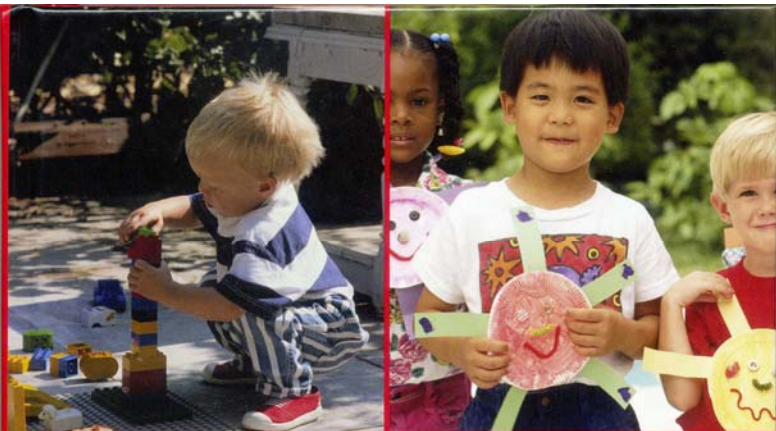


Understanding and Improving Child Health: A Challenge for New York State

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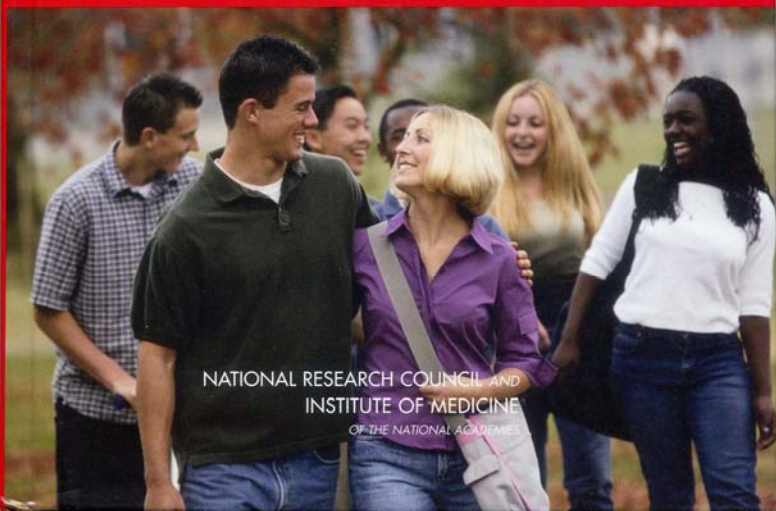
Outline

- Review key findings of *Children's Health, The Nation's Wealth: Assessing and Improving Child Health*
 - Focusing on:
 - **The conceptual model of child health and the things that influence it**
 - **Specific recommendations for states**
- Discuss how they apply to NY State



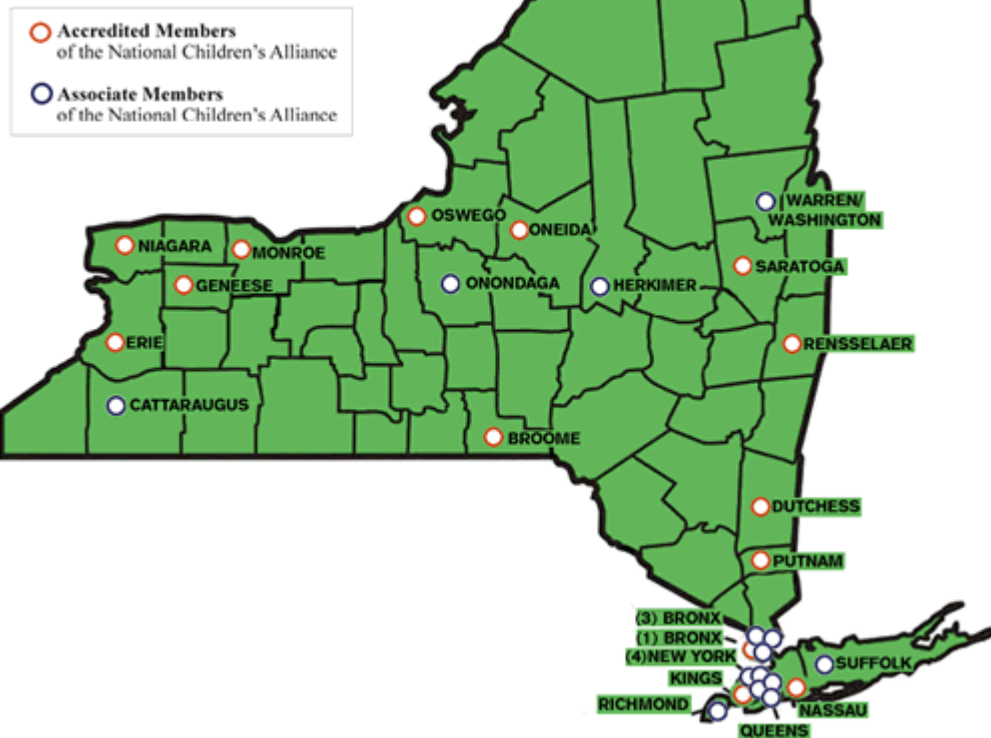
CHILDREN'S HEALTH, THE NATION'S WEALTH

ASSESSING AND IMPROVING CHILD HEALTH



NATIONAL RESEARCH COUNCIL AND
INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Map of New York State CACs



Committee's Charge #1

■ How is children's health defined? Are these definitions appropriate? If not, what is an **appropriate definition of children's health?**

■ What data and methods are being used to **assess and monitor children's health at the federal, state, and local levels?** Are these data and methods adequate and appropriate? If not, what types of data and methods are needed and what are the strategies for their development and application? How could new technologies be used to link individual, family, community, and clinical data to assess and monitor children's health? What are the technical challenges and limitations for linking such data?

Committee's Charge #2

■ What are the **risk, protective, and promotional factors** to children's health, safety, and well-being? What data and methods are used to assess and monitor these factors? Are these data and methods adequate and appropriate? What **new assessment tools or methods are needed** and what are the strategies for their development and application?

■ Ideally, **how should data be used to inform both policy and practice** to ensure children's health, safety, and well-being? What are the ethical considerations in obtaining such data and in their application?

Terms used by the Committee

- **“Children”** refers to the period between birth and 18 years
- **Influences** refers to the broad range of risk, protective, and promotional factors



Why Child Health Is Important?

- **Children are vital assets of society**
- **Children's health reaches far into adulthood**
- **Manifestations of health vary for different communities and different cultures**
- **Tracking data on children's health and its influences is an essential part of efforts to improve children's health and the health of the adults they will become.**

Children Are Different

- **Developmental Differences**
 - **Physiological and behavioral differences**
 - **Development intrinsic to child health**
- **Dependency**
- **Different Demographics**
- **Different manifestations of poor health**



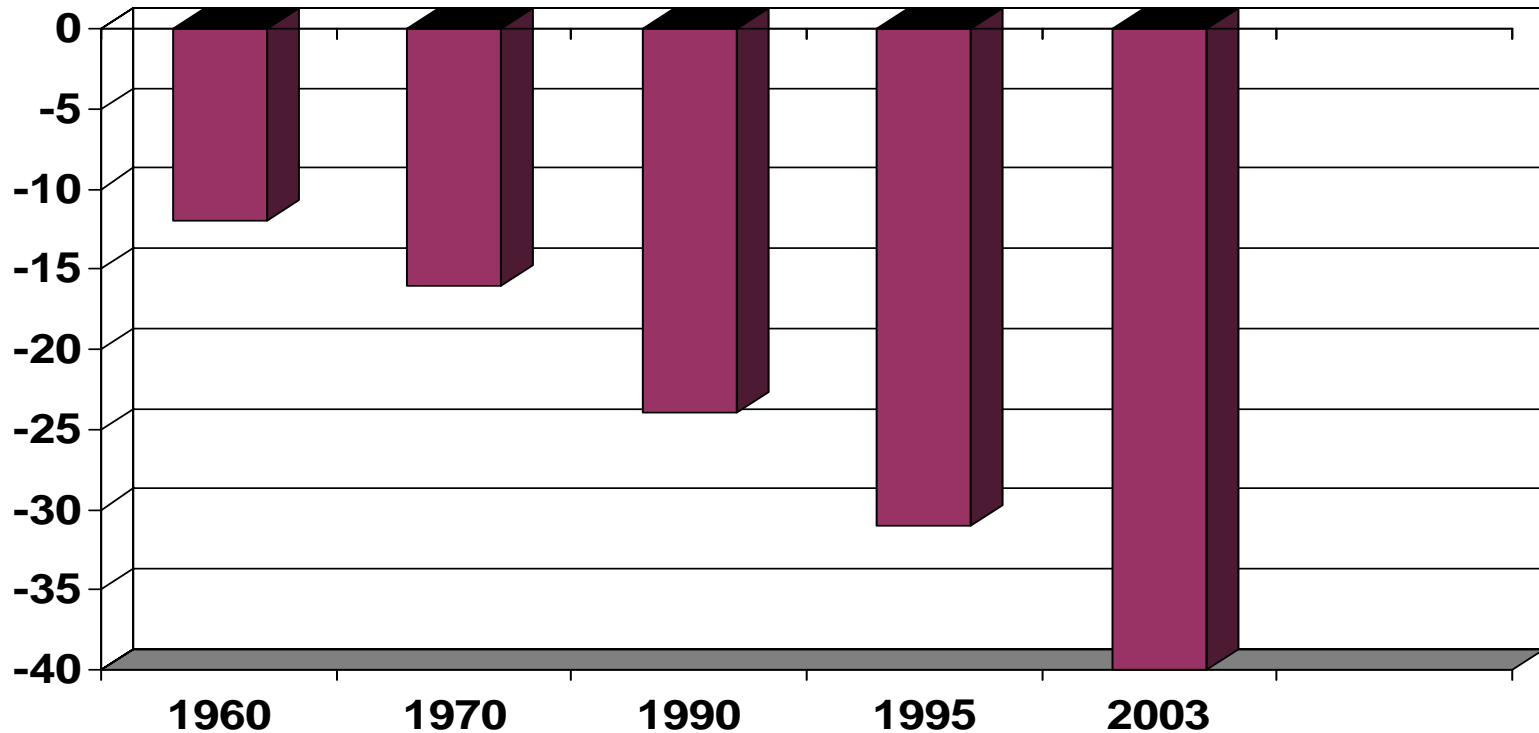
Traditional Measures Point to Progress

- **Reduced infant mortality**
- **Continual increases in immunization rates**
- **Substantially reduced teen pregnancy**
- **Significant reductions in smoking**
- **Reduced exposure to ambient lead**

Substantial Health Issues Remain

- 7 of 1,000 children die before first birthday
- 12-19% have **chronic** health conditions
- 15% of those ages 6-19 years are **overweight**
- 44% of deaths of children ages 1-19 are due to **unintentional** injuries
- 1 in 10 children have significant **mental health** conditions that cause some form of impairment
- Infant mortality rate higher than most other OECD nations

US Infant Mortality Rate Rank Among All Nations (0=best/-192=worst) Over Time



Per Capita Income by Infant Mortality Rate

Per capita income of nations with IMR the same or better than that of the USA:

Range:

**\$1170 (Cuba) to
\$37,610
(USA)**

Median: \$18,060

Nations with the same US IMR (7/1000)

Hungary: \$6630

Malaysia: \$3780

Slovakia: \$4920

Emirates: \$18,060

Total 2001 Expenditures for Health Among Nations With IMR Better Than That of the USA

■ **USA= \$5021**

■ **Switzerland=\$3322**

■ **Canada=\$2792**

■ **Norway=\$2920**

■ **Iceland=\$2643**

■ **Netherlands=\$2626**

■ **France=\$2561**

■ **Australia=\$2513**

■ **Denmark=\$2503**

■ **Sweden=\$2270**

■ **Ireland=\$1935**

■ **UK=\$1992**

■ **Finland =\$1841**

■ **New Zealand=\$1710**

■ **Czech =\$1106**

We Spend a Lot, but Not on Children.....

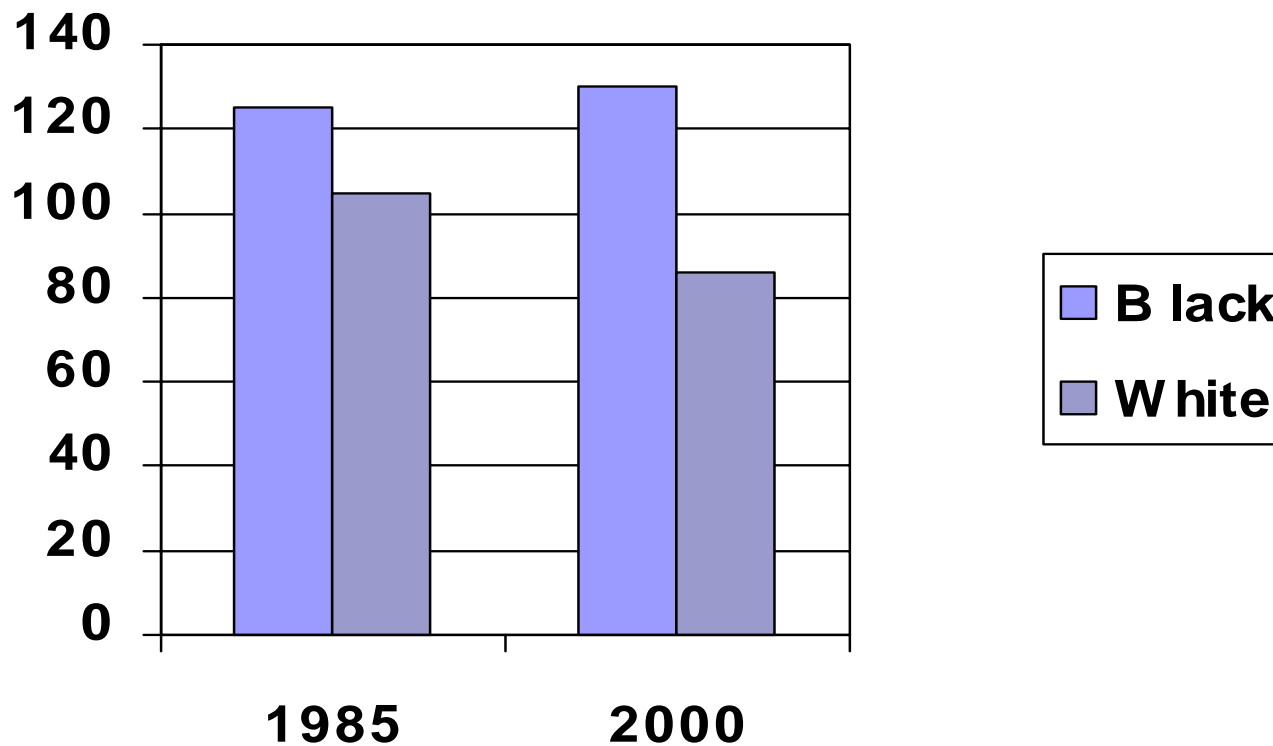
US Health Expenditures:

**12.1% for children's health
(0 to 18 years)**

And There are Major Disparities....

- Blacks have higher infant mortality and adolescent mortality rates
- Blacks have higher teenage pregnancy rates than other population groups
- Hispanic children are more likely to lack health insurance and twice as likely to drop out of school
- Health of recent Hispanic immigrants better
- Differences by socioeconomic status

Deaths per 100,000 Adolescents



Summary

- **Most people consider children to be healthy**
- **Traditional Measures Point to Progress in decrease of some measures of morbidity**
- **Substantial Health Issues Remain**
- **...And there are Distinct Health Disparities**



Framework for a Children's Health Measurement System

- Measure and monitor **trends in health** and its influences, spanning age, ethnicity, geography, income, and special needs
- Provide **surveillance** for detection of changes, forecast how these changes will affect health, and anticipate the need for interventions in response.
- **Improve understanding** of the mechanisms of children's development and determine how changes in behavior, new health practices, and new policy interventions affect children's health.
- Measure the **performance** of the personal medical care system, relevant community service systems, and the broader public health system and how they affect children's health.



Five Action Areas To Move Toward Comprehensive System

- **Establish a comprehensive definition and framework for children's health**
- **Establish children's health as a national priority**
- **Improve measurement of children's health and its influences**
- **Strengthen state and local leadership and use of data**
- **Promote research to better understand children's health and its influences**

Why a New Definition of Child Health?

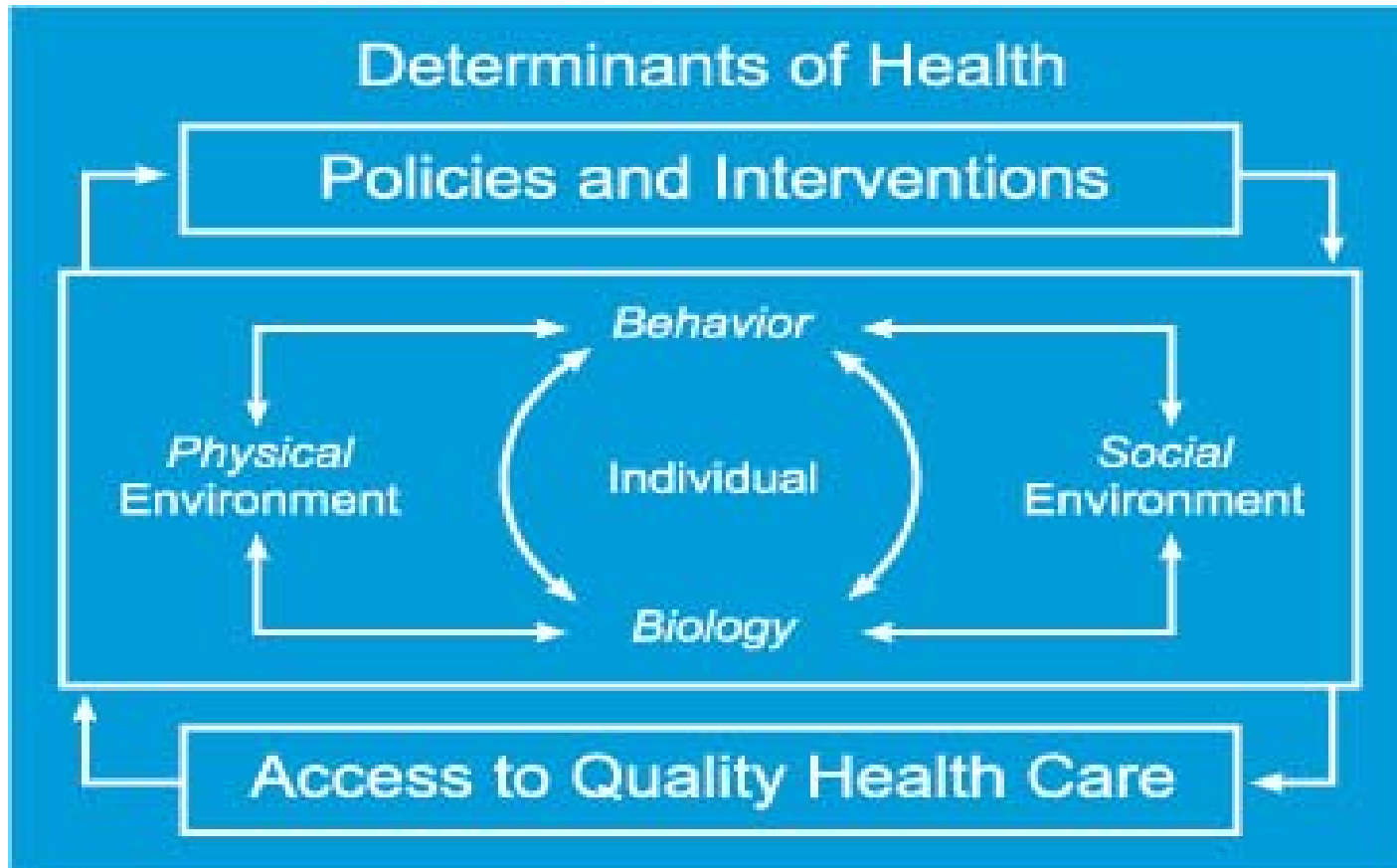
Existing Definitions lack:

- **View of health beyond illness and disease**
- **Consideration of special characteristics, particularly rapid development during childhood**
- **Consideration of multiple influences that interact over time in different ways as children develop and change**
- **How children interact with their environments in ways different from adults**
- **View of health as a positive construct**

New Definition of Child Health

- “Children’s health should be defined as the extent to which individual children or groups of children are able or enabled to
 - (a) develop and realize their **potential**,
 - (b) **satisfy** their needs, and
 - (c) develop the capacities that allow them to **interact successfully** with their biological, physical, and social environments.”

Healthy People 2010 Model



Multiple Influences on Children's Health

■ Biology

■ Behavior

■ Physical environment

Prenatal exposures; childhood exposures; home, school and work settings; safe environments; the built environment

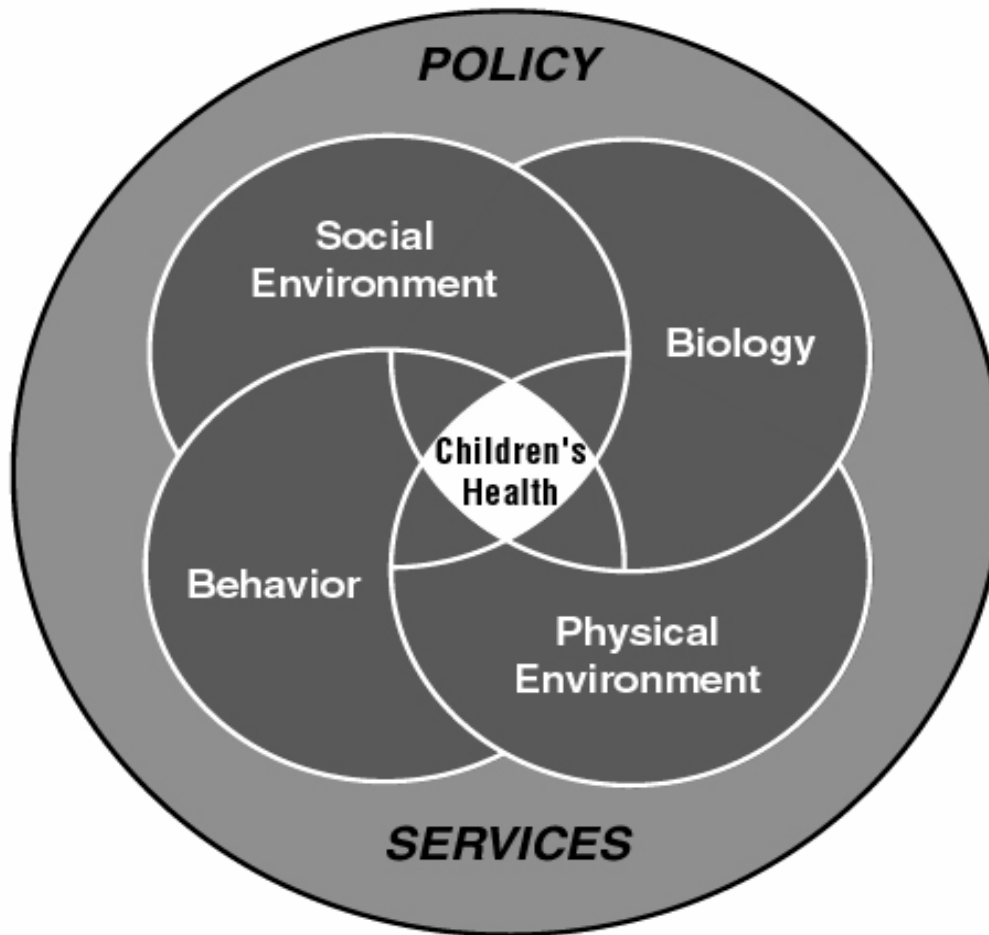
■ Social influences

Family; community; culture; discrimination

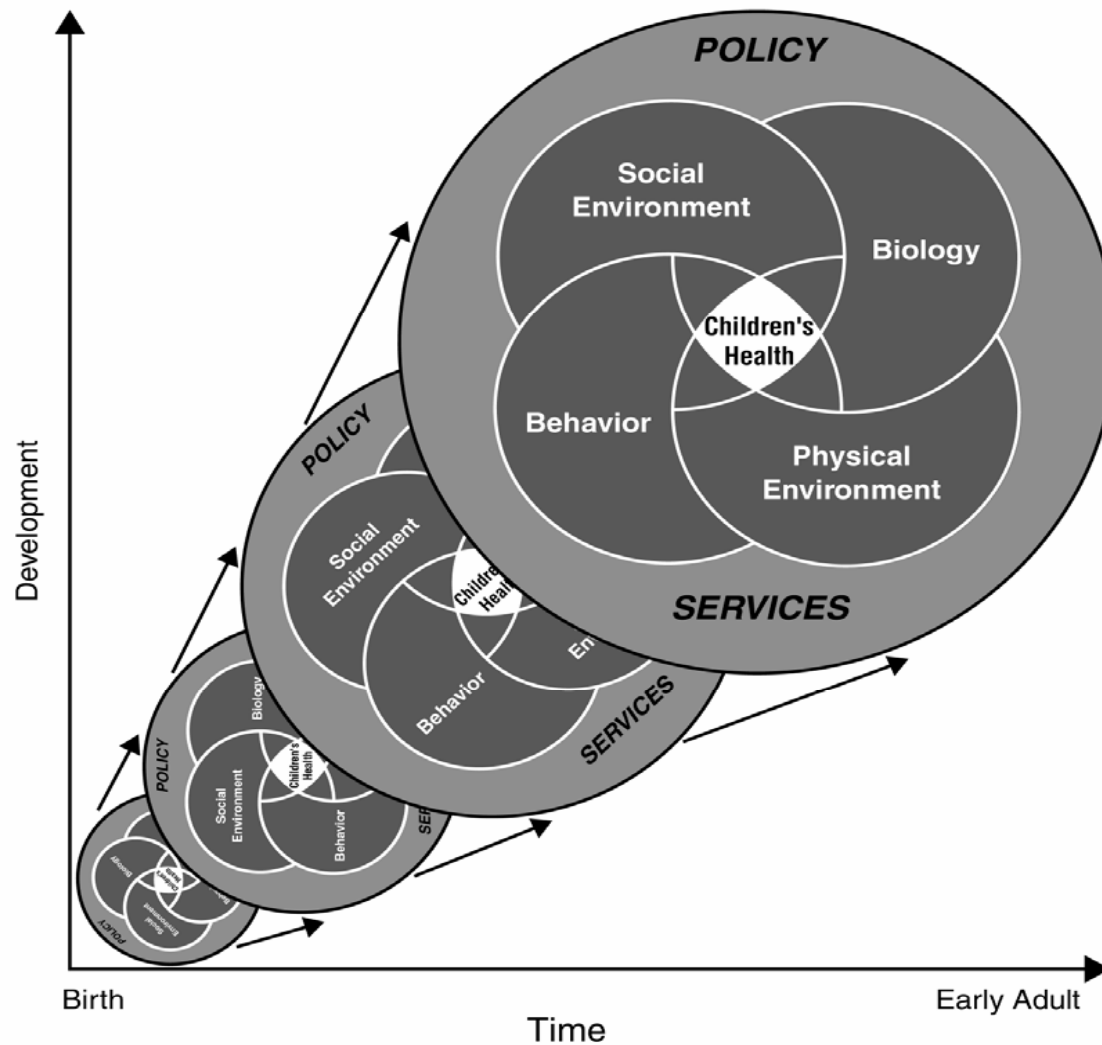
■ Services

■ Policy

Multiple, Interacting Influences



A New Model of Children's Health and Its Influences



Domains of Child Health

- **Health conditions:** disorders or illnesses of body systems
- **Functioning:** manifestation of health on an individual's daily life
- **Health potential:** development of assets and positive aspects of health, such as competence, capacity, and developmental potential

Five Action Areas To Move Toward Comprehensive System

- Establish a comprehensive definition and framework for children's health
- **Establish children's health as a national priority**
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Improve Measurement of Children's Health and Its Influences

Recommendation: Address Priority Gaps

- **Expand most comprehensive surveys (e.g., NHIS, NHANES, ECLS, NCS) to address gaps**
- **Particular focus on functioning and health potential**
- **Collect systematic data on racial, ethnic, immigration, and socioeconomic classifications across surveys.**

Immediate Actions to Improve Measurement

- Improved data collection in selected surveys;
- Improved monitoring of health disparities among children and youth;
- Continued collection of local-area data and linking those data with other data sources;
- Increased inclusion of geographic identifiers in health-related surveys and administrative data;
- Improved access to survey and record-based sources of health information by the research and planning communities; and
- Increased federal support of state and local monitoring of children's health and its influences.

Access to Data

- Important to maintain **privacy and confidentiality** of data
- Necessary to inform and guide public decisions and to advance public health knowledge.
- Many surveys and records systems can be linked using **geographic identifiers** with mechanisms to safeguard data.
- Mechanisms are not widely used.

Recommendation:

Expand Availability and Linkage of Local Data

- **Collect, disseminate and link data on children's exposure to toxins, air pollution and other environmental conditions**
- **Assess policies likely to affect children's health**
- **Collect and distribute local-area data (Census)**
- **Geocode addresses**
- **Make geocoded data as accessible as possible**



Recommendation: **Increase Data Availability**

- **Ensure respondent or subject confidentiality**
- **Promote availability of data**
- **Research and planning communities**



Recommendation: Improve State/Local Capacity

- **Fund state or local demonstration projects**
- **Standardize data elements**
- **Technical assistance**



State and local leadership and use of data

State and Local Leadership and Use of Data

- **States have more decision-making responsibilities**
- **Limited national data at state or local levels**
- **Multiple state or local data sets**
- **Integration maximizes data use and facilitates surveillance**
- **New technologies facilitate data linkage and web availability**
- **Numerous examples (e.g., MASSCHIP)**



Recommendation:

State and Local Leadership and Use of Data

- Designate central coordinating agency
- Individual responsible for reporting on progress
- Standardize and integrate data across agencies



So...

How are we doing?

New York Ranks

- **9th in the nation in per capita public health spending**
- **24th in the % of health spending on public health**
- **40th in the nation in % of children living in poverty (19.9% as of 2004)**

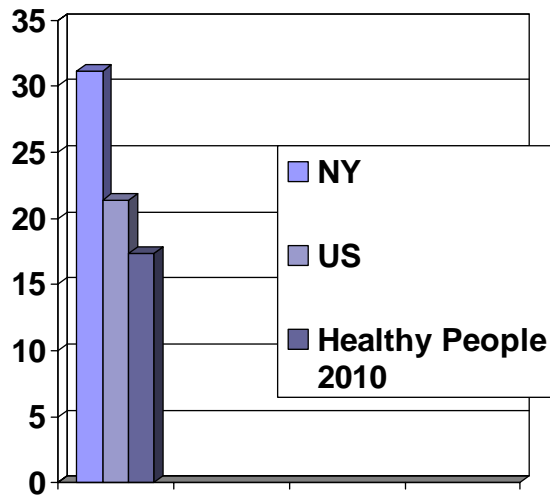
New York Ranks

- **19th in the nation in infant mortality**
- **39th in the nation in % of 9th graders graduating from High School (62.1% as of 2004)**
- **44th in the nation in adequacy of prenatal care (68.5% of pregnant women – 56% of Black and 72.4% of white women)**

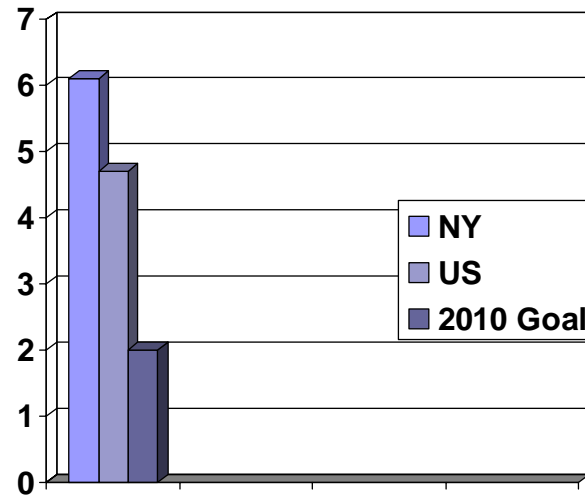
* United Health Foundation: America's Health: State Health Rankings.

Childhood Asthma

Hospitalization <18 yrs



Deaths < 18 years



How Are Children In NY Doing?

- ~ 300,000 children are being raised by grandparents
- >120,000 Children who have at least one parent in jail*
- Avail of Insurance –8.6% of children uninsured
- 1.4 million get food stamps
- 1.8 million get school lunches, 459,000 breakfast

*Prison Families of New York

More...

- **60% of third grade children <185% of poverty have tooth decay 40% untreated**
- **17% of families investigated for child abuse/neglect get services**
- **~240,000 children <5 who are eligible for child care subsidies are not receiving them**
- **1/2 as many children living in poverty are receiving public assistance as before welfare reform**
- **32% are getting public health insurance (up from 26% in 1994)**



Where are our information gaps?

Influences of Child Health in NY

■ Biology

- 7.9% of children born low birth weight – 12% of black births**
- Higher rates of CSHCN in NY than other parts of the country**
- 43% of 10-11 yr olds overweight or at risk**
- Absence of information about the biological burden of most toxic substances**

Influences of Child Health in NY

■ Social Environment

- 1/5 to mothers who have not finished HS
- 21.3% of children <FPL; 25.3% <125% FPL (compared to 15 and 18.6% of overall pop in NY)
- 40% of female headed households with children are below poverty: 47% <125% of FPL; 65.8% <200% FPL
- 37% out of wedlock births
- ~1/2 of the divorces in NYS involve children <18



Influences of Child Health in NY

■ Physical Environment

- Housing safety**

- Safe play areas**

- Safe child care, schools and after school programs**

- Safe communities**

- Air, water, soil pollution**

Influences of Child Health in NY

■ Behavior

- 9% of 16-19 yr olds unemployed/out of school
- Rates of risk taking behavior
- Numbers of children with mental health problems estimated to be ~10%
- Large numbers of adolescents in the juvenile justice system (77% SA, 52% MH, 48% physical health problems)

Influences of Child Health in NY

■ Services

- Education, Health, Human Services, Legal, Sanitation, etc
- Primary Care Infrastructure
- Culturally/linguistically sensitive services
- Integration of health, educational, human services
- Difficulties in access to services at the community level
- Inadequate physical-mental health parity

Influences of Child Health in NY

■ Policies

- Housing,
- Transportation and traffic
- Education
- Social Welfare
- Child protection
- Foster care and Adoption
- Health and related services
 - Insurance
 - Range of services
 - Availability and access to care



Looking Forward

**NY NEEDS LEADERSHIP IN BECOMING A
MODEL FOR CHILDREN'S HEALTH AND
WELL BEING**

**It is time to develop comprehensive ways
of assessing the health of children that
will foster the New York's ability to
nurture and develop its children with all
their inherent richness and potential.**



What Needs to Happen?

- **NY needs to make a real commitment to improving child health**
- **Appoint a child health Czar with a broad based advisory committee to oversee and monitor improvement of child health using all the available data and mechanisms**
 - **Integrate our existing mechanisms for monitoring how well our children are developing and realizing their potential, satisfying their needs, and developing the capacities to interact successfully with their environments.**

But beyond that...

What Needs to Happen?


New Initiatives:

■ HEALTH INSURANCE AND FINANCING

- All NY children should be able to get comprehensive health care services without regard to family income
- Child health services should use a *child appropriate standard of medical necessity*

■ CHILD IMPACT ASSESSMENTS

- All major new initiatives should be required to have a child health impact assessment



Many things we need can wait. The child cannot. Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow, his name is today.

~Gabriela Mistral





<http://www.nap.edu/catalog/10886.html>

or

■ Google: *Children's Health,
The Nation's Wealthssssss*