



Children's Fund of  
Connecticut, Inc.

## **For Immediate Release**

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### **Child Health Innovation Grants Bridge the Gap Between Theory and Practice**

The Children's Fund of Connecticut and Yale Center for Clinical Investigation have awarded 2011 Child Health Innovation Grants to two projects that address important children's health problems. The first project is aimed at improving asthma care in the Latino community, and the second seeks to improve co-management of patient care among pediatric primary care and subspecialty practices.

#### **Child Health Innovation Grants**

In late 2010, the Children's Fund of Connecticut (CFC) partnered with the Yale Center for Clinical Investigation (YCCI) to jointly fund and administer grants that support projects promoting and enhancing high quality health care services for Connecticut's children and families. Each project fulfills CFC's vision of providing access to effective, community-based health care as well as YCCI's mission to move research findings that improve patient care from "bench to bedside" and out into the community. Since 2003, CFC has awarded 11 grants totaling \$1.24 million for local primary and preventive pediatric and mental health initiatives that can lead to sustainable improvements in direct practice and service systems throughout the state. In 2011, CFC partnered with YCCI at the Yale School of Medicine, an NIH-funded Clinical and Translational Science Research Center.

#### **Improving Asthma Care in the Latino Community - \$100,000 2-year Grant to JUNTA for Progressive Action, New Haven**

Working in the emergency room, Dr. Antonio Riera, an assistant professor of pediatrics at Yale, noticed that non-English speaking parents did not understand how to prevent their children's worsening asthma symptoms. Moreover, these parents often lacked any kind of asthma management action plan.

While communication and language appear to play a part in this situation, Dr. Riera will conduct an in-depth study to determine the nature of the language and cultural barriers to wider use of asthma plans among limited proficiency English-speaking families. The goal of the study is to develop a culturally appropriate tool that will respond to the needs of this community more effectively. An important component of the study is to test whatever tool is developed with a group of families and follow them over time to determine if the tool actually leads to higher rates of plan adoption and usage.

"To me, it's incredibly exciting to participate in this sort of community-centered investigation," said Riera. "We have the potential to make a difference for so many families and so many lives."

#### **Co-Managing Patient Care Among Pediatric Primary and Subspecialty Practices - \$100,000 2-year Grant to CT Children's Medical Center**

For children needing specialized care, a national shortage of pediatric subspecialists coupled with an increasing demand for such experts are undermining access to appropriate treatment. "One of the frustrations my colleagues and I experience is that we receive a lot of consults that, if we just took the time and educated the primary care providers, they could probably manage a good proportion of these cases on their own. This would free up our schedules to see the kids who

really need to be seen by us,” said Dr. Karen Rubin, a professor of pediatrics and head of endocrinology at the University of Connecticut School of Medicine.

Dr. Rubin, the lead on this project, used to offer informal guidance to primary care physicians but soon found the demands on her time required development of a more structured system. She will use her award to test a co-management program she designed and developed in one urban and one suburban primary care practice (PCP). All PCP staff members will use her templates when treating four common conditions where there is a known shortage of pediatric sub-specialists. These include migraines, concussions, obesity, and voiding dysfunction. Education of PCP staff is an important component of this trial featuring live or web stream video presentations to train providers to participate in co-management of a child’s condition.

As with the asthma program, Dr. Rubin’s research team will track patient outcomes to evaluate the success of the project. “We’re anticipating that care is improved because the time to alleviating symptoms should be shorter due to the fact that patients won’t have to wait to see a specialist – the PCP is initiating care from the beginning,” said Rubin. She also notes that “co-management results in coordinated care and reduces redundancies and unnecessary high cost diagnostic testing...it really could have an impact on outcomes and costs.”

The two grants awarded in June are good examples of initiatives that fulfill the four key priorities that were the focus of the joint CFC/YCCI Child Health Innovation Grant program. The first two priorities were to promote and enhance comprehensive quality health care and community-based, quality mental health care services for all children and families. The third was to advance the integration of health and mental health at the policy, systems and practice levels. The final priority was to strengthen the link between child health and mental health systems and the other child-serving systems such as early care and education, schools and family support programs.

For further information about Children’s Health Innovation Grants, please contact *Judith Meyers, President and CEO of CFC at 860-679-1519 or Stacey Scirocco, Associate Director, YCCI, 203-785-7408.*

*Further information about the Children’s Fund of Connecticut, including publications and initiative-related work carried out through its subsidiary, the Child Health and Development Institute (CHDI), can be found at [www.chdi.org](http://www.chdi.org). Information about the Yale Center for Clinical Investigation can be found at [www.ycci.yale.edu](http://www.ycci.yale.edu).*