

# INTERGENERATIONAL FAMILY SERVICES IN PEDIATRICS

## Children do better when their caregivers do better.

Intergenerational family services are services provided to parents, caregivers and their children in pediatric health care settings. This family-centered approach recognizes that children's health is directly connected to the physical, mental and social well-being of their caregivers. Although intergenerational health is not a new concept, recent health care reforms and emerging research offer new opportunities to put family-centered care into practice. Services for caregivers such as physical and mental health treatment, vaccinations, obesity prevention and smoking cessation are critical to the promotion of child and family health. Similarly, social determinants of health, such as poverty and housing insecurity, are linked to long-term health outcomes for children and are therefore an essential part of intergenerational programs.

### Pediatric settings are a missed opportunity.

Many mothers, particularly those most vulnerable to poor health, experience barriers to attending their own primary care visits. At the same time, a high percentage of mothers successfully attend the recommended well-child visits for their young children, making these visits an opportunity to address caregivers' needs through screening, treatment and case management.<sup>4</sup> While many pediatricians consider family health and social circumstances while caring for children, the health care infrastructure is currently lacking formal supports to encourage this practice. Key health care reforms – such as Medicaid expansion that provides increased coverage to parents, Accountable Care Organizations that incentivize medical practices to take responsibility for patients' preventive needs, and increased home visiting services for pregnant and new mothers – offer opportunities to implement comprehensive family-based services in pediatric settings.

### What do intergenerational family services look like?

The American Academy of Pediatrics,<sup>5,6</sup> the U.S. Preventive Services Task Force,<sup>7</sup> the Centers for Medicare & Medicaid Services,<sup>8</sup> and the Maternal and Child Health Bureau<sup>9</sup> have highlighted the integration of parental and pediatric health services. These efforts point toward two potential service delivery models: **direct care**, such as screening and treatment for maternal depression in pediatric practices, and **community-based partnerships** between pediatric health systems and local community services, such as maternal and infant home visiting programs. There are opportunities for practitioners and lawmakers to address barriers to intergenerational family services to improve health outcomes for children.

- ▶ **Hospitals and health care practices** should build robust screening and community referral practice into their health systems.
- ▶ **State and federal policymakers** should look for opportunities to implement payment reform to allow providers to bill for essential caregiver screening and treatment under the child's Medicaid.

### Intergenerational family services improve children's health.

When a caregiver receives treatment and services for their physical and mental health needs . . .

- ▶ . . . **the child's well-being and safety improve.** For example, secondhand smoke leads to an estimated 430 infant deaths from Sudden Infant Death Syndrome, 200,000 asthma episodes, up to 300,000 cases of lower respiratory infections, and nearly 790,000 ear infections for U.S. children each year.<sup>1</sup>
- ▶ . . . **caregivers have increased parenting capacity and are at a reduced risk of experiencing social stressors in the home, such as housing insecurity, substance use or family violence.** For example, adults with mental health disorders have a higher likelihood of also experiencing substance use compared to adults without mental health disorders (18% vs. 6% in 2014).<sup>2</sup>
- ▶ . . . **the family is more likely to engage in preventive services that reduce health care and social costs.** For example, one study found that children whose parents reported depressive symptoms had an 18% increased risk of an emergency department visit and a 36% increased risk of a school absence.<sup>3</sup>

## Mia's Story: Intergenerational Family Services in Practice

Mia is a 20-year-old mother with a 1-month-old son, Tony. Mia and Tony are currently living with her mother. Mia has been experiencing anxiety taking care of Tony and is having trouble breastfeeding. Mia takes Tony to his 1-month well-child visit where . . .

**SCENARIO 1: Routine Well-Child Visit** Mia and Tony see the pediatrician. The pediatrician identifies that Tony has poor weight gain, and provides some breast-feeding guidance on proper positioning and latching. Mia is embarrassed to bring up her anxiety and fears the pediatrician will think she's a bad mother.

**SCENARIO 2: Behavioral Health Screener** While in the waiting room, Mia is given a postpartum depression questionnaire and screens positive for depressive symptoms. The pediatrician discusses the results with Mia and determines Mia's anxiety could be contributing to Tony's poor weight gain. After determining that Mia is not at immediate risk of harming herself or Tony, the pediatrician gives Mia the phone number to a mental health counseling program.

**SCENARIO 3: Behavioral Health Screener and Case Manager** The same postpartum depression questionnaire is given to Mia as in Scenario 2, but the pediatrician introduces Mia to a case manager. The case manager makes a call with Mia to a mental health counselor and a home visiting program. The case manager identifies that Mia's mother is a positive support in her life and makes a plan to incorporate her into future appointments. The case manager will follow up with Mia in a week.

*Screenings and dedicated case managers can also address social determinants of health and barriers to health care utilization, including housing insecurity, food insecurity, family violence, insurance coverage and transportation.*

### Intergenerational Family Services at PolicyLab

At PolicyLab, our care for children and families drives our research, informing practice and policy to improve child health outcomes. Through clinical and research experience, our staff recognizes the importance of intergenerational family services to improving children's health. PolicyLab's research on intergenerational family services focuses on a variety of areas:

- ▶ **Maternal, infant and early childhood home visiting**
- ▶ **Vaccinations for caregivers**
- ▶ **Maternal chronic physical and behavioral health**
- ▶ **Service delivery and funding mechanisms in the context of health reform**
- ▶ **Maltreatment prevention**
- ▶ **Reproductive health and contraception use**
- ▶ **Obesity prevention**

### References

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- 6 American Academy of Pediatrics, Council on Community Pediatrics. (2016). Poverty and Child Health in the United States. *Pediatrics*, 137(4):e20160339.
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- 9 U.S. Department of Health and Human Services, Health Resources & Services Administration. (2016, March). Maternal & Child Health Bureau. Retrieved from: <http://www.hrsa.gov/about/organization/bureaus/mchb/>

### POLICYLAB AT THE CHILDREN'S HOSPITAL OF PHILADELPHIA

The mission of PolicyLab at The Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within The Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

For more information on PolicyLab's work on intergenerational family services, email [policylab@email.chop.edu](mailto:policylab@email.chop.edu).

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