Place, Race, Poverty, and Our Youngest Children:

Critical Roles for Public and Primary Health Care in Achieving Health Equity

Charles Bruner, FCPA & Senior Policy Advisor, CSSP

Tulane and American Public Health Association Webinar, May 10, 2017
HEALTH EQUITY AND YOUNG CHILDREN INITIATIVE

The BUILD Initiative (BUILD) & the Child and Family Policy Center (CFPC) launched the Learning Collaborative on Health Equity and Young Children – to achieve health equity in the earliest years of life.

CFPC is continuing this work with practitioners and its Expert Advisory Panel on the particular role primary care child health practices can play in health equity.

Charlie Bruner continues as principal investigator for the Initiative and also as a Freelance Child Policy Agitator (FCPA) and as a Senior Policy Advisor to the Center for the Study of Social Policy.
The Health Equity and Young Children Team

• Charles Bruner, Principal Investigator
• Angela Cardenas, Manager, and Mary Nelle Trefz, Health Policy Specialist, CFPC
• HE & YC Expert Advisory Panel
  – Charles Bruner, Christina Bethell, Paul Dworkin, Amy Fine, Maxine Hayes, Kay Johnson, Angela Sauia, Ed Schor, Rizwan Shah, Judith Shaw
• HE & YC Learning Network – CoIN of Exemplary Practices (see slide 37)
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

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
1. The Importance and Uniqueness of the First 1000 Days
2. The Intersection of Poverty, Race and Place
3. Emerging Political Recognition of the Need for New Responses
4. Implications for Action in Young Child Primary Health Care and Public Health
1.
The Importance and Uniqueness of the First 1000 Days
## Development in the First 1000 Days

<table>
<thead>
<tr>
<th>First 1000 Days</th>
<th>Second 1000 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Critical Developmental Milestones</strong></td>
<td></td>
</tr>
<tr>
<td>Bonding and attachment</td>
<td>Socialization and learning in groups</td>
</tr>
<tr>
<td>Developing a sense of security with the world</td>
<td>Language and literacy skills</td>
</tr>
<tr>
<td>Walking and talking</td>
<td>Complex motor skills</td>
</tr>
<tr>
<td>Learning through serve-and-return activities</td>
<td>Learning gender, racial, and cultural differences and roles</td>
</tr>
<tr>
<td><strong>Outside the Family Contacts and Connections</strong></td>
<td></td>
</tr>
<tr>
<td>Well-child visit during yr. (91%)</td>
<td>Well-child visit during yr. (85%)</td>
</tr>
<tr>
<td>Formal child care (14%)</td>
<td>Formal child care (38%)</td>
</tr>
</tbody>
</table>

May 10, 2017
Science on Critical Needs for Positive Health Trajectories in First 1000 Days

- Protective Factors (CSSP – Strengthening Families)
- Adverse Childhood Experiences (Center for Disease Control and Prevention)
- Resiliency (American Academy of Pediatrics)
- Epigenetics (Genetics)
- Neurobiology (Brain Research)
- Toxic Stress (Center on the Developing Child)
- Social Determinants of Health (CDC/Healthy People 2020)

Harry T. Chugani, MD, PET Center Director, Chief of Pediatric Neurology and Developmental Pediatrics, Children’s Hospital of Michigan
...and What Science Spells Out

P - Protective Factors
A - Adverse Childhood Experiences
R - Resiliency
E - Epigenetics
N - Neurobiology
T - Toxic Stress
S - Social Determinants of Health
Conclusions from P.A.R.E.N.T.S. Science and Research on the Role of Families

- Parents are their child’s first teacher, nurse, nutritionist, safety officer, and guide to the world – and need additional support if their child experiences physical, developmental, social, or behavioral disabilities.

- The safety, consistency, and nurturing in the home health and learning environment is critical and foundational to ensuring positive health trajectories (CDC).

- Inclusion and cultural responsiveness in the earliest years are key to combating bias, discrimination, and devaluation that produce stress and diminish resiliency for children of color (and promote adverse impacts on those who learn to be prejudiced).

**Outcome One** for young child health is a safe, stable, and nurturing home (and community) environment.
Opportunities in the First 1000 Days

Important Social Policy Questions:
• What can we do to end poverty in the next generation?
• What we do to reduce chronic disease and its costs?
• What we do to reduce school dropout and adolescent pregnancy?
• What we do to ensure the next generation becomes the workforce for our future?
• What we do to reduce delinquency, crime, and incarceration?
• What can we do to eliminate disparities and inequities, by race, language, and socio-economic status?

Significant Part of the Social Policy Answer:
• Invest in strengthening families and their communities in the First 1000 Days
The Investment Gap: Where Public Sector Invests the Least

Per-child annual public investments in education and development by child age

For every dollar invested in a school-aged child, 25 cents is invested in a preschooler and 7 cents in an infant/toddler.

Service Gaps: Current Response to Young Children in Relation to Need

### Table Two: Public Programs Serving Young Children in Relation to Child Population

<table>
<thead>
<tr>
<th>Service Provision</th>
<th>Currently Serve</th>
<th>Designed to Serve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care subsidies for 0-5 year-olds</td>
<td>5%</td>
<td>15%-25%</td>
</tr>
<tr>
<td>Early Intervention (Part C) services for 0-2 year-olds</td>
<td>3%</td>
<td>10%-15%</td>
</tr>
<tr>
<td>Publicly financed preschool for 3-year-olds</td>
<td>15%</td>
<td>50-80%</td>
</tr>
<tr>
<td>Publicly financed preschool for 4-year-olds</td>
<td>42%</td>
<td>70-90%</td>
</tr>
<tr>
<td>Public home visiting, Early Head Start, family support programs</td>
<td>&lt;2%</td>
<td>20-30%</td>
</tr>
</tbody>
</table>

Source: Child and Family Policy Center (2013). *Early Childhood Public Programs: Current Service Participation Levels in Relation to Demand.* Des Moines, IA.

2. The Intersection of Poverty, Race and Place
Poverty, Race, and Young Children: Intertwined and Profound

- Poverty affects material well-being but also affects relative status and opportunity for growth and development in society. Poverty creates stress and makes parenting that much more difficult. Poverty is greatest among young children and has implications upon all aspects of healthy growth and development.

- Young children of color are much more likely than white children to experience poverty. They and their families also are much more likely to experience social and structural discrimination, exclusion, and marginalization that are hazardous to future healthy development.

- This includes geographic segregation and the need for place-based responses that support families with young children, ones that are culturally and linguistically responsive and reciprocal.
Young Children Age Group Most Likely to Live in Poverty

Distribution of the U.S. population by household income and age 2013

<table>
<thead>
<tr>
<th>Age Group</th>
<th>&lt;100%</th>
<th>100-199%</th>
<th>200-299%</th>
<th>300-399%</th>
<th>400+%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 Years</td>
<td>25.2%</td>
<td>23.1%</td>
<td>16.3%</td>
<td>11.6%</td>
<td>23.9%</td>
</tr>
<tr>
<td>6-17 Years</td>
<td>21.0%</td>
<td>22.0%</td>
<td>17.0%</td>
<td>12.8%</td>
<td>27.2%</td>
</tr>
<tr>
<td>18-64 Years</td>
<td>14.8%</td>
<td>17.2%</td>
<td>16.1%</td>
<td>13.5%</td>
<td>38.4%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>9.4%</td>
<td>22.0%</td>
<td>19.1%</td>
<td>14.3%</td>
<td>35.1%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, Public Use Microdata Sample, 2011-2013
Young Children of Color by Far the Most Economically Disadvantaged

Source: United States Census, Public Use Microdata Sample 2012
Poorest Neighborhoods: Rich in Young Children

Poorest neighborhoods need half again as many child and family-friendly gathering points, activities, and supports.

Source: United States Census Bureau, Population Division 2013
Note: While 8.4 percent of White, non-Hispanic children live in census tracts where the poverty rate is above 40 percent, 38.2 percent of African Americans, 31.9 percent of Native Americans, and 28.9 percent of Hispanic children do. 41 percent of all poor children live in these neighborhoods.
Poorest Neighborhoods: Very Different Levels of Social, Physical, Educational, Economic and Wealth Capital

<table>
<thead>
<tr>
<th>Poorest tracts (50%+ child poverty) compared to least poor tracts (10%+ child poverty):</th>
<th>Poorest</th>
<th>Least Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single parent families</td>
<td>60.1%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Disconnected Youth (16 yrs. – 19 yrs.)</td>
<td>16.4%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Adults without high school degree</td>
<td>28.8%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Adults with college degree</td>
<td>12.7%</td>
<td>41.1%</td>
</tr>
<tr>
<td>Households with wage income</td>
<td>66.4%</td>
<td>78.3%</td>
</tr>
<tr>
<td>Households with savings/wealth</td>
<td>8.2%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Owner-occupied housing</td>
<td>41.1%</td>
<td>75.2%</td>
</tr>
<tr>
<td>Preschool participation 3-5 year-olds</td>
<td>37.3%</td>
<td>49.4%</td>
</tr>
<tr>
<td>Children of color</td>
<td>81.3%</td>
<td>33.5%</td>
</tr>
</tbody>
</table>
Bringing it to the Neighborhood Level: 
A Tale of Two Polk County Neighborhoods

Viva East Bank – long-standing core center of Des Moines (housing from early 1900s), stable in population size but changing racial demographics

South Johnston – northern suburb to Des Moines (housing from 1990s on), rapid growth and expansion with high racial homogeneity
Census Tract Comparisons of Viva East Bank and South Johnston

<table>
<thead>
<tr>
<th></th>
<th>Viva East Bank</th>
<th>South Johnston</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults without high school degree</td>
<td>30.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Adults with college degree</td>
<td>7.5%</td>
<td>69.2%</td>
</tr>
<tr>
<td>Households with employment earnings</td>
<td>75.6%</td>
<td>88.6%</td>
</tr>
<tr>
<td>Percent population white, nonhispanic</td>
<td>32.7%</td>
<td>94.0%</td>
</tr>
<tr>
<td>Owner-occupied housing</td>
<td>49.8%</td>
<td>92.8%</td>
</tr>
<tr>
<td>Preschool participation 3-5 year-olds</td>
<td>41.5%</td>
<td>65.4%</td>
</tr>
<tr>
<td>Population 18+ Limited English proficiency</td>
<td>11.7%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
# Recreational Capital: Child Friendly Spaces and Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Viva EB</th>
<th>S. Johnston</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseball, soccer, basketball, tennis fields/courts</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>Miles of bike paths</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td>Cub, brownie, girl scout troops</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>--- participants</td>
<td>41</td>
<td>352</td>
</tr>
<tr>
<td>Private music/ swimming/ martial arts locations</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Home swimming pools</td>
<td>0</td>
<td>68</td>
</tr>
</tbody>
</table>
## Literary Capital: Educational Resources and Opportunities

<table>
<thead>
<tr>
<th></th>
<th>Viva EB</th>
<th>S. Johnston</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Schools</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Computers in school labs</td>
<td>40</td>
<td>100+</td>
</tr>
<tr>
<td>Corporate partners</td>
<td>5</td>
<td>22</td>
</tr>
<tr>
<td>Library</td>
<td>Small</td>
<td>Large</td>
</tr>
<tr>
<td>Bookstores</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>
## Commercial Capital: Everyday Business Establishments

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Viva EB</th>
<th>S. Johnston</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banks</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Payday lending/ check cashing</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Nearby grocery stores</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Non-grocery stores that accept SNAP/food stamps</td>
<td>42</td>
<td>12</td>
</tr>
<tr>
<td>Pet clinics and hospitals</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Laundromats</td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>
Key Implication: Poor Neighborhoods Require Community Building Approaches

- Poor neighborhoods offer fewer pathways and contain less social, recreational, literary, commercial and economic capital for their young children and families.
- Families want their children to have opportunities for success in the larger society and will make sacrifices to that end, given pathways to get there.
- Building these pathways is possible, but involves additional investments and is best done by engaging and enlisting indigenous leadership that is culturally responsive and inclusive (e.g. family support networks).
- Hospital and community assessments offer one opportunity to advance new pathways // public health offers locus for activity.
3.

Emerging Political Recognition of the Need for New Responses
Place and Social Capital: Left and Right Scholarship Agree


Changes to American families and society threaten the future as we have valued it.

- Increased segregation (by place and associations) of upper- and lower-class/income families and their children.
- Differences as result of this segregation: Disconnected young men, single parenting by less-educated women, higher crime and lack of security in life – producing educational, health, and social disparities.
- Very different opportunities and worlds for children: two Americas and the “crisis” of “coming apart” – particularly for the next generation growing up.
- **PLACE** and **SOCIAL CAPITAL** matter.
Chronic stress can cause substantial changes in children’s brains. Low stress, high predictability, and strong, stable relationships with caring adults all help children become measurably better at self-regulating, delaying gratification, and controlling their impulses.

Strengthen families in ways that will prepare children for success. The nation should use pediatric primary and preventive care practices to mount evidence-based parenting and early child development interventions.

Poverty and Young Children: Pediatricians Agree on Need to Play a Role

Child poverty influences genomic function and brain development by exposure to toxic stress. Children living in poverty are at increased risk of difficulties with self-regulation and executive function, such as inattention, impulsivity, defiance, and poor peer relationships.

Support integrated models that promote effective parenting. An enhanced medical home is informed by the understanding that emotional care of the family ... is within the scope of practice for community pediatricians and that the effects of toxic stress on children can be ameliorated by supportive, secure relational health during early childhood.

Health Transformation and Young Children: Health Experts See Young Children as New Focus

- Learning Collaborative on Health Equity and Young Children Policy Framework
- Berwick and Whittington Triple Aim
- AAP Council on Community Pediatrics Poverty Policy Statement
- AEI and Brookings Working Group on Poverty and Opportunity
- Einhorn, Ariadne, and NICHQ Promoting Socioemotional Development
- United Hospital Fund Seizing the Moment
- Center on the Developing Child From Best Practices to Breakthrough Impacts
- RWJF Commission to Build a Healthier America
- Aspen Institute Two Generation Working Group
- Children’s Hospital Association Case for Investing in Child Health
- National Academy of Social Insurance’s Strengthening Medicaid to Build a Culture of Health

There is growing health leadership calling for a health system focus upon prevention, promotion, and children.

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Toward *Purple* Solutions to Young Child Poverty and Equity of Opportunity

D’s speak to material and structural side:
- Minimum wage // equal pay
- Paid family leave // high quality child care
- College education affordability

R’s speak to spiritual and community side:
- Personal initiative and responsibility coupled with opportunity within neighborhood and community
- Faith-based strategies
- Investments in “points-of-light” in disinvested neighborhoods

We need both – and that requires education, will-building, and advocacy (beyond either/or to both/and) from nonpartisan perspective – with key role for health in strengthening families

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4. Implications for Action in Young Child Primary Health Care and Public Health
Social Determinants and Protective Factors: Same Enumeration of Needs and Solutions

**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 – WHO  
Protective Factors – CSSP

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Starting at the Start: Primary Care Health Practitioners and Youngest Children (0-3)

91.0% have a well-child visit

55.2% receive health coverage under Medicaid/CHIP (avg. 2.2 well-child visits per year)

14% in some form of formal/regulated child care

4.5% in families that receive public assistance (TANF)

4.2% receive a subsidy for child care (CCDBG)

3.0% receive early intervention services (Part C)

1.5% receive Early Head Start/MIECHV (home visiting)

0.7% in foster placement

Child health practitioners are the point of first contact with young children and their families and can play a critical, “first responder role.”
Young Children and their Families: Current Needs and Actions

Current Range of Young Child Needs

- **Tier One**: 2-4% Child-specific Great Medical Complexity
- **Tier Two**: 10-14% Significant Diagnosable Health/MH/DD Needs
- **Tier Three**: 30-40% Child/Family Compromised Behavioral, Developmental, Learning Concerns
- **Tier Four**: 60-70% Remaining Children Without Special Needs or Concerns/For Now

Adapted from slide developed by Dr. Neal Halton, UCLA Center for Healthier Children, Families, and Communities

Note: The biggest gap in current response is for children in Tier Three who are not in Tier One or receiving services as Tier Two families, representing somewhere between 20 percent and 35 percent of all children.
Building on Success: The Evidence Base in Practice

- Medical-Legal Partnerships
- Healthy Steps for Young Children
- Help Me Grow
- Project DULCE
- Child FIRST
- Safe Environment for Every Kid (SEEK)
- First 5 San Diego Healthy Development Services
- Massachusetts Partnership for Early Childhood Mental Health
- Cincinnati Children’s Hospital Medical Center
- Maricopa Health Systems
- The Children’s Clinic (Long Beach)
Three Essential Components of Quality, Evidence-Based Practice

The Child Health Practitioner as Part of a Health Neighborhood and Community

1. Health Practitioner as First Responder
2. Follow-Up Care Coordination/Navigation
3. Effective Engagement with Helpful Supports

Part C
Child Mental Health Clinician
Concrete Services and Legal Support
Home Visiting
Head Start
Domestic Violence Shelter

Peer Support Group for Grandparents
Church Family Night Program
Parent of Children with ADHD Group
Hispanic Resource Center
Parents Anonymous
Promoting Young Child Primary Health Practice Transformation

• Focus on developing approaches that include the three components for the 20 to 35 percent of young children in Tiers 1-3 not now being identified and served.
• Invest in innovation and early adoption/diffusion to create greater critical mass of new practice
• Incorporate core features into health financing (particularly Medicaid) for expansion and sustainability as a standard of practice -- screening, care coordination, community linkage, and “medically necessary” services
• Develop understanding of needs for community building through identified child family/needs
• Build public and policy maker support for investment based upon value, need, and overall ROI
Promoting an Expanded Public Health Role

- Advocate and contribute to developing place-based young child health assessments within hospital assessments and community benefit.
- Promote child-health related family and community activities and peer support groups and networks around healthy (physical, social, emotional, and educational) development.
- Finance population health approaches under accountable care organizations and accountable health communities (and Medicaid).
- Build upon primary and public health community relationships to activate family leadership.

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Implications in Current Federal Policy
Climate: Offense and Defense

OFFENSE

• Build upon current work to increase innovation and practice transformation (CMMI, SIMs, CHIP demonstrations, pediatric accountable health communities, etc.)
• Focus more attention on healthy child development and its long-term benefits (from a value-based payment level) and dynamic scoring that recognizes it
• Clarify and encourage Medicaid’s role in responding to social determinants
• Develop focused activities in high poverty neighborhoods, particularly through the footprint of FQHCs and public health

DEFENSE

• Maintain comprehensive coverage, EPSDT, and entitlement coverage for children
• Meet children’s special needs and transitions (foster care, home and community services, Family Opportunity Act)
• Ensure family stability and parental health coverage (Medicaid expansion and exchanges)
Select Additional Resources:  
www.cfpciowa.org/en/healthequity

- **Overview:** Top 10 Things We Know about Young Children and Health Equity... and Three Things We Need to Do with What We Know
- **Young Child Health Equity Data:** Fifty State Chart Book: Dimensions of Diversity and the Young Child Population
- **Primary Care Practice Transformation:** Kitchen Cabinet Policy Statement; Healthy Child Story Book
- **Place, Race, and Poverty Interface:** Where Place Matters Most; Village Building and School Readiness; ACE, Race, Place, Poverty and Young Children Pediatric Supplement article
- **Financing:** Medicaid Financing Discussion Paper; CMMI RFI Response on Pediatric Alternative Payment Models
- **Metrics and Screening:** Screening for Social Determinants Crosswalk of Tools; Practical Guide for Immediate Use