

Chapter 1 : Child Health Service | Children's Health Queensland

Community health services > CHQ > Our services > Community health services The Child and Youth Community Health Service (CYCHS) unites a variety of specialist community-based healthcare services and health promotion programs to help children, young people and their families lead better lives.

The EPPI format allows for a greater variety of study designs to be included, as well as a mixed-methods synthesis when appropriate [17] whereas traditional systematic reviews e. Cochrane method include only Randomised Controlled Trials RCTs and are interested in combining numerical data in the form of a meta-analysis for data synthesis [21]. The EPPI-Centre focuses on social science and public policy reviews, and like other systematic review institutes, requires accountability, rigour and explicit methods in conducting a review. There is no review protocol of this review. A narrative synthesis is used to present and analyse findings. As this review includes both experimental and observational studies with large heterogeneity in interventions and measures, a statistical analysis is inappropriate. When reviews include studies that cannot be combined statistically but are still undertaken with the same amount of rigour and quality, they are classified as qualitative systematic reviews [21]. Search strategy Due to the diversity of potential interventions, populations, study types and outcomes, a multi-stage search strategy was developed to identify relevant publications. The search terminology was adapted, with permission, from Lewin et al. The Lewin et al. Alternative names for Community Health Workers, see Additional file 2 , identified through various literature sources, were added. As recommended by the EPPI-Centre [18] the strategy attempted to balance sensitivity with specificity in its results; however, due to the large amount of heterogeneity in inclusion criteria the strategy was quite sensitive i. The following databases were searched from June 8 2011th, Reference lists from other related systematic reviews [10 , 11 , 14 , 15] were also searched as well as the references from articles that were identified for inclusion in the review [22 - 38]. Article screening was conducted in several stages by one reviewer with the assistance of a second reviewer in the final stage. No restrictions on outcome or study design were included. Due to the varying types of anticipated study designs, no restrictions were imposed on the control or comparison group. Only studies conducted in low- and middle-income countries, as identified by The World Bank at time of study initiation, and only those articles published from to present were included. To limit bias in both intervention areas and research publication sites, there was no language restriction. The decision was taken to translate non-English papers, however this was unnecessary as none fit the inclusion criteria upon abstract review. Articles were excluded if they did not meet the inclusion criteria or: Study quality assessment Due to the scope of study designs included in this review, which may affect quality rating, and the lack of a meta-analysis, no studies were excluded based on the quality assessment. Data extraction and synthesis Data was extracted systematically using a pre-formulated tool consisting of: Data was then synthesised qualitatively by combining studies with similarities in interventions. Articles were subsequently coded descriptively by the reviewer to synthesise the results and draw conclusions. Results A total of 10, titles from to present were identified from the database search and other sources, of which 3, were duplicates. See Additional file 5 for the search log. Full texts of 87 studies were assessed the full texts of 2 studies could not be retrieved and 70 were excluded for a variety of reasons, see Additional file 6 for characteristics of excluded studies. One paper, [22] examines an intervention across multiple countries 3 and reports results separately for each site. Therefore, a total of 19 primary studies are included in this review.

Chapter 2 : GHS Childrens Bradshaw Institute - GHS Childrens

Connecticut Children's Office for Community Child Health. Innovating systems and programs that promote children's healthy development. Connecticut Children's Office for Community Child Health is a national leader in addressing critical contemporary issues that have the potential to adversely affect children's health and development.

Unpublished field-based summaries What are the differences between the ratings? A rating of 4 requires a formal, comprehensive, and systematic review of all relevant literature whereas a rating of 3 only requires an informal, non-comprehensive, non-systematic review of some but not all relevant literature. A rating of 3 requires a review of multiple evaluations or studies whereas a rating of 2 only requires one evaluation or study. A rating of 2 requires peer review whereas a rating of 1 does not require peer review. What criteria were used to identify these resources? Each of the selected evidence-based resources has been rated and classified according to the criteria in the rating system. Is it a formal, comprehensive, systematic review? Was it peer reviewed and published? Does it include multiple evaluations or studies? The rating system does not measure all dimensions of quality. Some other measures that are not included in the rating system are: Statistical significance Effect size e. A systematic review is a critical assessment and evaluation of all research studies that address a particular issue. Researchers use an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. A systematic review typically includes a description of the findings of the collection of research studies. The systematic review may or may not include a quantitative pooling of data, called a meta-analysis. A non-systematic review is a critical assessment and evaluation of some but not all research studies that address a particular issue. Researchers do not use an organized method of locating, assembling, and evaluating a body of literature on a particular topic, possibly using a set of specific criteria. A non-systematic review typically includes a description of the findings of the collection of research studies. The non-systematic review may or may not include a quantitative pooling of data, called a meta-analysis. A randomized control trial is a controlled clinical trial that randomly by chance assigns participants to two or more groups. There are various methods to randomize study participants to their groups. A cohort study is a clinical research study in which people who presently have a certain condition or receive a particular treatment are followed over time and compared with another group of people who are not affected by the condition. Cross-Sectional or Prevalence Study: A cross-sectional or prevalence study is a study that examines how often or how frequently a disease or condition occurs in a group of people. Prevalence is calculated by dividing the number of people who have the disease or condition by the total number of people in the group. The opinion of someone widely recognized as a reliable source of knowledge, technique, or skill whose faculty for judging or deciding rightly, justly, or wisely is accorded authority and status by their peers or the public in a specific well-distinguished domain. A pilot study is a small-scale experiment or set of observations undertaken to decide how and whether to launch a full-scale project. An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants. A practice-based example is an original investigation undertaken in order to gain new knowledge partly by means of practice and the outcomes of that practice. A publication that contains original articles that have been written by scientists and evaluated for technical and scientific quality and correctness by other experts in the same field. Healthy People provides a comprehensive set of year national goals and objectives for improving the health of all Americans. Healthy People is composed of more than 1, objectives across 42 Topic Areas. A smaller set of Healthy People objectives, called Leading Health Indicators, has been selected to communicate high-priority health issues and actions that can be taken to address them. The 12 Leading Health Indicator topics are: Access to Health Services.

Child and Adolescent Health Service's Community Health service provides a comprehensive range of health promotion and early identification and intervention community based services to children, adolescents and families, focusing on growth and development in the early years and promoting wellbeing during childhood and adolescence.

Recommendations to improve preconception health and health care—United States: Newborn screening for cystic fibrosis: Identifying infants with hearing loss—United States, — Toward a uniform screening panel and system [executive summary]. The black-white disparity in pregnancy-related mortality from 5 conditions: Differences in prevalence and case-fatality rates. *Am J Public Health*. US Socioeconomic and racial differences in health: *Am J Prev Med*. *Am J Obstet Gynecol*. The Social Embeddedness of Health. Do racial inequities in infant mortality correspond to variations in societal conditions? A study of state-level income inequality in the U. Despite an overall decline in U. Racial and ethnic variation in low birthweight in the United States: Socioeconomic Disparities in Adverse Birth Outcomes: *Am J Pub Health*. Family income gradients in the health and health care access of US children. *Matern Child Health J*. Office of the Surgeon General. HHS blueprint for action on breastfeeding. Breastfeeding and maternal and infant health outcomes in developed countries. From neurons to neighborhoods: The science of early childhood development. National Academy Press; The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *Eur Arch Psychiatry Clin Neurosci*. Neighborhood context and reproductive health. Infertility service use in the United States: *Natl Health Stat Report*. Infertility and impaired fecundity in the United States,

Chapter 4 : Child survival | Health | UNICEF

Child Health Specialty Clinics (CHSC) is a community-based public health agency that serves Iowa children and youth with special health care needs and their families.. CHSC partners with families, service providers, communities, and policy makers along with the Iowa Departments of Human Services, Public Health, and Education.

Community-based interventions may also contribute to prevention of malaria. Bhutta and others show that intermittent preventive treatment with sulfadoxine-pyrimethamine in pregnancy, delivered through community-based approaches, is associated with a higher mean birth weight compared with case management weighted mean difference. The review also indicates that ownership of insecticide-treated nets ITNs increased by percent and usage increased by 77 percent. A meta-analysis replicates the findings of Bhutta and others and finds that ITN ownership significantly affects morbidity outcomes, including parasitemia, malaria prevalence, and anemia Salam, Das, and others. Salam, Maredia, and others also find that interventions such as preventive chemotherapy, health education to promote general hygiene and sanitation, iron and beta-carotene supplementation, construction of latrines, removal of cattle from residential areas, staff training, and community mobilization can have significant impacts on the prevention and management of worm infestations in children. Evidence suggests that school-based delivery of antihelminths can significantly reduce soil-transmitted helminths prevalence by 55 percent, schistosomiasis prevalence risk ratio 0. It also improves the mean hemoglobin levels significantly standard mean difference 0. Home visits can also decrease HIV-related morbidity by significantly increasing treatment adherence scores mean difference 3. Community delivery of highly active antiretroviral therapy during pregnancy and lactation also led to a 66 percent decrease in stillbirths risk ratio 0. Tuberculosis can be managed and prevented through community-based intervention packages, including through variants of the directly observed treatment short course, community outreach, training sessions, and increased awareness to boost the detection rate and decrease relapse rates. Findings from 41 studies on the effectiveness of community-based interventions for tuberculosis show that these interventions were associated with a significant increase in cure and the success and completion of treatment risk ratio 1. Moreover, detection rates increased with community-based interventions using CHWs as the delivery strategy, with a pooled risk ratio of 3. Evidence suggests that community-based nutrition programs can have a positive impact on health outcomes. A nutrition program in Ethiopia is also illustrative. In the program, monthly community sessions are held to monitor and promote the growth of children ages two years and younger Getachew ; World Bank. The program empowers communities to assess the nutritional status of their children and take action, using their own resources, to prevent malnutrition. Monthly tracking of all children in the community enables the timely identification of severely underweight children and their referral for further examination and treatment. The government of Ethiopia introduced this initiative in drought-prone and food-insecure districts. The study also finds that the program positively influenced infant and young child feeding, including greater adherence to exclusive breastfeeding for babies younger than age six months, complementary feeding between ages 6 and 23 months, and dietary diversity for older children, thereby reducing morbidity and mortality related to malnutrition Getachew ; World Bank. A systemic review of community-based interventions to improve child nutrition status suggests that nutrition education in both food-secure and food-insecure populations is associated with an increase in height-for-age Z scores of 0. The review also suggests that simple interventions, such as individual counseling and group counseling, increase the odds of exclusive breastfeeding practices Bhutta and others ; Lassi and others. Characteristics of Selected Nutrition Programs. Community-Based Care to Increase the Demand for Servicesâ€”Empowering Communities. In addition to delivering health services, CHWs and other community facilitators can be involved in education and health promotion activities to empower communities with knowledge and mobilize them to improve their health practices. A pooled analysis of RCTs from Bangladesh, India, Nepal, and Pakistanâ€”in which community support groups and group advocacy sessions that targeted women were implemented as part of community interventionsâ€” suggests that these interventions led to a 30 percent reduction in neonatal mortality table. A decrease in neonatal morbidity through benefits of domiciliary

practices, such as early initiation of breastfeeding and health-seeking behaviors, was also observed risk ratio 1. A study from Ethiopia showed promising results when a group of women from the community were empowered and mobilized to recognize and treat malaria Rosato and others. This process led to an overall 40 percent reduction in mortality in children under age five years Kidane and Morrow. Neonatal mortality rates were reduced by 45 percent in the intervention arm Tripathy and others. An effective community mobilization program led to a 28 percent reduction in neonatal mortality in a study conducted in Hala, Pakistan, of LHWs who had received training in home-based neonatal care and TBAs who received voluntary training Bhutta and others. The Makwanpur trial was conducted in a rural mountainous community in Nepal, where 94 percent of babies are born at home Pradhan and New and only 13 percent of births are attended by trained health workers Central Bureau of Statistics. With the implementation of facilitated monthly group meetings among pregnant women, a decrease in neonatal mortality was seen in the intervention arm, compared with the control arm, with an odds ratio of 0. Questions and Challenges Expanding the Community Health Worker Mandate Shortages in human resources and expanding populations have given new relevance to training CHWs in ever-more complex tasks. For countries with limited resources for training or employing paid labor, task shifting may allow CHWs or less trained TBAs to receive training and perform interventions that might have previously been reserved for more highly trained professionals WHO. However, no global consensus exists on the appropriate package of services for CHWs. The case of CHWs and misoprostol is illustrative. An RCT from Afghanistan shows that uterotonics such as misoprostol are widely accepted in communities and can potentially decrease significant postpartum hemorrhage-related maternal morbidity and mortality. Results show that of the 1, women in the intervention group who took misoprostol, percent correctly took it after birth. In the intervention area where community-based distribution of misoprostol was introduced, near-universal uterotonic coverage 92 percent was achieved, compared with 25 percent coverage in the control areas Sanghvi and others. A systematic review suggests that in the community, misoprostol distribution rates during home visits were higher compared with facility-based ANC distribution. The review highlights that misoprostol and other uterotonics may very well be widely acceptable within the community and can be delivered by CHWs. Usage is particularly seen more in the South Asia region, with uterotonic usage rates of up to 69 percent Flandermeyer, Stanton, and Armbruster. In this trial, women receiving oxytocin had a reduced risk of post-partum hemorrhage risk ratio 0. Neonatal resuscitation, the administration of intravenous antibiotics, and the management of postpartum hemorrhage with uterotonics are some of the interventions that may be appropriate for CHWs. Although promising evidence is emerging for their possible new roles, the data are still insufficient to draw a conclusion as to whether CHWs can be handed these tasks. Investigators should focus on this area of research as a promising approach in low-resource settings. However, increasing the number of tasks required from CHWs has also initiated a debate on the potential for overburdening CHWs and compromising quality. Improving the Quality of Community-Based Care Ensuring that care provided in communities meets quality standards is a key concern, and training and supervision are crucial mechanisms for ensuring quality care. Effective supervision requires that supervisors be trained and that they be provided with resources for supervision Mason and others. Training styles have evolved from being primarily classroom based into more interactive sessions, including small group discussions, clinical vignettes, and field training Mason and others. These modifications allow CHWs, especially those who are less educated or illiterate, to simulate real-life situations and be better equipped to manage such situations. Training should take into account differences in cultural and religious beliefs and particular practices of communities. Updates to technology or medical methods and practices can be communicated to CHWs through regular refresher training courses or through open lines of communication between CHWs and supervisors. Regular follow-up and evaluation of training courses will reinforce knowledge and skills as well as provide opportunities to acknowledge problems and issues that have arisen. Poor supervision is often cited as a major constraint to improving the quality of essential health interventions and a factor in the poor performance of frontline health workers PAIMAN ; WHO. Effective supervision, however, can be an opportunity to show CHWs that their work is valued and motivate them Bhutta and others. The supervision of CHWs requires that supervisors be aware of the issues and problems that CHWs face and understand gaps in capacity. The majority of CHW

programs have been run at a small scale by nongovernmental organizations with the capacity to train and supervise; therefore, it was relatively easy to supervise CHWs in those programs. However, once a program is implemented at scale, government bodies need to ensure that supervision and monitoring are performed effectively and are considered to be a core pillar for successful delivery of the program. National CHW programs, which encompass CHWs in remote, rural areas, may be difficult to monitor and supervise effectively and consistently. Leveraging Mobile Technology Limited but increasing evidence indicates that the growing use of mobile health mHealth tools may increase the effectiveness of CHWs in resource-constrained settings. Mobile technology can be used for a variety of purposes, from helping CHWs collect comprehensive, timely, and precise health data to providing CHWs with information and reminders about health care practices and protocols via text messaging Freifeld and others ; Guy and others ; Jha and others ; Mukund and Murray Mobile technology can also play a role in training, peer-to-peer learning, and monitoring of the performance of CHWs, in the following ways: A cluster RCT at rural health facilities in Kenya shows that health workers at dispensaries and rural outpatient services who received text messages on their personal mobile phones about malaria case management for six months as reminders provided better case management for malaria in children Zurovac and others The Tanzania CommCare project used an automated text-message system to remotely monitor the real-time performance of midwives and provide workers with alerts and reminders to their mobile phones about past-due patient visits Svoronos and others Compared with a group of midwives who did not receive alerts and reminders, the midwives who received these messages improved the number of timely visits to expectant mothers. In the Aceh-Bihar midwives study in Indonesia, the use of mobile phones was positively associated with access to institutional and peer information resources, which, in turn, was positively associated with an increase in knowledge about best practices for providing obstetric care Lee, Chib, and Kim After an month pilot, the authors found that CHWs who used the text-message network were more likely to contact supervisors for clinical support from the field Lemay and others The potential for CHWs to use mobile tools to improve health service delivery in resource-limited settings is certainly great; however, a stronger evidence base is necessary to guide global health policy and program implementation. Improving Referral Systems CHWs are often the first line of care for many patients, such as in Pakistan, where approximately 17 percent of those who seek health care consult CHWs first. For referral systems to be effective, transportation and communications capabilities must be in place, and CHWs must be integrated into the primary health care system figure Integrating CHWs into the primary health care system, as well as ensuring sufficient staffing at facilities, is vital for ensuring strong referrals and for alerting facilities of the imminent arrival of patients. The Brazilian Ministry of Health created the Family Health Program in ; the program placed health agents CHWs in teams of physicians, dentists, nurses, dental assistants, and nursing technicians, thus formally integrating the CHWs into the primary health system Singh and Sachs Enhancing Motivation In the absence of appropriate compensation, along with weak supervision and monitoring systems, a lack of effort and decline in performance among CHWs has been noted Bhutta and others CHWs, especially in low-income countries and lower-middle income countries, may come from lower socioeconomic groups and would benefit from regular salaries. Although some may serve on a voluntary basis, full-time status would help improve performance and encourage CHWs to exert the effort necessary to deliver quality care. Some countries are exploring the use of nonfinancial incentives to motivate CHWs. Nonfinancial incentives can also play a key role in the overall satisfaction and motivation of CHWs Bhutta, Pariyo, and Huicho One such incentive is the certification of training so that CHWs may gain recognition from peers and work toward building a career. Recognition and the knowledge that career advancement is a possibility motivates CHWs to continually improve the quality of the care they provide. Community support, as well as professional support from superiors, is another motivating factor for overall job security and satisfaction. Scaling Up Scaling up health interventions includes expanding interventions, whether on a population or a geographical basis, and sustaining their use. Both require increased resources, funding, and in some cases, technical equipment. Scale up of community mobilization efforts can be bolstered by partnerships between government and nongovernmental organizations Coe ; CORE Group ; Howard-Grabman, Seoane, and Davenport Strong political will along with mechanisms for monitoring political commitments are essential components of

implementing interventions on a large scale. A bottom-up approach from educated communities with adequate support from reliable government and national institutions will be key for sustainable interventions. Building Links with Community and Local Health Facilities Primary care services need to be well linked with the community, and effective communication must be present along with feedback mechanisms so that community concerns may be conveyed to higher authorities. We have developed an evidence-driven framework based on a continuum of care model for reproductive, maternal, neonatal, and child health figure The framework figure Unless these two elements can work together effectively, neither can benefit from the available resources and infrastructure. Community mobilization, home visitation, social marketing, community intervention packages, and community-based programs can be the bridge between these two levels. Once the links are firmly established, the health care system can gain substantially from the resources and support provided by national and local governments and nongovernmental organizations.

Chapter 5 : UNICEF - Health

The objectives of the Maternal, Infant, and Child Health topic area address a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families.

Chapter 6 : Centre for Community Child Health : Centre for Community Child Health (CCCH)

CCM Central - Reducing inequities and increasing coverage through a Community Health Systems Approach to Child Health While effective and low-cost interventions to improve child health and survival are known, achieving universal coverage of such services remains a challenge.

Chapter 7 : Child and Adolescent Community Health

To provide resources, education and services in collaboration with community partners on topics related to preconception, prenatal and inter-conception health. To increase linkages to early prenatal care beginning in the first trimester to improve positive birth outcomes through early pregnancy education.

Chapter 8 : Child & Family Mental Health Services | Community Partners

Community, Family & Minority Health Women's Health. Women's Health; Maternal and Child Health (MCH) Dashboard; Minority Health. Office of Minority Health and Health Disparities Prevention (OMH-HDP).

Chapter 9 : WHO | Improving child health in the community

The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of Murdoch Childrens Research Institute. Tweet.