

Health Department

LOB #147:

CHILD HEALTH

Purpose

Child Health services provide preventive health programs to infants and children in order to reduce mortality and morbidity, promote nutritional status and health, and prevent developmental delay through early intervention. Services provided include assessment, case management, health education, home visiting, childhood immunizations, speech therapy, nutrition supplementation, and referral to other needed services. Child Health Services are essential to the Health Department's core functions of promoting and encouraging healthy behaviors, and preventing epidemics and the spread of disease.

Description

Child Health includes five discrete direct service programs that provide preventive health services to infants and children. Childhood immunizations, speech and hearing, infant/preschool case management, and Women, Infant, and Children (WIC) a supplemental nutrition program, are critical long-standing programs. Field case management has expanded in the past several years to incorporate additional evidence-based practices to improve early childhood outcomes for the highest risk populations. These services are provided by a diverse team of providers (physicians, nurses, speech therapists, audiologists, community health specialists and others). Clinical services are offered on a walk-in or appointment basis during the workday and extended evening hours. Community services are offered 24/7 to ensure timely follow up of any reportable communicable disease. A general description of each program is included in the section below.

Childhood Immunizations

Childhood immunization services have been provided since the establishment of the Health Department and include the administration of childhood vaccines and community education and outreach to improve the immunization status for children. Vaccines can prevent outbreaks of disease and save lives. When a critical portion of the community is immunized against a communicable disease, most members of the community are protected against that disease because there is little opportunity for an outbreak. Even those who are not eligible for certain vaccines—such as infants, pregnant women, or immunocompromised individuals—get some protection because the spread of contagious disease is contained. Childhood Immunization services are aimed at reducing vaccine preventable diseases in the community. Public Health Nurses assess immunization status, determine required and recommended vaccines, administer vaccines, and provide official documentation of vaccines received. By law, any child under the age of 19 may receive free vaccines required for school entry at the Health Department. Immunizations are offered daily in each of the five district offices from 8:00am-4:30pm, including early morning and evening hours at least once each week. FY 2015 the number of vaccines administered to children was 34,417. Childhood immunization services.

Speech and Hearing

Speech and Hearing services promote functional, effective communication skills through the delivery of speech, language and hearing services in the clinic and community setting. Speech services are provided to children who do not qualify for Fairfax County Public Schools individual services and may not otherwise receive services. The audiology clinic provides infant screening and hearing assessments for the Infant Toddler Connection, the County's federal and state mandated early intervention program. In addition, Speech and Hearing serves children with Medicaid due to the limited number of Medicaid providers in Fairfax County. Early identification and prevention is a core function of the program and as a result there is a strong outreach and community education component. The Hearing program was established in 1957 and the Speech program was added in 1965. Therapy based services are provided at three clinic locations and in the community. Services are provided Monday-Friday from 8:00am to 4:30pm. In FY 2015, the number of children who received speech therapy or audiology assessments was 2,616 and 1,152 respectively.

Health Department

Infant/Preschool Case Management

The Infant/Preschool Case Management program provides monitoring, teaching, and guidance to families with infants in an effort to improve health outcomes and maximize each child's potential. Case management services are provided by public health nurses to high-risk pregnant and postpartum women and for their infants. Infants who are at risk for developmental delay are served by an interdisciplinary team consisting of a physician, public health nurse, speech therapist and physical therapist. Services are provided in clinic, home, and community settings. Public Health Nurses make referrals to meet needs, such as mental health and substance use treatment, free child safety seats, breastfeeding support, family planning, childcare, and injury prevention. Public Health Nurses have been providing case management services since the Health Department was first established. In FY 2015, there were 581 clients who received case management services.

Field Case Management

Field Case Management includes community health programs and client services that aim to improve early childhood health outcomes with an emphasis on providing community resources; prenatal, postpartum and child health, as well as home-visiting services from pregnancy to three years of age for the County's most vulnerable children and families. In FY 2015 the number of clients who received field case management services was 2,353. These services include Beginning Steps Parenting Program, Healthy Families Fairfax (HFF), Nurse Family Partnership, and Maternal & Child Health (MCH) field nurse prenatal and postpartum services. Services are provided by Public Health Nurses via telephone and/or by home visits, based on the client's needs/acuity as well as the client's acceptance of services. Home visiting services are provided Monday-Friday from 8:00am-4:30pm in collaboration with the Department of Family Services, Inova Fairfax Hospital, and three nonprofit organizations.

Women, Infants, and Children Program (WIC)

WIC is a special supplemental short-term nutrition program to improve nutritional status and promote healthy behaviors among low-income families. The Fairfax WIC Program was established in 1976 and provides the following services: 1) educates pregnant women and new mothers about nutrition with personalized assessments, counseling and support; 2) provides supplemental nutritious foods to women, infants, and children up to age five; 3) gives women the support they need to successfully breastfeed their babies; and 4) offers referrals to additional social services and healthcare resources. WIC participants include children up to five years of age, and pregnant, postpartum, and breastfeeding women. Services are fully grant-funded and provided by Nutritionists and Nutrition Assistants across nine WIC service delivery sites throughout the County. In FY 2015 the number of participants enrolled in WIC was 17,129. Services are offered Monday-Friday from 8:00am to 4:30pm and during extended hours.

Benefits

Child Health services provide preventive health programs to infants and children in an effort to identify and reduce illness, improve nutritional status, promote healthy behaviors, prevent potentially handicapping conditions through early intervention, and increase childhood immunizations levels to reduce vaccine preventable diseases. All these programs share the goal of improving health and early childhood outcomes for vulnerable families. Early identification and treatment of health conditions can prevent death or disability and enable children to reach their full potential.

Immunizations are one of the most effective ways that public health can prevent communicable diseases, such as pertussis, measles, and influenza. Assuring access to affordable immunizations protects the population from health threats and supports the up-to-date immunization status of children in the community so they will be ready to enter school without delay.

The Speech and Hearing program provides access to services to children who might not otherwise be able to receive care. The program remains one of a few providers in the Fairfax community that delivers speech and hearing services to patients with Medicaid insurance coverage. The program is the sole provider of hearing aid services for children with Medicaid in the County. In addition, the clinic offers services on a sliding scale which allows greater access to speech and hearing services to low-income residents.

Health Department

The cognitive and physical development of infants and children is influenced by the health, nutrition, and behaviors of their mothers during early childhood. Case management and home visiting services provided by Public Health Nurses to families with infants and young children are essential to the County's continuum of services which focus on preventive interventions. The Department of Family Services, Health Department, Inova Fairfax Hospital, and three nonprofit organizations – Northern Virginia Family Services (NVFS), United Community Ministries (UCM) and Cornerstones – work in partnership to ensure the right level and intensity of services is available to families in the community. Evidence-based programs such as Healthy Families Fairfax (HFF), Early Head Start, and the Nurse Family Partnership (NFP) lead to improved pregnancy outcomes and subsequent infant and child development, better school-readiness, and reductions in child abuse and neglect which all have profoundly positive impacts on families and communities. The unique relationship between a home visiting nurse and her client fosters skill building and confidence for vulnerable families to fulfill their hopes and dreams for a positive life-course which may entail completing educational goals, employment opportunities, and economic self-sufficiency.

Women, Infant, and Children (WIC) services benefit infants and young children beginning with the critical growth and development period that occurs prenatally, the vulnerable newborn stage, and throughout infancy and early childhood. Access to adequate nutrition promotes optimum growth and development and reduces health disparities related to food insecurity. Nutrition education is an integral part of the program, promoting the establishment of healthy habits early in life and reducing childhood obesity.

Mandates

Most of the programs in Child Health are mandated, with a few exceptions.

Immunizations

- Local Health Departments are mandated to provide immunizations required for school attendance without charge. Virginia Code §§ 22.1-271.1 and 22.1-271.2 require documentary proof of immunizations for a child to enter school.

Speech and Hearing

- Although non-mandated, the Hearing program is the provider of hearing assessments for the Infant Toddler Connection, the County's federal and state mandated early intervention program.

Infant/Preschool Case Management

- Infant/Preschool Case Management services are required through an Agreement for Local Administration of Health Department Services with the Virginia Department of Health. Through Virginia's Thriving Infants Statewide Strategic Initiative, federal funding is distributed to local health departments for the provision of evidence based strategies to reduce infant mortality (Title V, Social Security Act).

Field Case Management

- Field Case Management services such as Healthy Families Fairfax (HFF) and the Nurse Family Partnership (NFP) are non-mandated; however HFF receives partial state funding and the NFP is fully funded by the Maternal and Infant Early Childhood Home Visiting (MIECHV) federal program. The purpose of the NFP-MIECHV is to assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to at-risk children and families through voluntary evidence-based home visiting programs. The NFP-MIECHV also promotes collaboration at state and local levels to improve the early childhood systems of care across public and private providers (Social Security Act, Title V, Section 511) (42 U.S.C. §711, as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148)).

Health Department

- The Health Department is required to operate a program to promote, purchase, and distribute child restraint devices to applicants who need a child restraint but who are unable to acquire one because of financial inability. (§§46.2-1095, 46.2-1097). Funding for certification training and seats is provided by the Child Restraint Special Device Fund.

Women, Infants and Children (WIC)

- WIC is a federally-funded mandated program to provide supplemental foods and nutrition education through payments of cash grants to the Virginia Department of Health which in turn administers the program through local agencies per §32.1-2, Section 123, Federal regulation Chapter 7, Part 246- Special Supplemental Food Program for Women, Infants and Children.

Trends and Challenges

Childhood vaccines are among the most cost-effective clinical preventive services and provide a high return on investment. Despite improvements in awareness and access to vaccines, immunization rates for two-year-olds have not yet reached the public health objective of 90 percent completion rates as set in Healthy People 2020. Many children remain inadequately immunized until they must meet requirements for kindergarten entry. In FY 2014, only 61 percent of children served by Fairfax County Health Department received all the required immunizations by 24 months of age. The recent addition of new recommended and required vaccines has resulted in a more complex immunization schedule and a greater need for children's immunization services in the community. The cost of safe vaccine storage and handling has led to some medical practices not providing all necessary childhood immunizations. The Health Department strives to reduce barriers to immunization services by assuring access to school required vaccines at no charge and recommended vaccines at reduced costs at all district offices.

Home visiting services can positively impact the cognitive and physical development of infants and children. Maternal and child health research has demonstrated results in improved health and social outcomes, such as a decrease in infant mortality, reduced child abuse and neglect, fewer childhood injuries, improved school readiness, improved parenting skills, increased economic self-sufficiency, and reduced behavioral and intellectual problems in early childhood. Strengthening the continuum of home visiting services for vulnerable families continues to be a challenge as the demand and identified need for services surpasses the capacity of the programs. The families served by these programs are becoming more culturally and linguistically diverse, which present difficulties in the provision of health care and home visiting services due to language and communication barriers. Increasingly diverse populations often have difficulty navigating human services and health care systems and frequently need language interpretation services. Home visiting nurses use both tele-interpreter and certified interpreter staff to support communication needs, but these resources are frequently over-extended. Many clients have complex histories of trauma, violence, or emotional distress, which makes meeting their needs with existing community resources particularly challenging.

In Fairfax County, poverty among children under 18 years of age has increased by 27 percent from 2008 to 2013, which is roughly 4,200 more children living in poverty (Trends and Emerging Needs Impacting the Fairfax County Human Services System (Rev. January 2015)). As poverty has increased in the County, so has the demand for services. There are an increasing number of families with children with Medicaid requiring hearing aid services, where no alternative provider is available in the community. The number of infants and children eligible for car safety seats can be expected to rise. It is anticipated that more pregnant women, infants, and children will be eligible for WIC services. Reaching those who are eligible for services is often a challenge because those in poverty also experience language, communication, and transportation barriers. Therefore, outreach and improved access points are areas of focus to broaden the reach for Women, Infant, and Children services in the community.

Health Department

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #147: Child Health			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$5,865,762	\$5,743,754	\$6,423,207
Operating Expenses	498,706	392,870	424,906
Total Expenditures	\$6,364,468	\$6,136,624	\$6,848,113
General Fund Revenue	\$2,535,154	\$3,292,489	\$3,361,071
Net Cost/(Savings) to General Fund	\$3,829,314	\$2,844,135	\$3,487,042
POSITIONS			
<i>Authorized Positions/Full-Time Equivalents (FTEs)</i>			
<u>Positions:</u>			
Regular	88 / 88	86 / 86	89 / 89
Total Positions	88 / 88	86 / 86	89 / 89

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of vaccines administered to children	27,849	30,590	34,417	34,000	34,000
Percent of children served by the Health Department who are protected against vaccine preventable diseases as a result of completing the recommended vaccination series by 24 months of age	61%	61%	61%	61%	61%
Speech Language: Client visits	2,743	3,116	2,616	3,000	\$2,700
Speech Language: Percent of students discharged as corrected; no follow-up needed	89%	74%	83%	75%	75%
Number of WIC participants	18,926	18,824	17,129	18,000	18,000

The total number of vaccines administered to children in FY 2015 (34,417) increased slightly when compared with FY 2014 (30,590). This is a positive outcome and could be attributed to availability and access to immunizations provided through the Health Department. The percent of children served who have completed the recommended vaccine series by 24 months of age also increased slightly to 62 percent. However, this vaccine coverage rate has consistently remained below the health department goal of 80 percent. A major contributing factor is having a highly transient population who fails to complete their vaccines at the Health Department and is difficult to track to assure completion of recommended vaccines.

Speech client visits decreased by 16 percent from FY 2014 to FY 2015, attributable in part to two of the five speech clinicians going on Family Medical Leave (FML) with frequent and reoccurring absences. The outcome-based performance measure for speech services is that 75 percent of those clients who remain in service are discharged as corrected, no further follow-up needed. In FY 2015, the unit exceeded this goal by 8 percent, discharging 83 percent of the client base as corrected.

Health Department

The Women, Infant and Children (WIC), nutritional supplement program, experienced an 8 percent drop in participation in FY 2015 (17,200) as compared to FY 2014 (18,824). Decreases in WIC participation are consistent with national trends and could be explained by increased participation in Food Stamp (SNAP) benefits which have less restrictive use of funds for foods. State and national enrollment in WIC have also decreased as a result of reduced staffing and fewer outreach activities. The WIC program continues to work with the Health Department's outreach team to target outreach and education in those ethnically diverse communities with low WIC enrollment.

Grant Support

FY 2016 Grant Total Funding: Federal funding of \$4,240,852 and 57/57.0 FTE grant positions support the Child Health LOB. There is no Local Cash Match associated with these grants.

Women, Infants, and Children Grant (WIC) - \$3,411,964 and 49/49.0 FTE grant positions

The U.S. Department of Agriculture (USDA) provides the Virginia Department of Health pass through funding for the Women, Infants, and Children Grant. This program provides food, nutrition education, and breastfeeding promotion for pregnant, postpartum, or breastfeeding women, infants, and children under age 5. The annual award is based on participation levels in the program. While grant funds have increased in prior fiscal years, there appears to be a leveling off of enrollment in the WIC program.

The USDA also provide the VDH with pass through funding for the WIC Breastfeeding Grant. This program provides enhancements to the continuity and consistency of WIC's breastfeeding promotion efforts by offering mother-to-mother breastfeeding support. .

Immunization Action Plan and Perinatal - \$333,373 and 4/4.0 FTE grant positions

The U.S. Department of Health and Human Services (DHHS) provides funding through the Virginia Department of Health for outreach and education services regarding immunizations for children from low-income families within the community. Additional pass through funding from DHHS supports perinatal health services in Fairfax. These funds are used to provide nutrition counseling for low-income pregnant women to reduce the incidence of low birth weight in Fairfax County.

MIECHV - \$495,515 and 4/4.0 FTE grant positions

Multi-year pass through funding from the Health Resource and Services Administration (HRSA) through the VDH supports the implementation of a Nurse-Family Partnership an evidence-based early childhood home visiting service delivery model. The goal of this program is to improve the health and early childhood outcomes for vulnerable children and families by drawing on the expertise of public health nurses.