



## **NATIONAL CHILDREN'S HEALTH PROJECT NETWORK OVERVIEW**

CHF's National Children's Health Project Network currently consists of 17 pediatric projects located in New York City; Newark, New Jersey; Dallas and Austin, Texas; Washington, D.C.; rural West Virginia; the Mississippi and Arkansas Delta region; Miami and Orlando, Florida; the San Francisco Peninsula and Los Angeles California; Las Cruces, New Mexico; Phoenix, Arizona; Long Island, New York; Chicago, Illinois; and Twin Falls, Idaho. With an emphasis on continuity of care, these Children's Health Projects deliver quality care to at-risk children and adolescents via mobile medical units, fixed site, school based and community-based clinics. CHF projects are able to provide a true "medical home" for these pediatric patients -- be they homeless, uninsured, or geographically isolated -- through the use of a computerized tracking system for medical records and strong affiliations to major academic medical centers.

To date, The Children's Health Fund National Network has provided essential primary care services in more than one million patient visits. From rural, isolated regions to inner-city sites, at-risk children are receiving the primary pediatric care they need through CHF's team of medical providers.

### **THE NEW YORK PROGRAMS**

**Affiliations:** Department of Pediatrics of Montefiore Medical Center

#### **The New York Children's Health Project**

In 2003, the New York Children's Health Project (NYCHP) continued to provide comprehensive care to many of New York City's homeless children and families, with more than 3,578 patients treated in 12,234 health encounters. NYCHP's five mobile medical units provide regular, weekly medical care throughout the city to homeless shelters, a community based site, a shelter for victims of domestic violence and an outreach program for runaway and homeless street youth. Project staff continued their involvement in innovative programs, including the Childhood Asthma Initiative that uses newly developed guidelines to address asthma treatment in the city's shelters from clinical and social perspectives; Ready for School initiative that uses cutting edge technology to address hearing loss and developmental delay issues in children; and Referral Management Initiative that improves compliance with appointments to medical specialists. As part of The Reading Project, NYCHP providers distribute books to children

starting at age 6 months and young adults to promote the health, development and literacy benefits of reading to children at an early age.

The New Access Points initiative, implemented in 2000 to bring health services to victims of domestic violence who face tremendous access to care barriers, continues to grow. This unique program assists patients in accessing currently existing NYCHP health services and allows domestic violence clients from several agencies and locations in New York City to receive comprehensive health and social services not previously available to them.

The NYCHP has fully implemented the new CHF electronic patient record (EPR) system and has custom designed guidelines to further enhance the level of clinical documentation for NYCHP patients. This state-of-the-art system allows NYCHP's medical providers to access comprehensive patient medical records instantaneously at any of its 13 primary care sites, and to review and report on aggregate program information.

### **The South Bronx Health Center for Children and Families**

The South Bronx Health Center for Children and Families (SBHCCF) is a unique family-centered health care program serving one of the nation's most medically underserved, at-risk communities. More than a decade ago, the Mott Haven/Hunts Point neighborhoods of the South Bronx had virtually no health care services for children and families. In the early 1990s, the community appealed to the Division of Community Pediatrics (DCP) of Montefiore Medical Center and The Children's Health Fund (CHF) to establish a health care program. Services were initiated using a mobile medical unit and a renovated storefront site. The program became extremely popular and progressively grew out of its limited space. In 1998, DCP and CHF opened a newly renovated health care facility a few blocks from the original site. This major expansion increased program capacity four-fold and has allowed adults, as well as children, to be served.

Programs offered at the Center include: Comprehensive primary care services, reaching over 6,000 pediatric and adult patients through more than 28,056 encounters in 2003; Complete specialty and inpatient care at Montefiore Medical Center and the new Children's Hospital at Montefiore; Specialty referral management through scheduling, transportation, and outreach assistance; Women's health and prenatal care through an on-site ob/gyn and nurse midwife; The Childhood Asthma Initiative, a program designed to comprehensively manage and reduce asthma among at-risk children; The Reading Project, a literacy program delivering culturally, developmentally, and linguistically appropriate books to children and adolescents at each medical visit; Comprehensive mental health counseling with a clinical psychologist; Social work counseling for families with complex health and/or mental health needs; Case management and entitlements assistance; Complete nutritional assessment and counseling with a nutritionist, including the recently designed Starting Right initiative, targeting children and adolescents at risk for Type 2 diabetes due to overweight, obesity, physical inactivity, and/or poor diet; Primary care, counseling, and nutrition services for families with HIV/AIDS; Smoking cessation support group facilitated by a multi-disciplinary team; A comprehensive Youth Development Program, including a mentoring program and a chess club for elementary-age children, a community resource library, Summer Youth Employment, and student internship opportunities; and Extended hours, including early morning, evening, and Saturdays, as well as 24-hour, 7-day-a-week access to medical providers.

## **THE ARKANSAS CHILDREN'S HEALTH PROJECT**

**Affiliations:** Lee County Cooperative Clinic

The Arkansas Children's Health Project is based in Marianna, Arkansas and serves children at school and community sites in a three-county region in rural eastern Arkansas. The Project's mobile medical unit provides the sole access to consistent, comprehensive pediatric health care for many children and their families, helping them overcome barriers of isolation, lack of transportation and poverty that often limit access to care. Health challenges of the children served include high rates of asthma, iron deficiency anemia, ADHD, and obesity, which leads to an increasing number of children with Type 2 diabetes. Within the entire catchment area, 70% is uninsured, 11% covered by Medicaid and 10% covered by Medicare. In 2003, the Project had 763 patient visits.

## **THE AUSTIN CHILDREN'S HEALTH PROJECT**

**Affiliations:** The Children's Hospital of Austin, Seton Health Network

The Austin Children's Health Project (ACHP) provides services to an geographical area that is home to nearly 300,000 children under the age of 18 of which 21% have no medical insurance. ACHP's Skippy Express in Austin continues to provide primary care services through a hub site feeder school model adopted more than two years ago. Primary care services are provided on a weekly basis at five elementary schools, each serving as hub site. In addition to providing treatment to students enrolled in the hub site schools, services also are made available to students from 24 schools located within the Travis and Williamson counties. The students at these schools comprise a significant adolescent population attending four middle schools and three high schools. The ACHP also provides services in Round Rock via a traditional school based clinic. At the request of the Texas Department of Health, ACHP provides EPSDT screenings to children in isolated rural communities in Caldwell county. These sites have proven to be so successful that they have become regularly scheduled service sites and constitute the ACHP's expansion into a rural setting. In 2003, the ACHP recorded 6, 234 patient visits.

## **THE CHICAGO CHILDREN'S HEALTH PROJECT**

**Affiliations:** The University of Chicago Hospitals and Health System

Added to CHF's National network in August 2003, The Chicago Children's Health Project provides services to children living in Chicago through eight elementary and high school sites located in medically underserved neighborhoods on the south side of Chicago. From August 2003 to December 2003, the project provided 268 patient visits. Residents in the areas served by the project have limited access to medical care, despite their proximity to the hospital system, because of lack of transportation, lack of health insurance or limited knowledge of the resources available. Compliance with state medical requirements for school attendance is low, particularly in the high schools.

CCHP's staff performs school physicals, sports physicals and immunizations in order to bring students up to compliance with state health requirements. They also deliver well child care, sick child care, and screen for lead poisoning, anemia, pregnancy and acute infections. A wide range of laboratory tests are available, including STD screening, through the University of Chicago hospital laboratories. Through liaisons with community, comprehensive visual evaluations and eyeglasses are available to children with low visual acuity. Linkage to subspecialty care at the University Children's Hospital exists. The staff facilitates application for medical assistance or KIDcare (the Illinois CHIP program) for children without medical coverage.

## **THE CHILDREN'S HEALTH PROJECT OF D.C.**

**Affiliations:** Children's National Medical Center

The Children's Health Project of D.C. (CHPDC), based at Children's National Medical Center, continues its affiliation with the Washington D.C. Department of Health, as well as numerous community-based organizations serving Anacostia region of southeastern Washington, D.C. In the District of Columbia 19.4% of all children are uninsured. The CHPDC serves families throughout the Wards 5, 6, 7 and 8 where children and youth experience a high degree of socioeconomic, environmental, and health-related risk factors that often give rise to developmental delays and long-term health problems. In January 2002, the CHPDC incorporated the former DC General Clinic into its practice. It will serve as the back-up fixed site to the MMU. In April 2002, dental services were initiated in the mobile medical unit setting. In 2003, CHPDC provided care during 5,800 patient encounters at six community-based and two fixed site clinics.

The CHPDC, in collaboration with the National Organization on Fetal Alcohol Syndrome, recently held a series of workshops for women struggling with addiction. The program was such a success that it has developed into an ongoing weekly support group. Additionally, a Father's Support Group and a formal Parent Advisory Council were also established. Dr. Gloria WilderBrathwaite continues her advocacy efforts on behalf of children through her appointment to D.C. Mayor Anthony A. Williams' Health Advisory Panel and through her involvement with the D.C. Children's Health Care Coalition and the D.C. Primary Care Association.

## **THE DALLAS CHILDREN'S HEALTH PROJECT**

**Affiliations:** Homeless Outreach Medical Services (HOMES) of  
Parkland Health & Hospital System

The Dallas Children's Health Project (DCHP) serves homeless children and adolescents and permanently housed low birth weight infants in the City of Dallas and parts of Dallas County. DCHP provides sick and well child care, including immunizations, vision and hearing, developmental, anemia, tuberculosis and lead screenings. Psychological counseling,, testing and play therapy are also provided. Teenagers can receive family planning and sexually transmitted disease screening and treatment. Eight percent of infants born in Dallas are low birth weight, and DCHP holds weekly low birth weight clinics and schedules home visits following hospital discharge. In the city of Dallas 25.1% of all children live below the poverty line and in Dallas county 17% of all children are uninsured. The DCHP serves eighteen sites including shelters, transitional living programs, a homeless day-care site, two low birth weight clinics, a program for pregnant or parenting teens, and a substance abuse treatment center for women. The DCHP provided medical care to patients in 10,354 visits in 2003.

## **THE IDAHO CHILDREN'S HEALTH PROJECT**

**Affiliations:** Family Health Services

Launched in June 2004, the Idaho Children's Health Project provides primary health care services to low-income, uninsured families in South Central Idaho, including migrant/seasonal agricultural workers who have language, cultural and transportation barriers to healthcare. The project's new mobile medical unit serves the city of Twin Falls and the surrounding area at HeadStarts, schools, migrant camps and other community sites.

Comprehensive pediatric primary care includes immunizations, physicals for school and sports and injury prevention, dental screenings and referrals, nutritional counseling with registered dieticians, social services, mental health counseling and referrals to other medical specialists.

## **THE LONG ISLAND CHILDREN'S HEALTH PROJECT**

**Affiliations:** North Shore-Long Island Jewish Health System

The Long Island Children's Health Project's Pediatric Mobile Health Center provides a full range of pediatric primary care services to children from underserved areas of Nassau County. The mobile medical unit brings services to The Hagedorn Family Center, a large and very active community center in Hempstead and receives many referrals from nearby schools, community centers, group homes and foster care agencies. The mobile medical unit team provided 3,849 patient visits in 2003.

The community has high rates of newly immigrated families and families living in poverty. Many patients seen by the Project are under immunized and have received very limited preventive healthcare. Additionally, many patients have advanced dental decay, have had little to no previous dental care and have few resources for it. Seventy percent of the families served by the Project are uninsured and many live doubled up with other immigrant families.

## **THE LOS ANGELES CHILDREN'S HEALTH PROJECT**

**Affiliations:** Department of Community Health and Education,  
Cedars-Sinai Medical Center

The Los Angeles Children's Health Project (LACHP) C.O.A.C.H. for Kids and their Families (Community Outreach Assistance for Children's Health) is a mobile medical and case management program that provides free medical and preventive services to children in low income and medically underserved areas of Los Angeles County. Staffed by a team of health and social service professional from Cedars-Sinai Medical Center, the LACHP travels to various economically challenged and medically underserved areas including Downtown/Skid Row, Central and South Central Los Angeles, Bell Gardens, Pico-Union, Hawthorne/Lenox, and various regions of Hollywood. The mobile medical unit team provided 12,819 patient visits in 2003.

Operating under the belief that a healthy child does not exist without a health family, this program also provides social service assessments, plans and referrals for each family obtaining services. The project participates in several Special Initiatives, including Referral Management Initiative, Power of Play, Healthy K.I.D.S. and implemented CHF's customized electronic health record in August 2003.

## **THE MISSISSIPPI CHILDREN'S HEALTH PROJECT**

**Affiliations:** Aaron E. Henry Community Health Services Center, Inc.

In an area of extreme poverty and rural isolation, the Mississippi Children's Health Project (MCHP) continues to work to address one of the nation's highest infant mortality rates, an alarming teenage pregnancy rate, and a rising incidence of asthma related to the use of pesticides. In 2003, the Project provided nearly 7,000 patient visits. The MCHP serves residents of a sparse population which consists of primarily African American female headed households, teens and adolescents, infants, uninsured and underinsured families living in poverty, victims of child abuse and neglect, and medically underserved families. The combined averages for Coahoma, Tunica, Tallahatchie, Quitman and Panola Counties show that 33.5% of children live below the poverty line. The infant mortality rate is 14.5 per 1000 live births. The low birth weight rate is 11.6%. The project aims to improve these and other disturbing statistics by providing pediatric medical services, developmental assessment, lead screening, clinical preventive services, health education, nutrition, EPSDT services, social services, dental screening and referrals, and case management. The Aaron E. Henry Community Health Services Center continues to play a leadership role in the provision of healthcare in the Mississippi Delta.

## **THE NEW JERSEY CHILDREN'S HEALTH PROJECT**

**Affiliations:** The Children's Hospital of New Jersey at  
Newark Beth Israel Medical Center

The New Jersey Children's Health Project (NJCHP) provides comprehensive primary health care to medically underserved children in Newark, Elizabeth, and Orange, New Jersey. The NJCHP works to combat the particular health issues of the region's children, which include chronic asthma and ear infections, upper respiratory disorders, lead poisoning, delayed immunizations, tuberculosis, and nutrition related anemia. The NJCHP mobile medical unit provides services at public housing complexes, shelters, and a day care center. One of the public housing complexes, the Stella Wright Homes, was demolished and replaced with new public housing. In response, the NJCHP identified new service sites and through its concerted outreach efforts, successfully retained the patients displaced following the demolition and seen a significant increase in the number of new patients served by the program. In 2003 the program saw 1,650 patient visits.

## **THE NEW MEXICO CHILDREN'S HEALTH PROJECT**

**Affiliations:** First Step Center

Established in June 1999 and based in Las Cruces, New Mexico, the New Mexico Children's Health Project (NMCHP) plays a vital role in meeting the health care needs of the region's poorest residents. Locally known as the First Step Express, the project serves children living in "colonias", which are isolated desert communities in southern Dona Ana county. These communities often lack basic municipal services such as water and electricity and are populated by a large number of undocumented and uninsured children with profound primary health care needs. By bringing medical services into these communities, the NMCHP helps to ensure access to care for these children and families.

The NMCHP offers comprehensive pediatric primary care, including well-child care, immunizations, and management of acute illnesses. Referrals for subspecialty care are made to Memorial Medical Center or the University of New Mexico Children's Hospital in Albuquerque. The NMCHP recorded 2,317 individual patient encounters in 2003.

## **THE ORLANDO CHILDREN'S HEALTH PROJECT**

**Affiliations:** Arnold Palmer Hospital for Children and Women

The Orlando Children's Health Project's (OCHP) Teen Xpress offers primary care medical services to adolescents at three middle schools, two high schools and a shelter for runaway and homeless children. Launched with a supporting grant from the Orlando Magic Youth Foundation, the OCHP focuses on all aspects of primary health care for teens, including the management of acute and chronic illness, health maintenance, and counseling services. The OCHP recently expanded the scope of its services through the addition of a Psychiatric Nurse Practitioner and a Registered Dietician/Health Physiologist to its staff. The program had 4,979 individual encounters in 2003.

The OCHP was the proud recipient of the Children Must Count Award from the Orange County Citizens Commission on Children in recognition of their commitment to the health and well being of medically underserved children. Additionally, the program was given the Health Care Hero award by the Orlando Business Journal and Florida Hospital.

## **THE PHOENIX CHILDREN'S HEALTH PROJECT**

**Affiliations:** Phoenix Children's Hospital and HomeBase Youth Services

The Phoenix Children's Health Project's (PCHP) Crew'N Healthmobile is a mobile medical and case management program that provides free comprehensive medical and preventive services to Phoenix's growing population of homeless, runaway, throw away and at-risk youth. The mobile medical unit is staffed by health and social service professionals (including adolescent health and pediatric residents, nursing volunteers, students and undergraduates) from Phoenix Children's Hospital and HomeBase Youth Services. The project provides essential primary care and other services, including behavioral/mental health treatment, HIV testing, STD diagnosis and treatment, insurance referrals and substance abuse treatment, at six community-based sites in Phoenix, Tempe and mesa, Arizona. In 2003, the project had nearly 1,000 patient visits.

Currently, thousands of youth live in the streets of metropolis Phoenix, many in desperate need of medical treatment. Most face substantially increased risk of illness, injury and depression due to the hardships they face living on the street. Most lack health insurance and have significant psychosocial barriers to access appropriate health care. By bringing services directly to at-risk youth, the program is able to provide accessible, comprehensive health care services and a medical home to an extremely vulnerable population.

## **THE SAN FRANCISCO PENINSULA CHILDREN'S HEALTH PROJECT**

**Affiliations:** The Lucile Packard Children's Hospital at Stanford and  
the Department of Pediatrics, Stanford University School of Medicine

The Packard Children's Hospital Health Van Adolescent Outreach Program began in September 1996 to provide comprehensive primary care to uninsured adolescents aged 12 to 21 years of age in Santa Clara County, expanded its services to San Francisco in 1999, and expanded a second time in October 2002 to include San Mateo County in its catchment area. Services are provided to eight school-linked and community-based sites. The MMU facilitates social services for patients, including clothing, food, job training, legal aid and counseling. Since the program's inception, nearly 5,000 patient visits have been conducted.

The numbers of homeless and uninsured adolescents are increasing. There are an estimated 1,500 homeless adolescents in Santa Clara County, 2,000-3,000 in San Francisco and 500 in Santa Mateo County. Numbers of uninsured are estimated at 40,000, 10,000-12,000, and 5,000 respectively. These adolescents suffer more significantly from untreated or undertreated medical and psychosocial problems than adolescents who are housed and covered by insurance. Problems include lack of immunizations, lack of preventive services, lack of medications to treat acute and chronic illness, late treatment of illness, polysubstance abuse, malnutrition and mental health problems.

Services on the MMU include: acute illness and injury care, physical exams, dental hygiene care, health education and anticipatory guidance, immunizations, mental health counseling, subspecialty and social service referrals and risk behavior reduction counseling.

## **THE SOUTH FLORIDA CHILDREN'S HEALTH PROJECT**

**Affiliations:** Department of Pediatrics, University of Miami School of Medicine and

The South Florida Children's Health Project's (SFCHP) services are currently available to over 11,000 children in schools and community service sites throughout Miami-Dade County. The program serves seven elementary schools, three adult health clinics, and one community site. The medical team had 5,453 patient visits in 2003. Because Dade County is second only to New York in the number of pediatric AIDS cases, the Project continues to provide care to HIV pediatric patients and to conduct monthly case reviews with the University of Miami Pediatric AIDS program. In coordination with the Good News Care Center, a Diabetes and Hypertension Screening Program was established for both children and adults. The Mobile Clinic serves many areas throughout Miami-Dade County. As part of its early literacy efforts, the SFCHP's "Reach Out and Read" program distributed nearly 500 books to children under the age of five.

## **THE WEST VIRGINIA CHILDREN'S HEALTH PROJECT**

**Affiliations:** Department of Pediatrics, Marshall University School of Medicine

Through its mobile health services, the West Virginia Children's Health Project (WVCHP) serves permanently housed Appalachian families living in the extremely isolated southwestern region of the state. Poor housing, environmental conditions, and lack of job opportunities contribute to poor nutrition and chronic disease. During 2003, the project had 1,231 patient encounters. Services were provided entirely out of the mobile unit providing continuity pediatric care to children in weekly clinics that are at school and community-based sites. The two high schools served have clinics in the building and these are used in addition to the MMU. Numerous 'Special Clinics' are held at the request of special populations. In addition to the medical services, the staff teaches nutrition classes to third and fourth graders at two schools and holds multiple educational sessions for students, parents, and school personnel. Mental health services are also being provided to students of Crum Middle School through a partnership with the Department of Psychology at Marshall University. In 2002, WVCHP partnered with St. Mary's Medical Center to provide ancillary services at schools served by their Cardiovascular Initiative.