

# The State of Child Health in DC

Lanre Falusi, MD & Hope Rhodes, MD, MPH

CNHS Grand Rounds

December 1, 2016

# Learning Objectives

1. Define the state of pediatric health in D.C. focusing on child & adolescent mental health and adolescent reproductive health.
2. Describe initiatives within the Children's National Health System (CNHS) Division of General and Community Pediatrics addressing child & adolescent mental health and adolescent reproductive health.
3. Understand the challenges and opportunities regarding the care of immigrant children in D.C.
4. Identify the role of advocacy in clinical care and education at CNHS.

# Disclosures

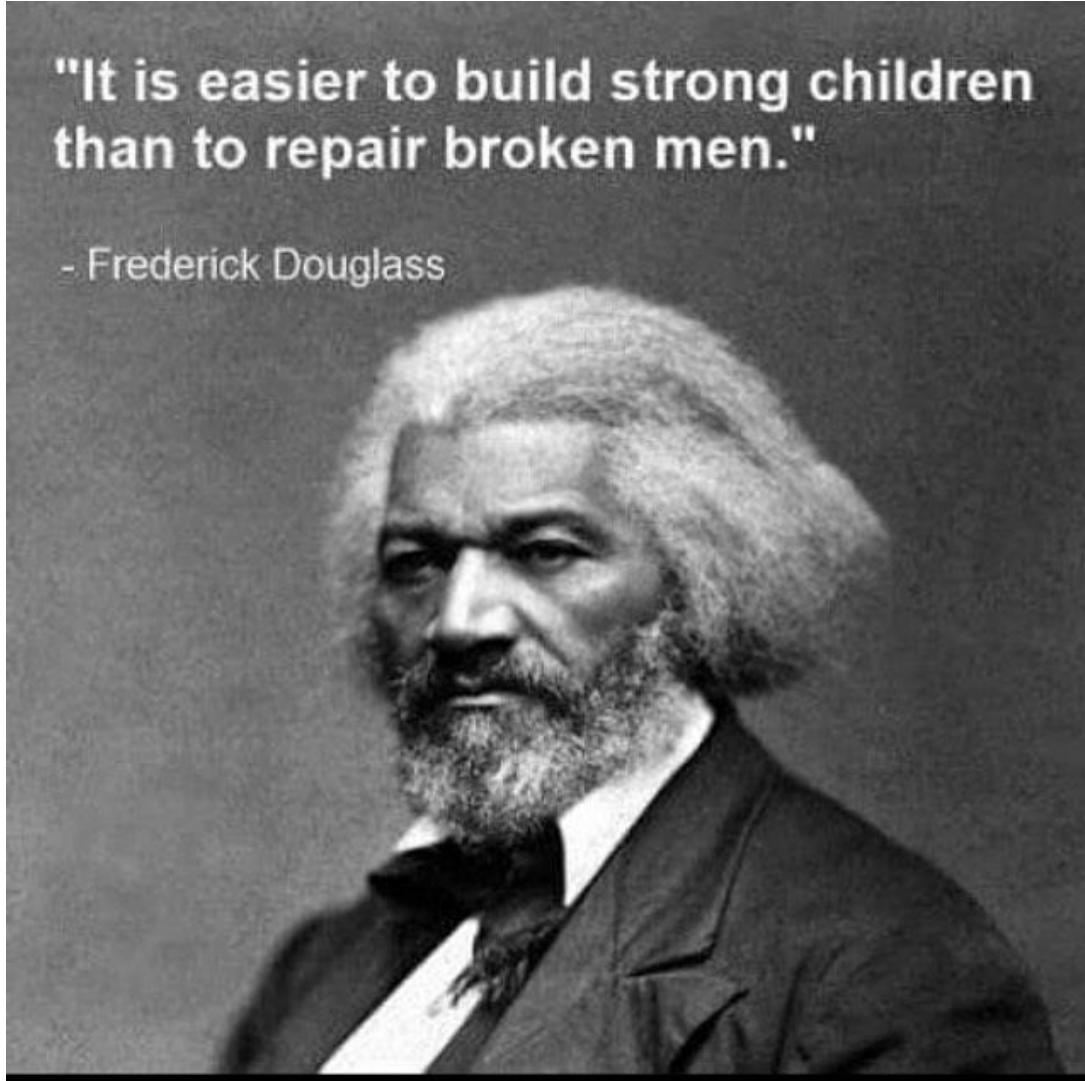
- We have no relevant disclosures.
- We have no relevant conflicts of interest.

# Frederick Douglass

(1817 – 1895)

**"It is easier to build strong children  
than to repair broken men."**

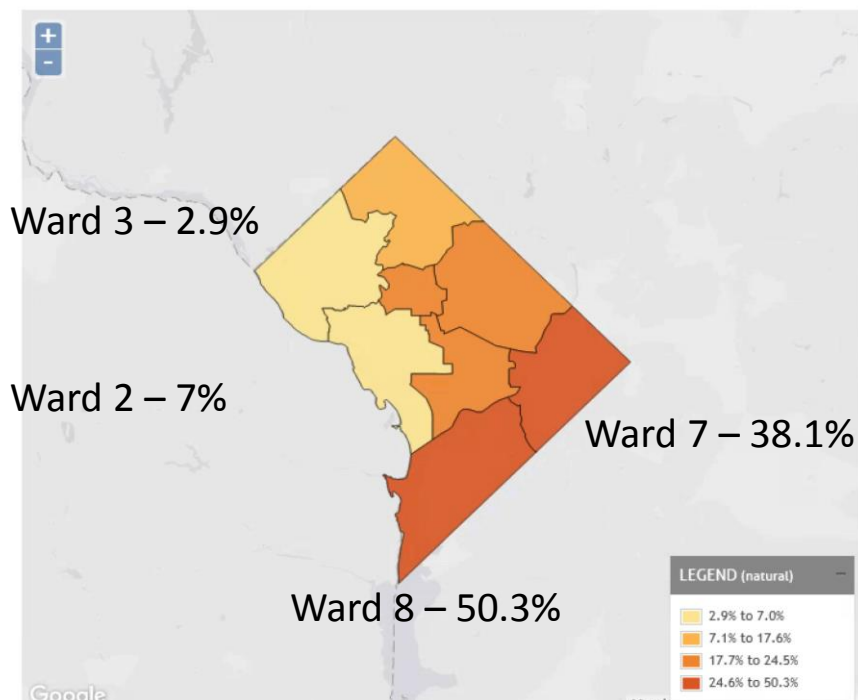
- Frederick Douglass



# D.C. – A Tale of Two Cities

## Child Poverty By Ward

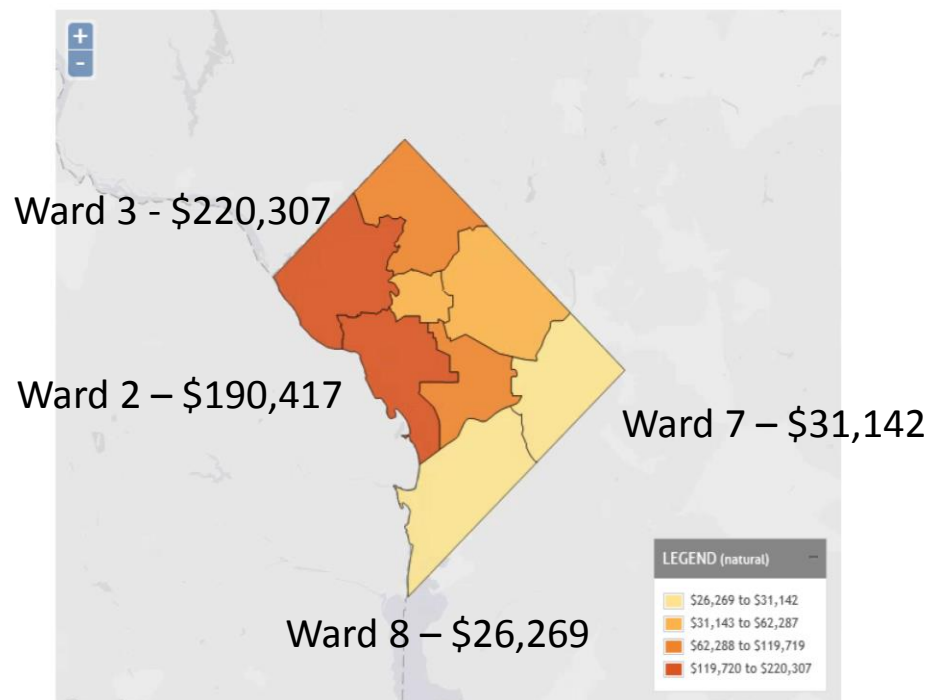
Data Provided by: DC Action for Children



Kids Count Data Center. A Project of the Annie E. Casey Foundation

<http://datacenter.kidscount.org/data/map/6748-child-poverty-by-ward>

## Median Income By Ward

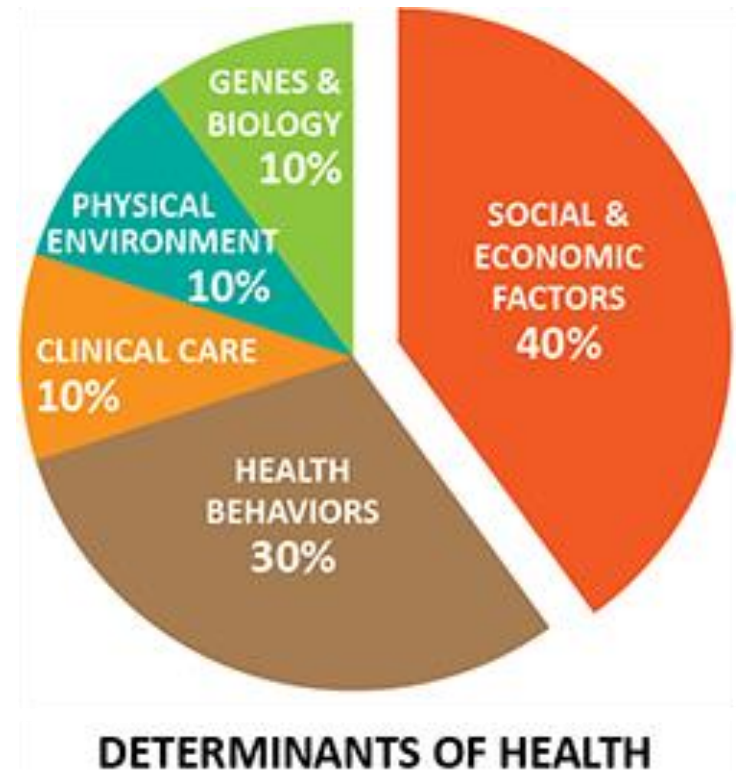


Kids Count Data Center. A Project of the Annie E. Casey Foundation

<http://datacenter.kidscount.org/data/map/6749-median-income-of-families-with-children-by-ward>

# A Tale of Two Cities

- 30% of DC's children live in poverty
- Almost half live in families with no secure employment or housing
- Over 30% live in "food insecure" households
- 40% do not graduate HS on time



Source: DC Action for Children 2013

# Children's National Primary Care

- Goldberg Center for Community Pediatric Health
  - Operates 6 primary care health centers and mobile health program
  - All recognized as NCQA Level 3 Patient Center Medical Homes
- Almost 40,000 patients (and growing)
  - Largest primary care provider for children in D.C.
  - 100,000 + annual visits



# National Committee for Quality Assurance (NCQA) Patient Centered Medical Home

“The PCMH puts patients at the center of the healthcare system and provides primary care that is **accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally effective.**”

(American Academy of Pediatrics)



# Responding to health needs of Southeast DC's Children

- Summer 2016 Children's Health Center (CHC) – Anacostia opened
  - Replaced CHC - Good Hope Road & CHC Martin Luther King
- Re-positioning Children's Health Center at THEARC
  - New larger facility on THEARC campus



# Enough Work to Go Around





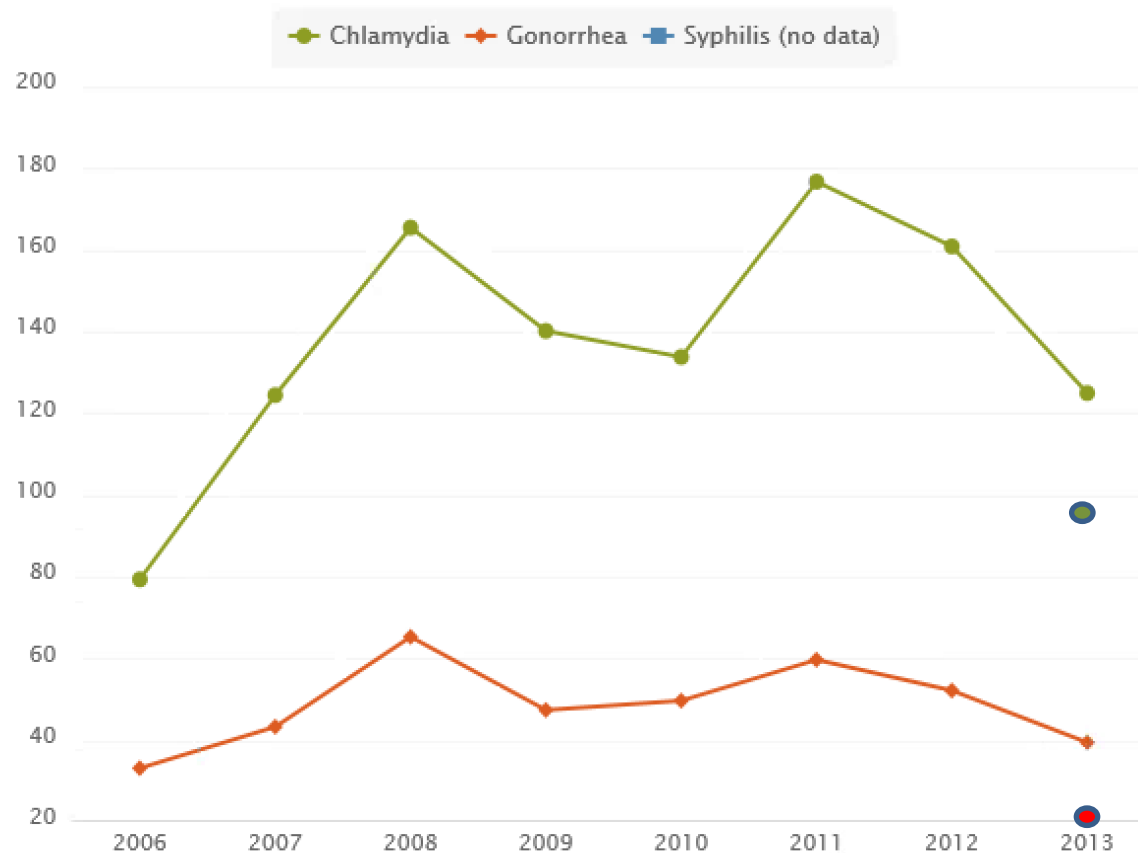
# ADOLESCENT REPRODUCTIVE HEALTH



# Sexually Transmitted Infections

## New Cases of Chlamydia and Gonorrhea (Children & Adolescents < 15 years)

Data Provided by: DC Action for Children



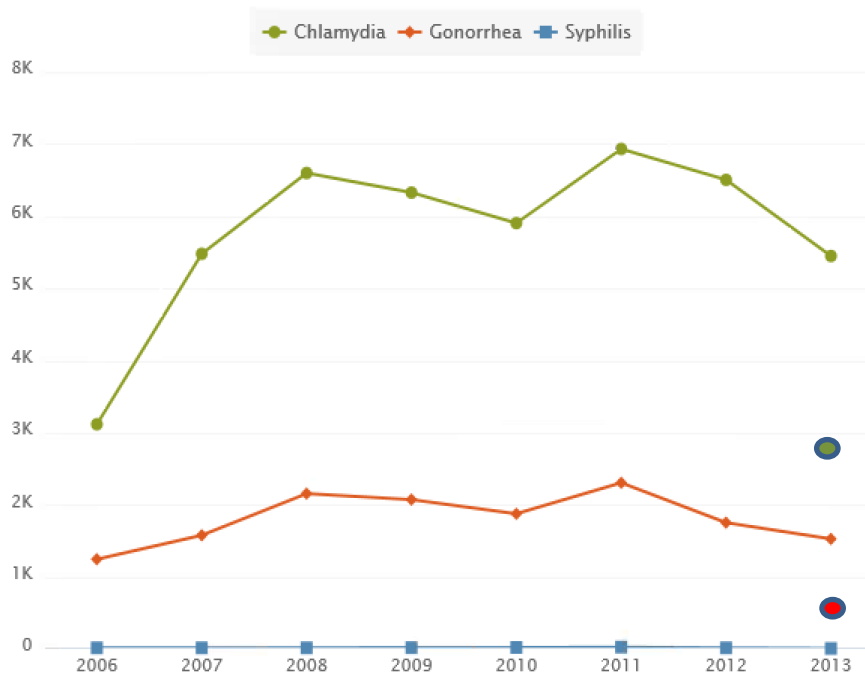
Kids Count Data Center. A Project of the Annie E. Casey Foundation  
<http://datacenter.kidscount.org/data/line/7313-cases-of-chlamydia-gonorrhea-and-syphilis>

# Sexually Transmitted Infections

## New Cases of Chlamydia, Gonorrhea & Syphilis

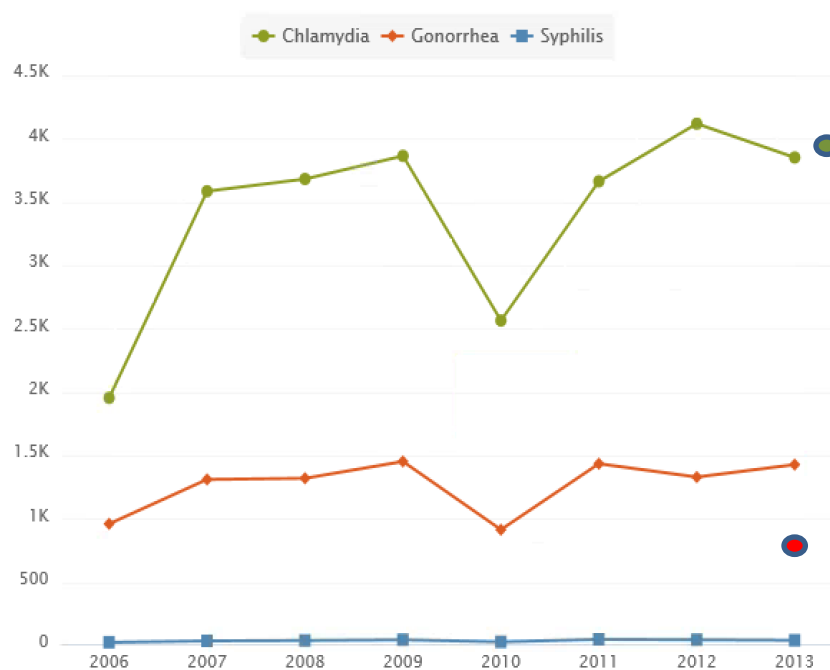
15 -19 years

Data Provided by: DC Action for Children



20 – 24 years

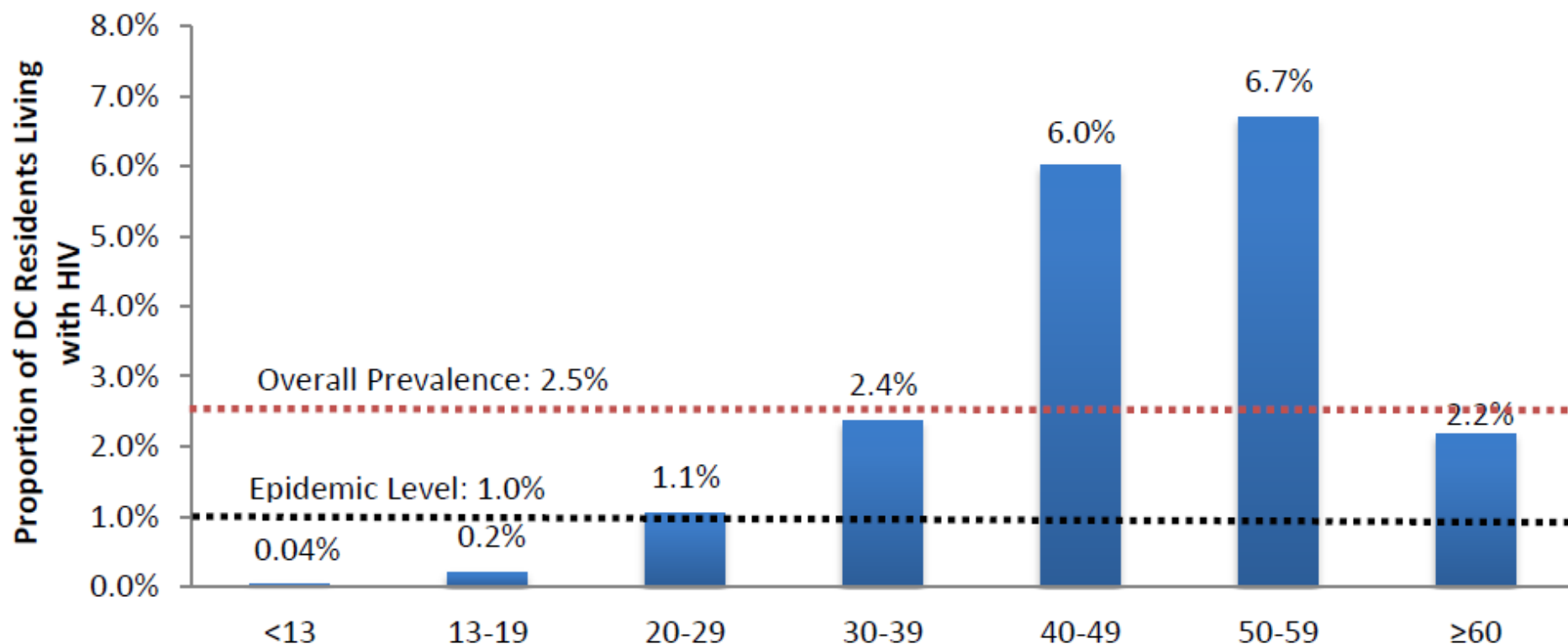
Data Provided by: DC Action for Children



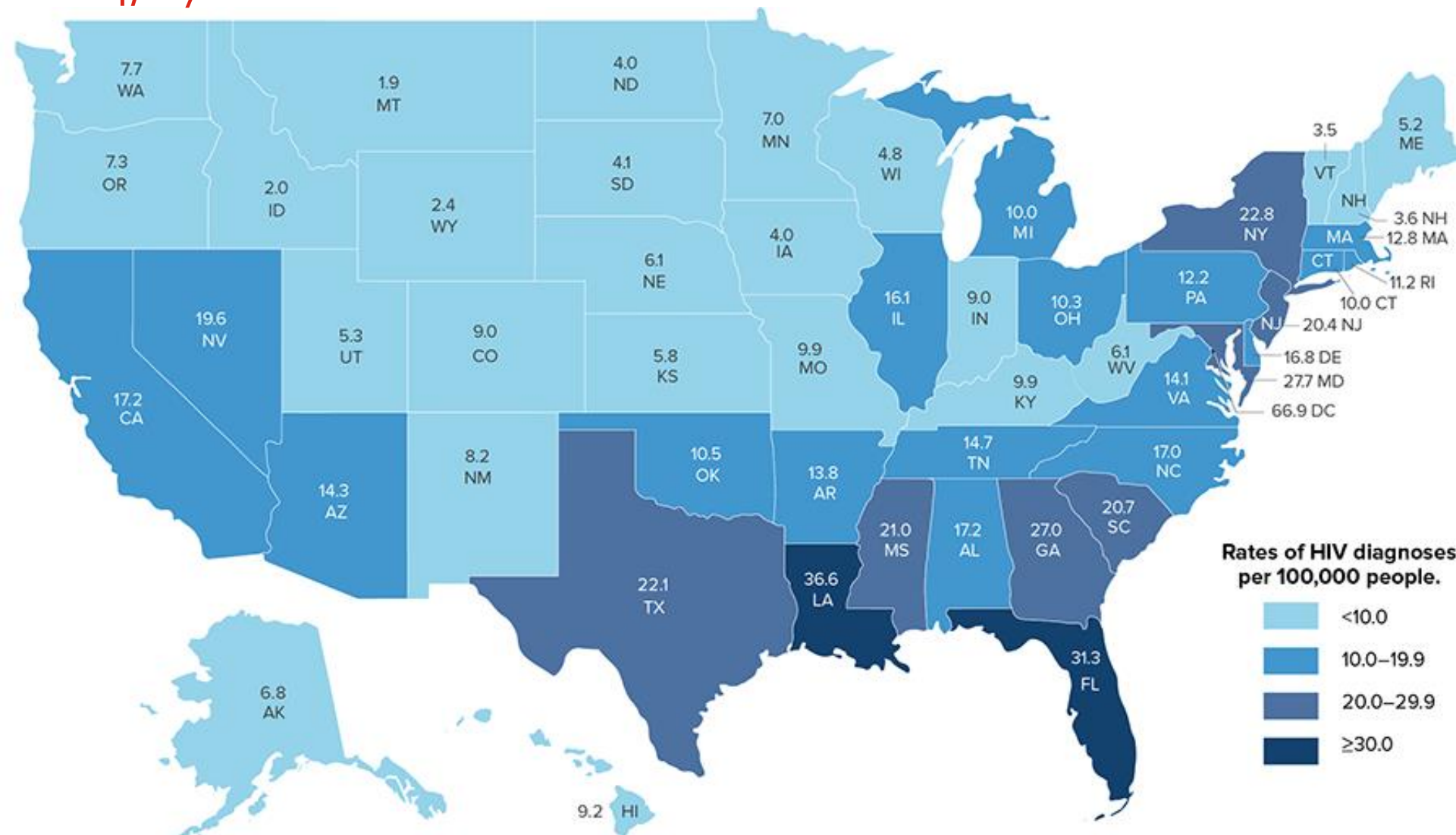
Kids Count Data Center. A Project of the Annie E. Casey Foundation  
<http://datacenter.kidscount.org/data/line/7313-cases-of-chlamydia-gonorrhea-and-syphilis>

# HIV in the District of Columbia

**Figure 2.** Proportion of Residents Diagnosed and Living with HIV by Current Age District of Columbia, 2013



# Rates of HIV Diagnoses Among Adults and Adolescents in the US in 2014, by State

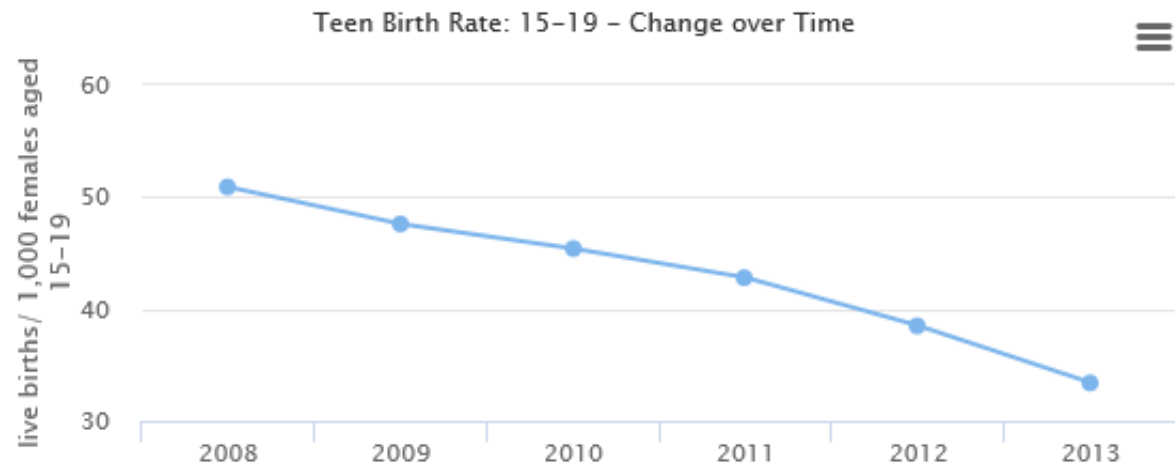


Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2014](#). *HIV Surveillance Report* 2015;26.

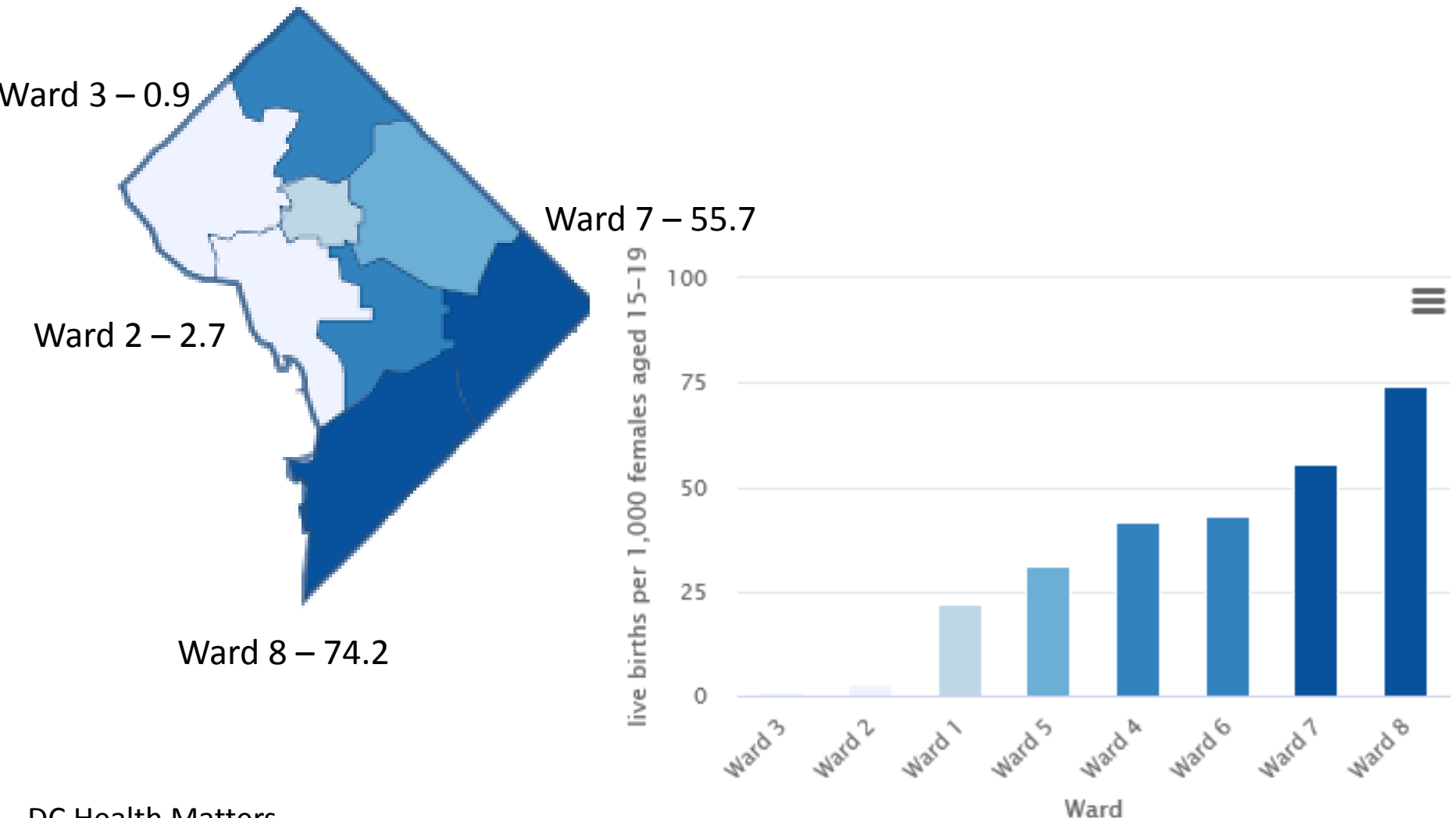
# Adolescent Reproductive Health

## Adolescent Pregnancy Rates

- National Rates  
26.5 live births/1000  
females 15-19 yrs
- D.C. Rates  
33.4 live births/1000  
females 15-19 yrs



# Teen Pregnancy Rates by Ward

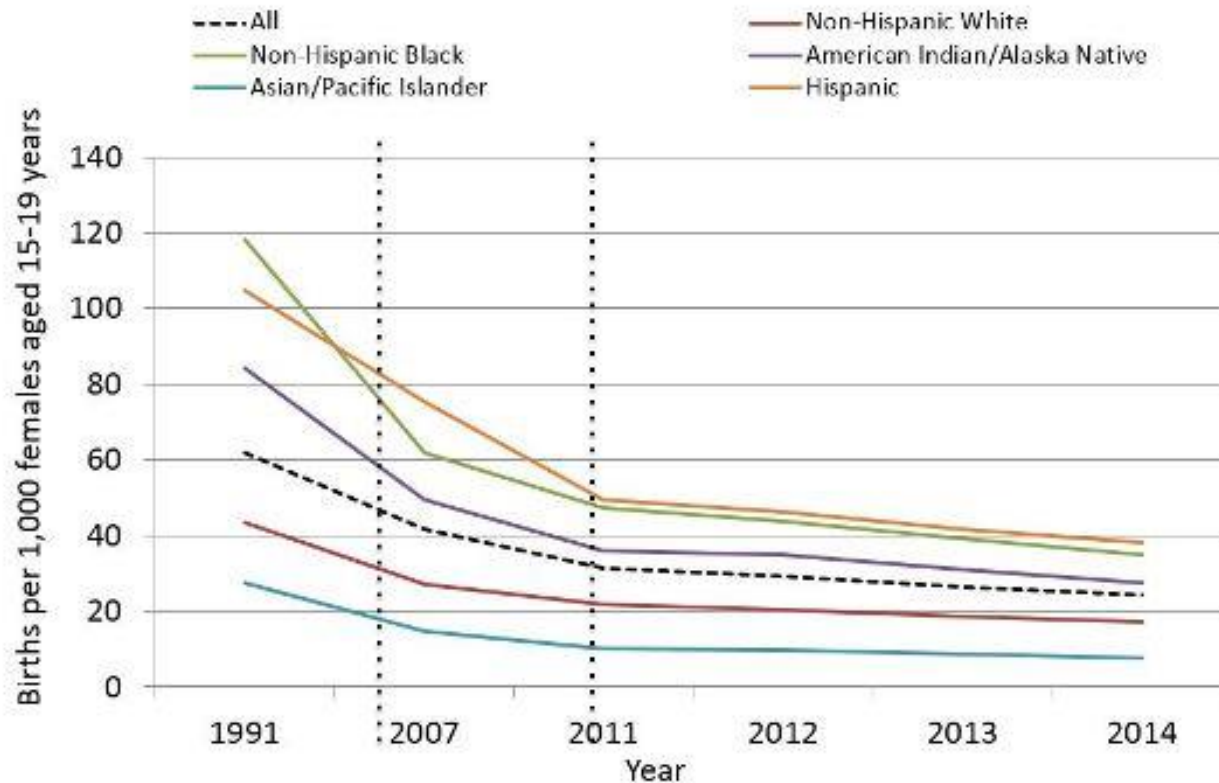


DC Health Matters

<http://www.dchealthmatters.org/index.php?module=indicators&controller=index&action=view&indicatorId=430&localeId=131491>

# Disparities in Teen Pregnancy Rates

Births per 1,000 Females Aged 15–19 Years, by Race and Hispanic Ethnicity, Select Years



Hamilton BE, Martin JA, Osterman MJK, et al. Births: Final data for 2014. Natl Vital Stat Rep 2015; 64(12):1-64

Centers for Disease Control and Prevention <https://www.cdc.gov/teenpregnancy/about/social-determinants-disparities-teen-pregnancy.htm>

# Medical and Psychosocial Impact of Teen Pregnancy

- Teen pregnancy rates are associated with the following:
  - Lower school achievement
  - Increased risk of not completing high school
  - Increased risk of preterm birth
  - Increased risk of low birth weight



# Enhanced Programs & Services for Vulnerable Populations

- Generations (Teen – Tot Program)
- HIV Services (Burgess Clinic/Adolescent Medicine)
- Youth Pride (LGBTQ) Clinic (Adolescent Medicine)
- Child & Adolescent Protection Center
- Social worker(s)
- Children's Law Center (Legal Aid for Health, Housing, Education)
- Healthy Start Program

# Healthy Generations Program

## “Teen-tot” Program

- Evidenced Based Teen Pregnancy Program
- Provides the following services:
  - Medical care for the adolescent parents and their child/children
  - Routine mental health screens and services
  - Family planning
  - Case management
  - Social work
  - Legal services
  - Education and career counseling
  - Home visitation program (Healthy Start)
  - Father’s Program



# Healthy Generations Program Outcomes

- Fewer repeat pregnancies
  - Generations (8%)
  - District of Columbia (17%)
  - Nationally (19%)
- Higher rates of contraceptive use
  - 3x more likely to use contraception at 12 months post partum
- Higher rates of Long Acting Reversible Contraceptive use (Nexplanon or Intrauterine device)



# Let's Go Upstream



# Project Later

## Multi-pronged approach to preventing unintended pregnancies

- Increase capacity of pediatric providers to insert LARCS – Nexplanon
  - 20 Pediatric providers trained
  - 2 Nurse Practitioners trained
- Reproductive Health Clinics
- Collaboration with the Young Women's Project
  - LARC education with over 200 peer educators
  - Peer educators reach all DC public and private high schools



# Title X Funding



## INCREASE ACCESS

- Expand on-site access to various methods of hormonal contraception
  - Depo-Provera
  - Ortho-evra
  - OCPs
  - Nexplanon
  - Plan B



**Yooni Choi**  
Title X Associate



## INCREASE OUTREACH

- Increase targeted outreach and case management for the following patient patients:
  - Received birth control counseling but have not chosen a method
  - Patients who need help with scheduling an appointment

## Take Home Points: Adolescent Reproductive Health

- Health disparities in adolescent STIs and pregnancy persist in SE DC
- CNHS is actively working to close the gaps



# CHILD & ADOLESCENT MENTAL HEALTH

# Pediatric Mental Health

- ~1 in 5 children experience MH problems
- Less than half of these children receive effective management.
- Issues include:
  - Attention Deficit Hyperactivity Disorder (ADHD)
  - Anxiety
  - Depression
  - Disruptive behavior disorders



# Pediatric Mental Health in D.C.

Trends in D.C's pediatric mental health resemble that of national patterns.

In D.C. 17% of parents report their child has one (or more) emotional, behavioral or developmental disorder.

Teens 13 – 18 years

- Anxiety disorder (32%)
- Behavioral disorders (19%)
- Mood disorders (14%)
- Substance disorders (11%)

# The Dilemma



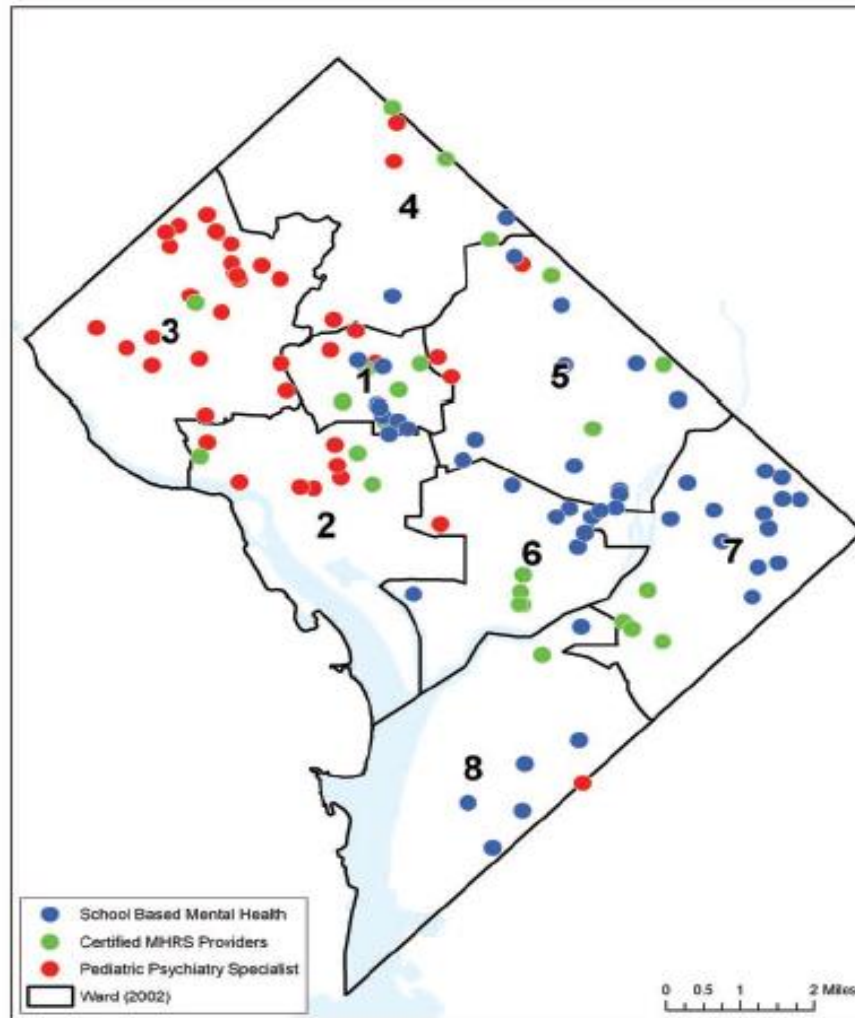
- Average wait of 8 – 10 years between onset of symptoms and treatment
- Many issues are not identified until a crisis

# National Pediatric Mental Health Workforce

- There is a national shortage of pediatric mental health specialists.
- Workforce is estimated to be 45% of the number needed to manage pediatric mental health needs.
- Shortage is worse in rural and low income communities.

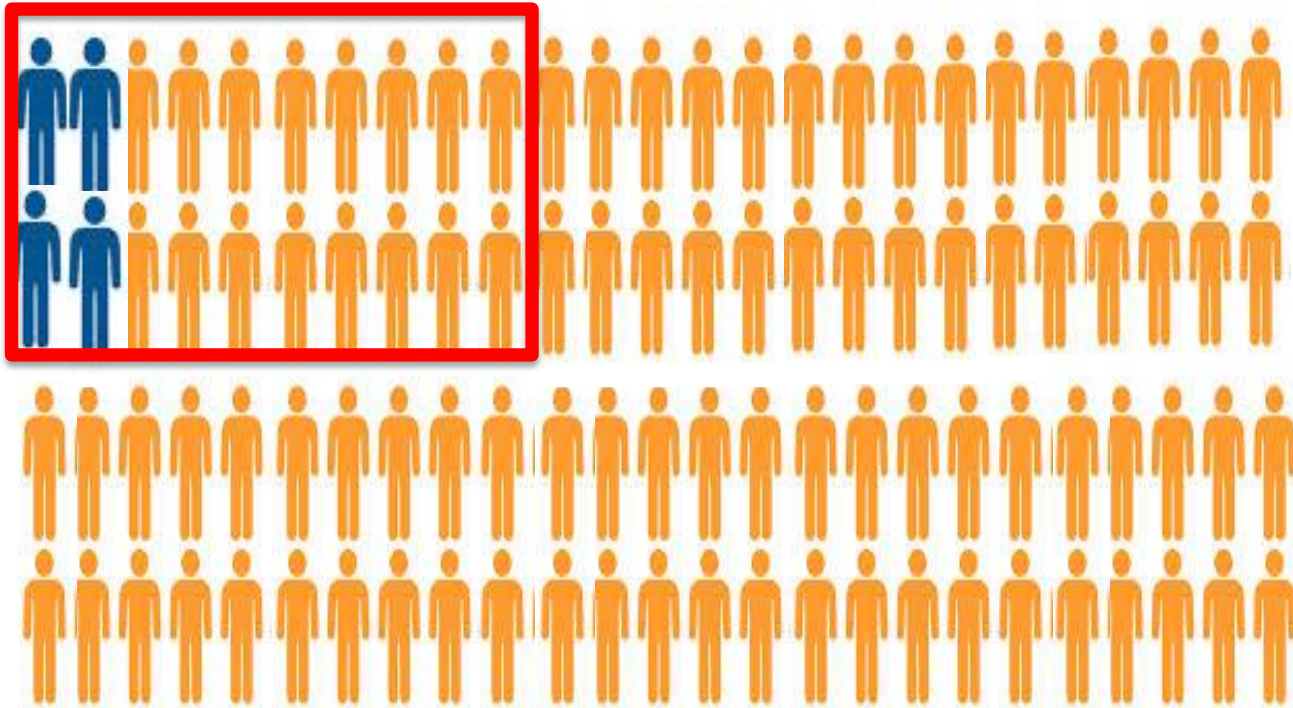
# Pediatric Mental Health Workforce in D.C.

Figure 2.9  
Pediatric Psychiatrists and Mental Health Providers



# The Dilemma

*Result: 20/20 problem*



# Impact of Unmanaged Pediatric Mental Health

Unrecognized & untreated childhood MH problems may lead to:

- Progressive mental health symptoms in adulthood
- School failure/Drop out
- Teenage childbearing
- Unstable employment
- Substance use
- Involvement in juvenile justice system

# Enhanced Programs & Services for Vulnerable Populations

Behavioral/Mental Health (co-located psychologists, psychiatrist)

Social Worker(s)

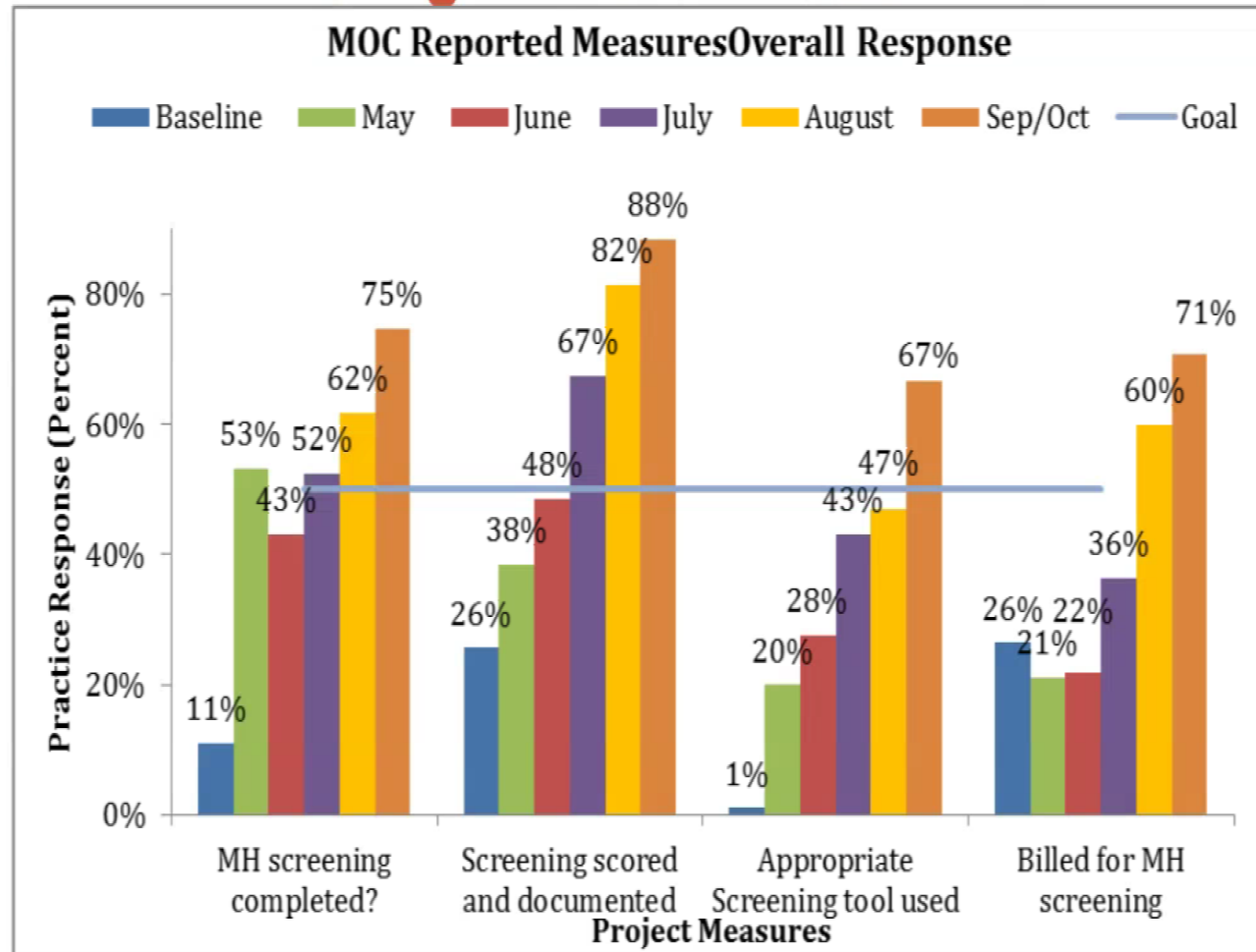
Complex Care Program (Medical Home & Care Coordination for CSHCNs)



# DC Collaborative for Mental Health in Pediatric Primary Care

- July 2013: D.C. Department of Health Care Finance mandated that patients enrolled in DC Medicaid MCOs receive annual Mental Health screenings by their PCPs
- CNHS organized and facilitated the D.C. Learning Collaborative for Mental Health in Pediatric Primary Care
- **Primary Aim**: To Improve the integration of mental health in pediatric primary care for children and adolescents in DC
- Included 15 pediatric practices (130 pediatricians)

# Results from Quality Improvement Learning Collaborative Round 1



# Whole Bear Care

## Psychologist and Psychiatrist in the Medical Home

Improved access to mental health providers by co-locating mental health specialists (psychologists and psychiatrists) in the medical home setting:



Martine Solages, MD



Faith Rowland, MD



Angela Sagar, MD

# Mental Health Efforts on the Horizon

- Healthy Steps
  - Zero to Three
  - Incorporates early childhood specialist into well child visit
  - Enhancing assessments and anticipatory guidance around child development



Dr. Stacy Hodgkinson



Dr. Dominique  
Charlot-Swilley

# Take Home Points: Pediatric Mental Health

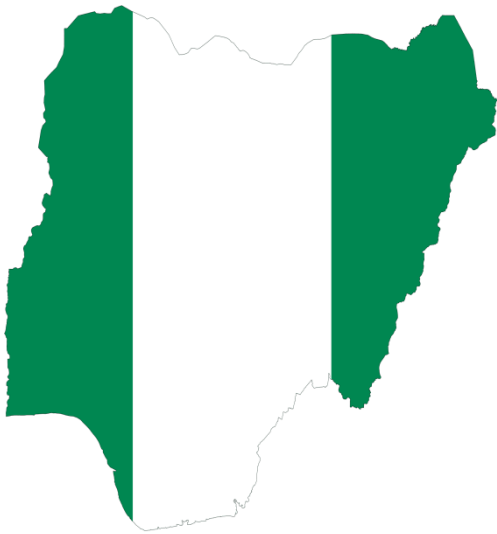
- There is a shortage in mental health providers
- The CNHS pediatric medical home fills the gap for our patients



## IMMIGRANT HEALTH



# Pop Quiz: Snapshot of Immigrants in DC



Children's National™

# Snapshot of Immigrants in DC

- Foreign-born persons: 1 in 7  
(1/3 are naturalized citizens)
- Undocumented persons: 3%
- Hispanic immigrants: predominantly from El Salvador, Mexico, Dominican Republic
- DC Census in 2015: 672,228 residents
  - 9.1% Hispanic or Latino in 2010
  - 10.6% Hispanic or Latino in 2015
  - Most live in Wards 1 and 5



“These children have crossed the U.S. border,  
but their journey is far from over.”

Sections ≡

The Washington Post

Share ↗

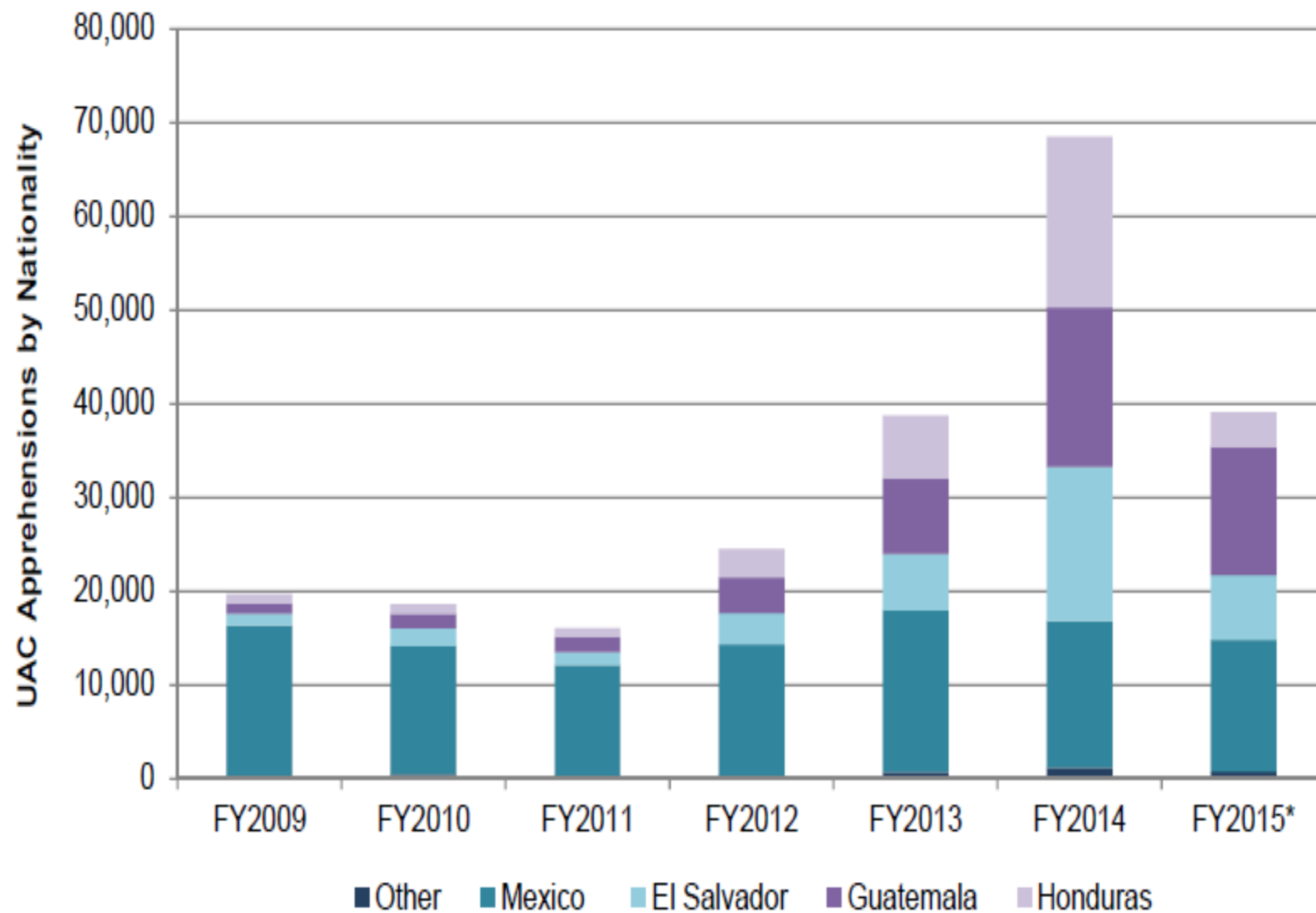


## DEPARTURES



Clockwise from top left: Abner Dionisio, 10; Mynor Cerros, 18; Humberto Vasilio, 8; Daniel, 6; Brandon Terriquez, 15; Tania Latin, 13.

**Figure 1. Apprehensions of Unaccompanied Child Migrants, by Country of Nationality, FY 2009-15 (Projected)**



Source: U.S. Customs and Border Protection, 2015.

<http://www.migrationpolicy.org/sites/default/files/publications/TCM-Protection-UAC.pdf>

# Migration of Unaccompanied Minors

## Migrant Routes Through Mexico



Source of photo: Miroff, Washington Post article, **In Mexico, rails are risky crossing for a new wave of Central American migrants**  
July 15, 2013

## Who is *apprehended* at the border?

	FY 13	FY14	FY15	FY16
Unaccompanied children	38,759	68,541	39,970	59,692
Family units	14,855	68,445	39,838	77,674
Individuals	360,783	342,385	251,525	271,504
<b>Totals</b>	<b>414,397</b>	<b>479,371</b>	<b>331,333</b>	<b>408,870</b>

Source: U.S. Customs and Border Protection, 2016.

<https://www.cbp.gov/newsroom/stats/southwest-border-unaccompanied-children/fy-2016>

# What happens at the border?

- Apprehended by Customs and Border Patrol (CBP)
- 72 hours in detention center to:
  - Identify the child
  - Health screening: vaccines, PPD, empiric treatment
  - Initiate removal proceedings



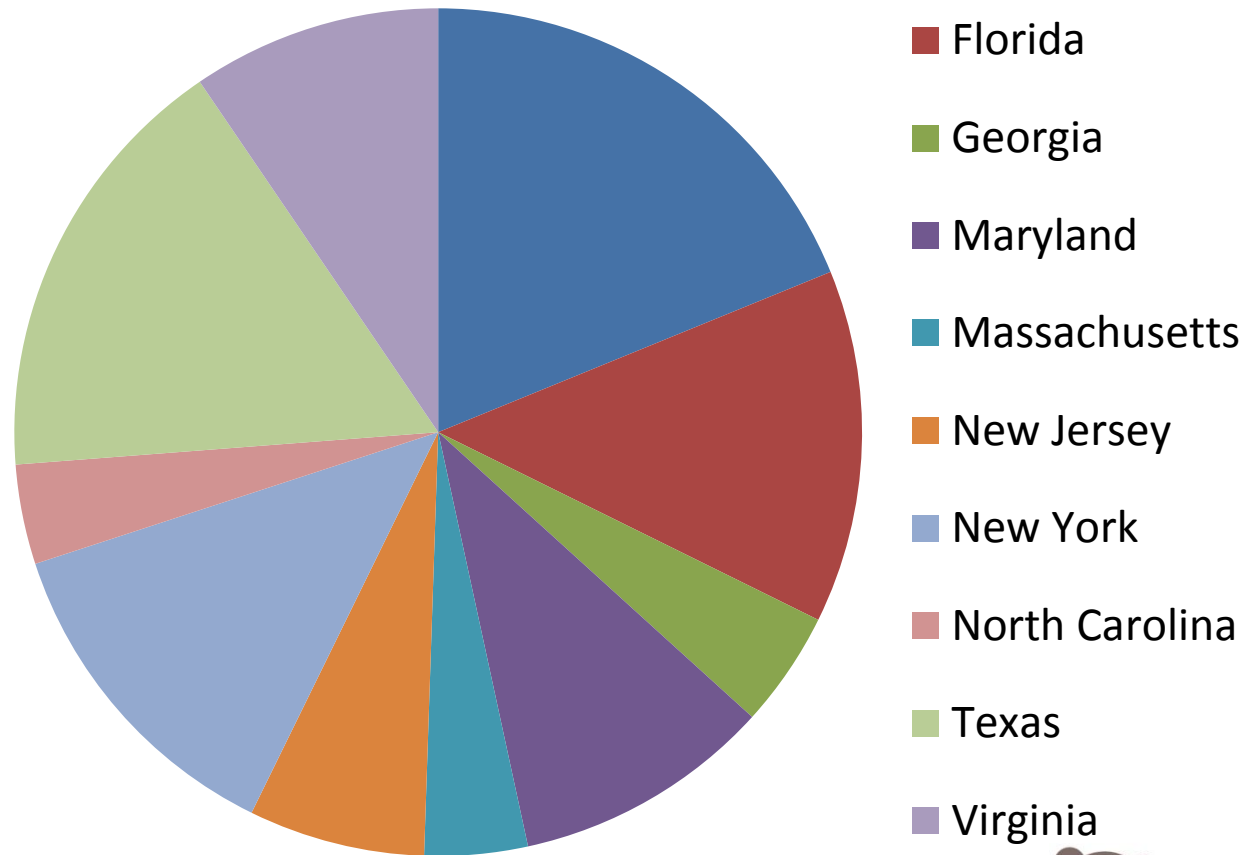
# What happens at the border?

- If unaccompanied: Transferred to the custody of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Provided with shelter care
- Options explored on a case-by-case basis to identify a sponsor, family member or foster care placement for the child

# Migration of Unaccompanied Minors

**Unaccompanied minors released to sponsors (Oct 2015 - Sept 2016)**

Total: 52,147



## Real Patient Case

“Maria” is a 12yo female who is here with her mother for her first visit. Maria was born in El Salvador. Her mother came to the U.S. when Maria was 4yo (leaving Maria with her grandmother) and has since remarried in the U.S. and has a young son. Maria crossed the border from Mexico to Texas with a small group of teenagers 3 months ago. She tells you that, at one house where they stopped for supplies, an older man gave her a pill that made her feel “dizzy”, and she does not recall several hours of that day. She also tells you that she is uncomfortable with the way her new stepfather looks at her.

## Real Patient Case

“Daniel” is a 17yo male whose mother brings him to your office due to difficult behavior at school. Daniel had previously been a “good boy” at school with above average grades and plans to attend college. Over the past few months, his teachers have noticed that he has become easily distracted or angry at school. His mother feels that he “picks fights” with her and his father, and often chooses to eat dinner in his bedroom. His mother confides in you that, although Daniel was born in the U.S., she and her husband are undocumented and fear that they will be at risk if Daniel applies for college federal aid. Daniel has also told them that he fears they will be deported one day.

# Health challenges of immigrant children

- Mental health
  - Stress/PTSD
  - Depression
  - Grief
  - Family separation and reunification
- Assault/Rape
- Lower immunization rates
- Infections, including TB, dental infections, skin infections
- Poor asthma control
- Developmental delays
- Anemia



# Health challenges of immigrant children

## Barriers

- Poverty
- Lack of healthcare coverage
- Language/communication
- Literacy
- Lower educational achievement
- Fear



# Immigrant Health: Protective Factors

- Family support
- Community and cultural identity
- 92% of children with foreign-born parents have a parent who works
- 70% with 2 parents who work



# Healthcare Access for **Lawfully Present** Immigrants

- Eligible for Medicaid, CHIP, ACA benefits
- May have 5-year wait
  - State may remove waiting period for children and pregnant women (DC, MD, VA)
- Can use state exchanges
- Refugees also eligible for benefits
- Exception: DACA (Deferred Action for Childhood Arrivals) – Not eligible for federal benefits



# Healthcare Access for **Undocumented** Immigrants

## **Federal**

- Emergency Medicaid for deliveries
- Specific “protected statuses”

## **DC**

- DC Healthcare Alliance
- Immigrant Children’s Program

## **Maryland**

- Montgomery County: Care for Kids
- Prince Georges County: None\*

## **Virginia**

- None

## **Where to?**

Community Health Centers /  
Federally Qualified Health  
Centers

Emergency Departments

Safety-Net Hospitals

# Legal Issues Affecting Immigrant Children

## Family law

- Custody, paternity
- Abuse and neglect

## Immigrant status

- Deportation cases
- Special visas and statuses

## Public benefits claims

- Parental vs. child citizenship

## School enrollment

- Rights to public school

## Statutory Rape

- 15yo or younger, even if consensual



# How are we supporting immigrant child health?

- Provider Education
  - April 2014: Dr. Fernando Mendoza ,Visiting Lecturer
  - July 2014: DC AAP interdisciplinary Immigrant Health Committee formed
  - 2014-Current: Ongoing collaborations with area pediatricians, school representatives, attorneys, others
  - 2015-Current: AAP Healthy People 2020 Grant - Creation of Immigrant Child Health Toolkit
  - November 2016: Advocacy Training on Immigrant Legal Rights
  - Spring 2017: Immigrant Mental Health Seminar

# DC AAP Resources: [aapdc.org/toolkit/immigranthealth](http://aapdc.org/toolkit/immigranthealth)

## Immigrant Child Health Toolkit

[\[ about this toolkit \]](#)

**A** B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Access to Public Benefits in D.C.

Aids/HIV

Algorithm for Latent TB Screening

Assistance Forms

Clinical Guidelines

Education

Mental Health

Social Services

Immigration Legal Services

Access to Public Benefits in D.C.

Language Services / Interpretation

# How are we supporting immigrant child health?

- Patient/Family support
  - March 2016: Familias Reunidas seminar at Adams Morgan
  - Advocacy campaigns (National AAP)
  - Future collaborations



# Take Home Points: Immigrant Health

## What can I do? Advocate!

### Patient/Family

Ask!

Refer: Mental health, Legal resources

Use your medical home team

### Local

Letters to the Editor

DC AAP Immigrant Health Committee: [aapdc.org](http://aapdc.org)

Mayor's Office of Latino Affairs: [ola.dc.gov](http://ola.dc.gov)

### National

NILC.org email list and webinars

AAP Immigrant Health SIG: [aap.org/cocp](http://aap.org/cocp)

AAP Federal Affairs Key Contact

**ADVOCACY**



# Child Health Advocacy Institute: Who We Are

- A team of pediatricians, lawyers, and public health and data experts
- Founded over 30 years ago
- The first hospital-based center in the country focused on developing **outreach programs and championing policies** that build healthier lives for children



Tonya Kinlow,  
Vice President Community Engagement,  
Advocacy and Government Affairs

# Child Health Advocacy Institute: What We Do

CHAI leads “Advocacy” in Children’s National

**CARE** mission:

Care **Advocacy** Research Education



- Policies that impact and improve pediatric health outcomes
- New ideas and new ways of serving all of the region's children
- Data and evidence to improve population health outcomes
- Education to trainees, clinicians, and staff on advocacy and population health



# Child Health Advocacy Institute: Approach

- **Community Affairs**
- Municipal & Regional Affairs
- Child Health Data Lab
- Government Affairs



Desiree de la Torre



Dr. Danielle Dooley



## Mental Health

prevention and treatment of psychological, emotional and relational issues that lead to higher quality of life



## Place-based Care

care options that are convenient and culturally sensitive



## Care Coordination

deliberate organization of patient care activities & info sharing protocols to achieve safer, more effective care



## Health Literacy

ability to obtain, process, and understand basic health information to make appropriate health decisions

# Child Health Advocacy Institute: Approach

- Community Affairs
- **Municipal & Regional Affairs**
- Child Health Data Lab
- Government Affairs



**Dr. Lee Beers**



**Dr. Lanre Falusi**

PROVIDERS CALL:

**1-844-30 DC MAP**

1-844-303-2627 • Hours: M-F, 9-5pm



# Child Health Advocacy Institute: Approach

- Community Affairs
- Municipal & Regional Affairs
- **Child Health Data Lab**
- Government Affairs



Dr. Chaya Merrill

[dchealthmatters.org](http://dchealthmatters.org)

Community Dashboard District of Columbia [+ See All Indicators](#) | [View the Legend](#) |



Children with Asthma  
(Compared to Prior Value)



Low-Income Preschool  
Obesity



Teens who Smoke: High  
School Students



Adult Condom Use  
(Compared to Prior Value)

Ad  
(Com

# Child Health Advocacy Institute: Approach

- Community Affairs and Population Health
- Municipal & Regional Affairs
- Child Health Data Lab
- **Government Affairs**



Aisha Braveboy



Bill Quirk



Carter Batey

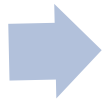


Children's National™

## CHAI Success Stories



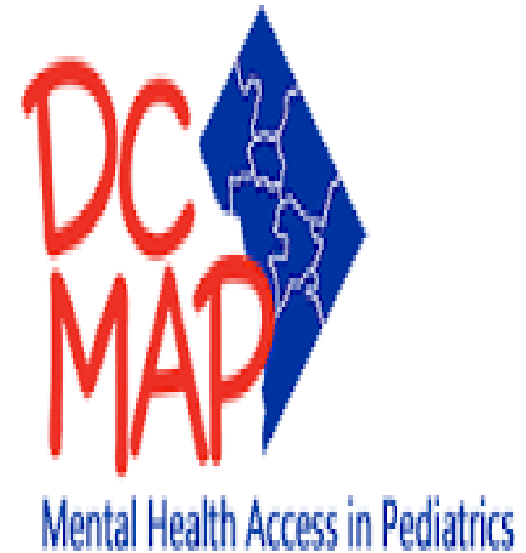
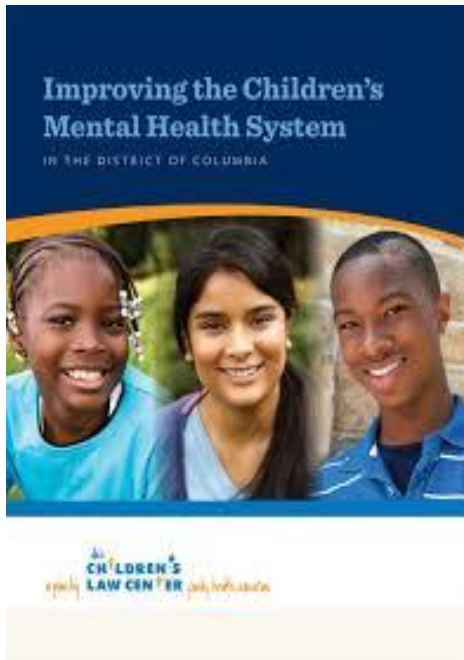
Dr. Sharma realizes kids might have an allergic reaction in school but no life saving medicine is available in an emergency



Bill Quirk in CHAI works with Dr. Sharma to prepare testimony for the DC Council to pass a law to have Epi-Pens in schools



As a result of the collaboration between CHAI and the clinical team, a new law is passed in DC so kids will be safer in school



Children's Law Center report (2012) highlights needs and recommendations related to children's MH, several of which note importance of MH integration in pediatric primary care.

Lee Beers works to develop the DC Collaborative for Mental Health in Pediatric Primary Care, a public-private coalition that works to bring a child mental health access program to the District

DC MAP is launched in 2015 offering free mental health consultation to pediatric primary care providers



CNHS is one of the nation's leading hospitals in pediatric research funding; this results in increased need for laboratory space

Walter Reed Army Medical Center closes in 2011; CHAI works with federal and local government to secure the transfer of a 13.2 acre research complex to CNHS

# CHAI Education Programming



- **Medical Students**
  - Lectures to 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> year medical students
  - Elective rotations for 4<sup>th</sup> year medical students
- **Residents**
  - Intern Advocacy Day – 40 interns
  - CHAI Rotation – 8 Community Health Track residents per year
  - CHAPP Pathway – 7 residents currently enrolled
- **General Academic Pediatrics Fellows** – 1 per year
- **Faculty** – Population Health and Advocacy training

# Intern Advocacy Day

- Volunteer session & Poverty simulation
- Senior Resident/Faculty debrief



Face Hunger™



# Take Home Points: Advocacy

## How can I get involved with CHAI?

- **Learning and Teaching** – Intern Advocacy Day facilitator, CHAPP Pathway mentor
- **Testifying** – please reach out to Government Affairs before testifying on a policy issue on behalf of CNHS
- **Linking** – with community organizations for potential funding opportunities
- **Sharing** – what you are doing in your clinics and communities, Community Benefit programs, population health efforts

Applicants: You can get involved when you are residents here!

# Thank You

- Dr. Renee Jenkins
- Dr. Aisha Davis
- Rachel Sarnacki
- Dr. Kristine Schmitz
- Dr. Kathy Ferrer
- Dr. Mark Weissman
- Dr. Danielle Dooley & Desiree de la Torre