

# Family Service – Support, Strength, Serve - Pediatric Grand Rounds-20241018\_072929-Meeting Recording - 10-18-24

October 18, 2024, 12:29PM

1h 0m 8s

● **Calderon, Delia** started transcription



**Hanson, Elizabeth R** 0:35

Alright, good morning everyone and welcome to pediatric grand rounds this morning.

I'm very excited to welcome Mary Garr as our speaker.

Since 2018, retired Colonel Mary Garr has been the president and CEO of the Family Service, a San Antonio nonprofit started in 1903, which works with individuals, families and communities to address the social determinants of health through a trauma informed care lens.

And that's what she's going to be speaking with us about this morning.

She's a graduate of Georgetown University with a Bachelor of Science in Foreign Studies and obtained her master's degree in Health Administration from Baylor University and Strategic Studies with from the US Army War College.

She's an experienced leader with decades of diverse roles and service. Several industries, including healthcare, city management, non profits and the military. As Aceo and ACO.

Notably, she served as the last Garrison commander of Fort Sam Houston and Camp Bullis.

During the merger into Joint base San Antonio and she stood up the San Antonio Military health system as its first chief operating officer.

She's been the recipient of numerous awards and decorations both throughout her military career and through her work with family service.

So welcome me.

Join me in welcoming Mary this morning and I'll hand it over to her for her grand rounds.



**Mary Garr** 1:57

Doctor Hanson, thank you so very much and thank you for inviting me to speak today.

I had the privilege of speaking with some of your residents earlier this summer, and I'm glad to talk to a larger group, including some of the faculty.

Appreciate all of your interest in the importance of understanding the impact of what's going on in your patients lives outside your specific healthcare that is being provided to them.

As you can imagine, a lot of what we work with is what's going on in people's lives. At home.

At work, school and in the community, and that's what we'll talk about today.

I'll go ahead and get started now.

First off is Doctor, Hanson said.

I am at family service as of January will be 122 years old.

Our mission is all about working with individuals who are struggling with barriers and challenges in their lives, helping them to overcome them, and that's ultimately strengthening their own health out of their families and that of their communities.

How we do.

That is, by addressing social determinants of health, and we have also been trauma informed in our work for over a decade.

But before I get into some of the rest, I'd like to give some level setting on some definitions so we all understand that what we're talking about in the same way.

First off, you know we look at the World Health definitions, definition of health, talking about it being much more than just understanding physical and mental health and then looking at the impacts of downstream versus upstream health. Downstream is what we are all working with, whether it's already happened in people's lives.

We have a couple of examples here.

Upstream is what can we do today to help prevent or mitigate changes going forward that could adversely affect people's lives here and that ultimately could lead to good or bad outcomes.

Just to help give you some context here about the impact of health disparities and how we've gotten to some of this, you may or may not know that in the United States, Healthcare is the largest.

Healthcare is the largest industry. We pay more in health care than all other countries in the world.

Significantly more than most. Unfortunately, though, we do spend the least in what's called social services that include some of the list that I have here compared to.

Our peer, you know, top ten developed nations.

We spend more on health care.

But unfortunately that doesn't translate into being topped here in health status, we have the lowest life expectancies, highest chronic disease burdens, highest suicide rates. Also understanding the highest number of hospitalizations for preventable causes, as well as the highest number of avoidable deaths. We also in some of the Stats show that out of almost 40.

OECD countries.

We've ranked 25th in maternal mortality, 26th in.

And 28th in low birth weight. When we look at how we're spending our funds in the United States, for every dollar that we spend on healthcare, we are spending only about \$0.90 in those social services or that upstream health and how to prevent adverse health issues.

Down the road in our pure countries, those that have much higher health status than we do.

For every dollar they are spending on direct health care services, they're spending.

Approximately \$2.00 on those social services or that upstream health space here.

And when we look at different comparisons as well, if you are familiar with the work of Doctor Elizabeth Bradley, she wrote the American healthcare paradox. She had noted in some research out there.

You know that we are spending with all these disparities work also with Doctor Moran at the Leadership Institute of Global Health.

He gave some examples.

This was before the pandemic, but I am sure that the compares.

Still, approximately hold true. He noted that for one emergency department visit could be equal the cost of approximately 1 month's rent or even more. At this point, 2 hospitalizations could equal the cost of one year of childcare.

20 Mr. is could equal the cost of the of one social worker for one year and 60

echocardiograms were the equivalent of one public school teacher's pay for a year.

This is on average here, so we're.

Some real mismatches on upstream versus downstream health at this point in time.

So where does you know our money go?

What goes into health and then how do we spend that the funds that we have on

this?

So in 2019.

Our GDP we spent \$3.5 trillion on healthcare, direct healthcare, 2021. It was during the pandemic, but we it had raised to \$4.1 trillion.

When I first went into healthcare 3 decades ago, there were concerns that we were spending approximately 12% of our GDP and it was going up at that time.

Now it is approaching 20% and we realize that you know this is just unsustainable.

You know over time because we see an aging population in the United States, we're seeing more chronic health conditions at younger ages, a lot of them tied to.

Issues that could be preventable, a lot of them tied back to the impact of social.

Of health challenges and bears and the impact of childhood trauma that carries on into affecting health as adults.

So when you look at this slide, this shows the research shows and there's different studies out there, but most of what goes into our health is not tied to genetics or healthcare access.

And I give some examples here. But when we look at how we spend on healthcare. About 90% ninety 7% is spent on our healthcare services.

And here's a break out of that.

And then less than 3% on public health, this is not including, you know, those community based orgs that you know struggle with grants all the time but impact health and a lot of direct ways outside the healthcare system.

So what really goes into into influencing health in the United States?

The average person sees a healthcare provider approximately 4 \* a year.

That's about 15 minute appointments, 20 or 30 of depending on the type of appointment.

So if we only able to see a patient 100 minutes a year, much as we would like to, it is very hard to influence health because health happens where we spend our time.

So when you look thinking about that health happens in the home, it happens in.

For setting for children, are you an adults?

It happens in school and then an after school programs.

Other huge influences of health are, you know, can we access grocery stores?

You know whether it's HEB or or Walmart, even Dollar General, etcetera.

So, you know, do people have transportation to get to the grocery store?

Do they have nutritional literacy to know what is involved with healthy eating for themselves and their families?

Do they feel they can afford healthy foods?

Are they ending up going to the Dollar General store because they don't think they can afford fresh fruits and vegetables?

So they're spending less money, but they're buying highly processed, you know, foods that are not nutritious. And as you well know.

We have people who are obese, who are also malnourished and people who are very thin but also not healthy either.

So other big influences on health do people have access to safe outdoor spaces?

We know that's important not just for physical health, but also mental and emotional health as well.

And if you're living in a neighborhood where you don't have parks nearby our sidewalks, or, as you know, in San Antonio.

The impact of stray dogs in the neighborhoods or the impact of gangs.

You know our Dr. Bys or if you know where the local meth house is in your neighborhood and you don't know your neighbors, you know, even to help you support you if you need to.

You know, bar something or need somebody to help look out for your children, etcetera.

And I'm talking about the neighborhood around our Community Center that Doctor Hanson has been to, but we have many neighborhoods like that here in San Antonio.

And then do people have access to?

Culturally, educationally enriching learning spaces outside of school or, you know, such as libraries, museums, etcetera.

But do they feel that they're on part of town?

That they don't have transportation to that they're not comfortable going to. They don't feel they would be welcomed because it's for the affluent people, not for them, etcetera.

And then the impact of faith-based organizations, churches, synagogues, temples, etc.

You know, those are trusted agents for so many people and you know those are are places that people will go to when they have questions and ask for help.

So do we bring the faith-based community into helping?

Folks understand what goes into health and how they can be healthier.

And then, of course, community organizations who are very deeply rooted, many of them grassroots in the neighborhoods that they serve.

How can you leverage and access them to help work to improve health? You know, outside of your own practices?

So when we think about this, we need to think, rethink health and think about what is truly included in that spectrum of health and who is involved in it. And that really involves that downstream upstream collaboration because when we think about it, social determinants of health, those impact.

Start before we are born and go through every stage of life up until you know the very end and we also have to realize that they are often intergenerational.

That you know what is happening today was affecting the parents.

Grandparents and the great grandparents before them, and then realizing too, that social determinants of health effects our entire population.

And so we've got to look at it from that lens as well.

And generally when I'm able to do this in person, I'll go into more detail.

But when we think about types of health, it's not just physical, mental, emotional health, but it also includes things like social health, financial, health, environmental, occupational, spiritual health, and then thinking about.

Health of individuals.

And communities, because they all intertwine, the impact of an individual's health within the family can affect the entire family's health, and that family's health can affect the whole the neighborhood in the community and of a neighborhood is struggling and suffering.

That definitely impacts the families living in it, which impacts the individuals.

So everything is intertwined here.

So understanding that there are multiple definitions and and models tied to social terms of health.

The one that we subscribe to and follow up family service and we talked about in the work we do here in the communities and try to promote is a national, you know, federal model through the Department of Health and Human Services called Healthy People. They've been around since.

1979 they bring together health and healthcare experts every couple of years, and then every 10 years they give an update. This time healthy people 20-30.

On things that go into their mission about how to promote, strengthen, and evaluate.

Our nation's efforts to improve health and well-being of all people.

Here are some overarching goals tied to that.

Again, things that definitely all communities want to be subscribing to and what is nice about healthy people. It is a national model so people can compare community to community.

There's programs, there's indicators right now over 350 tied to it that communities can look at scaling at the local level. And then you know from there saying what do you think is applied to local areas.

We know things like diabetes and obesity, heart disease, etcetera, things that we even seeing at younger ages that you will be seeing if you haven't already even and some of your children higher prevalence may have type 2, not just type one diabetes. And we have too many families that think that.

Just tied to genetics and that, you know their child has it because they're they have it and their grandparents had it etcetera.

Therefore, it'll just continue when we know when the research is showing that there are preventable ways to address diabetes, to prevent people from getting it, and even to do a little bit of reverse. Or people are diagnosed as pre diabetic on how to start. You know, preventing them.

From falling further into that becoming full diabetic and that's just one example. But those that is a program.

That you all could look at if interested to see what could be affecting your patients and how to be engaged in it.

But these are the overarching goals here. The one at the bottom is where number of us are working locally trying to build.

Bigger awareness of social determinants of health and how can we work Better Together across sectors and not just think of it as a healthcare problem, but really as a problem for all of us that are touching health to be working together on.

So in this model here with healthy people, this definition you know here is what they use and those they're looking at social determinants of health being those conditions and environments where people are born, raised, live, work, play and age that can affect their long term health outcomes their.

Life potential, their quality of life.

It really prevents presents opportunities for people to be happy, healthy and successful, or it puts berries in their way to be able to, you know, to prevent them from being able to do so.

These items listed on this slide, I can tell you are things that we see specifically in our organization with the clients and families that we serve. A number of our peers do.

I'm sure you either are or will be seeing this with a number of your patients as well. And often times these are tied back to social determinants of health and also to the impact of adverse childhood experiences or childhood trauma, which is also.

For many, a part of it, but not for everybody.

So in this model they have five different major domains, economic stability, having access to high quality education all the way from early childhood to adult learning, having access to healthcare and understanding health. In that context, having a strong neighborhood and built environment or infrastructure to support and then. Also, having strong community, social and community context or engagement and I'm going to go into more detail for that in just a moment here.

Here's some examples. Within those five areas.

Obviously, economic stability, everything from being in poverty to food insecurity, housing instability, etcetera.

And then if you don't have strong education supports from early childhood all the way up to graduating from high school and going on to college career.

Or job training.

It is hard to then have good job skills or access to careers, which then ties back to economic stability.

The healthcare piece is primary care. Also health literacy, nutrition literacy and having the language to be able to articulate that and understand it and process it and process it.

The neighborhood and built environment it's having access to those supports.

Having safe, home, safe neighborhoods, etcetera. And on that social community context, this gives it some examples, but I think of it more in terms of do people know how to access resources when they need them?

And do they also feel that they are able to contribute to their neighborhoods, to their communities so they can have that sense of purpose and not feel isolated, alienated and alone?

So with that, to be able to understand where we're at today, we really also have to understand our past.

And so when we think about our past, there are two major factors tied to that.

One is institutional bias, which really has worked systematically to give certain groups advantages over other groups.

And I give examples here of what has been involved with that in the past.

But when you look at that and you think about, you know, for instance, the impact of

slavery and how that still carries over today.

Or land displacement when Native Americans and then their children being put into Boarding schools and forced to not be able to use their native language or learn their culture, etc.

And the impact on so many of our Native Americans today and then you think about the bias towards certain religions, if you're familiar with red lighting, you know, in that it was up until just recent decades. And this was at federal, state and local levels that depending on.

The color of your skin, your race and ethnic background.

The deeds were being written to say that people of certain colors could live in certain neighborhoods.

But if you were another color, you could only live in other parts of town, and banks would not give mortgages to you.

And it would be specifically written under the deeds and if somebody in a home tried to sell that home to somebody of a different race, they would not be allowed to do so.

And when you think about our biggest asset and our lives, for most people is home ownership and being able to transfer the wealth of our home to our children or grandchildren.

And when you're thinking about?

Fluent homes that were, you know, built, you know, 8000 years ago and passed on or then sold, you know, those homes back in the day might have started. And I'm I'll use San Antonio, let's say in Alamo Heights, about sixteen, 6000 to \$10,000 to.

Be built back then many of those homes today are worth a million or more dollars.

In other parts of town, such as on the West side and the South side, the homes might have cost 3 to \$5000 to build.

You know, decades ago.

But even today, because of where they're at, those homes now are valued.

You know, 100 to 200 to \$200,000.

So not as much wealth has been built, and with the cost of of home ownership and maintenance, it's also been hard for many of them to maintain their homes. And for many of those folks today, you know they received code violations.

They they struggle with property title clearances and they're at risk and a lot of them have had homes taken away from them.

They've been evicted.

Homes have been demolished because they've not been able to maintain those homes, so again a lost opportunity there and being able to.

On and you when you also think about a further effect of this downstream when you're tying it into education, as you know in Texas, as in many states, the our school system or public school specifically are primarily funded through property taxes. And if you have \$1,000,000.

Home and property tax for that versus \$100,000 home and the property tax for that. Then it's much harder.

To have the funds available to support those public schools.

And there's a lot more in depth on that, but that just gives you a taste of the challenges that we all have experienced in terms of being able to have an equitable balance here for building wealth, for being able to fund education. That which ties to future job.

Opportunities etcetera. Now under systemic barriers in our past, that's where people can be unfairly discriminated against and not be able to fully participate.

In society or in community etcetera.

And here's some examples here.

The digital divide specifically is where people have not had access to technology, to Wi-Fi, to broadband, et cetera, to be able to help them do do their work, do school, do learning, etcetera. And if you think about it in comparison to back in the 1930s when Pres.

Franklin Roosevelt said that it was no longer a luxury to have electricity.

It really was a necessity and they had the electrification program across.

Our country, especially in rural areas today, we're at that same point with access to to the our digital world.

It is not a luxury anymore, but we still have many areas, a lot of rural areas, but even here in our urban areas where people don't have consistent access, they either can't afford it or that Wi-Fi is not made it to their their home or their neigh.

We still have had that in San Antonio. We saw that clearly during the pandemic when there are many students that did not have.

Access at home and schools were having to have hotspots in their buses in the parking lots for parents to take kids. If the parents were able to take their kids to go learn, and then they didn't have, you know, computers or tablets at home schools, a lot of.

Them would issue tablets, but maybe it'd be one per family in some of our poorest

school districts.

So a lot of gaps there. That's one example. I'll talk about the school to prison pipeline more in a minute. Healthcare access.

You know, in the United States.

Over 60% of our healthcare access is tied to employer insurance, but if you don't have insurance, you know then it is much harder to access healthcare and it could be self pay or could end up being compensated care for many people, the emergency room ends up becoming.

Their primary care site, and they're coming in at a later point than when they should have.

They're not getting preventive care or Wellness checks, and that when they come in, they are sicker and harder to treat.

It's more expensive sometimes.

Already terminal. We've seen that before and so you know, that is a challenge here.

But even in hiring and promotion practices and and we all know you know that should be fair and equitable.

But even with how they work to screen, if if somebody's name stands out, or if a race stands out, an ethnic group stands out, or a gender stands out that could.

Overtly or covertly be a reason to not hire or promote somebody.

Transportation is a huge barrier. You may have patients that struggle to be able to get to your appointments because they don't have sufficient transportation, and even if they rely on our bus system, which we know is not very adequate here, we don't have strong public transportation here it.

Might take them an hour or more to get to your appointments because they're having to change buses in two or three times.

And if they don't have access to affordable child care?

What are they going to do with their other children when they come to your appointment?

You know, or is that going to prevent people from working because they don't have access to safe, affordable childcare? And unfortunately, as you may or may know, at this point, when we're looking at the impact of child abuse, unfortunately there are too many kids that are actually AB.

By other family members or caregivers who are watching the children, because that's all that that parent can afford. And they thought that they were safe. But then the children weren't.

And your we see that.

With some of our counseling, unfortunately, and you might be seeing that as well.

And then language, culture and I talked about the wealth aspects there already, but that all ties to our past, which is now affecting where we are at today and this is that same slide that I showed earlier.

This is what we deal today with today. Good or bad, the future is where we would like to see having opportunities to be able to have, you know, consistent, healthy food access to affordable housing, being able to build wealth, good job training because we've had strong education support.

Having that access to healthcare, both physical and mental health.

Having strong health literacy and then again I I talked about social and community context and you know that's across the board and the second chance or program is you know for those who've been formally incarcerated and do they have an opportunity after they've paid their dues or debt.

To be able to be rehabilitated and reintegrated back into society and then that neighborhood and built environment, I give some examples here.

Everything from being in safe homes to safe neighborhoods. And if you think about the safe homes, you know we have too many, especially the older housing stock where kids, children at risk with, you know, lead paint, we know about Flint, MI with lead pipes and the effects in.

The water.

But that's not unique to them. We see that around our country, especially with the older infrastructure, so many cities around our country, asbestos.

You know other challenges within the home setting and if they are in older homes.

And struggle, let's say with pest control. Then we know the impact on the respiratory system with all of that. If they don't have air conditioning and I I can tell you that the Department of Labor requires all public housing to have heating, but what they don't require in.

Our public housing is air conditioning and when you think about being in South Texas and the impact of not having air conditioning in the heat, we know that.

Affects our most vulnerable, which includes our older adults, those who are immune compromised, and then our young children as well.

That can also compromise respiratory systems, aggravate, you know, asthma, COPD, et cetera here.

And then you know, within the neighborhoods, as I mentioned some examples

earlier is, do they have the supports and the infrastructure in place to be able to safely live in those neighborhoods here?

So on the national landscape, with Stohi wanted to show you this CDC slide Centers for Disease control and this talks about you know at the bottom of pyramid.

This is where we would like to see having the biggest impact for the largest number of people, and here are some examples of Airways that you know working upstream, you know improving long term health outcomes, having access to early childhood education, having access to public transportation to be.

Able to move around if you live.

And don't have good transportation or supports.

Your world is very, very small.

You don't really get out of your neighborhood. A lot of the people we work have deep rooted poverty and they don't get out.

So we go to them to be able to meet their needs and then you know, ways to help people live safely in homes and access home ownership, earned income tax credit. If you're not familiar with that, that's something the federal government set up decades ago so that.

Families who otherwise might not have filed taxes, but they're eligible for child care. Tax credits they through the Vita program, volunteer income Tax Assistant program or on their own can file taxes and receive a credit and their from their receive a refund even if they didn't think they were eligible for our needing to file taxes and then obviously fluoridation of water.

We know the impact of dental health on physical health as well. San Antonio was the last large city to actually fluoridate its water.

People thought that it was a toxin and that would affect the.

Quality of the water and the taste of the water, and they didn't want it and we know that fluoride in in for children and adults as well helps to have strong healthy teeth.

But those are just some examples there and then the next level up is how can we make the default choice the right choice? So for instance it was only 15 years ago that here in San Antonio that we actually said.

We don't want smoking in public buildings and then restaurants etcetera. So that ordinance finally passed.

Before that, you go into a restaurant and say I would like to sit in the non-smoking section but two tables over was the smoking section.

So it really wasn't non-smoking.

So you know, how can we make that?

You know the right choice.

The default choice.

You know, seatbelts in cars have saved countless lives at this point in time, but that used to not be a mandate here and then.

Here's a few examples as well on that, and then moving up that pyramid. That's what we tend to focus a lot more is.

And on one interventions which are very beneficial and helpful, but that's where we put a lot of the resources and we need to be able to help bring that down to the lower end of that pyramid here.

So here's some examples of community efforts.

These are national programs and grant.

Some of these are ones that are being done here, either through San Antonio's metro health or other orgs, but these are available throughout the country and they tie to different.

Effects of impacting stoh that affect physical health down the road.

I wanted to spend more time here on helping to go more in depth of giving you some context from both upstream and downstream.

Health I don't have time to go into a lot of detail, but I just want to give you a basic understanding and you can, you know, feel free to to go look up more on your own.

These are not all inclusive, but it just gives you an idea of what we're talking about across these five domains.

And also realize that if something is going on in one area.

With an individual or family's life, then generally speaking, there's more things going on and and what I.

We have folks coming in to emergency pantry for instance, and ask for help with diapers, which are expensive or hygiene supplies.

School supplies, etcetera.

Well, you know we provide that, but then we start working with them on the root causes as well.

Why do you need these supplies and what can we help you to do so? You can be at a point where you can afford that for yourself and your family, and then they all tie to these root causes here.

Surround your economic stability. What we would like to ensure is that people have access.

And and can support themselves with affordable, healthy food.

Access to job training. You know, housing that they can, you know, afford here and not be at risk of being evicted or foreclosed on and then being able to understand, you know, their financial status.

We work with folks that they don't know and understand their debt.

They don't know what a credit score is, and as you know, in today's world we need credit scores, you know, to be able to not just get a home loan or a car loan, but also. You know, to get into an apartment, you know, and employers look at it. So that is a very critical piece for now.

And so you know then helping people to get out of predatory lending or payday loans or predatory banking, we've seen this time and time again we'll have people come in that took out a \$400.00 loan and now, you know, two years later, they owe 2TH.

Dollars on it because of the the type of loan that it was and where it was from. And then how do people work to build assets and then being able to have ability to to grow and you know opportunity for job skills and training or college etcetera.

Which ties into the next one. We need to ensure that you know children have that early education and that high quality education to be prepared for kindergarten.

Research shows that a child that is ready for kindergarten when they start kindergarten is more likely to be reading at third grade level than third grade, and up until that time, as you know, children are learning to read but from 3rd grade on they are reading to learn.

And if they didn't learn to read or read very well, then they are going to be struggling in that foundational area.

And if they don't receive extra supports to help them move forward, they're at risk of falling through the cracks and being pushed along or becoming disenfranchised or or or uncomfortable or getting in trouble, etcetera and dropping out.

And if they do that and don't graduate, then it's harder for them to go on to college and career.

So it's having all those supports. But even then, if people are going on to college and we see this with a lot of first generation college students, especially if they aren't going local, we do a lot of great work to help kids get scholarships to go up then.

Do they have the supports to stay in college financials?

A key one, but it's also all of his other emotional supports and cultural supports.

When this is so different and new to them, because they've never had a family

member go to college before.

And then ensuring you know that they graduate and are ready to move on to that, you know, first employment and start building out a career.

The healthcare piece, again, the mental health access we we we saw this before the pandemic, many folks now have realized how much mental health supports are needed for children or schools.

But really, all phases of life, even older adults, and then addressing the impact of childhood trauma, I'll talk more about that accessing affordable healthcare and then that literacy piece under neighborhood and built environment, making sure we've got safe neighborhood safe homes for our families here.

Improving our zoning codes and compliance and compliance of those.

Again, I can use the stray dogs as an example. Many of them actually aren't. There aren't feral.

They are owned by people that either can't maintain their their fences and yards, or don't pay attention and and just don't understand that or don't care, and then having those safe outdoor spaces, as I mentioned, how important that is for physical and mental emotional health, understanding our first.

Responders, you know, we work with a lot of folks that.

Didn't have supports from authority figures.

Whether it was police, fire, you know, even healthcare schools, etcetera government and it's helping them be comfortable and understanding those supports and building those relationships so that police know their communities that they're supporting. And for instance, you know, we finally incorporated a mental health response team embedded in.

Our police response so that if a mental health crisis is going on, it doesn't escalate into loss of life or something that could have been prevented because.

Who aren't mental health providers and shouldn't have to be, but they understand and bring in the right folks to help through that de escalation.

Here I mentioned the digital inclusion piece, making sure we're eliminating food deserts.

We still have areas where there they don't have good access to food or transportation for that. And then that social community context again, the second chance opportunities, but having Community resources available for individuals and families, making sure they understand they're out there and how can they be Eng.

And decreasing isolation of older adults also very critical.

And we saw that also during the pandemic where that cognitive decline was happening.

So rapidly for them, but we see that with folks at all ages, the downstream is the flip side of it.

People who can't afford the rent or mortgage.

2019 Bear County this is before the pandemic evicted 13,000 families, not individuals, but families that included children.

Imagine that trauma seeing all of your, you know, worldly possessions being put out on the front lines.

Been kicked out a lot.

Put on your home because you couldn't afford it, so that, you know, stopped during the pandemic. But it has been rising again.

I don't have today's numbers, but they have pretty much gone back up to to before that being homeless and you're homeless and we have that point in time count every year on homeless. But that doesn't include folks that they don't see living in their cars or that are.

Couch surfing or that we have multiple families sharing.

Homes together in some families, but a lot of times not related to each other.

But that's the only way they can manage at this point in time.

Too many people are unemployed or underemployed, and that also means without benefits. So generally, without health insurance without.

Paid time off so they get sick or need to go to an appointment.

They don't get paid. All of that adds up here, not being able to build wealth, which I talked about, is incredibly important, continually relying on food pantries, we see intergenerational families relying on food pantries, relying on public housing and our public housing system is set up that if.

You now get to a point.

Where through job training or supports, you are able to earn a little more that could kick you out of your public assistance, which includes your home.

So we see generations of families also living in public housing because we don't work with them to actually create a system where they can safely and easily transition out to manage on their own without it. And then wanted to emphasize again, back to the importance of the reading.

In our prison system today in the United States.

The average reading level is below 4th grade, and I talked about the importance of

third grade reading level being a key support to help people thrive and succeed to graduate from high school and beyond.

And so when you compare that then to those who are in prison, many of those, you know, one have been victims of abuse themselves growing up.

Two cannot read and cannot function. Had dropped out of school.

Don't have other means to support themselves and we have what we call.

The prison pipeline where we are investing in our prison system, which we pay more per day in the United States for people in prison than we do per day for a child in our public school system. We are investing after the fact rather than investing upfront to help.

These child succeed and thrive in school and over 85% of our low income families, and particularly children of color, are in our public schools, not our private schools.

And so we have to ensure that we have the right investments there up front.

And that ties into the education piece, making sure kids are not dropping out of high school and Middle middle school as well.

Some don't even make it to high school, which means they don't have paths to viable careers down the road.

They don't have basic skills that they need, including critical thinking skills, the healthcare we talked about, the chronic healthcare issues, seeking healthcare, later lack of health literacy. And then on that mental health side when you, you know, look at that a lot of times we have people in.

Our prisons that have mental health.

Issues or substance abuse issues that have led to mental health issues, childhood trauma that have led to that as well.

And so we have that that revolving door with our prisons and mental health too, that neighborhood environment. I gave a bunch of examples on that already.

And then the same thing with social and community context. We know our neighborhoods that are are the poor socio economically. We also know where teen pregnancies are, where a gang activity, where a substance abuse, where crime rates are they all overlap in those same areas.

Which means that they are struggling communities, a lot of toxic, you know, activities going on as opposed to what can we do to help strengthen them.

So I want to now flip the script a little bit and show this in a relationship between social terms of health and the impact of adverse childhood experiences or childhood trauma.

And I want to emphasize that aces can affect anybody at any socio economic strata. Absolutely. Just like domestic violence.

But Aces disproportionately effects those at the lower end of the socio economic strata.

Least equipped and the fewest access to resources to be able to deal with those. It could have started with historical trauma. I gave some examples in that past slide, but regardless, that adverse child experience or experiences occur if you've been through the training as you know it can.

Cause some epigenetic rewiring of the brain. These children are adapting to survive in that dangerous world that they're living in. That could affect their social, emotional, cognitive functioning.

Could it cause them later on to adopt the same health?

That the experienced are exposed to, which then could cause, you know, lead to higher risk of diseases, disabilities, struggles to engage socially with others and then ultimately to early death.

So with that, you know, here are examples of average childhood experiences.

We haven't had this training yet.

We see these with those that we serve, unfortunately, and then with that, you know, as is going to have lasting effects on health.

Behaviours and long term.

Life potential and a lot of times we see that, you know we're, you know, people are born and raised has a huge effect on their life span.

The same thing with Aces. There could be up to a 20 year more difference in life expectancy, and the data clearly shows this.

This is a slide for the CDC and they show a lot of direct correlations to specific diseases.

Brain science research just quickly going through that that you know, they're showing that the impact of toxic stress versus nurturing based on the, you know, experiences that a child is going through and at what stage.

Life as a child and as we know, brains continue to evolve and mold through their mid 20s and that nature versus nurture. Those environmental factors that layer into what is going on in developing child's brain and how that can affect how they're going to be as an.

Adult.

We can see a lot of this.

We see this with our clients that we serve our children, families, adults.

You might see this with your children as well, and there's risk then of having a diagnosis at some mental health diagnosis when it's actually behavior health tied back to the impact of the aces that they have been experiencing.

Effects of hi Aces go across the lifespan.

Here's a few examples here, but you know you can see it in children. You can see it entire families with cognitive functioning being able to interact.

It's if you know that's happened, it's understanding.

You know the extra layering of support and communication, how to best respond to them without retriggering, but being able to help them put that point in time back in the past while they're trying to deal with what they're going through now and be able to move forward in.

A positive way and we the research shows, you know, all of these kinds of things as well.

Those with zero to three aces with all else you know, being out there more likely to be on the left side of the scale for a more higher risk doesn't mean they will, but higher risk of they don't have that buffering support here and mitigation to be end. Up with these kinds of risks, and again we see this with the clients that we serve.

You might be seeing this with your patients too, responding to chronic stress. When you have those.

Higher executive functioning skills able to manage, you know, and self regulate.

Be able to jet steer potions, etcetera.

Otherwise, you know if you're struggling with the effects, you might be triggered pretty quickly.

You might either react in a very angry way, be able to not be able to sit still, or really disassociate at the opposite end here.

From there, it's working to build resiliency.

You know, there is hope out there for it early childhood to later childhood to adult learning.

I don't have time to go into a lot of that, but it gives you a few things here to think about and then from there.

I want to go back to the stoh because Aces is a component of that, but here are some tools that you can use that are out there.

The CMS ACH ACH tool, accountable care health tool is available for you.

That is an approved tool. The prepare tool, the American Academy of Family

Practitioners, also has.

A tool out there and there's a few others.

Those are ones that can help you assess with your own program, and I'll talk about why in a moment.

And then working with community partners that are doing the work outside of your practice outside of the clinic or hospital that you're in, because they're the ones that can then follow up and work with the sdoh issues.

So why work with social services organizations or cbos community based?

Most of them are deep rooted grassroots.

They know the individuals, families and neighborhoods.

They serve many of them come from that same background as well.

They are working to address 1 or more sdoh barriers or challenges already.

They're experts in their fields with the work that they do.

They also work to be voices or advocates, or amplify the voices of the populations they serve.

Many of them who haven't been able to do that in the past. They also tend to be very efficient, making maximum use of their funding and at navigating multiple systems in our society and communities here.

So why do we need to code for social terms of health?

One since 2015, they have been available.

I've given Delia a sheet that.

She'll give to you.

That talks about scoh.

It talks about the specific codes out there.

And in that the tin codes and have a lot of sub codes out there, they are updated every six months.

So there's more being added that you can review and access, but with that you get better care coordination, better referrals and support for your vulnerable patient populations that otherwise you wouldn't know were an issue.

So you might have a a family that's living in their car, but if you don't know that, then you don't know the impact or they don't have a refrigerator, so they can't refrigerate their meds or they can't afford their meds.

So they're either not buying it or.

Colluding it or they're struggling to show up to appointments because of transportation issues or child care, etcetera, and the list goes on.

You can also have better tracking of your patient health outcomes to see if what supports are being provided in the community for them are now helping improve your outcomes as well.

We're doing program with UHS, and we've been seeing clear outcomes and improvements for the work we're doing with them. Also with community first. Also, with coding you know you can work on improving delayed access. You know to. Items here that I have listed here that could have either been prevented or could have been less resource intensive.

You can also look at correlations between stoh and high cost claims.

You have a lot of frequent Flyers who are being readmitted regularly or are frequent ER visits, etcetera.

And then as of January of this year, healthcare systems according to CMS have to have a process in place for screening for sdoh and some of those tool, all of those tools that I list are the ones that are acceptable tools in doing so.

And then what do you do about it?

And that's the linking out here.

This is the form that I gave to Delia that she's gonna share with you as apdf.

And with that then is is how do you work to prevent these negative downstream effects?

One, we need to continue to establish or advocate for those policies, laws, ordinances, regs that work to positively influence social and economic conditions, those that support changes in individual behavior and thus can improve health for large numbers of people and keep very key is how we can sustain.

Over time 2, the work that that we're all doing right now is what can we do to improve those conditions where people are born raised lower playing age to really create that healthier, you know, family that healthier community, healthier workforce etcetera.

What can we do to include improved collaborations?

And that means the upstream, downstream healthcare systems with education systems, with cbos, with government, with business, etcetera, making sure we're doing research to show what is working, what's not.

What can we do to improve upstream health?

While we're dealing with downstream effects and then fund appropriately to those orgs and those areas that really show that demonstrated improvement in long term health outcomes because at the end of the day, we want to see this, you know,

children on that top path, lot of supports at.

Every stage of life, so they end up becoming strong, successful adults.

Breaking whatever challenges or barriers they were born into and have a long, healthy, successful life.

The bottom one is the ones that we see too often and then they struggle. They aren't supported.

End up, you know, dropping out of school at some point, not having a viable career path if they're alive at 40 or 50 years old, you know, they're more often, you know, had, you know, potentially run insurance with a law, no strong employment, strong challenges with social engage.

A lot of health and issues and potentially continue that cycle with their own children, and we want to see thriving communities that work together and help each other, not toxic communities. With all that comes with that.

And with that, I'm gonna stop sharing my slide now.

And answer any questions that you all might have.



**Hanson, Elizabeth R** 50:03

If you have questions for Mary, you can either put them in a chat or.

Unmute or raise your hand.



**Mary Garr** 50:11

And I can tell you this was a very high level overview.

I was really trying to give you a taste of understanding a little bit about the impact of social terms of health, the impact of adverse childhood experiences, how they interrelate, how you may be seeing those or you know in your patients without even realizing it and things that.

You can think about to be able to address them moving forward.



**Hanson, Elizabeth R** 50:36

Mary, I had one question which is so often the structural barriers you talked about, particularly digital divide and transportation.

Can make it hard for us to make those connections to the community agencies, and so there's also a request for you to talk a little bit about your agency.

So maybe can you talk a little bit about family service and how you guys specifically

address those barriers in connecting families from identifying issues to connecting them with y'all?

**MG** **Mary Garr** 51:07

Absolutely. So we actually are structured on the healthy people framework.

So I've got over 30 programs and services across all phases of life.

So we have.

I'll just go through the life span we have early head start and head start and then with that, it's not just for the children. We assess the whole families, we use the CMS accountable care tool in our assessment of all of our clients along with the ACES 1.

Of the Aces tools so we can understand those needs and barriers.

With that, we also have programs in elementary, middle and high school to help children who are at risk of dropping out or struggling to be able to stay in and thrive.

And then we have adult learning programs, workforce development to help with job training, either with our own programs or linkages to the various universities.

And we work to find scholarships or funding also for other job training programs out there.

We do economic stability.

We have financial counseling and coaching, not just literacy.

As we work with folks who really need one-on-one help, they don't know what a budget is and they struggle.

And I talked about some examples there and then, you know, with the health and healthcare, we have behavioral health counseling for children and families. You all actually refer to some of your residents have already been referring to us.

We have programs were in the Robert B Green Clinic. We are work with UHS, we work with a lot of different entities.

So we deal with all aspects of behavioral health. We have school.

Based health as well as in our own sites telehealth, we do home health as well. For that we have.

Supervised visitation programs for those non custodial parents that are court ordered have to come in.

We work with a juvenile justice kids that are referred to us through dfps.

We work with CPS clients also and we just have a whole host in in that range.

Here we have an older adults program that we do restate license to do personal care and Home Acres services to help older adults be independent.

Their homes. We've got social and community engagement opportunities. We do parent strengthening. Parent engagement is parent strengthening 'cause. We work with a lot of very dysfunctional families that have just struggled. So you know, we take for granted the idea of having dinner at home together, playing with your kids, talking with your kids, being there for your kids. You know, we work with parents who are just struggling or we work with foster parents who were grandparents raising grandkids, et cetera. And then we also have our community centers. You know, here we also we're in 14 counties. So we're we have community centers here in Crystal City and sites in Uvalde as well. We've been there over quarter century and then we have an SCOH case management specific program. Just trying to think we've got Teen Tech Centre and we just have a multitude of programs with the services that we provide. And to your question about how to help people with these transportation barriers, you know for us we either go to their homes with our work, we. Provide bus passes. We we get discounted passes from via that we can give bus passes to people for them. If we can link them with other. Programs with our family strengthening programs, you know, we work in various schools, so we help to build networks of relationships for families that otherwise aren't connecting, so that now they can build some self sustainability within their own community. So that now they've got a family network of people. Sharing similar struggles and how can they work together and help each other and help each other with the kids or transportation, etcetera. So those are few ways there.



**Hanson, Elizabeth R** 54:45

Thank you.

And you guys all do so much and it's really amazing. If anyone has a chance to visit your neighborhood center, that was very cool to see all the different agencies that you collaborate with. Doctor Robinson had a similar question around transportation, which I think you partly answered, but.

Just systemically, do you have any thoughts about addressing the lack of a reliable public transportation system in San Antonio?

 **Mary Garr** 55:09

So for one, I'm actually from San Antonio, but I'm an army brat.

My dad was an army pediatrician, by the way.

Pediatric allergist. And then, as in my own careers in Army Healthcare administrator moved around the world. So I have been blessed to enjoy great public transportation in many, many places.

San Antonio is not one of them, and it's very unfortunate.

You know, we actually had a Street car system back in the 1920s and they took it all out. When they focus on cars for everybody, which, as you know, is not adequate.

And so, you know, the via bus system is trying to improve and find ways we had a chance over a decade ago to actually put in.

A transportation system, a light rail system for us here in San Antonio.

Unfortunately, the decision makers were not the ones that use the system or would have used it, so that voice was not represented and we lost that opportunity. Again, I don't know if we'll ever get it back, but that really needs to happen down the road.

We are the.

Largest city, seven largest city in the United States and the largest city by far. That does not have a strong transportation system.

A light rail system.

So that is something that you know when we talk, I talked about what can we do to change the down negative downstream effects.

We've got to work on improving laws, regulations, policies, ordinances, etcetera.

That will help you know equalize opportunities for everybody. 'cause this is a disparity that ties into health as well.

So you know, that's just a future voice that we all have to come together on, even if we might not be the ones that would use it that much. We need to, because those who are older, those who are poor, those who are disabled, those.

Folks that rely on public transportation or they don't get to around it on their world is very small.

 **Hanson, Elizabeth R** 56:52

And there's a question about school vouchers.

This is says how do you think school vouchers would impact the public education system?

That serves the most vulnerable children.

Do you have any thoughts on?

**MG** **Mary Garr** 57:00

Great question.

I try to stay out of politics, but I can tell you this will be a huge detriment for our state if that were to come to play because primarily those that use the private schools right now, they're ones that had already made that choice and and can't afford.

It or get scholarships already through a lot of those schools. And as I mentioned, the public school system is where over 85% of our children go, especially.

Our low income families here.

And many of them still would remain in the public school system.

And because this the school vouchers would come out of what is already being funded for public education, that means and, and we are funded per day is based on child attendance.

So if we have fewer students in schools, that means less funding for those school districts.

We're seeing that already just coming out of the pandemic.

Where there's a lot of kids that still did not go back into those school systems, we've seen that with movement, with the growth of charter schools.

And when you look at the accountability requirements and the certifications required for teachers, you know in public schools versus charter schools versus private schools, you know what people don't realize is that we are not holding everybody to the same standard. The public schools are held to the highest.

Standard and the most visible, but they don't see what's going on in the charter schools or in the private schools.

In addition, the private schools can select who they choose to admit.

So in there, kids that have disabilities, you know, kids that are struggling are not ones that are likely to be admitted.

That's already been shown in many of the charter schools out there. You know, those are the kids that stay in the public school system, and we already know that we don't have adequate supports for those with disabilities and supports in Texas and the

public schools. So there is.

A huge risk with the school voucher system and when they looked at it being implemented, a couple of other states they are seeing.

Search is starting to show the detrimental effects on those kids not having enough funding to be able to meet their needs, and Texas already was one of the lowest funded states per student in our public school system.

And it's just getting worse.

So we need to be a voice.

Is my recommendation on helping to ensure that our public schools continue to have sufficient funding.

And more than sufficient funding, because that's what will serve our children.

You know, on on the health side, but on the on the financial side to be able to be prepared for the workforce either through college training, career development, etcetera.



**Hanson, Elizabeth R** 59:42

Where you really covered a lot of ground in a short amount of time. I know that was a a challenge to fit it all in.

We are at the end of our time, so thank you one more time for speaking and this concludes our pediatric grand rounds.



**Mary Garr** 59:55

Thank you and my pleasure.



**Hanson, Elizabeth R** 59:56

Hi.

● **Calderon, Delia** stopped transcription