



Connected to Practice

Best practices—A Focus on What Works

Healthy Children

March 2008

Family Connection Partnership is committed to improving the well-being of Georgia's children, families, and communities. Family Connection Partnership works jointly with partners across the state to address the serious challenges facing Georgia's children and families.

Family Connection Partnership visions that all Georgia children will be healthy, ready to start and succeed in school, and have stable, economically self-sufficient families that live in strong communities.

Since 1995 Family Connection Partnership has measured the well-being of Georgia's children using Georgia Kids Count indicators. In 2005 the indicators were revised and expanded.

The first of the revised Georgia Kids Count Indicators focuses on Healthy Children. Healthy children begin with healthy mothers and healthy pregnancies. Women who receive appropriate and adequate prenatal care, nutrition, and support services have a better opportunity to have a healthy baby.

In addition to focusing on healthy mothers, healthy pregnancies, and prenatal care, this fact sheet presents the importance of other indicators related to Healthy Children, including risky teen sexual behavior and premature deaths. Also included are best practices and resources for each, as well as information on other indicators of importance to communities.

Georgia Kids Count Indicators Healthy Children

Healthy Start Index includes:
1. Birthweight more than 2,500 grams
2. Prenatal care in 1 st trimester
3. Mother did not smoke or drink alcohol during pregnancy
Infant Mortality (per 1,000)
Eligible children enrolled in Medicaid or PeachCare
Eligible children, birth through age four, enrolled in WIC program
Child deaths, ages 1-14 (per 100,000)
Teen pregnancies, ages 15-17 (per 1,000)
Teen births, ages 15-19 (per 1,000)
Teen repeat births, ages 15-19
Incidence of STD for youth, ages 15-19
Teen deaths (homicide, suicide, and accident), ages 15-19 (per 100,000)

INDICATORS RELATED TO HEALTHY BIRTHS:

Healthy Children

Healthy Start Index includes:

1. Birthweight more than 2,500 grams
2. Prenatal care in 1st trimester
3. Mother did not smoke or drink alcohol during pregnancy

Infant Mortality (per 1,000)

Why are these indicators important?

- The health and well-being of pregnant women and children are key indicators to the health and well-being of society. More than 130,000 infants are born to Georgia residents every year. Their well-being at birth influences whether they survive and subsequently become productive citizens.
- Healthy children begin with healthy mothers and healthy pregnancies. Women who receive appropriate and adequate prenatal care, nutrition, and support services have a better chance of having a healthy baby.
- Newborn screening and early diagnosis of health problems ensures timely, appropriate treatments that can save both human suffering and health care dollars.
- Smoking during pregnancy is responsible for 20 percent of all low birthweight babies, 8 percent of preterm births, and 5 percent of all perinatal deaths (www.nga.org). One of the most important actions a pregnant woman can take to prevent serious illness and complications for herself and her child is to quit smoking.
- Women who drink alcohol during pregnancy risk giving birth to a child with Fetal Alcohol Syndrome (FAS) (www.marchofdimes.com). Most infants with FAS weigh less and are shorter than normal infants. FAS also causes physical defects, heart and joint abnormalities, and mental retardation.

What Works?

- **Improve women's access to reproductive health care.**
- **Identify if there are sufficient health care providers in the community and work to seek solutions.**
- **Remove financial barriers.** Educate women about how they can gain access to health care services including Medicaid, WIC, PeachCare, family planning, and TANF.
- **Conduct a community specific needs assessment to address issues of access to prenatal care.**
- **Educate women about the importance of prenatal care.**
- **Engage in linking women to services.** The use of outreach workers to contact pregnant women has proven to be especially effective within the Hispanic community.
- **Implement the "5 A" Method in smoking cessation programs for pregnant mothers:**
 - **ASK** the woman about her smoking status
 - **ADVISE** her to quit smoking with personalized messages geared toward pregnant women
 - **ASSESS** her willingness to quit within the next 30 days
 - **ASSIST** with self-help materials and social support
 - **ARRANGE** to follow up during subsequent visits

Resources

Drinking Alcohol During Pregnancy. (n.d.). March of Dimes, http://www.marchofdimes.com/printableArticles/19695_1170.asp

Maternal and Child Health. <http://www.nga.org/Files/pdf/0406BIRTHS.pdf>

Preventing Maternal Smoking, July 31, 2001 <http://www.nga.org/Files/pdf/071101SMOKING.pdf>

Proven and Promising Programs to increase the percentage of babies born weighing 5.5 pounds or more <http://www.promisingpractices.net/program.asp?programid=118&benchmarkid=51>

Tipping the Scales: Weighing in on Solutions to the Low Birthweight Problem in Colorado <http://www.cdphe.state.co.us/ps/mch/mchadmin/tippingthescales.pdf>

INDICATORS RELATED TO RISKY TEEN SEXUAL BEHAVIOR:

Teen pregnancies, ages 15-17 (per 1,000)
Teen births, ages 15-19 (per 1,000)
Teen repeat births (ages 15-19)
Incidence of STD for youth, ages 15-19

Why are these indicators important?

- Pregnant teens are less likely to seek and receive timely prenatal care.
- Complications with delivery contribute to a 60 percent higher maternal death rate for teens age 15 and younger.
- The likelihood of death doubles during the first year of life for an infant born to a teen mother.
- Teen mothers often have limited educational attainment, with many dropping out of high school (http://www.marchofdimes.com/professionals/14332_1159.asp)
- Daughters of adolescent mothers are 83 percent more likely to become teen mothers themselves.
- Teens who have a repeat birth before age 20 are less likely to complete high school and more likely to live in poverty, compared to teens who have had only one child during adolescence.
- Unprotected sexual intercourse and multiple sex partners place young people at risk for HIV infection, other sexually transmitted diseases (STD), and pregnancy. Each year, there are approximately 19 million new STD infections in the United States, and almost half of them are among youth ages 15 to 24. (<http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm>)

What Works?

- **Intensify efforts to educate both teens and adults in communities with especially high rates of teen pregnancy.**
- **Educate teens about the risks and poor outcomes associated with teenage pregnancy.**
- **Offer and improve access to comprehensive reproductive health care and education that provides information about the risks of teen sexual activity.** By offering comprehensive sexuality education to **both** boys and girls, teens can be empowered to make healthy, responsible decisions about sexual activity.

Teens must be aware of health care resources available to them within their communities. Health care providers must maintain privacy and offer after-school hours, weekend services and accept walk-ins.

- **Encourage parents to become more involved and talk to their children about sex.** Adolescents also should be encouraged to involve a parent in their reproductive health decisions.
- **Offer youth development programs that focus on life options rather than specifically on sexual issues or pregnancy prevention.** Youth development activities such as semester-long after-school programs, skill-building projects, career counseling, extra-curricular activities, sports, community service and school clubs give adolescents a sense of responsibility and accountability. A teen who sees a future for him or herself is highly likely to make responsible reproductive health decisions.
- **Seek support from powerful community, business, education, and faith-based leaders.**
- **Offer STD screening programs for teens.**

Resources

A Good Time: After School Programs to Reduce Teen Pregnancy
<http://www.teenpregnancy.org/works/pdf/AGoodTimeCompleteText.pdf>

Georgia Campaign for Adolescent Pregnancy Prevention. (<http://www.gcapp.org/teenPregnancy/research.htm>)

Healthy Youth! Health Topics: Sexual Behaviors <http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm>

The National Campaign to Prevent Teen Pregnancy. (www.teenpregnancy.org) Go to “Resources” then to “What Works”

Preventing Teen Pregnancies: Key Issues and Promising State Efforts
<http://www.nga.org/cda/files/022296TEENPREG.pdf>

The Alan Guttmacher Institute. (www.agi-usa.org) Go to “Search” and type in “Teenage pregnancy prevention programs”

Preventing Teen Pregnancy in Your Community. <http://humanservices.vermont.gov/publications/reports-whatworks/ww-teenpreg>).

INDICATORS RELATED TO PREMATURE DEATHS:

Child deaths, ages 1-14 (per 100,000)
Teen deaths (homicide, suicide, and accident), ages 15-19 (per 100,000)

Why are these indicators important?

- Unintentional injury continues to be the primary cause of death for children, ages 1-14 (http://www.mchb.hrsa.gov/chusa_06/healthstat/children/0315cm.htm). Child deaths are a reflection of the physical, mental, and emotional health of children, and the dangers to which they are exposed in their communities.
- Children and youth that grow up with violence in the home and their surrounding environment are at greater risk for using violence to solve their problems outside the home. (<http://www.apa.org/ppo/issues/pbviolence.html>)
- Values, attitudes, and interpersonal skills acquired early in life play a key role in the development of violent behavior.

- Among young people ages 15-24, suicide is the third most common cause of death (<http://www.jedfoundation.org/documents/YouthSuicide.pdf>).

What Works?

- **Develop programs to promote and educate parents about how to create safe environments for children through the use of safety products.** This can be done with public awareness campaigns that advocate child restraints in cars, adherence to traffic laws, wearing bicycle helmets, and having smoke alarms in homes with monthly battery maintenance.
- **Provide community-based mentoring programs that foster norms against violent behavior.**
- **Offer after-school recreational or educational programs to keep youth occupied.** These programs have been shown to substantially reduce juvenile crime, drug use, and vandalism.
- **Family therapy can be effective with delinquent youth.**
- **Parent education programs can substantially increase parenting skills and improve children's behavior.**
- **Provide training and certification programs for intervention and/or mentoring personnel.**
- **Facilitate the entry of youths into effective intervention programs rather than incarcerating them.**
- **Promote public awareness of suicide and its risk factors.**
- **Enhance services and programs to recognize and treat depression, substance abuse, and other major health illnesses associated with suicide risk.**

Resources

Best Practices of Youth Violence Prevention: A Sourcebook for Community Action
<http://www.cdc.gov/ncipc/dvp/bestpractices.htm>

Child Health USA 2006: Health Status-Children
http://www.mchb.hrsa.gov/chusa_06/healthstat/children/0315cm.htm

Is Youth Violence Just Another Fact of Life? APA Online. <http://www.apa.org/ppo/issues/pbviolence.html>

Healthy and Safe Children. The RAND Corporation, http://www.promisingpractices.net/research_healthy.asp

Suicide in Georgia, 2000: State and County Statistics, Strategic Plans, Georgia Department of Human Resources, Division of Public Health. <http://health.state.ga.us/pdfs/prevention/suicidemanual.pdf>

Vermont Agency of Human Services. (www.ahs.state.vt.us) Go to "AHS Publications," then "The What Works Series." Click on "Preventing Youth Disruptive or Violent Behavior in Your Community"

Youth Suicide FactSheet. <http://www.jedfoundation.org/documents/YouthSuicide.pdf>

INDICATORS RELATED TO HEALTH INSURANCE COVERAGE:

Eligible children enrolled in Medicaid or PeachCare
Eligible children, birth through age four, enrolled in WIC program

Why are these indicators important?

- Women and children without access to health care, due to lack of insurance, can suffer long term consequences to their health. More than 41 million Americans are uninsured and many of those who

are insured are underinsured

(<http://www.americanpregnancy.org/planningandpreparing/affordablehealthcare.html>). Insurance premiums have been increasing, and they are expected to continue to rise, leaving many people no choice but to live without health insurance coverage.

- For the vast majority (84 percent) of low-income, uninsured children, Medicaid and SCHIP programs can provide a vital link to health care, improved participation in school, and greater financial stability (Cohen, Ross, & Hill, 2003).
- Having health insurance not only influences whether a child obtains needed health care, but it also can affect a child's school attendance and ability to fully participate in school activities.
- Families that lack health insurance are more vulnerable to financial stress than families with health coverage, making it more challenging for them to meet the needs of their children.
- Women participating in WIC (Women, Infants, and Children Nutrition Program) are more likely to get prenatal care early in their pregnancy and to seek preventive care such as health checks and immunizations for their children (http://dhr.georgia.gov/DHR/DHR_FactSheets/FactSheetWIC_04.pdf).
- Low-income families receiving WIC, Medicaid, immunizations, and medical checkups have a significantly lower infant mortality rate than do other low-income families in the state.
- Newborn screening and early diagnosis of health problems ensure timely, appropriate treatments that can save both human suffering and health care dollars.

What Works?

- **Remove financial barriers.** Educate women about how they can gain access to health care services, including Medicaid, WIC, PeachCare, family planning, and TANF.
- **Remove administrative barriers.** Simpler, more-effective enrollment procedures need to be put in place so women are able to enroll their children without facing the burdensome and time-consuming paperwork and office-visit requirements that parents can encounter.
- **Conduct a community-specific needs assessment to address issues of access to prenatal care.**
- **Educate women about the importance of prenatal care.**
- **Engage in linking women to services.** The use of outreach workers to contact pregnant women has been proven to be especially effective within the Hispanic community.
- **Simplify eligibility.** Complexity of enrollment and renewal procedures has deterred families with eligible children from applying for health coverage.
- **Adopt presumptive eligibility for children.** This allows “qualified entities” such as health care providers, schools, WIC agencies, Head Start programs, certain emergency and food shelter programs, and agencies that determine eligibility for public benefit programs to immediately enroll children for coverage for a temporary period while their families complete the application process. During this time the child can receive all covered services, and providers can be reimbursed for delivering needed care, even if the child is determined to be ineligible for ongoing coverage.
- **Allow families to submit application forms by mail.** Without a face-to-face interview at a government office, the process is made less intimidating and more convenient, especially for those parents who are hard pressed to take time off from work to apply and for families with immigrant members who may be reluctant to become involved with a government program.
- **Conduct community-based application assistance outreach to provide families with direct help in applying for coverage.** Schools, child care providers, faith-based organizations, and health and human service providers often are the only link to families that are unlikely to apply for coverage on their own.
- **Increase awareness of available programs.** Women may not be aware of their children's eligibility for health insurance programs.

Resources

CoverTheUninsured. Facts & Research: Children. <http://covertheuninsured.org/factsheets/pdf/103.pdf>

Enrolling Eligible Children and Keeping them Enrolled. Ross, D., Hill, I. Health Insurance for Children. Vol 13, 1, Spring 2003. http://www.futureofchildren.org/usr_doc/tfoc13-1e.pdf

Enrolling Uninsured Low-Income Children in Medicaid and SCHIP. 2007. Kaiser Commission on Key Facts. <http://www.kff.org/medicaid/upload/2177-05.pdf>

Georgia WIC Facts and Figures Federal Fiscal Year 2005. Georgia Department of Human Resources. <http://health.state.ga.us/pdfs/wic/wic.Facts%20and%20Figures%20Report%20FFY%202005.pdf>

How Public Health Insurance Programs Work. Wyses, C., Pernice, C., Riley, T. Health Insurance for Children. Vol 13, 1, Spring 2003. http://www.futureofchildren.org/usr_doc/tfoc13-1l.pdf

Quick Facts About Georgia's Uninsured. CoverTheUninsured. <http://covertheuninsured.org/states/?StateID=GA>

Policy Matters: Improving the Economic Success of Families. 2003. Center for the Study of Social Policy. http://www.cssp.org/uploadFiles/improving_economic.pdf

Reducing Health Disparities Among Children. Hughes, S., Ng, S. Health Insurance for Children. Vol 13, 1, Spring 2003. http://www.futureofchildren.org/usr_doc/tfoc13-1j.pdf

Reforming Healthcare Brief#3: Addressing the Lack of Health Insurance for Georgia's Children. Sweeney, T. 2006. <http://www.gbpi.org/pubs/healthcare/20060619.pdf>

Right From the Start Medicaid Programs. <http://dfcs.dhr.georgia.gov/portal/site/DHR-DFCS/menuitem.76e501556de17147077a8110da1010a0/?vgnnextoid=ee1e938a16271010VgnVCM100000bf01010aRCRD>

Which Children are Still Uninsured and Why. Holahan, Dubay, and Kenney. Health Insurance for Children. Vol 13, 1, Spring 2003. http://www.futureofchildren.org/usr_doc/tfoc13-1d.pdf

Women, Infants, and Children (WIC) Nutrition Program. Georgia Department of Human Resources. http://www.dhr.georgia.gov/DHR/DHR_FactSheets/WIC%20Fact%20Sheet%202008.pdf

Other Indicators of Importance to Communities

Preventive health screenings
Access to adequate preventive health care services such as hearing, vision, and general health screenings helps children to be healthier and happier and increases school performance.
What Works?
<ul style="list-style-type: none"> • Promote and increase comprehensive access to health screenings. Many young children have undetected health conditions that, if untreated, could result in serious injury or illness. Well-child screenings often can be conducted at the same time a child is seeing a doctor for a more acute illness rather than scheduling a separate appointment. • Work with child care programs. They can provide a key access point for conducting health and dental screening, including evaluation and referrals for conditions such as lead poisoning, impaired vision or hearing, and baby bottle tooth decay. • Create policies and laws that require population-based health, vision, and hearing screening of infants and toddlers. • Conduct parent education and public awareness activities. Promote the early identification of vision problems through education. For example, coordinate brochures and other forms of information.
Resources
Best Practices: Vision Screening http://www.colorado.gov/bestpractices/visionscreening/visionscreening.html National Center for Hearing Assessment and Management. (www.infanthearing.org) Go to “Newborn Hearing Screening,” then “UNHS Resources,” then “UNHS Implementation Guide.”

Childhood immunization rates
Childhood immunizations have been held as a key to the prevention of infectious disease. Future medical costs such as doctor’s visits, medication, and hospitalization are eliminated by immunizing children. Immunization protects the entire community, as well as the individual.
What Works?
<ul style="list-style-type: none"> • Make information accessible for families and providers on what resources are available in their communities to increase immunization rates. • Assist families in accessing key public and private health and social service assistance programs like Medicaid and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). • Help schools and child care providers implement immunization programs that can help connect families to immunization providers and keep them up-to-date.
Resources
Best Practices for Excellent Immunization Services http://www.immunizenc.com/html%20versions/AFIXbestpractices.htm Best Practices: Immunizations for Children and Youth http://www.colorado.gov/bestpractices/immunization/immunization.html

Substance abuse among youth
The use of alcohol, tobacco or illegal drugs are associated with poor academic achievement, risky sexual behavior, and delinquency among youth.
What Works?
<ul style="list-style-type: none"> • Education programs should use a “normative” approach which teaches that most people, both adults and students, do not use drugs, alcohol, and tobacco. Many teenagers have erroneous perceptions of substance use, believing that almost everyone uses them. This is likely true if their parents and friends use alcohol, tobacco, or drugs. • Teach youth to identify and resist social pressures. • Teach personal skills, social skills, and comprehensive health education. This includes problem-solving skills, goal-setting, stress management, communication skills, decision-making skills, assertive skills, and verbal skills. These skills can help participants make and defend a decision to be sober. • Train those who will be presenting/teaching the material in the program and offer them ongoing support. The success of a program is due to the ability of participants to implement what they have learned, but they will never be able to implement the information if it is not properly communicated to them. Information should be presented interactively, because this teaching method has been proven to be more successful than simply lecture-based programs. These techniques include role-playing, discussion, small group activities, and simulations. • Programs should be long-term and in-depth with follow up. Research has shown that programs designed to be one-time interventions have little chance of success. Program effects can disintegrate over time if skills and information are not periodically reviewed. • Be sensitive to the culture, ethnicity, and gender of your participants. The needs and motivations of people are often greatly affected by culture, race, and gender. • Prevention programs should use as many resources to educate youth about substance abuse as possible. These resources include families, schools, the community, and the local media. • Prevention programs should do the following: offer credible information, differentiate between use and abuse, stress the importance of moderation and context, be age-specific, encourage student participation, and provide objective, science-based materials. • Evaluate prevention programs regularly using an independent evaluator, who may be able to point out areas that need improvement. • Make support available to those teens who have become involved with substance abuse. Ensure they have access to the resources they need to get help.
Resources
<p>Characteristics of Effective Substance Abuse Prevention Programs. Research Brief – December 23, 2003 Volume 1, Number 26, Association for Supervision and Curriculum Development http://www.ascd.org/publications/researchbrief/volume1/v1n26.html</p> <p>Elements of Effective Substance Abuse Education Programs. National Youth Violence Prevention Resource Center http://www.safeyouth.org/scripts/faq/druged.asp</p> <p>Drug Abuse Prevention: School-based Strategies that Work. ERIC Digest, July 1997, Kris Bosworth http://www.ericfacility.net/ericdigests/ed409316.html</p> <p>Preventing Drug Use Among Children and Adolescents (Second Edition – In Brief): A Research – Based Guide for Parents, Educators, and Community Leaders. Robertson, E., David, S., Rao, S. National Institute on Drug Abuse. http://www.nida.nih.gov/Prevention/principles.html</p> <p>Preventing Youth Substance Abuse in Your Community. Vermont Agency of Human Services. (http://humanservices.vermont.gov/publications/reports-whatworks/ww-subabu)</p> <p>Principles of Prevention http://www.whitehousedrugpolicy.gov/prevent/practice.html</p>

Safety First: A Reality-based Approach to Teens, Drugs, and Drug Education

<http://www.safety1st.org/images/stories/pdf/safetyfirst.pdf>

Treating Teens: A Guide to Adolescent Drug Problems <http://drugstrategies.org/teens/programs.html>