Alaska

Alaska uses PRAMS data to support legislative effort
Offering Insurance Coverage of Well-Baby Exams

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on approximately 75 percent of all births focusing on maternal attitudes and experience before, during and shortly after pregnancy. PRAMS provides data for state health officials to use for improving the health of mothers and infants. CDC and the states use the data to monitor changes in maternal and child health indicators.

Public Health Problem

- Well-baby exams are an early preventative health measure that can ward off extensive costs in future health care.
- Well-baby exams are a preventative, rather than a curative, gauge of early childhood health status.
- Many insurance programs in Alaska do not cover these exams.

Program example in state

- PRAMS surveillance data contributes to States public health through its ability to provide better understanding of behaviors that may contribute to adverse pregnancy outcomes.
- PRAMS surveillance data is used, in part, to support setting priorities for reproductive health programs, services and resources; developing and modifying policies; advocating for new programs in maternal and child health; and identifying new resources for public health programs and services.
- Data reported by PRAMS provides policy makers and program planners the information needed to support initiatives to improve the health of mothers and infants.
- An examination of Alaska's PRAMS surveillance data covering 2004 – 2006 reflected that women who stated that they were unable to afford well-baby exams went from 5.1 to 23.4 percent.

Implications

- Based, in part, on PRAMS data, Alaska State Senate Bill 170 requiring health care insurers in the state to provide coverage of well-baby exams as part of their policy was introduced by Senator Lesil McGuire in May 2007 at the end of the legislative session.
- In February 2008, the President of the Alaska Chapter of the American Academy of Pediatrics (AAP) testified at a hearing of the Senate Health, Education, and Social Services (HESS) Committee using Alaska PRAMS data.
- Maternal Child Health Epidemiology Unit staff had provided her (and the bill's sponsoring senator) with the most recent three years of Alaska PRAMS data on the prevalence of well baby checkups, having gone as many times for checkups as desired, and barriers to not being able to go as many times as desired. The percent of women who said they could not afford well-baby visits went from 5.1 to 23.4 during the 2004-2006 timeframe. Part of the reason for this shift was that fewer children were covered by Denali Kid Care – part of the Medicaid expansion program for children in Alaska that does cover well-baby exams.
- The Chief of the Section that houses PRAMS also testified in support of the bill focusing on the cost effectiveness of preventative care for children.

Alaska (continued)

Successful Impact

- Alaska State Senate Bill 170 successfully passed both the House and Senate in April 2008 and was signed into law in June 2008, effective September 2008.
- In consideration of well baby exam coverage, the State of Alaska Division of Retirement and Benefits remained consistent with its past record of adopting all state mandated coverage as a part of its standard health care plan for state employees and voluntarily improved well baby coverage for its 5,500 Select Benefits employees during legislative deliberations.
- Coverage under the State employee's health plan increased the existing benefit to 100%, no deductible or coinsurance assessed, to include all recommended services listed in the American Academy of Pediatrics guidelines for children through 24 months of age, thereby removing financial barriers for working parents to this necessary care.
- The provision of the plan was written so that as the AAP guidelines are revised, the plan changes to include those services (i.e. new immunizations or tests) without additional provisions being implemented.

Florida

Improving Infant Death Scene Investigation in Florida/SUIDI: State uses CDC's Division of Reproductive Health Sudden Unexpected Infant Death Investigation Training Materials to Gather Better Information on Infant Deaths

Public Health Problem

In 2004, Florida documented the following health outcomes:

- Sudden Infant Death Syndrome (SIDS) and other Sudden Unexpected Infant Deaths (SUID) continued to be the leading cause of post neonatal infant mortality
- Cause of death diagnosis of SIDS is declining in Florida, while other SUID rates are increasing
- Infant death scene investigations are conducted inconsistently and guidelines vary between jurisdictions.

Program

SUIDI Training Academy Florida Team: Collaboration and Partnerships to Address Florida's Infant Deaths

Develop capacity in Florida to conduct local educational sessions for medico-legal professionals on how to complete thorough and consistent infant death scene investigations and find ways to report and disseminate useful information on infant deaths to community agencies working on prevention efforts.

- In Florida, the Florida Department of Health's Maternal-Child Health Epidemiologist and State SIDS Prevention Coordinator, local Fetal and Infant Mortality Review (FIMR) teams and the Florida Child Death Review Team (CDRT) coordinated efforts to better serve Florida's communities and address infant deaths and prevention efforts.
- In September 2006, Florida sent a five member team to the CDC's Sudden Unexplained Infant Death Investigation (SUIDI) Training Academy to be trained as trainers in infant death scene investigation. The team included a Major with Manatee County Sheriff's Office and the chair of Florida's Child Abuse Review Team, a medical examiner from Fort Myers, a professor in pathology at University of Florida and an Assistant State Attorney from Ocala.
- Between 2007 and 2008, Florida's State Department of Health Maternal Child Health Epidemiologist and staff, keeping close contact with CDC DRH, created data files to examine and report Florida's infant deaths by cause of death, including SIDS and SUIDs, thus documenting any shifts in cause of death diagnosis and better understanding underlying causes of death, such as those related to sleep environment.
- Although Florida was not a pilot state for the SUID Case Registry, the state exemplified such commitment to the issue that the State SIDS Prevention Coordinator was invited to represent Florida at two information gathering sessions on Developing a Nationwide SUID Case Registry. The Chair of Florida's Child Death Review Team was also invited to the second session.

Implications

- Florida's medico-legal community, including first responders, EMS, law enforcement, death scene investigators and medical examiners, have begun to realize the importance

Florida (continued)

and significance of consistent and standardized methodologies for conducting infant death scene investigations and diagnosing the cause of infant death.

- Accurate and consistent cause-of-death determination and reporting enhances the ability to monitor state and national trends, ascertain risk factors, and design and evaluate programs to prevent these deaths.
- Local community action teams, such as FIMR or CDR can use this expanded and consistent information to create prevention strategies and monitor prevention programs.

Successful Impact

- Since attending the SUIDI Training Academy, the Florida Team has gone on to train more than 1,000 additional people in over 30 different training sessions.
- In 2008, the Florida Police Chief Association adopted a resolution in support of doll reenactment and the use of the SUDI Reporting Form.
- The Florida Department of Health's SIDS Prevention Coordinator attended two information gathering sessions on Developing a Nationwide SUDI Case Registry in 2008.

Hawaii

Promoting Science-based Approaches to Prevent Teen Pregnancy, HIV and STDs

Public Health Problem
Nationally, Asian/Pacific Islanders (A/PI) have the lowest teen birth rate of all reported racial and ethnic groups. However, the teen birth rate among Hawaiian A/PIs is more than twice that of the U.S. A/PI rate (39/100,000 in Hawaii versus 17/100,000 in the U.S., 2005), and it is higher than Hawaii's overall teen birth rate (36/100,000). With 74% of teen births in Hawaii being to A/PI mothers, it is critical to provide these youth with culturally appropriate, effective prevention programming.

The National Campaign to Prevent Teen Pregnancy reports:

- Between 1991 and 2004 there were more than 25,300 teen births in Hawaii.
- In 2004 alone, preventing teen childbearing in Hawaii would have cost tax payers an estimated $22 million.
- Most costs of teen childbearing are associated with negative outcomes for the children of teen mothers, including public health care, child welfare, incarceration, and lost tax revenue due to decreased earnings and spending.

Initiative Goal
To increase the capacity of youth-serving organizations statewide to select, implement, evaluate, and sustain science-based approaches and programs to prevent teen pregnancy, HIV and STDs.

Program example in state
Through the Promoting Science-based Approaches-Getting to Outcomes (PSBA-GTO) process, Hawaii Youth Services Network (HYSN) provides intensive technical assistance and training to schools, community based organizations and health educators serving Hawaiian youth.

- HYSN has implemented science-based teen pregnancy prevention programs in 20 public school classrooms, 2 Native Hawaiian charter schools, a residential substance abuse and mental health treatment center for youth, and in after school programs.
- HYSN provides training and technical assistance to Catholic Charities of Hawaii to build that organization's capacity to evaluate its abstinence-only until marriage curriculum.
- Two after school programs and a juvenile crime prevention program have implemented a youth development program shown to reduce teen pregnancy.
- In collaboration with Hawaii Student Television, HYSN adapted a HIV teaching video from the science-based curriculum most frequently implemented by project partners to more effectively meet the needs of Hawaiian youth.
- HYSN works with parents to increase their understanding of school-based teen pregnancy prevention curricula, and provides workshops on parent-child communication to promote positive outcomes in youth.

Successful Impact

- Over 900 middle school and high school aged youth received science-based teen pregnancy prevention programming in 2007-2008 in schools, public housing communities, after school programs and residential services.

Hawaii (continued)

- Evaluation data to date show significant improvement in knowledge, attitudes, and behavior related to sexual and reproductive health sustained at three month follow up after program completion. Some examples:

    - At 3 month follow-up, 94% of students in one middle school (n=187) responded correctly to the statement, "Being a teen parent makes it harder to reach your goals," versus 69% prior to taking the course.
    - At 3 month follow-up, 81% of students responded correctly to the statement, "because teen girls' bodies are still growing, having a baby can be harder on the body", versus 56% prior to taking the course.
    - At 3 month follow-up, 94% of students responded correctly to the statement, "It is important to me that I avoid getting a sexually transmitted disease," versus 80% prior to taking the course.
    - At the end of course completion (3 month follow-up not yet completed), 73% of students in one high school (n=15) reported having no sexual partners in the last three months, versus 53% prior to taking the course.

Pennsylvania

Promoting Science-Based Approaches to Prevent Teen Pregnancy, HIV, and STDs In Pennsylvania: State Organization works with Departments of the Commonwealth to broaden impact.

Public Health Problem

About one-third of girls in the United States get pregnant before age 20. In 2006, 435,427 infants were born to mothers aged 15–19 years, a birth rate of 41.9 live births per 1,000 women in this age group. Although pregnancy and birth rates among girls aged 15–19 years have declined 34% since 1991, birth rates increased for the first time in 2006 (from 40.5 per 1,000 women in this age group in 2005 to 41.9 in 2006). It is too early to tell whether this increase is a trend or a one-time fluctuation in teen birth rates.

- In Pennsylvania, 9.05% of all births are to teens aged 15-19; 40.7 out of every 1,000 15-19 year old girls reported a pregnancy in 2005.
- Pennsylvania costs of teen childbearing cost taxpayers $389 million in 2004.
- There is no state-wide policy regarding the sex education students receive in public schools.
- The majority of funding for teen pregnancy prevention is abstinence-only-until-marriage, which is funded through federal earmarks.
- The need to provide students with medically accurate, effective sex education.

Program

To provide students with medically accurate, effective sex education, to increase funding dedicated to sex education and the development of guidelines for use in providing effective sex education.

- As part of the cooperative agreement, Promoting Science-based Approaches to Prevent Teen Pregnancy, HIV and STDs, the Pennsylvania Coalition to Prevent Teen Pregnancy (PCPTP) began working to increase the capacity of local coalitions and community-based organizations to apply science-based approaches to teen pregnancy prevention; therefore, increasing the number of teens in Pennsylvania who receive education and services using science-based approaches.
- The “Promoting Science-Based Approaches” project has provided intensive training and technical assistance to five local youth-serving coalitions/organizations.
- PCPTP in collaboration with the Pennsylvania Department of Health and Department of Education is working to increase funding earmarked for implementing science-based approaches to teaching sex education

Implications

PCPTP benefits the state of Pennsylvania by providing intensive and customized training, technical assistance and resources to schools and youth-serving community based organizations, and the Department of Health on:

- Needs assessment

Pennsylvania (continued)

- Developing program goals and desired outcomes
- Identifying best practices to address priority risk and protective factors among target youth
- Selecting a program that best fits the community and its youth
- Implementation planning
- Program evaluation
- Sustainability, and
- Continuous quality improvement.

Successful Impact

Five local partners are in the process of creating or improving teen pregnancy prevention programs; two of which have implemented teen pregnancy prevention programs that are science-based.

- The Pennsylvania Department of Health has issued new guidelines to funded providers of teen pregnancy prevention to increase/strengthen the use of science-based approaches.
- The Pennsylvania Department of Education is issuing a Request for Proposal to school districts to implement science-based programs.