
Division of Child and Adolescent Health

FY 07 Annual Report



MISSION:

We promote the health of children and adolescents in Virginia.

The Division works to accomplish this mission through a variety of programs, initiatives, and leadership activities.

For full Division details go to

<http://www.vahealth.org/childadolescenthealth/>

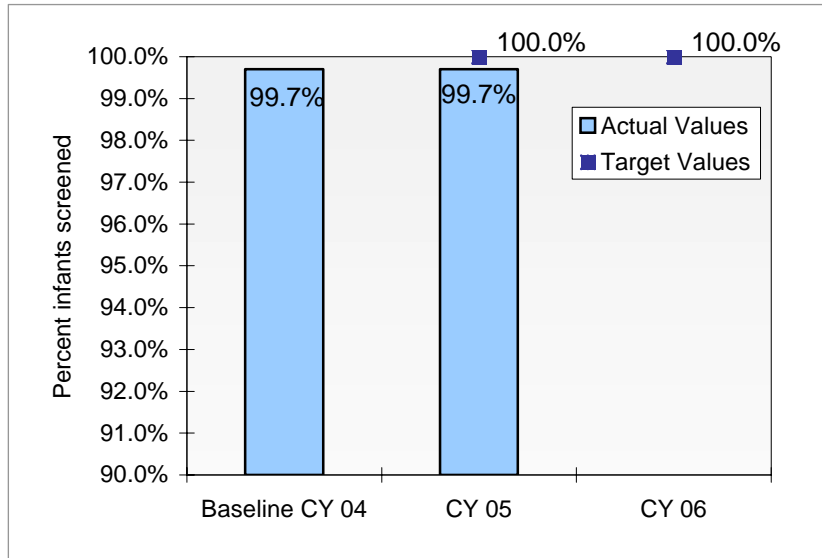
The Division of Child and Adolescent Health (DCAH) is one of 42 Service Area Plans in the Virginia Department of Health's (VDH) Strategic Action Plan. Legislation (HB2097) enacted by the 2003 General Assembly required each state agency to develop a strategic plan. DCAH is currently reporting on eight measures for the plan:

- Percent of infants born in Virginia who are screened for selected heritable disorders/genetic diseases (43002.01.01)
- Percent of newborns who are screened for hearing loss before hospital discharge (43002.01.02)
- Percentage of children served in the Children with Special Health Care Needs (CSHCN) Program who have insurance to pay for the services they need (43002.02.01)
- Number of CSHCN receiving care coordination services (43002.02.02)
- Percent of infants diagnosed with hearing loss who receive early intervention services before 6 months of age (43002.02.03)
- Percent of infants identified with a critical result for heritable/genetic disorders and referred for follow up by 6 months of age (43002.02.04)
- Reduce teenage pregnancy rates among females ages 10-19 in Virginia (43002.03.01)
- Percent of Teenage Pregnancy Prevention Program attendees that receive the "critical dose" of the program by attending more than 10 sessions (43002.03.02)

For more information on the agency's Strategic Action Plan please go to <http://www.vdh.virginia.gov/Administration/StrategicPlan/>.

Percent of infants born in Virginia who are screened for selected heritable disorders/genetic diseases.

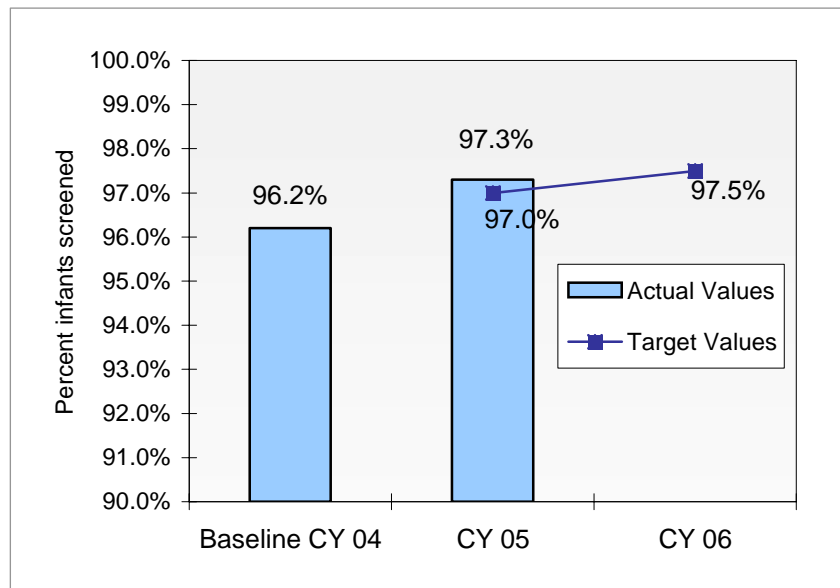
DCAH administers Virginia Newborn Screening Services (VNSS), which was first started in 1966. As mandated by the *Code of Virginia* § 32.1-65, currently every infant born in Virginia hospitals is to be screened through blood-spot testing for 28 genetic disorders. These tests are consistent with American Medical College of Genetics recommendations made in 2005. Death, disability, and



mental retardation can be prevented when these rare diseases are identified and treated early in life. Screening rates are close to 100%, and parents do have the legal right to refuse screening. In 2005, 102,647 infants were born in Virginia.

Percent of newborns who are screened for hearing loss before hospital discharge

DCAH also administers the Virginia Early Hearing Detection and Intervention (VEHDI) Program. Since 1999, the *Code of Virginia* § 32.1-64.1 has mandated that infants born in Virginia hospitals with newborn nurseries and/or neonatal intensive care units be screened for hearing loss prior to hospital discharge. If hearing loss goes undetected in a newborn, the child will

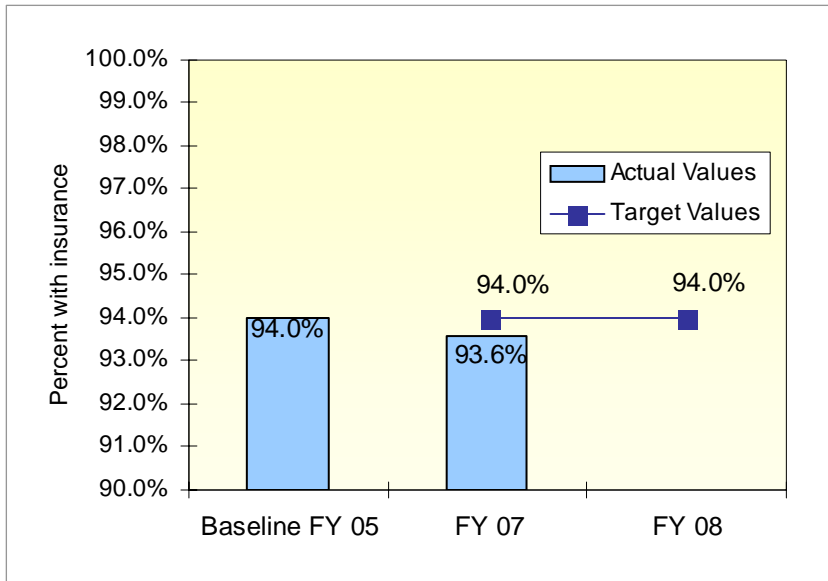


have severe difficulty in developing language, learning, and social skills. Research has shown that children with hearing loss can progress normally in their language and social skills when intervention begins by 6 months of age. Hearing screening rates have risen steadily since the mandate was enacted. In 2005, the screening rate surpassed the target set for the Strategic Plan.

For more information on VNSS and VEHDI please go to <http://www.vahealth.org/pgs/>.

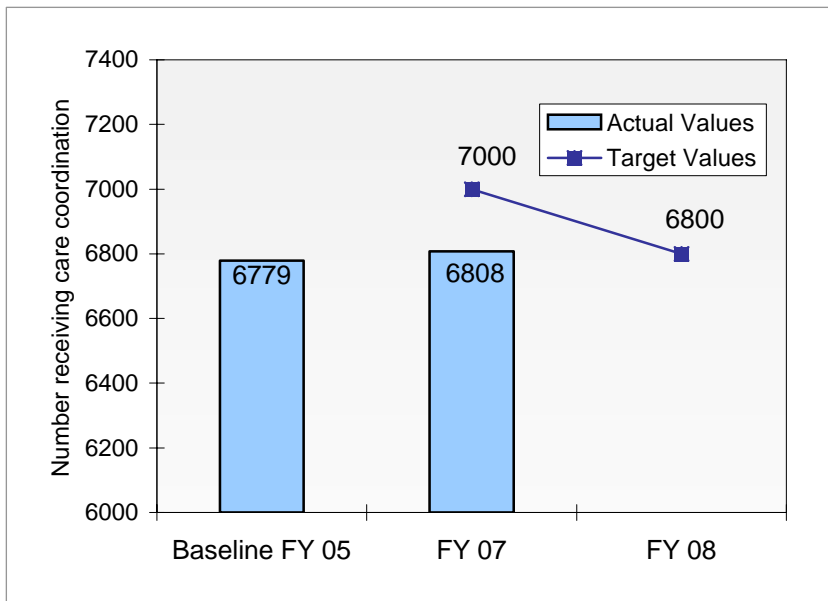
Percentage of children served in CSHCN Program who have insurance to pay for the services they need.

The Children with Special Health Care Needs (CSHCN) Program includes the Care Connection for Children Network (6 Specialty Centers of Excellence), Child Development Clinics (10 Clinics), and the Virginia Bleeding Disorders Program. These programs are administered by VDH contractually through public and private entities.



Children in these services are routinely screened for health insurance status. Program staff assist families in applying for health insurance programs such as FAMIS (Family Access Medical Insurance Security Plan). FAMIS programs include Medicaid and the State Children’s Health Insurance Program (SCHIP). Helping CSHCN access insurance is critical since they have more acute and chronic health care needs.

Number of CSHCN receiving care coordination services.

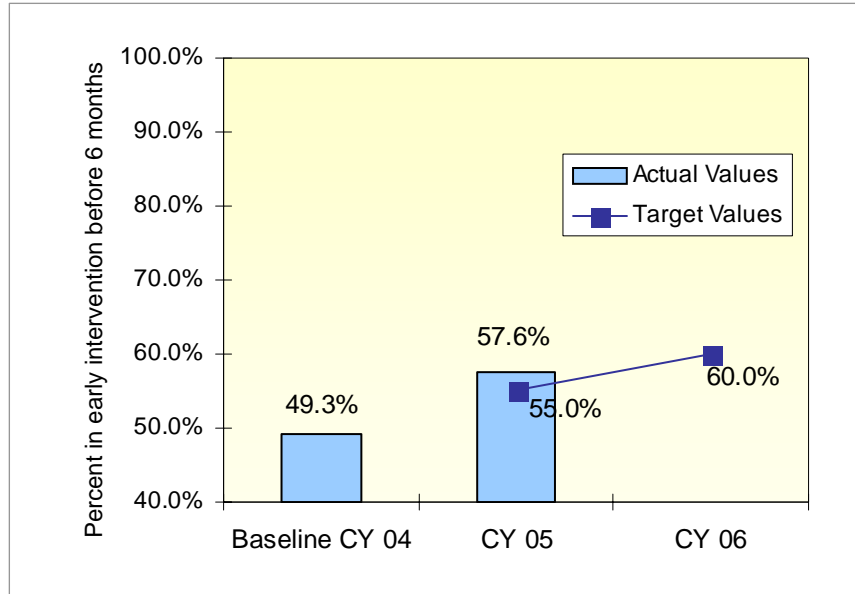


Care coordination links CSHCN and their families with needed resources and services. Care coordination pulls in all providers to take a team approach to help meet the varying needs of CSHCN. In recent years DCAH’s CSHCN Program has shifted its emphasis from giving direct health care to coordinating care. The number of CSHCN receiving this service continues to increase in all

three programs. For more information on the CSHCN program please go to <http://www.vahealth.org/specialchildren/>.

Percent of infants diagnosed with a hearing loss who receive early intervention services before 6 months of age.

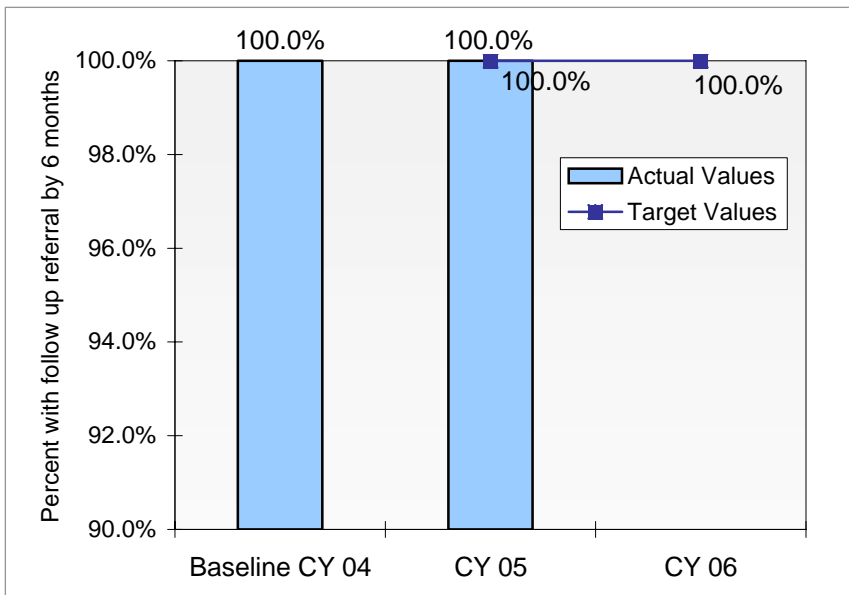
The VEHDI Program tracks all infants who do not pass their hearing screen to assure that they get an audiological assessment and definitive diagnosis. The goal is to identify hearing loss prior to 3 months of age and get early intervention by 6 months of age to minimize developmental delay.



In 2005, 107 infants were diagnosed with a hearing loss and 57.6% entered early intervention prior to 6 months of age, an increase from the previous year. Significant program efforts continue through follow-up staff and partnerships with early intervention to help this percentage continue increasing.

Percent of infants identified with a critical result for heritable/genetic disorders and referred for follow up by 6 months of age.

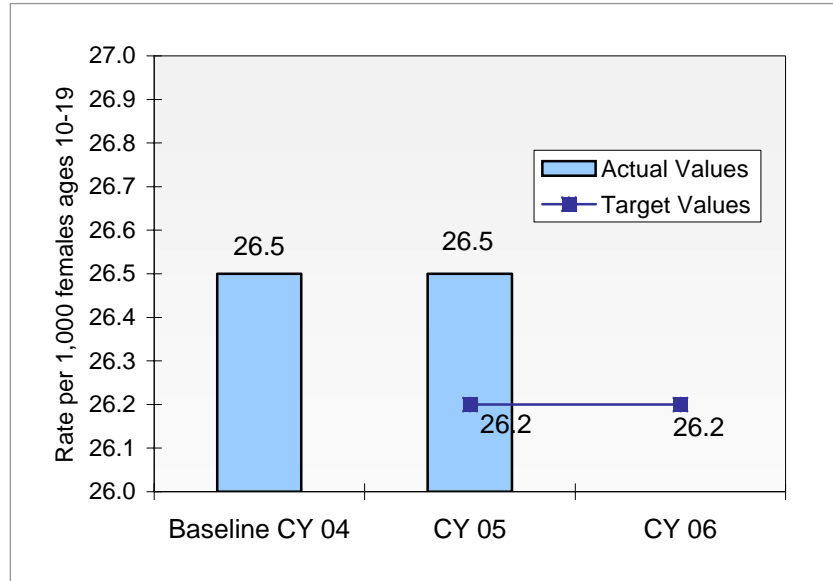
VNSS provides tracking for all infants identified with a critical result that may indicate disease. The program contracts with geneticists to provide 24/7 coverage to assure that infants with critical results receive timely diagnostic testing and appropriate follow up. VNSS nursing staff follow up with primary pediatric care providers and families as



necessary. The program also works to assure that needed services are available through contractual arrangements with three genetic and metabolic treatment centers in the state. Because some of these rare diseases can be fatal in a short period of time, appropriate follow up is a vital role of VNSS. In 2005, all infants with critical results were referred for follow up.

Reduce teenage pregnancy rates among females ages 10-19 in Virginia.

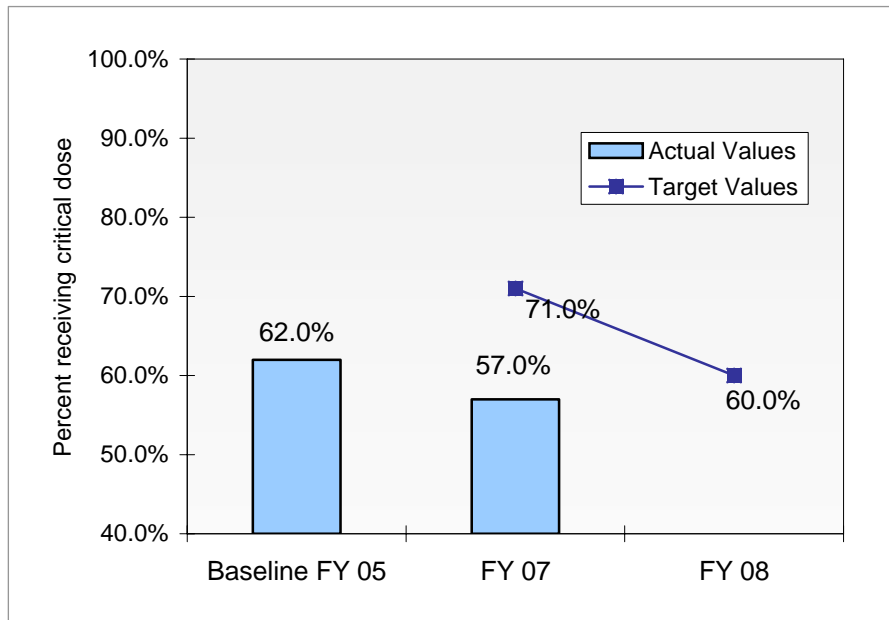
DCAH works to address teenage pregnancy through several avenues. These include data analysis and dissemination, technical assistance to communities, social marketing campaigns, and administration of the Teenage Pregnancy Prevention Initiative (as mandated by the General Assembly). In addition, DCAH participates in the



Collaborative HIV/STD, Abstinence, Teen Pregnancy Prevention, Sexual and Reproductive Health Team (CHATS). CHATS members meet regularly to share information and collaborate on resources and trainings that address current health issues among adolescents. The statewide teenage pregnancy rate has been declining for over a decade, although no change occurred between 2004 and 2005. Addressing changing populations (e.g. increase in Hispanic populations) is an area where DCAH plans more emphasis.

Percent of Teenage Pregnancy Prevention Program attendees that receive the “critical dose” of the program by attending more than 10 sessions.

DCAH administers the Teenage Pregnancy Prevention Program as mandated by the General Assembly since 1993. Seven health districts with the highest teenage pregnancy rates receive funding for local programs.



These districts are Alexandria, Crater, Eastern Shore, Norfolk, Portsmouth, Richmond, and Roanoke City. Programs are unique by area providing a locally driven variety of services including direct health care, education, skill-building, and social marketing.

Division of Child and Adolescent Health FY 07 Annual Report: Other Activities

In addition to the activities described under the Service Area Plan, DCAH engages in a number of activities to promote the health and well-being of children and adolescents. DCAH produces and disseminates a wide variety and amount of informational materials. DCAH also provides a significant amount of technical assistance and training, and engages many partners in these activities.

Reports, Assessments, and Informative Documents



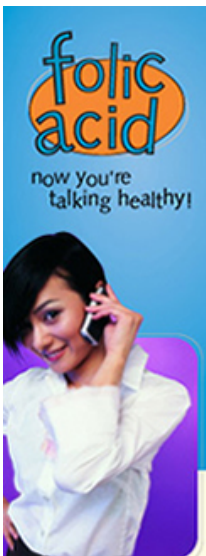
The Division of Child and Adolescent Health produces multiple reports, assessments, analyses, planning documents, fact sheets, and newsletters each year geared towards a variety of audiences. Strengthening early childhood programs and enhancing development opportunities for children ages 0-5 is a major emphasis of Governor Timothy M. Kaine's administration. The Division has been involved in these efforts on many levels and early childhood project staff are helping develop the **Strategic Plan for Virginia's Early Childhood System**. DCAH led a collaborative effort to revise the **Commonwealth of Virginia School Entrance Health Form**. The new form places more emphasis on screening and referral and includes a new section on developmental screening. School health published **Manual for the Training of Public School Employees in the Administration of Medications** and **Progress Toward Healthy Virginians 2010 Objectives Pertinent to School Aged Health**. The Division completed two needs assessments: **School Health Services** and **Genetic Needs Assessment: Study of Genetic Services in Virginia**. In addition, early childhood staff completed surveys on **parent education** and **child care health consultant** needs. DCAH programs kept up ongoing correspondence with constituents through the following newsletters: **VECCS e newsletter**, **Health and Child Care newsletter** (for child care providers), **Virginia Child Care Health Consultant E-Newsletter**, and **Adolescent Sexual Health Newsletter**. The Children with Special Health Care Needs Program (CSHCN) continued regular revisions to the **Pool of Funds** guidance document that outlines services for which the program may pay for uninsured and underinsured CSHCN meeting certain criteria. The Adolescent Sexual Health program produced **Facts about Teens and Teen Pregnancy** profiles for 44 Virginia communities receiving various types of funding to address adolescent sexual health. The Virginia Early Hearing Detection and Intervention Program (VEHDI) produced and distributed its **VEHDI 2005 Annual Report**. Additionally, the VEHDI Program sent electronic quarterly data reports to all reporting hospitals. The Virginia Genetics Program (VGP) developed and distributed hospital-specific reports summarizing each facility's reporting to the Virginia Congenital Anomalies Reporting and Education System (VaCARES), which is Virginia's birth defects registry. The VGP also sent electronic monthly VaCARES data reports to all reporting hospitals.

Health Information Resources

The Division provides a wide variety of health information resources for professionals, parents, and other constituents. In FY 07, DCAH distributed 235,022 resource items in the forms of brochures, posters, resource guides, kits, fact sheets, and manuals. The Adolescent Sexual Health program distributed 14,779 “Talk 2 Me” Kits, 80,987 abstinence and teenage pregnancy prevention brochures, 10,000 “Talk 2 Me” calendars, 1,441 parent/clinic/male/female packets, and 26,691 “Talk 2 Me”/abstinence/ teenage pregnancy prevention posters. In preparation for the expansion of newborn screening, the Virginia Genetics Program provided 355 new Health Care Practitioner manuals and VaCARES restarted parent contact with 167 parent brochures and birth defect fact sheets. The Children with Special Health Care Needs Program gave out 992 Care Coordination Notebooks in Spanish for parents to help provide a central tool for managing information about their CSHCN. The Virginia Early Hearing Detection and Intervention Program (VEHDIP) provided hospitals with 22,580 program brochures and 263 resource brochures for parents of children with hearing loss. The early childhood program supplied child care centers with several different health and safety promotional materials including 13,700 HIV and Child Care fact sheets, 160 Emergency and Preparedness resource guides, 15,340 diaper changing posters, 1,250 handwashing posters, and 200 first aid flip charts.



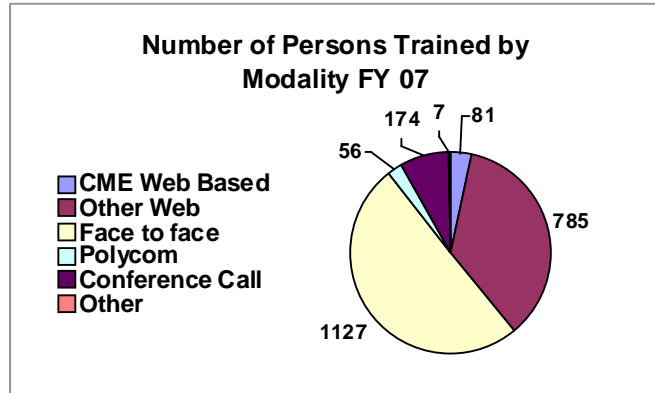
Media Contacts



DCAH promotes messages and serves as an important information source regarding child and adolescent health topics through traditional media contacts as well as social marketing campaigns. The Virginia Genetics Program broadcast three different television ads that stressed the importance of folic acid in the prevention of birth defects. These aired a total of 831 times. The Adolescent Sexual Health program ran two year-long bus wrap campaigns publicizing the “Talk 2 Me” parent kits in the Richmond and Norfolk areas. Press releases during the year included “Tips for a Healthy School Year”, “Parents Say They Are Talking to their Kids about Sex, but Teens Disagree” (promoting Let’s Talk Month), “Family Guides Help Parents of Infants with Hearing Loss” (promoting new Guide by Your Side program), and “Television Ads Stress Importance of Folic Acid in Preventing Birth Defects”.

Training

The early childhood program led statewide Medication Administration Training (Train the Trainer sessions) as required for child care providers under new state regulations, certifying 144 trainers. As part of newborn screening expansion, which increased screened disorders from 11 to 28, Virginia Newborn Screening Services provided training for 233 persons at various forums such as the 12th Annual Neonatal Perinatal Perspectives conference. In addition, training on major changes to the metabolic formula and low protein food programs was provided to Care Connection for Children and Metabolic Treatment Center staff. School Health provided training, as it does annually, at the School Health Institute, to School Nurse Coordinators and to School Nurses as Professional Partners meetings. The Division continued providing Web-based training on Bright Futures in FY 07. During this fiscal year, 785 persons registered to take the course and there were 81 completions for CME credits. Virginia Genetics Program staff traveled to Danville Regional Medical Center, Chesapeake General Hospital, Children’s Hospital of The King’s Daughters, and Fairfax INOVA to conduct medical reviews and provide on site training on the Virginia Infant Screening and Infant Tracking System (VISITS) for entering birth defects data.



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Technical Assistance

The Division conducts a significant amount of technical assistance to local health departments as well as other stakeholders. In FY 07, DCAH provided 10,717 hours of technical assistance including 2,359 hours to local health departments. Technical assistance activities included consultation about Healthy Child Care Virginia, Child Development Clinic network, Care Connection for Children network, school entry health requirements, Institutional Review Board, local health department Title V activities, medication administration, home visiting, parent education, CSHCN information and referral, and DMAS/WIC metabolic formula guidelines.

