

Asset Inventory to Support Screening for Health-Related Social Needs in Pediatric Practices

Background

Developing brain architecture is shaped by early experiences, particularly from prenatal to age 3. Whether those early experiences support healthy brain development depends on relationships and environmental factors. Given their early and regular contact with families during the 12 well child visits that occur before age 3, pediatric practices are well positioned as perhaps the only universal point of contact to help families with young children foster positive early experiences. This asset inventory is designed to help care teams identify the resources/assets currently available to them to enable them to choose the most effective health-related social needs and relational health screening tool. Going through the asset inventory process is also intended to generate discussion about how to leverage their unique position to promote healthy development during this critical period.

How to Use the Asset Inventory

This inventory was developed as resource to help pediatric practices identify existing clinic and community assets that address parent stressors and/or promote relational health. Completing the inventory will help care teams select the screening tool¹ for health-related social needs that works best for their practices right now: practices with fewer internal and community assets might consider selecting a screening tool that addresses a limited number of issues, while practices with more robust capacity might consider a more comprehensive screening tool.

This inventory is not exhaustive. Individual practices may have assets not included and are encouraged to note those. Ideally, completing this inventory will generate discussions about what assets currently exist, what assets are ripe for growth, and what assets should be explored for inclusion as part of a long-term plan to build practice capacity.

We recommend assigning a small staff team to complete the inventory, with each team member first assessing status independently and then the full team determining the status of the assets identified. (Note, the specific status is likely less important than the discussion the inventory generates.) This approach allows the inventory to serve as a guide to identify areas where the clinic team wants to deepen work and whether specific technical assistance, training, or connection to peer leaders would be helpful. To complete the asset inventory, assign status according to following:

- **0. No Progress.** No activity has begun or is planned in this area.
- **1. Little Progress.** Early planning or implementation is underway, but the Practice has limited or uneven experience, commitment of time, or resources.
- **2. Basic Progress.** The intervention is being implemented by the full Practice in a clear and consistent way, but expertise is still being developed and processes are being refined to fit Practice's needs/context.
- **3. Advanced Progress.** The intervention is consistently applied across staff and/or sites within the Practice, has been refined as necessary, and has resource commitments at least in the near term.
- **TA. Technical Assistance Requested.** If there are areas the team believes additional technical assistance would be helpful, please note "TA" after the score.

Return Team's completed Asset Inventory to St. David's Foundation by June 17, 2022, via email to AEinhorn@stdavidsfoundation.org. The Foundation will use the completed inventory to gain understanding of capacity at the individual clinic level and across the clinic portfolio to identify technical assistance opportunities, provide a baseline of clinic capacity, and initiate discussions about future Foundation support.

¹ For information on screening tools, see: <https://stdavidsfoundation.org/screening-for-health-related-social-needs-in-pediatric-settings/>

Clinic Infrastructure and Culture

- Training on [Trauma Informed Care](#) is provided regularly (e.g. at least annually) to all staff. **Status:** _____
Notes: _____
- Training on [Motivational Interviewing](#) is provided to clinical staff. **Status:** _____
Notes: _____
- Training on the science of early brain development is provided to all staff. Examples include [Brain Story Certification](#) (Alberta Family Wellness), [Promoting First Relationships in Primary Care](#) (University of Washington), and [The Growing Brain: From Birth to 5 Years Old](#) (Zero to Three). **Status:** _____
Notes: _____
- Clinic providers are enrolled in and comfortable accessing the [Child Psychiatric Access Network](#) for child and maternal mental health consultations. **Status:** _____
Notes: _____
- Clinic has integrated mental health supports for children/caregivers or created referral paths. **Status:** _____
Notes: _____
- Pediatric staff have clear protocols, (e.g., use of [One Key Question](#)), to assess if caregivers need assistance accessing family planning. **Status:** _____
Notes: _____
- **Other Clinic Infrastructure and Culture Assets to Consider?** _____

Connections to Resources to Promote Early Relational Health and Address Health-Related Social Needs

- There are staff within the practice, (e.g., Community Health Workers, Social Workers) to identify community resources and assist in navigating patients to these resources. **Status:** _____
Notes: _____
- Key community partners are embedded in the Practice to address common social needs of patients and their families. Examples include [medical-legal partnership](#) or tax specialists to help families complete and file their tax returns and claim tax credits, such as the [streetcred](#) program or partnership with existing community tax sites, such as [Foundation Communities' Prosper Center](#). **Status:** _____
Notes: _____
- If available, the Practice is enrolled in the [community's closed loop referral system](#) to facilitate and track referrals to community resources. **Status:** _____
Notes: _____
- Practice representatives participate in their [community's early childhood coalition](#) to provide a feedback loop between the Practice and community resources. **Status:** _____
Notes: _____

- Effective referral relationships with [local home visiting programs](#) are in place. **Status:** _____
Notes: _____
- The practice has built in prompts and systems to inform and remind families about [PreK enrollment](#), including “Rx for PreK” pads, available from SDF or E3 Alliance. **Status:** _____
Notes: _____
- **Other Clinic Infrastructure and Culture Assets to Consider?** _____

Nurture Parents’ Competence and Confidence

- [Reach Out & Read](#) is integrated into the practice to build early relational health and literacy. **Status:** _____
Notes: _____
- Mechanisms are in place (such as use of [Bright by Text](#)) to reduce [social isolation of parents](#) of young children by connecting them with community programs at libraries, community centers, faith-based organizations, children’s museums, or YMCAs. **Status:** _____
Notes: _____
- Group visits are offered through the [CenteringPregnancy](#) and [CenteringParenting](#) models to build caregiver social supports, increase time for education and coaching, and establish connection to community resources. **Status:** _____
Notes: _____
- Staff are trained on messaging that reinforces and supports parents/caregivers (e.g., “See how your baby looks at you for reassurance”, “Your child loves the sound of *your* voice”.) Examples can be found in [TREE program](#) designed for use during a well child visit to strengthen the child-caregiver relationship.
Status: _____
Notes: _____
- **Other Clinic Infrastructure and Culture Assets to Consider?** _____