



Alliance for
Early Success

*Advancing State Policies
for Young Children*

State Policies
that Support
the Intersection
Between Health
and Early Learning

Societies that thrive and prosper pay attention to the health of the children who will populate their workforce, build their communities, innovate and solve the problems of the future. To promote their success in meeting these challenges, research shows we must attend to birth through age eight as a critical time period for establishing the solid foundations essential for children’s long-term health, well-being, and learning.

Healthy children live in families, environments, and communities that provide them multiple opportunities to reach their full developmental potential. By contrast, exposure to chronic, long-term adversity in the form of poverty, domestic violence, mental illness, and substance abuse undermines healthy brain architecture and puts some children at risk for poor health, education and behavioral outcomes. As we look to improve our society’s prospects by enhancing children’s health, it is critical to include strategies that address the full range of determinants of health, and health equity.

New opportunities and discussions are informing and reframing the ways we think about healthy growth and development and the connections between health and early childhood.

Now is a good time to reconsider how well our current policies reflect the science development. A variety of new opportunities and discussions are informing and reframing the ways we think about healthy growth and development and the connections between health and early childhood. The American Academy of Pediatrics (AAP), the BUILD Initiative, Nemours, and Drs. Heckman, Shonkoff and Halfon¹ are some of the leaders of these efforts. The Robert Wood Johnson Foundation’s (RWJF) Commission report on building a healthier America, **Time to Act: Investing in the Health of Our Children and Communities**² explicitly makes this link as one of three major strategies to improve America’s health.

While policymakers and experts independently focus on health, early learning, and family support policies, children do not experience these things separately. It is important to identify shared goals and policies across these areas. The *Alliance for Early Success* is a catalyst for bringing state, national, and funding partners together to improve state policies for children, starting at birth and continuing through age eight. To identify these policies, in 2014, the Alliance conducted 35 key-informant interviews and convened a Health Policy Roundtable with experts representing a broad range of early childhood and health-related fields. This paper is a result of that process. The

Alliance will use these recommendations to update the **Birth Through Age Eight State Policy Framework** and as a guide for future investments and potential new partners. As an Alliance of partners, we intend this paper to be a resource for anyone interested in state policies in health and early childhood and the intersections among them. Creating opportunities for better health for our children in our neighborhoods, homes, and schools requires a sustained commitment from all of us—early learning and health advocates, civic and government leaders, researchers, and both public and private funders. By coming together, we are more likely to secure better outcomes for children faster than anyone can do alone.

1 Halfon, Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *Journal of the American Medical Association*, 301(21), 2252-2259. Center on the Developing Child at Harvard University (2010). *The foundations of lifelong health are built in early childhood*. Retrieved from www.developingchild.harvard.edu. American Academy of Pediatrics (2008). Promoting healthy nutrition. In *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (123-145). Retrieved from http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html

2 <http://www.rwjf.org/en/research-publications/find-rwjf-research/2014/01/recommendations-from-the-rwjf-commission-to-build-a-healthier-am.html>

THEME 1

Recognize a Broader Definition of Health to Better Address the Needs of Children

To prepare children to lead healthy and productive lives, we must understand the underlying biological links among children's mental, emotional and social well-being, as well as their physical health. Like the strands of a rope, these aspects of a child's development are intertwined—and what affects one affects the other. Exposure to toxic stress—strong, frequent and/or prolonged biological responses to adversity—can damage the architecture of children's developing brains and increase the likelihood that they will experience significant mental health problems.³ Successful state policies will be those that tip the scale in favor of success by reducing exposure to toxic stress and increasing the factors that put children on a trajectory to life long health.

The Affordable Care Act (ACA) provides an opportunity to shift the focus of our health care system from illness and disease to wellness and prevention, in a way that recognizes this braided feature of children's learning. States have the opportunity to create systems of health that extend beyond the walls of medical offices to the places where children live, learn, and play.

PREVENTION

When children get timely and appropriate screening, referral, and enrollment in early childhood development programs that they need, states can get ahead of more costly and chronic problems before they occur. Prevention approaches should be an important priority for states. Evidence suggests that too many children at risk for developmental and behavioral problems elude early detection. The American Academy of Pediatrics estimates that the number of children who have developmental or behavioral delays or disorders is between 12 and 16 percent. Even when needs are identified, finding programs designed to address those needs can be difficult. Most children don't have persistent high needs if found early but delayed detection can have serious and costly consequences.

Examples of cross-sector collaboration among those who provide supports to children and families that are critical to building a foundation for lifelong health include investments in community-based prevention, health promotion, developmental support services, and information systems to provide the health development support that children need to thrive. Programs like *Help Me Grow* promote early detection of children at risk for developmental and behavioral problems, by providing a centralized call center as a single point of entry for community-based programs and services, and by linking children and their families to the appropriate resources quickly and effectively.⁴

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³ Center on the Developing Child at Harvard University. In Brief: Early Childhood Mental Health. Retrieved from www.developingchild.harvard.edu.

⁴ *Help Me Grow* National Center. www.HelpMeGrowNational.org.

POLICY RECOMMENDATIONS

- Establish health and wellness goals among state agencies for young children from prenatal through age eight to support a strategic focus on ensuring a healthy trajectory for young children.
- Establish a coherent, culturally and racially appropriate system for screening across all settings including pediatric offices, community clinics, home-visiting programs, child care and preschool settings and child welfare agencies.
- Utilize a comprehensive services approach where health strategies such as developmental and behavioral screening, nutrition, and oral health are delivered in early childhood settings.⁵
- Ensure timely screening, referrals and access to emotional and mental health services for children across a wide range of settings.

The increased coverage under the ACA include behavioral assessments for children 0-17 years of age and developmental screening for children under age three, as well as surveillance throughout childhood. Regular assessments and screenings can support the identification and treatment of mental health challenges or disorders in children, and also foster socio-emotional skills such as self-regulation.

POLICY RECOMMENDATIONS

- Ensure access and continuity of coverage for children through simplification of enrollment, elimination of barriers to retention of coverage, extended time periods, and use of existing eligibility systems.
- Develop a diverse, well-trained, responsive and sufficient treatment workforce to meet children’s emotional and behavioral needs.

INCREASE ACCESS TO COVERAGE

Medicaid and the Children’s Health Insurance Program (CHIP) play an important role in providing health coverage for millions of children across the country. Under the ACA, outreach efforts, streamlined enrollment processes, and new coverage gains for parents will spur increased enrollment of children. Outreach and enrollment efforts in all states will be important for achieving sustained progress in expanding coverage to children. New coverage options also provide access for uninsured children through the new state and federal Marketplaces. Failure to reauthorize CHIP could have significant and potentially negative implications for children’s coverage.

COORDINATE AND STREAMLINE SCREENING & TREATMENT

States can use current systems and funding to expand their capacity to support optimum early childhood social, emotional and behavioral health. Medicaid has a history of helping enrolled children get the preventive care they need through the Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) requirement. Although EPSDT can be effective for funding treatment of diagnosed conditions, the requirement that services be “medically necessary” may be interpreted by states as a requirement to serve only those children with a serious emotional disturbance, potentially excluding those children in

⁵ For an example, see Educare Schools, www.educareschools.org/about/educare-core-features.php, and Start Early to Build A Healthy Future: The Research Linking Early Learning and Health, Ounce of Prevention Fund, 2014.

need of preventive services. There have been efforts to coordinate state initiatives and agency funding to leverage both health and early learning resources to get children what they need.

Among all of the children who suffer from a diagnosable mental health disorder, only 21% currently receive any treatment⁶. The ACA's behavioral health coverage and efforts to better integrate physical and mental health services provide increased opportunities for children to access mental, emotional, and social health services that contribute to their positive development and learning. Mental health disorders can be identified in a child's early years, and when treated, children and youth with mental health problems are more successful at home, in schools and in their communities.⁷ Left untreated, these problems can destabilize the child, making it harder and harder for them to function in school and society.

POLICY RECOMMENDATIONS

- Improve coordination and responsibilities of Part C, EPSDT, and developmental screening efforts to ensure children's physical, cognitive, and mental health needs are met.
- Develop an effective system for referral and follow-up to ensure access to medical and nonmedical services and treatment.
- Provide services (health, family support and early learning) to infants and toddlers who are performing below the level of their peers or at risk of performing below the level of their peers because of exposure to high stressors including poverty, homelessness, isolation, and other social determinants of health.
- Integrate health strategies into early childhood approaches such as state quality rating systems.

⁶ American Academy of Pediatrics, Promoting Children's Mental Health. <http://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/mentalhealth.aspx>

⁷ National Center for Children in Poverty (2006). Children's Mental Health: Facts for Policymakers.

Support Families and Caregivers to Increase Children's Success

To promote the healthy growth and development of children, we must address the physical, mental health, and emotional needs of their families and the caregivers in their lives. Child development is dependent upon a reciprocal response between a child and a caregiver, a “serve and return” process that builds healthy brain architecture but it requires attentive caregivers familiar with the child who are available to respond. When a caregiver is experiencing depression or violence, for example, the process of interacting with a child is often sporadic and the orderly process of brain development can be disrupted. Supporting families and caregivers with programs, policies, and community initiatives that serve them holistically can serve to scaffold families for well-being and success. The science of child development has demonstrated the impact of positive and negative early experiences on brain development, school success, and adult physical and mental health. Toxic stress, which is the result of strong, frequent and/or prolonged biological responses to adversity, can damage the architecture of the developing brain and increase the likelihood of significant health and mental health problems that may emerge either quickly or years later.⁸ Health in the earliest years, beginning with the future mother's well-being before she becomes pregnant, lays the groundwork for a lifetime.

Depression is a serious, prevalent, and treatable health condition affecting many parents in the United States.⁹ Depression in a parent is a health

8 Center on the Developing Child at Harvard University. In Brief: Early Childhood Mental Health. Retrieved from www.developingchild.harvard.edu.

9 National Research Council and Institute of Medicine (NRC and IOM), Committee on Depression, Parenting Practices and the Healthy Development of Children. 2009. *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*. Washington, DC: National Academies Press.

problem that interferes with their capacity to help a child develop. Healthy development depends on the quality and reliability of a young child's relationships with the important people in his or her life, both within and outside the family.¹⁰ This underscores the importance of the development and support of stable, nurturing relationships between children and their parents or caregivers. Secure attachments enable children to have trust in their surroundings, explore their world with confidence and to develop a positive sense of self.

IMPROVE ACCESS TO COVERAGE AND SERVICES

The ACA offers transformative opportunities to produce better health for low-income children and families by expanding access to health care and mental health services. Health coverage for parents matters for children. An Urban Institute study found that children who reside in states that expanded public health insurance programs to parents see child participation in Medicaid at a rate that is 20 percentage points higher than of those who live in states with no expansions.¹¹ Numerous studies find that simplifying enrollment procedures, offering multiple enrollment avenues, eliminating interviews, and reducing the documentation requirements contribute to increases in Medicaid and CHIP enrollment. These increases in coverage increase the likelihood that children will get the preventive services and treatments they need to overcome the health obstacles that many children face in their communities. When states provide this access, they tip the scale in favor of better health outcomes for children.

10 Center on the Developing Child at Harvard University (2009). *Young Children Develop in an Environment of Relationships*. Retrieved from www.developingchild.harvard.edu.

11 *Expanding Public Health Insurance to Parents: Effects on Children's Coverage under Medicaid*. Lisa Dubay, Genevieve Kenney. HSR. 2003 October; 38(5): 1283-1302. doi: 10.1111/1475-6773.00177.

Income instability impacts families when they lose health coverage and, while they may be eligible for a different source of coverage, the transition to that new coverage will likely not be automatic or seamless. Changes in coverage can also mean changes in health care providers which can undermine securing or maintaining a medical home. The core principle of a medical home is continuity and coordination. A Center for Disease Control study found that continuous primary care in a medical home was associated with higher rates of vaccinations¹². Continuity between health providers and patients facilitates everything from patient comfort, to trust, to provider efficiency.

POLICY RECOMMENDATIONS

- Identify and enroll individuals who are eligible for public programs or subsidies to support the health and well-being of low-income parents, children, and the early childhood workforce.
- Continue to simplify enrollment and eligibility for families and caregivers, and increase access to services by streamlining the process for Medicaid enrollment using data from other state agencies.
- Support continuous enrollment to help families and caregivers maintain stable coverage.
- Maximize opportunities for diagnosis, screening and treatment of mental health for both parents and children using the new coverage of preventive services such as adult depression screenings.

ADDRESS MENTAL AND EMOTIONAL NEEDS OF FAMILIES AND CAREGIVERS

Healthy development depends on the quality and reliability of a young child's relationships with the important people in his or her life, both within and outside the family.¹³ State policies can help infants and toddlers get the start they need when they promote stable, nurturing relationships (with family members and caregivers) and are sufficient to help parents and children address their own physical and mental health challenges.

Mothers of young children living in poverty are particularly affected by depression.¹⁴ Maternal depression can lead to serious health risks for both the mother and infant, increasing the risk for costly complications during birth and causing long-lasting or even permanent effects on child development and well-being. Maternal depression is a significant health problem that interferes with a parent's capacity to help a child develop.

The ACA provides new opportunities for adults and children to access expanded health insurance coverage. This new insurance coverage also has required benefits that include mental health and depression screening at no cost to the family, and encourages the delivery of integrated physical and mental health care. These coverage opportunities in many states are available to members of the early childhood workforce as well. Teachers of infants, preschoolers, and children in the early grades play an essential role in enhancing children's development and

¹² Norma J. Allred, PhD, MSN, Karen G. Wooten, MA, Yuan Kong, MS. The Association of Health Insurance and Continuous Primary Care in the Medical Home on Vaccination Coverage for 19- to 35-Month-Old Children. *Pediatrics* Vol. 119 No. Supplement 1 February 1, 2007 pp. S4 -S11 (doi: 10.1542/peds.2006-2089C).

¹³ Center on the Developing Child at Harvard University (2009). *Young Children Develop in an Environment of Relationships*. Retrieved from www.developingchild.harvard.edu.

¹⁴ CLASP. *Maternal Depression: Why It Matters to an Anti-Poverty Agenda for Parents and Children*. March 2014. <http://www.clasp.org/resources-and-publications/publication-1/Maternal-Depression-and-Poverty-Brief-1.pdf>

in supporting children but may not be able to do so effectively when their mental health is compromised.

To meet the needs of families, caregivers, and teachers, mental health supports must be established across a wide range of settings, including pediatric offices, community clinics, early learning and home-visiting programs, schools, parenting programs, and child welfare agencies. These efforts should focus on promoting positive mental health, preventing mental health problems, and treating identified delays or difficulties. In addition, because the value of a system depends upon the individuals who are available to deliver the services,¹⁵ there is also work to be done to ensure sufficient capacity and funding in the health and early learning workforce to meet the need.

POLICY RECOMMENDATIONS

- Ensure screening for every pregnant woman and parent for depression during well-child visits.
- Ensure early childhood and health provider communities have the skills to identify depression.
- Improve outcomes by improving the early identification, screening, referral and treatment of mental health problems and maternal and adult depression.
- Develop and promote systems of care designed to better integrate physical and mental health services. The ACA encourages the development of integrated delivery systems, and coordinated care models through the State Innovation Model Funding Opportunity, Health Homes, and other value-based payment efforts.
- Advance efforts that create community health teams and integrated eligibility systems that seek to connect health and early childhood systems.

¹⁵ <http://www.urban.org/UploadedPDF/412758-Emerging-Opportunities-for-Addressing-Maternal-Depression-under-Medicaid.pdf>

Improve Measures and Outcomes to Ensure Children Are on a Path to Success

To promote early and continued success, research shows we must attend to birth through age eight as a critical time period for establishing the solid foundations essential for children's long-term health, well-being, and academic success. While policymakers and experts independently focus on health, early learning, and family support policies, children do not experience these things separately. It is important to identify shared measures and outcomes across these areas. The challenge for states is to select measures that are both comprehensive enough to monitor child and family well-being, yet sufficiently specific and limited to be useful and manageable. Understanding in a comprehensive manner how children and families are faring is important to identify their needs and implement the best policies to address them.

USE A CONTINUOUS IMPROVEMENT MODEL TO IMPROVE OUTCOMES FOR CHILDREN

Data collection and outcome measurement is an essential component in determining whether the changes made have resulted in improvement. Using a continuous improvement approach allows us to create a plan, act on that plan, and then reflect on it to see if desired outcomes occurred. Measures should be based on evidence and consensus, be clear and collectable, and have the potential to improve outcomes for children and families. It is also important to use the evaluation as an opportunity to analyze and to report on promising local practices that can be leveraged at a state or national level.

The Campaign for Grade-Level Reading recognized the important interconnections of health and learning, known as the *health determinants of early school success*. Healthy Readers' project staff successfully built a bridge between two professional communities: those

that address childhood learning from a health perspective and those that address the same issue from an educational perspective. This collaboration then created community networks in a dozen states that could successfully integrate strategies to address the relationship between health and learning.¹⁶ Healthy Readers also engaged civic and national groups to expand partners in this effort to increase understanding and public education on the benefits of the connections.

POLICY RECOMMENDATIONS

- Establish state-level indicators to measure progress and determine where progress is not happening, and where changes need to be made.
- Learn from community-level program experience to inform state policy efforts and scale up statewide what works statewide.
- Build on and learn from initiatives like *Project Launch*, *Promise Neighborhoods*, *Innovation Zones*, *Race to the Top Early Learning Challenge*, *Early Childhood Comprehensive Systems* grants, Maternal, Infant, and Early Childhood Home Visiting grants, State Innovation Model, Patient-Centered Medical Home efforts, and *Birth to 5: Watch Me Thrive!*
- Identify opportunities for cross-system learning and adoption of a coordinated approach to measuring child and family well-being that transcends state agencies and silos.

¹⁶ http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2013/rwjf408335.

LEVERAGE DATA TO PROMOTE HEALTH EQUITY

As we look to improve the health of young children and their families, it is critical to include strategies that address the social determinants of health as a means of increasing health equity. These social determinants include race, poverty and the impact of poverty upon the availability of resources. It is important to look at the role of the health and early learning systems from a strength-based framework in addressing what are child and family health inequities by race, ethnicity and income.¹⁷

17 http://www.buildinitiative.org/Portals/0/Uploads/Documents/Young_Child_Health_Equity.pdf

POLICY RECOMMENDATIONS

- Increase data collection and reporting by race and ethnicity.
- Analyze health disparities, developing strategies that target improved outcomes by race and socio-economic status, and include diverse voices in decision-making.
- Integrate learning, health and family support strategies to disrupt social determinants of health for young children.
- Engage a variety of stakeholders including communities being impacted in the design, planning, and evaluation of new health equity initiatives.

CONCLUSION

A strong society rests largely on the health of its children, with research in early childhood development showing that children thrive when they have a strong foundation from birth through age eight. As we look to improve state policies that lead to good health, learning, and family outcomes, it is critical to ensure that our policies capitalize on the intersections between health and learning and include strategies that address the spectrum of environments children and families face. The recommendations in this paper serve as a roadmap to achieve good outcomes for young children and families. Effective policy combines a broad definition of health and supports for families, caregivers, and teachers within a continuous improvement framework that includes common measures and accountability across health, learning, and family support. We must leverage existing momentum in early learning and health to develop a shared agenda and governors and state lawmakers are a key part of that. Civic leaders, advocates, families, and public and private funders must work in partnership with our lawmakers to reach their state's goals of success for children and families.

RESOURCES

[Birth through Eight State Policy Framework](#), Alliance for Early Success, April 2013.

[Clinical Health Care Practices and Community Building: Addressing Racial Disparities in Healthy Child Development](#), The National Center for Service Integration.

[Medical Homes and Young Children: Glossary of Terms](#), Build. May 2012.

[Time to Act: Investing in the Health of Our Children and Communities, Recommendations From the Robert Wood Johnson Foundation Commission to Build a Healthier America](#). January 2014.

Resources on using a health equity lens and understand the term social determinants of health, [BUILD Initiative page on health equity](#).

COVERAGE AND ACCESS

[Children's Health Coverage on the Eve of the Affordable Care Act](#), Georgetown University Health Policy Institute, Center for Children and Families. November 2013.

[Confronting the Child Care Eligibility Maze: Simplifying and Aligning with Other Work Supports](#), CLASP. December 2013.

[How Health Care Reform Can Help Children and Families in the Child Welfare System Options for Action](#), Urban Institute, June 2013.

[State Policymakers' Guide for Advancing Health Equity Through Health Reform Implementation](#), National Academy of State Health Policy (NASHP). August 2012.

[What's Good for the Parent is Good for the Child: Access to Health Care Coverage Benefits the Whole Family](#), CLASP. December 2013.

SCREENING

[Help Me Grow Promotes Optimal Child Development by Enhancing Protective Factors](#), Help Me Grow, February 2013.

[Implementing Developmental Screening and Referrals: Lessons Learned from a National Project](#), Commonwealth Fund. August 2010.

[Implementing Developmental Screening and Referrals: Lessons Learned From a National Project](#), Pediatrics. AAP. 2010.

[The ABCD Legacy: In the Words of States](#), NASHP.

[The Earlier the Better: Developmental Screening for Connecticut's Young Children](#), Child Health and Development Institute of Connecticut. October 2013.

MENTAL HEALTH

[Building Strong Systems of Support for Young Children's Mental Health: Key Strategies for States and a Planning Tool](#), The National Center for Children in Poverty. June 2011.

[Emerging Opportunities for Addressing Maternal Depression under Medicaid](#), Urban Institute, March 2013.

[Making it Happen: Overcoming Barriers to Providing Infant Early Childhood Mental Health](#). Zero to Three, 2012.

[Nurturing Change: State Strategies for Improving Infant and Early Childhood Mental Health](#), Zero to Three. 2013.

ABOUT THIS PAPER

Written by the Keystone Center for the Alliance for Early Success, October 2014.

The Keystone Center is an independent, not-for-profit organization that brings together public, private, and civic sector leaders on large-scale policy issues such as health, climate change, sustainable agriculture, and education policy. Keystone has a unique ability to help these leaders move away from singular positions of advocacy and toward collaborative approaches to problem-solving. The results are thoughtful, action-oriented, sustainable solutions to complex issues.