

THOUGHTS ON CRITICAL CHILD HEALTH MARKERS FOR DATA-DRIVEN PROGRAM DESIGN AND ACCOUNTABILITY

Dorothy D. Johnson, MD, FAAP, February 17, 2011

There are markers of avoidable harm to fetus, infant and young child. Their specificity may elicit particular approaches. I submit these thoughts because the major changes in the markers below relate not so much to the individual physician-patient-parent paradigm as to the community conversation and culture and parent support. Just as FTF seeks to change the culture of infant/child developmental care and literacy, so I believe FTF can change the culture of parents' re behaviors impacting children's health.

Among these critical health markers and desired changes are:

Perinatal: Decrease preventable conditions

- **Decrease: Incidence of pre-term, low birth weight & small for gestational age newborns.**
- **Decrease: Incidence of neural tube defects & congenital infections with sexually transmitted diseases**
- **Decrease: In-utero smoke/alcohol-exposure.**
- **Decrease: Maternal substance abuse in the perinatal period (and beyond)**

Postnatal, 0-5:

- **Increase: Initiation and duration of breast feeding.**
- **Increase: Optimal immunization status. (See PSAs on AAP website)**
- **Decrease: Cavities.**
- **Decrease: Child abuse & neglect.**
- **Normalize: BMI.**
- **Decrease: Accidental deaths**

There are four components to moving these markers:

- family knowledge
- family initiative and follow-through (legislation to require medical facilities to obtain information regarding immigrant status will negatively affect this)
- service provision
- service accessibility.

These need to be considered in the context of system – and in the context of the science of changing the behaviors of a population.

Aspects of the FTF Service priorities (presented in an earlier report to the Health Advisory Committee) that can be vehicles for improvement in these markers include those in bold:

FTF Service Priorities per Task Force

- *Quality, Access and Affordability of Regulated ECE Settings*
- ***Supports and Services for Families***

- **Building Public Awareness and Support** (using FTF-branded materials for educating & coaching parents & community re early child & prenatal health & safety needs)
- **Professional Development System** (as all early child professionals, whether medical, psychosocial or developmental, should be speaking with one voice)
- **Access to Quality Health Care Coverage and Services**

With regard to Family Support, pertinent issues are:

- **Do families know how to support their children's optimal health and development?**
- **Do families know how to put their knowledge into practice?**

Family life issues previously discussed bear directly on accidental death/morbidity and child neglect:

- **Existence of a smoke detector, guns in the home, secure swimming pool, smoking habits, alcohol use, parent's mental health (especially post-partum depression and parental substance abuse) and relationship with spouse/partner**

Regarding education:

Health literacy is critical. A January, 2011 letter from the President of the American Academy of Pediatrics (National AAP) stated: "Nearly 90% of English-speaking adults have limited health literacy skills according to the 2003 National Assessment of Adult Literacy. This lack of capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions is a key determinant of our nation's *inability* to achieve health equity — an AAP universal principle. As a result, we've targeted health literacy as a key component of quality care for pediatric patients and families—". One of the greatest problems is the misinformation available on the internet. Resources for excellent public information are available at the AAP's HealthyChildren.org.

I'd like to think we could accomplish a giant step in health & development literacy for prenatal and 0 - 5. We managed to "go viral" with the "save FTF" message. So now let's "go viral" with "healthy kids" and "ready kids" messages.

And I believe that FTF can effect system change to significantly move the above early childhood health markers for the better.

Respectfully,

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FTF Central Pima Regional Partnership Council & Health Policy Advisory Committee