

“One telling criterion of the worth of a society—a criterion that stands the test of history—is the concern of one generation for the next. A nation’s child and family policy is the measure of that concern.”

--Brofenbrenner & Weiss



The Economics of Healthy Children

Why Does Health Matter to Maine?

Health care coverage, especially for preventive health services, creates an environment for improved health outcomes. Insurance coverage of well-child care in Maine has improved our rates of immunization and early detection of health problems and developmental delays.

But 7% of children under 18 in Maine still are uninsured, many of whom are in the most vulnerable families. Four out of every 10 uninsured children in Maine live in a family earning less than \$20,000 per year.

Our data show that Maine children without health insurance are less likely to have a regular health care provider; less likely to have had a dental visit in the last year; and more likely to be in fair or poor health than low income, insured children.

Consider this health fact:

SPEND	SAVE
\$	\$\$\$\$\$\$
	\$\$\$\$\$\$
	\$\$\$\$\$\$
Chicken pox immunization	Direct medical costs

For each dollar for Measles Mumps and Rubella vaccines, indirect cost savings has been calculated at almost \$30. That doesn't even include the savings from avoiding workforce disruption.

Health Literacy

Indeed, parental literacy is a barrier to appropriate and timely health care. Research shows that the nation’s estimated 90 million adults with lower-than-average reading skills are less likely than other Americans to take their children for well child care visits. Parents may have difficulty accessing information such as directions for taking medicines or hospital discharge instructions. They are also less likely to be knowledgeable about the health effects of smoking, alcohol abuse, and obesity.

However, access to health coverage and medical homes in Maine is inconsistent. Fourteen of the state’s 16 counties contain at least one town that is a federally designated primary care health professional shortage area; 15 counties contain towns that have federally designated medically underserved areas or populations.

As noted locally, “It strains our image as a just and humane society when significant portions of the population endure avoidable pain, suffering and illness because of an inability to pay for health care.”

Oral Health

Early oral health intervention also remains elusive for many children. Dental caries experience was found among roughly a third or more of Maine’s young children. In fact, in Washington County, 48% of one to four year olds were diagnosed with dental decay. In 2002, there were only ten dentists in Maine who



specialized in pediatric dentistry. Most of Maine is federally designated as dental health professional shortage areas; there are federally designated dental health professional shortage areas in every county in the state.

The 1999 Smile Survey found that the three most common reasons why young children in Maine did not get dental care when they needed it were the inability to pay for it, lack of insurance, and dentists not accepting Medicaid/insurance.



from the National Institute of Health and Center for Disease Control, an individual's "adverse childhood experiences determine the likelihood of the ten most common causes of death in the US."

An article in the Fall 2005 Child Abuse Action Network newsletter estimated that each year for Maine's foster children, unresolved adverse childhood experiences will contribute to more than 20 cases of obesity, 38 suicide attempts, 42 job related problems, 70 illicit drug users, 82 unwanted pregnancies, 90 tobacco smokers, and over 100 cases of depression, above and beyond the base rate in the population. This does not count ACEs of children not in foster care.

Child Abuse/Neglect is a Public Health Issue

Compounding the shortage of health providers is a shortage of efforts geared to primary prevention of child abuse and neglect. In Maine, 19.45% of the child/youth population in the State of Maine is abused and neglected. (Nationally, 15% of the child/youth population is abused and neglected.)

Of the nearly 1800 substantiated reports of child abuse and neglect for children birth to age five, 75% of those children are infants and toddlers. That means more than 1300 children have begun their lives with unhealthy, unsafe, dangerous environments.

Social and Emotional Health and Development – What is it?

Social and emotional health and development, also referred to as infant mental health, is the ability of infants to develop physically, cognitively and socially. It includes parent emotional health and is often observed as the new parent "falling in love" with their infant. Strong, safe connections with parents and primary caregivers in the earliest years allow young children to develop positive relations with others and adapt to stresses caused by harmful life events.

The early experiences of childhood serve as either risk factors or protective factors for future health and development, for instance:

When young children do not achieve the milestones linked to healthy mental development, they are at risk to do poorly in the early school years, putting them at increased risk for school failure, juvenile delinquency, and other problems.

- Adverse Childhood Experiences**
- Physical Abuse
 - Emotional Abuse
 - Sexual Abuse
 - Severe Neglect
 - Domestic Violence
 - Separation/Divorce
 - Parental Substance Abuse
 - Parental Incarceration
 - Parental Mental Illness

This becomes a greater public health issue when we consider the research that shows that adverse childhood experiences (ACEs) have a direct correlation to the onset of chronic health problems as adults and according to a national study



Young children of depressed mothers are at risk for delays in school readiness, verbal comprehension, and expressive language skills.

A recent national study revealed that 12 to 16 percent of children experience developmental problems, but only a third of those children are identified before they enter school.

Behavioral Health

And finally, physical and behavioral health systems are not well integrated and we lack sufficient numbers of qualified mental health providers. Eight of Maine’s 16 counties contain towns that are federally designated mental health professional shortage areas.

And yet, as a state, we have been nurturing the resources needed to alleviate this problem. Maine was the third state to develop a crosswalk facilitating the use of and payment for diagnoses defined in the DC: 0-3 Diagnostic Classification System for infants and toddlers. We have a very active Association for Infant Mental Health, as well as a Children’s Committee of the Maine Mental Health Association.

Indeed, our federally funded Trauma Informed System of Care project (THRIVE) in the tri-county area has garnered national attention for its success in family involvement, support of evidence based practices, and decreasing the stigma associated with mental health diagnoses. THRIVE has capitalized on the growing awareness raised by the Strengthening Families Initiative and will soon be piloting the training and inclusion of mental health specialists in early care and education settings.

Strengthening Families
 A national evidence based child abuse and neglect prevention project that focuses on working with early care and education providers to support the protective factors known to strengthen families. This project is a partnership of the Doris Duke Foundation, the Center for the Study of Social Policy and the National Alliance of Children’s Trust.

A second key initiative is the **Assuring Better Child Health Development (ABCD II)** project. With leadership from the Office of Maine Care Services and seed funding from the National Academy for State Health Policy (NASHP) and The Commonwealth Fund, the project, which started in early 2007, brings together a broad coalition of private and public partners to incorporate social and emotional health screening in primary care offices.

Data Resources

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