Policies to Promote Health in Early Childhood

Bernard Guyer, MD MPH
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Questions & Objectives

• Posed by organizers: What are the pressing questions about how policies affect (or interact with) poor children’s health?

• Objectives:
  – Build argument for focusing on the health of the youngest children
  – Present a framework for guiding policy-thinking
  – Provide examples of implementation
  – Identify the research questions
Background (1)

• Concerned with health disparities, societal inequalities, “Fair Society”
• Influence of life-course & multiple determinants thinking on health
  – Early life- life-long consequences
  – Architecture of brain and other organ systems
  – Health: more than diseases and genetic makeup
  – Disparities begin early in life- track trajectories
How the first nine months shape the rest of your life

The new science of fetal origins

By Annie Murphy Paul
Background (2)

- New science not reflected in current policies
  - Patchwork of 20th century programs
  - Early child health- domain of pediatrics/WCC
  - Health, development & education- competing fields
  - Some evidence of impact of nurse home visitation
  - Argument for health-development continuum
    - Hertzman, Vancouver
    - Halfon, “Blue sky”

- New science: Harvard Center; McEwen- stress
- New practices: UK: Sure Start
JHU Team/Harvard Collaboration

• Colleagues: Dubay, Grason, Johnson, Minkovitz, Mistry, Riley, many students

• Review of science for Forum on Early Childhood Program Evaluation
  – Preconception, pregnancy, fetal development
  – Maternal health, depression
  – Nutrition, Barker hypothesis, “black box”

• Framework developed with Forum
An Integrated Framework for Investing in the Promotion of Healthy Development

Source: Center on the Developing Child (2010)
The Foundations of Lifelong Health Are Built in Early Childhood

Center on the Developing Child  HARVARD UNIVERSITY
Won’t Focus on “Proximal End”

• Well known arguments about biology of early health; hard to define “health” in early life
• Framework has strong review of evidence for the foundations of early health
  – Responsive parenting; good nutrition; safe, protective environments, learning health
• To inform policy-making, must focus on the “distal end” of the framework
Building the Foundations of Healthy Development in Homes and Communities

Foundations of Healthy Development

- Stable, Responsive Relationships
- Safe, Supportive Environments
- Appropriate Nutrition

Source: Center on the Developing Child (2010)
Focus on Building Capacities

• Concept & definition of “capacities”
  – Bridge between policies and “foundations”
  – It’s what characterizes “successful” families & communities
  – Capacities related to the various settings: neighborhood, workplace, child care, household, medical care sites, etc.

• Empirical research: Existing data sets; area of needed research
Building the Foundations of Healthy Development in Homes and Communities

Caregiver and Community Capacities

- Time and Commitment
- Financial, Psychological, and Institutional Resources
- Skills and Knowledge

Policy & Program Levers for Innovation

Preconception

Prenatal

Early Childhood

Middle Childhood

Adolescence

Adulthood

Source: Center on the Developing Child (2010)
Defining Capacities

• Family capacities
  – Financial resources (to purchase environmental exposures, material goods, services)
  – Time investments (quality time with children)
  – Psychological resources (parenting support)
  – Human capital (knowledge, skills, abilities, etc.)

• Community capacities
  – Institutional resources (parks, libraries, food...)
  – Social organization (family, friends, less isolation)
  – Collective efficacy (mutual trust, shared values, social controls)
Addressing the Needs of Young Children Across Multiple Sectors

Policy & Program Levers for Innovation
- Primary Health Care
- Public Health
- Child Care & Early Education
- Child Protection & Social Welfare
- Economic & Community Development
- Private Sector Actions

Source: Center on the Developing Child (2010)
Focus on “Policy to Capacities”

• Common features of poor and affluent families
  – Lack of time, little experience parenting, distance from families, isolation, reliance on pediatrician, variable quality day care, weak neighborhood resources (suburbs & inner city), poor food

• Public sector policies- focus on poor

• Private sector- indirect policy through employers,
Examples for Discussion

• Enhancing time as a capacity: Parental leave
• Promoting breastfeeding as capacity
• WIC: enhancing nutritional goals through subsidizing financial capacity
• Healthy Steps: building human capital to enhance parenting
• Collective efficacy: Harlem Children’s Zone
• Integrated: Sure Start (UK); Triple P
Implications and conclusions

• Intentionality in policy-making
  – Focus on building capacities, rather than “raising children”

• Use early health as “logic framework”

• Address erosion of child health policy- P.Wise
  – Loss of respect for special health requirements of children
  – Current focus on cost containment and insurance
Research Issues

• Defining health in early life; both dependent and independent variables:
  – More than immunizations, illness episodes
  – Biomarkers, social skills, developmental, behavioral, language, play, etc.
• Foundations as mediators of health
• Better measures of capacities- family, community, interactions
• Policy research, especially “social strategies”
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