



# **Young Children and Their Families: Social Determinants/Protective Factors and Early Childhood Mental Health (ECMH)**

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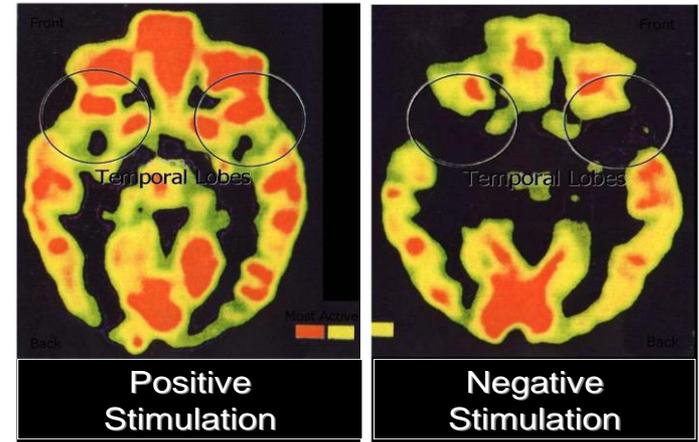
# The Opportunity

*A mother brings her six-month-old in for a check-up and it's clear that the mom is stressed, poorly dressed, and shows little sign of responding to the child's cues for attention. While the child isn't "diagnosable" today, if things proceed as the primary health practitioner expects, in two years there will be significant indicators of development delay and likely social and emotional problems, including a DSM-IV diagnosis. The primary health practitioner does not want to wait two years to take action and the mom seems receptive to receiving help. At the same time, pointing out problems without offering help could be considered malpractice.*



# “NEAR” Science

- **N**eurobiology
- **E**pigenetics
- **A**dverse Childhood Experiences
- **R**esiliency
- The impact of social determinants on health— social gradient, early life, stress, social exclusion and social support.
- The value of family strengthening/protective factors.



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# Early Childhood and Health Research: Aligned on Elements Needed for Healthy Child Development

## EARLY CHILDHOOD: Protective Factors

Concrete services and supports  
in times of need

Knowledge of healthy early  
child development

Resiliency

Positive and supportive  
activities with children

Social ties and connections

## HEALTH: Social Determinants

Social gradient

Early life

Stress

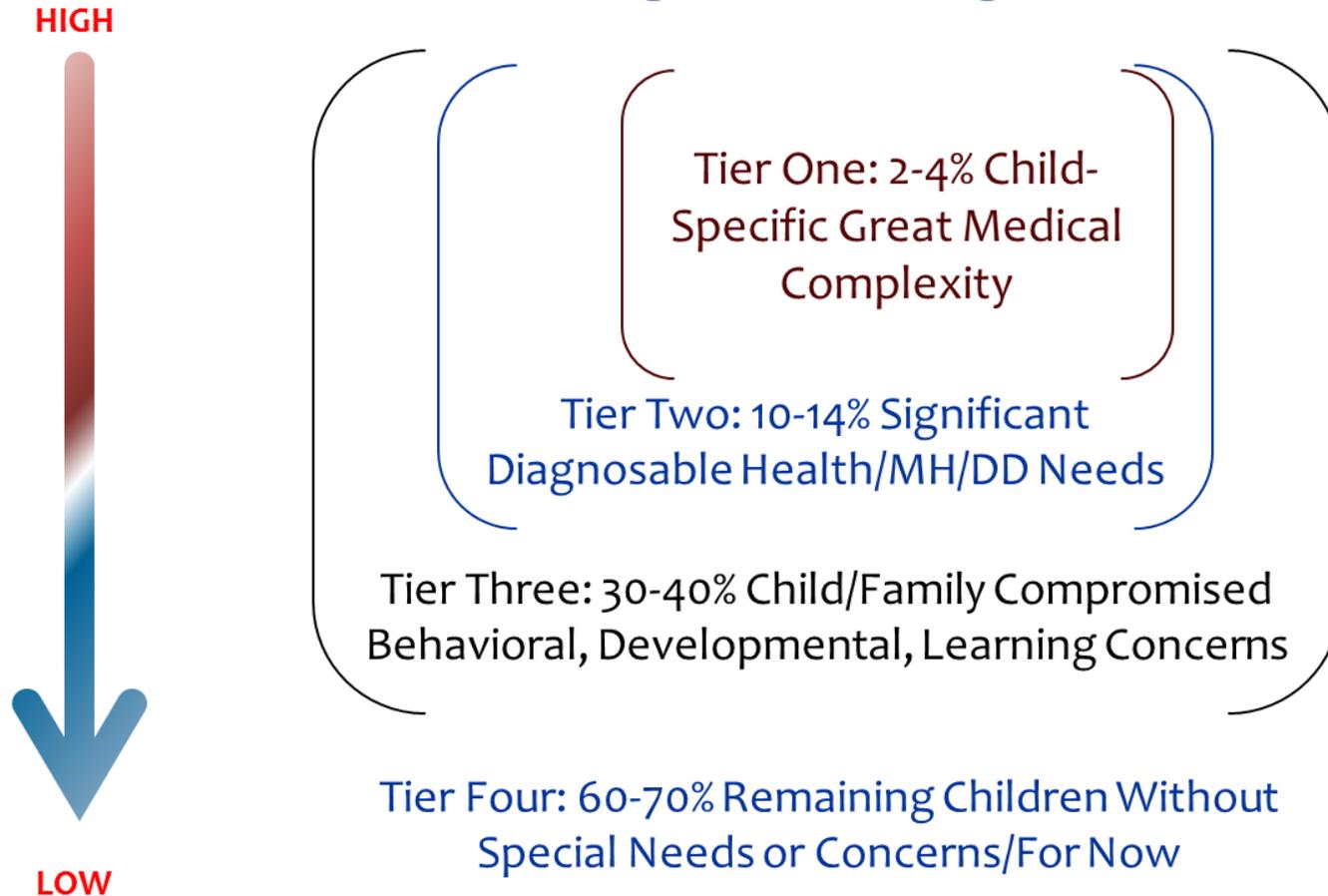
Social exclusion

Social support

*Both recognize the family as child's first teacher, nurse, safety officer,  
and connector and guide to community and world.*

# Range of Concerns About Young Children

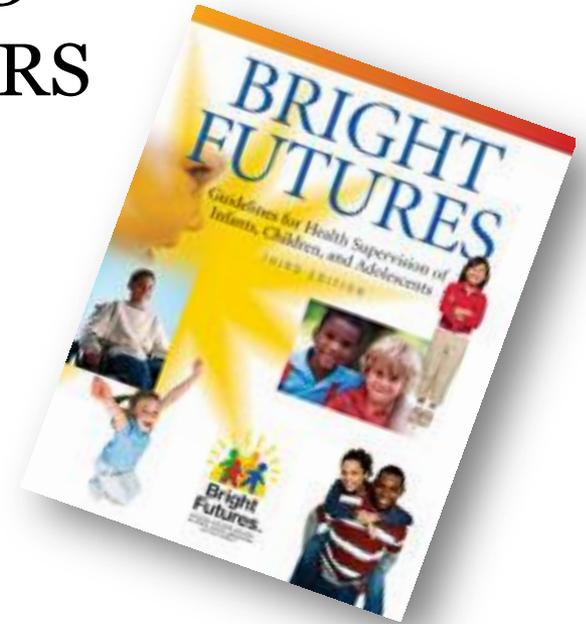
## Current Range of Young Child Needs



# Primary Child Health Practitioners: A Recognized Role in Responding to Family as Well as Child Health

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.

# Goals for Child Health: Implications for Family Screening

## Physical health and development

- No undetected hearing or vision problem
- No chronic health problems without a treatment plan
- Immunizations complete for age
- No undetected congenital anomalies

## Emotional, social and cognitive development

- No unrecognized or untreated delays

## Family's capacity and functioning

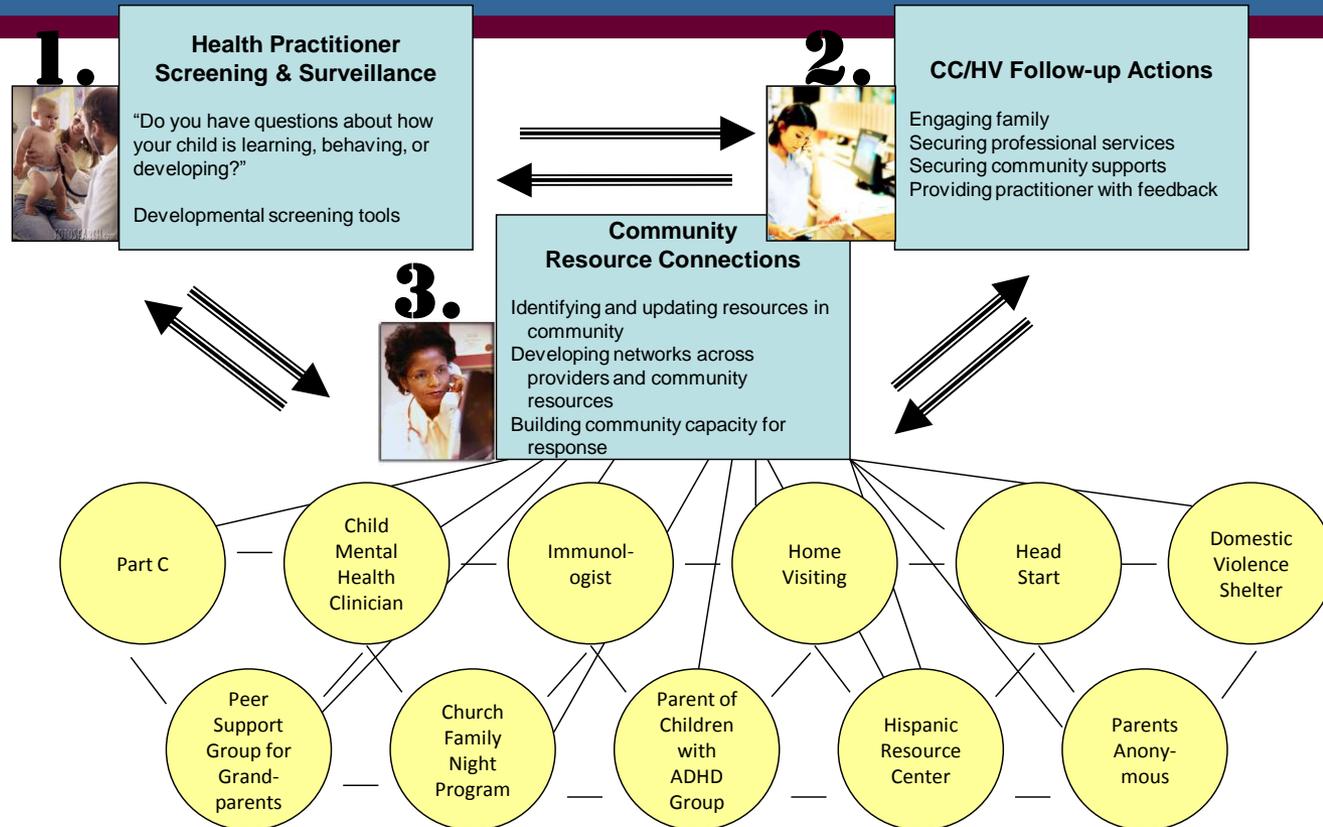
- Parents knowledgeable about child's physical health status and needs
- No unrecognized maternal depression, family violence, or family substance use
- No undetected early warning signs of child abuse or neglect
- Family stability and ability to meet basic needs

Schor, E. *Healthy Child Story Book*.



# From Screening to Addressing Family Needs/Social Determinants

## Representation of coordination aspects to medical and transmedical services



# System Roles for Addressing Family and Child Issues to Ensure Healthy Mental Development

- Child Health Practitioner
  - Developmental surveillance and screening of child
  - Anticipatory guidance/**Screening for family capacity and functioning (maternal depression plus)**
  - 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 too meet needs
  - Connection to services, **both individual and family** (referral/scheduling/follow-up/practitioner notification of actions)
- Community Service Maven (Community utility)
  - Community networker and builder across “medically necessary” and other community services

# Two-Generation Approach to Child Mental Health

**Health Services to Parent:** Designed to improve parent health and mental health (with indirect impacts upon bonding and child health)

**Health Services to Child:** Designed to improve child health and behavior (with indirect impacts on parental/family stress and family health)

**Health Services for Family (Two Generation, Dyadic/Family-focused):** Designed to strengthen parent-child bonding and attachment and relationships (with direct impacts on both parent and child health)



# Communities Matter Too

COMPARISON ON TEN INDICATORS OF CENSUS TRACTS WITH NO CHILD VULNERABILITY FACTORS WITH TRACTS WITH 6 OR MORE VULNERABILITY FACTORS		
Indicators	No Vulnerability Factors	6-10 Vulnerability Factors
% Single Parent Families	20.5	53.1
% Poor Families with Children	7.2	41.4
% 25+ no High School	13.5	48.0
% 25+ BA or Higher	28.7	7.1
% 16-19 not working/in school	3.0	15.0
% HoH on Public Assistance	4.9	25.5
% HoH with Wage Income	80.6	69.1
% HoH – Int/Div/Rent/Income	42.3	11.0
% 18+ Limited English	1.9	17.5
% Owner-Occupied Housing	71.0	29.6

Source: *Village Building and School Readiness (2007)*.

Implication: **Improving child health in these neighborhoods requires community-building as well as individual child service strategies.**



# Family-Focused Community Approaches as Critical to Equity

Breakdown by race/ethnicity of who lives in census tracts with 0 and with 6+ vulnerability factors		
Racial Composition	No Vulnerability Factors	6-10 Vulnerability Factors
% White Non Hispanic	<b>83.2</b>	<b>17.6</b>
% Black	6.2	38.0
% Asian	3.7	3.3
% Hispanic	6.1	39.4
% American Indian/Native Alaskan	0.5	1.2
Child Composition		
% of population that is 0-4 yrs.	<b>6.1</b>	<b>9.2</b>



While 1.7% of all white, non-Hispanic Americans live in the highest-risk neighborhoods, 20.3% of all African-Americans and 25.3% of Hispanic/Latinos live in these highest-risk neighborhoods.

# We Can Use This Knowledge to Lead at the State Level

## The Iowa Experience/Cast of Dozens

- 2003-2006 Iowa ABCD Initiative (developmental screening and surveillance/Medicaid changes)
- 2006 state funding for demonstration HELP ME GROW/1<sup>st</sup> FIVE Initiative (maternal depression and/or family stress as reason for referral)
- 2012 Expanded coverage of features of 1<sup>st</sup> Five under Medicaid (administrative claiming for liaison)
- 2013 Expansion of state funding for 1<sup>st</sup> Five/Links to Child Health Specialty Clinics
- 2013 Incorporation of child health metrics and focus on social determinants of health within state SIM grants

# Realizing the Opportunity

*The mother comes in with her child for the 36-month well-child visit. Her son is looking forward to coming, knowing he will receive a free book and excited to tell the nurse he will be going to Head Start next month. The mother has an ASQ form, completed at her son's family day-care home, and a set of questions for the practitioner about her son, who's already starting to read but mixing up letters, and is wondering if there might be dyslexia. The mother is in a mutual assistance group with other parents and wants help from the practitioner in getting more dentists who will serve children in their community.*

