

# Commission on Native Children

January 27, 2023

Daniel J. Calac, MD  
Indian Health Council

# CDC Health Equity/Public Health Strategies

Limited Community Capacity/Resources

Variability in Health Literacy

Lack of Community Engagement/Awareness/Participation

Costs, Resources, and other Fiscal Considerations

Transportation Challenges

Potential Displacement Effects

Variability in Implementation

Crime/Safety Influences (real and perceived)

Lack of Awareness of Diverse Norms and Customs

[www.cdc.gov/healthequityguide](http://www.cdc.gov/healthequityguide)

# Talking Points

Early Childhood  
Development

Workforce Development

Community  
Engagement/CBPR

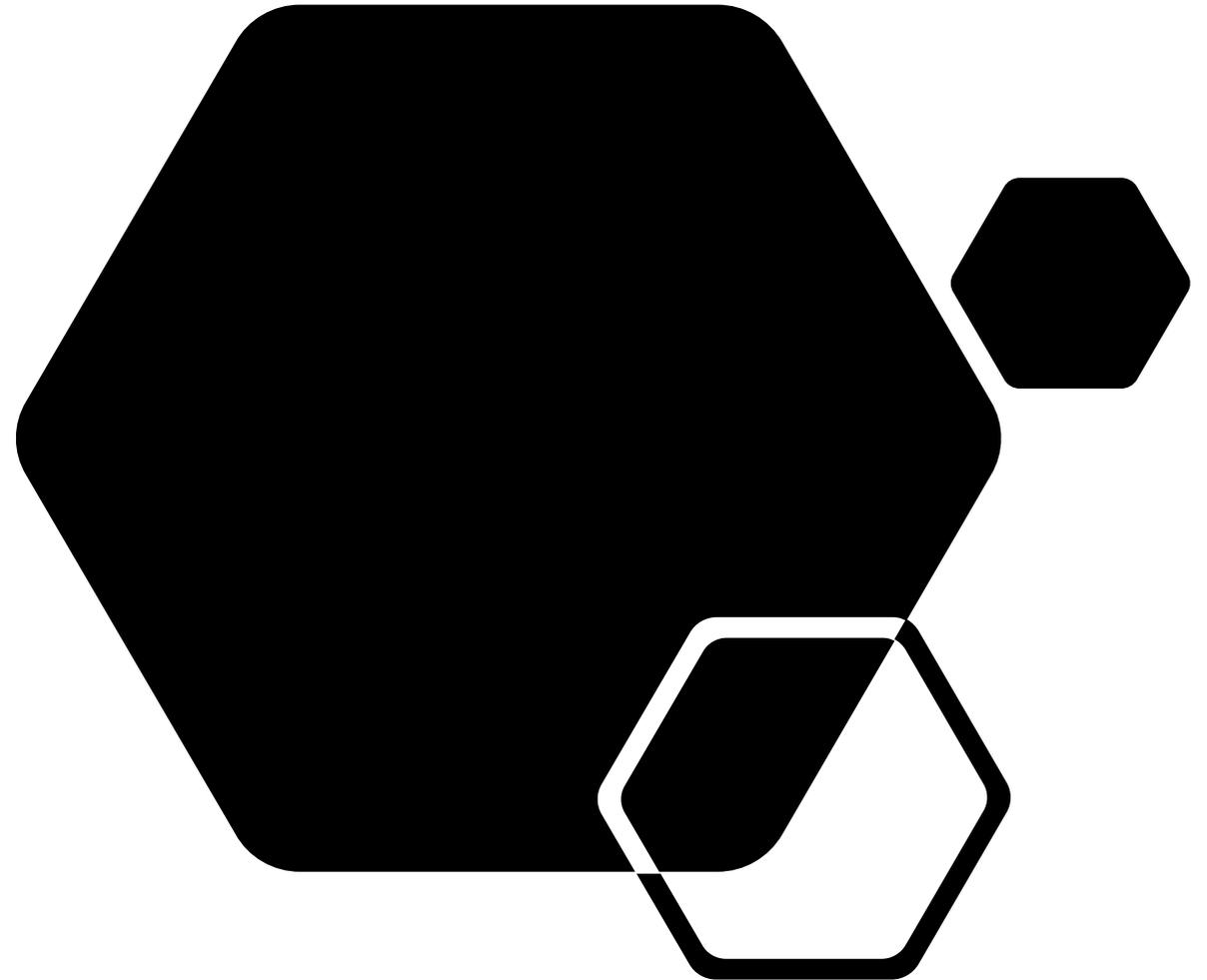
# The Role of Early Childhood Education in Supporting Native Child Health

Dan J. Calac, MD FAAP

Congressional Briefing

Tuesday, March 12, 2019

Dirksen Room 628



# Early Childhood Development



Research shows that children who participated in a quality program during their preschool years are better prepared to learn, have higher self-esteem, and more developed social skills when they start kindergarten.

**MILESTONES OF EARLY LITERACY DEVELOPMENT**

**NEWBORN TO 6 MONTHS**  
TALK, SING, READ, PLAY Right from birth, babies are listening, looking, and learning. So find, and enjoy, these everyday moments when you can talk, sing, read, and play together with your baby.

	6 TO 12 MONTHS	12 TO 24 MONTHS	3 TO 3 YEARS	3 TO 4 YEARS	4 TO 5 YEARS
<b>MOTOR DEVELOPMENT</b> What your child is doing	holds head steady sits in lap without support grasps book, puts in mouth drags, thumps book	holds and winks with book no longer puts book in mouth turns toward book pages	learns to turn paper pages, 2 to 3 pages at a time starts to scribble	turns pages one at a time, and from left to right lets ball for longer motion scribbles and draws	starts to copy letters and numbers lets ball for even longer stories
<b>COMMUNICATION AND COGNITION</b> What your child is saying and knowing	cries, babbles, coos likes and warns your voice likes pictures of daily lives begins to say "mama," "dada," "no" responds to own name points picture to show interest	takes single words, then 2 to 3 word phrases shows book to adult to read points at pictures turns book right side up names pictures, follows simple stories	adds 2-4 new words per day names familiar objects likes the same book again and again completes sentences and rhymes in familiar stories	relates whole phrases from books names toward letter recognition begins to detect rhyme progresses to read to dolls and stuffed animals	can listen longer recognizes numbers, letters can read familiar stories can make rhymes learning letter names and sounds
<b>ANTICIPATORY GUIDANCE</b> What parents can do	talk back and forth with your baby, make eye contact crawl, talk, sing, read, play point at and name things move, talk, babble, sing	talk and gesture when your child speaks or points let your child help turn the pages, keep naming things use books in family routines: napping, playtime, bedtime, on the potty, in the car, bus ride play games such as "peek-a- boo" or "pat-a-cake"	ask "Where's the dog?" or "What's that?" be willing to read the same book again and again as you read, talk about the pictures keep using books in daily routines	ask "What happens next?" in familiar stories point out letters, numbers point out words and pictures that begin with the same sound "Together, make up stories about the pictures"	relate the story to your child's own experiences let your child see you read ask your child to tell the story encourage writing, drawing point out the letters in your child's name
<b>WHAT TO READ</b>	board and cloth books, books with body parts, nursery rhymes	board books, rhyming books, picture books, books that name things	rhyming books, picture books that tell stories, search and find books	picture books that tell larger stories, counting and alphabet books	story books and legends, books with longer stories, flower pictures

www.michiganhhs.org michiganhhs.org

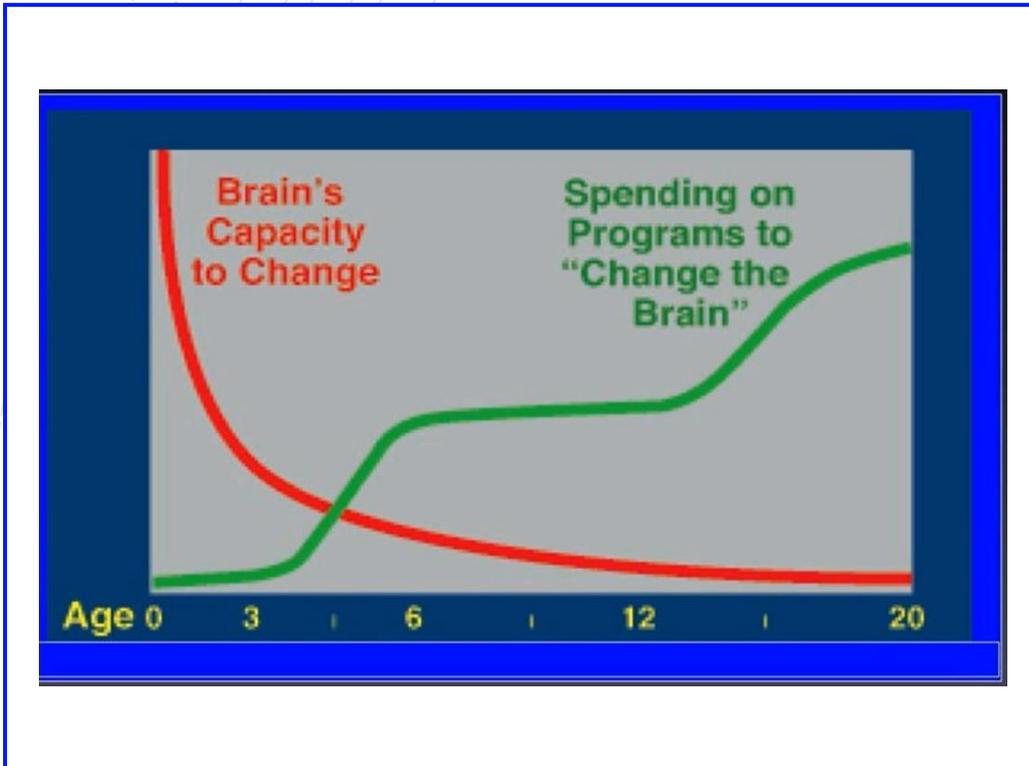
Brain Development Peaks between 6mos – 5 yrs

[https://results.org/wp-content/uploads/early\\_childhood\\_development.ppt](https://results.org/wp-content/uploads/early_childhood_development.ppt)

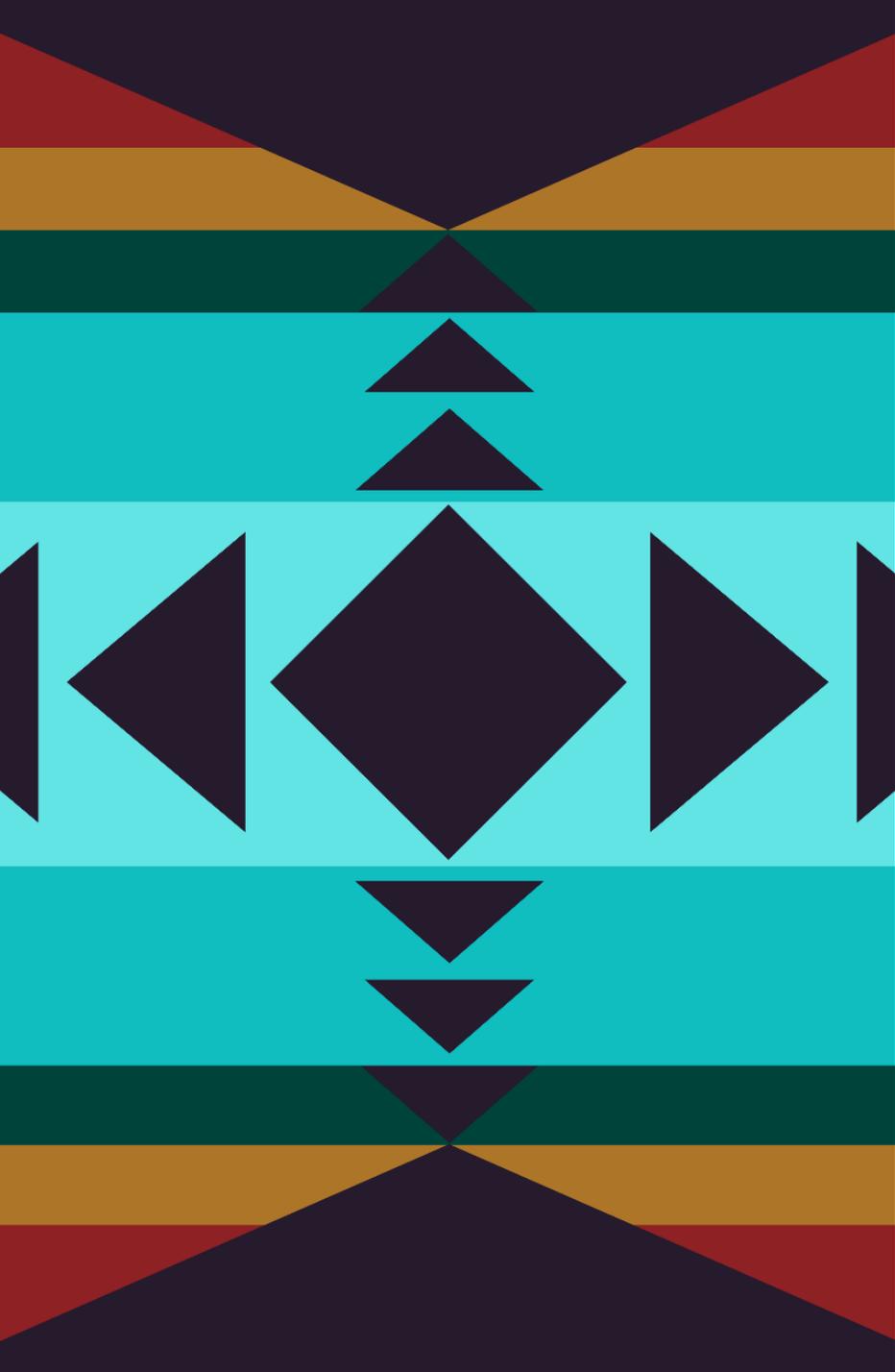
**700**  
New Neural  
Connections  
per Second

Postnatal development of human cerebral cortex around Broca's Area (FCBm); camera lucida drawings from Golgi-Cox preparations. a: newborn; b: 1 month; c: 3 months; d: 6 months; e: 15 months; f: 24 months. (from Conel, 1939-1959)

# Public Investment in Children by Age



- Dipesh Navsaria, MPH, MSLIS, MD
- 2013 Early Brain and Child Development
- <http://www.reachoutandread.org/FileRepository/Dipesh-Microlecture-July-2013.wmv>



# **Workforce Development**

# NARCH- STUDENT DEVELOPMENT

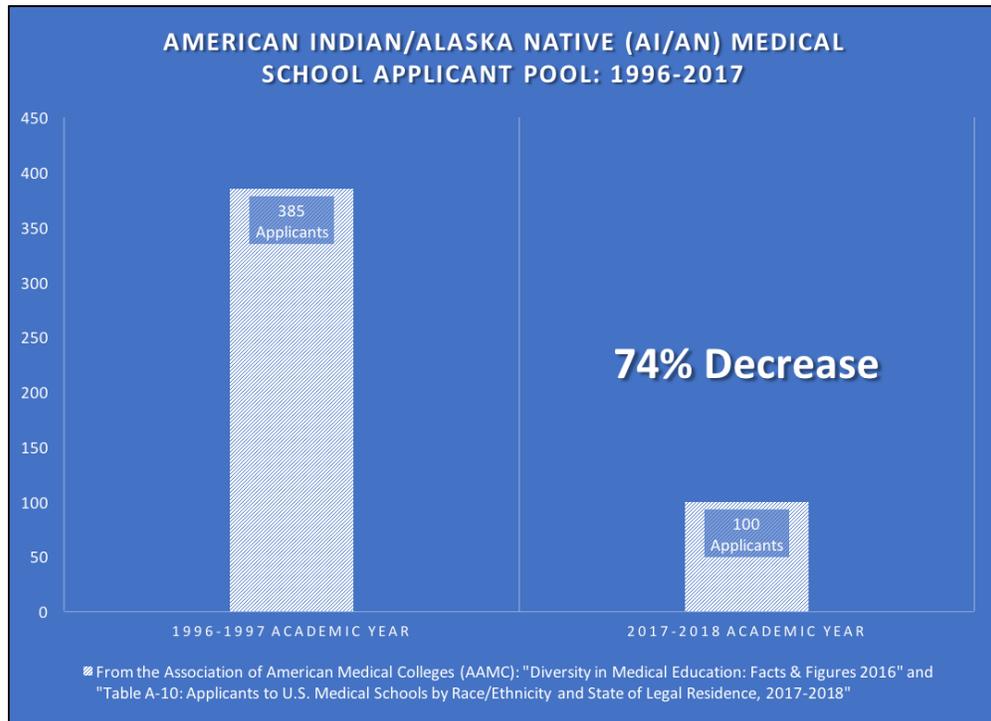




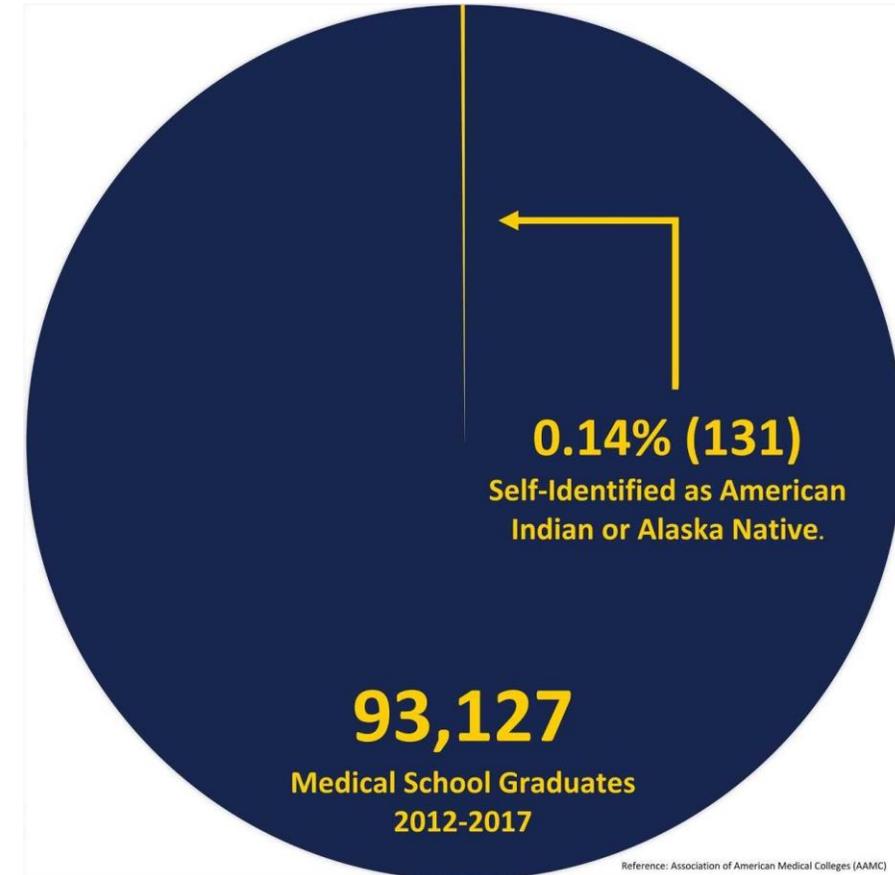
# Crucial Support for Students- Early and Often

- Provide high impact research opportunities increases their network of faculty support
- Culturally appropriate and individualized educational, socio-emotional, and career support
- Link students to opportunities for research, presentations, and scholarships
- Help students deepen their indigenous lens
- Benefits of indigenous perspectives with AI/AN mentors
- NARCH NA graduation rate 97% vs national average of <60%
- Supported over 140 students: degrees completed or in progress: 30 masters degrees; 8 MDs; 14 PhDs, 1 MD/PhD
- ~18 students working in Indian Country

# An Example of Higher Education Challenges



- Association of American Medical Colleges demographics
- Average age time to get to medical school: 20 yrs
- 93,127 Graduates over 5 year span
- 131 AI/AN self identified



# Success Requires Long Term Investment:

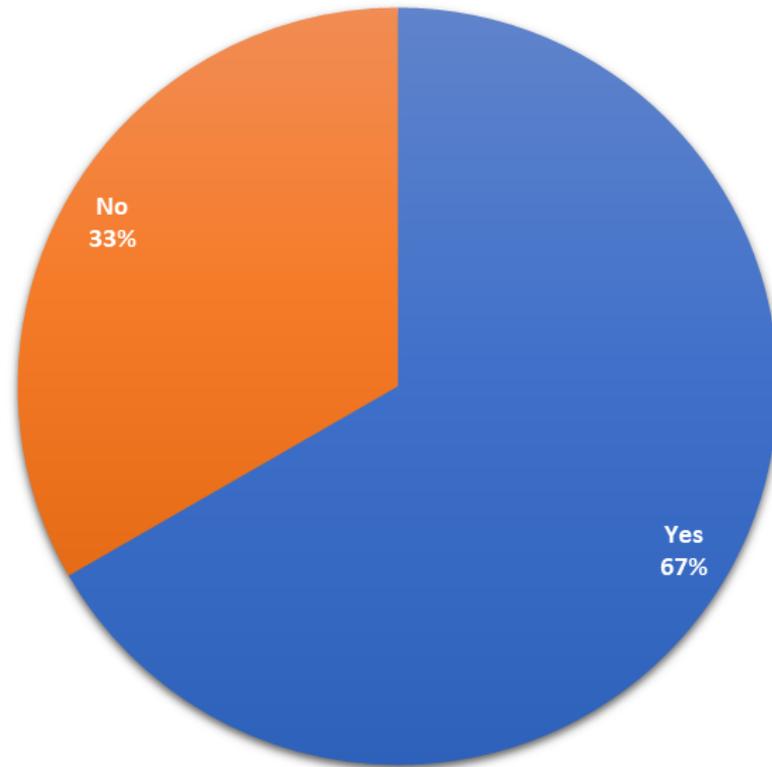
## Lessons learned

- Non-traditional paths/gap years are a good investment
- Connecting and Mentoring students
- Focusing and investing on 'gap' students
- Identify obstacles (excess classes/stressors) and motivating factors early
- Work towards increased commitment to 'give back'

## Success stories

- Importance of early childhood education in Head Start
- Appreciate that brain connections peak at 6 mos-5 yrs
- Public investment is huge or is "too little too late" ?
- Reach Out and Read Programs support our efforts
- Mentoring/Student development is key to continual engagement

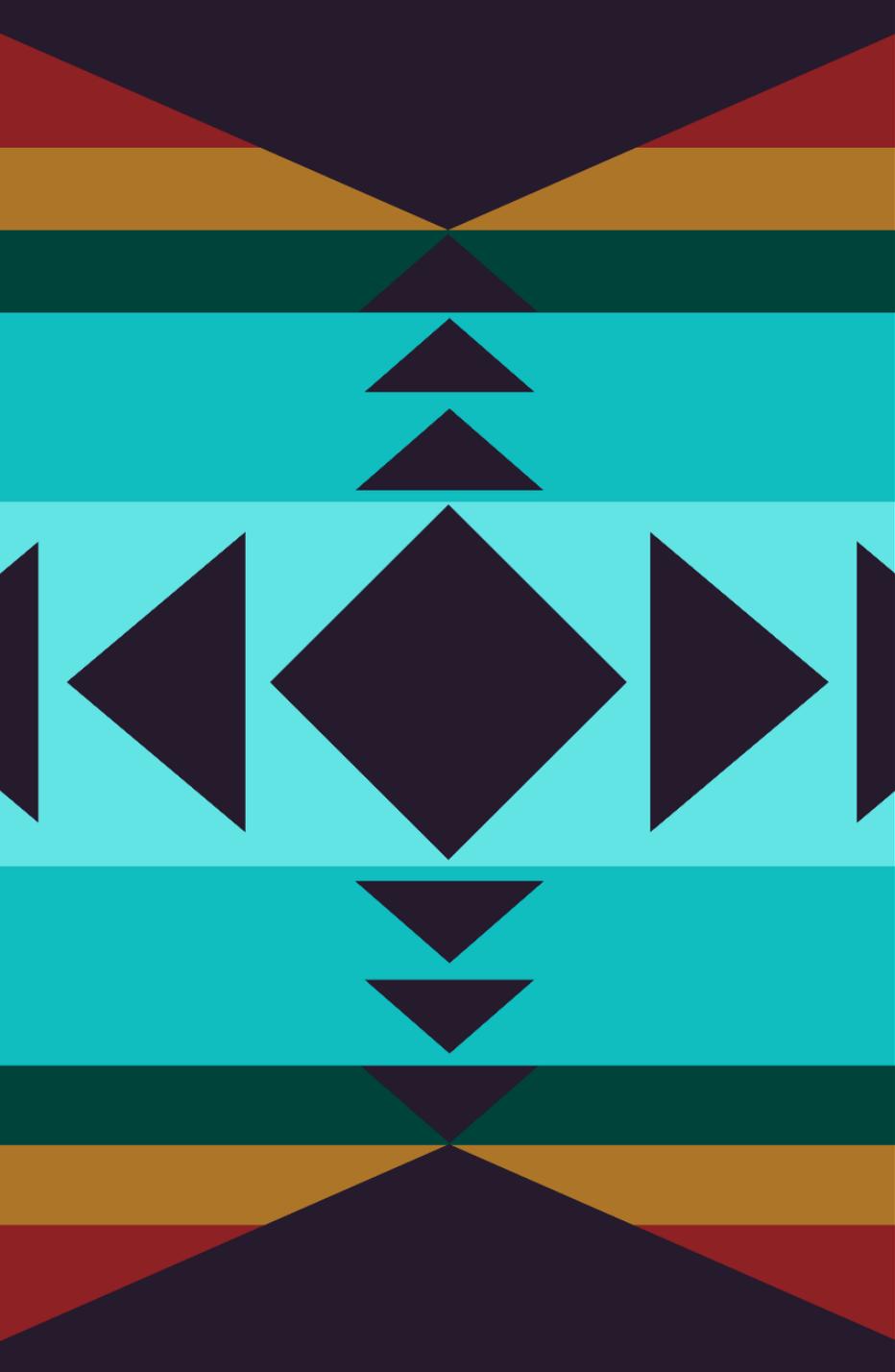
### Number of Pediatricians Across 24 sites



■ Yes ■ No

# Workforce Trends

Brief IHS Survey for Pediatric Workforce in California



# Community Engagement

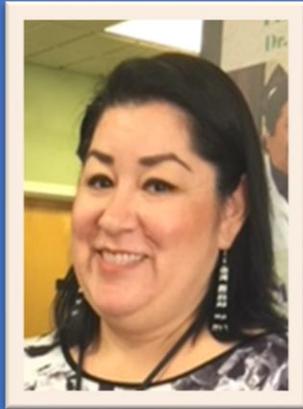


# Healthy Native Nation Family Support Project



## RESEARCH TEAM:

### Current team



Rhonda Romero



Annika Montag, PhD

### Previous team members



• Melina Muñoz, MEd



Shandiin Armao, BS

*Creating meaningful, culturally congruent support for families dealing with developmental disabilities or delays*

## PROJECT AIMS:

1. Determine prevalence and characteristics of children with DDs
2. Caregiver population capacity, challenges, needs
  - Identify needs, challenges, barriers & strengths, resilience factors, resources
3. Resource Guide
4. Resource Program
  - Design, develop, evaluate for feasibility
  - Individual family plans and a community plan



Untitled pencil sketch by Shane Ward





# If You See Something; Say Something

## Barriers, Strength, Resilience

- Barriers
  - Limited local care options
  - Awareness of local and off-reservation options
  - Lack of trust; stigma & discrimination
  - Transportation & distances
  - Complicated multiple steps to qualify
  - Lack of culturally congruent care
- Top Priorities
  - Educating providers & community
  - Caregiver Support Group
  - Educating families & connecting them to existing care (local)
  - Competent culturally congruent childcare and respite care
  - Cultural focus
- Voices of the Community
  - *"My child needs speech therapy but we are unable to drive him to SD once a week and pay the \$250 per session"*
  - *"How can I help my child with behavioral issues due to multiple loss (death in our family)"*
  - *"My child has FASD. He is creative, determined, and artistic. Our son has a big heart and empathy for others."*

# Pediatric ACEs

## Low Risk

Score of 0



Provide education & guidance on ACEs and Toxic Stress

## Intermediate Risk

Score of 1-3

Without associated health conditions

Provide education & guidance on ACEs and Toxic Stress & build-up protective factors /resilience

Care coordination plus optional services: mental health services, parenting support, nutrition, community resources

Schedule follow-up appointments as necessary

## High Risk

Score of 1-3

With associated health conditions

Provide education & guidance on ACEs, Toxic Stress, and specific symptoms /health problems, build-up protective factors /resilience, and consider clinical interventions

Care coordination  
Refer and link to trauma informed therapeutic services  
Refer/link to additional treatment as appropriate

Schedule follow-up appointments to monitor symptoms / conditions

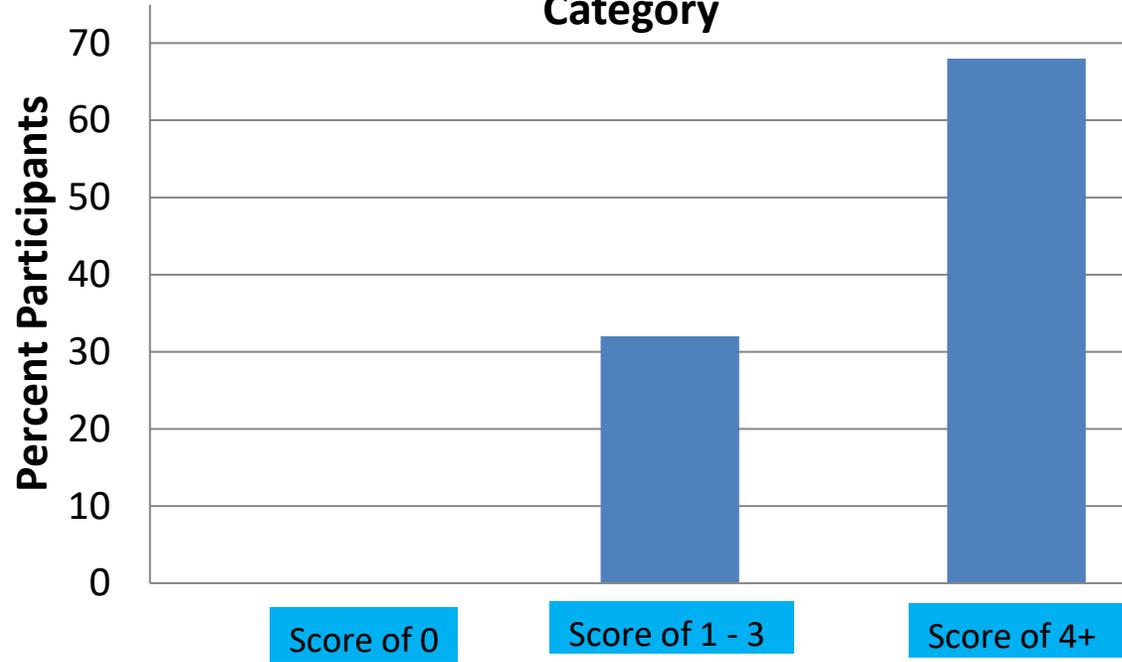
Score of 4+

With or without associated health conditions

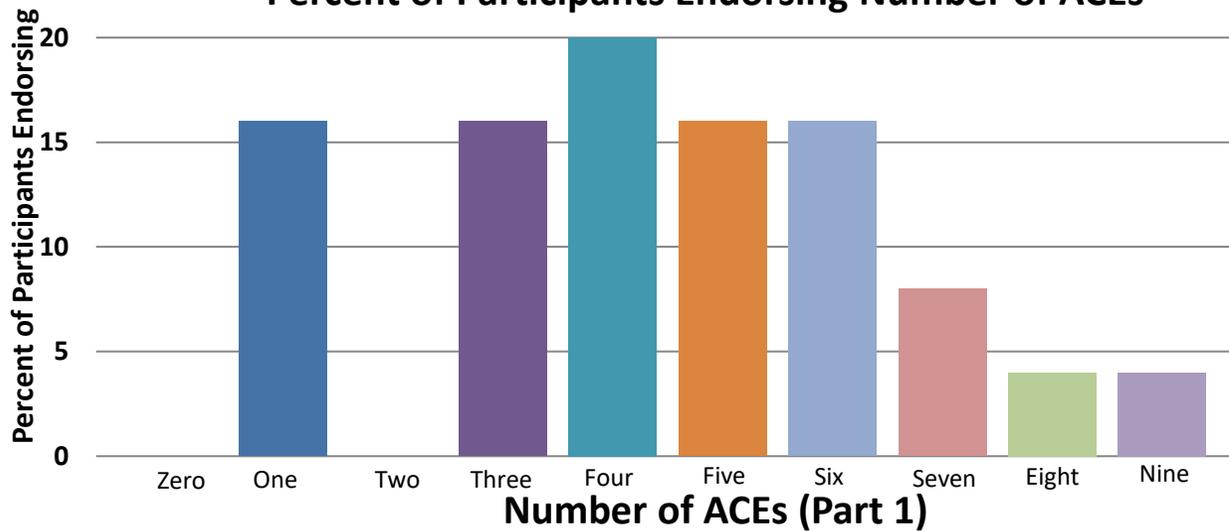


# Pediatric ACEs among HNNFSP families (n=25)

### Percent of Participants in each ACE Score Category



### Percent of Participants Endorsing Number of ACEs



68%

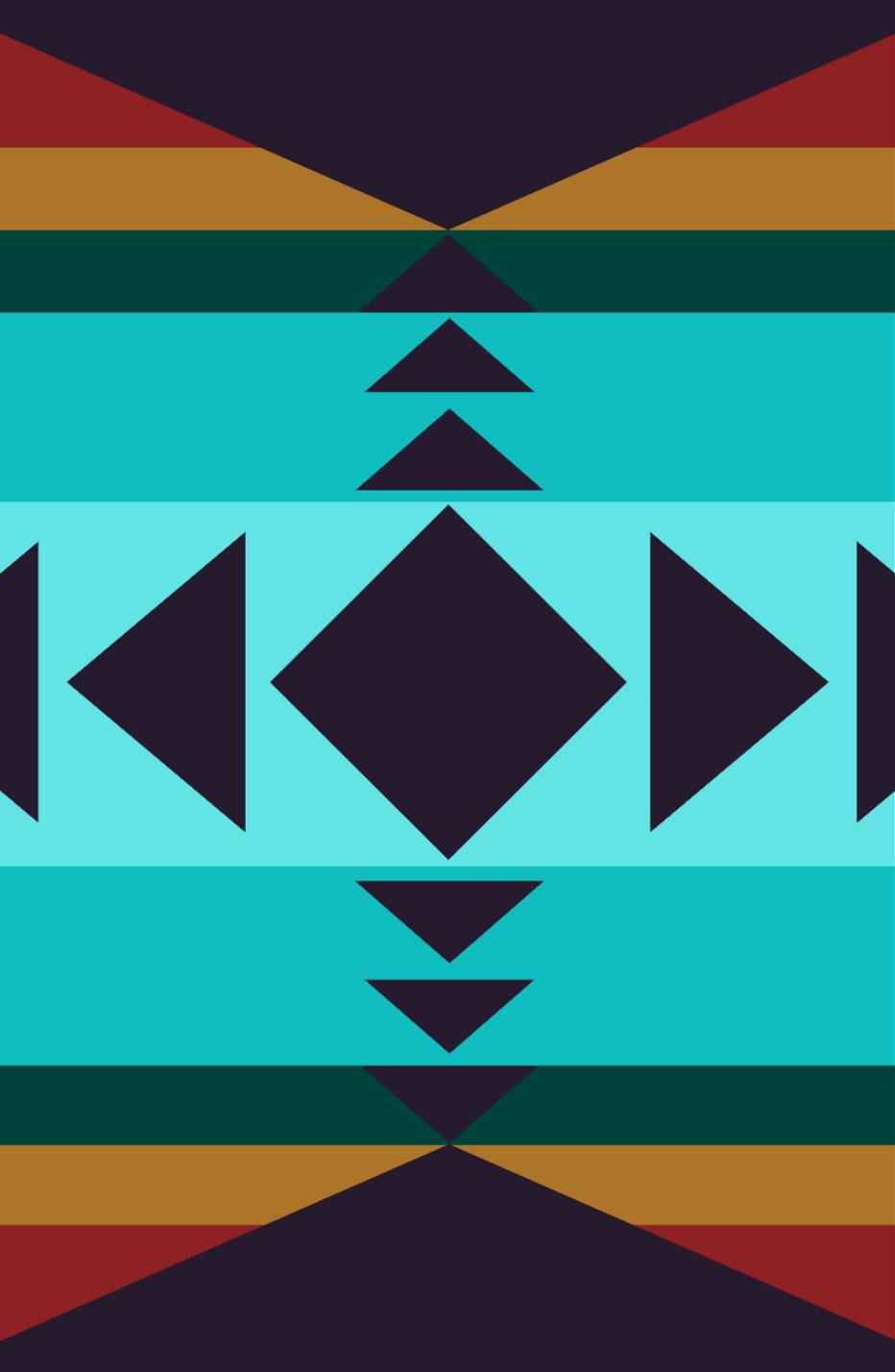


# CONCLUSION

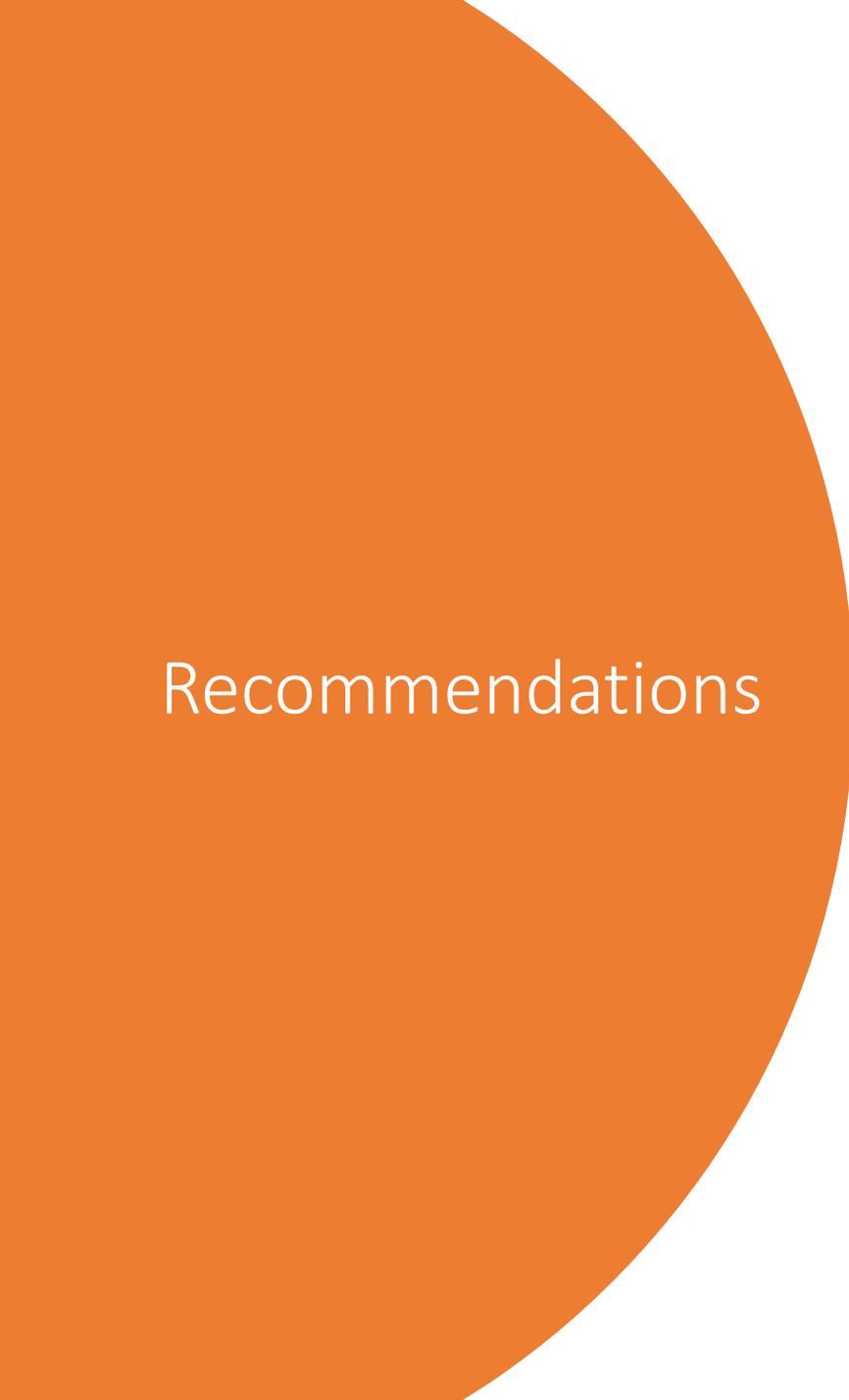


- A child with DDs does not exist in a vacuum but within the context of family and community
- Integrated support for families and communities needed
- Caregivers experience barriers for optimal care for children or themselves
- Caregivers prioritize strength-based treatment and support with a cultural focus
- Collaborative care program will create and implement individual family plans





# Conclusion



## Recommendations

- Early Reading Programs (ROR funding/IHS-AAP)
  - Workforce Development with assessment, recruitment, placement (medical/mental health)
  - NARCH/CBPR endorsement
  - Mitigation for Historical Trauma via Resiliency Programmatic
  - Behavioral Health Integration Support
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