

# Small Hands, Big Results



## Making a Difference Health Care Access Report

December 2010

*"It wasn't until the First 5 grant that there was a strong focus on children. First 5 San Bernardino opened up the opportunity so we so we could work with children too."*

~ F5SB Provider

### What we want to achieve?

First 5 San Bernardino (F5SB) wants to ensure that children are healthy and ready to learn by addressing the need for health insurance, regular medical and dental care, and promotion of child and family health and wellbeing. This report summarizes key findings from the Health Care Access (HCA) strategy with a special focus on the impact of mobile health units. It includes feedback from focus groups and interviews with provider agencies and parents receiving First 5 San Bernardino funded health services.

#### HCA Objectives

- Children are born healthy
- Children are healthy, well nourished and physically fit
- Parents are mentally and physically fit
- Children are raised in safe and nurturing environments
- Families are stable and have the capacity to meet the needs of their children

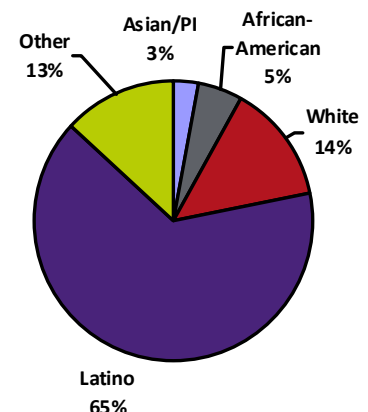
### How do we know we are making progress?

Each year, the Commission's independent evaluator, Harder+Company Community Research, uses information gathered from parents and funded partners to explore the Commission's progress and achievements over time. In 2010, seven interviews were conducted with partner agencies contributing to improved healthcare access and utilization and families accessing these services. Additionally three parent focus groups were held. Key highlights from the interviews and focus groups are presented below.

### How has F5SB impacted health care access and utilization?

- + In 2009-10 F5SB funded **23** programs under HCA that served over **36,000** children and families.
- + HCA partners provided services in four broad service areas: Health insurance, access to healthcare, and medical home; Prenatal/perinatal care and infant health; Oral health; and Safety and nutrition

#### Participants by Race/Ethnicity



Prepared by  
Harder+Company  
Community Research

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## How has F5SB helped to address barriers for families of children age 0-5?

### Barriers & Challenges

**Lack of Insurance:** Many participants reported not having health insurance prior to accessing F5SB funded health services. Without insurance parents said they were turned away services or were left with a hefty bill they could not afford. One parent stated, "If you don't have health insurance, they don't want to see you or they see you and you get a very large bill."

**Long wait & limited availability:** For parents without health insurance, the County hospital was their only option. However parents stated that there were often long wait times at the County. Parents also stated that if they were able to find a provider despite their insurance status it was difficult to make an appointment.

**Not knowing where to go:** Families accessing F5SB services often have limited options due to the lack of health insurance and/or limited financial resources.

**Lack of knowledge about children's health:** Parents indicated being unaware of some of the health needs of their children prior to accessing F5SB health services. For example, parents stated being unsure of the dental needs of their children and about vaccination schedules.

### Results & Impact

Parents are able to access F5SB funded health services at little to no cost and for many, F5SB providers have become their medical home. Additionally, participants stated that programs helped them with Medi-Cal enrollment and some clients indicated having health insurance as a result of their participation with the program.

Parents indicated that F5SB providers are easily accessible. One parent noted, "You can call anytime and you can go in" and "you can come at 8 in the morning and you can get an appointment that day."

F5SB health partners provide families with places to go for preventative health services. However, families expressed that F5SB providers go beyond just the provision of physicals and vaccinations. Families stated that F5SB clinics have identified health issues and provide referrals to specialists as needed. Parents also expressed that providers help facilitate making appointments when referrals were made and followed up with families afterwards. Providers increased parental awareness and access to services for both their children as well as adult members of the family. For example, one parents stated that when she brought her child into the clinic for service, she was ill and staff referred her to the Arrowhead Regional Medical Center mobile medical unit.

Parents indicated an increase in their knowledge about the health needs of their children as a result of services. One parent stated that she learned about the vaccination schedule for her child while another described how the doctor gave her nutritional advice for her daughters who had low iron. In general, parents expressed that they were more aware about their child's overall health.



## How have mobile units impacted healthcare access and utilization?

In 2009-10 F5SB funded one medical and one dental mobile unit that served over **3,500** duplicate children 0-5 and their families. San Bernardino is a vast county and includes desert and mountain areas that are remote and under resourced. This makes mobile units especially important as they provide access to health care to families that otherwise may forgo care due to the distance. Mobile units were observed and “on-the-spot” interviews were conducted with families as they waited to receive care. These interviews shed light on the importance of these services to families (see text box). Additionally, interviews were conducted with providers to better understand the impact of services on clients and the communities they serve. The major impacts of mobile units include:

**+ Increased Access to Care:** Providers expressed targeting areas that are in need due to a lack of providers or socioeconomic status (e.g. high level of homelessness). Mobile units bring affordable healthcare services to those most in need and as a result some providers have seen a **decrease in emergency room usage** in the areas they serve. One provider stated that emergency calls have decreased since the unit has been working in the city. Similarly, both providers and clients indicated that families would go to the emergency room if they did not have access to the clinic suggesting that clinics, such as the mobile units, decrease emergency room usage.

**+ Increased Access to Insurance:** In addition to providing medical and dental care, some providers also provide assistance with insurance enrollment. For example, one provider stated that an insurance broker would come to their pediatric clinic to screen parents and help them fill out insurance paperwork.



**+ Relief to Other Providers:** Providers expressed that mobile clinics take the load off of local clinics. For example, the medical clinic takes students that the Fontana Unified School district cannot take care of. Therefore, by partnering with other clinics they are able to provide relief for other overburdened providers.

**+ Support for Schools:** Mobile units tend to work closely with schools. Providers indicated receiving a significant amount of referrals from schools and expressed that mobile units decrease pressure on

### Mobile Unit Highlights

Four interviews were conducted with parents of children receiving services at the mobile medical clinic. The purpose of these brief interviews was to understand what brought families to the mobile unit and what the outcome of their experiences was. Below is a summary of these interviews:

- **School Referrals:** Three out of four parents were referred to the mobile clinic by a local school district. The remaining parent was referred by word of mouth.
- **High-Need & Underserved:** Parents accessing services lacked health insurance and a medical home for their children.
- **Reduced Use of ER:** If not for the mobile unit, parents reported that they would take their children to the emergency room for their medical needs.
- **Preventative Health:** Parents accessed the unit for immunizations and physicals for their children.
- **Oral Health:** Although no referrals were made, one parent stated that she was told that it was time for her child to see a dentist for her teeth.

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school clinics and help to decrease absenteeism. For example, one mobile clinic reported working with Fontana Unified School District to take patients that they were not able to get to see in a given month. Another provider reported working closely with district nurses to schedule visits to schools to treat children in need of care.

- + Increased Provider Capacity:** Providers expressed that the major impact of F5SB was that F5SB has increased providers ability to serve children. One provider stated, “It wasn’t until the F5SB grant that there was a strong focus on children. F5SB opened up the opportunity so that we could work with children too” while another provider expressed that F5SB funds allowed them to have a mobile site that focused on children. Additionally, the providers expressed that the F5SB grant helped providers position themselves to secure other funding sources.

*“It’s very complicated in terms of dental care for children. Not all practices treat children. If there is a van that is coming for kids, that is a relief for parents.”*

~ F5SB Partner

## How do we use this information for future planning and improvement?

In addition to mobile units, First 5 San Bernardino has funded a diverse array of programs to address the diverse needs of the children and families of San Bernardino County. The Commission, staff and funded partners have used evaluation data to inform their strategies and increase their efforts to make services more accessible and provide more comprehensive care to families in need.



Data suggests that mobile units are an important resource for families in underserved areas as they provide easy access to care and increase the likelihood that children receive the services they need to grow healthy and succeed in school. Nonetheless, interviews with providers suggest that the cost of these units can be substantial and observations of the units indicate they may not be utilized as extensively as they could be. First 5 San Bernardino should consider exploring the cost benefit of these units as well as work with providers to effectively advertise services. Given the vastness of the county, developing effective strategies and building the capacity of providers to serve hard-to-reach populations continues to be both an ongoing challenge and opportunity.

For more information, please visit the First 5 San Bernardino website at [www.first5sanbernardino.org](http://www.first5sanbernardino.org)