Emergent
Issues
Affecting Early
Intervention/
Early
Childhood

Workforce Development for Inclusion in Early Childhood

November 4, 2017

Washington, DC



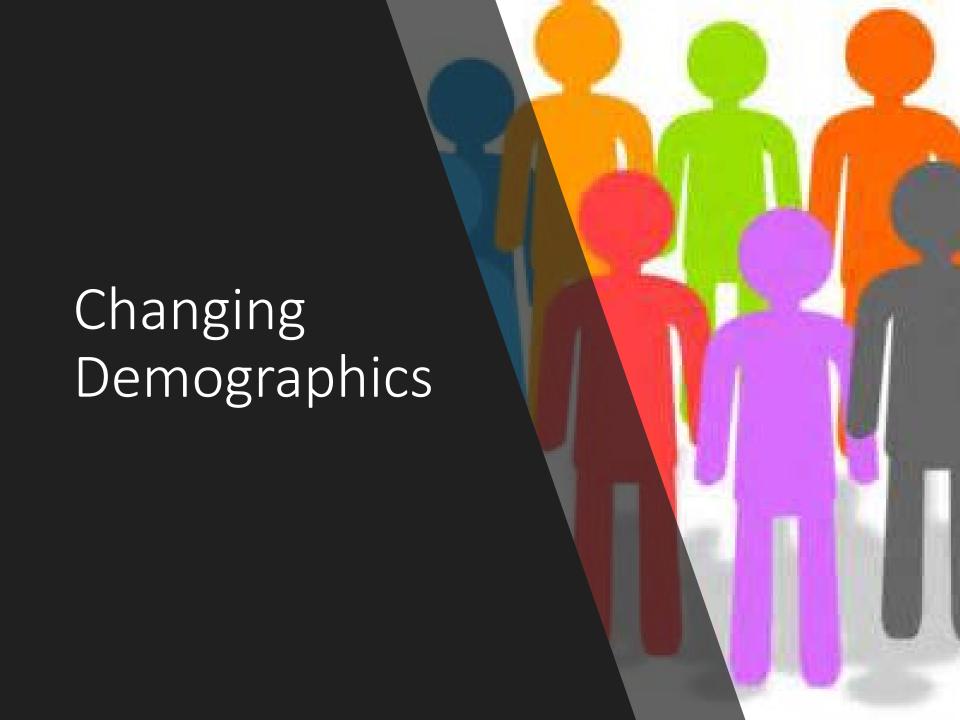


Conversation Points

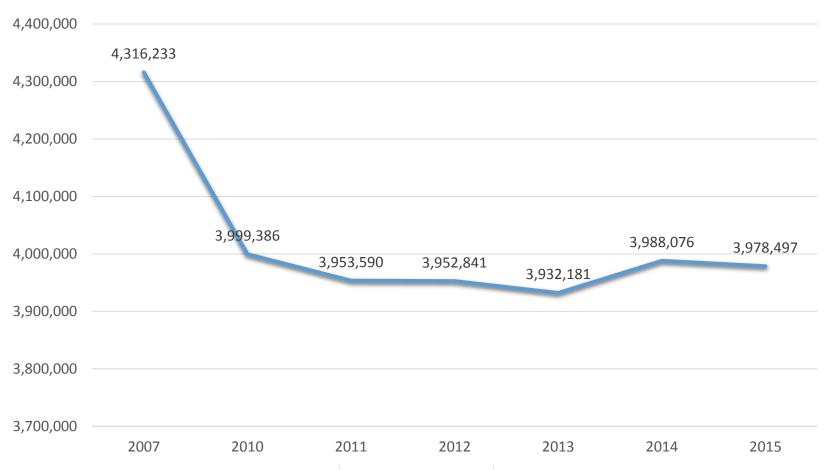
- Changing Demographics
- Emergent Trends
 - Developmental Screening Initiatives
 - Autism
 - Adverse Childhood Experiences
- Workforce Issues





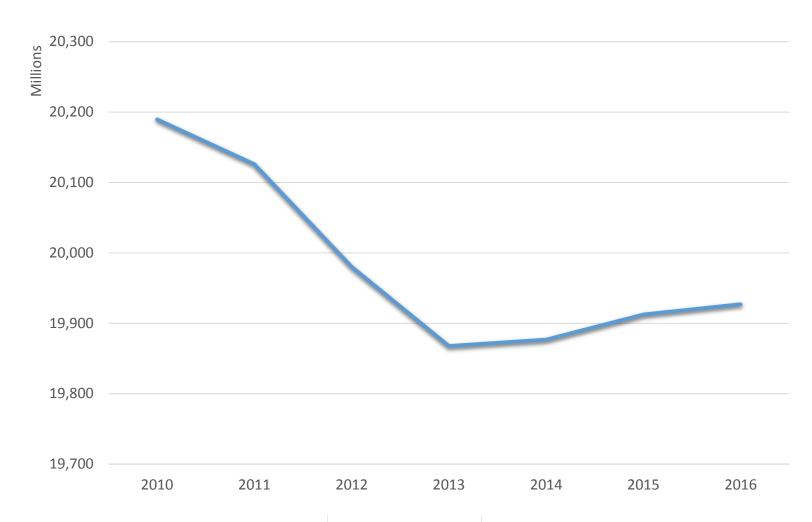


Births in the United States



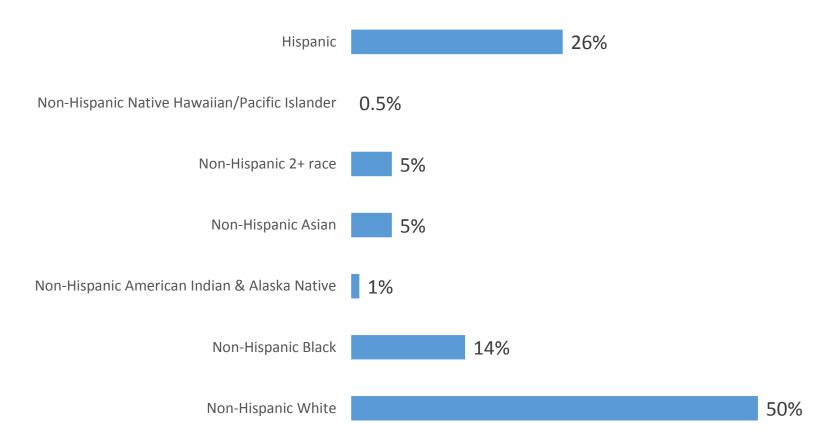


Birth through 4 Population



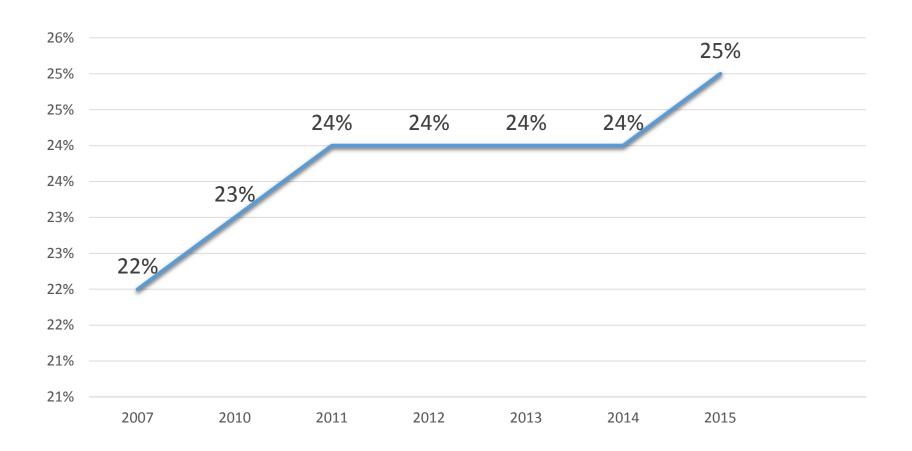


Race/Ethnicity, Birth through 4 2016



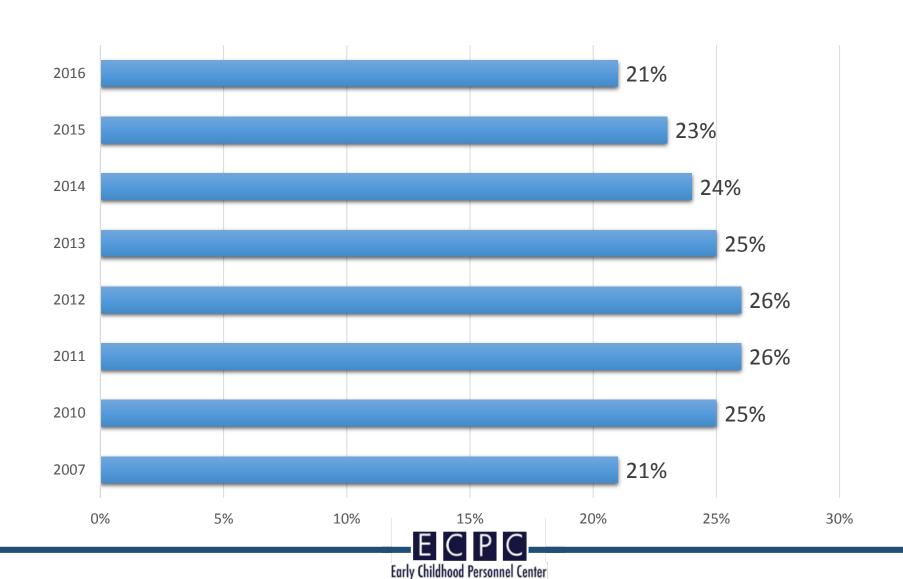


Children in Immigrant Families

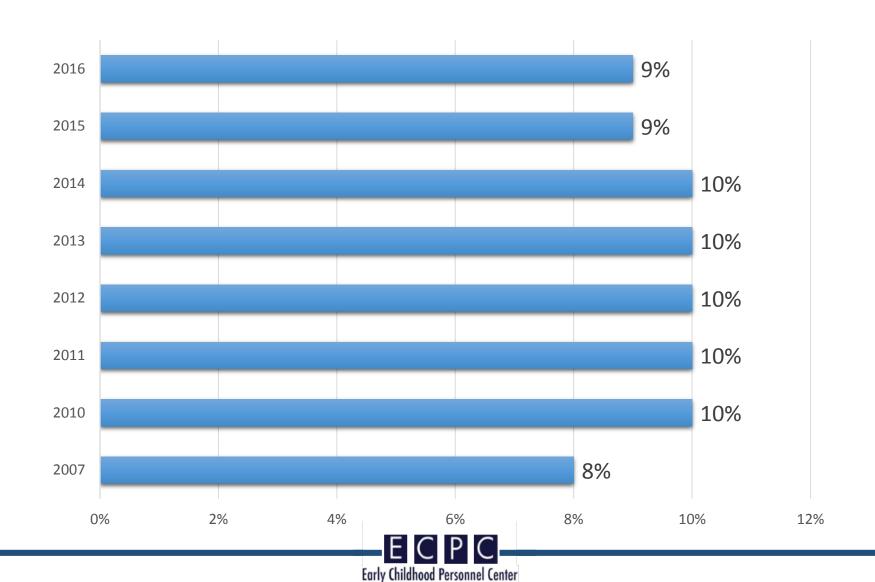




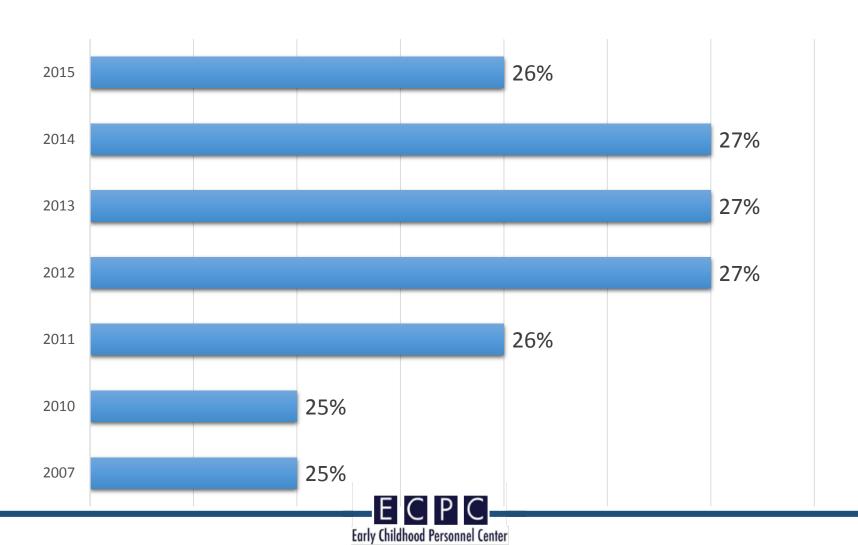
Children < 5 Living in Poverty



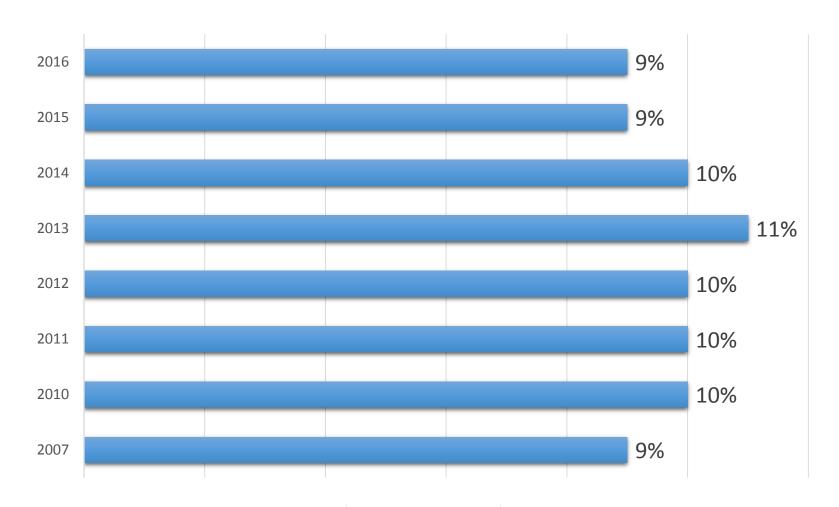
Children Living in Extreme Poverty



Children <6 in Low Income Working Families

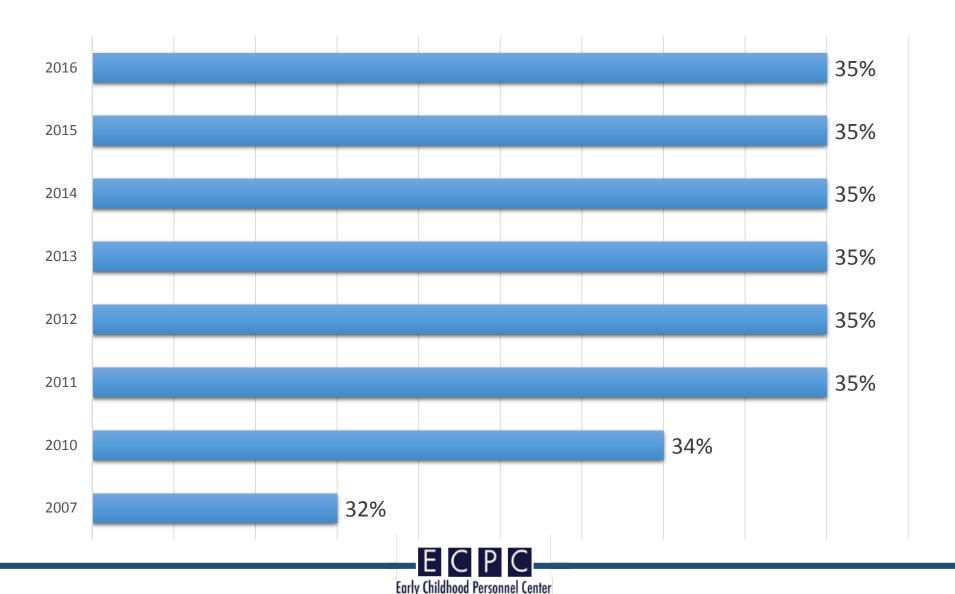


Children <6 with No Parent in the Workforce

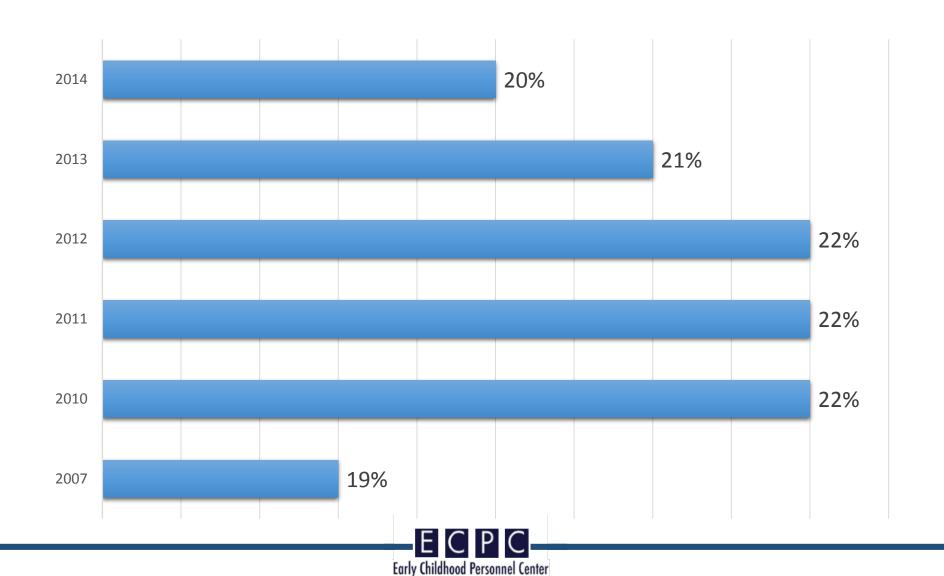




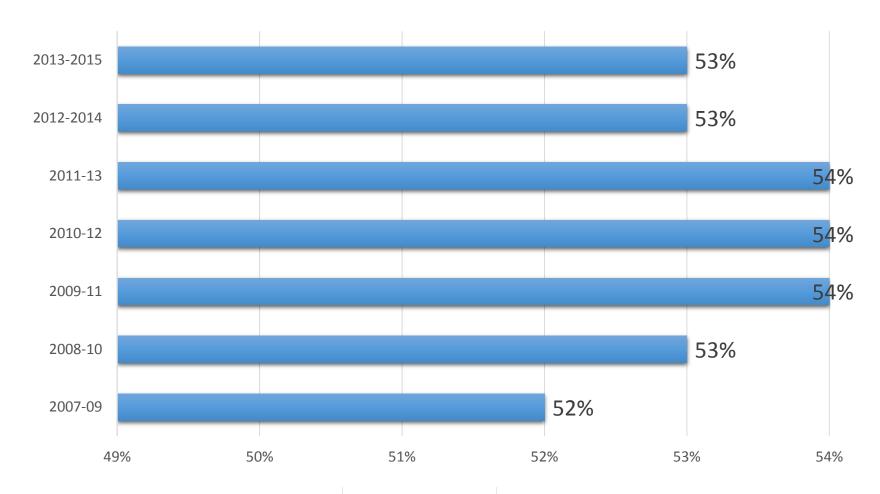
Children in Single Parent Homes



Children Impacted by Food Insecurity

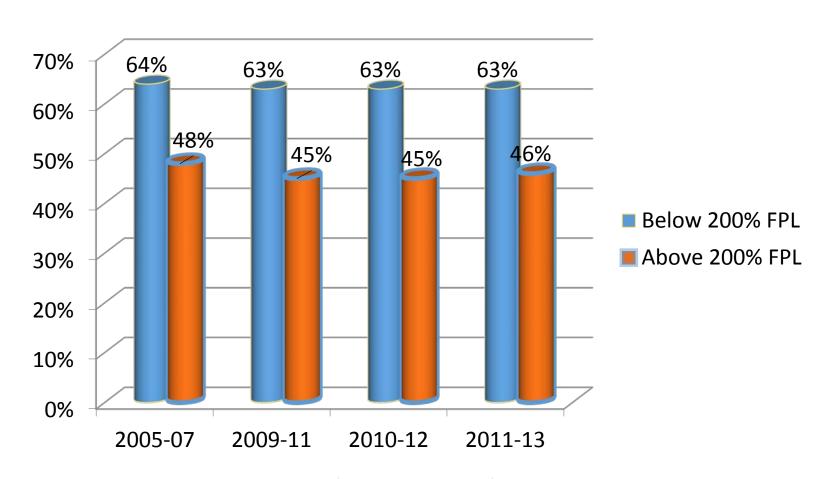


Children (Ages 3-4) Not Attending Preschool



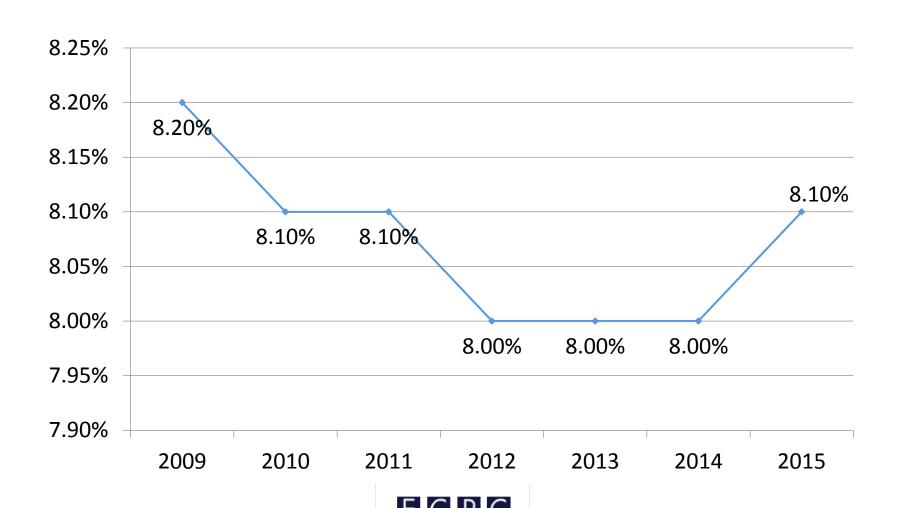


Children (Ages 3-4) Not Attending Preschool by Income



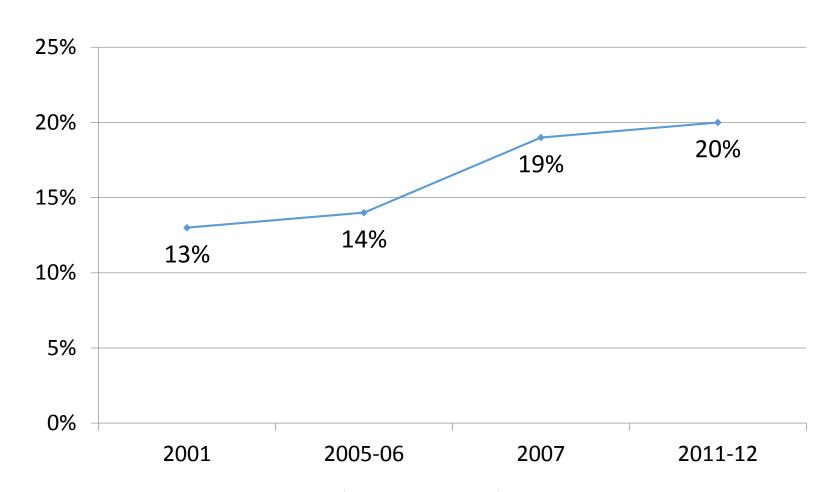


Low Birthweight

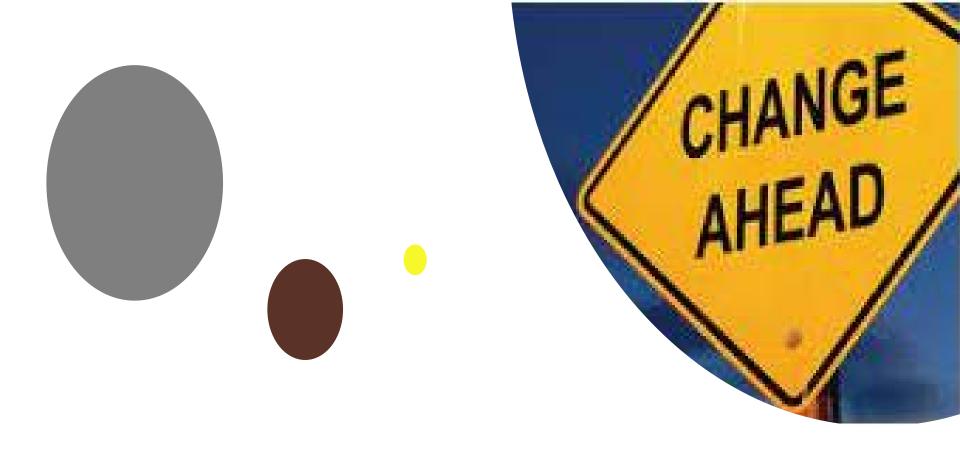


Early Childhood Personnel Center

Children with Special Health Care Needs







Emergent Trends

Trends with Impact

Developmental Screening Initiatives

Autism Identification

Adverse Childhood Experiences

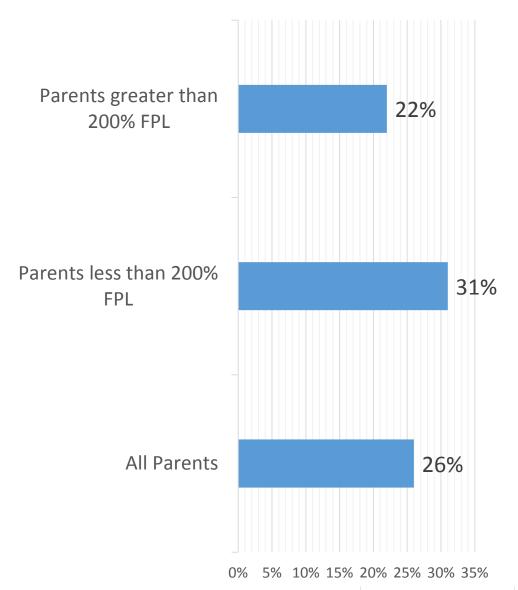
- Neonatal Abstinence Syndrome (NAS)
- Impact on Foster System and Early Intervention



Developmental Screening Initiatives







Parental Concerns about Development



- Affordable Care Act Periodicity Requirements
 - Developmental Screenings
 - 9, 18 and 30 months
 - Autism Screening:
 - 18 and 24 months
 - Additional screening might be needed if a child is at high risk for developmental problems due to preterm birth, low birth weight or other reasons.

Developmental Screening

- Learn the Signs, Act Early
 - CDC Initiative
- Home Visiting Initiatives
- Early Intervention
- MCH Priorities



Developmental Screening



Autism and Developmental Disabilities Monitoring Network

Identified Prevalence of Autism Spectrum Disorder

ADDM Network 2000 – 2012 Combing Data from All Sites

Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Prevalence per 1,000 Children (Range)	This is about 1 in X children
2000	1992	6	6.7 (4.5-9.9)	1 in 150
2002	1994	14	6.6 (3.3-10.6)	1 in 150
2004	1996	8	8.0 (4.6 – 9.8)	1 in 125
2006	1998	11	9.0 (4.2-12.1)	1 in 110
2008	2000	14	11.3 (4.8 – 21.2)	1 in 88
2010	2002	11	14.7 (5.7 – 21.9)	1 in 68
2012	2004	11	14.6 (8.2 – 24.6)	1 in 68



CDC Estimates

1

1 in 68 children in the United States have autism

• Boys: 1 in 42

• Girls: 1 in 189

2

30% increase from 1 in 88 reported in 2008

3

More than double the 1 in 150 reported in 2000





Definition

- Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being
- ACEs include:
 - Physical Abuse
 - Sexual Abuse
 - Emotional Abuse
 - Physical Neglect
 - Emotional Neglect
 - Substance Misuse in Household
 - Domestic Violence
 - Household Mental Illness
 - Economic Hardship
 - Parental Separation or Divorce
 - Parental Incarceration



Key Points

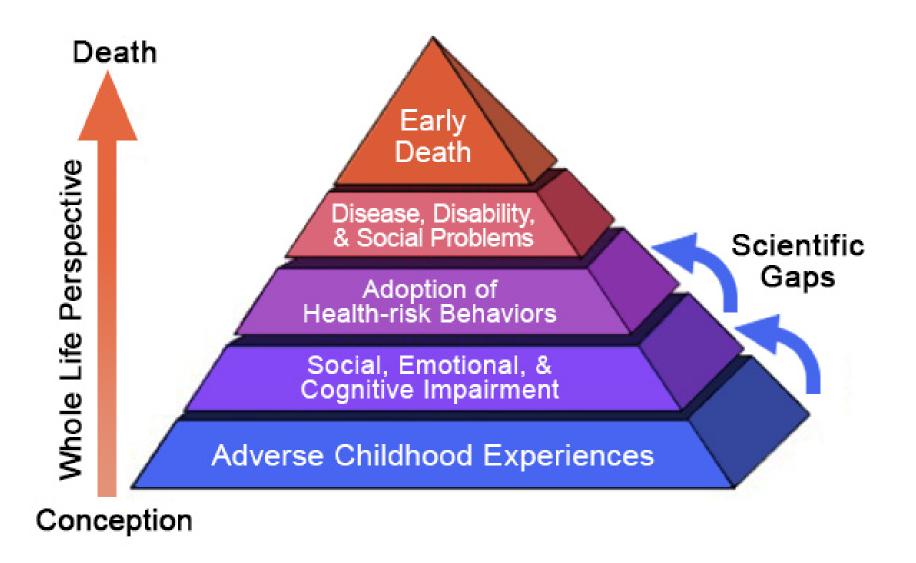
- Economic Hardship is the most common adverse childhood experience
- Prevalence increases with child's age
- Abuse of drugs/alcohol, neighborhood violence and occurrence of mental illness most commonly reported
- 46% of children in the U.S. have experienced at least one ACE



Children Aged Birth to 17:

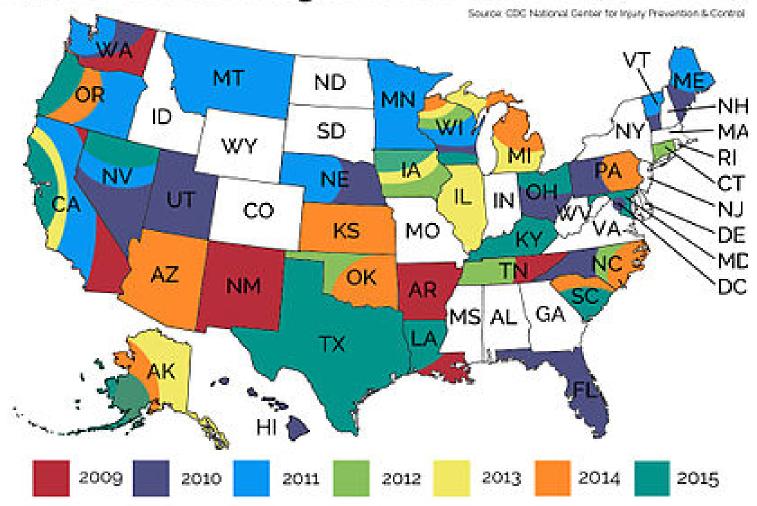
- Percentage having had zero, 1 or 2, or 3+ ACEs
 - Zero experiences: 54%
 - 1 or 2 experiences: 35%
 - 3+ experiences: 11%
- Four most common ACEs:
 - Economic Hardship: 26%
 - Divorce:20%
 - Alcohol/Drugs: 11%
 - Violence and Mental Illness: 9%





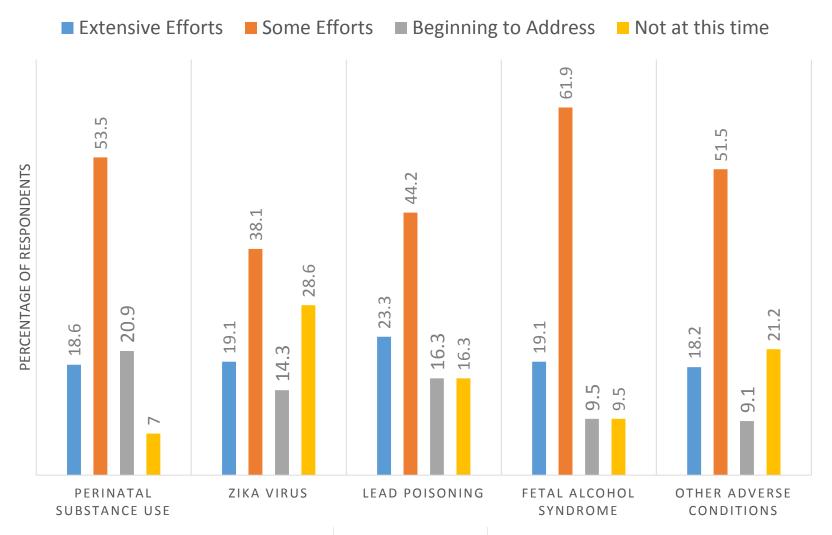


States Collecting ACEs Data 2009 - 2015





State Part C Efforts



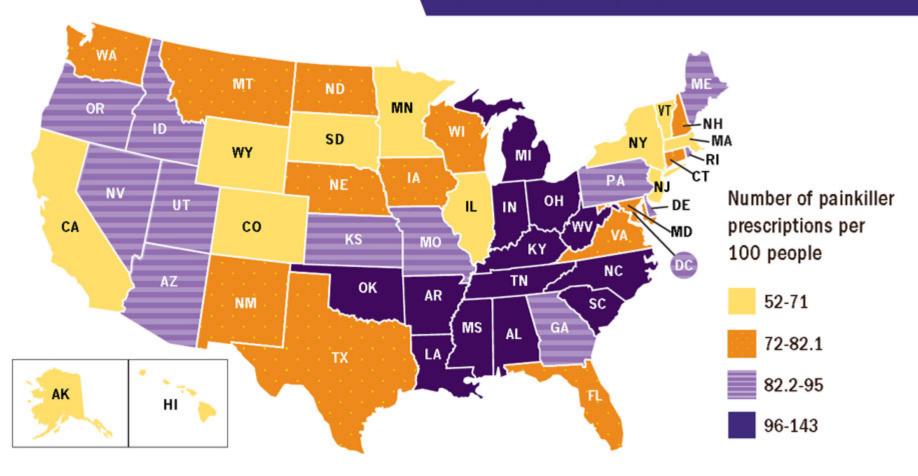


Neonatal Abstinence Syndrome (NAS)





Some states have more painkiller prescriptions per person than others.

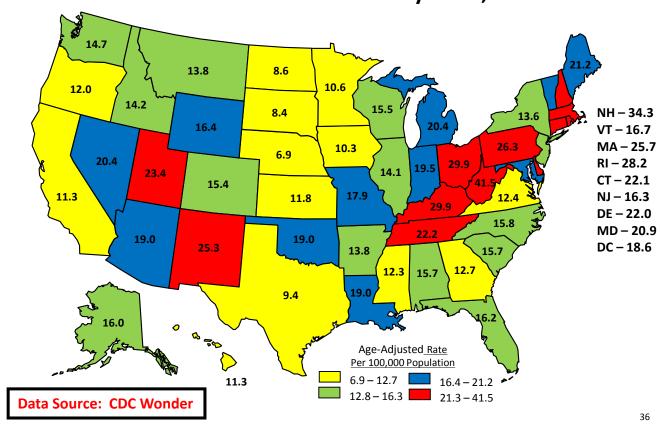


SOURCE: IMS, National Prescription Audit (NPA™), 2012.



Drug Overdose Rates by State

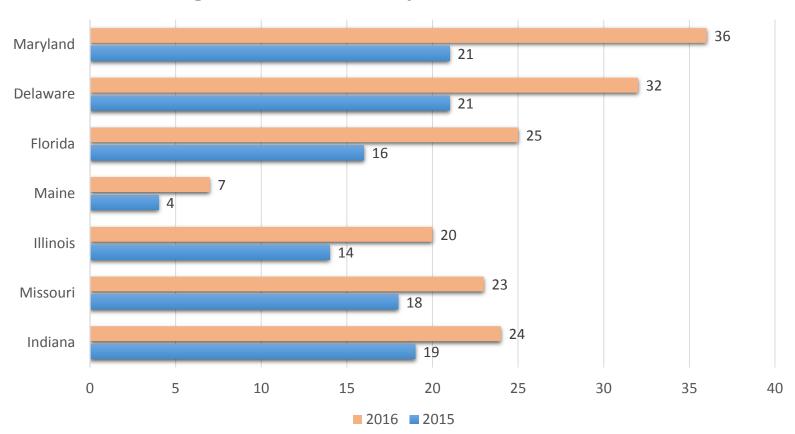
US Resident Overdose Deaths by State, 2015





Changes from 2015-2016

Drug Overdose Deaths per 100,000 Residents



Source: National Center for Health Statistics, CDC



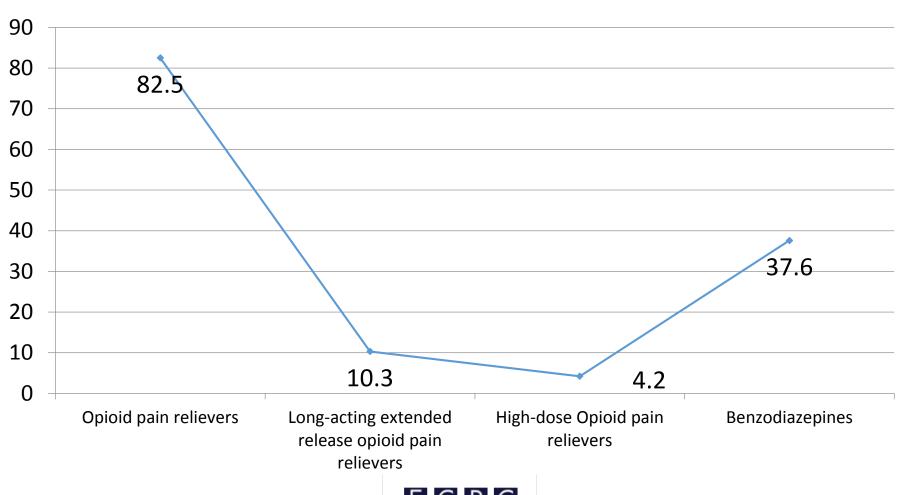
Opioid Prescriptions

- Opioid pain relievers and benzodiazepine sedatives are commonly prescribed in the United States.
- Overprescribing of opioid pain relievers can result in multiple adverse health outcomes.
- Wide variation exists from one state to another
- Need for state monitoring of prescribing patterns



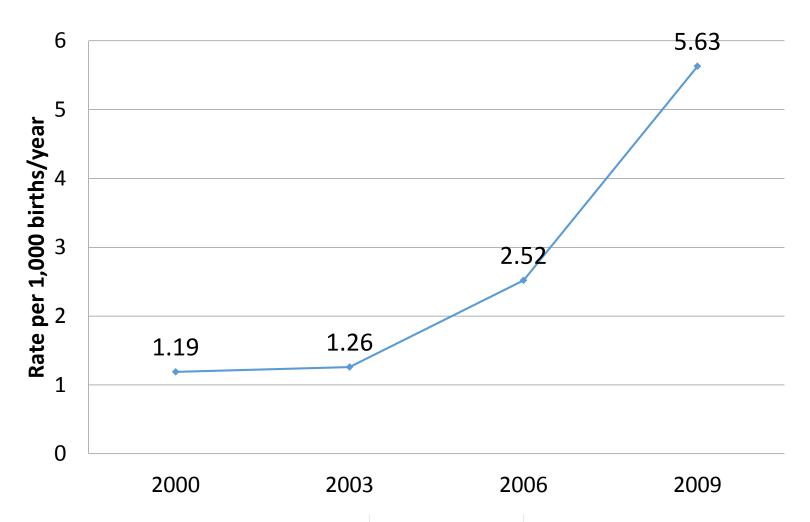
Prescribing Rates per 100 Persons

United States



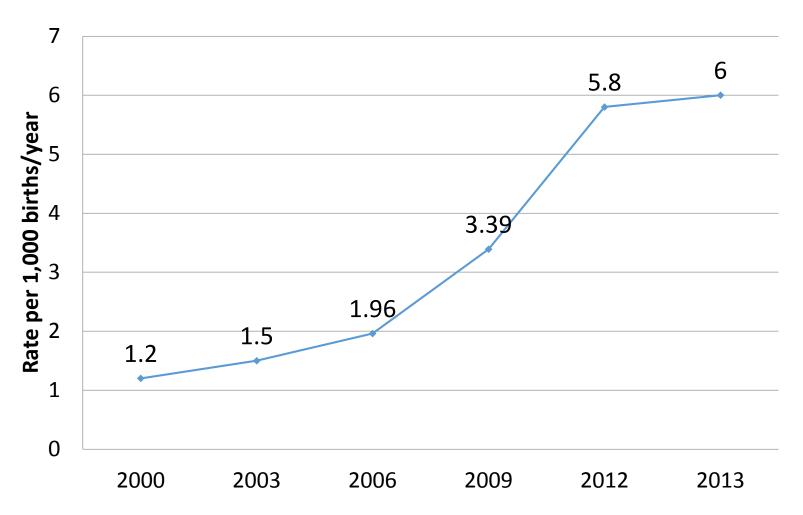


Prevalence of Maternal Opioid Use





Prevalence of NAS





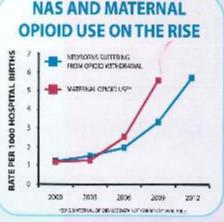
DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

THE USE OF OPIOIDS DURING PREGNANCY CAN RESULT IN A DRUG WITHDRAWAL SYNDROME IN NEWBORNS CALLED **NEONATAL ABSTINENCE SYNDROME** (NAS), WHICH CAUSES **LENGTHY** AND **COSTLY** HOSPITAL STAYS. ACCORDING TO A NEW STUDY, AN ESTIMATED **21,732** BABIES WERE BORN WITH THIS SYNDROME IN THE UNITED STATES IN 2012, A **5-FOLD INCREASE** SINCE 2000.



EVERY 25 MINUTES, A BABY IS BORN SUFFERING FROM OPIOID WITHDRAWAL.







Definition of NAS

 Neonatal Abstinence Syndrome (NAS) is a drug withdrawal syndrome that presents in newborns after birth when transfer of harmful substances (both legally prescribed or illegal) from the mother to the fetus abruptly stops at the time of delivery.



Infant Characteristics

- Diarrhea
- Excessive crying or high-pitched crying
- Excessive sucking
- Fever
- Hyperactive reflexes
- Increased muscle tone
- Irritability
- Poor feeding

- Seizures
- Sleep problems
- Slow weight gain
- Stuffy nose, sneezing
- Sweating
- Trembling (tremors)
- Vomiting
- Rapid breathing



Potential Complications

- Birth defects
- Low birth weight
- Premature birth
- Small <u>head circumference</u>
- <u>Sudden infant death syndrome</u> (SIDS)
- Problems with development and behavior
- Mother-Baby Relationship



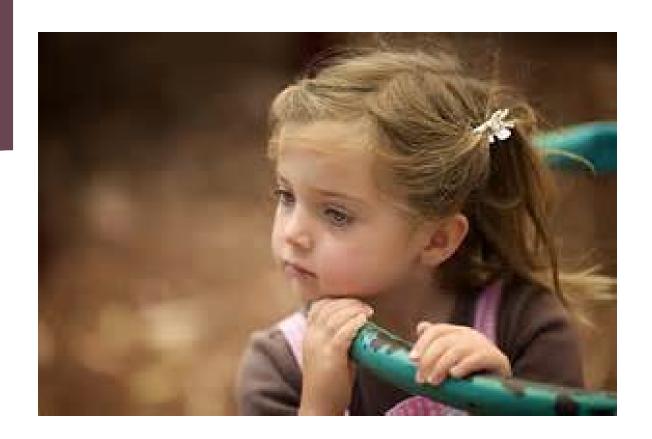
Journal of Pediatrics www.pediatrics.org/cgi/doi/10.1542/peds.2012-3931

		Nicotine	Alcohol	Marijuana	Opiates	Cocaine	Methamphetamine
Short Term Effects	Fetal Growth	Effect	Strong effect	No effect	Effect	Effect	Effect
	Anomalies	No consensus on effect	Strong effect	No effect	No effect	No effect	No effect
	Withdrawal	No effect	No effect	No effect		No effect	*
	Neurobehavior	Effect	Effect	Effect	Effect	Effect	Effect
Lomg Term Effects	Growth	No consensus on effect	Strong effect	No effect	No effect	No consensus on effect	*
	Behavior	Effect	Strong effect	Effect	Effect	Effect	*
	Cognition	Effect	Strong effect	Effect	No consensus on effect	Effect	*
	Language	Effect	Effect	No effect	*	Effect	*
	Achievement	Effect	Strong effect	Effect	*	Effect	*



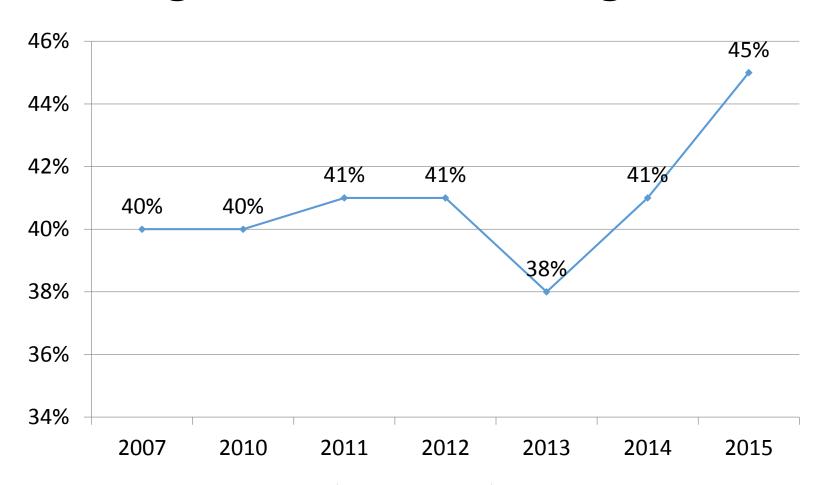
^{*} Limited or no data available

Foster Care and Child Maltreatment



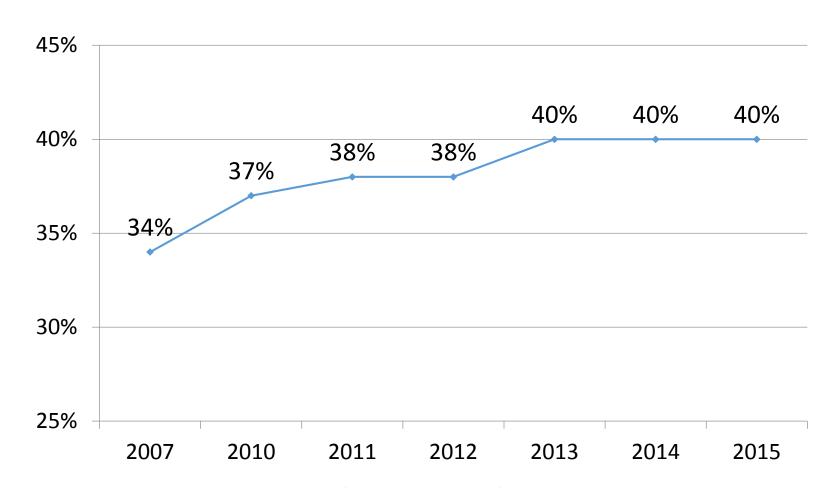


Children Subject to Maltreatment Investigation, Birth through 4

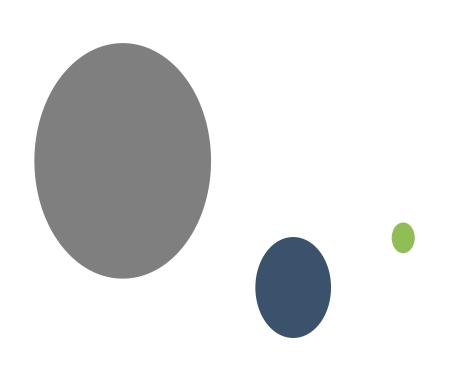




Foster Care Placement Birth to Five



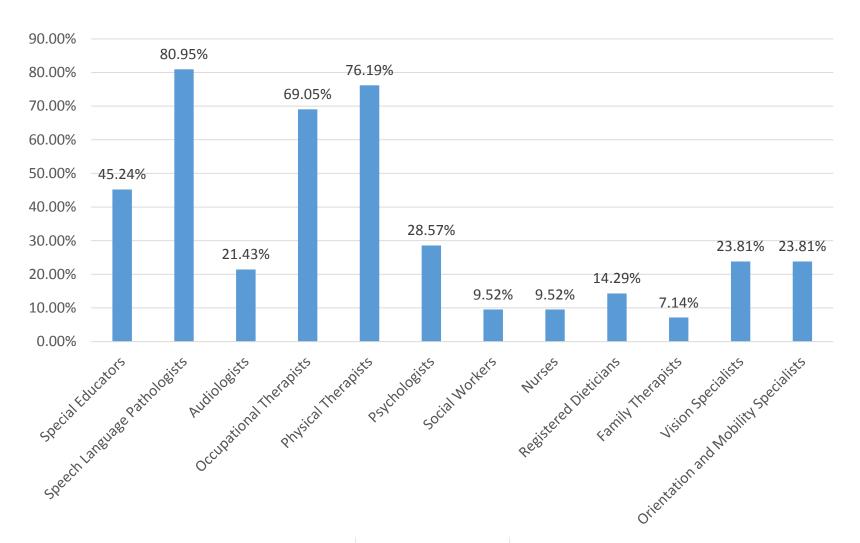






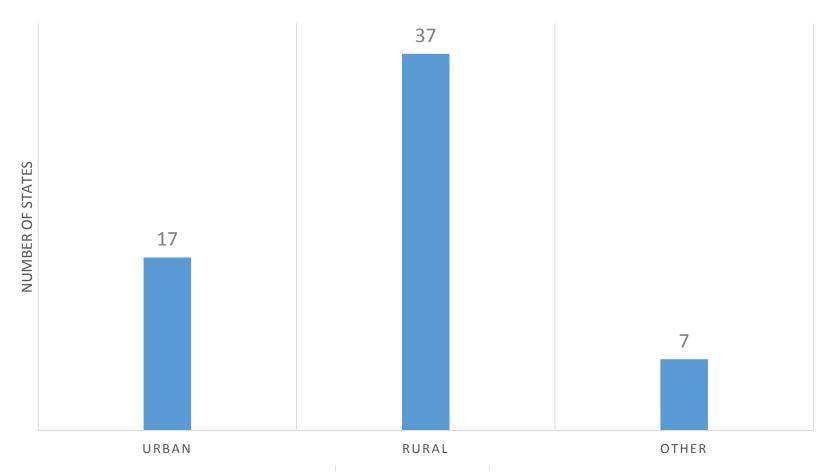
How do we prepare a workforce to address these populations

Personnel Shortages





What geographic areas are the most difficult to find providers?







What are the skills and competencies they will need?