

A young boy with glasses, wearing a white t-shirt and a black and white striped apron, stands in front of a green chalkboard. He is flexing both arms, mimicking the pose of a bodybuilder. On the chalkboard behind him is a chalk drawing of a lightbulb with rays emanating from it, positioned above two large, muscular arms that are also flexing. The top of the image features a dark banner with the text 'WV KIDS: KEEPING THEM HEALTHY AND HOW YOU CAN' in white, bold, sans-serif capital letters.

Kids are the youngest casualties of the sickle-cell epidemic. Many of you are on the front lines, providing direct services, or not seeing the systemic failure if you could encourage **policy change** to help address that challenge. These kids have what we do in her?

How do we make people care? Care enough to take action? How do we make the "Year of the OHS" campaign a meaningful call to action?

How do we make **legislators** care?
Economic impact study? Site visits to
affected organizations in their districts?
Candidate education?

Now that you've seen the topics of discussion for our 2017 *Roundtable Series*, what issues would suggest for this round? What would be of interest to the general public?

What issues should be on the 2014
Year of the Child Legislative
Platform?



WV KIDS: KEEPING THEM HEALTHY AND HOW YOU CAN HELP



How Can I Help?

Kids are the strongest advocates of healthy eating. Many of us are on the front lines, providing them services and resources. We can all help by taking steps to ensure that every child has the tools they need to make it.

How Can I Help?

How do we make sure kids can get enough to eat? How do we make the "Year of the Child" campaign a meaningful call to action?

How Can I Help?

How do we make legislation work? Economic impact study? Site visits to affected organizations in their districts? Candidate education?

How Can I Help?

How far will we see the health of children for our 2017 Roundtable Series, what topics would suggest for this round? What would be of interest to the general public?

How Can I Help?

What issues should be on the 2019 Year of the Child Legislative Platform?





Who We Are

The West Virginia Kids' Health Partnership- a project of West Virginians for Affordable Health Care- was created in 2017 with the mission to **build bridges between health care, social supports, and community services**, so all of West Virginia's kids have the opportunity to develop to their healthiest potential. It is comprised of members across sectors and systems that provide kids' health and support services in our state with a collective goal to **identify and alleviate barriers that exist between siloed systems**, to make it easier to address health disparities and improve health outcomes.

Are West Virginia's Kids Healthy?

Let's look at the data:

2017



<i>Child and Adolescent Health Indicators</i>	<i><u>sources</u></i>	
AIDS, Cumulative Cases Under Age 13 (Year-end 2015)	41	11
% Asthma, High School Students (2015)	3	25.9%
% Fruit Consumption, High School Students Ate Fruit or Drank 100% Fruit Juice 2 or More Times/Day (2015)	N/A	27.9%
% Vegetable Consumption, High School Students Ate Vegetables 2 or More Times/Day (2015)	N/A	23.8%
% Immunization Gap, Children Aged 19 Months to 35 Months without all Immunizations (2015)	2	35.1%
Infant Mortality, Rates per 1,000 Live Births, Final Data (2014)	11	7
% Low Birthweight Babies, Final Data, (2015)	5	9.6%
% Obese, High School Students (2015)	N/A	17.9%
% Obese, 10- to 17-Year Olds (2011)	13	18.5%
% Pre-Term Live Births, Final Data, (2015)	4	11.3%
% Tobacco Use, Current Smokers, High School Students (2015)	1	18.8%
% Public High School Graduation, Adjusted Cohort Graduation Rates (2014-2015)	18	86.5%

Are West Virginia's Kids Healthy?

Let's look at the data:

2015



Dietary Behaviors						
<u>Did not eat fruit or drink 100% fruit juices</u> (during the 7 days before the survey)	8.1 (6.4–10.3)	5.2 (4.4–6.0)	0.00	●		
Did not eat vegetables (green salad, potatoes (excluding French fries, fried potatoes, or potato chips), carrots, or other vegetables, during the 7 days before the survey)	8.3 (6.2–11.1)	6.7 (6.0–7.5)	0.19			●
Did not drink milk (during the 7 days before the survey)	21.2 (18.9–23.8)	21.5 (19.8–23.4)	0.83			●
Drank a can, bottle, or glass of soda or pop (not counting diet soda or diet pop, during the 7 days before the survey)	78.2 (75.5–80.6)	73.8 (71.1–76.4)	0.02	●		
Drank a can, bottle, or glass of soda or pop one or more times per day (not counting diet soda or diet pop, during the 7 days before the survey)	30.1 (27.6–32.7)	20.4 (18.1–23.0)	0.00	●		
Drank a can, bottle, or glass of soda or pop two or more times per day (not counting diet soda or diet pop, during the 7 days before the survey)	22.1 (19.8–24.6)	13.0 (11.1–15.2)	0.00	●		
Drank a can, bottle, or glass of soda or pop three or more times per day (not counting diet soda or diet pop, during the 7 days before the survey)	13.5 (12.3–14.8)	7.1 (5.8–8.6)	0.00	●		

Are West Virginia's Kids Healthy?

Let's look at the data:

2015

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

High School YRBS

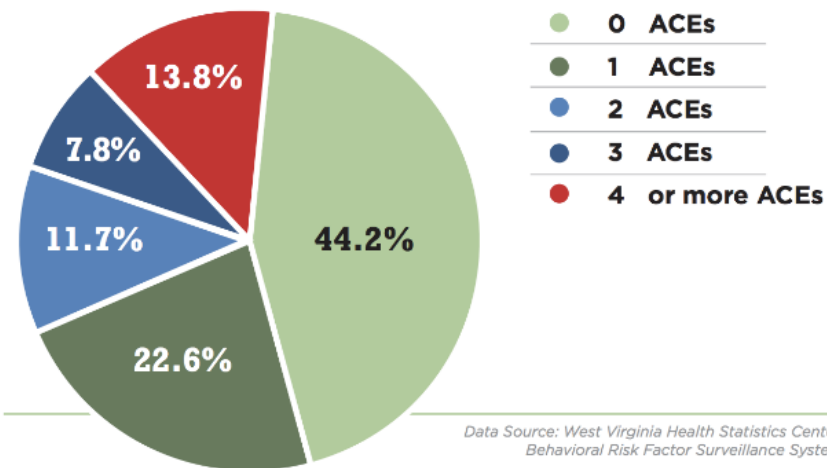
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)	32.9 (29.5–36.4)	29.9 (28.0–31.8)
Seriously considered attempting suicide (during the 12 months before the survey)	18.7 (16.3–21.4)	17.7 (16.7–18.8)
Made a plan about how they would attempt suicide (during the 12 months before the survey)	15.4 (13.2–17.7)	14.6 (13.4–15.8)
Attempted suicide (one or more times during the 12 months before the survey)	9.9 (8.5–11.5)	8.6 (7.6–9.6)
Attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)	3.2 (2.1–4.8)	2.8 (2.2–3.5)
Did not go to school because they felt unsafe at school or on their way to or from school (on at least 1 day during the 30 days before the survey)	8.9 (7.0–11.2)	5.6 (4.8–6.5)
Were electronically bullied (counting being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting during the 12 months before the survey)	20.2 (17.0–23.8)	15.5 (14.5–16.6)
Were bullied on school property (during the 12 months before the survey)	24.4 (22.0–27.0)	20.2 (18.8–21.7)
Were ever physically forced to have sexual intercourse (when they did not want to)	10.0 (7.8–12.8)	6.7 (5.6–8.0)
Experienced physical dating violence (counting being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	10.1 (8.2–12.3)	9.6 (8.8–10.6)

Are West Virginia's Kids Healthy?

Let's look at the data:

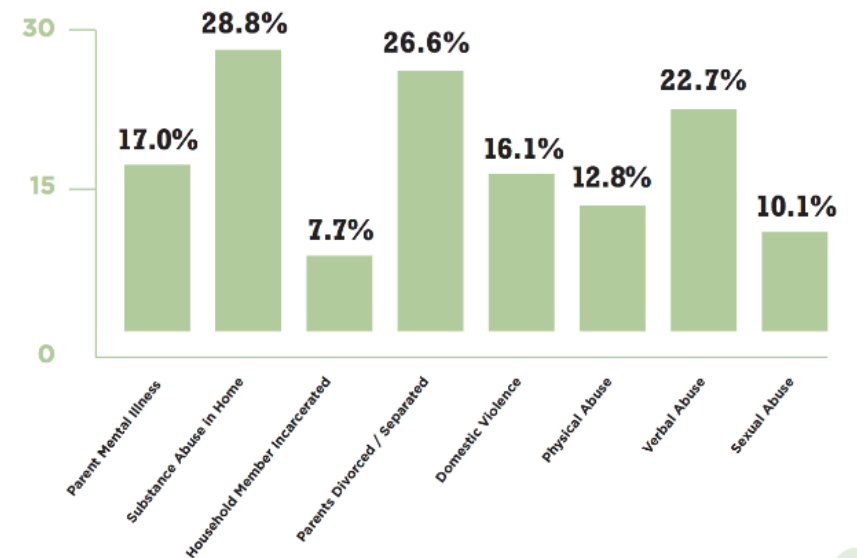


Prevalence of Number of Adverse Childhood Experiences (ACEs) Among WV Adults, 2014



Prevalence of Type of Adverse Childhood Experiences (ACEs) Among WV Adults, 2014

Data Source: West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System



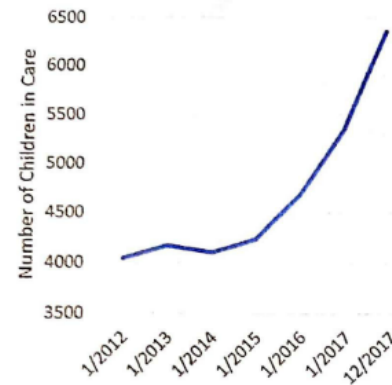
Are West Virginia's Kids Healthy?

Let's look at the data:

Quick Facts: Children in Care

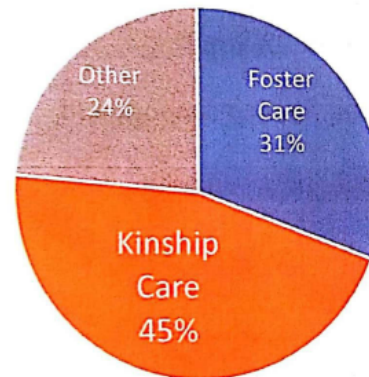
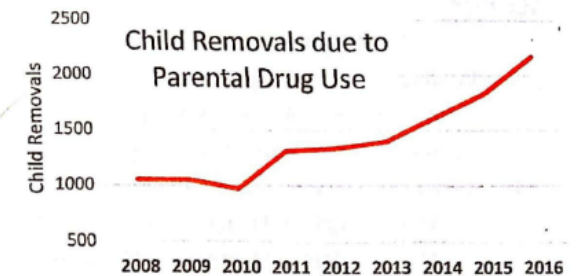
West Virginia Kinship Care Town Hall Forum

January 18, 2018



WV Children in Care: 1 in 60

The Number of Children in care is growing rapidly. Most of the growth is due to removals related to parental substance abuse.



- Children in the State's Care are mainly in Foster Care or Kinship Care.
- 52% of Kinship homes are certified
- Additional children cared for by extended family, but not in State Care.

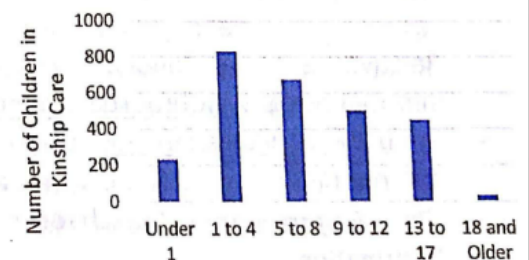
Children in Kinship Care

49 % are 0 to 4 years old

14 % are youth 13-18 years old

50 % girls and 50 % boys

Ages of Children in Kinship Care



Prevailing Winds

Issues Leading Change

Trauma-Informed Care

WVDHHR Bureau of Children and Families

WV Systems of Care

<https://wvsystemofcare.org/>

WV Department of Education

Project AWARE

<https://wvde.us/special-education/initiatives/project-aware/>

West Virginia Center for Children's Justice

Handle with Care Program

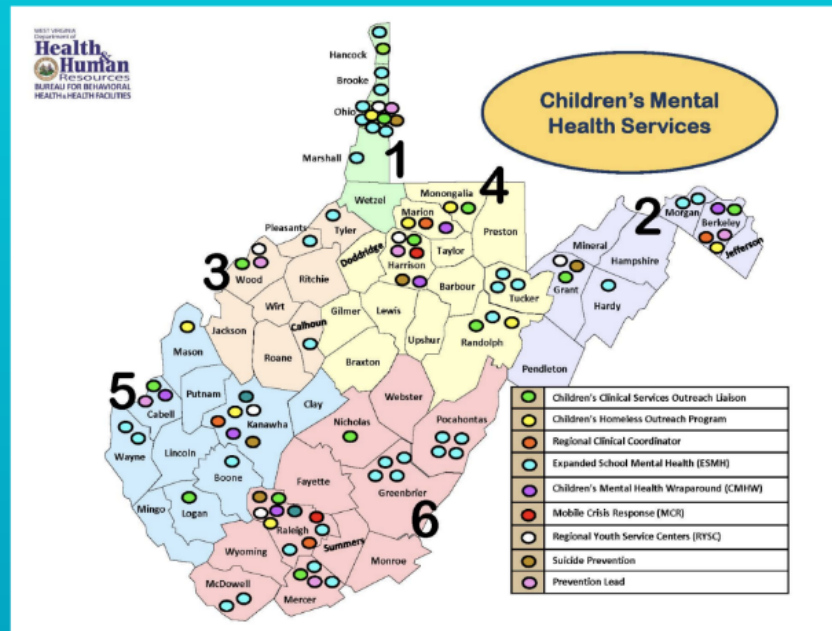
Adverse Childhood Experiences

West Virginia ACEs Coalition

<https://www.wvaces.org/>

Issues Leading Change

Mental Health Care



West Virginia School Health Technical Assistance Team
www.wvshtac.org

West Virginia Infant/Toddler Mental Health Association
<https://teamwv.org/west-virginia-infant-toddler-mental-health-association/>

Prevailing Winds

Issues Leading Change

Foster Care /Kinship Care /Child Services

Generations United

www.gu.org

Healthy Grandfamilies

<http://healthygrandfamilies.com>

West Virginia Court Appointed Special Advocate
Association

<http://wvcasa.org>

West Virginia Child Advocacy Network

<https://wvcn.org>

Prevailing Winds

Issues Leading Change

Primary Care:

Try This, West Virginia
<https://trythiswv.com>

KEYS for Healthy Kids
<http://keys4healthykids.com>

ReThink Your Drink
<https://rethinkyourdrinkwv.com>

Families Leading Change
<http://www.familiesleadingchange.org>



West Virginia's kids receive health care services in a number of government systems-- including the health care system, the public education system, the child welfare system, the foster care system, and the juvenile justice system. But even within the health care system alone, there's a significant lack of continuity of care, access and utilization of prevention and specialty services, case management and coordination.

The Partnership's focus is on advocating for sound policy to ensure comprehensive, quality health care is accessible in all systems, and that it is coordinated within these systems.

Our Initiatives



In 2015 the U.S. Department of Justice (DOJ) Tomblin, stating that after an investigation into mental health care for children in our state, they found West Virginia in violation of the American Disabilities Act. The reasons include a failure of multiple systems to collaborate, and as a result “agencies duplicate efforts, waste limited state resources, and provide fractured care delivery, causing confusion and harm to children and families.”

Our state has created strategic plans to address a number of chronic diseases, such as asthma and diabetes. These plans help stakeholders tackle issues collectively by assessing needed services, setting goals and delegating responsibilities. We’re asking for your help to support a comprehensive mental and behavioral health plan for the children in our state.

Our Initiatives



Grant Goal One:

Engage parents, school and providers in strengthening and expanding schools' capacity to identify student insurance status and establish efficient links between schools and local health care providers.

Grant Goal Two:

Bring a local consumer voice to the development of new alternative health service models for children in the school system by ensuring that each child has a medical home and timely delivery of a full array of social and health care services for all children.

Grant Goal Three:

Engage and empower the public and consumers in ensuring that all of the children and adolescents in their communities are insured and have access to appropriate health care when they need it.

Our Initiatives

The "Year of the Child" campaign is a year-long event, created to form a critical mass of West Virginians who will help steer these children towards safer shores and healthier outcomes. Let's start a statewide dialogue around their needs and how we-- not just government agencies, but all of us-- can coordinate our efforts, protect these children from further trauma, and produce sound policy changes that put them on the road to resilience. It will be a year-long process of listening, responding, drafting, and advocating for meaningful change.



Our Initiatives

Currently...



- Working with WVDHHR to educate community on their plan to create a Managed Care Organization Plan specifically for at-risk youth and their families.
- Working with a number of partners to provide information on implementation of the Family First Prevention Services Act.
- Planning informational sessions (webinar, meetings, etc) around the Pediatric Medicaid Benefit and how parents and providers can both navigate through the process to ensure kids get the care they need.

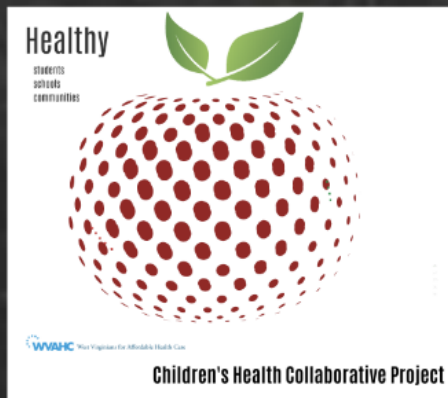
Currently...



Maintaining our social media presence on Facebook and Twitter to share national and state news around mental health care-- new data, promising practices, personal stories, etc. Follow [@wvmh4kids](https://twitter.com/wvmh4kids).

Currently...

We're initiating work on this grant project by collecting data via **surveys**, to get a comprehensive picture of the current connection between health care, schools and communities in our state.



Currently, there is no statewide, comprehensive listing of health care/school partnerships for services in the state-- such as which schools collect health insurance status, if any assist in enrolling students, or which schools have policies/ protocols for linking these services.

We need to know who's doing what, where work is being done, where there is need, and most importantly, **where there is "the will"-- in each county's schools, health care organizations and communities-- to make these connections.**

Currently...



- Recruiting partners
- Creating a one-pager titled "Are You a Kid-Friendly Candidate?" for the upcoming election
- Planning the 2018 Roundtable Series
- Soliciting your input

2017 Roundtables



● Change from a reactive model of care to a preventive model—a model specific to the health care needs of children and adolescents.



● Partner with schools as an access point for health services.

● Train medical students in new standards of care. While we train children and adolescents to properly access health care, we should train college students in the medical professions how to work in these new environments, how to adapt to new delivery models, and how to impart health literacy messaging to younger generations.

● Integrate data systems. Siloed care is inhibiting providers from providing appropriate care, as well as fracturing collaborative efforts. If we are going to meaningfully address health disparities, we must take responsibility for ensuring that health care needs are met, particularly when no adults in some children's life are assuming the role of conveying information. A collaborative approach must be undertaken, and a dialogue must begin.

● Increase patient literacy. A joint education campaign with clear messaging across disciplines, focused on the value of good health, and shared by systems, would be a meaningful

2017 Roundtables



2017 WEST VIRGINIANS FOR AFFORDABLE HEALTH CARE
Kids' Health
ROUNDTABLE SERIES

Hard to Reach: The Health Care Needs of Transient/Displaced Children

About the Roundtable Series
Twenty years ago, the Children's Health Insurance Program (CHIP) was enacted. It was created with bipartisan support by Congress and championed by West Virginia Senator Jay Rockefeller.

It was enacted with bipartisan support in West Virginia in April, 1998.

The significance in the creation of CHIP has evolved over the years, but the fundamental reason for its creation remains simple—a population of children was not adequately insured. Because of this, stakeholders and advocates rallied in support of better health care for these kids. For a time, their health became a national priority. Legislators from each side of the aisle, policy makers, health advocates, and community activists joined in support of a program that not only addressed the insurance needs of a population they felt were “falling into a gap” in coverage, but meaningfully and thoughtfully discussed the health care needs of a population that, like children covered by Medicaid, often had special needs that were going unmet.

Now, 20 years later, West Virginia's kids face a myriad of new challenges—very different ones than the ones from previous generations. Poverty, health disparities, the opioid epidemic, sedentary lifestyles

and physical inactivity, the massive growth in the fast food industry, “screen time” issues, virtual bullying—all of these have significantly changed the health care needs of children and adolescents.

And so the questions for children's health providers, stakeholders and advocates become: *Are we up to the challenges that our predecessors faced 20 years ago? Can we be the visionaries of today and collectively address the issues that threaten the health of West Virginia's kids? Will we make children's health care, for this moment in time, a priority?*

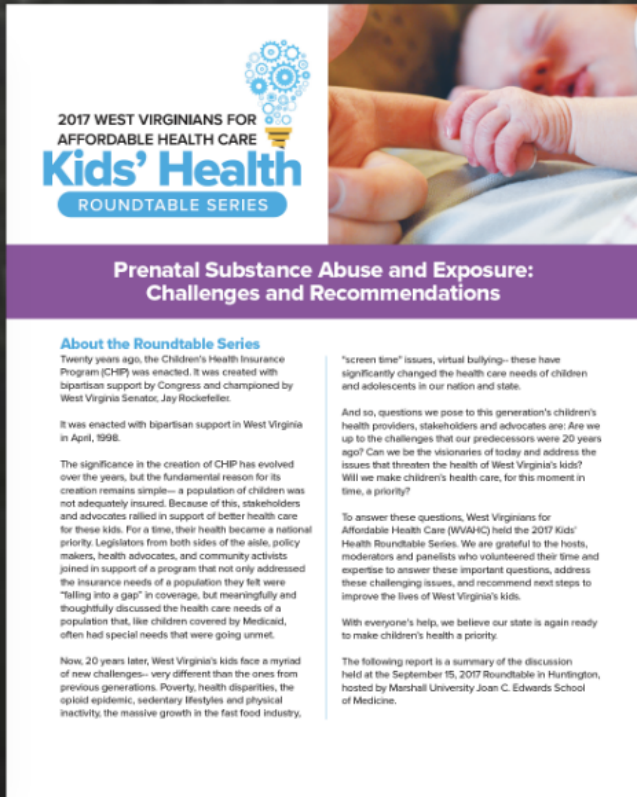
To answer these questions, West Virginians for Affordable Health Care (WVAHC) planned the 2017 Kids' Health Roundtable Series. We are grateful to the hosts, moderators and panelists who volunteered their time and expertise to answer these important questions, address these challenging issues, and recommend next steps to improve the lives of West Virginia's kids.

With our panelists' help, we believe our state is ready to again make children's health a priority.

The following report is a summation of the discussion held at the September 6 Roundtable in Morgantown, in partnership with the West Virginia Chapter of the American Academy of Pediatrics.

- Improve connectivity, efficiency and information flow of government data systems to provide continuity of care for all children.
 - Pursue telehealth opportunities
 - Require a mental health screening for children in foster care after a 30-day period.
 - Requiring trauma-informed care training for all caregivers and providers, across systems, who service this demographic
- Centralize resources for kinship care providers. West Virginia has the fourth largest number of children being raised in kinship care in the country, yet we have no “umbrella” organization to help them navigate systems, access resources, connect them to local services or discuss challenging policies to accessing services. All systems could partner to centralize their respective, relevant services for these families

2017 Roundtables



- Address West Virginia's cultural dependency on pharmaceuticals. Recommended national policy changes should be adopted on the state level. We should more actively use prescription drug monitoring programs to identify suspicious patterns of opioid use. Insurers need to cover effective non-opioid pain remedies.

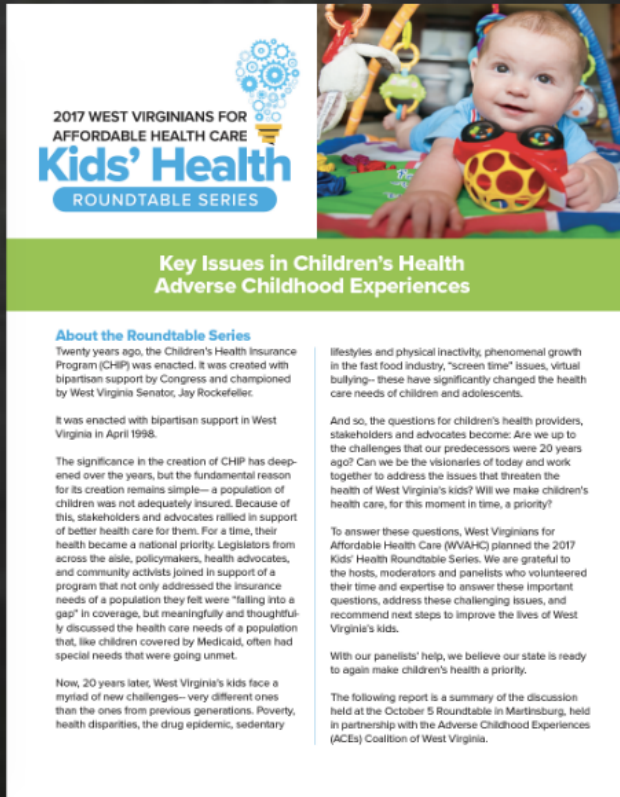
- Embark on a longitudinal study: There is a lack of studies investigating the longitudinal outcome for children born of mothers with opioid and poly-substance abuse disorder during pregnancy.

- Standardize universal screening:

- Integrate approaches between OB/GYNs and pediatricians, health care and community resources. An interdisciplinary task force of obstetric, pediatric, nursing, and administrative support should work collectively to discuss issues related to high-risk mothers and newborns, plans of care, expected delivery dates, and to make all information via consultations available to the task force.

- Promote harm reduction clinics as a public health strategy with well-documented results in reducing morbidity and mortality. Many of West Virginia's clinics have successfully integrated sexual health education in an attempt to reduce teen pregnancies, sexually transmitted diseases and the number of children born exposed to drugs.

2017 Roundtables



2017 WEST VIRGINIANS FOR AFFORDABLE HEALTH CARE
Kids' Health
ROUNDTABLE SERIES

**Key Issues in Children's Health
Adverse Childhood Experiences**

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With our panelists' help, we believe our state is ready to again make children's health a priority.

The following report is a summary of the discussion held at the October 5 Roundtable in Martinsburg, held in partnership with the Adverse Childhood Experiences (ACEs) Coalition of West Virginia.

- Increase Trauma-Informed Settings – Creating a “culture of care” requires that all settings where these children spend time – especially schools –promote a stable, caring environment,

- Co-locate Child Protective Services staff and other child welfare agencies in schools could help address communication issues.

- Change federal/state laws governing time limits to when a parent/guardian loses custody due to substance abuse

- Encourage kinship care and empower those who provide it

Expand specially designed court program. Drug and family courts have been shown to not only reduce recidivism and substance abuse among drug-dependent criminal offenders, but to increase the likelihood of rehabilitation through treatment, mandatory periodic drug testing, community supervision, and other rehabilitation services.

- Provide more community supports for families. Support programs are key, such as in-home visitation programs, but we must remember that they are utilized on a volunteer basis and often under-utilized. An array of community support services need to be available that fit the needs of families at the level in which they're willing to engage, much like the continuum of health care services for those seeking SUD treatment.

You're Invited

A generation of West Virginia's kids is drowning in the devastating effects of the opioid crisis. Many have no permanent place to call home, no stable, caring adult in their lives, and no plan to get back on their feet. They float between government systems that they rely on for care -- like schools, foster care, or child welfare. A growing number of kids are homeless, living in extended families, in foster care, and in residential facilities. Some even live in WVDHHR offices and hotels.

What kind of childhood is this?

Join us for the kickoff of the "Year of the Child" campaign on **February 28 at the Capitol**. The campaign is a year-long event, created to form a critical mass of West Virginians who will help steer these kids towards safer shores and healthier outcomes. Come for breakfast or lunch at the Culture Center. Meet stakeholders. Learn more. Share your thoughts and become part of the solution.

For more information, call 304.444.5917 or email info@wvahc.org.



Partnering Agencies





How Can I Help?

Kids are the youngest casualties of the drug epidemic. Many of you are on the front lines, providing direct services, or witnessing the systemic failure. If you could recommend **one policy change** to help address the challenges these kids face, what would it be?



How Can I
Help?

How do we many people care? Care enough to take action? How do we make the "Year of the Child" campaign a **meaningful call to action?**



How Can I Help?

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Economic impact study? Site visits to
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What issues should be on the 2019
Year of the Child Legislative
Platform?



Questions and Thanks

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WVAHC

West Virginians for Affordable Health Care