



Health Equity and Young Children: Improving Healthy Development, Closing Health Disparities, and Ensuring School Readiness



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Health's definition of child health

Child health is ... the extent to which individual children or groups of children are able or enabled to (a) develop and realize their potential, (b) satisfy their needs, and (c) develop the capacities that allow them to interact successfully with their biological, physical, and social environments. – National Research Council and Institute of Medicine, *Children's Health, the Nation's Wealth*.

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

Definitions of health equity

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

Of all the forms of inequality, injustice in health care is the most shocking and inhumane. – Martin Luther King

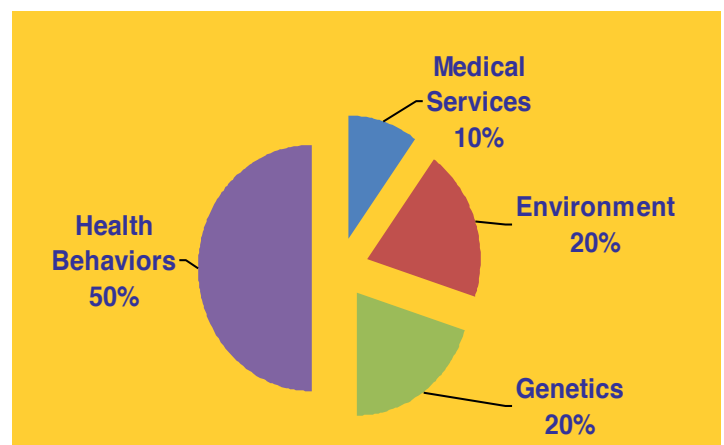
We cannot allow the color of a child's skin or the child's zip code determine the child's health. – Maxine Hayes

The science of healthy development and school readiness

1. The earliest years are critical to healthy development and school readiness.
2. School readiness is multidimensional.
 - Language and literacy
 - Physical health and motor development
 - General cognition
 - Social and emotional development
 - Approach to learning
3. Healthy child development is multidimensional.
 - Genetic
 - Bio-medical
 - Social
 - Environmental
4. The health community has a key role to play in both, particularly as “first responder.”

The contribution of different factors to children's health

- Child's own biological factors/genetics (20%)
- Bio-medical care and treatment of physical health conditions (10%)
- Child's social environment and health behaviors (**50%**)
- Child's physical and economic environment (**20%**)



[70% related specifically to “social determinants of health”]

Healthy People 2010, US Department of Health and Human Services, 2000

Science and the social determinants of healthy child development

- **Social gradient**
- **Stress**
- **Early life**
- **Social exclusion**
- **Work**
- **Unemployment**
- **Social support**
- **Addiction**
- **Food**
- **Transport**

Social Determinants: The Solid Facts, Second Edition, 2003.

Definition of select social determinants [protective factors]

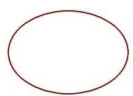
- **The Social Gradient.** Life expectancy is shorter and most diseases are more common further down the social ladder. [concrete services and supports in times of need]
- **Early Life.** A good start in life means supporting mothers and young children; the health impact of early development and education lasts a lifetime. [knowledge of healthy child development]
- **Stress.** Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health. [resiliency]
- **Social Exclusion.** By causing hardship and resentment, poverty, social exclusion and discrimination cost lives. [positive and supportive activities with children]
- **Social Support.** Friendship, good social relations and strong supportive networks improve health at home, at work and in the community. [social ties]

Social Determinants: The Solid Facts, Second Edition, 2003.

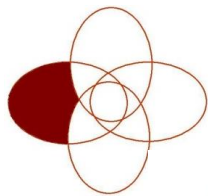
Different literatures: Similar foci

- Health Terms
 - life-course model
 - patient-centered care
 - anticipatory guidance
 - social determinants
 - developmental screening/surveillance
 - child health outcomes
- Early Childhood Terms
 - ecological, whole child
 - family-centered services
 - family engagement
 - risk/protective factors
 - early identification and response
 - domains of school readiness

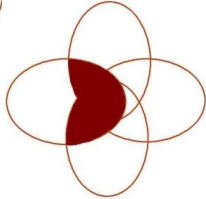
Unpacking health's role in early childhood systems building



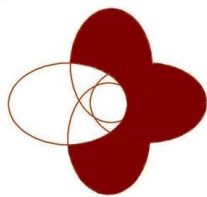
Coverage



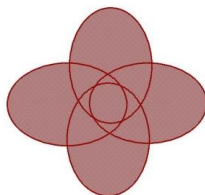
Clinical Care



Coordination

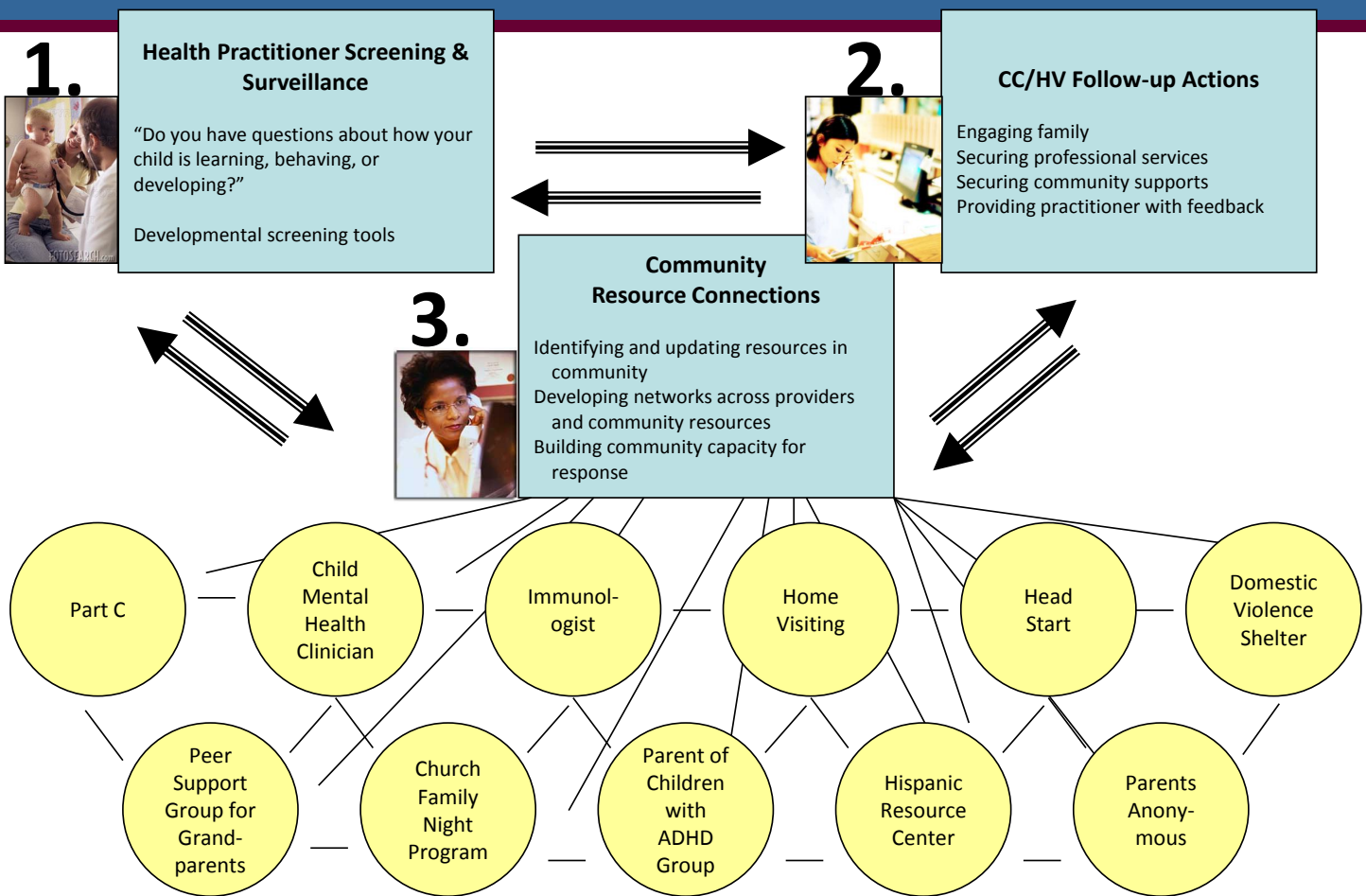


Consulting



Community Health

Concept: Models for health practitioner roles to address health equity



Practice: Exemplary programs embodying these roles

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



Health Leads



ABCD
Assuring Better Child Health & Development



The frontier in child health: Where the rubber hits the road

A mother brings her one-year-old in for a check-up and it is clear that the mom is stressed, if not depressed, 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 medical home 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 medical home 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.

for more information ...

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Publications:

Ten Things Policymakers Need to Know About Health Equity and Young Children

The Healthy Child Storybook

*Clinical Care and Community-Building
(with Ed Schor)*

Medical Homes and Early Childhood Systems Building

Fifty State Chartbook on Young Children and Health Equity



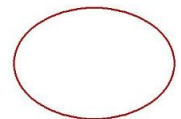
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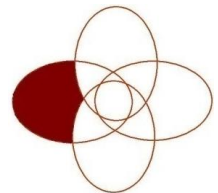
BONUS SLIDES:
the *what* of coverage
(in context of medical/health homes)

- Medical home definition: “Practitioner/office who takes a partnership approach with families to provide care that is accessible, family-centered, coordinated, comprehensive, **continuous**, compassionate, and culturally effective”
- Goal for **coverage** – *every child has a source of health coverage that provides for a medical home providing continuous health care over time*



Medical homes: the *what* of clinical care

- Clinical care definition: Primary, preventive, developmental health services (*Bright Futures*) as well as responses to illness, injury, and chronic health conditions
- Goal for **clinical care** – *medical homes will ensure that all young children are assessed and treated to achieve child health outcome goals*



Medical home responsibilities for young child health outcomes

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

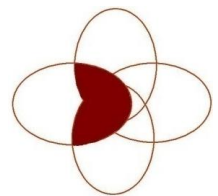
- No unrecognized or untreated delays

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

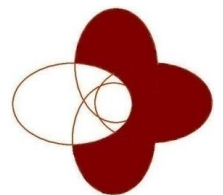
Medical homes: the *what* of coordination with other services

- Coordination definition: Care coordination and clinical referrals to subspecialty care and community services
- Goal for **coordination** – *children and their families will be referred to needed services, appointments scheduled and kept, and results reported back to the medical home*



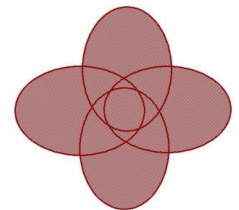
Medical homes: the *what* of consulting and follow-up with other providers

- Consulting definition: Integrated plans across service systems that respond to clinical treatments for the child and draw upon the clinician's expertise
- Goal for **consulting** – *clinical expertise will guide responses to children and their families in non-health settings, when children require care supporting clinical care and treatment*



Medical homes: the *what* of contributing to community health

- Community health definition: Identifying and responding to population health concerns and advocating for community actions
- Goal for **community health** – *medical homes will contribute to community understanding of child health needs and participate in promoting community health*



BONUS SLIDES: Relative federal resources directed to children 0-2

Funding Source/Program	\$ (million)	% of 0-2 population served
Medicaid	21.4	56.0%
WIC	4.9	28.5%
Foster Care/Adoption Assistance	0.5	<1%
Part C of IDEA	0.6	2.8%
CCDF/TANF Child Care	4.4	4.0%
Early Head Start	0.8	1.0%
MIECHV	0.2	<1%

Source: Adapted from Urban Institute Kids Share.

Note: Refunded tax credits, SNAP, and other income supports provide the majority of the \$66 billion (the 1.8%) directed to infants and toddlers in the federal budget.

Where we are today in child health coverage and Medicaid participation

	% of the Age Group Served
Service	U.S.
0-17 Uninsurance Rates (2011 American Community Survey/ACS)	7.5%
0-17 Uninsurance Rates under 200% poverty (ACS)	10.7%
0-5 Uninsurance Rates (2011-12 National Survey of Children's Health/NSCH)	4.6%
6-17 Uninsurance Rates (NSCH)	6.0%
0-2 Medicaid/EPSDT Enrollment of all 0-2 year olds (416 forms and ACS)	56.0%
Average Number of EPSDT Visits Annually	2.2
3-5 Medicaid/EPSDT enrollment of all 3-5 year olds (416/ACS)	51.5%
Average Number of EPSDT Visits Annually	.71
6-17 Medicaid/EPSDT Enrollment of All 6-17 year-olds (416/ACS)	35.6%
Average Number of EPSDT Visits Annually	.42

Where we are today in employing child health practitioners as first responders for young children

Primary and Preventive Health Services for Children (0-5)

U.S.

Child reported as having preventive, well-child visit in past 12 months	89.7%
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Child reported as having coordinated, ongoing comprehensive care within a medical home	58.2%
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Child reported as having been screened for being at risk of developmental, behavioral, and social delays, using a parent-reported screening tool during a health care visit (age 10 months to 5 years only)	30.8%
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Source: 2011-12 National Survey of Children's Health

Medicaid/EPSDT opportunities in supporting children birth to three

Child Health Practitioner Roles

- Developmental Surveillance and Screening
- Anticipatory Guidance
- Referral for “Medically Necessary” Services
- Referral to Care Coordination

Care Coordinator/Community Service Networker Roles

- Motivational interviewing and whole child approach to identify further needs/opportunities
- Identification of available services and supports which can meet those needs
- Connection (referral/scheduling/follow-up) to services

Community Services

- Medically necessary services
- Other community services

Effective medical homes in an ECE system: the results of the work

The mother comes in with her child for the 36-month well-child visit. Her daughter is looking forward to coming, knowing she will receive a free book and excited to tell the nurse she will be going to Head Start next month with her best friend from the Hispanic family center. The mother has an ASQ form, completed at her family day-care home, and a set of questions for the practitioner about her daughter, 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.