

Project Healthy Juneau Kids: Community-focused and theory driven interventions to increase access to and the utilization of preventive care among underserved children

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Background: Well child care fulfills a critical role both in health promotion and preventing childhood mortality and morbidity. Factors such as a lack of health insurance and lack of awareness or understanding of the importance of care may prevent access to, and the utilization of, these preventive services. Before this study, little was known about access to and the utilization of well child care or the needs of uninsured and underinsured (underserved) children in Juneau, Alaska. Project Healthy Juneau Kids sought 1) to assess the level of utilization and the needs of underserved children and 2) to develop community-focused and theory driven interventions to improve access to and the utilization of well child care among underserved children.

Methods: Following a literature review, the researchers used the behavioral utilization theory to design a set of initial interventions. The utilization of service is influenced by three factors, including predisposing, enabling, and need for care as well as other environmental variables (Phillips, Morrison, Andersen, & Aday, 1998).

- **Interventions & evaluation**
 - Free (no cost) well child care for underserved children
 - More collaboration with local clinics and agencies
 - Enhanced community outreach
 - Advocacy for accessible local health care system
- **Community Assessment**
 - Local health provider survey to examine the availability and accessibility of well child care
 - Community wide focus group discussions to explore individual perceptions of well child care

Results:

- **Local provider survey (n=11):**
 - Eight clinics offered well child care services in Juneau. Nine to ten clinics accepted private, Medicaid, Denali Kid Care (SCHIP), and out-of-pocket patients.
 - Eight clinics could accommodate well child care appointments within one to three days.
 - Three clinic offered lunch and evening hour (two to four days weekly) clinics. One clinic offered weekend clinic hours.
 - Six clinics had health care providers being on-call outside their office hour.
 - Seven clinics thought that approximately fifty to seventy-five percent of their existing patients received regular well child care.
 - Four clinics did not extend active outreach for regular well child care for children who were behind on schedule.
- **Community wide focus group discussions (two groups):**
 - **Barriers to the utilization of well child care:** ability to navigate the healthcare system, cultural barriers, people's attitudes towards preventive medicine, awareness of importance of well child care, and financial burden(cost) of care
 - **Enabling factors to the utilization of care:** building relationships with families, importance of anticipatory guidance, collaboration between providers, indentifying and outreaching population in need, and focusing social pieces of family dynamics.

Implications:

Universal postpartum outreach program (Launched August 2010)

This service was identified at the community wide focus group discussions to outreach vulnerable families regarding the importance of regular well child care. This program would also promote the concept of a medical home, which promotes better health care outcomes of patients; enhance coordination of care and effective use of community resources.

- **Collaborate with local hospital maternity unit (Bartlett Beginnings/Bartlett Regional Hospital)** *“But no one said at the hospital, about well child care. In fact, we had a wonderful nurse, for labor and delivery. A nurse who was giving us all the information right before we went out the hospital, she went through the discharge paper so fast ... So that, she may have said something, but we didn’t get it from there.”*
- **Increase collaboration/partnerships with local clinics, health care providers, and social service agencies** *“..., especially for the highest risk population, is identifying places where the parents have to go, like public assistance, or other sorts of places. That’s where we can capture the audience with information or even to sign them up for it. There are places that population need in order for their own survival needs to attend.”*

Continued Interventions & Evaluations

“it’s not part of historical culture to do that even for us that fairly sophisticated in the system to do and go see a doctor when kids are healthy. On top of that, is that those don’t see a doctor are disproportionately impoverished in some way and that creates another layer of issues and barriers, in terms of people not coming or going to come in.”

- Free (no cost) well child care for underserved children at the Juneau Public Health Center
- Partnerships/collaboration with local providers, social service agencies, & school nurses through coalitions/meetings to promote medical home and regular well child service provision
- Community outreach through health fairs/parenting classes/coalition & meetings participations
- Advocacy at individual/community level (planning a large scale community assessment & local health care system assessment)

Conclusions: This project has been one of our critical focuses of our public health center’s efforts in promoting health and well-being of children, by designing public health nursing interventions through theory and community participation. This project addressed multiple factors including social determinants affecting access to and the utilization of well child care among underserved children. By seeking community participation in our assessment process as well as collaboration with local providers & agencies, we developed relevant interventions to support vulnerable families in the community.