

Progress Review Webinar: Early and Middle Childhood and Adolescent Health

December 12, 2017



Learning and Growing: Healthy Development During Childhood and Adolescence

Don Wright, MD, MPH

Acting Assistant Secretary for Health

U.S. Department of Health and Human Services



Chair

- Don Wright, MD, MPH, Acting Assistant Secretary for Health, U.S. Department of Health and Human Services

Presentations

- Charles Rothwell, MBA, MS, Director, National Center for Health Statistics
- Amanda Bryans, Director of Research Analysis and Communications Division, Administration for Children and Families
- Evelyn Kappeler, Director, Office of Adolescent Health, U.S. Department of Health and Human Services
- Georgina Peacock, MD, MPH, FAAP, Director Division of Human Development and Disability, CDC
- Aaron Lopata, MD, Chief Medical Officer, Maternal and Child Health Bureau, HRSA

Community Highlight

- Marilyn Crumpton, MD, MPH, Interim Health Commissioner, City of Cincinnati, Cincinnati, Ohio

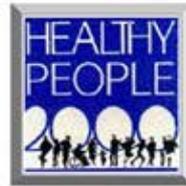
Healthy People at the Forefront of Public Health



HEALTHY PEOPLE
The Surgeon General's Report on
Public Population and Lifestyle Priorities



1979



1990



2000



2010



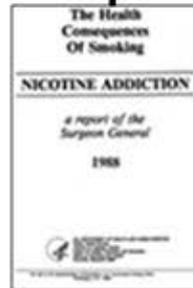
1979
Smallpox
Eradicated



1970 Clean
Air Act



1982 AIDS is
Infectious



1988 SG
Declares
Nicotine
Addictive



1990
Human
Genome
Project
Begins



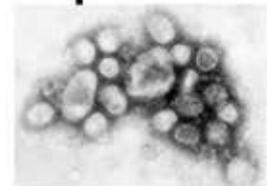
1990s Drinking
Water Fluoridation



2000s Obesity
and Chronic Disease



September
11, 2001



2009 H1N1 Flu



2005 Hurricane
Katrina

Evolution of Healthy People



Target Year	1990	2000	2010	2020
Overarching Goals	 <ul style="list-style-type: none"> • Decrease mortality: infants–adults • Increase independence among older adults 	 <ul style="list-style-type: none"> • Increase span of healthy life • Reduce health disparities • Achieve access to preventive services for all 	 <ul style="list-style-type: none"> • Increase quality and years of healthy life • Eliminate health disparities 	 <ul style="list-style-type: none"> • Attain high-quality, longer lives free of preventable disease • Achieve health equity; eliminate disparities • Create social and physical environments that promote good health • Promote quality of life, healthy development, healthy behaviors across life stages
# Topic Areas	15	22	28	42
# Objectives/Measures	226	312	1,000	~1,200

- 28 of 42 Healthy People Topic Areas impact children and adolescents such as:
 - Environmental Health
 - Mental Health
 - Oral Health
 - Sleep Health
 - Maternal, Infant, and Child Health
- *Early and Middle Childhood* and *Adolescent Health* topics cover a range of health objectives not addressed in other topic areas
- Common themes across the topic areas include:
 - Safety, security, and closeness to parents and other adults
 - School readiness and academic progress
 - Access to services, including developmental, wellness, education services



Source: <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>

- In 2016, there were 73.6 million children and adolescents under the age of 18
 - 24.0 million ages 0-5
 - 24.7 million ages 6-11
 - 25.0 million ages 12-17
- Children and adolescents make up approximately 22% of the U.S. population



Source: <https://census.gov/>

- Experiences in early and middle childhood are extremely important for a child's healthy development and lifelong learning
 - During early childhood, the human brain grows to 90% of its adult size by age 3
- Pre-disease pathways for a number of adult health and medical conditions have their beginnings in early and middle childhood
- Early and middle childhood sets the stage for:
 - School success
 - Health literacy
 - Self-discipline
 - Eating habits
 - Conflict negotiations and healthy relationships
 - The ability to make good decisions about risky situations



Source: <https://www.healthypeople.gov/2020/topics-objectives/topic/early-and-middle-childhood>

- Adolescence is a critical transitional period that includes the biological changes of puberty and developmental tasks such as normative exploration and learning to be independent
- Adolescents and young adults are particularly sensitive to influences from their social environments
- Encouraging positive development of young people:
 - Facilitates adoption of health behaviors
 - Helps to ensure a healthy and productive adult population



Source: <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>

Charles Rothwell, MBA, MS
Director, National Center for Health Statistics
Centers for Disease Control and Prevention



Presentation Overview



- Tracking the Nation's Progress
- Early and Middle Childhood
- Adolescent Health

- 13 Measurable HP2020 Early and Middle Childhood Objectives:
 - 1 Improving
 - 9 Little or no detectable change
 - 3 Getting worse

- 24 Measurable HP2020 Adolescent Health Objectives:
 - 8 Target met
 - 9 Improving
 - 5 Little or no detectable change
 - 2 Baseline only

NOTES: Measurable objectives are defined as having at least one data point currently available, or a baseline, and anticipate additional data points throughout the decade to track progress. The Early and Middle Childhood Topic Area has 4 developmental objectives that are not discussed in this Progress Review.

Early and Middle Childhood: Topic Areas with Related Objectives



- Access to Health Services
- Blood Disorders and Blood Safety
- Cancer
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Food Safety
- Hearing and Other Sensory or Communication Disorders
- Heart Disease and Stroke
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant, and Child Health
- Medical Product Safety
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Tobacco Use
- Vision

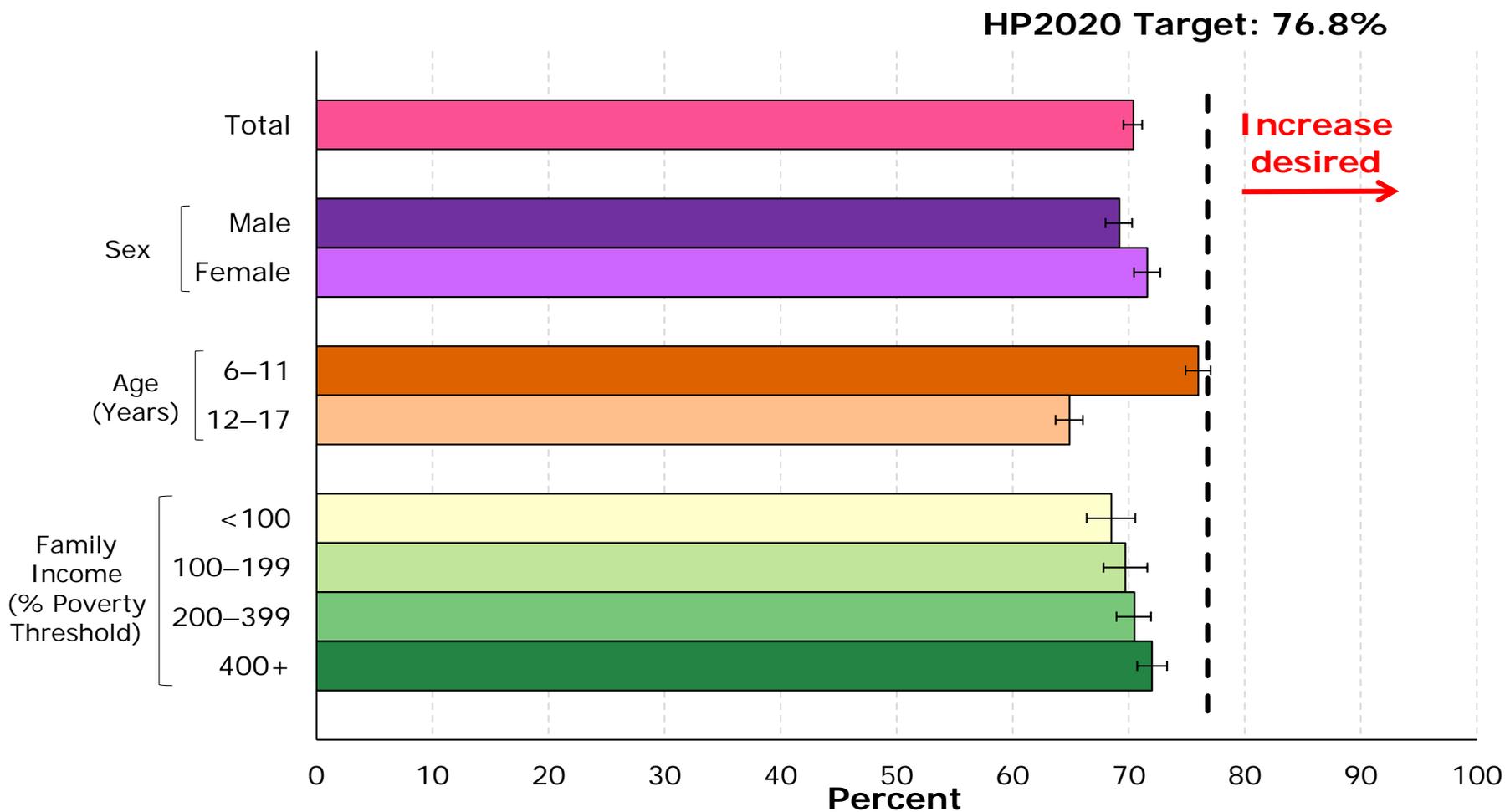
Adolescent Health: Topic Areas with Related Objectives



- Access to Health Services
- Immunization and Infectious Diseases
- Disability and Health
- Sleep Health
- Injury and Violence Prevention
- Substance Abuse
- Mental Health and Mental Disorders
- Hearing and Other Sensory or Communication Disorders
- Nutrition and Weight Status
- Oral Health
- Physical Activity
- Tobacco Use
- Family Planning
- HIV
- Sexually Transmitted Diseases

- Tracking the Nation's Progress
- Early and Middle Childhood
 - Positive Parenting Objectives
 - Positive communication between child and parent
 - Young children who are read to every day
 - Developmental inquiry from doctor
- Adolescent Health

Positive Parenting: Communication between Child and Parent, 2011–2012

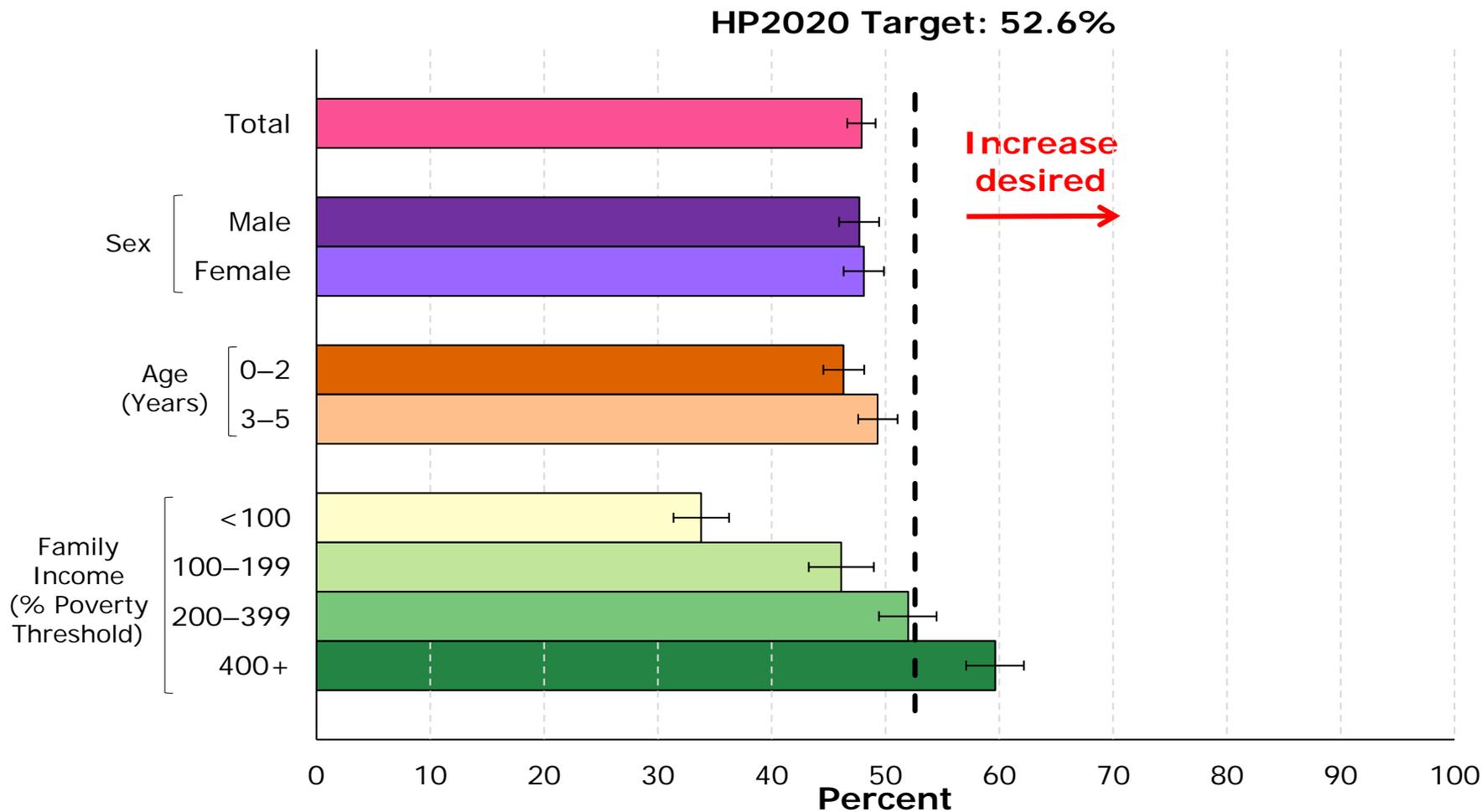


NOTES: — = 95% confidence interval. Data are for children aged 6 to 17 years whose parents reported they and child could share ideas and talk about things that mattered “very well.”

SOURCE: National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS.

Obj. EMC-2.2

Positive Parenting: Young Children Who Are Read to Every Day, 2011–2012

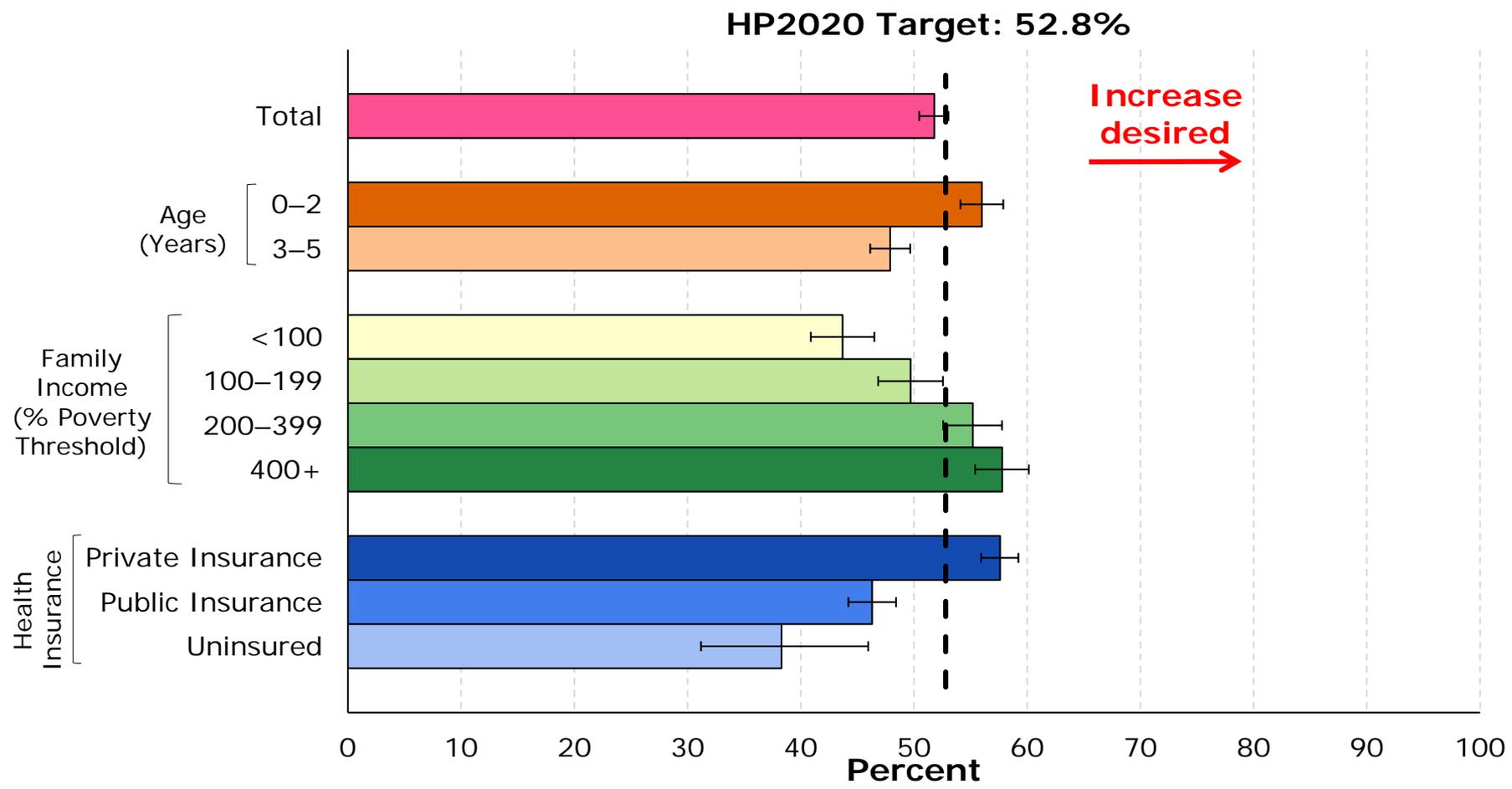


NOTES: — = 95% confidence interval. Data are for children aged 0 to 5 years whose parents reported that someone in their family read to the child every day in the past week.

SOURCE: National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS.

Obj. EMC-2.3

Positive Parenting: Developmental Inquiry from Doctor, 2011–2012



NOTES: — = 95% confidence interval. Data are for children aged 0 to 5 years who visited or used a health service in the past 12 months and whose parents reported that their child's doctor or other health professional asked them about their concerns regarding the child's learning, development, or behavior.

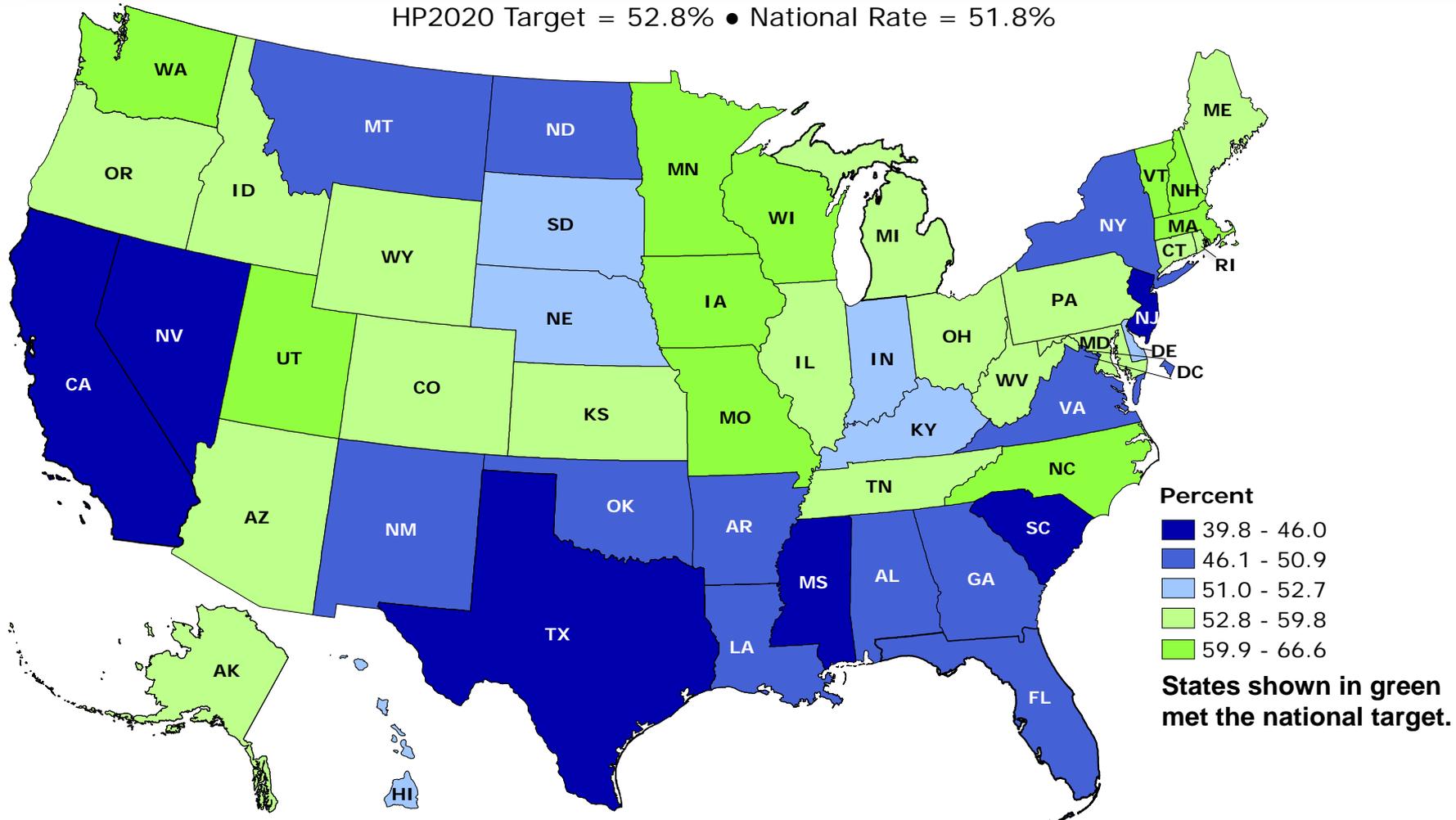
SOURCE: National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS.

Obj. EMC-2.4

Positive Parenting: Map of Developmental Inquiry from Doctor, 2011–2012



HP2020 Target = 52.8% • National Rate = 51.8%



Percent

- 39.8 - 46.0
- 46.1 - 50.9
- 51.0 - 52.7
- 52.8 - 59.8
- 59.9 - 66.6

States shown in green met the national target.

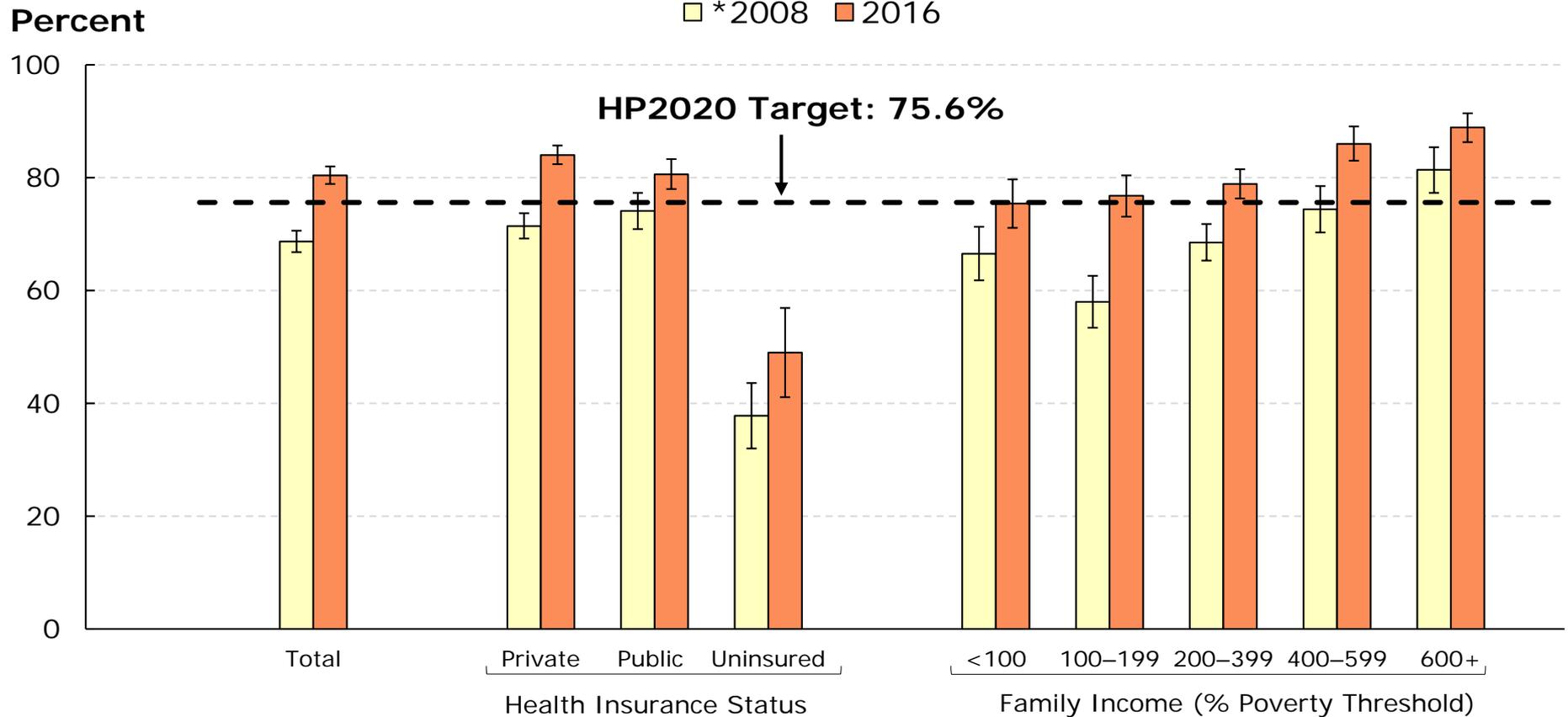
NOTES: Data are for children aged 0 to 5 years who visited or used a health service in the past 12 months and whose parents reported that their child’s doctor or other health professional asked them about their concerns regarding the child’s learning, development, or behavior. Data are displayed by a modified Jenks classification for states. For more information see National Center for Health Statistics. Appendix A: Technical Notes. *Healthy People 2020 Midcourse Review*. Hyattsville, MD. 2016. <https://www.cdc.gov/nchs/data/hpdata2020/HP2020MCR-DO1-Technical-Notes.pdf>

SOURCE: National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS.

Obj. EMC-2.4
Increase desired

- Tracking the Nation's Progress
- Early and Middle Childhood
- Adolescent Health
 - Wellness checkup
 - Participation in extracurricular activities
 - Adolescents had someone to talk to about problems
 - Reading and mathematics skills
 - Absenteeism due to illness
 - Harassment at school
 - High school graduation
 - Arrests for property crimes

Adolescent Wellness Checkup



NOTES: I = 95% confidence interval. *2008 = HP2020 baseline. Data are for adolescents aged 10 to 17 years who received a wellness checkup during the past 12 months when they were not sick or injured.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

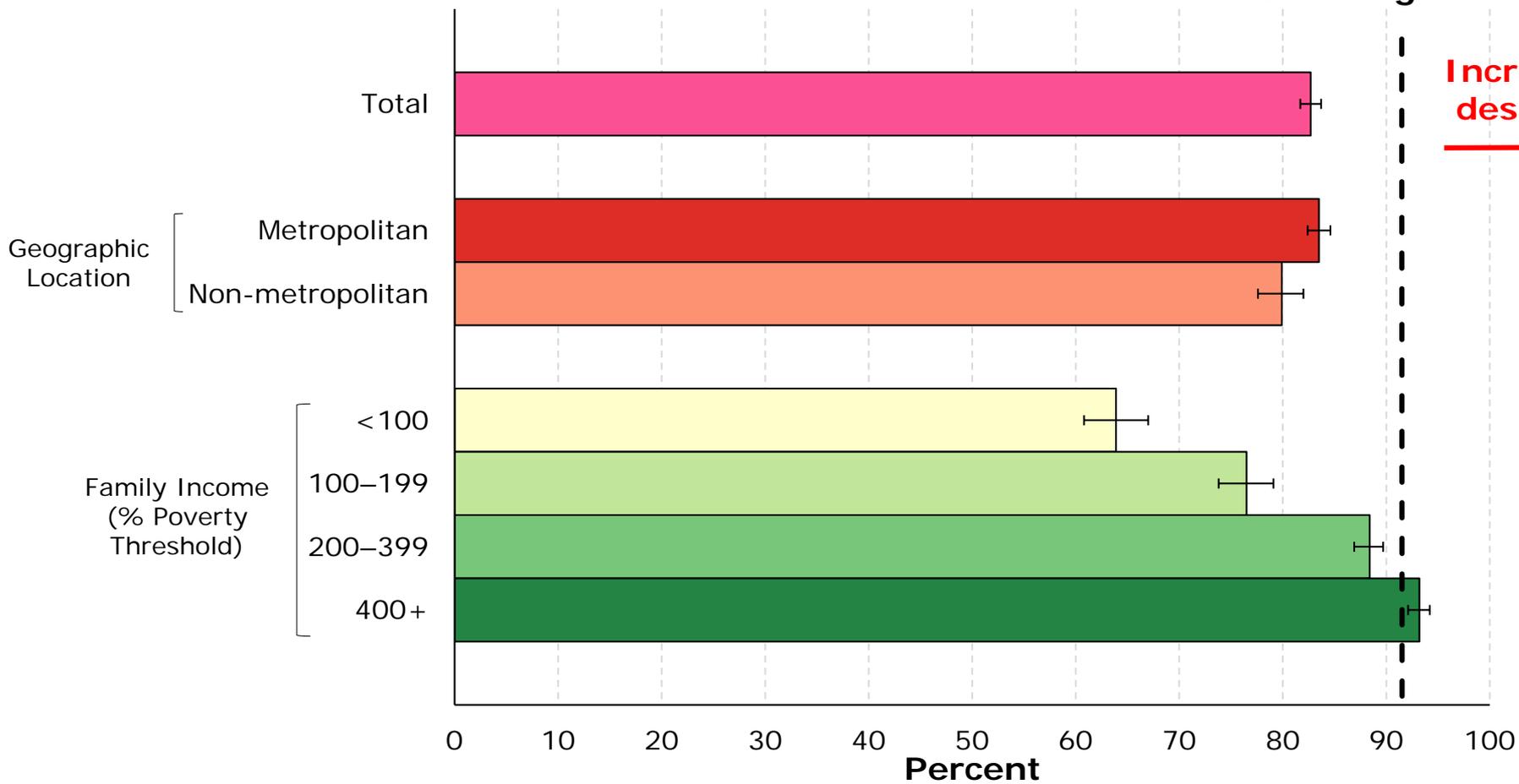
Obj. AH-1
Increase desired

Participation in Extracurricular Activities, 2011–2012



HP2020 Target: 90.6%

Increase desired
→



NOTES: — = 95% confidence interval. Data are for adolescents aged 12 to 17 years participating in one or more organized extracurricular and/or out-of-school activities in the past 12 months including: 1. being on a sports team or taking sports lessons after school or on weekends; 2. participating in any clubs or organizations after school or on weekends; 3. participating in any other organized events or activities.

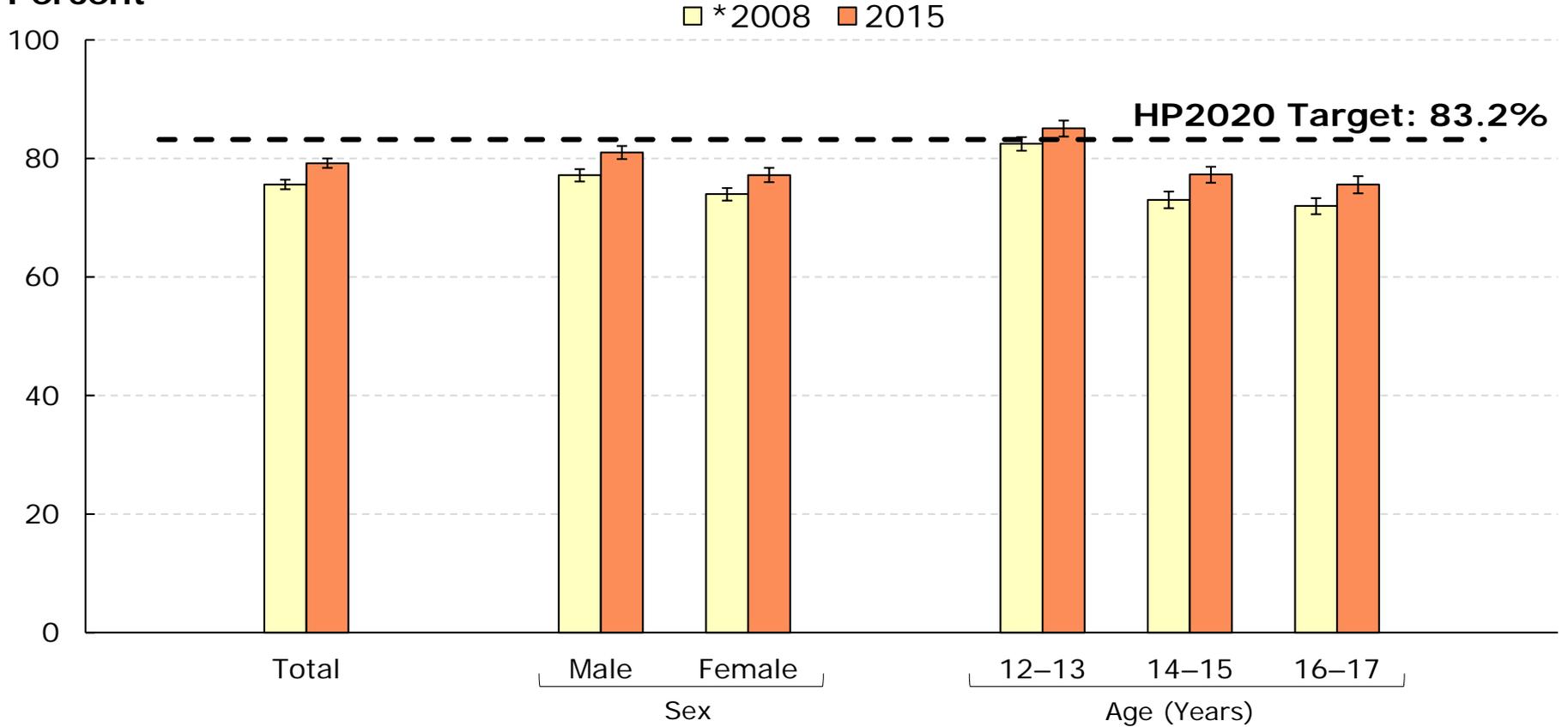
Obj. AH-2 22

SOURCE: National Survey of Children's Health (NSCH), HRSA/MCHB and CDC/NCHS.

Adolescents Who Had Someone to Talk to About Problems



Percent

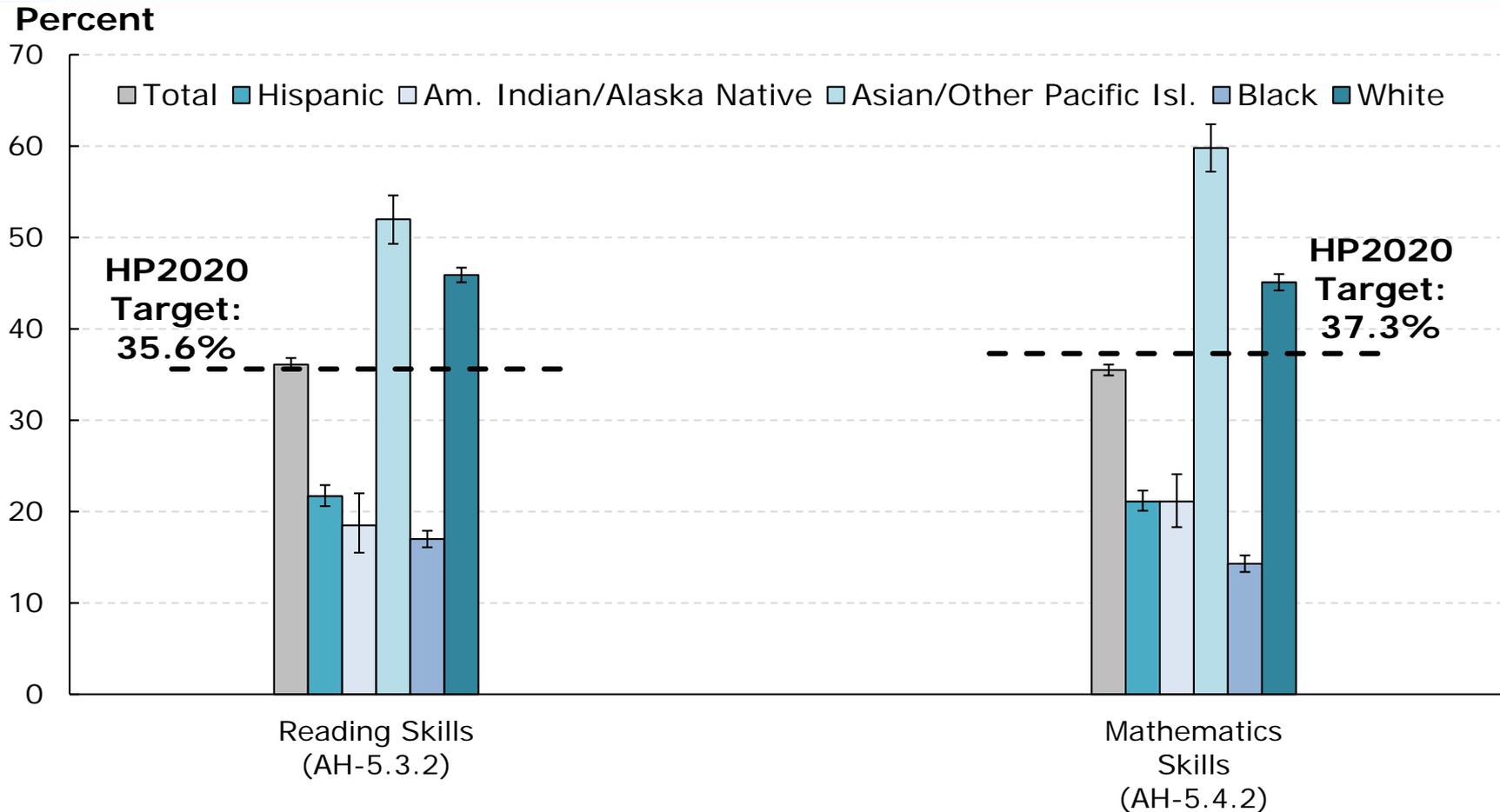


NOTES: I = 95% confidence interval. *2008 = HP2020 baseline. Data are for adolescents aged 12 to 17 years who have an adult in their lives with whom they can talk about serious problems.

SOURCE: National Survey on Drug Use and Health (NSDUH), SAMHSA.

Obj. AH-3.1
Increase desired

Proficient Reading and Mathematics Skills: 8th Grade Students, 2013

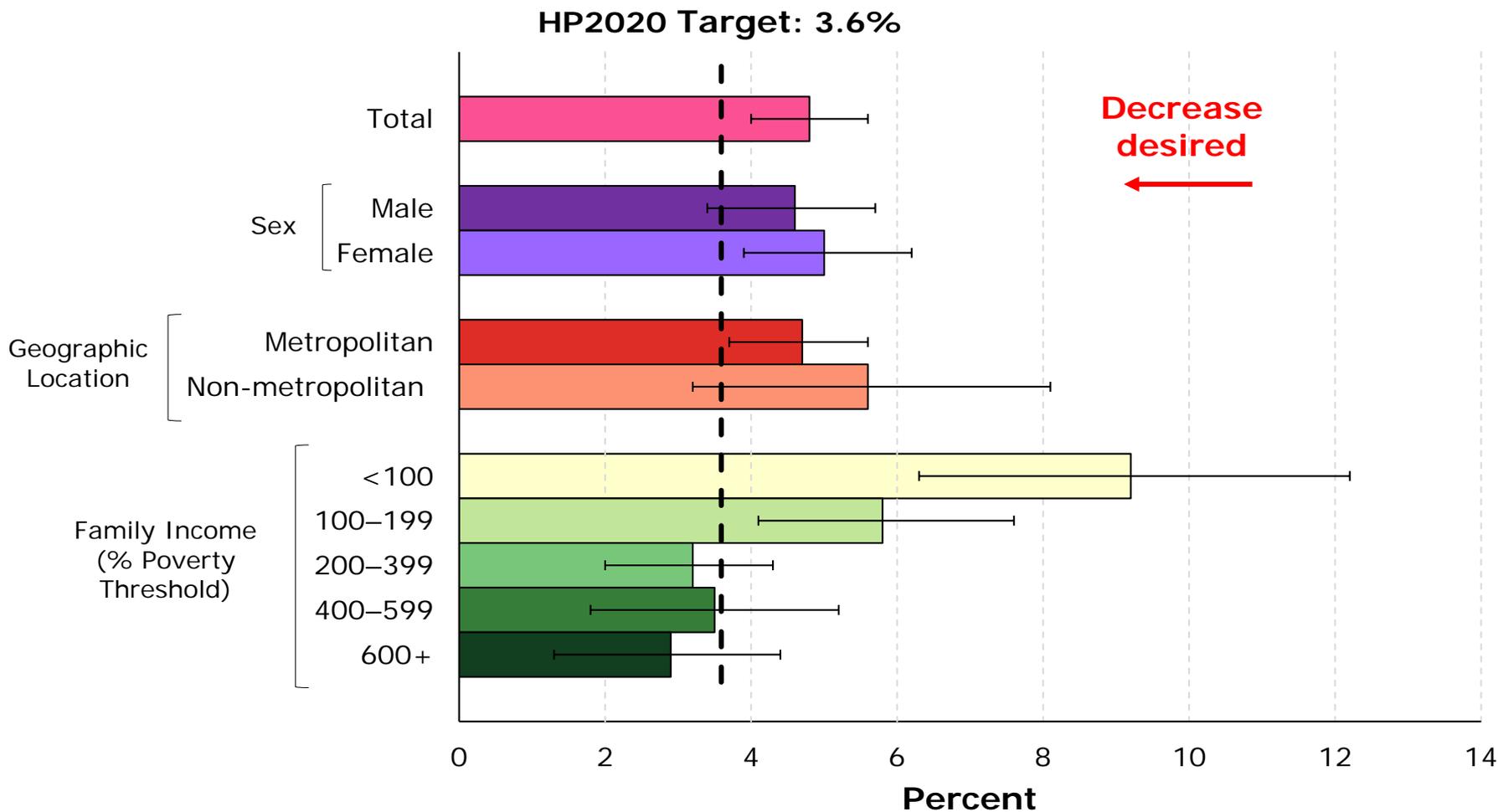


NOTES: I = 95% confidence interval. Data are for 8th grade students attending public or private schools scoring at the proficiency level or higher for their grade level in the reading (AH-5.3.2) and mathematics (AH-5.4.2) skills test administered by the National Assessment of Educational Progress. Proficiency is defined as demonstrating competency over challenging subject matter, including subject matter knowledge, application of such knowledge to real-world situations, analytical skills appropriate to the subject matter. American Indian or Alaska Native, Asian or Other Pacific Islander, Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be of any race.

Objs. AH-5.3.2 & AH-5.4.2 24
Increase desired

SOURCE: National Assessment of Educational Progress (NAEP), ED/NCES.

School Absenteeism Due to Illness or Injury, 2016



NOTES: I = 95% confidence interval. *2008 = HP2020 baseline. Data are for adolescents aged 12 to 17 years who missed 11 or more whole school days during the preceding 12 months because of illness or injury.

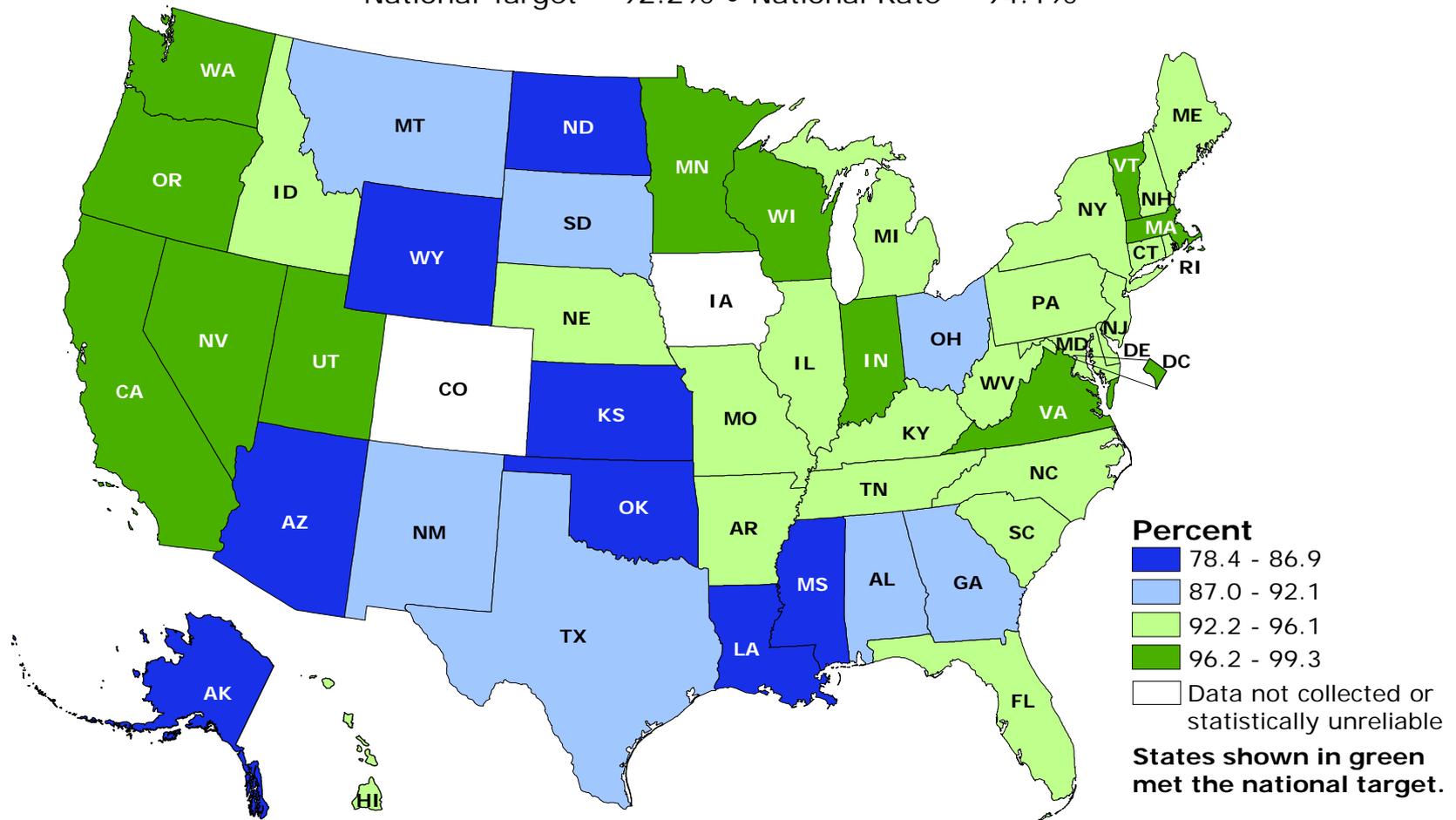
SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. AH-5.6

School Policy Prohibiting Gender Identity and Sexual Orientation Harassment, 2016



National Target = 92.2% • National Rate = 94.1%



Percent

- 78.4 - 86.9
- 87.0 - 92.1
- 92.2 - 96.1
- 96.2 - 99.3
- Data not collected or statistically unreliable

States shown in green met the national target.

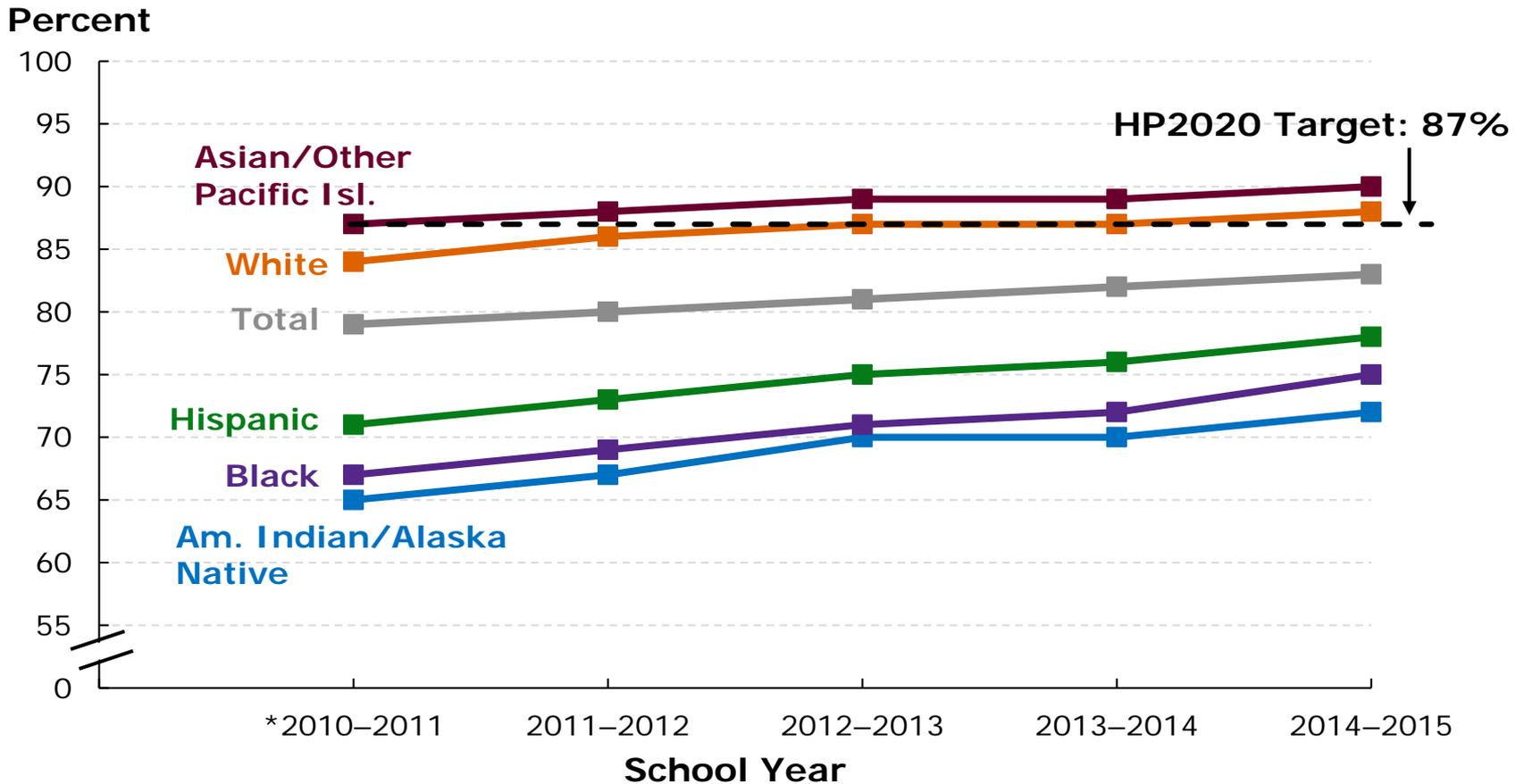
NOTES: Data are for public and private middle and high schools that prohibit harassment based on a student's perceived or actual sexual orientation or gender identity. Data are displayed by a modified Jenks classification for states. For more information see National Center for Health Statistics. Appendix A: Technical Notes. *Healthy People 2020 Midcourse Review*. Hyattsville, MD. 2016.

<https://www.cdc.gov/nchs/data/hpdata2020/HP2020MCR-D01-Technical-Notes.pdf>

SOURCE: School Health Profiles, CDC/NCHHSTP.

Obj. AH-9
Increase desired

On-Time High School Graduation



NOTES: *2010-2011 = HP2020 baseline. Data are for students who earned a regular high school diploma by the end of the school year, four school years after starting 9th grade for the first time and are measured using the 4-year adjusted cohort graduation rate. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be of any race.

SOURCE: Common Core of Data (CCD), ED/NCES.

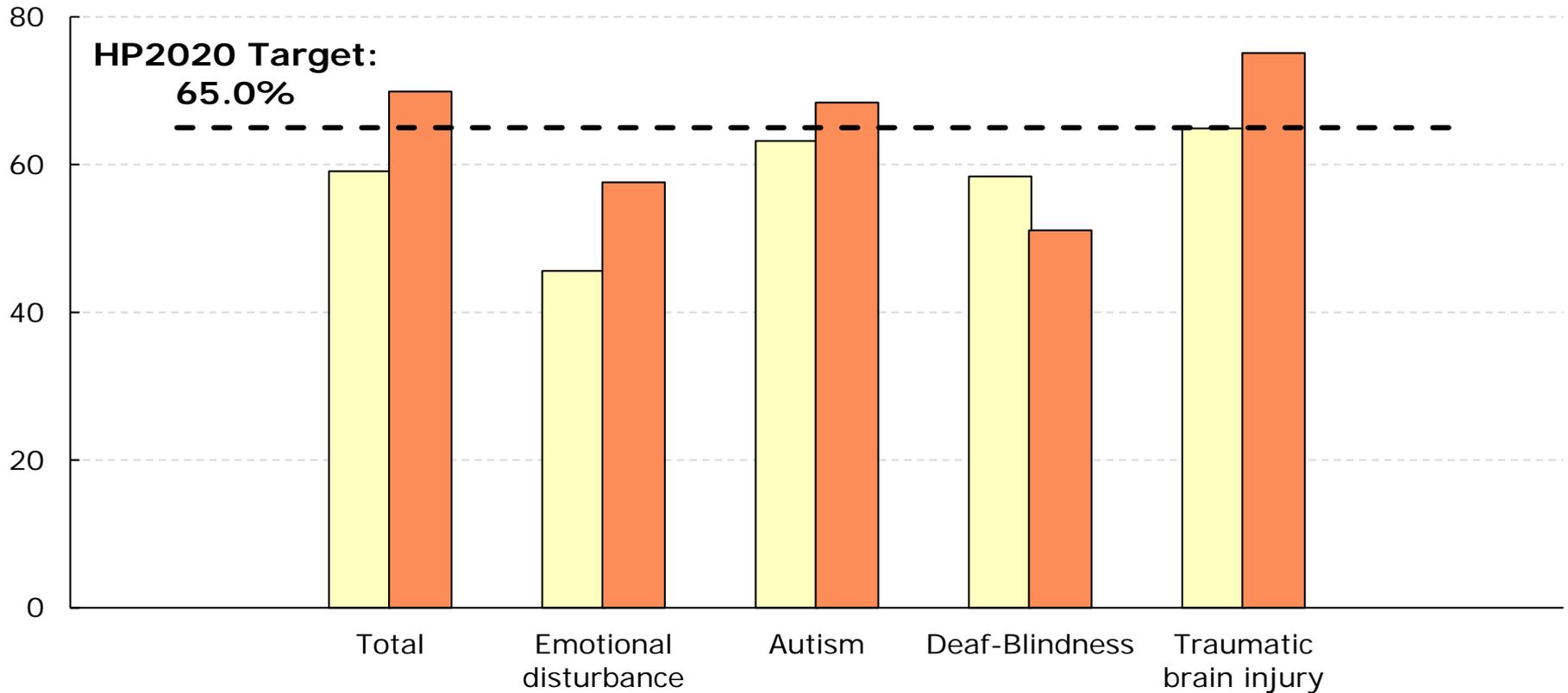
Obj. AH-5.1
Increase desired

High School Graduation of Students Served Under the IDEA



Percent

■ *2007–2008 ■ 2014–2015



NOTES: *2007–2008 = HP2020 baseline. Data are for students aged 14 to 21 years served under the Individuals with Disabilities Education Act (IDEA), Part B, who graduated from high school with a diploma.

SOURCE: Individuals with Disabilities Education Act data (IDEA data), ED/OSERS.

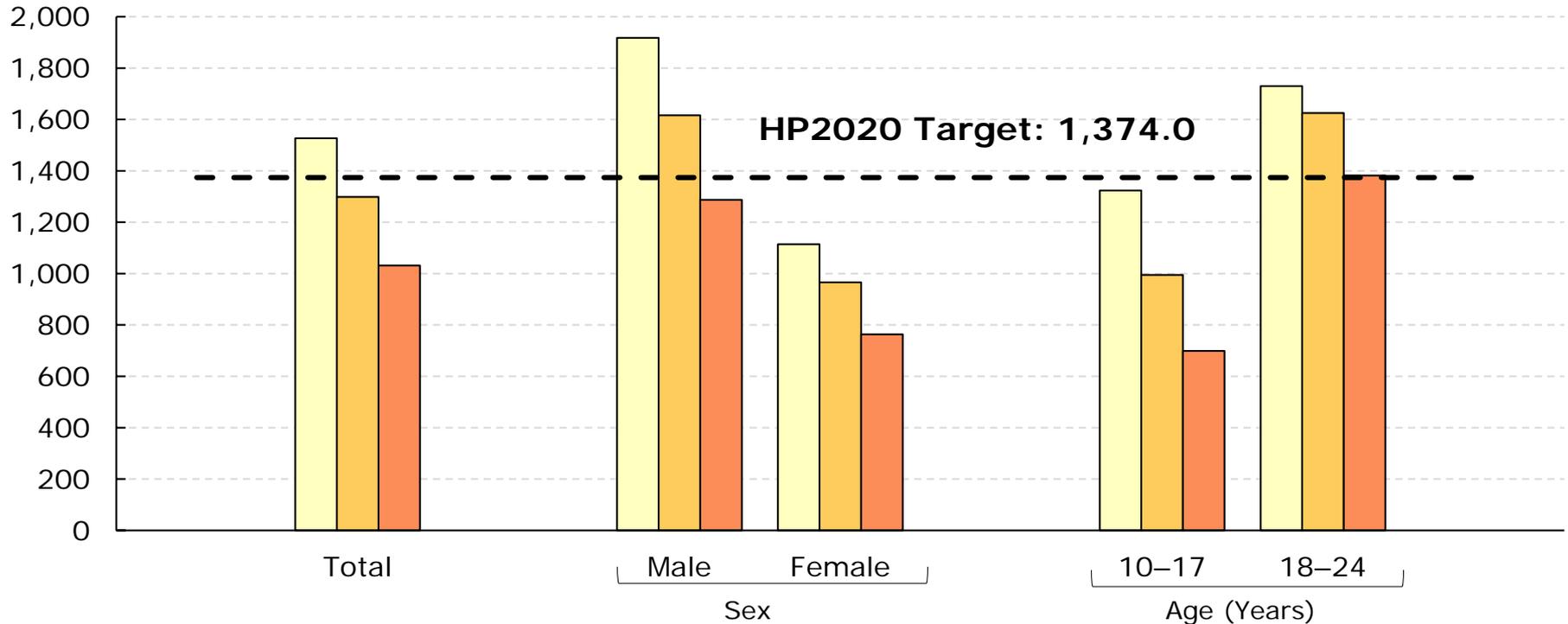
Obj. AH-5.2
Increase desired

Arrests for Serious Property Crimes



Rate per 100,000

□ *2008 □ 2011 □ 2014



NOTES: *2008 = HP2020 baseline. Data are for arrests of juveniles aged 10 to 17 years and young adults aged 18 to 24 years for crimes included in the Property Crime Index including burglary, larceny-theft, motor vehicle theft, and arson.

SOURCE: Uniform Crime Reporting Program (UCR), DOJ/FBI.

Obj. AH-11.2
Decrease desired

Key Takeaways – Early and Middle Childhood*



- A higher percentage of young children aged 0–5 years are read to every day in families at higher family income levels.
 - Children in families at or above 400% of the poverty threshold were the only group to have exceeded the target.
- Disparities existed for young children aged 0–5 years whose parents reported that a doctor had asked them about concerns regarding their child’s development.
 - Target exceeded: children aged 0–2 years, children living in families at or above 200% of the poverty threshold, and children covered by private health insurance.
 - Target not met: children aged 3-5 years, children living below 200% of the poverty threshold, children with no health insurance, and children with public health insurance.

- Although the percentage of adolescents who had a wellness checkup increased between 2008 and 2016, disparities existed by insurance status and family income.
- In 2013, disparities for meeting the target for proficient reading and mathematics skills also existed by race and ethnicity as only Asian and White 8th graders met the targets for both objectives.
- In 2016, school absenteeism due to illness or injury was highest among students from families in the two lowest income groups (i.e., <100% and 100-199%). These students did not meet the target for this objective.
- Between school year 2010–2011 and 2014–2015, the high school graduation rate increased for all racial and ethnic groups. However, in 2014–2015, only Asian or other Pacific Islanders and White students met the target for graduating on time.

OFFICE OF HEAD START Administration for Children and Families

Amanda Bryans

Director Research Analysis and Communication



PURPOSE OF HEAD START & EARLY HEAD START

Healthy People
2020



To promote the school readiness of low income children by enhancing their cognitive, social and emotional development –

- in a learning environment that supports children's growth in all domains
- through the provision of comprehensive services based on family needs assessments

SOURCE: [HEAD START ACT](#) Sec. 636. [42 U.S.C. 9831] as revised in 2007



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Head Start Snapshot:

Healthy People
2020

- Each year nearly 1 million low income (poverty level) **children** from **birth to age 5**, including pregnant women, receive Head Start services. Approximately 200,000 in EHS and 800,000 in HS
- Center based, home based, and family child care options
- Over **1,600** grantees nationwide including the territories.
- Approximately 13% of enrolled children are living with a disability

Source: 2017 Program Information Report (PIR)



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- In addition to education services, Head Start programs provide children and their families with **health, nutrition, social and emotional, and family services.**



What Comprehensive Services Look Like:

- Developmental, hearing and vision screenings and follow-up evaluation and treatment as needed
- Most services provided through referral
- Children served nutritious meals
- Family Services staff for each family

What Comprehensive Services

Look Like:

Healthy People
2020

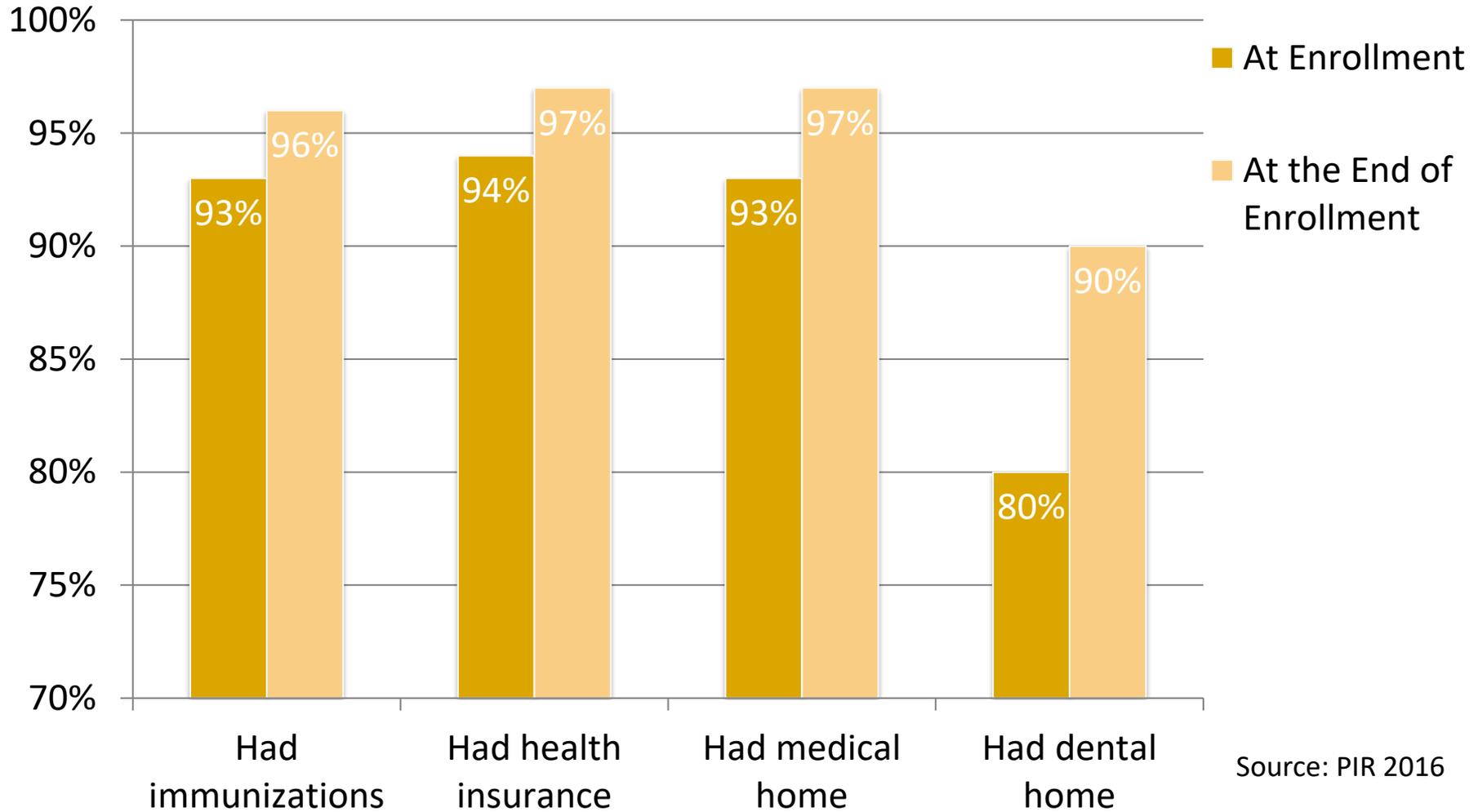
- Parents included as experts on their own children and most influential people in children's lives
- Support for parents as advocates, including health literacy to promote effective interaction with medical providers



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Medical Services



Source: PIR 2016



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Head Start Education Services- *the Early Learning Outcomes Framework*



- Begins with infants and toddlers and provides continuity for birth to 5 programming
- Focuses on **5 key domains** important for success in school and in life

	CENTRAL DOMAINS				
	APPROACHES TO LEARNING	SOCIAL AND EMOTIONAL DEVELOPMENT	LANGUAGE AND LITERACY	COGNITION	PERCEPTUAL, MOTOR, AND PHYSICAL DEVELOPMENT
▲ INFANT/TODDLER DOMAINS	Approaches to Learning	Social and Emotional Development	Language and Communication	Cognition	Perceptual, Motor, and Physical Development
● PRESCHOOLER DOMAINS	Approaches to Learning	Social and Emotional Development	Language and Communication	Mathematics Development	Perceptual, Motor, and Physical Development
			Literacy	Scientific Reasoning	

More Information:

Healthy People
2020

U.S. Department of Health & Human Services Administration for Children & Families Contact Us 1-866-763-6481 Español

HEAD START | ECLKC
Early Childhood Learning & Knowledge Center

About Topics Policy & Regulations

Getting Young Children and Their Families Ready for School and Ready for Life

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Explore What's New

<https://eclkc.ohs.acf.hhs.gov/>



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OAH's Efforts to Improve Adolescent Health

Evelyn Kappeler

Director, Office of Adolescent Health (OAH)
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services



Office of Disease Prevention
and Health Promotion



- Mission: Leading the nation to ensure that America's adolescents thrive and become healthy, productive adults
- Key Strategies to improve adolescent health and well-being:
 - Educate the public and professionals
 - Support evidence-based programs and practices
 - Lead through action
 - Promote multi-sector partnerships
 - Invest in evaluation and research



- Adolescence is a critical period for promoting healthy behavior and reducing risk with the intent of fostering long term health
- Most of the nation's 42 million adolescents are generally physically healthy but face many social and emotional challenges
- In recent years, the nation has seen declines in teen births, smoking, substance use, and higher academic achievement for younger adolescents
- Adolescents can benefit from guidance to improve their health and development



- Adolescence is a critical intervention point during the lifespan and the way adolescents spend their time can strongly influence their health later in life.
- For youth to maintain a healthy future, they need plenty of sleep; good nutrition; regular exercise; and time to form relationships with family, friends, and caring adults.
- Time adolescents spend in school and in after-school activities with peers and adults can advance healthy academic, emotional, social, and physical development.



- National call to action to promote adolescent health
- Comprehensive, strengths-based, positive youth development approach to improving adolescent health

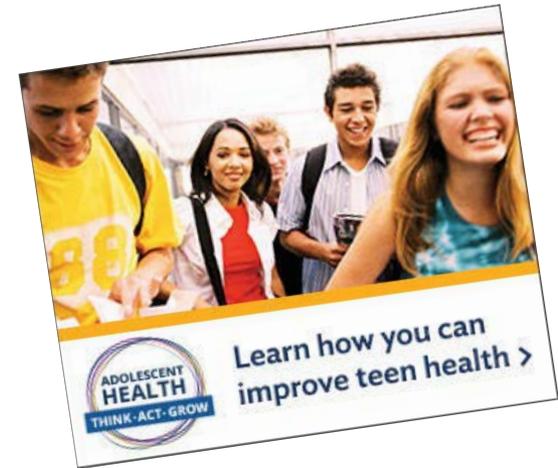
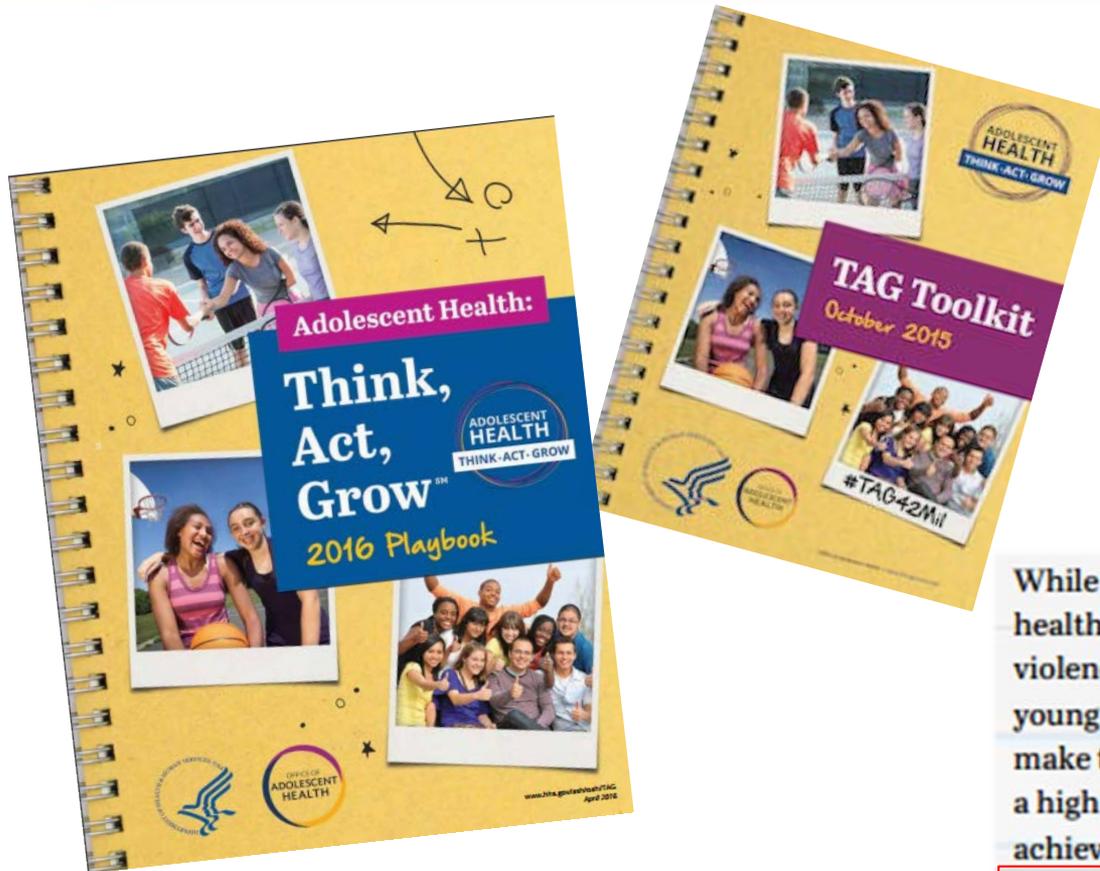


Five Essentials for Healthy Adolescents

1. Positive connections with supportive people [AH-3 Positive Connections](#)
2. Safe and secure places to live, learn, & play [AH-8 School safety](#) [AH-11 Crimes](#)
3. Access to high-quality, teen-friendly health care [AH-1 Checkup](#)
4. Opportunities for teens to engage as learners, leaders, team members, & workers [AH-2 Extracurricular](#) [AH-9 Harassment](#)
5. Coordinated adolescent- and family-centered services

Adolescent Health: Think, Act, Grow[®] (TAG)

Healthy People
2020



While teens are generally healthy, behavioral and mental health problems, alcohol and drug misuse, injuries, violence, obesity and other challenges sideline too many young people. TAG calls for adults from all walks of life to make the health, safety, and development of adolescents a high priority. TAG is aimed at helping ensure achievement of national health objectives set forth in Healthy People 2020, the National Prevention Strategy, and other national plans.



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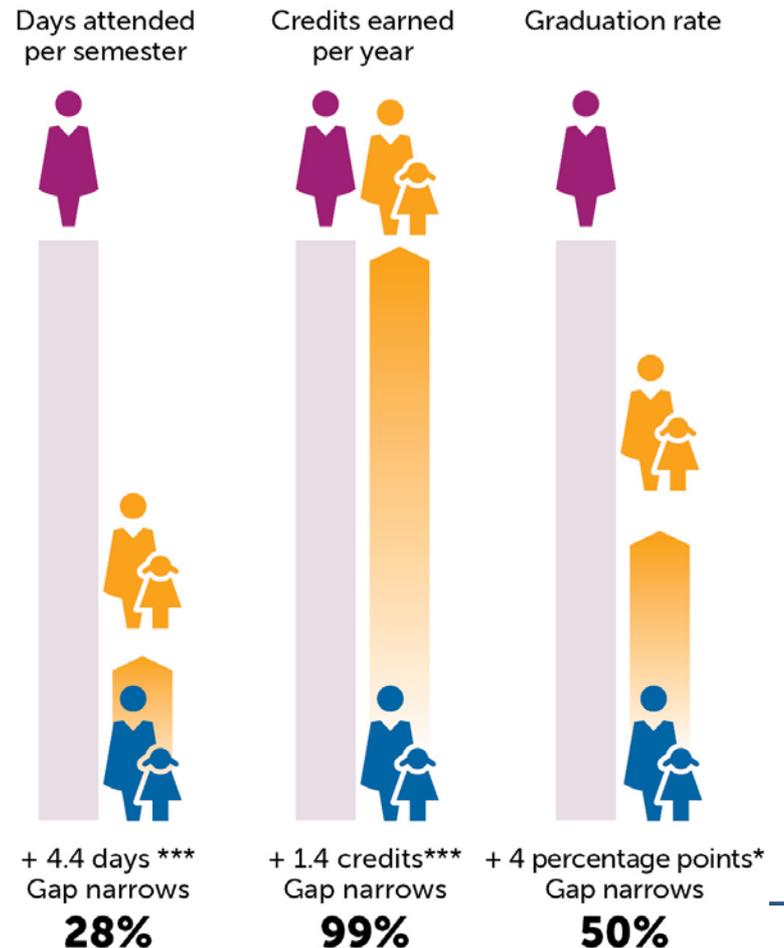


- Collaboration of adolescent health professionals across HHS
- Sharing of key initiatives, tools, and resources across the department
- Key presentations in the last year include:
 - NIH Adolescent Brain Cognitive Development (ABCD) Study
 - HRSA efforts around youth wellness checkup and transition from pediatric to adult health care [AH-1: Checkup](#)
 - Discussion of young male friendships [AH-3: Positive Connections](#)
 - US Surgeon General's Report on Alcohol, Drugs, and Health [AH-7: Drugs](#)

- Holistic supportive services to improve health, educational, social and economic outcomes of expectant and parenting young families
- Impact Results from New Heights Program in DC:
 - Increase in school attendance
 - Increase in credits earned
 - Increase in high school graduation rate

AH-5.1: HS Graduation

New Heights narrowed the education achievement gap between parenting females & nonparenting females



+ 4.4 days ***
Gap narrows

28%

+ 1.4 credits***
Gap narrows

99%

+ 4 percentage points*
Gap narrows

50%

*** significantly different from 0 at the .01 level, two-tailed test.
 ** significantly different from 0 at the .05 level, two-tailed test.
 * significantly different from 0 at the .10 level, two-tailed test.

Connect with Us!

- Website: www.hhs.gov/ash/oah/
- YouTube: www.youtube.com/teenhealthgov
- Email for OAH: oah.gov@hhs.gov
- Email for TAG: TAGteam@hhs.gov
- Twitter: @teenhealthgov and #TAG42mil
- E-Updates (Home Page)



CDC's Programs for Childhood and Adolescence

Georgina Peacock, MD, MPH, FAAP

Director, Division of Human Development and Disability
National Center on Birth Defects and Developmental Disabilities
Centers for Disease Control and Prevention



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Healthy Child Development: A Public Health Priority

- Healthy development in childhood and adolescence is important for a healthy population
- Childhood is a critical time to develop
 - A healthy brain
 - A healthy body
 - Supportive relationships
 - Healthy habits



CDC conducts work on early and middle childhood and adolescent health objectives in multiple centers, including:

- National Center on Birth Defects and Developmental Disabilities (NCBDDD)
- National Center for Injury Prevention and Control (NCIPC)
- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

Healthy Child Development: A Public Health Priority

Healthy People
2020

- To protect children's health throughout the lifespan, CDC works to
 - Support parents in protecting, nurturing, and teaching children
 - Train the public health workforce, including educators and healthcare providers
 - Promote healthy communities and environments
 - Collect needed information on health and development in childhood and adolescence to support progress towards the health goals



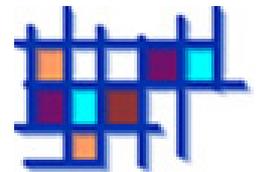
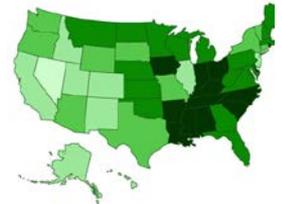
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CDC provides important information for Early and Middle Childhood and Adolescent Health topics:

- National Health Interview Survey (NHIS)
 - Monitoring the health of the nation since 1957, conducted by the Census Bureau
- National Survey of Children's Health (NSCH)
 - Sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration, conducted by the Census Bureau
- Youth Risk Behavior Surveillance System (YRBSS)
 - Conducted by CDC and state, territorial, and local education and health agencies and tribal governments
- School Health Profiles (Profiles)
 - Conducted by state, territorial, and local education and health agencies with technical assistance from CDC
- School Health Policies and Practices Study (SHPPS)
 - Conducted by CDC at the state, district, school, and classroom levels



- Learn the Signs. Act Early. aims to improve early identification of developmental disabilities including autism
 - Promotes parent-engaged developmental monitoring and developmental screening
 - Involves parents, healthcare providers, early care and education providers, home visitors and public health providers such as WIC
 - Includes Health Education Campaign and Act Early Initiative



EMC-1 School readiness

EMC-2 Positive parenting and developmental advice

Legacy for Children™: Promoting positive parenting among families affected by poverty

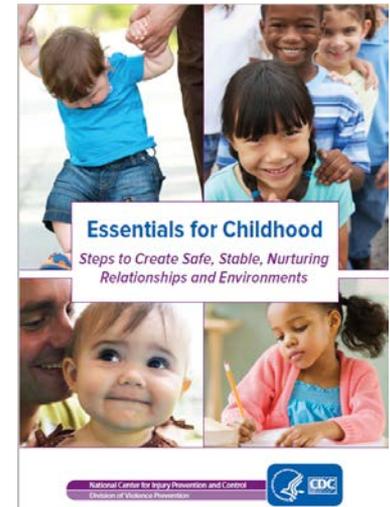
- Group-based intervention focusing on
 - Role of parents and their positive influence their children
 - Sense of connection among participants
- Goal is to prevent developmental delays
- Pilot implementation:
 - Administration for Children and Families' Early Head Start
 - Health Resources and Services Administration's Healthy Start
 - Substance Abuse and Mental Health Administration's Project LAUNCH
 - Non-governmental partner sites



EMC-1 School readiness

EMC-2 Positive parenting and developmental advice

- Essentials for Childhood framework to assure safe, stable, nurturing relationships and environments for all children by
 - Establishing cross-sector partnerships
 - Increasing reach of evidence-based programs and policies
 - Providing strategies communities can consider to prevent child abuse and neglect and to promote positive parent-child relationships



EMC-1 School readiness

EMC-2 Positive parenting and developmental advice

AH-3: Positive connections

AH-8 School safety

AH-10 School violence

AH-11 Crimes

Whole School, Whole Community, Whole Child

- Coordinated school health approach designed to improve learning and health in our nation's schools.
- Examples:
 - School Health Index 2017: Self-assessment tool to increase health and safety at school
 - Parents for Healthy Schools, Parent Engagement Strategies: Training and dissemination to state education and health leaders



EMC-1 School readiness

EMC-4 Health education

AH-3: Positive connections

AH-5 Education achievement

AH-8 School safety

AH-9 Harassment

AH-10 School violence



Office of Disease Prevention and Health Promotion



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

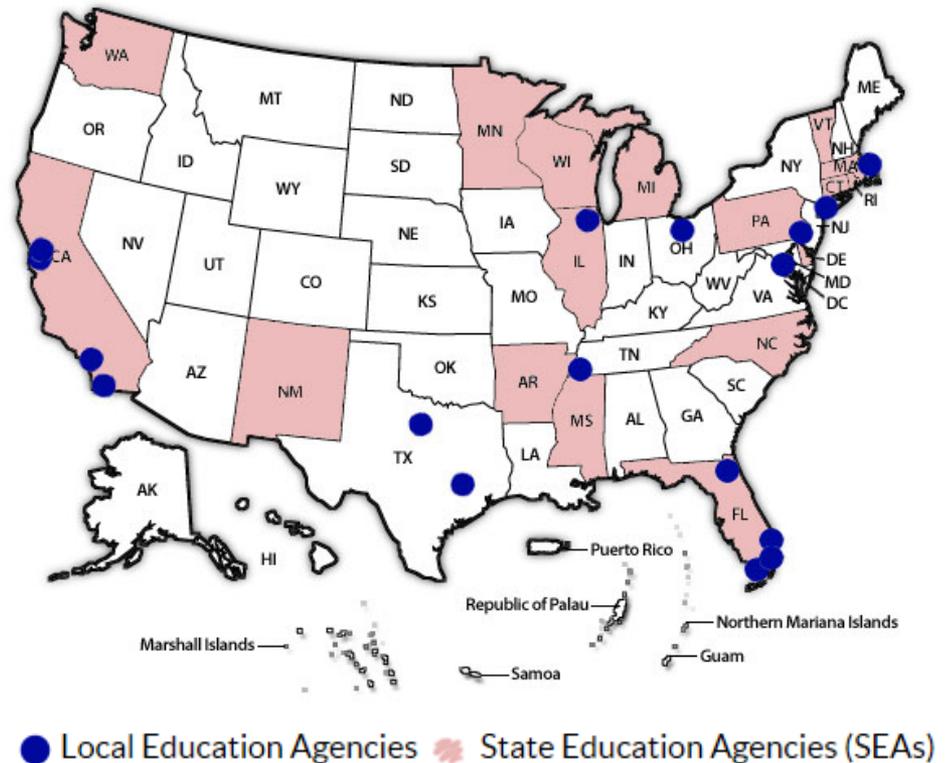
Division of Adolescent and School Health (NCHHSTP)

Healthy People
2020

CDC provides funding and technical support for state and local education agencies to help districts and schools

- Deliver sexual health education emphasizing HIV and other STD prevention
- Increase access to sexual health services
- Establish safe and supportive environments for students and staff

CDC works with partners to build the capacity of agencies to do this work



AH-8 School safety

AH-9 Harassment



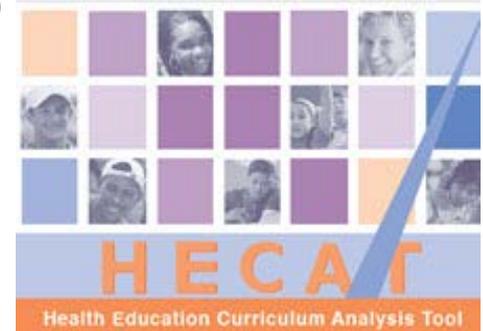
ODPHP

Office of Disease Prevention
and Health Promotion

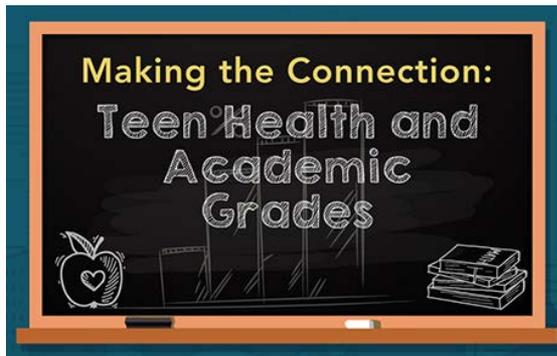


- Health Education Curriculum Analysis Tool (HECAT)

- Helps school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula.
- Uses National Health Education Standards and CDC's Characteristics of an Effective Health Education Curriculum.



- Making the Connection: Teen Health and Academic Grades Report



- Among U.S. high school students, health risk behaviors—specifically those related to physical inactivity, unhealthy diet, substance use, sexual risk, violence, and suicide—are linked to lower academic grades.

EMC-4 Health education

AH-10 School violence

AH-7 Drugs

AH-5 Education achievement

AH-8 School safety

AH-9 Harassment

AH-3: Positive connections

Contact Us!

Healthy People
2020

www.cdc.gov

1-800-CDC-INFO (800-232-4636), TTY 888-232-6348

For more information on this presentation please contact:

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Centers for Disease Control and Prevention

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Fostering the Health & Healthy Development of Young Children and Adolescents: Four HRSA Programs

Aaron Lopata, M.D.
Chief Medical Officer

Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)



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HRSA
Health Resources & Services Administration

- Is an agency of U.S. Department of Health and Human Services
- Improves health care for people who are geographically isolated, economically or medically vulnerable
- Serves tens of millions of people each year, including women, mothers, children, adolescents, their families, and those otherwise unable to access quality health care
- Large HRSA programs serving children and adolescents:
 - **Health Centers** provide care throughout the country
 - **Ryan White Program** Part D provides family-centered primary care for infants, children and youth living with HIV
 - **Maternal and Child Health Title V Block Grant** serves infants, children, and youth (ages 0-21) in every state

- **Mission** – Improve the health of America’s mothers, children, and families
- **Vision** – An America where all children and families are healthy and thriving
- **Approach** – Evidence-based strategies to implement programs
- **Goals** (are aligned with HRSA’s goals)
 - Improve access to quality health care and services
 - Strengthen the health workforce
 - Build healthy communities
 - Improve health equity
 - Strengthen program operations

HRSA/MCHB Programs Fostering the Health and Healthy Development of Young Children



HRSA/MCHB's Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)



- Gives vulnerable pregnant women and families resources and skills for raising children who are physically, socially, and emotionally healthy and ready to learn
- Funds states, territories, and tribal entities to develop and implement evidence-based, voluntary programs that meet the needs of their communities
- Goals for every grantee
 - Improve maternal and child health
 - Prevent child abuse and neglect
 - Encourage positive parenting
 - Promote child development and school readiness

EMC-1: School Readiness
EMC-2: Positive Parenting

- **Since 2012**
 - Programs have provided nearly 3.3 million home visits
- **In 2016**
 - Programs are in 50 states, including 27% of counties (893)
 - States served 160,000 participants



Families Served in 2016

- 74% of families <100% federal poverty
- 66% of newly enrolled adult participants had a high school diploma or less education
- 22% of newly enrolled households included pregnant teens
- 14% of newly enrolled households had a history of child abuse and neglect
- 13% of newly enrolled households had a history of substance abuse



MIECHV Program Outcomes Show a Positive Return on Investment

- Prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness
- Promote higher parental earnings, decrease use of public assistance programs, reduce maternal depression, and decrease ADHD diagnosis among young children



HRSA/MCHB's Early Childhood Comprehensive Systems (ECCS) Impact Grants and CoIIN Coordination Center



- **Enhance building of early childhood systems and demonstrate improved outcomes in population-based children’s developmental health and family well-being**
 - Expectation: Within 5 years, participating communities will show a 25% increase in age-appropriate developmental skills among 3-year-old children
- **Include 12 agencies/organizations as grantees, each representing a state and its communities, an average of 2.5 communities per state**
- **Use a CoIN approach – Collaborative Improvement and Innovation Network**
 - Collective learning among grantees
 - Coordination Center – Organizational backbone
 - Quality improvement through testing to learn what works
 - Common benchmarks
 - Plan-do-study-act cycles using real-time data
 - Dissemination of successful strategies to states and communities

EMC-1: School Readiness
EMC-2: Positive Parenting

HRSA/MCHB Programs Fostering the Health and Healthy Development of Children and Adolescents



- Strengthens the capacity of State Title V MCH Programs, and their public health and clinical partners, to improve the health and healthy development of adolescents and young adults
- Five goal areas
 - Access to and use of health care, especially preventive health checkups
 - Quality and comprehensiveness of care
 - Integration of effort between public and clinical health sectors
 - Equity among population groups
 - Accountability among State Title V MCH programs for increasing the proportion of adolescents who receive an annual health checkup

AH-1: Wellness Checkup
AH-2: Connection with Adult

Importance of the Health Checkup Visit for Adolescents

- Primary focus of AYAH Center – improve receipt and quality of the health checkup visit among adolescents and young adults
- Why focus on the health checkup visit?
 - Increases delivery of recommended preventive services
 - Increases identification of health issues and behavioral risks
 - Enhances opportunities for health counseling
 - Builds relationships between adolescents and caring, knowledgeable adults



- **CoIIN mechanism used to improve receipt and quality of the health checkup visit for adolescents and young adults**
 - Drives quality improvement by testing different strategies
 - Uses collaborative learning, common benchmarks, coordinated strategies, and rapid test cycles with real-time data
 - Works closely with 12 states and their partners
 - Has three national strategies
 - *To the door* – increase access, engage youth and their families as well as clinical sites
 - *In the door* – improve delivery of youth-centered, family engaged care
 - *Across the state* – develop and improve state- and system-level policies and practices
- **Technical assistance provided to the 42 states that address a national or state MCH performance measure on increasing the proportion of adolescents who receive an annual health checkup visit**
 - Includes lessons learned from the experiences of the CoIIN

Program Goals

- Improve the clinical quality of school-based health centers (SBHCs) and comprehensive school mental health systems (CSMHSs)
- Expand the number and strengthen the sustainability of SBHCs and CSMHSs through the spread of innovative yet practical policy and finance approaches

Why Focus on School-Based Health Services?

- Efficient way to reach children and adolescents
 - Increased access to health care, especially among students living in rural areas or low income communities
- Documented increase in delivery of recommended preventive services, such as immunizations, as well as decrease in asthma morbidity
- Improved student academic achievement, attendance, and behavior
- Improved school climate and enhanced perception of the school as a community

AH-1: Wellness Checkup
AH-3: Connection with Adult
AH-5: Educational Achievement
AH-7: Illegal Drugs at School

AH-8: Safety at School
AH-9: Harassment at School
AH-10: Violence at School
AH-11: Perpetration & Victimization

- **CoIN mechanism provides intensity needed to achieve rapid learning of strategies that work for achieving benchmarks**
 - Example: Clinical quality measures for SBHCs
 - Annual well child visit; Annual risk assessment; BMI screening and nutrition/physical activity counseling; Depression screening and follow-up plan documented if positive screen; Chlamydia screening
 - Example: Sustainability self-assessment indicators for CSMHSs
 - Diverse funding and resources; Maximal use of resources; System quality/standards for services and supports; Documentation of reporting and impact; System marketing and promotion
- **National engagement of at least 50% of all SBHCs and CSMHSs in quality improvement**
 - Clinical efforts
 - Best business practices/organizational policies

- **Thank you from HRSA/MCHB**
- For additional information, please contact:
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Chief, Adolescent Health Branch
Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau
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<https://mchb.hrsa.gov/>

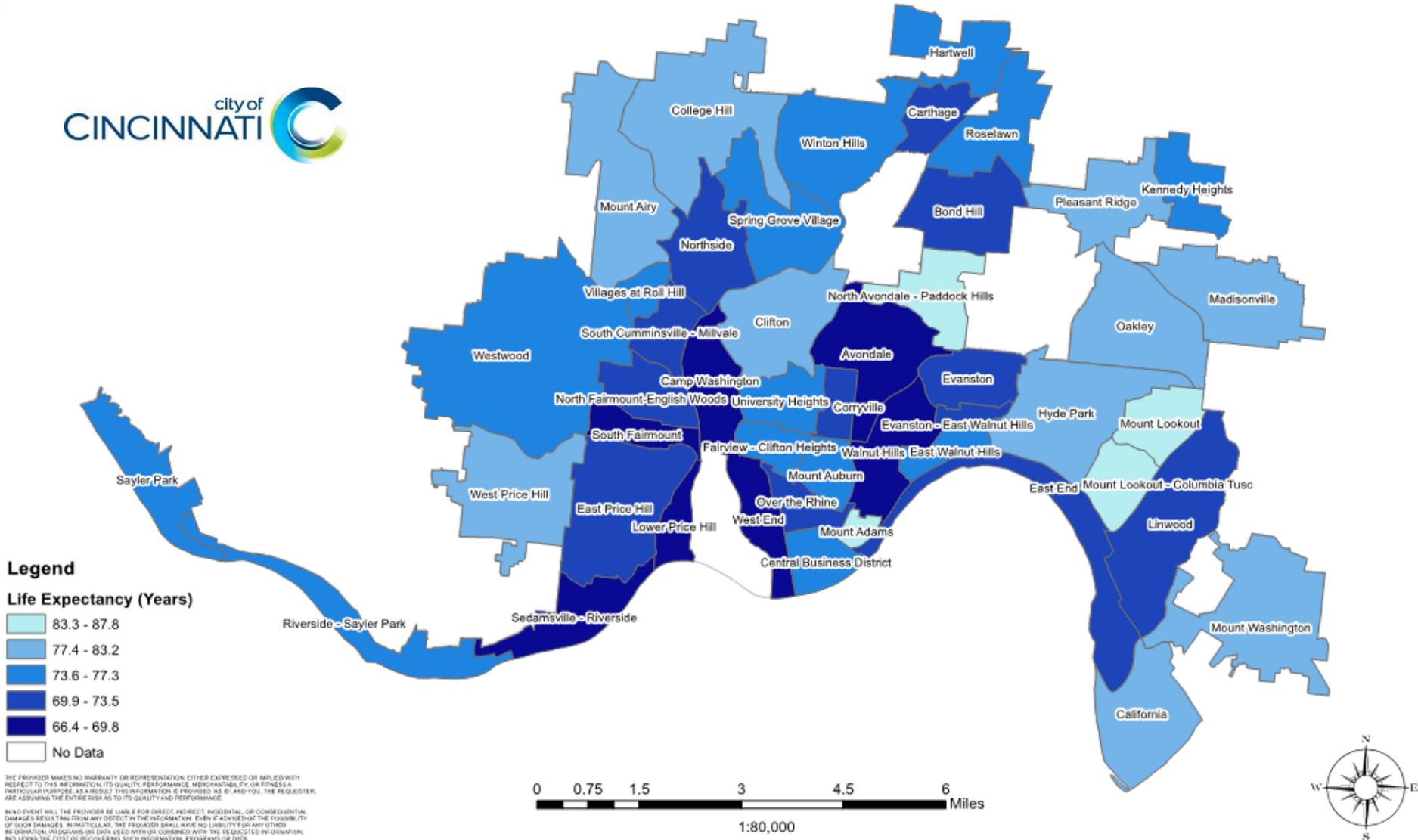
city of
CINCINNATI
HEALTH DEPARTMENT

School Based Health Services in
Cincinnati

Marilyn Crumpton, MD, MPH
Interim Health Commissioner

December 12, 2017

Differences in Life Expectancy (in Years) by Cincinnati Neighborhood



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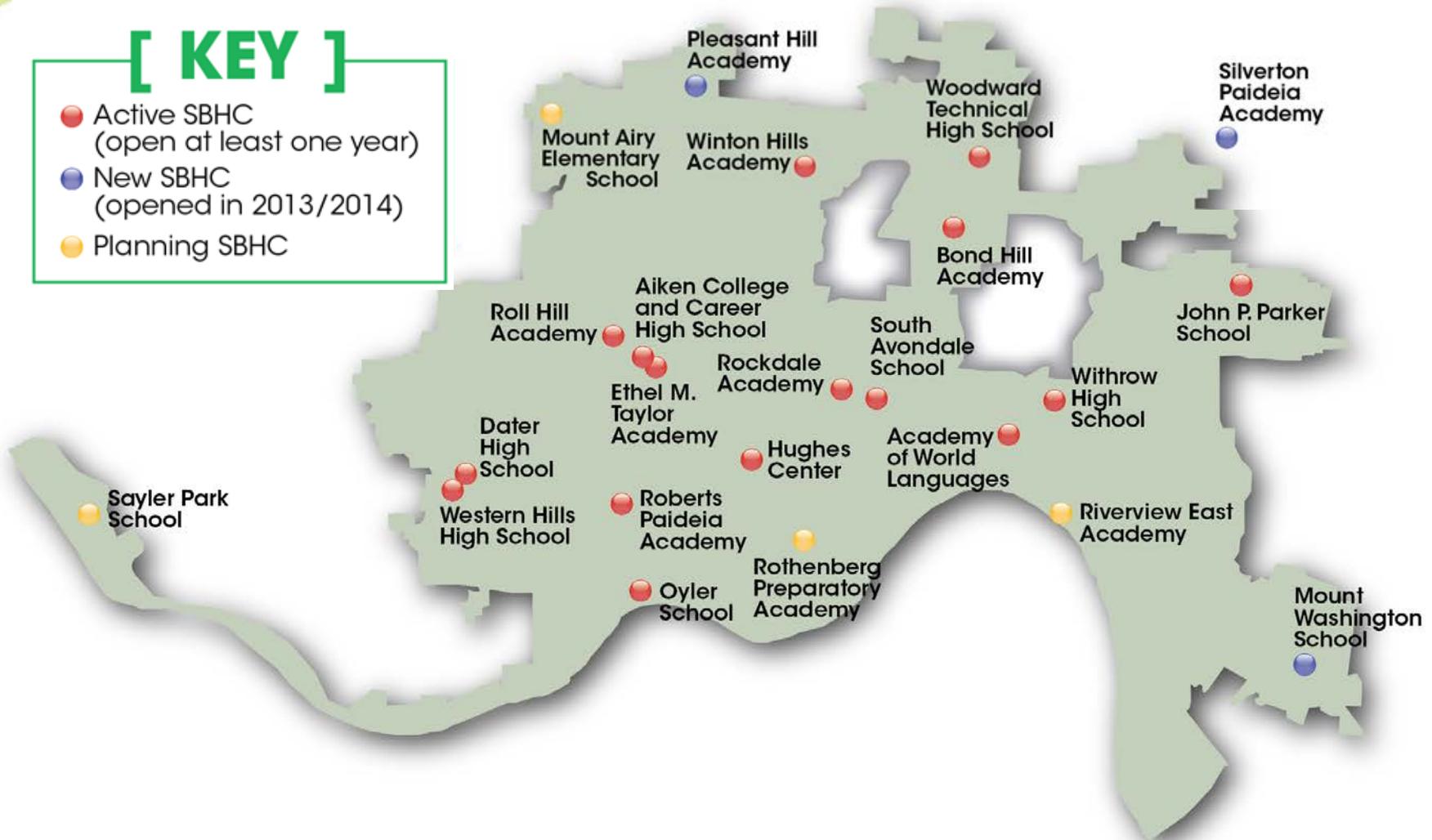
Based on Death Certificate Data 2001-2009
 Camille Jones, MD, MPH, Assistant Health Commissioner, City of Cincinnati
 Maryse Amin, PhD, MS, Supervising Epidemiologist Cincinnati Health Department

25 Cincinnati Public Schools Health Centers

Cincinnati Public Schools SBHCs

[KEY]

- Active SBHC
(open at least one year)
- New SBHC
(opened in 2013/2014)
- Planning SBHC

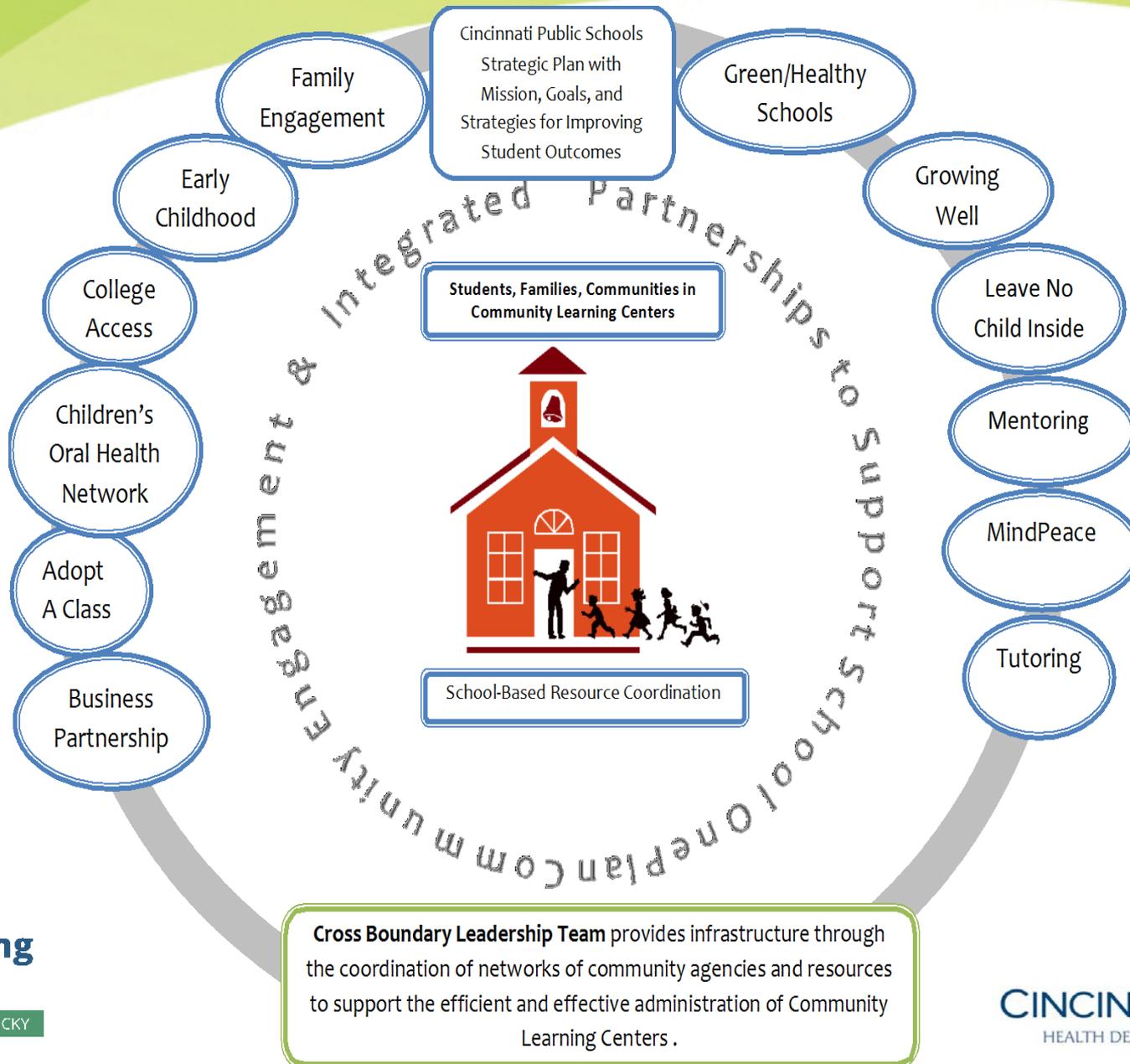


Why School Based Health Services?

- Address social determinants of health
- Locating services with children at their school
- Reduce lost seat time
- Save parent work time
- Creates regular access for completing treatment plans
- Partner with school for school-wide interventions



Community Learning Center Model



School Nurses Collect & Report Student Health Data

Health Data by School Year	2007-08	2008-09	2009-10	2011-12	2014-15	2016-17
Census of schools served	20936	22217	22563	32095	34448	34914
Health Records	NA	NA	NA	19238	22466	25249
Asthma	2209	2659	2844	4169	4538	4776
Diabetes	37	35	45	87	98	74/22
Sickle Cell	46	56	57	73	108	101
Seizures	163	140	184	298	310	323
Severe Allergies	241	286	618	984	1383	1550
Dental Problems	2569	2338	2117	2148	4157	4994
Behavioral*	NA	NA	422	1047	1237	1303
ADHD*	NA	NA	1107	1630	2247	2438

* Underreported

School Models for Resiliency Building Interventions

Health Screenings in Health Centers

- Depression – PHQ
- RAAPS²
- SBIRT³
- SDQ⁴
- Other Social & Behavioral Risk Screens

Referral to Mental Health

¹Patient Health Questionnaire

²Rapid Assessment for Adolescent Preventive Services

³Screening, Brief Intervention, & Referral to Treatment

⁴Strengths & Difficulties Questionnaire

MindPeace

Mental Health Partnerships

- School Based Community Mental Health Treatment
- Suicide Education, Research & Advocacy (SERA)
- Trauma informed schools training
- Suicide Prevention & Postvention

School Based Resiliency Building Interventions

APHA: A Program to Improve Graduation

- Three High Schools
- RAAPS †
- Health Center individual interventions
- Population-wide Interventions
 - Food pantry
 - Shower access
 - Chill Room
 - Student leadership

† *Rapid Assessment for Adolescent Preventive Services*

Creating a Culture of Resilience

in the Classroom

- School Nurse led initiative
- Foundation of teacher training
- Classroom intervention strategies
 - Calm down corner
 - Coping skills
 - Classroom management
- Pilot phase

Early Childhood Access at School

- Academic
- Childhood screenings
 - Social and behavioral risk screenings
 - Developmental assessments
 - Lead
- Immunization
- Dental
- Vision



Adolescent Services

- Annual Wellness Exam
- Immunizations
- Mental Health Assessment & Referral to School Based Provider
- Chronic Disease Management
- Sexually Transmitted Disease Counseling, Screening & Treatment
- Contraception
- Referral for Prenatal Care
- Healthy Eating & Active Living
- Safety
- Dental & Vision



ONESIGHT VISION CENTER AT OYLER



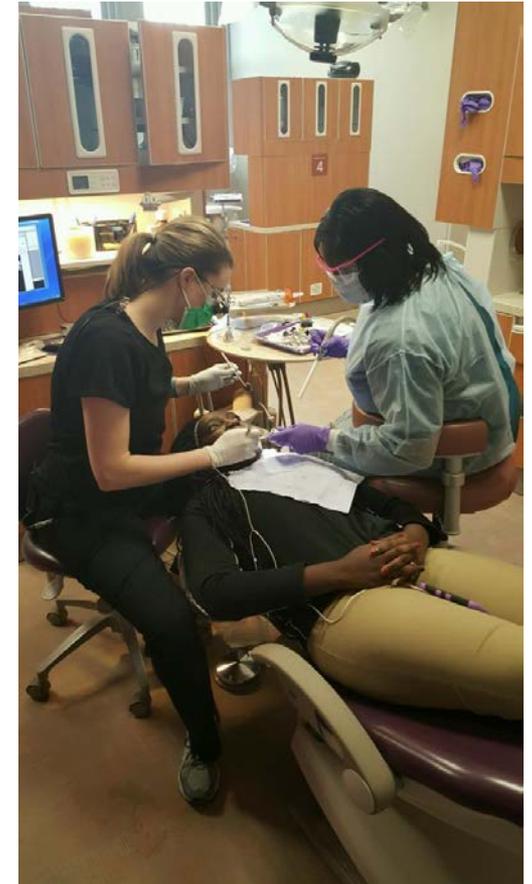
DENTAL CENTERS IN CINCINNATI PUBLIC SCHOOLS



September 2013
Delta Dental Center at
Oyler, Drs. Novais & Toole

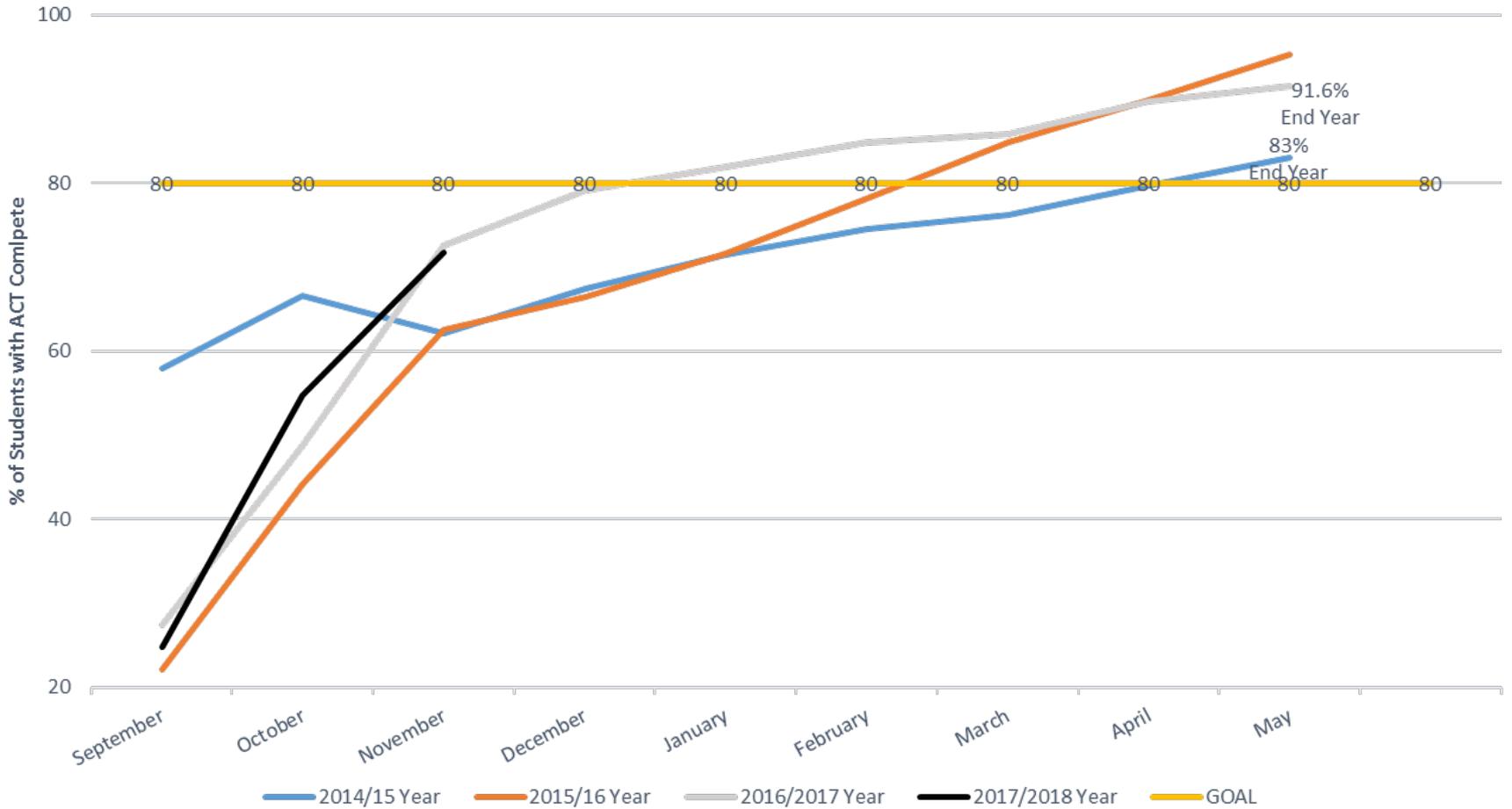


May 2015
Withrow High School
Dr. Hudepohl



September 2014
Deaconess at Western
Hills/Dater High School
Dr. Oberlander & Toole

% Asthma Control Test (ACT) Completed for Students With Asthma in Cincinnati Public Schools by Year



City of Cincinnati - Appendix

- Kercksmar, C., Beck, A., Sauers-Ford, H., Simmons, J., Wiener, B., Crosby, L., Wade-Murphy, S., Schoettker, P., Chundi, P., Samaan, Z., Mansour, M. (2017). Association of an Asthma Improvement Collaborative with Health Care Utilization in Medicaid-Insured Pediatric Patients in an Urban Community. [JAMA Pediatr.](#) 2017 Nov 1;171(11):1072-1080. doi: 10.1001/jamapediatrics.2017.2600
- CDC Division of Adolescent Health and the Link Between Academics & Health: https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf
- CDC Whole Community, Whole Child, Whole School: https://www.cdc.gov/healthyyouth/wsc/WSCCmodel_update_508tagged.pdf
- School Based Health Alliance: <http://www.sbh4all.org/school-health-care/health-and-learning/student-success/>
- School-Based Health Centers to Promote Health Equity: 2015 Community Preventive Services Task Force (CPSTF) https://www.thecommunityguide.org/sites/default/files/assets/Health-Equity-School-Based-Health-Centers_1.pdf
- One Pager School Based Health Centers: <https://www.thecommunityguide.org/sites/default/files/assets/OnePager-SBHC.pdf>
- Interact for Health:
 - Video link: <https://www.interactforhealth.org/school-based-health/>
 - SBHC Report: https://www.interactforhealth.org/unl/SBHCs_in_Greater_Cincinnati_with_Map_03081

City of Cincinnati - Appendix

- At the Intersection: Connecting Health and Education Data in School-Based Health Centers, pp 7-13: https://schoolhealthteams.aap.org/uploads/ckeditor/files/At-the-Intersection_Connecting-Health-and-Education-Data-in-SBHC.pdf
- Adolescent Preventive Services Guidelines: <https://www.hhs.gov/ash/oah/adolescent-development/physical-health-and-nutrition/clinical-preventive-services/recommended-services/index.html>
- Healthy Eating & Active Living and Academic Achievement: https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf
- Personal Health Linked to Academic Success: <http://publichealth.yale.edu/news/archive/article.aspx?id=6785>
- Health & Academics: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4606776/>

For More Information:

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<https://www.cincinnati-oh.gov/health/index.cfm/cincinnati-health-department-divisions1/school-adolescent-health/>

Growing Well

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<http://www.mindpeacecincinnati.com/>

Roundtable Discussion

Carter Blakey
Deputy Director, Office of Disease
Prevention and Health Promotion



A library of stories highlighting ways organizations across the country are implementing Healthy People 2020

Stories from the Field

Want to know what others are doing to improve the health of their communities? Explore our *Stories from the Field* to see how communities across the Nation are implementing Healthy People 2020. You can also [share your story!](#)

Explore the map below or filter to view stories by the related topic area or Leading Health Indicator.

Sort By: Viewing 80 results

Topic Area	Organization Name	Organization Type	Date Posted	Program State
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Filter By: Show LHI Only [Reset Filters](#) [Update](#)



Healthy People 2020 in Action

 Who's Leading the Leading Health Indicators? series  Stories from the Field

Healthy People in Action

Who's Leading the Leading Health Indicators? Webinar

Healthy People
2020

Please join us on
Thursday, January 18, 2018
from 12:00 to 1:00 pm ET
for a Healthy People 2020
*Who's Leading the Leading
Health Indicators?* webinar on
Injury and Violence Prevention.



Registration on
HealthyPeople.gov
available soon

Who's Leading the
Leading Health
Indicators?



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Office of Disease Prevention
and Health Promotion

- Trina Anglin (HRSA/MCHB)
- Angelika Claussen (CDC/NCBDDD)
- Kyle Peplinski (HRSA)
- D. Camille Smith (CDC/NCBDD)
- Chipper Dean (SAMHSA)
- William Potts-Datema (CDC/NCHHSTP)
- Lisa Zingman (OASH/OAH)
- Stan Lehman (CDC/OD)
- Emily DeCoster (HRSA/OA)
- Irma Arispe (CDC/NCHS)
- David Huang (CDC/NCHS)
- Leda Gurley (CDC/NCHS)
- Lesley Dobrzynski (CDC/NCHS)
- Sibeso Joyner (CDC/NCHS)
- Cheryl Rose (CDC/NCHS)
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