

# *The High Cost of Poverty:* How Pediatrics Can Ameliorate its Effects on Child Health

Community Action Partnership Annual Convention  
September 1, 2016

*Benard P. Dreyer, MD FAAP*  
*President, American Academy of Pediatrics*

American Academy of Pediatrics

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# **DISCLOSURE STATEMENT**

**Benard P. Dreyer, MD, FAAP**

**Has documented that he has nothing to disclose.**



# AAP BY THE NUMBERS



- 66,000 Members
- 66 state/local chapters
- 30 national committees, 49 sections, 6 councils
- 450 employees in Illinois, Washington, D.C.

# AAP MISSION

**To attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the Academy shall support the professional needs of its members.**



# PEDIATRICS<sup>®</sup>

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

## Returning to Learning Following a Concussion

Mark E. Halstead, Karen McAvoy, Cynthia D. Devore, Rebecca Carl, Michael Lee, Kelley Logan and Council on Sports Medicine and Fitness, and Council on School Health

*Pediatrics*, originally published online October 27, 2013;  
DOI: 10.1542/peds.2013-2867

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867>

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Issued 50+ policies in the last year, taking the form of

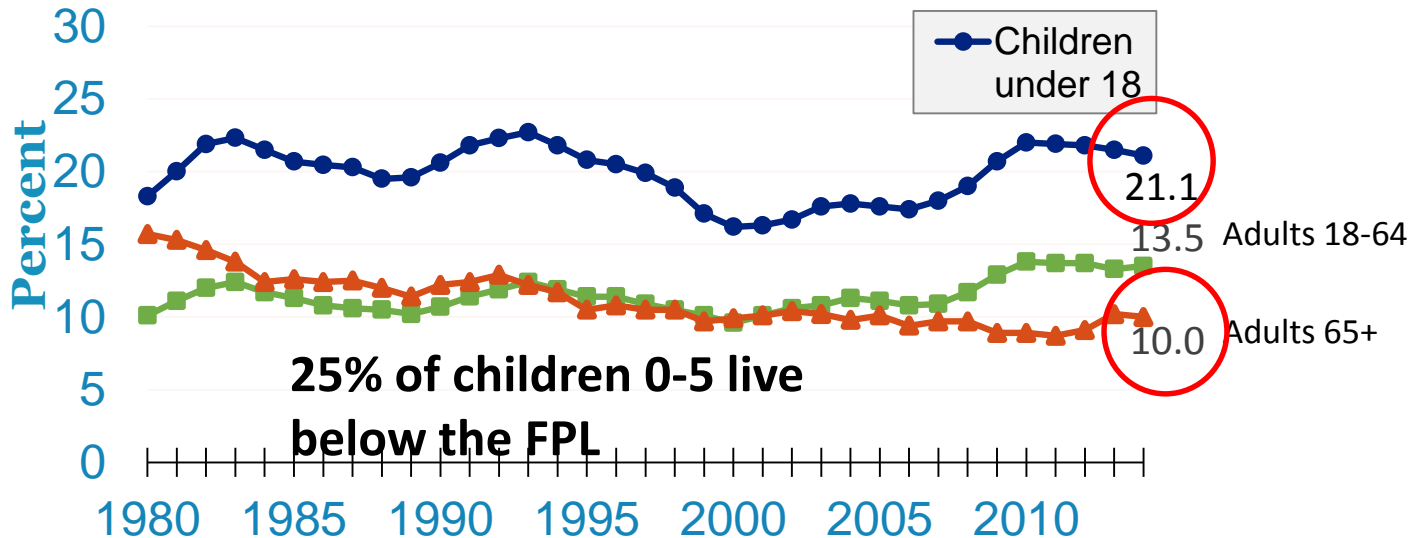
- Policy statements
- Clinical Reports
- Technical Reports
- Clinical Practice Guidelines

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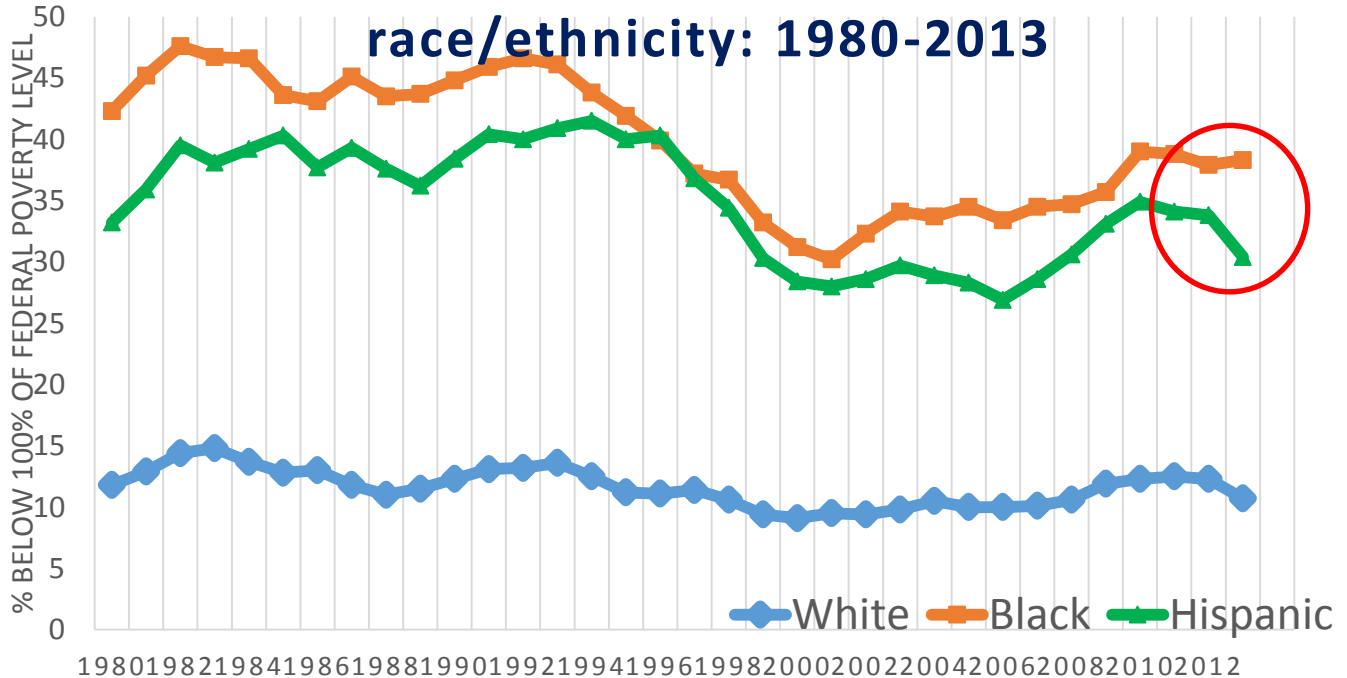


# U.S. POVERTY TRENDS BY AGE GROUP 1980-2014

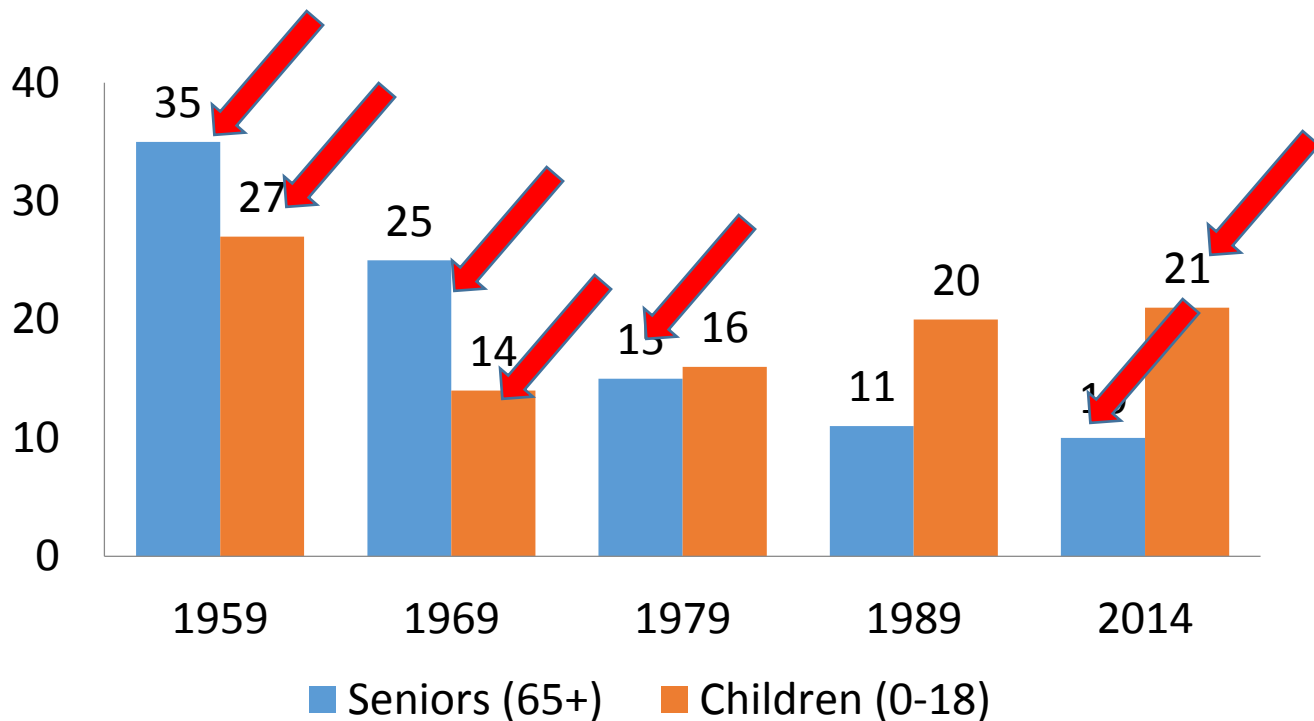


Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement  
(<https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-252.pdf>)

# Portion of children in the U.S. Living below the federal poverty level by race/ethnicity: 1980-2013



## % POVERTY OVER TIME: 1959-2014 SENIORS VS. CHILDREN





# US FEDERAL POVERTY LEVEL DEVELOPED IN 1963-64



**Mollie Orshansky**

Social Security Administration

**100% FPL for Family of 2 adults, 2 children:  
\$23,850**



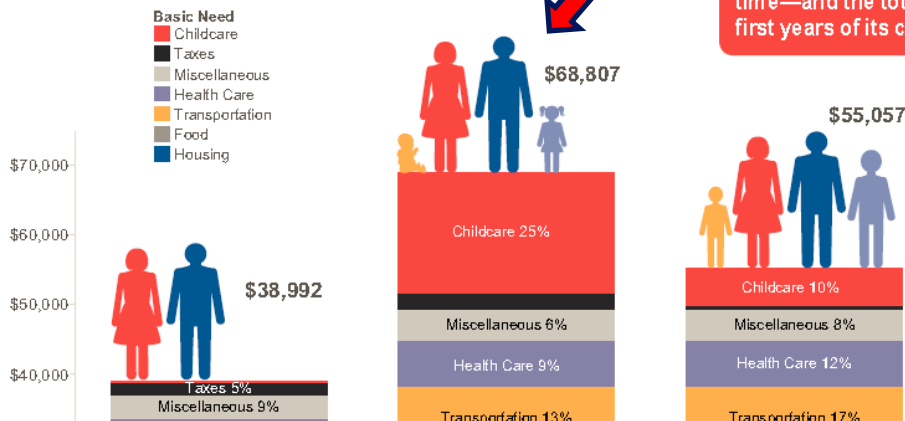
Based on “economy food plan”

Cheapest of 4 food plans developed by the  
Dept of Agriculture

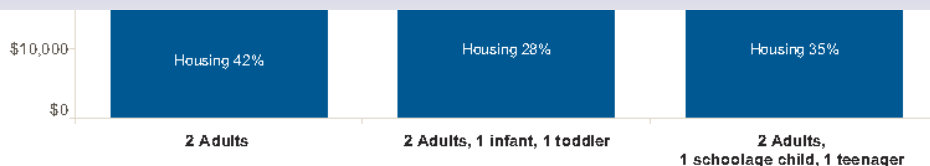
“designed for temporary or emergency use  
when funds are low”



## HOUSEHOLD BUDGETS CHANGE AS FAMILIES GROW



# 43% of children are below 200% FPL



Block et al. Struggling to Get By:  
The Real Cost Measure in California 2015

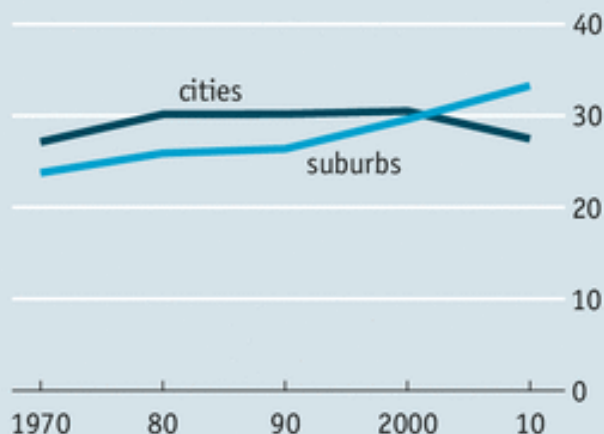
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# POVERTY IS EVERYWHERE

## Of picket fences and poverty

Percentage of America's poor\* living in:

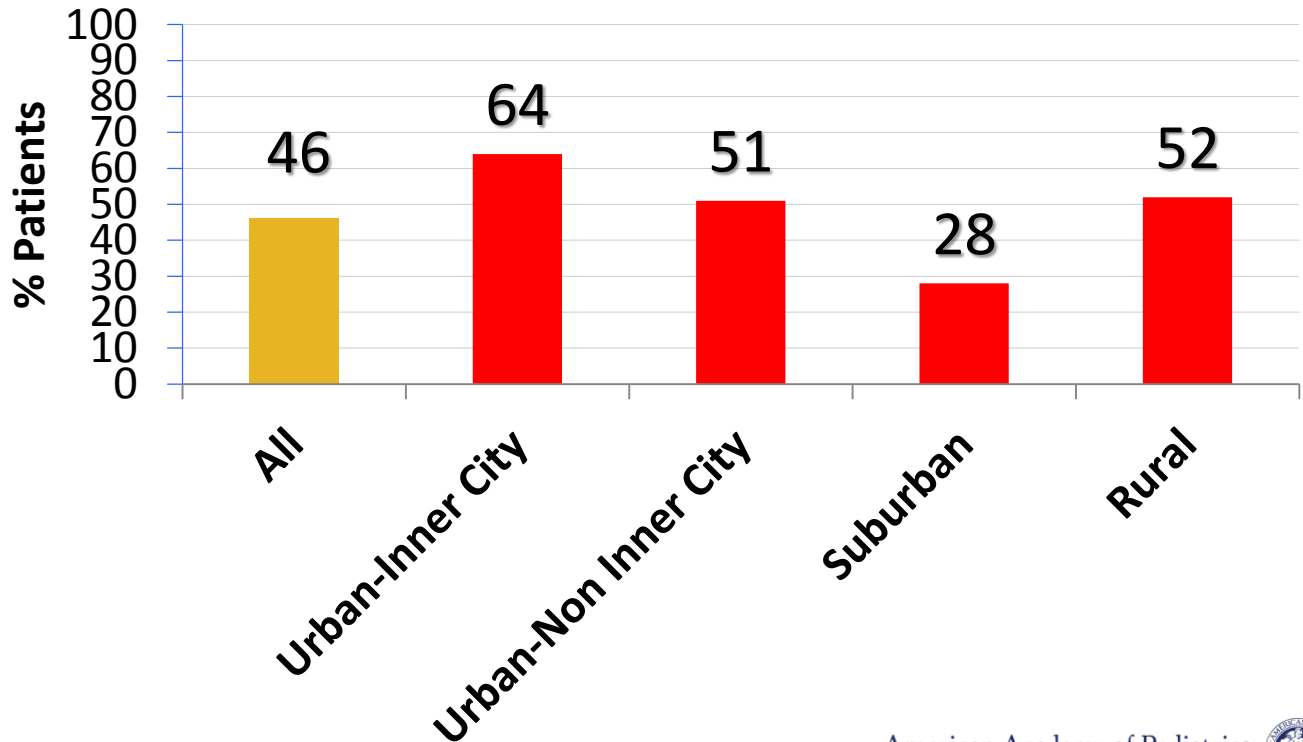


Source: Brookings Institution

\*People living below the federal poverty threshold

Suburbs fasting growing area for poverty

# POVERTY IS EVERYWHERE



# POVERTY AFFECTS CHILD HEALTH

Poverty is one of the most significant non-communicable diseases children are suffering from today



# CONSEQUENCES OF POVERTY: CHILD HEALTH

- Increased infant mortality
- Low birthweight and subsequent problems
- Chronic diseases such as asthma
- More food insecurity, poorer nutrition & growth
- Poorer access to quality health care and healthy food (transportation, food deserts)
- Increased accidental injury and mortality
- Increased obesity and its complications
- Increased exposure to toxins (i.e., lead) and pollutants

Moore KA et al. Children in poverty: trends, consequences, and policy options. 2009. Child Trends Research Brief



# CONSEQUENCES OF POVERTY: WELL-BEING

- More toxic stress impacting EBCD
- Poorer educational outcomes:
  - poor academic achievement
  - higher rates of HS dropout
- Less positive social and emotional development
- More problem behaviors leading to “TAEs”
  - Early unprotected sex with increased teen pregnancy
  - Drug and alcohol abuse
  - Increased criminal behavior as adolescents and adults
- More likely to be poor adults
  - Low productivity and low earnings
- Especially if deep poverty (<50% FPL), long-term poverty, or poverty in early childhood



# WHY EARLY EXPERIENCES MATTER



**Newborn Brain**

Average weight  
333 grams



**2 Year Old's Brain**

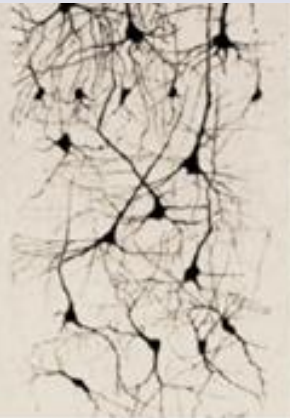
Average weight  
999 grams



# DRAMATIC GROWTH OF NEURONAL ARCHITECTURE FROM BIRTH TO 2 YRS



**700 new synapses created each second in the early years!!**



Newborn

1 month

6 month

2 years

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- **Among children from lower income families, small differences in income were associated with relatively larger differences in brain surface area.**
- **These relationships were most prominent in regions supporting language, executive functions and spatial skills.**
- **Income relates to brain structure most strongly among the most disadvantaged children.**

Original Investigation

## Association of Child Poverty, Brain Development, and Academic Achievement

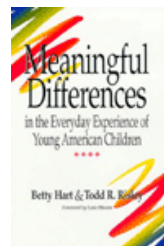
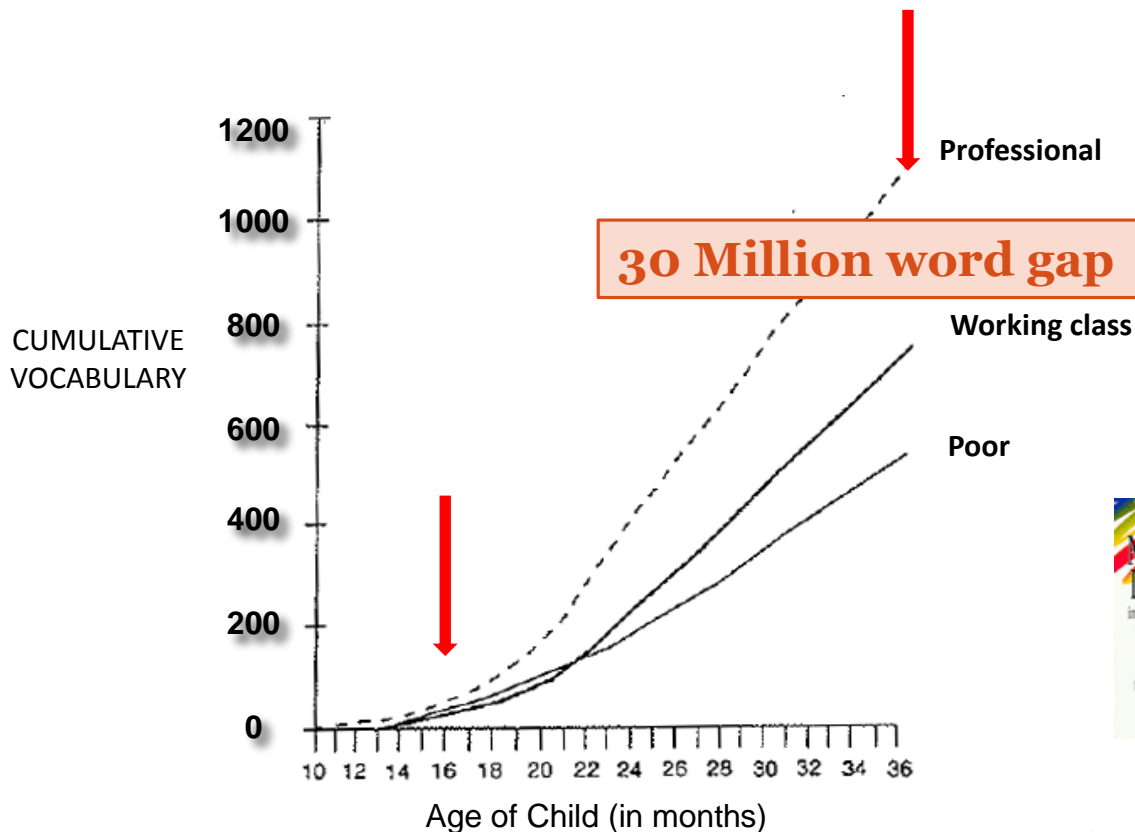
### Editorial in JAMA Pediatrics:

**The findings of the Hair et al study showed that poor cognitive and academic performance among children living in poverty was mediated by a smaller hippocampus and frontal and temporal lobes and that the decrease in volume of the latter 2 structures explained as much as 15% to 20% of the achievement deficits found.**

Brain Development with complete sociodemographic and neuroimaging data. Data collection began in November 2001 and ended in August 2007. Participants were screened for a variety of factors suspected to adversely affect brain development, recruited at 6 data collection sites across the United States, assessed at baseline, and followed up at 24-month intervals for a total of 3 periods. Each study center used community-based sampling to reflect regional and overall US demographics of income, race, and ethnicity based on the US Department of Housing and Urban Development definitions of area income. One-quarter of sample households reported the total family income below 200% of the federal poverty level.



# DISPARITIES BEGIN VERY EARLY

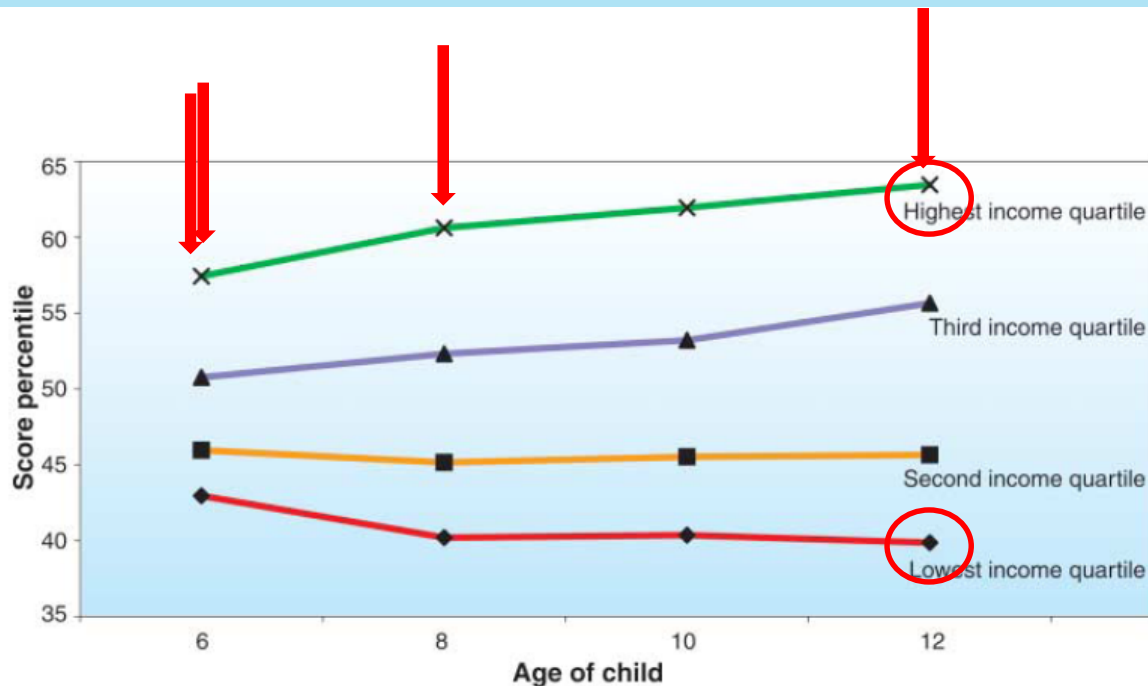


Hart & Risley, 1995

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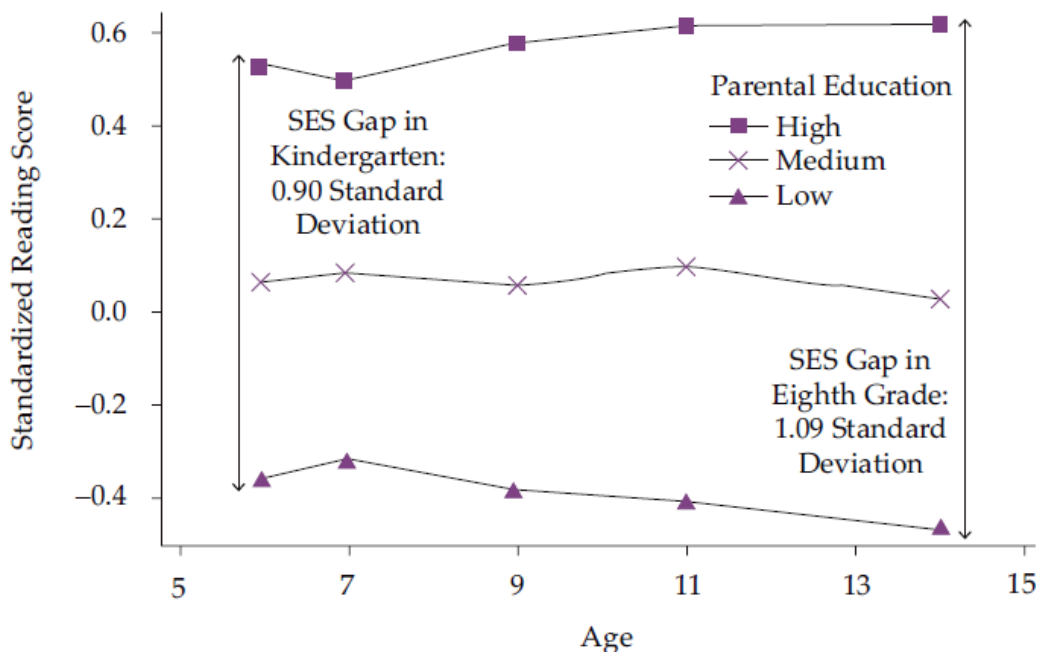




**Fig. 1.** Average percentile rank on Peabody Individual Achievement Test–Math score by age and income quartile. Income quartiles are computed from average family income between the ages of 6 and 10. Adapted from (3) with permission from MIT Press.

Heckman JJ. Skill formation and the economics of investing in disadvantaged children. *Science*. 2006;312:1900  
 Carneiro P, Heckman JJ. In *Inequality in America: What Role for Human Capital Policies?* Heckman JJ, Krueger AB, MIT Press 2003, chapter 2, pp 77-237.

Figure 6.1 Average reading scores of children from different SES groups—and the gaps between them—change relatively little between kindergarten and eighth grade.



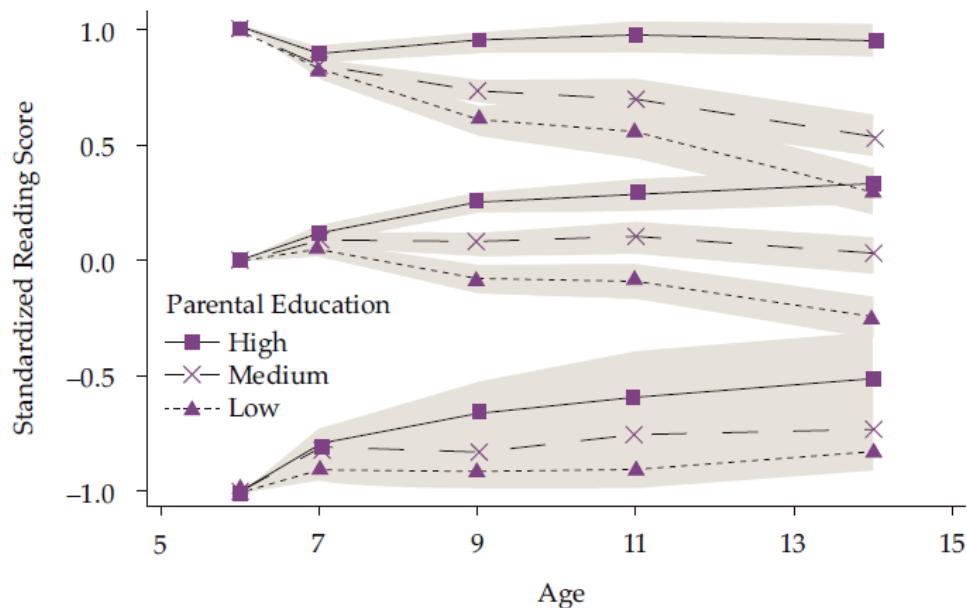
Source: Authors' calculations using the ECLS-K.

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Figure 6.4 Over time, achievement gaps emerge between low- and high-SES children who started school with the same level of reading ability. High-SES children always develop an advantage, whether they started with high, average, or low ability in kindergarten.



Source: Authors' calculations using the ECLS-K.

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And it's a little like the blindfolded man feeling the elephant  
And when we talk about children's problems, we  
say...

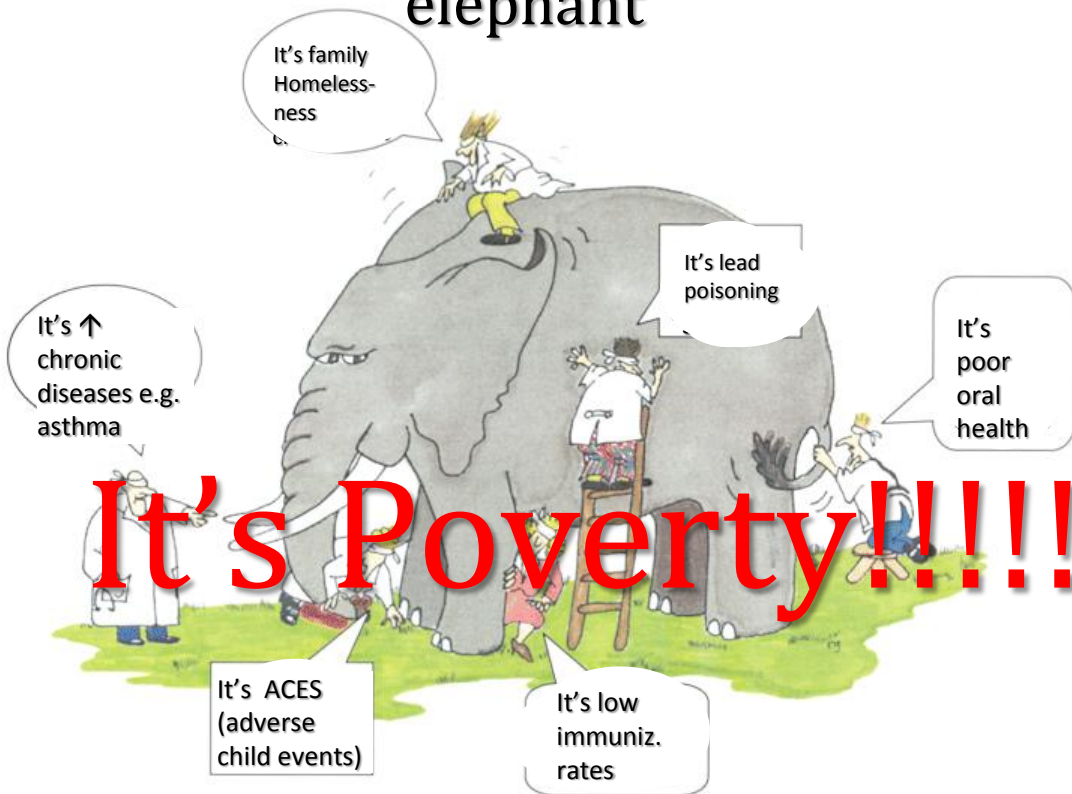
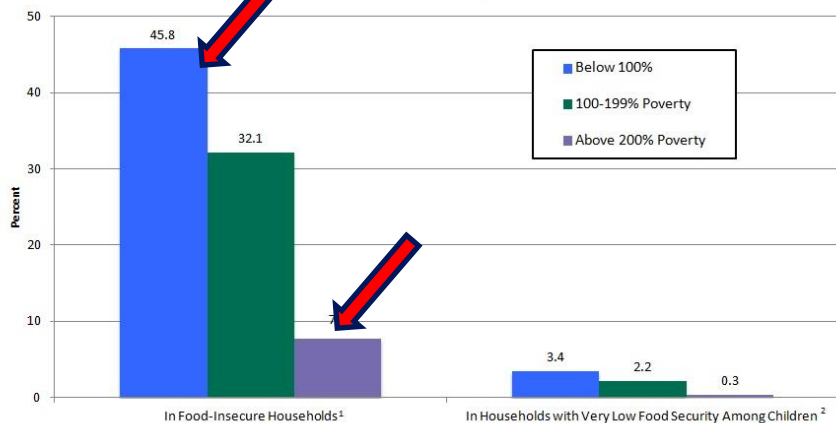




Figure 4

### Percentage of Children in Food-Insecure Households, by Poverty Status, 2012



<sup>1</sup>Either adults or children or both were food insecure. At times they were unable to acquire adequate food for active, healthy living for all household members because they had insufficient money and other resources for food.

<sup>2</sup>In these households, eating patterns of one or more children were disrupted and their food intake was reduced below a level considered adequate by their caregiver. Prior to 2006, the category "with very low food security among children" was labeled "food insecure with hunger among children." USDA introduced the new label based on recommendations by the Committee on National Statistics.

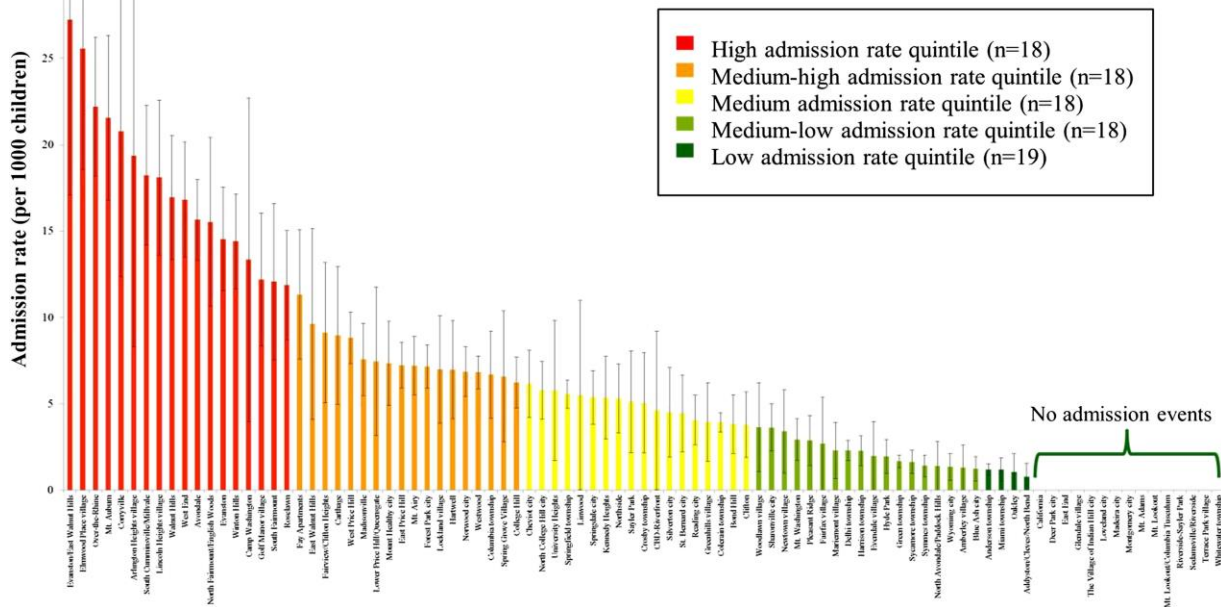
Source: Federal Interagency Forum on Child and Family Statistics. (2014). America's children in brief: Key national indicators of well-being, 2014. Washington, DC: U.S. Government Printing Office. Table ECON 3.

Child Trends  
DATA BANK



Figure 1

# HEALTH DISPARITIES IN ASTHMA: DIRECTLY RELATED TO POVERTY LEVELS AND ASSOCIATED NEIGHBORHOOD FACTORS (POLLUTION, BAD HOUSING, LACK OF PHARMACIES)



Hamilton County neighborhoods

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# ECONOMIC CASE FOR ENDING CHILDHOOD POVERTY

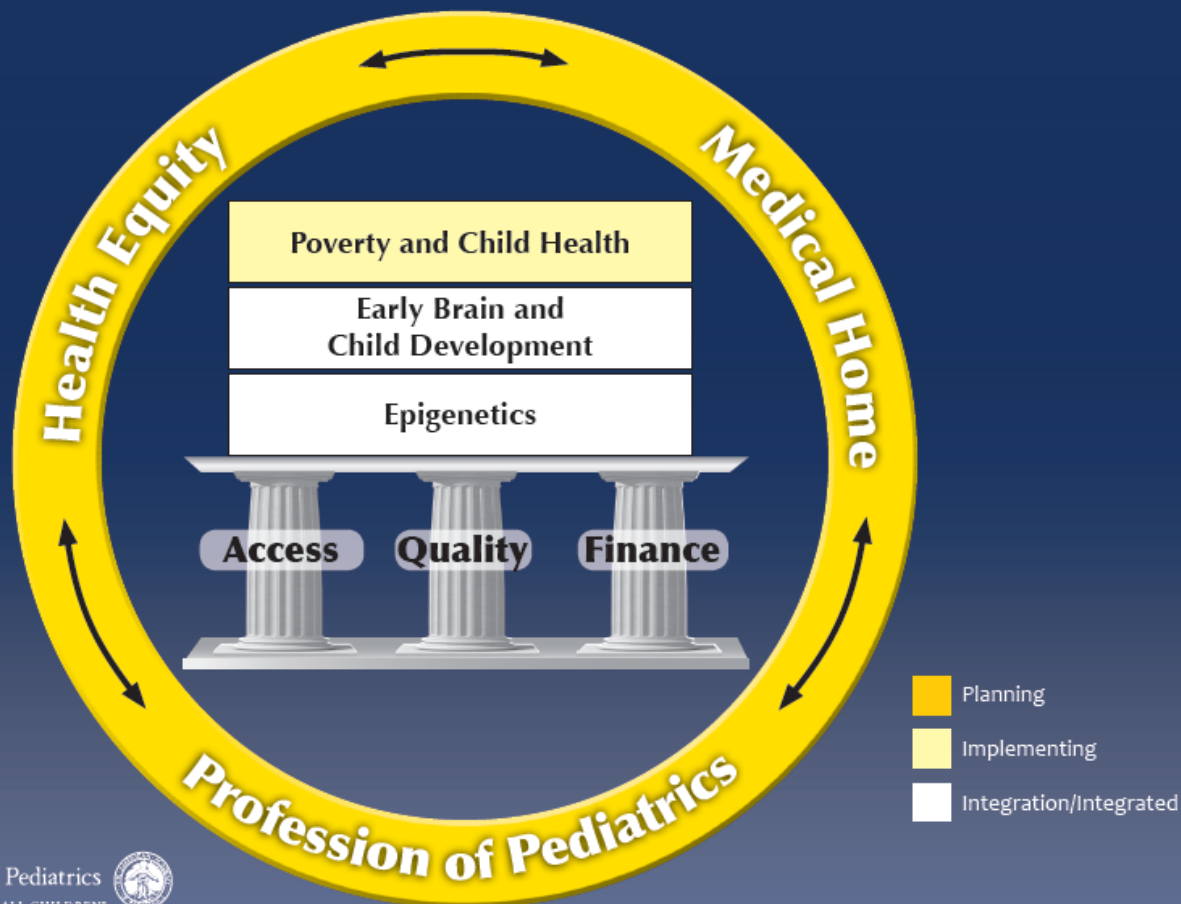
- Reduces productivity and economic output by about **1.3% of GDP**
- Raises the costs of crime by **1.3% of GDP**
- Raises health expenditures and reduces the value of health by **1.2% of GDP**
- Total cost of childhood poverty is **3.8% of GDP** or **\$500 billion per year**
- Context: Estimated Federal Deficit 2015 is **2.6% of GDP**

Holzer HJ, Schanzenbach DW, Duncan GJ, Ludwig J. The Economic Costs of Poverty in the United States: Subsequent Effects of Children Growing Up Poor. 2007



# AAP Agenda for Children 2015-2016

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# POVERTY AND CHILD HEALTH LEADERSHIP WORKGROUP

- Andrew Racine, MD, PhD, FAAP
- Carole Allen, MD, FAAP
- Steve Federico, MD, FAAP
- Andrew Garner, MD, FAAP
- Benjamin Gitterman, MD, FAAP
- Renée Jenkins, MD, FAAP
- Katie Plax, MD, FAAP
- Barbara Ricks, MD, FAAP
- Sarah Jane Schwarzenberg, MD, FAAP
- Elizabeth Van Dyne, MD, FAAP
- Benard Dreyer, MD, FAAP



# PRIORITY AREAS OF POVERTY WORK

- Messaging and Communications
- Supporting Practices to Address Poverty
- Advocacy
- Community Partnership and Engagement



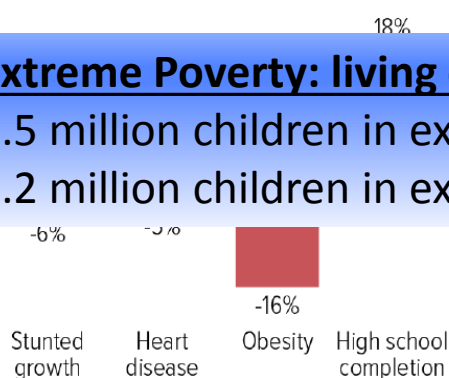
# MESSAGING AND COMMUNICATIONS

- Key Messages
  - Poverty is Damaging to Children's Health
  - Poverty Happens Everywhere
  - Fortunately, we have realistic solutions that we know will work
    - Federal policies work! Without them 1 in 3 children would be poor as opposed to 1 in 5
    - There are also important Federal and state programs that ameliorate the impact of poverty



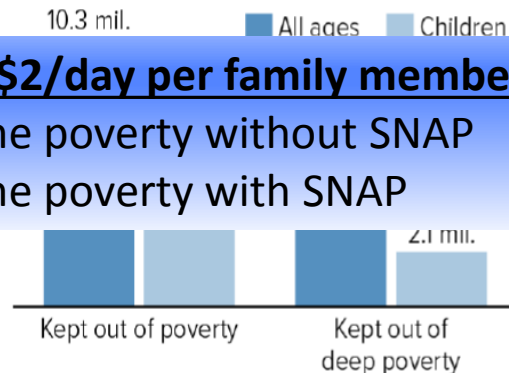
## Children With Access to SNAP Fare Better Years Later

Percentage-point change in outcomes for adults who received SNAP as children, compared to adults who did not receive SNAP as children



## SNAP Kept Millions Out of Poverty and “Deep Poverty” in 2012

People kept above poverty line or half of poverty line in 2012



## Extreme Poverty: living on <\$2/day per family member

3.5 million children in extreme poverty without SNAP

1.2 million children in extreme poverty with SNAP

CBPP: Chart Book: SNAP 2016



# SUPPLEMENTAL POVERTY MEASURE: GOVERNMENT PROGRAMS WORK

- Using these measures in 2013 reduced % at 100% FPL from 21% to 16.5%

- Major portion of effect due to:

▪ EITC	-6.4%
▪ SNAP(food stamps)	-2.9%
▪ Housing Subsidy	-1.4%
▪ School Lunch	-1.1%
▪ WIC	-0.4%
▪ Energy Assistance	-0.1%
▪ TANF	-0.5%
▪ Work/Child Care Expenses	+3.1%
▪ Medical OOP Expenses	+3.5%
▪ Taxes and FICA	+2.0%

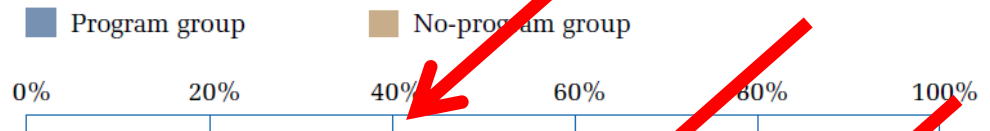
]

**-13%**

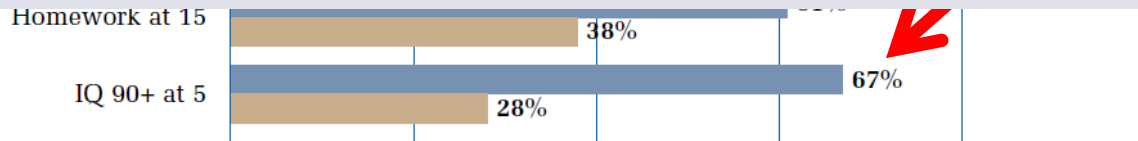
With Medicaid **(-1%)**

**-14%**

# HIGH/SCOPE PERRY PRESCHOOL PROGRAM: MAJOR FINDINGS AT 40



- **7 to 10% *per year* rate of return**
  - Higher than post-World War II stock market (5.8% -- before the 2008 meltdown)
- **7 to 12X Benefit/Cost Ratio**

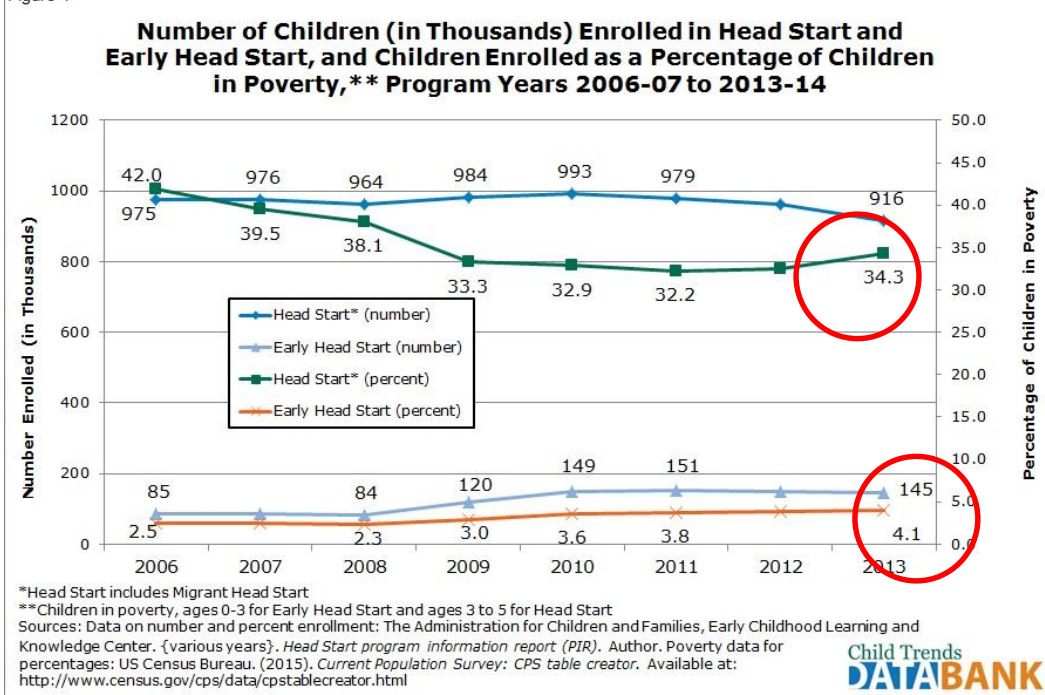


Heckman et al : Rate of return for High/Scope Preschool Program. 2009

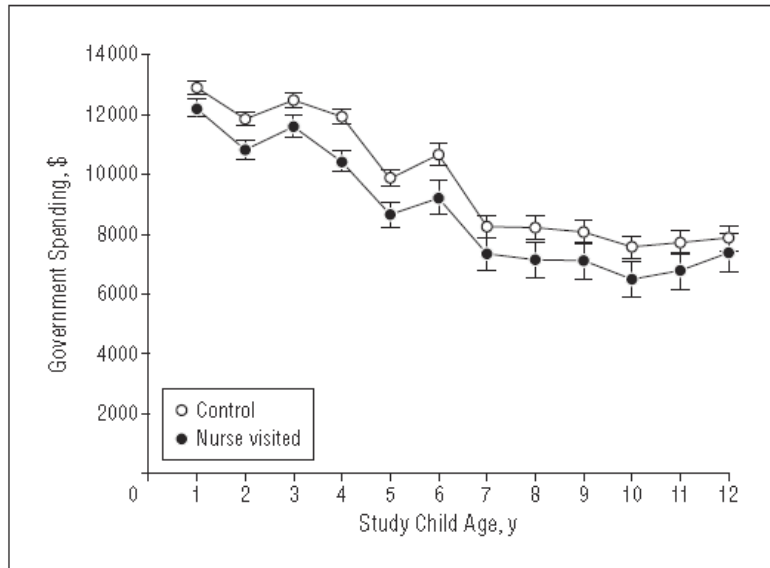


# HEAD START AND EARLY HEAD START

Figure 1



# HOME VISITING: NURSE FAMILY PARTNERSHIP



- Better language age 4
- Higher reading and math scores age 12
- \$5.70 saved for each dollar of

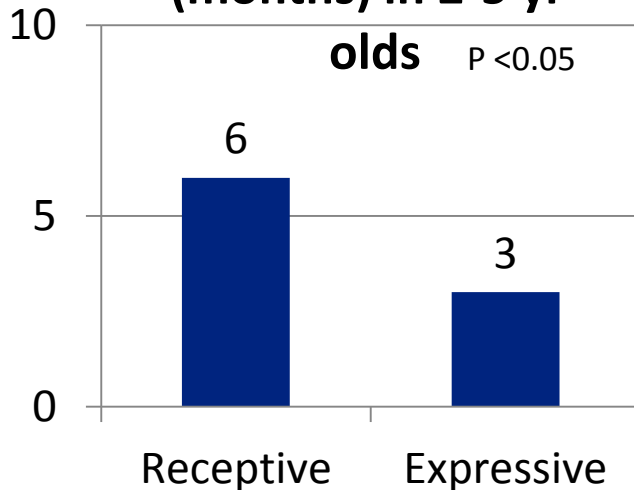
**MIECHV reaches only 2.5% of poor children under 3 years: 75,000 of 3 million**



# INTERVENTIONS IN PEDIATRIC PRIMARY CARE

## Reach Out and Read

Advance in Language  
(months) in 2-5 yr-



Mendelsohn, Mogilner, Dreyer,  
Forman et al. *Pediatrics*.  
2001;107:130-134.

ROR Reaches 4 million  
children per year:  
¼ of all poor children!

- interactions, vocalizations
- Improved child cognitive, language, and social-emotional development
- Reduced delay, with 50% reduction in need for EI

Mendelsohn, Dreyer et al. *J Dev Behav Pediatr*  
2005;26(1):34-41 and 2007; 28(3): 206-212.

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# TIME

## Pediatricians Should 'Screen' Kids for Poverty, Says Group



The Washington Post

Doctors should screen for poverty during child-wellness visits, American Academy of Pediatrics recommends

### Policy Dose



#### The Child Poverty Prescription

Raising the minimum wage and investing in programs like WIC and SNAP can and will cure child poverty.



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# SUPPORTING PEDIATRICIANS TO ADDRESS POVERTY

- New AAP Report and Policy Statement
  - Mediators and Adverse Effects of Child Poverty in the United States
  - Child Poverty in the United States
- Screening and Referral Resources
- Advocacy Resources



# POVERTY TECHNICAL REPORT

- Details impacts on child health and development
- Describes poverty demographics in the U.S.
- Addresses child poverty as a source of toxic stress





# POVERTY POLICY STATEMENT

- Recommendations for pediatricians to screen for basic needs and make referrals
- Recommends that pediatricians adopt integrated programs in medical home\*
- Supports advocacy for anti-poverty programs, income supports, and tax credits



**\*Healthy Steps, ROR, VIP, Health Leads, MLP, Incredible Yrs, Triple P**



# RECOMMENDATIONS FOR PEDIATRICIANS

- Screen for risk factors within social determinants of health during patient visits
  - Questions about basic needs such as food, housing, heat, child care, making ends meet
  - Refer to community resources
  - We know SNAP, EITC, etc. improve child health and academic success
- Implement integrated medical home programs such as:
  - Reach Out and Read
  - Video Interaction Project
  - Healthy Steps
  - Incredible Years and Triple P (behavioral management)
- Collaborate with community organizations to help families address unmet needs and assist with stressors



# PRACTICE RESOURCES

- Suggests screening tools to identify basic needs
- Provides template for practices to identify community resources
- Recommends practice tips for implementation

poen-us/advocacy-and-policy/aap-health-initiatives/poverty/Pages/practice-tips.aspx

## Poverty & Child Health

About  
Practice Tips  
Advocacy  
Talking About  
Poverty

### Practice Tips

#### Screening for Basic and Social Needs and Connecting Families to Community Resources

Pediatric practices can use simple screening tools that ask families about basic needs. These screening tools will help identify families with unmet needs, and in response, practices can make referrals to appropriate community resources and services.

To get started with screening:

- If your practice is not currently screening for basic needs, consider starting with one issue, such as food insecurity.
- Screen families universally, rather than targeting specific families. Explain to families that the screening is universal.
- Work with your practice team to determine how to screen families in the most effective and sensitive manner.
- Show empathy when talking with families about basic needs. Be willing to say "I don't know but I will try to help you find out."
- Recognize that you won't be able to address every concern, and that you don't have to "fix" everything on your own.
- Work with your practice team and community partners to identify resources and services that are available for families who have positive screens.

#### Suggested Screening Tools

The following chart includes widely available free screening tools. The AAP does not endorse any specific tool, but encourages pediatricians to use the tools that best suit the needs of their practice.

Screening Tool	Description	References
The Hunger Vital Sign	2-question validated screening tool based on the US Household Food Security Scale to identify young children in households at risk of food insecurity.	Hager ER, Gaugh AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. <i>Pediatrics</i> . 2010;126(1):1.
Income, Housing, Education, Legal Status, Literacy, and Personal Safety (IHELLPS)	Suggested screening questions related to Income, Housing, Education, Legal Status, Literacy, and Personal Safety.	Kernyon C, et al. Rethinking the social history for child health. <i>Pediatrics</i> 120(3):e734–e738.
Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education Survey Instrument (WE CARE)	Survey instrument to screen for family psychosocial problems including education, employment, childcare, housing, food.	Garg A, Toy S, Tripodis Y, et al. Addressing Social Determinants of Health at Well Child Care Visits: A Cluster RCT. <i>Pediatrics</i> Feb.



# STATE ADVOCACY RESOURCES

- Child Poverty Partners
- State Child Poverty Commissions
- Information on State Income Supports and Tax Credits, Paid Leave, Minimum Wage
- Anti-poverty Programs

[aap.org/poverty](http://aap.org/poverty)



[Assault Weapons Ban](#)[Bullying Prevention](#)[Child Health and State EPA Clean Power Plan Implementation](#)[Child Passenger Safety](#)[Childhood Immunizations](#)[Concussion Management: Return to Play](#)[Distracted Driving](#)[Electronic Nicotine Delivery Systems](#)[Essential Health Benefits](#)[Health Insurance Marketplaces](#)[Liquid Nicotine Poisoning](#)[Marijuana Legalization](#)[Medicaid Expansion](#)[Medicaid Payment Increase](#)[Medical Liability Reform](#)[Medical Marijuana](#)[Newborn Screening for Critical Congenital](#)

## Poverty and Child Health

### State Advocacy Resources

Poverty and Child Health is a priority on the AAP Agenda for Children 2015-2016. The AAP Division of State Government Affairs provides resources to support AAP chapters and members advocating on behalf of children and families living in poverty.

[5 Key State Child Poverty Measures](#) | [State child poverty data](#)

[2016 State Actions](#) | [Minimum Wage](#)

[2016 State Actions](#) | [Paid Leave](#)

[2016 State Actions](#) | [State Child Care and Dependent Care Tax Credits](#)

[2016 State Actions](#) | [State Child Poverty Commissions, Councils, and Task Forces](#)

[2016 State Actions](#) | [State Earned Income Tax Credits](#)

[State Child Poverty Commissions, Councils, and Task Forces](#) | A compilation of information about state level commissions, councils, or task forces working to address poverty.

[Child Poverty State Advocacy Partners](#) | Partnerships, alliances, and coalitions working to address child poverty.

[Child Poverty-State Advocacy Infographic](#) | An at-a-glance resource to help you convey key state advocacy data about child poverty.



# RECOMMENDATIONS FOR ADVOCACY

- Invest in young children
- Support/expand essential benefits programs
- Support/expand strategies that promote employment and increase parental income
- Improve communities: affordable housing
- Support integrated models in the medical home that promote parenting and school readiness
- Fully fund home visiting



# FEDERAL ADVOCACY

- **Successes in 2015**

- CHIP funding through 2017
- Expiring provisions of the EITC and CTC made permanent
- Omnibus spending deal that increased austere budget caps

- **Opportunities and Challenges in 2016**

- Federal Nutrition Programs including school meals, WIC, summer feeding, and SNAP
- Appropriations: Funding for child care, head start and early head start, home visiting, TANF
- Speaker Paul Ryan's Task Force on Poverty, Opportunity and Upward Mobility: Block grants (Medicaid and SNAP)

- **Presidential Election**

- *AAP Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future*
- September 19, 2016: 2:00 to 3:30 pm ET
- Live-streamed on AAP.org



# COMMUNITY PARTNERSHIP AND ENGAGEMENT

- Working with other sectors and developing new partnerships
- Developing local collaboration models and tools
- Community?: local, county, city





# NY PASSES PAID FAMILY LEAVE

ALL POLITICS ARE LOCAL

## New York Just Created a Revolutionary New Family-Leave Policy

By Rebecca Traister



Photo: Spencer Platt/Getty Images

You say you want a revolution? A political, social, economic policy upheaval that will dramatically alter the playing field for millions of Americans by significantly reducing economic and gender inequality?

- 12 weeks of job-protected leave
- Can be used for maternity/paternity leave even for foster children; also sick children, sick family members
- 2/3 of wages up to 2/3 of statewide average wage
- 8 weeks start in 2018
- Fully phased in by 2021

# PAID FAMILY LEAVE EFFORT

## ORGANIZED BY THE COMMUNITY SERVICES SOCIETY OF NY

### Organizations:

American Academy of Pediatrics

The American Congress of Obstetricians and Gynecologists  
District II

1199 SEIU United Healthcare Workers East

Committee of Interns and Residents  
York, NY

Gay Men's Health Crisis

Maternal Infant Services Network, Newburgh, NY

Mid-Hudson Lactation Consortium

Mothers' Milk Bank Northeast

National Association of Social Workers, NYC Chapter

NYS Breastfeeding Coalition

New York City Breastfeeding Leadership Council

Public Health Association of New York City

Raising Women's Voices

**It takes a village.**

**It's a Marathon, not a sprint**



# Rural IMPACT:

*Rural Integration Models for  
Parents and Children to Thrive*

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# Rural IMPACT Goal:

To reduce child poverty in rural and tribal areas

## HOW:

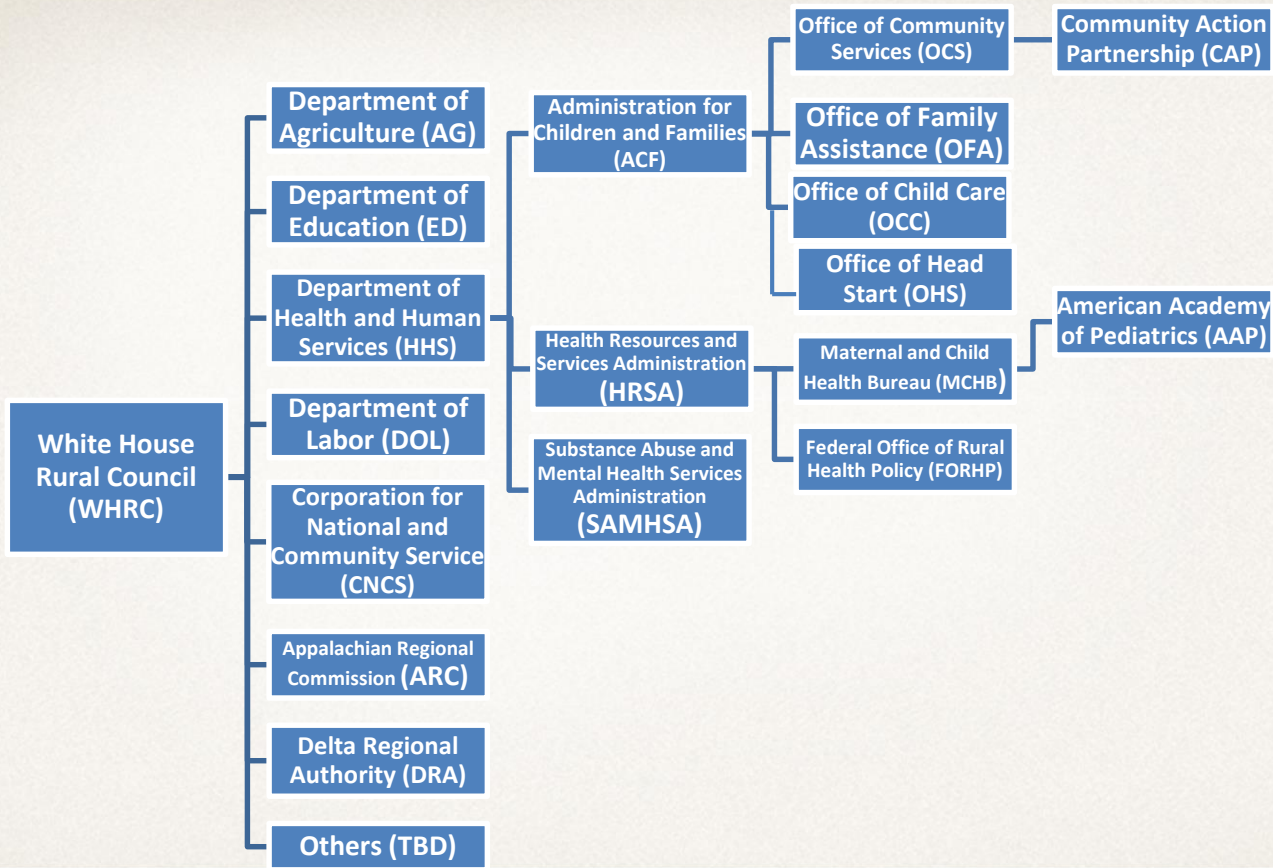
*By improving the well-being of children, parents and families*

## THROUGH:

*A two-generation approach that will address the needs of both vulnerable children and their parents together.*



# Rural IMPACT Demonstration Partners



ADMINISTRATION FOR

**CHILDREN & FAMILIES**

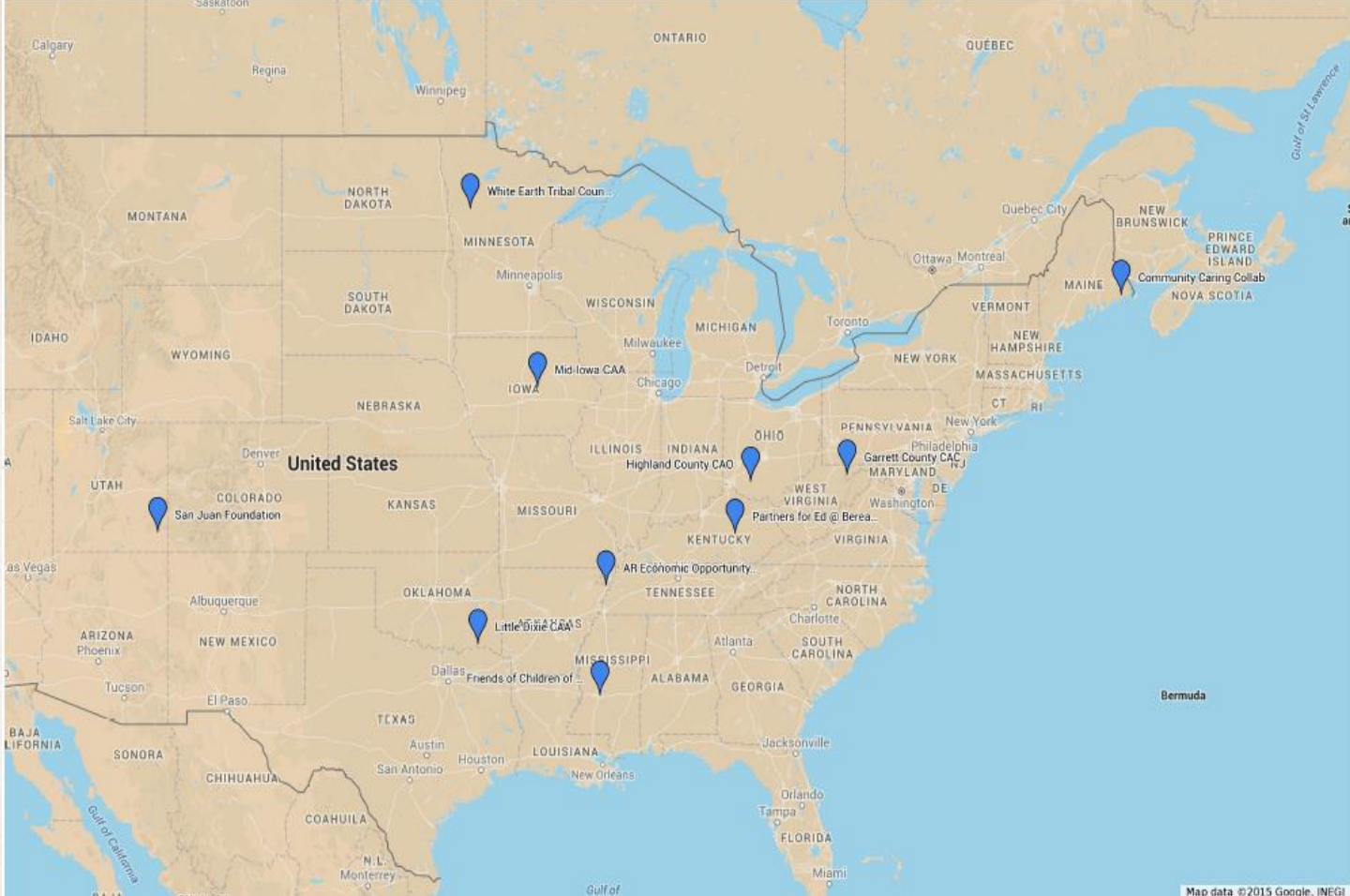


# Rural IMPACT Sites

Location	Organization
Oakland, MD	<b>Garrett County</b> Community Action Committee & <b>Allegany County</b> Human Resources Development Commission, Inc.
Berea, KY	Partners for Education at Berea College ( <b>Knox County</b> )
Marshalltown, IA	Mid-Iowa Community Action, Inc. ( <b>Marshall County</b> )
Jackson, MS	Friends of Children of Mississippi, Inc. ( <b>Sharkey, Issaquena, Humphreys Counties</b> )
Hillsboro, OH	<b>Highland County</b> Community Action Organization, Inc.
White Earth, MN	White Earth Reservation Tribal Council ( <b>Mahnomen, Clearwater, Becker Counties</b> )
Machias, ME	Community Caring Collaborative ( <b>Washington County</b> )
Blytheville, AR	<b>Mississippi County</b> , Arkansas Economic Opportunity Commission, Inc.
Blanding, UT	The San Juan Foundation ( <b>San Juan County</b> )
Hugo, OK	Little Dixie Community Action Agency, Inc. ( <b>Choctaw, McCurtain, Pushmataha Counties</b> )



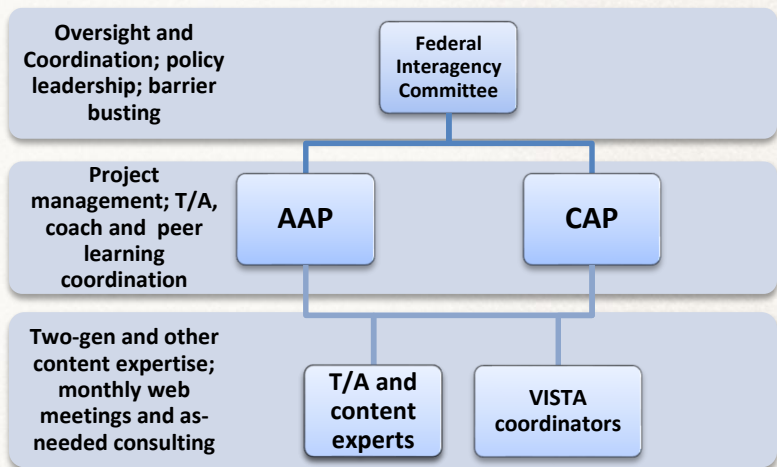




Map data ©2015 Google, INEGI

# Rural IMPACT Demonstration

- **Rural Integration Models for Parents and Children to Thrive (IMPACT)**
  - help communities adopt a two-generation approach to programs, policies, and systems
  - a comprehensive, whole-family framework for addressing child poverty.
- **10 rural & tribal communities will receive:**
  - Technical assistance
  - Support from Federal staff
  - AmeriCorps VISTA members
  - Peer learning
  - Coaches





# NCECHW

*National Center on Early Childhood  
Health and Wellness*

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



# NCECHW

## *A Brief Snapshot*

- Awarded September 30, 2015
- 5-year cooperative agreement with 3 different Federal agencies
- Builds on the work of the National Center on Health and Healthy Child Care America
- Audiences include Head Start/Early Head Start, child care, and pediatric health services professionals



NATIONAL CENTER ON

Early Childhood Health and Wellness

# NCECHW

## *The Partners*

- American Academy of Pediatrics
- Education Development Center
- University of California, Los Angeles Health Care Institute
- Georgetown University's National Maternal and Child Oral Health Resource Center
- Georgetown University's Center for Child and Human Development
- Child Care Aware of America
- Nemours
- University of Colorado, Denver National Resource Center for Health and Safety in Child Care and Early Education
- Zero to Three



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Early Childhood Health and Wellness

# ACF Health and Wellness Goals

- Improve the health and safety of ECE settings;
- Promote positive child health outcomes for children participating in ECE programs;
- Increase preventive services related to health outcomes;
- Promote access to continuous, accessible health services for children and families;
- Promote mental wellness and resiliency for staff, children, pregnant women, and families; and
- Strengthen networks and coordination of ECE programs and child health professionals



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Early Childhood Health and Wellness

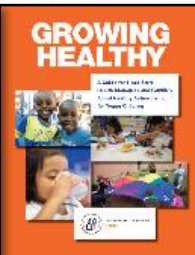
Medication administration Mental health  
Emergency preparedness Childhood obesity  
New health manager orientation Sensory screening  
Asthma Trauma and resilience IMIL HSAC  
Staff wellness Oral health Toxic stress  
Challenging behaviors Tobacco exposure  
Building systems to support health Active supervision  
How health impacts school readiness  
Medical home Oral health of pregnant women  
Safety and Injury Prevention Parental depression  
Working with state and community partners  
Aggregating and analyzing health data Health literacy  
Healthy active living Parent engagement in health  
Oral health follow-up Stress  
Motivational interviewing

# Online Resources

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center>



- Newsletters
- Fact sheets
- Online Tools
- Archived Webinars
- InfoLine
- Parent Resources



# Virtual Early Education Center



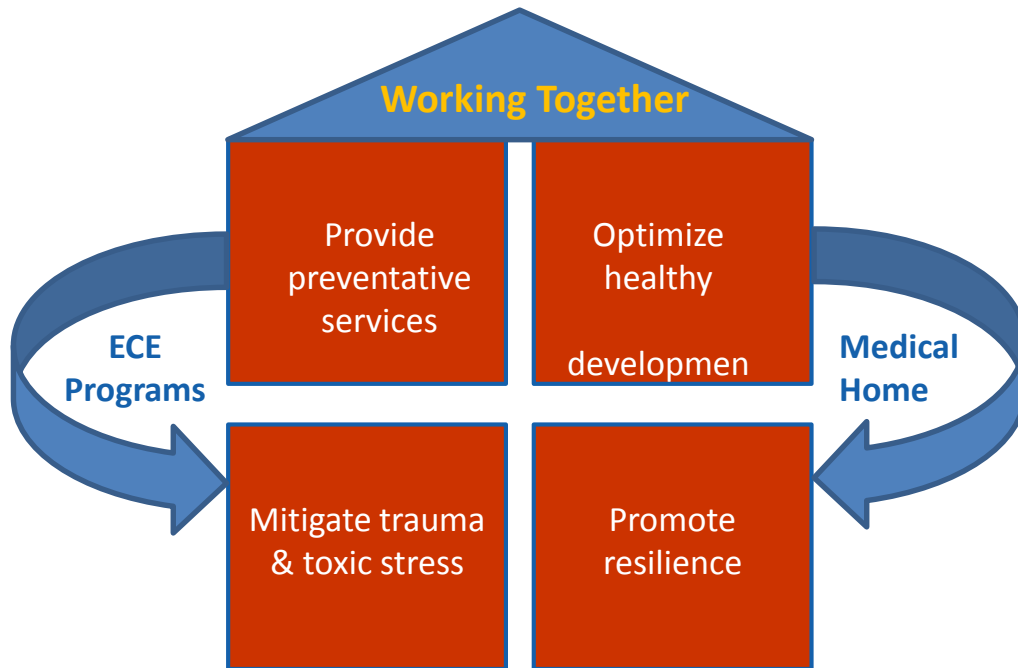
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/health-services-management/program-planning/veec.html>



NATIONAL CENTER ON

Early Childhood Health and Wellness

## Early Care and Education-Medical Home Learning Collaborative





# PARTNERSHIP WITH CAP

## HEALTH INTERSECTION LEARNING COMMUNITY GROUP

- Webinar series
- AAP speakers, Community Action Agencies participate
- 3-4 webinars: toxic stress, oral health obesity, immigrant health
- November to April





**“It is easier to  
build strong  
children than to  
repair broken  
men.”**

*Frederick Douglass*  
*American Abolitionist*  
*1818-1895*

**THANK YOU!**  
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