

# Richmond Times-Dispatch

## Some see poverty, not access to care, as main obstacle to kids' health

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At Ginter Park Elementary School in Richmond, teacher Catherine Brown stops class for a few minutes whenever she feels like the kindergartners and first-graders in her room need a “brain break.”

The Gummy Bear song or some other tune is cued up, and they dance and move around for two to three minutes to get recharged. Students also are encouraged at times to get out of their seats during “subtraction tag,” one of the active lessons that Greater Richmond Fit4Kids promotes as a way to combine learning with physical



P. KEVIN MORLEY/TIMES-DISPATCH

Nellie Bradley leads kindergartners in a physically interactive exercise at Ginter Park Elementary School, Oct. 30, 2015. Bradley is with Greater Richmond Fit4Kids which conducts programs in schools in which teachers integrate movement into classroom lessons. From left: D'Angelo Green Muneer Brent, Jaliah Ford, instructor Nellie Bradley, Jazzmin Reed, Sha'miah Tyler, Julisa Tann, Jahiya Williams, and Kalani Lane.

activity.

“We know that kids are not as active as they used to be and are not eating as healthy as in past times,” said Mary Dunne



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Nellie Bradley leads kindergartners in a physically interactive exercise at Ginter Park Elementary School, Oct. 30, 2015. Bradley is with Greater Richmond Fit4Kids which conducts programs in schools in which teachers integrate movement into classroom lessons. (Note: girl on the right is Jazzmin Reed).

Stewart, executive director of Greater Richmond Fit4Kids. “Our focus is trying to get kids moving more and eating a healthier diet.” “We have four full-time teachers on staff, and they each work with one to two schools (at a time) on trying to infuse the school with a culture of health and wellness,” she said. When it comes to efforts to improve the health of the region’s children, there is no shortage of initiatives. Programs in schools and neighborhoods focus on everything from promoting regular exercise to growing vegetables to getting parents to read to their children every night.

Many of those organizations’ leaders have not taken part in public discussions on developing an independent children’s hospital for the region.

From their perspective, one of the biggest challenges to child health and well-being is not necessarily access to health care services.

It’s poverty.

“One of the most important things to look at if you are considering how healthy kids are is to look at

the poverty rate,” said Margaret Nimmo Crowe, executive director of Voices for Virginia’s Children, a statewide advocacy group.

“In Petersburg and Richmond, the (child) poverty rate is really high, but even in other places, in suburban areas, there is a lot of child poverty,” Crowe said.

“The importance of looking at poverty when you consider children’s health is that we have increasing research all the time about brains, and about young children’s brains in particular.

“We know the impact that a highly stressful living situation can have on the developing brain. There’s a whole body of research around what’s being called toxic stress.”

In Richmond, about 38 percent of children live in poverty. In Petersburg it’s 47 percent and in Hopewell it’s 35 percent, according to Voices for Virginia’s Children.

But just 6 percent of children in Hanover County, 11 percent of children in Chesterfield County and 15 percent of children in Henrico County live in poverty.

Poverty often goes hand-in-hand with low educational attainment. Standards of Learning test scores are one measure of that. In Richmond, about 63 percent of third-graders passed the last SOL reading exam.

If children are behind in reading in third grade, they often never catch up, child advocates maintain. In jurisdictions with less child poverty, pass rates are in the 70 percent and 80 percent range.

Educational achievement and health status also are intertwined, with more education associated with better health. The same access to health care does not mean the same health, according to a Virginia Commonwealth University Center on Society and Health issue brief that notes that “health care alone cannot counter the effects of an inadequate education.”

“As a nonprofit executive, I think it’s about time we be as intentional as possible about addressing the root causes of why children would be coming through the doors” of a hospital, said Damon Jiggetts, executive director at Peter Paul Development Center in Richmond’s East End, one of the most economically challenged sections of the city.

“Many of the children I assume would be coming into (a children’s hospital) would come from disadvantaged situations or environments that have contributed to their health issues, or they’ve had some sort of adverse experiences or their parents have had some sort of adverse experience that has affected their children,” he said. “There are a lot of root causes that go unaddressed, and we continue to put Band-Aids on situations.”

“Why wouldn’t we look at grocery stores, or how do we go about addressing the root causes of so many mental health issues? Or, if access to primary care physicians is an issue, then why aren’t we looking at ways to make primary care physicians more accessible to the families who need them the most, as opposed to constructing a facility that will be very intimidating but yet still won’t be as accessible as needed?” Jiggetts asked.

#### Areas of concern

Overall in the region, children’s health is pretty good. The national Kids Count report ranks Virginia as the 14th best state on measures of child health and well-being.

A separate report, the Virginia Youth Survey — which asks school-age children questions about physical activity, nutrition, use of seat belts, bike helmets, tobacco and drugs, and other factors that affect well-being — also shows most children in the region are doing OK.

There are areas that need work, though.

Most kids never wear helmets when riding a bike or roller skating and, in the central health region, more than one-third

of high schoolers who drive admitted to texting or emailing while driving.

Injuries are the leading cause of death for children ages 1 to 17 nationally. The report captures data from 2013 so probably was too early to assess the impact of a 2013 state law that made texting while driving a primary offense.

“The statewide statistics can mask disparities and problems in regions of the state or for particular populations of kids,” Crowe said.

L. Robert Bolling, CEO of ChildSavers, a nonprofit agency in Richmond that provides counseling and crisis intervention for children with mental health issues, voiced the same concern.

“Kids in our community may overall be doing well, but there are these serious concentrations of poor health outcomes, and not just health outcomes in physical health, but poor outcomes in mental health,” he said.

“A lot of it is driven by where you live and your family’s income,” Bolling said. “For us, a significant amount — 90 percent or greater — of the kids we see for mental health services are Medicaid recipients.”

#### ‘Wasted resources’

In many places, children’s hospitals are champions of population health or public health measures directed at improving the health of children in the community.

Greater Richmond Fit4Kids gets support from all three of the region’s health systems — VCU Health, Bon Secours Richmond Health System and HCA Virginia. Representatives of the health systems are on the nonprofit’s board of directors.

Other community partners have helped build gravel walking paths and raised garden beds for growing vegetables and herbs at schools.

Jiggetts, of Peter Paul Development Center, said Bon Secours’ Richmond Community Hospital has sponsored physical fitness initiatives with them and has convened community

conversations about improving the East End.

Obesity and asthma are two key areas where other children's hospitals try to make a difference, said Dr. Melissa Nelson, a spokeswoman for Pediatricians Associated to Care for Kids, the doctors group advocating for an independent children's hospital.

From her perspective, an independent hospital focused solely on the needs of children would be a way to bring all the competing and duplicative child health efforts under one umbrella.

"When I think about Richmond and the way we are able to tackle and not tackle these big public health issues for kids, I immediately think of the wasted resources," Nelson said.

"We waste resources on marketing. All three health care systems try to one-up each other and prove that they are more of a children's hospital than the other.

"The money used on these tremendous marketing campaigns aren't going toward any of these health care issues. When you think about all the money that is spent on advertising, what if all that money went into some public program or public education program for kids?"

"We can't have a uniform plan or a uniform program, because they each are spinning their own system is better at taking care of kids than the other," Nelson said. "So I don't see a lot, as a pediatrician, of collaborative efforts to take care of any of those big public needs."

One example of how that might work is what Connecticut Children's Medical Center in Hartford is doing.

The hospital in 2013 launched an Office for Community Child Health, said Dr. Paul Dworkin, the executive vice president who oversees the division. The office works with multiple community partners on numerous initiatives — from a healthy homes program that does lead abatement and home renovations to reduce risk of injuries, to programs that focus

on early detection of vulnerable children.

Community-based, not-for-profit programs and services must be involved in the work to address child health and development issues, Dworkin said.

“The reason for that is pretty clear. Child health services contribute to 10 percent of children’s health outcomes. The other 90 percent are contributed to by a host of factors that are way, way beyond the purview of children’s health services,” Dworkin said.

“So it’s really important that all the sectors ... be engaged in any discussion and planning as to how children’s health services will best ensure children’s healthy development.” It’s the right thing to do, he said, from their obligation to the community they serve.

“But, in addition, there is widespread recognition that we are moving into a new population health reimbursement mode, and ultimately we will be expected to take care of the population,” he said. “Our reimbursement will be based on the extent to which we take good care of that population, rather than the number of procedures and services that we deliver.”