



10 in '10

Part 1 of 4

Few issues are closer to our hearts or more crucial to our future than the health of children. As an abundance of children's health issues hit the media spotlight last year, it was a challenge for many parents to keep track of them all or determine which matter most. From financial turmoil to immunization challenges, 2009 turned out to be a year of reflection and reaction.

In 2010, Children's Hospital is highlighting 10 important children's health issues to watch. Each article in the four-part series will focus on two or three topics. This top-10 list is not meant to be comprehensive, nor does it suggest that other health issues aren't also important. But we think these 10 subjects will have a lasting impact on children's health well into the future.

H1N1 Flu Pandemic Affecting Children the Hardest

Worry over the H1N1 virus has let up a bit recently and the peak of the outbreak appears to have passed, but experts caution that cases could surge again. So it's important for parents to remain vigilant and do their best to protect their families, especially since children and teens were especially hard hit by the 2009 H1N1 pandemic.

While health care officials encouraged parents to make sure that children got immunized against both seasonal flu and H1N1, many parents found the H1N1 vaccine to be scarce or unavailable at their child's usual place for health care. And there have been several reports of distribution problems. For example, while many doctors' offices and local health clinics went without, some major corporate clinics received supplies of the vaccine, according to USA TODAY.

Indeed, in some cases, early doses went to people not considered most at risk by the Centers for Disease Control and Prevention (CDC). The CDC's at-risk groups include pregnant women, people with chronic health conditions, health care workers and people ages 6 months to 24 years.

Many parents became frustrated when, after hearing about the importance of having children vaccinated against the H1N1 virus, they weren't able to do so because of vaccine shortages or unavailability. One reason for the shortfall was that the H1N1 virus turned out to be a "slow grower" in the lab, which delayed vaccine production. Researchers and public health officials hope to use some of the lessons learned about mass vaccine production and distribution for this pandemic to respond more quickly and effectively to future epidemics.

But it's still important to try to get children vaccinated against both H1N1 and the seasonal flu viruses, just as it is to have them receive vaccines against other infectious diseases. Immunization works best when there are high rates of acceptance and coverage. Children who aren't fully immunized not only are at increased risk for a disease or infection, but also can infect others who are too young to be vaccinated, cannot be vaccinated for medical reasons, or were vaccinated but didn't have adequate immunologic response. Each person who isn't immunized gives a highly contagious disease one more chance to spread.

And H1N1 has affected children and teens more severely than older people. About 90 percent of seasonal flu deaths occur among the elderly; H1N1 flu deaths, though, have mostly been among people under age 65, with a very large percentage under age 18.

The Centers for Disease Control and Prevention estimates that about 16 million children under age 18 had H1N1 at some point in 2009, with about 71,000 of those requiring hospitalization, and about 1,090 of those children dying from the virus or related complications.

For several weeks in fall 2009, Children's Hospital experienced record numbers of patients coming to the Emergency Department and exceptionally high numbers of seriously ill children requiring admission to the Pediatric Intensive Care Unit due to the H1N1 virus. In October, a four-year-old boy from Cumberland County, Tenn., died at Children's Hospital after being diagnosed with H1N1.

If your children haven't received full flu immunization, find out where the vaccines are available in your area by checking with your doctor's office or local health department. And remember that children at risk of severe illness can be treated with drugs to help lessen flu symptoms, but these drugs are most effective if taken within 48 hours of the onset of symptoms.

Earliest Signs of Autism Identified in Babies

With about 1 in every 110 children in the United States being diagnosed with a condition in the “autism spectrum,” there’s been an upsurge in autism awareness and research. Scientists have long known that poor communication is a hallmark of these developmental disorders, but it was difficult to gauge that ability in children who haven’t learned how to speak yet – until now.

Researchers now say that the earliest signs of autism in babies include difficulty establishing eye contact, an absence of babbling or joyful expressions, and not responding to one’s name. By a child’s first birthday, a parent should know without a doubt that his/her child can see and hear; the child should also be making some kind of verbalization. A big “red flag” as a child gets a bit older is a two-year-old who is not able to speak in sentences (an acceptable sentence for a two-year-old can be something as simple as just a subject and verb, such as “Daddy work”).

These new findings will help improve screening efforts for autism, which are recommended at least twice before a child turns 2. Babies who get an earlier diagnosis receive needed intervention services much sooner.

The term pervasive developmental disorder (PDD) refers to a group of developmental conditions that affect children and involve delays or impairments in communication and social skills. Autism is the most well known of the pervasive developmental disorders, so PDD is also known as an autism spectrum disorder.

Causes of PDD are not yet well understood. Scientists believe they are complex neurobiological (brain biology) problems that may have a genetic basis like other conditions that stem from abnormalities in the chromosomes a child inherits.

Although there’s no cure for PDD, early intervention and treatment can help children with these conditions to develop skills and reach their potential. Individually tailored programs can include behavior modification, while educational interventions can help shape a child’s behaviors and improve speech and communication.

As with all child development issues, talk with your doctor about any concerns you have and how to find local resources for the services your child needs. The importance of early intervention cannot be stressed enough, so parents should report to their child’s doctor over and over ANY concerns they have about their child’s development.

The state of Tennessee offers early intervention services through Tennessee’s Early Intervention System, a division of the state’s Department of Education. For information regarding a child birth through two years of age, contact TEIS at (615) 253-5032. For information regarding a child age three to five years, contact the Director of the Office of Early Childhood, Division of Special Education, at (615) 741-3537. Or you can visit the TEIS website at www.state.tn.us/education/teis/.

Many Kids Missing Out on CHIP Benefits

A recent study came to a conclusion that seems obvious – children who lack regular pediatric care often don't get the medical services they need. In a report published in the journal *Pediatrics*, researchers found that children who didn't have a source of regular health care (a “medical home”) were more likely to have unmet medical needs such as delayed urgent care and problems getting dental care.

Although it's uncertain how well current health care reform initiatives will help meet children's needs, there is help available via the Children's Health Insurance Program, or CHIP, for millions of uninsured children who have no medical or dental care (either because they do not qualify for Medicaid or because their parents cannot afford private health insurance). During 2009, President Obama signed a bill that made 11 million children eligible for CHIP – 4 million more children than were eligible in 2008.

The extended reach of this benefits program that provides health insurance for poor children at very low cost is increasingly important as the number of “working poor” families increases during bad economic times. So what's the problem? Most eligible children still haven't been enrolled.

If your children don't have health insurance, they might be eligible for CHIP – even if you work, think your household income is too high to qualify, or have previously applied but were turned down for CHIP.

Unfortunately, the funds for CHIP programs are not unlimited. In November 2009, Tennessee's CHIP program, called CoverKids, was forced to suspend new enrollments because the program for uninsured children was expected to reach its budgeted capacity.

“When we opened CoverKids in 2007, we said we would always operate within our financial means and manage enrollment accordingly,” said Bob Duncan, who oversees CoverKids as director of the Governor's Office of Children's Care Coordination. “We've come to a point where our budget fully supports current membership, which requires us to suspend the application process.”

At the time of the enrollment suspension, CoverKids had nearly 42,000 children on its rolls, all of whom will remain enrolled in the program and will not be affected by the change, providing they continue to meet eligibility requirements.

While no date is set for enrollment to reopen, Duncan did say there will be a point in the future where the natural decrease in membership due to children aging off or finding other coverage will allow for new applicants.

Tennessee families earning less than 250 percent of the federal poverty level, which is \$55,125 per year for a family of four, qualify for CoverKids and pay no monthly premium for the plan.

Income-based co-pays are required for most services, though preventive care, including well-child visits, teeth cleanings and vision screenings are fully covered.

For more information about CoverKids, visit www.CoverTN.gov or call 1-866-COVERTN. If you are not a Tennessee resident and need information related to your state's program, visit www.insurekidsnow.gov.