Shared Interests on Behalf of Young Children: A Conversation between Health and Early Learning System Leaders about Health Equity and Early Learning

Sherri Killins, Carey McCann, Seema Csukas, Nancy Shier, and Ruth Frierson

April 20, 2016
Introductions

Sherri Killins

Carey McCann

Seema Csukas

Nancy Shier

Ruth Frierson
Introductions

• BUILD & the Child and Family Policy Center launched the Learning Collaborative on Health Equity and Young Children

• Funding from the Robert Wood Johnson Foundation
Overview

- 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.

- Disparities are detrimental to healthy child development and learning.

Fifty State Chart Book, CFPC
Race for Results, Annie E. Casey
Goals

The Learning Collaborative has 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
Health and Health Equity Defined

**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
Today's Focus:

The Integration of Health and Early Learning

- State Point of View
- State Advocacy Point of View
- Local Point of View
State Interviews: Young Children’s Urgent Health 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
### Shifting Dominant Point of View

<table>
<thead>
<tr>
<th>Current</th>
<th>Emerging</th>
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</thead>
<tbody>
<tr>
<td>Focus on illness</td>
<td>Focus on creating a “culture of health”</td>
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<tr>
<td>Take action disparity by disparity</td>
<td>Impact multiple disparities at once</td>
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<tr>
<td>Operate in silos</td>
<td>Bring systems together under shared goals</td>
</tr>
<tr>
<td>Attend to individuals</td>
<td>Attend to families and communities</td>
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The Intersection of Health and Early Education

Seema Csukas, MD, PhD
Medical Director, Maternal and Child Health
April 20, 2016
Landscape

- 10.1 million state population
- 159 counties
- 130,776 births
- 14,059 preterm births

- 662,675 children <5 years
- 337,024 children in care
- 6,333 licensed child care sites
- 43% participation in QR

We Protect Lives.
Systems of Care

Health Care
• Hospital
• Physician office
• Health department
• Home visiting

Early Care
• Child care center
• Friend/family care
• Public school
• Parent/guardian
• Foster care
Today’s Intersection

Health Care
- Immunizations
- Medications
- Medical illness
- Injury
- Developmental screening

Early Care
Human Brain Development

Human Brain Development
Synapse Formation Dependent on Early Experiences
(700 per second in the early years)

Sensory Pathways
(Vision, Hearing)

Language

Higher Cognitive Function

FIRST YEAR

Birth (Months) (Years)

Key Messages

• Essential link between health and early care and learning
• Maximize brain development
• Minimize impact of adverse childhood experiences
• “It takes a village . . .”
NANCY SHIER
Retired Vice President of Illinois Policy
Ounce of Prevention
Chicago, Illinois
What Are the Foundations Children Need, Prenatally and in the First Five Years, to Prevent Disease and Build Sound Health throughout Their Lives?

- Nurturing Relationships
- Safe and Secure Environments
- Access to Nutrition
- Health Promoting Behaviors
Early Childhood Policies Can Improve Children's Health

Nurturing Relationship
- Well-trained, responsive, respectful and sensitive teacher
- Continuity of care in which children stay with the same teacher over time
- Evidence-based home visiting programs

Safe and Secure Environment
- Rigorous health and safety standard
- Family members included in program activities
- Reduction in maternal smoking through home visiting programs

Access to Nutrition
- Standards for healthy eating in center-based care
- Increased participation in WIC and breastfeeding support in home visiting programs

Health-Promoting Behaviors
- Opportunity to teach children healthy habits
  - Exercise
  - Teeth brushing
  - Balanced diet
- Reduce time spent looking at digital media

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Illinois Obesity Prevention Standards Case Study: Major Licensing Changes in the areas of Physical Activity, Screen Time and Nutrition

Physical Activity Example
• Supervised limited infant tummy time
• Children participate twice daily in age-appropriate outdoor time

Screen Time Example
• Children 2 years and older not have more than 60 minutes per day (in a six-hour program) of passive screen viewing

Nutrition Example
• For children 1 year and older, juices will be 100% fruit juice and limited to 4 oz. daily serving
• Beverages with added sweeteners, whether natural or artificial, will not be provided to children

Policy Lessons Learned

1. Identify and convene a diverse group of stakeholders (health experts, public representatives, early childhood experts and program providers, parents, etc.) to engage in developing policy recommendations.

2. Conduct thorough research of current obesity prevention initiatives in the state to ensure that such efforts are aligned across the state or could be leveraged to promote obesity prevention in early childhood.

3. Investigate what other states are doing within their early childhood systems to promote best practices in obesity prevention in order to learn valuable lessons from those experiences.

4. As a partner, be a resource to state agencies and offer strategies for supporting best practices while recognizing feasibility considerations.

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RUTH FRIERSON
Program Coordinator
Smart Beginnings for Southside Families
Richmond, Virginia
Smart Beginnings for Southside Families

Two-generation approach to serving first-time parents and their infants

Target population:
• First-time teen and young adult parents
• Single parents with limited resources
• Less than a college degree
• Minorities

FOCUS:
• Improving health
• Decreasing infant mortality
• Increasing enrollment in early childhood services
• Increasing school readiness
• Increasing education opportunities that lead to employment opportunities
• Providing referrals to wrap-around services
School Readiness by Region (2013)

Percentage of Students Who Met or Exceeded PALS-K Assessment Benchmark

Virginia’s Eight Regions

- Central
- Eastern
- Hampton Roads
- Northern
- Southside
- Southwest
- Valley
- West Central

NOTE: More information, including data sources, is available on Virginia Performs.
3rd Grade Reading by Region (2013)

Percentage of 3rd Grade Test Takers Passing Reading Standards of Learning Test

Virginia’s Eight Regions
- Central
- Eastern
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- Northern
- Southside
- Southwest
- Valley
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NOTE: More information, including data sources, is available on Virginia Performs.

VaPerformsvirginia.gov
High School Dropouts by Region (2012-2013)

Public School Dropout Rate, Grades 7-12 Cohort

Virginia’s Eight Regions:
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- Eastern
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- Northern
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- Southwest
- Valley
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NOTE: More information, including data sources, is available on Virginia Performs.

VaPerforms.virginia.gov
Workforce Quality by Region (2008-2012)

Percentage of Population Age 25 or Older Without a High School Diploma (or Equivalent)

Virginia’s Eight Regions

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VaPerforms.virginia.gov
Teen Pregnancy by Region (2012)
Teen Pregnancy Rates per 1,000 Females Aged 15 to 19

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VaPerforms.virginia.gov
Uninsured by Region (2011)

Percentage of Resident Population Under Age 65 Without Health Insurance

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VaPerforms.virginia.gov
Unemployment by Region (2013)
Percentage of the Labor Force that Is Unemployed

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Build it—they “will” come
They “should” come
They “better” come

They don’t care to come
BIAS

Identifying Understanding & Addressing
INFANT MORTALITY

The Family Experience

Agency hours of operation
Transportation issues
Customer service experience

Paperwork

Generational poverty
Lack of understanding

Outdated information methods
Application process

Eligibility?
Problem-solving skills

Lack of resources and limited support
Questions, Reflections, Comments?
The Learning Collaborative strategies for achieving these goals include:

• Information exchange with peers
  – cross-state webinars
  – learning tables
  – online discussions &
  – in-person meetings

• Targeted state/community support
  – move a data point

• Create and support a group of health champions and innovators in a CoIN.
BUILD and CFPC want to partner with others. We bring a learning community approach to the development and diffusion of ideas and strategies. CFPC and BUILD have teamed up to create a Learning Collaborative on Health Equity and Young Children.

For more information:

www.buildinitiative.org
www.cfpciowa.org
Contact

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