

PRIORITY 5: HEALTH CARE IS ACCESSIBLE

Regular well-child visits with a primary care physician are vital to early childhood wellness. When young children and their families are connected to a medical home, their pediatrician becomes a source of information and support. Given the high cost of health care, families that live in poverty often have to choose between needs like food and shelter and ongoing health care. Many families choose to wait to seek medical care for their children until the child is visibly sick. Many parents of young children are lacking support from family members and social services agencies. Without these resources, it can be overwhelming to navigate the complicated medical system.

The problem. Families of young children are not accessing the health care system for checkups and screenings.

Children who live in poverty were significantly more likely not to have a medical home among white, black, and Hispanic families (Bachrach, 2011).

The percentage of children with 4:3:1:3 vaccines by age 2 were 64% in Cuyahoga County and 45.2% in Cleveland; the national benchmark is 80.8% (HIP-Cuyahoga, 2013).

Parenting skills influence child's health both by the parent's perception of the child's need as well as recognizing the child's actual need for care (Serbin, 2014).



SYSTEMS CHANGE SUCCESS:

The Council for Economic Opportunities of Greater Cleveland partners with the Cleveland Clinic School Health Mobile Health Care Units to provide Head Start families with access to a lead screenings and a medical home where they attend preschool.

High blood lead levels can lead to problems with brain development, behavioral issues, and organ functioning. EAHS recognizes that there are many factors that keep families from getting lead screenings like transportation, not being connected to a medical home, and not feeling supported if their child has a positive screening.

"CEOGC and Cleveland Clinic School Based Health Care met at an Early Ages Healthy Stages meeting in 2016. At the meeting, we talked about the issues regarding lead toxicity in the city of Cleveland and how we can work together to get more kids tested and educated.

The Cleveland Clinic School Health has a mobile unit which would allow us to move from school to school. We thought this would be a great collaboration to reach families where they are. Right now we are in the process of signing the Memo of Understanding and scheduling dates for the mobile unit to come to William Patrick Day Center in Cleveland's Central neighborhood and the Green Road Center in Highland Heights to do Well Child Checks and draw leads. We are planning to get started in Fall of 2017."

-Loree Rudd, Cleveland Clinic School Based Health Mobile Unit

HEALTHCARE ACCESS/ OUR GOAL:

Early Ages Healthy Stages will facilitate partnerships between Cuyahoga County's world class health care, ECE providers and the families of young children by focusing on wellness, access, and collaboration.

Objectives: By December 31st, 2020, Early Ages Healthy Stages Coalition will:

1. Support the development of patient navigator and care coordinator programs to assist patients in person and via telephone to support their health management.

- Research which clinics have navigators, if the navigators interact with families of young children, and for what the navigators are responsible.
- Learn about best practices for navigators, as well as needs and opportunities for engaging with families in our communities.
- Recruit clinics to participate in establishing the navigator role and practices that are currently utilizing the role to share their successes.
- Evaluate through student Capstone.

2. Engage medical schools and residency programs in the local community to build relationships with ECE providers, children, and families.

- Engage with medical schools, residency programs, and pediatric and family medicine practitioners to learn about needs and interests and how partnership with EAHS may be mutually beneficial starting January 2018.
- Develop a plan in partnership with medical schools, residency programs and health care providers to improve patient interaction.
- Revisit Strategic Planning goals for engaging medical schools (develop tools, presentations, recruitment, etc.) in summer 2018 and implement new goals in Fall 2018.

3. Develop partnerships between mobile units and child care providers to help families of young children access a medical home and services in their community.

- Assess families of interested centers to learn more about their medical needs.
- Establish relationship between EAHS partners and mobile units to develop a plan for collaboration.
- Explore current partnership between mobile units and CEOGC Head Start centers.
- Engage other EAHS partners to see if there are more opportunities for coordination of services between mobile units and ECE providers.

