MOVING KIDS TOWARD NATURAL HIGHS: KENTUCKY OPPORTUNITIES TO PREVENT YOUTH SUBSTANCE USE, SUICIDE AND RISKY BEHAVIORS

INTERVENTIONS IN THE EARLIEST YEARS THAT CAN GREATLY REDUCE THE LIKELIHOOD OF RISKY BEHAVIORS IN ADOLESCENCE AND BEYOND:

THE ROLE OF THE PEDIATRICIAN AND OTHER CHILD MEDICAL CARE PROVIDERS
“Rather than hoping a child is tough enough to endure the insurmountable, we must build resilient places — healthier, safer, more nurturing and just — where all children can thrive.”

—Dr. Mona Hanna-Attisha
INTERVENTIONS IN THE EARLIEST YEARS THAT CAN PREVENT YOUTH SUBSTANCE USE, SUICIDE AND RISKY BEHAVIORS

- What are adolescent risky behaviors?
- Why are adolescents at risk for risky behaviors?
- What role do child health medical providers play in helping to prevent adolescent risky behaviors?
INTERVENTIONS IN THE EARLIEST YEARS THAT CAN PREVENT YOUTH SUBSTANCE USE, SUICIDE AND RISKY BEHAVIORS

Risky behaviors as defined as things that can eventually shorten their lives or cause significant morbidity: *Youth Risk Behavior Surveillance System (YRBSS)*

- Behaviors that contribute to unintentional injuries and violence
- Tobacco use
- Alcohol and other drug use
- Sexual behaviors that contribute to unintended pregnancy and STI’s
- Unhealthy dietary behaviors
- Physical inactivity
- *Plus Truancy*
A MODEL OF RISK AND PROTECTION IN ADOLESCENCE

THE ROLE OF THE PEDIATRICIAN AND OTHER CHILD MEDICAL CARE PROVIDERS

What goals are we working towards?

- Early identification and treatment of physical health issues
- Early identification and treatment of behavioral health issues
- Promoting optimal mental health
- Promoting increased family bonding
- Promoting optimal family stability and resiliency
- Decreasing incidence of abuse and neglect
THE ROLE OF THE PEDIATRICIAN
AND OTHER CHILD MEDICAL CARE PROVIDERS

We have early and frequent contact with families and children.
We are a “trusted” source of information and advice.
We provide evidence based interventions throughout childhood.
INTERVENTIONS, GAPS AND OPPORTUNITIES IN EARLY CHILDHOOD MEDICAL CARE

- Birth to Age 3 years
- Age 5 to 9 years
- Prenatal
- Age 3 to 5 years
- Age 9 to 12 years
PRENATAL
**BIRTH TO AGE 3 YEARS**

**Interventions that work:**

Early identification and care for developmental disability

Post partum depression screening

**Gaps and opportunities:**

Access to First Steps for children with mild and moderate delays in needed in KY to meet needs identified

Access to care for mothers who have mental health concerns, but maternal depression is linked to adolescent risky behaviors
"Adolescents exposed to maternal depressive symptoms during middle childhood were more likely to use common substances (alcohol, cigarettes, marijuana), engage in violent and nonviolent delinquent behavior, and have an earlier debut ages of cigarette, alcohol, marijuana, and hallucinogen use."
AGE 3 TO 5 YEARS

Interventions that work:
Reach Out and Read (ROR) program (birth to 6 years)

Gaps and opportunities:
ROR has lost all national and Kentucky state (tobacco settlement dollars) funding for books as of 3 years ago, but ROR has an impact on decreasing truancy and school drop out risks
“Children’s literacy skills at school entry, kindergarten, and first grade predict their later reading success. In one study, 88% of children who had reading problems in kindergarten were still struggling with reading in the fourth grade [3]. Even reading skills in 11th or 12th grade can be predicted from reading skills in first grade [30].”
Interventions that work: for all ages

Medical-legal partnerships embed lawyers as specialists in health care settings. When complex and intractable problems—like an illegal eviction—are detected, clinical staff can refer patients directly for legal services. (economic stability, education, social & community context, neighborhood & physical environment)

Gaps and opportunities:

Funding streams in KY are very unreliable, not linked into other SDoH efforts or into health funding or payers like in other states; inequality and poverty are important factors leading to higher incidence of risky behaviors in adolescents
“A medical-legal partnership colocated in a pediatric primary care setting identified and treated a large cluster of poor quality, substandard housing. Housing improvements were possible because of strong collaboration between clinicians, attorneys, community partners, and families.”
Interventions that work: *for all ages*

Child and Family Centered Medical Home

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**Gaps and opportunities:**

Effective payment for care coordination, community health workers, therapists, and case managers in a medical home model is not available, **but medical homes optimize the physical and mental health of children**
Overall, youth enrolled in PCMHs had greater likelihood of receiving multiple preventive services compared with adolescents and young adults who were not enrolled in these programs. This finding highlights the value of this model of care at addressing not only the specific needs of patients but also improving their preventive care.
PRENATAL

Interventions that work:
high quality, accessible prenatal care with doulas
birth spacing
home visitation programs (HANDS)

Gaps and opportunities:
birth supports like doulas to be paid by payers
access to timely family planning for birth spacing
expanded access to home visitation, beyond first time parents
INTERVENTIONS, GAPS AND OPPORTUNITIES IN EARLY CHILDHOOD MEDICAL CARE

Birth to Age 3 years

Age 5 to 9 years

Prenatal

Age 3 to 5 years

Age 9 to 12 years
A MODEL OF RISK AND PROTECTION IN ADOLESCENCE

INEQUALITY
INTERVENTIONS IN THE EARLIEST YEARS THAT CAN PREVENT YOUTH SUBSTANCE USE, SUICIDE AND RISKY BEHAVIORS

- Adolescent risky behaviors
- Framework to understand adolescent risky behaviors
- Important role for child health medical providers in helping to prevent adolescent risky behaviors

Thank you for including us in this important conversation.

We are a powerful ally in this work.
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