The children deserve nothing less than the best

Despite the high quality of health care services and the extraordinary medical technologies available to most persons in the United States, millions of children have been marginalized by the existing health care system. Lack of access to comprehensive and continuous paediatric services can have a variety of causes, including families’ lack of health insurance coupled with the high costs of care, residence in areas (both rural and inner city) which have shortages of physicians, and special barriers to receiving medical care such as homelessness or frequent placement in foster care. The Children’s Health Fund is a non-profit-making, private, voluntary organization designed to meet the complex health needs of children who do not have sufficient access to the high quality medical care they need. At first this was done by supporting the New York Children’s Health Project, and later by supporting a national network of paediatric projects modelled on that successful experience.

The New York Children’s Health Project was initiated in 1987 to bring medical services, using a fully equipped mobile medical unit, directly to homeless children and their families living in shelters supported by the city. The sites often included poorly maintained “welfare hotels,” ill-equipped to provide either the environment for proper child development or the essential health services needed by the children housed there. The hotels quickly became foci for the epidemic spread of infectious diseases, including measles, chickenpox, rubella and diarrhoeal disease. Homeless children are known to be at high risk for a variety of other conditions, including delayed development, vaccine-preventable diseases and behavioural problems. Drug abuse, crime, and violence at shelter sites further compound already difficult family situations.

To provide high quality services, the Project, operated by the Division of Community Pediatrics of the Montefiore Medical Center/Albert Einstein College of Medicine, has adapted the “medical home” model of paediatric primary care promoted by the American Academy of Pediatrics. Used by all projects affiliated with the national network, this strategy has the following six components.

- **Paediatrician-led health teams**

The same paediatrician-led teams, including nurse practitioners and other support staff, come weekly to give the children the opportunity to receive medical care from the same provider. They provide primary health care, and each project has a Medical Director responsible for quality of care and for linkage with the affiliated academic medical centre.

- **The medical home**

Paediatric services at each of the project sites are delivered in such a way as to provide a “medical home” for all children seen, with accessible, continuous, comprehensive and family-centred care. All projects use mobile medical visits as part of their service delivery strategy, and in addition they use community health centre clinics, free-standing paediatric clinics, satellite clinics and a...
variety of other outreach strategies to bring care into the community. Specialized services for the child’s family may include psychosocial services and referral, nutrition counselling, and home visits. Children who have not returned for follow-up visits or have not kept referral appointments are contacted and encouraged to do so.

■ Academic medical centre linkage

Each project is either administered by or has a formal linkage with an academic medical centre’s department of paediatrics. This allows for direct access to all paediatric subspecialty and inpatient hospital services. Medical education and research goals regarding the health needs of medically underserved children are met by training medical students and paediatric residents, and analysing community health needs from records and special surveys.

■ Computerized management-information system

A computerized system records essential demographic, public health and clinical medical information which is taken during health visits. The child’s medical history, social history, screening and test results, diagnosis, problem lists and follow-up referrals can be accessed from a portable computer by any mobile medical unit or at fixed locations so that children can be seen on a walk-in basis at any time.

■ Child health advocacy

Each project is involved in advocacy activities to improve access to health care for the children they serve. Activities include conducting local meetings with parents and community leaders, documenting child health needs and programme impact, and educating local, state and federal policy-makers about health needs and strategies.

National network

The National Children’s Health Project Network consists of mobile projects serving very diverse populations. Besides the project in New York, examples elsewhere in the United States include:
- the Mississippi Children’s Health Project, serving an agricultural area with severe poverty and a total population of less than 70,000, which provides primary paediatric services to children in isolated agricultural communities;
- the Dallas Children’s Health Project, operated by the Parkland Hospital in collaboration with the University of Texas Southwestern Medical Center, where mobile medical units bring medical services to ten different emergency, transitional and domestic violence shelters, while a day-care centre is devoted to homeless children and community outreach includes home visits to mothers of low-birth-weight babies and ongoing follow-up care to ensure complete immunization coverage;
- the South Florida Children’s Health Project, based at the University of Miami School of Medicine, which began its work by responding to immediate child health needs following Hurricane Andrew in 1993 and places special emphasis on the children of recent immigrants;
- the Los Angeles Children’s Health Project, operated by the Watts Health Foundation in collaboration with the Charles R. Drew University of Medicine and Science, whose services are focused on permanently housed as well as homeless African-American and Latino children in the economically depressed South Central Los Angeles area.

Development of a National Children’s Health Project Network is proving essential for ensuring that health professionals are not isolated from the larger medical community, and can thus uphold their patients’ needs while continuing their professional growth. Senior project staff attend national Children’s Health Fund conferences, share ideas, and develop improved ways to meet the health needs of medically marginalized children. Moreover, we know that in the most difficult work environments the best paediatric care can only be delivered when resources and commitment – both professional and institutional – can be marshalled. The children we serve deserve nothing less.

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