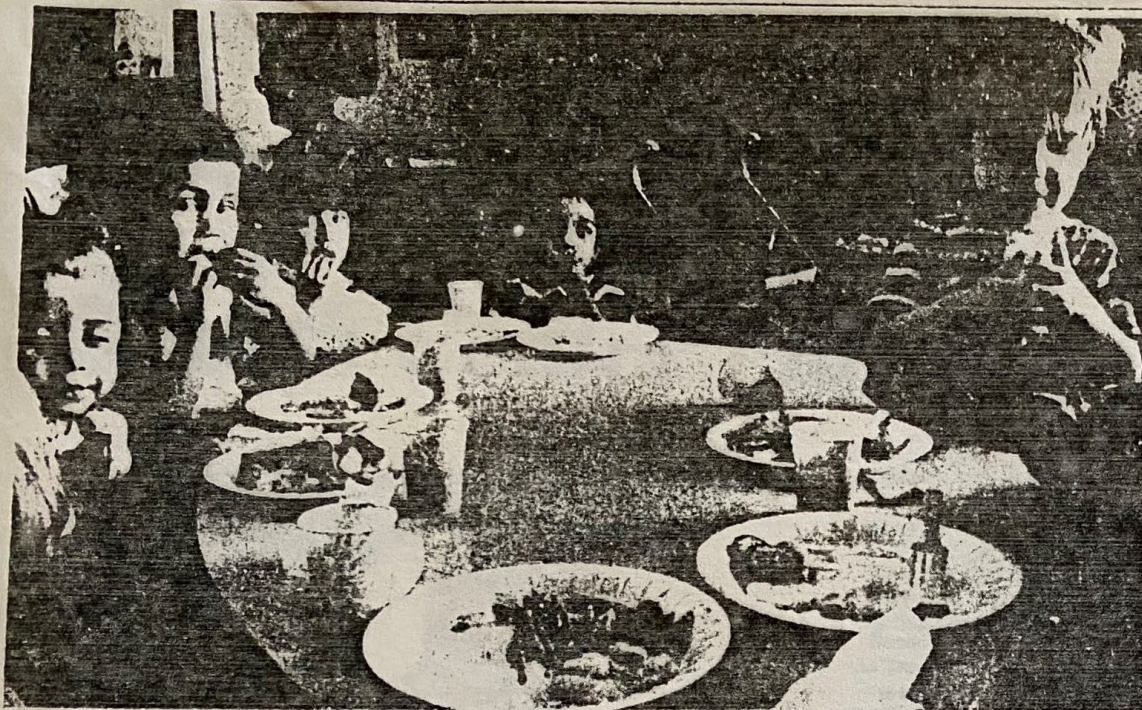
Georgia Reeves and Daughter, Maria

ant basis by Dr. Stephen Cito. There are monthly immunization clinics run by Grace Hutzell, a public health nurse. Two nutritionists are available on a part-time basis.

After-hours and backup services are provided through the UNM/County Hospital.

And there are things like the Friday afternoon eat and play time, designed to get parents, mostly mothers raising their families alone, out of their apartments and their kids out of the parking lots and streets.

There is a single, one-acre park in the Trumbull neighborhood. It serves



Photos by Michael Gallegos

Fresh vegetables and homemade cornbread are luncheon fare for Friday's "eat and play" sessions at the Young Children's Health Center. Families from the Trumbull neighborhood can get low-cost medical care at one of the few social agencies in this community of apartments.

Center Treats More than Illness

Social Needs Important, Too

By JANE PIPER
Outlook Staff Writer

Back last spring when funding was quickly running out on the Young Children's Health Center, the children, mothers, and staff cleared a corner of their playground in the Trumbull neighborhood to plant a garden.

The garden is typical of the optimism that pervades this very untypical family clinic surrounded by apartment buildings in one of Albuquerque's lowest income neighborhoods.

Only last week, the same kids and moms gathered for lunch, munching on cucumbers, zucchini, and tomatoes fresh from their garden plot.

While the vegetables were sprouting, the clinic had survived yet another financial crisis. Its dwindling funding was extended through next June, a result of city scrambling to find extra community development funds.

It's a month to month existence, it seems, for the Young Children's Health Center. Tucked into a storefront at 8016 Zuni SE, the clinic serves more than 400 families from the Trumbull and La Mesa neighborhoods. About 40 percent of the families are on welfare; more than half must rely on buses or their own feet get here.

But come they do, and in

A tiny back room has been stocked with shelves and turned into a clothing exchange; mothers find support during a Friday "eat and play" session; and the clinic offers dental services, counseling, and home visits for those who need them. Although the center's emphasis is meeting the health needs of children five and younger, it doesn't ignore the needs of older siblings or parents.

Fees are based on a sliding scale according to income. About 90 percent of those not on welfare are in income brackets enabling them to pay up to 10 percent of the cost of a checkup in this neighborhood of racial diversity, lower-than-median incomes, and the transiency created by apartments.

"We don't deny services to those who can't pay," says pediatrician Carol Geil. "And we don't send bills."

Trumbull Neighborhood Assn. vice president Robert Stewart has described the clinic as one of the most cherished agencies in a neighborhood too often overlooked by other city services. Only a single, one-acre park serves the community's 6,000 residents. There are no other medical facilities.

"The big thing is that this is our center," says client Shirley Caffey. "It's like a family. We all take pride in each other's kids."

these terms."

Similarly, Rita Meyers brings her two sons, ages three and five months, to the center's Friday luncheon sessions. She freely concedes she comes for her own emotional health as well as for the boys' medical problems.

"When I lived in Indiana, I couldn't afford to go to the doctor for every cold he got," she said, pointing to her eldest. "And his colds develop into ear infections real fast. If this place wasn't here, I'd take him to BCMC and I wouldn't go as often."

As a newcomer to the city and a resident of a large apartment complex, Meyers also enjoys the friendships of the other mothers.

About 25 percent of the center's clients are Indo-Chinese refugees. It's created a whole network of interpreters and home visits to meet their needs.

Dr. Geil recalls one two-

year-old refugee brought in to the center because she wasn't growing properly. The cause became apparent when the mother brought in a non-dairy creamer the child had been drinking for nine months instead of powdered milk.

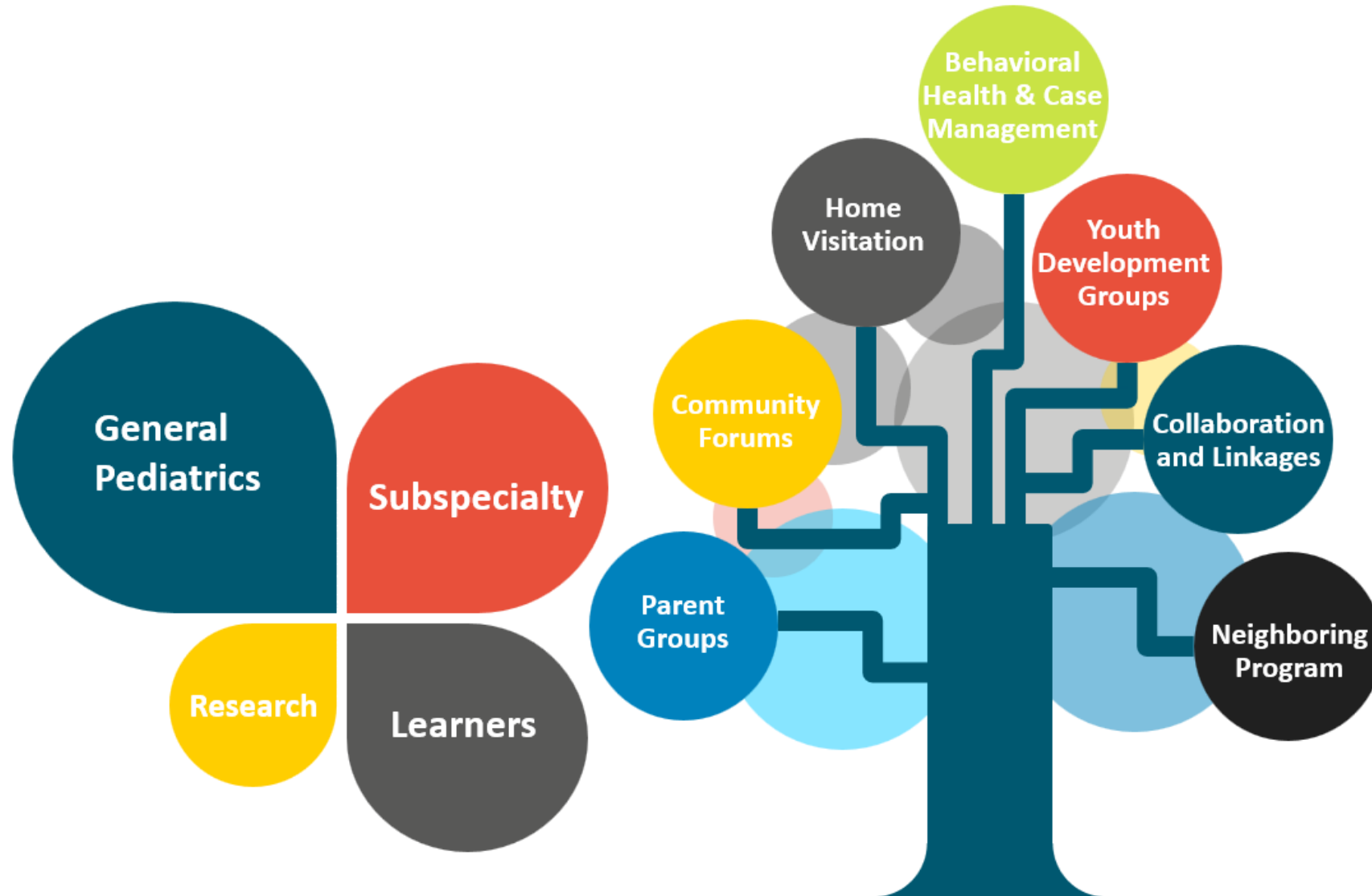
The Children's Health Center is sponsored by the Maternity and Infant Care Program, the Dept. of Pediatrics at UNM's School of Medicine, and the N.M. Health and Environment Dept.

Funding beyond next June is uncertain, but clinic staff and supporters are beginning to look for sources other than federal.

"It's had a tremendous impact on all of us going from month to month," says Golden. "But one positive thing — it's given the staff a feeling of empathy with what many of our families go through. They're always under financial stress too."



Integrated Model



Stages and components of the ECD Care Continuum:

Community health center perspectives



Early Childhood Developmental Care Continuum (ECD CC)





Early Childhood Developmental Care Continuum: Community Health Center Perspectives



Promotion &
Prevention

Education:

- Anticipatory guidance
- Social-emotional
- Early relational health
- Early learning and literacy
- Positive parenting
- Family strengths, protective factors

Prenatal visits for pediatric care

Community resources

ECD experts in well visits

In Community Health Centers:

Education provided in a community health center considers **context** of community served and seeks to **engage** in a meaningful way.

Organizations in the community who promote early childhood development? Literacy? Healthy relationships and/or positive parenting?

Partners interested in a **collaborative, integrated model**? E.g. Experts in early relational health, infant and early childhood mental health, childhood development, early literacy

Early Childhood Developmental Care Continuum: Community Health Center Perspectives



Surveillance & Screening

Holistic review:

- Progress and concerns
- Parent mental health, substance use
- Family trauma
- Family strengths, early relational health
- Social needs
- Eligibility for ECD, family programs.

In Community Health Centers:

Family voice, perspective, co-creation of new and/or improved processes.

Consider **historical, community perspectives** on inquiry, surveillance, screening, gathering data.

Method of screening: universal? Which tool? How to minimize discomfort, avoid re-traumatization, remove stigma?

Early Childhood Developmental Care Continuum: Community Health Center Perspectives



Care Coordination & Linkage

Referral, connection

Systems navigation, care
coordination

Participation in resource
directories, referral
systems.

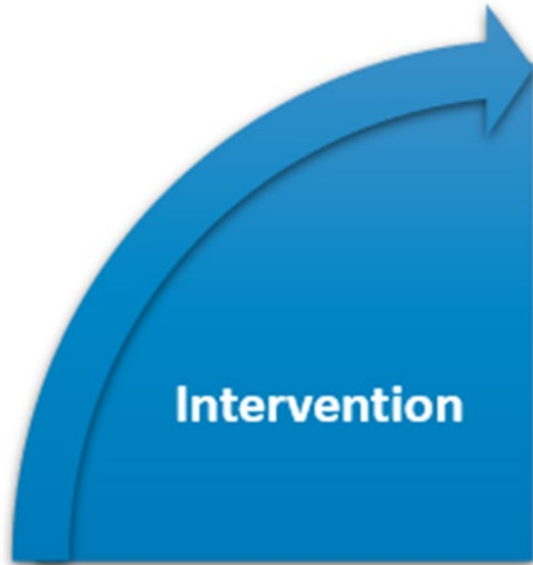
In Community Health Centers:

How do we **establish relationships** with
referral agencies?

Do we have a system in place to facilitate care
coordination and linkage to services that is
empowering and supportive?

Communication feedback loops: are children
and their families actually getting the services
and how is their experience?

Early Childhood Developmental Care Continuum: Community Health Center Perspectives



ECD expert consultation:

Brief intervention or
consultation with family.

...With care team

In Community Health Centers:

Thoughtful about **access to services and care**:
what can the health center do to bring ECD
expert consultation to families?

How can **brief interventions** from ECD expert
be integrated into health center services?

How might access to ECD expert consultation
benefit the care team?

Strategies for integrating components of the ECD Care Continuum (ECD CC) into a community health center framework.



Strategies for integrating ECD CC into a Community Health Care framework



Promotion & Prevention

In Community Health Centers:

Education provided in a community health center considers **context** of community served and seeks to **engage** in a meaningful way.

Organizations in the community who promote early childhood development? Literacy? Healthy relationships and/or positive parenting?

Partners interested in a **collaborative, integrated model**? E.g. Experts in early relational health, infant and early childhood mental health, childhood development, early literacy

Family engagement =
Family empowerment.

Explore partnerships:
Don't force a
connection, but lead
with the mission to
serve and give it time.

Community Asset
Mapping performed in
both Albuquerque and San
Antonio to learn about the
early childhood
development "ecosystem".



Strategies for integrating ECD CC into a Community Health Care framework

Surveillance
& Screening



In Community Health Centers:

Family voice, perspective, co-creation of new and/or improved processes.

Consider **historical, community perspectives** on inquiry, surveillance, screening, gathering data.

Method of screening: universal?
Which tool? How to minimize discomfort, avoid re-traumatization, remove stigma?

Family Advisory
Groups, focus groups,
support groups...

Practice readiness:
training of all staff,
residents, faculty.

In San Antonio, community activist
and demography professor gave a
workshop to pediatric residents
and faculty about historical roots
of health and social inequities in
our community.





Strategies for integrating ECD CC into a Community Health Care framework

In Community Health Centers:

How do we **establish relationships** with referral agencies?

Do we have a system in place to facilitate care coordination and linkage to services that is **empowering and supportive**?

Communication feedback loops: are children and their families actually getting the services and how is their experience?

Open House for
agencies in the
area

Tracking
spreadsheets/
databases

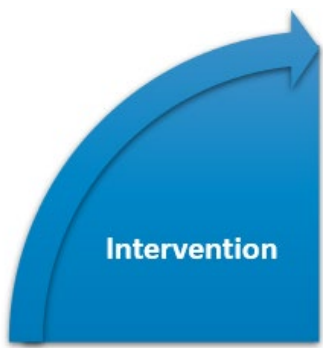
Invitation to
attend All Staff
meeting

Warm Hand-offs
within and
outside of clinic

Family Surveys on experiences in
receiving services

Home Visiting
Symposium





Strategies for integrating ECD CC into a Community Health Care framework



In Community Health Centers:

Thoughtful about **access to services and care**: what can the health center do to bring ECD expert consultation to families?

How can **brief interventions** from ECD expert be integrated into health center services?

How might access to ECD expert consultation **benefit the care team**?

Close collaboration with Infant Mental health team.

Agreement to use office space in our clinic (St Joseph's behavioral health)

Parent group formation related to ECD, relational health.

Home visitor drop-ins during Well Checks.



Early Childhood Developmental Care Continuum (ECD CC)



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Summarize the details of each of the stages of the ECD Care Continuum, differentiating the components of each stage and applying community health center perspectives to each.



Objective:

Design strategies for integrating components of the ECD Care Continuum into own community health center framework.





Thank You



Bundle for Advanced, Team-based, High Performing Medical Homes for Young Children

Redesigned Well-Child Visits

- Holistic, **team-based care**
- Comprehensive **well-child visits** based on Bright Futures guidelines and EPSDT
- Family-centered, **strengths-based, relational**, holistic approaches
- **Recommended screening** for development, social-emotional health, maternal depression and social determinants of health (SDOH)
- Reach Out and Read as universal program

Relational Care Coordination

- **Routine** care coordination as part of medical home
- **Intensive care coordination** for more complex medical conditions or social risks
- **Relational care coordination staff** (e.g., community health workers, peer navigators)
- More **effective responses, completed referrals, and linkages** to community

Other Services and Enhanced Supports

- **Co-located programs in primary care** to promote ERH and development (e.g., DULCE, Healthy Steps, VIP)
- **Integrate mental health**
- **Families engaged** as advisors and partners
- **Referrals and/or linkages** to other services (e.g., home visiting, early intervention, dental care, early care and education, parent-child mental health therapy, nutrition programs)



Q&A

- Sara del Campo de Gonzalez, MD, Baylor College of Medicine San Antonio
- David Willis, MD, FAAP, senior fellow, Center for the Study of Social Policy
- Kay Johnson, MPH, MEd, president, Johnson Policy Consulting



ECDHS: Evidence to Impact Center Feedback Survey

- Please take a moment to complete a brief survey to support the Evidence to Impact Center in improving its trainings and technical assistance offerings and assessing program outcomes over time.
- The survey is anonymous, voluntary, and should take **no longer than 10 minutes** to complete.

To complete the survey, please click on the link in the chat or scan the QR code below on a mobile device.



CEUs, CMEs/MOCs

- **CEUs:**
 - Go to the “Contents” tab.
 - Select “CEU Survey.”
 - Enter the verification code provided at the end of the CEU Evaluation. (Code is case sensitive.)
 - Complete the CEU Evaluation quiz.
 - Once all items are completed the certificate will become available for download.
- You have 30 days to return to the Event page and complete items for CEU credit.
- **CMEs/MOCs:**
 - Go to the “CME Guidelines” tab.
 - Complete the MOC Quiz.
 - Complete the CME evaluation.
 - Follow the CME Guidelines listed in the Disclosures and Requirements page.
- You have until 12/31/24 to return to the Event page and complete items for CME, MOC credit.

Event page link: <https://elearn.zerotothree.org/products/implementing-the-early-childhood-continuum-of-care-in-community-health-centers#tab-product> tab overview

Save the Date!

- The ECDHS: Evidence to Impact Center's next webinar is planned for **Thursday, March 14, 4-5:30 PM ET**
- Will focus on **implementing a team approach to primary care for babies and young children in community health centers**
- **More information and registration details forthcoming** – details will be posted on earlychildhoodimpact.org and the ECD-awardee Basecamp



Thank you again for joining us!

Please scan the QR code to complete the feedback survey and visit earlychildhoodimpact.org for more resources and information.

