

Strategy 9: Implement Healthy Steps

A recurrent theme that has been voiced by the larger Navajo/Apache regional community is the need for families to have more access to relevant and useful information about their children, as well as have someone available to answer their questions about child development, developmental delay, discipline, well-baby visits (and getting the most out of them), nutrition, and many more areas of development^{i ii}.

Healthy Steps represents a significant innovation in the way pediatric primary care can be delivered. Based on the standards and principles of Bright Futures and the American Academy of Pediatrics Health Supervision Guidelines, Healthy Steps enhances and expands traditional pediatric care by including a child development specialist as part of the pediatric practice team. Services offered by this person, typically a nurse, early childhood educator, or social worker, include more time to spend discussing preventative issues during well-child visits, home visits, a telephone information line exclusively addressing developmental and behavioral concerns, written materials, and more seamless linkages to community resources and parent support groups.ⁱⁱⁱ

The Healthy Steps program was designed to support families of young children using a new type of health care provider, the Healthy Steps Specialist, in a practice-based environment.^{iv} The Healthy Steps program consists of risk reduction activities and universal components, including developmental screening, anticipatory guidance, and follow-up services, offered to all families receiving care.^{v vi vii viii} Expected benefits of Healthy Steps include improved parental promotion of child development,^{ix} parenting practices, child development, and health care utilization. Evaluation of the program to date has demonstrated improved timeliness and quality of pediatric services, parenting practices, and parent satisfaction with services.^{x xi xii}

The Healthy Steps Model has been implemented nation-wide and has been proven to have positive outcomes for children and families. Specifically, Healthy Steps encourages the medical home model within the pediatric medical field and is shown to lead to higher rates of immunizations, higher rates of timely and appropriate developmental screenings and identification of developmental delays, as well as providing a medical environment that is supportive of parents as the experts on their child^{xiii}.

Components of the Healthy Steps Program, and the Technical Assistance Package, include the following:

- An MD will need to be identified to be the Medical Director of the Healthy Steps Program site and will act as both internal and external champion of the program.
- This program is available to ALL children at **no cost**. It will support the medical home model and can support the dental home model. It could also support parent education about child development and give parents a resource available to navigate the system of services available.
- This program would provide a specialist to go to well-child visits with the parent and the child (at the pediatrician's office or clinic), can include a home visiting component, and includes Reach Out and Read as a part of the program.
- The specialist may do child care setting visits if there is a concern about the child within that environment – wherever that may be.
- A Healthy Steps Coordinator must have one of the following:
 1. Minimum of a Bachelor's Degree and 3-5 years in early childhood, working as a developmental specialist and have experience with home visiting and interfacing with pediatric medical professionals.
 2. Any nursing degree, with a background in early child development in a pediatric medical setting. Candidates would be interviewed to determine their level of knowledge in early

child development and behavior.

3. Master's Degree in Social Work, Child Psychology or a related field and 3-5 years working with young children and their families, also connected to pediatric medical care.

Consultative services leading to introduction of the program to healthcare stakeholders, and ongoing successful implementation of Health Steps, include the following to be provided within the scope of the technical assistance portion of this strategy:

Onsite:

- Ongoing consultation: phone and email mentoring for specialist and healthcare providers, quarterly site visits to guide the healthcare team in continuing their efforts to champion the Healthy Steps program, and to inform and engage the Medical Director in advocacy and policy change efforts leading to potential future billing/coding and reimbursement for developmental services provided by Healthy Steps.
- Providing consultative services to develop the job description, posting of the position requirements, assisting with screening applicants, participation in interview processes (the Master Trainer will provide the Healthy Steps Specialist/Coordinator interview) and provide feedback to the healthcare team about which candidate is the best fit for the role.
- Assistance with RFGA development and submission.
- Assistance with generating funding from additional potential funders.
- All of the following activities **include** travel expenses for the Master Trainer, as well as Healthy Steps staff for travel to Phoenix Children's Hospital: providing three days of training when program is ready to kick-off; one day onsite for professional clinicians and clinic staff; three days onsite for Healthy Steps Specialist; two days training for Healthy Steps specialist at Phoenix Children's Hospital.
- Includes training to use the data entry, tracking and reporting system designed to provide FTF and healthcare facility with required, and requested, data and reports.
- Site monitoring for quality assurance for the first two years; should this be requested for following years, the cost will be negotiated between the eventual grantee and Healthy Steps.

In-kind contribution:

- The grantee would be asked to provide office space, computer, color copier, office supplies, and telephone.
- Any food or beverages or site costs are paid by the healthcare provider.

A gradual reduction of FTF funding will be incorporated, so that by Year 6, the eventual grantee will be fully funding the program.

Year 1 – 100% funding

Year 2 – 80% funding

Year 3 – 60% funding

Year 4 – 40% funding

Year 5 – 20% funding

Year 6 – grantee 100% self-funding

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

1. Percentage of families with children birth through age five who report they are satisfied with the

accessibility of information and resources on child development and health.

2. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child’s safety, health, and well-being.

Target Population:

Children birth through age five. Program is voluntary, at no cost, for each infant living in the region.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
		July 1, 2009 – June 30, 2010	July 1, 2010 – June 30, 2011
	Implement 1 Healthy Steps Program, Build Case load towards 100 children	At least 100 children	At least 100 children Three year total: 300 children

Performance Measures SFY 2010-2012

1. Number of children with health insurance/ Actual service number
2. Number of medical health care professionals that use medical home model
3. Number of children screened/ Proposed service number
4. Number of children referred for early intervention/Actual service number
5. Number of and percent of families that reported satisfaction with Healthy Steps Program
6. Percent of families showing increases in parent knowledge and skill after program involvement for 6 months and at 12 months

How is this strategy building on the service network that currently exists:

- Summit Regional Healthcare is the regional birthing hospital and offers some prenatal and post-delivery support for families.
- There are handful of pediatricians in the region; however, Healthy Steps is not a model currently used in the region.

What are the opportunities for collaboration and alignment:

- When a Healthy Steps Specialist sends a child to AzEIP for services and the child is found to have delay but not enough to qualify for AzEIP, the family receives services from Healthy Steps to encourage the child's development. This will address “gap kids” and will provide direct services to families to support their child’s development; Healthy Steps would also serve as a bridge between AzEIP, or another program that the child may qualify for, and will work with the team to ensure that the child receives services in a timely manner and that they are meeting the families’ needs.

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)	
Population-based Allocation for proposed strategy	\$105,000
FY 2011	\$66,000.00 **
<p>Budget Justification:</p> <p>\$70,000 for one full time Healthy Steps Specialist. Cost includes salary and ERE, work-related travel, materials, and continuing education, and community outreach/awareness materials.</p> <p>\$35,000.00 Technical Assistance</p> <p>\$105,000 FY 2010 allocation</p> <p>**The amount of funding made available to this grantee for FY2011 within the contract renewal process was \$56,000.00, in keeping with the overall intent of gradually reducing financial support for this strategy. The methodology is applied to the base amount of funds for Personnel, Salary and ERE - \$70,000.00.</p> <p>The \$35,000.00 is specifically intended for Healthy Steps related technical assistance and training, for a period of 2 years, from the initial grant award.</p> <p>Therefore, the 20% reduction per year applies to the base amount of \$70,000 for salary and ERE with the following schedule per year: FY2011 - \$56,000, with and additional \$10,000 for Healthy Steps training approved May 12, 2010. FY2012 - \$42,000 FY2013 - \$28,000 FY2014 - \$14,000 FY2015 – Fully self funded.</p>	

ⁱ "Early Effects of the Healthy Steps for Young Children Program." Minkovitz, C., et al., *Archives of Pediatric and Adolescent Medicine*, April 2001, Vol. 155, pp. 470 - 479.

ⁱⁱ "Healthy Steps: A Case Study of Innovation in Pediatric Practice." Zuckerman, B., Parker, S., Kaplan-Sanoff, M., Augustyn, M., and Barth, M.C., *PEDIATRICS*, September 2004, Vol. 114, No. 3.

ⁱⁱⁱ *PEDIATRICS* Vol. 114 No. 3 September 2004, pp. 820-826 (doi:10.1542/peds.2003-0999-L) Barry Zuckerman, MD^{*}, Steven Parker, MD^{*}, Margot Kaplan-Sanoff, EdD^{*}, Marilyn Augustyn, MD^{*} and Michael C. Barth, PhD[†]

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- ^{iv} Zuckerman B, Parker S, Kaplan-Sanoff M, Augustyn M, Barth MC. Healthy Steps: a case study of innovation in pediatric practice. *Pediatrics*. 2004;114:820-826.
- ^v Lawrence PR, Magee T, Bernard A. Reshaping primary care: the Healthy Steps Initiative. *J Pediatr Health Care*. 2001;15:58-62.
- ^{vi} Kaplan-Sanoff M, Zuckerman B, Parker S. *Healthy Steps: Strategies for Change: Child Development in Primary Care for Young Children*. Boston, Mass: Boston University School of Medicine; 1999.
- ^{vii} Zuckerman B, Kaplan-Sanoff M, Parker S, Young K. *The Healthy Steps for Young Children Program: Zero to Three*. Washington, DC: Zero to Three National Center for Infants, Toddlers, and Families; June/July 1997:20-25.
- ^{viii} Minkovitz C, Strobino D, Hughart N, Scharfstein D, Guyer B. Early effects of the Healthy Steps for Young Children Program. *Arch Pediatr Adolesc Med*. 2001;155:470-479.
- ^{ix} McLearn KT, Zuckerman BS, Parker S, Yellowitz M, Kaplan-Sanoff M. Child development and pediatrics for the 21st century: the Healthy Steps approach. *J Urban Health*. 1998;75:704-723.
- ^x Minkovitz C, Strobino D, Hughart N, Scharfstein D, Guyer B. Early effects of the Healthy Steps for Young Children Program. *Arch Pediatr Adolesc Med*. 2001;155:470-479.
- ^{xi} Minkovitz CS, Hughart N, Strobino D, et al. A practice-based intervention to enhance quality of care in the first 3 years of life: the Healthy Steps for Young Children Program. *JAMA*. 2003;290:3081-3091.
- ^{xii} Johnston BD, Huebner CE, Tyll L, Barlow WE, Thompson RS. Expanding developmental and behavioral services for newborns in primary care: effects on parental well-being, practice, and satisfaction. *Am J Prev Med*. 2004;26:356-366.
- ^{xiii} "Healthy Steps in an Integrated Delivery System: Child and Parent Outcomes at 30 Months." Johnston, Brian D., et.al., *Archives of Pediatric & Adolescent Medicine*, August 2006, Vol. 160, No. 8, pp. 793-800