



PROJECT ECHO Knowledge Network

**RUTGERS CANCER INSTITUTE OF NEW JERSEY &
NORTH JERSEY HEALTH COLLABORATIVE PROJECT ECHO:**
*Addressing Barriers to Healthcare & Preventive Cancer Screenings in
Individuals with Developmental & Intellectual Disabilities (IDD)*

Scenario Briefing Form

ECHO ID:

Key Questions for Discussion

(Note to the presenter: Please focus on the key question relating to the most significant challenge faced by your consumers/patients/providers related to barriers to healthcare and cancer screenings for individuals with IDD.)



Scenario/Examples

Child has missed many appointments, and when the child is finally seen in the office it is noted that Mom and child appear to have more concerns than previously discussed. Neurodevelopmental Pediatrician brought family to social work after appointment due to concerns and resource needs. Social worker discussed more with Mom and learned about many reasons why the child is not receiving the proper resources at this time.

- Mom reports that she is Agoraphobic due to past trauma she has experienced in Newark. Mom was held captive and was stabbed many times. For this reason, she does not take the children outside the home often.
- Mom reports that their landlord left their home due to a rat infestation. The home has been foreclosed and the family is “squatting” in the home. Family does not have anywhere else to live.
- Family struggles to pay bills. Utilities still working at this time, but unsure of when they will be shut off.
- Mom will use food banks and has SNAP food benefits
- Mom would like any resources for clothing, shoes, household items
- Children having difficulty going to school/arriving on time/attending appointments due to Mom’s dx of Agoraphobia
- School is calling home constantly and reporting that the children are missing too many school days
- Family may be homeless soon
- Lack of food for family
- Lack of support/assistance
- Mom did not want Early Intervention in their home, due to the concerns in their home, so child is not receiving therapy or support

<p>Key Stakeholders</p>	<ul style="list-style-type: none"> -Individuals with IDD, parents, families -Healthcare Workers and the ability to assess the patient as a whole
<p>Local-Related Issues: (Local access, processes, staffing, etc.)</p>	<ul style="list-style-type: none"> -Providing the most helpful resources, as well as warm hand-offs to these resources
<p>National-Related Issues</p>	<ul style="list-style-type: none"> -Screening and assessing for ACEs and SDOH -The importance of understanding our clients/patients as a whole



Governance Issues: (Funding, Structures, Processes, etc.)	<ul style="list-style-type: none">-Funding and protocol for screening-Better understanding how to support parents and families who face barriers to healthcare due to their diagnosis-Reliable transportation
Other Relevant Information:	

Outcomes

In this section, include the anticipated outcomes that would occur if changes are made as a result of interventions made. What might happen without this intervention?



The anticipated outcomes would be that the child and family would be more understood and receive more assistance and support if providers knew all that they face outside of their appointments. This would help to better serve the family and child.

Without this intervention, the child will continue to miss appointments and will not receive the help and support needed. The mother will also not be able to seek help and assistance for herself as well.

Reflections and Points for Discussion:



- 1.) How can we better assess our patients/clients as a whole?
- 2.) How can we best provide resources and support when needed?
- 3.) After a family reports all of this critical information, if we are not able to reach them again after their appointment via phone/email, how can we best support them?
- 4.) Using Empathy vs. Shaming our patients/clients



- It is intended the above text will be prompts only visible to presenter when completing electronic case presentation.