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Atlanta, Georgia

Clinical Health Care Practice and Community Building

Addressing Racial Disparities in Healthy Child Development

**Institute of Medicine
Roundtable on Racial and
Ethnic Health Disparities**



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Key Points

- Context for Addressing Racial and Ethnic Disparities in Child Health and Healthy Child Development
- Clinical Practitioner's Role in Healthy Child Development
- The Prevalence/Importance of Place
- One Model Clinical Strategy
- Issues in Moving Forward



Context for Addressing Racial and Ethnic Disparities

Common Factors

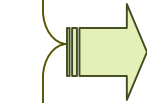
Consequences

Family factors – poverty/stress/supports

Environmental factors – safety/toxic exposure

Social factors – social capital/racism

Service factors (including clinical health services) – access/use/quality



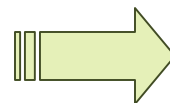
Health outcomes

Education outcomes

Social outcomes

Justice System outcomes

Confluence of Risk Factors



Confluences of “Rotten Outcomes”

Selected Disparities



	White NH	Black NH	Hispanic
Health Outcomes			
Low Birth Weight	7.2 %	13.4 %	6.8 %
Elevated Blood Lead Levels (0-5).	2.6 %	4.3 %	3.1 %
6-11 Overweight	11.8 %	19.2 %	23.7 %
Health Service Access			
Lack of Regular Source of Care	3.3 %	5.8 %	24.1 %
Incomplete Immunizations (19-35 mo)	16.7 %	25.5 %	21.3 %
Education Outcomes			
Below Basic 4 th Grade Reading	22 %	54 %	50 %
Below Basic 8 th Grade Math	18 %	53 %	45 %
Non-completion of High School	21.4 %	48.8 %	46.8 %
Other Outcomes			
Foster Care / 1,000	4.9	15.8	6.5
(20-24 year-olds) Male Prison / 1,000	9.5	63.4	24.9
Conditions			
Children in Poverty	11 %	36 %	29 %
Children in Single Parent Families	23 %	65 %	36 %
Pop. in High Vulnerability Tracts	1.7 %	20.3 %	25.3 %

KEY:

Blue text: lower than White, non-Hispanic

Red text: more than 2x rate for White, non-Hispanic

Bolded Red text: more than 5x rate for White, non-Hispanic



Role of Clinical Practice in Addressing Disparities

- Givens
 - Child health practitioners cannot play their role in child health without addressing more than clinical health conditions – must have focus upon healthy child development (not absence of disease) – AAP Bright Futures Guidelines
 - This will result in impacts upon clinical health outcomes and other healthy development outcomes (education, social development, justice)

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Role of Clinical Practice, continued

- Implications for clinical practice
 - Need to take lead on improving health care access, use, quality and achieving specific child health development outcomes (involves comprehensiveness and cultural congruence) – **clinical practice** -
 - Need to address other underlying healthy development factors and link to appropriate resources related to family, environmental, and social factors – **community building** -

Outcomes of Well-Child Care



Outcomes of Well-Child Care During the First Five Years of Life

Domain of Well-Child Care	Outcome at School Entry
Child Physical Health and Development	<ul style="list-style-type: none"> • All vision problems detected and corrected optimally • All hearing problems detected and managed • Management plans in place for all chronic health problems • Immunization complete for age • All congenital anomalies/birth defects detected • All lead poisoning detected • <i>All children free from exposure to tobacco smoke</i> • <i>Good nutritional habits and no obesity; attained appropriate growth and good health</i> • <i>All dental caries treated</i> • <i>Live and travel in physically safe environments</i>
Child Emotional, Social, and Cognitive Development	<ul style="list-style-type: none"> • All developmental delays recognized and treated (emotional, social, cognitive, communication) • <i>Child has good self-esteem</i> • <i>Child recognizes relationship between letters and sounds</i> • <i>Child has adaptive skills and positive social behaviors with peers and adults</i>
Family Capacity and Functioning	<ul style="list-style-type: none"> • Parents knowledgeable about child's physical health status and needs • Warning signs of child abuse and neglect detected • Parents feel valued and supported as their child's primary caregiver and function in partnership with the child health care provider • Maternal depression, family violence, and family substance abuse detected and referral initiated • Parents understand and area able to fully use well-child care services • <i>Parents read regularly to the child</i> • <i>Parents knowledgeable and skilled to anticipate and meet a child's developmental needs</i> • <i>Parents have access to consistent sources of emotional support</i> • <i>Parents linked to all appropriate community services</i>

Note: regular font bullets are those outcomes for which child health care providers should be held accountable for achieving. *Italicized bullets* are those outcomes to which child health care providers should contribute by educating parents, identifying potential strengths and problems and making appropriate referrals, but for which they are not independently responsible.



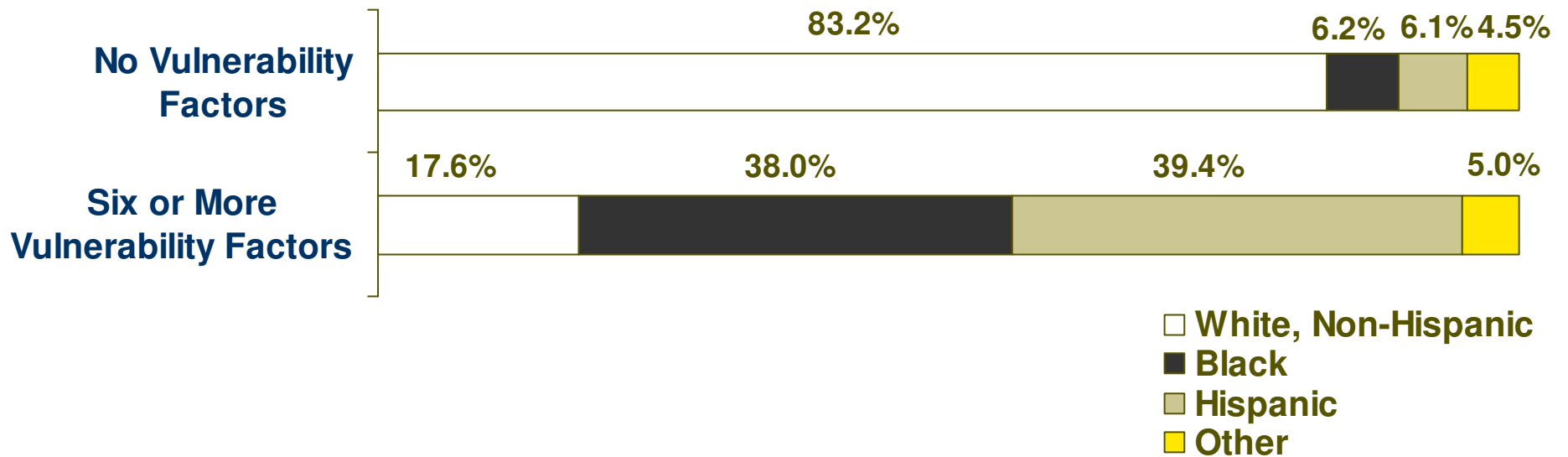
The Importance/Prevalence of Place

Differences Across Census Tracts by Child Raising Vulnerabilities (school, education, economic, wealth indicators)

	No Vulnerability Factors	Six or More Vulnerability Factors
% Single Parents	20%	53%
% Poor Families with Children	7%	41%
% 25+ No HS Completion	13%	48%
% 25+ BA or Higher	27%	7%
% HoH on Public Assistance	5%	25%
% HoH with Wage Income	81%	69%
% HoH with Savings, Dividend Income	42%	11%
% Owner-Occupied Housing	71%	29%
% 18+ Limited English	2%	18%
% 16-19 not School/Work	3%	15%



The Importance/Prevalence of Place and Race



Note: 1.7% of all White Non-Hispanics, but 20.3% of Blacks, and 25.3% of Hispanics live in census tracts with six or more vulnerability factors.



A Model for Clinical Practice: *Help Me Grow* in Hartford, Connecticut

- Comprehensive well-child assessment
- Effective referrals to clinical and non-clinical services
- Strengthening and integration of community resources
- Identification of specific gaps in services and supports

Help Me Grow



1.

Pediatric Practitioner Training/Developmental Surveillance

“Do you have concerns about how your child is learning, behaving, or developing?”



2.

Telephone Care Coordination

Schedule Appointments

- follow-up assessment
- professional services
- community supports

Provide Feedback and Follow-up

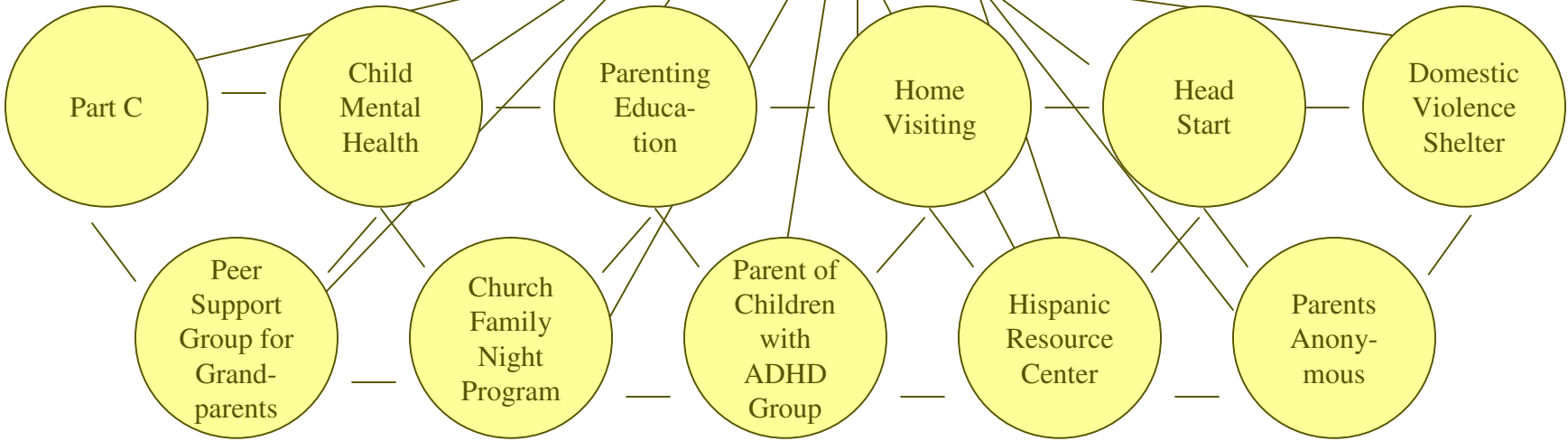


3.



Community Child Health Liaison

- identify and update resources for care coordination
- investigate and follow-up with care coordinator for specific families
- develop networks across providers and community resources





Implications for Practice and Research

- We know enough to act (but we don't have all the answers)
- We need diffusion of innovation strategies – incentives for moving from exemplary to routine practice (fiscal incentives, technical assistance, and recognition)
- We need methodological rigor in assessing impacts (child health and healthy child development) *and supporting continuous learning* that involves multiple/mixed methodological approaches
 - RCTs as appropriate in only some instances
 - Counterfactuals as essential in all instances

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Implications for Practice and Research, continued

- The clinical health community needs to keep its focus on the clinical practitioner's role
 - Not to have clinical health practitioner become child development specialist, family therapist, community resources maven, or community organizer
 - Not to simply advocate for others to intensify their community building efforts and do their jobs better and differently so current clinical practice can stay the same
 - To incorporate changes within clinical practice (Bright Futures), stronger links to community resources, and additional insight into resource needs for healthy child development



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