Policy Opportunities to Improve Children’s Healthy Development

2013 Edition
Updated May 20, 2013
About *The Healthy Child Story Book*

*The Healthy Child Story Book* was developed in 2007 to provide policy makers with a review of the role of child health practitioners in improving children’s healthy development. The *Story Book* showcases evidenced-based programs and practices, with a focus upon federal Medicaid and Children’s Health Insurance Program (CHIP) policies. It was expanded in 2009 to include additional evidence-based practices and an annotated bibliography, and outlines potential federal leadership roles in promoting such practices.

Federal actions in both the Child Health Reauthorization Act (CHIPRA) in 2009 and the Patient Protection and Affordable Care Act (PPACA) in 2010 provide states and communities with new opportunities to improve children’s healthy development, including many recommended in the earlier *Healthy Child Story Book* editions. These opportunities will only be realized through implementation activities within the states.

This 2010 edition of the *Healthy Child Story Book* has been expanded and revised to include information on new federal opportunities with a focus on actions that states and communities can take to implement changes to improve children’s healthy development.

Charles Bruner and Vivian Day of the Child & Family Policy Center produced this edition.

© May 2013
Child & Family Policy Center
Des Moines, Iowa
## Contents

Preface by Dr. Ed Schor ................................................. i
Improving Child Health: A State and National Imperative ........... 1
Federal Action as Opportunity for State Leadership ................. 2
Children’s Health Coverage Needs ................................... 3
The Long-Term Benefits of a Developmental Approach ............. 4
The Key Role of the Child Health Practitioner ....................... 5
Expectations from Pediatric Care: The Early Years .................... 6
Parents’ Needs for Child Development Information .................... 7
From Child Health Insurance to Healthy Child Development ........ 8
Building on Exemplary Practices ...................................... 9
Bright Futures .................................................................... 10
Help Me Grow .................................................................. 11
Reach Out and Read .......................................................... 12
Assuring Better Child Development ..................................... 13
Healthy Steps .................................................................. 14
Centering Pregnancy .......................................................... 15
Child FIRST ..................................................................... 16
Abriendo Puertas/Opening Doors .......................................... 17
Community Care of North Carolina/Carolina ACCESS ............. 18
Addressing Specific Health-Related Issues ............................... 19
Prevention of Obesity ....................................................... 20
Preventing Exposure to Second-Hand Smoke ......................... 21
Treating Maternal Depression ............................................. 22
Vision Screening ................................................................ 23
Moving from Exemplary to Routine Practice ............................ 24
A Whole Child Commitment ............................................... 25
Connecting Medical and Community Resources ..................... 26
The Policy Role .................................................................. 27
A Happy Ending .................................................................. 28
Appendix .......................................................................... 29
Annotated Bibliography ...................................................... 30
Preface

Good health in childhood is strongly associated with becoming a healthy and productive adult. Ensuring children’s healthy development is critical to our nation’s future and must be a fundamental building block for states as they implement health care reform. Reforming our health care system must be done with an eye toward the future, assuring high quality health care throughout the course of an individual’s life.

The Institute of Medicine’s *Our Nation’s Health* and the American Academy of Pediatrics’ *Bright Futures* offer a framework and guidance for developing a child health system focused on meeting the life course needs of children and adolescents. Such a system will build on the many exemplary and evidenced-based programs and practices that have not yet been incorporated into or linked to routine child health care practice.

National health care reform provides new guidelines and funding to support states, communities, and practitioners in their efforts to provide high quality child health care that focuses on achieving optimal current and future health and well-being. Now it is up to state leaders to use these new resources to achieve that goal.

This edition of the *Healthy Child Story Book* offers state policy makers, advocates, and practitioners a starting point for this essential work. Over the long term, ensuring children’s healthy development not only produces a healthier and more productive society, but it also holds a key to containing escalating health care costs through prevention and healthy development.

Edward Schor, MD
Lucile Packard Foundation for Children’s Health
Improving Child Health: A State and National Imperative

For the first time in America’s history, children face the prospect of living shorter and less healthy lives than their parents. Advances in medicine in the treatment of infectious diseases and responses to other health-threatening conditions have reduced childhood morbidity and mortality. Today, however, childhood obesity, exposure to environmental toxins, and disparities in opportunities for healthy growth and development threaten children’s health and their educational and social success.

Many of the solutions to such challenges are not medical in nature, but health practitioners and the health community must play a key role in addressing them. This involves a much broader definition of child health and attention to addressing the social determinants of health through a healthy equity lens.

A Comprehensive Definition of Child Health

Child health is ... the extent to which individual children or groups of children are able or enabled to (a) develop and realize their potential, (b) satisfy their needs, and (c) develop the capacities that allow them to interact successfully with their biological, physical, and social environments.

Federal Action as Opportunity for State Leadership

Through the Child Health Insurance Reauthorization Act (CHIPRA) and the Patient Protection and Affordable Care Act (PPACA), the federal government has provided new funding, direction, and opportunity to states and communities to improve child health coverage and content.

CHIPRA increases funding for states to cover more uninsured children, encourages states to streamline processes, and establishes child health quality measurement as a key goal for child health improvement.

PPACA contains other provisions directly focused upon child health, with many opportunities for child health prevention and promotion.

Effective implementation of these changes will require state actions that draw upon many of the practices and strategies outlined in this Story Book.

Select Federal Child Health Provisions in CHIPRA and PPACA

- **CHIPRA Provisions**
  - Expanded eligibility (and funding) to states
  - Streamlined enrollment and re-enrollment provisions
  - Demonstration funding for child health outcome quality measurement and improvement

- **PPACA Provisions**
  - Coverage for children with pre-existing conditions
  - Coverage for well-child care based upon recognized HRSA standards (*Bright Futures*)
  - Required health insurance coverage of select preventive health services
  - Community health teams for patient-centered medical homes grant program
  - Evidence-based home visiting program funding
  - Prevention and public health funding
  - Childhood obesity demonstration projects
  - School health center grants
  - Community transformation grants
Children’s Health Coverage Needs

Child health insurance coverage represents a fundamental building block for children’s healthy development. This includes, but goes well beyond, financial access to medical care. Child health coverage needs to:

• Be available and affordable for all children
• Cover the “whole child”
• Provide preventive and developmental services
• Emphasize quality and broader application of evidenced based practices

In the long-term, providing such health insurance for children can improve health throughout life, reducing the prevalence of chronic health conditions among adults, and be one of the most effective strategies for containing health care costs.

Four Keys to Effective Child Health Insurance Coverage

• Be available and affordable for all children
• Cover the “whole child” (medical, environmental, and social)
• Provide preventive and developmental services
• Emphasize quality and increase the use of evidence-based practices
The Long-Term Benefits of a Developmental Approach

While much of adult medicine involves health maintenance and disease management, child health has a much greater opportunity to affect healthy development. The trajectory of an individual’s health begins early in life and sets the life course – improving that trajectory has lifelong consequences both for healthy development and health costs. It is essential to develop child health insurance coverage – for all children – that is based upon a child health, and not an adult health, model.
The Key Role of the Child Health Practitioner

During these earliest years, health practitioners are more likely than any professionals to see children and their parents. While a visit to a health practitioner cannot address all child needs, it can begin a screening, detection, and early intervention process to improve children’s healthy development.
Expectations from Pediatric Care: The Early Years

Healthy development involves medical services to treat illnesses and injuries, but it also includes disease prevention and health promotion activities that support healthy development – including advice to parents about child development. The following is adapted from the American Academy of Pediatrics’ recommended standards for pediatric care and well child visits and shows the range of goals for pediatric care in the early years.

 Desired Outcomes at School Entry

**Physical health and development**
- No undetected hearing or vision problem
- No chronic health problems without a treatment plan
- Immunizations complete for age
- No undetected congenital anomalies

**Emotional, social and cognitive development**
- No unrecognized or untreated delays

**Family’s capacity and functioning**
- Parents knowledgeable about child’s physical health status and needs
- No unrecognized maternal depression, family violence, or family substance use
- No undetected early warning signs of child abuse or neglect
Parents’ Needs for Child Development Information

“Anticipatory guidance” – or advice to parents about what to look for and expect from their child – is critically important in the early years, for several reasons:

- Health practitioners are effective messengers. Parents listen to what their pediatrician, family practitioner, nurse practitioner, or physician assistant recommend.
- Health practitioners can identify, in well-child visits, issues of concern regarding healthy development – both medical and non-medical.
- Parents need information and guidance in what they provide. Parents often have misconceptions about what their children should be able to do and what constitutes development within the bounds of normalcy and what needs intervention.

The Need for Anticipatory Guidance: A National Poll of What Grown-ups Understand About Child Development

... 57% of parents think it is possible to spoil a six-month old

... 62% of parents believe babies do not take in or react to the world around them until two months of age

... 51% of parents expect a fifteen-month-old to share
From Child Health Insurance to Healthy Child Development

Health insurance coverage is the first step in ensuring healthy child development, but it is only the first step. The content of the initial coverage and service provision and the access to other necessary medical and social supports are required to ensure that children receive what they need for healthy development.
Building on Exemplary Practices...

There is impressive and growing evidence that comprehensive, preventive, and developmental health services that start in the health practitioner’s office contribute to addressing some of the major concerns affecting children’s growth and development, including:

- Learning, education, and closing the achievement gap
- Social and emotional development and adjustment
- Obesity, diabetes, and chronic health conditions

There is a growing number of interventions and research-based programs that improve children’s healthy development which start in the pediatric practitioner’s office.

Selected Exemplary, Evidence-Based Pediatric Practice-Based Child Health Initiatives

- ABCD Assuring Better Child Health & Development
- Children's Trust Fund
- Community Care of North Carolina
- Bright Futures
- Child First
- Healthy Steps
- Reach Out and Read National Center
- Bright futures, prevention and health promotion for infants, children, adolescents, and their families
- Children's Trust Fund
- Community Care of North Carolina
- Bright Futures
- Child First
- Healthy Steps
- Reach Out and Read National Center
- Bright futures, prevention and health promotion for infants, children, adolescents, and their families
- Children's Trust Fund
- Community Care of North Carolina
- Bright Futures
- Child First
- Healthy Steps
- Reach Out and Read National Center
- Bright futures, prevention and health promotion for infants, children, adolescents, and their families
The Bright Futures for Infants, Children, and Adolescents Initiative was launched in 1990 by the Maternal and Child Health Bureau and the Medicaid Bureau of the Health Care Financing Administration (now CMS) to improve the quality of health services for children through health promotion and disease prevention, using a developmentally-based approach to child health services. The centerpiece of Bright Futures is a comprehensive set of health supervision guidelines for children, built upon the 29 recommended health visits from newborn to age 21. A six-state evaluation of Bright Futures conducted by Health Systems Research showed that incorporation of Bright Futures actions into pediatric practice produced health and development gains for children, but required enlisting champions from the health practitioner community and providing ongoing resources for the training and support needed to incorporate Bright Futures into health practices.

**Bright Futures**

**Bright Futures approach**: Health supervision that promotes physical, emotional, intellectual, and social health through a developmental perspective involving health supervision guidelines, training, and support for practitioners, families, and public health personnel.

**Bright Futures impacts**: Research of state efforts to incorporate Bright Futures into practice have shown:

- Success in strengthening pediatric practice in using health supervision guidelines when champions are enlisted and training and resources provided to support that incorporation into practice
- Improvements in identification, response, and family involvement in addressing child health and development concerns identified through health supervision
- Improved coordination across health, education, and human services in meeting “whole child” concerns
Help Me Grow is a statewide program in Connecticut that provides training to pediatric health practitioners to provide “developmental surveillance” to identify issues (both in the child and with the family) that represent risk factors for the child’s healthy development and access to care coordination that can secure needed supports for the child and family.

Help Me Grow approach: Practitioner training to conduct whole child “developmental surveillance” during child health visits, with care coordinators following up with families to identify professional and community resources to address child needs and schedule appointments and visits, and community health liaisons identifying and working with community resources.

Help Me Grow impacts: Research has shown that Help Me Grow dramatically increases identification of behavioral and developmental concerns within the practitioner’s office and leads to timely follow-up services, which include:

- Increased identification of developmental delays, parental depression and stress, and other child developmental concerns
- Increased use of Part C (early intervention) services
- Improvement in child health and development reported in follow-up pediatric visits
Reach Out and Read promotes early literacy within the pediatric practitioner’s office by making literacy promotion a standard part of pediatric care. Reach Out and Read trains doctors and nurses to advise parents about the importance of reading aloud and to give books to children at pediatric check-ups from six months to five years of age.

A growing body of peer-reviewed research shows that Reach Out and Read increases parental reading in the home, children’s preschool language scores, and other measures of literacy development.

Reach Out and Read

**Reach Out and Read approach:** Training to doctors and nurses to make literacy promotion a standard part of pediatric care (encouraging parents to read to children as part of well-child visits) and proving the tools (a book at each visit) to do so

**Reach Out and Read Impacts:** Research has found that Reach Out and Read:

- Increases parental reading to children in the home
- Improves children’s ability to express themselves verbally
- Increases children’s listening vocabularies
- Improves children’s preschool language scores
- Reduces the proportion of children with language delays that can prevent them from succeeding in school
...Assuring Better Child Development...

Since 2000, eight states have participated in the Assuring Better Child Development (ABCD) learning consortium funded by the Commonwealth Fund and managed by the National Academy for State Health Policy. The eight states worked to improve the delivery of child developmental services to children receiving Medicaid benefits, with the objectives of: (1) improving the identification of young children with or at risk for developmental delays; and (2) improving families’ access to follow-up services, including care coordination and links to community services.

While states took different approaches, all were able to develop strong working relationships with health care provider groups, the Medicaid office, and maternal and child health and Part C partners. These have helped achieve both objectives.

Assuring Better Child Health and Development (ABCD)

**Assuring Better Child Health and Development (ABCD) approach:** Collaborations across Medicaid, pediatric providers, Maternal and Child Health, and Part C in developing strategies within Medicaid to improve developmental screening of young children and actions to improve healthy mental development.

**Assuring Better Child Health and Development (ABCD) impacts:** Different states produced different gains in the identification and treatment of developmental issues for young children, including:

- Increased identification of developmental delays and more timely follow-up services under Part C of IDEA
- Earlier detection of autism and reduced time between identification and initiation of services
- Identification of signs of maternal depression and follow-up services to address this risk factor for healthy child development
- Increased provision of anticipatory guidance to parents on child development and greater response to parental concerns raised during well-child visits
...Healthy Steps...

Focusing upon children from birth to age three, Healthy Steps for Young Children provides a comprehensive team approach to providing primary care for young children that supports mothers and fathers in their critical role as nurturers of the emotional, behavioral, and intellectual as well as physical growth of their children. A professional staff member, the Healthy Steps Specialist, provides an effective link between the family and the pediatric or family practice in identifying and addressing the emotional, behavioral, and developmental issues children face.

Peer reviewed research on Healthy Steps for Young Children has shown its positive impact upon both the physical and developmental health of children, primarily through influencing parental behavior.

---

Healthy Steps for Young Children

**Healthy Steps approach:** Incorporating within pediatric and family practice a Healthy Steps Specialist who provides additional links to the family in promoting healthy and developmentally appropriate practices in the home and ensuring early identification and treatment of medical issues

**Healthy Steps impacts:** Research has found that Healthy Steps:

- Increases parental use of positive health practices, such as ensuring infants sleep on their backs, receive all vaccinations, and have injury prevention tools in their homes
- Improves interactions of parents with their toddlers, using more positive and less harsh disciplinary practices and paying more attention to their child's behavioral cues
- Reduces toddler television viewing and improves child expressive vocabulary
CenteringPregnancy is a model of group health care designed to improve health outcomes for mothers and babies. Developed by the Centering Healthcare Institute, CenteringPregnancy programs bring together groups of eight to 12 women at similar stages of pregnancy for health assessment, education and support. A practitioner completes standard health assessments for each participant, and participants learn care skills, take part in facilitated discussion, and develop a support network with one another. The Institute also sponsors CenteringParenting groups that use a similar approach to provide health services to mothers and infants during the babies’ first year. Both efforts take a comprehensive approach to healthy child development.

**CenteringPregnancy approach:** The goal of Centering groups is to improve the overall health outcomes of mothers, babies, and new families by adopting a group health model of care that emphasizes care, honors the contribution of each member, and uses a facilitative leadership style.

**CenteringPregnancy impacts:** Both participants and providers report satisfaction with the Centering model. Research has shown a series of improved outcomes for women and babies, including:

- reductions in emergency department visits by the third trimester
- reductions in low birth-weight births among preterm deliveries
- reductions in preterm births
Child FIRST (Child and Family Interagency Resource, Support, and Trainings) is a home-based early childhood intervention that works to decrease the incidence of serious emotional disturbance, developmental and learning problems, and abuse and neglect among high-risk young children and families in Connecticut. It takes an asset-based approach that is two-generational in nature, strengthening the parent and child relationship as a means both to improve child mental health and parental resiliency. At the same time, it connects all members of the family to services and supports to decrease “toxic stress” (protecting the child’s developing brain) and enhance child and family development.

**Child FIRST**

**Child FIRST approach:** Child FIRST consists of two complimentary components: (a) an intensive home visiting intervention, which provides comprehensive assessment, integrated family-driven plans, and home-based parent guidance and parent-child psychotherapy, and (b) care coordination/case management, which provides hands-on connection to community resources for all family members. A team of a master’s level mental health/developmental clinician and care coordinator provide the services.

**Child FIRST impacts:** Research has shown that Child FIRST has strong, statistically significant results in:

- Reducing children’s aggressive and defiant behaviors,
- Reducing children’s language problems,
- Lowering levels of maternal depression and mental health problems,
- Decreasing involvement with child protective services,
- Increasing access to community-based services and supports.
Abriendo Puertas/Opening Doors

Abriendo Puertas/Opening Doors is a comprehensive ten-session parenting skills and advocacy program developed by and for low-income Latino parents with children ages 0-5. Initially developed in Los Angeles, California, through a Training of Trainers Institute the program has been replicated in 31 states and Puerto Rico. AP employs “dichos” (culturally-based sayings) to frame the conversations for each session, which include conversations on ages and states of development, health and nutrition, and socio-emotional wellness.

Abriendo Puertas approach: Through guided discussions in a support groups that builds upon cultural identity, Abriendo Puertas provides information to parents as their child’s first teacher, nurse, and advocate. A Training of Trainers institute offers community members to lead these guided discussions and the ten-session program.

Abriendo Puertas impacts: Research has shown that both the initial program and the replication of the program through community members trained at the Institute have produced gains in parental knowledge and action across multiple dimensions of child development, with effect sizes above .8 in:

- Health and nutrition knowledge about young children
- Health knowledge about health service
- Parenting knowledge
- Parenting confidence
Community Care of North Carolina/Carolina ACCESS

North Carolina currently offers primary care case management to Medicaid recipients through two distinct, but coordinated, programs: Community Care of North Carolina and Carolina ACCESS (CCNC/CA). The primary goal of both programs is to create a “medical home” for each Medicaid enrollee with a primary care provider (PCP) who coordinates and authorizes patient care, reducing Medicaid expenditures by decreasing unnecessary emergency room care, unnecessary hospitalizations, and improving child health outcomes overall. CCNC's care coordination is provided by a system of 14 community provider networks that also offer disease and care management and quality improvement initiatives.

Community Care of North Carolina/Carolina ACCESS

**CCNC/CA approach:** Implementing a medical home model for Medicaid and CHIP recipients, and providing care coordination to ensure continuity and ease of medical care. The goal of the program is to better address both medical and social determinants of child health.

**CCNC/CA impacts:** Research from the University of North Carolina's Sheps Center for Health Services Research of the asthma and diabetes management initiatives has shown:
- improvement in child health outcomes, and
- significant cost savings from the program.

Research from the Mercer Human Resources Consulting group has shown:
- increased use of primary and preventive services, and
- substantial savings to Medicaid in terms of reduced emergency room use and hospitalizations.
Addressing Specific Health-Related Issues...

In addition to such evidenced-based programs, there is substantial medical research indicating the importance of early identification and treatment of a variety of conditions that have a direct impact upon child (and later adult) health. Some involve anticipatory guidance to parents for health promotion activities and others involve early identification and treatment of medical conditions. The pediatric practitioner can play a key role in:

- Providing guidance to parents on healthy child practices (exercise and nutrition, exposure to second hand smoke)
- Screening for specific conditions that can affect healthy child development (maternal depression, oral health, vision) for referrals
- Early identification and treatment of specific health conditions (autism)

All these actions can improve children’s healthy development and have potential large “returns on investment” in the reduced need for later remedial health services.

### Opportunities for Prevention, Early Identification and Treatment During Pediatric Visits

<table>
<thead>
<tr>
<th>Issue or Concern</th>
<th>Healthy Development Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition and exercise</td>
<td>Obesity and diabetes</td>
</tr>
<tr>
<td>Exposure to second-hand smoke</td>
<td>SIDS, respiratory illness, asthma, cognitive development, adult cancer, heart problems</td>
</tr>
<tr>
<td>Maternal depression</td>
<td>Social/emotional development, school success, safety</td>
</tr>
<tr>
<td>Oral health</td>
<td>Propensity for illness, pain, and school success</td>
</tr>
<tr>
<td>Vision</td>
<td>Reading and school success</td>
</tr>
<tr>
<td>Autism</td>
<td>Early treatment leading to more success and less disruption</td>
</tr>
</tbody>
</table>
Obesity is at epidemic proportions in America and patterns of both exercise and eating that lead to obesity begin early, with childhood obesity having increased dramatically over the last two decades among all child age groups. The American Academy of Pediatrics’ Committee on Nutrition (Pediatrics, August 2003) emphasizes that: “Prevention of overweight is critical, because long-term outcome data for successful treatment approaches are limited.” The Committee recommended a number of pediatric practices to address obesity among children.

**American Academy of Pediatrics Recommended Health Supervision Practices Regarding the Prevention of Obesity**

- Identify and track patients at risk by virtue of family history, birth weight, or socioeconomic, ethnic, cultural, or environmental factors.
- Calculate and plot BMI (body mass index) once a year and use change in BMI to identify rate of excessive weight gain relative to linear growth.
- Encourage, support, and protect breast feeding.
- Encourage parents and caregivers to promote healthy eating patterns by offering nutritious snacks such as vegetables and fruits, low-fat dairy foods, and whole grains.
- Encourage children’s autonomy in self-regulation of food intake and setting appropriate limits on choices; and modeling healthy food choices.
- Routinely promote physical activity, including unstructured play at home, in school, in child care settings, and throughout the community.
- Recommend limitation of television and video time to a maximum of two hours per day.
...Preventing Exposure to Second-Hand Smoke...

Exposure to second-hand smoke is most damaging to very young children, as their immune systems are developing. Parents are most likely to be seen by physicians when then they take their children in for visits, but only half are asked about their smoking (Winickoff JP et al. Addressing parental smoking in pediatrics and family practice: A national survey of parents. Pediatrics 2003). Fewer than half of those who reported smoking are counseled on the dangers of second-hand smoke and encouraged to quit or at least to quit smoking in the home or in the car. The Ontario Medical Association has recommended Nicotine Replacement Therapies (NRTs) as one way to reduce production of second-hand smoke for adults who otherwise cannot quit. Again, anticipatory guidance from a health professional to parents regarding the dangers of second-hand smoke can produce changes in behavior that minimize that exposure and improve children’s healthy development.

Limiting Child Exposure to Second-Hand Smoke: Recommended Actions

- Routine queries about parental smoking and exposure to second-hand smoke as part of well-child visits
- Follow-up recommendations (anticipatory guidance) regarding eliminating second-hand smoke, through:
  - Quitting
  - Using nicotine replacement therapies
  - Smoking only outside the home and automobile and when not in the presence of children
...Treating Maternal Depression...

Maternal depression is one of the most common but undiagnosed and untreated complications of pregnancy. Research has confirmed common sense that maternal depression has a strong adverse impact upon children’s healthy development. Children of depressed mothers are more likely to experience a range of problems including lower activity levels, problems with self-control, problems with social interactions, and difficulty meeting age-appropriate developmental and cognitive milestones. Recent research has shown that remission of maternal depression has a positive effect on both mothers and children. Remission of maternal depression after three months of treatment produced significant reductions in children’s diagnoses and symptoms.

The practitioner’s office provides a very important opportunity to screen for maternal/parental depression during a well-child visit and take actions that improve both maternal and child health.

---

**Maternal Depression and Children’s Healthy Development**

Recent findings on maternal depression and children’s healthy development:

- Screening for maternal depression can be done efficiently and effectively during well-child visits and there is a good uptake by mothers on further assessments and treatment, where those are available.
- Addressing and alleviating maternal depression produces positive results for children, including: improved social interactions, approaches to learning, social-emotional and physical health.
Good vision is critical to all aspects of children’s healthy development. Research has shown, however, that half of all poor and minority children have vision problems that interfere with their academic work. While some of this reflects the need for corrective lenses, more reflects the need to address focusing, converging, and tracking problems, visual defects that can arise from watching too much television and not engaging in enough activities that train the eye to develop hand-eye coordination, depth perception, and the visual skills needs to track letters across a page. Early vision screening and basic exercise therapies as well as corrective lenses, where needed, can address such vision problems and contribute to greater literacy and educational success, as well as general healthy development.

A research experiment providing randomly selected fourth graders from low-income families with vision screening and follow-up services produced gains in reading achievement beyond the normal growth for children their age, while children in the control group fell further behind.
Moving from Exemplary to Routine Practice

These exemplary practices remain, for the large measure, exemplary rather than mainstream practices. This is not because pediatric practitioners disagree with the goals for well child care or would not like to practice in this way. Rather, it is because the current structure of health care delivery and finance does not truly support such practices. Within the practitioner’s office, there are three issues that need to be addressed (and that the exemplary programs shown above all have addressed effectively): training, tools, and time.

Extending Exemplary Practices into Routine Practice: Research-Based Strategies

- **Training.** Training needs to be provided in a hands-on fashion to health practitioners from those whom they trust, including respected peers in their profession. This training applies to both primary care health practitioners and to other office staff who will be responsible for carrying out the new practices.

- **Tools.** Specific tools, such as screening protocols and referrals strategies, need to be developed and provided on a continuous basis (sometimes in the form of supplies such as books associated with Reach Out and Read).

- **Time.** Sufficient time needs to be available to incorporate the practices. Particularly for well-child visits, the practices need to be streamlined so they can be conducted within the basic time allotted for the well-child examination. In some instances, information may be gathered from the parents before the visit, to provide for a more efficient examination.
A Whole Child Commitment

In addition, there is a fourth issue that also needs to be incorporated into the overall practice, for these approaches to be most effective. That involves the ability of the practitioner to confidently provide referrals for services that will address the child’s identified need. Unless they believe there is a subsequent course of corrective action, pediatric practitioners are less likely to screen for conditions that they believe they cannot do anything about.

Detection without referral/intervention is ineffective and may be judged unethical.

~ E.C. Perrin
Connecting Medical and Community Resources

One of the most effective models for such an effective referral system is that provided by Help Me Grow, which involves much greater integration of services and supports to families – through follow-up telephone care coordination and through networking and accessing both professional services and community supports. Help Me Grow has found that nearly one-quarter of its referrals have been for disciplinary/behavioral issues that are affecting child health and well-being but traditionally practitioners often do not screen for and identify because they do not have a way to treat what they might find. The Help Me Grow program provides for such effective follow-up and referral.

The good news is that much of what families need can be found within the community, although this requires concerted outreach to identify.
State Policy Opportunities

With enactment of both CHIPRA and PPACA, states now have major implementation roles, responsibilities, and opportunities. Effective implementation is essential to reverse current troubling trends in child health and ensure that the next generation is healthy and equipped for success.

While some aspects of health reform have been contentious, polls show a great deal of common ground on what society wants for its children. The following principles are ones that have been promoted by Voices for America’s Children and its member organizations.

Principles to Guide State Child Health Reform Implementation

- Establish a system of child health coverage for all children that is continuous and includes well-child care through a medical home;
- Promote the adoption and broad diffusion of evidence-based child health practice changes;
- Foster coordination across medical and community services to support whole child healthy development; and
- Provide for continuous learning, improvement, and accountability based upon children’s healthy development in all child health prevention, promotion, and treatment activities.
A Happy Ending

While many of these recommendations involve Medicaid and CHIP, they extend to the type of health care that all children need for their healthy development. When dealing with the poorest children, there is a greater need to actually provide reimbursement for some hard services (e.g. eyeglasses), but all children need the same type of primary, preventive health services that promote healthy development. Fortunately, pediatricians do not conduct their well-child visits one way for Medicaid children and another way for privately-insured children. Since over one-third of all children 0–2 are covered under Medicaid or CHIP, the policies and reimbursements established under Medicaid and CHIP effectively do drive overall practice.

Finishing the Story

- Good Health
- Social Development
- School Success
- Society Vitality
# Appendix

## Outcomes of Well-Child Care During the First Five Years of Life

<table>
<thead>
<tr>
<th>Domain of Well-Child Care</th>
<th>Outcome at School Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Physical Health and Development</strong></td>
<td>• All vision problems detected and corrected optimally</td>
</tr>
<tr>
<td></td>
<td>• All hearing problems detected and managed</td>
</tr>
<tr>
<td></td>
<td>• Management plans in place for all chronic health problems</td>
</tr>
<tr>
<td></td>
<td>• Immunization complete for age</td>
</tr>
<tr>
<td></td>
<td>• All congenital anomalies/birth defects detected</td>
</tr>
<tr>
<td></td>
<td>• All lead poisoning detected</td>
</tr>
<tr>
<td></td>
<td>• <em>All children free from exposure to tobacco smoke</em></td>
</tr>
<tr>
<td></td>
<td>• Good nutritional habits and no obesity; attained appropriate growth and good health</td>
</tr>
<tr>
<td></td>
<td>• <em>All dental caries treated</em></td>
</tr>
<tr>
<td></td>
<td>• Live and travel in physically safe environments</td>
</tr>
<tr>
<td><strong>Child Emotional, Social, and Cognitive Development</strong></td>
<td>• All developmental delays recognized and treated (emotional, social, cognitive, communication)</td>
</tr>
<tr>
<td></td>
<td>• <em>Child has good self-esteem</em></td>
</tr>
<tr>
<td></td>
<td>• <em>Child recognizes relationship between letters and sounds</em></td>
</tr>
<tr>
<td></td>
<td>• <em>Child has adaptive skills and positive social behaviors with peers and adults</em></td>
</tr>
<tr>
<td><strong>Family Capacity and Functioning</strong></td>
<td>• Parents knowledgeable about child’s physical health status and needs</td>
</tr>
<tr>
<td></td>
<td>• Warning signs of child abuse and neglect detected</td>
</tr>
<tr>
<td></td>
<td>• Parents feel valued and supported as their child’s primary caregiver and function in partnership with the child health care provider</td>
</tr>
<tr>
<td></td>
<td>• Maternal depression, family violence, and family substance abuse detected and referral initiated</td>
</tr>
<tr>
<td></td>
<td>• Parents understand and are able to fully use well-child care services</td>
</tr>
<tr>
<td></td>
<td>• <em>Parents read regularly to the child</em></td>
</tr>
<tr>
<td></td>
<td>• <em>Parents knowledgeable and skilled to anticipate and meet a child’s developmental needs</em></td>
</tr>
<tr>
<td></td>
<td>• <em>Parents have access to consistent sources of emotional support</em></td>
</tr>
<tr>
<td></td>
<td>• <em>Parents linked to all appropriate community services</em></td>
</tr>
</tbody>
</table>

**Note:** regular font bullets are those outcomes for which child health care providers should be held accountable for achieving. *Italicized bullets* are those outcomes to which child health care providers should contribute by educating parents, identifying potential strengths and problems and making appropriate referrals, but for which they are not independently responsible.
Annotated Bibliography

Sources of Information for the Storybook Pages: References and Resources

1 Improving Child Health: A State and National Imperative

While medical care is essential to responding to injuries, infectious diseases, and organic conditions, the field of medicine recognizes that medical care itself will not address many of the factors that influence healthy development and that attention to social and economic determinants of health is essential to this end. Moreover, there exist profound health disparities by income, ethnicity, and geography that require a response that recognizes the need to address issues of discrimination and disadvantage.


A brief commentary on this issue is found in:

2 Federal Action as Opportunity for State Leadership

There are a variety of excellent descriptions of the federal legislation as they relate to child health and healthy child development.

The Georgetown Center for Children and Families has played a lead role in providing resources on the opportunities available to states under the Child Health Insurance Program Reauthorization Act (CHIPRA). The National Academy for State Health Policy provides additional information on how states have incorporated new practices into both Medicaid and CHIP.

In addition to Voices for America’s Children, the American Academy of Pediatrics and First Focus all provide good descriptions of the Patient Protection and Affordable Care Act and its
particular provisions related to child health. The National Institute for Child Health Quality (NICHQ) and the Association of Maternal and Child Health Programs (AMCHP) have excellent resources on child health quality measurement and clinical and community prevention programs, respectively.

These websites are shown below:

- Association of Maternal and Child Health Programs: www.amchp.org
- American Academy of Pediatrics: www.aap.org
- First Focus: www.firstfocus.net
- Georgetown University Health Policy Institute, Center on Children and Families: ccf.georgetown.edu
- National Academy for State Health Policy: www.nashp.org
- National Institute for Child Health Quality: www.nichq.org
- Voices for America’s Children: voices.org

3 **Children’s Health Coverage Needs**

This formulation is based upon both national and international research and draws particularly upon the work of Dr. Neal Halfon at the University of California in Los Angeles and Dr. Ed Schor at The Commonwealth Fund. The following documents offer an overall perspective on the role of primary child health practice (sometimes referred to as pediatric practice) in improving children’s healthy development, based on a whole-child model.


4 The Long-Term Benefits of a Developmental Approach

This slide has a strong conceptual and research base in showing the importance of affecting health trajectories of children early in life. Lower health trajectories increase morbidity and its costs through an individual’s entire life. Resources presenting some of the costs associated with poor health trajectories and the potential gains from changing those trajectories include:


5 The Key Role of the Primary Health Practitioner

Most of this data is available at a state level as well as the federal level. The following are specific sources of information for the data in the chart.


The Child Trends Data Bank contains a variety of child health indicators and offers a brief description of each indicator, a description of its importance, important comparative and trend data, and information
Expectations from Pediatric Care: The Early Years

This simplified set of outcomes for well-child visits was developed by Dr. Ed Schor and has been provided in several forms. The Appendix has the complete enumeration of these outcomes. This list has appeared in:


Parents’ Needs for Child Development Information

There has been substantial polling conducted both about what parents know about child development, the degree to which parents seek advice from pediatric practitioners, and the degree to which they receive it. The polling shows that parents have much that they can learn to support their child’s healthy development (as depicted in the slide) and that they listen to their child health practitioners’ advice but often do not receive what they request. The following are sources of polling information on these points:


From Child Health Insurance to Healthy Child Development
Children’s health is not solely a purview of the health care system, and children’s health also impacts children’s social and educational development as well as children’s health status. Children’s “readiness for school,” for instance, in significant measure is determined by the degree to which health needs are met, with as much as one-quarter of the gap in kindergarten readiness a function of missed opportunities to address health needs. Primary health care providers often can play a key role in the initial identification and effective referral of children and their families to services that meet their health care needs. The following are resources providing additional information on the links between child health and other dimensions of healthy child development.


9 Building on Exemplary Practices

The following sections provide references to the research and evidence for exemplary programs and practices.

10 Bright Futures

Bright Futures represents a comprehensive approach to well-child care, based upon the best available research evidence. The following are both direct references to Bright Futures materials and an evaluation of the effectiveness of applying Bright Futures in pediatric practice.

Bright Futures Website – http://brightfutures.aap.org/


Pediatrics in Practice Website – A faculty development health promotion curriculum based on Bright Futures principles. Available at: http://www.pediatricsinpractice.org


11 Help Me Grow
The Help Me Grow program has been rigorous in gathering information regarding its experiences in tracking its impact upon the children and families being served. A series of articles about Help Me Grow describe both the process of developing Bright Futures and the initial outcomes of the program. The Help Me Grow program is now being replicated in select other states.


Articles in the supplement include:


12 Reach Out and Read

Reach Out and Read has been the subject of rigorous research regarding its impacts, including the following published articles:


13 Assuring Better Child Health and Development (ABCD)

The National Academy for State Health Policy has managed the ABCD Initiative for the Commonwealth Fund and produced a series of reports that describe the impacts ABCD has achieved in different states.


14 Healthy Steps for Young Children

Healthy Steps has substantial peer-reviewed research showing its impacts:


15 CenteringPregnancy

The research on resiliency and on protective factors emphasizes the importance of positive social networks in improving health and other social outcomes for both parents and children and to creating opportunities for reciprocity and growth. The Centering Healthcare Institute is a leader in incorporating support networks into healthcare practice. There are a number of published research articles related to the efficacy of CenteringPregnancy programs, provided on the Institute’s website: www.centeringhealthcare.org


16 Child FIRST

Child FIRST was developed in Bridgeport, Connecticut, and is currently being replicated in five other Connecticut communities: Hartford, New Haven, New London County, Norwalk, and Waterbury, with support from the Robert Wood Johnson Foundation, the Department of Children and Families, the Children’s Fund of Connecticut, the Graustein Memorial Fund, and the CT Health Foundation, as well as many local community funders.


Child FIRST Research: Evidence of Effectiveness, is available online: http://www.childfirstct.org/assets/downloads/Child_FIRST_Research.pdf

17 Abriendo Puertas /Opening Doors

Abriendo Puertas is nationally recognized for its comprehensive approach to family engagement and advocacy through a culturally-responsive mutual support framework. Both the original program and the replication efforts through trainers have been evaluated by Bruce Fuller and his colleagues at the University of California at Berkeley.


18 Community Care of North Carolina/Carolina ACCESS

North Carolina’s Community Care of North Carolina and Carolina ACCESS programs provide primary care case management to Medicaid recipients, resulting in more efficient and effective service delivery, improved child health outcomes, and reduced Medicaid costs. External evaluations of the program demonstrating the cost savings of the programs are available online:

http://www.communitycarenc.com/PDFDocs/Mercer%20SFY05_06.pdf

19 Addressing Specific Health-Related Issues

The following sections provide references to the research and evidence for addressing various specific health-related issues in young children.

20 Prevention of Obesity
There is a growing body of research indicating that children acquire nutrition and exercise patterns early in life, even before they start school. There are recognized practices that support children in healthy lifestyles related to nutrition and exercise at all ages, many of which are included in the American Academy of Pediatrics recommended health supervision practices.


Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents

Promoting Healthy Weight, available online: http://brightfutures.aap.org/pdfs/Guidelines_PDF/5-Promoting_Healthy_Weight.pdf

Promoting Healthy Nutrition, available online: http://brightfutures.aap.org/pdfs/Guidelines_PDF/6-Promoting_Healthy_Nutrition.pdf

Physical Activity, available online: http://brightfutures.aap.org/pdfs/Guidelines_PDF/6-Promoting_Healthy_Nutrition.pdf


21 Preventing Exposure to Second-Hand Smoke

Young children’s exposure to smoke is known to have major consequences to healthy development, including both second-hand and third-hand smoke.


22 Treating Maternal Depression

There are strong research links between parental, and particularly, maternal depression, and children’s health and development. The following resources both describe the links and effective interventions to identify and treat maternal depression in the context of child health.


**23 Vision Screening**

Opportunities exist for early diagnosis and treatment of vision problems, with improvements in reading abilities.


**24 Moving from Exemplary to Routine Practice**

There is a substantial research base on the diffusion of new and exemplary practices within the medical care system. This literature confirms the importance of taking a “diffusion of innovation” approach, which includes training, tools and resources, and support.


A Whole Child Commitment

Surveys and focus groups with primary health practitioners show that practitioners recognize the value of a whole child approach, but feel bound to screening only for those conditions that they can address. They can be enlisted to conduct comprehensive screens if structures exist to refer children and families to services that can help address identified needs.


Connecting Medical and Community Resources

Many of the exemplary programs identified in this report have developed effective structures to make these linkages to community resources, as the Help Me Grow model shows. The Help Me Grow experience also reveals that children and their parents benefit from both formal services and more informal community connections.

See the publications listed under #9 of this document for more information on Help Me Grow, as well as the Help Me Grow website at: http://www.ct.gov/ctf/cwp/view.asp?a=1786&q=296676

For more general discussions regarding linkages of pediatric practice with other services, see:


27 State Policy Opportunities

In order to realize children’s health and potential, clinical practice and community health must work with other professional and community support systems. The four principles suggest health’s role in this process, but this also involves changes in thinking and practices across education, human services, and early childhood services, as well. Broader formulations around young children and school readiness, in particular, can be found in the following.


Contact Information

Child & Family Policy Center
505 5th Avenue, Suite 404
Des Moines, IA 50309
515-280-9027
www.cfpciowa.org

BUILD Initiative

www.buildinitiative.org