

news THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT DALLAS

southwestern medical school - graduate school of biomedical sciences - school of allied health sciences

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******Statistical proof of project effectiveness.*

The Dallas project has compiled statistics for infants and children cared for by the project as well as statistics on non-patients in the same age groups living in the same areas. The comparisons of this data strongly shows the success of this program. Also a strong "plus" is the similar data on hospitalizations.

Included among the "successes" are:

1. Mortality rate C&Y registrants, age 8 days through 18 years, was .06 per 1,000 registrants in 1973. Mortality in non-C&Y infants and children in the target area in the same age range was 1.09 per 1,000 non-registrants.

2. Infant mortality in Project registrants, age 8 days through 12 months was 3.5 per 1,000 registrants under 1 year in 1973 (no deaths/585 project infants). Infant mortality in other infants, age 8 days through 12 months, was 16/1,000 non-registrants (11 deaths/561 non-registrants less than 1 year).

3. Hospitalization rate in project infants and children after newborn discharge through 18 years was 27 per 1,000 registrants during the 1972-73 fiscal year. Hospitalization rate in other infants and children after newborn discharge through 18 years was 66/1,000 non-registrants for the same period.

4. Project children used 146 days of hospital care per 1,000 registrants during the 1972-73 fiscal year. Other children used 408 days of hospital care per 1,000 during the same period.

Dr. Moore and school officials agree that they believe the C&Y project is cutting absenteeism in the schools in the target area. However, it will be at least another year before the statistical data on this subject is complete.

first add c&y project

Further proof of the success for C&Y is that the project has brought the average health care cost for enrolled children down to only \$102 per year. And that's hospitalization, dental work, doctor bills, medication and any specialty referrals.

According to the physician, the comprehensive health care clinics see all kinds of physical complaints that other pediatricians see--and many that are usually referred to other specialists. However, infant mortality rate in West Dallas has been high. Also, the doctors in the clinics see a higher incidence of anemia, nutritional deficiencies and respiratory and skin infections. There are also a number of emotional problems that are dealt with by the clinic psychologist and social worker.

The census tract areas served by the project show a population of 38,907, including 20,695 children and youth under 21 years of age. The median income for a family of five is \$5,000. And many--hundreds even--of the families make less than \$1,000 annually.

Project organizers attribute their successes to highly trained health teams which are easily accessible to the low income families. Also, it is especially helpful in this type area to have all health services located in the neighborhood.

Community cooperation also is a plus. And C&Y has the support of both the Dallas County Medical Society and the Dallas Pediatric Society.

At present there are no M.D.'s and only three osteopathic physicians in West Dallas--an area of about 30 square miles. Most of the health care for the people there who are not patient populations comes from the Parkland emergency room and the clinic at Children's Medical Center. According to Dr. Moore, neglected health problems often are a way of life and serious illnesses and physical and mental disabilities often develop needlessly.

Actually, C&Y has removed some of the patient burden from Parkland, the county hospital, and Children's Medical Center, which also sees patients on a sliding pay scale. A money burden has been lifted from the taxpayers by the project, too, as days and numbers of hospitalizations have been cut drastically.

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second add c&y project

As to receptivity to their clients, figures show C&Y loses very few patients once they're enrolled. "Moving out of the area is the main reason," said the physician.

As to the attitudes of the non-patient population, Dr. Moore said "I only know that the project has a long waiting list for registration."

Many of the referrals, as a matter of fact, come from neighbors of family members who have their children enrolled in the program. Other sources are the public health nurse and the area schools.

No charge is made to the patient or their families. And if the clinic sends a child to the hospital or to see a specialist, C&Y picks up that part of the bill ordinarily charged to the parent. It also pays for all medication.

"We believe this is the best way to handle health care in a lower economic area," Dr. Moore stressed. "And our data seems to be proving it."

Not only is the C&Y project acting as a model in health delivery for this type of community, said Dr. Eichenwald, but the Carver Clinic itself could well serve as a model building for this purpose.

The clinic building, which is of attractive slab concrete construction built to blend with the architecture of the modern school on the same grounds, is impressive. Included in the facilities are a large comfortable waiting room, an adjoining play room for the children--equipped with toys, books and a two-way mirror for psychological observation, offices for social workers and a nutritionist and examination rooms. Dental services are provided in three fully equipped dental operatories. There is also a conference room for staff meetings around multi-problem patients.

Staff at Carver includes a full-time pediatrician, two registered nurses, a dentist, a dental hygienist, a dental assistant, two social workers, a clinical psychologist, a clinical nutritionist, a dental hygienist, a nurses' aide and two clerical workers. A physical therapist provides rehabilitation services for children with physical handicaps on a weekly basis and an orthopedic surgeon sees referrals at the clinic one day each month.

Enrollment in the clinic for eligible children (anyone within these census tracts and in the right age groups whose parents will give permission for comprehensive health care) includes a complete physical exam, a nutritional evaluation, and social work evaluation to assure the families ability to cope with the physical and mental health problems, to provide adequately for basic needs such as food and clothing and identify early behaviorial or psychological problems.

After enrollment the mothers may bring their youngsters in to the clinic when they are ill or set appointments in advance. Sick children enrolled in the program can be sent to the clinic to see a doctor directly from clinic classrooms next door, and clinic personnel will notify their parents about the illnesses.

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