

Key Principles Related to EC Health

<i>Principle</i>	<i>Supporting Findings</i>	<i>Implications for Practice</i>
Early experiences are important in overall healthy development	<ul style="list-style-type: none"> ➤ Early experiences are critical in a child's developing brain architecture and provides foundation for all future learning, behavior, and health; ➤ Genes determine when circuits are formed, but a child's experiences shape how that formation unfolds; ➤ Brain circuits that process basic information are wired earlier than those that process complex information; ➤ Higher-level circuits build on lower-level circuits and adaptation at higher levels is more difficult if lower-level circuits were not wired properly (Center on the Developing Child at Harvard University, 2007) 	
Effective early screening and prevention services are important	<ul style="list-style-type: none"> ➤ Many children are not properly screened for conditions and begin school at a disadvantage because of unrecognized conditions; ➤ Health promotion and guidance fail to address the concerns of more than half the parents of young children; ➤ Only half of children complete recommended number of visits by age two; ➤ Clinicians have outdated schedule (according to immunization schedules, not individualized) and insufficient time to provide full range of WCC services (Bergman, Plsek, & Sanders, 2006) 	
System of Care for Families with Children and Youth with Special Health Care Needs (CYSHCN) should be community based, comprehensive, and coordinated		<ul style="list-style-type: none"> ➤ Health Resources and Services Administration (HRSA) six outcomes (developed by the federal Maternal and Child Health Bureau in response to Health People 2010, the national health care agenda for the United States of America; Bronheim & Tonniges, 2004): <ul style="list-style-type: none"> ○ Families of CYSHCN will participate in decision making and be satisfied with services received

		<ul style="list-style-type: none"> ○ CYSHCN will receive ongoing, comprehensive care within a Medical Home ○ CYSHCN will have adequate private and/or public insurance to pay for services they need ○ Children will be screened early and continuously for special health care needs ○ Services for CYSHCN and their families will be organized in a way that families can use them easily ➤ Youth with special health care needs will receive services necessary to make appropriate transitions to all aspects of adult life (Bronheim & Tonniges, 2004) ➤ Overcoming challenges to provide collaborative services to families with CYSHCN five-step process for health care systems and other community services(Bronheim & Tonniges, 2004): <ul style="list-style-type: none"> ○ Awareness: Developing an awareness that other systems exist and what purposes they serve ○ Education: Educate yourself on specifics of other system ○ Communication: Initiate and maintain contact with other system ○ Collaboration: Working together with members of other systems to improve services ○ Shared Leadership: Going beyond practice or agency to provide the energy and leadership needed to make systemic changes
<p>Child friendly cities help promote healthy development</p>		<ul style="list-style-type: none"> ➤ A Child Friendly City is actively engaged in fulfilling the right of every young citizen to (International Secretariat for Child Friendly Cities, n.d.): <ul style="list-style-type: none"> ○ Influence decisions about their city ○ Express their opinion on the city they want ○ Participate in family, community and social life ○ Receive basic services such as health care and education ○ Drink safe water and have access to proper sanitation

		<ul style="list-style-type: none"> ○ Be protected from exploitation, violence and abuse ○ Walk safely in the streets on their own ○ Meet friends and play ○ Have green spaces for plants and animals ○ Live in an unpolluted environment ○ Participate in cultural and social events ○ Be an equal citizen of their city with access to every service, regardless of ethnic origin, religion, income, gender or disability.
<p>Homelessness is an important issue affecting children’s health</p>	<ul style="list-style-type: none"> ➤ Lack of affordable housing is listed as a main cause for homelessness; ➤ The physical and emotional conditions of America’s youngest citizens are frequently linked to child abuse, neglect and violence; ➤ A large percentage of our country’s homeless are women and children ➤ The constant barrage of stressful and traumatic experiences has profound effects on the cognitive and emotional development of homeless children (National Center on Family Homelessness, n.d.) ➤ Homeless children have (National Center on Family Homelessness, n.d.): <ul style="list-style-type: none"> ○ twice as many ear infections, ○ five times more diarrhea and stomach problems, and ○ six times as many speech and stammering problems 	<ul style="list-style-type: none"> ➤ Create affordable housing for low-income families; ➤ Provide effective, cost-efficient practices and services; ➤ Have a clear understanding of the systemic problems—and inspire the will to act across all systems; ➤ Address the gaps in the various social service systems already in place and integrate children into child development centers; ➤ Find a way to tap into national programs which help pre-existing systems work better together (National Center on Family Homelessness, n.d.)
<p>Reducing income and racial/ethnic disparities in health care is important</p>	<ul style="list-style-type: none"> ➤ Poverty affects children of all races, racial/ethnic status is an independent risk factor from poverty in terms of health care disparities; ➤ Young children are more likely than older children to experience poverty; ➤ The younger the child the more detrimental the effects; ➤ Substantial gaps exist in national datasets and 	<ul style="list-style-type: none"> ➤ Link early childhood systems development efforts to programs and projects aimed at undoing racism and eliminating poverty; ➤ Increase awareness of racial and ethnic disparities in early childhood health care among the general public and key stakeholders; ➤ Analyze Nebraska’s data on disparate risks, access and outcomes;

	research generally that limit understanding full scope of racial/ethnic and income disparities (Theberge, 2007)	<ul style="list-style-type: none"> ➤ Include measures of race/ethnicity in performance monitoring and indicator sets; ➤ Encourage state Medicaid and SCHIP agencies to use data on race/ethnicity (Theberge, 2007).
<i>Promising Programs/Strategies</i>	<i>Demonstrated Outcomes</i>	<i>Implications for Practice</i>
Home visitation: *Nurse Family Partnership *Birth and Beyond	<ul style="list-style-type: none"> ➤ More efficient use of health care services and improved access to preventive care; ➤ Better birth outcomes, ➤ More positive health outcomes for infant and mother; ➤ Reduction in frequency and severity of maltreatment (reduction in reports of child abuse), ➤ Early detection of developmental delays (Daro, 2006) ➤ Healthier pregnancies; ➤ Increased time between births for parents; ➤ Decreased substance abuse and number of arrests for children; ➤ Reduced child abuse and neglect by teen mothers; ➤ Less time on welfare; ➤ New curriculum component reduced domestic violence by 49% (Klein & Weiss, 2006) ➤ Decrease in family involvement with Child Protective Services; ➤ Children more likely to have current immunizations and to have been breastfed (LPC Consulting Associates Inc, n.d.) 	<ul style="list-style-type: none"> ➤ Connections with other services is essential; ➤ Participants enrolled during pregnancy show stronger parenting outcomes; ➤ Nurses more effective than paraprofessionals in intervention efforts (Daro, 2006) ➤ Key factors of programs likely to meet expectations (Home Visit Forum): <ul style="list-style-type: none"> ○ Internal consistency linking specific program elements to outcomes ○ Well trained staff with high quality supervision ○ Sound organization capacity ○ Links to other community support and resources ○ Consistent implementation of program components ○ Modest program expectations as quality can suffer when widely produced ○ Planning for complementary changes that need to occur in major institutions (health services, public education) (Daro, 2006) ➤ Effectiveness related to multiple implementation features: (a) whether services were linked to a family resource center, (b) process of referral to multidisciplinary services, and (c) general fidelity (LPC Consulting Associates Inc, n.d.)
Infant Health and Development Program	<ul style="list-style-type: none"> ➤ Mean IQ scores significantly higher; ➤ Fewer behavior probs at 36 mo. (Bagnato & Neisworth, 1991; Brooks-Gunn et al., 1992, 1994; Gross et al., 1997; Mallik & Spiker, 2004; Ramey et al., 1992; The Infant Health and Development Program, 1990) ➤ Improved child outcomes via pediatric monitoring, referral and follow-ups, home visits, participation in high-quality early education, and support group meetings for parents 	<ul style="list-style-type: none"> ➤ Appears more successful for Black and Hispanic children, heavier LBW infants, girls, and children whose mothers had more college education (Bagnato & Neisworth, 1991; Brooks-Gunn et al., 1992, 1994; Gross et al., 1997; Mallik & Spiker, 2004; Ramey et al., 1992; The Infant Health and Development Program, 1990)

WIC/Food Stamps	<ul style="list-style-type: none"> ➤ For women with low-income on Medicaid: longer pregnancies, fewer preterm births, lower incidence of low and very low birth weight infants, fewer infant deaths, and a greater likelihood of receiving prenatal care; ➤ Increased nutritional density of child's diet; ➤ Improved rates of childhood immunization and of having regular source of medical care; ➤ Children more likely to be breastfed (Devaney et al., 1980, 1992; Ryan & Zhou, 2006; U.S. Department of Agriculture Food and Nutrition Service, 1987) 	
Education campaigns	<ul style="list-style-type: none"> ➤ Decrease unintentional injuries 	
Well-Child Care (WCC)	<ul style="list-style-type: none"> ➤ Primary means for providing developmental and preventative services to children (Bergman, Plsek, Sunders, 2006) 	<ul style="list-style-type: none"> ➤ Ideal system includes (Bergman, Plsek, & Sunders, 2006): <ul style="list-style-type: none"> ○ Access to needed services - in the home, school, or community atmosphere ○ Same day appointments ○ Team Approach- Multidisciplinary teams, (pediatric specialist, school counselor, community health worker, nurse) ○ Individualized developmental and behavioral services- more intensive services for at-risk infants ○ Medical home concept- coordinate care among health team through use of Electronic Health Records (EHR) and provide continuity of care
Doula Support	<ul style="list-style-type: none"> ➤ Decreases anxiety, need for epidurals/analgesia, cesarean birth rates, need for forceps or vacuum extractions, low Apgar scores (<7) at 1 and 5 minutes, duration of labor, postpartum depression, difficult mothering, negative perceptions of birth experience ➤ Increases sense of personal control, self-esteem, breastfeeding initiation and continuation rates, satisfaction/ratings of labor care, positive interaction score with 2-month-old infants, satisfaction with partners at 6 weeks ➤ Most dramatic effects are with mothers that are young, unmarried, lack good social support, low 	<ul style="list-style-type: none"> ➤ Benefits greatest if: <ul style="list-style-type: none"> ○ Only one to two people provided care, ○ Begin in pre-partum period and extend at least a bit beyond birth, ○ Continual labor support

	SES, less likely to attend childbirth classes, more anxious	
California Child Care Health Linkages Project	➤ Significant increase in percentage of infants, toddlers, and preschoolers with up-to-date immunizations in intervention centers after intervention (California Childcare Health Program UCSF School of Nursing, 2004)	
Educare	➤ Evaluation of Chicago Doula Project, pregnant teenagers had better birth outcomes and more positive parent-child interactions (Atfeld, 2003; Dealy, n.d.)	<ul style="list-style-type: none"> ➤ Each classroom has a teacher with a bachelor's degree, an assistant teacher with an associate's degree, and teacher's aide with a high school diploma; ➤ All have completed coursework in early childhood education; ➤ A Master Teacher provides on-site supervision, mentoring, and training; ➤ Family support specialists available on-site to develop individualized support plans for families with additional challenges; ➤ Special attention to continuity of care, keeping children with same peer group and caregivers for several years supporting healthy, secure relationships (Atfeld, 2003; Dealy, n.d.)
Healthy Steps for Young Children Program	<ul style="list-style-type: none"> ➤ More likely to receive the recommended immunizations through 2 years and well-child visits; ➤ Less likely to have received severe discipline from parents; ➤ Mothers at risk for depression were more likely to have discussed depressive symptoms with someone at the clinic (Minkivitz, Hughart, & Strobino, 2003; Zuckerman, et al., 2004) 	
Newborn Individualized Developmental Care and Assessment Program (NIDCAP)	<ul style="list-style-type: none"> ➤ Better health outcomes and shorter hospital stays; ➤ Less likely to have developmental delays at 12 and 24 months (Becker et al., 1991; Fleisher et al., 1995; Resnick et al., 1987) 	