Top 10 Things We Know About Young Children and Health Equity...and Three Things We Need to Do with What We Know

Top 10 Things We Know...

10 Children are by far the most diverse age group in society, and their healthy development is critical to America’s leadership in a world economy.

This diversity can be a source of strength in a world economy that itself is culturally, ethnically, and linguistically diverse, but only if all children have pathways to success and are not marginalized or blocked in their efforts to develop. Particular attention must be paid to race, language, culture, and ethnicity in promoting the development of the next generation, recognizing that the power and wealth in society currently resides among those who do not reflect the same diversity.

9 The first five (and particularly the first two) years of life have the most pronounced impact upon a person’s health.

While it is common to speak about the need for health maintenance among the adult population, children are growing, developing, and setting their health trajectories in the earliest years that will have lifelong impacts. While the lion’s share of health care expenditures is in providing treatment and palliative care for chronic and often terminal health conditions among adults, the opportunity to prevent these chronic conditions is greatest by setting a positive life-course health trajectory in the earliest years.

8 For the first time in America’s history, children face the prospect of growing up less healthy, living less long lives, and being less equipped to compete and lead in a world economy.

This is not because of a lack of advancements in medical care, but rather on the limits of medical care alone to affect health trajectories. America is becoming more diverse, and children are leading the way. However, the young child population also is facing new risks.

A growing proportion of America’s children face major social, economic, and environmental risks to their health, which must be addressed. Obesity itself has many of its roots in childhood and young children’s access to healthy foods and exercise and nutrition. The rise in childhood obesity, unchecked, will seriously compromise the health of the next generation.
Many of the health problems experienced by children are the result of preventable health disparities (inequities) that themselves are rooted in economic, class, and race/ethnicity issues. While there have been major medical advances in the treatment of biomedical health issues among both children and adults, the major determinants of child health are social and economic in origin. These social determinants include poverty and the impact of poverty upon the availability of resources. They also include relative social and economic disadvantages (the social gradient), and the presence of personal and/or institutional discrimination, resulting in marginalization. When children are very young, the discrimination and marginalization that their parents experience can be transmitted to the care and support parents are able to provide to the child and the consequent healthy development of the child.

Particularly in the first two years of life, child health practitioners have a crucial role to play both in providing biomedical care and in initiating effective responses to these other social determinants of health. Almost 90 percent of children birth to age two see a primary health practitioner for at least one well-child visit in the first two years of life, and most receive multiple visits during these years. Child health practitioners – through anticipatory guidance – can be important sources of information to parents on their children’s growth and development. These practitioners also can serve as “first responders” to both presenting child conditions and to social determinants of health. During the first two years of a child’s life, child health practitioners are the primary source for early identification of need, as most young children are not in other forms of formal care and supervision (e.g., registered or licensed child care arrangements) or otherwise part of any formal system.

Toxic stress, early childhood adversity, and social exclusion and discrimination cause harm at all ages, but are particularly damaging in the earliest years of life. The growing research on brain development points to the critical need for constant and consistent nurturing of young children during the earliest years of life. Stress, particularly when there are few protective factors, can lead to toxic stress that is very damaging to the developing brain. The literature on risk and resiliency, protective factors, social exclusion and discrimination, and adverse childhood experiences provide additional knowledge on how to prevent or mitigate such stress and support healthy development.

There are many exemplary practices that have been initiated within the child health community that have shown success in responding to these social determinants and positively affecting children’s health trajectories. However, these are not yet incorporated into mainstream and routine practice. At their core, most of these effective practices have three components: (1) increased practitioner surveillance, screening, and anticipatory guidance that focuses both on child and family issues; (2) further identification of specific family needs and opportunities for support through care coordination or targeted case management that is based upon family ecology; and (3) effective referral and follow-up to both professional and community services and supports that ensure that at least some of the...
needs of the child and family are addressed. While some actions involve the child health practitioner’s expertise, others require other skills and supports and move beyond many traditional notions of what constitutes a medical home.

3 Most exemplary efforts, explicitly or implicitly, adopt an ecological and strength-based framework in working with the family as the child’s first teacher, nurse, safety officer, and guide to the world. There is growing understanding of how to put that ecological and strength-based framework into practice.

The Strengthening Families initiative has identified five key protective factors that contribute to young children’s healthy development: (1) parental resiliency, (2) parental knowledge of child development, (3) concrete services in times of need, (4) positive relationships and peer support for parenting roles, and (5) developmental activities for young children with peers and playmates. There is growing evidence that programs that are successful in strengthening these protective factors have long-lasting impacts upon healthy child development. Moreover, there is increasing understanding of how to incorporate effective strategies to strengthen these protective factors into practice.

2 In some neighborhoods and communities, effective responses require community-building strategies to counter the effects of discrimination and disinvestment in addition to individual services and supports to young children and their families. The health community has a role in this community building.

Often, community health centers, free clinics, and hospital systems represent core and trusted institutions within poor and disinvested neighborhoods, as well as representing physical spaces that are safe and accessible. They represent a locus for medical care and can be a locus for other community activities. In particular, they can support self-help and mutual assistance activities that are needed to promote healthier neighborhoods for all young children.

While not the sole source for community cohesion or community activities, child health practitioners and institutions in these neighborhoods can contribute to the establishment of an overall healthy neighborhood for young children and their families.

1 While not the driver of current health costs and other social expenditures, improving child health and reducing health disparities is essential to long-term health cost containment and has the potential to produce the greatest overall returns on investment to society within health reform and redesign.

Improving children’s healthy development in the early years is recognized as producing long-term gains not only in health but also in education, social development, and contributions to one’s community. Outcomes from effective early responses accrue both to the individual and to society in improved health, education, earnings, and family stability – and reduced justice system and welfare system involvement. These gains have led Nobel Laureate economist James Heckman, among others, to conclude that the great opportunities for high returns on public investments are when society “invests in the very young.”
... And Three Things We Need to Do With What We Know

1. Advocates and child health champions need to educate policymakers and the public on the need for state health reform and redesign to focus upon healthy child development as a key long-term strategy for improving health and meeting the “triple aim.”

There has been increasing national and state attention to health reform and redesign that can meet the triple aim of improved health care quality, improvements in population health, and reductions in per capita health care costs. Much of the emphasis, however, has been on current cost drivers in the health system, with a resulting focus upon high cost treatments and persons with complex and chronic health care needs.

While this is important work, it will not be effective in the long-term without commensurate attention to and investment in prevention – and a focus upon children and their health trajectories. Advocates and child health champions need to educate policymakers on the need for such investments as part of any strategies to meet the triple aim.

2. Administrators and funders need to provide support for champions and early adopters in the child health practitioner field to develop exemplary practices in their communities as a larger strategy to diffuse innovation.

In order for child health practitioners to better respond to social determinants of health and produce greater health equity, they will need to change their current practices and most will need support to do so. The diffusion of innovation literature indicates that this requires both champions who develop innovative approaches and early adopters who build upon them and expand their use.

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These innovations and their diffusion can be accelerated by providing encouragement, resources, and opportunities to those leaders to expand their work beyond traditional paradigms. Not only does this require support for innovators, but it also requires training, technical assistance, and support to enable others to become early adopters.

3. Policymakers need to create financing and monitoring and development structures, particularly within Medicaid, that ensure that practitioners who seek to play this role are enabled to and rewarded in doing so as part of the mainstream system, rather than as add-ons or additions to their work.

While supporting innovation and early adoption of practice changes is key to create a base of experience and expertise in the field, moving from exemplary to routine practice requires that the overall mainstream financing and monitoring system be structured to expect such practice, rather than consider it an “add on” to current expected practice. This involves ensuring that financing fully supports all the critical elements to achieving results.

Health practitioners are moving beyond their traditional medical role, including screening for developmental delays and disabilities, to effectively connect families and their children to other early childhood systems supports. State and national early childhood leaders and champions, advocates, and policymakers should provide the support practitioners need to be the observing eyes and ears for identifying conditions in the child, the family, and the family’s environment that impact healthy development.

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