

Community Meetings on Child Health

In 2006, the West Virginia Healthy Kids and Families Coalition (WVHKFC) and the West Virginia Chapter of the American Academy of Pediatrics (WVAAP) met with about 300 professionals from around the state to discuss the status of child health in West Virginia. Meetings were held in Martinsburg, Morgantown, Charleston, Parkersburg, Huntington and Lewisburg.

The purpose of the community meetings was to

- Share what we have learned about the state of child health in West Virginia.
- Discuss community concerns about child health.
- Learn how we can support the work of health, education and social service professionals in communities across the state.
- Build a network of West Virginians who want to collaborate to improve the health of children.

Growing Healthy Children: A Children's Health Agenda 2006

As a result of work at the State level and the community meetings, the WVHKFC and the WVAAP recommend that we work together on policy and practice to improve the health and well-being of children in West Virginia by focusing on the following issues for the next several years.

Health Coverage

Expand the Children's Health Insurance Program to assure that all children have access to affordable health coverage

West Virginia has done a good job of expanding health coverage to more than 97 percent of all children. Beginning in January, the Children's Health Insurance Program (CHIP) will be expanded to 220 percent of the federal poverty level making an estimated 332 additional uninsured children eligible for coverage. We are committed to making

affordable health coverage available to all children in West Virginia and recommend that Governor Manchin and the State Legislature follow the lead of Illinois and other states to assure that every child has coverage. About 4,000 children would be eligible for coverage at 300 percent of the federal poverty level.

We are also committed to ensuring that every eligible child is enrolled for continuous and uninterrupted coverage. We are concerned that new federal documentation requirements to prove citizenship and identity will cause children to lose coverage. We will work together to monitor program enrollment and educate health care providers and community groups on the new requirement

Finally, we heard some concern in communities that coverage does not always translate into access and that we must continue to work to assure that provider reimbursement is adequate and that services, especially oral health services, are available and accessible.

Perinatal Health Improve the health of pregnant women and infants

The health of children begins in the womb. West Virginia has too many infant deaths and low birth weight babies. Poor oral health, tobacco and drug use, poor nutrition, stress and the environmental and health risks associated with poverty contribute to unacceptable outcomes. Poor health of pregnant women translates into poor health for infants and children. We must have a concerted effort of all sectors of society to support and promote the health of pregnant women. In addition to the health care, education and social service community, employers and the faith community, should work actively to create a healthy, supportive, and protective environment for pregnant women.

We support the expansion of home visiting programs such as Right from the Start, Maternal & Infant Health Outreach Worker Program, Parents as Teachers, and Healthy Families USA as especially important for pregnant women at risk for poor birth outcomes. We also support the recommendations of the Perinatal Wellness Study and will work with the Study group to implement the recommendations. The Perinatal Wellness Study and Recommendations for Policy can be found at www.wvhealthykids.org.

Oral Health

Assure that pregnant women and children have access to preventive oral health services

Oral health is one of the most preventable of all diseases. It is the most prevalent disease of childhood and research increasingly shows that poor oral is linked to general poor health including adverse birth outcomes, heart disease, diabetes, and osteoporosis. West Virginia parents consistently report that their children have an unmet need for affordable oral health care.

For many years, the West Virginia Office of Maternal, Child and Family Health (DHHR) has worked hard to address the enormous need. We must come together to support the efforts of the Office of Maternal, Child and Family Health, work with the West Virginia University Dental School, the public school system, health care providers, and others to make sure that this generation of West Virginia children grow up with bright and beautiful smiles.

We will work with others to advocate for more professional and financial resources for this important child health issue. A new \$1 million oral health initiative in 2006 funded by the Claude Worthington Benedum Foundation can provide the momentum for West Virginia to take a big step forward in improving the oral health of children and families. For more information on oral health initiatives and statewide public awareness campaign, go to www.wvhealthykids.org or www.rush2brushwv.org .

Obesity

Coordinate efforts across all sectors to address the obesity crisis among children

Everyone is concerned about the crisis of obesity among our children. The Foundation for Child Development Index of Child Well-Being (CWI) reports that the indicators for child health have declined by 30 percent since 1975. The primary cause of that decline is the epidemic of overweight and obesity. The head of endocrinology and metabolism at the Children's Hospital Los Angeles has warned, that "we're looking at a first generation of children who may live less long than their parents as a result of the consequences of overweight and type 2 diabetes." This prediction is startling and alarming.

The West Virginia University Cardiac Study of 5th graders has found that more than 46 percent of children were overweight or at risk for being overweight.¹ Everyone agrees that we must change this trend. West Virginia has many state and local initiatives to address the problem but there has been little coordination. The State Office of Healthy Lifestyles has developed a plan and is attempting to coordinate efforts across the state. All sectors of West Virginia society should work together and every effort should be made to implement the recommendations in the plan of the Healthy Lifestyles Coalition.²

Quality of Care

Assure that health care services for children provide for quality preventive and treatment services to assure the optimal health and development of West Virginia's children.

The National Institute for Child Health Quality (NICHQ) says that the quality of children's health care is inadequate. Research has found that up to three-quarters of children do not receive recommended health care to prevent disease, reduce disease complications, and achieve optimal health and development.³

In West Virginia, the State Chapter of the American Academy of Pediatrics (WVAAP) seeks to work with the State's Medical Schools, Medicaid, WVCHIP, other state and private payers, and with physician practices to improve the quality of care received by West Virginia children. With funding from the Claude Worthington Benedum Foundation, the WVAAP will begin systematically addressing this issue in 2007. For more information in 2007 and to find out how to participate, check www.wvhealthykids.org.

School Health

Modernize our school health system by coordinating and integrating school health with community services.

¹ 27.2 percent of 5th graders are overweight with BMI at greater than 95th percentile; 18.5 percent are at risk of being overweight with BMI at greater than 85th percentile.

² The plan is available from the WV Office of Healthy Lifestyles, Bureau for Public Health, DHHR.

³ S. Leatherman and D. McCarthy, Quality of Health Care for Children and Adolescents: A Chartbook, New York: The Commonwealth Fund, April 2004.

Almost 280,000 children spend a greater part of their waking day at school. Schools have a natural interest in assuring the health and well-being of students in their care. All school –age children need a healthy environment, health education, screening and prevention services and about 30,000 West Virginia students need specialized care in the school setting from taking medication during the school day to monitoring blood sugar levels, dealing with seizure disorders and other special health care needs. . Many children in school have multiple physical and emotional health problems. Our school health system is not designed to serve the complex needs of today’s students. West Virginia should commit itself to creating a school health system for today’s realities. Legislation to support collaboration and coordination, better understanding and new ideas for school health by payers of services and some new funding to support the coordination function are necessary. See the recommendations of the School Health Partnership, Healthy Kids ~ Healthy Schools: West Virginia Recommendations to Promote Health and Advance Learning, 2006, at www.wvhealthykids.org

Mental Health

Organize to identify and address the serious mental health needs of West Virginia children and youth

Teachers, health care providers and others who work with children express concern about the mental health of West Virginia children. The perception among professionals is that the emotional well-being of children is worse today than in the past. The Substance Abuse and Mental Health Services Administration (SAMSHA) reports that children have social, interpersonal and family problems. Girls tend to suffer from anxiety and adjustment disorders while boys exhibit aggression, disruptive behavior, neurologically related behavior disorders.⁴ School based mental health programs in West Virginia, report seeing children for anxiety, depression and behavior disorders.

The West Virginia Bureau for Behavioral Health estimates that about 13 percent of children suffer from serious emotional disorders. Many more need support to successfully transition from the dependency of childhood to the independence of adult life. While some efforts are underway, West Virginians

⁴NASDSE, InForum, School Mental Health Services in the United States, August 2006.

need to come together to have a state-wide conversation and plan to address the mental health needs of children.⁵

Quotes:

CHIP is the best thing that has happened for children in the last few years. Lewisburg Participant

About 200,000 children receive health care through Medicaid annually. An additional 35,000 receive coverage through WVCHIP.

In child health we must consider the developmental characteristics of children, their dependence on adults, and the patterns of health related behavior that form the basis of life long habits. Morgantown Participant

We need a greater emphasis on prevention including in-home family education, tobacco and obesity prevention. Charleston Participant

We need more resources to support children's mental health. Huntington Participant

Prenatal and early childhood in-home family education could address MOST of the issues discussed today. Lewisburg Participant

We must educate parents. So many issues are family centered (obesity, drug abuse, etc.) that focusing on children alone does not fully address the problems. Huntington Participant

"We need school nurses to assess the whole child and make referrals to get the students the kind of help they need. Healthy children are better learners. Parkersburg Participant

The most important issues are oral health, behavioral health, and the limited number of providers accepting medicaid for medical and dental services. Martinsburg Participant

⁵ Current child mental health efforts in West Virginia include: (1) SAMHSA-funded regional System of Care Collaborative, (2) WV Department of Education Statewide Positive Behavior Support Network and School-Wide Positive Behavior Support, (3) the Bureau for Public Health School Based Health Center Initiative, (4) the Bureau for Behavioral Health school-based mental health services program, (5) Sisters of Saint Joseph Health and Wellness Foundation –funded School-Based Mental Health Program, (6) 2006 Legislatively mandated study of the state mental health system.

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Local Organizers and Hosts

Martinsburg, June 9, 2006

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Charles Printz, Jr.
Trina Bartlett
Amy Owen

Charleston, June 21, 2006

The Reverend Dennis Sparks

Morgantown, August 3, 2006

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John Prescott, MD
Elizabeth Parsons

Parkersburg, September 21, 2006

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