Health Equity: Advancing Toward a Culture of Health

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BUILD Initiative State Leads Meeting
March 3, 2016
Goals

1. Supporting state leaders to enhancing efforts to ensure health equity for children birth to 5.

2. Developing or enhancing a local, state and national infrastructure to Ensure that All Children Enter Kindergarten at a Healthy Weight.

3. Supporting leaders to define and implement policy, practice and program integration of health and early learning.

4. Provision of technical assistance to advance policy, practice and programs to increase health equity and prevent obesity through health and early learning alignment and integration.
Objectives

- Uncover Bright Spots in health (promising practices, polices and innovations)
- Discuss policy barriers and opportunities of integration in health and early learning
  - at the local, state and national levels
  - alignment of state policy proposals to meet local needs
- Identify policy, program and practice opportunities and barriers for TA or other investments/interventions
- Identify keys to success
Health Equity

How do we define health equity?
What do we mean?
Overview

When families are pushed into poverty and social exclusion, the results are often devastating for children.

- Difficult to provide adequate care for their children
- Many deprived of healthy diet, access to quality health care or learning opportunities.
- In danger of facing violence and maltreatment.
- At risk of separation from their families.

Health is not just about the health care services that are delivered, but it's about the cultural, socio-economic, and environmental conditions in which we live. It is physical, mental, and social well-being and not merely the absence of disease or infirmity.

–World Health Organization
Social and Structural Discrimination

- Children of color and their families are more likely than white children and their families to experience social and structural discrimination, exclusion, marginalization, and poverty.
- Race influences the social networks available to individuals and networks have a major effect on opportunities.
- Social and structural discrimination are detrimental to health, child development and learning.
Disparities are Profound ...

Select Young Child Disparities by Race and Income

- Infant mortality
- Low birth weight
- Prevalence of lead poisoning and asthma
- Developmental disability or delay
- Food insecurity and malnutrition
- Obesity
- Mental/behavioral health disorder
- Kindergarten unreadiness
- Third-grade reading non-proficiency
### What We Know About Child Well-Being: Disparities Start Early

<table>
<thead>
<tr>
<th>Indicator</th>
<th>White (Non-Hispanic)</th>
<th>African American (Non-Hispanic)</th>
<th>Hispanic (Non-Hispanic)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Below poverty (0-5)</strong></td>
<td>161 16%</td>
<td>427 42%</td>
<td>361 36%</td>
</tr>
<tr>
<td><strong>Infant Mortality</strong></td>
<td>5.3 .01%</td>
<td>12.2 .01%</td>
<td>5.4 .01%</td>
</tr>
<tr>
<td><strong>Low birthweight</strong></td>
<td>70 .07%</td>
<td>132 .13%</td>
<td>70 .07%</td>
</tr>
<tr>
<td><strong>Uninsured (0-17)</strong></td>
<td>39 .04%</td>
<td>49 .05%</td>
<td>97 .10%</td>
</tr>
<tr>
<td><strong>Foster care</strong></td>
<td>5.5 .01%</td>
<td>10.7 .01%</td>
<td>5.2 .01%</td>
</tr>
<tr>
<td><strong>Part C participation</strong></td>
<td>28 .03%</td>
<td>24 .02%</td>
<td>28 .03%</td>
</tr>
<tr>
<td><strong>Maternal health poor or fair (0-17)</strong></td>
<td>57 .06%</td>
<td>114 .10%</td>
<td>100 .10%</td>
</tr>
<tr>
<td><strong>Unsafe neighborhood</strong> (0-17)</td>
<td>68 .07%</td>
<td>230 .20%</td>
<td>228 .20%</td>
</tr>
</tbody>
</table>

**Young children (0-5) most diverse age segment of society**
(50% Hispanic or of color, compared with 20% of seniors)

**Young children most likely to live in poverty**
(25% of young children live in poverty, compared with 9% of seniors)

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*Early intervention services for infants and toddlers with disabilities (birth-3) have been a part of IDEA since 1996.
This section of the law is commonly known as Part C of IDEA.

*(Percentage of children whose parents report their neighborhood or community is never safe/sometimes safe for children)*
In its *Race for Results* report, the Annie E. Casey Foundation developed a composite score to compare how children fare on 12 key milestones from normal birthweight to fourth-grade reading proficiency and family income.

The higher the score, the greater the likelihood that children in that group are meeting milestones associated with success.
Addressing Social Determinants of Health in Early Childhood

Equality doesn't mean Equity
Health Equity and Taking On Social Determinants

- Health Equity is the attainment of the highest level of health for all people.

- Health outcomes are no longer determined by race, economic status, or geography.
Definition: Social Determinants of Health

The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of their daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

Source: World Health Organization
Determinants of Population Health and Health Inequalities

Social and Economic Policies

Institutions (including medical care)

Living Conditions

Social Relationships

Individual Risk Factors

Genetic/Constitutional Factors

Pathophysiologic pathways

Individual/Population Health

Physical Environment (Community)

Kaplan, 2002
Obesity and Young Children in the News
May 12, 2015: According to a NYU Lagone Medical Center study, 94.9 percent of parents who have overweight children ages 2 to 5 do not consider their children to be overweight. In response to this survey’s results, Dr. Natalie Azar remarked, “Parents have this idea that children are going to outgrow obesity and I think that’s why they are more reluctant to acknowledge it. We know really importantly that these habits that children learn start very young.”
January 29, 2014: Published in the *New England Journal of Medicine*, a report shows that 5-year-old children who are overweight, defined as having a body mass index within the 85th percentile, are likely to remain so as they grow older. The research suggests that education around food and health for families with young children must start earlier.
August 6, 2013: Sugary drinks directly linked to obesity in children ages 2 to 5. The more sugar-sweetened beverages a child consumes, the study published in Pediatrics reveals, the higher their body mass index. Researchers of the study say that parents and caregivers should limit young children’s consumption of beverages with added sugar. They also propose that policymakers should support this effort in light of these findings.
Obesity Rates of Low-Income Children Ages 2-4 (2011-2012)

Adversity and Obesity
Sociodemographics in the Context of Obesity

- Disparities by income and race/ethnicity
- Early emergence
- Gender differences
- Increasing prevalence at all income levels
- Regional differences
Ecological Model of Childhood Overweight

Davison and Birsch, 2001
Can Family Secrets Make You Sick?

Protecting Children From Toxic Stress

By DAVID BORNESTON OCTOBER 30, 2013 11:55 AM

The New York Times

Adverse Childhood Experiences
THE TRUTH ABOUT ACES

WHAT ARE THEY?

ACEs are ADVERSE CHILDHOOD EXPERIENCES

HOW PREVALENT ARE ACES?

The ACE study revealed the following estimates:

ABUSE

- Physical Abuse: 30.3%
- Sexual Abuse: 16.8%
- Emotional Abuse: 20.5%

NEGLECT

- Emotional Neglect: 15.0%
- Physical Neglect: 5.8%

HOUSEHOLD DYSFUNCTION

- Financial Strain: 20.6%
- Parental Bereavement: 12.9%
- Parental Separation or Divorce: 28.1%
- Witnessed Domestic Violence: 22.7%
- Parental Mental Illness: 1.2%
- Domestic Violence in Household: 9.7%

WHAT IMPACT DO ACES HAVE?

As the number of ACES increases, so does the risk for negative health outcomes:

- 0 ACES
- 1 ACE
- 2 ACES
- 3 ACES
- 4+ ACES

Possible Risk Outcomes:

- Emotional
- Behavioral
- Physical & Mental Health

rwjf.org/vulnerablepopulations
WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes.

Possible Risk Outcomes:

**BEHAVIOR**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**PHYSICAL & MENTAL HEALTH**
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones
Early Life Adversity and Health

Adverse Childhood Experiences

| Abuse and Neglect | Household Dysfunction |

Impact Child Health and Development

| Neuroendocrine Effects | Socio-Emotional Development | Health Risk Behaviors |

Social Determinant of Health over the Life Course

| Disease and Disability | Psychosocial Outcomes |

Felitti, 1998; Greenfield, 2009; Noll, 2007; Dietz, 2004; Heim, 2004; Edwards, 2010
The Life Cycle of a Human

- Prenatal smoking
- Low birth weight
- Preterm birth

- Obesity
- BMI trajectory
- Eating behaviors

- Obesity
- Type 2 diabetes
- Gestational diabetes
- Smoking
- Hypertension
- Substance abuse
- Suicide

- Depression
- Adult obesity
- Early mortality

Image courtesy of The Life Cycle of a Human
Phenotypic Plasticity

Genetic potential

Affective Regulation

Behavioral Response

Activities, Lifestyles

Psychological Response

Socio-Emotional Development

Mental Health

Physiological Response

Neurobiology Hormones

Physical Health

Childhood Adversities

Health Well-being
Potential implications for practice

Adverse Childhood Experiences (ACEs)

- Obesity
- Pregnancy-related diabetes
- Type 2 diabetes
- Cardiovascular disease

Goal: Develop strategies to reduce disease risk after ACEs

From S. M. Mason
Change YOUR question

“What’s wrong with you?”

“What happened to you?”
To improve obesity prevention, we have to consider the impact of adverse social experiences on the risks for obesity.
Interview Findings

What are Early Childhood Leaders and Health Associations saying?
State Leaders’ Urgent Needs

- Early identification and the capacity to connect families to needed services
- Medical home/access to well-child visits
- Obesity/Nutrition/Physical Activity
- Infant Mortality
- Social-Emotional
- Oral Health
Role of Family Engagement

States struggling with understanding why families do not follow through with referrals.

- Lack of agreement about the causes across states
- Lack of data about those who do not follow through

States brainstormed a range of possible solutions.

- Increase parent education and outreach
- Increase access and ease of reaching services, i.e., improving transportation
- Develop strategies to help families overcome previous negative experiences and examine medical training re: providers’ capacity to work with small children and parents, conduct screenings, and respond to parent concerns.
Challenges to Addressing Disparities Together

Policy & Resources
Lack of
- Funding overall
- Funding for specific services like Part C, especially for states with growing populations and limited definitions
- Resources and services in rural communities
- Materials and services in multiple languages
- Alignment in policies
  - Example: AAP does not include a 30-month check-up; Head Start has to ensure a 30-month check-up
- Data
  - Lack of knowledge of available data that captures disparities
  - Lack of state data systems that include data points on race and language

On top of all that, policies incentivize doctors and dentists to be more selective about their patients.
Immediate Opportunities for Health and Early Learning

- **Developmental Screening**
  - Strategy of health and early learning
  - Lead varies depending on state funding history, who initiated efforts, etc.
  - States struggle with how to capture data

- **Title V**
  - Early Childhood Comprehensive Systems grant opportunity
  - Shared school readiness goal
  - Requirement for states to improve connections
  - Shared home visiting strategy

- **Support Services**
  - Challenge/opportunity: how can continuous quality improvement supports and infrastructure in health or early learning assist in advancing integration?
  - How can we think about the roles of health navigators, case coordinators, health and mental health consultants, QRIS technical assistance providers, etc. as shared within both health and early learning?

- **Specific Tools/Programs States Highlighted**
  - Help Me Grow
  - Early Development Instrument
Shift our Point of View

• Focus on Illness
• Address each disparity individually
• Operate in silos and what can be individually controlled
• Move from individual/patient

• Focus on creating a “culture of health”
• Use changes in disparities as indicators of success in creating a culture of health
• Bring systems together with shared goals
• Context of communities and families
Reactions?

• What resonates? Additional reflections?
• What do you think about our idea of shifting the point of view from illness and disparity to health and shared positive goals?
Child Wellbeing through Health and Early Learning

THREE OPPORTUNITIES
NETWORKS OF OPPORTUNITY FOR CHILD WELLBEING
• To design a robust infrastructure to support the development of networks of opportunity across prenatal through early childhood systems for optimal wellbeing.

• Toolkit to cultivate community settings to optimally support child wellbeing from prenatal through age 5 using infrastructure developed to support cross-sector collaborations across early childhood systems of care.
Developing an Infrastructure to Ensure that all Children Enter Kindergarten at a Healthy Weight

NEMOURS AND AMERICAN ACADEMY OF PEDIATRICS
Developing an Infrastructure to Ensure that all Children Enter Kindergarten at a Healthy Weight

• Create an interactive learning system with a national network of training and technical assistance

• Focused at the systems (national and state) level to address the role of system inequity in health outcomes

• Using Caring for Our Children recommendations as a backbone document
BUILD & the Child and Family Policy Center launched the Learning Collaborative on Health Equity and Young Children
Learning Collaborative

Three primary goals:

1. Raise understanding and awareness
2. Advance knowledge
3. Develop and support leaders

The Learning Collaborative facilitates learning to:

– Integrate the assets of the health and early learning systems
– Promote equitable outcomes for young children
– Produce policy and practice change
What are the bright spots?
Bright Spots

- Communities
- Organizations
- Resources
- Processes
- Groups of people

Definition of bright spots to capture a broader range of innovation efforts which benefit children birth to 5.
Bright Spot Desired Characteristics

• Community engagement
  – Co-design model
• Collective strategy
  – Alignment, cross-sector, collaborative
• Innovative tools and strategies
  – Shared metrics, braided funding
• Address equity
• Plan with sustainability in mind
  – Enhance existing efforts
As you think about the brightest and most promising efforts and innovations you’ve come across, please note whether they addressed any of the following areas:

– **Early intervention**: improving identification and intervention at an earlier time
– **Data**: use of existing data to track, identify, or solve issues and measure improvement
– **Funding**: creative ways to blend funding
– **Training**: increasing the quality and capability of staff, parents, community members, etc.
– **Prevention**
GROUP DISCUSSION
Discussion: Health and Early Learning

Where are Bright Spots Happening?

– What are they doing differently?
– Who are the people involved in this effort?
– What do you think is the key ingredient making it work?
– What role has policy played?
– What role has collaboration played

Name Bright Spots
Discussion: Health and Early Learning

Policy Barriers and Opportunities

– What policy barriers undermine the ability to address healthy growth and development at the earliest stages?
– What policy barriers exist to address the impact of stress and adversity on early learning, development and health?
– How could we change or improve policies to better address the needs?

Name Top Three Priorities
REPORT BACK
DEFINING NEXT STEPS
Our Questions

1. How can we expand the work at the intersection of early learning and health? What would it mean to share the same goals?

2. What are the opportunities and barriers to build on?

3. What are the innovative or promising practices that can accelerate the work?

4. What does it mean if states address disparities and health issues as symptoms of inequity?

5. What is the state’s primary source of guidance regarding health?
Next Steps

• Looking for opportunities or examples of health and early learning working together and/or sharing the same goal? Examples of work that address disparities? Obesity?

• Looking for early childhood systems efforts that are willing to explore what it would take to include housing, water, economic development, parks and recreation, libraries and museum, etc. in helping to create a culture of health?

• Looking to advance conversation about Caring for Our Children and barriers to implementing policy recommendations.
The BUILD Initiative & the Child and Family Policy Center developed a Learning Collaborative on Health Equity and Young Children.

The Learning Collaborative connects state and community early childhood leaders and health practitioners and champions to share learning and further the policy and practice of health equity for young children.

www.cfpciowa.org  www.buildinitiative.org
"If you have come to save me, you are wasting your time. But if you have come because somehow your liberation is wrapped up in mine, then let us work together."

Lila Watson,
Australian Aboriginal Group