Health Equity and Young Children: Imperative, Opportunity, and Strategy

Charles Bruner, Angelica Cardenas-Chaisson, Maxine Hayes, & Kelly Perez

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Introduction

The Imperative: Why We Need to Focus on Health Equity in Early Childhood (Maxine Hayes)

The Opportunity: The Role of Health Practitioners in Improving Health Equity (Charles Bruner)

The Strategy: Establishing a Center/Learning Community on Health Equity (Kelly Perez and Angelica Cardenas-Chaisson)
Part One: The Imperative

Why We Need to Focus on Health Equity in Early Childhood

Maxine Hayes MD, MPH
Of all the forms of inequality, injustice in health care is the most shocking and the most inhumane.

– Martin Luther King (March 25, 1966)

Nowhere are the divisions of race and ethnicity more sharply drawn than in the health of our people ... no matter what the reason, racial and ethnic disparities in health are unacceptable in a country that values equality and equal opportunity for all.

– Bill Clinton (February 21, 1998)
**Health’s Definition of Child Health and Health Equity**

**Child health** is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential.

– World Health Organization

**Health equity** is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

– Healthy People 2020
The Science of Early Childhood

• The first years of life as foundation for all future health and development (life course approach)

• Brain development and toxic stress

• Adverse Childhood Experiences/ACEs and future chronic health conditions

• Epigenetics

• The impact of social determinants on health—social gradient, early life, stress, social exclusion and social support – all related to health equity (70% of total)
# Early Childhood and Health Research: Aligned on Elements Needed for Healthy Child Development

<table>
<thead>
<tr>
<th><strong>EARLY CHILDHOOD: Protective Factors</strong></th>
<th><strong>HEALTH: Social Determinants</strong></th>
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<tbody>
<tr>
<td>Concrete services and supports in times of need</td>
<td>Social gradient</td>
</tr>
<tr>
<td>Knowledge of healthy early child development</td>
<td>Early life</td>
</tr>
<tr>
<td>Resiliency</td>
<td>Stress</td>
</tr>
<tr>
<td>Positive and supportive activities with children</td>
<td>Social exclusion</td>
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<tr>
<td>Social ties and connections</td>
<td>Social support</td>
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*Both recognize the family as child’s first teacher, nurse, safety officer, and connector and guide to community and world.*

Primary Child Health Practitioners: A Recognized Role in Responding to Health Inequities

EXPECTATIONS FOR WELL-CHILD CARE, TO IDENTIFY AND BE AT LEAST FIRST RESPONDERS TO:

• Physical health and development
• Emotional, social and cognitive development
• Family capacity and functioning

ACA: The law of the land.
Maxine Hayes’ Key Points and Themes to Recognize in Eliminating Health Inequities

1. Health includes but is more than health care.
2. Health is tied to the distribution of resources.
3. Racism imposes an added health burden to parents and their children.
4. The choices we make are shaped by the choices we have.
5. High demand + low control = Chronic stress.
6. Chronic stress can be deadly.
7. Inequality – economic and political – is bad for society’s health.
8. Social policy is health policy; health policy is social policy.
9. Health inequalities are not natural.
10. We all pay the price for poor health.
Equity versus Equality – More Than “Equal Treatment”
The Foundation of Successful Society is Built in Early Childhood

Successful Parenting of Next Generation

- Educational Achievement
- Economic Productivity
- Responsible Citizenship
- Lifelong Health

Strong Communities

Healthy Economy

HEALTHY CHILD DEVELOPMENT

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Part Two: The Opportunity

What Health and Early Childhood Champions Can Do To Ensure Health Equity

Charles Bruner
Health’s Role in Early Childhood: The Intersection of Health Equity and Social Readiness

**School Readiness**
- **Timeframe:** birth to kindergarten entry
- **Central Goal:** Ensuring high quality services for all children that optimize school readiness and close gaps across the domains of school readiness

**Intersection**
- **Timeframe:** birth to kindergarten entry
- **Central Goal:** Maximizing the health system’s role in closing preventable disparities in healthy child development

**Health Equity**
- **Timeframe:** beginning to end of life
- **Central Goal:** Eliminating preventable health disparities, particularly those that are the result of social determinants
THE NEED:

1. Our youngest are our most diverse and most in need.
2. The first years are the most critical to lifelong health (but where we invest the least).
3. Child health is in jeopardy.
4. Health disparities are profound and preventable.
5. Affecting children’s health trajectory is essential to improving health.

THE OPPORTUNITY

1. Health practitioners are key to early and timely response.
2. There are exemplary programs upon which to build.
3. These exemplary practices can become the routine standard.
5. Investments pay off – and must be financed for the long-term.
Young Children Are the Most Diverse and Most in Need

DIVERSITY: Percent of Population of Color

NEED: Percent of Population in Poverty

Source: United States Census, 2010 American Community Survey
The Fifty State Chart Book provides detailed information on the indicators listed below:

1. Racial and Ethnic Population of Children in the United States
2. Young Child Poverty Levels by Race and Ethnicity
3. Maternal Education Attainment for Women Age 16 and Over with Children 0-5
4. Low Birthweight by Race and Ethnicity
5. Infant Mortality Levels by Race and Ethnicity
6. Late or No Prenatal Care by Race and Ethnicity
7. Health Insurance by Race and Ethnicity
8. Access to Medical Home by Race and Ethnicity
9. Immunization Rates for Children 19-35 Months
10. Percent of Children Having Well-Child Visits
11. Children 10 Months to 5 Years Screened for Developmental, Behavioral and Social Delays
12. Percent in Part C by Race and Ethnicity
13. Children Under 6 Years Exposed to Risk Factors
14. Mothers’ Mental Health by Race and Ethnicity
15. Neighborhood Safety by Age and Race and Ethnicity
16. NAEP 4th Grade Reading Proficiency Scores
For every dollar invested in the education and development of a school-aged child, only 7 cents is invested in an infant/toddler and 25 cents in a preschooler.
There is a Growing Array of Evidence-Based Programs and Practices ...

Selected Exemplary, Evidence-Based Pediatric Practice-Based Child Health Initiatives

- Health Leads
- Connecticut’s Help Me Grow program
- Children’s Trust Fund
- Bright Futures: prevention and health promotion for infants, children, adolescents, and their families™
- Community Care of North Carolina
- Reach Out and Read: National Center
- Child FIRST: Child and Family Interagency Resource, Support, and Training
- ABCD: Assuring Better Child Health & Development
- HEALTHEY STEPS™
- Centering Pregnancy®
Health Practitioner Screening & Surveillance

"Do you have questions about how your child is learning, behaving, or developing?"

Developmental screening tools

CC/HV Follow-up Actions

Engaging family
Securing professional services
Securing community supports
Providing practitioner with feedback

Community Resource Connections

Identifying and updating resources in community
Developing networks across providers and community resources
Building community capacity for response

Representation of coordination aspects to medical and transmedical services

... Which Share Common Attributes ...
That Require, for Best Results, Doing All of the Following.

- **Child Health Practitioner**
  - Developmental surveillance and screening
  - Anticipatory guidance
  - Referral for “medically necessary” services
  - Referral to care coordination

- **Care Coordinator/Networker**
  - Motivational interviewing and whole child/family approach to identify further needs/opportunities
  - Identification of available services and supports which can meet those needs
  - Connection to services (referral/scheduling/follow-up/practitioner notification of actions)

- **Community Service Maven (Community utility)**
  - Community networker and builder across “medically necessary” and other community services
There Are Beginning Points of Policy Activity and Opportunity ...

- MIECHV
- Project LAUNCH
- Community Health Teams
- Preventive and Habilitative Health Coverage
- EC CS
- MCH Healthy Start
- Promise Neighborhoods
- SIMs Grants
- Bright Futures
- RTT-ELC Part 3C
- Strong Start for Mothers and Newborns
- Pediatric Medical Homes
- CHIPRA Demonstrations
- CDC Essentials for Childhood
... But We Need More Concert Focus, Scaling Up and Integrating To Achieve Population Results.

Family-Centered Health Homes and Neighborhoods
There’s a Special Role for Place-Based Strategies.

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<tr>
<th>Most Vulnerable Tracts</th>
<th>All U.S. Tracts</th>
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<tbody>
<tr>
<td>Richest in Young Children (% of population under 5)</td>
<td>9.2%</td>
</tr>
<tr>
<td>Most Racially/Ethnically Diverse (% of population of color)</td>
<td>82.6%</td>
</tr>
<tr>
<td>Most in Need of Public Investment (ratio of working age to dependent age population (18-64 to rest))</td>
<td>1.40:1</td>
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Need for Family-Centered Health Homes and Neighborhoods – Village Building Places/Loci
**Cost Over the Life Course in Not Responding**

<table>
<thead>
<tr>
<th>Cost</th>
<th>Young Child</th>
<th>Child-Adolescent</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Costs</td>
<td>Preventable injuries Trauma-induced treatment</td>
<td>Preventable injuries Trauma-induced treatment Psychiatric care Type 2 diabetes Other emerging health conditions</td>
<td>All adult health conditions (ACEs) Costs from risky lifestyles (smoking, drug involvement, etc.) Offspring health risks</td>
</tr>
<tr>
<td>Other Costs</td>
<td>Child welfare/foster care</td>
<td>Special education Child welfare/foster care juvenile justice Grade retention</td>
<td>Public welfare Lost earnings/taxes Criminal justice involvement Offspring at high-risk</td>
</tr>
</tbody>
</table>
We **CAN** End Health Inequities For the Next Generation **IF** We Focus Upon Our Youngest Kids Today.
Part Three: The Strategy

Developing a Center/Learning Community on Health Equity

Angelica Cardenas-Chaisson  Kelly Perez
Q: On a scale of 1 to 4, where would you rank stakeholders in your state on taking steps to address health disparities for young children?
   1. Not on the radar screen
   2. Showing interest
   3. Taking first or partial steps
   4. Taking comprehensive state actions

Results from the preliminary questions:
- Lawmaker: 2.3
- Child Health Community: 2.4
- Early Childhood Community: 2.4
- Child Advocacy Community: 2.5

... Showing Interest to Taking First Steps.
• 64% say *lawmakers* are showing interest in child health disparities.

• 57% say the *health community* has champions who are innovating locally.

• 57% say the *early childhood community* is beginning to explore where health practitioners fit in.

• 56% say *the child advocacy community* is focusing some attention on developmental screening.
CFPC/BUILD Rationale for Developing a Center Learning Community

• Expanded definitions of health and health equity

• New interest in closing disparities in health

• New understanding of the role of toxic stress/early childhood adversity in impacting lifelong healthy development

• Considerable reforms underway to “transform health” overall to meet the “triple aim” of improved health services, improved population health, and reduced per capita health care costs

• Promising innovations within the child health field to be more preventive, developmental, and ecological/family-centered

• Danger of children being ignored in health equity and triple aim activities because they are not current drivers of health costs

• No current nexus/place for sharing, advocating for, and scaling up this work
First Thoughts on What a Center Can Do

• Compile and communicate best practices/policies in the field
• Work with practitioner champions to continually improve results through innovation and diffusion (COIN)
• Identify, organize and broker technical assistance from innovators and experts in the field to state/community policy makers
• Staff a learning community and support leaders/champions within states to develop policy approaches to further build the field
• Advocate for increased federal, state, and community attention, investment, and response to young children and health equity
Responses to Questions and Reflections From Presenters

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