

What is HealthySteps?



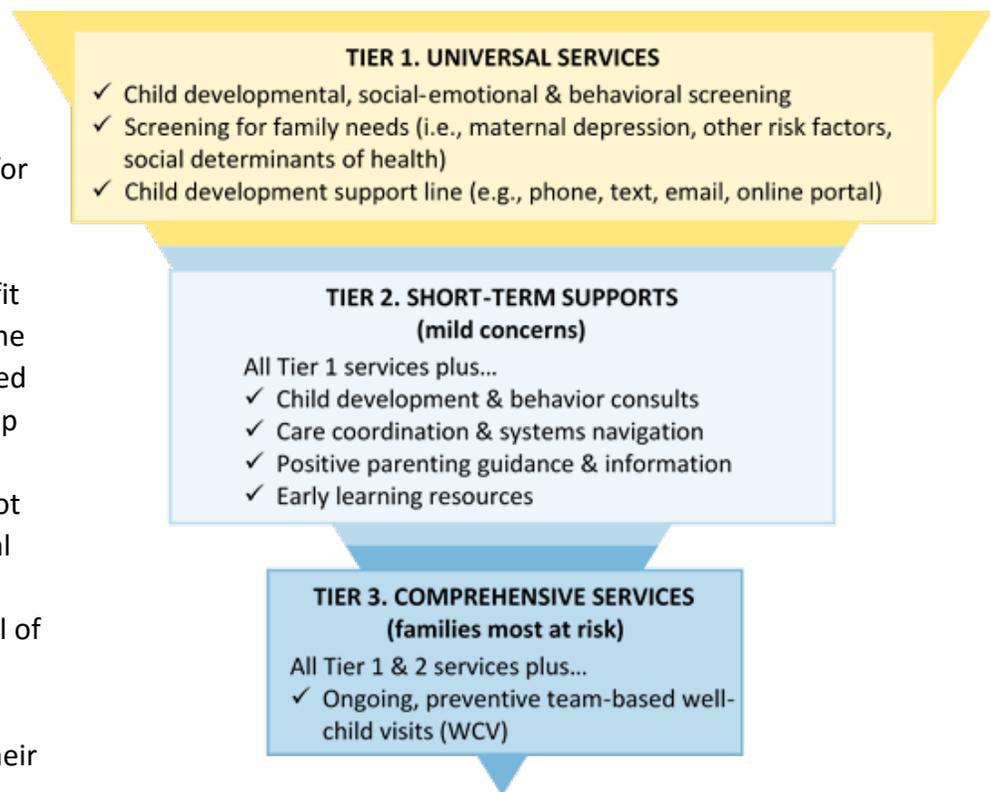
PEDIATRIC CARE • SUPPORTING • PARENTING
A Program of ZERO TO THREE

HealthySteps is an evidence-based, interdisciplinary pediatric primary care program designed to promote nurturing parenting and healthy development for babies and toddlers

The HealthySteps (HS) approach means the entire practice works as a team to implement 8 core components that strengthen the relationship between families and the practice and support strong parent/child attachment. A child development professional, known as a HealthySteps Specialist, connects with and guides families during and between well-child visits as part of the primary care team. The HealthySteps Specialist offers support for common and complex concerns that physicians often lack time to address, including feeding, behavior, sleep, attachment, parental depression, social determinants of health, and adapting to life with a baby or young child. HealthySteps Specialists are trained to provide families with parenting guidance, support between visits, referrals, and care coordination, all specific to their needs.

HealthySteps offers an array of services to meet families' needs through a resource-efficient, risk-stratified approach

If funding is abundant or patient populations are relatively small, practices may choose to provide comprehensive services for all families in a practice. Research illustrates that vulnerable families benefit more significantly from the protective factors provided by an ongoing relationship with a HS Specialist than families determined to not be “at risk.”¹ The National Office has therefore developed a tiered model of care that connects each family with support and services in response to their unique needs.



Tier 1: Universal Services – For All Families with Children Age 0-3 in the Practice

Universal services—including screenings and access to a support line—are provided to all families with children age 0-3 in the practice. All children and families benefit from being in a HealthySteps (HS) site, even if they do not interact directly with the HS Specialist, as practice and staff performance are enhanced through HS policies and trainings and ongoing collaboration with the onsite HS Specialist.



Child Developmental, Social-Emotional & Behavioral Screening: HS practices routinely monitor and screen all children age 0-3 for physical, cognitive, language, social-emotional, developmental and behavioral concerns on a recommended screening schedule. The HS National Office recommends a screening schedule fulfilling American Academy of Pediatrics' (AAP) latest best-practice guidelines (a.k.a., *Bright Futures*).¹ Sites may adjust this schedule to fit their needs, if they comply with National Office fidelity metrics. In addition to flagging possible concerns, screenings identify potential referrals to HS Specialist and serve as an entry to communicate with families about their child. HS Specialists are not solely responsible for implementing universal screenings but collaborate with practice staff in developing workflows, monitoring compliance and quality improvement.



Screening for Family Needs (i.e., maternal depression, other risk factors, social determinants of health): HS practices routinely monitor and screen all families with children ages 0 -3 for important family needs annually. At a minimum, this includes maternal depression, food insecurity, housing instability or homelessness, utility needs, transportation needs, interpersonal safety (e.g., domestic violence, interpersonal violence, community violence, etc.), substance misuse (alcohol and other drugs), and tobacco use. The National Office has provided a questionnaire to assess these various needs, but sites may choose to use other tools that cover these key areas of need. Results alert HS Specialist and practice staff to make essential referrals and may be used to educate parents on how their life experiences impact their child's development and their parenting.



Child Development Support Line (e.g., phone, text, email, online portal): All parents with children age 0-3 in HS practices are offered access to the HS Specialist to address non-urgent, non-medical questions on a variety of topics such as child development, parenting, and behavior. Sites may inform parents of this resource in a variety of ways including posting flyers in the waiting and exam rooms. HS Specialists should respond to inquiries within the timeframe specified by their practice guidelines – if no such guidelines exist, the National Office recommends a response time of three business days. Support line inquiries may lead to referrals to resources in the community or consultations with the HS Specialist as needed. In response to recent research indicating that millennial parents prefer more modern forms of communication, sites may provide a broad range of HIPAA compliant vehicles for parents to communicate with the HS Specialist including phone calls, video chat, websites, patient portals, email, text messaging, and/or smartphone apps.

Tier 2: Short Term Supports – For Families with Mild Concerns

Short term support services—including consults with the HS Specialist, referrals to needed services & care coordination, positive parenting guidance & information, and early learning resources—are provided to patients and families referred to the HS Specialist to address specific time limited concerns. Families receiving short-term support services also receive all components included in Tier 1.



Child Development & Behavior Consults: HS Specialists provide short-term consultations (approximately 1-3 visits) to families to address specific concerns about a child’s development and/or behavior or a parental concern (e.g., depression, substance misuse). If available, a provider may bring the HS Specialist into the exam room during the appointment to address concerns immediately or to facilitate a “warm handoff” where the HS Specialist can briefly meet the family, assess the severity of their concerns, and schedule a follow up appointment. Evidence illustrates that parents are more likely to come in for a scheduled appointment having received a warm handoff.² If the HS Specialist is unavailable at the time of the medical visit, the provider will make a referral to the HS Specialist for follow up. Consultations may be offered by phone if parents are unable to attend a visit onsite. Based on needs or risks identified during a consultation, the HS Specialist may recommend a family participate in Tier 3—Comprehensive Services—moving forward. Transitioning a Tier 2 family into Tier 3 is recommended when the child is no older than 18 months, as Tier 3 well-child visits are designed to be preventive in nature, and routine health care maintenance visits become significantly less frequent after this age.



Care Coordination & Systems Navigation: HS Specialists refer patients, parents and families to both in-house and community resources based on identified needs. HS Specialists partner with community resource providers and families to help parents coordinate and navigate complex systems, offering close follow-up and support when barriers occur. HS care coordination empowers families by enhancing their health literacy and systems navigation capabilities, so they become their child and family’s own best advocates. To the best of their abilities, HS Specialists and other practice staff develop relationships with their community resource counterparts through early, frequent engagement and communication around patient needs. Many HS sites convene local community resource stakeholders to address barriers to communication and information sharing.



Positive Parenting Guidance & Information: HS Specialists provide parents with guidance, education, information, and resources that help them support their children through the different stages of development. This includes: regular, tailored anticipatory guidance that helps parents better understand their child’s current and expected developmental progress and behavior; timely discussions and partnering/problem solving about common parenting challenges such as safety, feeding, discipline, and limit setting; teaching and encouraging parents to provide positive, responsive caregiving, reflecting on their parenting style and observable strengths; helping parents build strong, healthy attachment relationships with their children; exploring family risk factors and buffers of toxic stress, including parental and caregiver self-care; helping parents understand their own history and how it impacts their parenting; and providing evidence-based, literacy level-appropriate and culturally attuned materials and resources, including handouts, websites, text messaging services, and apps. ZERO TO THREE—the parent organization for the HS National Office—recently outlined [9 key elements that power a positive approach to parenting](#).³



Early Learning Resources: HS practices offer parents and families concrete strategies, activities, and tools designed to support their child’s early learning. Resources span a broad array of early learning subjects, such as language, literacy, science, technology, engineering, math, relationships, music, art, and social-emotional competence. They also include information about each subject, explain how and when children develop different learning skills and faculties, and provide easy, low-cost activities parents can do at home to encourage early learning at every age.⁴

Tier 3: Comprehensive Services – For Families Determined to be Most at Risk

Comprehensive services are provided to families determined to be most at risk and include scheduled, ongoing interactions with the HS Specialist intended to prevent children from having poor developmental and social-emotional outcomes. Families receiving comprehensive services naturally receive all components included in Tiers 1 & 2.



Ongoing, Preventive Team-Based Well-Child Visits: For families identified with significant risk factors, the HS Specialist provides support in the exam room prior to, during, and/or following a baby’s routine health care maintenance visits. These visits are preventive in nature and begin as early as possible, potentially at the newborn visit. Meeting with families when they are already at the practice for routine visits is convenient for parents and ensures seamless coordination of care between the HS Specialist and medical providers. The HS team determines which families receive this comprehensive level of intervention. The HS Specialist is not limited to a patient’s routine appointments and may schedule additional visits as needed. If staffing allows, this component may be provided universally. If a family receiving comprehensive services illustrates social stability, positive parenting, resolved identified risks, and optimal child outcomes, a HS Specialist may determine the family has “completed” services prior to baby’s third birthday.

Visit <https://www.healthysteps.org/the-evidence> to learn about the evidence base for the HealthySteps model

¹ Hagan, J.F., Shaw, J.S. and Duncan, P.M. (2017) *Bright Futures: Guidelines for health supervision of infants, children, and adolescents*. American Academy of Pediatrics.

² Hsu-Walklet, T., Germán, M, Gurney, B.A., Berman, R., Parekh, J., Mulroy, M., Faro, E., Herrick, J., Oberhand, E., Cuno, K., Kairy, T. and Briggs, R.D. (April 2018). “Nice to Meet You”: A Quality Improvement Project to Increase Warm Hand-Offs. Poster session presented at the Society of Pediatric Psychology Annual Conference, Orlando, FL.

³ Parlakian, R., MacLaughlin, S.S., & Kinser, K. (2018) *Nine Elements that Power Positive Parenting*. ZERO TO THREE. Retrieved 6/28/18 from <https://www.zerotothree.org/resources/2198-nine-elements-that-power-positive-parenting>.

⁴ HS Specialists provide positive parenting and early learning resources to patients they work with directly, but all written resources are posted on the HS website and are available to all providers at a site. Any provider can distribute this information to their patients and families when appropriate.