

Strategic Planning Map for Early Childhood Health Care

Access in Cuyahoga County

Local Conditions: Why Here?	Root Causes: Why?		What If?	How do we know?	What we will do?
<p>1a. Parents and caregivers are not empowered to make healthcare decisions for their children because they lack social support.</p> <ul style="list-style-type: none"> Parents do not always speak about their child's health. Only 30-40% of parents openly shared concerns about their child without prompting from their provider. (Halfon, 2005) <p>1b. Many families lack an understanding of the importance of screenings and well-child visits.</p> <ul style="list-style-type: none"> 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) <p>2a. Health care providers do not understand the challenges that families face in accessing care.</p> <ul style="list-style-type: none"> Adults who care for black and Hispanic children were less likely to report feeling that they received "family-centered practices," like spending time, listening carefully to concerns, or treating the parent as a partner in care. Furthermore, within the different minority groups parents of children who were poor were significantly less likely to feel that they received "family-centered practices." (Bachrach, 2011) <p>2b. Families of young children have limited time, money, and transportation to make it to health care visits and/or medical home.</p> <ul style="list-style-type: none"> Barriers to establishing a medical home between parents and providers include gaps in services or duplication of services, geographical distance to health care locations, and limitations of the health care programs. (Center, 2008) 	<p>1. Lack of understanding regarding how to use the health care system among those who care for young children.</p> <ul style="list-style-type: none"> Parent's personal history of use of health services is positively associated with children's use of health services. (Serbin, 2014) <p>2. Those who care for young children are not connected to resources to utilize a medical home.</p> <ul style="list-style-type: none"> While younger children are more likely to utilize a medical home than older children, key parts of medical home services are not available even to all young children. (Bachrach, 2011) In the United States, 65% of children ages birth to 5 had a medical home. Children who live in poverty were significantly more likely than higher SES children not to have a medical home among white, black, and Hispanic families. (Bachrach, 2011) 	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p style="font-size: 1.2em; margin: 0;">The Problem</p> <p style="font-size: 1.1em; margin: 0;"><u>Families of young children are not accessing the health care system for checkups and screenings.</u></p> </div> <div style="border: 1px solid black; padding: 10px;"> <p style="font-size: 1.2em; margin: 0;">Data Supporting the Problem</p> <ul style="list-style-type: none"> • National research found that 26.7% of uninsured families have gone without care because it was not affordable. 32.2% of uninsured families had problems paying their medical bills in the previous year. (Karpman, 2016) • The percentage of children with a 4:3:1:3 vaccines by age 2 were 64% in Cuyahoga County and 45.2% in Cleveland (national benchmark: 80.8%). (HIP-Cuyahoga, 2013) </div>	<ul style="list-style-type: none"> Greater health risks among children are associated with poor living conditions and neighborhood-level poverty, even in countries with universal health care. (Serbin, 2014) National research found that 26.7% of uninsured families have gone without care because it was not affordable. 32.2% of uninsured families had problems paying their medical bills in the previous year. (Karpman, 2016) Low-supportive and deprived environments in early childhood can have irreversible consequences for brain development (Hackman, Farah, and Meaney, 2010). 	<p>Early Ages Healthy Stages Coalition will utilize the following evidence base to promote strategies to meet the social emotional needs of young children in Cuyahoga County:</p> <ul style="list-style-type: none"> Greater parental support was associated with increased use of outpatient pediatric care services and fewer ER visits (Serbin, 2014). To increase healthcare access through geographic feasibility, it is recommended that community health centers and medical or dental schools explore further partnerships to further meet the needs of target communities (Isringhausen, 2014) . Outreach by medical teams including both providers and trained community health workers has been shown to significantly increase primary care provider utilization in at-risk populations (Cunningham et al, 2012). Interdisciplinary care as a means by which to coordinate care by multiple types of health care providers has been shown to be effective in increasing utilization of health care (Willenbring, 2005) 	<p>By December 31st, 2020, Early Ages Healthy Stages Coalition will:</p> <ol style="list-style-type: none"> Support the development of patient navigator and care coordinator programs to assist patients in person and telephonically to overcome barriers to their health management. <ul style="list-style-type: none"> 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. Engage medical schools and residency programs in the local community to build relationships with ECE providers, children, and families. <ul style="list-style-type: none"> 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. Develop partnerships between mobile units and child care providers to help families of young children access a medical home and services in their community. <ul style="list-style-type: none"> 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.
Context	Current Scope	Consequences	Interventions		