A Primary Care Primer on Housing Insecurity in Children

First Steps: Improving Child Health and Housing

CSH

Illinois Chapter
INCORPORATED IN ILLINOIS
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Contributors and Partners

- Access Community Health Network
- Advocate Children's Hospital
- AIDS Foundation of Chicago
- Ann and Robert H. Lurie Children's Hospital
- Catholic Charities
- Center for Housing and Health
- Chicago House
- Christian Community Health Center
- Cook County Health
- Corporation for Supportive Housing
- Esperanza Health Center
- Facing Forward to End Homelessness
- Friend Family Health Center
- Heartland Alliance Health
- Housing Opportunities for Women (HOW Inc)
- Illinois Association of Medicaid Health Plans
- Inspiration Corporation
- La Casa Norte
- Logan Square Health Center of Cook County
- Loyola University Medical Center
- Memorial Health System of Central Illinois
- New Moms
- Northwestern Children's Practice
- The Ounce of Prevention Fund
- Primo Center for Women and Children
- Rush University Medical Center
- Sinai Urban Heath Institute
- University of Chicago Comer Children’s Hospital
- WellCare Health Plans Inc.

CSH

Illinois Chapter
INCORPORATED IN ILLINOIS
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Illinois Chapter
INCORPORATED IN ILLINOIS
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Clinical Guidelines

Barbara Bayldon, MD, FAAP
Medical Director, Primary Care Section
Lurie Children's Hospital

Learning Objectives

- Develop understanding of clinical topics to be considered due to impact of housing insecurity on families with young children
- Develop skills in specific clinical guidelines of care and best practice for delivery of that care for families with housing insecurity

Outline

- Clinical Impact of Housing Insecurity
  - Physiologic
  - Brain Health
  - Social
- Best Practices for Clinical Encounters

Clinical Impact of Housing Insecurity

Physiologic Health

Brain Health

Social Health

Clinical Impact of Housing Insecurity – Physiologic Health

- Altered Nutrition – under or inappropriate nutrition
- Increases risk of infectious disease
  - Otitis media, respiratory, diarrhea, scabies, lice
  - Tuberculosis
- Increased dental caries risk
- Decreased stability of chronic disease such as asthma
- Increased risk of accidents

Clinical Impact of Housing Insecurity – Brain Health

- Increased prevalence of developmental delay
- Increased risk of behavior and mood problems
- Increased parental/guardian stress and depression may affect attachment with child, engagement and parenting

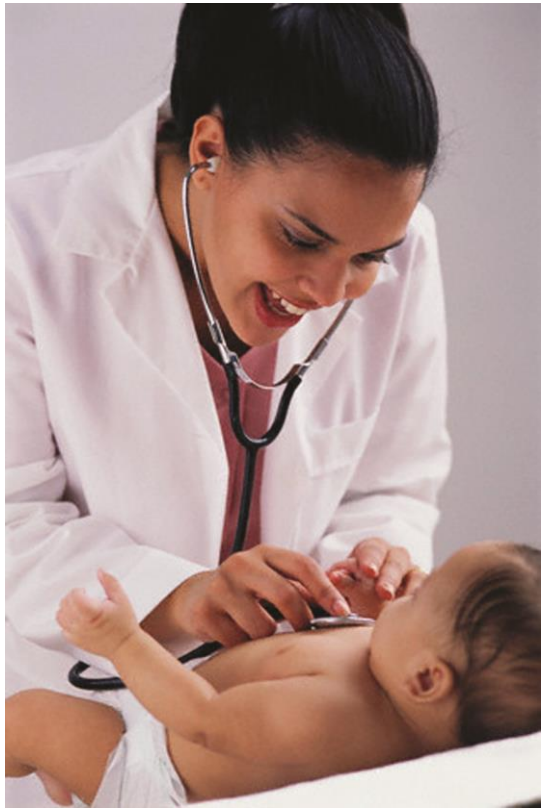
Clinical Impact of Housing Insecurity – Social Health

- Social environment and support disruption
- Academic disruption
- Benefits disruption
- Transportation barriers
- Risk of underlying social circumstances including domestic violence and drug/substance abuse

Best Practices for Clinical Encounters

Best Practices for Clinical Encounters

- History
  - General history – medical care
  - Eating behaviors and patterns, food security and barriers to healthy diet
  - Sleep hygiene and safety
  - Dental hygiene and prior history of appointments and barriers to appointments



Best Practices for Clinical Encounters

- History
  - Address safety in housing-safeguarding and supervision
  - Screen for infection- exposure to infectious individuals and GI and respiratory symptoms, rashes specifically
  - Assess understanding of adherence to management and barriers to adherence for patients with chronic conditions

Best Practices for Clinical Encounters

- History
  - Full developmental assessment
    - Observation
    - Use formal tools such as Ages and Stages (ASQ)
  - Socio-Emotional Assessment
    - Such as PEDS ≥ 2 yrs
  - Daycare/school history and interruptions
  - Family history- parental depression, disability, drug use/abuse and past sexual and physical abuse

Best Practices for Clinical Encounters

- Social History
  - Family structure and supports and domestic violence, parental drug/substance use challenges
  - Prior housing
  - Interruptions in care
  - Employment as appropriate
  - Transportation and communication issues
  - Interrupted benefits- SNAP, WIC, TANF, legal
  - Consider screening for Adverse Childhood Experiences

Best Practices for Clinical Encounters

- Physical
  - Document and address either weight for length < 2 yrs or BMI ≥ 2 yrs and Head Circumference
  - BP ≥ 3 yrs or at younger age if risk factors
  - Focused observation on behavior and development in clinic setting
  - Dental exam and application of fluoride varnish
  - Careful evaluation for infectious disease or infestation
  - Careful dermatologic exam

Best Practices for Clinical Encounters

- Screening
  - CBC or hemoglobin or ferritin, lead (until 7 yrs)
  - Tuberculosis screening
    - If ≥ 2 yrs AND able to obtain enough blood Quantiferon gold
    - If < 2 years PPD
  - Determine which developmental, socio-emotional screens you wish to use eg. ASQ, M-CHAT at 18 and 24 months
  - Check vaccine records and ICARE for gaps in immunization
  - Screens for specific conditions such as Asthma Control Test

Clinical Management

Consider constraints to manage effectively

- Access to refrigeration and storage
- Electrical access
- Access to facilities e.g., bathrooms and kitchens
- Privacy
- Change in living situation
- Barriers to communication

Best Practices for Clinical Encounters

- Resources and supports
  - Supporting resilience
    - Reach Out and Read
    - 7C's of resilience (competence, confidence, coping, connectedness, character, contribution, control)
    - Parenting Programs- Nurturing Parenting, Triple P, The Incredible Years
  - Supporting developmental/behavioral problems
    - Connect to Early Intervention
    - For housing insecure, ODLSS Child Find Centers may work better than an in-home evaluation
- COVID-19 considerations: state by state allowances for OT. Specific facility allowances for OT. Call site. https://www.aota.org/~/media/Corporate/Files/Practice/Manage/Occupational-Therapy-Telehealth-Decision-Guide.pdf

Best Practices for Clinical Encounters

- Concrete community resources – if in a shelter, these may be supplied there
  - Medicaid
  - Benefits assistance
  - Transportation
  - Legal
- Daycare/School– CPS Students in Temporary Living Situations Program (STLS)

Model of Care Delivery

- Optimize acute care visits to best resolve patient concerns and provide comprehensive care when possible
- Identify underlying causes of homelessness and help facilitate connection to appropriate resources
- Partner with families to develop care plans that acknowledge barriers posed by homelessness- e.g., transportation, communication

AAP, Pediatrics, 2013

Coding and Adjusting for Care of Housing Insecure

- ICD-10-CM code for homelessness – Z59.0
- In EHR or medical record
  - No fixed address- to designate that homeless
  - Flag EHR for frequent users to address whether homeless

Summary

- Housing Insecurity places families at increased risk for poor outcomes
- Children with Housing Insecurity need to be screened for specific issues associated with housing in physiologic, mental health and social realms
- Management needs to account for challenges and frequently requires community partnership

Implementation in Practice

- ✓Create a template to support the clinical encounter for children with housing insecurity
- ✓Adjust management to incorporate challenges faced by families with housing insecurity (flexible scheduling, medicines that do not need refrigeration)
- ✓Compile lists of resources by topic to distribute to patients
- ✓Help Medicaid enrollment to increase access to care

Education Support

This presentation is supported by the Otho S.A. Sprague Memorial Institute and Comprehensive Health Management Inc.

First Steps: Improving Child Health and Housing is an initiative of the Illinois Chapter, American Academy of Pediatrics (ICAAP).

For further continuing medical education in this series, please contact: Mary Elsner, ICAAP

melsner@illinoisaap.com