

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Health matters. Health is the foundation for the quality of life of every child, adult, family, community and nation health matters in early childhood because early experiences and relationships shape the developing brain and establish either a weak or strong foundation for all future growth and development.

In Oregon's early childhood system, Health Matters encompasses the range of services, supports and strategies that promote and restore physical and mental health and well-being and prevent, treat, manage, and improve the developmental, physical and mental health conditions young children and their families may experience. Health Matters address the whole child in the context of family, culture and community.

OBJECTIVES

- Promote healthy children, families, communities, and environments;
- Facilitate healthy physical and social/emotional development, and
- Provide comprehensive insurance and a coordinated continuum of community-based health and behavioral health services and supports.

WHAT THE RESEARCH SHOWS ABOUT HEALTH IN EARLY CHILDHOOD

Healthy physical and social/emotional development during the early childhood years is critical to readiness for school, work and life, and sets the stage for lifelong health and well-being.¹

Health begins before birth, and is influenced by many factors.²

Early relationships, experiences and exposures influence the structure of children's developing brains, and can have long-term effects on how they think, feel, learn, behave, relate to others, and participate in society.³

Children need consistent, nurturing relationships and safe, responsive environments in which to live, learn and play.⁴

Social/emotional competence is as important as cognitive development in achieving school readiness, and is predictive of early school success.^{5 6}

Disparities begin early and compound over the lifespan, but effective ways to reduce them can begin in early childhood.⁷

All parents benefit from information and quality basic services to support them in nurturing their children and promoting their healthy development.⁸

National and state quality improvement initiatives have shown that engaging families *at all levels* of systems of care provides more relevant and effective services and produces better outcomes for children with special needs and their families.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Young children and families with multiple risks have specific needs and benefit from more specialized services and supports geared to their unique issues.⁹

Young children can experience serious health and mental health conditions that they do not automatically outgrow.¹⁰

Many health and mental health risks and conditions can be prevented.¹¹

Effective services and supports exist for many health and mental health conditions.¹²

Identifying and addressing developmental, physical and mental health risks as early as possible can diminish their adverse effects and reduce costs.¹³

Maternal depression is a common, treatable, often undetected risk to children's physical and emotional health, cognitive development, behavior, and relationship capacity.¹⁴

Investing in children's physical and mental health is a sound economic strategy.¹⁵

Access to comprehensive health insurance improves health outcomes, reduces school and work absenteeism, and controls healthcare costs.¹⁶

Health care provided through a medical home, where standardized screening, monitoring and coordinated care are standard practice, increases early identification of risks, improves child outcomes, and reduces costs.^{17 18}

A continuum of coordinated, quality services and supports, including promotion, prevention, treatment/intervention services, is needed to address early childhood health and mental health needs.¹⁹

A skilled, well-trained, and culturally competent workforce is needed to effectively meet the health and mental health needs of young children and their families.²⁰

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

OREGON'S CURRENT ENVIRONMENT: CHILD AND FAMILY HEALTH

The health and healthcare status of Oregon's young children and families presents a mixed yet concerning picture. Major risks and disparities currently jeopardize the health and mental health of our youngest Oregonians and their families. Research confirms the significant and potentially lifelong adverse consequences of these conditions. Poverty is a most insidious risk factor and a major disparity that compromises physical, emotional, cognitive, and social development. In 2006, 143,000 children -- nearly 17% of Oregon's child population -- lived at or below the federal poverty level. The previous year, poverty levels for school-age children in Oregon ranged from 41.7 percent in Plush to 3.6 percent in Lake Oswego.²¹ As a frontier State, Oregon evidences not only racial, ethnic, cultural, linguistic and socioeconomic disparities, but also substantial geographic disparities between its urban, rural and frontier populations. The snapshot provided below attests to both the need and potential for improving and further integrating the physical and behavioral health elements of Oregon's early childhood system, and strengthening their alignment with the elements of early care and education and family support.

Prenatal health²²

- The number of women receiving adequate prenatal care declined from 2001 to 2004.
- One of every four women who had babies in 2004 reported smoking prior to pregnancy.
- Alcohol use by pregnant women in Oregon significantly exceeds both the national rate (5.6%) and the Healthy People 2010 Target of less than 6%. In 2004, 8.1% of Oregon mothers of newborns reported using alcohol during pregnancy.
- Oregon's infant mortality rate, among the lowest in the nation at 5.9 per 1000 births in 2005, is higher than the projected target rates for 2005 and 2010. It has inched upward since 2000.²³
- One of every four Oregon mothers of newborns reported being sometimes depressed, and 9% reported being always or often depressed, since the birth of their child.
- More than one-third of births were to women overweight or obese prior to pregnancy.
- Health disparities persist. White women evidenced the highest rate of adequate prenatal care (74%), Hispanic and American Indian/Alaska Native the lowest (61% and 59% respectively); American Indian women evidenced significantly higher rates of smoking during pregnancy than women of other racial and ethnic descents; 17% of African American and American Indian mothers of newborns reported being always or often depressed.

Young children health

- 71% of two-year-olds were adequately immunized in 2006, reaching neither the 2005 benchmark of 82% nor the 2010 benchmark of 90%.
- The oral health of Oregon's young children is also declining, with a 49% increase in the rate of untreated tooth decay in school-aged children between 2002 and 2007.²⁴
- Childhood obesity plagues a substantial segment of Oregon's early childhood population. 17% of the State's two year olds were overweight, and 14% were grossly overweight, according to the 2003 Pediatric Nutrition Surveillance Survey.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

- Approximately 8.6% of children aged 0-5 have special health needs – they have or are at risk for chronic physical, developmental, behavioral or emotional conditions that require a type or amount of health related services beyond what is “normally” needed by young children.²⁵
- The prevalence rates of mental health conditions for children in Oregon are estimated to mirror nation rates, with up to 20% of children experiencing an identifiable mental health condition and approximately 5-9% of children aged 0-5 evidencing serious emotional and behavioral health conditions.^{26 27}
- 6% of Oregon parents of children aged 0-3, and 8% of the parents of 4-5 year olds, have reported that their children have difficulties with emotions, behavior, concentration, and/or getting along with others.²⁸

Insurance and healthcare access, availability and affordability

- One out of every eight children in Oregon is uninsured,²⁹ and approximately 25% of those uninsured children are under age 5.³⁰
- More than half of Oregon’s uninsured children are eligible for the Oregon Health Plan (OHP).³¹
- 84 percent of OHP eligible children under age 1, 69 percent of 1-2 year olds, and 51 percent of children aged 3-5 received the required Early Periodic Screening diagnosis and treatment(EPSDT) screening in 2005-2006.³²
- 8,469 OHP eligible children aged 0-5 received one or more dental services in 2005-2006.³³
- 8,527 children aged 0 – 8 received a Medicaid-funded mental health service in 2006 (this excludes children only admitted to a fee-for –service outpatient service).³⁴
- According to the results of the 2003 National Survey of Children’s Health, Oregon parents reported that 39% of children aged 1-5 needed but did not receive mental health services.³⁵
- Insurance and healthcare disparities remain evident. American Indian/Alaskan Native mothers were more than twice more likely to lack health insurance than White or African American mothers. In addition, Hispanic or Latino parents were more than twice as likely to be uninsured (32.7%) than the non-Hispanic population.³⁶

**OREGON’S CURRENT ENVIRONMENT:
EARLY CHILDHOOD, HEALTH and BEHAVIORAL HEALTH SYSTEMS**

Oregon’s 2005 Report to the Governor and Legislature on the Early Childhood System articulated the State’s current environment:

“The public and private sectors are unusually aligned at this time around building a commitment and action to improve early childhood outcomes; there is unprecedented opportunity to leverage public resources with private resources ... State agencies indicate a renewed commitment to work across department lines to address child outcomes.”³⁷

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

In Oregon, momentum to build strong and effective early childhood systems continues to grow, through the ongoing work of public and private partners. Strong collaboration and dedication produced substantial legislative and policy gains Oregon in 2007. Progress continues with the cross-system initiatives underway in 2008.

Providers, families, agencies, coalitions, advocates, citizens, and civic partners have worked diligently for years to promote and provide effective health, developmental, and behavioral health services and supports. Attention to the early childhood population has increased, especially since 2001, following passage of House Bill 3659, the enabling legislation for Oregon's Early Childhood System. Despite the resulting array of improved services and supports, however, Oregon has not yet achieved a comprehensive, coordinated, sustainable early childhood "system of systems."

In addition, health and behavioral health services remain fragmented, limited in scope and scale, and insufficiently structured and resourced for promotion and prevention activities; these limitations directly affect both young children and their parents as is highlighted in this *Health Matters Issue Brief* and the companion *Family Matters Issue Brief*.

The Oregon Health Policy Commission, in its 2007 *Road Map for Health Care Reform* report, confirms that Oregon's health care "system" is plagued by large numbers of uninsured children and families, lack affordability for too many families even those with insurance, rapidly and continually rising healthcare costs, fragmented service delivery, and failure to provide consistently high quality, prevention-oriented healthcare. Additional and integrated funding for children's behavioral health services would facilitate development of a system of care and help to sustain the improvements stemming from the Children's Systems Change Initiative.

Policymakers, providers, consumers, families, advocates and citizens are engaged in efforts to re-design current health and behavioral health services into an integrated and effective system responsive to the needs of, and improving outcomes for, all Oregonians, including young children and their families. This includes aligning services within the health system as well as coordinating with the Early Childhood System elements of Early Care and Education and Family Support. In addition to the activities enumerated in the healthcare, public health and behavioral health sections below, current cross-system efforts include:

- The Physical and Behavioral Health Integration Initiative, designed to improve health and reduce morbidity, mortality, and cost through greater coordination and integration of care provided by public and private behavioral health and physical health providers and community-based organizations.
- Continued efforts to achieve universal health insurance for Oregon children, a goal with widespread conceptual support that needs consensus on a sustainable funding mechanism.
- The ABCD III Screening Learning Academy, co-facilitated by the DHS Division of Medical Assistance Programs (DMAP), the Oregon Pediatric Society, and the DHS

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Public Health Division's Office of Family Health. This 18-month technical assistance and learning collaborative is working to improve state policies to increase standardized developmental, behavioral, and psychosocial screening in well child care.

Healthcare: Healthcare partners, both public and private, recognize and endorse the need for a more comprehensive, holistic, preventive approach to early childhood health care. While the "medical home" model and standardized screening are not yet standard practices, many partners are taking steps toward practice change and system transformation. Examples include:

- An increasing number of pediatric healthcare providers (including pediatricians, family practice doctors, nurses and nurse practitioners) are integrating standardized psychosocial and developmental screening into their preventive care practices.
- Child Developmental Health pilot sites are being created by a collaborative of funders, providers, and specialty care consultants to increase universal screening and build community networks for effective referrals.
- The National Docs for Tots physician advocacy organization recognized Oregon as an affiliate state in 2006, and there is a growing cadre of local practitioners who are motivated and supported as early childhood advocates.
- The Oregon Pediatric Society (OPS) Quality Improvement Task Force is designing quality improvement activities to encourage standardized screening and surveillance, and comprehensive developmental health services, as routine aspects of well child care.
- The OPS and the Oregon Association of Child and Adolescent Psychiatry (OACAP) are engaged in a three-year project to improve linkages between psychiatrists and pediatricians around early childhood mental health standards of care and team based management of children served by both systems.

Public Health: Oregon's public health system actively facilitates early childhood system development and improved health outcomes for young children and their families through routine public health functions and multiple cross-system initiatives. The DHS Public Health Division works closely with local health departments to promote, protect and monitor the health of Oregonians. Through these and additional partnerships, broad based community services and initiatives focus on best practice interventions to improve the health status of families.

- Public Health Home Visiting Programs (Maternity Case Management and Babies First!) provide evidence-based interventions for high-risk pregnant women and infants up to age 2. Coordinating community resources to reduce physical, emotional and social risks to both the mother and infant, nurses provide assessment, intervention, anticipatory guidance and partner with the family's medical home. Outcomes include healthier pregnancies and safer, healthier children.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

- Child Care Health Consultation Program is a cross-system, multi-disciplinary effort to improve child health and safety and prevent health and mental health problems among children in child care by providing health consultation to child care providers. Pooled funds from the Child Care and Development Fund, the Title V Maternal and Child Health Block Grant, and local resources support the program. Core teams comprised of a health consultant, early care and education /child development specialist, and mental health consultant deliver consultation to providers in 5 counties.
- Partnering with public and private partners at the state and local level, the Division is currently targeting two significant health child health issues: childhood obesity and better oral health. Guided by best practice and a systems approach, state plans – the Oregon Childhood Obesity Study and the Oral Health State Plan – have been produced to offer clear guidance to local communities on reducing these significant threats to the health of Oregon's children.^{38 39}
- Two perinatal health initiatives – preconception health and perinatal depression – have just been initiated and illustrate progress toward simultaneous focus on parent and child health to maximize both maternal and child health outcomes.

Behavioral health: The behavioral health is an essential component of Oregon's early childhood system. Public and private behavioral health partners continue to expand through focused, collaborative efforts. The 2007 launch of the Oregon Infant Mental Health Association is one example of their impact. In the public sector, the DHS Addictions and Mental Health Division (AMH) champions systems change to produce better behavioral health outcomes for children from birth through age 17 and their families. AMH administers the public components of an expanding but incomplete continuum of mental health and substance abuse services, from prevention through intervention and follow-up. With the support of SB267, AMH increasingly funds evidence based practices throughout the state. Currently, major systems initiatives include:

- The Children's System Change Initiative (CSCI) to ensure that children are in safe and secure environments at all times at home, in school out of trouble, and with friends.
- The Statewide Children's Wraparound Initiative integrates and coordinates cross systems work in order to improve outcomes, reduce duplication and gaps in services, and avoid or reduce out-of-home placements. The initiative builds on both the CSCI and the work of local communities that have implemented Systems of Care, including the current SAMHSA-funded Wraparound Oregon: Early Childhood Initiative administered by the Multnomah Education Service District.
- Intensive Treatment and Recovery Services for addicted families links substance abuse treatment with families of young children receiving services from Temporary Assistance to Needy Families or child welfare and early childhood service providers. These services work to keep the family intact and children safe and to reunite parents with their children

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

when children can be safely returned home. These services build on the lessons learned through the State Incentive Grant for Early Childhood Prevention, which linked behavioral health services with services where families naturally and regularly take their children.

- The Oregon Children's Plan pilot sites provide behavioral health services for children 0-8 and their families who have or are at risk for mental health or substance abuse conditions and who have no other resources to pay for needed services. These projects developed outcome measures to assess changes for these children and their families. One of the implemented evidence-based practices will be implemented across sites beginning in July 2008.

CHALLENGES AND OPPORTUNITIES

CHALLENGES

The current hopeful early childhood environment operates within a larger State climate of cautious optimism, as State and federal economic forecasts suggest "heightened uncertainty."⁴⁰

To adequately address the health, mental health and social/emotional development needs of Oregon's young children and families, greater financial investments are needed.

Fiscal policies and payment/reimbursement structures do not adequately support screening, health and mental health promotion, preventive services, or care coordination.

Healthcare costs continue to rise, and employer-paid insurance continues to decline, further compromising the affordability of health insurance and healthcare. Oregon's 2005 Covering Kids survey identified cost as one of the major reasons families did not enroll their children in health insurance plans.⁴¹

Most pediatric healthcare practitioners do not yet operate as a "medical home" and do not provide consistent standardized screening. Results of the 2003 National Survey of Children's Health indicate that Oregon falls below the national average in the percentage of children who have a personal doctor or nurse and receive accessible, comprehensive, culturally sensitive, coordinated healthcare.⁴² A recent study of Oregon's largest managed health care systems found that few providers were using standardized screening tools during routine well-child visits and that 2 out of five children identified at significant risk did not receive follow-up services.⁴³

Well-child visit time constraints and content requirements are perceived barriers to the provision of anticipatory guidance, screening, and referral, and both real and perceived shortages of assessment and intervention resources also inhibit screening and referral practices.

Training for healthcare providers is not robust in the areas of standardized screening, referral, behavioral health, parent-child relational issues, and parent communication.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Common cross-agency data sets do not exist, and there are no consistent cross-agency methodologies, mechanism or timelines for the collection, analysis and dissemination of data that contributes to shared early childhood outcomes. Data system and resource limitations hamper care coordination and child health monitoring as well as cross-system performance measurement.

Oregon's public mental health system does not meet the demand for early childhood mental health services.

- Adult service providers for parents with substance abuse or mental health issues often do not identify parenting issues or the consequences of the parental issues on their young children. System linkages need to be strengthened between the parental and early childhood service systems.
- Data systems don't provide adequate information to identify mothers who are depressed.
- Workforce development for skilled clinicians in serving young children and their families with behavioral health needs continues to be necessary to accurately identify and intervene. The role of clinicians could be expanded to include services in natural settings of children and parents.
- Family members and service providers in the early care and education field identify the need for early childhood mental health consultation in children's natural settings.

OPPORTUNITIES

Oregon is poised to transform its health and behavioral health services into a comprehensive, coordinated, holistic system. The participation of early childhood system partners in all major health and mental health initiatives is essential. Only through joint commitment and collaboration, can Oregon assure that the health and mental health needs of Oregon's youngest children and their families are fully considered and addressed.

Further coordination and alignment of current health and behavioral health initiatives can assure the health system's integral role in and connections to other elements of Oregon's early childhood "system of systems." Children's Statewide Wraparound Initiative, The ABCD III Screening Learning Academy, the Physical and Behavioral Health Integration Initiative, the Perinatal Depression Initiative, and the Childhood Obesity Initiative offer opportunities for enhanced partnership and integration.

Oregon has a timely opportunity to strengthen partnerships with families and with Early Education and Family Support systems. These partnerships will assure that all system components developing supports that value and support the essential role of families play in the social, emotional, developmental and physical health of their children. As a result of such partnerships, all systems will incorporate family-to-family supports, promote family leadership and family-professional partnerships, engage families in planning, implementing and evaluating services and supports, and utilize family perspectives and family leadership in policy and decision-making.

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Oregon's new strategic framework, Early Childhood Matters, and the supporting statewide Early Childhood Comprehensive Systems Plan, can assist partners in identifying and initiating short- and long-term strategies to enhance the health element of the early childhood system.

Oregon's Early Childhood Public-Private Partnership, the State Early Childhood Council, and its emerging sub-committees are promising vehicles for coordinating continued early childhood system development. The Health Matters sub-committee encourages new partners to join and help move key initiatives forward.

POLICY OPTIONS

Oregon strives but struggles, as do other States, to translate what's known about promoting healthy social and emotional development, and preventing and treating physical and behavioral health conditions, into sound policies and a sustainable system of services and supports. The following policy options, based on research, evidence and need, help make that translation.

- **Provide comprehensive health insurance for all young children & their families.**
Strategy considerations: Cover as many children as possible and keep them covered. Facilitate culturally competent outreach. Assure that benefits include adequate coverage for the preventive, developmental, family planning, medical, dental, nutritional, vision, hearing, behavioral, specialty, and care coordination services and supports young children and their parents need. Include coverage for standardized developmental and psychosocial screening maternal depression, substance abuse and domestic violence, benefits for durable medical equipment and sufficient occupational and physical therapy sessions are crucial for children with special health needs.
- **Provide all young children and their families with comprehensive healthcare through a "medical home" – a regular source of coordinated, family-centered, culturally competent, quality healthcare.**
Strategy considerations: Assure developmental, medical, dental, nutritional, vision, hearing, behavioral and specialty care, including standardized screening and care coordination. Increase public and provider awareness of the importance and essential elements of a "medical home." Create incentives for practice change through multiple mechanisms, such as pay for performance and quality improvement initiatives.
- **Increase investments to create healthy communities and behavioral health supports.**
Strategy considerations: Assist communities in promoting positive parent-child relationships and healthy behaviors, and preventing and reducing risks of obesity, early childhood tooth decay, substance abuse, tobacco use and exposure, child abuse and neglect, unintentional injury, and exposure to environmental toxins. Assure health and mental health system involvement in community comprehensive planning efforts.
- **Build stronger links between community health, health care, behavioral health, and state and local Early Childhood Care and Education and Family Supports Systems.**

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Strategy considerations: Increase awareness and visibility of community resources and how to refer to and access them. Offer shared training opportunities. Utilize peer and family navigators. Promote co-location of services and providers. Establish community-level referral, service coordination, and single-point-of-access capacity. Increase care coordination capacity. Increase health and mental health consultation services across provider systems. Assure multi-agency participation on community-based teams. Include collaboration, coordination, service and funding integration, and community/system planning involvement expectations in contracts. Develop shared performance measures.

- **Promote children's social-emotional development and mental health in all early childhood settings.**

Strategy considerations: Improve public and provider awareness of the importance of social-emotional development and how to nurture it. Increase investments in social emotional development, promotion and prevention services. Train more early care and education providers to intentionally promote social/emotional development. Improve anticipatory guidance. Expand the scope and scale of effective practices such as evidence based home visiting, parent education and support groups, and health and mental health consultation.

- **Identify and address health and behavioral health risks and conditions as early as possible.**

Strategy considerations: Implement universal standardized screening for young children and parents, to identify developmental, medical, behavioral, social/emotional and psychosocial risks, including screening for maternal depression, family violence and substance abuse. Create sustainable and community-level referral and follow-up infrastructure. Increase investments to infuse promotion, prevention and intervention strategies into existing early childhood services.

- **Increase behavioral health services for young children who are involved in the child welfare system or experiencing homelessness, domestic violence, or parental behavioral health issues.**

Strategy considerations: Support medical home and perinatal depression initiatives. Assure prevention, screening, and treatment for maternal depression. Increase consultation, collaboration and reflective supervision across mental health, child welfare, domestic violence, community action, legal and law enforcement systems. Improve parenting support for adult behavioral health clients with young children. Assure availability of substance abuse treatment for pregnant and parenting families. Increase access to family drug treatment courts for parents of young children. Assure intensive interventions.

- **Increase the skills and capacity of the health, behavioral health, and early childhood work force to meet the health and mental health needs of young children and their families.**

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

Strategy considerations: Cross-train the health and early childhood work force in core early childhood competencies, screening and referral practices, and collaboration. Train behavioral health providers in culturally competent early childhood mental health services and family-centered care. Increase the number of specialized early childhood mental health providers. Improve provider awareness and appropriate use of early childhood-specific diagnostic codes and treatment guidelines. Imbed child health and development and early childhood mental health training in pre-service education, specialty training programs and continuing education offerings.

¹ A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior and Health for Vulnerable Children. Center on the Developing Child at Harvard University, August 2007.

² Halfon and Hochstein, "Life course Health Development: An Integrated Framework for Developing Health, Policy and

Research." *The Milbank Quarterly*, Vol. 80, No. 3, 2002.

³ *The Science of Early Childhood Development*. (2007) National Scientific Council on the Developing Child. <http://www.developingchild.net>

⁴ Ibid.

⁵ Raver, C. Emotions Matter: Making the Case for the Role of Young children's Emotional Development for Early School Readiness. Social Policy Report of the Society for Research in Child Development, 16(1), 2002.

⁶ Ladd, et al, Children's Social and Scholastic Lives in Kindergarten: Related Spheres of Influence? *Child Development*, 70(6), 1999.

⁷ Johnson and Theberge, SHORT TAKE No. 4: Reducing Disparities Beginning in Early Childhood. National Center for Children in Poverty, 2007.

⁸ Knitzer and Stebbins. State Early Childhood Policies: Improving the Odds. National Center for Children in Poverty, May 2007.

⁹ Knitzer and Lefkowitz. Pathways to Early School Success: Helping the Most Vulnerable Children and Families. National Center for Children in Poverty, January 2006.

¹⁰ Building a Comprehensive System to Address Infant and Early Childhood Mental Health Disorders: Policy Brief. Zero to Three Policy Center, November 2006.

¹¹ Guyer, et al. Investments to Promote Children's Health: A systematic literature review and economic analysis of interventions in the Preschool Period. Partnership for America's Economic Success, January 22, 2008.

¹² Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series, National Academy of Sciences, 2006. Sited from: <http://books.nap.edu/catalog/11470.html> 02.06.08.

¹³ Knitzer and Lefkowitz. Pathways to Early School Success: Helping the Most Vulnerable Children and Families. National Center for Children in Poverty, January 2006.

¹⁴ Knitzer, Theberge and Johnson, Reducing Maternal Depression and its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework. National Center for Children in Poverty, January 2008.

¹⁵ Guyer, et al., op. cit.

¹⁶ Edlund. Children's Health Insurance Coverage in Oregon: The Numbers. Oregon Office for Health Policy and Research, January 2005.

¹⁷ Starfield, B., Shi, L. The Medical Home, Access to Care and Insurance: A Review of the Evidence. *Pediatrics*. 2004;113(5):1493-1498

¹⁸ Palfrey, JS, et al, The Pediatric Alliance for Coordinated Care: Evaluation of a Medical Home Model. *Pediatrics*. 2004;113(5):1507-1516.

¹⁹ Perry, Kaufman & Knitzer, eds. Social and Emotional Health in Early Childhood: Building Bridges Between Services and Systems. Brookes Publishing, 2007.

²⁰ Infant and Early Childhood Mental Health: Promoting Healthy Social and Emotional Development – Fact Sheet. Zero to Three, May 2004.

²¹ U.S. Census data, 2005. Available at: www.census.gov/hhes/www/saie/index.html

GOVERNOR'S EARLY CHILDHOOD SUMMIT
Issue Brief
Health Matters
Health, Social/Emotional Development and Mental Health

- ²² Unless otherwise noted, prenatal, parental and childhood health status data are cited from: Fischler, Kasehagen, Rosenberg, Wiens & Yusem, Oregon Perinatal Data Book. Oregon DHS, Public Health Div., Office of Family Health, 2007.
- ²³ Achieving the Oregon Shines Vision: The 2005 Benchmark Performance Report. Oregon Progress Board, 2005.
- ²⁴ Oregon Smile Survey 2007. Oregon DHS Public Health Division, Office of Family Health, Oral Health Section.
- ²⁵ Maternal and Child Health Bureau at <http://mchb.hrsa.gov/programs/specialneeds/measuresuccess.htm>, retrieved 2/10.2008.
- ²⁶ Simpson GA, Bloom B, Cohen RA, Blumberg S, Bourdon KH. (2005). U.S. Children with emotional and behavioral difficulties: Data from the 2001, 2002, and 2003 National Health Interview Surveys. Advance data from vital and health statistics; no 360. Hyattsville, MD: National Center for Health Statistics.
- ²⁷ Berson, I.R., Vargo, A.C., Powell, D., Dailey, K.A., Zheng, Z., & Armstrong, M.I. (2002). Infant and Toddler Medicaid-Funded Mental Health Services. Tampa, FL: Louis de la Parte Florida Mental Health Institute, University of South Florida, p. 3. [Available online: <http://www.fmhi.usf.edu/institute/pubs/bysubject.html>]
- ²⁸ CDC, NCHS, DHIS, SLAITS, National Survey of Children's Health, 2003 [orig. cited March 22, 2005], available from: <http://www.cdc.gov/nchs/about/major/slaits/msch.htm>.
- ²⁹ Personal Communication. Office of Health Policy and Research. 02.2008.
- ³⁰ Edlund. Op cit.
- ³¹ Ibid.
- ³² Annual EPSDT Participation Report. Oregon DHS, Division of Medical Assistance Programs, 2006.
- ³³ Ibid.
- ³⁴ Oregon DHS Addictions and Mental Health Division Early Childhood Data. March 4, 2008.
- ³⁵ CDC, NCHS, DHIS, SLAITS, op. cit.
- ³⁶ Profile of Oregon's Uninsured, 2006. Office of Health Policy Research.
- ³⁷ Report to the Governor & Legislature on the Early Childhood System. Oregon State Early Childhood Team. 2005.
- ³⁸ Oregon Childhood Obesity Study. (get full citation)
- ³⁹ State Plan for Oral Health: Overarching Issue Impacting All Oregonians. Oregon DHS Office of Family Health, April 2006.
- ⁴⁰ Oregon Economic and Revenue Forecast Summary. Department of Administrative Services, December 2007.
- ⁴¹ De Voe and Krois. Covering Kids: Child Access to Health Care: Results from a Statewide Oregon Survey. Oregon Health Research and Evaluation Collaborative, January 2006.
- ⁴² CDC, NCHS, SLAITS, National Survey of Children's Health, 2003. op cit.
- ⁴³ Reuland C, Bethell C. *Preventive and Developmental Care Findings in Kaiser Permanente*. Presentation to the Department of Pediatrics, Kaiser Permanente. November, 2005.