Social Health and Early Childhood Well-being

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Directions: Please review 20 or more charts of patients seen for a 6-month, 2- and 4-year health supervision visit within the last calendar year, ideally 5 or more charts from each age group.

Answer the following questions based on actual chart documentation and not on information recall. This creates a baseline measure.

For subsequent data collection cycles, pull charts of patients seen following your last improvement intervention, ideally every 1 to 3 months, for continual reflection on process improvement.

Health Supervision Visit Age	☐ 6 months	☐ 2 years	☐ 4 years
Is there documentation in the medical record that the following actions were done at the health supervision visit?			
1. Were family interests and concerns elicited? If no, skip to question #2	**Yes**	**No**	
1a. Were expressed interests and concerns addressed?	**Yes**	**No**	**N/A, no concerns expressed**
2. Were family strengths *assessed*? If no, skip to question #3	**Yes**	**No**	
2a. Were family strengths *discussed*?	**Yes**	**No**	**N/A, none expressed**
3. Was perinatal depression screening completed by using a validated tool at least 3 times by the 6-month visit? If no, skip to question #4	**Yes**	**No**	
3a. Were the results of the perinatal depression screen discussed?	**Yes**	**No**	
3b. If the screen was positive, did a primary care intervention discussion take place? If no or N/A, skip to question #4	**Yes**	**No**	**N/A, screen was negative**
3c. Was a follow-up plan established and a referral recommended, if indicated, regarding the intervention? If no or N/A, skip to question #4	**Yes**	**No**	
3d. If yes, a referral was recommended, was an attempt made in 30 days to follow up on the status of the referral to ensure family is accessing support (ie, phone call to family or referral clinician, community resource, etc)?	**Yes**	**No**	**N/A, time interval has not elapsed**
4. Was a practice-standardized social drivers of health assessment completed? If no, skip to question #5	**Yes**	**No**	

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4a. Were the results of the social drivers of health assessment discussed?	**Yes**	**No**
4b. If the assessment was positive, was a follow-up plan established and a referral recommended if indicated (eg, linking the family to a food bank, Head Start, etc)?	**Yes**	**No**
	N/A, screen was negative	
4c. If yes, a referral was recommended, was an attempt made in 30 days to follow up on the status of the referral to ensure family is accessing support (ie, phone call to family or referral clinician, community resource, etc)?	**Yes**	**No**
	N/A, time interval has not elapsed	
5. Was an age-appropriate social-emotional development screening completed using a validated tool? If no, skip to question #6	**Yes**	**No**
5a. Were the social-emotional development screening results discussed?	**Yes**	**No**
5b. If the screen was positive, was a follow-up plan established and a referral recommendation made, if indicated? If no or N/A, skip to question #6	**Yes**	**No**
	N/A, assessment was negative	
5c. If yes, a referral was recommended, was an attempt made in 30 days to follow up on the status of the referral to ensure family is accessing support (ie, phone call to family or referral clinician, community resource, etc)?	**Yes**	**No**
	N/A, time interval has not elapsed	
6. Does the visit assessment and plan reflect the shared decision-making process resulting from the discussions with the family in this visit? Consider how the plan: ○ Prioritizes family interests/concerns ○ Considers family strengths/protective factors ○ Validates concerns ○ Partners with the family to find resources/referrals that meet the family's needs (culturally responsive, family schedule, transportation, etc) ○ Uses Z codes for secondary diagnoses/identified concerns	**Yes**	**No**
7. Were supporting informational materials provided during the visit? (Supporting materials can include handouts, website links, patient portal, pamphlets, etc.) If no or N/A, **STOP**, you have completed your review for this patient	**Yes**	**No**
	N/A, supporting materials not warranted for this visit	
7a. If yes, did a conversation take place to explain how to use the materials to support the family's interests, concerns, identified needs, or screening/assessment results?	**Yes**	**No**

Appendix

Family

It is important for pediatric offices to expand their definition of family in order to attend to the whole child and honor their family experiences.

The Family: A Description

We all come from families.

Families are big, small, extended, nuclear, multigenerational, with 1 parent, 2 parents, and grandparents.

We live under one roof or many.

A family can be as temporary as a few weeks, as permanent as forever.

We become part of a family by birth, adoption, marriage, or from a desire for mutual support.

As family members, we nurture, protect, and influence each other.

Families are dynamic and are cultures unto themselves, with different values and unique ways of realizing dreams.

Together, our families become the source of our rich cultural heritage and spiritual diversity.

Each family has strengths and qualities that flow from individual members and from the family as a unit.

Our families create neighborhoods, communities, states, and nations.

Developed and adopted by the Young Children's Continuum of the New Mexico State Legislature.

Elicited

Asked at least once using one or more of the following methods:

- When visits are scheduled, ask if there are any concerns.
- Previsit questionnaire is mailed/emailed/access via patient portal prior to the visit.
- Previsit questionnaire is handed to parent to complete in the waiting room.
- Face-to-face communication during visit (in-person or via telehealth).

Family strengths

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Engage families with an intentional, productive, and constructive approach in the context of their support systems, programs, and communities. Recognize, utilize, and enhance families' strengths and promote positive outcomes by providing opportunities, fostering positive relationships, and providing support to build families' unique strengths and protective factors.

It is important to recognize the many types of family strengths, including: adaptability, cohesion, humor, willingness to try, and networks of support. Strengths can be found in all areas of family life, including family interests and activities; extended family and friends; religious, spiritual, or cultural beliefs; family values and rules; employment and education; emotional or psychological well-being; physical health and nutrition; shelter and safety; income or money; and family interaction.

Perinatal depression screening

The spectrum of depressive and anxiety symptoms occurring during pregnancy and for mothers and other caregivers within the first year after childbirth.

The following are validated perinatal screening tools:

- Edinburgh Postnatal Depression Scale (EPDS) (NOTE: Contact the Royal College of Psychiatrists at permissions@rcpsych.ac.uk to request permission to use. Rights and Permissions Manager: Lucy Alexander)
- Patient Health Questionnaire (2-item) (PHQ-2)
- Patient Health Questionnaire (9-item) (PHQ-9)
- The Survey of Well-being of Young Children (SWYC) includes the Edinburgh Postnatal Depression Scale in the 2-, 4-, and 6-month visits and the PHQ-2 in the other visit forms.

More information about each tool is available on the STAR Center Screening Tool Finder.

Primary care intervention

When time and resources allow, pediatric providers can offer parents in low-risk situations office-based interventions. Components of most office-based interventions include:

- Explanation and open dialogue with the mother and family to help reduce stigma, normalize the stress faced by new families, and, ultimately, foster early identification of those who may need additional resources ("demystification")
- Communication about the potential impact on the infant and need for infant screenings and surveillance
- Initial and ongoing support, which includes providing validation and empathy for the mother's experiences and identifying community resources to promote family wellness
- Reinforcement, when necessary, through referrals to evidence-based treatment programs. Referrals may take the form of a mental health provider for the parent or lactation support for the mother.

For more interventions and how to manage high-risk situations and referrals, see the AAP Technical Report Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice.

Practice-standardized

A consistent set of questions selected by the practice that align with the needs of the patient population.

Social drivers of health (SDOH)

The family and community environments that impact health outcomes. These factors include both risk factors (eg, food/housing insecurity, substance use, poverty, racism, environmental risks, etc) and protective factors

(eg, parental well-being, family support, child care, etc).

For a list of available SDOH assessments see the STAR Center Screening Tool Finder.

Protective factors

The following factors are from Strengthening Families™ Protective Factors Framework:

- **Parental resilience**: Managing stress and functioning well when faced with challenges, adversity, and trauma
- **Social connections**: Positive relationships that provide emotional, informational, instrumental, and spiritual support
- **Knowledge of parenting and child development**: Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development
- **Concrete support in times of need**: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges
- **Social and emotional competence of children**: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships

See Protective Factors Framework from the Center for the Study of Social Policy and HOPE: Healthy Outcomes from Positive Experiences. Pediatricians often combine this topic with early literacy promotion when discussing with families and offer books that foster family strengths.

Social emotional development screening

This assessment identifies problems in areas including social-emotional regulation, mood and affect, attention, and interpersonal skills. For more information, see the AAP policy, Promoting Optimal Development: Screening for Behavioral and Emotional Problems and STAR Center Screening Tool Finder.

The following are validated social emotional development screening tools:

- The Survey of Well-being of Young Children (SWYC) age-specific forms
- Ages and Stages Questionnaire: Social-Emotional, Second Edition (ASQ:SE-2)
- Brief Infant Toddler Social Emotional Assessment (BITSEA)
- Early Childhood Comprehensive Assessment (ECSA)

Visit assessment and plan

To be effective, the visit assessment and plan should include all discussions that took place during the visit and represent a shared decision-making process developed in partnership with the family. The visit assessment and plan should:

- Prioritize family interests/concerns.
- Consider family strengths/protective factors.
- Validate concerns.
- Partner with the family to find resources/referrals that meet the family's needs (be culturally appropriate, meet the family's schedule, consider transportation, etc).
- Use Z codes for secondary diagnoses/identified concerns.