

A Health Impact Assessment of a welfare program for
low-income children's health improvement

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Contents

- Introduction / 3
- HIA procedure and methods/ 8
- HIA results / 15
- HIA evaluation / 42

Introduction

Dream Start Project

- Backgrounds
 - Health inequality issue has been growing in Korea
 - Poverty negatively affects children's physical, psychological, and intelligent development
 - Poor children are more likely to be exposed to learning retardation, lack of education, nutrition deficit, neglect and abuse, psychological instability, violence, etc.

- Purpose of the Dream Start
 - To provide a customized service which is a combination of health, welfare, and nurturing and education for low-income pregnant women, children who are less than 12 years old, and their families

Background of doing HIA on the Dream Start

- The Dream Start started with 16 demonstration centers in 2007, its demonstration centers increased to 32 in 2008, and to 50 in 2009.
- The Dream Start will be continuously expanded throughout the current administration. One of the key “national programs” of the current administration.

Purpose of HIA on the Dream Start

- A pilot HIA in Korea as a case
- To predict the health impact of the Dream Start to children and their families
- To provide evidence-based information for the local Dream Start staff members to better develop their 2009 plan for the Dream Start and for the government decision makers to make a better guideline for the Dream Start

Procedure and Methods

HIA Procedure

Screening

Establishing steering committee

Scoping

Assessment

Setting priorities

Evaluation

Screening

- A screening tool developed by the UK Department of Health
 - determined the type of HIA = comprehensive HIA
 - potential negative impacts were not expected, but decided to move on because this program would be continuously expanded in the future

Steering Committee

- Constituted with 7 committee members
 - Dream Start program expert
 - HIA research team
 - Health care experts on maternal and children's health
- Roles of the steering committee
 - Written the Terms of Reference
 - Conducted the assessment part in the HIA

Scoping

- Purpose of HIA
 - To assess how the 2008 plan of the Dream Start would affect the health status of the poor children
 - To provide suggestions on the 2009 Dream Start plan for those local governments who will participate in the program in 2009
- Key health determinants to consider
 - Reviewed literature on the determinants of child health
 - The steering committee voted to each of the determinant and obtained the five determinants of the highest score.
 - Budgets and project period were considered

- Child neglect and abuse
- Prenatal care
- vaccination
- nutrition
- Access to health care services

- Methods of health assessment
 - Policy analysis
 - Community profiling
 - Demographic and socioeconomic characteristics, health indicators, health behaviors, environment, health care resources
 - Focus-group interviews with the key interest groups
 - Dream Start center staff, the parents of children
 - Literature review

 - Survey
 - Intake survey data including risky household identification
 - Field survey

HIA Results

Policy Analysis

- Compared with foreign “start program” for low-income children and their families
- Compared with domestic programs for supporting low-income children

Foreign “Start” programs

	US	UK	Canada	Australia	Korea
Name	Head Start	Sure Start	Fair Start	Best Start	Dream Start
Starting year	1964	1998	1996	2001	2007
Target group	0~5	0~14 (0~16 disabled)	18 mon~6	0~7	0~12
No of beneficiaries	~ 910,000('06)	~620,000('06)	-	-	~10,000 ('08)
Characteristics	□ comprehensive services of nurture, language, health, psychological service	□ provision of nurture, health, education, and employment services to children and their parents	□ screening services	□ health, development, cognitive programs	□ an integrated services of health, welfare, and nurture/education
budgets	~\$6,800 m('06)	~\$1,778 m('06)	-	-	7 m('07)

Community Profiling

- Demographic characteristics

Marital status of household members	n=268
Married	119(44.4)
Bereaved	16(6.0)
Divorced	52(19.4)
Separated	4(1.5)
Single	39(14.6)
N/A (under 14)	35(13.1)
Co-habit	3(1.1)

		n=126
Family structure	Parents and children	54(42.9)
	Single parent and children	55(43.7)
	Grandparent(s), parent(s), and children	2(1.6)
	Grandparent(s) and children	9(7.1)
	Other relative(s) and children	0(0.0)
	Children	1(0.8)
	Non-relative(s) and children	1(0.8)
	Others	4(3.2)
Multi-cultural family		2(1.6)

- Socioeconomic characteristics

House ownership	Own	10(7.9)
	Rent	116(92.1)
Adverse environment ¹⁾	Bad smell/uncleanness	7(5.6)
	Noise	17(13.5)
	Inappropriate level of ventilation	6(4.8)
	Lack of sunlight	13(10.3)
	At risk of car accidents	2(1.6)
	Room salon/pubs around	1(0.8)

1) Multiple responses

- Identifying at-risk households

	n=126	
	Clinical attention necessary	Immediate intervention necessary
1) physical, mental abuse	23(18.3)	0(0.0)
2) physical, medical, educational neglect	9(7.1)	4(3.2)
3) Parents having mental disorders	4(3.2)	1(0.8)
4) Parents having symptoms of alcohol abuse	7(5.6)	1(0.8)
5) Violence to spouse or severe discord between the couple	7(5.6)	0(0.0)
6) Bad hygiene and safety status	8(6.3)	0(0.0)
7) Having family members with long-limiting disability like dementia	9(7.1)	0(0.0)
8) Parents having chronic illness such as renal failure, hypertension, diabetes	15(11.9)	7(5.6)

- Key health issues of the children

		n=193
Major disease	Asthma	8(4.1)
	Atopic dermatitis	40(20.7)
	Common cold	96(49.7)
	Diarrhea	2(1.0)
	others	30(15.5)

		n=193
Accident prevalence in the previous year		45(23.3)
Accident type ¹⁾	Car accident	8(17.8)
	Fall	4(8.9)
	Burn	8(17.8)
	Suffocation	0(0.0)
	Laceration	0(0.0)
	Cut	1(2.2)
	Bit by insects, etc	2(4.4)
	Hit by people or objects	16(35.6)
	Bitten by people	0(0.0)
	Others	8(17.8)
Place where accident occurred ¹⁾	House	17(37.8)
	Nursery, education facility	5(11.1)
	Road, traffic area	5(11.1)
	Sports facility	3(6.7)
	Commerce, market	0(0.0)
	Park, recreation area	6(13.3)
	Outdoor	5(11.1)
	Others	4(8.9)

HIA Results

- According to the health impact assessment of the 2008 Dream Start plan on the 5 health determinants of child health,
 - The Dream Start plan was expected to affect positively the children's health in general.
 - However, there found great room for improvement to maximize the positive health effects of the Dream Start.

Prenatal Care

- Prenatal care and child health
 - Delayed and/or irregular prenatal care are related to low-birth weights, insufficient development, high prenatal death rate.
 - Low-birth weight and insufficient development are major causes of neonatal death, disability, and organ deficits.

- Prenatal care in the Dream Start
 - Provision of health examinations for pregnant women through community health centers
 - Provision of information on the nutrition and health management during pregnancy
 - Provision of nutrients

- Suggestions on the Dream Start's prenatal care
 - Habitual drinkers and/or smokers (2~4%).
 - Active provision of prevention and treatment services on smoking and drinking
 - Low rate of taking the inborn metabolic syndrome test(50%)
parent education, referrals to community health centers for free tests
 - Financial support for regular prenatal exam, provision of nutrients
 - Health education by a nurse

Vaccination

- Vaccination and child health
 - cost-effective and cost-beneficial method of protecting children from communicable diseases
- Vaccination in the Dream Start
 - Recommending the timely vaccination

- Suggestions on the vaccination
 - Education on the importance of timely vaccination is necessary
 - Importance of keeping vaccination record at least until age 12
 - Alarm the parents when the community health center provides free vaccinations
 - The center should alarm the vaccination time for each child.
 - Nurse visits to the community center or the Dream Start center which is more accessible to the parents. Vaccination vouchers should be considered.
 - Cost aids are needed for costly vaccinations.

Nutrition

- Nutrition and child health
 - Less than optimal nutrition during or before pregnancy can cause low-birth weights and further increase the probability of getting diseases and dying.
 - Insufficient food for children are strongly related to behavioral, emotional, and academic problems

- Nutrition program in the Dream Start
 - Guidelines to maintain the appropriate level of nutritional status by age group

- Suggestions on nutrition program in the Dream Start
 - Efforts needed to reduce the children who skip breakfast
 - To extend the dinner providing program to breakfast
 - The center staff ask for educations on nutrition.
 - Monitoring needed to ensure that the provided food be given to the target child and to check if there were problems such as food allergies
 - Nutrition educations for children needed to make their eating habits right
 - Caregivers also need nutrition educations such as making snacks, nutrition information on food, etc

Access to health care services

- Access to health care services and child health
 - importance of
 - 1) geographical accessibility
 - 2) sufficiency of personal and material resources
 - 3) timeliness of the service

- Improving access to health care services in the Dream Start
 - Provide timely services by continuous case management
 - Develop community resources such as medical cost aids

- Suggestions on the Dream Start for better access to health care services
 - Staff educations on the importance of access to health care services and of referrals to community health care resources
 - Apart from taking care of the severely sick children, a steady system for helping kids with minor health problems for getting timely services
 - Provide the list of doctors, hospitals, and their costs
 - Financial aids for adult families with chronic illnesses

Child abuse

- Child abuse and child health
 - 1) Mental symptoms
 - general under-development in mental and cognitive functions
 - trauma caused by acute anxiety
 - problems in making relationships
 - lack of controlling impetus, attention deficit hyperactivity, anti-social behaviors
 - destruction of self-concept, depression and self-hatred
 - self-destructive behaviors such as suicide

2) physical symptoms

- “shaken baby syndrome“-vomiting, learning disorder, mental retardation, etc
- Retardation in height, weight, and motor skills without any medical causes

- Child abuse and the Dream Start

- Provide welfare services for prevention and treatment of child abuse

- * education

- * counseling

- * case management

- Suggestions on the child abuse program of the Dream Start
 - In addition to the case management for the abused children and their families, programs for prevention needs to be developed.
 - School for fathers, Mental health screening, Education program for children on child abuse
 - Implement a child abuse monitoring system
 - Develop child abuse indicators to identify the child abuse symptoms from the regular home visits

- Provide mental health treatment services as well as welfare services
 - Play treatment, art treatment, music treatment, etc
 - Consult with mental health professionals

Priorities of Health Impacts

- Priority setting matrix of health impacts

	High importance	Low Importance
High modifiability	-vaccination -nutrition -access to health care services	-prenatal care
Low modifiability	-child abuse	

- Modifiability: to the extent that the Dream Start can be affected by the health determinant
- Importance: in terms of fulfilling the objectives of the Dream Start

HIA evaluation

- Process evaluation

- Results

- limits:

- Children with disability, alcoholic parents, domestic violence, multi-cultural family, single-parent were not specially considered
 - Not all the interest groups participated
 - Steering committee served as the assessment team and also the evaluation team

Thank you very much.