Combating Health Disparities: Concrete Examples from Colorado Early Childhood Interventions

Public Health in the Rockies
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WE ENVISION AN AMERICA IN WHICH A LEGACY OF ECONOMIC SECURITY AND EDUCATIONAL SUCCESS PASSES FROM ONE GENERATION TO THE NEXT.

Source: The Aspen Institute
Objectives

• Describe how certain early childhood interventions in Colorado are a strategy to combat health disparities

• List data points specific to the MIECHV Program used to evaluate efforts addressing social determinants of health

• Recognize the role of early childhood interventions as approaches that strengthen families and communities, but not the entire solution to end health disparities.
Social Determinants of Health 101
What determines health?

- Health Behaviors (diet, exercise, etc): 30%
- Clinical Care: 10%
- Physical Environment: 10%
- Genes and Biology: 10%
- Social and Economic Factors: 40%

Adapted from: County Health Rankings model © 2014
Health starts in our homes, schools, workplaces, and communities

Source: Dahlgren and Whitehead, 1991
We know health disparities exist. Now what?

A critical step to eliminating health disparities is to address...

the Social Determinants of Health (SDoH)
MIECHV
&
Social Determinants of Health
What does this crazy acronym mean?

• Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

• Serves children pre-birth to kindergarten and their parents

• Operating in Colorado since 2011

• Evidenced-based models
MIECHV is a two-generation approach

- Provides opportunities and meets needs of children and their parents.
- MIECHV addresses certain SDoH
Why does MIECHV have target populations?

(JUSTICE)
How else does MIECHV impact health equity?

Demonstrates positive impacts on certain SDoH:

- Family planning
- Healthcare Access
- Education
- Income
- Social Support
How do you measure that kind of impact?

Last year...

• MIECHV Program served 1,884 households across Colorado
Who do we serve?

Client Ethnicity

- 61% Hispanic
- 37% Not Hispanic
- 2% Unknown

Source: Colorado MIECHV FY13-14 Demographic Data

(n=1,884)
93% of families live below the 250% federal poverty level (FPL), which is equivalent to earning less than $59,625 annually for a family of four.

Annual salaries above based on a family of 4
According to 2014 Federal Poverty Line Guidelines

Source: MIECHV Colorado Form 1 Data, FY13-14
Enrollee Employment

MIECHV served 1,096 unemployed caregivers last year.
Enrollee Education by ethnicity and gender

- Currently in High School
- High School age- not enrolled
- Less than HS Diploma
- GED
- HS Diploma
- Formal Education/Training

Colors represent:
- Hispanic Female
- Hispanic Male
- Not Hispanic Female
- Not Hispanic Male
MIECHV Benchmarks
Access to Healthcare

- **Prenatal Care**: 32% in 2013 increased to 34% in 2014.
- **Well-Child Checks**: 100% in both 2013 and 2014.
- **Medical/healthcare coverage**: 62% in 2013 decreased to 59% in 2014.
- **Postpartum primary care visit**: 93% in 2013 decreased to 80% in 2014.

Data Source: Colorado MIECHV Statewide Aggregate FY12-13 and FY13-14 Annual Form 2: Benchmark Data
Maternal and Child Health

2013

63%
Family planning information

80%
Screened for postpartum depressive symptoms

2014

81%

93%

Data Source: Colorado MIECHV Statewide Aggregate FY12-13 and FY13-14 Annual Form 2: Benchmark Data
Educational Attainment

2013

62% Making progress toward an educational goal (adults)

94% Screened for communication, language, and literacy delays (kids)

94% Screened for problem solving and learning delays (kids)

2014

74%

88%

88%

Data Source: Colorado MIECHV Statewide Aggregate FY12-13 and FY13-14 Annual Form 2: Benchmark Data
Maintained or increased household earnings from 2013 to 2014.

Data Source: Colorado MIECHV Statewide Aggregate FY12-13 and FY13-14 Annual Form 2: Benchmark Data
Social Support

“The client will always be able to look back and know that there was at least one person in her life that was supportive.”

“A lot of our families, they don’t have relatives or family they trust or want to talk to...they feel safe with us.”

“The [home visitor sometimes] hears from clients through an email or text message 3 years later and they say, ‘Just wanted you to know you helped me so much and I couldn’t be here without you.’”
Additional examples beyond MIECHV

• Public Awareness
  – Early Childhood Colorado Partnership
  – Raising of America

• Policy
  – Essentials for Childhood
  – MCH Black infant mortality

• Other direct services
  – Project LAUNCH
So what?

• Addressing these upstream factors is a critical step to eliminating health disparities

• MIECHV and other Colorado early childhood interventions help break cycles of disadvantage, thereby positively impacting health outcomes

• The Colorado MIECHV Program tracks progress on certain SDoH through concrete measures
Are early childhood programs/initiatives the only answer to addressing health equity?

No!
How can Public Policy benefit children and families?

• Social determinants, e.g. access to healthcare, childcare, livable wage, are the direct result of public policy decisions

• Public policies are the root causes of many social inequalities

• Addressing health equity requires looking at society conditions - the root causes of unequal health and wellbeing outcomes

Adapted from: Dr. Camara Jones, Addressing the Social Determinants of Children’s Health, a Cliff Analogy, 2009
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Source: The Aspen Institute
Thank you!

- Mandy.Bakulski@state.co.us
- Julie.Becker@state.co.us
- Carsten.Baumann@state.co.us
- Sarah.Hernandez@state.co.us
- Stephanie.Stevens@state.co.us

QR code will take you to the MIECHV benchmark plan