

CDC PUBLIC HEALTH GRAND ROUNDS

Addressing Health Disparities in Early Childhood



March 15, 2016



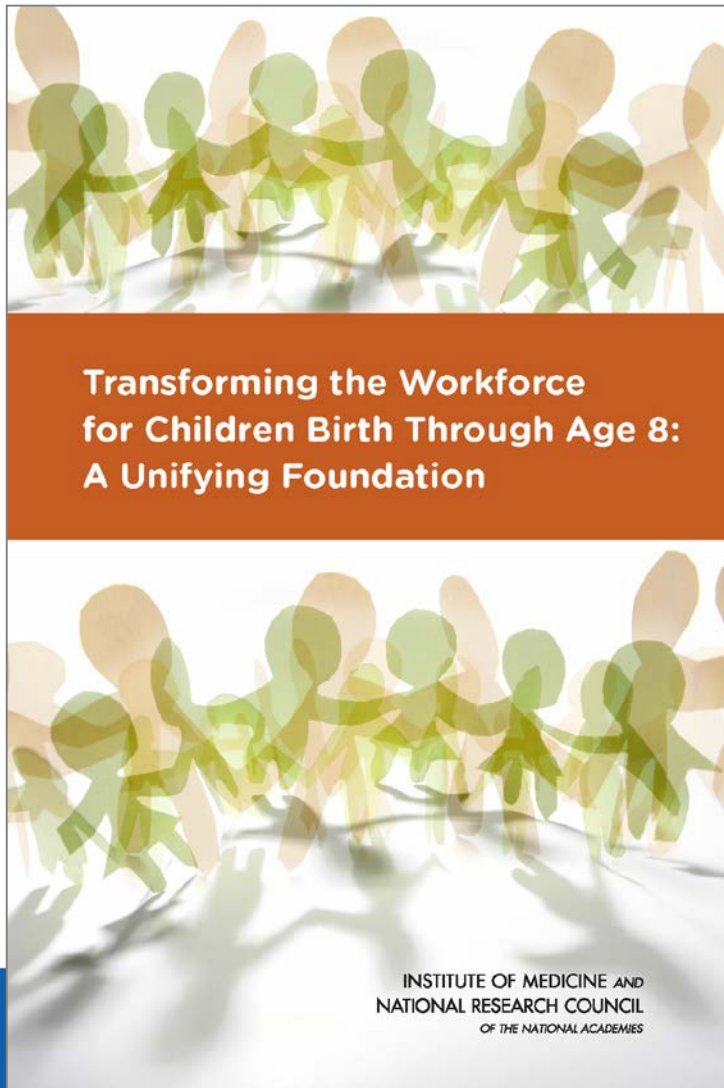
U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Origins and Impacts of Health Disparities in Early Childhood



Ross A. Thompson, PhD
Distinguished Professor of Psychology
University of California, Davis
Board President, ZERO TO THREE

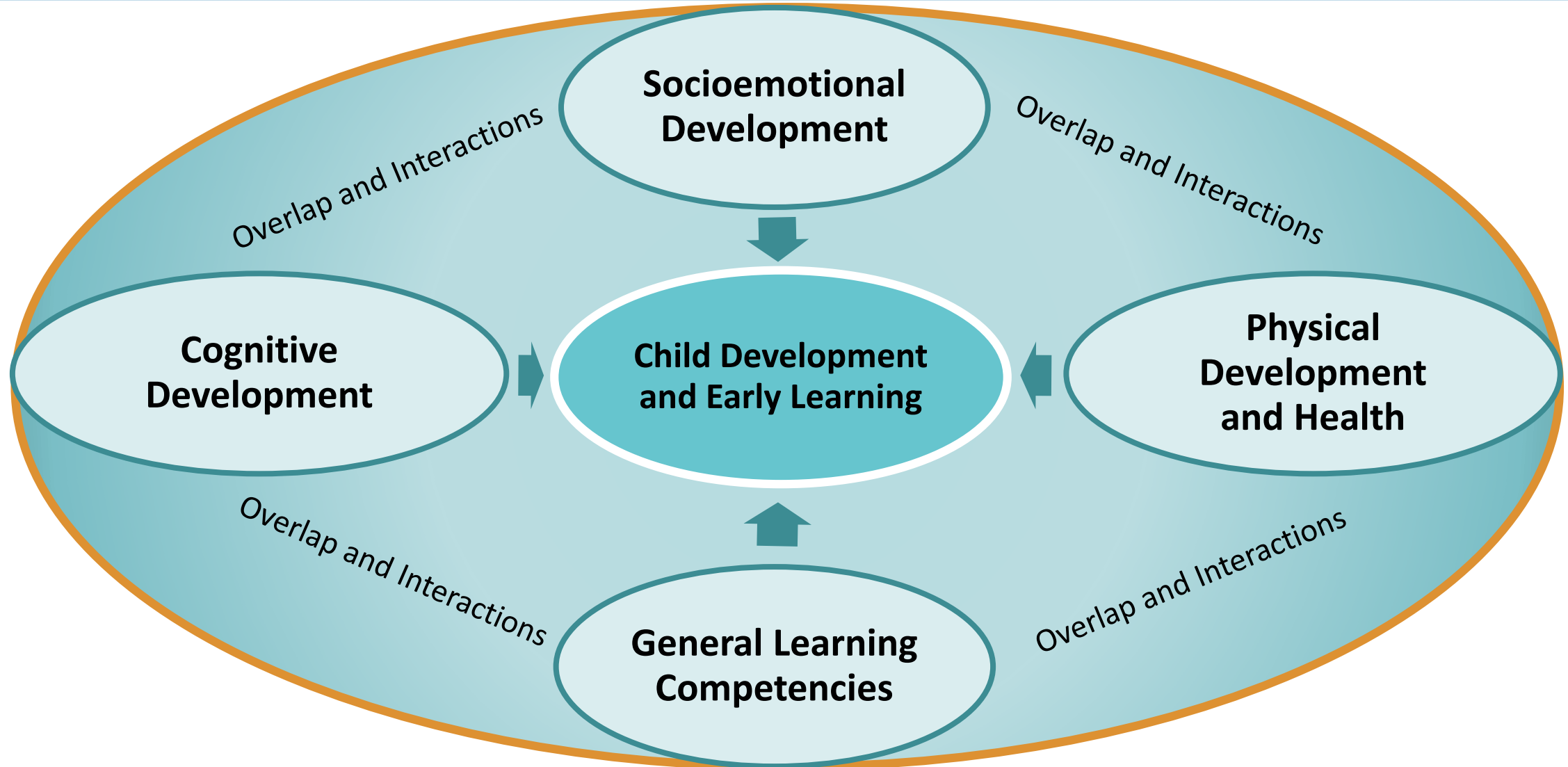
How Do We Make Systems Better for Young Children?



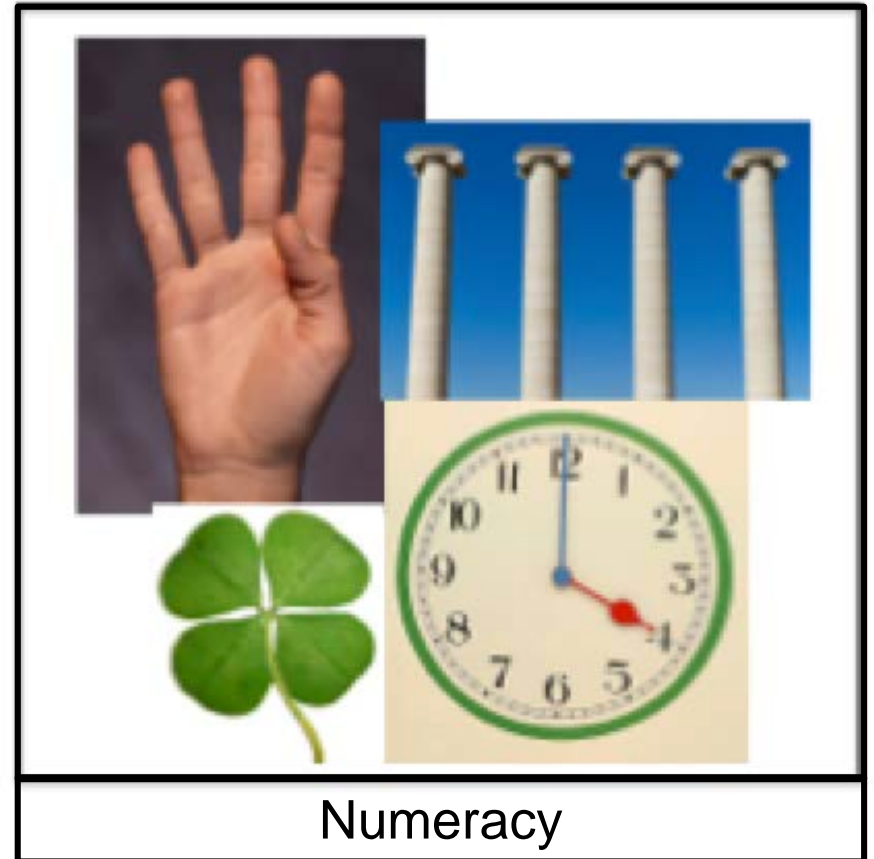
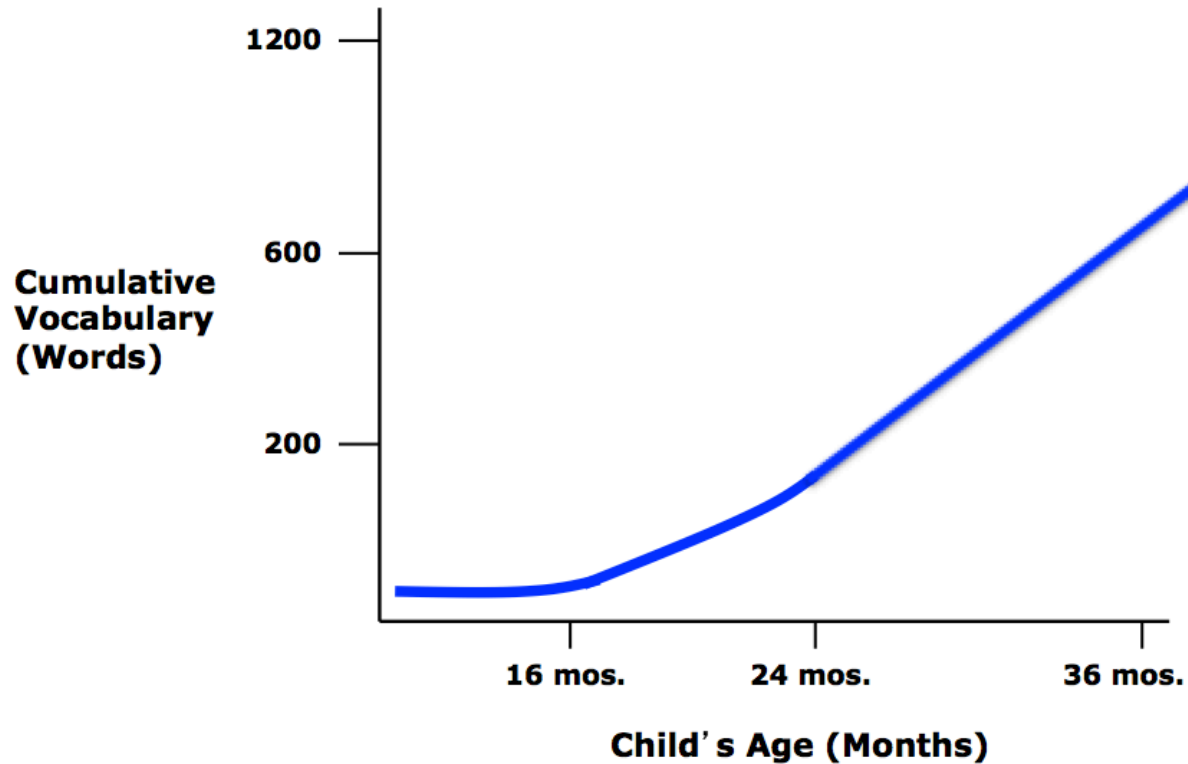
How do we provide young children with continuous, high-quality support for their development and learning from birth to age 8 by transforming the early childhood workforce and changing systems of early care and education?

2015 NRC / IOM Report on Young Children's Services
Transforming The Workforce For Children Birth To Age 8

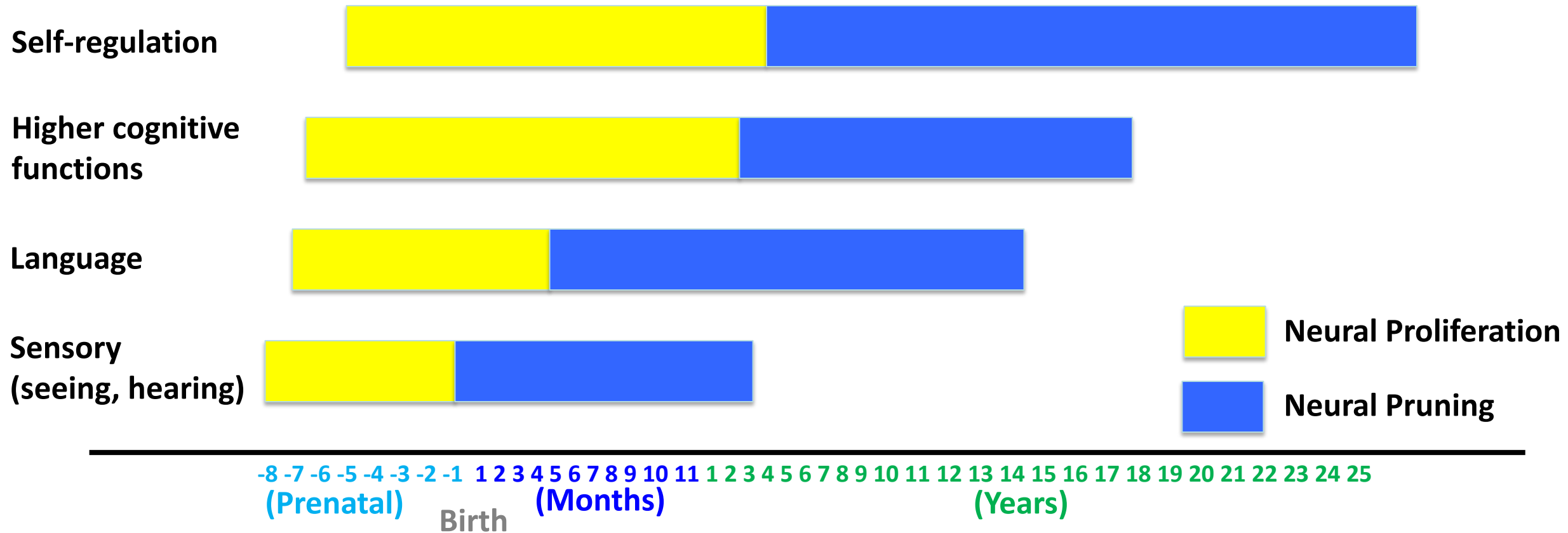
1. Young Children's Development Is Deeply Integrated



2. Individuals Working with Children Have Not Kept Pace with Rapidly Expanding Knowledge of Early Learning

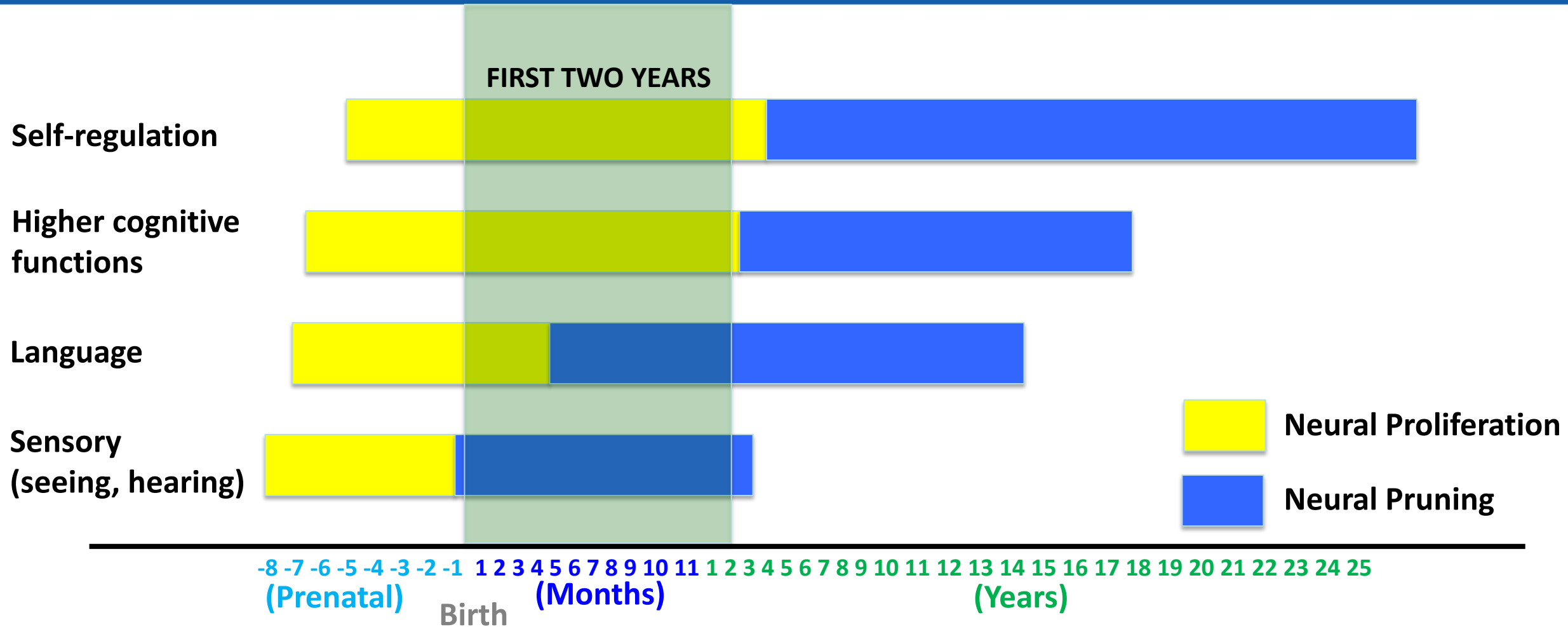


Brain Development in Selected Domains



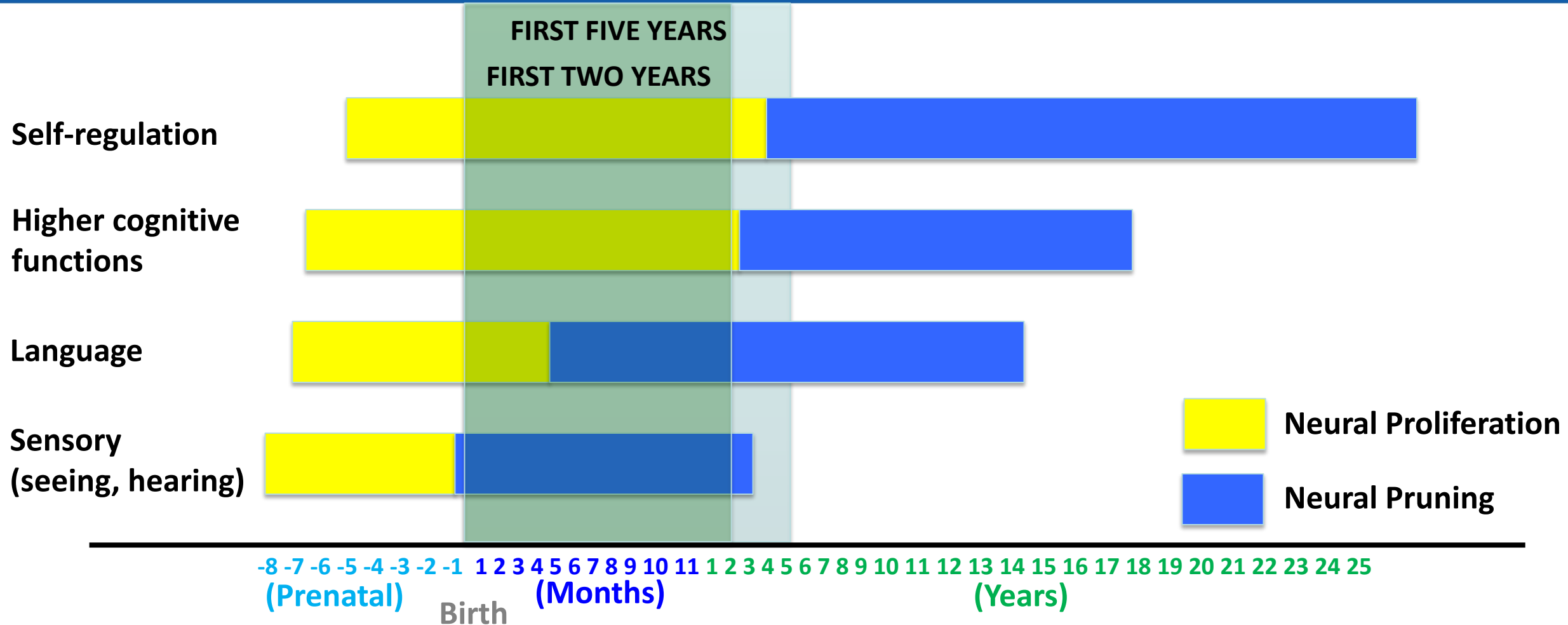
Adapted from Thompson RA, Nelson CA. *American Psychologist*, 2001

Brain Development in Selected Domains



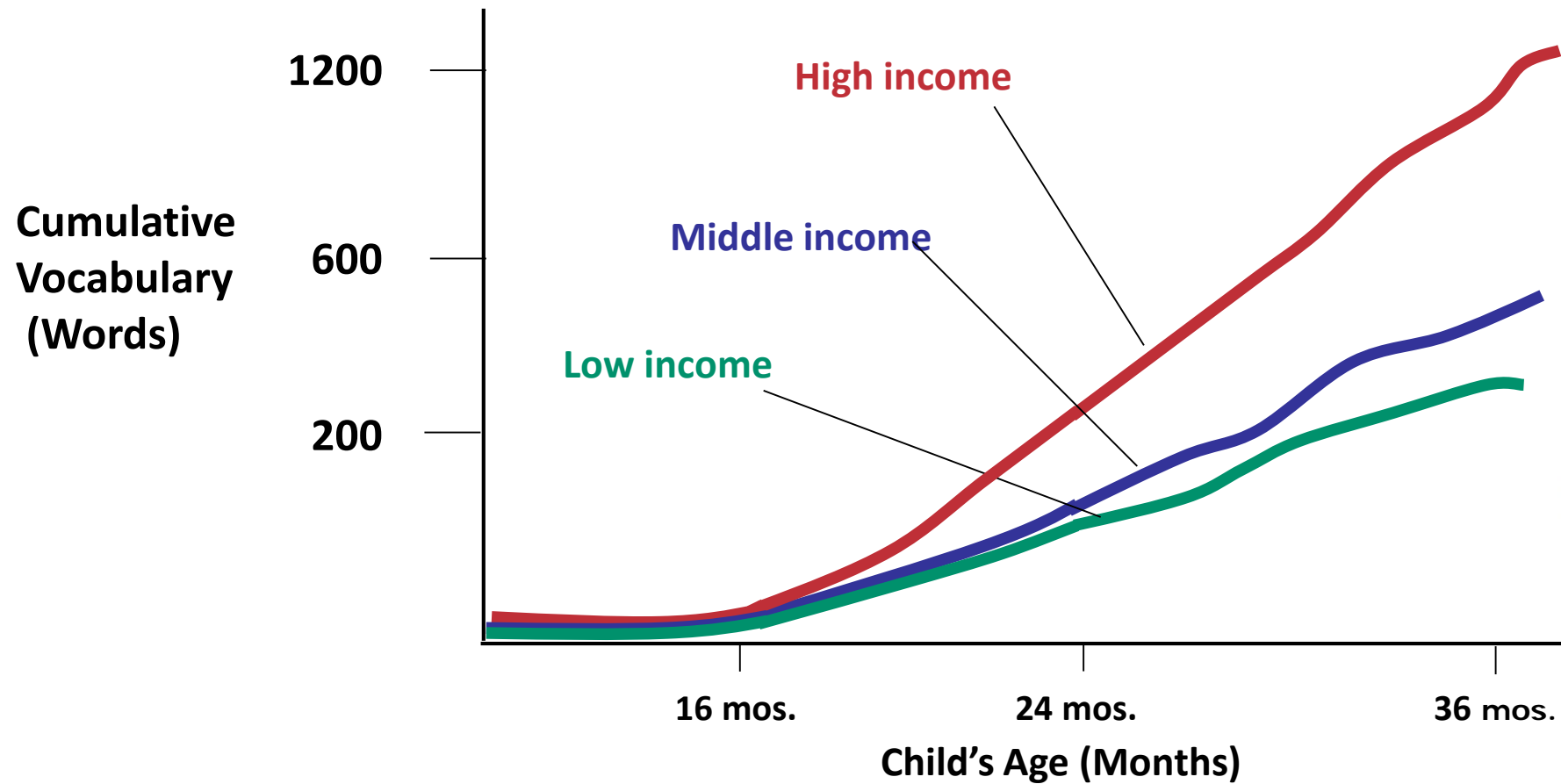
Adapted from Thompson RA, Nelson CA. *American Psychologist*, 2001

Brain Development in Selected Domains



Adapted from Thompson RA, Nelson CA. *American Psychologist*, 2001

The Effects of Early Experiences Are Important and Accumulate



Hart B, Risley TR. *Meaningful differences in the everyday experience of young American children*, 1995

Fernald A, Marchman VA, Weisleder A. *Dev Sci*. 2013

Weisleder A, Fernald A. *Psychol Sci*. 2013

The Effects Continue to Accumulate Throughout Childhood and Adolescence

**Vocabulary
at age 3**



**3rd grade
reading score**



**High school
graduation
rates**



Hart B, Risley TR. *Meaningful differences in the everyday experience of young American children*, 1995

Annie E. Casey Foundation, 2012; Lesnick J, Goerge RM, Smithgall C, Gwynne J. Chicago: Chapin Hall at the University of Chicago, 2010

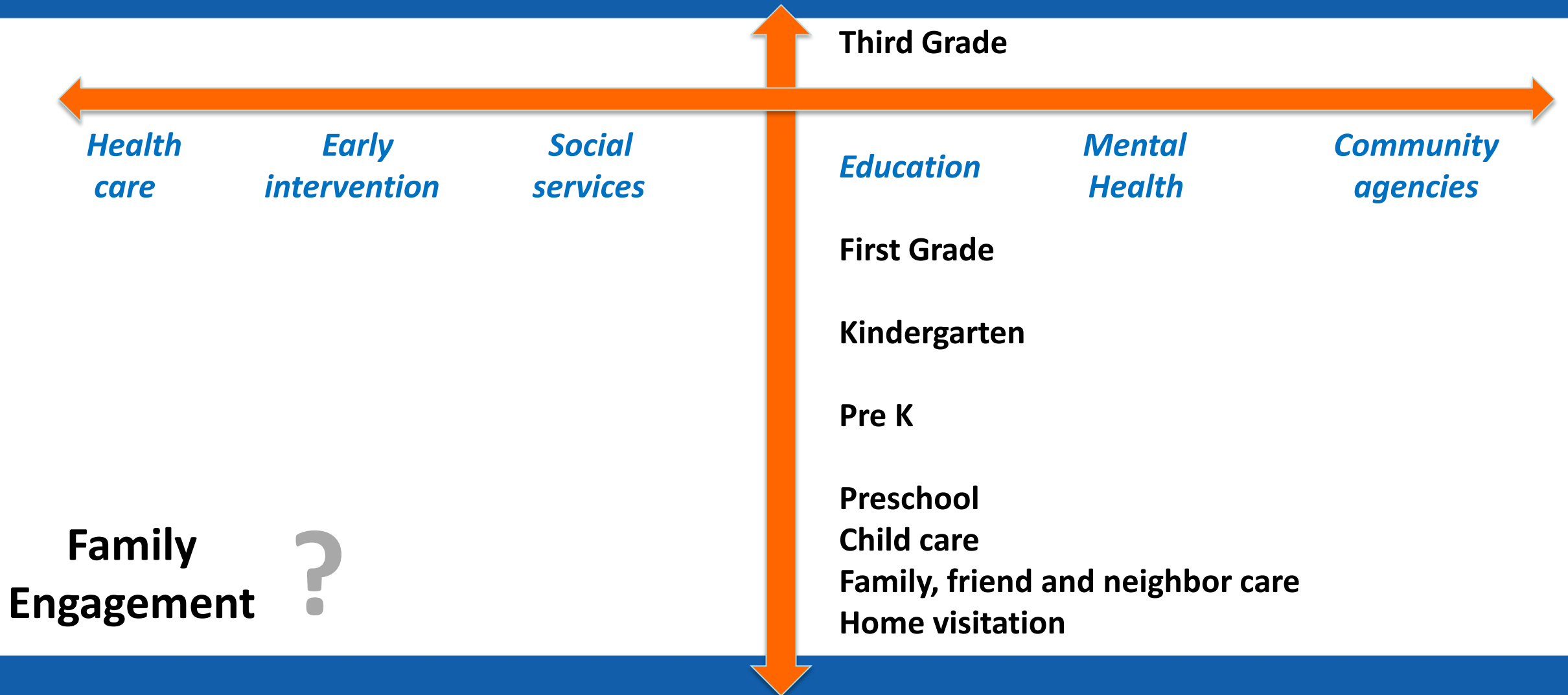
U.S. Adult Outcomes by Family Income Between the Prenatal Year and Age 5

	Low Income		Above Low Income
	Below FPL	100%-199% FPL	200% or more FPL
U.S. Adult Outcomes	Mean or %	Mean or %	Mean or %
Years of Schooling Completed	11.8 yr	12.7 yr	14.0 yr
Poor health	13%	13%	5%
Nonmarital births (women only)	50%	28%	9%
Earnings *	\$17,900	\$26,800	\$39,700
Annual work hours *	1,512	1,839	1,963

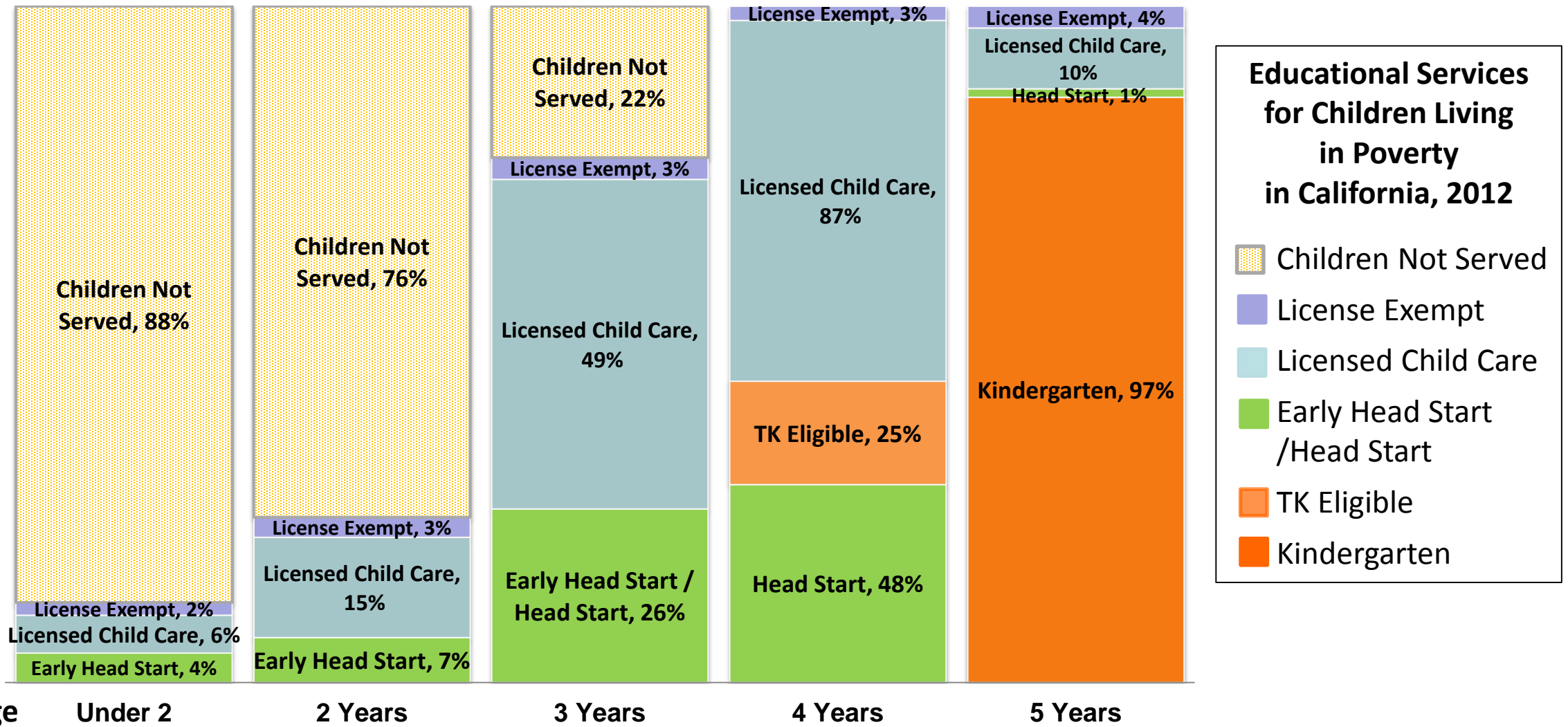
* Significantly greater effects of early childhood poverty than the effects of poverty for children at any older age, with the effects of older-age poverty controlled

Duncan & Magnuson, 2011 from Duncan GJ, Ziol-Guest KM, and Kalil A. Child Development, 2010

3. The System of Early Childhood Services Is Fractionated



The System Is Especially Fractionated for The Youngest Children and Children Can Fall Through the Gaps



Young Children and Their Families Face Significant Challenges

- **Parents of young children are typically stressed and often overwhelmed**
- **High-quality child care is expensive and inaccessible in many communities**
- **Formal and informal providers of care for infants and toddlers are often underprepared and poorly supported**

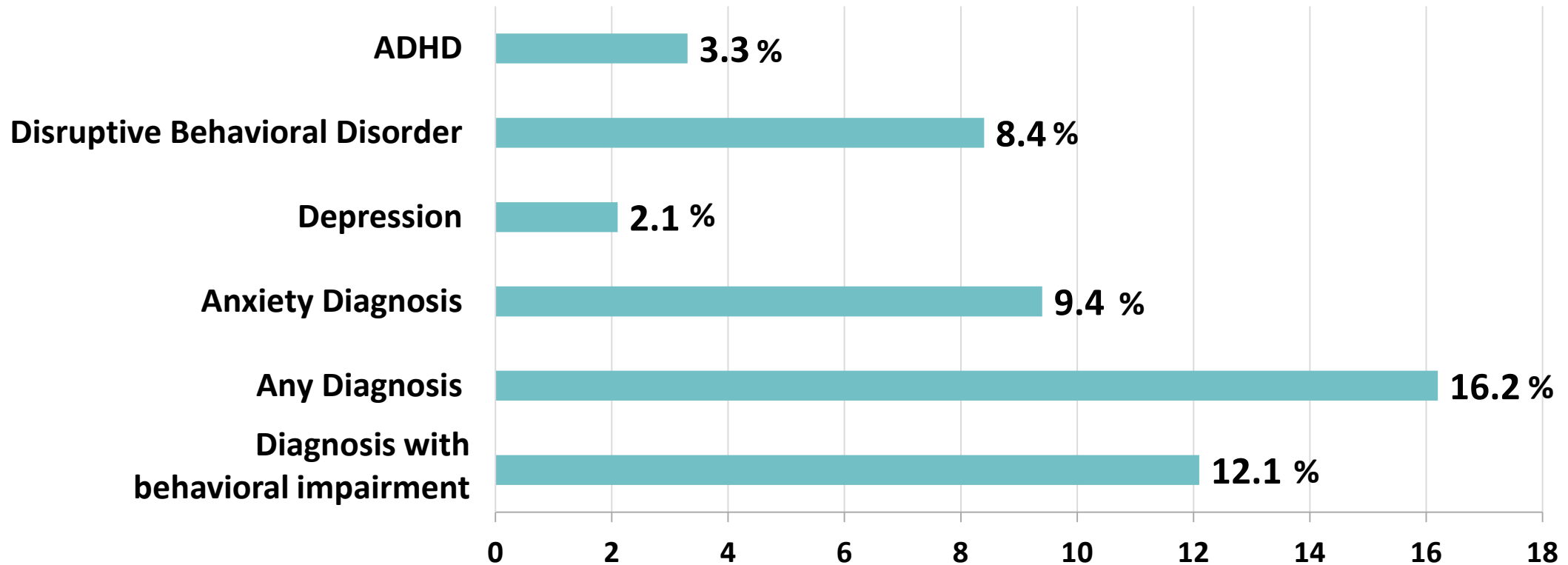


Young Children and Their Families Face Other Challenges

- **Families may lack a medical home, especially if they are living in rural areas or face language or cultural barriers to medical access**
- **Special health care needs present at a very young age but many young children do not receive services until they enter school**
- **Stress and trauma in early childhood manifest as behavior problems that may not be recognized as mental health needs in young children**

Rates of Preschool Psychiatric Disorders

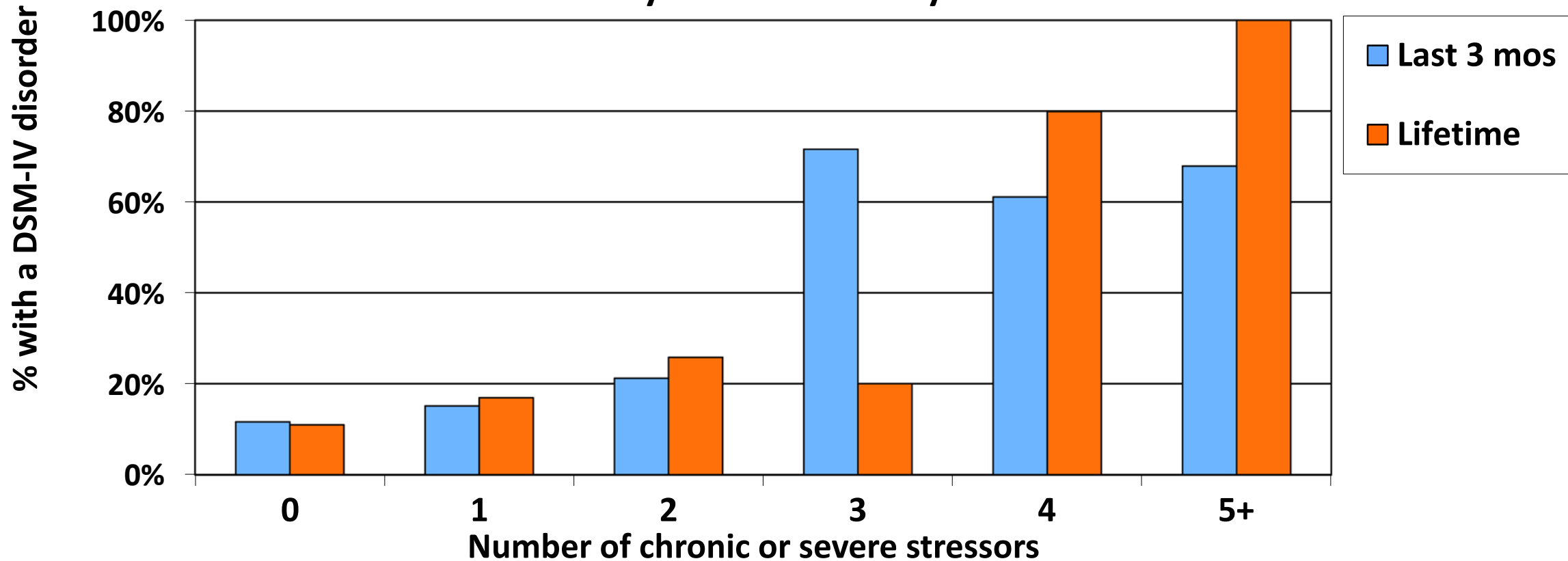
Percent of Psychiatric Disorders Among Preschoolers Ages 2–5



Data from Duke Early Childhood Study, courtesy Dr. Helen Egger, Duke University Medical Center

Association of Stress with Psychiatric Disorders in Childhood

Cumulative Stressors in Childhood and Psychiatric Disorders, Duke Early Childhood Study



Data from Duke Early Childhood Study, courtesy Dr. Helen Egger, Duke University Medical Center

What Can Public Health Systems Offer Young Children and Their Families?

- **Increase emphasis on birth to age 5 for prevention and health promotion**
- **Increase awareness of early physical and mental health issues and highlight gaps in knowledge**
- **Communicate prevention strategies to parents and practitioners**



What Can Public Health Systems Offer Young Children and Their Families?

- **Strengthen developmental and behavioral health screening and referral services**
 - Especially to hard-to-reach and underserved populations
- **Establish connections between physical and behavioral health of young children**
 - to the health of their parents
 - to community wellness
- **Provide avenues for the development of integrated service systems**
 - Connect pediatric, mental health, child welfare, and early care and education practitioners

Examples of Early Intervention Programs That Work

➤ Nurse Family Partnership

- Home visits by registered nurses to first-time mothers, particularly those in difficulty, beginning in pregnancy and continuing through child's second birthday
- Three RCTs have demonstrated benefits for maternal health practices, parenting competency, and child cognitive and behavioral outcomes through adolescence

➤ Chicago Child-Parent Centers

- Half-day preschool beginning at age 3 with small classes, well-trained teachers, and a required parental volunteer commitment; staff liaison provides family outreach
- Benefits to children include improved school readiness, higher reading and math achievement scores, improved high school graduation, reduced juvenile arrests

Early Investments Can Provide Remarkable Results

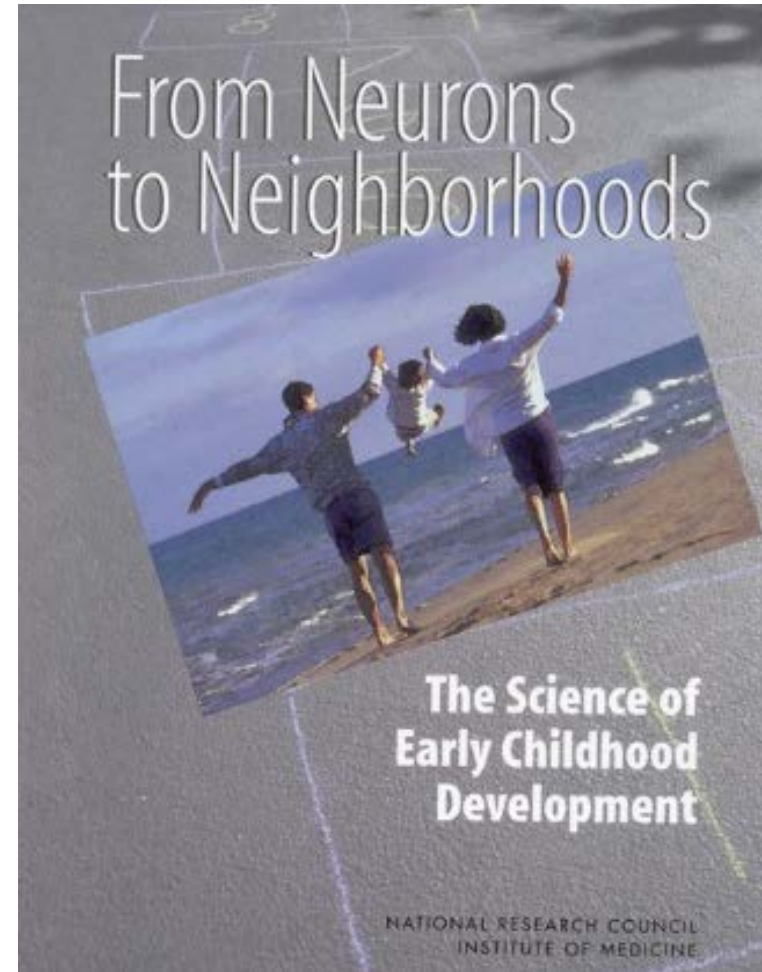
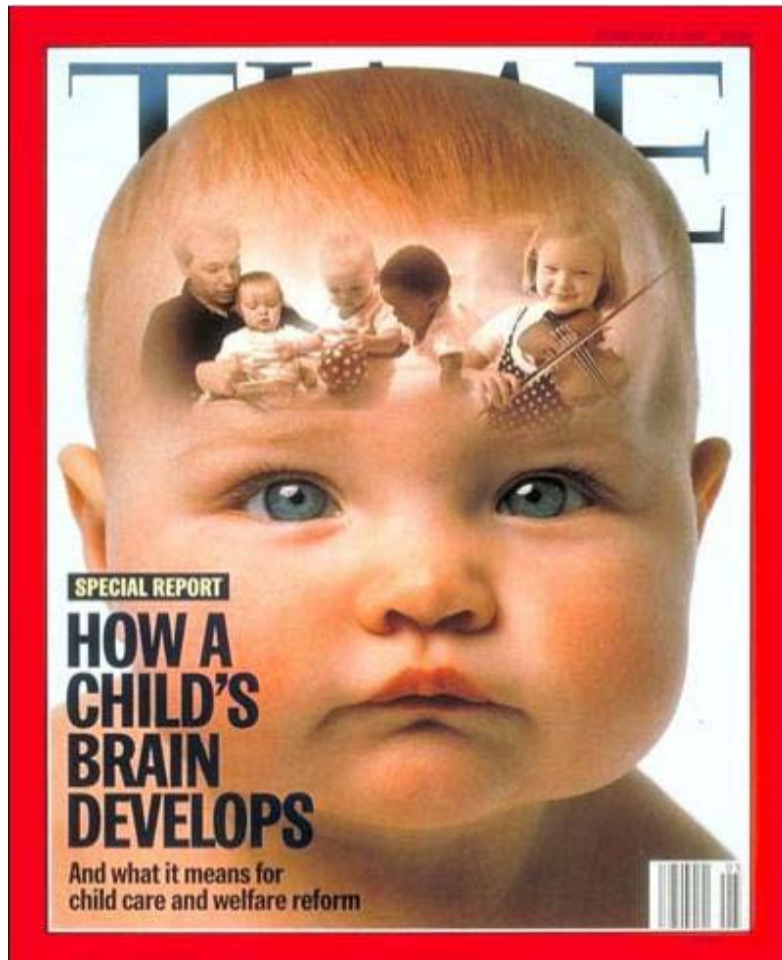
- **Cost-effectiveness studies show that *well-implemented* early interventions can show a significant long-term return on investment**
 - especially true for children at greatest risk
 - focus on quality, including adult-child interactions and social climate
 - subsequent experiences and influences maintain early gains
 - focus on the growth of multiple skills (e.g., cognitive and noncognitive)
- **Quality and quantity of evidence-based early interventions for young children (and their families) continues to grow**

Making Connections to Support Healthy Development for All Children



Paul H. Dworkin, MD

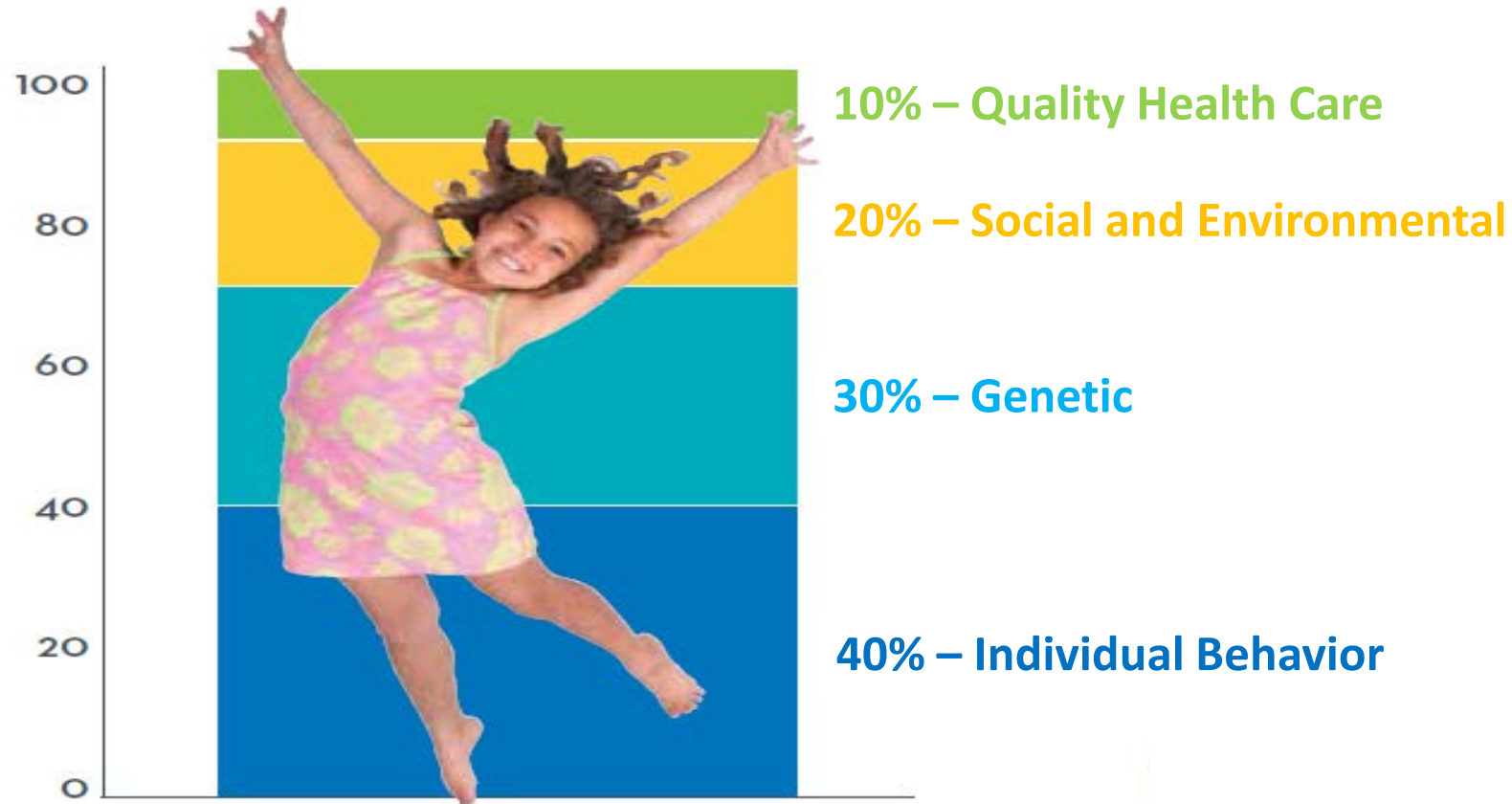
*Executive Vice President for Community Child Health & Founding Director
Help Me Grow National Center, Connecticut Children's Medical Center
Professor of Pediatrics, University of Connecticut School of Medicine*



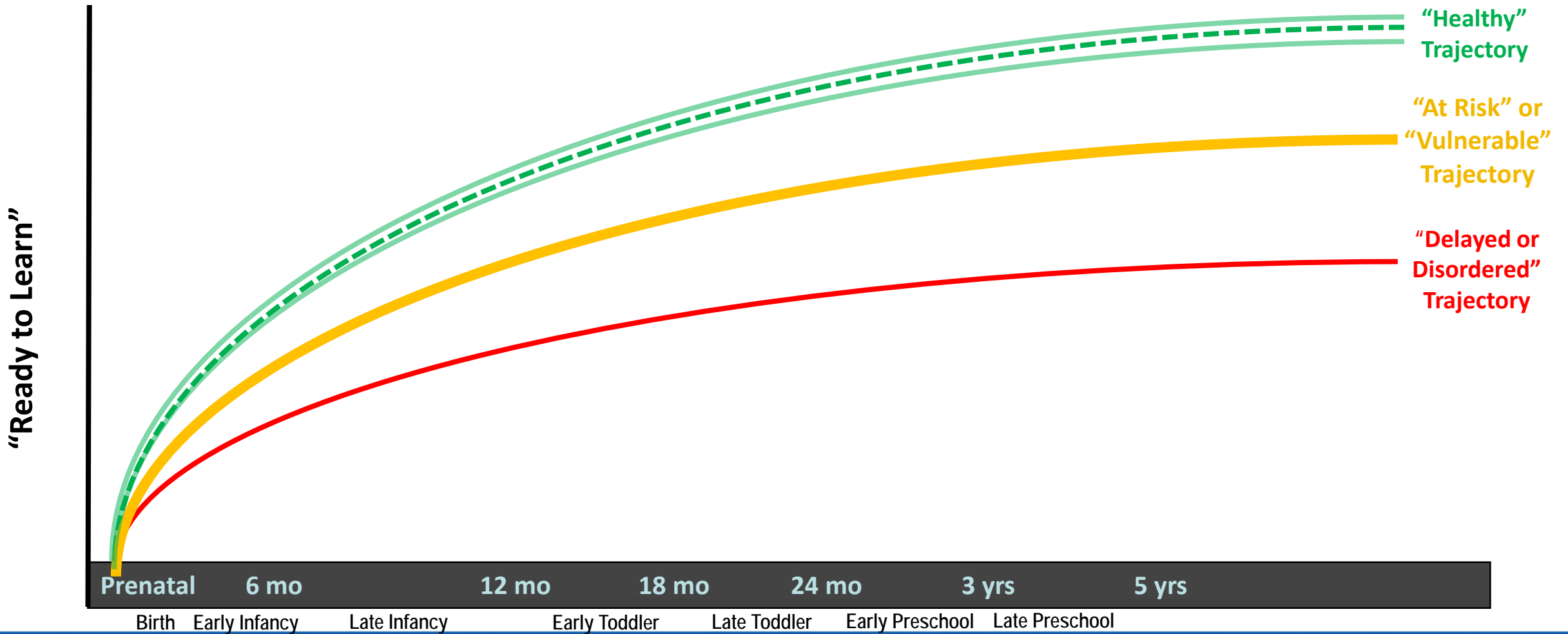
Shonkoff JP, Phillips DA. National Academy Press; 2000
<http://www.nap.edu/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development>

Health Outcomes are Influenced by More Than Quality Health Care

DETERMINANTS OF HEALTH



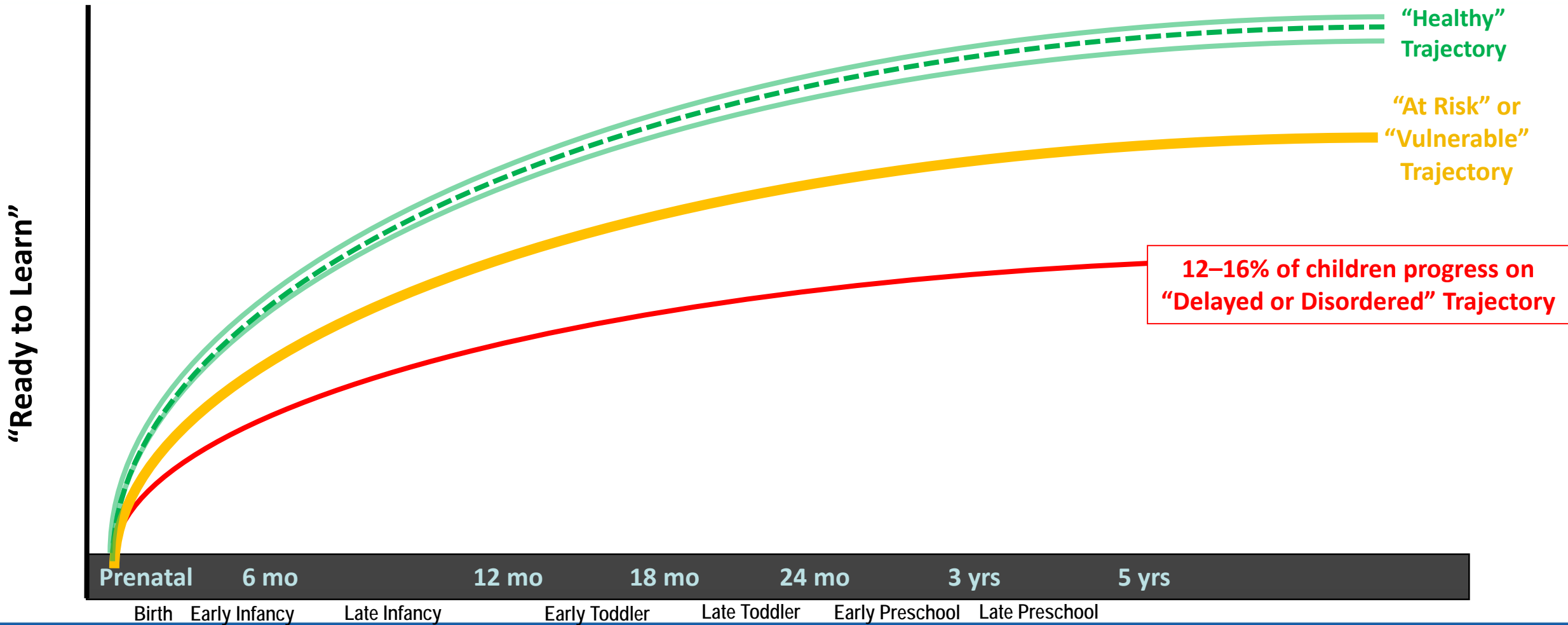
Developmental Trajectories and Risk



Adapted from Neal Halfon, UCLA Center for Healthier Children, Families, and Communities

http://childpolicyuniversityconsortium.com/pdfs/presentations/NealHalfon-TransformingEarlyChildhoodCommunitySystems_Feb2012.pdf

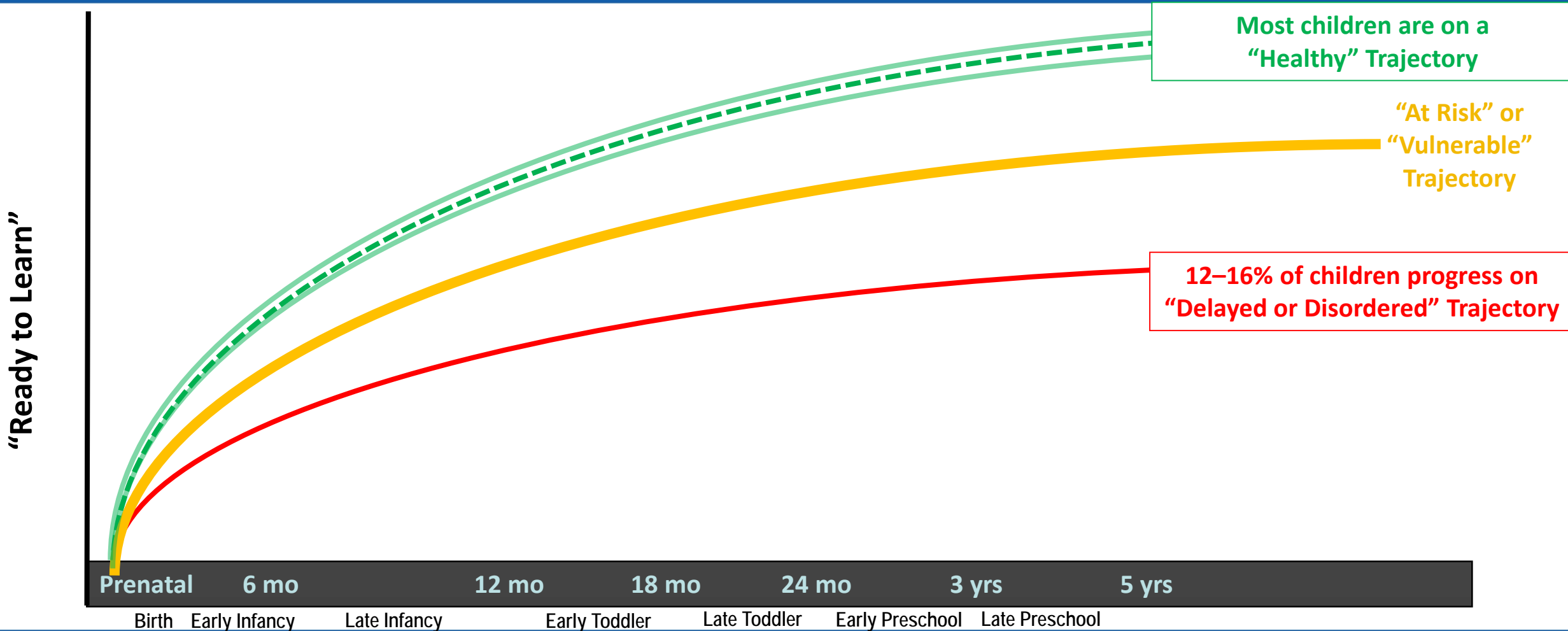
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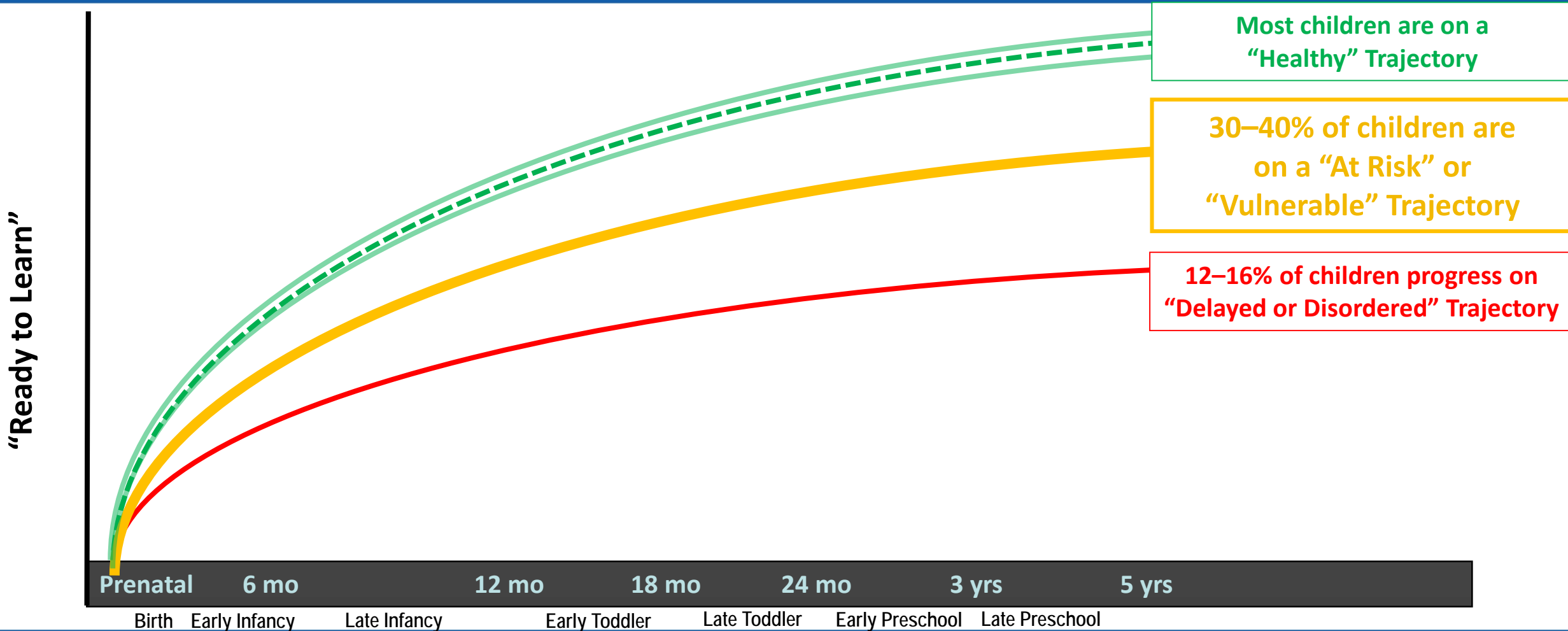
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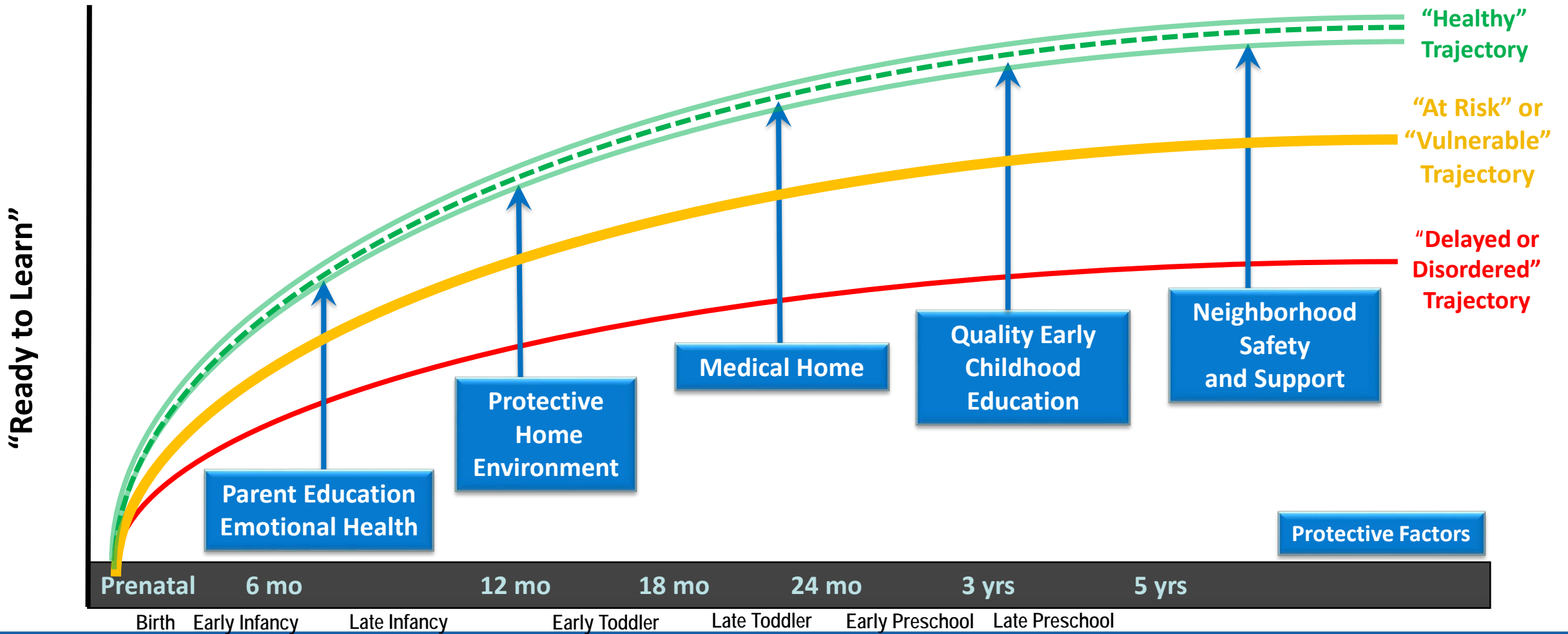
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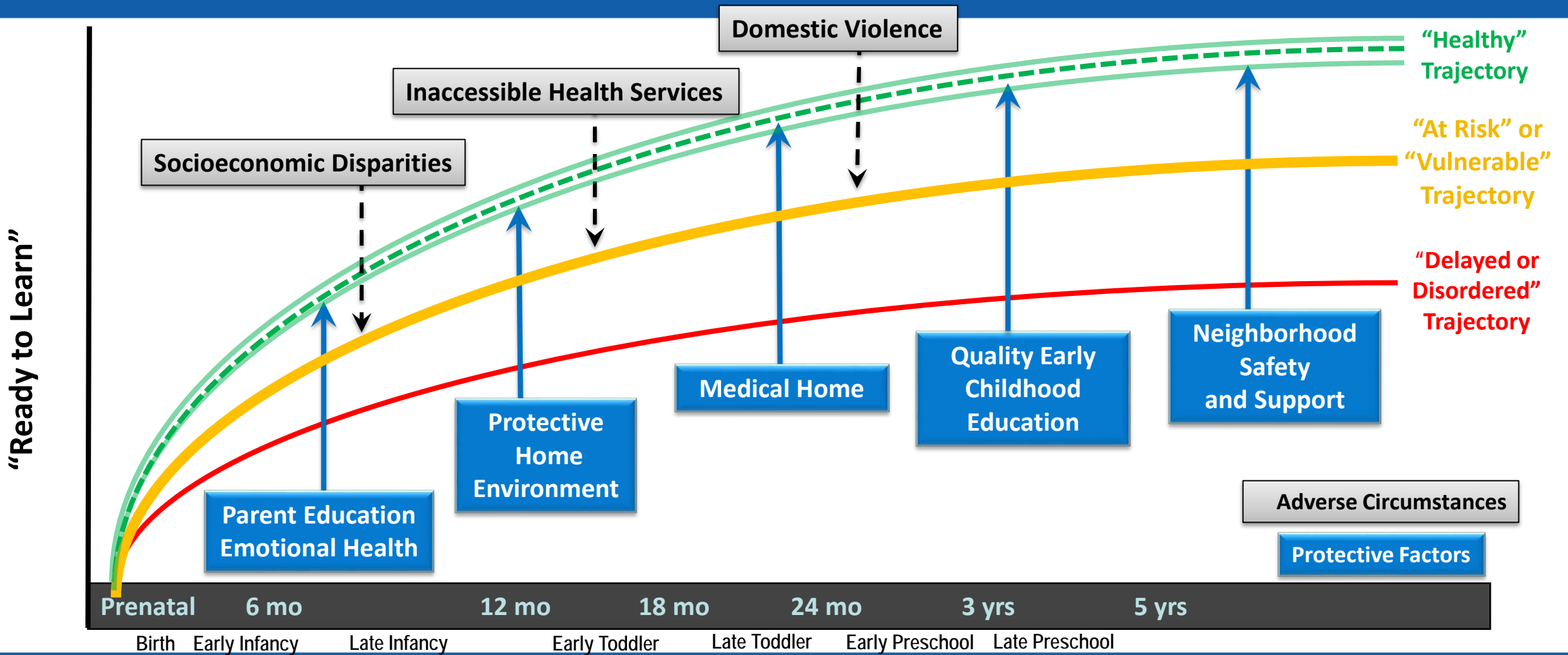
Factors That Influence Developmental Trajectories and Risk



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Factors That Influence Developmental Trajectories and Risk



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Prevent Low- and Medium-Risk Families from Becoming High-Risk

“The most effective long-term strategy appears to be the development of a **comprehensive, coordinated, community-wide approach** focused on **preventing *low- and medium-risk families* from becoming *high-risk***, as well as providing intensive services to those who already have reached a high-risk status.”

Hartford, Connecticut

**Connecticut has the highest per capita income in the nation,
yet Hartford is ranked the country's seventh poorest city**



<http://www.areavibes.com/library/top-10-highest-poverty-rates/>

Crucial Conversations to Promote Children's Healthy Development

➤ **Hartford Foundation for Public Giving (HFPG)** *Brighter Futures* initiative

➤ **Hartford City Health Department**

- *Child Development Program (CDP)*

➤ **Region's child health providers**

- Community health centers

➤ **Children's Health Council** *Children's Health Infoline*

➤ **Hartford Parents Network**

➤ **CT Birth to Three System (Part C)**



Hartford Foundation
FOR PUBLIC GIVING



CHILDREN'S HEALTH COUNCIL

Connecticut

CHILDREN'S  HEALTH PROJECT



Shared Assumptions – At-Risk Children Are Falling through the Gaps

1. Children with developmental and behavioral problems are **eluding early detection**
2. Many **initiatives exist** to provide services to young children and their families
3. **A critical gap exists** between identifying children in need and connecting to child development and early childhood education programs
4. Children and their families would benefit from a **coordinated, region-wide system** of early detection, intervention for children at developmental risk



Help Me Grow System

Core Components

1 Health Care Provider Outreach

Child health care provider outreach to support early detection and intervention.

2 Community Outreach

3 Centralized Access Point

4 Data Collection and Analysis

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4 Data Collection and Analysis

Data collection to understand all aspects of the Help Me Grow system, including the identification of gaps and barriers.

One Call Does It All



Assessing for Eligibility and Connecting to Publicly-funded Services



Those Not Eligible for Publicly-funded Services Are Connected to Community-based Programs and Services



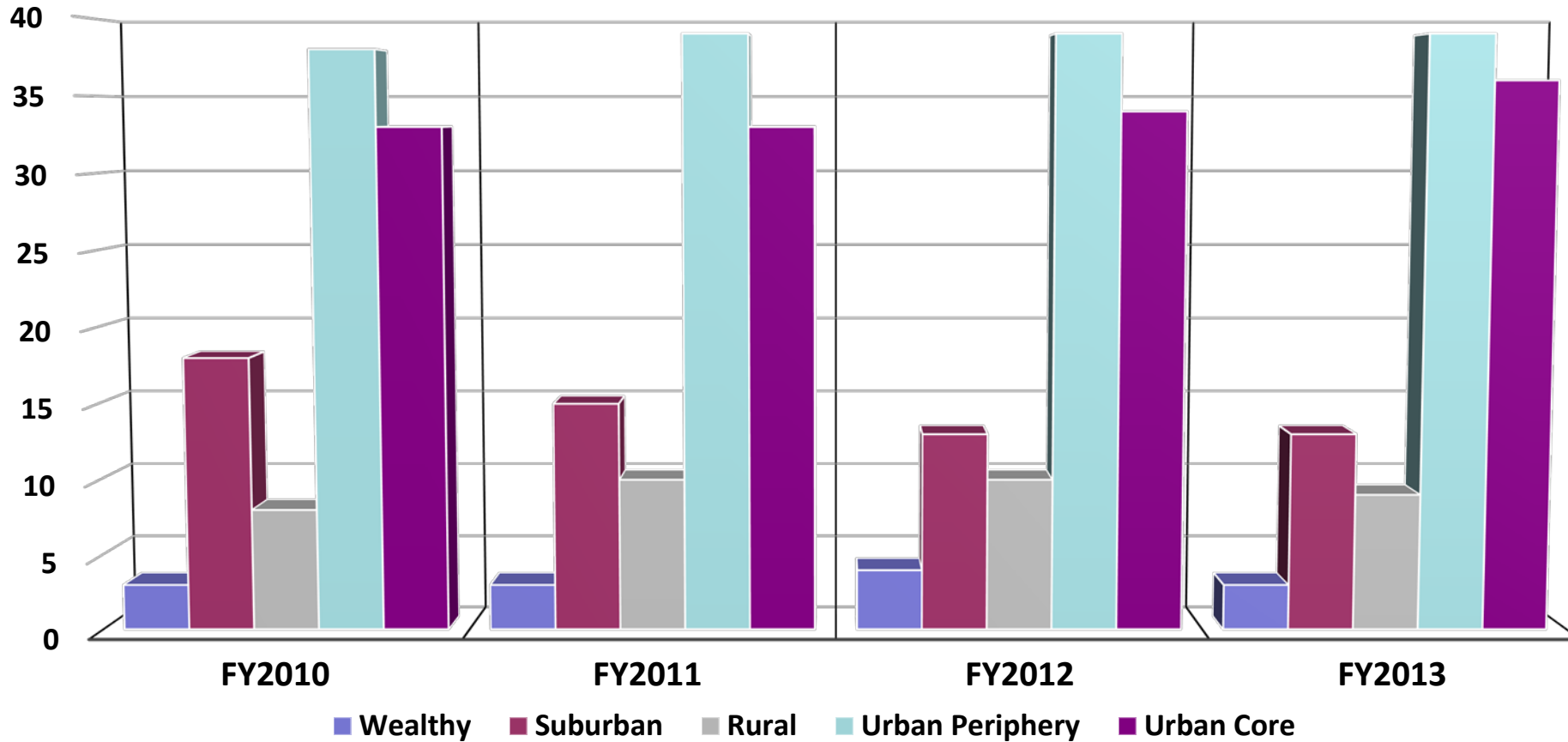
Measuring Outcomes Through Evaluation: Results-Based Accountability

- **Utilization of *Help Me Grow***
- **Utilization of follow-up services**
- **Number and type of referrals for programs and services**
- **Outreach activities**
- **Training in developmental surveillance and screening**
- **Percentage of families that received at least one or more services**
- **Utilization of the *Ages & Stages* Child Monitoring Program**

- **Over 80% of children and families referred to *HMG* were linked to community-based programs and services**

Where Families Who Call *Help Me Grow* (HMG) Reside

Help Me Grow Evaluation of Where Families Live, 2010–2013



In 2014–2015:

- HMG connected 2,800 children and families to community-based services
- HMG provided the Ages and Stages Child Monitoring program to 3,000 families

Strengthening Family and Protective Factors Correlates with Positive Outcomes

- PARENTAL RESILIENCE
- SOCIAL CONNECTIONS
- KNOWLEDGE of PARENTING and CHILD DEVELOPMENT
- CONCRETE SUPPORT in TIMES of NEED
- SOCIAL and EMOTIONAL COMPETENCE of CHILDREN



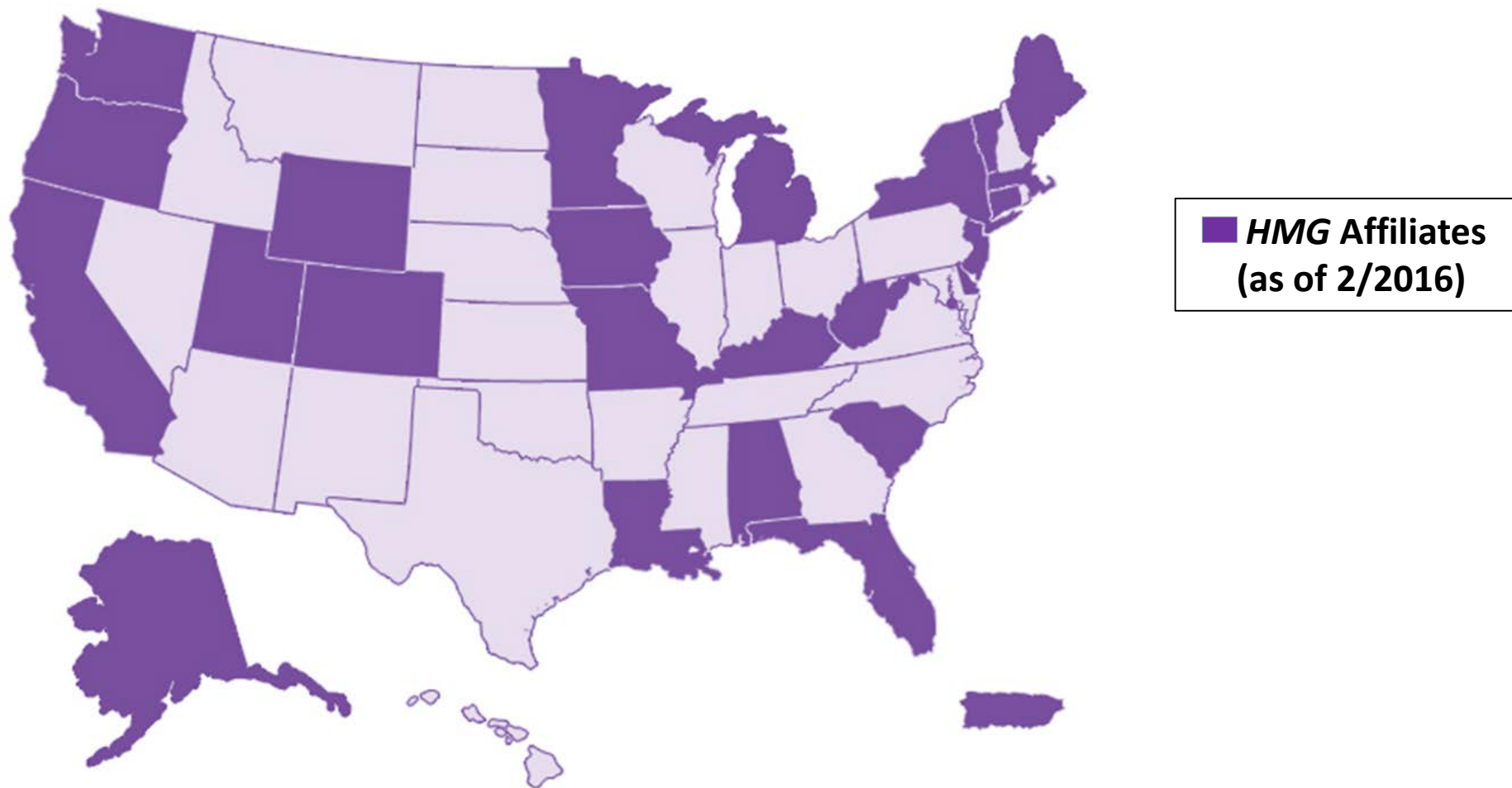
CENTER FOR THE STUDY
OF SOCIAL POLICY'S

strengthening families™
A PROTECTIVE FACTORS FRAMEWORK

Promising Results from Strengthening Families

Survey Questions	Parent Responses (%)		
	Extremely or Quite a bit	Not at all	N/A
As a result of my call to Child Development Infoline and the information and services I received:			
I have a better understanding of my child's development.	80%	4%	7%
I am able to access services if I need it.	84%	2%	2%
I have people I can talk to for advice and emotional support.	79%	1%	4%
There is improvement in my family's day-to-day circumstances.	66%	5%	17%
My relationship with my child has improved.	71%	2%	27%
My child's behavior has improved (e.g., mood, attitude, play, relationships with other children).	45%	1%	32%

Helping States Fill the Gap and Reach Vulnerable Children



www.helpmegrownational.org

Help Me Grow, Public Policy, and Health Disparities

➤ **Focus on vulnerable children**

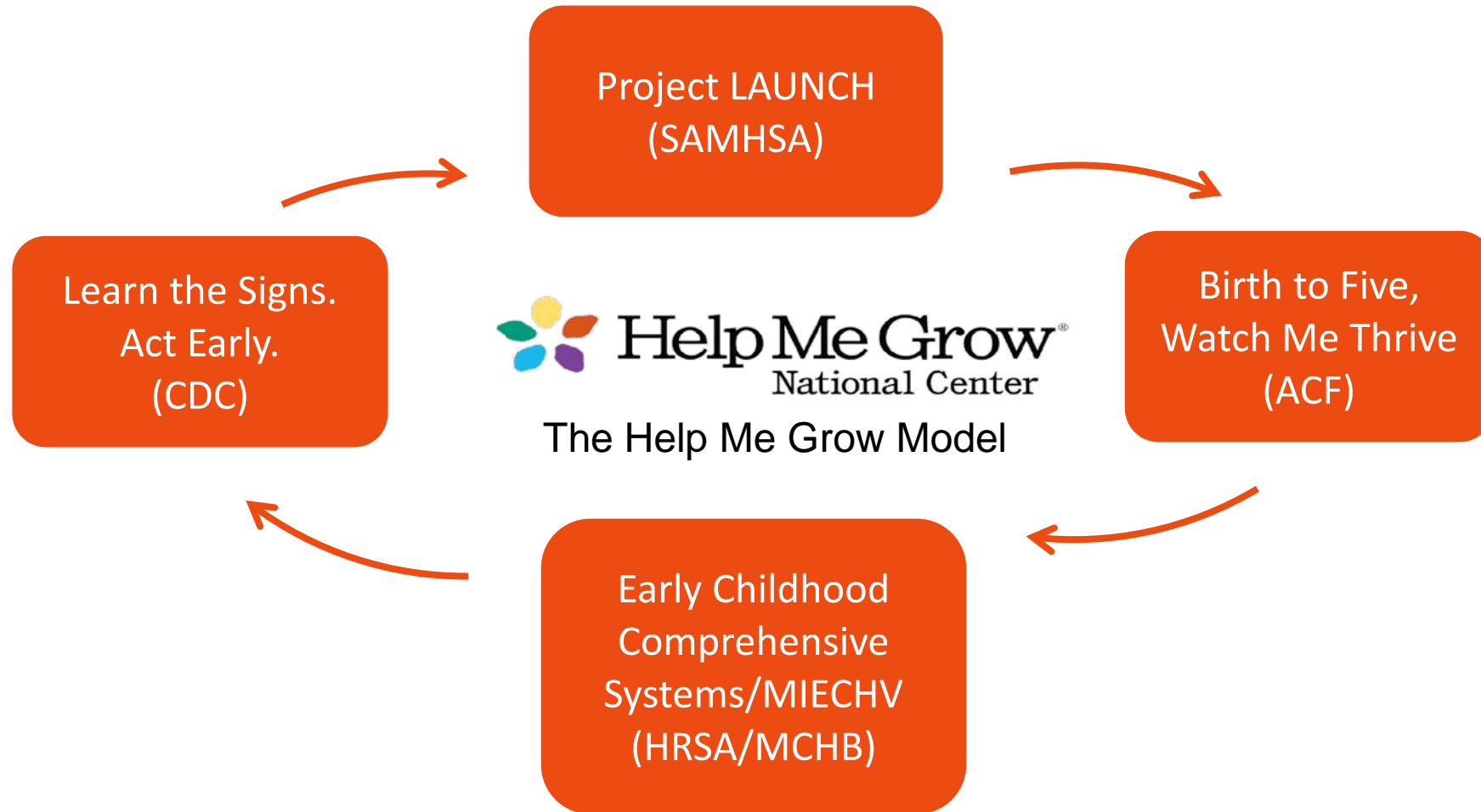
- Often elude early detection
- Typically do not meet the relatively restrictive eligibility criteria of state early intervention programs

➤ **Support for interventions that strengthen protective factors**

- Enable families to mitigate the impact of early adversity and stress

➤ **Cross-sector collaboration is imperative in addressing the many adverse influences on children's developmental outcomes**

Embedding Within a System “Developmental Promotion, Early Detection, and Referral & Linkage”



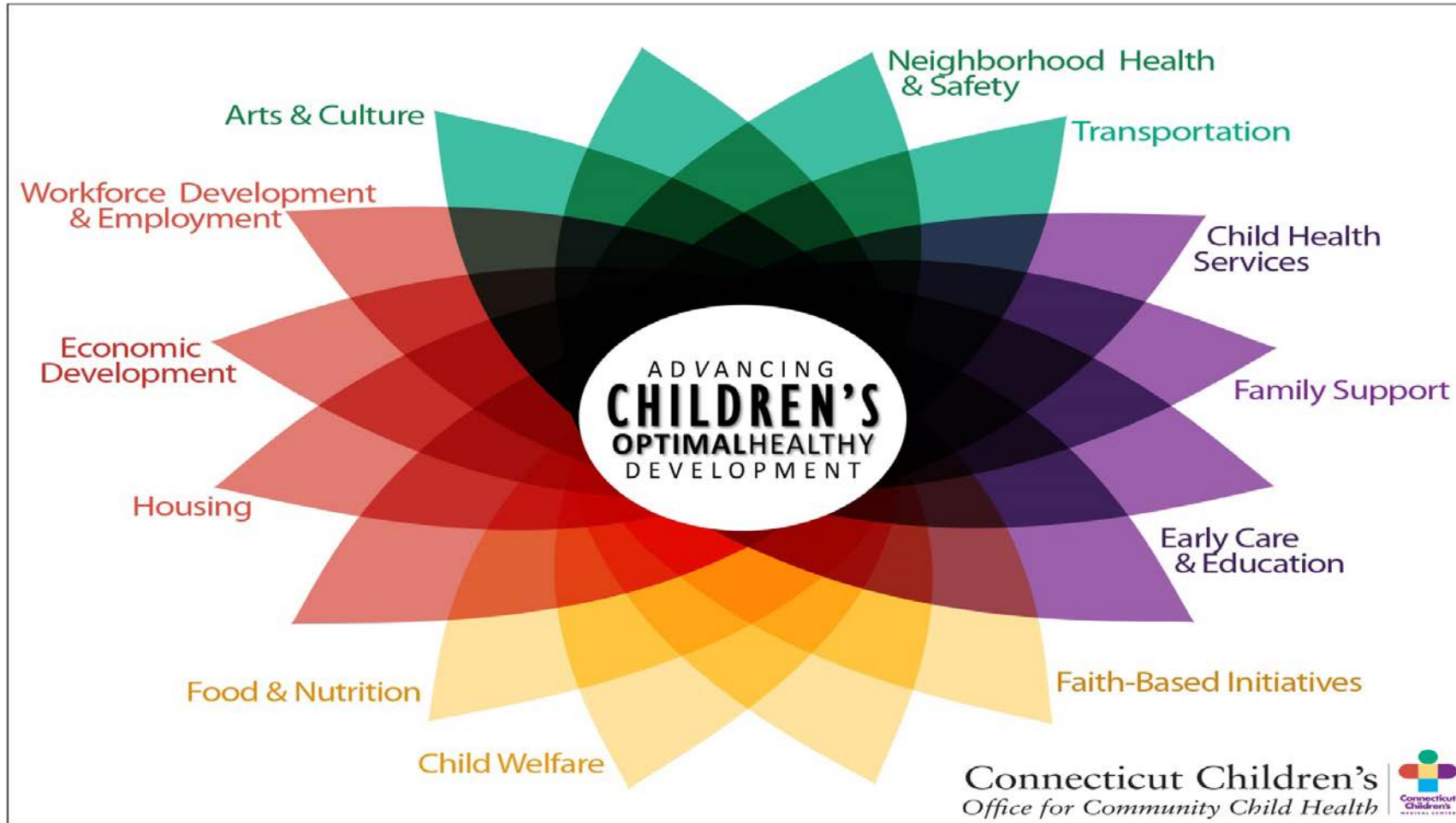
SAMHSA: Substance Abuse and Mental Health Services Administration

ACF: Administration for Children and Families

MIECHV: Maternal, Infant, and Early Childhood Home Visiting

HRSA/NCHB: Health Resources and Services Administration Maternal and Child Health Branch

Ever-growing Number of Sectors to Help Children Grow



Public Health Programs to Improve Early Childhood Health

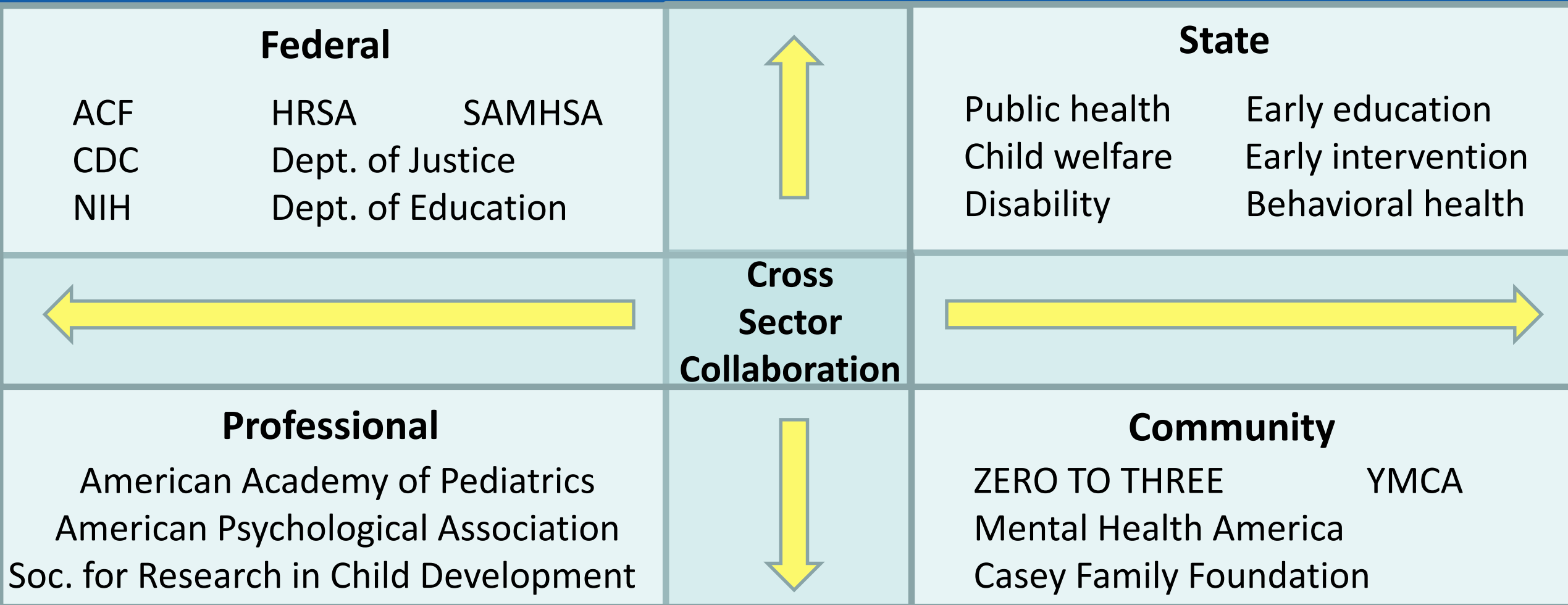


Georgina Peacock, MD, MPH, FAAP

Director, Division of Human Development and Disability

National Center on Birth Defects and Developmental Disabilities

Cross Sector Collaboration Is Important to Healthy Development and Lifelong Health



ACF: Administration for Children and Families
 HRSA: Health Resources and Services Administration
 SAMHSA: Substance Abuse and Mental Health Services Administration

Healthy People 2020 Goals for Early Childhood



- **Fostering knowledgeable and nurturing families, parents and caregivers**
- **Creating supportive and safe environments in home, schools and communities**
- **Increasing access to high-quality health care**
- **Increasing the proportion of children who are ready for school in all five domains of healthy development**
 - Physical, social-emotional, learning, language, and cognitive



The Public Health Model for Early Childhood

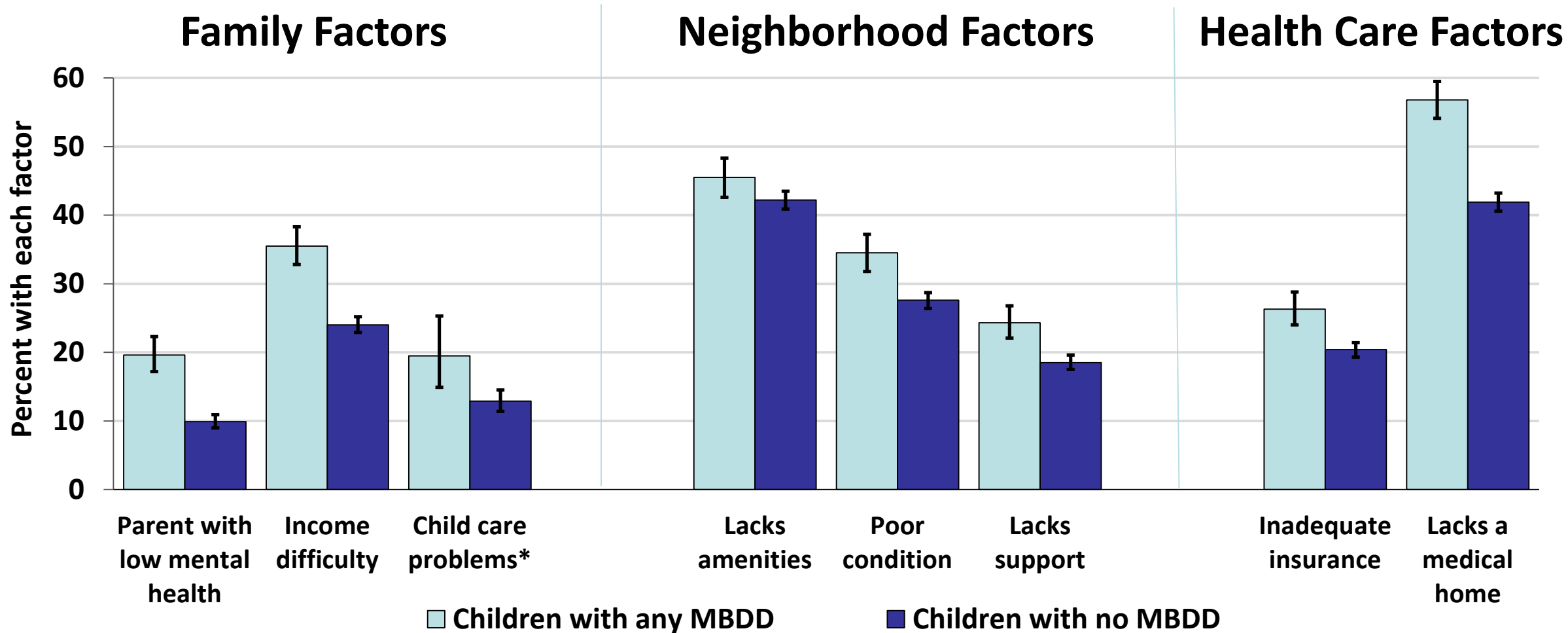
- **Increased surveillance and recognition of risks and modifiable factors**
 - **Early identification of at-risk children and referral for intervention**
 - **Prevention and preparedness**
 - **Health promotion for all children**



Factors Associated with Mental, Behavioral and Developmental Disorders (MBDD) in Early Childhood

- **Studied sociodemographic, family, community and healthcare factors associated with increased risk for MBDDs among children**
- **Parents report that 15% of U.S. children 2–8 years old diagnosed with a mental, behavioral or developmental disorder**
- **Diagnoses include**
 - **ADHD**
 - **Anxiety**
 - **Autism spectrum disorder**
 - **Depression**
 - **Developmental delay**
 - **Intellectual disability**
 - **Learning disability**
 - **Speech or language problems**
 - **Tourette Syndrome**
 - **Behavioral or conduct problems such as oppositional defiant disorder or conduct disorder**

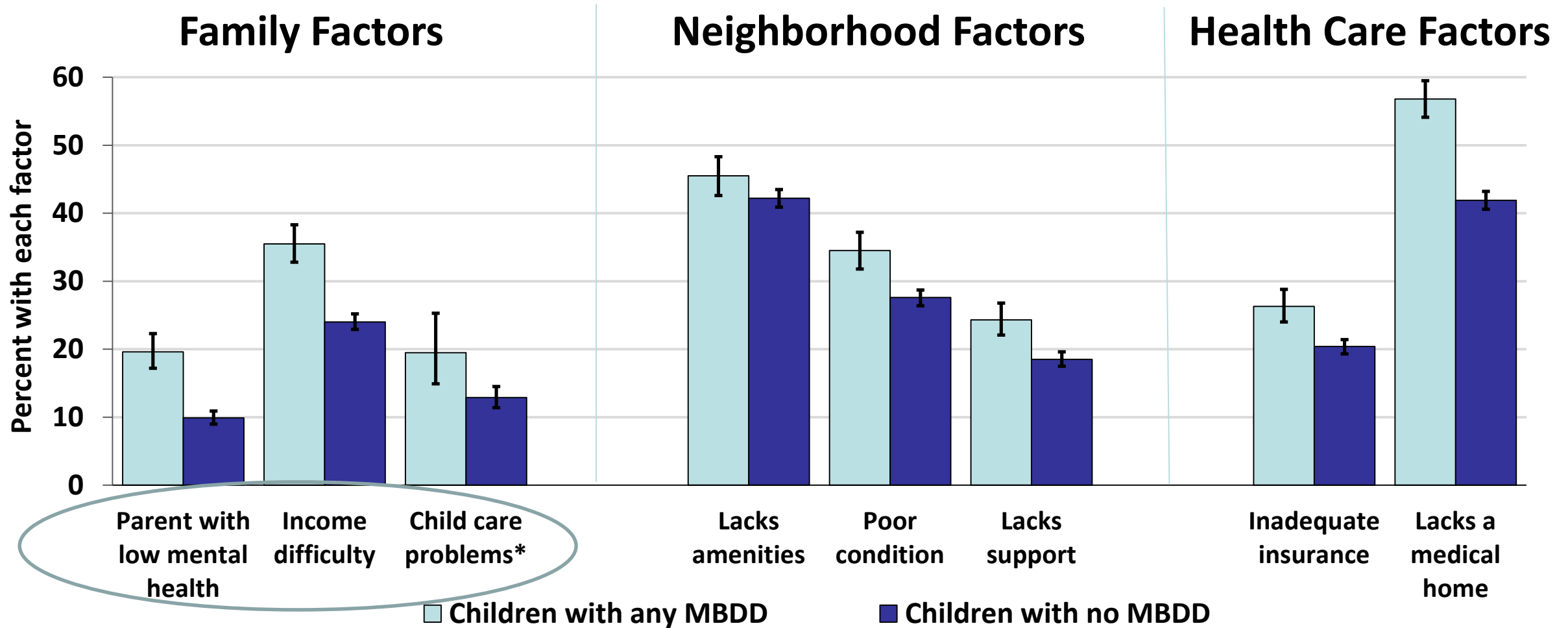
Factors Associated with Early Childhood Mental, Behavioral and Developmental Disorders (MBDD), United States, 2011–2012



*2–3 year olds only

Bitsko, RH, Holbrook JR, Robinson LR, et al. *MMWR*, 2016

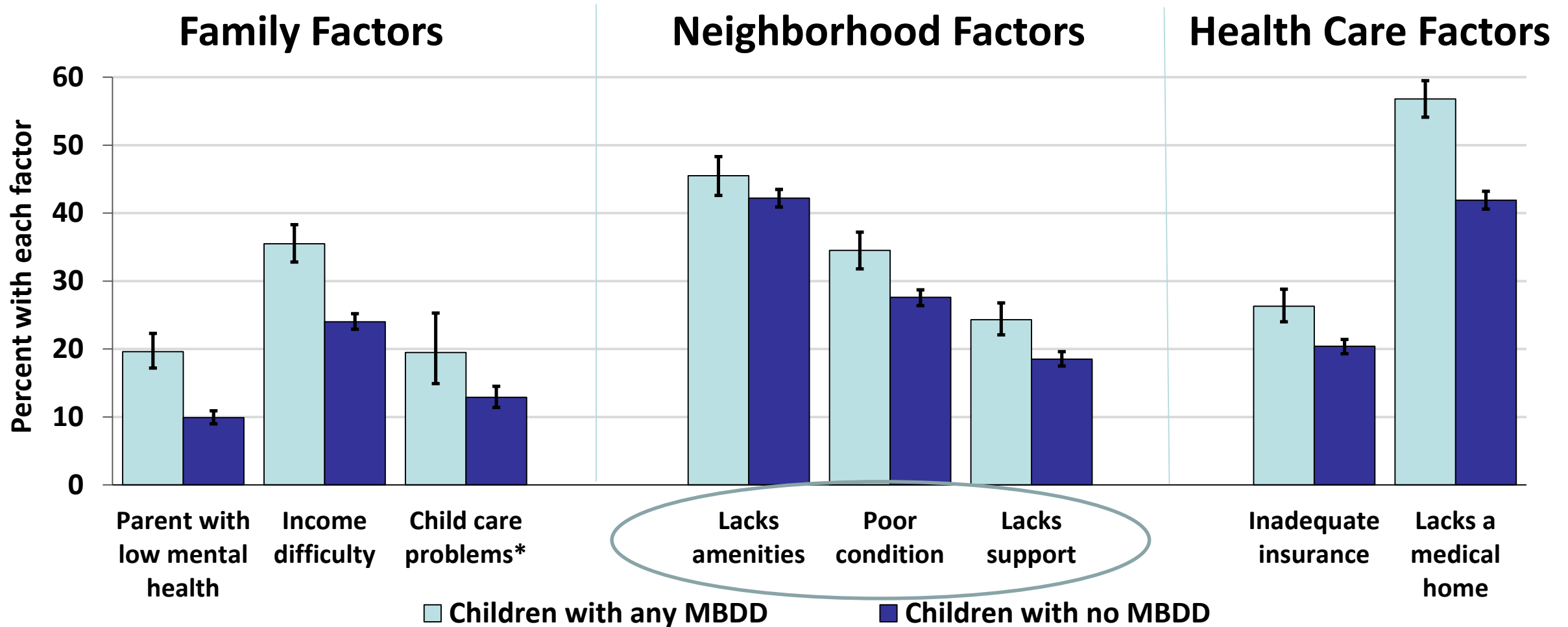
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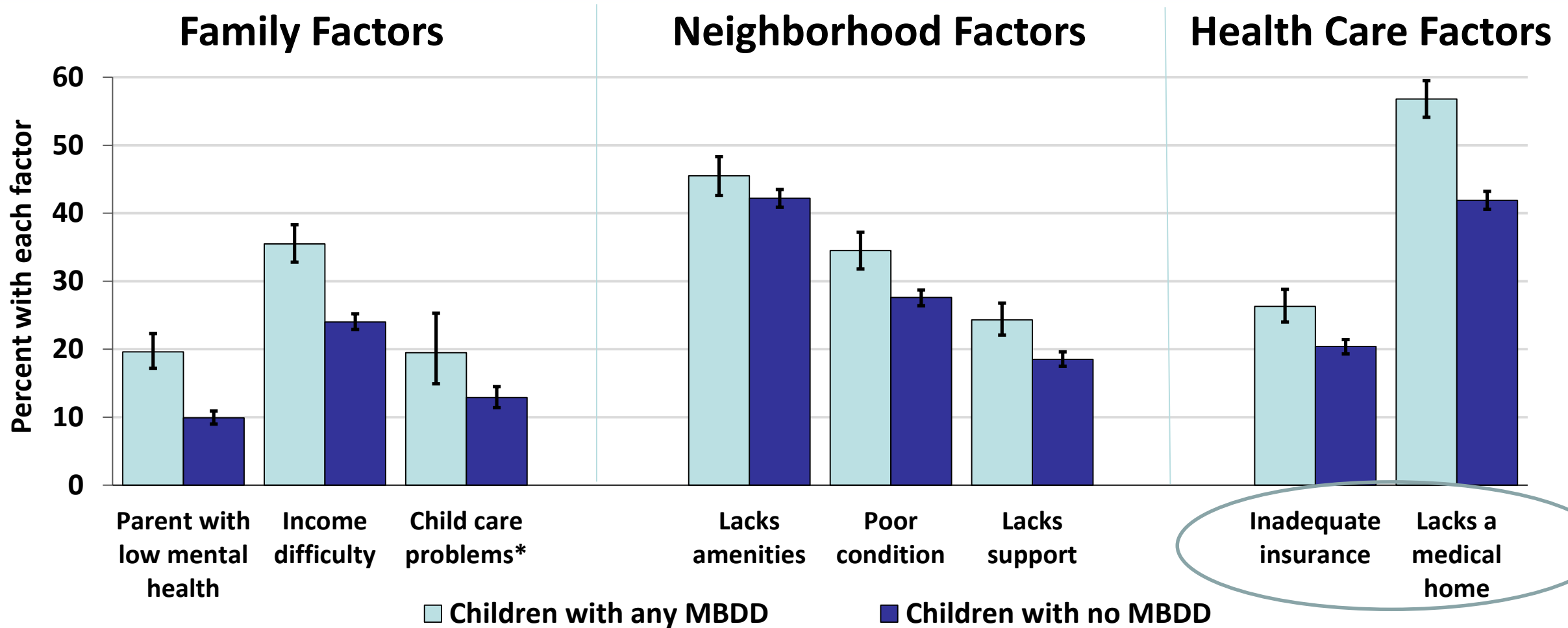
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Increasing Prevalence of Attention-deficit/hyperactivity Disorder in Early Childhood

- **1 in 3 children with ADHD diagnosed before age 6**
- **Diagnosed prevalence increased from 8% to 11%, from 2003 to 2011**
- **Among 4–10 year olds**
 - Prevalence increased from 6% to 8%, from 2003 to 2011
 - ADHD medication increased from 4% to 5%, from 2007 to 2011
- **Among 4–5 year olds, behavior management training is first-line treatment**
 - 25% are treated with medication only

Public Health Approach to Get the Right Care at the Right Time

➤ Focus for the Future

Paving the path for young children with ADHD

- **Fewer than 1 in 2** receive the recommended treatment, behavior management training for parents
- Encourages behavior management for young children with ADHD and training to teach parenting skills parents may need
- Working to increase awareness, address service deficits, and inform policy decisions



Early Identification, Detection and Intervention

➤ ***Learn the Signs. Act Early.***

- Program to improve early identification of all children at risk for or with developmental disabilities

➤ **Early Hearing Detection and Intervention**

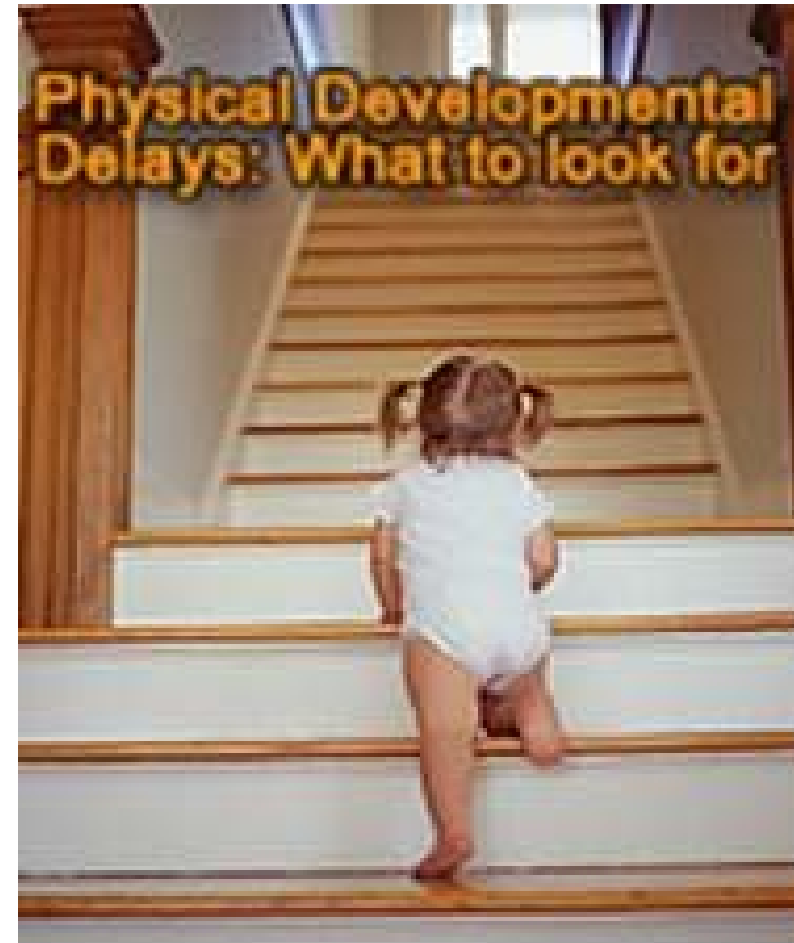
- Supports states to ensure all infants are screened for hearing loss and receive recommended follow-up services

Learn the Signs.
Act Early.



Early Identification of Muscle Weakness and Physical Developmental Delays

- **Online tool developed for clinicians to identify muscle weakness**
 - Provides some information for families
- **Physical Developmental Delays: What to look for**
 - New online tool for parents concerned about possible delays in their child's physical development
 - To reduce the time to diagnosis and starting services



Promoting Positive Parenting

➤ Legacy for Children™

- Group-based primary prevention
- Positive parenting
- Improve child development among low-income families



➤ Essentials for Parenting Toddlers and Preschoolers

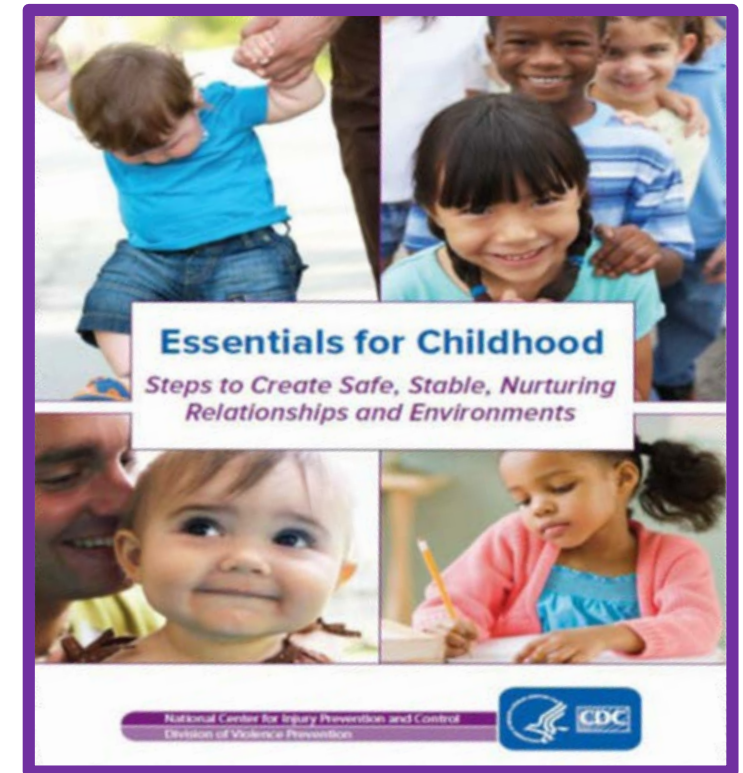
- Web-based resource for promoting positive parenting and parent-child relationships



Creating Safe, Stable, Nurturing Relationships and Environments

➤ Essentials for Childhood

- Assuring safe, stable, nurturing relationships and environments for all children
- Supporting States
 - ❑ Funding five health departments
 - ❑ Supporting 30 additional states with training and technical assistance



Going Forward with Public Health

➤ Prevention

- Identification of modifiable risk factors for ADHD
- *Preventing Child Abuse and Neglect* technical package

➤ Early identification

- Tools in development to identify tics and tic disorders
- September Public Health Grand Rounds is Point of Care Newborn Screening

➤ Strengthening collaboration

- Informing workforce development efforts
- Engaging new partners



Strategies to Promote Healthy Behavioral Development in Childhood



Mary Ann McCabe, PhD, ABPP

Past-President, Society for Child and Family Policy and Practice

Chair, APA Interdivisional Task Force on Child Mental Health

Associate Clinical Professor of Pediatrics, George Washington University School of Medicine

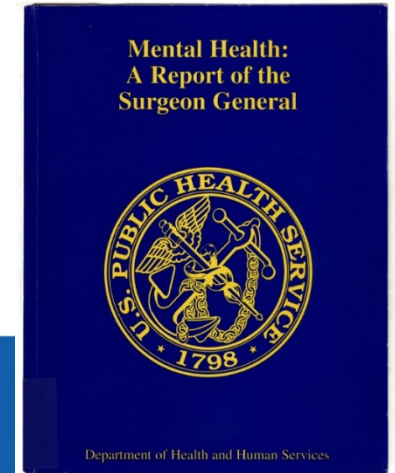
Historical Overview – World Health Organization, 1954

***Without mental health
there can be no true physical health.***

**Material drawn from articles and speeches by Brock Chisholm,
First Director General, World Health Organization, Geneva, 1954**

Mental Health: A Report of the Surgeon General, 1999

Mental health is fundamental to overall health and well-being.



Culture, Race, and Ethnic Disparities in Mental Health



***Mental Health:
Culture, Race, and Ethnicity.
A Supplement to Mental Health:
A Report of the Surgeon General***

**MENTAL HEALTH:
CULTURE, RACE, AND
ETHNICITY**

A SUPPLEMENT TO
MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE

Substance Abuse and Mental Health Services Administration, 1999

Health Is More than the Absence of Disorders

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

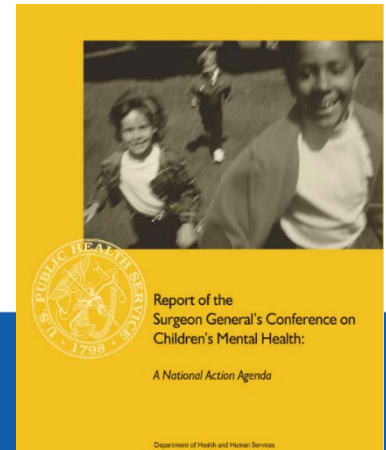
Framed in the WHO Constitution, 2006

A Call to Action on Children's Mental Health

*“...mental health is a **critical component of children's learning and general health**. Fostering social and emotional health in children is part of healthy child development and must therefore be a national priority.”*



Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda

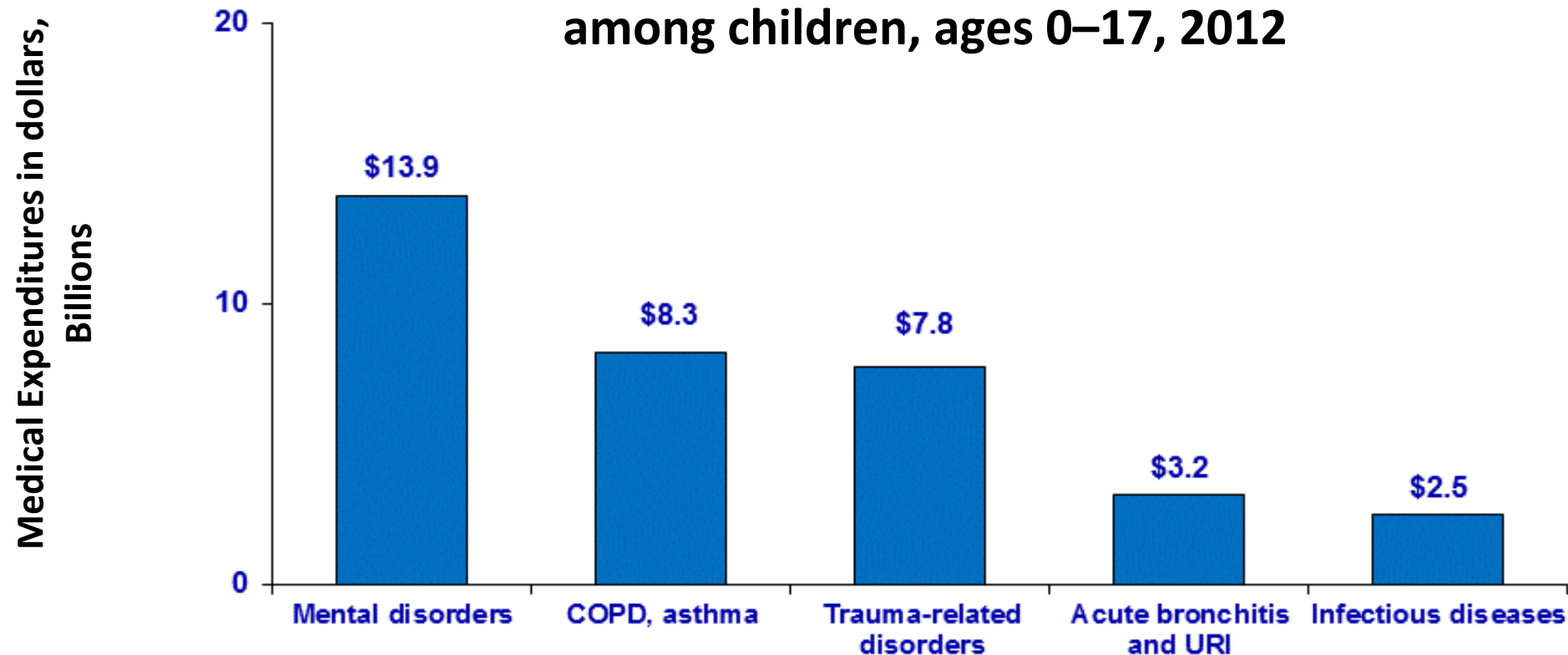


The 20/20 Problem and Public Health

- **Most mental disorders in adults can be traced to an onset during childhood**
- **Estimates are as high as 20% of children in the US have a mental health problem and only 20% of those children receive mental health services — “the 20/20 problem”**
- **The situation is worsened by:**
 - Lack of funding and providers
 - Gaps in implementation of evidence-based practices

Mental Disorders Are the Most Costly Conditions

Expenditures for the five most costly conditions among children, ages 0–17, 2012



There are *additional* costs in special education, child welfare and juvenile justice.

Lack of Unifying Definition Is A Critical Obstacle to Progress

- **We need a clear and unifying definition of child mental health as being a critical part of healthy development, incorporating mental, social, emotional, and behavioral health**
- **Status quo continues to**
 - **Allow knowledge to remain in silos**
 - **Contribute to a lack of public understanding of available science**
 - **Make collaboration difficult**

Children's Mental Health Is a Broad Policy Issue

- **With this broad definition, children's mental health is not confined to a single service sector or area of public policy**
- **It is a broad public health issue and inextricably linked to policies related to health, education, and safety**
 - Including child care, education, child welfare, disasters, school safety, and juvenile justice



Attend to Mental Health Wherever Children Are

“Child mental health should be addressed where children live, play, work and grow.”



Strategies Critical to Reducing Mental Health Disparities

- **Promote healthy development for ALL children**
- **Educate the whole community about healthy development**
- **Implement evidence-based programs and practices**



Share Evidence-based Information



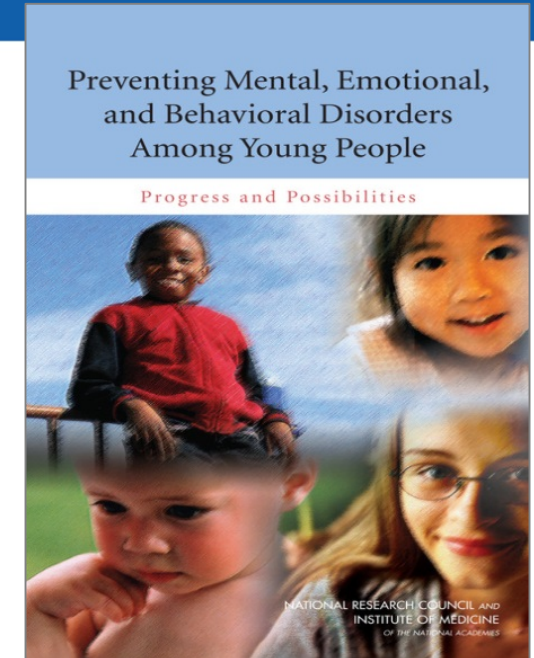
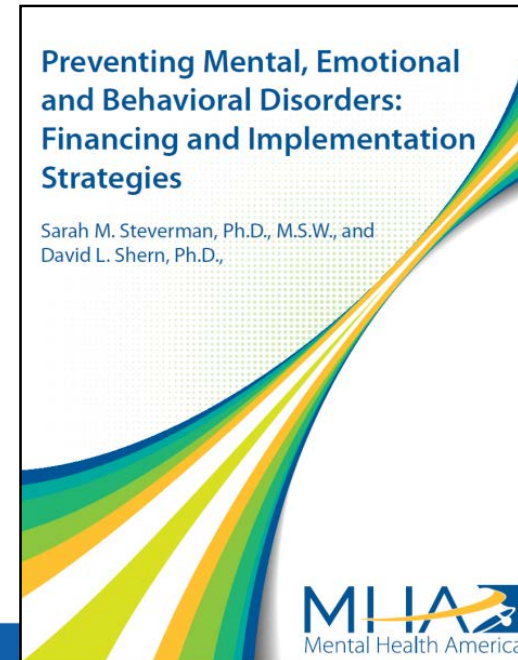
Promote Healthy Environments

- **Move upstream to social determinants of health and **lifecourse health development****
 - Prenatal and early life experiences affect adult health
- **Focus in **early childhood** for promotion, prevention and early intervention**
- **Integrate across sectors: Health, Education, Social Services and Justice System**



Financing and Implementation

- **Public policy responses (expenditures) “turn on” when there are problems**
- **Instead, policies should focus upstream towards mental health promotion and prevention**



Economic Data Support Investments in Early Childhood

The Heckman Equation

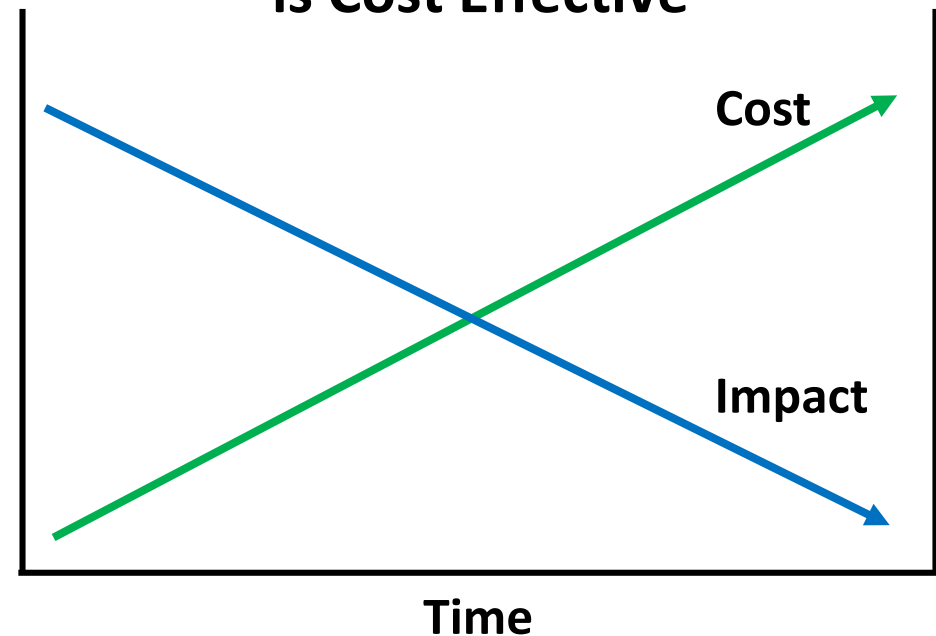
Invest – Invest in educational and developmental resources for disadvantaged families to provide equal access to successful early human development.

+ Develop – Nurture early development of cognitive and social skills in children from birth to age five.

+ Sustain – Sustain early development with effective education through to adulthood.

= Gain – Gain a more capable, productive and valuable workforce that pays dividends to America for generations to come.

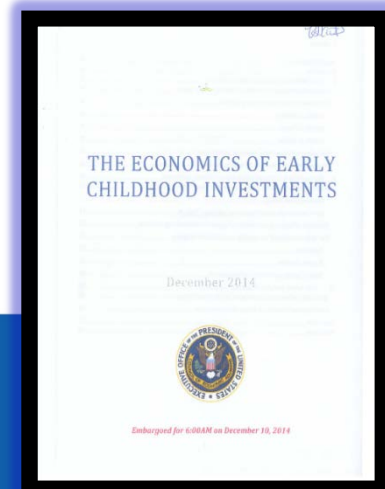
Investing in Early Childhood is Cost Effective



<http://heckmanequation.org/heckman-equation>

Economic Data Support Investments in Early Childhood

The President's Council of Economic Advisors have recommended investments in young children, particularly in early education



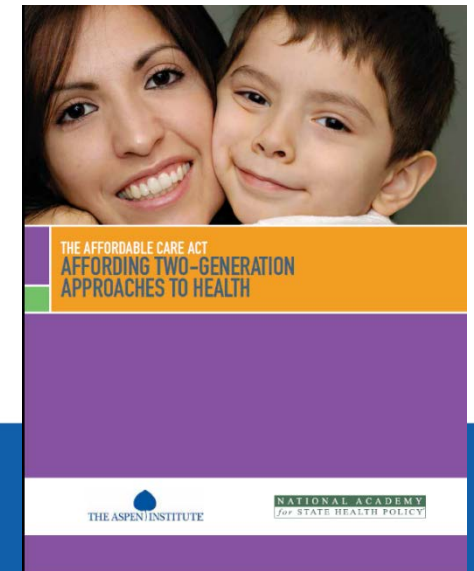
The Affordable Care Act (ACA)

The ACA has:

- Built upon the *Mental Health Parity and Addiction Equity Act (2008)* in advancing insurance **coverage for mental health and substance abuse services**
- Stimulated attention to mental health **promotion, prevention, and access to evidence-based care**
- Facilitated a **two-generation approach**

Two-Generation Approaches to Health

- **Opportunities in the ACA for a two-generation approach to health**
- **Family-oriented approach**
 - Educational achievement is correlated with improved adult health
 - Support education and employment opportunities
- **Focused on the health of most vulnerable children and their parents**
 - Expanding Medicaid coverage
 - Fostering improved outcomes through home visiting programs
 - Screening, diagnosis and treatment for **both child and adult mental health**
 - Integrating health with human services in communities



Collaborations Are Growing

- The National Academy of Medicine has convened a **Forum on Promoting Children's Cognitive, Affective, and Behavioral Health** to advance implementation of evidence-based programs and practices
 - CDC is among the sponsors



Recommendations: Integrate Funding and Services

1. We need **linkages and blended funding streams**

- Across health and education
- Primary care and schools
- Health care and community programs

2. **Behavioral health should be fully integrated into primary care**

- Innovative ways to promote child mental and behavioral health
- **School-based health centers** need to be funded to provide behavioral health services along with federally qualified health centers

Recommendations: Educate and Extend Perspectives

- 3. Educate adult health communities about the **lifecourse health perspective** — promoting healthy child development for lifelong health**
 - The importance of early childhood, positive parenting, and prevention are in the mental health goal of Healthy People 2020
- 4. Measure return on investments with children and families **accounting for development and future targets** (e.g., health, educational attainment, and work productivity)**



Recommendations: Focus On Those Who Need the Most

5. Policymakers should focus on those **children and families who are at risk** rather than those who use the most services

A change in policy focus will be necessary to improve population health

Everyone Can Invest in Early Childhood To Improve Outcomes

- **Community members can promote investing in early childhood to keep low- and medium-risk children from becoming high-risk**
- **Care providers and practitioners can advocate and serve as a resource to connect children to the support they need**
- **Educators can advance our understanding of the opportunity early childhood provides to optimize the potential of children**
- **Parents can provide positive parenting, trust their gut about their children's development, and seek support for themselves and their children**
- **Together we can make a difference!**

CDC PUBLIC HEALTH GRAND ROUNDS

Addressing Health Disparities in Early Childhood



March 15, 2016



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention