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Social Work in Pediatric Primary Care

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B.S. Nursing, University of Missouri- Saint Louis 2019

A Dissertation Submitted to The Graduate School at the University of Missouri-
St. Louis in partial fulfillment of the requirements for the degree
Doctor of Nursing Practice with an emphasis on Pediatric Primary Care Nurse
Practitioner

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Abstract

Social determinants of health significantly impact a child's health, and pediatric primary care providers are in the optimal position to help provide treatment and resources to children in need. Studies have shown that integrating social work and nurse care managers has improved many health outcomes for children. This study attempts to answer how the presence of a social work led team impacts pediatric primary care. This project includes children ages 0-18 years seen at a pediatric office with select chronic conditions. Epic was used to perform a medical record review to identify the number of emergency department visits and available medication refills. An independent sample t-test was performed on each set of data. The results did not yield statistically significant changes in emergency department visits, available as-needed medication refills or available daily medication refills. However, the available daily medication refills may offer clinical significance, and pediatric primary care providers should consider making regular contact with patients to evaluate medication compliance and needs. This study's most significant limitation was the time data was collected. Future research should consider an extended data collection period, a longitudinal study following the patients before and after enrollment, and patient satisfaction with the program.

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Social Determinants of Health and Health Outcomes

Social determinants of health (SDOH) may affect a child's current health and future risk for disease (Gottlieb et al., 2016). Exposure to family financial stress, food insecurity, and residential instability during childhood can lead to socioemotional behavioral problems, cognitive deficits, and short-term and long-term diseases in childhood and adulthood (Gottlieb et al., 2016).

Social Determinants of health contribute to short-term and long-term disease due to obstacles like medication adherence. The World Health Organization defines medication adherence as the degree to which the patient and parent execute the plan of care (Ezzell, 2017). Medication nonadherence can range from complete nonadherence to partial nonadherence to over-adherence (Duncan et al., 2014). Studies have shown that the rate of medication regimen adherence in pediatrics is only about 50% (Duncan et al., 2014). Many barriers contribute to medication adherence, including financial barriers, low socioeconomic status, family support, low health literacy, treatment burden, mental health, and resources (Ezzell, 2017).

Negative social determinants of health in childhood may also increase the risk of behavioral health issues and mental health disorders (Yonek et al., 2020). According to Yonek et al. (2020), 13-20% of US children aged 3-17 will experience a mental health disorder. In 2022, approximately 7.7 million children in the United States were diagnosed with new or pre-existing mental health disorders (Cummings et al., 2022).

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Unintentional injuries and suicide related to behavioral health disorders like substance use and depression are some of the most common causes of death in US children (Asarnow et al., 2015). Many of the behavioral health disorders (e.g., Anxiety, depression) and risky health behaviors (e.g., Obesity, substance use) associated with morbidity and mortality are established in childhood and adolescence (Asarnow et al., 2015). However, only about 50% of children receive any treatment for mental health disorders, and often, when treatment is provided, it is insufficient (Cummings et al., 2022; Yonek et al., 2020).

Social determinants of health play a significant role in children's social, physical, and mental health. Pediatric primary care providers are in the optimal position to help provide treatment and resources to children in need because most US children (about 70%) have access to primary care and feel comfortable disclosing mental health concerns in primary care (Asarnow et al., 2015; Yonek et al., 2020). A study conducted by Matiz et al. (2021) showed that the implementation of nurse care managers could impact emergency department visits and specialty care utilization. A scoping literature review conducted by Valaitis et al. (2017) found that integrating care coordination for complex medical patients improved many health outcomes, including improved quality of life, improved unmet needs, decreased worries and stressors, reduced caregiver strain, increased use of primary and specialty care, reduction in emergency department visits and hospital stays and more.

The purpose of this review is to investigate ways to improve access to care and address social determinants of health concerns in hopes of positively affecting pediatric patients social and general health outcomes. This review aims to assess if an established

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social work presence in a primary care clinic improves social and general health outcomes for patients and families compared to a primary care clinic without an established social work presence. Outcome measures will include the number of emergency department visits, and the medication compliance based on refill request.

The model chosen for the literature review was the Stetler Model. This model is known for being the "practitioner-oriented model" because of its focus on critical thinking (Melnik & Fineout-Overhold, 2023). The Stetler Model has five phases which includes preparation, validation, comparative evaluation/decision-making, translation/application, and evaluation (Melnik & Fineout-Overhold, 2023). This model was chosen for this review and project because of its simple and applicable phases. This model is flexible and allows for critical thinking and variation in this project.

The review's objective is to answer the question: "How does having a social work led team involved in patient care affect the amount of emergency department visits and medication compliance of patients with chronic conditions compared to the absence of a social work led team at a primary care pediatrics office in an urban area?" The proposed project would look at emergency department visits and medication compliance based on medication refill request compared to the expected refill request of patients' who are involved in the MO Health Net Primary Care Health Home (PCHH) Initiative compared to the emergency department visits of patients who do not meet the qualifications of this initiative. The PCHH program addresses social determinants of health by providing care coordination for medically complex children (Missouri Department of Social Services, n.d.). To be included in the PCHH program, the children must have Missouri Medicaid and two or more chronic conditions: asthma, anxiety, depression, developmental

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disabilities, diabetes, substance use disorder, tobacco use, or heart disease (Missouri Department of Social Services, n.d.). This allows a comparison of emergency department use and medication compliance between patients with access to care coordination and those who do not qualify for this service.

PubMed, CINAHL and Medline search engines were used to collect articles. The key search terms and Boolean operators used were: social work OR social workers OR social work practice OR social services AND primary care OR primary health care OR primary healthcare AND health outcomes OR health impacts OR health effects or effects on health AND access to care OR access to healthcare OR access to services AND integrated care OR collaboration OR multi-disciplinary OR integrated approach AND pediatrics OR children OR families. With these key terms and Boolean operators, CINAHL generated 225 articles, PubMed generated 598 articles, and Medline generated 19 articles. Studies must be conducted within the past ten years, have full text available, a peer-reviewed journal article, and include “social work” and “primary care” in the subject line. Studies were excluded if they were older than ten years, do not involve primary care, or do not involve pediatric patients. With these inclusion and exclusion criteria, CINAHL generated 42 articles, PubMed generated 48 articles, and Medline generated 14 articles. The search engines did generate many of the same studies, lessening the number of studies to review. One more study was found using the ancestry approach and the inclusion and exclusion criteria. After reviewing the studies, ten were selected for this review of the effect of a social work-led team on health outcomes in pediatric primary care. These ten articles were found to have the most pertinent evidence for this review, focusing on social work or a social work led team.

Review of Literature

While reviewing the articles, four main themes were identified. The first theme identified was improving general health outcomes, behavioral health outcomes, access to care, and patient satisfaction. The second theme was that more research needs to be conducted. Describing/defining the role of social work in primary care was the third theme identified. The last theme identified was cost analysis/cost benefits review. Systematic reviews, meta-analyses, randomized clinical trials, and comparative studies were collected for this review.

Improving general health outcomes, behavioral health outcomes, access to care, and patient satisfaction was the most common theme identified throughout the articles. A meta-analysis conducted by Asarnow et al. (2015) found that integrated care shows promise for improved health outcomes. A systematic review conducted by Fraser et al. (2018) found that when social workers could perform the tasks defined in the review, behavioral health and patient care outcomes improved compared to routine care.

Gottlieb et al. (2016) conducted a randomized clinical trial where the researchers surveyed patients who received written information on relevant community services and who received in-person help accessing services with follow-up telephone calls. This study found that families who received in-person care reported decreased social needs and significantly improved children's overall health status, as reported by caregivers (Gottlieb et al., 2016). Social work–led services scored higher on quality ratings and showed positive effects on health outcomes and utilization of resources (Steketee et al., 2017), increasing access to care and improving patient health outcomes.

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Lastly, a systematic review conducted by Yonek (2020) found that population-based care, measurement-based care, and the delivery of evidence-based mental health services in pediatric primary care are the most common components that showed improved health outcomes with integrated care. Integrated care is broadly defined as a range of team-based collaborative care models with the purpose of incorporating social needs, behavioral health, care coordination, and other patient needs into primary care (Asarnow et al., 2015).

However, some weaknesses were identified when assessing the articles. One weakness found in this review, common throughout many articles reviewed, was the focus or study of integrated care instead of social work exclusively. However, a common conclusion of the studies was improved general health outcomes, behavioral outcomes, or both.

The second most common theme throughout the articles was that further research should be conducted. Many articles studied integrated care as a whole, instead of social work specifically. Many studies concluded that further research was needed due to the limitations of the studies or due to the limited number of studies conducted (Asarnow et al., 2015; Fraser et al., 2018; Steketee et al., 2017; Valaitis et al., 2017). Valaitis et al. (2017) recommended comparative longitudinal case studies to better examine social work's contribution to pediatric primary care. All the studies that contributed to this theme were a literature review, scoping review, or meta-analysis, strengthening this theme.

The third theme identified throughout the literature was the need to better describe and define the role of social workers in pediatric primary care or integrated care. Social

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workers help to deliver and support behavioral/mental healthcare; however, their role can broaden to include more care coordination services that contribute to the patient's overall health (Tadic et al., 2020).

Another study described how social workers play a valuable role in integrated care; however, their role could be improved by creating leadership positions, having more decision-making, and having peer mentorship (Ashcroft et al., 2018). This qualitative exploratory study administered 415 surveys to social workers throughout the Ontario, Canada region to help define the role of social workers in (pediatric?) primary care. This study was strengthened by administering the surveys directly to social workers; however, there was a low 31% response rate (Ashcroft et al., 2018).

Lastly, Fraser et al.'s (2018) systematic review defined three primary services social work provides: finding and engaging community resources, managing care plans for patients with chronic conditions, and providing interventions for patients with behavioral health issues. A commonality between these studies was that social work would have a more significant impact with a well-defined role with a broader scope of practice.

The last theme identified was cost benefit/cost analysis. Many studies considered the potential costs when implementing integrated care or social work into primary care. The systematic review by Steketee et al. (2017) found cost benefits in all 16 analyzed studies. An exploratory, descriptive analysis study conducted by Cummings et al. (2022) implemented a licensed clinical social worker or a nurse practitioner with a master's degree in counseling in five different pediatric primary care offices. The study found that the revenue exceeded the cost of the licensed behavioral health professional in two out of

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the five sites, with potential for excess revenue in the other sites if the sites increased behavioral health visits (Cummings et al., 2022). The study also concluded that start-up costs of investing in embedded clinical social workers could hinder some practices from implementing this change (Cummings et al., 2022). Implementing social work or integrated care is a complex process with many factors to consider, including costs but many studies conclude there is potential for cost-benefit as long as the services are utilized enough.

Methods:

Purpose and Aim:

The purpose of this project is to help identify the impact of a social work-led team on patient outcomes by assessing the number of emergency department visits and medication adherence of children enrolled in the PCHH program compared to the number of emergency department visits of children and medication adherence with similar chronic conditions that are not enrolled in the PCHH program. The aim of this project is to decrease the amount of emergency department visits children have and increase medication adherence.

Design/Setting:

This cross-sectional quality improvement project occurred at a primary care pediatrics office in an urban area. This location employs four pediatric providers, one charge registered nurse, one triage registered nurse, and three medical assistants. They also have one social worker, one case coordinator, and one nurse case manager involved in the PCHH program.

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Sample:

This project includes children ages 0-18 years seen at this primary care pediatrics office in an urban area with select chronic conditions: asthma, anxiety, depression, developmental disabilities, diabetes, or heart disease. The primary investigator collected data using Epic SlicerDicer, chart review, and ran an independent sample t-test analysis using SPSS to compare the number of emergency department visits and available medication refills for daily and as needed medications.

Intervention/Procedures

The PCHH program involves a social worker (behavioral health consultant), care coordinator, and a nurse care manager. The nurse care managers make calls to patients with chronic healthcare conditions monthly to check on Asthma Action Plans, check for medication adherence, and help facilitate specialty referrals. They will schedule appointments as needed for medication management appointments and can visit patients in the office to provide education and provide educational handouts or tools as needed to aid the family in the management of the child's chronic health conditions at home.

Data Collection/Analysis

The data was obtained by prospective medical record review. The reports were ran in Epic using the tool Epic SlicerDicer. This data was exported to a password protected file where the primary investigator recorded the number of emergency department visits and percentage of available medication refills. The consistency of medication refills was calculated per patient by comparing the number of available refills to the number of medications on the patients current home medication list. Once the primary investigator

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collected all the emergency department and available medication refill data all patient identifiers were removed before beginning statistical analysis. This data was used to calculate the independent sample t-test and describe if there is a significant difference between the two groups for emergency department visits and the percentage of available refills.

Approval Process

Approval was obtained from the organizations Nursing Research Committee, the organizations IRB, UMSL doctoral committee and UMSL IRB. The project uses a prospective medical record review process, however, there is no patient contact so this project would be considered minimal risk. No ethical risks or barriers have been identified.

In conclusion, it is established that poor social determinants of health and exposure to financial instability, food insecurity, and residential insecurity can increase the risk for poor general and behavioral health outcomes in pediatric patients (Gottlieb et al., 2016). Social work services integrated into the primary care setting can help improve general health outcomes, behavioral health outcomes, access to care, and patient satisfaction, and has proven to be cost-effective in many studies (Cummings et al., 2022; Gottlieb et al., 2016; Yonek et al., 2020). The Stetler model was used for this review due to its comparative phases and applicability in several settings.

Further research needs to be conducted on the impact of social work integrated into pediatric primary care settings, as many studies are conducted on the impact of broadly defined integrated care systems instead of the impact of social work specifically. Many studies in this review were published greater than five years ago, with few relevant

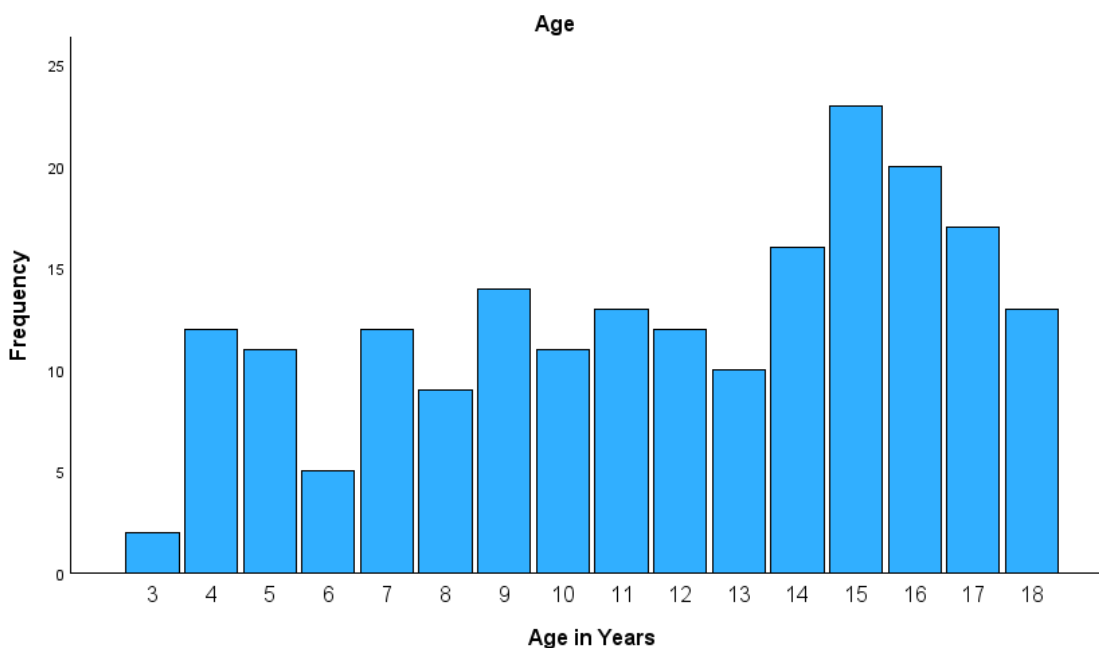
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additions to the research in recent years. Many of the studies assessed for this review use qualitative data; future studies may benefit by defining patient outcomes and assessing both qualitative and quantitative data. The proposed project will meet these recommendations by using quantitative data collected from emergency department visits and specifically focusing on the role of the social worker in primary care, as defined in the PCHH program.

Results

The total number of charts reviewed for this project was 200: 100 patients enrolled in the PCHH program, and 100 patients not enrolled in this program. The patients' charts selected were from 3-18 years of age at the start of the chart review, and the average age was 11.8 years, with a standard deviation of 4.35, as shown in table 1 and Appendix A.

Appendix A



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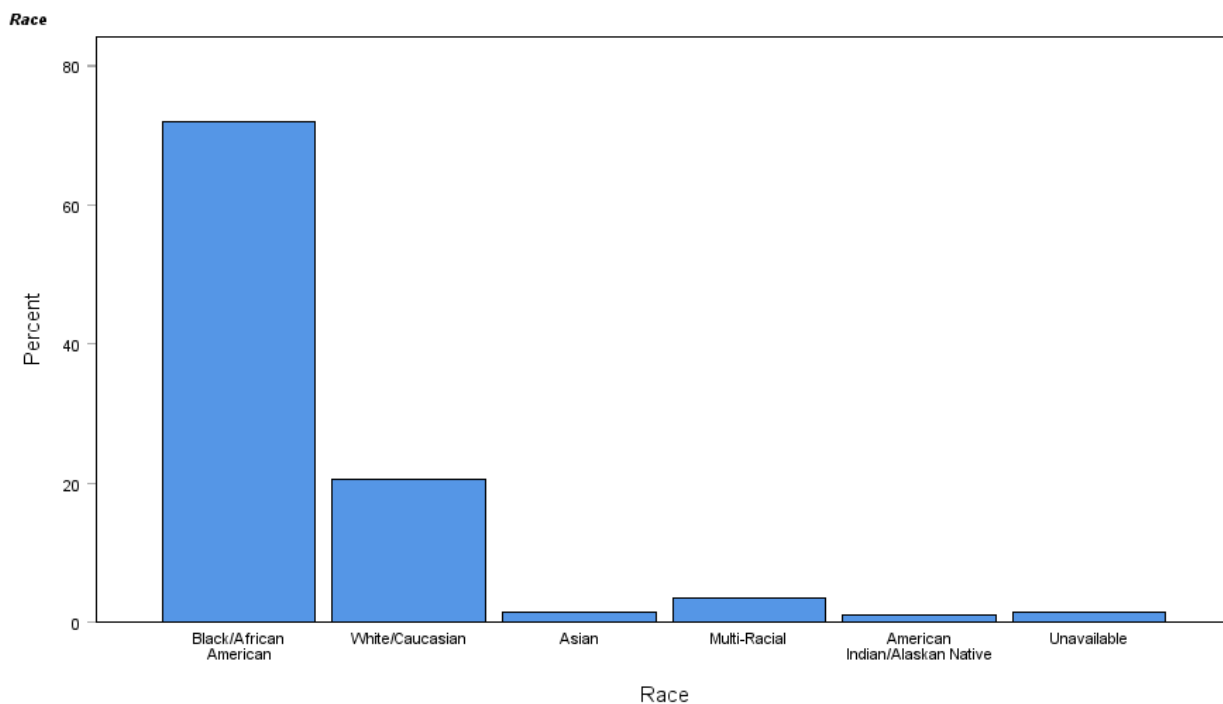
Males comprised about 59% of the charts reviewed, and females comprised the remaining 41% as shown in table 2.

Table 2

<i>Gender</i>		Frequency	Percent
Valid	1	118	59.0
	2	82	41.0
	Total	200	100.0

Patients identifying as Black/African American comprised the majority of the races identified in the charts at 72%, while White/Caucasian patients were 20.5%, those identifying as multi-racial made up 3.5%, Asian and unavailable were 1.5% each, and patients identifying as American Indian/Alaskan native were 1% of the reviewed charts, as shown in table 3 and appendix B.

Appendix B



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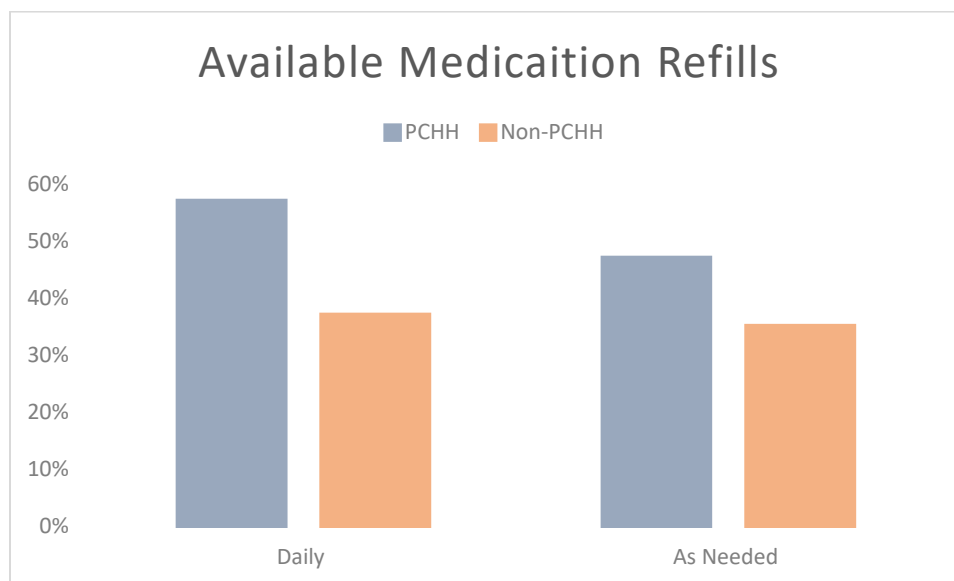
The most common chronic condition identified was asthma/reactive airway disease/wheezing at 22% for both PCHH and Non-PCHH groups. This was followed by obesity/overweight (19% in the PCHH and 15% in the Non-PCHH group), and ADHD (8% in the PCHH and 14% in the Non-PCHH group). Other chronic conditions identified were depression, anxiety, panic attacks, eating disorders, mood disorders, other psychiatric disorders, learning disability, developmental delays, hypertension, cardiovascular conditions or defects, hematologic conditions, gastrointestinal disorders, neurologic disorders, seizures, nephrology disorders, sexually transmitted disease, teen pregnancy, substance use/abuse, diabetes, pre-diabetes, hypothyroidism, and chromosomal disorders.

This study compared the number of emergency department visits and the percentage of available medication refills of two groups over 11 weeks. The independent sample t-test did not show a statistically significant difference between the two groups. The average number of emergency department visits for those enrolled in the PCHH program was 0.29, and for those not enrolled in the program, it was 0.24, with a p-value of 0.610.

The percentage of daily medications available for refill in those enrolled in the PCHH program was 57%, and as-needed medications were 37%. Those not enrolled in the PCHH program had a lower percentage of both daily and as-needed medications available for refill. They only had 47% of daily medications available for refill and 35% of as-needed medications. An independent sample t-test was conducted for both daily and as-needed medication groups. The p-value for the as-needed medication was not statistically significant at 0.181. The p-value for daily medications was near statistical

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significance at 0.055. Although this is not considered statistically significant it may offer clinical significance.



Discussion

The number of emergency department visits and available medication refills over 11 weeks for both groups were identified for this project. The total number of emergency department visits for patients enrolled in the PCHH program was 29, and the total number of emergency department visits for patients not enrolled in the PCHH program was 24. For those enrolled in the program, 20 patients visited the emergency department at least once. Of those patients, five visited the emergency department more than once, and one visited the emergency department five times within the 11-week weeks. Of those not enrolled in the program, 17 patients visited the emergency department at least once. Of those, three patients visited the emergency department more than once, and one patient visited the emergency department four times in the 11 weeks.

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For enrollment in the PCHH program, the patient must have visited the emergency department at least twice in one year. This could skew the data, as the program's requirement is the outcome being evaluated. Future research could address this by conducting a longitudinal study of patients before and after they are enrolled in the program.

The data was collected via chart review using SSM Health Epic and Care Everywhere (Barnes Jewish Hospital and affiliates and Mercy Hospital and affiliates). The media tab in Epic was also used to search for emergency department and urgent care visits. Urgent care visits were ultimately included in the data collection due to the use of DePaul's Behavioral Health Urgent Care for behavioral visits. Patients are encouraged to seek emergent care for mental/behavioral health needs at this facility instead of the emergency department because this facility specializes in urgent behavioral health needs. Since criteria to be included in the study included mental/behavioral health conditions it was important to include this facility. The medication tab in Epic and Care Everywhere was used to identify the last time a medication was refilled and if any refills remained for February, March, and April 2024.

The results did not show a statistically significant difference in the number of emergency department visits between the two groups, and the PCHH group had a higher number of emergency departments.

One limitation of the study that could have affected these results include the time the data was collected. The data was originally going to be collected for three months; however, due to IRB delays and a project time restriction, it could only be collected for 11 weeks. Future researchers should consider collecting data for a more extended period.

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Although the PCHH program did not have a statistically significant impact on emergency department visits, the PCHH program did positively impact medication refills. Those enrolled in the PCHH program had a higher available refill rate for daily and as-needed medications, as shown in appendix C. The higher refill rate implies the patients are taking their medications more consistently and a higher rate of medication compliance. The available refill percentage for as-needed medication was low for both groups. However, the data collected only looked at if refills were available, not if the medication was filled or if the medication was available at home. The as-needed medication could be unreliable depending on the frequency of use of as-needed medication.

Implications for Practice

Implications for practice include regular contact with patients to evaluate the need for medication refills and medication compliance. During these contacts, healthcare providers could also educate patients on the proper use and administration of medication. Regular contact with a social work led team may also provide more education on the importance of utilizing primary care providers, education about disease processes to patients, helpful tip-sheets/information, and resources for patients.

Limitations

Limitations of the project included the length of time the data was collected; the data was only collected for 11 weeks. Another limitation of the project was that it measured the number of available refills, not the number of refills the patients picked up

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or whether they had the medication at home. This mainly affected the as-needed medications, as there is no specific frequency to take as-needed medications, and patients may have had it available at home. Lastly, the PCHH program requires the patient to have at least two emergency department visits in one year. This is a limitation because the program's requirement is one of the evaluated outcomes.

Recommendations for Future Research

Future research should prioritize a patient-centric approach by considering a longer data collection period, such as six months to one year or longer. A longitudinal project tracking patients before and after their enrollment in the PCHH program could also yield valuable insights. This would provide a more comprehensive understanding of the patient's journey. Furthermore, the inclusion of multiple sites could help evaluate the effectiveness of a social work team in diverse settings. Lastly, it is crucial to evaluate patient satisfaction with the PCHH program, as this directly reflects the program's impact on patient care.

Conclusion

Patients and families of children with chronic health conditions have a lot to juggle between managing medications and staying healthy. This project did not show statistically significant differences in emergency department visits or medication refills; however, it did show a higher percentage of available medication refills as needed and daily medications. Future research should consider examining data for a more extended period and look at one sample longitudinal study. Primary care offices should consider the positive impact of increased patient medication adherence.

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Table 1

<i>Age</i>		Frequency	Percent
Valid	3	2	1.0
	4	12	6.0
	5	11	5.5
	6	5	2.5
	7	12	6.0
	8	9	4.5
	9	14	7.0
	10	11	5.5
	11	13	6.5
	12	12	6.0
	13	10	5.0
	14	16	8.0
	15	23	11.5
	16	20	10.0
	17	17	8.5
	18	13	6.5
	Total	200	100.0

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Table 3

<i>Race</i>		Frequency	Percent
Valid	Black/African American	144	72.0
	White/Caucasian	41	20.5
	Asian	3	1.5
	Multi-Racial	7	3.5
	American Indian/Alaskan	2	1.0
	Native		
	Unavailable	3	1.5
	Total	200	100.0