



Reducing Disparities: It begins with babies!

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Project THRIVE at NCCP

Webinar

February 15, 2007

PROJECT
THRIVE



Linking Policies for Child Health,
Early Learning, and Family Support

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Established at the National Center for Children in Poverty (NCCP), **Project THRIVE** is a public policy analysis and education initiative to promote healthy child development.

This work is supported through a cooperative agreement with the Maternal and Child Health Bureau, HRSA-DHHS.



Reducing Disparities begins with Babies

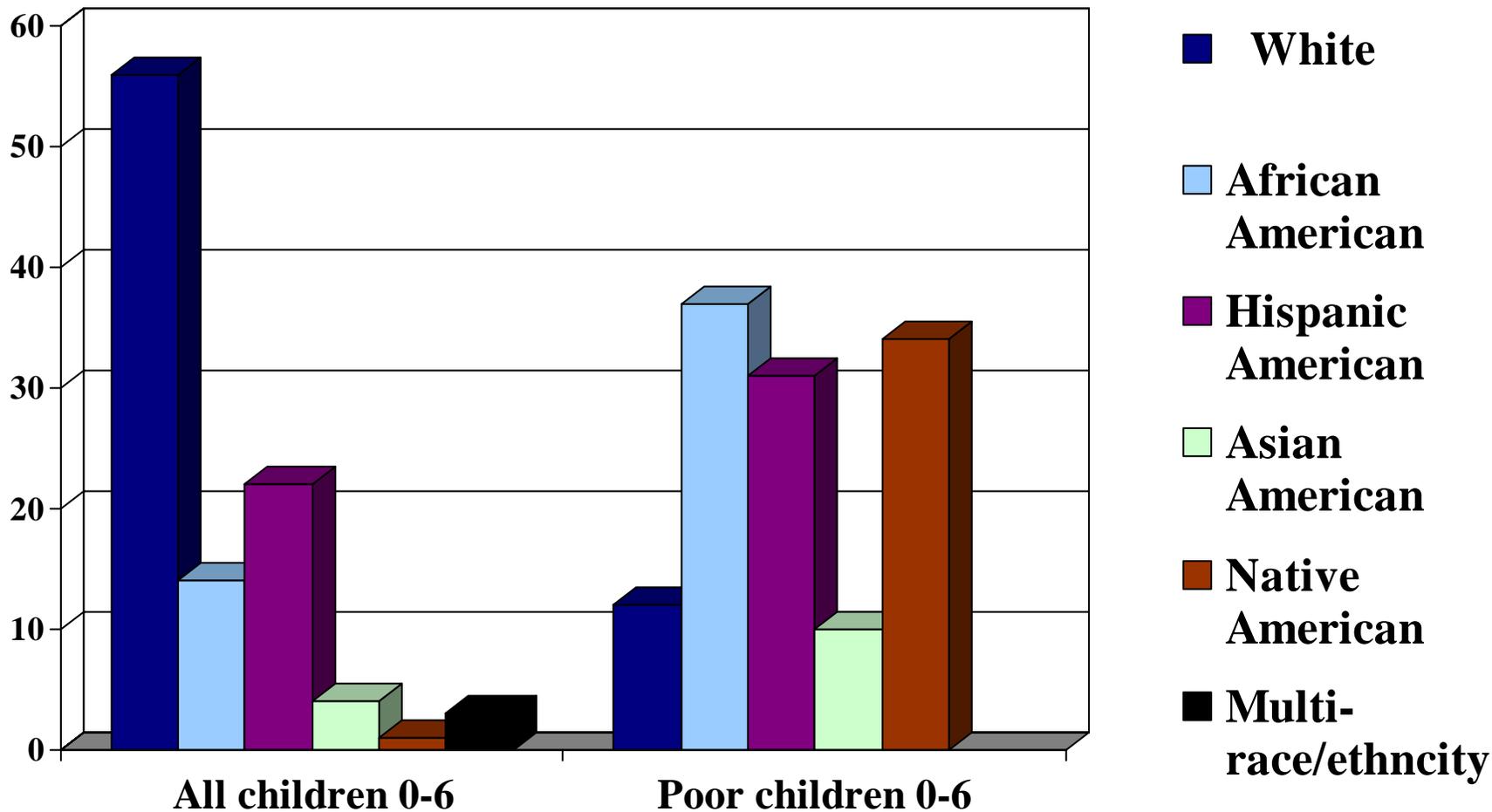
- Many health disparities are rooted in early childhood. With early health risks and conditions contributing to disparities across the lifespan.
- They reflect gaps in access to services, unequal treatment, adverse congenital health conditions, and exposures in the early years linked to elevated community and family risks. (IOM, Smedley et al, 2003; Lu and Halfon, 2003; Yeung et al, 2002; Newacheck et al, 2003)
- Many risks and conditions can be addressed in the early years of life. Thus, literally, reducing disparities begins with babies.



“Differential exposure to a broad range of social and behavioral factors can importantly affect the distribution of disease, disability, and death. Race, SES, and gender are social categories that are linked to varying exposures to health-enhancing or health-damaging factors in multiple social contexts, including family, neighborhood, and work environments.” (David R. Williams, RWJF)



Distribution of Children 0-6 by Race/ethnicity & Income Status, US, 2005



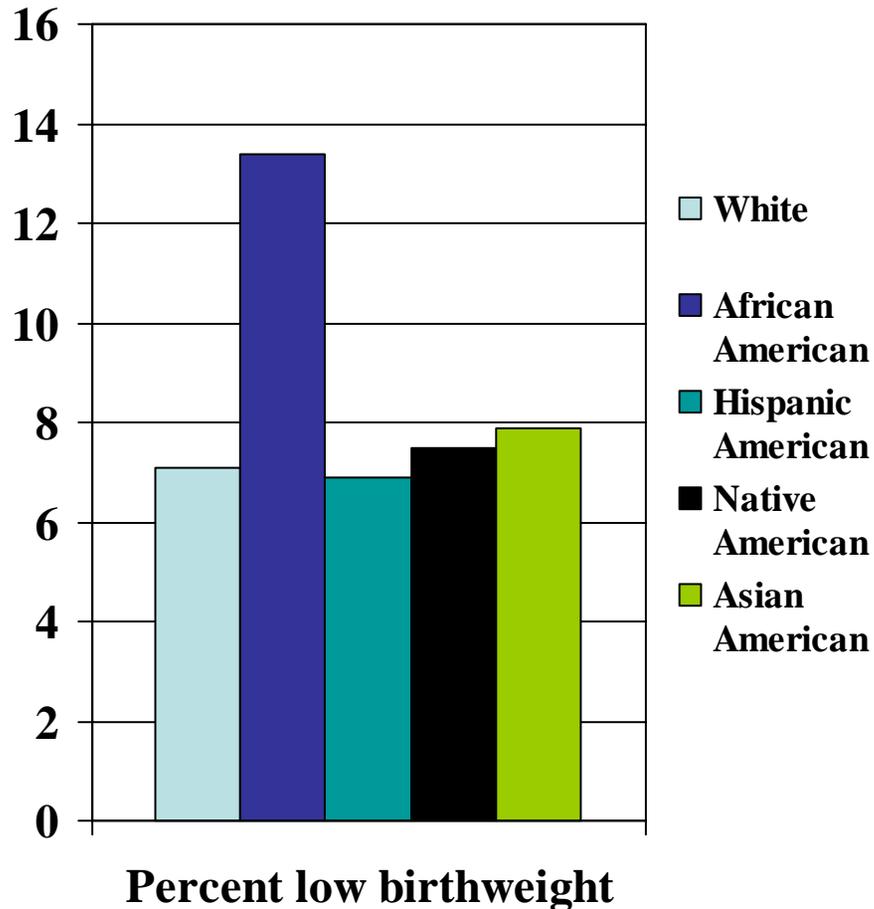


Disparate Risks: Living in a Poor Family

- Young children are more likely than older children to live in families without economic security.
- Of the 5.2 million US children ages birth to three, 43% live in low-income families (income below 200% of the federal poverty level). (NCCP)
- The interaction between poverty and race/ethnicity is an important factor; however, poverty also creates risks among white children and racial/ethnic status is an independent risk factor. (House and Williams, 2000)



Disparate Risks and Outcomes: Low Birthweight & Prematurity



- Being born at low birthweight or premature, places a child at risk for poor development and health complications. (Gortmaker and Wise, 1997)

Graph: Low-birthweight birthrates showed continuing racial/ethnic gaps, 2004.(NCHS)



Disparate Risks and Outcomes: Maternal Depression

- Low income and minority women are disproportionately likely to be affected by maternal depression, with rates reaching as high as 40%. (Isaacs, 2006)
- The effects of maternal depression on children range from lower reading and language scores to higher incidences of mental health issues and depression. (Onunaku, 2003)



Disparate Risks and Outcomes: Social-emotional development and Mental Health

- Young children from low-income and minority households are at increased risk for mental health and developmental problems. (Shonkoff and Phillips, 2000)
- An estimated 17% of U.S. children have a developmental or behavioral disability that may affect impact school readiness, less than half are identified before school entry. (CDC-NCBDDD)



Disparate Risks and Outcomes: Oral Health

- Dental caries is the most common chronic childhood disease, affecting 5-7 times as many children as asthma. (Children's Dental Health Project, 2005)
- 20-25% of US children – primarily poor and minority children – experience 80% of decay.
- Low-income and minority families have higher levels of untreated early childhood caries.
- Over half of 5- to 9-year-old children have at least one cavity or filling. (Crall, UCLA, 2005)

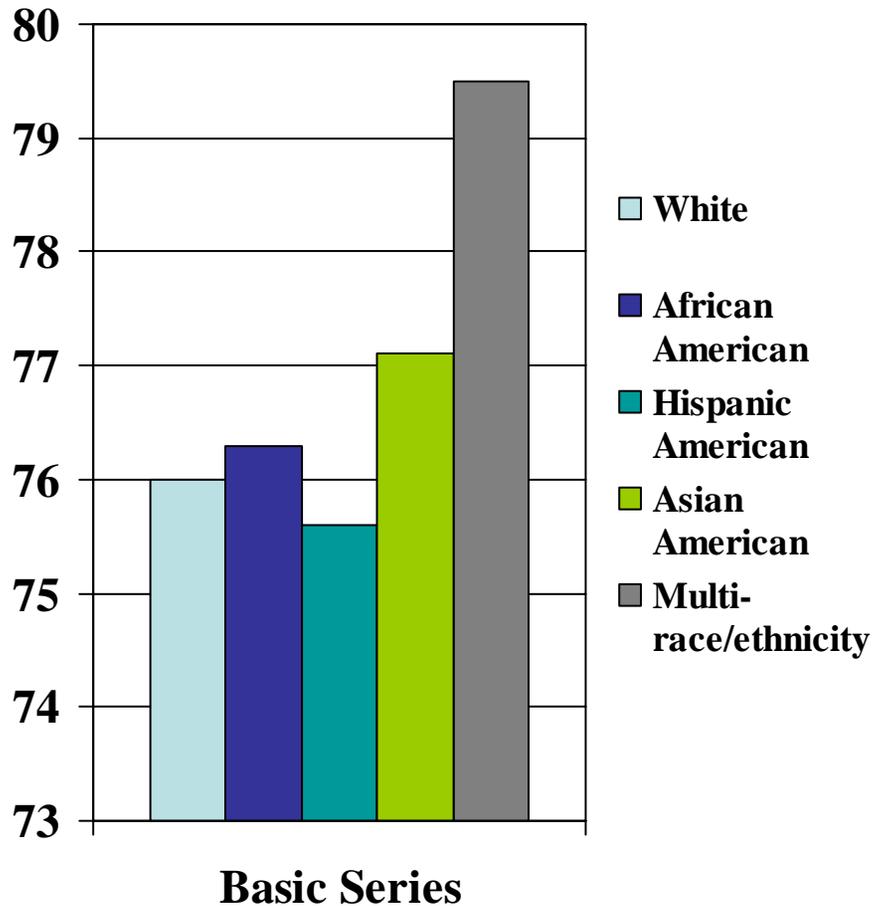


Disparate Risks & Outcomes: Obesity

- The trend in obesity among U.S. children is alarming and low-income and minority children face excess risks. (Haas et al. 2003)
- In 2004, 13.9% of 2-5 year olds were obese or overweight, indicating a need for early intervention. (NHANES)
- Both breastfeeding and good nutrition in early childhood play an important role in reducing obesity.



Inequitable Access to Services: Immunization



- The immunization gap between minority and white infants and toddlers has narrowed, but rates among minority children remain lower. (Barker, Chu, Shaw, and Santoli, 2006)

Graph: immunization rates for the basic (4:3:1:3:3:1) series among infants and toddlers, 2004. (CDC-NIP)



Inequitable Access to Services

- Health coverage has been shown to reduce disparities. Yet minority children remain less likely than their counterparts to have health coverage, public or private.

(Shone et al, 2005; Stevens, Seid et al, 2006)

- With Medicaid and the State Children's Health Insurance Program, the great majority of low income children are eligible for publicly subsidized health coverage.

(Kaiser Family Foundation, 2006)



Unequal Treatment

- For African-American and Hispanic families:
- higher rates of unmet need for early childhood development services in pediatric care. (NSECH)
 - significantly fewer telephone calls to pediatric provider practices than whites (2.0, 3.1, and 4.3 average calls, respectively). (Halfon, Inkeles, Abrams, and Stevens)
 - providers significantly less likely to refer children to specialists. (Flores, Olson, and Tomany-Korman, 2005)



Early Childhood Comprehensive Systems can help reduce disparities.

- Through their role in linking multiple services and systems, including health, mental health, early care and education, and family support, State ECCS Initiatives can have substantial impact on unequal access and treatment.
- ECCS should assure that higher-risk, low-income, and minority communities have quality services
 - pediatric medical homes and developmental services;
 - child care centers meet highest quality standards;
 - family support programs specifically designed to competently serve low-income and minority families.



Potential ECCS Strategies: Inform Yourself & State Planning

Become informed

- Review the Institute of Medicine's recommendations for addressing unequal treatment
- Review the NIH Strategic Plan for Reducing Disparities
- Read reports and articles on racial/ethnic and income disparities among children

Use data and monitoring to guide planning

- Analyze your state's data on risk, access, and outcomes
- Encourage your state Medicaid agency to use data on race/ethnicity
- Include measures of race/ethnicity in performance monitoring and indicator sets
- Conduct analyses to identify unequal treatment



Potential ECCS Strategies: Improve Services

Adopt strategies to increase cultural and linguistic competency of providers & services

- Integrate cultural competency training into early childhood workforce training
- Assure that parent education materials are translated into relevant languages for families in your state and encourage use of translation services
- Link early childhood systems development efforts to programs and projects aimed at undoing racism and eliminating poverty.



Potential ECCS Strategies: Improve Community Supports

Support early childhood systems development in communities with concentrations of poor and minority families.

- Direct limited resources for local systems.
- Offer incentives for community development.
- Assess community risks and strengths/assets.
- Focus on improving quality of services available.



**For more information or questions,
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