Early Childhood Development, Toxic Stress & Supporting Positive Parenting: Implications for Policy

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Brief Overview

• Overview of ACEs
  • Connection to early childhood development, Kindergarten readiness

• Primary care perspective of policy needs
Social Determinants of Health

• “The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.” — World Health Organization

• Food insecurity
• Housing insecurity
• Poverty
• Unsafe neighborhoods
• Access to high-quality education
• Adverse Childhood Experiences
Adverse Childhood Experiences

“We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.”

Premature Morbidity & Mortality with ACEs

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts

- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Autoimmune diseases
- ER Visits
- Medical Office Visits
- Fractures
- Psychotropic Medications Prescribed
- Early Death from MI
“We are the only living species that regularly and predictably maims and destroys its own young.”

Sandra L. Bloom
Creating Sanctuary
Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Resilience

• “Antidote” to toxic stress or adverse childhood experiences
• Ability to resist, recover from, or ideally learn / grow from adversity
Attachment and Mirror Neurons
The BIG Questions

If TOXIC STRESS is the missing link between ACE exposure and the unhealthy lifestyles and poor outcomes seen as adults, it raises the following BIG questions:

1) Are there ways to treat, mitigate, and/or immunize against the effects of toxic stress?

2) What are the long term costs due to toxic stress versus the up-front costs to treat, mitigate or immunize?
A Comprehensive, Life-Course Oriented Approach

- Screen all pregnant women
- Support begins during pregnancy
- Response is strength based and triaged
- Cocoon model for high risk mothers
- Adequate counseling
- Paid maternity and paternity leave
- Living Wage jobs
- Parent Groups
- Parent Education
- DHS and all other systems also trauma informed
- Strong communities
Kindergarten Readiness: Creating Natural Partnerships
Child and Family Well-Being Metrics Workgroup

- Oregon Health Policy Board and Early Learning Council collaboration
  - Purpose to ensure alignment and/or integration between health care and early learning system transformation
  - Framed by concept of Collective Impact

- The Child and Family Well-being (CFWB) Workgroup convened to develop recommendations for three related and likely overlapping child and family well-being measure sets:
  - Early Learning Hub accountability measures
  - Coordinated Care Organization accountability measures
  - Community monitoring measures
Who Sat at the Table...

- Medicaid health plans (CCO Medical Director)
- Early Learning System - Family relief nursery, Head Start, Oregon Child Development Coalition
- Early Learning Council
- Oregon Health Policy Board
- Measurement experts / Data Analysts / Epidemiologists
- Pediatricians
- K-12 representatives
- Public Health
- Oregon Center for Children and Youth with Special Health Needs
- Tribal health
- Human Services, United Way
- Oregon Health Authority
- County Commissioner
Measurement Domains

• Family stability and economic well-being
• Community stability
• Health care access, prevention and experience
• Early childhood care and education
• Systems of care – cross-system coordination
Looking toward the future of measurement...

• Kindergarten Readiness is an important outcome for early childhood
• Implies that children arrive in Kindergarten
  • Healthy and safe
  • Developmentally prepared
  • With a supportive and intact family to encourage academic achievement

  And therefore ready to learn

• Can K-readiness serve as a cross-sector quality metric?
• Because of the important link between SDH and development, next iteration of Bright Futures will have a heavy emphasis on social determinants and toxic stress.
Kindergarten Readiness: Shared Accountability for a Vital Outcome

Health System Inputs
- Early identification of developmental delays
- Coordination and management of chronic disease
- Immunizations
- Growth, nutrition and food insecurity monitoring
- General family functioning, risk factor identification

Early Childhood System Inputs
- Delivery of developmental services
- Parent and family support networks
- Parenting support groups, classes
- Food, housing insecurity solutions
- High quality preschools / daycares / schools
THREE APPROACHES TO IMPROVING RESULTS

Direct Services to People with Risk

Public Education & Health Education Campaigns

General Community Capacity Development Which Incorporates and Optimizes Impact From Other Approaches
Supporting Maternal Mental Health

• Oregon House Bill 2666
  • Maternal mental health as a public health emergency
  • Formed a work group to make recommendations
• Medicaid coverage / eligibility
• Supporting community based organizations
• Early Intervention – two-generation approach to developmental promotion
• Opioid dependence: negative effects on safe and secure attachments
Supporting Early Childhood Programs

• Home visitation programs
  • Building parenting skills – where the parents are
  • Assessing risk / need for additional services
  • Funding?

• Early Intervention Capacity Issues
Developmental Screening as an Example of Bright Futures in Policy

Statewide, developmental screening continues to improve and is near the benchmark as of mid-2015.

- 2011: 20.9%
- 2013: 33.1%
- 2014: 42.6%
- Mid-2015: 49.5%

Benchmark: 50.0%
Spoiler Alert... One of my Top Tips in Implementation:

Use measures to drive behavior
(What is measured becomes what is focused on.)
What is a CCO?

• Coordinated Care Organization is a network of health providers that work together in a community to serve Medicaid recipients.
• One budget for mental, physical and dental care.
• Held accountable to improve on some metrics (incentive metrics) while holding steady on others (performance metrics).
Incentive Metrics and How they are Chosen

• Metrics used to determine whether CCOs are effectively improving care
• Nine member Metrics & Scoring Committee appointed by director of the OHA
• Committee decides (based on a lot of public input) the measures that CCOs are held accountable to – and get financial incentives for improving or reaching a benchmark
Measures that Connect to Bright Futures

**Incentive Metrics**
- Adolescent well-care visits
- Alcohol / substance misuse (12+)
- Dental sealants on permanent molars (6-14 yrs)
- Depression screening with follow up plan (12+)
- Developmental Screening
- Effective Contraceptive use (15+)
- Patient-centered primary care home enrollment

**State Performance Metrics**
- Child and adolescent access to primary care providers
- Childhood immunization status
- Chlamydia screening
- Immunizations for adolescents
- Well-child visits birth to 15 months
Other Measurement Opportunities?

• OB to Peds Communication?
• Hospital-based social determinants screening and referral to resources?
• Cross-sector measurement (e.g., Kindergarten Readiness): shared between health care system, public health, early childhood education?
Provider Training Needs

- Are there policies that can support provider training in social determinants, ACEs, and toxic stress (Trauma-Informed Care)?
  - Implications for health
  - Screening / assessment opportunities
  - Connections to community resources – resource mapping
Thoughts?