Implications for Primary Care
Bright Futures Guidelines, 4th edition

- Promoting Lifelong Health for Families and Communities
- A key component is addressing Food Insecurity and Hunger
- **Hunger** results from not having enough food
- **Food insecurity** means limited or uncertain availability of nutritionally adequate and safe foods
- Health care professionals can help families learn about resources and opportunities for improved nutrition
Help Me Grow Child Development Specialists screen for food insecurity and then link to food resources and other supports.

The Hunger Vital Sign™ identifies individuals and families as being at risk for food insecurity if they answer that either or both of the following two statements is ‘often true’ or ‘sometimes true’ (vs. ‘never true’):

- “Within the past 12 months we worried whether our food would run out before we got money to buy more.”
- “Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.”
A Framework for Conceptualizing Early Childhood Policies and Programs to Strengthen Lifelong Health

Policy and Program Levers for Innovation
- Public Health
- Child Care and Early Education
- Child Welfare
- Early Intervention
- Family Economic Stability
- Community Development
- Primary Health Care
- Private Sector Actions

Caregiver and Community Capacities
- Time and Commitment
- Financial, Psychological, and Institutional Resources
- Skills and Knowledge

Foundations of Health
- Stable, Responsive Relationships
- Safe, Supportive Environments
- Appropriate Nutrition

Biology of Health
- Physiological Adaptations or Disruptions
  - Cumulative Over Time
  - Embedded During Sensitive Periods

Settings
- Workplace
- Programs

Home
- Neighborhood

Health and Development Across the Lifespan
- Prenatal
- Preconception
- Early Childhood
- Middle Childhood
- Adolescence
- Adulthood
Vermont State Plan

Accountable Communities for Health

An ACH is accountable for the health and well-being of the entire population in its defined geographic area. It supports the integration of high-quality medical care, mental health services, substance use treatment, and long-term services and supports, and incorporates social services. It also supports community-wide primary and secondary prevention efforts.
Vermont Landscape
Vermont Health Care Reform

- More Like an Etch-A-Sketch
Vermont Landscape

Primary Care Advisory Group

Green Mountain Care Board

All-Payer Model

(A unified ACO model)

Vermont Care Organization

OneCare Vermont
  Hospital owned

HealthFirst Independent Practices

CHAC)(FQHC)

Pediatric Subcommittee

OneCare NexGen

PCMH:NCQA
Blueprint Practices
  • PMPM
  • CHT
  • VITL

Medicaid
Medicare
Private insurers

Unified Community Collaboratives

Medicaid
Medicare
Private insurers

Private insurers

Medicaid
Medicare
Private insurers
Care Coordination Model

- 44% of the population
  - Focus: Maintain health through preventive care and community-based wellness activities
  - Key Activities:
    - PCMH panel management
    - Preventive care (e.g., wellness exams, immunizations, health screenings)
    - Wellness campaigns (e.g., health education and resources, wellness classes, parenting education)

- 40% of the population
  - Focus: Optimize health and self-management of chronic disease
  - Key Activities: Category 1 plus
    - PCMH panel management: outreach (≥2/yr)
    - for annual Comprehensive Health Assessment
      (i.e., physical, mental, social needs)
      - Disease & self-management support* (i.e., education, referrals, reminders)
      - Pregnancy education

- 6% of the population
  - Focus: Address complex medical & social challenges by clarifying goals of care, developing action plans, & prioritizing tasks
  - Key Activities: Category 3 plus
    - Designate lead care coordinator (licensed)*
    - Outreach & engagement in care coordination (at least monthly)*
    - Coordinate among care team members*
    - Assess palliative & hospice care needs*
    - Facilitate regular care conferences*

- 10% of the population
  - Focus: Active skill-building for chronic condition management; address co-occurring social needs
  - Key Activities: Category 2 plus
    - Outreach & engagement in care coordination (≥4x/yr)*
    - Create & maintain shared care plan*
    - Coordinate among care team members*
    - Emphasize safe & timely transitions of care
    - SDoH management strategies*

* Activities coordinated via Care Navigator software platform

OneCareVT.org
### Women’s Health Initiative

<table>
<thead>
<tr>
<th>Within...of receiving performance payment</th>
<th>3 months</th>
<th>6 months</th>
<th>12 months</th>
<th>18 months</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Stock full spectrum LARC</td>
<td>Policy and procedure for evidence based family planning</td>
<td>SBIRT* for: Depression, Intimate partner violence and Substance abuse</td>
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<tr>
<td>6 months</td>
<td>Same day insertion for LARC</td>
<td></td>
<td></td>
<td>Food Insecurity</td>
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<tr>
<td>12 months</td>
<td>Agreements w/ 3 community organizations to see for LARC within 1 week</td>
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<td>Housing Stability</td>
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<tr>
<td>18 months</td>
<td>Referral for Access to Primary Care</td>
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*Screening, Brief Intervention, Referral and Treatment

*Excepted from Women’s Health Initiative Patient Centered Medical Home Attestation*
Social Determinants of Health

❖ Balance identifying strengths with identifying challenges
❖ “What’s happened to you?” Not “What is Wrong with you?”
Precipitants and Consequences of Physiologic Stress in Childhood

From: Promoting Lifelong Health for Families and Communities

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 2017

Figure Legend:

Precipitants and Consequences of Physiologic Stress in Childhood

Comprehensive Understanding

Strengths
- Concrete Support in Time of need
- Knowledge of Parenting and Child Development
- Parental Resilience
- Social and Emotional Competence
- Social Connections

Family
- What would you like us to know about your child? (What does s/he do well? Like? Dislike?)
- What would you like us to know about you/your family? (Culture, values)

Needs
- Developmental concerns? (Sleep, moving, language)
- Social changes? (Job, Divorce, Death, Move)
- Medical
- Educational
- Financial
- Legal
- ACEs

Essential Components of Nutrition

❖ Nutrition for growth
❖ Development of feeding and eating skills
❖ Healthy feeding and eating habits
❖ Healthy eating relationships
❖ Nutritions specific to children and youth with special health care needs
Food Insecurity

❖ Use the two question screening tool at wellness visits
❖ Become familiar with and refer food insecure families to resources
❖ Learn about food insecurity related factors that contribute to obesity and burden food insecure families
❖ Incorporate education about food insecurity into medical school and residency
❖ Advocate for food assistance programs
❖ Support research into food insecurity and its association with stress and adverse health outcomes

“Promoting Food Security for All Children,” PEDIATRICS Volume 136
http://pediatrics.aappublications.org/content/early/2015/10/20/peds.2015-3301
Programs to Mitigate Food Insecurity

❖ WIC
❖ SNAP
❖ National School Lunch and Breakfast programs
❖ Summer Food Service Programs
❖ Child and Adult Care Food Program
Linkage is Key: Dial 2-1-1 ext. 6

To reach a HMG VT Child Development Specialist dial 2-1-1 ext. 6, Monday-Friday 9am-6pm or email at info@helpmegrowvt.org
Questions?

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