MATERNAL AND CHILD HEALTH BUREAU (MCHB)
SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE (SPRANS)
FINAL REPORT AND ABSTRACT
(Healthy Tomorrow Partnership for Children Program Grant)

PROJECT IDENTIFICATION

Project Title: Clinic in the Park •Connect •Screen •Educate

Project Number: 1H17MC26778-01-00

Grant Number: H17MC26778

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Project Period: 3/1/14 -2/28/19

Total Amount of Grant Awarded: $ 235,636

FINAL REPORT AND ABSTRACT

NARRATIVE:

1. PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS: Clinic in the Park •Connect •Screen •Educate was created as a community collaborative of American Academy of Pediatrics pediatricians, other health, social service, mental health and education professionals to address the increasing health disparities of our low-income Orange County, CA population of children. Our one-stop-shop model of Family Health Expos at community venues is designed to: 1) connect children to public benefits, medical and dental homes, community resources, and legal assistance; 2) perform safety-net screenings; and, 3) deliver health education along with safety equipment. Founded in 2011 with 15 founding "faculty", we have evolved as a large multidisciplinary health collaborative of community-based organizations, academic institutions, public and private agencies and health professional volunteers and students sharing the mission of optimizing the health of children. Our initial funding was from the American Academy of Pediatrics, CATCH (Community Access to Child Health) Program, a 2014 Healthy Tomorrows Partnership for Children project (HTPCP), and local foundation grants. We have sustained and expanded both our scope and breadth of services, based on continuous needs assessments and increasing poverty and health disparities in our community.

Needs: The needs of the Orange County, CA specific target communities have the highest poverty rates, ranging from 18% to 31.5%. Exposure to 2 or more ACES (Adverse Childhood Experiences) is 15.3%.[1] Over 50% of the children live in a household with one or more foreign-born parents, resulting in fears and anxiety of family separation. Furthermore, 11% live in linguistically isolated households. Over 33% of the children are overweight or obese. One in five

[1] Lucille Packard Foundations. Children with Two or More Adverse Childhood Experiences. https://www.kidsdata.org/topic/1927/aces-nsch/table#fmt=2449&loc=365&tf=88&sortColumnId=0&sortType=asc. Kidsdata.org.

children have one or more mental, emotional or behavioral disorders.[2]

All California children irrespective of legal status are eligible for government- funded health insurance – dropping the uninsured to 3.4% overall and 4.3% for Hispanic children.[2] Health insurance, however, does not guarantee access to care. An estimated 10.8% of children did not have a usual source of medical care, representing an increase from 2014. A delay or lack of medical care is estimated at 2.7% overall, but it is higher in our target communities: Anaheim (6.9%), Costa Mesa (8%), Fullerton (6%) and Santa Ana (9,5%). Whether it is for reasons of health, education, economic or language/cultural barriers, only 52% of children are developmentally ready for Kindergarten. The lowest rates are in Clinic in the Park target communities.[3]

Clinic in the Park participated in two hospital CHNA (Community Health Needs Assessments) in our target areas which confirmed data that healthcare access, economic insecurity/housing, mental health, overweight/obesity, and preventive practices were the most significant needs.[4,5] The 2018 Annual Report on the Conditions of Children in Orange County identified significant gaps in health and wellness indicators.[6] The adverse factors affecting our low-income, largely Hispanic/Latino underserved children include: language, health literacy, transportation, and lack of accessibility, availability and affordability of medical care, despite health insurance. A 2017 study conducted by CA State University Fullerton in low-income ZIP codes surrounding the CSUF Center for Healthy Neighborhoods (a project Center) confirmed

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[2] The 24rd Annual Report on the Conditions of Children in Orange County. Orange County Children's Partnership. Orange County California. http://www.ocgov.com/about/infooc/facts/indicators.
[3] County of Orange. Orange County Community Indicators 2018. http://www.ocgov.com/about/infooc/facts/indicators.
[4] Kaiser Permanente Southern California. 2016 Community Health Needs Assessment Anaheim and Irvine. https://share.kaiserpermanente.org/wp-content/uploads/2016/12/2016-KFH-West-Los-Angeles-CHNA_Final.pdf.
[5] Hoag Hospital Irvine, Newport Beach. 2017 Community Needs Assessment. http://www.ochealthiertogether.org/content/sites/ochca/Hospital_Reports/Hoag_CHNA_2017.pdf.
[6] The 24th Annual Report on the Conditions of Children in Orange County. Orange County Children's Partnership. Orange County California. http://www.ocgov.com/about/infooc/facts/indicators.

multiple health care access barriers. These barriers included lack of knowledge of public benefits, navigating health and social services, fragmented medical care due to use of multiple medical providers and private local clinics, educational level, and fears held by the large percentage (93%) of immigrant families.[7] While this study focused on adults, we believe that these same factors are child barriers to healthcare and social services.

Cultural and linguistic needs. Almost 50% of the K-12 students are Hispanic or Latino. The majority, 80% speak Spanish at home.

Literacy and Educational Needs. Overall, only 52.2% of Orange County children are not ready for kindergarten.

Clinic in the Park Family Needs Assessments 2017-18 (UCI Institutional Review Board approved) conducted at our Family Health Expos revealed the following: 1) greater than 66% of families have an annual income of <$24,600; 2) on average, 50% do not have a high school diploma; 3) only 20%-40% of adults surveyed report "good" health status; 4) virtually 100% of the children participate in the Free and Reduced Lunch Program; 5) food insecurity was reported by >25%; 6) on average 40% report needing dental and medical services for themselves and their children, education on child health concerns, including developmental milestones, parenting, injury prevention with safety equipment such as car seats and bicycle helmets, and, healthy eating guidance.

In summary, our target population of largely, low-income children are far less likely to receive the AAP Bright Future Guidelines for preventive care, screenings such as developmental, vision, hearing, oral health, mental and behavioral health, and age-appropriate anticipatory counseling in the domains of nutrition, physical activity, oral health, child development and mental health. Lack of preventive care may result in missed opportunities for

[7] Matza M., Jones J, Latino/a Neighborhood Health Advocates for Health Access. (Copy provided to P. Agran, 9/1/2018.)

early intervention for identified concerns.[8] Again, adverse factors affecting low-income families include: language, education, health literacy, transportation, lack of access to medical homes due to hours of service and availability of appointments, multiple appointments for specific health issues, minimum wage jobs that do not provide time off, fears of leaving the neighborhood, and lack of knowledge of how to navigate health and social service systems – documented with national data[9] and through our local surveys, key informant interviews and local data. These factors are all related to multiple social determinants of health, most notably, persistent and even increasing child poverty.

Title V MCH & Health Tomorrows Priorities. Our Title V MCH strategic plan relates to infant and child health, and crosscutting systems building that relate to access and utilization of health and social services – all align with Clinic in the Park.[9] The Clinic goals are also consistent with The National Prevention Strategy[10] and Healthy People 2020 recommendations and goals regarding access to care, evidence-based preventive services, and community-based prevention services.[11] Orange County is currently engaged in a revision of the Title V MCH strategic plan. We are participating in that process.

2. GOALS AND OBJECTIVES: Specific objectives are listed in the table in results/outcomes section.

Goal 1: Provide OC children & families free/low-cost access to health services in community-based settings via. existing private/public programs, with special attention to local implementation of the affordable health care.

Goal 2: Provide venue(s) where community health organizations, public/private and academic

[8] American Academy of Pediatrics. Council on Community Pediatrics. Poverty and Child Health in the United States. Pediatrics Mar 2016, peds.2016-0339; DOI: 10.1542/peds.2016-0339

[9] Maternal and Child Health California. *https://**www.cdph.ca.gov**/Programs/CFH/DMCAH/CDPH*.

[10] National Prevention Strategy. National Prevention Council. June 2011.www.healthcare.gov/prevention/nphpphc/strategy/index.html.

[11] Office of Disease Promotion and Health Promotion, U.S. Government. https://www.healthypeople.gov/.

institutions and individuals collaborate to provide services in a fixed location and time, accessible to the community.

Goal 3. Develop the Clinic in the Park as a sustainable integral community service to achieve a collective impact on individual and community health.

Goal 4. Advocate for child health at the local, state and national level. (New Goa Y5l)

3. METHODOLOGY: Methods used to attain goals included 1) conducting a pre-project and maintaining an ongoing literature review of similar programs; 2) onboarding external consultant to develop evaluation strategies and measures; 3) creating our extensive database to track activities and outcomes; and training staff in data collection and evaluation. Protocols were submitted to the UC Irvine IRB. Our first IRB study was conducted in Years 1-2. The protocol included an initial survey tool with a follow-up telephone survey 6 weeks after a Clinic. Unfortunately, due to circumstances beyond our control, families changed mobile phone numbers, eliminated home phones, moved and some did not want to participate. While we prepared an abstract, we only had pre-exposure data. By year 5, 100% our Clinics (now framed as Family Health Expos) are at schools, churches or family resource centers. We anticipate that we will be able to follow-up with families at one of our partner resource centers.

Our needs assessment tools was exempt as no PHI is collected. We had to establish protocols for organizations that provided health screens and other services. All of these organizations were HIPPA compliant and compliant with all other patient related procedures. No PHI was provided to Clinic in the Park.

Effectiveness of strategies and activities of the Clinic in the Park program is measured through visitor and collaborator evaluation, tracking services rendered, needs assessments, and counts of visitors. Total visitors and services rendered are compiled after each Family Health Expo and presented to collaborators at collaborator meetings, where partners may provide input on effectiveness and suggest improvements. Needs assessment data is submitted and

analyzed through SPSS using enhanced data entry system. Dr. John Billimek (PhD, Professor UCI, Family Medicine, Health Policy Research Institute) is our Evaluation Consultant. Technical Assistance provided by AAP Consultant Holly Ruch Ross resulted in an upgraded evaluation plan and Evaluation Grid which has been submitted.

In years 4-5 based on input and assessments, we enhanced our Family Needs Assessment and it is IRB approved- exempt, with Al Valdez, PI, Professor UCI as PI and Phyllis Agran, MD as the community partner.

Innovation. An AAP CATCH On Project : Cada Paso, (PI, C. Collins, MD, MPH, FAAP) in New York – a neighborhood resource utilization program has many similarities to Clinic in the Park. The difference in geography of New York and Orange County, CA are such that in New York families walk to resources. In CA resources come to our resource centers. In both communities there is underutilization of resources. Both are innovative projects to increase knowledge and utilization of resources.

Cost. Clinic in the Park is a low-cost community innovation. Approximately 50% of our budget is in-kind services and goods.

4. EVALUATION: Collaborators: Collaborators increased 5-fold from baseline of 15 founding faculty at inception in 2011 to >75 in 2019. Retention of collaborators was >95%. Collaborator value include the following: 1) Recognition of the value of one- stop-shop model; 2) Recognition of cost and time efficient model; 3) Being part of a large health collaborative that is American Academy of Pediatrics - CA Orange County Chapter led (Please see Appendix B); 4) Data collection and Outcomes Reports provided; 5) Building a large, synergistic, collective impact community building project. When we moved to neighborhood resource centers, schools and faith-based venues, the number of collaborators increased to well over 100 because each organization had collaborators that were not part of our organization. This increased the breadth and depth of services and screenings such as women's health, mammograms, domestic

violence and additional FQHC medical mobile units. This is how we have implemented the 2 Generation Approach to child health.

Community Outreach: Our academic partners include 1) UC Irvine Schools of Medicine, Nursing, Public Health, Social Sciences and undergraduate and graduate student organizations; 2) California State Universities Fullerton (CSUF) and Long Beach (CSULB); 3) private health training schools and colleges such as University of San Francisco Nursing Program, University of San Diego-Hahn School of Nursing Program, Vanguard University, West Coast, Ketchum, and most recently a request from Chapman. There was a marked increase in the number of faculty participating as a community engagement experience/training. Many student health professionals continued as project volunteers beyond their internships.

Visitor Participation: The goal was to increase by 5% each year. However, there was a decrease in number of total visitors when we moved from a single location at the Orange County Great Park co-located with the Farmers Market. However, most of these visitors were not underserved and did not "need" access to most services. The number of services per visitor markedly increased from 3 to 11 when Clinic in the Park moved to low-income neighborhood locations, reflective of the tremendous needs of our target population. The capacity of our venues and staff varies, limiting the number of families attending.

As a result of needs surveys, key informant interviews and focus groups with parent leadership groups, we implemented the 2-Generation Approach to care, although in our communities it should be the 3-Generation Approach – many grandparents are in need as well. Services for adults have been progressively added and include medical care, connections to FQHC Family Health Centers, Family Resource Centers, Mammograms, Vision and Dental screens and in some cases actual minor reparative work. Organizations provided counselling and referrals for Domestic Violence, Alzheimer's Disease, Impaired Vision, Fair Housing as examples. The local FQHCs offered glucose, anemia, cholesterol and other screenings and

staff introduced their full services and sliding scale fees to the visitors at our Family Health Expos.

Sustainability: We were awarded 57 grants and raised $901,802.65 from grants since inception. We exceeded the 2:1 HT match in dollars; in-kind services and goods further increase the match ratio. Based on number of grant awards, revenue generated and repeat grants from some funders, the value of our program appears to be realized. We use existing data to calculate the cost of just a sample of services. Ted Miller's Cost of Prevention Data is used for booster seats and bicycle helmets as an example. In 2018 alone, the sample prevention cost savings for booster seats, helmets, vision and dental screening with fluoride varnish was $1,938,792. This does not include potential cost savings of detection of medical conditions such as diabetes, hypertension, obesity with counseling on healthy eating and physical activity, and a host of other potential health relation anticipatory guidance areas. The challenge will be to diversify revenue sources and sustain and integrate into a larger entity. Plans are underway to accomplish this with our AAP Chapter.

Outcomes: Outcomes report for 2018-2019 project end are included in Appendix C and D. The 2018 Calendar (1-12/2018) Impact Infographic is included in Appendix E. Numbers different somewhat from this report which reflects HT 3/18-2/19. In 2018 417 children (parents) were educated and provided hands on fitting for booster seats; 538 learned about bicycle safety/helmet use and were fitted and provided a helmet.

Referrals: Based on data we have and observation, we were successful in providing onsite referrals to each family resource center. The parent and center leaders used Family Health Expos to recruit/enroll at no cost families in their own centers. Our major partner/venue resource center sites are CSUF Center for Healthy Neighborhoods, Hoag Center for Healthy Living, Centralia Unified School District at 3 cities and Higher Ground Youth & Family Services. Two of these venues are co-located with FQHCs; 2 are in Parks; 1 School District has an onsite

neighborhood resource center, an early learning center, the UCI mobile health clinic, and onsite community liaisons who follow-up with families and participate in each Family Health Expo.

Number of residents, interns, and volunteers: In 2018 over 20 pediatric residents in our UCI/CHOC Residency Program participated in our Family Health Expos. The number has progressively increased. We are part of the required Advocacy Rotation. Our AAP-CA, Orange County Chapter funded a resident grant to create the “Power of Positivity” interactive education activity with mini counseling and referrals to mental health resource partners. We are an internship site for public health students who generally participate in a 10-week rotation. These interns learn about collaboration between pediatrics and public health. as well about community engagement. As a result of these experiences, they leave as advocates for our underserved children.

5. RESULTS/OUTCOMES: Major Results. Goal 1: Provide OC children & families free/low-cost access to health services in community-based settings via. existing private/public programs, with special attention to local implementation of the affordable health care.

Objectives
Objective 1.1) Increase the number of Orange County children, 0-12 years and their families accessing Clinic in the Park for 1) enrollment in health insurance and other social services; 2) medical and dental homes, 3) clinical health and preventive services, from baseline of 2,000 Year 1 to 3,200 by Year 5. **Objective 1.2)** Provide 20,000 discrete services annually. **Objective 1.3)** Recruit a minimum of 3 new collaborators a year that meet identified needs.
Results

•**Change in location from a single site to neighborhood venues.**
In years 2-5 we determined that our target population at the initial location – the Orange County Great Park decreased, despite setting up a school bus transportation system to transport families from Title 1 Elementary Schools. Through our continuous **assessments** with families, key informant interviews and focus groups we learned that families preferred to receive services in their neighborhoods in trusted locations such as schools, churches and community resource centers. Many of our collaborators preferred to attend our Health Expos in their own service areas. Furthermore, the medical, dental and other community services that were being promoted were in the neighborhoods and many walkable.
•Clinic in the Park was a new program with the first Clinic (Family Health Expo) in 2012. In 2014 (first year of the HT grant, 4,543 visitors attended but the population, which was >50% low-income did not have the need for many services. In Years 2-5 as we decreased Expos from the original location to neighborhoods. The number of **children and families served** ranged from **3,198 to 3,956**. We **reached the goal of 3,200** which was modified from 4,000. The major limitation is the capacity of each location which varies and is dependent on the weather. Some of the events had to be moved from a park location to a school multipurpose room. Furthermore, it is important for the collaborators to have the time to spend with each visitor.
•In years 3-5 we provided **over 20,000 services annually** and increased the number of services provided to each visitor reaching an average of about 11+ in the last two years. We exceeded the goal of 20,000.

•**Collaborators**
The **Executive Committee** is a smaller group of collaborators and advisors who approve plans and the budget.
The **Advisory Committee** represents the following partners: American Academy of Pediatrics California Chapter 4 and District IX Executive Director (ex officio); the Orange County Health Care Agency, local Title V MCH Director, UC Irvine Schools of Social Science, Public Health, Medicine and Nursing professors; California State University Fullerton, School of Health Sciences Professors, community partners and parent advisory leaders of three resource partner resource centers (Please see Appendix A for full list).
Collaborators. Clinic in the Park was founded in 2011 with 15 "founding faculty." We have far exceeded the goal of recruiting a minimum of 3 collaborators per year.
Recruitment & Retention has been remarkable. We are now over 70 "formal" Clinic in the Park collaborators of community-based organizations; academic, public and private entities; health, social service, and education professionals and students; and parent leaders. We categorized our collaborators into the following: 1) community organizations and parents; 2) health professionals and their students; 3) funders and sponsors; 4) technical assistance. Most new collaborators join by "word of mouth" and wanting to come out of their silos, be part of something larger and realize a synergistic and collective impact. Since each venue brings new collaborators from their own communities, taken together we have well over 100 collaborators. This strategy clearly increases impact and scope of services (Please see Appendix B for list of collaborators).
Meetings with Collaborators were conducted. Initially we conducted monthly meetings but determined that this was not effective. In the last 2 years we changed to quarterly meetings which were better attended. The basic agenda includes: 1) Introduction and round table; 2) updates and debriefings of Family Health Expos; 3) learning about new community services from each new organization or updates on services from a

participant organization; 4) a presentation on a child health issue such as immunizations, immigration, childhood injuries, lead poisoning, safe sleep recommendations, drowning prevention and most recently ACES. As new American Academy of Pediatrics policies are released, we inform our collaborators of the recommendations and tool kits that assist in implementation and policy change.
Procedures. Procedures for vetting new collaborators were established which included a Letter of Interest, in-house review with outside consultation as needed, and then an MOU if a qualified organization. Some organizations were deemed inappropriate and were rejected. We were especially careful to ascertain that if a health screen was done, they was adequate and reliable medical follow-up with case management. Furthermore, those organizations with messaging and recommendations not in conformance with AAP or other professional guidelines were not acceptable.
Dissemination. Outcome Reports are produced after each Family Health Expo and disseminated to collaborators, online and other community stakeholders. (Please see Appendix C, D, and E)

Goal 2. Provide venue(s) where community health organizations, public/private and academic institutions and individuals collaborate to provide services in a fixed location and time, accessible to the community.

Objectives
Objective 2.1) A minimum of 10 service collaborators will participate at each Clinic **Objective 2.2)** Retain 75% of collaborators
Results
•**Sustainable project.** The growth of our large health collaborator has far exceeded our expectations, bringing multidisciplinary collaborators with an aligned mission out of their silos and into Clinic in the Park! Our increase of collaborators is 5-fold. Retention is greater than 95%. We are continually contacted by new potential collaborators. On average we have 25-30 service collaborator organizations at each Family Health Expo. The remarkable growth can be attributed to the following strategies. 1) Adopting the 2+ Generation Approach to pediatric care. Based on our continuous improvement activities, the need to add services for parents and grandparents led to adult services such as portable mammograms with follow-up by the Susan B. Komen Foundation and other participants. Additional partners include Senior Citizen services provided by cities, Alzheimer's local organization, Jamboree Housing and Fair Housing and local law enforcement Domestic Violence Programs. CHIOC - Community Health Initiative, the County Department of Social Services and our family resource centers all offer medical enrollment, retention and case management services. We promote families connecting with their local FQHCs and Family Resource

Centers for total family care, navigation of the health and social service systems and care coordination. Going forward, Clinic in the Park (rebranded as Children's Health Connection) is enlarging its scope by phasing-in providing onsite services at our community venues.
2) Branding of Clinic in the Park as a community partnership. The truly collaborative strategy has led to remarkable success and sustained interest in participating. We have worked with many of our collaborators for >6 years and have generated a team building strategy, where input from each is critical to our success as an organization.
3) Impact Reports. We developed an extensive database in consultation with our external evaluator, UC Irvine Professor, John Billimek. We assume the role of collecting, analysis and reporting results to our collaborators and the larger community. These reports are used by collaborators to support continued participation, grant applications and demonstrating impact. We learned that this a value-added for our collaborators.
Value Added. Our best approach to demonstrating economic value is to use costs of prevention for a sample of services where there are supportive data. The sample of preventive costs used are education and distribution of booster car seats and bicycle helmets, vision exam, oral health exams and fluoride varnish. Building community capacity, and as has been repeatedly conveyed - "This shows the Community cares."
Media. We have our own website – www.clinicinthepark.org and link to our collaborators and AAP-Orange County Chapter website. We participate in social media, send news articles to other organizations and created a newsletter which we have since decided was not a great strategy. Rather we refer to our website and have an article posted on our AAP Chapter website. Personal contact and community presentations to other organizations and our partner resource centers is a most effective strategy. Our PI writes a column Prescription for Child Health in our local newspaper and posts it online and our AAP Chapter newsletter.
Branding. We are "well known" in our community and the larger AAP community. We have been featured in Healthy Tomorrows news and the AAP CATCH program news. In October 2018 we participated in a national HRSA webinar.
Business Plan. Our business and strategic plan has been revised at least annually to reflect our growth, need to increase capacity and secure added revenue.
Professional Development of Team. Each staff member and intern is encouraged/required to attend seminars and conferences aimed at skills building and leadership. Our staff are listed in abstracts and presentations. Our interns submit abstracts on their own projects using our database for student presentations such as the UC Irvine Undergraduate Research Conference. Our PI, Dr. Agran mentors all staff and interns in community engagement, research and production of abstracts.
How to Manual. Our online manual is a living document. Protocols are added and revised as necessary. We have protocols related to planning, implementation and evaluation of Clinics. These are now branded as Family Health Expos and take place at community centers (some co-located with medical and dental clinics, and in parks, at faith-based venues and at schools in our target communities. Additional components of the manual include protocols for vetting a new partner, volunteer recruitment and training, collaborator engagement, data collection, outcomes and impact reports and special procedures for injury prevention tools and safety equipment such as bicycle helmets and car seats for children.

Goal 3: Develop the Clinic in the Park as a sustainable integral community service to achieve a collective impact on individual and community health.

Objectives
Objective 3.1) Four collaborator meetings and educational forums will be conducted annually **Objective 3.2)** A minimum of 3 grants will be submitted annually
Results
Quarterly Collaborator Meetings. Presenters include our own collaborators, UC Irvine and CA State University Fullerton professors. We conduct an evaluation and quality improvement activity at least annually. Reports of each Family Health Expo are presented as an infographic to be shared and disseminated. A minimum of one annual collaborator group evaluation activity is conducted. Other activities include sharing our family needs assessment results conducted at each Family Health Expo, key informant interviews and parent meetings. We share data to demonstrate impact. A major gap has uniformly related to not being able to track whether each child or family member actually connected to the services recommended. **Closing the Loop** has been our next strategy. This requires looking at barriers between referrals and access to services. Part of closing the loop is related to new national immigration policies, new requirements for eligibility to public benefits, concerns about the "public charge" and the need to better assist families and communities with the knowledge and skills needed to improve health and navigate health care. The next phase of Clinic in the Park, rebranding as Children's Health Connection is under development. We believe the best strategies are to 1) "drive" families to our community resource centers and our FQHC Family Health Centers; 2) provide in-depth workshops and education on child health issues to empower parents with the knowledge, skills and practices to improve health and well-being of the family and 3) train the trainer in pediatric health issues so they are better able to both navigate and inform families.

Goal 4: Advocate for Child Health at the local, state and national level (New Goal Y5).

Objectives
Objective 4.1) Train and mentor a minimum of 5 health professional students in community engagement and volunteerism.
Results

Over the course of this grant Clinic in the Park was integrated into the **UC Irvine/CHOC Children's Hospital Advocacy Rotation.** Well over 5 students were mentored each year. Our residents have participated for 4 years. Our residents developed their own Clinic in the Park education and counselling activity – POP (The Power of Positivity). Our AAP Chapter provided a grant to develop and implement POP at our Family Health Expos.

The UC Irvine School of Medicine Pediatric Exercise and Genomic Research Center trains 8-10 students each quarter on healthy eating and physical activity. They provide services as each Family Health Expo.

Clinic in the Park is an intern site for UC Irvine public health students and gap year pre-medical or graduate health professional students.

In 2017-18, 2 gap year students who volunteered with us are now in medical school; one is in a DPN program and continues to volunteer and one is in a graduate program.

Students participate in all aspects of Clinic in the Park: planning, implementation and evaluation, grant writing and presentations and advocacy for children. Our nursing students from both UC Irvine and CA State University Fullerton have gone on to employment of further graduate degrees.

Our volunteers are largely student health professionals; 347 participated in 2018.

Summary Data for 2018 (3/1/2018-2/28/2019): Measuring Progress and Impact

2014-2019 Summary Visitor Data (3/1/14 - 2/28/19)			
Year	**Visitors**	**Services**	**Services/Visitor**
2014	4,543	12,634	2
2015	3,841	16,444	4
2016	3,736	20,687	6
2017	3,198	38,377	12
2018	3,956	42,614*	11
Totals	**19,274**	**130,756**	**7**

*Excludes Food in Pounds and Incentive Items

Visitors Identified by Ethnic Group (3/1/14-2/28/19)	
Ethnicity	**Number of Individuals**
Not Hispanic or Latino	756

Hispanic	2,904
Unrecorded	296
Total	**3,956**

Visitors Identified by Racial Group (3/1/14 -2/28/19)	
Race	**Number of Individuals**
American Indian or Alaskan Native	158
Asian	225
Black or African American	95
Native Hawaiian or Other Pacific Islander	28
White	1,167
Unrecorded	2,283
Total	**3,956**

2018 Family Health Expos (N = 12)		
Date	**Host Site**	**City**
3/10/18	CSUF Center for Healthy Neighborhood	Fullerton
3/25/18	Great Park with Raise Foundation	Irvine
4/10/18	San Marino Elementary School	Buena Park
5/3/18	Danbrook Elementary	Anaheim
6/2/18	River Church	Anaheim
6/23/18	CSUF Center for Healthy Neighborhoods	Fullerton
7/21/18	Shalimar Community Center	West Costa Mesa
7/28/18	Collaborative to Assist Motel Families	Anaheim

8/7/18	National Night Out	Garden Grove
10/20/18	CSUF Center for Healthy Neighborhood	Fullerton
11/17/18	Melinda Hoag Center for Healthy Living	West Costa Mesa/Newport Beach
2/2/19	Higher Ground	Anaheim

Key Services 3/1/2018-2/28/2019 (HT)	
Key Services@ Family Health Expos	**Number of Services**
Child/Adolescent Safety	3,824
Connection to Services	13,473
Dental Services	1,691
Early Literacy	5,238
Emotional Health	849
Enrichment Activities	1,194
First Aid/CPR	194
Health Chats	336
Health Tools	3,201
Health/Household Tools	3,926
Legal Information/Resources	458
Medical Services	2,032
Nutrition and Food	3,249
Parenting Skills	61
Physical Activity	458
Prevention	5,485
Vision Services	146
Total	**42,614**

Final Outcome Summary for Healthy Tomorrows 2014-2019: During the course of this grant we enhanced the system of care for our target population of low-income children by creating a one-stop shop model of providing services from multidisciplinary health, social service, mental health and education providers to connect children and families to medical insurance, medical and dental homes and other public benefits and community resources. In Year 1, we implemented Clinic in the Park at the Orange County Great Park in central Orange County. By

Year 3, based on continuous needs assessments, tracking of visitors and collaborator input, we moved from a single location on the 2nd Sunday of each month to community venues which were more accessible and in the neighborhoods of our target population. In Years 3-5 Family Health Expos were implemented at community resource centers, largely co-located in parks with nearby medical facilities, at Title 1 schools and faith-based venues. This strategy was effective in building community capacity, partnerships, engaging parents, and targeting services to specific needs. While we are pediatric focused, parents and grandparents asked for services for adults. Based on these requests and adherence to the 2-Generation Approach to pediatric care, services were expanded to include collaborators providing connections, screenings (e.g. mammograms and other women's health services) and education on a broad range of health and wellness issues addressing needs of adults. We learned that services must be provided to all generations.

Our *theory of change* is that engagement with the health system through Clinic in the Park increases knowledge, skills and practices of families. By providing services in trusted neighborhood venues within walking distance, connections to resources, public benefits, health screenings, and health education along with tools/equipment increases access and utilization of services.

Health Status Change/Impact: Clinic in the Park contributed to a system change by bringing a health initiative to our poorest under-resourced largely Hispanic/Latino communities. The project contributed to increasing the capacity of our partner communities of resource centers, community organizations, schools, public agencies and medical/dental FQHC's to increase awareness and accessibility of resources. This project contributed to increased accessibility of services not otherwise accessed. By upstream collaboration – broadened scope of services and implementing the 2-Generation Approach – families increased their awareness of community services and the sense that their community cares. Our Collaborators came out of

their silos to form a strong and growing health partnership with pediatricians, academic, health, social and educational institutions community organizations and parent leadership groups to better connect, screen and educate families. Participants at all levels increased their knowledge, skills and practices as a result. By targeting our poorest communities, we addressed health disparities and social determinants of health with a wealth of information and services.

Primary Lesson Learned. Bring services to the community to decrease barriers, increase knowledge and utilization of services, empower families and educate children and families to promote their own health and well-being.

Lessons Learned.

1. Building, growing and retaining a large health and social service collaborative of community organizations, academic, public and private entities and health professional volunteers and students was the key strategy along with being an American Academy of Pediatrics project.
2. Flexibility and pivoting to increase impact. (Change of venue)
3. Protocols and Procedures: Vetting process is necessary for potential collaborators.
4. Data Collection strategies are critical and difficult.
5. Producing Impactful Outcomes Infographics that can be disseminated and used in the form of a one-page infographic is best. Long annual reports are not particularly useful nor utilized.
6. Sustainability requires collaboration, consolidation, and continuous grant writing.
7. Replication – Clinic in the Park can be replicated in other communities.

Outcomes/Next Steps. Clinic in the Park is in the process of rebranding as Children's Health Connection to reflect the systems change we are creating. The upstream strategy is to nest in our Chapter of the American Academy of Pediatrics where the resources to collaborator across our mental health, school health, injury prevention, homeless children and no child hungry

initiatives are housed. By bringing our community collaborative to the Chapter, we are strengthening our community outreach with a strong multidisciplinary community collaborative.

6. PUBLICATIONS/PRODUCTS:

Abstracts: Abstracts have been presented at local and national meetings. The UC Irvine Institutional Review Board approved our family needs assessments. This has been used for over 1 year and is conducted at least annually at each site. Results are incorporated into our Family Health Day Expos and posted on our website (www.clinicinthepark.org). Data from a prior pilot study (UCI Irvine IRB approved was limited due to difficulty in follow-up with families requiring change in methodology. going forward. Follow up data with families has been limited in terms of whether the families actually receive the services to which they are referred is not provided by our partners. We are looking at methods of working with single venues who were able to participate in follow up survey data and focus groups with Clinic in the Park visitors. Special surveys of parent knowledge and practices pre and post booster seat and bicycle helmet education along with distribution are used. Preliminary results are being analyzed. Independent of this project, P. Agran, Founder and Executive Director of Clinic in the Park, is a member of the AAP Executive Committee on Injury and Violence Prevention participates in the writing and review of AAP Policies which impact on issues addressed in this project. Publications of our revised Child Passenger Safety and Drowning Prevention policies have been published. Our PI, Dr. Agran's experience with Clinic in the Park has informed on review comments and discussion.

Abstracts 2014-2019
Agran P, Alix K, et al. Clinic in the Park. Institute of Clinical and Translational Science. UCI 2014 Phillips K, Sarkisy C, **Agran P**, Alix K. Clinic in the Park. Healthy Eating/Healthy Weight Education. UCI, Institute of Clinical and Translational Science, 2014 **Agran P**, Murray S, Alix K. Clinic in the Park: A Venue for Infant Safe Sleep Environment Education. National American Academy of Pediatrics. San Diego,

October 13, 2014.
Agran P. Murray S et al. Clinic in the Park: Public Space for Health, American Academy of Pediatrics, Community Pediatrics Poster Session. 2015
Agran, P, Murray, Billimek, J. Clinic in the Park Mobile, UCI Institute for Clinical and Translational Science. Research Day 2016.
Agran P, Lerner M. School Nurses, School Health. OC School Nurse Association. 2016.
Agran, P, Murray S, Billimek, J. Clinic in the Park Mobile, Community Pediatrics, NCE American Academy of Pediatrics. 2016.
Agran P. Practical Playbook Webinar. Collaboration between public health and pediatrics. 2016.
Agran P. Life Savers Annual Conference. Clinic in the Park and Transportation Safety. 2016.
Agran P, Murray S, Billimek J, Au, T, Kim H. Let's Get Healthy California, CDPH Clinic in the Park, 2017.
https://letsgethealthy.ca.gov/innovation-challenge/clinic-park-goes-mobile/
Agran P, Murray S, Billimek J, Au, T, Kim H. National Playbook Conference. Clinic in the Park 2017.
Practical Playbook: Helping Public Health and Primary Care Work Together to Improve Population Health **(http://www.practicalplaybook.org/success/story/clinic-park-pediatricians-connecting-kids-where-they-play**
Agran P, Murray S, Billimek J, Au, T, Kim H. UC Irvine UCI Institute of Clinical and Translational Science. 2017
Agran P, Valdez A, Murray S, Billimek J, Kim HK. Clinic in the Park and Shalimar Learning Center: A Case Study on a One-Stop Model for Public Health. Poster Session. University of California Irvine, Institute for Clinical and Translational Research, May 4, 2018.
Agran P, Valdez A, Sosa S, Garcia M, Murray S. Children's Health Connection Orange County • Connect • Screen • Educate. UC Irvine, Institute for Clinical and Translational Research, Poster Session. 2019

Brochures: Clinic in the Park Brochures and new branded draft brochure for Children's Health Connection (2019)

Outcome/Impact Reports: Each Family Health Day Expo and the 2018 Impact Infographic is posted on our website (Please see Appendix C, D, and E).

Orange County Profile of Childhood Injury 0-4 years 2018. This document based on our study using CA data is posted on websites (ours and AAPOC Chapter. https://www.aap-oc.org/wp-content/uploads/2018/06/InjuryProfileChart2018-FINAL-BT-06.06.18.pdf and has been shared

and presented at local meetings.

Abstracts have been submitted for consideration at national meetings (AAP and Injury Free Coalition) are pending.

Presentations: (sample of recent presentations)

MCH Maternal and Child Health Training Program: 2018 DMCHWD Grantee Virtual Meeting

"How to Tell Your Program's Story to Key Stakeholders" Clinic in the Park Connect Screen Educate: A Community Collaborative. September 26, 2018 Clinic in the Park was one of three programs invited.

Injury Free Coalition for Kids, Annual Meeting. "Injury Prevention Policies: Success, Gaps & Opportunities." 2018.

Children's Health Connection. Rotary Club Newport Sunrise. 2019.

Drowning Prevention Water Watchers Tag and Flyer in production with Newport Sunrise

Keep Kids Safe Profile of Childhood Injuries – 0-4 Years posted on AAPOC website. https://www.aap-oc.org/wp-content/uploads/2018/06/InjuryProfileChart2018-FINAL-BT-06.06.18.pdf and posted on Clinic in the Park website.

No Child Hungry Materials developed with AAPOC and Clinic ED. Developed text message business card system to connect to food programs and pantries. NEW FOOD "business card" used by pediatricians and Clinic in the Park. https://www.aap-oc.org/initiatives/no-child-hungry/.

Agran Interview for Live Well Magazine. LIVE WELL Keep Kids Safe and Well (Water Safety.http://www.ucirvinehealth.org/-/media/files/modules/publications/live-well-magazine/live-well-magazine-summer-2017.pdf

Electronic Products:

Family Health Day Outcomes Report October 20th, 2018 at St Philips Benizi Church, Fullerton, CA (Please see Appendix C).

Family Health Day Outcomes Report February 2nd, 2019 at Abraham Lincoln Elementary School, Anaheim, CA (Please see Appendix D).

2018 Impact Outcomes Report (Please see Appendix E).

Advisory Committee. Advisory committee member, David Nunez, MD, MPH is Director of Family Medicine, Orange County Health Care Agency is the MCH Title V County Director who is in touch with the State. Other members represent elected officials, AAP, academic and community organizations (Please see Appendix A for a complete list).

Professional Development and Training. Our staff attends the American Academy of Pediatrics and Healthy Tomorrows webinars, and local coalition meetings

Policy Development. We work with our local Health Care Agency, the State Department of Public Health and American Academy of Pediatrics local, state and national. Specifically, project team members, Drs. Sandra Murray and Phyllis Agran are on the California Essentials for Childhood Action Leadership CDC funded project. Dr. Murray, Child Abuse Pediatrician, is on the local SCAN Teams at our hospitals, the County Death Review Team and Perinatal Council. Dr. Agran chairs the AAPOC Committee on Injury and Violence Prevention, and participates on the State Government Affairs Committee CA. Both provide testimony at local policy maker meetings such as school boards and city councils promoting child health policies.

Research, Evaluation, and Quality Improvement. Our health professionals participate in these activities within their own organizations. With TA from Healthy Tomorrows, we constructed our Clinic in the Park Evaluation Grid which includes quality improvement. Methods used include surveys and data collection at Clinics, key informant interviews, and collaborator and advisory committee meetings.

Product Development. AAPOC, Clinic in the Park and collaborators develop and provide products and materials for families, including our Keep Kids Safe Injury Prevention parent materials, safe sleep and safe sleep messaged infant “onesies,” materials and posters. Drowning prevention, burn and poison prevention materials are produced. Our student nurses develop parent education materials for families are included with the Chat with the Nurse station. Our pediatric residents produced the “Power of Positivity” station which include stress identification and reduction activities and referrals for children/families. These are examples of products.

7. DISSEMINATION/UTILIZATION OF RESULTS: Results are shared with Collaborators and community stakeholders. Outcomes Reports are posted on our website (examples are included in Appendix C, D, and E). News articles are submitted for our AAP Chapter newsletter. Materials are brought to meetings in the community and to our pediatric residents and other health professionals.

8. FUTURE PLANS/SUSTAINABILITY: In the course of this project we submitted 57 grants and exceeded the 2:1 Healthy Tomorrows matching requirement in cash alone. Over 50% of our budget is volunteer services and in-kind goods. We continue with aggressive grant writing. We plan to consolidate with our related AAP - California Orange County related initiatives and build larger projects with fund development strategies. We currently are working on a new AAP-CATCH Planning Grant to assist in our next phase – Children’s Health Connection an AAP-OC Project. We are grateful to the Healthy Tomorrows Partnership for Children 2014-2019 opportunity.

ANNOTATION

Clinic in the Park •Connect •Screen •Educate is an American Academy of Pediatrics local pediatrician-led collaboration of health, social service and education professionals, community-based organizations and academic institutions designed to address the health needs of underserved children and families. Clinic in the Park contributed to a system change by bringing a health initiative to our poorest under-resourced largely Hispanic/Latino communities. The project contributed to increasing the capacity of our partner communities of resource centers, community organizations, schools, public agencies, faith-based organizations and medical/dental FQHC's to increase awareness and accessibility of resources.

KEY WORDS

Community

Health

Connect

Screen

Educate

Underserved

MATERNAL AND CHILD HEALTH BUREAU (MCHB)
SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE (SPRANS)
FINAL REPORT AND ABSTRACT
(Healthy Tomorrow Partnership for Children Program Grant)

PROJECT IDENTIFICATION

Project Title: Clinic in the Park •Connect •Screen •Educate

Project Number: 1H17MC26778-01-00

Grant Number: H17MC26778

Project Director: Phyllis Agran, MD, MPH

Grantee Organization: OneOC

Address: 1901 E. 4th Street. Santa Ana, CA 92905

Phone Number: 714 329 2180

E-mail Address: phyllisagran@gmail.com

Home Page: www.clincinthepark.org

Project Period: 3/1/14 -2/28/19

Total Amount of Grant Awarded: $ 235,636

4. ABSTRACT OF FINAL REPORT

PROJECT ABSTRACT:

Summary: Clinic in the Park is a health, social service and community/family collaborative. The target population is low-income, largely Hispanic/Latino children in our poorest communities. The one-stop-shop model of family health expos is designed to connect children to a medical home, public benefits and community resources, perform safety-net screenings; and, deliver health education along with safety equipment.

Problem: Gaps in Access to Health and Social Services. The adverse factors affecting our target population of children include: language, health literacy, transportation, and lack of accessibility, availability and affordability of medical care, despite health insurance. Consistent with American Academy of Pediatrics Bright Futures Guidelines for Health Supervision, Clinic in the Park at Family Resource Centers is envisioned as integral part of the medical home approach to pediatric care.

Goals and Objectives.

1. Provide OC children & families free/low-cost access to health services in community-based settings via. existing private/public programs.
2. Provide venue(s) where community health organizations, public/private and academic institutions and individuals collaborate to provide services in a fixed location and time, accessible to the community.
3. Develop the Clinic in the Park as a sustainable integral community service to achieve a collective impact on individual and community health.
4. Advocate for child health at the local, state and national level. (New Goal)

METHODOLOGY: Clinic in the Park built a collaborative of community organizations, academic, public and private entities, health professionals and students and parents to plan, implement and evaluate the project. Assessment tools in English and Spanish were produced to assess

needs, track outcomes and modify program components. Collaborator input, key informant interviews and informal meetings were part of the methodology.

COORDINATION: Project Coordination was accomplished by Clinic in the Park Team in collaboration with the Executive Advisory and Clinic Collaborator Committees (Please see Appendix A and B for Advisory and Collaborator lists).

EVALUATION: Metrics include data tracking of services, referrals, connections, screenings and education. Additional measures included collaborator retention/recruitment, pediatric resident, nursing and public health student and faculty involvement and family involvement, grants submitted, and revenue generated to sustain.

RESULTS/OUTCOMES: During the grant period, 19,274 visitors received 130,756 services related to connections to benefits and resources, health screenings, and education along with select safety equipment. By moving from a single location to neighborhood resource centers, schools and faith-based organizations we reached the poorest, most underserved communities with significant health disparities and needs. Collaborator retention was >95%; the number of collaborators increased 5-fold. and the number of services increased over >3-fold. Sixty grants were awarded. A sustainable project was created.

PUBLICATIONS/PRODUCTS: Products included a website, social media, periodic newsletter, educational materials, assessment tools, abstracts and posters presented at AAP section meetings, Injury Free Coalition for Kids, UC Irvine, and the MCH Annual Training Conference. An Orange County profile of childhood injuries 0-4 years 2018 was produced. An online living manual with protocols is ongoing to assist in replicability. A new brochure with new branding was produced at project end.

DISSEMINATION/UTILIZATION OF RESULTS: Multiple methods of dissemination were used and included 1) outcomes reports provided to collaborators and posted online; 2) newsletter articles and articles for our AAP Chapter newsletter, Healthy Tomorrows and CATCH; linkages

to other websites; presentations for collaborators, community organizations, potential funders, and data critical to grant applications.

FUTURE PLANS/SUSTAINABILITY: This grant award was critical in building our capacity to sustain and modify the project. Clinic in the Park contributes to a system change by bringing a health initiative to our poorest under-resourced largely Hispanic/Latino communities, building knowledge, skills and practices of families, resource centers, community organizations, and schools to empower families with the knowledge and tools needed to better navigate health, social and education services.

We are rebranding as Children's Health Connection as an AAP Orange County Chapter project with plans to collaborate with our Chapter initiatives on mental health, early literacy, homeless children, food insecurity and injury prevention to create larger institutionally based programs with diversified revenue.