

Connecticut's Children: Off to a Healthy Start

The importance of health in the first three years of life as the grounding for lifelong well-being was underscored by researchers, policymakers, medical providers, parents and community leaders at the [*First 1000 Days: Off to a Healthy Start forum*](#) held at the Connecticut State Capitol on October 19th and in the accompanying [*briefing paper: Connecticut's Children: Off to a Healthy Start*](#), by Judith Meyers.

This Issue Brief summarizes key points from the forum and briefing paper, including:

- Optimal conditions for early childhood health
- Assuring the healthy development of children in Connecticut
- Next steps for Connecticut

Optimal Conditions for Early Childhood Health

Drawing from the vast literature on the conditions that support the optimal healthy development of a child, Meyers presented “seven habits” of early childhood health.

Seven Habits of Early Childhood Health

1. Mothers receive prenatal care beginning in the first trimester and do not expose their babies to toxic substances during or after their pregnancies.
2. Children are born at full term and at a healthy weight.
3. Once born, children have sufficient and good nutrition and grow within healthy weight guidelines.
4. Children form strong bonds with nurturing caregivers, including parents and childcare providers, who have the psychological resources to provide responsive caregiving.
5. Children live in homes free of toxic stressors (environmental, physical and emotional).
6. Children live in safe communities with access to parks, recreation, and healthy foods.
7. Children have a medical and dental home (and the health insurance to pay for these services) resulting in:
 - a. well-child visits according to the American Academy of Pediatrics schedule
 - b. all recommended immunizations
 - c. screening for developmental delays and linkage to needed services
 - d. screening for lead toxicity, iron deficiency, and chronic disease such as asthma and allergies
 - e. oral health promotion beginning at age one
 - f. needed supports for families of children with special health care needs

Assuring the Healthy Development of Children in Connecticut

Data on how Connecticut's 105,000 children younger than 3 years of age fare on each of these conditions show that the majority are doing rather well, but ten to fifteen percent of children are especially vulnerable for poor health outcomes. For the most part, these are children who live in the poorest families, usually in the poorest communities, and more often are members of racial and ethnic minority groups.

In the forum keynote address, Neal Halfon, UCLA pediatrician, noted that the problems of poor child development are complex, multi-factorial, multilevel, and multigenerational. With the right approach, however, child health providers are uniquely positioned to assure that all children are off to a healthy start as they have nearly universal access to each and every child on a regular basis.

Halfon emphasized the importance of a complex systems approach rather than the typical fix-it strategies or incremental improvements. The child health system needs to move from a focus on reducing the disability or death of individual children to a focus on lifespan and population health outcomes, resulting in optimal health for all. He encouraged Connecticut decisionmakers to redesign the state's child health system in collaboration with other systems serving young children, such as early care and education; coming to agreement on a common agenda, shared outcome measures, systems improvements and financial and policy alignment. ([Click here](#) for *Halfon's presentation slides*).

Next Steps for Connecticut

Building on a sound scientific basis of early childhood development and the consequences of adverse childhood experiences, leaders in Connecticut who participated in the forum voiced the need for comprehensive system development and better cross-sector collaboration that blends resources across agencies and effectively links **child and family health, early care and education** and **family support systems** at the state and community levels.

Paul Dworkin, Chair of Pediatrics at the University of Connecticut School of Medicine, concluded the forum with systems change recommendations for policymakers, practitioners and communities in order to optimize the healthy development of all children in Connecticut:

First 1000 Days: Off to a Healthy Start . . . Important Next Steps for Connecticut

1. Support child health providers and their practices along the path to person-centered medical homes using vehicles such as CHDI's child health practitioner education program ([EPIC](#)) to advance surveillance and screening, parenting education, co-management of medical issues with subspecialists, and linkage to community-based programs and services.
2. Expand innovative and promising models of care coordination that embrace a shared resource model, as currently piloted through Hartford's Care Coordination Collaborative.
3. Address current system gaps and capacity issues through the expansion of such clinically efficacious and cost effective approaches as [co-management](#) of medical conditions and [mid-level developmental assessment](#).
4. Ensure that the plethora of statewide programs, both public and private, that benefit the health of young children and their families are meaningfully integrated within a comprehensive system in support of young children's healthy development, as mandated by P.L. 11-181
5. Bring efficacious and cost-effective programs and services to scale across Connecticut, such as [Child Development Infoline/Help Me Grow](#), the use of the Ages and Stages Questionnaires, Evidence-Based Home Visiting models including Parents as Teachers, Early Head Start, Nurse-Family Partnership and [Child FIRST](#), Easy Breathing to address asthma, the Infant Mental Health Competencies, and the Positive Parenting Program.
6. Build on the requirement that not-for-profit hospitals engage in community health needs assessments to address critical community issues.
7. Create and enhance efforts to collect child health data at all levels.
8. Promote innovation through a collaborative innovation network as recommended by Dr. Halfon.
9. Fully engage parents and communities as key voices in every aspect of the work.

For further information please contact Judith Meyers at meyers@adp.uchc.edu.