

Maternal/Child Health Report Card Update

February 2011



Prepared by the Monroe County Department of Public Health on behalf of **HEALTH ACTION**

For more information contact the Community Health Improvement Unit at
753-5331 or mgray@monroecounty.gov

TABLE OF CONTENTS

EXECUTIVE SUMMARY	I
INTRODUCTION	1
MATERNAL CHILD HEALTH PRIORITIES	2
FORMAT OF THIS REPORT	3
HEALTH DISPARITIES	3
BACKGROUND DATA	4
POPULATION	4
FAMILY STRUCTURE	5
POVERTY.....	5
BIRTHS TO UNMARRIED WOMEN.....	6
CHILDREN RECEIVING TEMPORARY ASSISTANCE	7
CHILDREN RECEIVING SUPPLEMENTAL SECURITY INCOME.....	8
CHILDREN RECEIVING FOOD STAMPS	8
STATUS REPORT: MATERNAL/CHILD HEALTH PRIORITIES	9
INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION	9
MEASURES	9
OBESITY AND OVERWEIGHT AMONG WIC PARTICIPANTS AGED 2-4.....	9
OBESITY AND OVERWEIGHT AMONG CHILDREN AGES 2-10	10
TV WATCHING, WIC PARTICIPANTS AGES 2-4 YEARS OLD	11
PHYSICAL ACTIVITY AND NUTRITION BEHAVIORS, KINDERGARTENERS, ROCHESTER CITY SCHOOLS .	11
BREASTFEEDING RATES - INFANTS ENROLLED IN WIC.....	11
CURRENT ACTIVITIES/INTERVENTIONS	12
IMPROVE SOCIAL/EMOTIONAL WELL BEING AND REDUCE CHILD ABUSE/NEGLECT .	16
MEASURES	16
LIFE EXPERIENCES THAT IMPACT SOCIAL/EMOTIONAL BEHAVIORAL HEALTH, KINDERGARTENERS	
ROCHESTER SCHOOLS	16
BEHAVIORAL PROBLEMS, CHILDREN ENTERING KINDERGARTEN, ROCHESTER CITY SCHOOLS.....	16
SCHOOL ADJUSTMENT PROBLEMS – MONROE COUNTY SCHOOL CHILDREN, GRADES K-3RD	17
REPORTS AND INDICATED REPORTS OF CHILD ABUSE AND NEGLECT	17
DEATHS DUE TO CHILD ABUSE OR NEGLECT	19
CHILDREN IN FOSTER CARE	19
CURRENT ACTIVITIES/INTERVENTIONS.....	20
ADDITIONAL MATERNAL/CHILD HEALTH GOALS	25
IMPROVE BIRTH OUTCOMES AND INFANT HEALTH.....	25
MEASURES	25
INFANT MORTALITY	25
INFANT DEATHS ASSOCIATED WITH UNSAFE SLEEP PRACTICES	28
LOW BIRTH WEIGHT AND PREMATURE BIRTHS.....	28
MATERNAL BEHAVIORS DURING PREGNANCY THAT IMPACT BIRTH	29
PRENATAL CARE	29
SUBSTANCE USE DURING PREGNANCY	30
SEXUALLY TRANSMITTED DISEASES	30
WEIGHT GAIN DURING PREGNANCY, SINGLETON BIRTHS	30
CURRENT ACTIVITIES/INTERVENTIONS.....	31

IMPROVE ACCESS TO PREVENTIVE HEALTH SERVICES.....	34
MEASURES	34
HEALTH INSURANCE COVERAGE/ACCESS TO HEALTH CARE -KINDERGARTENS, ROCHESTER SCHOOLS....	34
WELL CHILD VISITS, CHILDREN ENROLLED IN MANAGED CARE PROGRAMS	34
IMMUNIZATIONS, CHILDREN ENROLLED IN MANAGED CARE PROGRAMS	35
ACCESS TO DENTAL CARE –KINDERGARTENERS, ROCHESTER CITY SCHOOLS.....	35
ORAL HEALTH STATUS OF MONROE COUNTY SCHOOL CHILDREN	36
ORAL HEALTH STATUS OF CITY OF ROCHESTER PRESCHOOL CHILDREN	36
CURRENT ACTIVITIES/INTERVENTIONS.....	37
MINIMIZE THE IMPACT OF ASTHMA	39
MEASURES	39
ASTHMA PREVALENCE –CHILDREN PRE K THROUGH GRADE 6.....	39
HOSPITALIZATIONS DUE TO ASTHMA	39
EMERGENCY ROOM VISITS DUE TO ASTHMA.....	40
USE OF APPROPRIATE MEDICATIONS FOR CHILDREN WITH PERSISTENT ASTHMA	41
CURRENT ACTIVITIES/INTERVENTIONS.....	42
REDUCE EXPOSURE TO LEAD.....	44
MEASURES	44
CHILDREN WITH ELEVATED LEAD LEVELS.....	44
ONE TO TWO YEAR OLD CHILDREN SCREENED FOR LEAD POISONING	45
SCREENING FOR LEAD POISONING, CHILDREN ENROLLED IN MANAGED CARE PROGRAMS.....	46
CURRENT ACTIVITIES/INTERVENTIONS.....	46
REDUCE UNINTENTIONAL INJURIES	49
MEASURES	49
DEATHS DUE TO UNINTENTIONAL INJURIES, MONROE COUNTY	49
HOSPITALIZATIONS DUE TO UNINTENTIONAL INJURIES.....	49
CURRENT ACTIVITIES/INTERVENTIONS.....	50

Maternal/Child Health Report Card Update

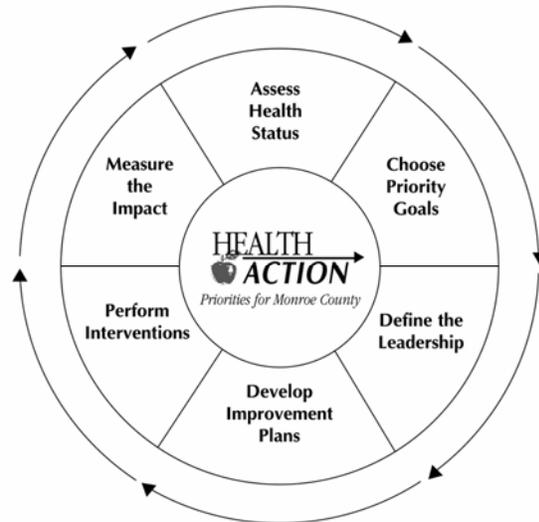
Executive Summary

EXECUTIVE SUMMARY

Introduction

In 2003, the previous Monroe County Maternal Child Health Report Card was published as part of the community health improvement effort known as **HEALTH ACTION: Priorities for Monroe County**. This new report updates the data from the 2003 Report Card and documents progress in addressing priorities identified in 2004.

The goal of **HEALTH ACTION** is to involve individuals, healthcare systems, businesses and the public health community in a process to improve the health of Monroe County citizens. The **HEALTH ACTION** process is depicted in the graphic to the right.



Maternal Child Health Priorities for Action

After the release of the 2003 Report Card, the Monroe County Board of Health sought community input to establish priorities for action among the eight health goals contained in the report.

- Improve Birth Outcomes and Infant Health
- Improve Access to Preventive Health Services
- Minimize the Impact of Asthma
- Improve Nutrition and Increase Physical Activity
- Reduce Exposure to Lead
- Reduce Unintentional Injuries
- Improve Social and Emotional Well Being
- Reduce Child Abuse, Neglect and Violence Against Children

The following goals were selected as priorities for action:

- Increase Physical Activity and Improve Nutrition
- Improve Social and Emotional Well Being and Reduce Child Abuse/Neglect and Violence Against Children

A summary of community interventions and activities to address the two priority goals can be found on the following pages.

Increase Physical Activity and Improve Nutrition

In 2006, the Greater Rochester Health Foundation (GRHF) convened The Childhood Obesity Task Force to develop a strategy to reduce the prevalence of obesity among children in Monroe County from 15% to 5% by 2017. The full strategic plan and two-year program report can be viewed at the GRHF website.¹ The four major strategies and interventions are summarized below.

Strategy 1: “Increase Physical Activity and Improve Nutrition.”

The Greater Rochester Health Foundation is funding programs in child-care settings, schools and community based organizations. Action for a Better Community Head Start Program, three YMCA urban child-care centers, and the Rochester Healthy Child Care 2010 Program all received funding to increase physical activity and improve nutrition in child-care settings. Honeyoe Falls-Lima, Penfield and Webster School Districts received multi-year grants to implement obesity prevention projects in select elementary schools. In 2010, three City elementary schools were awarded multi-year grants to implement programs focused on increasing physical activity opportunities throughout the school day. Between 2008 and 2010, 178 mini-grants were awarded to various organizations including faith groups, after school programs, childcare centers, recreation centers, youth sports leagues, and schools to increase opportunities for children to be physically active and eat healthy foods

Strategy 2: “Engage the Clinical Community.”

The Greater Rochester Clinical Initiative for Childhood Obesity of the Golisano Children’s Hospital at the University of Rochester Medical Center- Department of Pediatrics developed and implemented a clinical quality improvement program. The goal of the program is to train physicians to improve their tracking of BMI and provide appropriate physical activity and nutrition guidance to parents. As of the Spring of 2010, practices that provide care to more than half of the children and adolescents in Monroe County are participating in the initiative.

Strategy 3: “Advance Policy and Practice Solutions.”

Healthy Eating and Active Living Through Policy and Practice Initiatives for Kids (Healthi KIDS)² led by the Finger Lakes Health System Agency, in partnership with the University of Rochester’s Center for Community Health and the Children’s Agenda, is advocating for public policy and practice changes to increase physical activity and improve nutrition among children in Monroe County. The specific focus areas for policy changes are:

- Better school food
- Safer play areas
- Food standards at childhood centers
- At least 45 minutes of in-school physical activity
- Policies that support breastfeeding

Healthi KIDS successfully advocated for a change in food service vendors in the Rochester City School District and for an additional \$2M allocation for food service improvements. In 2010, the Robert Wood Johnson Foundation awarded a grant to Healthi KIDS to increase access to safe places to play and to establish healthier food standards in child-care and after-school settings.

¹ Strategic Plan- <http://www.thegrhf.org/Default.aspx?RD=3667&RN=Prevention> – Two Year Report
<http://www.thegrhf.org/Default.aspx?RD=3667&RN=Prevention>

² <http://www.healthikids.org>

Strategy 4: “Execute a Community Communications Campaign.”

“5-2-1-0, Be A Healthy Hero”³ is a research-based community-wide communications campaign targeted towards parents. The campaign advertises on radio, television, billboards, print messages in newspapers, and magazines, and utilizes a website and social media.

Phase I of the campaign focused on increasing awareness of the problem of childhood obesity and providing simple messages about what can be done to prevent it. The messages are:

- eat **5** servings of fruits and vegetables daily
- limit screen time to **2** hours or less per day
- get **1** hour or more of physical activity per day
- limit sugar sweetened drinks to **0**

Phase II of the campaign will focus on action-oriented messages in specific areas of the community in which children are most at risk for overweight and obesity.

Evaluation of the 5-2-1-0 Campaign has shown that most parents recognize the 5-2-1-0 messages. However, parents have not yet implemented these messages in the home. GRHF has enlisted an external evaluation team to review the current efforts in the community and the findings will inform further activities.

Additional Strategy- Parent Engagement

In 2010, GRHF funded the University of Rochester’s Center for Community Health (CCH) to administer a parent engagement project. CCH has developed a series of adult and family interactive workshops to provide parents with simple ideas to help their families eat well and move more. Community organizations are recruiting participants and hosting the workshops.

Improve Social and Emotional Well Being and Reduce Child Abuse and Neglect

The 2010 Community Action Plan for Greater Rochester’s Children

In 2009, The Children’s Agenda published “The 2010 Community Action Plan for Greater Rochester’s Children”⁴. This plan proposed the following recommendations for evidence-based interventions or “Best Solutions” to improve the well-being of children:

- Expand the Nurse Family Partnership Program to meet the local community need of 1,000 families per year;
- Increase the number of children in quality child care and early learning settings by 20% by 2015;
- Provide high- quality, effective after school programming for 25% of Rochester children by 2015;
- Expand the Coping Power Program to full capacity in the Rochester City School District by 2015.

The Center for Governmental Research, in partnership with The Children’s Agenda, published a report that quantifies the number of children currently receiving these evidence based interventions, and the funding needed to achieve the recommendations outlined above.⁵ On the following page is a summary of these interventions and the estimated number of children that are receiving them.

³ <http://beahealthyhero.org/> .

⁴ <http://www.thechildrensagenda.org/docs/2010ActionPlanFullReport.pdf>

⁵ http://www.cgr.org/research_children.aspx

Nurse Family Partnership is a nurse home visitation program for low-income first-time moms. Women enroll in the program early in their pregnancy, and continue in the program until their child turns two years old. NFP home visitors work with their clients to achieve three important goals:

- Improve pregnancy outcomes by helping women engage in good preventive health practices.
- Improve child health and development by helping to improve parenting skills.
- Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, continue their education and find employment.

The Nurse Family Partnership (NFP),⁶ implemented locally in 2006 by the Monroe County Department of Public Health has funding to serve 275 Monroe County women.

Quality Child Care and Early Learning Settings

Research has shown that high quality early education has an impact on school readiness and social and emotional well-being. Children who participate in quality early childhood education as they grow older have lower rates of teen pregnancy and crime.^{7,8,9} Children from families with limited incomes show the most benefit from participating in high quality early care and education programs.

The Center for Governmental Research (CGR) and The Children's Agenda defined the target population of children in need of care as children ages birth to five, who live in a family with an income below 165% of the poverty level and do not have a stay-at-home parent. Based on this definition, there are an estimated 9,000 Monroe County children in need of quality child-care and early learning settings, and only 40% (about 3,600) are receiving it.

High Quality, Effective After-School Programming

Research has shown that children and youth who participate in quality after-school programs reap many benefits including improved academic performance, social and emotional well being, and health.¹⁰

CGR estimates that there are 23,333 Rochester children and youth between the ages of 6 and 17 that live in working families and therefore are in need of after-school programming. Only an estimated 11% (2,505) of these children and youth are attending after-school programming with at least minimal quality standards.

"Coping Power" Program.

The Coping Power Program housed at the Children's Institute, is an evidence based-program that reduces violent and aggressive behavior in youth in 4th and 5th grades. The Center for Governmental Research estimates that there are approximately 940 4th and 5th grade RCSD students in need of the Coping Power Program. During the 2010-2011 school year, Coping Power will be at three Rochester City Schools, and the Children's Institute anticipates serving 120 students.

⁶ <http://www.monroecounty.gov/health-family.php#NFP> .

⁷Schweinhart, Lawrence, Helen V. Barnes, and David P. Weikart. Significant Benefits: "The High/Scope Perry Preschool Study Through Age 27" (High/Scope Press, 1993).

⁸Masse, Leonard N. and W. Steven Barnett, "A Benefit-Cost Analysis of the Abecedarian Early Childhood Intervention", New Brunswick, NJ.: National Institute for Early Education Research, 2002.

⁹Campbell, Frances A., et al. "Early Childhood Education: Young Adult Outcomes From the Abecedarian Project," *Applied Developmental Science*, 2002 Vol. 6, no. 1, pp.42-57

¹⁰ The Rochester After-School Plan. www.racf.org

Maternal Child Health Report Card Data Summary

This is a summary of some of the measures for each health goal area.

Increase Physical Activity and Improve Nutrition

Obesity and Overweight

- 14% of preschoolers enrolled in WIC in Monroe County are obese and another 16% are overweight. These percentages are slightly lower than the percentages in NYS (15% and 17%).¹¹
- 14% of Monroe County children aged 2-10 years old are obese and another 14% are overweight. The percentage of children who are either overweight or obese is higher in the city (36%) compared to the suburbs (25%). Hispanic children (42%) and African American children (34%) are more likely to be obese or overweight compared to White children (23%).¹²

Sedentary Behavior

- 20% of preschoolers enrolled in WIC in Monroe County watch > 2 hours of TV per day. This percentage is slightly lower than the percentage in NYS (22%).¹³
- 45% of Rochester City School District (RCSD) kindergarteners watch > 2 hours of TV per day.¹⁴

Breastfeeding

- 65% of infants enrolled in WIC in Monroe County were ever breastfed and only 20% were breastfed at least 6 months. These rates are lower than NYS (74% and 41% respectively).¹⁵

Improve Social and Emotional Well Being and Reduce Child Abuse and Neglect

Life experiences Life Experiences That Impact on Social and Emotional Well Being

- Of RCSD kindergarteners:
 - 22% have experienced a parent who is depressed¹⁴
 - 14% have witnessed violence in the neighborhood¹⁴
 - 10% have witnessed violence in the home¹⁴

School Adjustment Problems

- Nearly 25% of K-3rd grade students in Monroe County are at risk for school adjustment problems.¹⁶

Child Abuse/Neglect

- In Monroe County during 2009, there were 6,053 reports of child abuse or neglect involving 8,347 children. Of the reports, 1,382 were indicated, meaning an investigation by Child Protective Services revealed credible evidence that child abuse or neglect occurred. Over 2,200 children were involved in these indicated reports.¹⁷
- The number of reports has increased in recent years while the number of indicated reports has fluctuated.
- Between 2000 and 2009, 26 Monroe County children died due to child abuse or neglect.¹⁸

¹¹ Pediatric Nutrition Surveillance System (PedNSS), 2008 NYSDOH. www.health.state.ny.us/statistics/prevention/nutrition/pednss/table6b.htm.

¹² "Epidemiology Study of the Prevalence and Distribution of Obesity Among Monroe County Children and Adolescents", Departments of Pediatrics and Community and Preventive Medicine, University of Rochester Medical Center, with a Grant Supported by the Greater Rochester Health Foundation.

¹³ Pediatric Nutrition Surveillance System (PedNSS), NYSDOH. <http://www.health.state.ny.us/statistics/prevention/nutrition/pednss/docs/table7b.pdf>.

¹⁴ Community Report on Children Entering School, in 2009-2010, Children's Institute.

¹⁵ Pediatric Nutrition Surveillance System (PedNSS), 2008 NYSDOH <http://www.health.state.ny.us/statistics/prevention/nutrition/pednss/docs/table7b.pdf>

¹⁶ Based on their teacher's assessment using the AML-R. Frequently exhibit one or more of the following behaviors: disruptive/acting out, moody, shy, withdrawn, learning problems. 2008-2009, Children's Institute

¹⁷ Source: OCFS Data Warehouse data as of 26 May 2010

¹⁸ Monroe County Department of Human Services

Improve Birth Outcomes

Infant Mortality and Low Birth Weight

- The infant mortality rate in Monroe County during 2008 was 7.7 per 1,000 live births, which was significantly higher than the rate in NYS (5.5). The rate in Monroe County has increased slightly in the past several years. Rates are higher in the city (12.4) compared to the suburbs (4.2), and are higher among African Americans (16) and Hispanics (11), compared to Whites (4).¹⁹
- In 2008, the low birth weight rate in Monroe County was 8.1%, which was comparable to the rate in NYS (8.2). There has been a slight increase in the low birth weight rate in Monroe County over the past few years. Rates are higher in the city (11.4) compared to the suburbs (5.9).¹⁹

Prenatal Care

- The rate of early prenatal care was 77% in Monroe County during 2008, which was better than the rate in NYS (72%). During the past several years the rate in Monroe County has remained stable. Rates are lower in the city (65%) compared to the suburbs (85%), and are lower among African Americans (61%) and Hispanics (70%) compared to Whites (84%).¹⁹

Infant Deaths Associated with Unsafe Sleep Practices

- The Monroe County Child Fatality review team found that between January 2007 and December of 2010, 41 infants died under circumstances where there were elements of an unsafe sleep environment which may have contributed to the death. This represents 17% of all infant deaths.²⁰ Unsafe sleep environments include infants sleeping with others in a bed or on a couch, sleeping in an adult bed or on a couch, or sleeping in a crib with bumpers, blankets, pillows or toys.

Improve Access to Preventive Health Services

Health Insurance/Health Care

- Of children entering kindergarten in the Rochester City School District in the 2009-10 School Year
 - 5% do not have health insurance.²¹
 - 94% had a well child visit in the past year.²¹
 - 98% have a primary health care provider.²¹

Dental Health

- Of children entering kindergarten in the Rochester City School District in the 2009-10 School Year
 - 15% have *never* been to a dentist for a check-up or dental work.²¹
 - 25% did not go to the dentist in the past year.²¹
 - 19% *do not* have a dentist.²¹
- 53% of RCSD 3rd graders ever had a dental caries experience (the presence of a cavity or a filling, or a history of extraction of a permanent tooth) and 33% had an untreated cavity.²² A lower percentage of RCSD 3rd graders have these oral health problems compared to low-income 3rd graders in NYS (60% and 41% respectively).²³

¹⁹ Vital Records, MCDPH, NYSDOH

²⁰ Monroe County Child Fatality Review Team.

²¹ Community Report on Children Entering School, in 2009-2010, Children's Institute.

²² Oral Health Status of School Aged Children, Eastman Dental Center, 2003-2005.

²³ Oral Health Status of 3rd Grade Children, 2002-2004. NYSDOH. http://www.health.state.ny.us/prevention/dental/docs/child_oral_health_surveillance.pdf

Minimize the Impact of Asthma

Ever Been Diagnosed with Asthma

- Based on a survey of school nurses, an estimated 13% of children in pre-kindergarten through grade six in Monroe County have ever been diagnosed with asthma.²⁴ The percentage is higher in the city (16%) compared to the suburbs (9%).

Hospitalization and Emergency Room Visits Due to Asthma

- Between 2006 and 2008, there were 509 hospitalizations due to asthma and 4,509 emergency room visits due to asthma among Monroe County children under age 15.²⁵
- The rate of hospitalizations due to asthma among children under age 15 in Monroe County (13/10,000) is lower than the rate in NYS (34/10,000) and Upstate (18/10,000).²⁵ The rate in Monroe County has been stable since 2000. Rates are higher in city zip codes compared to suburban zip codes.
- The rate of emergency room visits due to asthma among children under age 15 in Monroe County (112/10,000) is less than the rate in NYS (160/10,000), but is higher than the rate in Upstate (83/10,000).²⁵ Rates are higher in city zip codes compared to suburban zip codes.

Reduce Exposure to Lead

Lead Screening

- Of children under age 6 screened for lead poisoning in 2009, 283 had an elevated lead level $\geq 10\mu\text{g}/\text{dl}$. and 30 had a confirmed elevated lead level $\geq 20\mu\text{g}/\text{dl}$.²⁶
- The number of children with elevated lead levels has declined by about 80% in the past decade.²⁶
- Close to 90% of lead poisoning cases occur within city zip codes.²⁶
- An estimated 64% of one and two year old children residing in City of Rochester zip codes were screened for lead poisoning in 2009.²⁷

Reduce Unintentional Injuries

Deaths and Hospitalizations

- Between 2004 and 2008, there were 25 deaths due to unintentional injuries among children under age 10 years old.²⁸
- Between 2006 and 2008, there were 548 hospitalizations due to unintentional injuries among children under age 10 years old.²⁹
- The hospitalization rate due to unintentional injuries among Monroe County children (21/10,000) is lower than the rates among NYS (28/10,000) and Upstate (23/10,000) children.²⁹
- The rate of hospitalizations due to unintentional injuries among Monroe County children has remained stable since 2000.

²⁴ Diagnosed by a physician and on record with school nurse. Asthma in the Finger Lakes. Results of the 2009-2010 School Year Asthma Prevalence Survey, for Children in Pre-K through Grade 6, Regional Community Asthma Network (RCAN)

²⁵ Statewide Planning and Research Cooperative System (SPARCS) of the New York State Department of Health.

http://www.health.state.ny.us/statistics/ny_asthma/

²⁶ Lead Poisoning Prevention Program, MCDPH

²⁷ Lead Poisoning Prevention Program, MCDPH. This estimate was produced by calculating the number of children greater than or equal to age one and less than age three who were screened in 2009 as a proportion of the number of births in the previous two years. The number of births was used as a proxy for the population of one and two year old children because current population figures for these zip code areas are not available. The number of births may be higher than the actual population because there may be migration from the city to the suburbs.

²⁸ Vital records files, MCDPH

²⁹ SPARCS, NYSDOH <http://www.health.state.ny.us/statistics/chac/hospital/ui0009.htm>

Maternal/Child Health Report Card Update

Full Report

INTRODUCTION

HEALTH ACTION began over ten years ago when several health and planning agencies in Monroe County came together to develop a strategy to improve the health status of the community. The vision for **HEALTH ACTION** is continuous, measurable improvement in health status among Monroe County residents. Two over arching goals are to increase the quality and years of healthy life and eliminate health disparities. These are also the goals for the US Department and Health and Human Services Healthy People 2010, Goals for the Nation.³⁰

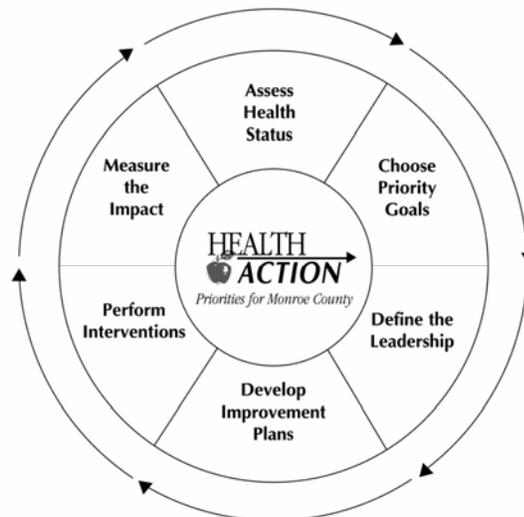
In April of 2008, the NYS Health Commissioner launched the Prevention Agenda which requires that local health departments assess community health needs, identify health priorities and work with hospitals and the community to develop public health programs to address the priorities. The priority areas for the Prevention Agenda include:

- Physical Activity and Nutrition
- Chronic Disease and Cancer
- Tobacco Use
- Mental Health and Substance Abuse
- Unintentional Injury
- Healthy Mothers, Babies and Children
- Access to Quality Health Care
- Infectious Diseases
- Community Preparedness
- Healthy Environment

Monroe County's efforts are aligned with the New York State Health Department's Prevention Agenda. **HEALTH ACTION** works to improve community health by selecting priorities for action from health goals identified in community health report cards¹ in each of five focus areas:

- Maternal and Child Health
- Adolescent Health
- Adult Health
- Older Adult Health
- Environmental Health

The process used by **HEALTH ACTION** for each of the five focus areas is shown in this graphic:



The **HEALTH ACTION** Steering Committee is comprised of representatives from the African-American Health Coalition, Excellus Blue Cross/Blue Shield, Finger Lakes Health Systems Agency, the Greater Rochester Health Foundation, the Latino Health Coalition, Lakeside Health System, the Monroe County Department of Public Health, the Monroe County Medical Society, MVP, the Rochester Business Alliance, Rochester General Health System, Unity Health System, and the University of Rochester Medical Center.

³⁰ <http://www.healthypeople.gov>

Maternal Child Health Priorities

The Maternal Child Health Report Card published in 2003, presented health data in each of eight goal areas:

- Improve Birth Outcomes and Infant Health
- Improve Access to Preventive Health Services
- Minimize the Impact of Asthma
- Improve Nutrition and Increase Physical Activity
- Reduce Exposure to Lead
- Reduce Unintentional Injuries
- Improve Social and Emotional Well Being
- Reduce Child Abuse, Neglect and Violence Against Children

In 2003, after the publication, the Report Card Committee conducted 15 health forums with 142 people to obtain feedback about which of the above should be priority health goals for mothers and children in Monroe County.

Maternal Child Health Forums	
African American Health Task Force	Rochester Early Enhancement Project
Association of Agency Directors	Rochester City Elementary School Nurses
Community Pediatricians	Peter Castle Family Resource Center Parents Group
Early Childhood Development Initiative	Head Start Parents
Head Start Staff	Healthy Start Clients
Hispanic Health Coalition	Skip Generation
Monroe County Board of Health	Webster "Mom's Group"
Quality Assurance Representatives-Health Insurers	

Forum participants were asked to rank the goals according to importance, control, likelihood that things can be changed, resources required and current activity. In addition, participants were asked "which goal should be the priority for action for maternal/child health?"

The committee members reviewed both the quantitative and qualitative data collected during the focus groups to determine the priorities for action. The quantitative ranking was very close, so there were no two priorities that were set apart from the rest. When the qualitative rankings were taken into account, however, three goals were clearly ranked higher:

- Improve Nutrition and Increase Physical Activity
- Reduce Child Abuse/Neglect and Violence Against Children
- Improve Social/Emotional Well Being

"Improve Nutrition and Increasing Physical Activity" was seen as a high priority by both professional and lay groups. Comments from professionals pertained to both the short-term and long-term health and economic impacts of obesity in our community. Professionals perceived that this problem could be addressed without a large amount of resources. Parents felt that this problem may be harder to tackle. This perception may be due to the fact that these parents have experienced some of the barriers to good nutrition and increased physical activity (e.g., lack of safe places for their child to play, increase in sedentary activities like video games and exposure to excessive advertising by fast food restaurants etc.)

"Reduce Child Abuse/Neglect and Violence against Children" was the goal that received the most votes when forum participants were asked which goal they would choose to be the priority for action. Many

forum participants perceived the goals of “Improve Social/Emotional Well Being” and “Reduce Child Abuse/Neglect and Violence against Children” as being interrelated. Some of the comments were:

- “Part of the behavior issues stem from unacceptable levels of violence in the home, schools and neighborhoods.”
- “Children who are abused/neglected or exposed to violence are more likely to have difficulty with social and emotional development.”
- “Reducing child abuse/neglect, would improve social/emotional well-being.”
- “Improving social/emotional well-being goes hand-in-hand with reducing child abuse/neglect and violence against children.”

These two goals are also interrelated because interventions that have shown to be effective in improving social/emotional well-being, have also reduced child abuse and neglect. One such intervention that has been proven to be effective in reducing the risks of early anti-social behavior and preventing problems associated with child abuse and crime is the Nurse Home Visitation Program developed by David Olds and his colleagues. This program is designed to help low-income first time parents improve their health and parenting skills. Because of the inter-relatedness of these two goals, the Report Card Committee recommended that they be combined.

The following goals were selected as priorities for action:

- Increase Physical Activity and Improve Nutrition
- Improve Social and Emotional Well Being and Reduce Child Abuse/Neglect and Violence Against Children

It should be noted, that “Reduce Exposure to Lead” was not selected as one of the **HEALTH ACTION** Maternal/Child Health priorities. However, “Reduce Hazards in the Home” (including lead) was selected as a **HEALTH ACTION** Environmental Health priority. Lead data and activities to address this priority, can be found on page 44 of this report.

Format of This Report

This report provides an update of the data and health improvement activities for the above priorities for action. The background data section provides demographic and economic data, along with public assistance program participation statistics. The final section provides updated data and program information related to the other health goals in the 2003 Maternal/Child Health Report Card (MCHRC). In a few years, **HEALTH ACTION** will publish another MCHRC and re-assess these priorities for action.

Health Disparities

Eliminating health disparities is an over-arching goal of **HEALTH ACTION**. Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions among specific population groups. This report includes descriptions of significant health disparities by residence, education, socioeconomic status, race and ethnicity. Disparities in the following areas are noted in this report: birth outcomes, oral health problems, asthma hospitalizations, obesity prevalence, lead poisoning and school adjustment problems.

In May of 2009, the Perinatal Network and Finger Lakes Health System Agency published “Rochester Health Equity, A Community Action Plan”.³¹ The plan, based on input from a series of community discussions related to how race contributes to health disparities, contains 13 projects intended to improve health equity. Community representatives have committed to work on these projects.

³¹ <http://www.pnmc-hsr.org/PNMC%20Website/PDF's/Community%20Action%20Plan%20final.pdf>

BACKGROUND DATA

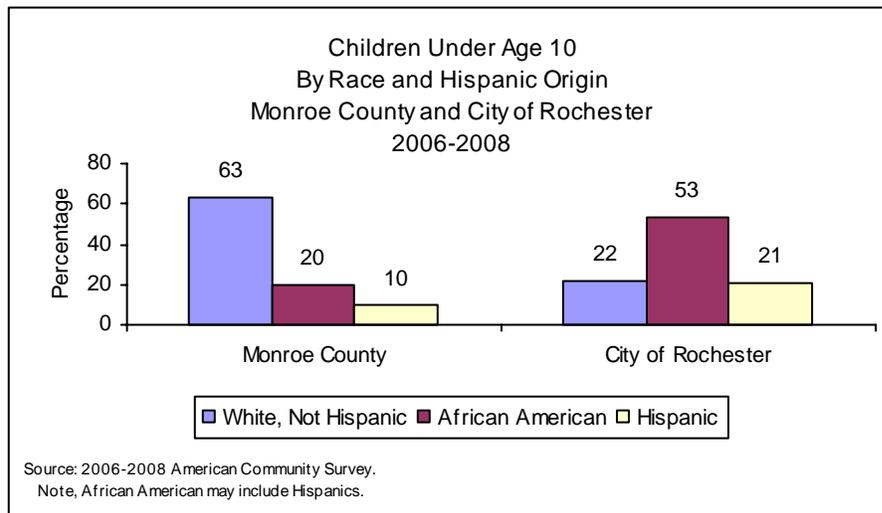
Population

There are approximately 86,000 children under age 10 in Monroe County. Since 2000, the number of children in this age group declined by 15%. The population in the City of Rochester declined at a faster rate (-28%) compared to the suburbs (-8%).

Population of Children under Age 10, by Age Group, and Percentage Change 2000 and 2006-2008 City of Rochester, Suburbs and Monroe County									
	City of Rochester			Suburbs			Monroe County		
	2000 Census	2006-2008 Estimate	% Change	2000 Census	2006-2008 Estimate	% Change	2000 Census	2006-2008 Estimate	% Change
under age 5	17,227	13,392	-22%	29,750	28,431	-4%	46,977	41,823	-11%
age 5-9	18,733	12,662	-32%	35,928	31,893	-11%	54,661	44,555	-18%
under age 10	35,960	26,054	-28%	65,678	60,324	-8%	101,638	86,378	-15%

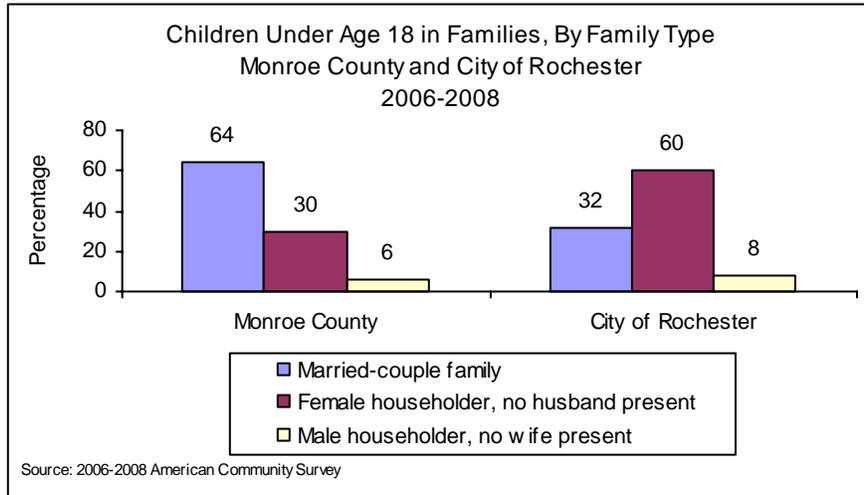
Source: 2000 Census and 2006-2008 American Community Survey

In Monroe County, the majority of children are White, not Hispanic. In the City of Rochester, the majority are African American or Hispanic.



Family Structure

The majority of children and youth in Monroe County live in married-couple families, while the majority of City children live in single parent families.³²



Poverty

Living in poverty during childhood has both immediate and lasting effects. Children living in poverty are more likely to have poorer outcomes in the areas of health, education and economic security.³³

According to the 2006-2008 American Community Survey, 20% of children under age 12 years old in Monroe County and 43% in the City of Rochester live below the poverty level, compared to 20% in NYS.³⁴ The proportion of children living in poverty has increased in both the city and suburbs in recent years.

City Poverty Rates, City of Rochester, Suburbs and Monroe County, 2000 and 2006-2008						
	City of Rochester		Suburbs		Monroe County	
	2000	2006-2008	2000	2006-2008	2000	2006-2008
Children under age 12	39%	43%	5%	10%	17%	20%

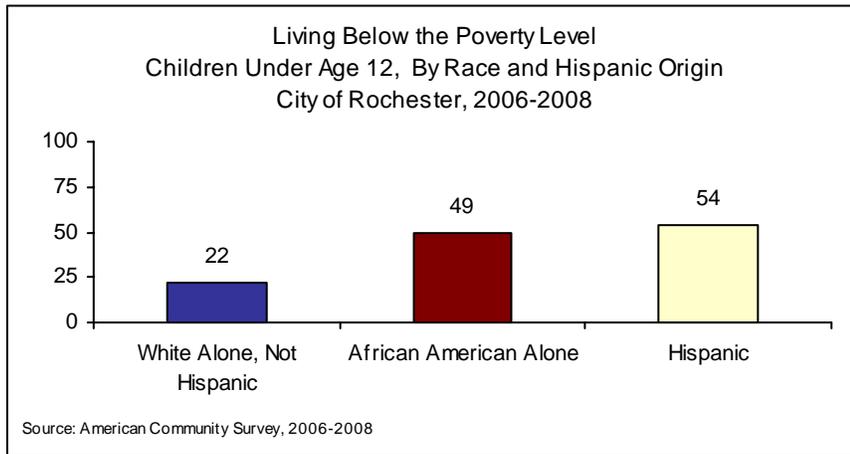
Source: Census 2000 and ACS 2006-2008

³² American Community Survey, 2006-2008

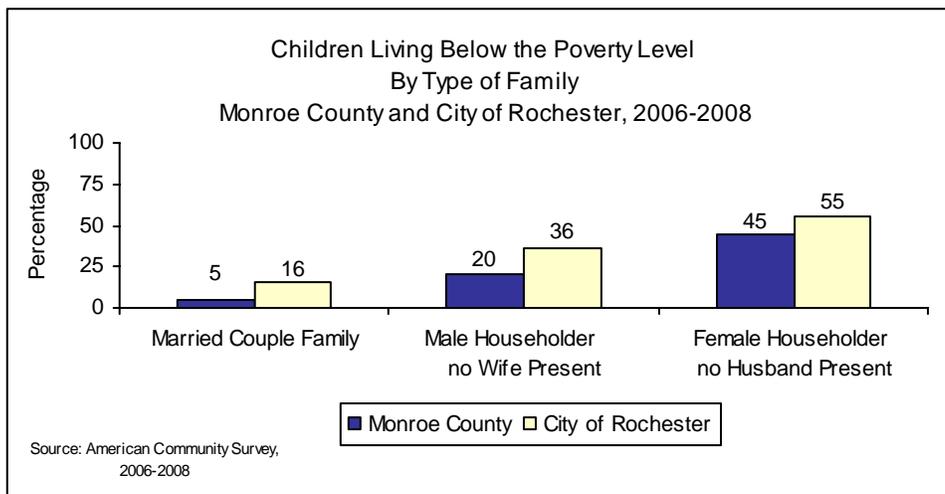
³³ Duncan, G. and Brooks-Gun, J. "Consequences of Growing Up Poor." New York, NY, 1998, Russell Sage Press

³⁴ American Community Survey, 2006-2008

The poverty rate in the City of Rochester is significantly higher among African American and Hispanic children compared to White children.



More than half of children in female-headed single parent households in the City of Rochester live in poverty as shown in the graphic below.



Births to Unmarried Women

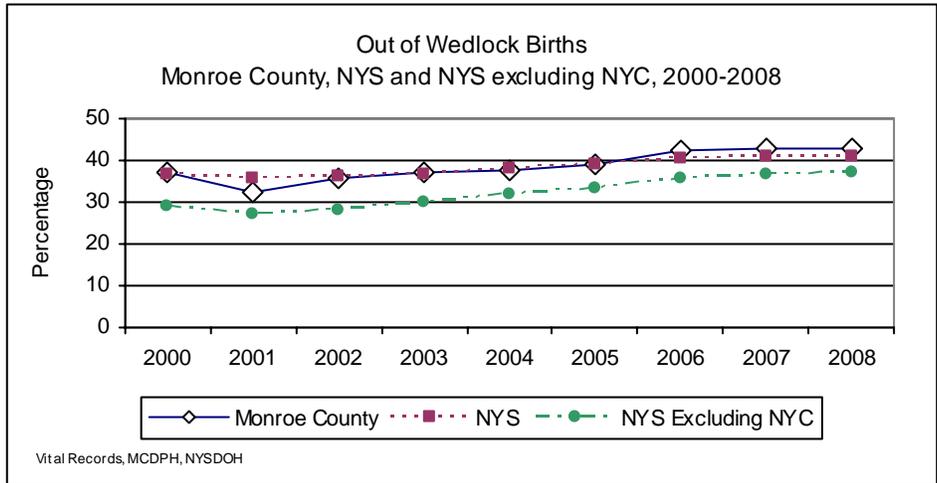
Unmarried mothers tend to have lower incomes and lower educational levels compared to mothers who are married.³⁵

In 2008, 3,763 babies in Monroe County were born out of wedlock.³⁶ The percentage of babies born out of wedlock in Monroe County (43%) is higher than NYS excluding NYC (37%) and is similar to the rate in New York State (41%)

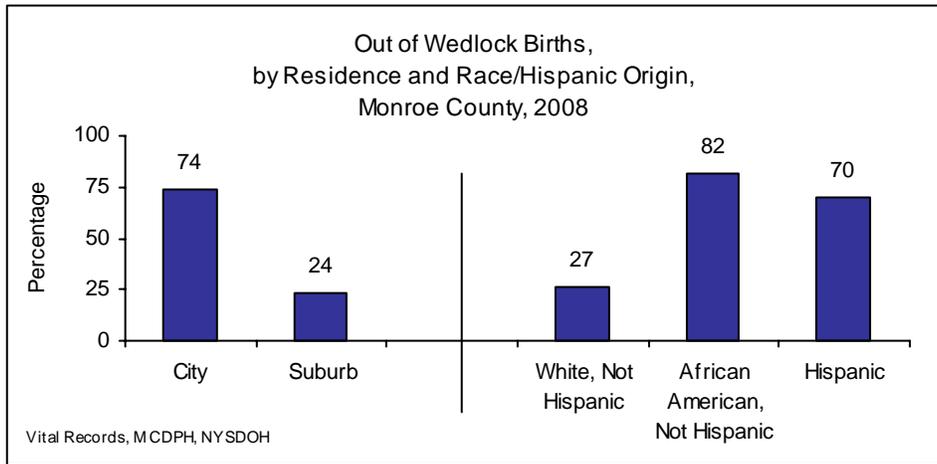
³⁵ Terry-Humen, E., Manlove, J., & Moore, K. A. (2001). Births outside of marriage: Perceptions vs. reality. In Child Trends, Research Brief. Washington, DC: Child Trends. http://www.childtrends.org/PDF/rb_032601.pdf

³⁶ Vital Records, MCDPH, NYSDOH

Between 2001 and 2008, the percentage of births that were out of wedlock increased in Monroe County, NYS and NYS exclusive of NYC.



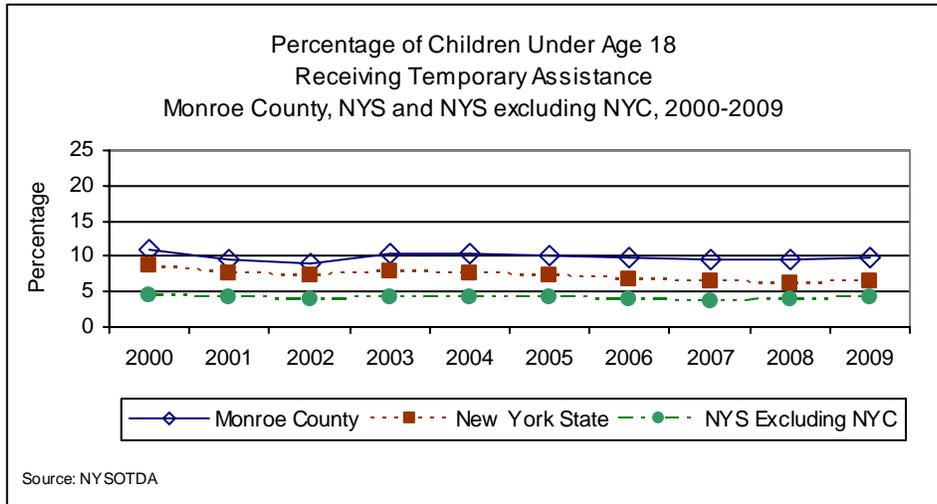
The percentage of out of wedlock births is significantly higher in the city compared to the suburbs, and among African Americans and Latinos compared to Whites.



Children Receiving Temporary Assistance

In 2009, more than 16,000 Monroe County children under age 18 years old were receiving temporary assistance (TA).³⁷

The percentage of children receiving TA is higher in Monroe County (10%) compared to NYS (7%) and NYS excluding NYC (4%). After a decline between 2000 and 2002, the percent of children in Monroe County receiving Temporary Assistance has remained stable.



³⁷ ³⁷ NYS Office of Temporary and Disability Assistance (NYSOTDA); Bureau of Data Management and Analysis; Welfare Management System <http://www.nyskwic.org>

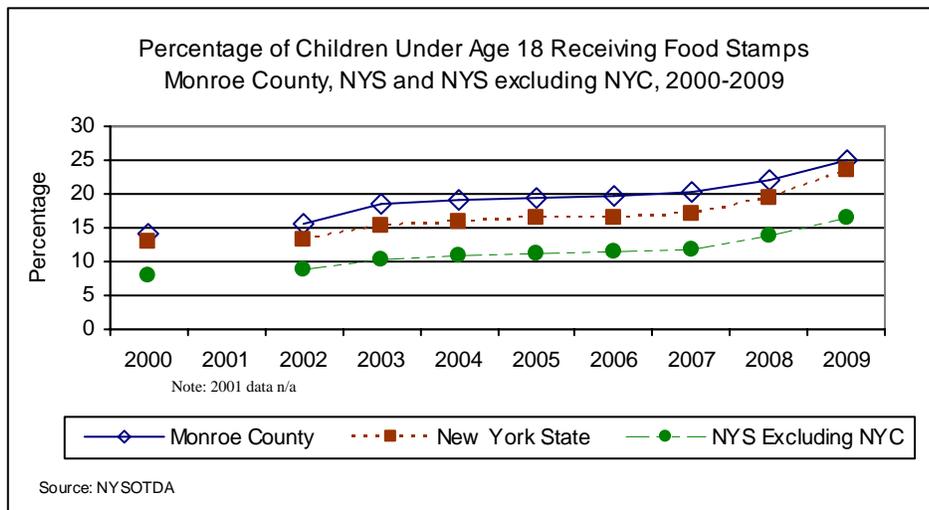
Children Receiving Supplemental Security Income

In 2009, more than 4,000 Monroe County children under age 18 were receiving supplemental security income (SSI).³⁸ The percentage of children receiving SSI gradually increased from 1.3% in 2000, to 2.4% in 2009. The percentage receiving SSI in Monroe County (2.4%) is higher than NYS (1.9%) and NYS excluding NYC (1.4%).

Children Receiving Food Stamps

In 2009, more than 41,000 Monroe County under age 18 were receiving food stamps.³⁹ The percentage of children receiving food stamps is higher in Monroe County (25%) compared to NYS (24%) and NYS excluding NYC (17%).

Between 2000 and 2009, the percentage of children receiving food stamps increased in Monroe County, NYS and NYS excluding NYC.



³⁸ Social Security Administration; Office of Research Evaluation and Statistics; NYS Application Service Center - SDX File <http://www.nyskwic.org>

³⁹ NYS Office of Temporary and Disability Assistance (NYSOTDA); Bureau of Data Management and Analysis; Welfare Management System <http://www.nyskwic.org>

STATUS REPORT: MATERNAL/CHILD HEALTH PRIORITIES

Increase Physical Activity and Improve Nutrition

Adequate physical activity and proper nutrition are important for maintaining the health of children. Childhood obesity is a major public health problem. Obese children suffer from health and psychosocial complications and are at increased risk of becoming obese adults.

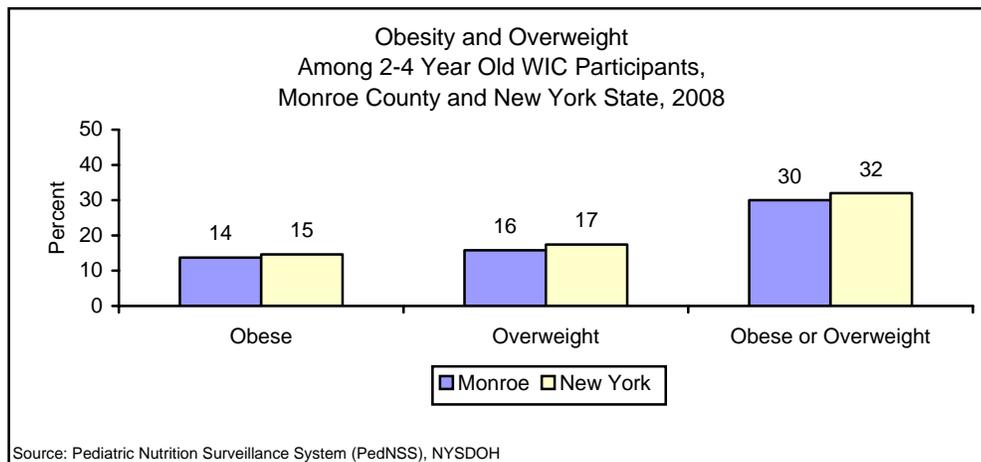
The American Academy of Pediatrics recommends that children over age 2 years spend no more than 2 hours per day with screen media, because excessive viewing has been linked to obesity.⁴⁰

Breastfeeding is associated with a reduced risk of pediatric overweight. Greater duration of breastfeeding reduces the odds of pediatric overweight.⁴¹

Measures

Obesity and Overweight Among WIC Participants Aged 2-4 Years Old, 2008

Among children enrolled in WIC programs in Monroe County, 14% are in the obese weight category and 16% are in the overweight category.^{42,43} The rates of obesity and overweight among children enrolled in WIC in Monroe County are slightly lower than the rates in NYS.



⁴⁰ Policy Statement: "Prevention of Pediatric Overweight and Obesity." PEDIATRICS Vol. 112 No. 2 August 2003

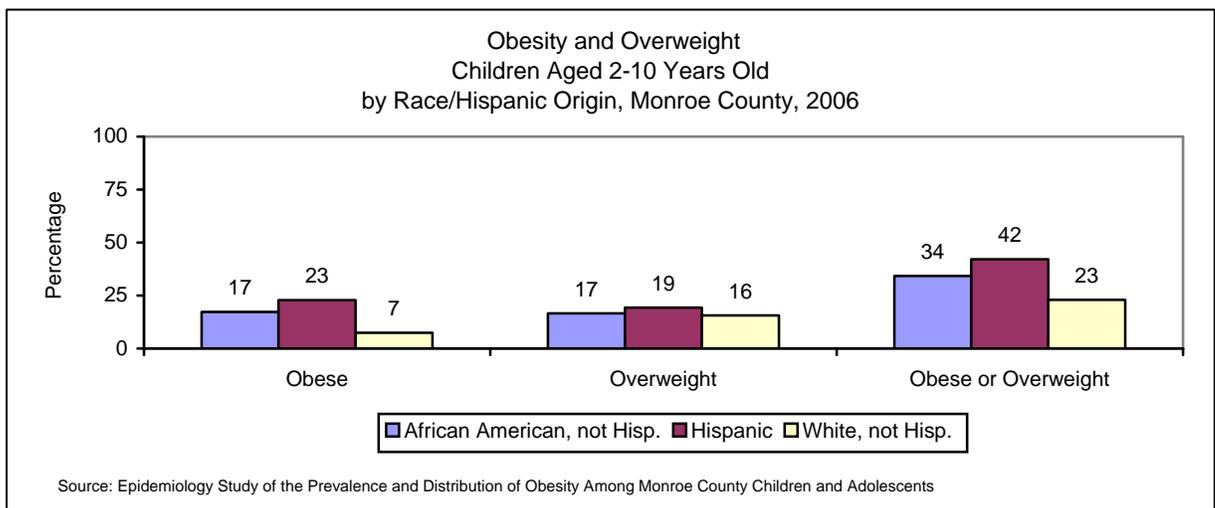
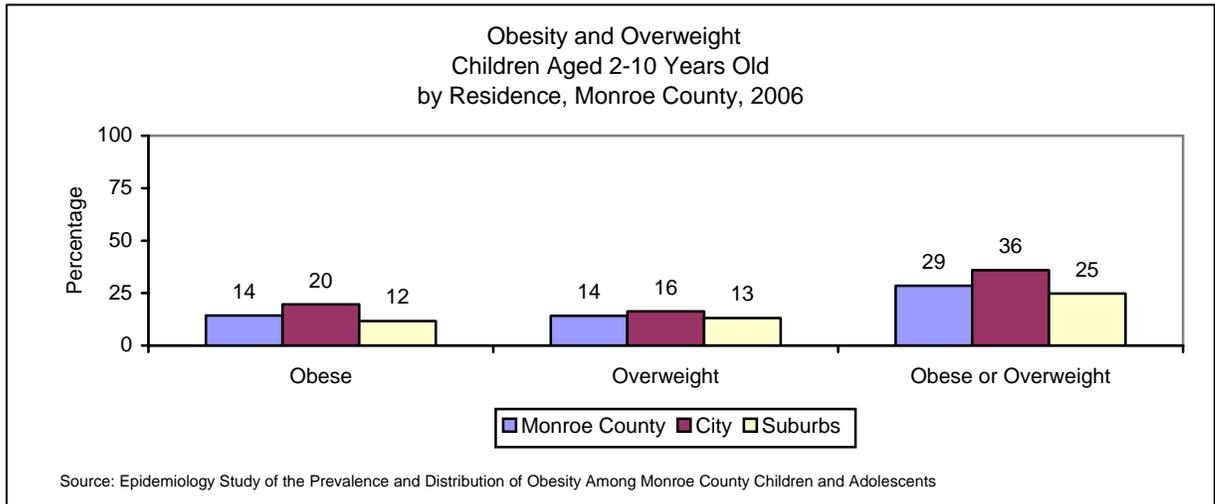
⁴¹ Division of Nutrition and Physical Activity: Research to Practice Series No. 4: Does breastfeeding reduce the risk of pediatric overweight? Atlanta: Centers for Disease Control and Prevention, 2007. http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf

⁴² Pediatric Nutrition Surveillance System (PedNSS), NYSDOH. <http://www.health.state.ny.us/statistics/prevention/nutrition/pednss/table6b.htm>

⁴³ Based on 2000 CDC growth charts, BMI-for-age at or above the 95th percentile for obesity and between the 85th and 95th percentile for overweight

Obesity and Overweight, Among Children Ages 2-10 Receiving a Well Child Visit, 2006

According to a random sample of 4,852 Monroe County children ages two to ten years old who received a well-child visit in 2006, 14% are obese and another 14% are overweight.^{44,45} As shown in the graphics below the prevalence rates of obesity are higher in the city compared to the suburbs, and are higher among African Americans and Hispanics compared to Whites.



⁴⁴ Epidemiology Study of the Prevalence and Distribution of Obesity Among Monroe County Children and Adolescents", Departments of Pediatrics and Community and Preventive Medicine, University of Rochester Medical Center, with a Grant Supported by the Greater Rochester Health Foundation.

⁴⁵ Based on 2000 CDC growth charts, BMI-for-age at or above the 95th percentile for obesity and between the 85th and 95th percentile for overweight

TV Watching, WIC Participants Ages 2-4 Years Old, 2008

Among children enrolled in WIC programs in Monroe County, 20% watch greater than two hours of TV per day, compared to 22% in NYS.⁴⁶

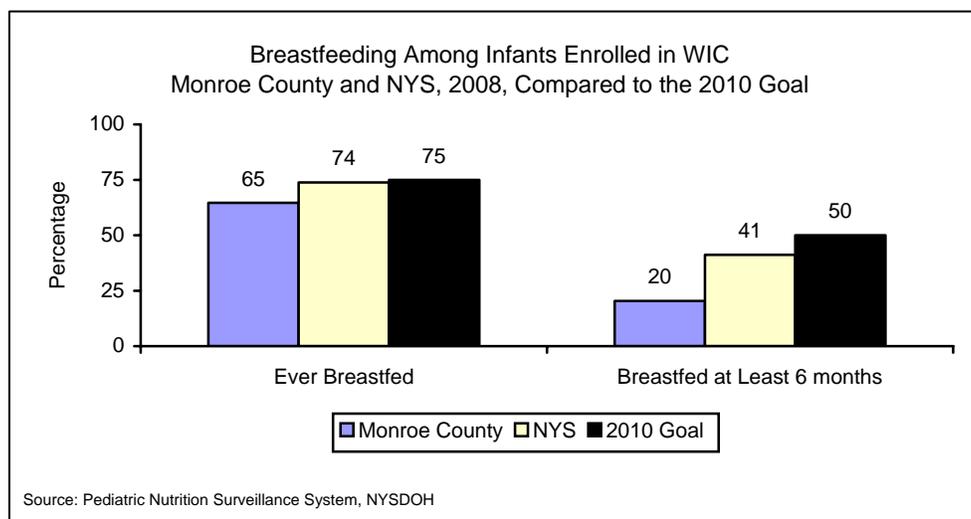
Behaviors Related to Physical Activity and Nutrition, Children Entering Kindergarten, Rochester City Schools

According to parental report of behaviors among children entering kindergarten in Rochester City Schools during 2009-2010:⁴⁷

- 45% spend more than two hours per day watching TV.
- 86% eat breakfast daily.

Breastfeeding Rates - Infants Enrolled in WIC, 2008

Of infants enrolled in WIC programs in Monroe County during 2008, 65% were ever breastfed, and 20% were breastfed at least 6 months.⁴⁸ These percentages are lower than the percentages in NYS and are below the 2010 Goals.



⁴⁶ Pediatric Nutrition Surveillance System (PedNSS), NYSDOH, <http://www.health.state.ny.us/statistics/prevention/nutrition/pednss/docs/table7b.pdf>

⁴⁷ Community Report on Children Entering School, in 2009-2010, Children's Institute.

⁴⁸ Pediatric Nutrition Surveillance System, NYSDOH, <http://www.health.state.ny.us/statistics/prevention/nutrition/pednss/table7b.htm>

Current Activities/Interventions: “Increase Physical Activity and Improve Nutrition”

The Greater Rochester Health Foundation

In 2006, the Greater Rochester Health Foundation (GRHF) convened The Childhood Obesity Task Force to develop a strategic plan to reduce the prevalence of obesity among children in Monroe County from 15% to 5% by 2017. The task force, co-chaired by the Directors of the Monroe County Department of Public Health, and Hillside Family of Agencies, included representatives from health care, health insurers, Foodlink, the University of Rochester, the YMCA and the City of Rochester.

Task Force members acknowledged that childhood obesity is a complex problem and involves certain societal factors that decrease the likelihood of families and children making healthy food and physical activity choices. These factors include:

- Busy family schedules resulting in less time to prepare healthy foods and more dependence upon “fast foods” for meals
- Highly processed low nutrient foods are less expensive than fruits, vegetables and lean meats/poultry/fish
- Limited access to healthy food at affordable prices in certain neighborhoods
- Lack of safety and/or perceived lack of safety in neighborhoods
- Lack of affordable and safe recreational venues for many children
- Dependency on automobiles for travel
- Family norms and culture
- Increasing pressure on schools to achieve academic performance at the expense of daily physical activity
- Limited time available for health care professionals to offer counseling regarding the impact of lifestyle on health
- Emphasis on large portions of high-calorie, non-nutritious foods and beverages in the media and food industry.

Because of the complex nature of this problem, many different interventions in various venues are needed to address the problem. Below are the four main strategies included in the plan, along with a brief description of programs funded by GRHF. The full Strategic Plan and a two-year program report can be found online at the Greater Rochester Health Foundation website.⁴⁹

Strategy 1: “Increase Physical Activity and Improve Nutrition.”

The Greater Rochester Health Foundation is funding programs in three different venues to implement programs to promote increased physical activity and improved nutrition. These include child-care settings, schools and community based organizations.

Child Care Settings

Action for a Better Community 1+2+3 received grant funding to implement a childhood obesity prevention program that targets children, parents/guardians and staff in five Head Start centers in the City of Rochester. The project provides increased physical activity, nutritious meals, and nutrition and physical activity education in both the classroom and to parents using the “*I Am Moving, I Am Learning*” curriculum.

The YMCA received funding for the Healthy Beginnings Child Care project. The goal was to improve the culture and behaviors of staff in three urban YMCA child-care settings in year one. During years two and three the focus has been on program implementing programs to increase physical activity and improve nutrition for two to five year olds.

⁴⁹ <http://www.thegrhf.org/Default.aspx?RD=3667&RN=Prevention>

The Children's Institute received funding for the Rochester Healthy Child Care 2010 program to implement obesity and overweight prevention projects in more than 100 child-care settings, reaching more than 2,500 children in Monroe County. The program is using two curricula: "*Eat Well, Play Hard*" in child-care centers and "*Hip-Hop to Health Jr.*"- in family and group child-care settings.

Schools

Honeoye Falls-Lima, Penfield and Webster School Districts received multi-year grants to implement obesity prevention projects in select elementary schools. The districts are utilizing funding for various projects to improve nutrition and increase physical activity including the purchase of high-tech interactive fitness equipment, extended after/before school hours for fitness programs, implementation of action based learning breaks, and improvements to cafeterias. In 2010, three City elementary schools were awarded multi-year grants to implement programs focused on increasing physical activity opportunities throughout the school day.

Community Based Organizations

Between 2008 and 2010, 178 mini-grants were awarded to various organizations including faith groups, after school programs, childcare centers, recreation centers, youth sports leagues, and schools to increase opportunities for children to be physically active and eat healthy foods.

Strategy 2: "Engage the Clinical Community." The Greater Rochester Clinical Initiative for Childhood Obesity of the Golisano Children's Hospital at the University of Rochester Medical Center, Department of Pediatrics developed and implemented a clinical quality improvement program. The goal of the program is to train pediatricians to improve their tracking of BMI and provide appropriate physical activity and nutrition guidance to families. As of the spring of 2010, practices that provide care to more than half of the children and adolescents in Monroe County are participating in the initiative.

Strategy 3: "Advance Policy and Practice Solutions."

Healthy Eating and Active Living Through Policy and Practice Initiatives for Kids (Healthi KIDS) led by the Finger Lakes Health System Agency in partnership with the University of Rochester's Center for Community Health and the Children's Agenda is advocating for public policy and practice changes to increase physical activity and improve nutrition among children in Monroe County.⁵⁰ The specific focus areas for policy changes are:

- Better school food
- Safer play areas
- Food standards at childhood centers
- At least 45 minutes of in-school physical activity
- Policies that support breastfeeding

Healthi KIDS successfully advocated for a change in food service vendors in the Rochester City School District, and for an additional \$2M allocation for food service improvements.

In 2010, Healthi KIDS received a Robert Wood Johnson Foundation Grant to increase access to safe places to play and to establish healthier food standards in child-care centers and after-school settings. An assessment of play spaces in the City of Rochester is complete and plans to enhance play spaces are being developed with five city neighborhoods.

⁵⁰ <http://www.healthikids.org>

Strategy 4: “Execute a Community Communications Campaign.” 5-2-1-0, Be A Healthy Hero is a research-based community-wide communications campaign of GRHF targeted towards parents.⁵¹ The campaign advertises on radio, television, billboards, print messages in newspapers, and magazines, and utilizes a website and social media.

The goals in phase I of the campaign were to increase awareness of the problem of childhood obesity and to provide simple messages about what can be done to prevent it. The messages include:

- eat **5** servings of fruits and vegetables daily
- limit screen time to **2** hours or less per day
- get **1** hour or more of physical activity per day
- limit sugar sweetened drinks to **0**

Phase II of the campaign is focusing on moving closer to behavior changes that embrace the 5-2-1-0 messages.

Evaluation of the 5-2-1-0 Campaign has shown that most parents recognize the 5-2-10 messages. However, parents have not yet implemented these messages in the home.

Additional Strategy- Parent Engagement

In 2010, GRHF funded the University of Rochester’s Center for Community Health (CCH) to administer a parent engagement project. CCH has developed a series of adult and family interactive workshops to provide parents with simple ideas to help their families eat well and move more. Community organizations are recruiting participants and hosting the workshops.

GRHF has enlisted an external evaluation team to review the current efforts in the community and the findings will inform further activities.

Other Programs and Initiatives

There are additional community programs and initiatives underway in Monroe County promoting increased physical activity and improved nutrition among children.

The Community Partnership for Breastfeeding Promotion and Support of the University of Rochester, a 5-year National Institutes of Health funded project, has an overall goal of increasing breastfeeding intention, initiation, duration and exclusivity among low-income Monroe County women. Using the Socio-ecological model as its foundation, the project is studying the factors (individual, social, environmental and institutional) that influence whether a woman decides to bottle feed or breastfeed (BF) her baby. With input from a Community Council comprised of members of the target population, various interventions aimed at increasing breastfeeding rates are being implemented throughout the community. The interventions include increasing the number of breastfeeding peer counselors available to assist women, putting into practice provider initiatives aimed at educating and assisting women in efforts to breastfeed, developing or enhancing hospital breastfeeding policies, encouraging the support and enforcement of worksite breastfeeding policies, and launching a social marketing campaign targeting specific segments of the population on various issues related to breastfeeding. The 5-year project will conclude in 2012-2013 with the collection of surveillance data and an analysis of breastfeeding attitudes and outcomes across the community to determine the effects of the various interventions.

⁵¹ <http://beahealthyhero.org/>

The WIC Program provides checks for nutritious foods along with nutrition education to low income pregnant, post-partum women and children under age 5. Four agencies administer the program in Monroe County including the Monroe County Department of Public Health, Anthony Jordan Health Center, Oak Orchard Health Center and Finger Lakes WIC Program. Over 14,000 women, infants and children participate in the program in Monroe County each month. WIC has implemented a number of obesity prevention initiatives, including breastfeeding peer support program, Fit WIC physical activity training for parents and patient-centered nutrition education. In addition to these initiatives, in 2009, the WIC Program nationally implemented a new food package that aligns more closely with the current recommendations for healthy eating. The new WIC package reduces the amount of juice for children aged 1 and older to 4 ounces per day and adds fruits, vegetables and whole grains. For children ages two to four years old, the type of milk given in the food packages is now limited to low fat or skim milk.

Foodlink's Kids Café Program provides free, nutritious dinners and snacks to children aged 5-18 at several sites throughout the City of Rochester.

The School Meals Program provides free or reduced priced breakfasts and lunches to income eligible students in Monroe County.

The Summer Meals Program provides free breakfast and lunches to children under age 18 at sites throughout the City of Rochester and a few sites in the suburbs.

Improve Social and Emotional Well Being and Reduce Child Abuse and Neglect

Social and emotional health is a child's ability to:

- Form close relationships with people around them including parents, other caregivers, family members and peers
- Express and manage their emotions
- Explore new environments

Social and emotional skills involve communication, connection with others, conflict resolution and coping. These skills give children confidence to reach goals and the ability to persist when difficulties arise. Social and emotional well-being has a major impact on school readiness, short- term and long-term academic success.

There are many short and long-term negative consequences related to child abuse and maltreatment including adverse health, educational attainment and social and behavioral development. In addition, victims are more likely to suffer adverse life outcomes including increased risk for substance abuse, mental health disorders, suicide, school failure, teen pregnancy, and criminal behavior.

Measures

Life Experiences That Have an Impact on Social, Emotional and Behavioral Health, Kindergarteners Entering Rochester City Schools

According to parental report of life experiences among children entering kindergarten in Rochester City Schools during 2009-2010:⁵²

- Only 51% have a father who spends time with them daily on a regular basis
- 28% have a father who almost never spends time with them regularly
- 90% have a mother who regularly spends time with them daily
- 22% have experienced a parent who is depressed
- 14% have witnessed violence in the neighborhood
- 10% have witnessed violence in the home

Behavioral Problems, Children Entering Kindergarten, Rochester City Schools

According to parental report of behaviors among children entering kindergarten in Rochester City Schools during 2009-2010:⁵²

- 8% have ever had a behavior problem
- 35% strongly agree or agree their child gets nervous easily
- 19% strongly agree or agree their child fights with other children
- 28% strongly agree or agree their child has a short attention span
- 12% strongly agree or agree their child is withdrawn

⁵² Community Report on Children Entering School, in 2009-2010, Children's Institute.

School Adjustment Problems – Monroe County School Children, Grades K-3rd

The AML-R developed by the Children’s Institute is a brief screening tool used by primary school teachers in Monroe County to help them identify children experiencing school adjustment problems. The tool contains 12 questions that rate whether the child exhibits the following behaviors: 1. Acting out/disruptive, 2. Moody/shy/withdrawn, 3. Learning problems. Teachers observe students and rate them by how frequently they observe the various behaviors. Scores for each child are then compared to normative scores for New York State children with similar age, gender and area of residence (urban vs. non-urban). Children who score at or below the 15th percentile for their age group, within any of these areas, are considered at risk for school adjustment problems.

In the 2008-2009 school year, nearly 25% of Monroe County K-3 students scored at or below the 15th percentile for one or more AML-R areas, making them at risk for school adjustment problems.⁵³ The table below shows the percentages of children with one or more of these problems. The percentage of children at risk, has been fairly stable except during the 2001-2002 and 2002-2003 school years when there was a slight increase.

Percent of Monroe County Primary School Children, at Risk for School Adjustment Problems (15th percentile or below), By School Year 2000-2001 to 2008-2009

Behavior	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Acting Out/Disruptive Only	3.9	5.0	4.7	4.2	4.5	4.4	5.0	4.3	4.5
Moody/Shy/Withdrawn Only	7.6	8.5	9.5	4.3	4.3	3.6	3.7	3.8	4.1
Problems Associated with Learning Only	4.4	4.4	4.2	7.0	7.2	6.4	7.4	6.6	6.7
Multiple Areas	8.6	10.6	13.3	9.2	9.8	8.9	9.6	9.3	9.2
One or more Areas	24.5	28.5	31.7	25.1	26.0	23.7	26.1	24.1	24.9

Source: Children’s Institute

The percentage of students at risk for school adjustment problems is higher in the City of Rochester (27%) compared to the county as a whole.

Reports and Indicated Reports of Child Abuse and Neglect

Child abuse occurs when a child whose parent or other person legally responsible for his/her care, inflicts upon the child serious physical injury, creates a substantial risk of serious physical injury, commits an act of sex abuse against the child, or allows someone else to do these things to the child. Neglect occurs when a parent or other person legally responsible for the care of a child harms a child, or places a child in imminent danger of harm by failing to exercise the minimum degree of care in providing the child with any of the following: food, clothing, shelter, education or medical care when financially able to do so. Abandonment of a child, or not providing adequate supervision for the child, is also considered neglect. Further, a child may be neglected if a parent engages in excessive use of drugs or alcohol such that it interferes with their ability to adequately supervise the child.⁵⁴

Reports of child abuse and neglect provide some indication of the prevalence of the problem in the community. Reports include suspected cases of child abuse and neglect reported to the Child Abuse Hotline. More than one child can be involved in a report. The Child Protective Services division of the Monroe County Department of Human Services investigates reports, and if the investigation reveals credible evidence that child abuse or neglect occurred, the report is considered “indicated”.

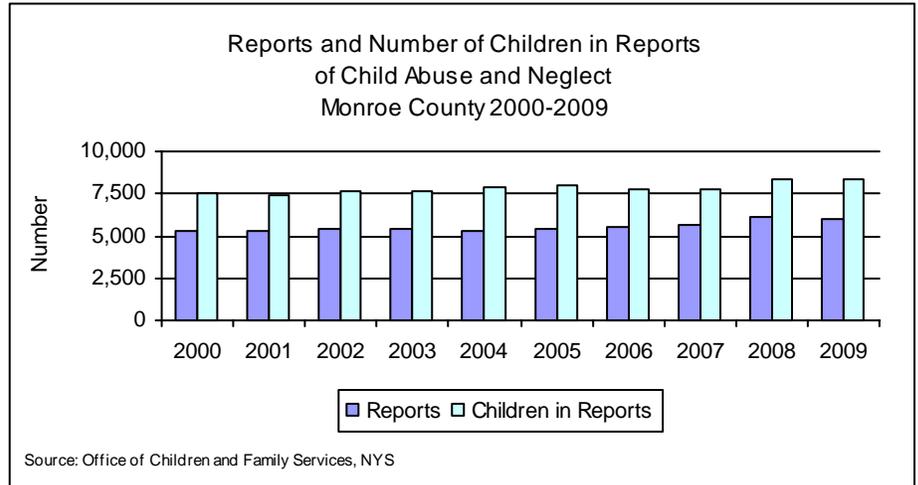
⁵³ Children’s Institute. Included in the sample are the following schools: 2003-2005 - Brighton, Fairport, Greece, Honeoye Falls-Lima, RCSD, and Rush-Henrietta; 2005-2008 - Brighton, Fairport, Honeoye Falls-Lima, RCSD, and Rush-Henrietta, 2008-2009 - Brighton, Fairport, Honeoye Falls-Lima, and RCSD.

⁵⁴ NYS Office of Children and Family Services <http://www.ocfs.state.ny.us/main/cps/critical.asp>

It should be noted that not all cases of child abuse and neglect are reported. There may be some instances when child abuse or neglect did occur but the investigation did not reveal sufficient credible evidence to “indicate” the report. There is growing evidence that behavioral and developmental outcomes for children in reported but not indicated cases are not different from outcomes among children in indicated cases.⁵⁵

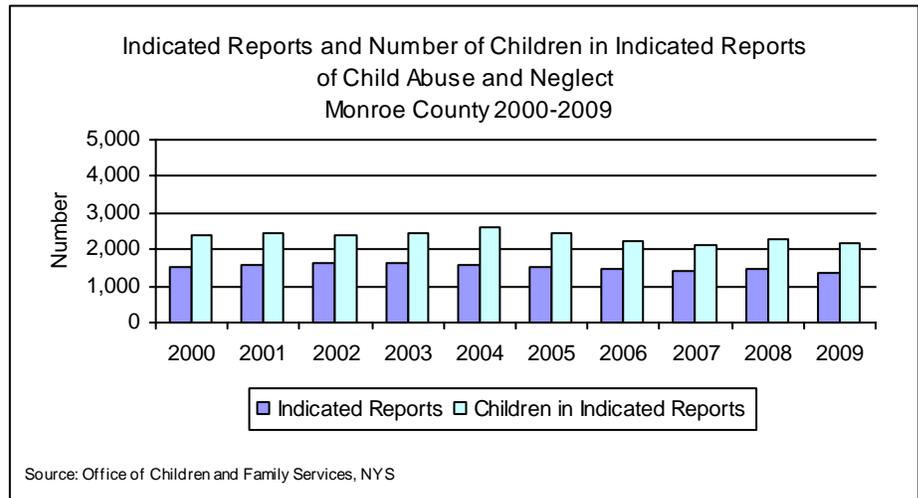
In Monroe County during 2009, there were 6,053 reports of child abuse or neglect involving 8,347 children.⁵⁶ The majority of these reports were related to neglect. The percentage of children involved in child abuse/neglect reports in Monroe County (5.1%) is similar to NYS (5.0%) and but lower than Upstate (5.6%).

Reports and the number of children involved in reports have increased in the past few years as shown in the graphic to the right.



In Monroe County during 2009, there were 1,382 indicated reports involving 2,202 children.⁵⁶ The percentage of children involved in indicated reports in Monroe County (1.3%) is lower than NYS (1.8%) and Upstate (1.8%).

The numbers of indicted reports and the children involved in indicated reports, have fluctuated over the past several years as shown in the graphic to the right.



⁵⁵ Hussey JM, Marshall JM, English DJ, Knight ED, Lau AS, Dubowitz H, Kotch JB. "Defining maltreatment according to substantiation: distinction without a difference?" Child Abuse Negl. 2005 May;29(5):479-92.

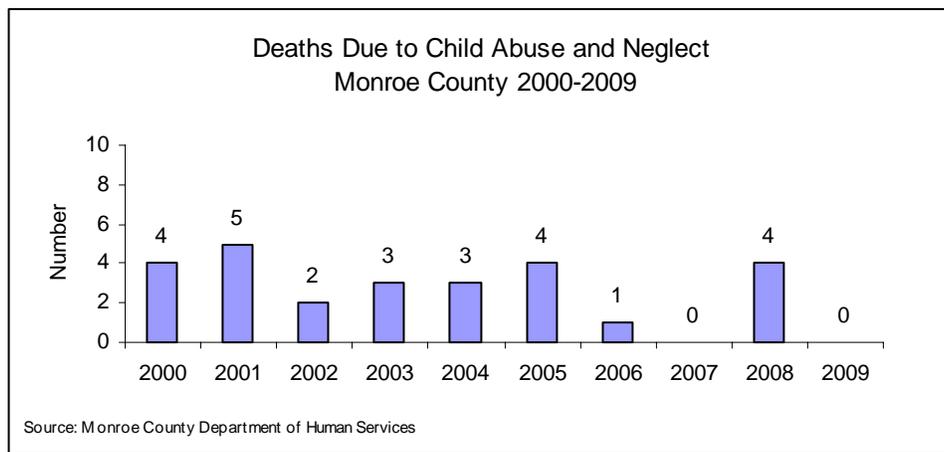
⁵⁶ Source: OCFS Data Warehouse data as of 26 May 2010. A small number of reports were still under investigation on 26 May 2010, and some of these may have later been indicated. These counts exclude reports that were consolidated into an ongoing investigation, cases that were withdrawn without investigation, duplicates in other reports, cases assigned to other departments or cases in which the primary responsibility for this case is not Monroe County. These counts are different from counts published by the Monroe County Department of Human Services (MCDHS) because MCDHS includes cases that the department investigates, but the primary responsibility for the case lies with another county. MCDHS also includes cases in which the primary responsibility originated in one county, but then the family moved to Monroe County.

Thirty-two percent of indicated reports occurred in the following zip codes: 14621, 14609 and 14611. Sixty percent of indicated reports occurred in the following seven zip codes: 14621, 14609, 14611, 14606, 14605, 14613, and 14608.⁵⁷

Deaths Due to Child Abuse or Neglect

The Monroe County Child Fatality Review Team is required to review all child fatalities that are reported to the State Central Registry as possible abuse/neglect, all fatalities of children who die in foster care and all fatalities of children where there is an open CPS or preventive case with the Department of Human Services.

Twenty-six children died due to child abuse or neglect between 2000 and 2009.⁵⁷ Each of these deaths was investigated and it was determined there was credible evidence that abuse or maltreatment caused the death. The graphic below shows the number of children who died each year.



Children in Foster Care

Children are placed in foster care when they are in imminent danger, or their parent is incapable of taking care of them. Chronic medical conditions, mental health conditions and developmental problems are more prevalent among children in foster care compared to all other children.⁵⁸

During 2009, nearly 600 children and youth under age 21 were in foster care.⁵⁹ The rate of children in foster care is lower in Monroe County (2.7/1,000) compared to NYS (4.2/1,000).

⁵⁷ Monroe County Department of Human Services, 2009.

⁵⁸ American Academy of Pediatrics. (1994). Health care of children in foster care (RE9404), *Pediatrics*, 93(2), 335-338.

⁵⁹ NYS Office of Children and Family Services; Child Care Review Service <http://www.nyskwic.org>

Current Activities/Interventions: “Improve Social and Emotional Well Being” and “Reduce Child Abuse and Neglect”

The 2010 Community Action Plan for Greater Rochester’s Children

In 2009, The Children’s Agenda published “The 2010 Community Action Plan for Greater Rochester’s Children”⁶⁰ This plan proposed the following recommendations for evidence-based interventions or “Best Solutions” to improve the well-being of children:

- Expand the Nurse Family Partnership Program to meet the local community need of 1,000 families per year;
- Increase the number of children in quality child care and early learning settings by 20% by 2015;
- Provide high- quality, effective after school programming for 25% of Rochester children by 2015;
- Expand the Coping Power Program to full capacity in the Rochester City School District by 2015.

The Center for Governmental Research, in partnership with The Children’s Agenda, recently published a report that quantifies the number of children currently receiving these evidence based interventions, and the funding needed to achieve the recommendations outlined above.⁶¹ Beginning on the next page is a summary of these interventions and the estimated number of children that are receiving them.

Nurse Family Partnership is a nurse home visitation program for low-income first-time moms. Women enroll in the program early in their pregnancy, and continue through until their child turns two years old. NFP home visitors work with their clients to achieve three important goals:

- Improve pregnancy outcomes by helping women engage in good preventive health practices.
- Improve child health and development by helping to improve parenting skills.
- Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, continue their education and find employment.

National studies have shown significant benefits to both mothers and children who participate in this program⁶². The benefits include:

- Fewer child abuse and neglect reports.
- Fewer childhood injuries.
- Improvements in children’s language, cognition and behavioral regulation.
- Reductions in prenatal smoking and prenatal hypertension disorders.
- Fewer unintended pregnancies and increases in intervals between first and second births.
- Decreased teen pregnancies.
- Improved school attendance and graduation.

NFP has also been shown to be cost effective. For every dollar invested in the program, more than \$5 is saved in taxpayer dollars by the time the child turns 16 in health, public assistance, criminal justice and educational services.

The Nurse Family Partnership (NFP)⁶³, implemented locally in 2006 by the Monroe County Department of Public Health currently serves 250 Monroe County women.

⁶⁰ <http://www.thechildrensagenda.org/docs/2010ActionPlanFullReport.pdf>

⁶¹ http://www.cgr.org/research_children.aspx

⁶² <http://www.nursefamilypartnership.org/content/index.cfm?fuseaction=showContent&contentID=4&navID=4>

⁶³ <http://www.monroecounty.gov/health-family.php#NFP>.

Quality Child Care and Early Learning Settings

Research has shown that high quality early education has an impact on school readiness and social and emotional well-being. Children who participate in quality early childhood education as they grow older have higher graduation rates, lower rates of teen pregnancy and crime.^{64,65,66} Children from families with limited incomes show the most benefit from participating in high quality early care and education programs.

The Center for Governmental Research (CGR) and TCA defined the target population of children in need of care as children ages birth to five, who live in a family with an income below 165% of the poverty level and do not have a stay-at-home parent. Based on this definition, there are an estimated 9,000 Monroe County children in need of quality child care and early learning settings, and only 40% (about 3,600) are receiving it.

High Quality, Effective After-School Programming

Research has shown that children and youth who participate in quality after-school programs reap many benefits including improved academic performance, social and emotional well being, and health.⁶⁷

CGR estimates that there are 23,333 Rochester children and youth between the ages of 6 and 17 that live in working families and therefore are in need of after-school programming. Only an estimated 11% (2,505) of these children and youth are attending after-school programming with at least minimal quality standards.

“Coping Power” Program

The Coping Power Program housed at the Children’s Institute, is an evidence based-program that reduces violent and aggressive behavior in youth in 4th and 5th grades. The Center for Governmental Research estimates that there are approximately 940 4th and 5th grade RCSD students in need of the Coping Power Program. During the 2010-2011 school year, Coping Power will be at 3 Rochester City Schools, and the Children’s Institute anticipates serving 120 students.

Additional Programs to Improve Social and Emotional Well Being and Reduce Child Abuse and Neglect

A major role of the Monroe County Department of Human Services (MCDHS) is to develop resources to help support, strengthen and redefine family relationships to avert the need for out of home placement of children. MCDHS has contracts with several agencies to provide specialized services to improve the well-being of children and families. Some of these services are highlighted in this report. Additional information about these services can be found on the Monroe County web-site.⁶⁸

Building Health Children⁶⁹ is a collaboration between Mt. Hope Family Center, the Social Work and Pediatrics Departments at Golisano Children’s Hospital at Strong, and the Society for the Protection and Care of Children (SPCC). Building Healthy Children is a preventive program aimed at mothers of patients in Strong Memorial Hospital’s pediatric practice who are residents of Monroe County, eligible for public assistance, have not had an indicated Child Protective Service report, are under age 21 at the birth of their first child, and have a maximum of two children under the age of three. An array of evidence-based programs are available for eligible families, including Child-Parent Psychotherapy (CPP), Interpersonal Psychotherapy for Depression (IPT),

⁶⁴ Schweinhart, Lawrence, Helen V. Barnes, and David P. Weikart. Significant Benefits: The High/Scope Perry Preschool Study Through Age 27 (High/Scope Press, 1993).

⁶⁵ Masse, Leonard N. and W. Steven Barnett, A Benefit-Cost Analysis of the Abecedarian Early Childhood Intervention, New Brunswick, NJ.: National Institute for Early Education Research, 2002.

⁶⁶ Campbell, Frances A., et al. “Early Childhood Education: Young Adult Outcomes From the Abecedarian Project,” Applied Developmental Science, 2002 Vol. 6, no. 1, pp.42-57.

⁶⁷ The Rochester After-School Plan. www.rafc.org

⁶⁸ <http://www.monroecounty.gov/hs-preventative.php>

⁶⁹ <http://www.psych.rochester.edu/MHFC/building-healthy-children.php>

Incredible Years Parenting Group, Parents as Teachers, and educational and employment support. Outreach workers provide basic support services.

The Mount Hope Family Center⁷⁰ offers evidence-based programs that provide parents and children the resources they need to build strong healthy family and peer relationships. Some of the programs include:

- The Child-Parent Psychotherapy Program is a treatment program for young children and their families designed to improve family functioning, and prevent child maltreatment and foster care placement.
- PATHS CLUB (Promoting Alternative Thinking Strategies) is an after school program for children ages 6-11 that has an emotion-based social skills curriculum with attention to violence prevention.
- The Parenting Skills Training Program uses the “The Incredible Years” curriculum to teach practical parenting skills like limit setting, giving logical consequences, offering praise and rewards, problem solving and reducing inappropriate behaviors.
- Child Trauma Services are available for children who have experienced severe trauma such as abuse, neglect, family violence, the death of a family member, or another crisis. Both individual and group therapy are available based on the child’s needs.
- Interpersonal Psychotherapy (IPT) for Depressed Mothers and their Children focuses on interpersonal issues associated with depression. Treatment is provided in clients’ homes or at Mt. Hope Family Center, depending on the availability of transportation and on client need.
- Fostering Recovery is a program that focuses on parents with chemical dependency and their relationship with their children under age 2.

The Family Outreach Program of the Society for the Protection and Care of Children (SPCC)⁷¹ is a family counselling and case management program designed to help parents whose children are at risk of foster care placement cope with the challenges of parenthood and to help them to raise their children in a nurturing and supportive atmosphere. Services are provided in the home, and include individual and family counselling as well as parenting skills training.

The Family Violence Program of the Society for the Protection and Care of Children (SPCC) provides counselling to children and families who are victims of domestic violence.

Behavioral and Social Interventions for Children (BASIC) provides a continuum of support services to children and their families in 7 accredited childcare centers in the City of Rochester. BASIC follows the philosophy of the Teaching Pyramid Model (TPM) and includes four levels of practice nurturing positive relationships, high quality supportive environments, targeted social and emotional supports, and intensive intervention. There are six evidence based programs that are being implemented including Incredible Years (Nurturing Positive Relationships), PATHS Preschool (High Quality Supportive Environments), Primary Project, Behavioral Health Consultation (Targeted Social and Emotional Supports) and Child Parent Program and Trauma Focused Cognitive Behavioral Therapy (Intensive Intervention).

The Family Development Parent Education Program offered at Family Resource Centers supports parents and their caregivers in their efforts to improve parenting skills and helps build their competence and confidence in their role as being their child’s first teacher. The program helps to link parents with resources and learning opportunities to foster healthy development and school readiness. Parent groups are facilitated weekly, utilizing evidence-based curricula including *The Incredible Years*, as well as core topics of child development, discipline, stress reduction, family literacy and problem-solving.

⁷⁰ <http://www.mthopfamilycenter.org>

⁷¹ <http://www.spcc-roch.org/index.htm>

The Parents as Teachers Program (PAT) is a research-based early-childhood parent education program offered by Family Resource Centers, the Perinatal Home Visiting Program (PHP) of the Monroe County Department of Public Health and other organizations. PAT provides parents with child development information, involves them in parent-child activities that encourage language development, intellectual growth, social development and motor skills. Both group and individual interventions are provided.

Primary Project⁷² of the Children's Institute is a nationally recognized evidence-based program that is effective in reducing negative school adjustment behaviors, and improving children's self-confidence, social skills and learning skills.⁷³ Within the school setting, children in grades K-3 identified as being at risk for school adjustment problems meet weekly with a trained paraprofessional for a time of unstructured and expressive play. By providing children a safe and secure play environment and then fully engaging with them, their social and emotional competencies are developed.

Children of Divorce Intervention Program⁷⁴ (CODIP) of the Children's Institute is a school-based support group to help with adjustment to divorce. Ongoing evaluation of the program from over 50 schools in the Rochester area shows that CODIP provides positive outcomes for children, including:

- Less anxiety and worries about their family circumstances
- Less desire to place blame on themselves or someone else for the divorce
- A better understanding of divorce-related issues and feelings
- A greater ability to solve personal problems and to let go of those problems that are beyond their control
-

Same Sky Sharing⁷⁵ of the Children's Institute is an initiative designed for children in grades K-6 who are dealing with military family changes, particularly those due to deployment. Helping children cope with transition is both a challenge and an opportunity. The name Same Sky Sharing reflects the concept that no matter how many miles a family may be separated from one another, many things are shared, including the same sky. The demands on members of the military and their families are complex and young children are especially vulnerable when separated from their parents. For young children, the challenges can be magnified because of their limited life experiences and emotional reliance on their parents for a sense of safety and well-being.

The Monroe County Foster Care Pediatric Clinic and Visitation Center opened in the Fall of 2010. The facility houses a pediatric practice run by the Monroe County Department of Public Health and a center in which children in foster care visit with their biological parents in a supervised setting. Previously, these services were provided in multiple locations within Monroe County, which resulted in inefficiencies and confusion for families. It is hoped that housing these services within the same facility will improve care coordination for children in the foster care system.

Achieving Culturally Competent Effective Service and Supports (ACCESS) is a six-year, \$9 million federal grant awarded to the Monroe County Department of Human Services- Office of Mental Health to transform the children's mental health system. The Office of Mental Health is utilizing grant funds to improve the infrastructure which supports the children's mental health system, as well as expand service offerings in key areas identified through an extensive needs assessment conducted in 2006. The overall goal of ACCESS is to reduce disparities and improve outcomes for children and families. ACCESS is working to transform the child/youth mental health care system to make it family driven, youth guided, culturally/linguistically competent, community-based, best practice oriented, trauma informed and an integrated system of supports and services.

⁷² <http://www.childreinsstitute.net/programs/primaryProject/>

⁷³ http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=106

⁷⁴ <http://www.childreinsstitute.net/programs/CODIP/>

⁷⁵ <http://www.childreinsstitute.net/programs/SameSkySharing/>

Early Intervention (EI) is a voluntary developmental evaluation and services program offered by New York State and administered locally by Child and Family Health Services of the Monroe County Department of Public Health. EI serves children from birth through 2 years of age and their families where there is a high risk of delay, a suspected delay in development, or a confirmed diagnosis of developmental disability. Major provisions of the program include:

- Identification and referral of children at risk or suspected of disability by primary referral sources
- Periodic developmental screening and tracking of at risk children
- Service coordination for eligible children and families
- A multidisciplinary evaluation provided at no cost to parents to determine eligibility
- Individualized Family Service Plans (IFSPs) for eligible children and families
- Provision of early intervention services in the IFSP at no cost to parents
- Delivery of services in natural settings in the community where children of the same age are typically found, to the maximum extent appropriate

The Monroe County Early Intervention Program has developed a resource directory of services for young children with challenging behaviors.⁷⁶

The mission of 292-BABY⁷⁷ is to provide information and support to parents and caregivers of young children through:

- Telephone support for non-emergency issues provided by a registered nurse.
- "Parent Talk", a daily, television program that is broadcast Monday through Friday that focuses issues and topics related to effective parenting and early childhood.
- The internet – by accessing videos on demand.

⁷⁶ <http://www.monroecounty.gov/File/Health/2008%20Challenging%20Behaviors%20Resource%20List.doc>

⁷⁷ <http://292baby.info/index.htm>.

ADDITIONAL MATERNAL/CHILD HEALTH GOALS

Improve Birth Outcomes and Infant Health

Improving infant health can impact the health and well being of future generations. Babies born at a low birth weight and/or born prematurely are at increased risk of dying within the first year of life and are at increased risk of developing both short-term and long-term health and educational problems. These problems include respiratory conditions, learning disabilities and attention disorders.

The American Academy of Pediatrics recommends safe sleep practices in order to reduce the risk of sudden infant deaths. These practices include putting infants to sleep on their backs, in a crib or bassinet with a firm mattress, without pillows, blankets, bumper pads or toys. Unsafe sleep environments could result in the obstruction of an infant's breathing. Examples of unsafe sleep environments include sleeping with others in a bed or on a couch, sleeping alone in an adult bed or on a couch, or sleeping in a crib with bumpers, blankets, pillows or toys. Many studies have shown that bed sharing can be hazardous, with the following conditions presenting a higher risk:

- The infant is less than one week old
- Multiple people sharing the bed
- Bed sharer is over-tired, or has consumed alcohol or drugs
- Sleeping on a couch.⁷⁸

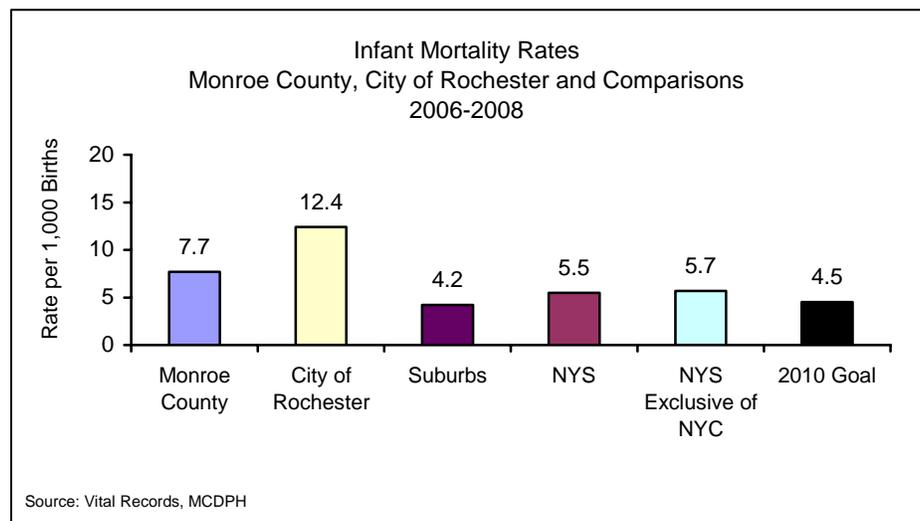
Early and adequate prenatal care can result in the early identification and treatment for problems that may affect the baby's health. Infants born to women who smoke, and/or use drugs or alcohol are at increased risk of being born at a low birth weight and/or prematurely, and are also at risk for various developmental problems. Maternal health risks that impact infant health include inadequate or excessive weight gain during pregnancy, the presence of sexually transmitted diseases, and high blood pressure.

Measures

Infant Mortality

In Monroe County during 2008, 66 infants died prior to their first birthday.⁷⁹

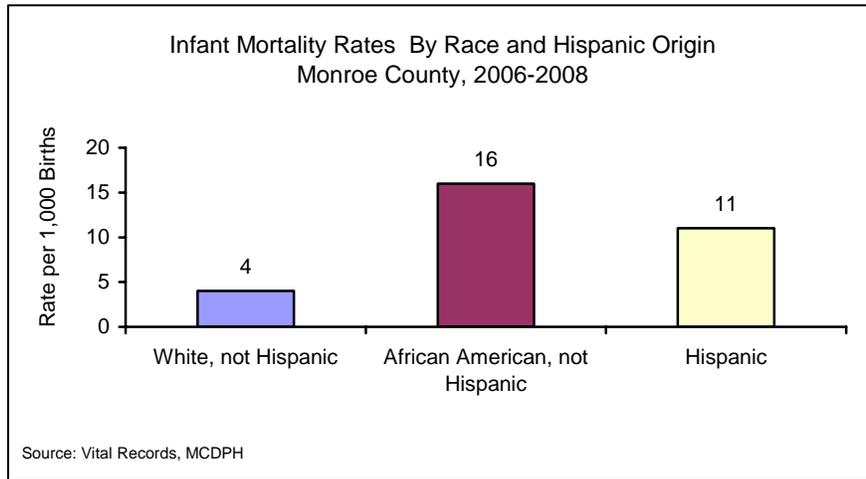
The infant mortality rate is three times higher in the City compared to the Suburbs. Rates of infant mortality in Monroe County and in the City of Rochester are higher than the rates in NYS and in NYS exclusive of NYC, and have not met the 2010 Goal.



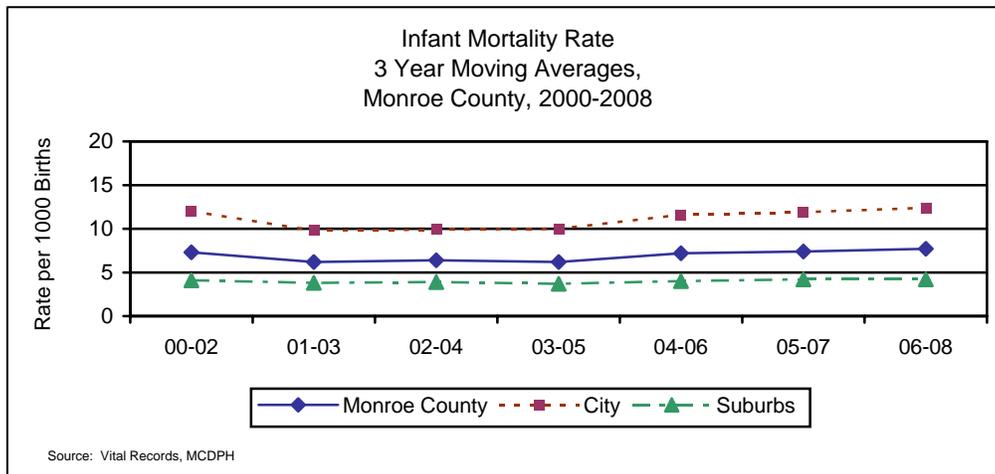
⁷⁸ "The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk. American Academy of Pediatrics. Pediatrics vol. 116, No. 5. pp 1245-1255.

⁷⁹ Vital Records, MCDPH

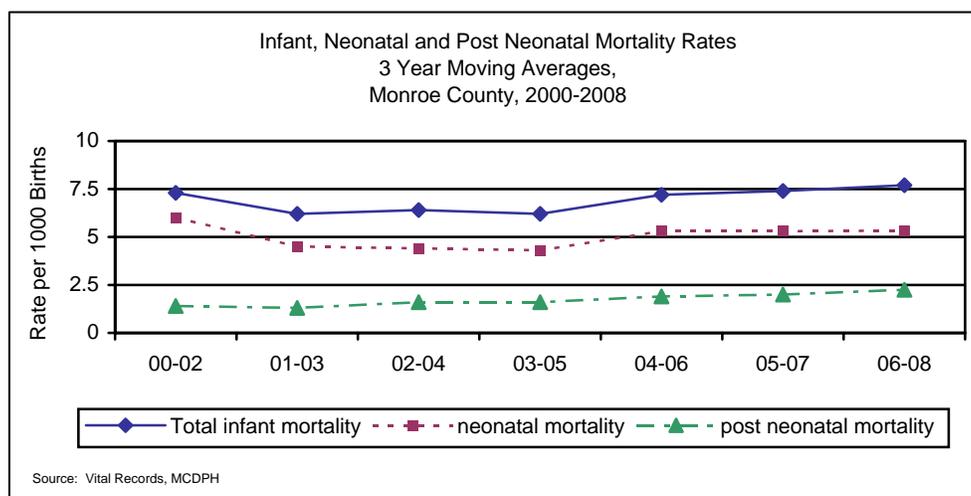
The rate among African Americans is four times higher, and the rate among Hispanics is two to three times higher, compared to the rate among Whites.



The infant mortality rate declined in the early 2000's, and increased slightly over the past few years.



Nearly 70% of infant deaths occur within the first 28 days of life (neonatal mortality). The remaining deaths occur after 28 days and before the child's first birthday (post-neonatal mortality). Both the neonatal and post neonatal mortality rates declined slightly in the early 2000's, and then increased between 2005 and 2008.



The majority of infant deaths are due to conditions originating in the perinatal period (such as extreme prematurity, and complications of labor and delivery) and congenital anomalies.

Infant Deaths Associated with Unsafe Sleep Practices

According to the Monroe County Child Fatality Review Team, between 2007 and 2010, 41 infants died suddenly under circumstances in which unsafe sleep practices may have been contributing factors.⁸⁰ This represents about 17% of all infant deaths during this time period.

Maternal Demographic Characteristics, Birth Outcomes, Behaviors Associated with Infant Mortality

Birth certificate data were matched with infant death certificate data for 2005-2007 to identify factors that are associated with higher infant mortality rates. The findings of this analysis are below.⁸¹

Maternal demographic characteristics

- Younger birth mothers (24 years or younger) were more likely to lose their babies than older birth mothers.
- African American birth mothers had a higher infant mortality rate than Latino or White births.
- Birth mothers with less education were more likely to experience an infant death than those with more education.

Birth outcomes

- Very low birth weight (<1,500 grams) was the most highly associated with infant mortality.
- Pre-term labor at less than 34 weeks was highly associated with infant mortality.

Maternal behaviors

- Tobacco use, particularly among Latinas in the city, was associated with increased risk of infant mortality.
- Births with inadequate maternal weight gain during pregnancy had a higher infant mortality than births with recommended or excessive maternal weight gain. Inadequate weight gain is more likely to occur among African American and younger birth mothers than among White or older birth mothers.
- No prenatal care was associated with higher infant mortality rate.

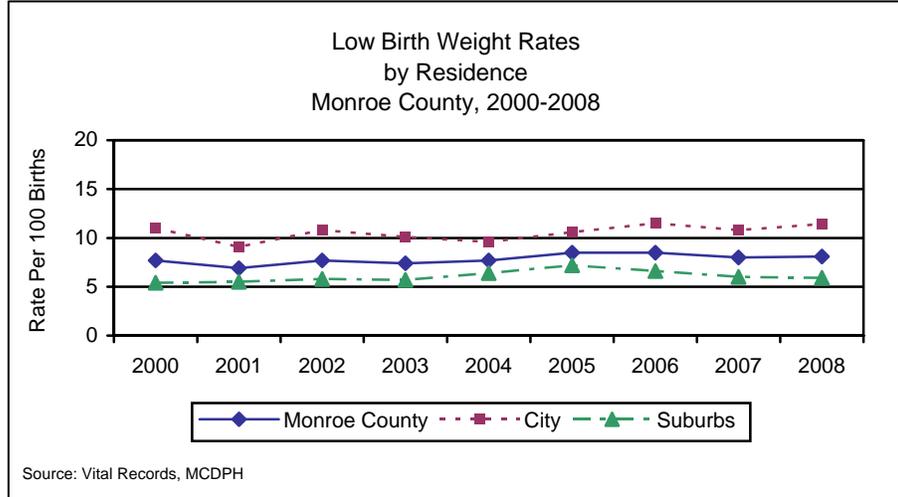
⁸⁰ Monroe County Child Fatality Review Team. The Review Team can review all sudden and unexplained deaths of children under the age of 18 and are required to review ALL child fatalities that are reported to the State Central Registry as possible abuse/neglect, all fatalities of children who die in foster care and all fatalities of children where there is an open CPS or preventive case with the local Department of Human Services. Note that many of these deaths are listed by the Medical Examiner as "undetermined" because there were not adults present or the adults were asleep when the baby died, so it is difficult to ascertain why the baby stopped breathing.

⁸¹ Matched Birth/Infant Mortality File, 2005-2007, MCDPH, analyzed by FLHSA

Low Birth Weight and Premature Births

In 2008, 703 infants with a low birth weight were born to Monroe County residents.⁸² The low birth weight rate in Monroe County (8.1/100 live births) is comparable to the rate in NYS (8.2/100 live births), but is higher than the rate in NYS exclusive of NYC (7.6/100 live births), and is well above the 2010 Goal (5.0/per 100 live births.)

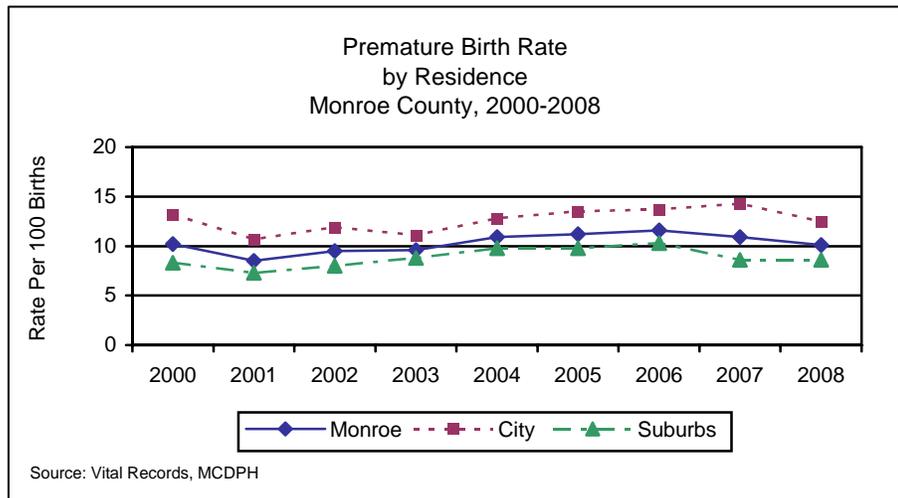
The low birth weight rate has increased slightly since 2004.



In 2008, 150 Monroe County babies were born at a very low birth weight (VLBW).⁸³ The VLBW rate has increased slightly in the past few years. The rate in Monroe County (1.9/100 births) is higher than NYS (1.5/100 births) and Upstate (1.4/100 births).

In 2008, 803 Monroe County babies were born prematurely.⁸⁴ The premature birth rate in Monroe County (10.1/100 births) is better than the rate in NYS (12.1/100 births) and in NYS excluding NYC (11.3/100 births), but is higher than the 2010 Goal (7.6/100 births).

The rate of premature births has fluctuated since 2000.

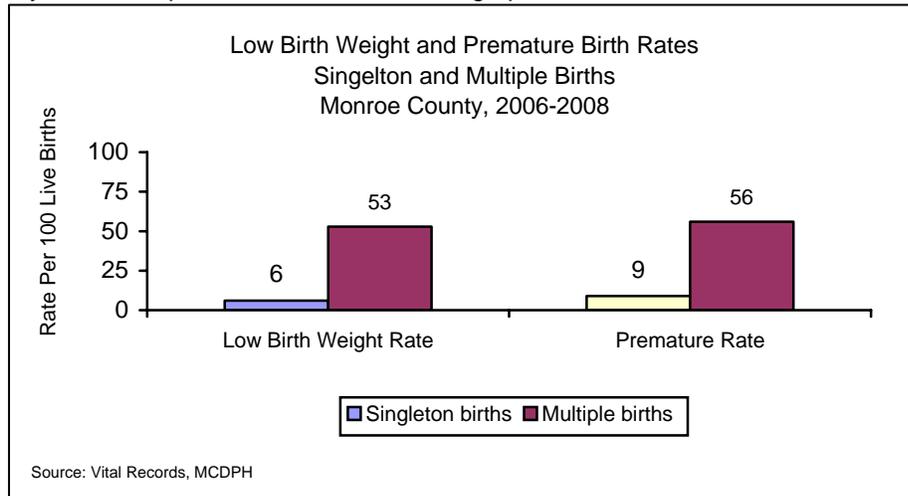


⁸² Vital Records, MCDPH. Low birth weight is less than 2500 grams

⁸³ Vital Records, MCDPH. Very low birth weight is less than 1500 grams

⁸⁴ Vital Records, MCDPH. Premature birth is defined as less than 37 weeks gestational age.

A major risk factor for low birth weight and preterm births is being pregnant with multiple fetuses. Infants who are multiples are about nine times more likely to be born at a low birth weight and about six times more likely to be born premature as shown in the graphic below.



Since 2000, the percentage of total births that are multiples has remained relatively at about 4%.

There are significant disparities in low birth weight and premature birth rates in Monroe County. Rates are higher among:

- City residents compared to Suburban residents (two times higher)
- Teen mothers and mothers aged 45 years old and older compared to mothers aged 20-44 years old
- African American compared to White women (two times higher)
- Women with low educational achievement compared to women with higher educational achievement
- Mothers enrolled in Medicaid or self-paid for their birth, compared to mothers enrolled in commercial health insurance

Maternal Behaviors During Pregnancy that Impact Birth Outcomes

Prenatal Care

The rate of early prenatal care during 2008 in Monroe County (77%) was better than the rate in NYS (72%), comparable to the rate in NYS excluding NYC (75%), but is not at the 2010 Goal of 90%.⁸⁵ The rate of early prenatal care in Monroe County has remained stable for the past decade. The rate is lower in the city (65%) compared to the suburbs (85%) and among African Americans (61%) and Hispanics (70%) compared to Whites (84%).

The percent of late or no prenatal care in Monroe County (3.4%) is better than NYS (5.5%) and NYS excluding NYC (4.3%).

Between 2006 and 2008, 57% of births were to women who had adequate prenatal care.^{86,87} The rate of adequacy of prenatal care in Monroe County (57%) is lower than NYS (64%) and the Rest of the State (68%).

⁸⁵ Vital Records, MCDPH. Early prenatal care is defined as started prenatal care during their first trimester of pregnancy. Late or no prenatal care is defined as entered care in the 3rd trimester or did not receive prenatal care at all

⁸⁶ NYSDOH http://www.health.state.ny.us/statistics/chac/chai/docs/mih_monroe.htm

⁸⁷ The Adequacy of Prenatal Care Utilization Index (APNCU) is based on two factors: the timing of the first visit and the number of visits once prenatal care began. Births to women who began care in the first trimester and completed at least 80% of the expected prenatal visits are considered to have had adequate care.

The following population groups in Monroe County were less likely to receive early and adequate prenatal care.⁸⁸

- Teen mothers compared to mothers age 20 and older
- African American and Latina women compared to White non-Latina women
- Women with low education levels compared to women with higher education levels
- Those who self-paid for their birth or were enrolled in Medicaid, compared to those with other health insurance coverage

Substance Use During Pregnancy

According to information about maternal substance use documented on birth certificates of babies born to Monroe County residents in 2008:⁸⁹

- 20% of the mothers smoked three months prior to pregnancy and/or during pregnancy.
- Less than 2% of mothers used alcohol during pregnancy.
- 5% of mothers used illicit drugs during pregnancy.

These percentages were higher among:

- City residents compared to Suburban residents
- African American and Latina women compared to White non-Latina women
- Women with low education levels compared to women with higher education levels
- Women who self-paid for their birth or were enrolled in Medicaid, compared to those with other insurance coverage.

Sexually Transmitted Diseases

Six percent (6%) of infants born to Monroe County residents in 2007, had maternal sexually transmitted disease (STD) documented on the birth certificate.⁹⁰ Rates of STDs were higher among:

- Teen mothers compared to mothers age 20 and older
- African American and Latina women compared to White non-Latina women
- Women with low education levels compared to women with higher education levels
- Those who self-paid for their birth or were enrolled in Medicaid, compared to those with other insurance coverage

Weight Gain During Pregnancy, Singleton Births

Of singleton births in Monroe County, 18% of mothers gained an inadequate amount of weight during pregnancy.⁹¹ Inadequate weight gain during pregnancy was more prevalent among:

- City residents compared to Suburban residents
- African American and Latina women compared to White non-Latina women
- Women with low education levels compared to women with higher education levels
- Women who self-paid for their birth or were enrolled in Medicaid, compared to those with other insurance coverage.

Of singleton births in Monroe County, 51% of mothers gained an excessive amount of weight during pregnancy.

⁸⁸ FLHSA

⁸⁹ Vital Records, MCDPH, NYSDOH. These data are based upon substance use during pregnancy recorded on the birth certificate. The accuracy of this information is dependant upon whether or not the health care provider knew about the women's substance use status and whether or not the information was documented in the medical record

⁹⁰ Vital Records, MCDPH, NYSDOH analyzed by FLHSA.

⁹¹ Vital Records, MCDPH, NYSDOH analyzed by FLHSA, 2005-2007. 7% birth records had missing information about weight gain during pregnancy

According to Weight Gain Guidelines published in "Weight Gain During Pregnancy: Re-examining the Guidelines" Institute of Medicine, May 2009.

<http://www.iom.edu/Object.File/Master/68/110/Report%20Brief%20%20Weight%20Gain%20During%20Pregnancy.pdf>

Current Activities/Interventions: “Improve Birth Outcomes”

Child and Family Health Services, Monroe County Department of Public Health

Nurse Family Partnership (see page 20).

The Perinatal Home Visiting Program (PHP) offers no cost services to women who are less than 32 weeks pregnant and have no more than one other child. Community Health Workers (CHW) from PHP provide home visits during pregnancy and throughout the baby's first year. During these visits, CHW can help women find prenatal care, assist with applications for WIC and health insurance, make referrals to community resources, help navigate the health care and social service system, assist with educational and career goals and provide education about various pregnancy and child health and development. CHW's utilize the Born to Learn curriculum from Parents as Teachers (see page 23).

Perinatal Network of Monroe County

The Perinatal Network of Monroe County (PNMC) provides information, coordination, and support services to improve maternal/child health in Monroe County.

The Healthy Start and Comienzo Sano Centers

The Healthy Start Center located in Unity Health Center (the old St. Mary's Hospital) in Rochester's southwest quadrant, is a partnership between PNMC and Unity Health System. Comienzo Sano Center, located in the Top's Plaza at the corner of Clinton Ave. and Upper Falls Blvd., in Rochester's northeast quadrant, is a partnership between PNMC and Rochester General Health System. Both centers offer health care provided by the respective health systems. In addition, the PNMC provides support to women by connecting them with services they need that will help promote a healthy pregnancy. These centers also offer classes about pregnancy, parenting classes, support groups for women, and help with stress management, with a concentration on smoking cessation. The Unity site also offers mental health therapy.

Coordination of Community Efforts

The PNMC sponsors several coalitions to promote healthy pregnancies and births. The Smoking Cessation Coalition brings together health and human service providers to identify tools and techniques to assist women in quitting smoking and to disseminate them throughout the community. The Perinatal Mood Disorder Coalition comprises a broad range of individuals who are interested in increasing the identification and treatment of women suffering from perinatal mood disorders. The Oral Health Coalition addresses opportunities to educate providers and the community about the importance of prenatal oral health. The Community Consortium invites pregnant and parenting women and their families to meet once a month to discuss ways to improve maternal/child health, particularly among women of color in our economically challenged neighborhoods.

Information and Education

PNMC also sponsors quarterly “Lunch and Learn” sessions to give health and human service providers a brief but useful bite of knowledge on a subject related to perinatal health. Topics range from breastfeeding and fetal alcohol syndrome to stress reduction and fathers' involvement in perinatal health. In addition, training and workshops are presented several times each year by experts in perinatal issues to health and human service providers.

PNMC commissioned the Finger Lakes Health Systems Agency to produce an analysis of the health status and wellness needs of women of childbearing age (defined as ages 15 to 44).⁹² The geographic areas of study include the PNMC target Healthy Start area (nine ZIP Codes⁹³ within the heart of the city

⁹² <http://www.pnmc-hsr.org/PNMC%20Website/PDF's/Health%20Status%20Report%20Final.pdf>
⁹³ 14605,14606,14607,14608,14609,14611,14613,14619,14621

of Rochester), Rochester itself, suburban Monroe County, and total Monroe County. This chart book represents a comprehensive analysis of current and trend data of demographic, socioeconomic, health status, and birth outcome factors in the study areas. The analysis provides data that support further exploration into the physiological, social, and economic needs of women of child-bearing age in the Healthy Start area within the life-course health development framework.

Baby Love

Baby Love is home visiting program designed to engage at-risk pregnant women in early and continuous prenatal care. The program serves women in the 14621, 14609 and 14605 zip codes. Services include: care coordination and referrals, intervention for behavioral and social issues, health care referral and transportation to medical appointments, and prenatal and parenting education.

Monroe Plan for Medical Care

Through its Healthy Beginnings Prenatal Care Program, Monroe Plan uses health risk assessment to identify members with high risk medical conditions or who are psychosocially at risk, and provides case management and support services, including home visits, transportation, social work services and connection with community based organizations.

MVP Health Care- Little Footprints Program

The Little Footprints Case Management Program of MVP provides case management, support and education throughout pregnancy to members identified as having risks for poor birth outcomes. In addition, members are contacted after delivery to assess the mom for post-partum depression and the newborn for appropriate milestones.

New Medicaid Prenatal Care Legislation

NYS enacted legislation in 2010 to expand access to comprehensive, quality prenatal care to all pregnant women that qualify for Medicaid. Highlights of the law are below.

- Requires prenatal care service providers to:
 - Provide timely prenatal care services to all women determined to be presumptively eligible for Medicaid based on income, but not yet enrolled.
 - Conduct a comprehensive prenatal care risk assessment for both maternal and fetal risks at the earliest prenatal care visit. The risk assessment should include an analysis of individual characteristics affecting the pregnancy, such as genetic, behavioral, psychosocial/emotional, economic, nutrition, substance use, domestic violence, and previous and current history of obstetrical/fetal and medical/surgical risk factors.
 - Develop a care plan that addresses problems identified in the risk assessment including plans for health education and referrals for appropriate follow-up care.
- There is new reimbursement for :
 - Smoking cessation counseling for pregnant and postpartum women
 - Mental health counseling to pregnant and postpartum women and adolescents when ordered by a physician and provided by Licensed Clinical Social Workers (LCSWs) or Licensed Master Social Workers (LMSWs) under direction of an LCSW. (note -Counseling is expected to be short term, of limited duration and incidental to general health care.)

For more information about this law go to:

<http://www.pnmc-hsr.org/PNMC%20Website/PDF's/new%20standards%20article%200210.pdf>

Baby Safe Sleep Coalition

The Baby Safe Sleep Coalition is comprised of key community health and services providers, including Anthony Jordan WIC, Baby Love Program , Bivona Child Advocacy Center, Family Resource Centers of Crestwood, Injury Free Coalition for Kids of Rochester, Jewish Family Services, Monroe County Child Protective Services, Monroe County Department of Public Health, NYS Office of Children and Family Services, Perinatal Network of Monroe County, Portland Pediatric Group, Rochester Police Department, Society for the Protection & Care of Children and Wilson Center: Lifetime Health Pediatrics. The mission of the coalition is to educate parents, caregivers, the medical community and the general public about the of the significant and fatal risks of unsafe sleep practices. The coalition has hosted educational workshops and focus groups with parents, and are now looking to develop a community education campaign about safe sleep. For more information go to their website at <http://www.babysafesleep.org/>. The Perinatal Network of Monroe County has several educational resources on their website about safe sleep practices. Go to

<http://www.pnmc-hsr.org/PNMC%20Website/Page%20files/Home%20page/home.htm>

Improve Access to Preventive Health Services

Preventive health services, including physician visits, immunizations and dental exams are crucial to maintaining child health. During physician visits, health problems can be identified and treated before they become serious. These visits may also be a time for education and counseling of parents and children on various issues related to child health and well being including injury prevention, nutrition, physical activity, quality child care and behavioral/emotional health. Immunizations given during well child visits promote health by protecting the child from life-threatening illnesses. A major barrier to accessing preventive health services is a lack of health insurance or inadequate insurance coverage.

Oral health problems can affect a child's nutrition, growth, speech, learning and self esteem. The American Academy of Pediatrics, the American Dental Association and the American Association of Pediatric Dentistry recommend that dental visits begin around six months but no later than one year, or with the appearance of a child's first tooth.

Measures

Health Insurance Coverage, and Access to Health Care, Children Entering Kindergarten, Rochester City Schools, 2009-2010

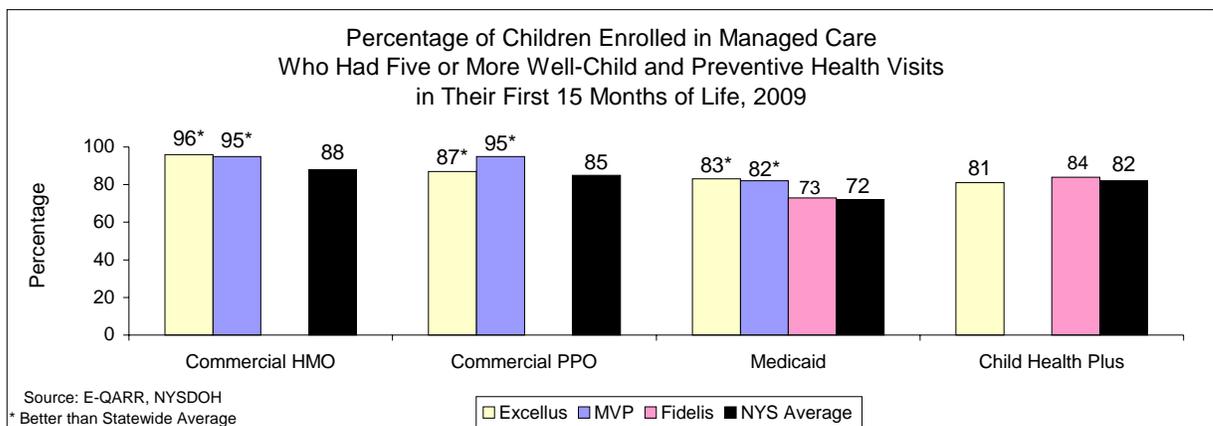
Parents reported the following about their children's health insurance status and access to health care:⁹⁴

- 5% do not have health insurance
- 72% are enrolled in government sponsored health insurance (Medicaid, Child Health Plus etc.)
- 16% are enrolled in health insurance through their parent's or guardian's employer
- 94% had a well child visit in the past year
- 98% have a primary health care provider

Well Child Visits, Children Enrolled in Managed Care Programs

The New York State Health Department requires that managed care programs report the percentage of children receiving well child visits in the recommended time periods. The major plans serving Monroe County include Excellus, MVP and Fidelis. It should be noted that these data include all enrollees in these plans, not just Monroe County residents.⁹⁵

In 2009, the majority of children enrolled in these managed care programs received a well child visit within recommended time frames. For the most part, a higher percentage of children enrolled in commercial plans received a visit, compared to those enrolled in Medicaid and Child Health Plus.⁹⁶

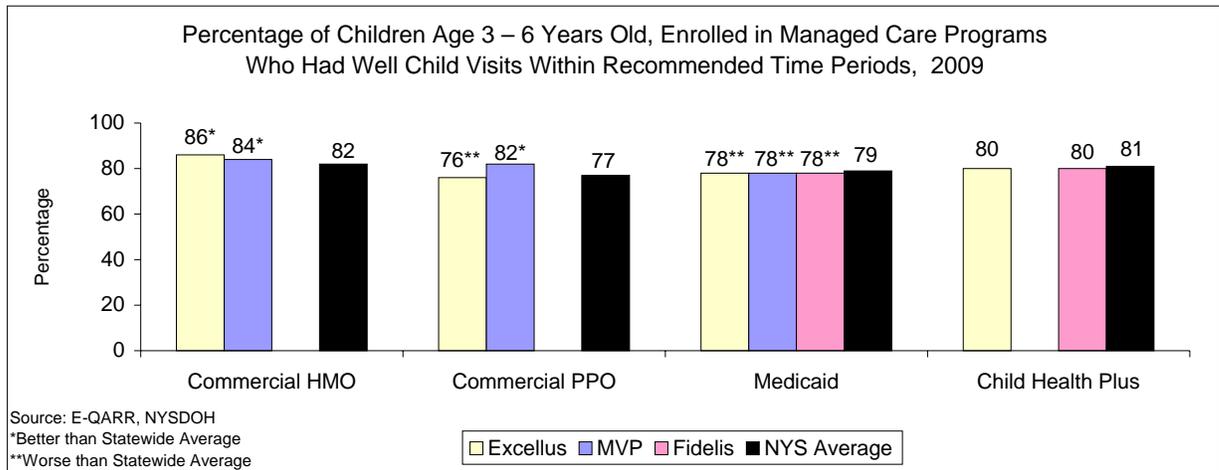


⁹⁴ Community Report on Children Entering School, in 2009-2010, Children's Institute.

⁹⁵ Excellus serves northeast, central and western NYS, MVP serves northeast, central, western NYS and Hudson Valley, Fidelis serves northeast, central, western NY, Hudson Valley, Long Island and NYC

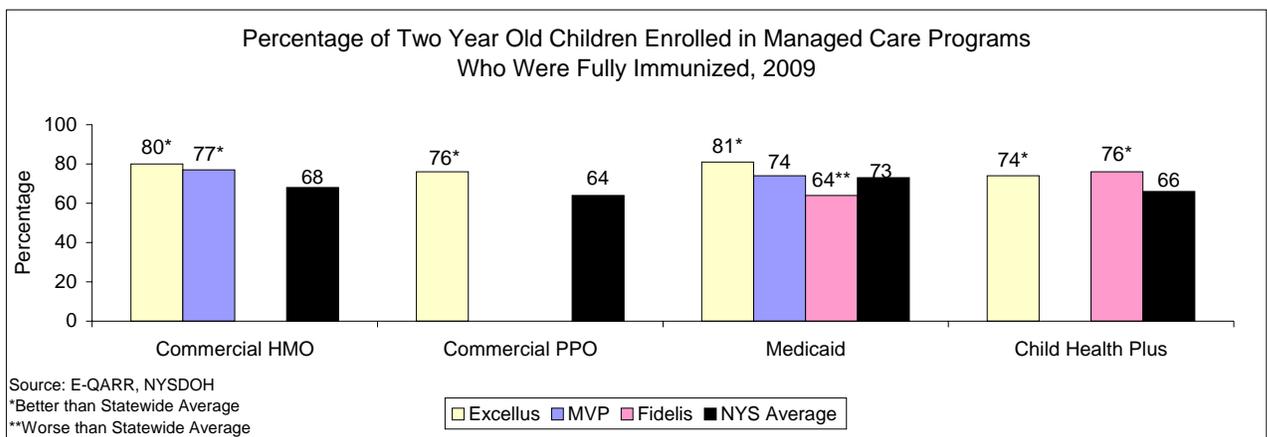
⁹⁶ Managed Care Performance Measures, EQARR, NYSDOH, 2010.

http://www.health.state.ny.us/health_care/managed_care/reports/eqarr/2010/western/index.htm



Immunizations, Children Enrolled in Managed Care Programs

Managed care programs are required to report immunization rates. In 2009, rates of immunizations in the three major managed care programs serving Monroe County⁹⁷ were better or comparable to the statewide rates with the exception of the rate among Fidelis Medicaid enrollees.⁹⁸



Access to Dental Care – Children Entering Kindergarten, Rochester City Schools

Parents of children entering kindergarten in the Rochester City School District during the 2009-2010 school year reported the following related to their child’s dental health:⁹⁹

- 15% had *never* been to the dentist for a check-up or for dental work
- 25% did not go to a dentist in the past year for a check-up or for dental work
- 19% *do not* have a dentist

⁹⁷It should be noted that these data include all enrollees in these plans, not just Monroe County residents Excellus serves northeast, central and western NYS, MVP serves northeast, central, western NYS and Hudson Valley, Fidelis serves northeast, central, western NY, Hudson Valley, Long Island and NYC

⁹⁸ Managed Care Performance Measures, EQARR, NYSDOH, 2010.

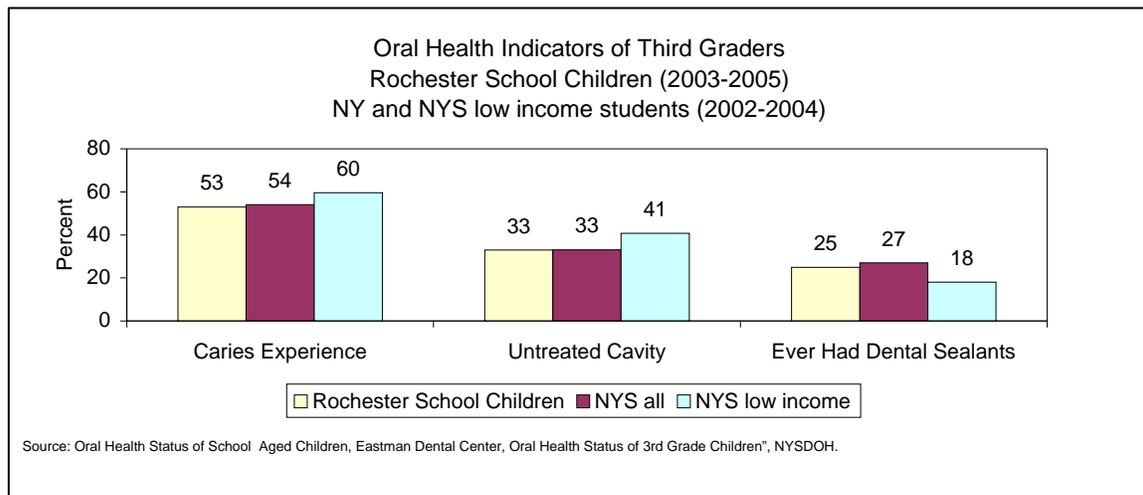
http://www.health.state.ny.us/health_care/managed_care/reports/eqarr/2010/western/index.htm . Fully immunized defined as 4 Diphtheria/Tetanus/Pertussis, 3 Polio, 1 Measles/Mumps/Rubella, 2 H Influenza type B, 3 Hepatitis B, 1 Varicella, and 4 pneumococcal.

⁹⁹ Community Report on Children Entering School, in 2009-2010, Children’s Institute.

Oral Health Status of Monroe County School Children

The Eastman Dental Center, in cooperation with the Monroe County Department of Public Health, has been monitoring the oral health status of school-aged children in Monroe County for the past 20 years. During this time period the prevalence of tooth decay has declined significantly in both the suburbs and the city. Since the prevalence of oral health problems is higher in the city compared to the suburbs, in recent years, the Eastman Dental Center has focused on surveying students in the City of Rochester.

The Oral Health Survey of City of Rochester School Children 2003-2005 measured the following indicators among third grade children: dental caries experience (the presence of a cavity or a filling, or a history of extraction of a permanent tooth); untreated cavities; and dental sealants (the presence of plastic coatings applied to decay-susceptible tooth surfaces). According to the survey, approximately 53% had a dental caries experience, 33% had an untreated cavity and 25% ever had dental sealants.¹⁰⁰ As shown in the graphic below, oral health indicators among third grade Rochester School Children are comparable to all NYS third graders and better than low-income NYS third graders.¹⁰¹ Better oral health indicators among Rochester school children compared to low income NYS children may be a result of the availability of school-based dental services in Rochester.



Oral Health Status of City of Rochester Preschool Children

The Eastman Dental Center, in cooperation with the Monroe County Department of Public Health, conducted an oral health survey of pre-school children attending six child care centers (ABC North Street, Wilson Commencement Park, YMCA Lewis Street, YMCA Metro, VOA and Ibero American child care centers) in Northeast Rochester. About 700 children were eligible to participate, however, the center was only able to obtain parental consent and screen 343 of the children. Of the children screened, 64% were African American, 25% were Latino and 6% were White. Most of the children participating had dental insurance. Of the children screened, 38% had a dental caries experience (the presence of a cavity or a filling, or a history of extraction of a permanent tooth) and of those 84% had an untreated cavity.¹⁰²

¹⁰⁰ Oral Health Status of School Aged Children, Eastman Dental Center, 2003-2005.

¹⁰¹ "Oral Health Status of 3rd Grade Children", NYSDOH.

http://www.health.state.ny.us/prevention/dental/docs/child_oral_health_surveillance.pdf.

¹⁰² Oral Health Status of City of Rochester Preschool Children, 2006-08, Eastman Dental Center.

Current Activities/Interventions: “Improve Access to Preventive Health Services”

Facilitated Enrollment, Coordinated Care Services Inc. (CCSI)

Facilitated Enrollment is a New York State grant funded program whose purpose is to assist families with applications for health insurance and WIC. The goal is to enroll children and families in appropriate health insurance programs. As the lead agency, CCSI contracts with several agencies and organizations within Monroe County to administer the program at 12 different sites.¹⁰³

All agencies have enrollers available to assist families with the ACCESS NY, a single application for Medicaid, Child Health Plus, Family Health Plus and WIC. Completed applications and necessary documentation are forwarded by the enroller to CCSI. A quality review is performed and then the application is forwarded to the appropriate insurer. The family does not have to go to the Monroe County Department of Human Services to apply for insurance.

Facilitated Enrollers assist children and families without medical insurance, as well as those who need to recertify for Child Health Plus. Enrollers are available to meet with families individually at sites in the community on weekdays and evenings (weekends as needed). In addition, nearly all sites have English and Spanish speaking enrollers.

Primary Care Outreach Program, U of R Medical Center Department of Pediatrics

The Primary Care Outreach Program employs outreach workers to perform reminder, recall and outreach activities in order to ensure that children are immunized, and receive recommended health screenings. The outreach workers can help with transportation to appointments, accessing health insurance and provide referrals to community services for other family needs. This program involves 12 practices, covering 70% of children 0 to 3 years of age in Monroe County.

Health-e-Access, U of R Medical Center

Health-e-Access uses two-way teleconferencing, specialized cameras, and electronic telescopes to enable physicians to examine and treat a child with an acute illness directly at the child's school or day care center. In partnership with numerous community organizations, school districts, primary care medical practices, this outreach service connects 22 childcare centers and schools to nine different primary care practices. Evaluation data from this project showed reduced emergency room visits, reduced time missed for work among parents and reduced child absences due to illness.

Eastman Dental Center

The SMILEmobile Dental Health Program for children sponsored by the Eastman Dental Center provides basic dental care for inner-city children. The SMILEmobiles are fully equipped trailers that provide preventative and basic oral health care for children year round. The units are parked adjacent to the host school for three to six weeks. Each child receives a complete oral examination, x-rays, cleaning, and fluoride treatment. Other services include sealants, amalgam and composite restorations, stainless steel crowns, and extractions. Referrals for specialty services, such as space maintainers and endodontics, are coordinated with the Pediatric Dentistry Program located at the Eastman Dental Center site and other local dental clinic facilities.

¹⁰³ <http://www.ccsi.org/facilitatedenrollment/>

The Eastman Dental Center has three permanent satellite clinics. They are located at Orchard Street Community Health Center at School #17, and the clinics at Hillside Children's Center and Downtown Dental Care Center. Like the SMILEmobile, each clinic is fully staffed with a dentist, hygienist, dental assistant and administrative coordinator.

The Eastman Downtown Dental Center is a collaborative effort involving Eastman Dental Center and Rochester Primary Care Network. The Eastman Dental at School #17 is a partnership involving School No. 17 and the Rochester City School District, the University of Rochester Medical Center, Eastman Dental Center, Strong Health, Rochester Primary Care Network and Unity Health System, which operates the on-site medical center. Both clinics provide preventive and primary dental care services for both children and adults with its primary focus on under-served, uninsured and the homeless populations. A sliding fee schedule is available for the uninsured.

Oral-health education is provided on the SMILEmobile and other outreach school dental clinics to each child who is treated as well as to other non-participating children in the classrooms. Formal and informal presentations on the importance of children's dental health care are also provided to parents, guardians, teachers, school nurses, social workers, community leaders, and day care centers.

Children with Special Health Care Needs (CSHCN)

The CSHCN Program is a statewide public health program that provides information and referral services for health and related areas for families of CSHCN. Children with Special Health Care Needs (CSHCN) age birth to 21 years old, who have or are suspected of having a serious or chronic physical, developmental, behavioral or emotional condition and who require health and related services of a type or amount beyond that required by children generally.

The financial component of the CSHCN program is the Physically Handicapped Children's Program (PHCP). PHCP is a Federal grant program under the Social Security Act established to aid states in the provision of medical services for the treatment and rehabilitation of physically handicapped children. The program assures that diagnostic, evaluation and treatment services are available to eligible children. Certain medical and financial criteria apply. The criteria aren't the same in every county. PHCP serves children birth to 21 years who have physical disabilities, chronic illnesses or potentially disabling conditions.

There are two parts to PHCP:

- Diagnosis and Evaluation Services are available to all children who have suspected physically disabling conditions or chronic illnesses. To receive diagnostic services, families do not have to satisfy county financial eligibility, but prior authorization must be received. Referrals for D&E services can be made by physicians, nurses, medical providers, parents or the patient themselves. The referral should be made to the County PHCP where the child resides. A child cannot be denied an evaluation based on lack of insurance.
- Treatment Component - reimburses health care providers for services given to eligible children. Inpatient hospital care, physician office visits, durable medical equipment and pharmaceuticals are examples of items covered by the program. Medical conditions covered and financial eligibility criteria are not the same in each county.

All diagnostic and evaluation services and treatment services provided under the PHCP program must have prior approval from the county health department. Application for both of the components must be made to the county in which the child resides. Services are provided through approved specialty centers or physician specialists. Health insurance and Medicaid must be billed first. If the child has neither insurance nor Medicaid, then the authorized services are paid for by this program.

Minimize the Impact of Asthma

Asthma is the most common chronic disease of childhood. Poorly controlled asthma can negatively impact a child's health and daily functioning, including attending school and participating in physical activities. Effective management of asthma includes the control of exposure to environmental triggers (such as cigarette smoke and allergens), appropriate medication, regular monitoring by the health care provider and education for both parents and patients about controlling asthma.

Measures

Asthma Prevalence –Children Pre K through Grade 6

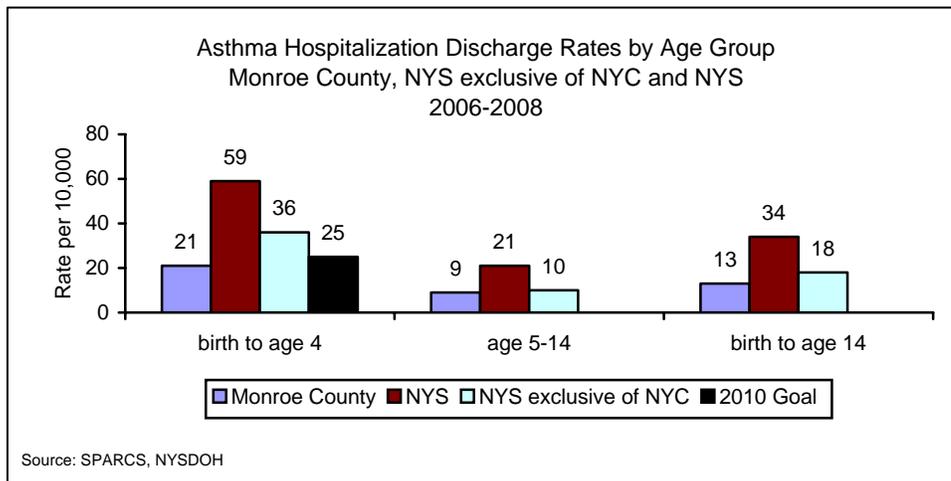
According to a 2009-2010 survey of public school nurses in Monroe County, 13% of Pre K through 6th grade students in Monroe County have ever been diagnosed with asthma. The percentage is higher in the city (16%) compared to the suburbs (9%). Of the students with a diagnosis of asthma, 16% have an "asthma action plan" on file in the school health office.¹⁰⁴

It should be noted that the response rate for this survey was 90% in city schools and 27% in suburban schools. These data may be an underestimate of the percentage of children with asthma because there may be children who have been diagnosed with asthma by their physician, but the school nurse was not notified. In addition, there may be students who have asthma but have not gone to the doctor for a diagnosis.

Hospitalizations Due to Asthma

In Monroe County between 2006 and 2008, there were 509 hospitalizations due to asthma among children under age 15.¹⁰⁵ Hospitalization rates due to asthma among Monroe County children have remained stable since 2000.

As shown in the graphic below, rates among children in Monroe County are better than rates among children in NYS and in NYS exclusive of NYC. The rate of hospitalizations of children under age 5 in Monroe County has met the 2010 Goal.

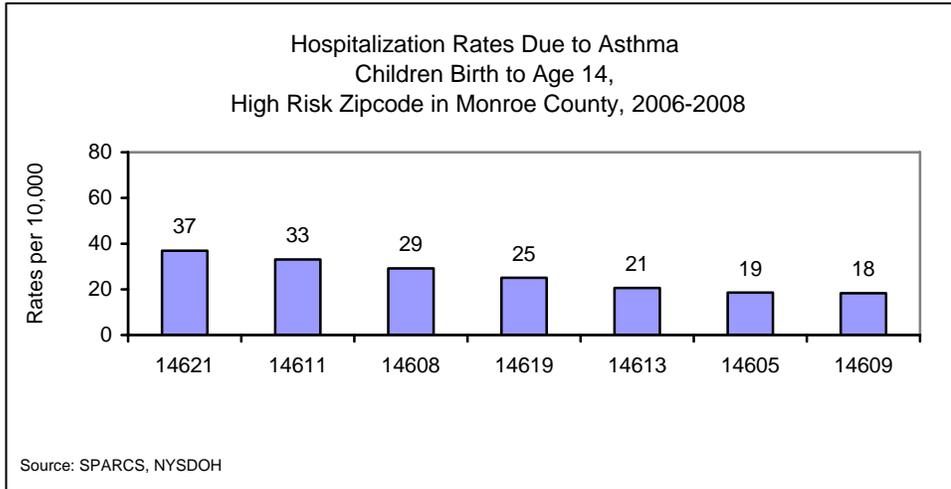


Since 2000, hospitalization rates due to asthma among children have fluctuated.

¹⁰⁴ 2009-2010 School Asthma Prevalence Survey Report, PK-6th Grades. Regional Community Asthma Network of the Finger Lakes, American Lung Association.

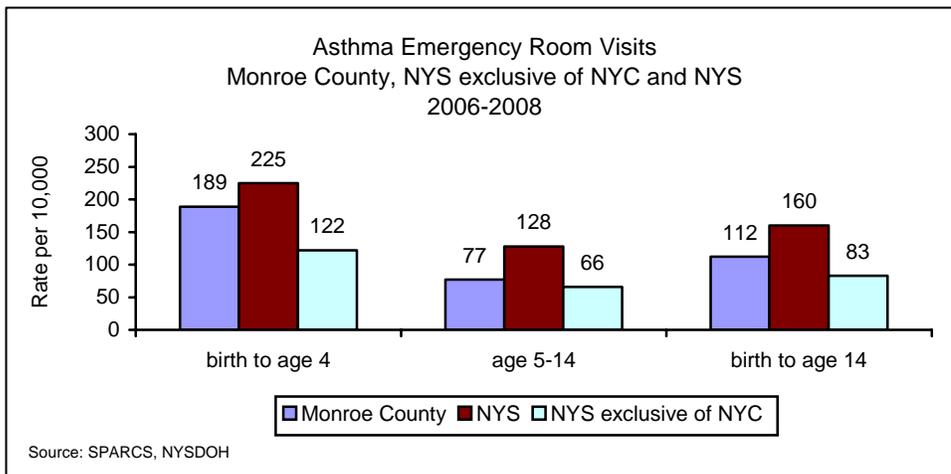
¹⁰⁵ Statewide Planning and Research Cooperative System (SPARCS) of the New York State Department of Health. http://www.health.state.ny.us/statistics/ny_asthma/ Hospital discharges with a principal diagnosis of asthma. The principal diagnosis is defined as the condition chiefly responsible for hospital admission. Outpatient or emergency room visits are not included in the data.

Within Monroe County, there are certain zip codes where rates are well above the county and NYS rates.



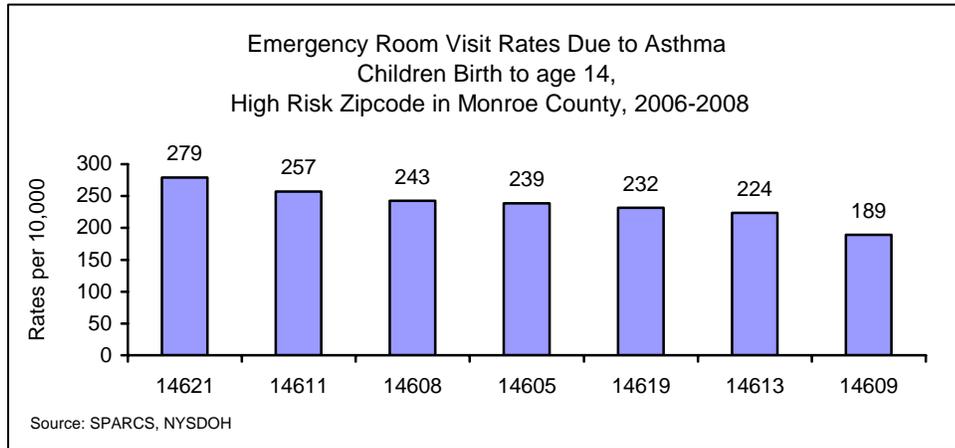
Emergency Room Visits Due to Asthma

In Monroe County between 2006 and 2008, there were 4,509 emergency room visits due to asthma among children under age 15.¹⁰⁶ As shown in the graphic below, rates of emergency room visits in Monroe County are lower than NYS, but higher than NYS excluding NYC.



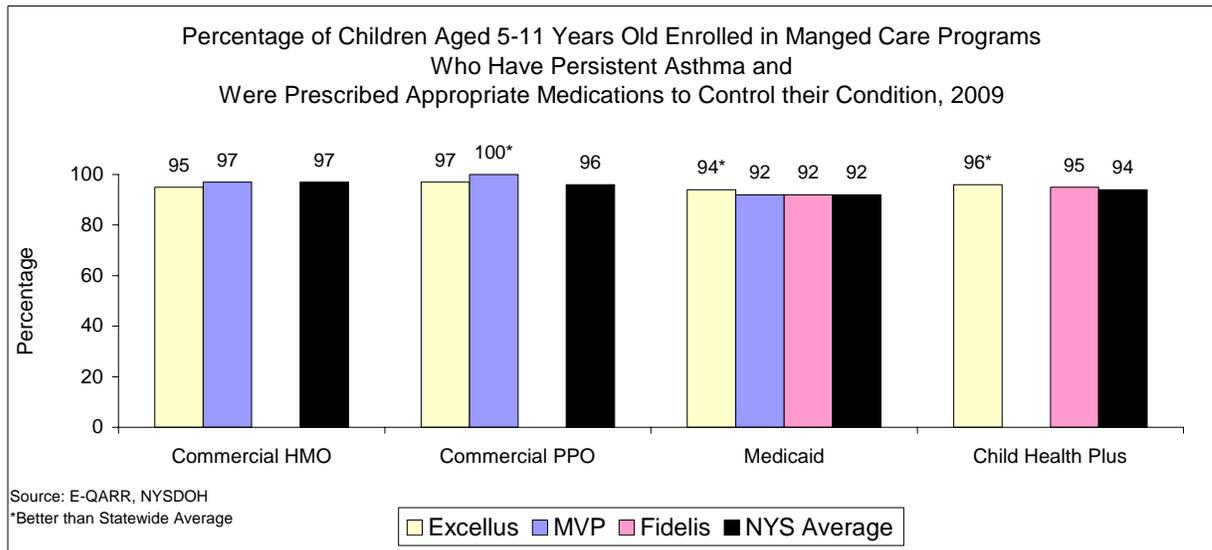
¹⁰⁶ Statewide Planning and Research Cooperative System (SPARCS) of the New York State Department of Health. http://www.health.state.ny.us/statistics/ny_asthma/

Within Monroe County, there are certain zip codes where rates are well above the county and NYS rates.



Use of Appropriate Medications for Children with Persistent Asthma

Managed care organizations in NYS are required to report the percentage of enrolled children ages 5-11 years old, who have persistent asthma and were prescribed appropriate medications to control their condition. In 2009, the percentages reported by managed care organizations that are available in Monroe County¹⁰⁷ were better or comparable to the NYS averages as shown in the graphic below.¹⁰⁸



¹⁰⁷It should be noted that these data include all enrollees in these plans, not just Monroe County residents. Excellus serves northeast, central and western NYS, MVP serves northeast, central, western NYS and Hudson Valley, Fidelis serves northeast, central, western NY, Hudson Valley, Long Island and NYC

¹⁰⁸ Managed Care Performance Measures, EQARR, NYSDOH, 2010.
http://www.health.state.ny.us/health_care/managed_care/reports/eqarr/2010/western/index.htm

Current Activities/Interventions: “Minimize the Impact of Asthma”

Regional Community Asthma Network of the Finger Lakes

Regional Community Asthma Network of the Finger Lakes (RCAN) is a non-profit coalition of asthma stakeholders that serves a 9 county region of the Finger Lakes. (Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates). RCAN's mission is to promote partnerships that improve the quality of life of those affected by asthma in the Finger Lakes Region. Their vision is to reduce the burden of asthma and improve the quality of life through supporting children affected by asthma to achieve optimal asthma management and control. The overall goals of RCAN are to:

- To decrease school absenteeism for children with asthma and reduce hospitalizations and emergency room visits.
- To provide a forum for communication and collaboration for stakeholders in the asthma community to share and disseminate information
- To promote professional and public awareness, and educational programs
- To develop a surveillance and data collection plan for an accurate assessment of asthma and its related morbidities
- To act as a catalyst for change to facilitate improvement in asthma care and management

Highlighted below are some of the RCAN coordinated programs.

RCAN Asthma Nurse Home Visit/Education Program is an in-home education and care coordination program for City School District children referred by school nurses, primary care providers, specialists, emergency room department nurses, insurance providers, home care nurses and parents. Services provided include:

- Arranging home environmental assessments and coordinated home remediation
- Education for parents about how they can improve their child's home environment
- Assisting parents in making changes so their children will have less emergency room visits, hospitalizations, unscheduled appointments with their primary care provider, improved school attendance and optimal involvement in physical activities
- Providing asthma education for children, parents, school personnel and assisting them in planning how to make the school more asthma friendly and allergy free

Evaluation of the program has shown significant decline in emergency room visits and hospitalizations due to asthma and school absenteeism.

Jump Start to Asthma Quality Improvement is an effort supported by the NYS DOH as part of the coalition funding. In 2008, the University of Rochester and RCAN collaborated on a project to reduce emergency department visits and pediatric hospitalizations of children with a confirmed diagnosis of asthma. The intervention involves screening the pediatric asthma patients in the ED triage for level of control using the Asthma Control Test (ACT). Children who scored lower were sent home a 30 day prescription of controller medication, educated on medication delivery techniques, given an asthma action plan and referred to community resources. This project has been adopted in the Golisano Children's Hospital Emergency Department. The collaboration is beginning to share their successes with other hospitals.

The 2009 Jump Start Initiative has expanded the collaboration with URMC to implement an educational TV patient education asthma package for hospitalized patients to reduce asthma-related readmissions. This quality improvement collaborative includes the Get Well Network (GWN) platform, by Kids Health: asthma education videos in their room, referral to NYS Smokers Quitline if applicable, and discharge from the hospital with an Asthma Action Plan. The asthma video package is just one disease-specific learning tool that the children's hospital hopes to make a permanent part of the GWN system, an in-

room “edutainment” initiative that combines health information resources, on-demand movies, patient education videos, and internet access.

There are several programs available for schools. Open Airways for Schools® (OAS) is a program of the American Lung Association that teaches school aged elementary children how to manage and control their asthma. This 6 session series empowers children to play an active role in their asthma management. Indoor Air Quality Tools for Schools® (IAQ TfS) is a program of the Environmental Protection Agency that provides schools with a practical guideline to control the various environmental pollutants both children and adults are exposed to on the school premises. Asthma 101 is a lay person’s asthma education program designed for all school related faculty and staff. The programs educated school personnel on asthma basics such as awareness, asthma signs and symptoms, and emergency response. Asthma 911 for Athletics is an asthma education program for physical education and coaching staff developed by the RCAN school committee. The program educates these staff on how to manage asthma in the classroom and on the field.

Asthma Friendly Schools Initiative (AFSI) in the Rush Henrietta School District (RHSD) was a four year project to reduce the burden of asthma among students, developed by the Center for Disease Control (CDC) and the American Lung Association National Chapter. The goal was to improve the asthma control of students through a comprehensive school asthma-management program with students, staff, families, teachers, administrators, bus drivers, school health professionals, and athletics staff members.

School nurses and school nurse teachers received asthma-specific training and shared appropriate information with district staff. Physical education teachers and coaches were trained using Asthma 911, while teachers were trained using Asthma 101. Several system changes have occurred that have improved the quality of care that RHSD students with asthma receive. These include: the formation of the Asthma and Allergy Parent Advisory Committee, Website Video Education, Electronic Tracking and Care Coordination, and other system changes. In 2010, the Rush Henrietta Central School District received the Asthma Friendly School Initiative Excellence Award.

Reduce Exposure to Lead

Lead poisoning affects nearly every system in the body including the kidneys, bone marrow, reproductive system and the central nervous system. Lead can damage a child's developing brain and nervous system which can cause behavior, attention, learning and coordination problems. Decreased stature and slower growth, along with impaired hearing, can also be the result of lead poisoning. Recent studies have shown that even low lead levels can adversely affect a child's intelligence, behavior and development.

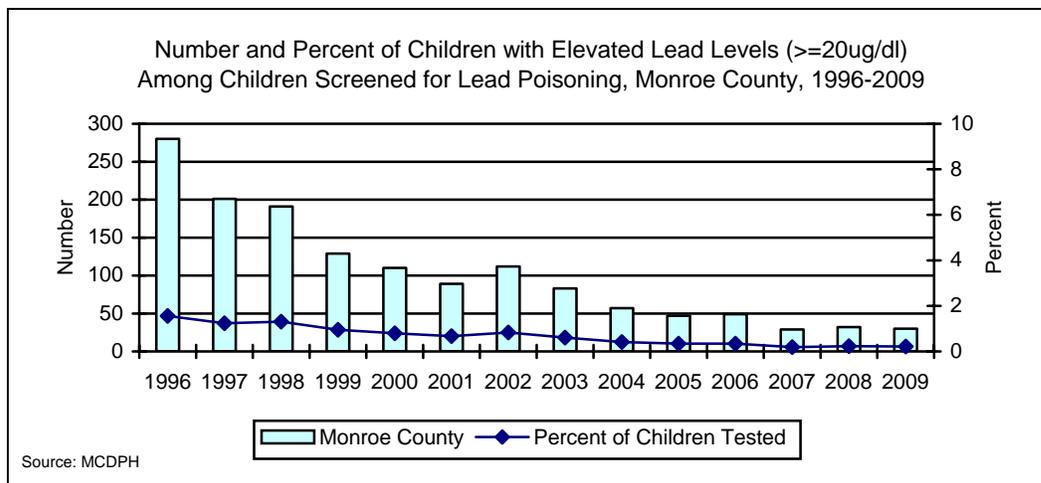
According to the 2000 Census, more than 95% of the houses in the City of Rochester were built before 1980, therefore may contain lead paint.

Measures

Children with Elevated Lead Levels

The following data show the number of children screened for lead poisoning who had a confirmed (venous) elevated lead level $\geq 20\mu\text{g}/\text{dl}$., and the number who had a either a finger-stick or venous lead level $\geq 10\mu\text{g}/\text{dl}$. Because of the unreliability of finger-stick testing, this data is presented only as an estimate of the number of children with levels $\geq 10\mu\text{g}/\text{dl}$.

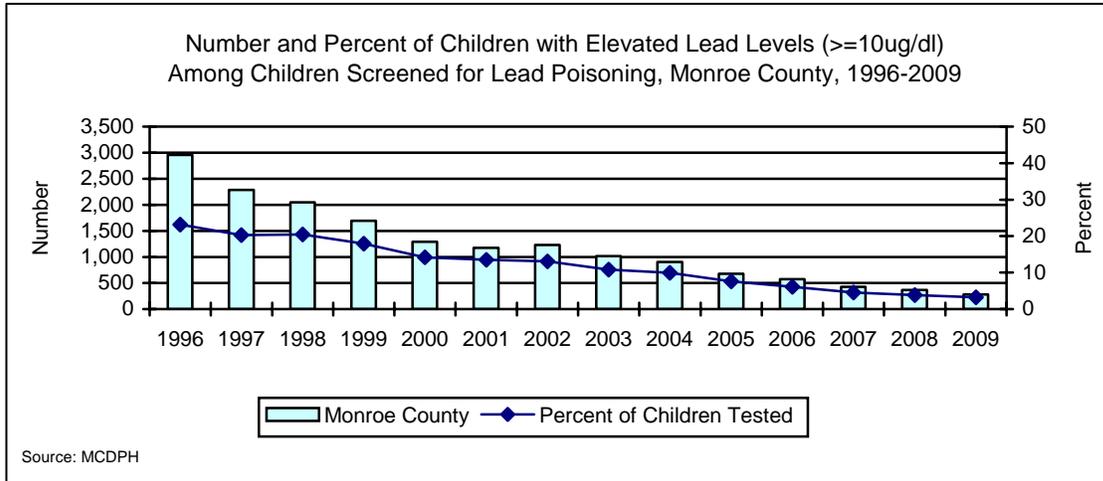
In 2008, 30 children under age six had a confirmed blood lead level of $\geq 20\mu\text{g}/\text{dl}$ and 283 had levels $\geq 10\mu\text{g}/\text{dl}$.¹⁰⁹ About 90% of the children who test positive for lead reside in zip codes in the City of Rochester¹¹⁰ and a large proportion of these child reside in the northeast, northwest and southwest sections of the city.¹¹¹ The number and percent of children testing positive for lead poisoning has declined by about 80% in the past decade as shown in the graphics below and on the next page.



¹⁰⁹ Lead Poisoning Prevention Program, Monroe County Department of Public Health

¹¹⁰ ¹¹⁰ City of Rochester zip codes include - 14604, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 19, 20, 21. Note that some of these zip codes overlap into the suburbs.

¹¹¹ Zip codes in these areas include 14621, 14609, 14605, 14613, 14606, 14611, 14608 and 14619.

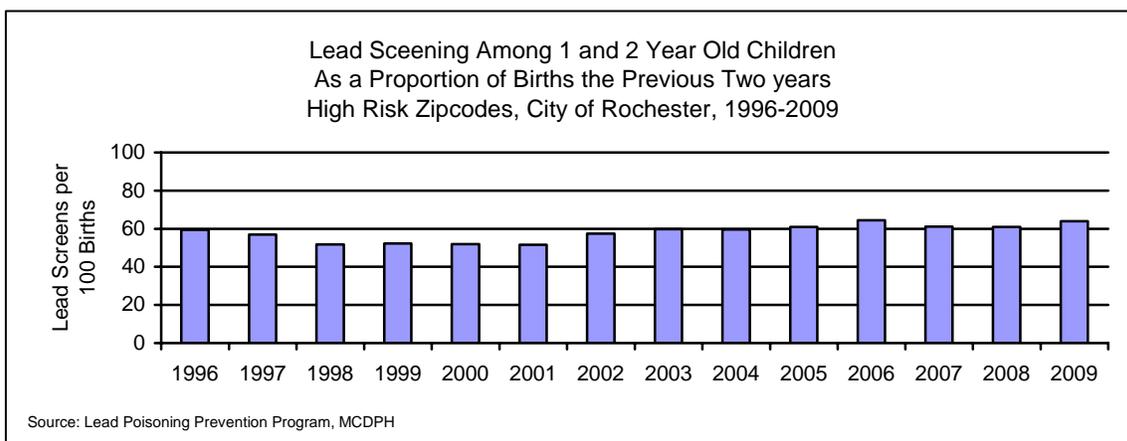


The significant decline in children testing positive for lead poisoning is most likely due to the community effort to address this problem.

One to Two Year Old Children Screened for Lead Poisoning

The New York State Health Department requires that children be screened for lead poisoning at or around age one and age two. Primary health care providers should also assess each child between six and 72 months of age for high dose lead exposure and each child found to be at risk should be screened.

Lead screening is tracked by the Lead Poisoning Prevention Program of the Monroe County Department of Public Health (MCDPH). For several years, the department has been producing estimates of the number of one and two year old children in City of Rochester zip-codes who were screened for lead poisoning.¹¹² These estimates are produced by calculating the number of children greater than or equal to age one and less than age three who are screened in a given year as a proportion of the number of births in the previous two years. In 2009, there were 64 children aged one and two years old screened for every 100 births in the previous two years. This proportion has increased slightly since 2001.¹¹³

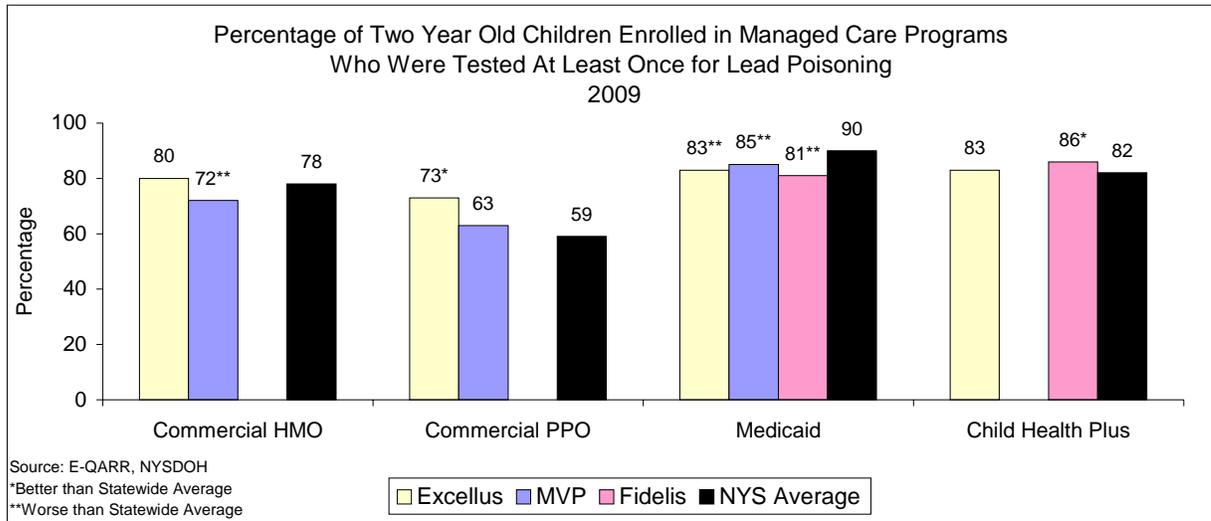


¹¹² City of Rochester zip codes include - 14604, 05, 06, 07, 08, 09, 10, 11 12, 13, 14, 15, 19, 20, 21. Note that some of these zip codes overlap into the suburbs.

¹¹³ Lead Poisoning Prevention Program, MCDPH. 1-2 years old defined at ≥ 1 and ≤ 2.99 years of age

Screening for Lead Poisoning, Children Enrolled in Managed Care Programs

Managed care organizations in NYS are required to report on the percentage of two year old children who were tested at least once for lead poisoning. The graphic below shows the percentages for the various managed care organizations available in Monroe County.¹¹⁴ Some commercial plans have better percentages and some have worse percentages than the NYS average. The percentages reported by Medicaid plans are lower than the NYS average, and the percentages report by Child Health Plus plans are better or comparable to the NYS average.¹¹⁵



Current Activities/Interventions: “Reduce Exposure to Lead”

Lead Poisoning Prevention Program, Monroe County Department of Public Health (MCDPH)

Blood lead testing is done at primary care provider offices and laboratories, and then reported to the New York State Health Department. The Lead Poisoning Prevention Program of MCDPH, receives blood lead test results on a daily basis from the New York State Department of Health, reviews the results and imports them into a data base. When a child has a fingerstick lead level $\geq 10 \mu\text{g}/\text{dl}$ parents/guardians are contacted to request they have a venous confirmatory blood test for their child. When a child has a fingerstick lead level $\geq 15 \mu\text{g}/\text{dl}$ the nurse case manager contacts both the parents and the provider requesting a confirmatory venous test.

When a child has a venous lead level $\geq 10 \mu\text{g}/\text{dl}$ nurses from the lead program provide medical case management and educational outreach. Medical case management involves coordinating, providing and overseeing the services required to reduce blood lead levels below $10 \mu\text{g}/\text{dl}$. Environmental investigations of primary and secondary residences of children birth to 72 months of age are also conducted when a lead level is $\geq 10 \mu\text{g}/\text{dl}$. Investigations include a full educational intervention as well as the identification of conditions conducive to lead poisoning (lead hazards), issuance of a Notice and Demand to the property owner to eliminate the hazards by a specified time-frame, and reinvestigation to verify compliance. Each unit must also pass a

¹¹⁴It should be noted that these data include all enrollees in these plans, not just Monroe County residents. Excellus serves northeast, central and western NYS, MVP serves northeast, central, western NYS and Hudson Valley, Fidelis serves northeast, central, western NY, Hudson Valley, Long Island and NYC

¹¹⁵ Managed Care Plan Performance, New York State Department of Health
http://www.health.state.ny.us/health_care/managed_care/reports/eqarr/2010/western/index.htm

“Lead Dust Clearance.” The Notice and Demand requires Lead Safe Work Practices Training for all persons conducting the lead hazard control work. The purpose of this class is to provide workers with information they need to understand that lead-based paint can create health hazards and using proper work practices can control hazards. The Monroe County Department of Public Health provides this training for Free. The Lead Program enforces the NYS Sanitary Code Part 67-2, the Monroe County Sanitary Code and Public Health Law relating to lead hazards.

Public health planners and community activists have realized that to eliminate lead poisoning we must recognize that it is a housing problem, not just a health problem. A new emphasis is being placed on the primary prevention approach that seeks to identify properties that contain lead hazards prior to the child developing an elevated lead level. In the past, property owners had very few opportunities to obtain funding to assist in making their properties safe from lead hazards. Now, both the City of Rochester and Monroe County have programs that offer education and financial support. These programs utilize the HUD guidelines for lead hazard reduction. Both the Monroe County Department of Public Health and the City of Rochester have grant programs for programs for landlords and homeowners to make homes lead safe.¹¹⁶

The Monroe County Department of Public Health sponsors a free six-hour Lead Safe Work Practices course through Cornell University’s School of Industrial and Labor Relations to teach lead-safe work practices to renovators, painters, carpenters, homeowners, landlords and those who regularly disturb lead-based paint.¹¹⁷

In addition, the Monroe County Department of Public Health’s HUD grant sponsored a media campaign that focused on “Creating the Demand for the use of Lead Safe Work Practices”. The targeted audience for this campaign is professional and private homeowner renovators. The audience includes homeowners and renovators of pre-1978 houses throughout Monroe County including suburban, rural and urban areas.

The Monroe County Department of Public Health partners with agencies and organizations to educate the community about lead poisoning. These agencies/organizations include the Coalition to Prevent Lead Poisoning, the Catholic Family Center, the University of Rochester Healthy Homes Project, the City of Rochester Neighborhood Service Center staff, school nurses, Visiting Nurse Services (VNS), student nurses and pediatric residents, as well as contractors, parents, and homeowners.

The MCDPH provides lab slips and free testing for children from families with incomes below 200% of the poverty level. A sliding scale fee is available for families with incomes > 200% of the poverty level.

Coalition to Prevent Childhood Lead Poisoning (CPLP)

The Coalition to Prevent Childhood Lead Poisoning (CPLP) is an education and advocacy organization comprised of nearly 100 individuals and community-based organizations dedicated to eliminating lead poisoning. The coalition successfully advocated for the passage of the City of Rochester Lead-Based Paint Poisoning Prevention Ordinance in 2005. The ordinance was implemented in July 2006 and applies to rental properties built prior to 1978. It requires that all inspections performed as a part of a Certificate of Occupancy, a renewal of a Certificate of Occupancy, Monroe County Department of Human Services Quality Housing Inspection (QHI), or based upon the filing of a complaint, shall include a visual inspection for deteriorating paint or bare soil violations. For units that pass a visual inspection but are located in high risk areas (defined as areas in which a high proportion of children test positive for lead), lead dust wipe testing is also required. If a violation is found, the property owner is required to have corrections completed by an individual/organization certified in Lead Safe Work Practices.

¹¹⁶ <http://www.monroecounty.gov/eh-hudgrant.php>

¹¹⁷ <http://www.monroecounty.gov/File/Health/Lead/MC2010LeadTrainingSched.pdf>

The Coalition to Prevent Childhood Lead Poisoning has a multi-media campaign to educate the community about the dangers of lead poisoning, and to encourage families to have their homes tested for lead hazards and have their one and two year old children tested for exposure to lead.¹¹⁸

The CLCP received the 2009 Environmental Justice Achievement Award from the US Environmental Protection Agency (EPA) for its community-based efforts to prevent childhood lead poisoning in the City of Rochester.

New EPA regulation

A federal law was enacted in April 2010 that requires contractors that perform renovation, repair and painting projects, that disturb lead-based paint in homes, schools and child care facilities to be certified in lead safe practices.¹¹⁹

Lead Resource Center

Through a grant from the Greater Rochester Health Foundation, the Action for a Better Community Lead Resource Center helps families and property owners assess the lead risk in their homes, and apply for funding to reduce lead hazards.

Lead Safe Homes Program

Through a grant from the Greater Rochester Health Foundation, the Lead Safe Homes Program at of the City of Rochester Bureau of Housing and Project Development provides grants to property owners in certain zip codes for repairs needed to reduce lead paint threats in their homes.

¹¹⁸ <http://www.lead-safe-by-2010.org/default.aspx?tabid=120>

¹¹⁹ <http://www.lead-safe-by-2010.org/LeadSafeWorkPractices/Professionalresponsibilities/tabid/107/Default.aspx>

Reduce Unintentional Injuries

Most unintentional injuries are predictable and preventable, however, they remain one of the leading causes of death among children. Most injuries do not result in death, but some are serious enough to cause permanent disability and pain. Nationally it is estimated that for every childhood death caused by injury, there are approximately 34 hospitalizations, 1000 emergency department visits, many more visits to private physicians and school nurses, and an even larger number of injuries treated at home.¹²⁰

Measures

Deaths Due to Unintentional Injuries, Monroe County

During the five-year period between 2004 and 2008, 25 children under age 10 died due to an unintentional injury. The causes of these deaths are listed below.¹²¹

Causes of Deaths Due to Unintentional Injuries, Birth to Age 10, Monroe County, 2004-2008	Number
Injury due to smoke, fire and flames	7
Suffocation	6
Drowning	5
Motor Vehicle Crash	4
Falls	1
Pedestrian	1
Poisoning.	1

Hospitalizations Due to Unintentional Injuries, Monroe County, 2005-2007

During the three-year period between 2006 and 2008, there were 548 hospitalizations due to unintentional injuries among children under age 10 in Monroe County.¹²² Falls account for about one third of the hospitalizations.

The hospitalization rate due to unintentional injury among Monroe County children has remained relatively stable since 2000. The rate in Monroe County (21/10,000) is lower than the rate in NYS (28/10,000) and in NYS excluding NYC (23/10,000). The rate of hospitalizations due to unintentional injuries among children has remained stable since 2000.

Infant deaths due to Unsafe Sleeping Environments

See page 27.

¹²⁰ National Center for Injury Prevention and Control, September 15, 2003.) <http://www.cdc.gov/ncipc/factsheets/childh.htm>

¹²¹ Vital Records, MCDPH

¹²² SPARCS, NYSDOH <http://www.health.state.ny.us/statistics/chac/hospital/ui0009.htm>

Current Activities/Interventions: “Reduce Unintentional Injuries”

The Injury Free Coalition for Kids of Rochester

The Injury Free Coalition for Kids of Rochester (IFCKR)¹²³ is an injury prevention program whose goal is to reduce the incidence and severity of childhood injury in the Rochester area. IFCKR's strength is working with community groups, governmental agencies and others to identify community concerns, develop plans to address those concerns, and implement prevention activities. These activities have included:

- Establishing Kohl's Pedal Patrol, a bike safety program, which provides bike helmets and educational material throughout Monroe County, and runs a number of bike rodeos.
- A booster seat program that teaches parents the proper way to fit a child in a booster seat and distributes them to those in need during their pediatric clinic visit.
- Home Safety –education of outreach workers and provision of educational materials to help families keep their home environment safe for their children.
- Creating several short video segments about childhood safety issues that run regularly on the Rochester Parent Network.
- Frequent media events, health fairs, creation of pamphlets, etc. and work with many collaborating organizations to educate the community on safety issues.

UChild and Family Health Services, Monroe County Department of Public Health

Child and Family Health Services (CFHS) of the Monroe County Department of Public Health has a Child Safety Seat Distribution and Education Program funded through the Governor's Traffic Safety Committee. This grant allows CFHS to provide child safety seats to clients in need. Home visiting staff determine eligibility for the car seat program. A certified car seat technician who runs the program meets with the clients, demonstrates the features of the car seat including the adjustments necessary to properly fit the child to the seat.

¹²³ http://www.injuryfree.org/site_display.cfm?PermanentId=848C0214-E96B-4974-B449158D820F0403