

## **Health and Well Being Workgroup**

### **Report and Recommendations for the Commonwealth Council on Childhood Success**

The Health and Well Being workgroup looked at a number of issues across the health spectrum that affect the well being of children and their ability to thrive and succeed during their first 8 years of life. Given the breadth of the subject, the group decided at the outset that while dental and behavioral health are an integral part of a child's health; those particular policies are being addressed in a variety of other task forces and committees at this time. Therefore, the workgroup did not spend a great deal of time examining those issues. However, the group was unified in their agreement about the importance of every community throughout Virginia having access to comprehensive, community-based behavioral health services for children. As such, it recommends the Council look to the Department of Behavioral Health and Developmental Services (DBHDS) internal transformation teams currently examining these issues for guidance.

At the core of the workgroup's approach is an acknowledgement that access to high quality and affordable health care is foundational to a healthy and thriving population. Regular and affordable access to care lends itself to better health outcomes, and therefore expanded access is the workgroup's leading recommendation. In addition to expanded access to coverage, the group acknowledges the critical role of patient centered medical homes and supports the ongoing work throughout the state to encourage and incentivize full utilization of the model.

In the new Virginia Department of Health (VDH) State Population Health Plan, there is an emphasis on Strong Start, or the Commonwealth's early investments in children's health and well being. The Strong Start measures of success include the rate of thriving infants in their first year, the percentage of well child visits completed, the percentage of newborns free of birth defects, high school graduation rates, percentage of newborns with healthy birth-weight, kindergarten readiness, and children living in poverty at the time they enter public school, as measured by free and reduced lunch eligibility. The recommendations of this CCCS workgroup, and others, fully support the need for such early investments in young children. It also reflects their view that the state should be committed to making long-term investments in primary level prevention and interventions, which have the greatest impact on population health in the long term and cost the least.

These values and principles drove the development of the following recommendations from the workgroup, which fall into 3 major categories: improving birth outcomes and supporting thriving infants; investing early in children's health and well being; and upgrading data collection.

#### **Improving Birth Outcomes and Supporting Thriving Infants**

The workgroup identified healthy and thriving infants as a priority issue for the birth-8 age group; given that Virginia still fares worse than many other states. The group endorsed the VDH Thriving Infants Initiative and made recommendations that they believe will help compliment the work already underway to increase the number of infants in Virginia thriving on their first birthday.

Recognizing that thriving infants begin with healthy mothers, the workgroup identified pre and inter conception health as a priority. In fact, VDH estimates that improving pre-conception health could take Virginia more than two thirds (82.0%) of the way to our goal of having the best term rates in the country, with 2,295 more infants born at full-term.

Therefore, the workgroup began with recommendations to improve preconception health with expanded access to health care coverage. With regular access to a primary care provider in the years before and between conception, the most significant risk factors for infant mortality (smoking, obesity, diabetes, chronic hypertension, anemia and previous pre-term labor) could be far better addressed among vulnerable populations long before pregnancy. Additionally, the group looked at targeted reductions in tobacco use, easier access to

highly effective long acting reversible contraceptives (LARC's), and increased awareness and education around breastfeeding.

**Recommendation # 1: The Department of Medical Assistance Services (DMAS) should explore ways to promote increased utilization of *Plan First* and expand its coverage to include basic prescription and treatment coverage for conditions identified during the already covered annual family planning exam.**

Women losing coverage after pregnancy and young women aging out of Medicaid are automatically enrolled in *Plan First*, which provides coverage for basic family planning exams and contraceptives. Expanding the breadth of services covered by this existing program would greatly improve women's pre and intra conception health, which ultimately drive better outcomes for infants.

**Recommendation # 2: The Commonwealth should approve budget and legislation to allow Medicaid coverage for children in Foster Care and Adoption Assistance through age 21 who are at significantly higher risk for teen pregnancy.** By the time they turn 19, nearly half of young women in foster care have been pregnant, compared to 27 percent of 19-year-olds overall. By age 21, half of young men in foster care report having impregnated someone, compared to 19 percent of their peers not in the system.

**Recommendation # 3: The Commonwealth should improve preconception health and health outcomes of infants by making greater investments in tobacco use prevention.**

- a) Resources should be provided for VDH and the Virginia Foundation for Healthy Youth (VFHY) to conduct targeted tobacco prevention messaging to promote health for high risk women of child bearing age.
- b) Virginia should increase funding for and promotion of *Quit Now Virginia*, the VDH tobacco quit line, to increase utilization.
- c) Tobacco taxes should be increased, a proven strategy to reduce tobacco use.

**Recommendation # 4: VDH and DMAS should engage with private and public partners to increase LARC utilization to improve health outcomes of infants.** LARC's have been proven to reduce unintended pregnancy, increase inter-birth intervals, and lead to improved birth outcomes and increased numbers of thriving infants.

- a) Drawing on results of the Anthem Health Keepers pilot currently underway, DMAS should explore ways to reimburse obstetricians separately for LARC insertion at delivery, one of the biggest obstacles for utilization.
- b) Additionally, VDH and DMAS should partner to promote education about LARC's with women; facilitate training for providers; and inform health plans of best practices, reimbursement options, and ongoing changes to the system.

**Recommendation # 5: The VDH Breastfeeding Advisory Committee should help develop uniform breastfeeding training and education framework that draws on and incorporates existing resources and tools.** They should consider developing and promoting a basic curriculum (1 hour) for a variety of professionals that work with women of childbearing age and infants 0-18 months in public or private settings. Two strategies for their consideration are the Delaware resources: *What to Expect if you Deliver in Delaware*; and public recognition of breastfeeding friendly businesses.

### **Investing Early in Children's Health and Well Being**

In alignment with and support for the Strong Start components of the Virginia State Population Health Plan, the workgroup made a number of recommendations for the Commonwealth's early investments in children's health and well being. Recognizing the complexity of a child's well being during his or her early years, the group began by recommending investments in home visiting.

Home visiting is a strategy that addresses many of the health and well-being concerns of children by pairing high risk families with specially trained home visitors, often a nurse or social worker, depending on the program. The home visitor, over the course of the first few years of a child's life, provides long term partnership to help families address maternal and child health; child development and school readiness; and build stable, well functioning families and strong parent-child relationships. Home visiting outcomes in Virginia and national studies both demonstrate clear success and a high return on investment. For example, a study of Virginia families found that compared to a control group, babies at high risk of preterm birth participating in a Virginia home visiting program experienced 44% fewer in-patient days and half as many NICU days. National research has shown that children consistently receiving home visiting services as youngsters were 50% less likely to be retained in 1st grade and 56% more likely to graduate from high school.

***Recommendation # 6: Virginia should expand the state's investment in home visiting for at-risk families who are pregnant or have children under the age of 6, to meet at least 25% of the need statewide.***

- a. The Virginia Home Visiting Consortium should develop a strategic plan to determine where new investments would be most effective and the state should increase its financial investment.
- b. Additionally, DMAS, in partnership with health plans and case management providers, should determine criteria that would trigger mandatory case management via home visiting utilizing an evidence-based or evidence informed home visiting model.

***Recommendation # 7: The Department of Health Professions (DHP) and DMAS, and the Virginia Chapter of the American Academy of Pediatrics should facilitate a process to educate and train primary care providers on conducting timely, comprehensive and proven early childhood assessments of physical, developmental, behavioral and oral health from birth through age 8.*** The process should engage provider associations and various stakeholders to examine current utilization of assessments, billing challenges, and other implementation obstacles.

***Recommendation # 8: DBHDS and the Part C Early Intervention program should develop and promote a standardized policy, for early intervention providers to follow up with infants who spent time in the NICU.*** Currently follow up varies from locality to locality, leading to inconsistent outcomes. These infants are at a more significant risk for developmental delays and families often need consistent follow up throughout the early years to ensure that if delays are identified, the child is connected to any appropriate services.

***Recommendation # 9: DBHDS and the Virginia Department of Education (VDOE) should work together to explore how to best teach educators about the impact of trauma on early childhood and how to appropriately respond in educational settings.*** A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures, and the traumatic experiences of many at risk children greatly impact their ability to function, and succeed, in school. Particularly for high risk communities, education and awareness of trauma-informed approaches to children can contribute significantly to their success.

***Recommendation # 10: Addressing Childhood Nutrition and Obesity, particularly in Early Care Settings.*** The workgroup endorsed the child hunger priorities established by the Commonwealth Council on Bridging the Nutritional Divide, which include:

- I) Increasing school division and community participation in a) the Community Eligibility Provision, b) the Summer Food Service Program, c) the Child and Adult Care Food Program, d) alternative breakfast models, and e) additional pathways to expand meal access as determined by the Council.
- II) Increasing eligible household participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP)

In addition, they recommend the following specific strategies:

- a) DSS and VDH should explore expanding Child and Adult Care Food Program aid to license-exempt childcare programs who are receiving child care subsidies.
- b) The VFHY should lead a workgroup, in partnership with the Virginia Department of Social Services (VDSS), The Virginia Early Childhood Foundation (VECF) and VDH, the Virginia Child Care Association (VCCA) and other relevant stakeholders to explore developing recommendations and promoting best practices for healthy eating and physical activity standards in child care settings.
- c) The VFHY should conduct a comprehensive assessment of existing projects, councils, agency programs, and recent legislation affecting childhood obesity and make recommendations on alignment and unified priorities.

### **Improving Data Collection**

Recognizing that the most effective public health policy strategies are data driven, the workgroup recommends the following improvements to Virginia's data collection systems:

***Recommendation # 11: Early health and well being services funded with public monies should report standardized outcome data elements that are compatible with the Virginia Longitudinal Data System (VLDS), so that the Commonwealth can conduct more thorough longitudinal studies.*** This analysis should drive future policy and funding decisions. In particular, this should include standardized Head Start assessments, standardized Home Visiting outcomes data, early intervention data, etc.

***Recommendation # 12: The CCCS Data and Governance workgroup (or new early childhood governance entity) should explore how Virginia could develop a system (and/or pilot) to share family/child level data to support more efficient and effective service delivery and program evaluation across agencies and programs including programs administered through private providers that receive public funding.***