

Building Block 5: High-Quality, Comprehensive Health Care

What is High-Quality, Comprehensive Health Care? From birth to age five, children require significant preventive and developmental health services. A strong health system for young children must address children's biological, medical and physical concerns. It must also serve as a first responder to the many social factors and determinants contributing to a child's healthy development. This includes linking young children and their families to the rest of the early childhood services system particularly in the years before they enter a formalized school system.

The drivers of high-quality comprehensive health care system include:

1. **A primary health care provider (medical home)** - that serves as the primary provider of health care services and an initial place for screening and identifying issues and the link to more intensive health and social supports and services when needed.
2. **Strategies to address the social determinants of health, health equity, and community health** - actions the health system can take to respond to nonmedical concerns of young children that impact their health.
3. **Early childhood healthy mental development (social and emotional as well as behavioral health)** - actions the health system can take to promote healthy mental development, including preventing adverse childhood experiences and avoiding toxic stress, and early identification and referral when needed.
4. **Healthy lifestyles, nutrition and exercise** - clinical and community practices that establish a foundation for lifelong healthy lifestyles.¹

Why does High-Quality Comprehensive Health Care matter? Children cannot live up to their full potential, be happy, learn and be successful in school if they are not healthy. Therefore, receiving high-quality comprehensive health care is critical for every child to get a good start in life. By providing routine developmental screening, pediatricians can help identify problems with development early to ameliorate problems and maximize growth and development.

There are no local or regional statistics to show what percentage of children receive routine developmental screening, but statistics on routine screening in New York State and the nation at large are low. Based on the state and national statistics, 15 percent of children will experience a developmental disability. The positive effects of early intervention are well known, however, only 22 percent of children receive routine developmental screens. In some cases,

¹ The Build Initiative (downloaded, January 2017)
<http://buildinitiative.org/TheIssues/HealthMentalHealthNutrition.aspx>

that means that children are not identified until their delay or disability is more difficult to address.

The North Country region is fortunate in that a regional medical home initiative has made significant strides in a collaborative effort by health care providers and public and private insurers to transform the health care delivery system. The initiative has been working to ensure that each resident is connected to primary health care provider that oversees and coordinates their health care. This goal is made possible for children by the high percentage of children (93%) that have health insurance. This has resulted in over 90 percent of children, birth to 15 months across the region, who receive government sponsored health insurance (i.e., Medicaid, Child Health Plus), getting their recommended number of well-child visits.

Primary health care providers can serve not only to provide high-quality health care, but also act as the gateway to other supports and services the child and his or her family may need. To function effectively in this gateway role, it is important that 1) primary care providers provide routine developmental screens to help identify issues and 2) primary care practices have access to referral resources that make it easy for them to connect families to the community resources available to meet child and family needs.

What is the return on dollars invested in High-Quality Comprehensive Health Care?

There is increasing recognition that the first few years of a child's life are a particularly sensitive period in the process of development, laying a foundation in childhood and beyond for cognitive functioning; behavioral, social, and self-regulatory capacities; and physical health. Yet many children face various stressors during these years that can impair their healthy development. Numerous studies have shown that the timely identification of issues and the provision of interventions prior to kindergarten has huge academic, social, and economic benefits, including savings to society of \$30 000 to \$100 000 per child.² Extensive analysis by economists has shown that education and development investments in the earliest years of life produce the greatest returns. Most of those returns, which can range from \$4 to \$9 per dollar invested, benefit the community through reduced crime, welfare, and educational remediation, as well as increased tax revenues on higher incomes for the participants of early childhood programs when they reach adulthood.³

What needs to be done to make High-Quality Comprehensive Health Care available to all families in the region?

² Shonkoff JP, Philips DA, eds. *From Neurons to Neighborhoods*. Washington, DC: Institute of Medicine; 2000:384.

³ Center for the Developing Child, *Early Childhood Program Effectiveness*, The Inbrief Series, Center for the Developing Child, Harvard University downloaded from website February, 2017
<http://developingchild.harvard.edu/wp-content/uploads/2015/05/inbrief-programs-update-1.pdf>

In conjunction with the Northern Adirondack Medical Home program and 2-1-1, the Adirondack Birth to Three Alliance's goal is to work with health care providers to replicate Help Me Grow. Help Me Grow is an evidence-based approach to creating a system to identify children with developmental or behavioral delays as early as possible and connect them with the community resources that they need. Currently, the Western New York Help Me Grow initiative, which is being supported by the Western and Central New York Health Foundation, is working to replicate the program model statewide. The Adirondack Birth to Three Alliance is working with them to be one of the first communities in the state to replicate this proven model. By replicating Help Me Grow, The Adirondack Birth to Three Alliance will:

1. **Work with primary care practices (i.e., pediatricians, family practice physicians, health clinics) to provide routine developmental screenings of all children birth to three years of age.** Early childhood screenings provide parents, health care and other early childhood professionals with a standardized way to assess child development and identify concerns as early as possible. The American Academy of Pediatrics guidelines recommend developmental surveillance at every well-child visit and use of a standardized developmental screen at 9, 18, and at either the 24 or 30-month well-child visits. Additionally, a screen for Autism, like the MCHAT (Modified Checklist for Autism in Toddlers) should be administered at the 18 and 24 month visits. An additional standardized screen should be administered at any time when indicated by surveillance or parental concern. By sharing observations and hearing questions or concerns during the screening process, providers and parents have an opportunity to understand and support the child's optimal development.⁴
2. **Improve the systems that links families with community resources that they may need.** Primary health care providers often identify children and families who need additional supports and services for a wide variety of issues and problems. Due to the range of issues, it can be difficult for every primary care practice to have a thorough understanding of and continually update connections to resources that exist in the community to meet the breadth of child and family needs. Through the Help Me Grow process this referral system will be examined and improvements can be implemented to assist primary health care providers with an effective way to link families with community resources.

⁴ Hagan, J., Shaw, J. and Duncan, P. editors Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd edition American Academy of Pediatrics, 2007.