

STABILIZING CHILDREN'S LIVES

Health Care Providers

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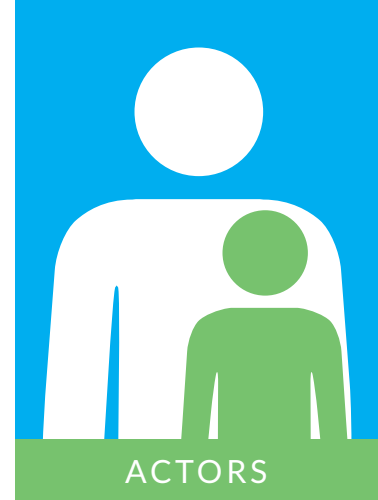
Health care providers include any person that offers health-related services to children and families. This group includes doctors, nurses, pediatricians, health-focused home visitors, dentists, midwives, psychologists, psychiatrists, pharmacists, school health professionals, community health workers, or others who perform services in allied health professions. This category also can include the subset of social service providers who provide health-related services. (See companion document on *Social Service Providers*.) These people can work in a wide range of settings, including private practice, hospitals, schools, community clinics, federally qualified health centers, and so on.

How Do Health Care Providers Affect Stability?

Health care providers are responsible for directly providing services to children and families to meet children's health needs, such as conducting annual physicals, administering immunizations, treating health problems, and—for older children—providing reproductive health services and assessing mental health and other services.

Providers also serve as a pivotal intervention point, as the time they have with children and families can be used to check on stability across all core needs. For example, health care providers may notice changes in children's behavior and identify relationship problems (i.e., abuse) that need outside support, identify signs of food insecurity, or notice physical problems and realize the family is food insecure, or notice physical symptoms consistent with asthma or mold and probe further into children's housing conditions.

Depending on the issue, health care providers may directly counsel parents (or children if they are old enough) about how to address the problems they



ABOUT THIS MEMO

This document illustrates part of a conceptual model (see last page) showing how a child's healthy development depends on the stability of seven core needs. Whether those needs are stably met depends on the actions of key actors, including parents or guardians, who are part of a stabilizing web of supports, which is also shaped by larger contextual forces. For more information, visit <https://www.urban.org/stabilizing-children> to see the conceptual model and documents about each core need and each actor.

identify, or they may refer families to other services or specialists. Health care providers may share information with children and parents about other basic needs, such as the importance of basic routines (e.g., predictable schedules, regular meals or bed times, or reading to children), basic safety practices, and parenting practices that support healthy relationships. Finally, health care providers often stabilize children's lives indirectly by supporting parents' physical and mental health.

How Does the Larger Economic, Political, and Cultural Context Shape Providers' Ability to Support Children?

The larger economic, political, and cultural context that shapes the health systems in which these providers operate has a significant impact on their capacity to take stabilizing actions. Policymakers at the local, state, and federal levels, as well as the larger health care industry, have immense power to shape funding and incentives that ultimately affect the ability of health care providers to do their jobs. These entities often set basic policies that shape the providers' ability to support families, including policies around patient scheduling, appointment length, acceptable insurances (including Medicaid), and hours of operation, all of which affect providers' ability to serve children and offer the best care. In addition, many families face barriers in finding high-quality, accessible, and affordable health care, and depending on the economic, political, and cultural context, the services children need may not be available or may be inaccessible.

Providers may not always be given information on how to identify these larger issues in children's lives that can affect their healthy development, or they may not know what resources are available in the community to meet children's needs. Moreover, it can be very difficult for health care providers to take the time during health-related appointments to listen, connect, assess, and coordinate care, which can have lasting effects for children.

However, health care providers can take steps to ensure their systems more actively support children and families—for example, steps as small as advocating to include questions about food insecurity included in initial patient screening tools and making sure that providers know what resources are available in the community that can make a difference for families.

What Core Needs Do Health Care Providers Affect?

Although the role of health care providers is most obvious in affecting the stability of children's core need for *health*, they also can directly or indirectly affect the stability of several other core needs for children, including *relationships*, *food*, *safety*, and *routines*. Each is described below.



HEALTH

Key mechanisms: direct interactions, information and access, benefits, control over time

The most obvious role of health care providers is that they can meet children's health needs directly by providing health services or indirectly by making referrals to other health care providers. Appointments with health care providers offer a unique time to address basic health needs (immunizations, check-ups, treatments for illness, and so on) while also assessing other core needs, including children's safety, housing, food, and relationships (all of which are tied more broadly

to children’s health). For younger children, health care providers primarily work with parents and guardians to ensure children’s needs are met. As children grow, health care providers begin to also work with children and young people directly, providing relevant information about health, substance use, reproductive health, mental health, sports, and so on, as well as helping children and their families access necessary services. Health systems can help health care providers meet the needs of families with low incomes and potentially more vulnerable families by supporting providers’ ability to take the time needed to do more holistic assessments and providing them with resources to help families. Health systems can also provide free health clinics or accept Medicaid, maintaining hours of operation that make them accessible to families with diverse work schedules, and making their services accessible to parents whose primary language is not English.

Health care providers can, however, find it challenging or miss the opportunity to take steps to stabilize children’s health if they don’t have a stable, ongoing relationship with their patients. Health care providers may not be allotted sufficient time during appointments or may not have access to the resources or training needed to fully assess instability in other core needs. They may also face service shortages, making referrals problematic. Health care providers can make it more challenging for families with low incomes, who often have the greatest health needs, to be served—for example, by not participating in Medicaid, restricting the types of insurance they take, or holding hours of operation that don’t accommodate many working families’ schedules.



RELATIONSHIPS

Key mechanisms: direct interactions, information and access

Health care providers can be a source of stable, positive relationships for children by taking the time to listen, connect, and care for each child and their family—relationships which can be even stronger if the family is able to see the same provider over time. They can also support parents in helping develop their children’s prosocial skills by discussing this aspect of children’s lives and emphasizing the importance of warm, stable relationships. Health care providers may help young people who are struggling in their relationships by directly providing them services or supports or referring them to other mental health professionals. As young people grow, health care providers may assess them for stability in their relationships, asking if they feel safe in their relationships, romantic and otherwise, and provide appropriate guidance and referrals.

Conversely, children may not have a stable relationship with their health care provider, especially if they don’t have a regular provider. In these cases, health care providers can find it more challenging to build trust with the child. Further, because of systemic constraints, providers may not be able to take the time or access the resources to talk with children about their relationships with their friends, family, romantic partners, teammates, and others, and thus they may miss the opportunity to support children and young people who are struggling in their relationships and need help.



FOOD

Key mechanisms: information and access

Health care providers may help stabilize a family’s access to food by ensuring that health visits include time to screen children and families for food insecurity and refer them to public programs such as the Special Supplemental Nutrition

Program for Women, Infants, and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), or local food banks. They may also counsel older children, as well as parents of young children, on the importance of regular meals and good nutrition and promote healthy attitudes and behaviors around food.

Yet because of systemic constraints, health care providers may not have the time, resources, and/or knowledge needed to assess children's food needs and therefore miss the opportunity to help the family stabilize their food situation. Many factors shape providers' ability to take these steps, including structural issues stemming from the lack of resources (e.g., time to assess children for food insecurity, screening tools that include food insecurity, or resources and programs to refer children to). This is of particular concern when it occurs in the face of visible instability and food insecurity.



SAFETY

Key mechanisms: direct interactions, information and access

Health care providers can directly stabilize children's safety by talking with parents about best practices for ensuring young children grow and develop in a healthy way, including putting infants to sleep on their back, child-proofing, and ensuring that children have warm, nurturing relationships that help them feel safe and secure. For older children, health care providers may counsel them directly, providing medical advice, discussing risky and unsafe behaviors and the consequences of such behaviors, and providing children with a space to have open and judgement-free conversations about whether they feel safe in their relationships at home, at school, with friends, and with partners. Health care providers can also identify potential or actual child abuse or signs of parental mental health or substance abuse problems, and they can ensure that steps are taken to protect the child and support the family.

However, health care providers may miss the opportunity to stabilize children if they are unable to assess children's safety risks or refer families for services. Health care providers may also not have the time to counsel parents, as appropriate, on the developmental needs and milestones of children, risking uninformed or misinformed parents. Finally, health care providers who don't have time to work with parents may miss symptoms of mental health issues and thus miss an opportunity to stabilize children. The structural challenges health care providers face in terms of funding, resources, training, and incentives to serve families quickly can create barriers to these important steps.



ROUTINES

Key mechanisms: information and access

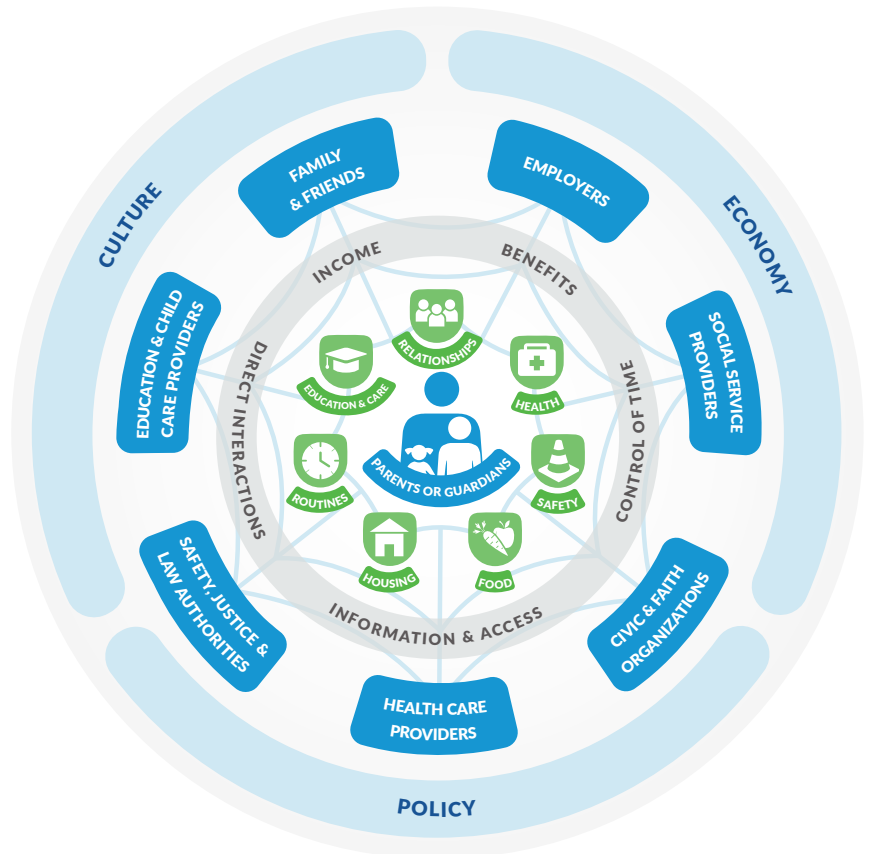
Health care providers can help stabilize children's routines and sense of security by educating parents on the importance of setting routines (such as regular bed times and meal times) for healthy child development during well-child visits and other health-related appointments. Specifically, health care providers may ask parents what routines they have established already, help parents understand the importance of routines and predictable schedules, provide parents with resources on how to set up regular routines in the home, and answer parents' questions about maintaining consistent routines. They can work with parents who are experiencing significant instability and help them think through how to stabilize certain aspects of the child's life.

Although health care providers are unlikely to take actions that destabilize routines, they can miss an opportunity to stabilize routines if they don't have the time or ability to help parents understand the importance of routines in children's development. For example, health care providers who are under time constraints because of the health care system's demands may not have time to ask parents about the home environment, including routines such as regular meal times and bed times. That's a missed opportunity to help parents create predictable routines that can help children feel safe.

Stabilizing Children’s Lives—A Web of Stabilizing Supports

Stability in children’s environments, relationships, and basic needs being met is critical for their healthy development and well-being. Instability—defined as the experience of abrupt and/or involuntary change in individual, family, or community circumstances—can create significant barriers to meeting these foundational needs, particularly if the disruption is negative, frequent, or not buffered by an adult. The extent to which children experience instability is related to the actions of various **actors**, with **parents and guardians** primary among them, who together play an important role in the stability of meeting children’s **core needs** and can buffer children from instability through different **mechanisms**. However, all relationships and interactions demonstrated in the model, and the ability of different actors to actively support stability in meeting children’s core needs, are shaped by the greater contexts of the **economy, policy, and culture**. Finally, the model’s different elements are highly **interconnected**, as they are all part of the child’s **web of stabilizing supports**.

For more information, visit <https://www.urban.org/stabilizing-children> to see the conceptual model and documents about each core need and each actor.



CORE NEEDS

All children need stability in three core areas: **relationships** with at least one loving, caring adult, access to basic resources (**food, health, housing, education**), and daily life (**routine, safety**). The **parent or guardian** directly or indirectly helps children access most core needs and serves as a child’s central buffer against stress and instability.

MECHANISMS

Children’s core needs can be stabilized or destabilized through different mechanisms, or the ways in which different actors affect core needs. Key mechanisms include **income, benefits, direct interactions, information and access, and control over time**.

ACTORS

Although **parents or guardians** are the central actors affecting a child’s core needs, other actors can affect the stability of these needs being met through mechanisms that affect children directly, or indirectly through parents. Key actors include but are not limited to **employers; social service providers; health care providers; civic and faith organizations, safety, justice, and law authorities; education and child care providers; and family and friends**.

CONTEXT

The ways in which actors in the model affect children’s core needs are shaped by the **cultural, economic, and political** climate in which all actors live. These overlapping contexts affect what resources families have,

how they spend their time and with whom they spend it, their communities, what services and supports they have access to from other actors, and the quality of those services and supports—all of which can be stabilizing or destabilizing for children. These contextual factors also shape the ability of key actors to support stability in children’s lives.

THE WEB OF INTERCONNECTIONS

All actors and core needs in the cycle of family stability are interrelated, as illustrated by the **web** in the model. The impact of one actor on a child’s life can not only affect the stability of a child’s core needs being met, but can also reverberate back out and affect the stability of that child’s relationship with another actor. Moreover, the stability of any given core need can affect the stability of other core needs.

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