

Pediatrics in the Community

Home Visit

I check my paper
39 Stone St.
Up five sagging stairs
Doorbell's broken
I knock
Did I lock the car?

*I hear someone on the porch
It's probably the agency lady
She's early*

**Someone's here!
Momma yells up at me to
put on some clothes
already
Because I don't think its
no summertime now
do I**

Intakes are straightforward
Sometimes a little strained

*My head hurts
I'm Angela I tell her
This is my son Rayquan*

**I'm hiding and my eyes
are mostly closed and
you can't see me so
there**

Home visits are usually more comfortable
once some mutual trust is established

*I let her inside
We sit down in the kitchen
I haven't had a chance to do dishes*

**She's staying
She has a smile
Maybe she'll play**

I check my paper
Young single mom
Child with special needs
Assess for services

*Sure I find it difficult being a single
parent
Tell me something I didn't know*

**That's momma you're
talking to**

I explain about intake paperwork
It's just this first time I tell her

*If I had a dollar for every form I've
filled out . . .*

**Jumping is probably
my best thing**

Linoleum, socks, and gravity . . . I guess
I've seen worse

Maybe a home health aide
An aide could assist with activities of
daily living

Role model behavior modification

*Anything to help.
But no strangers in the house*

I'm jumping

Maybe Rayquan's school would take
him all day
Full-day child care wouldn't help mom's
skills
But decreasing her stress level might
prevent problems

*Anything to help
I hardly have space to breathe
My kitchen's not no trampoline I tell
him*

**I'm jumping and making
noise with my voice
and with my feet**

Not an effective intervention

My head hurts

**Jumpjumpjumpjumpjump
jumpjump**

Time to role model distraction

At least she's seeing how bad he is

**OK I'll sit with you, cool
earrings**

**I want that pen, this
spoon makes a loud
noise**

**Is that white lady
picture you?**

**I'm hungry, what's in
your bag?**

**Your hair is soft, I have
a ring**

**Do you want to jump
with me I wonder**

I pack up my papers

At least he stopped that pounding

Play with me

He's a beautiful child
He doesn't know what he's up against

*See? I think to myself
He's bad, even for you*

Play with me

It's a good thing we're involved

That didn't take too long

Play with me

I put on my coat

*I watch her leave
Maybe something will come of it*

Where are you going?

Joeli Hettler, MD, PL-2

Report

In a newspaper article among the readings for the "Pediatric Links with the Community" rotation titled "Welfare reform will push children into poverty," Molly Ivins writes, "When was the last time a small child took your hand, and you felt it there, that tiny hand in yours?" I found those words moving as I thought about how caught up we often become in rotations and clinics and schedules and call nights and all the other resident responsibilities. Do we take time to be with our patients and show our real concern and compassion for them?

The most compelling experiences for me during this rotation were opportunities to meet families and children in their homes and glimpse the environment in which they live outside the hospital or the emergency department. For 2 short weeks, I put aside most of the daily hurrying of being a resident and spent time learning about resources available in the community and meeting the children who need and use them. I read the words of powerful child advocates as they assessed the current dilemma of our children and worked for change. I almost began to remember the feelings that made me want to go into pediatrics—wanting to do something to help children, to make a difference in the lives of these little ones who cannot speak for themselves.

The 1-year-old who waned sleepily to me from between her baby sister and her cousin on their couch bed as we checked her tiny, moldy, infested, unheated apartment for lead will grow up in the care of her 30-year-old grandmother, rarely thinking that there might be something better out there for her, probably never knowing how to reach it if she glimpses it. When her congested nose or her wheezing little lungs become severe enough, grandma will take her cleanest sleeper from the side of the bathtub where she washed it, bundle her up, to ride the bus through the snow to the hospital, and wait in line to see me. This time, when she is my sixth patient and it is 2 AM, I will stop to take that tiny hand and hold it there in mine.

Michael K. Visick, MD, PL-2

Commentary

The previous two pieces were written by residents in the University of Rochester Pediatric Residency Program while participating in the "Pediatric Links with the Community" rotation.

"Pediatric Links with the Community" (PLC) is an innovative program at the University of Rochester Department of Pediatrics designed to teach pediatric residents about the special health care needs of poor children. The goals of the PLC program are to:

- Enhance medical care and health education for impoverished children and families
- Educate pediatric residents and medical students about poverty's effects on children
- Nurture future pediatricians' provision of care and advocacy for poor children

This year, 30 pediatric resident physicians will interact with approximately 4,000 impoverished children in the Rochester area in the 2-week rotation they spend in the PLC program. Next year, 100 medical students will participate as part of their third year pediatric clerkship.

The effects of poverty on children's health are profound and enduring. Currently, at least one in five children in the United States lives in a family whose income is below the federal poverty level. In the city of Rochester, NY, approximately 40% of children live in poverty. Recent studies have shown that compared with nonpoor children, poor children have:

- Significantly greater rates of disease-related, accidental, and violent deaths
- More than twice the risk of accidental injury and greater than 4.5 times the rate of assault
- Increased risk of growth and developmental delay
- Increased morbidity with chronic diseases

Yet, pediatric residents' and medical students' encounters with impoverished children traditionally have been limited to hospitalizations and hospital-based clinics.

As part of the PLC program, pediatric residents provide supervised medical care to children at sites that include the Corpus Christi Medical Outreach Clinic for the homeless and underinsured, Migrant Families Clinic, and the Foster Care Clinic.

Residents have health-related discussions and tutor parents and children at sites such as the Webster Avenue Family Resource Center and the Boys and Girls Club of Rochester. They participate in community health agency activities, including home visits with the Community Health Nursing Service and Early Intervention Team.

The PLC program was developed by three former chief residents in the Department of Pediatrics—Michelle Jones, Jeffrey Kaczorowski, and Laura Jean Shipley, in conjunction with pediatric residents, the Pediatric Residency Training Program at the University of Rochester, the Monroe County Department of Health, and local community agencies. Through this collaboration, the PLC program hopes to help breach barriers to health care and education for impoverished children; foster a cooperative effort for poor children among health care providers, community service agencies, and local organizations; and strengthen commitment to poor families as health care systems evolve and government programs are curtailed.

Michelle Jones, MD
Jeff Kaczorowski, MD
Laura Jean Shipley, MD