

# Effectiveness of Early Childhood Development Partnerships in Addressing Pediatric Health & Social Needs during the COVID-19 Pandemic

*Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems*

Research-in-Progress Webinar  
February 10, 2020  
12-1pm ET

# Agenda

**Welcome:** Chris Lyttle, JD  
*S4A Deputy Director*

**Presenters:** Maggie Paul, PhD • Carolyn Berry, PhD • Rachel Massar, MPH  
*New York University, Grossman School of Medicine*

**Commentary:** Pradeep Gidwani, MD MPH  
*AAP-CA3*

**Q&A:** Chris Lyttle, JD



**Maggie Paul, PhD**

**Dr. Paul** is an assistant professor in the Department of Population Health at the New York University Grossman School of Medicine. Her work is primarily focused on evaluating innovative primary care-based interventions that address health disparities, often via multi-sector collaborations. Dr. Paul often relies on both qualitative and quantitative research methods in order to develop a deep understanding of how programs achieve outcomes of interest, the extent to which implementation varies across sites, and implications for health policy. The collaborative and often multi-sector nature of her research has given her the opportunity to partner with a wide range of organizations, including health care clinics and hospitals, public health systems, social service organizations, other academic research centers, state and local governments, and charitable foundations.





**Dr. Berry** is an associate professor in the Department of Population Health at NYU Grossman School of Medicine. For over 20 years she has evaluated policies and policy-relevant programs in public health, health care, and social services, with a focus on poor and underserved populations and health disparities. This multidisciplinary work involves a combination of methods, including qualitative interviews, surveys, and data analysis. Her current research involves studying the impact of primary care practice facilitation—trained professionals supporting small primary care practices—with the goal of improving primary care. Dr. Berry has served as an evaluation consultant on projects in quality and performance improvement and continuing medical education.

**Carolyn Berry, PhD**





**Rachel Massar, MPH**

**Rachel Massar, MPH** is a Research Coordinator in the Department of Population Health at the New York University School of Medicine where she works on several evaluation projects. Ms. Massar is involved in the design of data collection instruments, the management of survey administration processes for treatment and comparison groups, and the analysis of survey data and qualitative data. She has experience working on the development, implementation, and evaluation of policies and programs to prevent youth substance use and other risky health behaviors. Ms. Massar holds a BA in Psychology and Public Health from Muhlenberg College and a Master in Public Health from Boston University School of Public Health where she concentrated in social and behavioral sciences.





**Pradeep Gidwani,  
MD, MPH, FAAP**

**Dr. Gidwani** is a pediatrician and community health leader who works at American Academy of Pediatrics, California Chapter 3, San Diego and Imperial Counties (AAP-CA3) on a team that provides Countywide Coordination and Support for two large scale community initiatives - Healthy Development Services and First Step Home Visiting funded by First 5 San Diego. Over the last 14 years, these community-wide programs reach over 319,000 children and their families. Dr. Gidwani is a Past President of AAP-CA3, a Child Trauma Academy Fellow and a member of the Board Governors at the San Diego Foundation and serves on various community advisor boards. His areas of expertise include child development, Infant and Early Childhood Mental Health, childhood trauma, parents' perception of childhood behaviors, and cultural issues in health care.

# Partnerships for Early Childhood Development (PECD)

- Founded by the United Hospital Fund in April 2017
- Chaired by Dr. Bernard Dreyer
- Goal: Initiate, expand or strengthen clinic-community partnerships focused on promoting early childhood development through social determinants of health (SDOH) screening and referral programs
- Focused on families living in NYC with children under the age of 5

Supported by a group of community health-oriented philanthropic organizations:

## **United Hospital Fund**

Chad Shearer, SVP for Policy & Program  
Lee Partridge, Senior Fellow

## **The Altman Foundation**

Rachel Pine, Senior Program Officer

## **New York Community Trust**

Irfan Hasan, Deputy VP for Grants

## **William J. and Dorothy K. O'Neill Foundation**

Marci Lu, Senior Program Officer

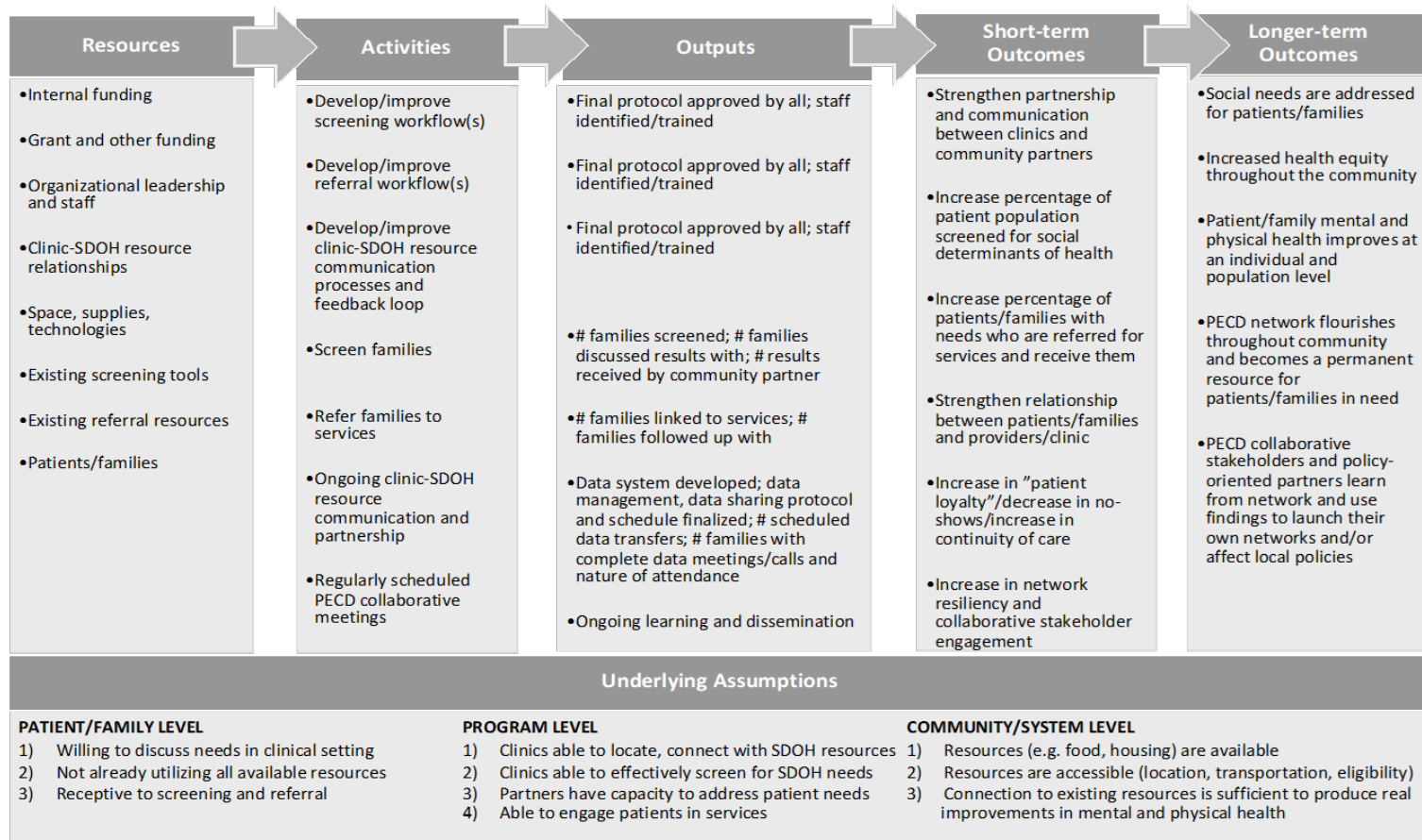
# PECD Screening and Service Delivery Network

Clinical Site	Community Partner(s)
NYP/Columbia University Medical Center	Northern Manhattan Perinatal Partnership (Harlem location)
St. John's Episcopal Hospital	Queens Family Resource Center Ocean Bay Community Development Corporation
NYU Brooklyn Family Health Center	NYU Family Support Center
NYP/Queens	Public Health Solutions
Northwell Health	Single Stop (Child Center of New York) The INN
Mount Sinai	Children's Aid Little Sisters of the Assumption New York Common Pantry
NYC H+H/Gouverneur	Henry Street Settlement University Settlement Grand Street Settlement Educational Alliance



- Logic model
- Core cross-site implementation measures

# PECD Screening and Referral Network Logic Model



# Core Implementation Measures Captured by the PECD Network

Measure	Definition
<b>Screening rate</b>	The proportion of individuals in the target population assessed for SDOH needs using the administered screening tool.
<b>Positive screens</b>	The proportion of individuals in the target population with positive screens, defined as having at least one reported SDOH need.
<b>False negatives/ missed positives</b>	The proportion of individuals in the target population with negative screens (i.e., identified no needs) who report having one or more needs later in the visit (e.g., during conversation with providers and/or staff).
<b>Referral rate</b>	The proportion of individuals referred to services out of those with positive screens.
<b>Refusal rate</b>	The proportion of individuals who refuse all services out of those who are referred to services. This measure combines two points of refusal: patients with positive screens who refuse to be referred to the community partner and patients who refuse services once contacted.
<b>Service provision</b>	The proportion of individuals who received services to which they were referred out of those referred to services
<b>Referral feedback</b>	The proportion of individuals referred to services for which there was information transferred from the CBO back to the clinical team (sometimes referred to as “closing the feedback loop”)

- Site visits and key informant interviews at 4 sites
- Approach to site selection

	History of Partnership	
Resources	+/+	+/-
	-/+	-/-

## Implementation

- This work is possible, but requires real clinic-CBO partnerships with open communication and substantial investment to bolster capacity and integrate into existing workflows
- Establishing trust with parents of patients is also possible, but needs to be approached in a thoughtful way
- Contextual factors including the availability of services in a given area have a direct impact on every aspect of program implementation and, we suspect, ultimately impact

## Impact of COVID-19

- Extreme community-wide need at baseline – these needs, most of which can be categorized as stemming from poverty, have increased dramatically in all sites (cash assistance inc. rent assistance, food pantry, childcare)
- Pandemic crisis has dissolved barriers between agencies, heightened awareness of the value of this work; but it is not yet clear if and how this will translate into long term changes throughout the collaborative

- Outcome evaluation via parent survey
  - Key informant interviews
  - Parent focus groups
- ...but now in the context of the COVID-19 pandemic

# Proximal Outcomes on Parent Survey

- SDOH Needs
- Engagement with community partners and services received
- Time and ease of getting social needs addressed
- Parent-reported child health status
- Parent self-reported health status
- Developmental and behavioral concerns about child
- Missed days at work
- Child absenteeism from daycare/preschool/school
- Parent stress
- Parent depression
- Parenting self efficacy
- Satisfaction with screening program
- Satisfaction with institution/clinic broadly
- Perceived access to healthcare
- Impact of COVID-19

Goal: Assess COVID-19 related implementation changes at each site and across the collaborative network as a whole

Approach:

- **Key informant interviews** with leadership, providers, and staff on involved in screening, referring, and providing services to families
- **Focus groups with parents** to understand the perspective of the target population on system functioning and areas for improvement, from screening administration to receipt of services and follow-up
- **Analyses of core implementation measures** will enable quantitative characterization of the extent to which COVID-19 impacted the demand for services throughout the crisis and the overall functionality of the existing system with respect to identifying, referring, and addressing the needs of families

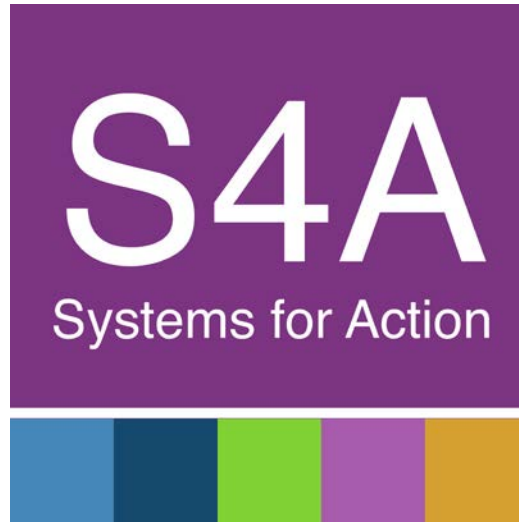


## Pradeep Gidwani, MD, MPH, FAAP

American Academy of Pediatrics, California Chapter 3,  
San Diego and Imperial Counties (AAP-CA3)



# Questions?



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