Fostering Community Partnerships to Provide Families with Social Resources from the Pediatric Emergency Department

M Karamatsu, MD, C Smith, MD, M Ramirez BA, J Bruce, DrPH, MPH, L Chamberlain, MD, MPH, NE Wang, MD in Collaboration with the iMPACt Group

Background/Need
- The emergency department (ED) is open 365 days a year, 7 days a week, 24 hours a day
- Stanford pediatric ED’s annual volume of ~22,000 patients, ~50% public insurance, serving primarily San Mateo & Santa Clara Counties
- COVID-19 pandemic brought families to the ED with medical, social and developmental needs
- Community partnership provides important resources for patients and families seeking care in the ED

Project Description and Outcomes
- As one of the primary local “sites” for iMPACt, we are able to provide additional community health resources to patients and families
  - Diapers and wipes (provided by “Help a Mother Out”)
    - 2 large diaper distributions (Summer and Winter of 2021)
    - ~120 boxes distributed
  - Bilingual (English-Spanish) books to promote early education (provided by “Talk, Read, Sing”)
    - 100 books distributed, with totes and educational handouts
  - Community resource lists (ie food, housing, financial, legal)
    - QR code and link to website printed on every patient’s discharge paperwork
    - Since June 2020, the online resource list has been visited >2500 times
- Site lead required for implementation (ie. RN, MD, child life specialist)
- Storage space for items to distribute
- Support from ED administration and staff

Community Partner
The Mid-Peninsula Pediatric Advocacy Coalition (iMPACt) was started in 2016. This group is comprised of pediatricians, nurse practitioners, medical assistants from local safety net clinics, clinic and program administrators, and public health professionals joined to “address the social determinants of health affecting children and families” such as food insecurity, early education, diaper insecurity.

Lessons Learned
- Collaboration with a community partner, a site lead, staff engagement, and extra storage space, enables the ED to provide valuable community resources to patients/families who are in need
- During the COVID-19 pandemic, community resources were well-received and distribution provided a source for provider wellness

Future Directions
- Continued partnership with iMPACt to provide resources to address patients' needs
- Consider creation of tracking mechanism to measure impact

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karamats@stanford.edu