

Underserved project case report

My patient is a 7 month old male who was admitted to the pediatric ward for 23 hour observation after having cleft lip surgery for an incomplete left cleft lip. An ICARE assessment was conducted on the morning of his discharge with his mother, who is a 17 year old single woman living with her grandmother. She speaks English fluently and does not have any special communication needs.

Several issues were identified during the course of the ICARE interview. When assessing for injury prevention, the mother said that she tries her best to provide a safe home environment. She and her grandmother have rearranged the furniture in their apartment to block all outlets and open sockets, they have placed all chemicals and detergents on top shelves, and they have tried to remove any dangerous or harmful items from the floor. They have especially been careful about this since the baby started crawling actively a few weeks back. She states that although she possesses a car seat, she does not use it all the time because she does not have her own car and it is often “a hassle” to move the car seat in and out of another persons car when they need a ride.

The family is currently under the Badgercare health plan. Although Badgercare provides her and her son with adequate healthcare services, she wishes she had better access to appropriate dental care and transportation services. Since she does not possess a car of her own, she finds it difficult to get a ride to and from doctor appointments; such transportation difficulties have resulted in her missing one or two prenatal appointments and has caused her to miss the baby’s last well-child check.

In addition to Badgercare, Ms. Moorehead has the WIC program which provides her with food and adequate milk supply for the baby . As for housing, they are currently living in her grandmother’s apartment free of charge due to her current unemployed state. Because she is not working and making her own money, she finds it hard to provide the clothes, diapers, and toys he needs on a daily basis. She finds herself borrowing money from her family or friends to meet these needs. She currently gets no financial support from the father, who is currently unemployed himself. Although she has strong family support from her mother and grandmother, she says she feels stressed at times because she thinks she is relies too much on her family. When asked if this stress impacts the

baby's care, she claims that it does not interfere with proper care; however, she does say that not finding a job and being able to provide for the baby herself does get her "down" on a daily basis and that she hopes her situation improves in the near future. She is currently looking for jobs in the Madison area, including the hospital, and is ready to start working if given the chance. Once she starts working and saves enough money, she plans to send the baby to her mother's house during working hours as well as move out of her grandmother's apartment to get a place of her own.

At the end of the interview, we discussed various issues identified with respect to Amari's care i.e. the sporadic use of his car seat, the difficulties accessing healthcare services due to lack of transportation, the need for dental care services, the need to find employment, and the need for more financial support while looking for a job. Among the issues identified, we agreed that the lack of transportation to and from appointments and the need to find employment were the most pressing issues at hand—for both impact the baby's health greatly. Becoming financially stable by attaining a job is the main goal at hand, for this will allow the mother to provide needed supplies, improve her own emotional state of well-being, and in time resolve their living and transportation difficulties. After speaking to the social worker on the floor, I learned that the current transportation problems could easily be solved by obtaining bus or travel vouchers or calling medical assistance transport services ahead of time for free rides to clinics and/or hospitals. The goal of my next follow-up visit with the family is to obtain and distribute such vouchers and/or medical assistance numbers to help her make future appointments on time. Resources to aid in her search for employment will also be distributed at that time along with information on ways to help provide for diapers, clothes, and daily needs via monetarily or donation until she gets a job.

The family was contacted at home by phone for follow-up approximately two weeks after initial ICARE evaluation. Several attempts were made to reach them over a seven day period—she was finally accessible by phone on the fourth phone attempt. During this phone conversation, information regarding transportation to and from medical appointments was dispersed. A number for medical assistance transportation services was given to her, and I explained that this number should be called when either they need a ride either to and from medical appointments. The calls

should be made at least 24 hours in advance and the rides will be provided at no cost as long as she presents her medical assistance card to the driver. Furthermore, the mother was given the number and address to the Dane County Clothing and Sharing center as well as the Family Enhancement Center at South Madison Community Health Clinic—places which can help her meet her son’s daily needs by offering free clothing and diapers to medical assistance card holders. Apprising her of these might decrease some of her reliance on family and guilt about having to borrow money. Lastly and most importantly, resources which would help in her search for employment were discussed; this primarily included the number and address to the Dane County Job Center. It was explained to her that the center not only has the most recent job listings in the Dane County area, but also has counselors who could provide personalized assistance in helping her find a job of her liking. The center also helps parents attend and complete high school if they so desire and can provide her with limited term financial assistance until she finds a job. She was delighted to hear the such help was available and was strongly encouraged to contact the center as soon as possible.

Overall, this project has been a very positive experience. What surprised me most about this experience is that I had not expected to stumble across so many underserved issues during my initial evaluation; I had expected to maybe undercover one underserved need at the most and was surprised to encounter several issues in which intervention would be both necessary and helpful to ensure the proper health and safety of the child. I found that I was able to help the mother care for her son in ways she desired just by providing her with the resources mentioned above. My efforts were greatly appreciated, making this experience an extremely gratifying one. If I could do anything differently, I would have liked to conduct the follow-up visit in person and not on the phone—for then I feel the mother would have opened up even more to me during the second interview and we would have stumbled upon even more ICARE issues together. Thus, I believe the only barriers I encountered in working with this family was one of improper communication and lack of time—it took several calls to get a hold of the family and when finally reached, she only had time to talk over the phone.