



TRANSATLANTIC FORUM ON THE INCLUSIVE EARLY YEARS: FRAMING THE ISSUE PANEL

Charles Bruner, Ph.D.

BUILD Initiative and Child and Family Policy Center

Dublin County, Ireland

January 26, 2015



A View from the United States

1. *The Faces We Face: The Challenge and Opportunity*
2. *Why It's Important: Young Children in America*
3. *What We Know: The P.A.R.E.N.T.S. Science*
4. *Starting at the Start: What's There to Integrate?*
5. *The Role of Community: What We Need to Integrate First*
6. *The Faces We Face: A Hopeful and Necessary Result*



1. The Faces We Face: The Opportunity and the Challenge

A mother brings her three month-old in for a check-up. It's clear the mom is stressed, unkempt, and not picking up on the child's cues for attention. While there isn't a medical condition which requires attention today, the practitioner fears that, in two years, there will be significant indicators of development delay and likely social and emotional problems.

What can the child health practitioner do to address what are clearly more than and different from medical needs?



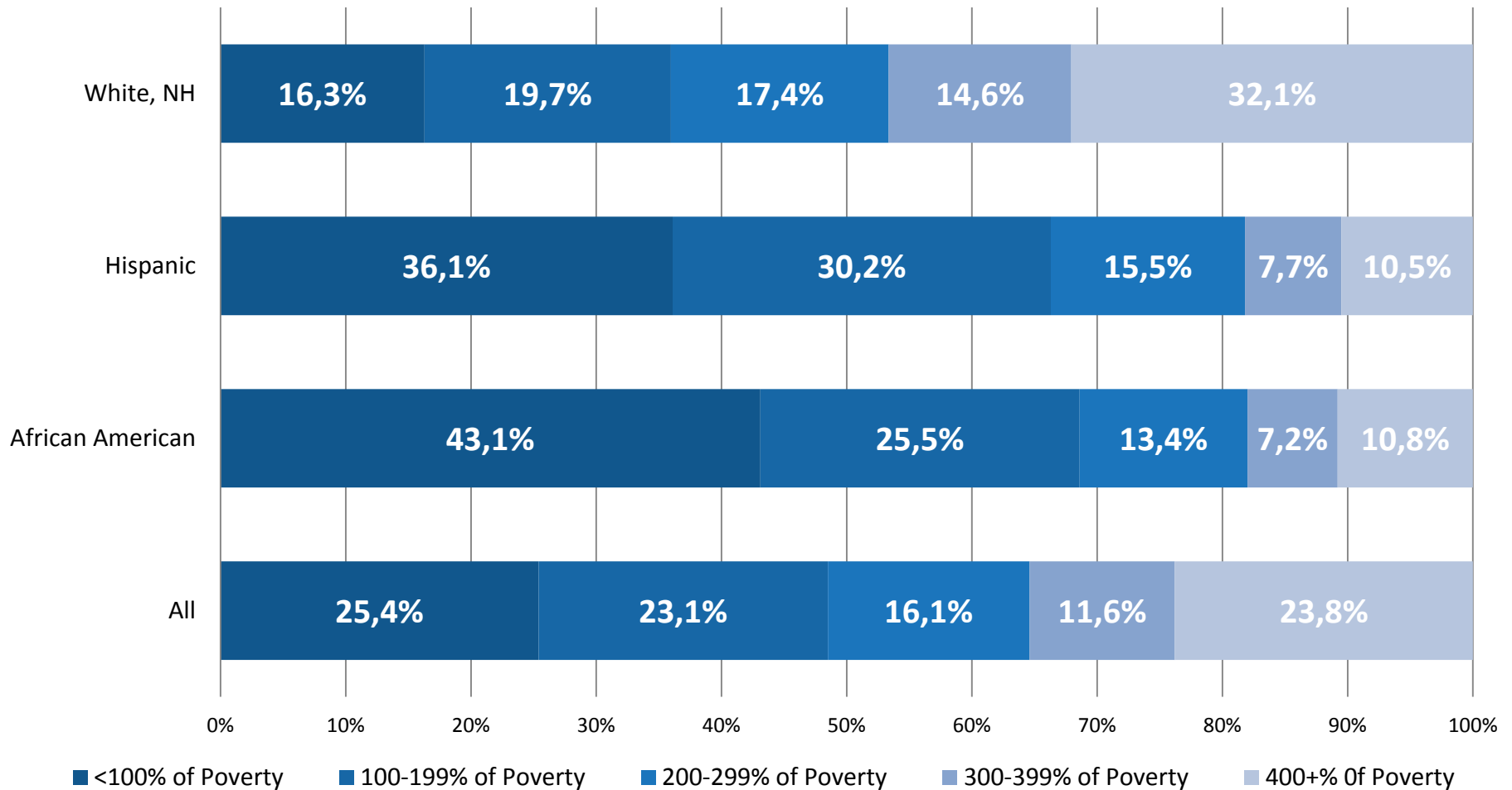
2. Why It's Important: Young Children in America

Young children (0-5) most diverse age segment of society (50% Hispanic or of color, compared with 20% of seniors)

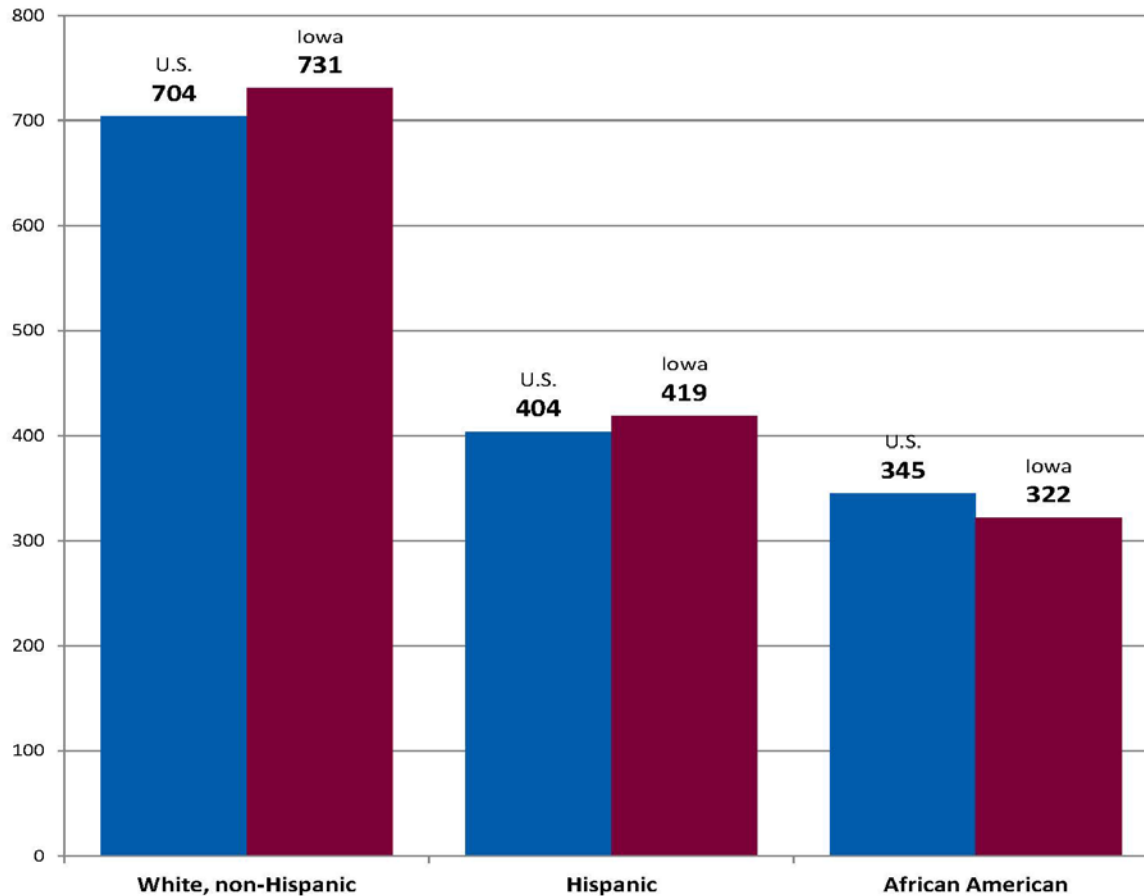
Young children most likely to live in poverty (25% of young children live in poverty, compared with 9% of seniors)

Huge disparities exist by race and ethnicity – by income, by multiple measures of child well-being, and by place

Our most diverse youngest are (by far) the most economically disadvantaged ...



... and have the poorest overall measures of child well-being.



Composite scores of child well-being across twelve different indicators: Kids Count
Race to the Top 2014 50 state data book.

... and live in the neighborhoods with the greatest needs.

Poor Neighborhoods Rich in Young Children

Highest risk tracts 9.2 % of pop. children 0-4

Lowest risk tracts 6.1 % of pop. children 0-4

Poor Neighborhoods Home to Most Diverse Children

Highest risk tracts 82.4 % of color

Lowest risk tracts 16.8 % of color



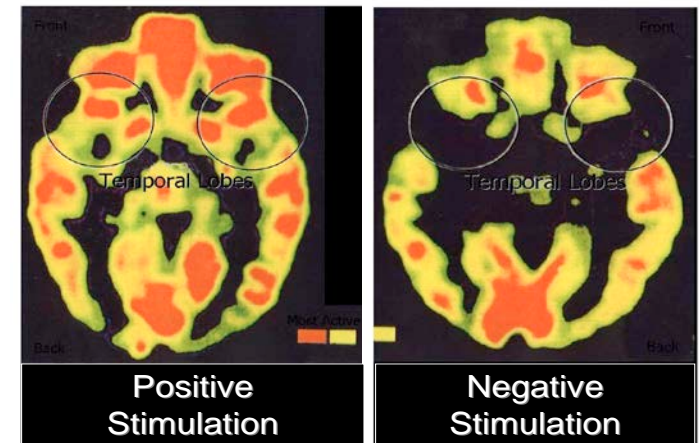
Poor Neighborhoods have higher rates of:

- single parent families (53.1% to 20.5%),
- poor families with children (41.4% to 7.2%),
- adults without high school degree (48.0% to 13.5%),
- HoH wage income (69.1% to 80.6%),
- rental status (70.6% to 29.0%).

3. Science Shows the First Years of Life Most Critical...

- Protective Factors (Strengthening Families)
- Adverse Childhood Experiences (Center for Disease Control)
- Resiliency (American Academy of Pediatrics)
- Epigenetics (Genetics)
- Neurobiology (Brain Research)
- Toxic Stress (Center on the Developing Child)
- Social Determinants of Health (World Health Organization)

Harry T. Chugani, MD, PET Center Director, Chief of Pediatric Neurology and Developmental Pediatrics, Children's Hospital of Michigan



... and Science Spells Out the Solution.

- **P**rotective Factors
- **A**dverse Childhood Experiences
- **R**esiliency
- **E**pigenetics
- **N**eurobiology
- **T**oxic Stress
- **S**ocial Determinants of Health

4. Starting at the Start: What's There to Integrate?

United States sometimes called the only advanced society without a public family policy (e.g. paid family leave, income supports for families with young children, family support services, publicly-financed early care and education, etc.).

For every public dollar invested in the education and development of a school-aged child, only 25 cents is invested in pre-schooler and 7 cents in an infant/toddler.

Where U.S. youngest children (0-2) are served by public services and systems.

55.2% receive health coverage under Medicaid/CHIP

15% in some form of regulated child care

4.5% in families receive public assistance (TANF)

4.2% receive a subsidy for child care (CCDBG)

2.7% receive early intervention services (Part C)

1.5% receive Early Head Start/MIECHV (home visiting)

0.7% in foster placement

30-40% vulnerable to adversity and compromised well-being due to absence of protective factors

5. The Role of Community ... What We Need to Integrate First

Community connections as well as formal public services – time, place, and opportunity to connect with others and provide a supportive community, e.g. “village building”

*It takes a ~~multi-disciplinary team~~ **village** to raise a child.*

6. A Hopeful and Necessary Conclusion

The mother comes in with her child for the 36-month well-child visit. Her daughter is looking forward to the visit, knowing she will receive a new book and excited to tell the nurse she will be going to Head Start next month. The mother has an ASQ form, completed at her family day-care home, and a set of questions for the practitioner about her daughter, who's already starting to read. The mother is in a mutual assistance group with other parents and wants help from the practitioner in getting more dentists who will serve children in their community.





Additional Resources

- Top 10 Things We Know about Young Children and Health Equity... and Three Things We Need to Do with What We Know
- Fifty State Chart Book: Dimensions of Diversity and the Young Child Population
- Village Building and School Readiness: Closing Opportunity Gaps in a Diverse Society
- Equity and Diversity in Early Childhood Systems Building: BUILD Initiative Framework, Living Document, and Case Studies

Sharing What We Learned

CFPC and BUILD want to be partners in this work and bring a learning community approach to our work.

For more information:

www.cfpciowa.org

www.buildinitiative.org

