

PARTNERS

*for Equity in Child and
Adolescent Health*



Annual Report
2024

Program Overview

Veda Johnson MD, Director

PARTNERS for Equity in Child and Adolescent Health was created in the fall of 2009 to advance health equity for children and adolescents living in under-resourced communities throughout the state of Georgia. By increasing access to and improving the delivery of healthcare, it is our intent to maximize the health and well-being of this vulnerable population. Guided by a principle taken from a paraphrased quote by Frederick Douglas, we are grounded in the belief that 'It is easier to build strong children than to repair broken men.' Our mission is to enhance the health and achievement of Georgia's children by:

- Expanding the number of School-Based Health Centers in the State of Georgia for the purpose of increasing access to healthcare and improving academic success.
- Creating a family-centered model for comprehensive primary care services for at-risk children.
- Advancing early childhood literacy and developing innovative programs that link healthcare, education, and community services.
- Training future pediatricians to provide medical care that addresses the social determinants of health.

Since the inception of our program, our measured success has been attributed to the partnerships that we have been able to cultivate. Our partners span the academic and philanthropic world and include advocacy and youth-serving organizations, medical and mental health systems, local and state agencies, and specific communities throughout the state. Accomplishments to date include:

- **Expanded school-based health centers from 2 to over 125 in 12 years. Provided 68 planning grants representing 72 counties and technical assistance to over 90 counties.**
- Created a family-centered model for comprehensive primary care at Hughes Spalding primary care center. Screened families for social determinants of health at all well-child visits. Provided behavioral health referrals and tracking along with case management for high-risk families. Created a Center for Family Resilience to improve parent-child dyad/connectedness.
- Created innovative programs that link healthcare, education, and community services, i.e. Reach Out and Read Program, where books are distributed to children from birth to five years of age at each well-child visit and Project REACH whose aim is to disrupt the school-prison pipeline.
- **Trained over 245 pediatric residents and over 320 medical students** in the social determinants of health during primary care clinic and 2nd and 3rd-year community rotations.

The purpose of PARTNERS is to acknowledge and address inequities that limit a child's ability to reach their full potential. Our ultimate goal is to help unleash the limitless possibilities inherent in every child.

To visit our website: [Please click here.](#)

School-Based *Health Centers*



Poverty is the single greatest threat to a child's well-being. Nearly every adverse outcome for children across the life course is associated with poverty. Physical and mental health disparities, child abuse and neglect, academic underachievement, unemployment, and incarceration are all aligned with poor social and economic conditions. Education is a pathway out of poverty. Health and education are interconnected, and School-Based Health Centers (SBHCs) lie at the nexus of this connection.

SBHCs are primary care medical centers that blend medical care with preventive and psychosocial services. The overarching goal of SBHCs is to maximize academic success by addressing the physical, mental, and spiritual health of children and adolescents, increasing attendance and seat time, facilitating school connectedness and student validation, and fostering a will to learn. Academic success lifts children and adolescents out of poverty and increases the likelihood that they will grow up to be happy, healthy, and productive adults.

Under the guidance of Drs. George Brumley and Veda Johnson, the first SBHC in Georgia, Whitefoord Elementary, was established by the Department of Pediatrics at Emory University in December of 1994. Drs. Brumley and Johnson worked together for over 8 years to expand upon the foundation of the Whitefoord Elementary SBHC and, later, the Sammie E. Coan Middle SBHC. **For 19 years they were the only SBHCs in the state.** They laid the foundation for the creation of subsequent SBHCs throughout Georgia.

School-Based Health Centers...

"Academic success lifts children and adolescents out of poverty and increases the likelihood that they will grow up to be happy, healthy, and productive adults. Students are not able to learn if they are not healthy, present, socially and emotionally connected to the school, or are hopeless. SBHCs serve to address every barrier to student success, provide support to the school staff and administration, and facilitate increased involvement of the parent in their child's educational journey."

In 2009, PARTNERS for Equity in Child and Adolescent Health within the Department of Pediatrics at Emory was created by Drs. Veda Johnson and Terri McFadden. A priority for PARTNERS was to advance health equity by taking SBHCs to scale throughout the state. The first expansion occurred in 2013 with the creation of Tiger Creek SBHC in Tunnell Hill, Ga, Lake Forest SBHC in Roswell, Ga, and Turner Elementary SBHC in Albany, Ga. Over the next 11 years, **we have facilitated the growth of SBHCs from 5 to 125** by providing technical assistance, guidance, and start-up funding. An unprecedented **funding of \$125 million in 2022** by Governor Kemp to expand SBHCs has led to the development of **over 13 new centers within the past 18 months**. An **additional 20 centers** are scheduled to open in the fall of 2025.

As a result of these SBHCs, **approximately 80,000 students, in addition to their siblings and school staff, have increased access to healthcare**. We have demonstrated that these centers increase seat time for students who utilize the centers. We have received testimonials from families that access to physical and mental health services has improved their child's attendance and functioning. We have conducted studies that demonstrate that our SBHCs improve asthma management, increase preventive health services, and reduce costs to the Medicaid system.

Our goal is to continue to assist communities in developing SBHCs for the purpose of improving the health and well-being of students, leading to the advancement of academic excellence.

See here for our SBHC Planning & Operational Maps: [Georgia SBHC Map](#)

Family-Centered Model for *Primary Care*

The PARTNERS team created a family-centered model for comprehensive primary care for the Hughes Spalding Primary Care Clinic at Children's Healthcare of Atlanta. We have continued to provide comprehensive family support services for the many children who utilize our center as their medical home. Such support includes:

- Two-generation approach to addressing the needs of children and their families
- Focus on eliciting and addressing Social Determinants of Health (SDoH)
- Screening for behavioral health needs and risk assessment
- Training for pediatric faculty, residents, medical students, and staff to deliver comprehensive care to children and families with dignity.

Specifically, PARTNERS support has allowed for the creation and implementation of screening tools for the family, child, and adolescents; support for a behavioral health coordinator; and support for a comprehensive family case management program called PACE, which stands for pediatric access, comprehensive family support, and education.

The process for patient and family support includes:

- **Screenings for social determinants of health (SDoH) through a family resource survey, which is administered with each well-child visit.** This assessment identifies determinants such as housing insecurity, food insecurity, unsafe housing/community conditions, exposure to interpersonal violence, for example.
- **Screening for Adverse Childhood Experiences (ACEs) for both parents and young children.** Our goal is to address these issues in a trauma-informed manner that best assists families to receive education, counseling, or other services when significant history of exposure to trauma and adversity is identified.
- **Developmental screening during well visits for children between six months and five years of age.** These screenings can identify general developmental problems as well as communication disorders such as autism.
- **Psychosocial risk-screening questionnaires for children between five and ten years of age and for adolescents.** These tools address the strengths, school/education, home, activities, drugs, emotional/eating, sexuality, safety (SSHADESS) concerns for adolescents.
- **Behavioral health screenings.** Through these screenings, we have been very successful in identifying behavioral health needs of our patients and their families. In recent years, Children's Healthcare of Atlanta has embraced the delivery of integrated behavioral health services based on the model created by PARTNERS some 5 years ago.

Center for *Family Resilience*

The Center for Family Resilience (CFR) was created in response to the growing mental health crisis in our country, with 1 in 5 children experiencing mental and behavioral health disorders. These issues affect a child's well-being, their ability to achieve academic goals, and their long-term ability to become a functioning member of society. While seeing patients in our primary care medical home, we recognized the urgent need to support the relationships between parents and young children that were often harmed by the trauma that parents, children, or both experienced. While our clinicians recognized these difficulties, they did not have the training and capacity to fully address them. Further, there were very few mental/behavioral health services that focused on young children. With a focus on the trauma experienced by the child and parent, the CFR was created to provide parent-child therapy that strengthens the parent-child dyad. **Child-Parent Psychotherapy (CPP)** and **Parent Child Interactive Therapy (PCIT)** are the two modalities used to strengthen this relationship.

The CFR, which opened in August 2023, has made significant strides in supporting families through comprehensive programs and partnerships. The center is located within Families First, a non-profit community-based social services organization, which is staffed by:

- Child and family therapists
- Psychologist
- Social workers
- Child and adult psychiatrists
- Peer support/community liaison staff
- Coordinator

Referrals can be made by pediatricians and residents from the Hughes Spalding Primary Care Clinic or internally within the Families First system.

The process includes a comprehensive intake assessment by the Families First staff where families are screened for behavioral health issues and resilience. After intake, families are referred to the CFR's psychologist who conducts family and child psychosocial assessments and determines which families to refer to the CFR's behavioral health therapist to receive either CPP or PCIT therapy. In 2024, the CFR received **70 referrals** which eventually led to **34 patient intakes**, **31 psychological assessments** and **22 families receiving CPP or PCIT therapy**. There were over **266 CPP** sessions conducted during the year.



"CPP is helping me learning as a parent and a person that it's a little difficult to be a parent as well as to understand how to effectively communicate with him without getting upset myself. I look forward to the hands-on activities that Dr. K will do with me and my son. The program has been good so far and I look forward to completing it and providing more feedback in the future." - CPP Participant

Educating the *Next Generation of Physicians*



PARTNERS is dedicated to providing pediatric residents with holistic training that is socially conscious and produces pediatricians who are dedicated to whole-child care and addressing social determinants of health. In the last year, **we trained 54 residents** to provide family-centered care in the primary care clinic at Hughes Spalding. We have held **advocacy-focused training for all 89 of our residents** to prepare them to be lifelong pediatrician-advocates for their patients. Our faculty oversees their community rotation, which exposes them to community-based agencies that support child health, including school-based health services, nonprofit organizations, food banks, our health law partnership, and many more. We also meet with residents weekly for structured discussions around topics such as advocacy, social justice, food insecurity, and trauma-informed care.

We have successfully launched a specialized advocacy track (PEACHES) for residents that includes experiential learning sessions and skill-building, structured didactics, and a mentored longitudinal project for each track participant. With mentorship from our faculty, our track residents attend both the AAP's national advocacy conference as well as the Georgia AAP's day at the Capitol, where they can put their advocacy skills to use.

Each year, over **22 medical students receive instruction in the context of the whole child** during their primary care rotation at Hughes Spalding Hospital. In addition, we have supervised medical students' and public health graduate students' research projects.



"Whatever specialty I may choose, whatever career path I may follow, I know that everything I have seen and heard and read during this rotation will stick with me. I know that I will do my best to be an advocate for my patients and to work with them one-on-one to meet them where they are really at, to make sure the social determinants of health are in place for them."

Innovative Programs Linking Health, Education, and Community

PEACHES *Track*



As a demonstration of its commitment to training pediatricians to address the most pressing issues facing children, the Emory Department of Pediatrics launched the PEACHES residency training track in 2022. **PEACHES- Pediatric Equity, Advocacy, Community Health, Environmental and Social Justice** trains pediatric residents to become informed clinicians, leaders in their specialty and community, and advocates for children and families. The program onboards a new cohort of second-year residents each year and provides them with a **24-month curriculum**, opportunities to gain experience advocacy skills on the institutional, regional, and national level, and exposure to community-based organizations that focus on child and family health outcomes.

To date, **10 residents** have been selected to participate. During their time in the track, participants learn about the significant non-medical drivers that shape child health outcomes, such as poverty, discrimination, food, and housing insecurity, as well as the exposures that also shape health outcomes. These include contaminated water, soil, and air, as well as exposure to adversity during the early childhood years.

Reach Out *And Read*

Reach Out and Read (ROR) partners with clinicians and uses the pediatric well-child visit to support parents and caregivers in using shared reading to build early literacy skills and healthy relationships with their young children.



Our practice at Children's Healthcare of Atlanta at Hughes Spalding was the first program in Georgia to adopt Reach Out and Read in 1996. Since that time, we have given our families age-appropriate and culturally relevant books and discussed the importance of shared reading at each well-child visit. Over the years, our practice has distributed more than **235,000 books**, along with advice for parents about incorporating shared reading into their daily routines. Because we are an academic practice, in addition to serving as a medical home, we also train pediatric residents and medical students. As a result, our reach has been amplified. All trainees who come through our practice are steeped in the brain science and delivery approaches that are a part of Reach Out and Read. Research shows that the presence of books in the home is a strong predictor of reading achievement, and low-income families have fewer books in their homes compared to wealthier children. Reach Out and Read targets under-resourced communities to reduce this gap.

Eighty percent of a child's brain develops in the first 1,000 days of life. Reading aloud with children teaches them how to listen, builds early language and literacy skills, and helps them learn about the world. It also teaches them to be curious, empathetic, and patient. At the well-child visit, we can use a book to evaluate the child and look for developmental milestones. In addition to encouraging parents to read with their children daily, we work with them to be more engaged while reading. Reading aloud helps create and strengthen bonds between the parent and their child. It is proven that healthy relationships are key to social, emotional, and mental development as they get older.

We are also intentional about ensuring that our families and children see themselves and their communities reflected in the books we provide. Our team has been one of the most ardent supporters of Reach Out and Read in our site, community, and beyond. Our team also supports this important initiative more globally as Dr. McFadden serves as Medical Director for Reach Out and Read Georgia and sits on the Board of Directors for the national organization.

Project R.E.A.C.H.



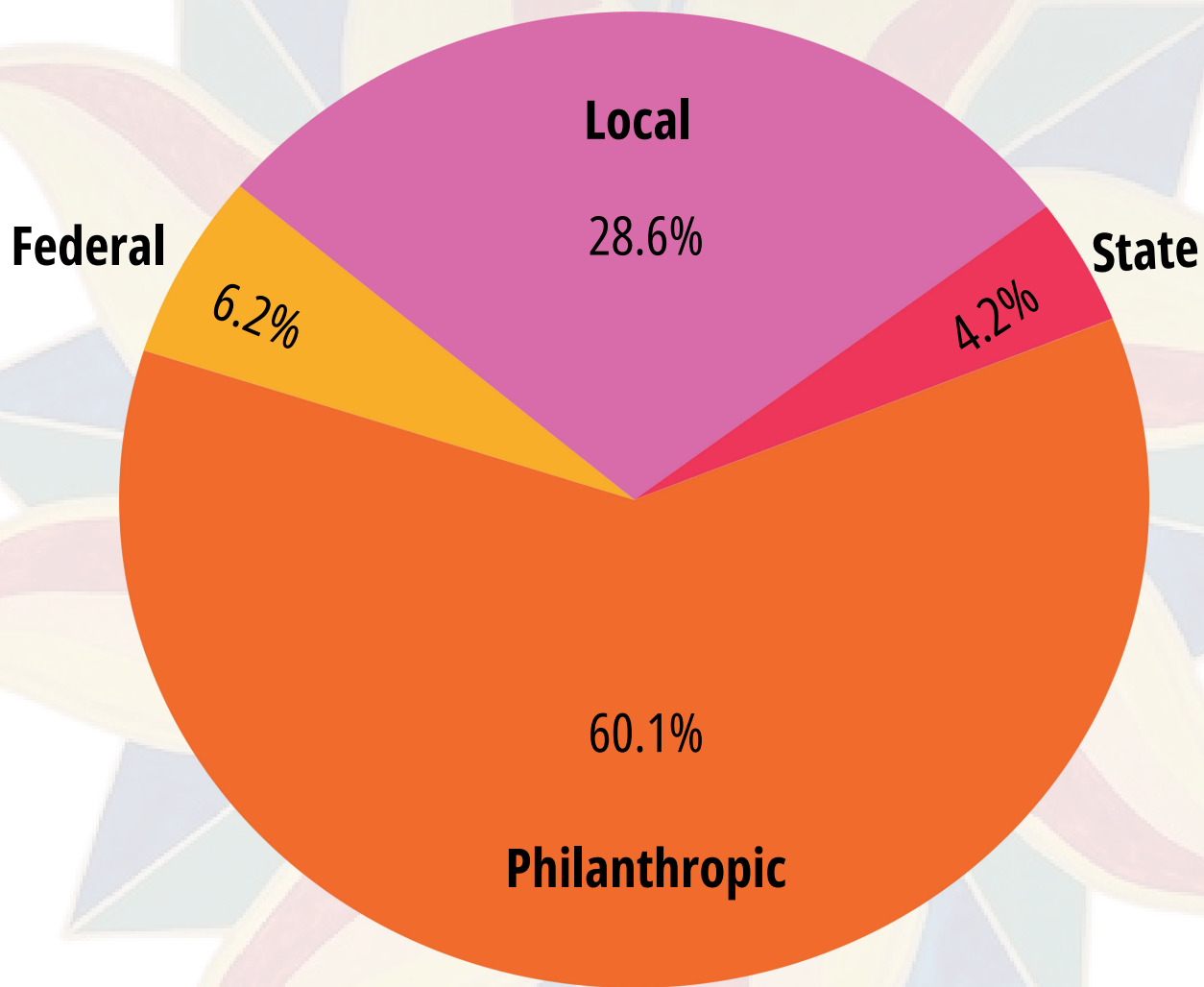
The school-to-prison pipeline is a disturbing national problem where children are systematically siphoned out of schools into the prison system. Students of color (our primary focus) receive disproportionately harsher disciplinary actions, which increases the risk of entering the juvenile justice system. Project R.E.A.C.H. addresses the root causes of disruptive behaviors and decreases exclusionary discipline practices in schools by focusing on student mental health, collaborating with school staff, and developing targeted resources to foster a favorable school climate. Our aim is for students who complete the program to have reduced disciplinary referrals and improved attendance. Project R.E.A.C.H. leverages integrated mental health services of School-Based Health Centers (SBHCs) to proactively identify and address the risk factors that contribute to student disciplinary referrals.

Currently, Project REACH is being piloted at 2 Georgia middle schools, KIPP Vision Primary School in Atlanta and Albany Middle School in Albany. Key project activities include:

- **School Counselor Interviews:** Gathering insights into available mental health resources and strategies for managing challenging behaviors.
- **School Staff Surveys:** Understanding teachers' perspectives on students exposed to trauma and its impact on their behavior and academic performance, as well as identifying stressors affecting staff wellness.
- **Trauma-Informed Care Training:** Offering training by members of Emory's School of Public Health in equipping school staff with essential skills in self-care as well as the management of challenging student behaviors.
- **Student Surveys:** Assessing challenges students face at school and home, the emotions they are experiencing, and the type of support they have and need.
- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS):** Structured weekly group therapy for students led by SBHCs mental health provider. Sessions are designed to decrease symptoms of post-traumatic stress disorder, depression, and challenging behaviors.
- **Leadership Development:** Partnering with our colleagues at Emory's School of Theology to develop a curriculum to implement with CBITS. Lessons aim to help students shift their thinking, remove stigmas, and feel empowered to own and execute critical skills in their lives.

At the end of the two-year project period, we will evaluate the program by surveying students and by analyzing data on school attendance and disciplinary actions. We will also assess the challenges faced during implementation. Our long-term goal is to take Project REACH to scale and expand it to additional schools.

Funding *Support*



Our funding sources are varied; however, private philanthropy has been the mainstay of our support. **The Zeist Foundation was instrumental in the creation of PARTNERS** and has served as a primary funding source for the past sixteen years. Their advocacy and support have elevated our fund-raising efforts and has led to the achievements we share in advancing health equity for Georgia's children.

Looking *Ahead*



As we look to the future, we are guided by the past. Our successes and challenges have given us much insight into how we should position ourselves to move this work forward. The four pillars that support the mission and vision of PARTNERS remain constant in our work. Increasing access to healthcare for the purpose of advancing academic achievement through the continued expansion of school-based health centers is a top priority. Providing healthcare in the context of family, increasing school readiness and early childhood literacy, and training residents and medical students to provide care for the whole child are also foundational to our goal of advancing health equity for children and adolescents throughout the state of Georgia.

It is our intent to strengthen our partnerships with school systems, youth serving organizations, advocacy groups, state agencies, policy makers, community leaders, and philanthropic foundations to expand our reach and improve outcomes. We will continue to cultivate new partnerships, explore additional funding opportunities, and advance the work grounded in community and guided by the voices of those we serve.

Please see: *PARTNERS Logic Model*

Meet Our Team



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- Voices for Georgia's Children
- Aetna Health/CVS
- Georgia Department of Family and Child Services

A Year in Pictures



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