

Maternal/Child Health Report Card Update

Executive Summary February 2011



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

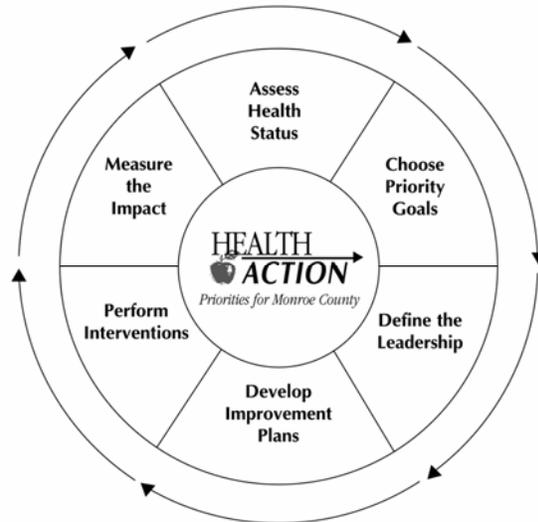
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EXECUTIVE SUMMARY

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>.

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

⁸ 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.

⁹ 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

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 cavity 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>

