

Onondaga Citizens League meeting notes—May 21, 2013

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Meeting held at ProLiteracy, 104 Marcellus St., Syracuse

Co-chairs: Paul Predmore and Laurie Black

Presenters: Linda Karmen, deputy commissioner, Onondaga County Health Department; Sue Serrao, Healthy Families Division Director; and Sara Holmes, Program Coordinator, Public Health Insurance. **(Related PPT's are posted to the OCL website under Presentations).**

OCL: Sandra Barrett and Becky Sernett

Summary: Today's meeting focused on childhood health and the programs available to and initiatives directed at eligible children and pregnant women in Onondaga County. Representatives of the Onondaga County Health Department provided an overview of Healthy Families, and a question and answer period followed. Also, OCL subcommittees were announced, and study members were invited to participate.

Upcoming Meetings: All meetings will be held from 11:30 a.m. to 1 p.m. at ProLiteracy, 104 Marcellus Street, Syracuse. The next meeting dates are as follows:

- Wednesday, June 12
- Tuesday, June 25
- Wednesday, July 10
- Tuesday, July 23

Subcommittees:

Study committee members are invited to participate on one (or more) of the subcommittees listed below. Subcommittee topics can be considered the main themes that have emerged so far in the Early Childhood Education discussions, and these themes need further research, development and refinement. Subcommittees meet separately from the larger committee to discuss these topics, gather research/resources and eventually present what they've learned to the main committee. To sign up for a subcommittee, contact OCL at 315-443-4846 or ssbarret@uc.syr.edu.

- **Local Data and Funding:** 0-5 population and poverty census data; child care supply and need; local statistics on school readiness, literacy, absenteeism, graduation rates, etc.; public investments in child care in Onondaga County.
- **Family Supports:** current parenting programs and other family support programs; summer and after-school programs.
- **Delivery System:** quality and effectiveness indicators; networks and partnerships; priorities.
- **Model Programs and Practices:** summary of national research findings on early childhood education and learning; examples of effective programs from

other communities; examples of local best practices (Chemung County may be a good place to start).

In addition to these topics, committee members said they would like to learn more about how young children learn and develop. This information may be presented at a future meeting.

Today's Topic: Childhood Health

Linda Karmen, deputy commissioner of the Onondaga County Health Department, began her presentation of health as it relates to Early Childhood Education with this question: "What do we think about when we think about health for this age group?" The answer, she said, is "overall health"—socio-emotional, physical, motor, cognitive, language, adaptive.... How children fare in all of these areas during early development "impacts kids way down the road," she said. "The first five years are so critical in the development of the young child."

Also important are a child's access to health care and insurance, well-child visits, immunizations, and mothers' prenatal care and postpartum support. The health department focuses its advocacy and programs on all of these areas.

From 2008–2012, there were 27,097 live births recorded in Onondaga County. Of these:

- 42.4% were paid by Medicaid;
- 1,345 (5%) mothers self-reported illegal drug use during pregnancy;
- 8,132 (24.7%) children from birth to age 5 in Onondaga County are living in poverty, according to the 2009–2011 American Community Survey; and
- 1,306 (4%) children from birth to age five have no health insurance.

The number of babies born in Onondaga County with positive drug screens (because their mothers used/abused illegal or prescription drugs) is "disturbing," Karmen said, and Onondaga County Health Commissioner Dr. Cynthia Morrow plans to further address this problem.

There are three lessons we can learn from early childhood health, Karmen said:

1. We need to look at the development of the whole child;
2. Inequities open up early ("family resources play a huge role" and there is a "growing gap" between families with means and families without means even before kindergarten); and
3. Early intervention is more effective than later remediation.

Next, Sara Holmes, Program Coordinator, Public Health Insurance, shared information about how the health department collaborated with the Say Yes program in the Syracuse City School District to help children and their families sign

up for public health insurance. The program—which is no longer in operation (Holmes pointed to new priorities within the district for why the program is no longer active)—operated in 14 schools in 2010–2011, and during this time, helped 265 kids and 143 families enroll (or re-enroll) in public health insurance. The schools and Medicaid were able to share data, and Holmes said, “For the time we [operated the program], we felt it was very successful.” If it had stayed active, the program had aimed to assist families with finding their “medical homes” (health-care providers).

Co-chair Laurie Black asked if the data sharing included utilization of health insurance information, and Holmes said it did not.

Next, Sue Serrao, director of Healthy Families, provided an overview of the program, which includes the:

- Bureau of Community Health Nursing;
- Immunization Action Plan;
- Community Health Worker Program;
- Syracuse Healthy Start;
- Special Children Services; and
- Women, Infants and Children (WIC) Food and Nutrition Service.

Healthy Families tries to focus on the “biggest need,” Serrao said. Home visits by public health nurses, community health workers and a social worker, are concentrated on “those identified at high-risk for infant mortality, low birth weight, or developmental delays or disabilities.” There is no charge for these services, which may include case management and referrals to other providers or resources. More than 10,300 home visits were made in 2012, and 2,865 clients served under all the various home visitation programs combined; this is an unduplicated client count.

The Healthy Families division also pays special attention to pregnant and parenting students in the Syracuse City School District schools. The Family Life Team, as it is called, assisted 79 pregnant students last year and 10 students were eligible to receive high school credits through completion of Nurse-Family Partnership curriculum. The program follows the babies and moms until the child turns two under the Nurse-Family Partnership (that serves first time mothers exclusively) and until the baby is 6 months to 12 months old under the traditional nurse home visitation program.

Nurse-Family Partnership (NFP): Any woman who lives in Onondaga County can enroll in NFP if she is pregnant with her first child, age 24 or younger, and meets the income requirements. Nurses visit the moms at home and provide prenatal and postnatal education and health assessment, including perinatal / postpartum depression screenings. Last year, 184 women and 95 infants were assisted by NFP, and 10 mothers and their two year olds graduated from the program. The average age of the NFP clients are 17 to 18

years old. Serrao said it's "not unusual" for a 14-year-old mom to be in the program, and these moms require more care, as there usually is more "chaos" in these young women's lives.

The county offers an immunization clinic, providing shots to children aged two months and older. The "walk-in" clinic tries to target children who are underinsured, uninsured and without access to medical care. Adults can also receive limited vaccinations to meet the education requirements if they are over the age of 18.

The Community Health Worker Program targets families who have the highest risk of having a baby with a poor birth outcome. This program provides outreach, case management and advocacy to pregnant and parenting families in Onondaga County.

Syracuse Healthy Start focuses on the residents of the city of Syracuse. Part of its mission is to help reduce the disparities in prenatal and postpartum care, and reduce the infant mortality rate within the city. It promotes healthy pregnancies and babies through community partnerships, referrals, health education and case management. One of its initiatives is to educate parents on safe sleeping. The infant mortality rate (IMR) has decreased through the years but the disparities of IMR persist with the African American population, with IMR being nearly three times that of Caucasian IMR in the city of Syracuse.

Special Children Services provides evaluations, education and therapy services to children from birth to age five who have a developmental delay or disability.

Early Intervention CARES (Children At-Risk Early Screening) identifies children from birth through age two who are at risk for developmental delays. This program is part of a statewide Early Intervention Child Find Program.

Pre-School Special Education is available to children aged three to five who have a diagnosed condition or developmental delay. The child's eligibility is determined by his or her school district's special education department.

The Women, Infants and Children (WIC) program provides nutritional education and supplemental foods (via prescriptive checks) to infants and children birth to 5 years, pregnant women, postpartum women, and breastfeeding women. WIC has Peer Counselors available to support breastfeeding women and is a strong advocate of breastfeeding. Onondaga County's WIC served 11,300 clients in 2012.

More information about Healthy Families can be found online at www.onhealthyfamilies.org.

Question & Answer Period

"Where are the biggest problems that affect children's learning?" asked OCL Executive Director Sandra Barrett.

Serrao responded that low-birth weight, prematurely born babies have the highest risk of adverse health outcomes, and it is her opinion that the advocacy programs can have the biggest impact on the young, first-time parents who have yet to develop (potentially unhealthy) child-rearing habits.

Vito Sciscioli commented that the Nurse Family Partnership (NFP) sounds as if it could have a “huge impact” if it could be made “robust and big.” He asked how much money they would need to make this happen.

Serrao said that for four or five nurses, it costs around \$500,000 per year, which includes intensive training. Each nurse has a caseload of 25 patients. If the county gets the grant it applied for, it will be able to hire three more nurses to serve a total of 200 first-time moms, but this still misses an estimated 100 moms in need. NFP is part of a national program, and so the training is “strict,” particularly in regards to service delivery (i.e. must be in fidelity to the model, and the data collection involved on a national level).

“This doesn’t mean we couldn’t replicate it for a local level,” Karmen said. The program is funded mostly with federal funds that are distributed through the New York State Health Department. Around 35 percent of its funding comes from the local level.

A question was asked about duplication: Could a mom, child or family be receiving duplicative services? Serrao said the health department uses one, unified database system to prevent this from happening.

One of the problems the department has is that families in need don’t want the available services. Some families associate the programs with the Department of Social Services, and they fear government involvement in their lives. To encourage participation, the health department has partnered with other agencies, programs and services to find and refer eligible clients and families in need. It has also networked with churches and other community organizations for its advocacy programs. In an effort to engage and retain clients, the department changed its name from the Health Department’s Maternal and Child Health Division to the more user-friendly “Healthy Families.”

Next Study Meeting

The next committee meeting will be at 11:30 a.m. at ProLiteracy on Wednesday, June 12.