

HealthySteps Addresses the Opioid Crisis

HealthySteps addresses the opioid crisis through universal screening for substance misuse and other family needs within the pediatric primary care setting, and through appropriate closed-loop referrals to available treatment resources.



BRING HEALTHYSTEPS TO YOUR COMMUNITY

HealthySteps is committed to improving the lives of young children and families, including addressing risk factors associated with substance misuse.

To learn more, contact HealthySteps National Director Dr. Rahil Briggs at rbriggs@zerotothree.org or visit healthysteps.org/opioid-crisis



HealthySteps is an evidence-based, team-based pediatric primary care model that promotes the health, well-being and school readiness of babies and toddlers.

THE HEALTHYSTEPS NATIONAL NETWORK SPANS **20+ STATES, WASHINGTON, D.C., AND PUERTO RICO**



HEALTHYSTEPS IS CURRENTLY IN **160+ PEDIATRIC PRACTICES SUPPORTING 200,000+ CHILDREN**



HEALTHYSTEPS MEETS FAMILIES WHERE THEY ARE WITH PEOPLE THEY TRUST

Nearly all young children regularly see a pediatric primary care provider. It's an incredible opportunity to meet families where they are with people they trust.

HealthySteps, a program of **ZERO TO THREE**, is an evidence-based, team-based pediatric primary care model that promotes the health, well-being and school readiness of babies and toddlers, with an emphasis on families living in low-income communities.

HealthySteps partners with the pediatric primary care team to provide tailored support for common and complex concerns that primary care providers often lack time to address, such as behavior, sleep, feeding, attachment, parental depression, social determinants of health and adapting to life with a baby or toddler. The entire practice works together to implement the HealthySteps model, with leadership from a Physician Champion and a child development professional, known as a HealthySteps Specialist, integrated into the primary care team. HealthySteps Specialists connect with families and guide them during and between well-child visits. Learn more about the HealthySteps model at healthysteps.org/the-model.

The HealthySteps national network spans more than 20 states, Washington, D.C., and Puerto Rico. HealthySteps is currently in more than 160 pediatric primary care practices supporting more than 200,000 children.

HEALTHYSTEPS BUILDS TRUSTING RELATIONSHIPS TO PREVENT AND ADDRESS SUBSTANCE MISUSE

Parental substance misuse has a substantial and longterm impact on our youngest children during an important window of brain development. Parental opioid addiction is associated with poor mother-child attachment and suboptimal child development and behavior outcomes.¹ Data from the combined 2009-to-2014 National Surveys on Drug Use and Health found that, annually, approximately 3 million children ages 0-5 lived with at least one parent who had a substance use disorder.² Opioid deaths have risen sharply and the need for resources and follow-up is prevalent in many communities.³ Evidence-based screening recommended by the U.S. Preventive Services Task Force centers on the strength of the provider-patient relationship to identify needed referrals. The HealthySteps National Office at ZERO TO THREE requires family screening for substance misuse in the pediatric primary care setting during preventive well-child visits.

HealthySteps plays an important role in screening, detecting and referring family members to appropriate community resources when substance misuse concerns are identified. Most important, HealthySteps follows up with families to close the loop on referrals, ensuring that services are available and accessible. The trusting and long-standing relationships that HealthySteps Specialists establish with families during these early years allow sensitive subjects to be addressed in a safe setting that is nearly universally accessed by caregivers of young children.

HEALTHYSTEPS SUCCESSFULLY CONNECTS FAMILIES TO RESOURCES

HealthySteps' 15-site randomized controlled trial and several subsequent site-level research studies have demonstrated:

- HealthySteps families were four times more likely to receive information on community resources.⁴
- HealthySteps parents received more services^{5,6,7} and had longer clinic visits.⁸
- HealthySteps children were 1.4 times more likely to have nonmedical referrals for themselves or their mothers.⁹
- Parents were two times more likely to report that someone at the practice went out of the way for them and 1.5 times more likely to rely on someone in the practice for advice (rather than a friend or relative).¹⁰
- Parents were 1.8 times more likely to remain with the practice through 20 months.¹¹
- Parents rated their provider as more competent and caring.¹²

Of 192 HealthySteps families followed during a six-month period at two Montefiore Medical Group practices, 86% received a referral to a service outside the pediatric practice and 82% of those referrals were successful.¹³



To review HealthySteps outcomes, visit healthysteps.org/the-evidence.

¹ Romanowicz, M., Vande Voort, J., Shekunov, J., Oesterle, N., Thusius, N., Rummans, T.,...Schak, K. (2019). The effects of parental opioid use on the parent-child relationship and children's developmental and behavioral outcomes: a systematic review of published reports. *Child and Adolescent Psychiatry and Mental Health*, 13(5).

² https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html

³ <https://www.cdc.gov/drugoverdose/data/analysis.html>

⁴ Guyer, B., Barth, M., Bishai, D., Caughy, M., Clark, B., Burkom, D.,... Tang, C. (2003). Healthy Steps: The first three years: The Healthy Steps for Young Children Program National Evaluation. Johns Hopkins Bloomberg School of Public Health, February 28, 2003.

⁵ Buchholz, M., & Talmi, A. (2012). What we talked about at the pediatrician's office: Exploring differences between Healthy Steps and traditional pediatric primary care visits. *Infant Mental Health Journal*, 33(4), 430-436.

⁶ Piotrowski, C. C., Talavera, G. A., & Mayer, J. A. (2009). Healthy Steps: A systematic review of a preventive practice-based model of pediatric care. *Journal of Developmental and Behavioral Pediatrics*, 30(1), 91-103.

⁷ Huebner, C. E., Barlow, W. E., Tyll, L. T., Johnston, B. D., & Thompson, R. S. (2004). Expanding developmental and behavioral services for newborns in primary care: Program design, delivery, and evaluation framework. *American Journal of Preventive Medicine*, 26(4), 344-355.

⁸ Piotrowski, C. C., Talavera, G. A., & Mayer, J. A. (2009). Healthy Steps: A systematic review of a preventive practice-based model of pediatric care. *Journal of Developmental and Behavioral Pediatrics*, 30(1), 91-103.

⁹ Guyer, B., Barth, M., Bishai, D., Caughy, M., Clark, B., Burkom, D., Genevro, J., Grason, H., Hou, W., Huang, K.Y., Hughart, N., Jones, A.S., McLearn, K.T., Miller, T., Minkovitz, C., Scharfstein, D., Stacy, H., Strobino, D., Szanton, E., and Tang, C. (2003). Healthy Steps: The first three years: The Healthy Steps for Young Children Program National Evaluation. Johns Hopkins Bloomberg School of Public Health, February 28, 2003.

¹⁰ Guyer, B., Barth, M., Bishai, D., Caughy, M., Clark, B., Burkom, D.,... Tang, C. (2003). Healthy Steps: The first three years: The Healthy Steps for Young Children Program National Evaluation. Johns Hopkins Bloomberg School of Public Health, February 28, 2003.

¹¹ Minkovitz, C. S., Strobino, D., Mistry, K. B., Scharfstein, D. O., Grason, H., Hou, W., Ialongo, N., & Guyer, B. (2007). Healthy Steps for Young Children: Sustained results at 5.5 years. *Pediatrics*, 120(3), e658-e668.

¹² Piotrowski, C. C., Talavera, G. A., & Mayer, J. A. (2009). Healthy Steps: A systematic review of a preventive practice-based model of pediatric care. *Journal of Developmental and Behavioral Pediatrics*, 30(1), 91-103.

¹³ German, et al., preliminary data (2019).