

An Overview of Child and Adolescent Health

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Why is Child and Adolescent Health Important?

- Unique needs and health problems distinct from adults
- Health care system is distinct (providers, technology)
- Demographic composition

Why is Child and Adolescent Health Important?

- Foundation for life-long health status
 - Health behaviors
 - Brain development
- Determines future social and economic health of society

On an Average Day in Virginia:

- 40 women did not receive prenatal care
- 22 weigh < 5.5 lbs.
- 7 born to teens 15-17 years of age
- 84 babies born to single women
- 1:3 receive free or reduced school lunch
- 2 die before their first birthday
- > 18 found to be abused/neglected
- 1 child dies (ages 12-14)
- 3 youths arrested for violent crimes (to age 18 years)
- 27 teens 9-12th grade drop out of school

(Kids Count-Virginia Data Project)

Challenges for Parents/Families

- 31% percent of births in VA are to single mothers
- 17 of 1000 births are to a 15-17 year old mother
- Approximately 13% of children in VA live in poverty
- 62% of children under age 6 live in a home where all parents are working
- About 330,000 in this age group have *all* parents in the workforce
- In Virginia, 68% of women (253,000) and 85% of men (241,000) with children under age 6 are employed

Virginia Annual Per Child Investment

- Children less than 5 years comprise 9.3% of total state population
- 0.2% of total general fund expenditures are allocated for early learning
- Annual per child state & federal investment B-5 years= \$1,068
- Annual per child state & federal investment school age = \$7,654
- Annual state and federal investment for college youth= \$4,483

Long Term Indicators- Where Is Virginia in 2009

The following long-term trends are noted on Virginia measures:

Four measures showed improvement:

- child death rate
- teen death rate
- teen birth rate
- high school dropout rate

Two measures did not change:

- percent of teens not in school and not working ("idle teens")
- child poverty rate

Four measures worsened:

- percentage of low-birth weight babies
- infant mortality rate
- percentage of children living in families where no parent has full-time year-round employment
- percentage of children in single parent families

Child and Adolescent Health

Objectives:

- Overview of Child and Adolescent Health State Data
- Comparison of Public Health, Private Provider's, and Health Plan's Roles
- Developmental Stages
- Public Health Concerns
- Approaches to the Issues

Public Health's Role



Comparison of Public Health, Private Provider's, and Health Plan's Roles



Major Developmental Stages

- Infancy
- Early Childhood
- Middle Childhood
- Adolescence



Infancy

- Rapid growth & development, including most of brain growth
- Bond & trust with parents



Infancy Major Public Health Concerns

- Healthy Family
 - Parental relationships
 - 27% of children live w/ 1 parent
 - Parental Support
 - Personal Emotional Health
 - Maternal depression: UVA study found that boys and girls from poor families with depressed mothers had delays in cognitive and motor development.
- Healthy Behaviors

Infancy Major Public Health Concerns

- Newborn screening
- Social-Emotional Competence
 - Struggling with the effects of violence and showing the impacts of maternal depression
 - Described as "mad, bad and sad"
- Immunization
 - 23.9% of day care participants and 28.2% of Head Start participants were not up-to-date by 24 months of age for the 4-3-1 immunization series--DTAP, polio, MMR (VA Immunization Survey)
- Regular Health Care
 - 15% all children have no insurance

Infancy Major Public Health Concerns

- Breastfeeding
 - 64% breastfed @ hospital; 31% at 6 months
- Healthy Environment
 - Tobacco smoke
 - 30% of 0-5 year olds exposed to ETS at home (VA)
 - Respiratory diseases leading cause of hospitalization (1-4)
 - Lead Poisoning Prevention
 - Injuries (MV, Home)
 - leading cause of death

Infancy Major Public Health Concerns

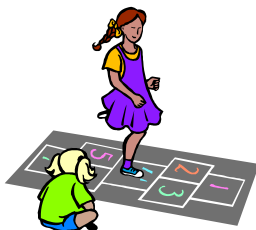
- Prevention of SIDS
 - 38% drop in SIDS death; 66% rise in infants placed on their backs following P.H. campaign- '92-'96; direct link to second hand smoke
- Prevention of Child Abuse/Neglect
 - the number of child maltreatment deaths in 2000 was 38 (18 in the <1 year age group), decreasing to 31 (15 in the <1 year age group)
- Oral Health

20% of indigent 3 year-olds have tooth decay
 *** Dental disease is directly related to income ***



Early Childhood

- Physical Strength, Coordination & Dexterity
- Exploration & Independence
- Language & Expression
- Reality & Fantasy
- Sense of Self



Early Childhood Major Public Health Concerns

- Children w/ Special Needs
 - Learning Disabilities
 - Behavioral Problems
 - Physical Conditions
 - 15% are CSHCN
- Dental Visits
 - 20% all children no dental visit/40% <2 visits
 - 25% of ALL children entering kindergarten have visible untreated tooth decay

Early Childhood Major Public Health Concerns

- Child Care
 - *Over 70% of working women have a child in child care*
 - *Approximately 65% of children are in some form of care: various forms of child care, Head Start, VPI, Title 1 Preschool.*
 - *Young children are being kicked out of child care programs because of their behaviors, including infants and toddlers*
- Injury Prevention
 - Motor vehicles
 - *Car seat safety*
 - Drowning

Middle Childhood (6 - 11)

- Growing sense of physical competence - sports participation
- Cognitive development
- Sense of self and "fit"



Middle Childhood

- Moral/spiritual development
- Responsibility for health behaviors



Middle Childhood Major Public Health Concerns

- Healthy Behaviors
 - nutrition/physical exercise
 - *1/3 of 4th graders are overweight*
 - injury prevention
 - sports
 - bicycles
 - *leading cause of death 5-14 year olds*
 - dental hygiene
 - impulse/anger control
 - alcohol/tobacco/other drugs



Middle Childhood Major Public Health Concerns

- Healthy Relationships
 - with parents and other adults
 - peers
- After-school supervision - school connectedness
- Mental Health
 - *most common reason for hospitalization 10-14 year olds*



Adolescence (11 - 21)

- Dramatic physical, cognitive, social and emotional changes - opportunities & challenges
- Somatic & sexual growth & development
- Relationships
 - Peer, Family, School



Adolescence (11 - 21)

- Experimentation with new behaviors
- More unsupervised time/less parental involvement
- Meaningful work & community service opportunities



Adolescence Major Public Health Concerns

- Motor Vehicle Deaths and Injuries
 - No. 1 cause of death and hospitalization 15-19 year olds
- Alcohol/Drug Use
 - 20% of H.S. students used alcohol, 7% marijuana in last 30 days
- Tobacco or Tobacco Product
 - 27% of H.S. students; 10% of Middle Schoolers
- Firearms/Violence
 - Homicide - 2nd; Suicide - 3rd causes of death 15-19 year olds
 - 17% carried weapons; 7% to school in last 30 days

Adolescence Major Public Health Concerns

- Expression of Sexuality
 - Childbirth - leading cause of hospitalization 15-19 year olds
 - > 50% of all H.S. students have had sexual intercourse
 - STDs - Chlamydia (1,301/100,000 15-19), Gonorrhea (561/100,000 15-19 year olds)
- Physical Activity/Nutrition
 - 30% overweight
- Annual health supervision/access to care
- After-school activities/community service

Approaches to the Issues

1. Build a system of support at both state and local levels (use strategic fiscal planning; focus on reducing risks and early intervention; integrated service delivery)
2. Use programmatic strategies to reduce risks (i.e.- address family economic security as a health promoting strategy)

Cross-system Fiscal & Infrastructure Strategies

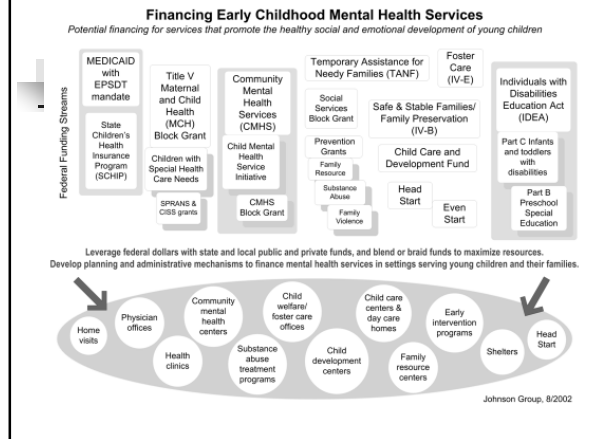
- Maximize the impact of Title V in system-building to promote social, emotional and behavioral health
- Engage in cross-system fiscal planning and change strategies
- Develop shared definitions of at-risk

Cross-system Fiscal & Infrastructure Strategies

- Gap-filling, direct services
 - Support two-generational services (e.g. maternal depression-curriculum; co-location of social workers or child development staff in pediatric offices)
 - Hire families as parent coordinators; work with family organizations
- Enabling Services (respite care, family support services)
- Population-based services (outreach to pediatricians to help with voluntary screening moms and babies for social and emotional risks)
- Infrastructure-promoting integrated service delivery (Cross-system training)

Programmatic Strategies

- Expand Consultation Models
 - Build on Healthy Child Care America & other state and community initiatives
- Link CSHCN and MCH more closely
 - Make sure definition of CSHCN includes attention to social, emotional and behavioral issues
- Expand core partnerships
 - Child welfare, Part C, etc
- Support shared community-level cross-training
 - Benefits information at all access points
 - Family Advocacy Program



Want to Know More?

National and federal web sites

- www.vdh.state.va.us
- www.vahealth.org
- <http://www.vahealth.org/childadolescenthealth/EarlyChildhoodHealth/>
- <http://www.vakids.org/work/kcdata.htm>
- <http://health.nih.gov/result.asp/126/24>

thank you!

Polio- Past and Present

