HEALTH PRACTITIONERS HAVE KEY ROLES TO PLAY.
Particularly in the first three years of life, child health practitioners have a crucial role to play both in providing bio-medical care and in initiating effective responses to these other social determinants of health.

The National Survey of Children’s Health shows that nine in ten children from birth through five see a primary health practitioner for at least one well-child visit annually. In comparison, a much smaller proportion of children are involved with any other services (e.g., less than a quarter of children are in a formal child care arrangement, let alone receiving a child care subsidy). Figure 1 shows the different systems where families with young children come into contact with professionals. Given the high number of children seen by a health provider, health providers offer a key and often unique opportunity to screen children for and identify health, development and other concerns.

Figure 1.

Program Participation Rates: Children Birth to Three

Source: Federal Spending on Prenatal to Three: Developing a Public Response to Improving Developmental Trajectories and Preventing Inequities

In addition, during the first five years, and particularly the first three, Medicaid is a major source for health coverage of children, especially for those most likely to be impacted by social determinants of health. The data below shows national information on Early Periodic Screening, Diagnostic and Treatment (EPSDT) participation by child age. EPSDT is the child health component of Medicaid. Medicaid/EPSDT participation from children birth to three years is 57.3 percent, higher than at any other age range (Figure 2). The health practitioner
also has the most frequent contact with the child and the child’s family during the first two years of a child’s life, averaging over two visits annually.

Figure 2.

<table>
<thead>
<tr>
<th>MEDICAID PARTICIPATION AND FREQUENCY OF EPSDT VISITS FOR AMERICA’S CHILDREN BY CHILD AGE</th>
<th>% Served &amp; Avg. No. Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 Medicaid/EPSDT Enrollment of all 0- to 2-year-olds</td>
<td>57.3%</td>
</tr>
<tr>
<td>Average Number of EPSDT Visits Annually</td>
<td>2.31</td>
</tr>
<tr>
<td>3-5 Medicaid/EPSDT enrollment of all 3- to 5-year-olds</td>
<td>54.5%</td>
</tr>
<tr>
<td>Average Number of EPSDT Visits Annually</td>
<td>.72</td>
</tr>
</tbody>
</table>

Source: 416 FORMS AND AMERICAN COMMUNITY SURVEY DATA 2016

In general, parents regard their child health practitioner as a trusted source for information. Parents often seek out advice from health practitioners on their child’s development and needs, which include, but extend beyond, medical issues. This trust creates an opportunity for the child health practitioner to advice parents on what to look for and expect from their child (anticipatory guidance). Child development information is especially critical in the early years. Parents often have misconceptions about what their child can do, what constitutes development within the bounds of normalcy, and what issues require intervention.

Traditionally, healthy child development has been viewed through a medical lens involving services to treat illnesses and injuries. Today, however, healthy child development increasingly is defined in a more comprehensive approach that includes disease prevention and health promotion activities – including support for parents that may be struggling with environmental factors impacting a child’s health, such as housing, food security, maternal depression, stress and domestic violence. The latest edition of Bright Futures, the national standard for well-child care produced by the American Academy of Pediatrics, sets out the pediatric role in responding to the whole child and social as well as bio-medical determinants of health. As shown in Figure 3, these social determinants include a range of factors affecting healthy development that extend beyond child-specific and bio-medical ones.
Child primary care health practitioners have fundamental responsibilities to examine children and address their medical needs (including identifying and responding to congenital abnormalities and bio-medical health conditions). In addition, however, primary care practitioners also have responsibilities to identify and respond, through anticipatory guidance and referral to other services, to other concerns. A family struggling simply to put food on the table or maintain safe housing or dealing with issues such as maternal depression, violence or substance abuse also likely struggles to provide a consistent and nurturing environment for the child. Lack of consistency and nurturing in the early years negatively affects the child’s healthy development. Health professionals often are the first professionals in contact with young children and their families and are in a unique position to respond. Supporting and facilitating this “first responder” role is not only key to addressing social determinants of health early, it also is a way to reach a very large number of children.
Additional Resources:


