



In the Literature

HELP ME GROW ROUNDTABLE: PROMOTING DEVELOPMENT THROUGH CHILD HEALTH SERVICES

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Too often, young children enter school with developmental problems that should have been identified and addressed at an earlier stage. Since 2002, the state of Connecticut has aimed to reach children who have, or are at risk for, developmental problems with its Help Me Grow program.

Developed by pediatrician Paul Dworkin, M.D., physician-in-chief for Connecticut Children's Medical Center, Help Me Grow trains and supports pediatric practitioners in screening and assessing potentially at-risk children and in eliciting parents' opinions and concerns. The program then helps to match children and their parents with needed services through a centralized referral and case management system. Help Me Grow is supported in part by The Commonwealth Fund and run by the Connecticut Children's Trust Fund in collaboration with community agencies.

Last June, child health providers and policy-makers from across the nation gathered at the Help Me Grow Roundtable to learn about the program's successes and explore the potential for its replication. A special supplement to the *Journal of Developmental and Behavioral Pediatrics* (Feb. 2006) featured papers and transcripts from the event.

Simplifying Connections to Resources

In "Enhancing Developmental Services in Primary Care: The Help Me Grow Experience," Joanna Bogin, M.S., Help Me Grow supervisor, discusses the potential of Connecticut's program to serve as a model for

other states. Bogin notes that connecting families to appropriate community resources can be a complex process for health care providers. Help Me Grow succeeds by offering a single point of entry to the system—through a toll-free phone line—as well as by having dedicated staff to make connections between families and community-based resources.

Help Me Grow liaisons access a directory of community-based resources to make optimal use of existing resources and develop further linkages through networking meetings and other forums. These individuals' role, writes Bogin, "is to make sure that the 'dots are connected' within the community."

The author offers several examples to demonstrate the effectiveness of this approach: the mother of an autistic child is connected with family support groups; a grandmother with a hard-to-control grandchild is linked with a grandparent support group; a care coordinator helps a mother find a domestic violence support group, after a child health provider expresses concerns; and a local churchgoer provides translation services for a family that speaks an uncommon language and has difficulty understanding their pediatric provider. Such efforts are supported by data collection and analysis to identify gaps in developmental care and inform advocacy efforts.

Tailoring Training to Practices

In "Promoting Change to Strengthen Developmental Outcomes: The Role of

Training,” Susan Vater, Ed.M., Help Me Grow’s training coordinator, describes how Connecticut is working to educate and motivate child health providers to develop systems for surveillance and use Help Me Grow in their practices. Design of the training program was informed by research suggesting that traditional educational methods, such as conferences and grand rounds, have only modest impacts on provider behavior.

The most effective training is focused on a simple message and tailored to individual practices. Help Me Grow trainers make short presentations in providers’ offices, offering lunch, continuing education credits, and free resource kits. They involve the entire office team, including nurses, physicians, and receptionists, and emphasize office-based change using clinical information and practical tools. The office visits provide opportunities for staff to learn about and respond to local issues.

In the past year, training sessions were held in more than 150 practices, and providers have passed on positive feedback about the sessions.

Getting and Using Feedback

To be as effective as possible, the Help Me Grow trainers solicited input from providers, a process described by the authors of “Barriers to Enhancing Practice-Based Developmental Services.” Two surveys conducted by the American Academy of Pediatrics and modified versions of these surveys conducted among child health providers in the Prohealth Physicians network (Connecticut’s largest primary care provider), elicited providers’ views.

As reported by Lisa Honigfeld, Ph.D., associate research director at the Connecticut Center for Primary Care, and Kathleen McKay, Ph.D., senior epidemiologist at the Connecticut Children’s Medical Center, pediatricians consider inadequate reimbursement and lack of support staff—

in addition to a lack of time and knowledge—as barriers to early identification and referral of children with, or at risk for, developmental delays.

To get around time constraints, Help Me Grow trainers emphasized that use of parent-completed questionnaires could actually save time, by focusing discussions on issues of concern to families and making most efficient use of office visits. In addition, trainers presented coding options that could help providers secure reimbursement for developmental screening.

Trainers also presented the options for, and evidence supporting, use of parental assessments in identifying developmental issues. Discussion of the Help Me Grow triage system helped to answer providers’ concerns about eligibility criteria and referral options.

Based on providers’ feedback and analyses of their referral patterns, the training program was moderately successful in addressing the identified barriers to developmental assessment and extremely successful in addressing barriers to referral. However, perceived lack of time remained a hurdle. “Child health providers seem reluctant to adopt time-saving tools,” the authors write, speculating that they “may regard them as more work for staff and themselves.” Simple, efficient systems for monitoring child development and soliciting parents’ concerns, they say, need to be developed and incorporated into child health practices.

Other contributors to the special supplement include Paul Dworkin, M.D., Marijane Carey, M.S.W., M.P.H., of Carey Consulting in Hamden, Conn., Karen Foley-Schain, M.A., M.Ed., executive director of the Connecticut Children’s Trust Fund, Denise W. Merrill, Connecticut State Representative, Edward L. Schor, M.D., vice president of The Commonwealth Fund, and Judith Meyers, Ph.D., president of the Children’s Fund of Connecticut.