



## CHALLENGES IN CHILDREN'S HEALTH

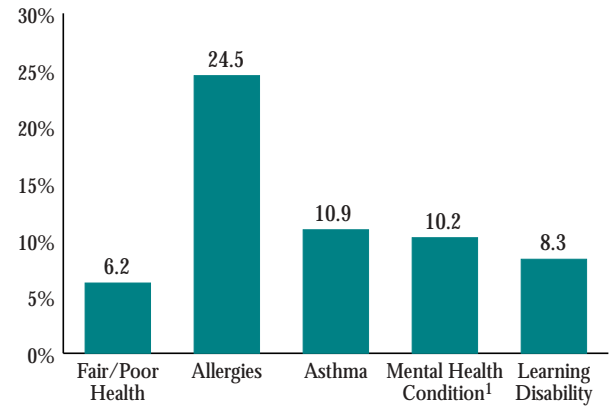
Childhood is a time of rapid growth and change. Physical and emotional conditions that compromise the health of children have the potential to influence many important aspects of their lives. There are an estimated 968,500 children living in Southeastern Pennsylvania, most of whom enjoy good health, have access to appropriate and quality health care, and receive timely preventive care. However, for many reasons, not all children are afforded these same measures of health and well being. The following article examines the factors that affect the health of children from birth through age 17 in the Southeastern Pennsylvania region. Comparisons are also made to Healthy People 2010 benchmarks, when available.

### Birth Outcomes

The health and well being of a population is often measured by rates of prenatal care, low birthweight, and infant mortality because these indicators are associated with maternal health, quality of and access to medical care, socioeconomic conditions, and a number of public health and clinical practices.

- More than one out of six women receive inadequate or no prenatal care during their pregnancies—8,053 women or 17.2 percent.
- The low birthweight rate is 86.8 births per 1,000 live births. Low birthweight is associated with higher risk of infant death, long-term illness and disability.
- There are an average of 400 infant deaths per year, representing an infant mortality rate of 8.1 deaths per 1,000 live births. This rate fails to meet the Healthy People objective of 4.5 deaths per 1,000 live births.

**Figure 1. Health Status and Conditions among Children, Southeastern Pennsylvania, 2002**



<sup>1</sup>Asked about children, ages 5+.

Source: PHMC's Community Health Data Base 2002 Southeastern Pennsylvania Household Health Survey

### Health Status

Although children have the best overall health status of any age group in the population, a substantial number of children suffer from health problems that may adversely affect their later growth and development. (Figure 1)

- The overwhelming majority of children are in excellent or good health, however, 6.2 percent, or 59,100 children, are in fair or poor health.
- An even greater percentage of children suffer from chronic health conditions (13.9% or 133,900 children) requiring ongoing health care for the management and treatment of these conditions.
- Many children suffer from allergies and asthma, conditions that can both hinder normal childhood activity and have significant costs. Nearly one-quarter of children (24.5%) have allergies and more than one out of ten children (10.9%) have asthma. Sixty percent of children with allergies and 90 percent of children with asthma take prescription medications for their condition. Four out of ten children with asthma (42.5%) had to visit an emergency department at least once in the past year because of their asthma.
- One out of ten children ages 5+ are reported to have a diagnosed mental health condition such as

<b>HIGHLIGHTS</b>
<b>FROM THE COMMUNITY HEALTH DATA BASE</b>
<b>2002 Southeastern Pennsylvania Household Health Survey</b>

Data from PHMC's 2002 Southeastern Pennsylvania Household Health Survey are available! For more information, please contact **Siobhan Hawthorne** at (215) 985-2527 or [siobhan@phmc.org](mailto:siobhan@phmc.org).

clinical depression, an anxiety disorder or attention deficit disorder. More than one-quarter of these children (29.1%) currently are not receiving treatment for their condition.

- A school or health professional has told the caretakers of eight percent of children that his/her child has a learning disability, representing 79,900 children.

### Access to Care

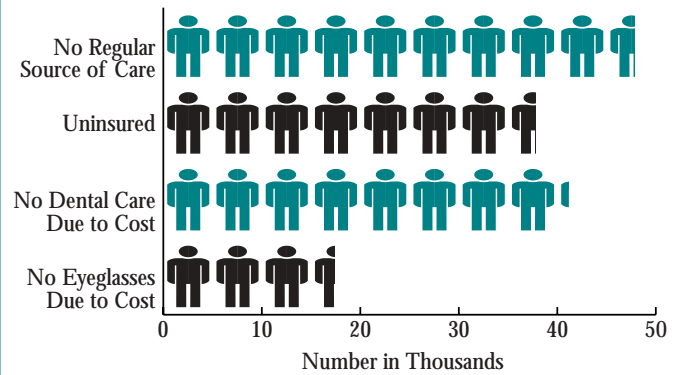
Children with access to health care have a greater opportunity of obtaining the care they need and maintaining their health and well being. Having a regular source of care is a critical factor in receiving regular preventive care and timely sick care, as well as for identifying health problems through regular check-ups. In addition, having health insurance helps to ensure quality and consistent health care. (Figure 2)

- Although the majority of children in the region have a regular source of care, five percent of children (47,800 children) do not have one person or place they usually go to for their health care. This remains slightly higher than the Healthy People 2010 goal of no more than four percent of children without a specific source of ongoing care.
- An estimated 5,300 children use a hospital emergency department as their regular source of care, despite the fact that the ED's focus on emergency care generally precludes continuity and follow-up care.
- There are 37,800 children (3.9%) who do not have health insurance of any kind, greatly impacting their receipt of timely and quality care. This falls short of the Healthy People 2010 objective of having all children insured.
- Among children who are insured, 20 percent receive Medicaid and four percent are insured through the Children's Health Insurance Program (CHIP).
- Greater than one out of twenty children (5.4% or 41,100 children) did not receive a dental exam in the past year because of the cost.
- More than 17,400 children (2.3%) ages 6+ did not receive needed eyeglasses in the past year due to cost.

### Disease Prevention and Health Promotion

Preventing disease and injury and monitoring the development of health problems are integral components of well-child care. Although the overwhelming majority of children receive a routine check-up (99.6%), many children lack routine dental care, are not properly immunized, and engage in behaviors that put them at

**Figure 2. Access to Care among Children, Southeastern Pennsylvania, 2002**



Source: PHMC's Community Health Data Base 2002 Southeastern Pennsylvania Household Health Survey

increased risk of disease and injury.

- Eighty six percent of children ages 4+ have been examined by a dentist in the past year, exceeding the Healthy People objective of at least 83 percent of children using the oral healthcare system each year. Caretakers for these children cited lack of perceived need (29.0%), cost (19.6%) and lack of motivation (11.7%) as the major reasons for failure to receive appropriate dental care.
- One-quarter of children ages 6+ (24.9%) were required to get additional shots or tests before starting school, indicating that they were not properly immunized.
- A small percentage but significant number of children seldom or never use car seats or seat belts when riding in cars (23,000 children or 2.4%), failing to meet the Healthy People objective of zero percent. One out of five children (20%), ages 6+, do not wear a helmet when riding a bicycle, also falling short of the eight percent objective outlined in Healthy People 2010.
- Nearly four out of ten children ages 2+ (38.2%) scored in the 85<sup>th</sup> percentile or higher on the body mass index-for-age scale and are considered at risk for obesity.
- Children ages 3+ engage in an average of 6.6 physical activities per week, such as biking, engaging in sports and games, or participating in physical education class.
- One-third of children (34.4%) live in a household where someone smokes cigarettes, cigars and/or a pipe, thereby exposing them to tobacco smoke pollution.

### Summary

The vast majority of children in Southeastern Pennsylvania enjoy  
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## FAMILY THERAPY TREATMENT PROGRAM CELEBRATES FIRST ANNIVERSARY WITH PHMC

On April 1, 2003, the Family Therapy Treatment Program (FTTP) celebrated its first anniversary at PHMC. FTTP, the newest member of PHMC's substance abuse treatment network, came to PHMC from MCP-Hahnemann's Graduate Programs in Couples and Family Therapy.

FTTP provides couple and family therapy services to clients who are in prison or who are already engaged in community residential, IOP, or outpatient treatment (and receive funding through Criminal Justice Initiatives or Community Behavioral Health). FTTP's master's prepared family therapists supplement the clinical services offered on site at various treatment programs with specialized family therapy interventions. Clinicians also provide services in clients' homes or in FTTP's offices, as needed.

FTTP began in September 1995 with a grant from the Coordinating Office for Drug and Alcohol Abuse Programs (CODAAP). The initial program model was designed to provide family therapy services to substance dependent individuals who were incarcerated in the Philadelphia prisons. In 1999 FTTP and CODAAP decided to expand services beyond the prison walls to ensure continuity of care to clients previously receiving family therapy in the prisons. FTTP therapists began providing services to both forensic and non-forensic clients in community addictions services programs.

The move to PHMC was precipitated by the increased administrative, billing, MIS, and quality assurance support that PHMC could provide. FTTP also benefits from the information sharing and synergy that participation in a larger treatment network affords. FTTP maintains its relationship with MCP-Hahnemann by training Graduate Programs' family therapy students.

Since joining PHMC, FTTP has increased the number of treatment programs that it partners with from 13 to 28, and the total client census has increased from approximately 80 clients to 162 clients. FTTP currently provides services to clients in Philadelphia, Chester, Delaware and Montgomery Counties.

FTTP Program Director Phyllis Swint has been pleased with the move to PHMC. Swint noted, "It is always helpful to have an exchange and dialogue with other program directors to discuss what works best with our population. Our overall goal is to help our clients."

For more information on the Family Therapy Treatment Program, **contact Phyllis Swint**, Program Director, at **(215) 413-0141** or **phyllis@phmc.org**.

### Access Notes *(continued from page 5)*

good health and well being. However, not all children in the region share in this good fortune—a troubling fact considering that many health problems faced by children are preventable. Given these discrepancies, it is important to target programs and policies that will enhance the physical and emotional health of all children and enable them to grow into healthy adults. For more information about children's health in Southeastern Pennsylvania contact **Ilisa Stalberg** at **(215) 985-6238** or **ilisa@phmc.org**.

Data on birth outcomes are from the 1997-2000 vital statistics, provided by the P.A. Department of Health and the Philadelphia Department of Public Health; prepared by PHMC's Community Health Data Base.

Data on health status, access to care, and disease prevention and health promotion are from PHMC's Community Health Data Base 2002 Southeastern Pennsylvania Household Health Survey.

Healthy People 2010, is a set of health objectives for the nation to achieve during the first decade of the 21st Century. The development of Healthy People 2010 involved over 11,000 public comments from a series of national and regional meetings that began in the late 1990s. Data from PHMC's Southeastern Pennsylvania Household Health Surveys are used in combination with Healthy People 2010 to establish benchmarks and monitor progress towards the stated objectives.

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