

MATERNAL AND CHILD HEALTH BUREAU (MCHB)  
SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE (SPRANS)

PROJECT IDENTIFICATION

Project Title: *Healthcare Without Walls Expansion*

Project Number: H17MC28292

Project Director: Laura Wells, LCSW

Grantee Organization: Innovative Solutions for Disadvantage & Disability

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Project Period: March 2015-February 2020

Total Amount of Grant Awarded: \$128,583

## ABSTRACT OF FINAL REPORT

### PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH

(MCH) PROGRAMS: The goal of Healthcare Without Walls Expansion (HWW-E), was to establish a replication protocol for a program which improves the health and well-being of children who have experienced homelessness by providing health screenings for early identification of health issues, improving parental child health literacy and ensuring children have a medical home. Starting with the change in scope in March 2017, we worked to identify possible partners where we could expand the program and were able to locate and establish an MOU with a program of the Cobb/Douglas Community Service Board called Mothers Making a Change. We were also able to replicate the program with a slightly different model, utilizing a one-day workshop and clinic, at the Donna Center for Women and Mary's Heart. The Donna Center for Women is a transitional homeless shelter for women and children that is an offshoot of Mary Hall Freedom House. Mary's Heart is another program run by Mary Hall Freedom House, it is permanent housing for formerly homeless women with children.

### GOALS AND OBJECTIVES:

The goal of Healthcare Without Walls Expansion was to establish a replication protocol for a program which improves the health and well-being of children who have experienced homelessness by providing health screenings for early identification of health issues, improving parental child health literacy and ensuring children have a medical home. The objectives were: 1) the health and well-being of children who have experienced homelessness is improved and 2) parents who have experienced homelessness have increased pediatric health knowledge.

METHODOLOGY: Our main activity to improve the health outcomes for formerly homeless children was to provide a pediatric outreach clinic at the residential treatment shelter where their mothers were living. At this

clinic the children received well-checks, developmental screening and hearing and vision screening. The children's mothers received assistance in obtaining health insurance and services for their children and referral assistance to locate and establish a relationship with a primary pediatrician for their children. In addition, the family was provided referrals for specialty care and social services as needed. Social workers followed up to ensure the mothers did not encounter obstacles in establishing and attending appointments.

Our main activity to increase pediatric health knowledge was to train parents in child health through a 6 hour health literacy curriculum designed in one-hour modules that promoted discussion as well as retention of subject material. Each participant was given a curriculum manual to utilize during the Health Literacy Training and to keep as a resource guide whenever they left the program.

**EVALUATION:** Multiple tools were utilized to track that children received appropriate health screenings, were up-to-date with immunizations and had a primary pediatrician. In addition, we tracked whether mothers health literacy knowledge improved with a pre- and post-test assessment as well as a client satisfaction survey.

**RESULTS/OUTCOMES:** We saw 80 children in the pediatric outreach clinic at Mother's Making a Change and the Donna Center for Women from 2017 to 2020. We had 127 mothers participate in the Health Literacy Training at those locations during the same time period. Of the 127 mothers, 87 completed all six modules and 40 completed 3-5 modules (missed class due to doctor's appointments, illnesses, etc). All of the goals and objectives of the HWW-E project were successfully met. Immunization completion status of the children increased from 81% complete at the start of the HWW-E project to 95% upon exit from the HWW-E program. The percentage of children who had a primary care pediatrician upon entry to the HWW-E program was 71% and this rose to 98% upon exit from the HWW-E program. For the HWW-E mothers, their increase in health literacy knowledge was on average between 12-25% each month. On their self-report, HWW-E mothers reported feeling either very confident (75%) or confident (25%) in their ability to meet their child's health needs

after participation in the program.

**PUBLICATIONS/PRODUCTS:** The main product from this project is our Health Literacy Training curriculum manual developed by ISDD staff with the assistance of a pediatrician. We also developed pre- and post- tests for this training manual for each of the 6 modules and a client satisfaction survey that was given to each of the women who completed 6 modules.

**DISSEMINATION/UTILIZATION OF RESULTS:**

We participated in a Convening of Maternal and Child Health professionals and leaders in October 2019 to discuss the impact of our project and were invited to present our project at the 2020 Connections Health Equity: Setting the Table Conference organized by the Healthcare Georgia Foundation in March. Unfortunately the event was cancelled due to the COVID-19 pandemic and has not been rescheduled.

**FUTURE PLANS/SUSTAINABILITY:** We have been able to execute an MOU with Mary Hall Freedom House to continue delivery of our Health Literacy Training to their clients enrolled in the RISE program for women with children and/or who are pregnant. We were unable to locate additional funding to continue the program at Mother's Making a Change or the other Mary Hall locations.

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PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS: Our original project Healthcare Without Walls-Veterans was conceived to address the need to increase access to primary pediatric and mental healthcare for children of veterans, particularly those who are homeless, and reduce their utilization of emergency rooms for non-emergent health problems. The project was modeled after a successful Healthy Tomorrow's Partnership project to improve the health of at risk children and increase maternal health literacy of mothers who were enrolled in substance abuse treatment programs at Mary Hall Freedom House. However, in the second year of the project it became clear that we were unable to access the amount of veterans we needed for a successful project. At that time, we requested a change in scope for our grant. For our new grant, we proposed implementing the successful HWW project at Mary Hall Freedom House at a new residential treatment facility.

We knew from experience that the Healthcare Without Walls model produces positive results for children who have experienced homelessness when we have a:

- a. housing partner agency providing access to a service population and space for clinical services and training
- b. required participation training program that can include our health literacy training.

The goal of our new scope, called Healthcare Without Walls Expansion (HWW-E), was to establish a replication protocol for a program which improves the health and well-being of children who have experienced homelessness by providing health screenings for early identification of

health issues, improving parental child health literacy and ensuring children have a medical home. Starting with the change in scope in March 2017, we worked to identify possible partners where we could expand the program and were able to locate and establish an MOU with a program of the Cobb/Douglas Community Service Board called Mothers Making a Change. We were also able to replicate the program with a slightly different model, utilizing a one-day workshop and clinic, at the Donna Center for Women and Mary's Heart. The Donna Center for Women is a transitional homeless shelter for women and children that is an offshoot of Mary Hall Freedom House. Mary's Heart is another program run by Mary Hall Freedom House, it is permanent housing for formerly homeless women with children.

*The program was funded under the following program priorities:*

Healthcare Without Walls Expansion (HWW-E) was funded under the following program priorities:

- Assure access to quality care, especially for those with low-incomes or limited availability of care;
- Increase the number of children receiving health assessments and follow-up diagnostic and treatment services; and
- Provide and ensure access to preventive and child care services as well as rehabilitative services for certain children.

*Relationship to the Title V MCH Program and State AAP Chapter*

From the outset we involved the State Title V program and recruited the director of the Maternal and Child Health Section of the Georgia Department of Public Health as an Advisory Council member. In this role she was able to guide and facilitate a relationship with the State Title V programs and

priorities. Georgia AAP Chapter's CATCH Co-Chair, Lilly Immergluck, MD, also served on the project Advisory Board.

## GOALS AND OBJECTIVES:

### Goal of Healthcare Without Walls Expansion

The goal of Healthcare Without Walls Expansion was to establish a replication protocol for a program which improves the health and well-being of children who have experienced homelessness by providing health screenings for early identification of health issues, improving parental child health literacy and ensuring children have a medical home.

### Objectives of Healthcare Without Walls Expansion

1. Health and well-being of children who have experienced homelessness is improved.
2. Parents who have experienced homelessness have increased pediatric health knowledge.

## METHODOLOGY:

### Activities for Objective #1: Health and well-being of children who have experienced homelessness is improved.

Our first activity for this objective was to provide well child/infant exams. Many children who have experienced homelessness do not have or utilize a regular doctor or medical home. Often parents rely on use of the emergency room for this reason. These children are often treated only when a problem arises, and do not have anyone looking at the big picture of their health or any prevention measures. Parents are struggling just to make ends meet on a daily basis and often are unable to get their child to a primary pediatrician's office due to lack of insurance, transportation or time off from work. By bringing a medical clinic to the residential program where women are residing with their

children, we eliminated many obstacles the women faced in getting their children to a pediatrician. We met families where they were, in an environment that was comfortable for them.

Our second activity was to utilize the clinic visits with the HWW-E children to screen for developmental delays, hearing and vision problems. At the medical clinic we provided at the residential shelters, children were seen by both a pediatrician and a social worker. This allowed the pediatrician to focus on health issues while the social worker performed a developmental screening using the online PEDS screening in use by many pediatric offices nationally. If developmental delays were noted, parents were given a referral for evaluation and treatment to Babies Can't Wait if their child was under the age of 3 or to the local public school system if the child was 3 or older. Children were also given a hearing screening and a vision test, which not only identified possible problems needing referral but also gave the parents needed information to enroll their child in the local school district.

Our third activity was to assist the HWW-E parents in obtaining health insurance and services for their children. Some children and their parents arrived at the residential shelter with no health insurance. Often, treatment/residential program staff were too overwhelmed to allow access to a phone or computer in a timely manner for the parent who needed to apply for Medicaid. Often the parents had no idea how to access Medicaid on their own. The HWW-E social worker was able to identify which children did not have insurance at HWW-E clinic appointments and assist the parents in applying for Medicaid through the Georgia Gateway online application or provide them with the information and address to apply at the closest Department of Family and Children Services offices to the residential program.

Our fourth activity was to help the HWW-E parents establish a medical home for their children. If a parent reported that their child did not have a primary pediatrician or could not see their pediatrician

due to being far away from where they lived, the social worker assisted them with a local referral. If the parent did not have access to a phone at their program, the social worker would call and set up an appointment for the parent and let the program staff know of the appointment time to ensure transportation. In the Health Literacy training, one of the modules also discussed with parents the importance of a medical home and how to locate and utilize an appropriate practice. Parents who could identify why well-checks and immunizations were important were more likely to keep their children's doctor's appointments and keep their child's immunizations up to date.

The fifth activity was to facilitate referrals for specialty care and social services for the HWW-E children and families. In addition to referring for developmental evaluations, if a health concern identified by the HWW-E pediatrician required an evaluation or follow-up with a specialist, the HWW-E social worker was able to provide the parent with a local referral and assist with setting up an appointment for the child. If the parent identified other services they needed such as clothing or food, the social worker assisted the parent in those referrals as well. In addition, ISDD has a partnership with the Helping Mamas baby bank and if there was a need for baby items for a pregnant resident, the HWW-E social worker often provided those items after picking them up from the Helping Mamas program and delivering them to the Mothers Making a Change participant.

The sixth activity was to provide follow-up support to ensure service utilization. After the clinic visit, the HWW-E social worker checked in with the parent to follow-up on any referrals provided and to check that appointments were attended or rescheduled if missed.

Activities for Objective #2: Parents who have experienced homelessness have increased pediatric health knowledge.

Our first activity to increase pediatric health knowledge was to train parents in child health through a 6 hour health literacy curriculum. In 2016, we modified the Health Literacy Training from its original format of a one-time 5 hour workshop to the format of 6 1-hour modules taught weekly at Mary Hall Freedom House. This format seemed to work much better to enable in-depth discussion of the content with the participants, as well as to increase retention and learning in smaller chunks over time. This is the format that we implemented from the start in 2017 with our new HWW-E partner, Mother's Making a Change. The modules were presented in order and repeated continuously so that whenever participants came to the Mother's Making a Change program they could begin with that module and finish after they had completed all six modules. Our program utilized a licensed clinical social worker with over 20 years of facilitating groups to present the material to the participants.

The topics that were presented were:

Module 1: Introduction to Healthcare

Module 2: Healthcare Providers

Module 3: Child Development

Module 4: Prevention of Illness

Module 5: Medication Safety

Module 6: Community Resources

The second activity was to provide the HWW-E parents with a health literacy resource guide. Our Health Literacy Training manual containing all six modules was provided to each participant when they joined the class. They were given the manuals to utilize during the Health Literacy Training and to keep as a resource guide whenever they left the program. Participants were encouraged to highlight or circle resources throughout the training so they could come back to them later as needed. Many participants commented that they wished they had had this as a guide book when their child was born!

Our third activity was to have the HWW-E mothers complete pre- and post-testing to measure knowledge gained. Each module of the Health Literacy Training program had a pre- and post-test. Participants were asked to answer 6 questions before we discussed the module, and then they completed the same 6 questions after the hour of reviewing the material was over. This testing allowed us in real time to determine if participants were learning anything in case we needed to adapt the material provided in the Health Literacy Training.

The last activity was to have the HWW-E mothers complete a client satisfaction questionnaire. When participants finished all 6 modules, they were asked to complete a client satisfaction survey to determine what they found helpful and whether they felt more confident as a parent meeting their child's health and developmental needs. This survey allowed us to continually monitor how the program was going and if we needed to modify any components of the Health Literacy Training.

EVALUATION: Multiple tools were utilized to track that children received appropriate health screenings, were up-to-date with immunizations and had a primary pediatrician. In addition, we tracked whether mothers health literacy knowledge improved with a pre- and post-test assessment as well as a client satisfaction survey.

We utilized an Excel spreadsheet to track whether the HWW-E children received appropriate health screenings. As children entered the Mother's Making a Change program, program staff alerted the HWW-E social worker. Staff from both programs worked together to determine when clinics would be provided so that we could maximize the volunteer pediatrician's time. We tracked which children were seen by the HWW-E clinic in order to ensure all of them received at least one screening.

In order to track whether the HWW-E children were up-to-date with immunizations, when children entered the program the HWW-E social worker looked in the Georgia Registry of Immunization

Transactions and Services (GRITS) and logged in the clinic spreadsheet whether the child was currently up to date on immunizations or not. Once seen by the HWW-E clinic pediatrician, parents were informed what immunizations were needed and the HWW-E followed up with them to determine if they were received. When the participants left the program, the HWW-E social worker looked in GRITS to determine if the child was up to date upon leaving the program and logged this information in the Access database.

When children were seen in the HWW-E clinic, it was noted in the Excel spreadsheet if they did not have a local primary care physician. At the clinic visit, a referral to a local pediatrician was provided to the parent. Assistance was provided in setting up an appointment with a local pediatrician if needed due to lack of phone access. The HWW-E social worker followed up with the parent to determine if the appointment was kept or if further assistance was needed.

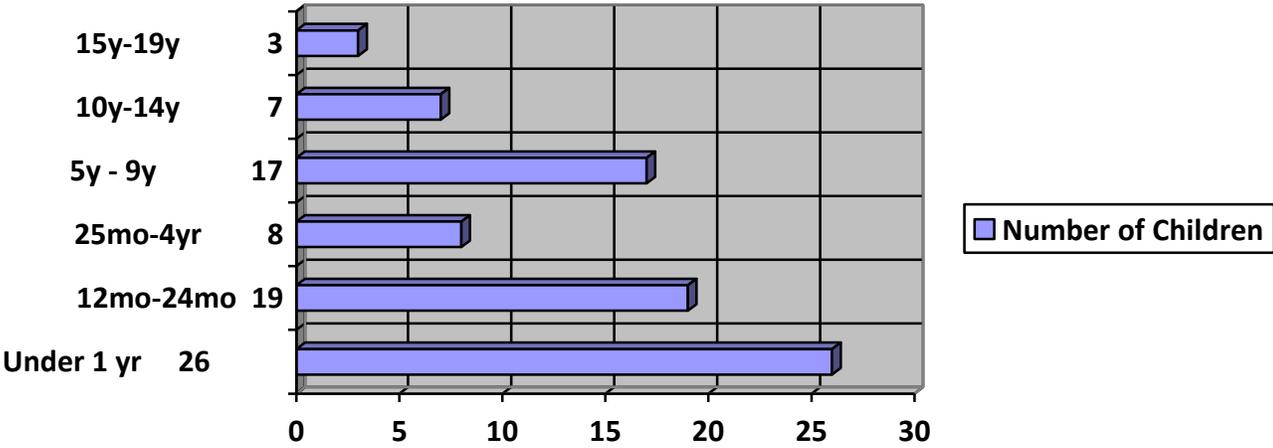
In order to measure the HWW-E mothers' pediatric health knowledge, each module of the Health Literacy Training program they completed had a pre- and post-test. Participants were asked to answer 6 questions before we discussed the module, and then they completed the same 6 questions after the hour of reviewing the material was over. This testing allowed us in real time to determine if participants were learning anything in case we needed to adapt the material provided in the Health Literacy Training. At the end of each grant year, percentage of knowledge gained by the participants was determined.

In addition to the pre and post testing, client satisfaction surveys also measured the impact of program on mother's health literacy knowledge and indicate areas for improvement. Clients completed the satisfaction survey after completion of all 6 modules or after 6 weeks in the Health Literacy Training program. This survey measured what they thought of the information presented in

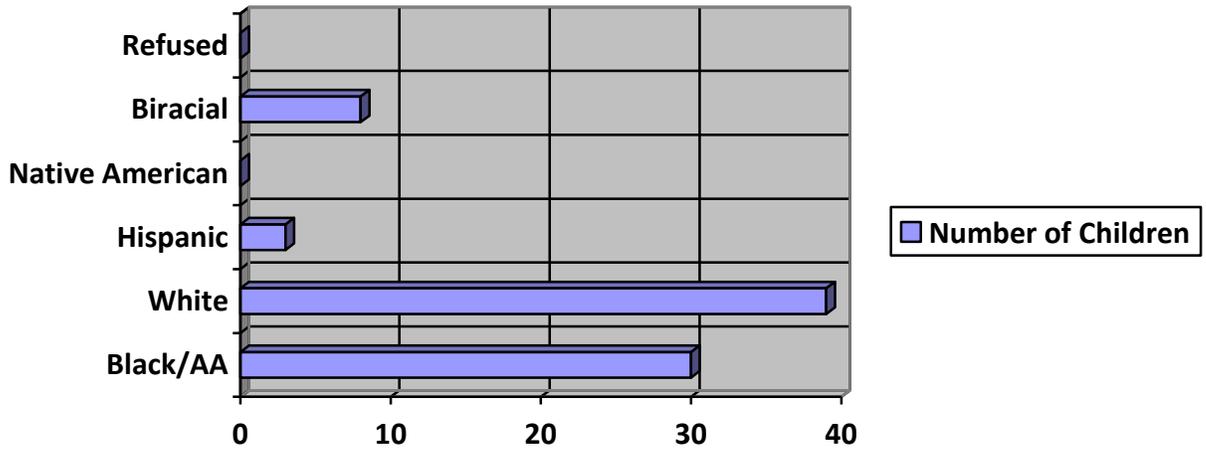
the program, what information was most helpful to them and also how confident they feel addressing their children’s healthcare needs both before and after the program.

**RESULTS/OUTCOMES:** We saw 80 children in the pediatric outreach clinic at Mother’s Making a Change and the Donna Center for Women from 2017 to 2020. We had 127 mothers participate in the Health Literacy Training at those locations during the same time period. Of the 127 mothers, 87 completed all six modules and 40 completed 3-5 modules (missed class due to doctor’s appointments, illnesses, etc). The age and race breakdown for the children and mothers who participated are as follows.

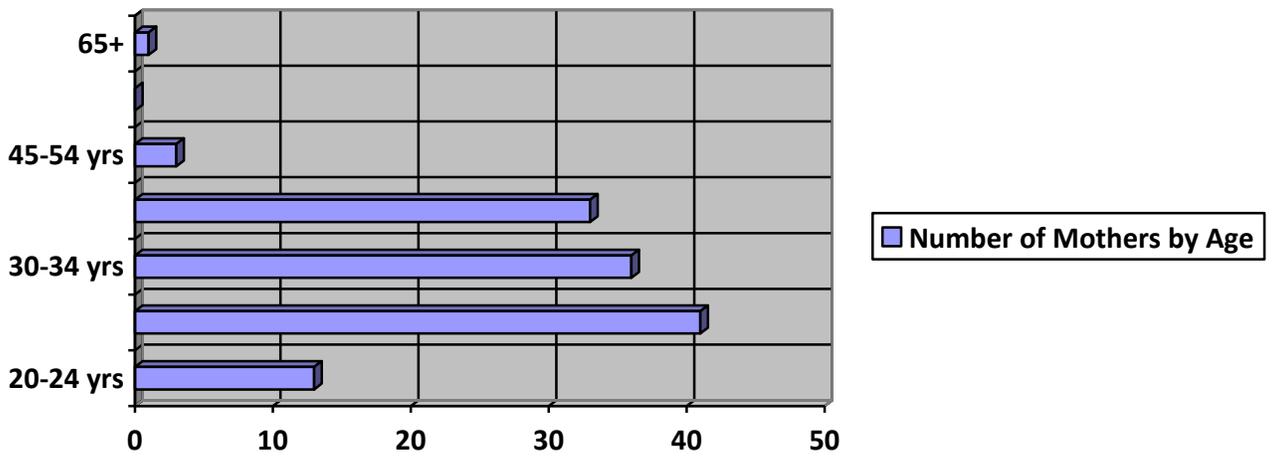
**Age of Children seen:**



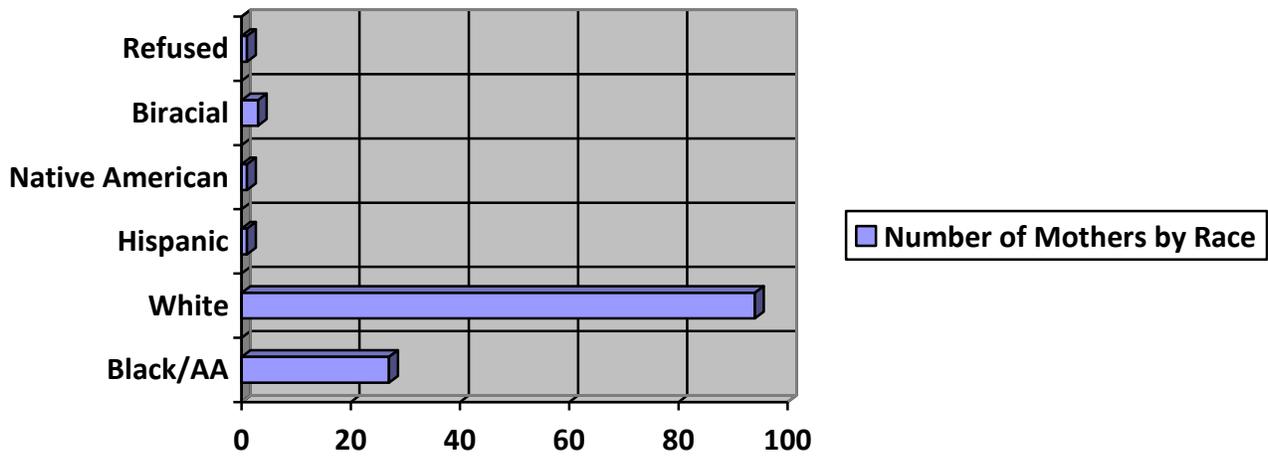
**Race of Children Seen:**



**Age of Mothers Participating in Health Literacy Training:**



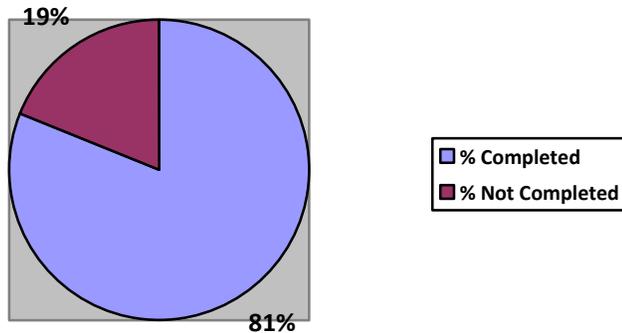
## Race of Mothers Participating in Health Literacy Training



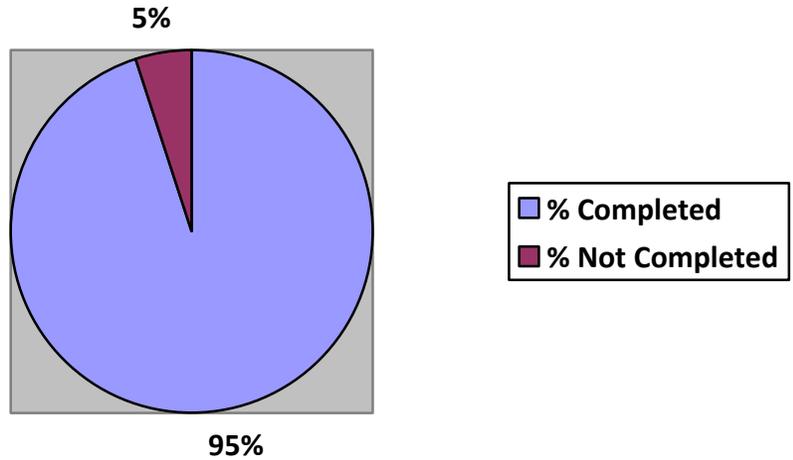
Of our stated goal and objectives listed above, we met our goal and were successful in all the outcomes of our HWW-E grant proposal.

Immunization Status: Of the total 80 children seen during this grant period, 65 did not have completed immunizations upon entry into the HWW-E program. On exit from the HWW-E program, 76 of the 80 children had completed immunizations.

**Percentage of Children having completed immunizations prior to HWW-E program:**

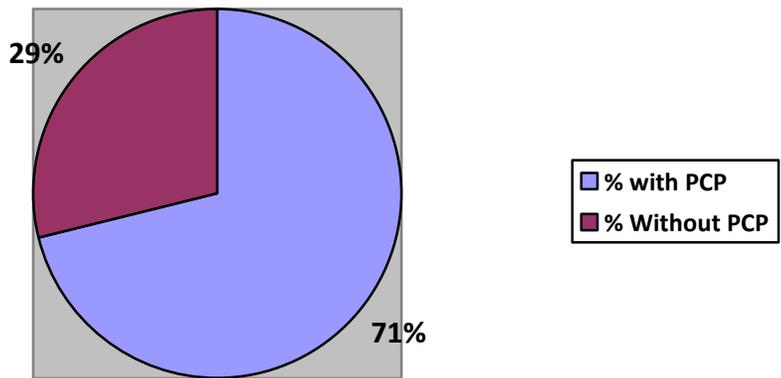


**Percentage of Children having completed immunizations on exit of HWW-E program:**

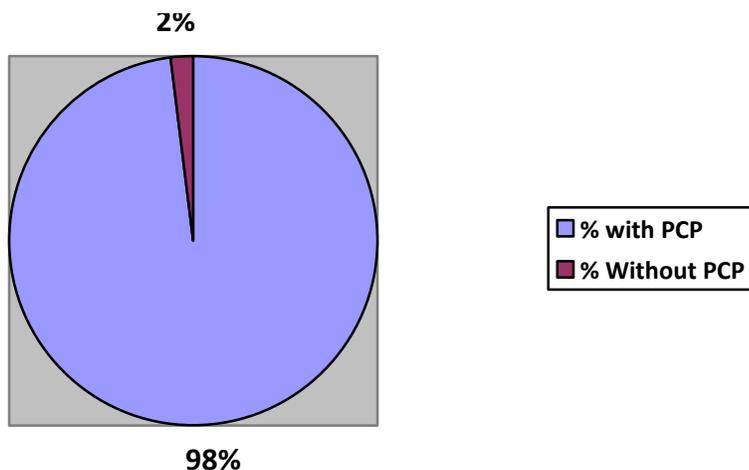


Primary Care Physician Status: Upon entry into the HWW-E program, 57 out of 80 children seen did not have a local primary care physician. Upon exit from the HWW-E program, 78 out of 80 children had a primary care physician or a referral to one.

**Percentage of Children with a Primary Care Physician prior to HWW-E program**



### Percentage of Children with a Primary Care Physician upon exit from the HWW-E program



Increase in Pediatric Health Knowledge. For the Health Literacy Training, the data over 3 years of pre- and post-tests was analyzed and found that the overall pre to post mean difference is a 18-percentage point increase and the consistent increase from pre to post assessments shows that the participants had a mean monthly increase between 12 and 25 percentage points.

**Analysis of data:** The data for the pre means and the post means for each module in the time period were examined. There were a total of 449 comparisons of pre and post means during the period due to the start of the MMC program in September of 2017. The participants showed a statistically significant increase in module mean scores from pre to post ( $t= 24.42, p<.000$ ). The overall pre mean was 75.26,  $SD = 18.18$ , and the post mean was 93.37,  $SD = 11.43$ . In summary, this is a mean increase of 18 percentage points during the reporting period. In addition, the means by module were examined. Below, the 6 modules are shown with the pre and post means,  $SD$ , and  $N$  for each module. In all cases, the modules had a higher post mean than the pre mean.

## Descriptive Statistics

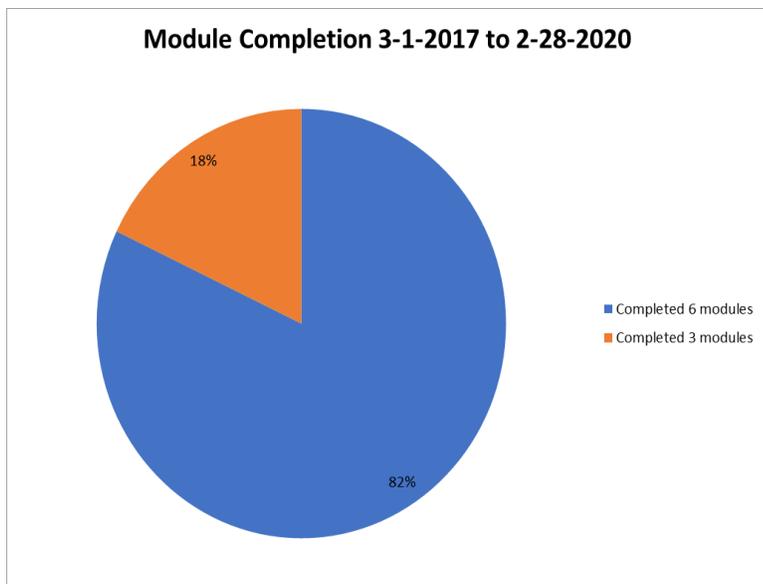
Module		Mean	Std. Deviation	N
1	Pretest	75.59	17.04	69
	Posttest	96.33	9.04	69
2	Pretest	69.88	16.13	67
	Posttest	95.72	9.40	67
3	Pretest	80.17	16.02	70
	Posttest	92.56	13.84	70
4	Pretest	82.44	16.06	75
	Posttest	96.85	7.23	75
5	Pretest	80.95	14.46	81
	Posttest	95.43	9.16	81
6	Pretest	60.52	17.82	87
	Posttest	84.95	13.16	87

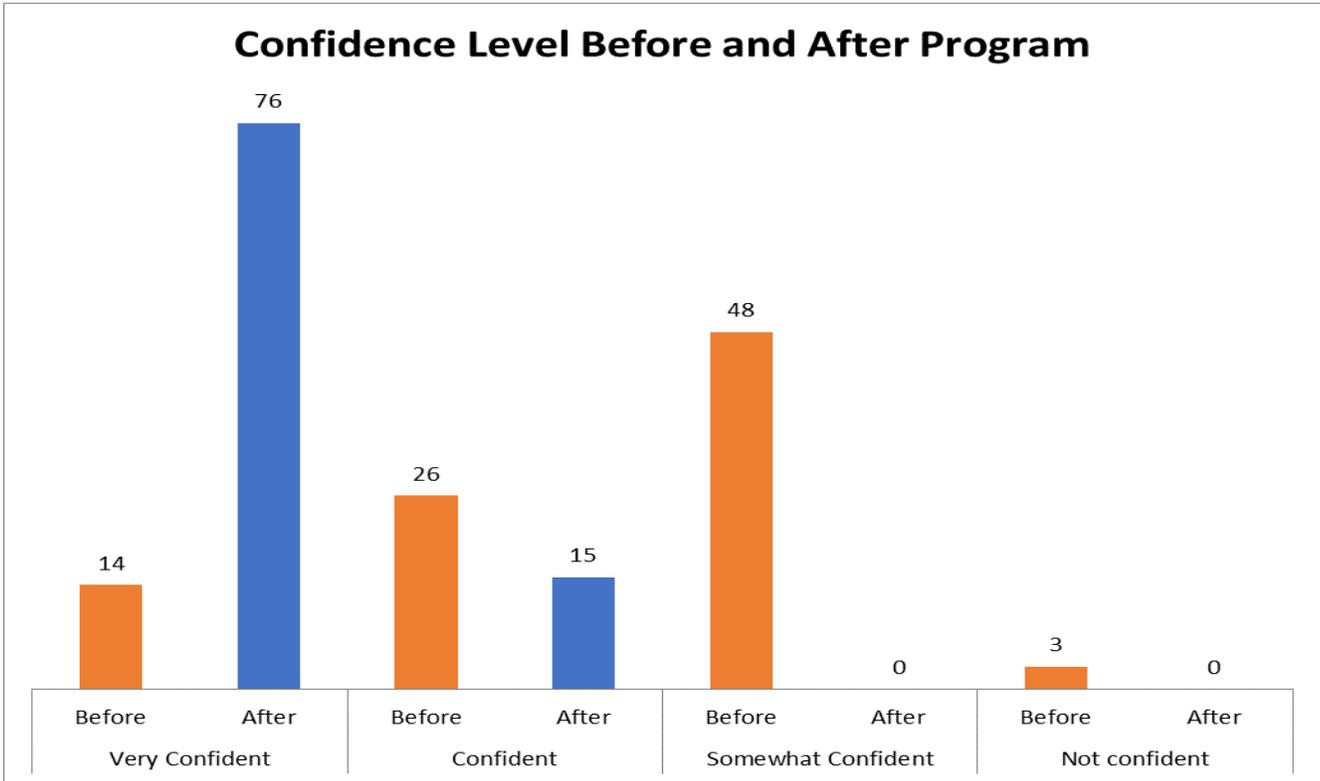
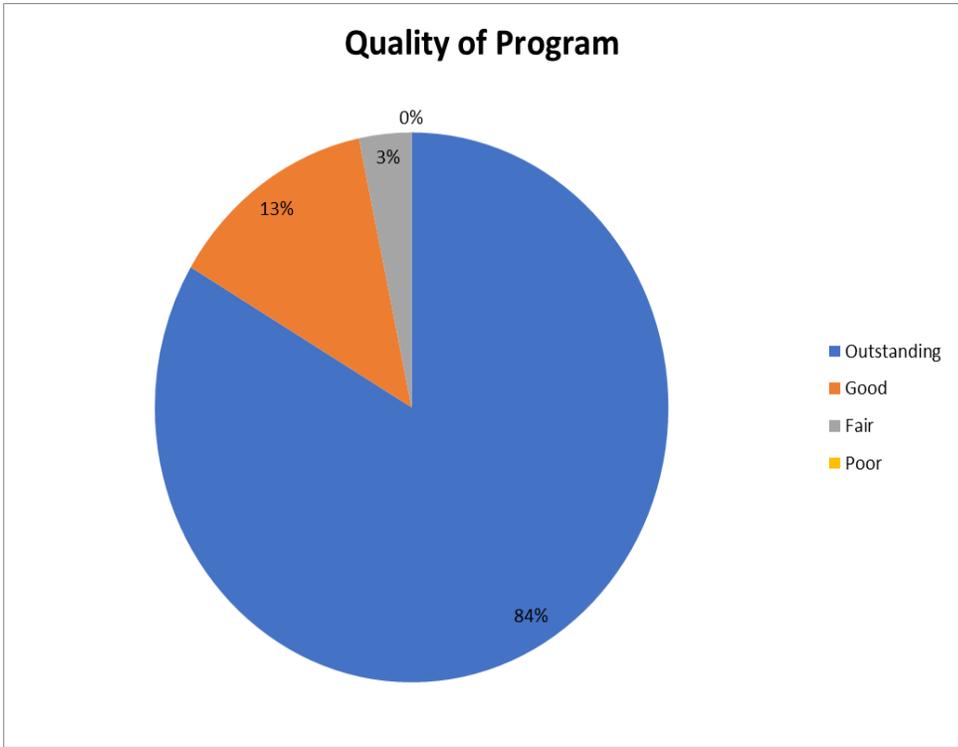
In fact, all of the modules show that the pre mean compared to the post mean indicate a statistically significant difference using a paired t-test.

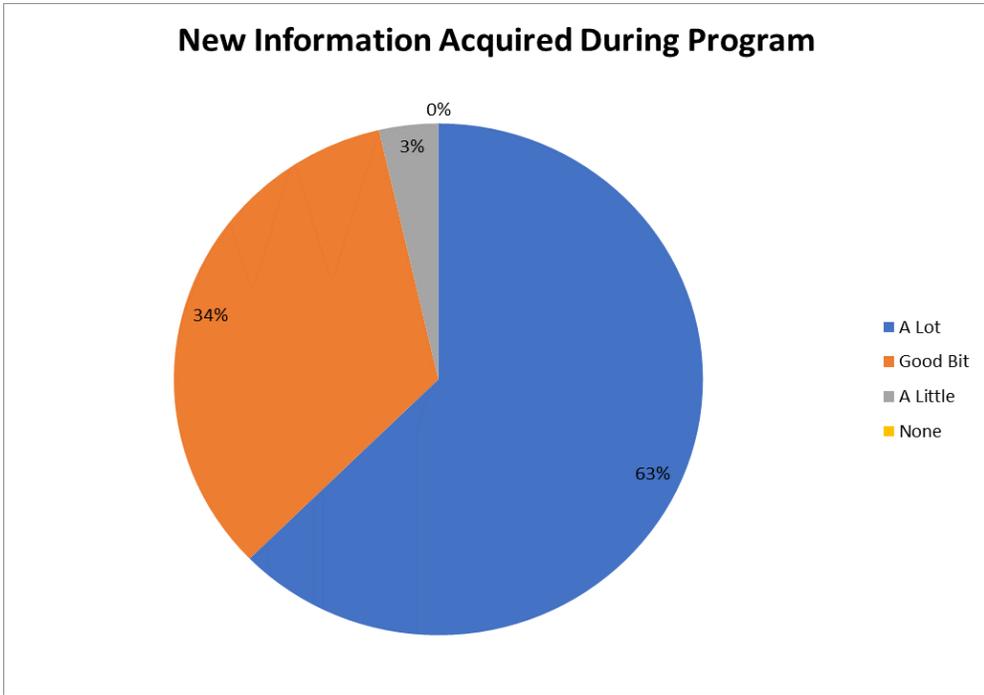
Module	Source	Difference	df	t	Sig.
1	Post - Pre	16.74	68	8.75	.000
2	Post - Pre	25.84	66	12.66	.000
3	Post - Pre	12.39	69	8.49	.000
4	Post - Pre	14.41	74	8.21	.000
5	Post - Pre	14.48	80	10.01	.000
6	Post - Pre	24.43	86	14.20	.000

In summary, the paired t-tests for each module show a statistically significant increase from pre to post means.

Increase in Knowledge and Confidence in meeting Child’s Health Needs: Client satisfaction surveys completed during the grant period show that participants felt they learned a lot of useful information from the Health Literacy Training and also gained significant confidence in meeting their children’s health needs. 106 Health Literacy Training client satisfaction surveys were completed during the 3 year grant period with the following results:







**PUBLICATIONS/PRODUCTS:** The main product from this project is our Health Literacy Training manual developed by ISDD staff with the assistance of a pediatrician. We also developed pre- and post- tests for this training manual for each of the 6 modules and a client satisfaction survey that was given to each of the women who completed 6 modules.

**DISSEMINATION/UTILIZATION OF RESULTS:**

We participated in a Convening of Maternal and Child Health professionals and leaders in October 2019 to discuss the impact of our project and were invited to present our project at the 2020 Connections Health Equity: Setting the Table Conference organized by the Healthcare Georgia Foundation in March. Unfortunately the event was cancelled due to the COVID-19 pandemic and has not been rescheduled.

FUTURE PLANS/SUSTAINABILITY: We have been able to execute an MOU with Mary Hall Freedom House to continue delivery of our Health Literacy Training to their clients enrolled in the RISE program for women with children and/or who are pregnant. We were unable to locate additional funding to continue the program at Mother's Making a Change or the other Mary Hall locations.

## ANNOTATION

The purpose of Healthcare Without Walls Expansion was to establish a replication protocol for a program which improves the health and well-being of children who have experienced homelessness by providing health screenings for early identification of health issues, improving parental child health literacy and ensuring children have a medical home. The project utilized the AAP Medical Home practices and Bright Futures guidelines, a healthcare delivery system for the children and an innovative health literacy program for their mothers to help ensure that this group of vulnerable children received consistent, continuous, coordinated, comprehensive, culturally sensitive and community-based healthcare.

## KEY WORDS

Bright futures, Child health, Health, Homelessness, Health literacy, Service coordination, Medical home, Pediatric care