

# **Promoting Children's Health: Creating Political Will for Action**

*Presentation for  
New York Children's Action Network  
Child Health Summit*

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American Public Health Association**

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“Injustice anywhere is a threat  
to justice everywhere.”

Martin Luther King, Jr.

# GOAL for Promoting Child Health

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Develop and enhance systems of care in neighborhoods and communities which promote:

- Healthy Children in
- Healthy Families in
- Healthy Communities

# Which Outcomes Are Desired?

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- Infant mortality/ low birthweight
- Teen births
- Immunization
- Child abuse and neglect
- Child fatalities
- Children living in poverty
- Children ready for school

**The Public Health (and MCH) Focus  
on Improved Health Outcomes for  
ALL Children and Youth Assumes a  
System of Care Must Be in Place**

# PUBLIC HEALTH (MCH) GOALS FOR A SYSTEM OF CARE

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- Community-Based
- Family Centered
- Consumers Engaged as Partners With Professionals
- Coordinated
- Comprehensive
- Prevention-Oriented
- Early and Continuous Availability

# PUBLIC HEALTH (MCH) GOALS FOR A SYSTEM OF CARE

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- Cultural, Language and Socioeconomic Sensitivity
- Non-Categorical Approach
- Quality of Care Standards
- Flexible and Adaptable
- Integration with Criminal Justice, Employment, Housing, etc.

# SYSTEM SECTORS

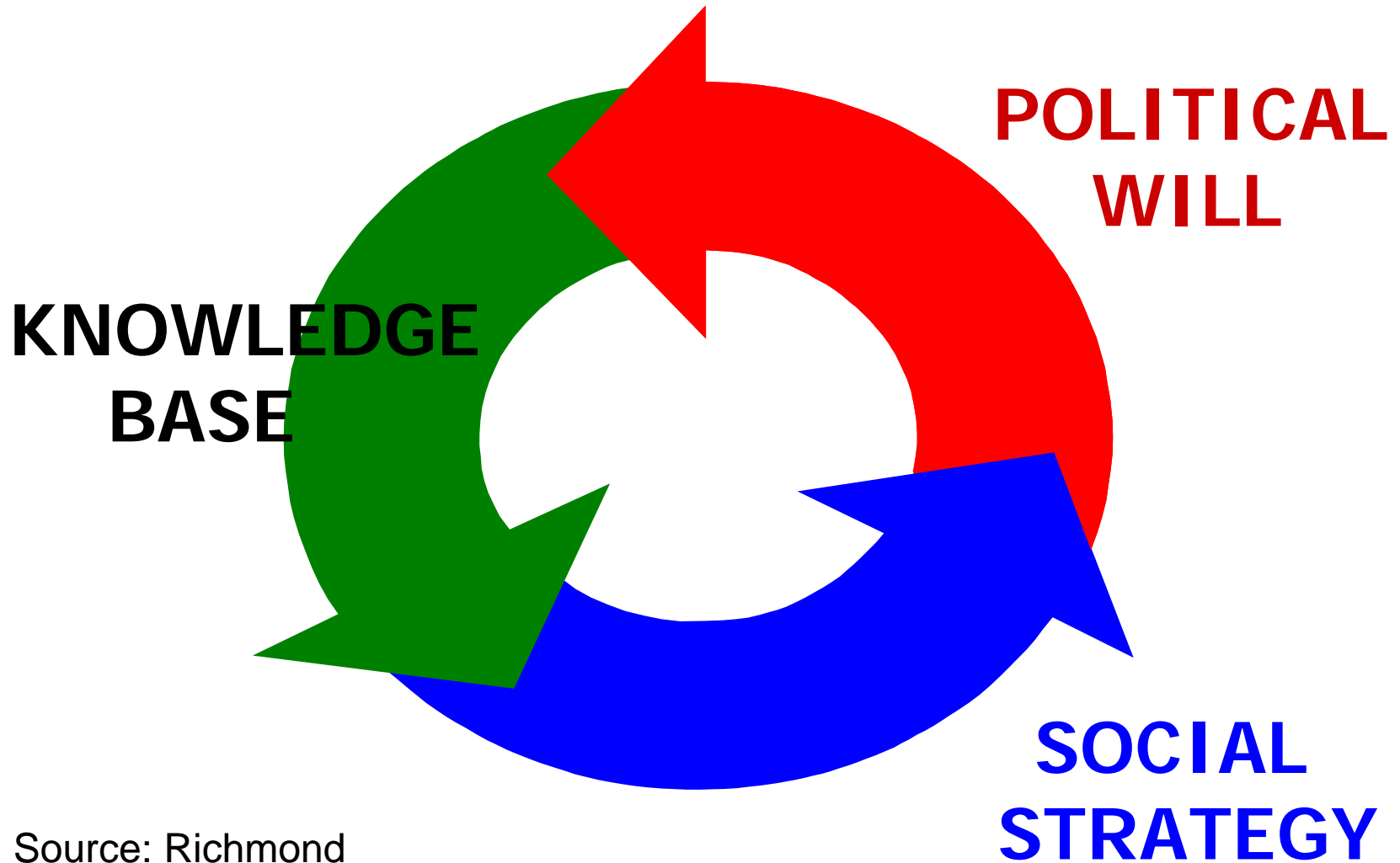
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- Health
- Education
- Social Services
- Child Care

# Shaping Effective Public Health Programs and Policies

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Source: Richmond  
& Kotelchuck, 1983

# STARTING POINTS

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- Promote Responsible Parenthood
- Guarantee Quality Child Care Choices
- Ensure Good Health and Protection
- Mobilize Communities to Support Young Children and Their Families

“Policies that seek to remedy deficits incurred in early years are much more costly than early investments wisely made, and do not restore lost capacities even when large costs are incurred. The later in life we attempt to repair early deficits, the costlier the remediation becomes.”

James J. Heckman, PhD  
Nobel Laureate in Economics, 2000

# EARLY CHILDHOOD STATE INITIATIVES

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- SCHIP - Child Health Insurance Expansions
- Home Visiting Expansions
- Education Reform
- Child Care Expansions
- Social Services Changes
- Welfare Reform
- Public Awareness Campaign
- Planning/Integration Efforts

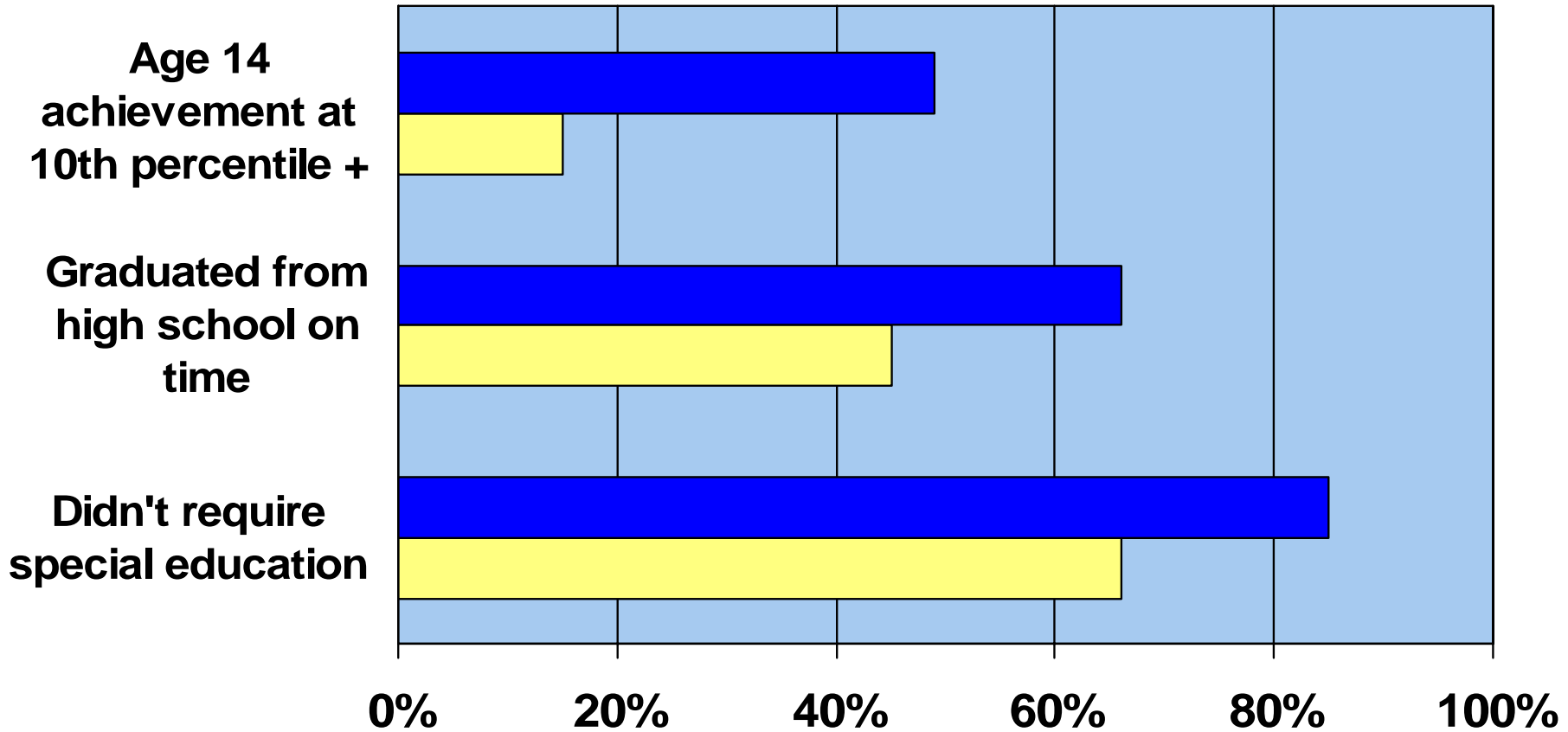
# High/Scope Study of Perry Preschool

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- **In early 1960s, 123 children from low-income families in Ypsilanti, Mich.**
- **Children randomly selected to attend Perry or control group.**
- **High-quality program with well trained teachers, daily classroom sessions and weekly home visits.**
- **Tracked participants and control group through age 40.**

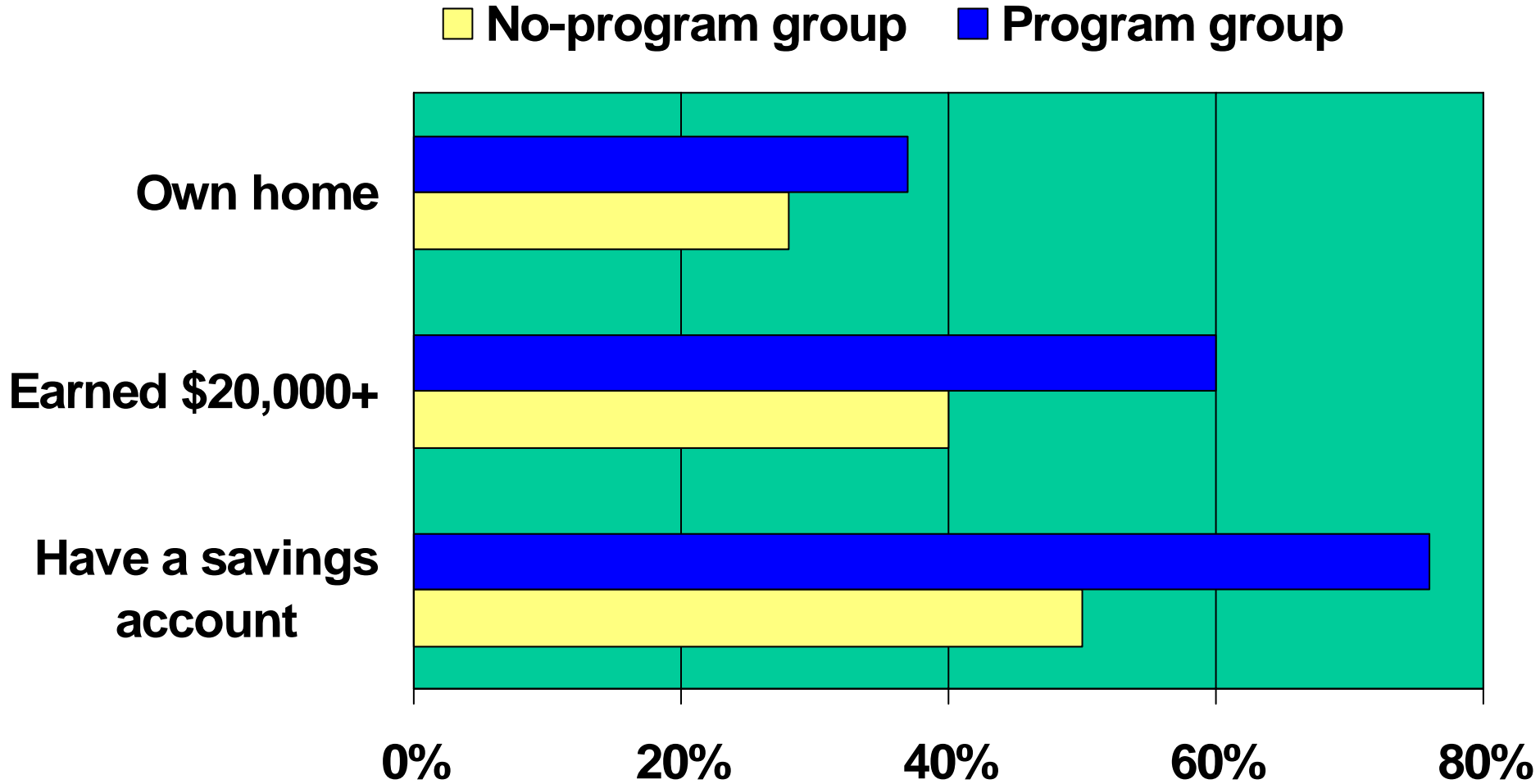
# Perry: Educational Effects

■ No-program group   ■ Program group



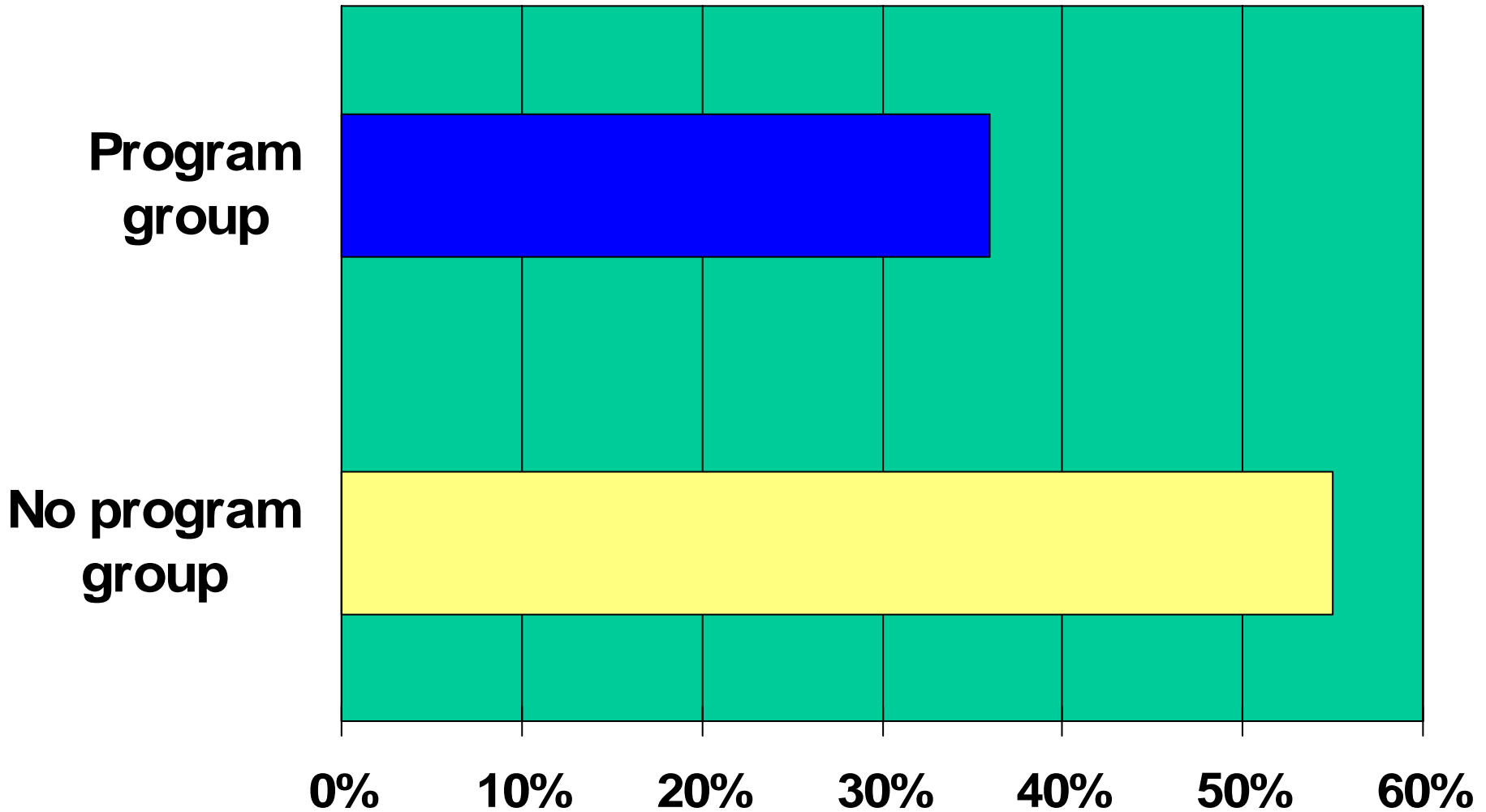
Source: High/Scope Educational Research Foundation

# Perry: Economic Effects at Age 40



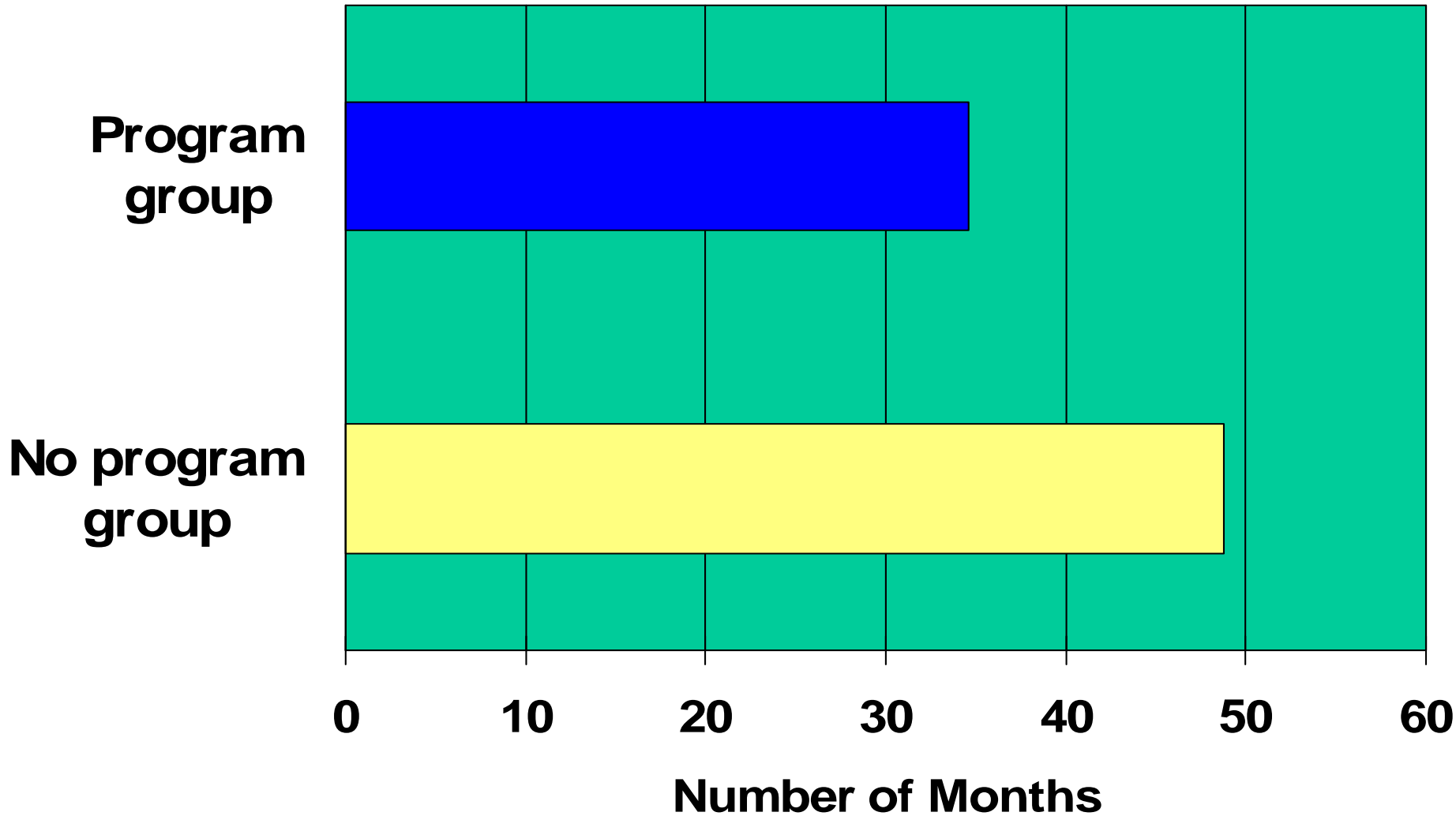
Source: High/Scope Educational Research Foundation

# Perry: Arrested 5 or More Times Before Age 40



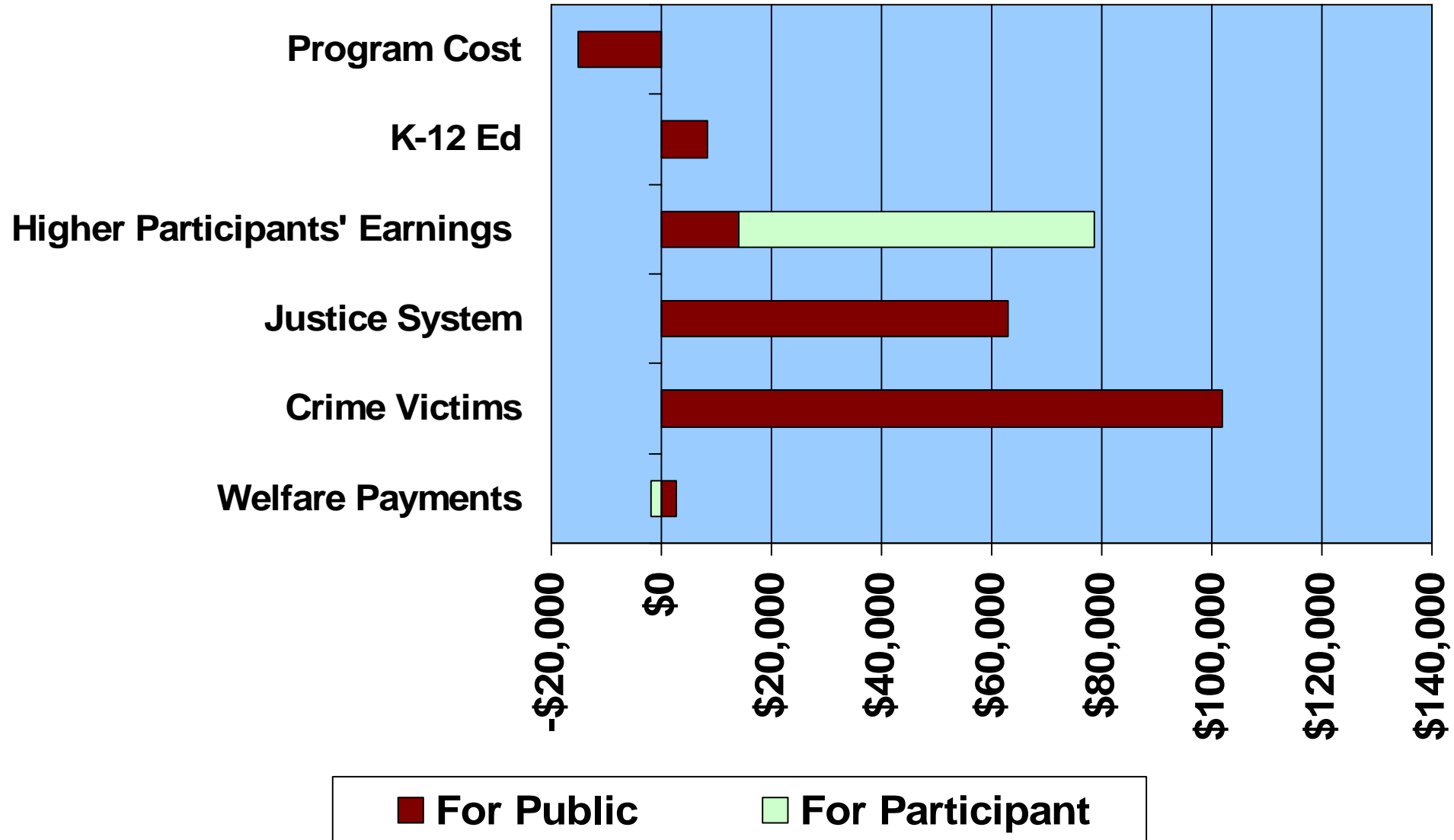
Source: High/Scope Educational Research Foundation

# Perry: Average Number of Months Served in Prison by Age 40



Source: High/Scope Educational Research Foundation

# Perry Preschool Costs and Benefits Over 62 Years



# Perry Preschool — Estimated Return on Investment

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- **Benefit-Cost Ratio = \$17 to \$1**
- **Annual Rate of Return = 18%**
- **Public Rate of Return = 16%**

**Federal Reserve Bank Research Group, 2004**

# Brookline Early Education Project

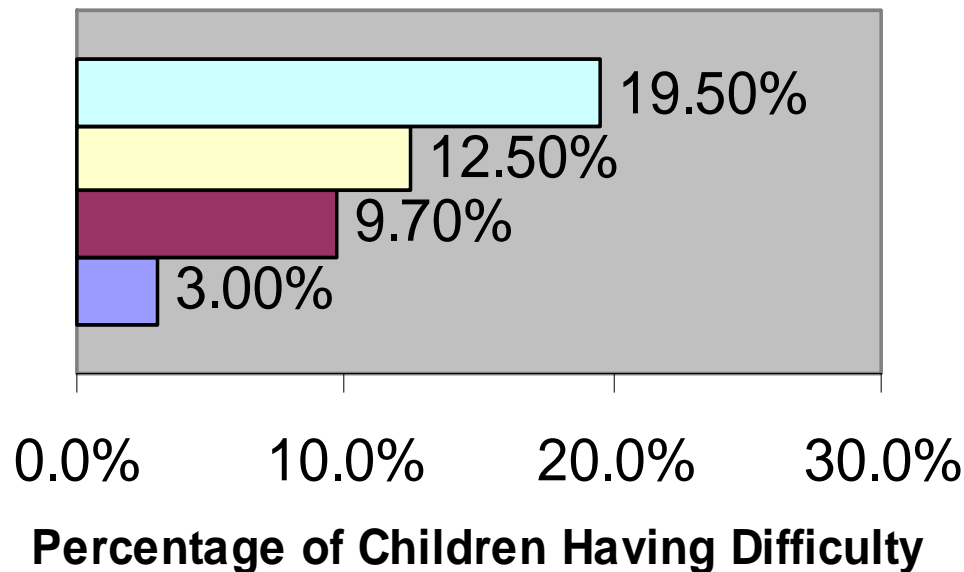
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- Universal home visits at birth
- Parent support groups
- Drop-in center in community
- Comprehensive screening and assessment at multiple time points
- Quality universal preschool at age 3

# BROOKLINE EARLY EDUCATION PROJECT

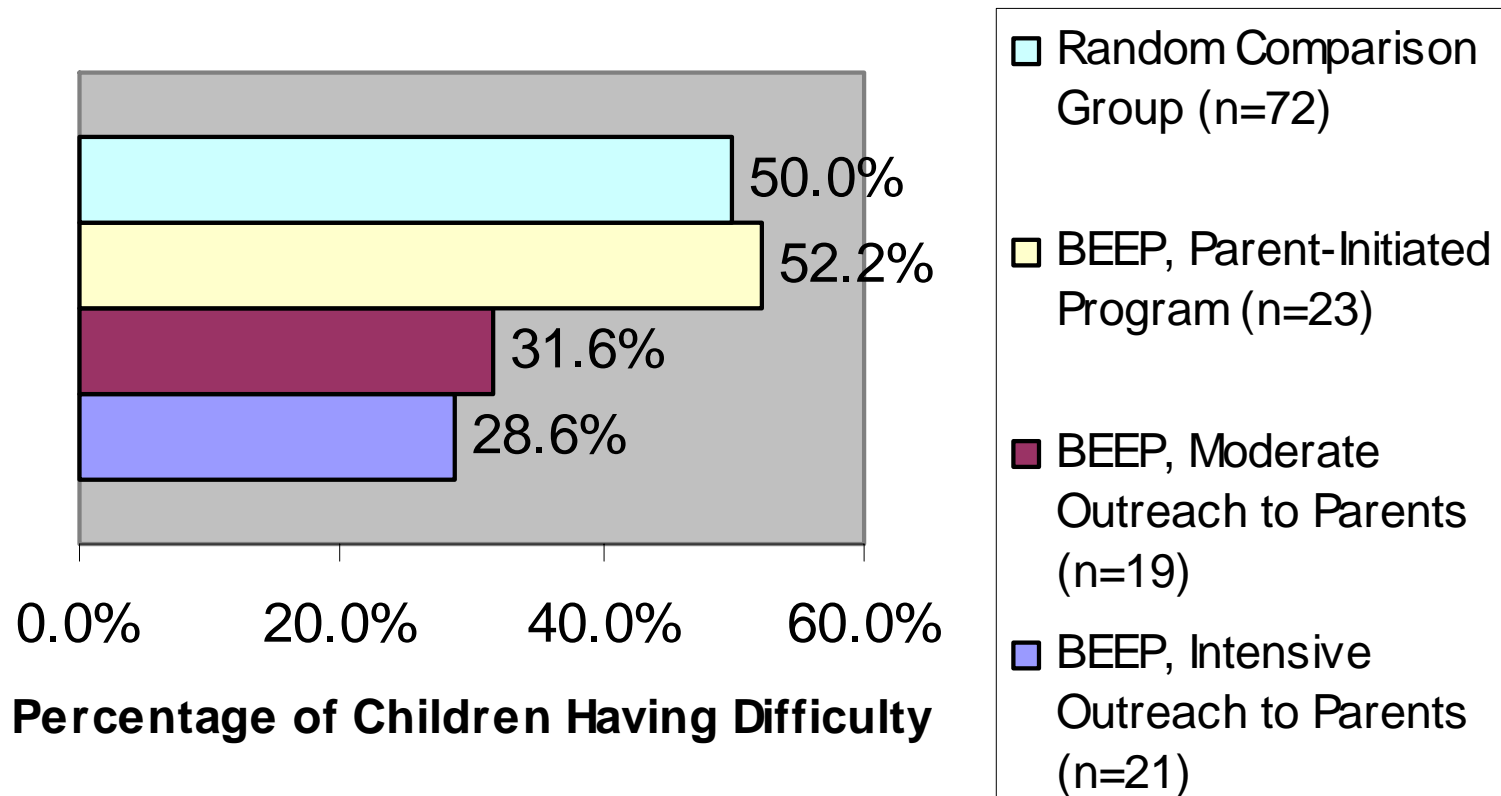
## Difficulty in Reading Performance for Highly Educated Families (Mother is a College Graduate) Assigned to Different Levels of Parent Education



- Random Comparison Group (n=87)
- BEEP, Parent Initiated Program (n=32)
- BEEP, Moderate Outreach to Parents (n=31)
- BEEP, Intensive Outreach to Parents (n=33)

# BROOKLINE EARLY EDUCATION PROJECT

## Difficulty in Reading Performance for Not Highly Educated Families (Mother is not a College Graduate) Assigned to Different Levels of Parent Education



# Characteristics of Successful Preschool Programs

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- Developmentally Appropriate Child-Centered Curriculum
- Parent Involvement
- Staff Trained in Early Childhood Education
- Appropriate Staff Child Ratios
- Good Administrative Structure with Clear Links to Health, Nutrition, and Social Supports

# Health Coverage Today

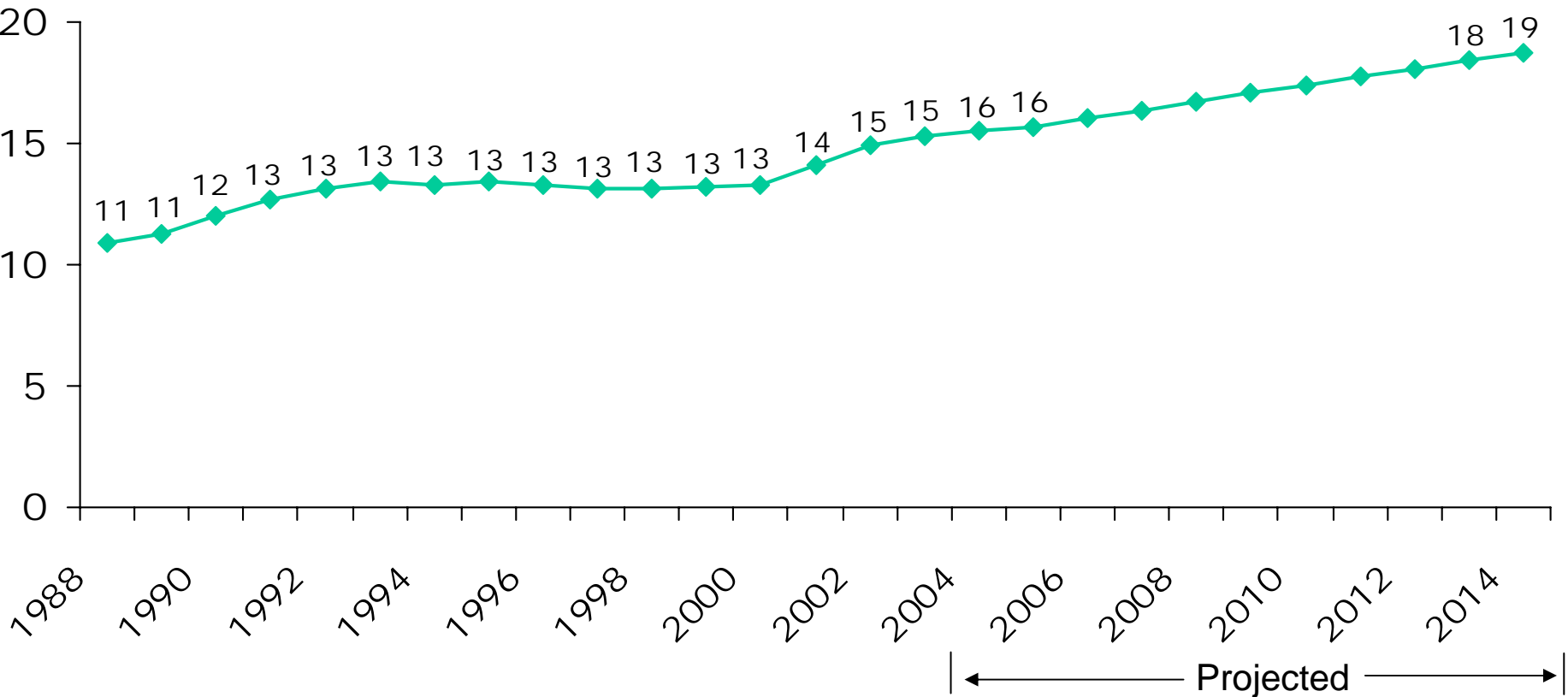
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- Single payer system for 65 years plus
- Medicaid is insurer for poor and vulnerable in US today
- Many uninsured Americans (46 million)
- Children and youth are closest to universal coverage in many states
- Need health care to be a right
- Attempted universal coverage several times in past
- State experiments are evolving solutions

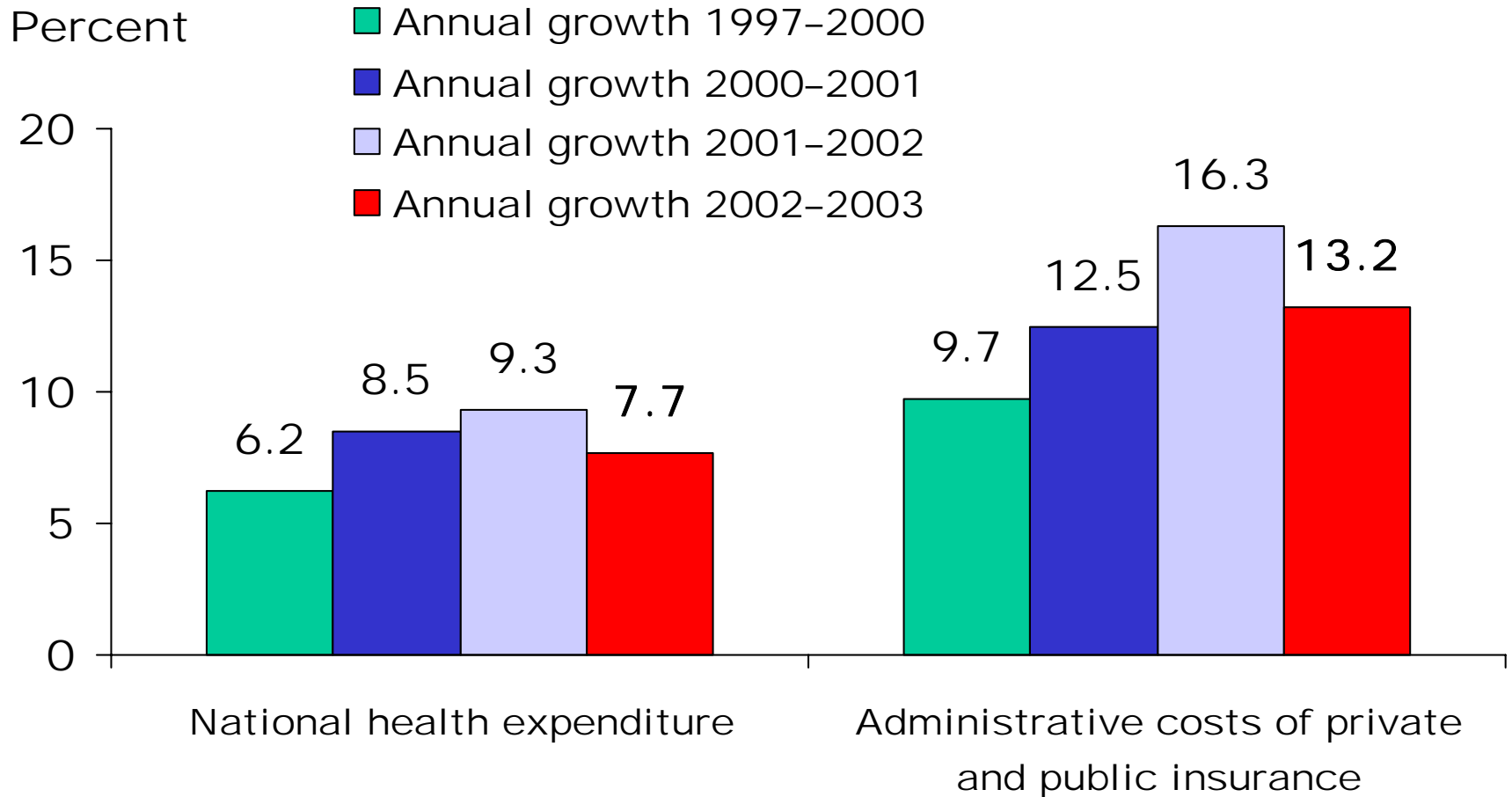
# U.S. Health Expenditures as Share of GDP Expected to Rise Through Next Decade

Expenditures as percent of gross domestic product (GDP)



Source: Center for Medicare and Medicaid Services, Office of the Actuary, 1998–2003

# Administrative Cost Growth Outpaces Total Medical Expenditure Growth



\* Administrative costs totaled \$119.7 billion in 2003, nearly double that of 1997.

Source: Smith et al., "Health Spending Growth Slows in 2003," *Health Affairs* 24 (Jan/Feb 2005).







# Components of Health Care

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- EPSDT; multiple screening and assessment points
- Dental care
- Mental health
- Nutrition counseling and follow-up
- Care coordination
- Education and outreach

# BUT

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- Health insurance is necessary but not sufficient to guarantee good health outcomes
- Other barriers to access and utilization of health services need to be identified and addressed in the child care health system

# KEY PUBLIC HEALTH ROLE

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SYSTEMS DEVELOPMENT AT ALL  
GOVERNMENT LEVELS

# PUBLIC HEALTH CORE FUNCTIONS

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- ASSESSMENT
- POLICY DEVELOPMENT
- ASSURANCE

Future of Public Health, Institute of Medicine, 1988

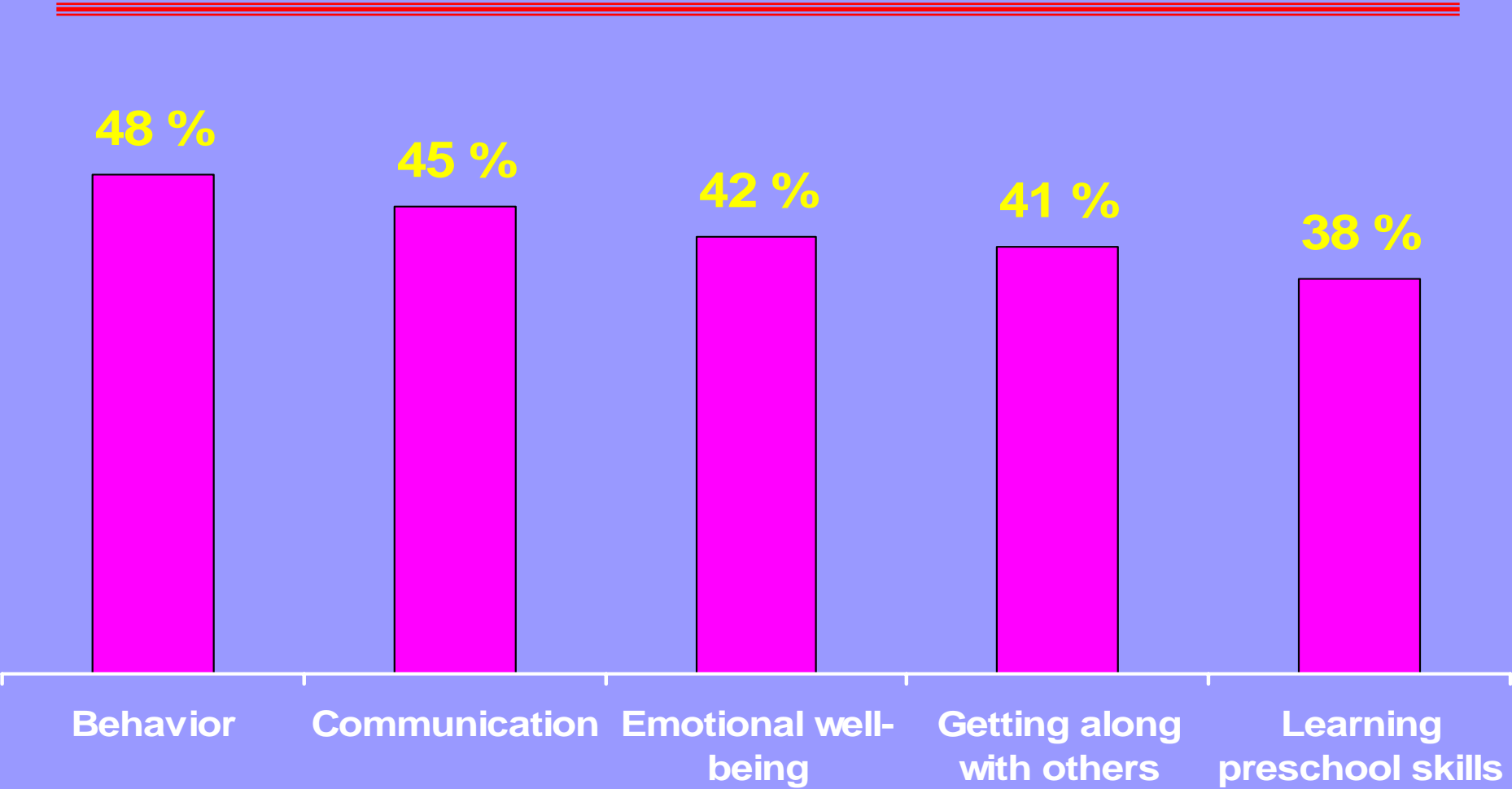
# TITLE V BLOCK GRANT

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- Social Security Act - 1935
- Amended in 1960's, 1981, 1989, 1996
- Federal/State/Local Partnership
- Point of Accountability for ALL "MCH Population"
- Available in All States

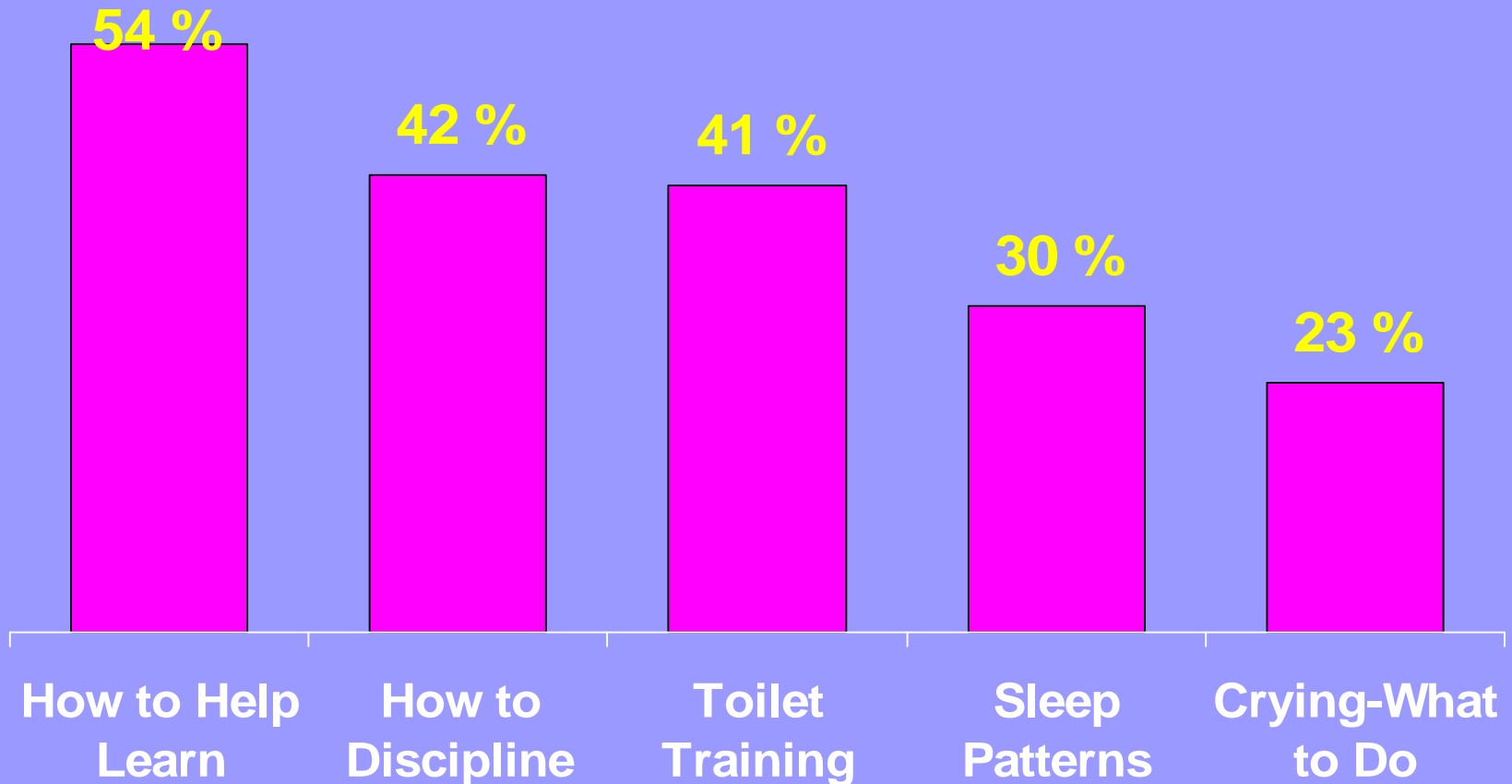
# Parents With Concerns About Their Children Ages 4-35 Months

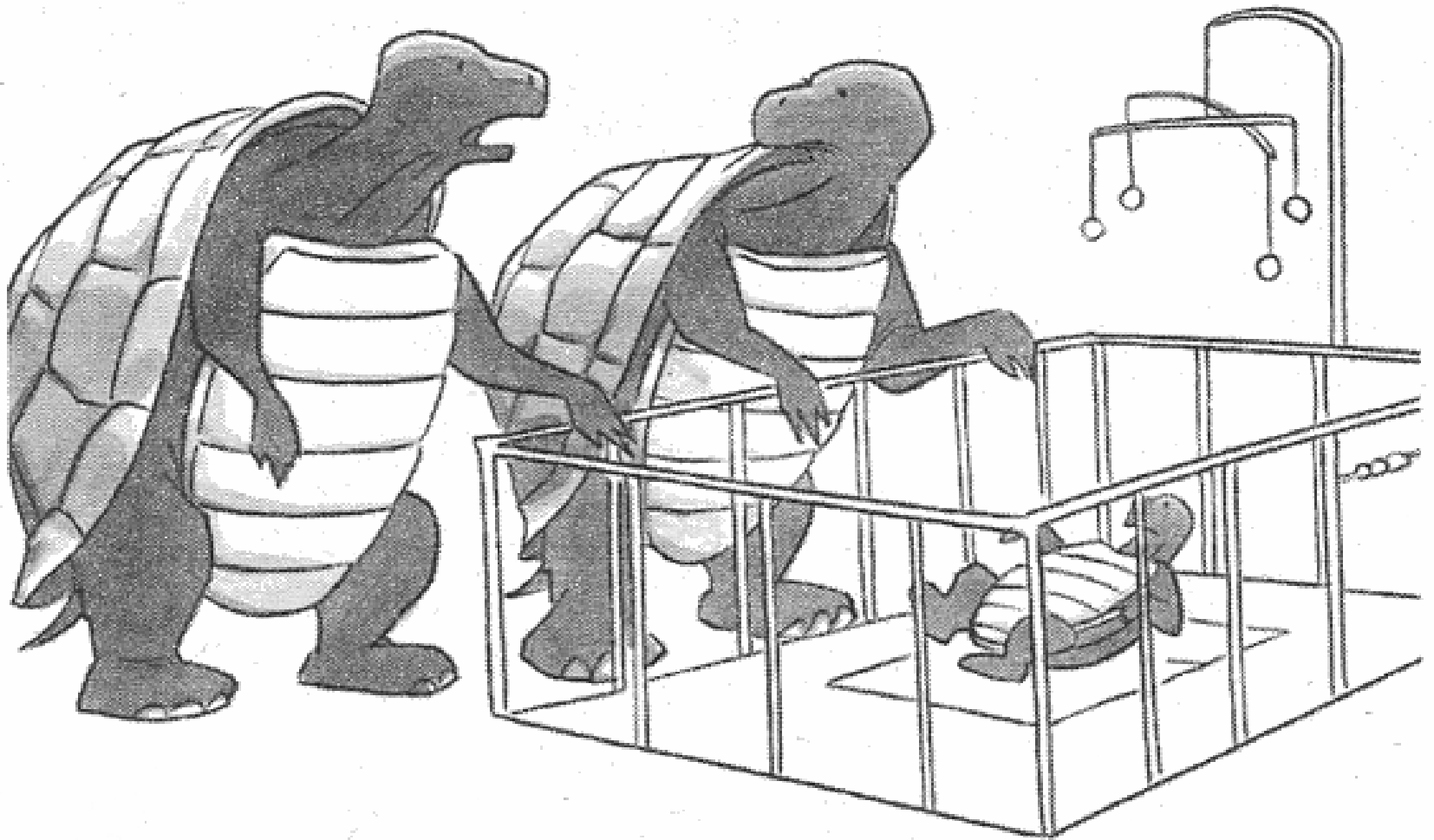


# Parents Want More information On:

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**“Are you sure you’re supposed to put him down on his back?”**

# BRIGHT FUTURES

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- Health supervision guidelines for infants, children and adolescents
- Health supervision includes focus on health promotion, prevention of mortality and morbidity, and development issues
- Emphasis on partnership between health professionals and families, in the context of each family's culture and community

# Start a New York BRIGHT FUTURES Campaign

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## Goals for the Year 2010

- Increase the Percentage of Children Fully Immunized by Age 2 to 90%
- Increase the Percentage of Children Ages 2-6 Receiving Annual Preventive Primary Care Services to 85%
- Increase the Percentage of Children Ages 7-12 Receiving Bi-Annual Preventive Primary Care Services to 85%
- Increase the Percentage of Adolescents Receiving Annual Anticipatory Guidance to 50%

# CRITICAL PARTNERS FOR IMPROVING MCH OUTCOMES

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- Parents and Families
- Providers
- Purchasers and Insurers

# CHALLENGES

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## Coordination and Linkage

- Federal-state-local
- Cross systems
- Academia to practice

## Capacity

- Community
- Provider

## Attitudes and Commitment

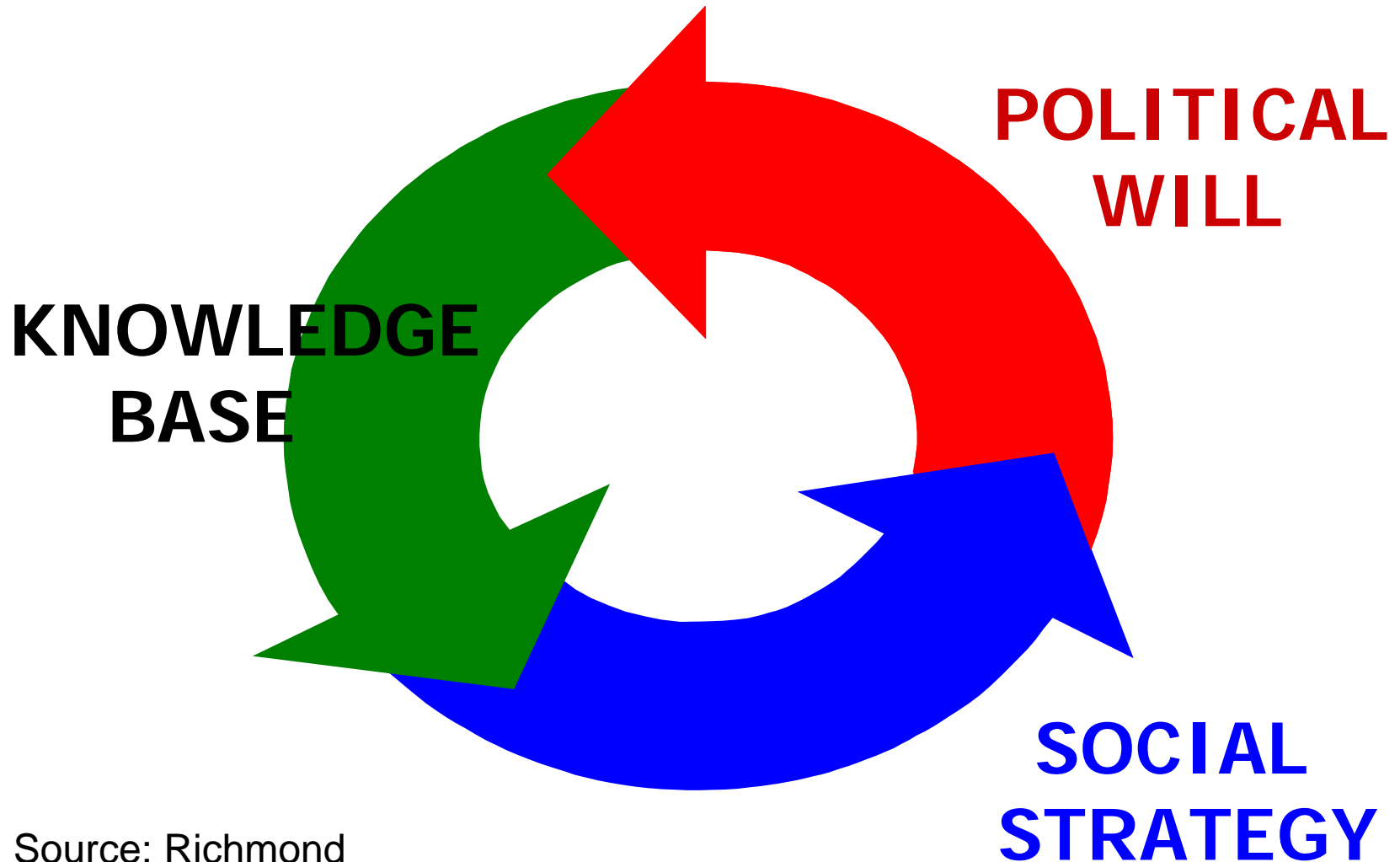
- Public
- Business
- Parents

## Financing of All Systems

# Shaping Effective Public Health Programs and Policies

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Source: Richmond  
& Kotelchuck, 1983

**BE PROACTIVE; CONNECT TO  
POLITICAL AND SOCIAL AGENDA  
OF THE TIMES**

# Action Steps

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- Participate in political campaigns so candidates address children's issues
- Create a platform for action for legislators and executive leaders

**ADOPT A SOCIAL  
DETERMINANTS VIEW OF  
HEALTH**

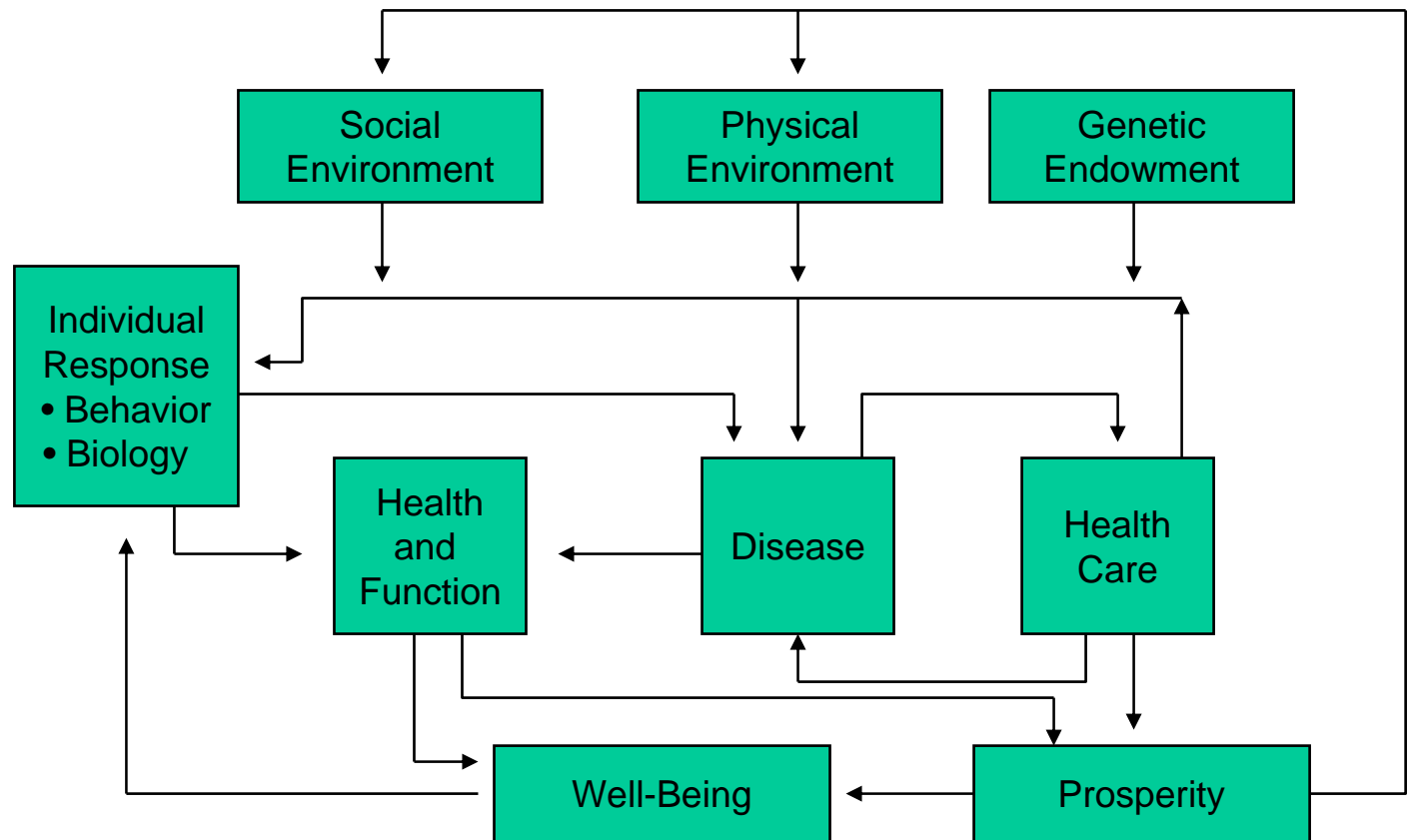
# BASIC HEALTH DETERMINANTS

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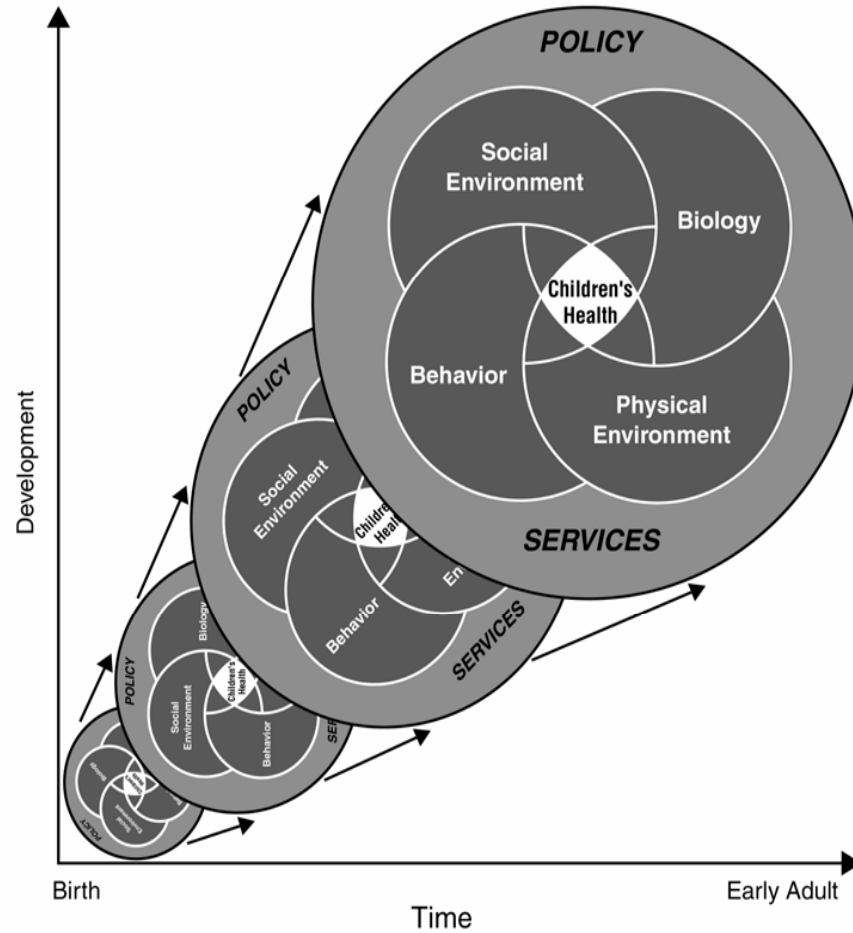
- Nutritious Food
- Good Education
- Safe Water
- Clean Air
- Decent Housing
- Secure Employment
- Adequate Income
- Peace

# A Model of the Determinants of Health



Source: R.G. Evans and G.L. Stoddart, 1990. *Social Science and Medicine* 31:1347-1363; used with permission from Elsevier Science Ltd.

# A New Model of Children 's Health and Its Influences



# Work in All Settings in Communities

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- Clinical (e.g., provider offices & clinics)
- Schools
- Workplaces
- Communities
- Jails and prisons
- Media
- Other

**DEVELOP LOCAL AND STATE  
INFORMATION SYSTEMS FOR  
ACCOUNTABILITY AND ACTION**

# POTENTIAL USES OF DATA

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- Conduct Local and State Needs Assessments
- Monitor State-Mandated Programs / Screenings
- Comply with Federal Data Reporting Requirements
- Direct Program Planning and Management
- Implement Quality Improvement Systems
- Assure Follow-Up Services After Problem Identification
- Conduct Program / Service Evaluations

# CHARACTERISTICS OF PUBLIC HEALTH DATA AND INFORMATION SYSTEMS

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- Comprehensive in Scope
- Population-based
- Standardized Definitions
- Accessible on Information Highways
- Continuous Updates With Current Data
- Available at Various Levels of Geopolitical Entities

# **MASSCHIP (Massachusetts Community Health Information Profile)**

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- Includes Surveillance and Program Data
- Available Data at Region, CHNA, City, Town and Census Tract Level
- Provides Standard Reports and Flexible Custom Reports
- On-Line Electronic Interactive Capacity

**DEVELOP AND ENHANCE LOCAL,  
STATE AND NATIONAL  
COALITIONS, PARTNERSHIPS  
AND AND NETWORKS FOR  
EDUCATION AND ADVOCACY**

# Building a Child Health Movement

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- Consumers
- Health Providers
- Academic Community
- Purchasers
- Advocacy Groups
- Business
- Public Agencies
- Consumers & Families
- The Public

# Advocacy at the State/Local Level

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- Just as “all politics is local” (Tip O’Neill), all child health is local as well
- Need strong state public health and child advocacy groups
- Support education and advocacy through statewide networks
  - New York Children’s Action Network
  - New York Public Health Association

“Never doubt that a small group of thoughtful citizens can change the world. Indeed, it’s the only thing that ever has.”

Margaret Mead

**DEVELOP STAFF AND  
LEADERSHIP FROM MANY  
DISCIPLINES AND SECTORS**

**EXPAND FUNDING FOR TITLE V**

# FUTURE GOALS FOR TITLE V

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- Funded to Meet All Goals
- Recognized as Point of Accountability at State and Federal Levels
- Linked to All Child and Family Service Sectors
- Supported by General Public
- Supported by Local, State and National Organizations

**LINK TITLE V TO ALL OTHER  
MAJOR PIECES OF CHILD AND  
FAMILY LEGISLATION**

# KEY FEDERAL LEGISLATION

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- SSA Title V - MCH Block Grant
- SSA Title IV - Welfare, Child Support, Foster Care
- SSA Title XVI - Supplemental Security Income (SSI)
- SSA Title XIX - Medicaid
- SSA Title XXI - SCHIP
- OBRA '93 Family Preservation
- Child Care Block Grant

# KEY FEDERAL LEGISLATION

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- Individuals with Disabilities Education Act (IDEA)
- Head Start
- Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Public Health Service Act
  - Community and Migrant Health Centers (Sections 329 & 330)
  - Family Planning (Title X)

**Women, children, men,...**  
**Lift up your hearts**  
**Each new hour holds**  
**new chances**  
**For a new beginning**

Maya Angelou

**CREATE AND ENACT  
THE “CHILD AND FAMILY” ACT**

# CHILD AND FAMILY ACT

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- “Young Americans” Act
- Supports Office for Children and Families in All Local Areas
- Supports Strong State Point of Accountability
- Supports Strong Federal Point of Accountability

**New York Times**

**October 2, 2010**

**“CONGRESS PASSES CHILD AND FAMILY  
ACT”**

**A new era for Title V of the Social Security  
Act is passed 75 years after the original  
passage of the Title V MCH program and 45  
years after the passage of the “Older  
Americans Act”.**

“He who has health has hope;  
he who has hope has  
everything.”

African Proverb

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***“Public Health: Prevent, Protect, Promote”***