

Early Child Development as a Social Determinant of Health

Clyde Hertzman

Head, Knowledge Hub for ECD

**World Health Organization's Commission on
Social Determinants of Health**

Director, Human Early Learning Partnership of BC

President, Council on Early Child Development

International Commission on the Social Determinants of Health



“The goal is not an academic exercise, but to marshal scientific evidence as a lever for policy change — aiming toward practical uptake among policymakers and stakeholders in countries”.

WHO Director-General LEE
Jong-Wook’s address to the
World Health Assembly, May 2004

What good does it do to treat people's illnesses ...



...then send them back to the conditions that made them sick?

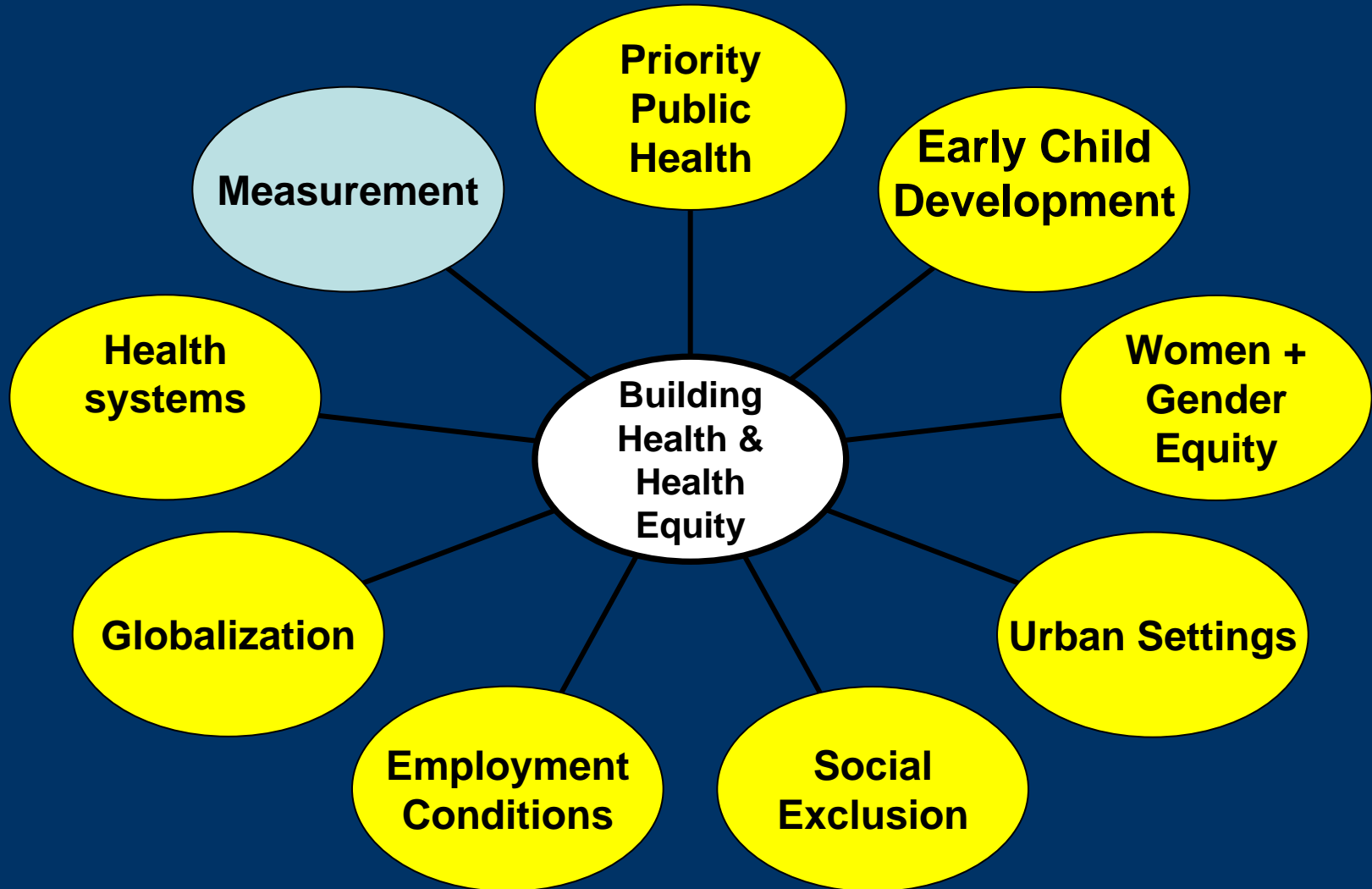
How is the Commission organized?

- Michael Marmot, Chair
- 20 members (volunteers)
- Small Secretariat in Geneva
- Smaller scientific team around Marmot in London.
- Meetings in-person 3-4 times per year.

Pillars of work:

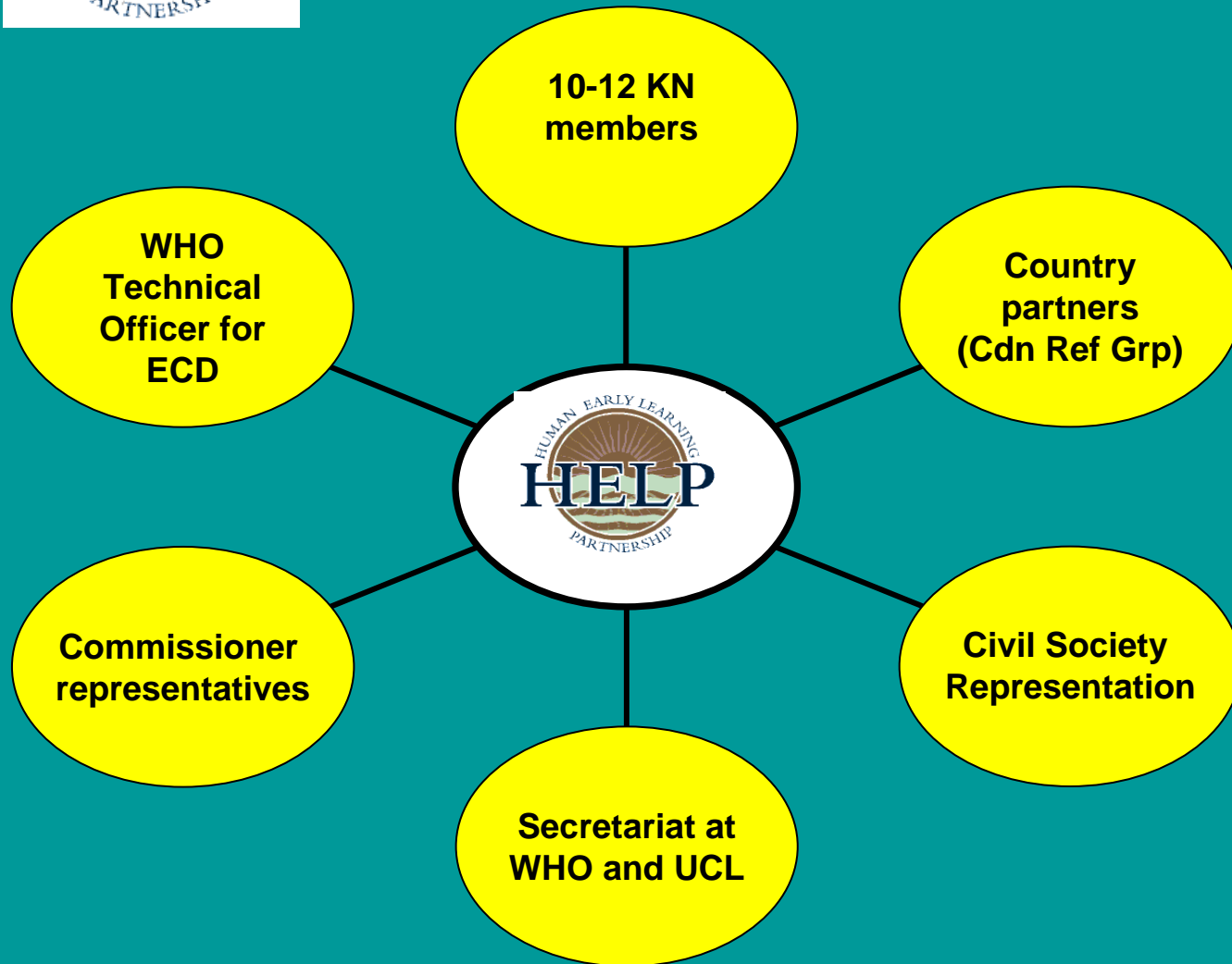
- 9 Knowledge Networks
- Countries (and regions) involved
- Civil society and global partners involved (World Bank, etc.)
- World Health Organisation (WHO)

KNOWLEDGE NETWORK THEMES





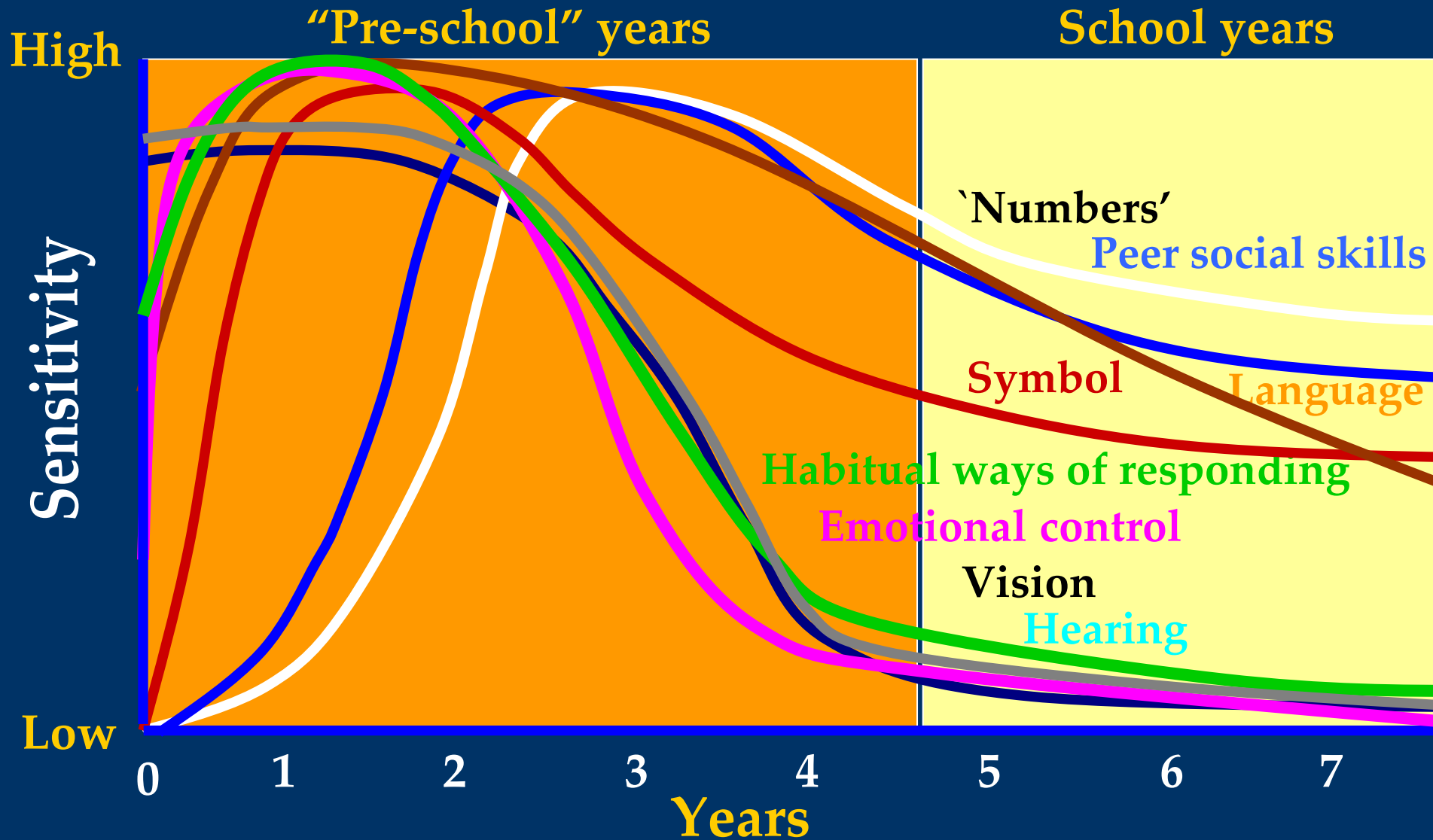
ECD Knowledge Hub



Background -- Starting Points

- **ECD means: physical, social/emotional, language/cognitive development**
- **Biological Embedding--environments get under the skin**
- **Determinants of ECD are found from the intimate level (family) to the broadest level (global)**
- **These determinants matter according to how they influence the transactional and nurturant qualities of the child's intimate environment**

'Sensitive periods' in early brain development



Health Problems Related to Early Life

- Coronary Heart Disease
- Non-insulin Dependent Diabetes
- Obesity
- Blood Pressure
- Aging and Memory Loss
- Mental Health (depression)

Background -- Starting Points

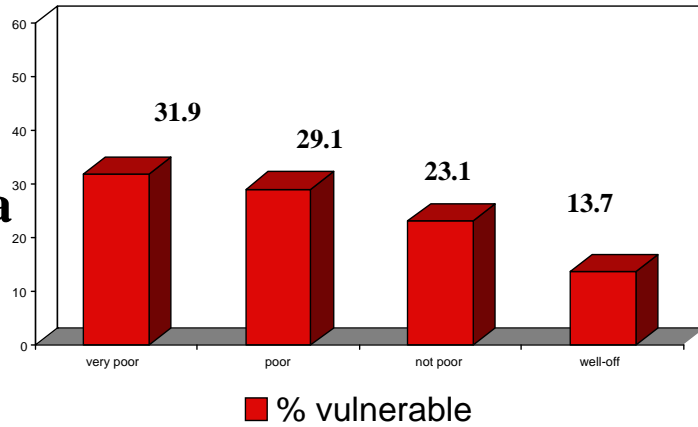
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Why is ECD a **Social** Determinant of Health?

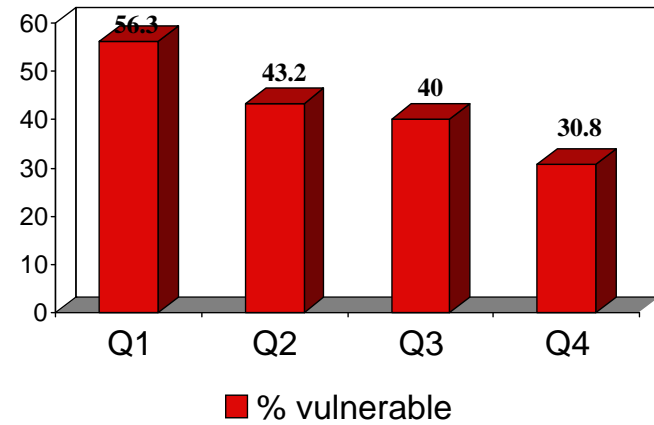
- **gradients (inequalities) in health start as gradients in the 3 domains of ECD -- physical, social-emotional, language/cognitive**
- **ECD is socially determined and, in turn, is a determinant of health across the life course**
- **ECD is primarily influenced by nurturant *environments* but programs matter, too**

% vulnerable on Early Development Indicator, by SES

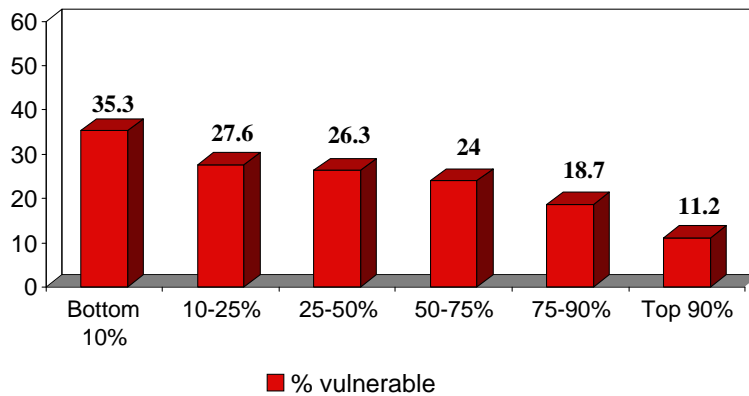
Canada



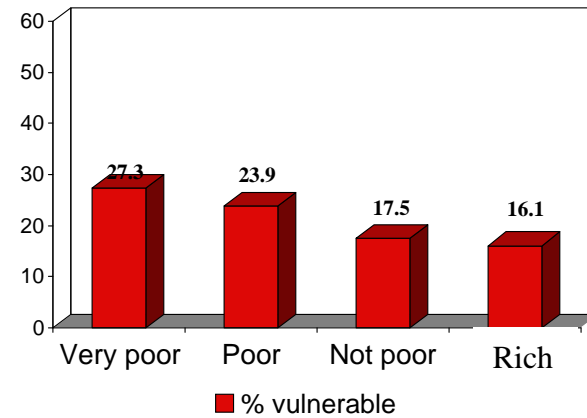
Kosovo



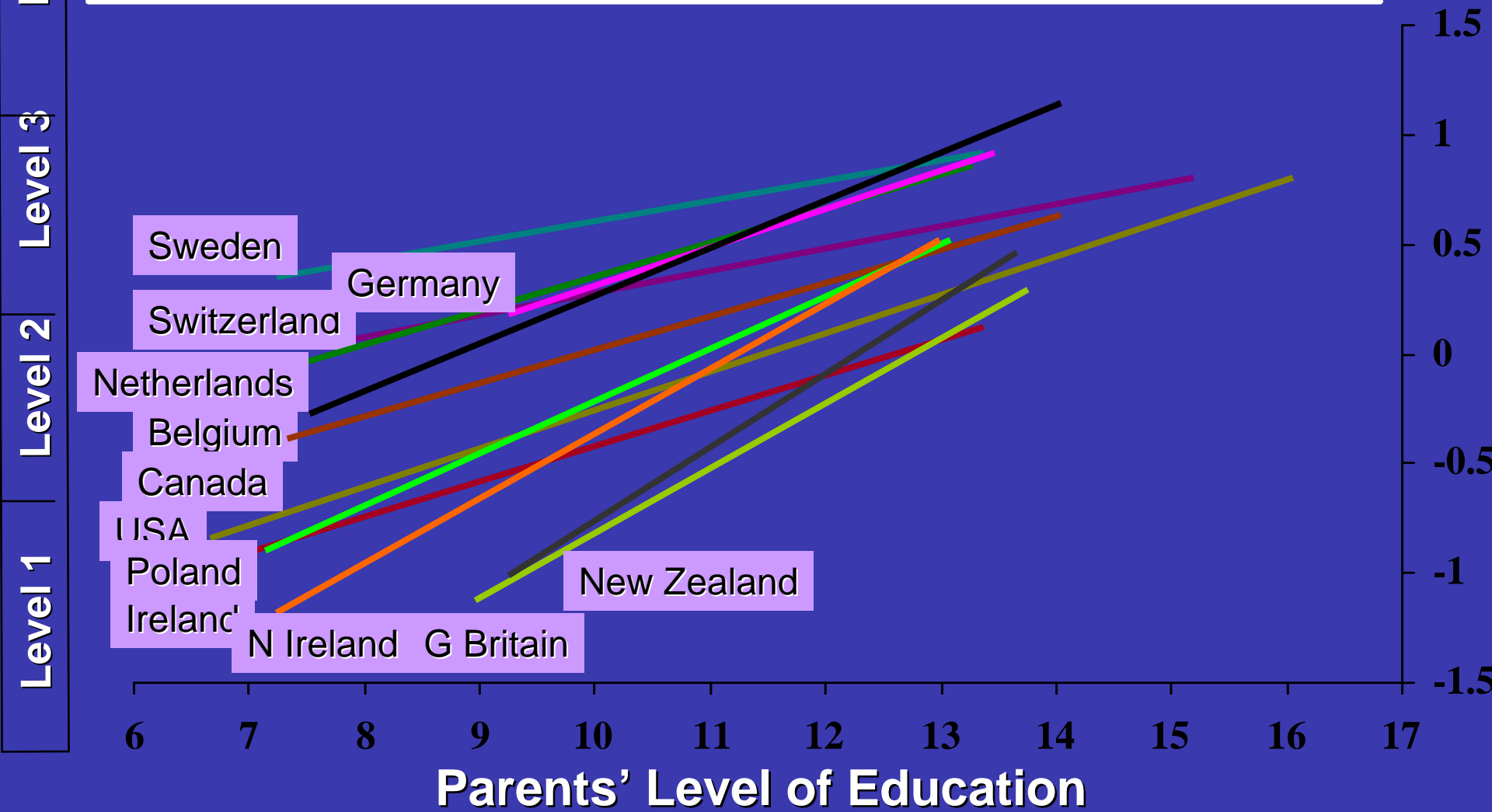
Australia



Mexico



Quantitative Literacy Scores for Youth Aged 16-25. International Adult Literacy Study, 1994

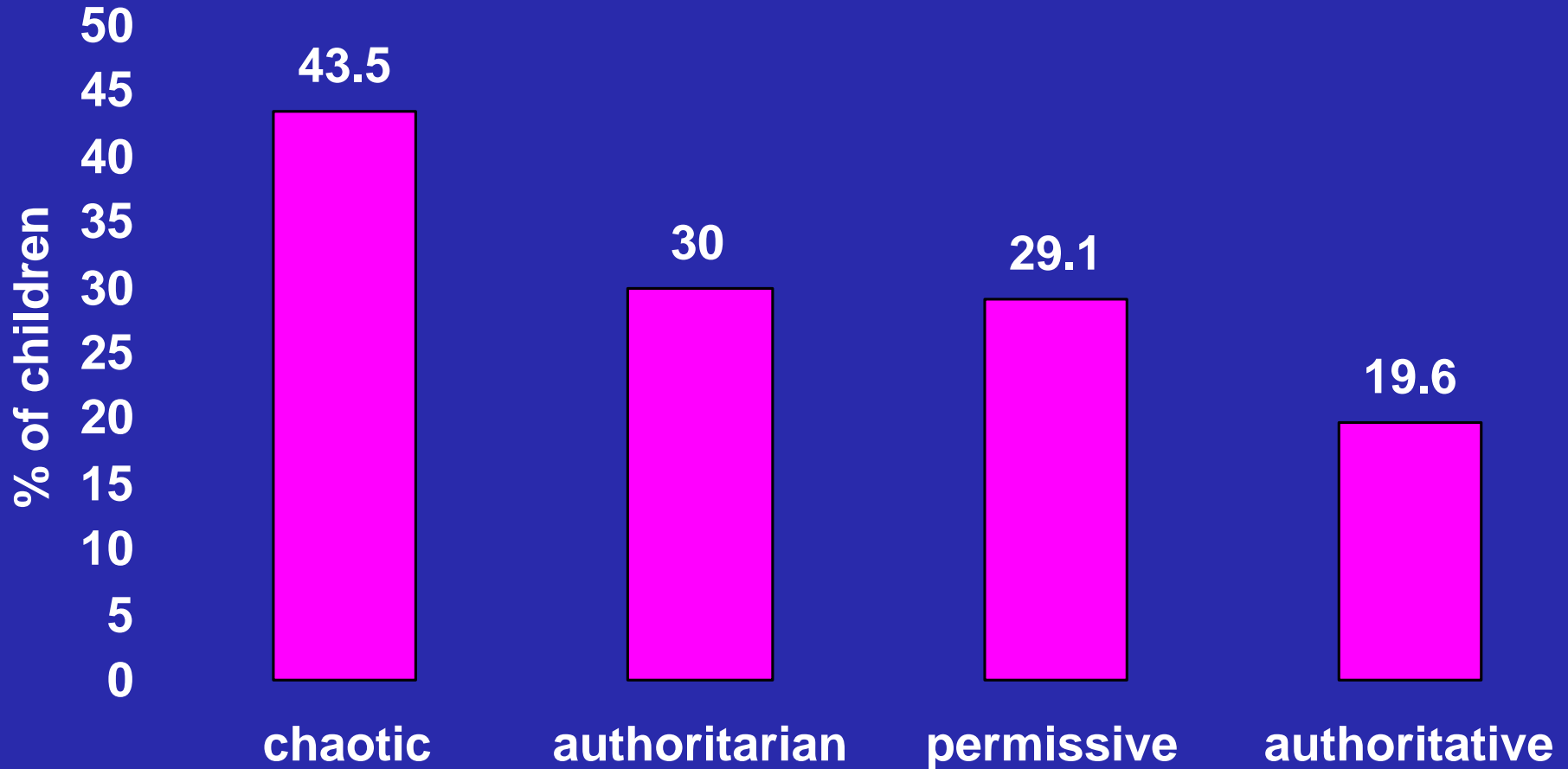


Organisation for Economic Co-operation and Development and Statistics Canada. (1995) Literacy, economy, and society: results of the first international adult literacy survey. OECD/Ministry of Industry Canada, p 151.

Key Messages

- **>200 million children in developing countries alone are not reaching their 'potential' (conservative estimate)**
- **parents/caregivers need support from community and government at all levels**
- **political leaders can play an important role in guaranteeing universal access to a range of ECD services**
- **child survival and health agendas are indivisible from ECD**
- **because transactional environments are important for ECD, SES is not fate**

Vulnerable Children & Parenting



Final Report Recommendations

- 1. The World Health Organization's unique contribution to early child development globally**
- 2. Generating the necessary commitment at multiple levels of society**
- 3. Structural requirements for implementation**
- 4. Strategies for implementation**
- 5. Monitoring processes and outcomes related to ECD**
- 6. Creation of a Global Alliance for Early Child Development...**

2. Generating Commitment

- **bringing the 'science of ECD' to policy by all levels of government**
- **need to do social marketing to new audiences outside the usual ECD community**
- 'Global Alliance' should disseminate science of ECD
- **use commitment to UNCRC as dissemination tool**
- need funding base to incorporate science of ECD into policy and monitor ECD provisions of UNCRC

3. Structural Requirements

- **need for an inter-ministerial policy framework at the level of national government**
- **governments adopt child and family-friendly policies**
- **international community and governments to create inter-disciplinary opportunities for training and research in resource-poor countries**
- **government involvement of local communities**

4. Strategies for Implementation

- **gov't building ECD onto existing child survival and health platforms**
- **gov't needs strategy for 'scaling up' effective programs w/o sacrificing effective characteristics**
- **gov't to ensure free, compulsory access to school w/o gender inequities**
- **UNICEF -- create global formula for calculating ECD expenditure and 'return on investment' that works for poor countries**

5. Monitoring

- expand evidence base in resource-poor countries
- gov't held accountable for universal birth registration
- local NGOs to monitor access to quality ECD services
- gov't/international agencies to fund monitoring of programs and ECD outcomes

What do we need in monitoring?

1. Population based outcome data to tell whether or not we are making progress.
2. Data relevant to all the sectors that have responsibility.
3. Linked data that can track developmental trajectories from birth to adulthood.

One British Columbia Pride

HELP (the Human Early Learning Partnership), UBC and the Early Development Instrument

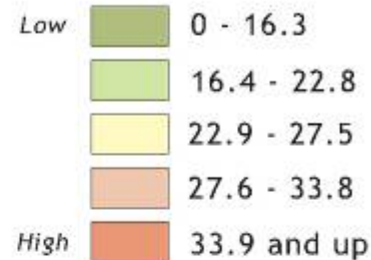
A population measure:

- **All BC Kindergarten children included**
- **Five key domains assessed by kindergarten teachers:**
Physical Health and Well-being, Social Competence,
Emotional Maturity, Language and Cognitive development,
Communication Skills and General Knowledge
- **Introduced in 2000**
- **Administered in three-year waves**
- **Mapped provincially by neighbourhood**



At Risk on Any Scale

Percentage of Children Vulnerable, Wave 2



Totals: 7 ▽ 26 ▲

| | | | | |
|---|---|----|----|----|
| 1 | 9 | 16 | 19 | 14 |
|---|---|----|----|----|

Notes:

Source: EDI Wave 2 (2004 - 2007), Human Early Learning Partnership. The total sample size is 41,123.

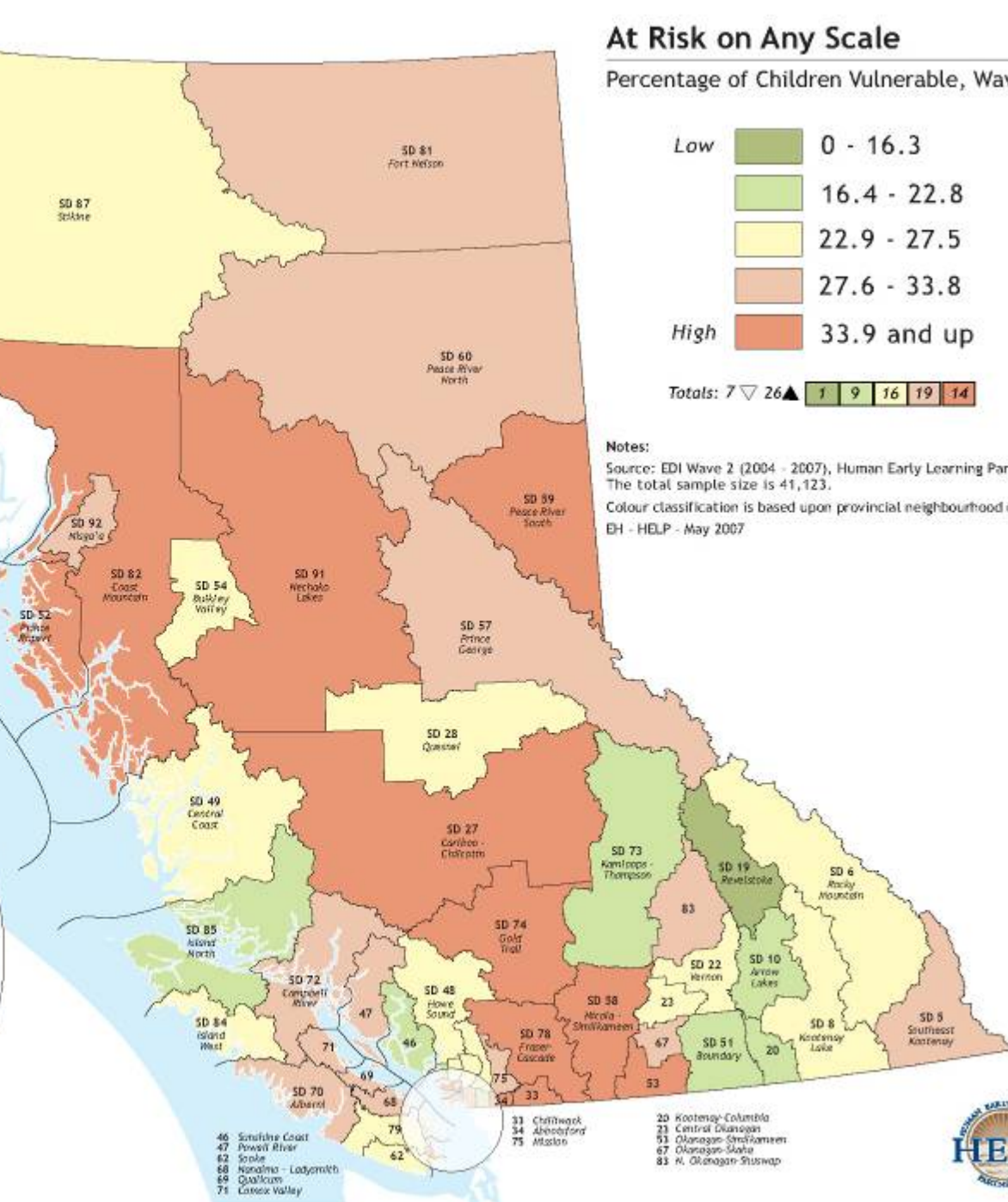
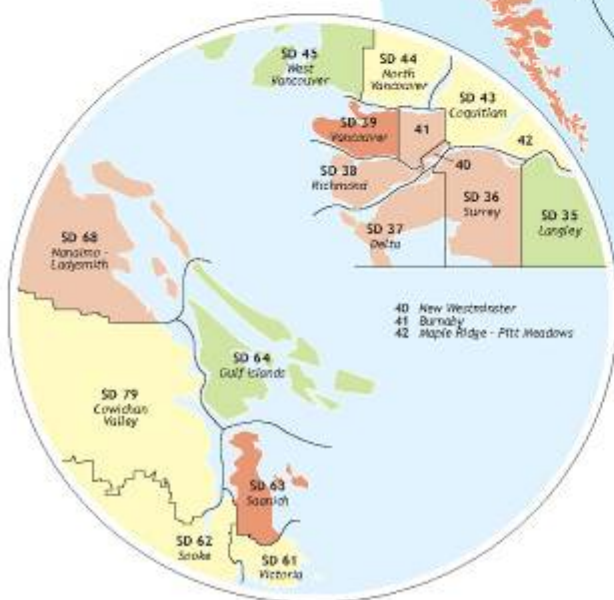
Colour classification is based upon provincial neighbourhood quintiles. EH - HELP - May 2007

Least Vulnerable

- 12.0 Revelstoke
- 18.9 West Vancouver
- 19.0 Arrow Lakes
- 19.5 Boundary
- 20.5 Gulf Islands

Most Vulnerable

- 38.8 Nechako Lakes
- 40.9 Saanich
- 48.7 Prince Rupert
- 51.9 Haida Gwaii
- 54.1 Gold Trail



Vernon

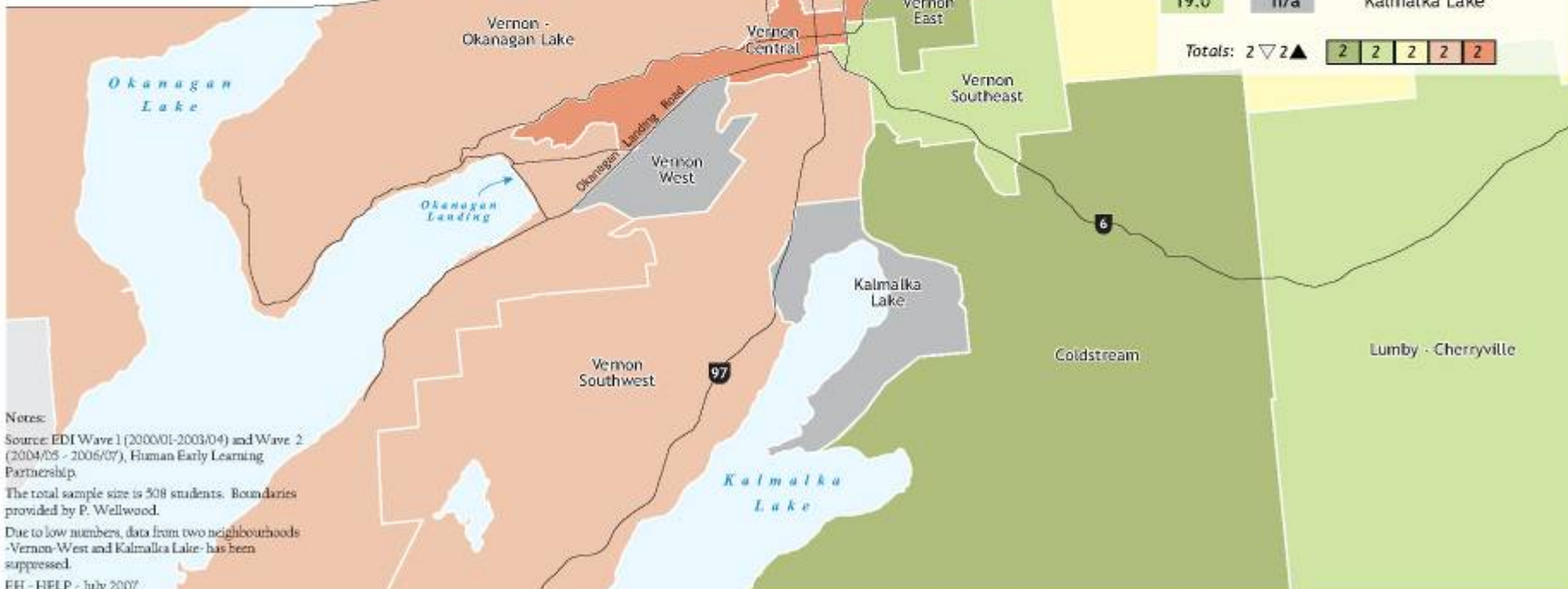
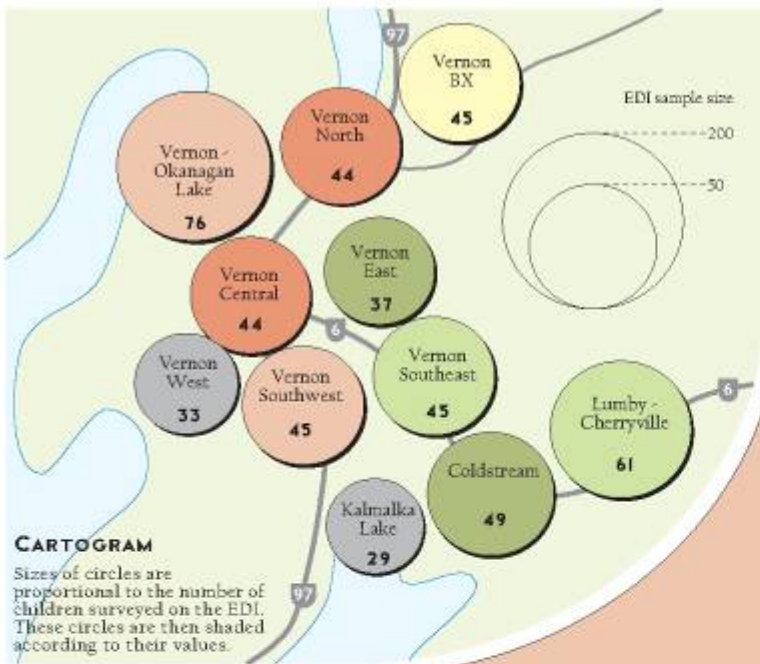
School District 22

Vulnerability by Neighbourhood Wave 2

Percent of children deemed vulnerable on one or more subscales of the EDI (Provincial cut-offs)

| Wave 1 | Wave 2 | Chg | |
|--------|--------|------|------------------------|
| 12.3 | 4.1 | -8.2 | Coldstream |
| 12.8 | 10.8 | -2.0 | Vernon - East |
| 26.5 | 20.0 | -6.5 | Vernon - Southeast |
| 20.7 | 21.3 | 0.6 | Lumby - Cherryville |
| 20.9 | 26.7 | 5.7 | Vernon - BX |
| 33.9 | 28.9 | -5.0 | Vernon - Okanagan Lake |
| 32.5 | 33.3 | 0.8 | Vernon - Southwest |
| 26.8 | 34.1 | 7.3 | Vernon - North |
| n/a | 50.0 | | Vernon - Central |
| 16.7 | n/a | | Vernon - West |
| 19.0 | n/a | | Kalmalka Lake |

Totals: 2 ▽ 2 ▲



Notes:
Source: EDI Wave 1 (2000/01-2003/04) and Wave 2 (2004/05 - 2006/07), Human Early Learning Partnership.
The total sample size is 508 students. Boundaries provided by P. Wellwood.
Due to low numbers, data from two neighbourhoods -Vernon-West and Kalmalka Lake- has been suppressed.
EH - HELP - July 2007

Provincial ECD Initiatives Supported by EDI Results

South Vancouver Island

500

Initiatives

Child Care Capital Projects (Year)

● 2005/06

● 2007/08

Strong Start Centers

●

Welcome to Kindergarten Programs

●

School District Boundaries



JA - HELP - AUG 2008

Lower Mainland

- 46 Sunshine Coast
- 47 Powell River
- 62 Sooke
- 68 Nanaimo - Ladysmith
- 69 Quakwam
- 71 Comox Valley
- 20 Kootenay-Columbia
- 23 Central Okanagan
- 53 Okanagan-Similkameen
- 67 Okanagan-Skaha
- 83 N. Okanagan-Shuswap
- 33 Chilliwack
- 34 Abbotsford
- 75 Mission

Children across the globe thriving to the highest level of ECD

To build/support capacities of countries to improve EHD

To create and sustain a global momentum for EHD

Providing assistance to monitor ECD-related processes

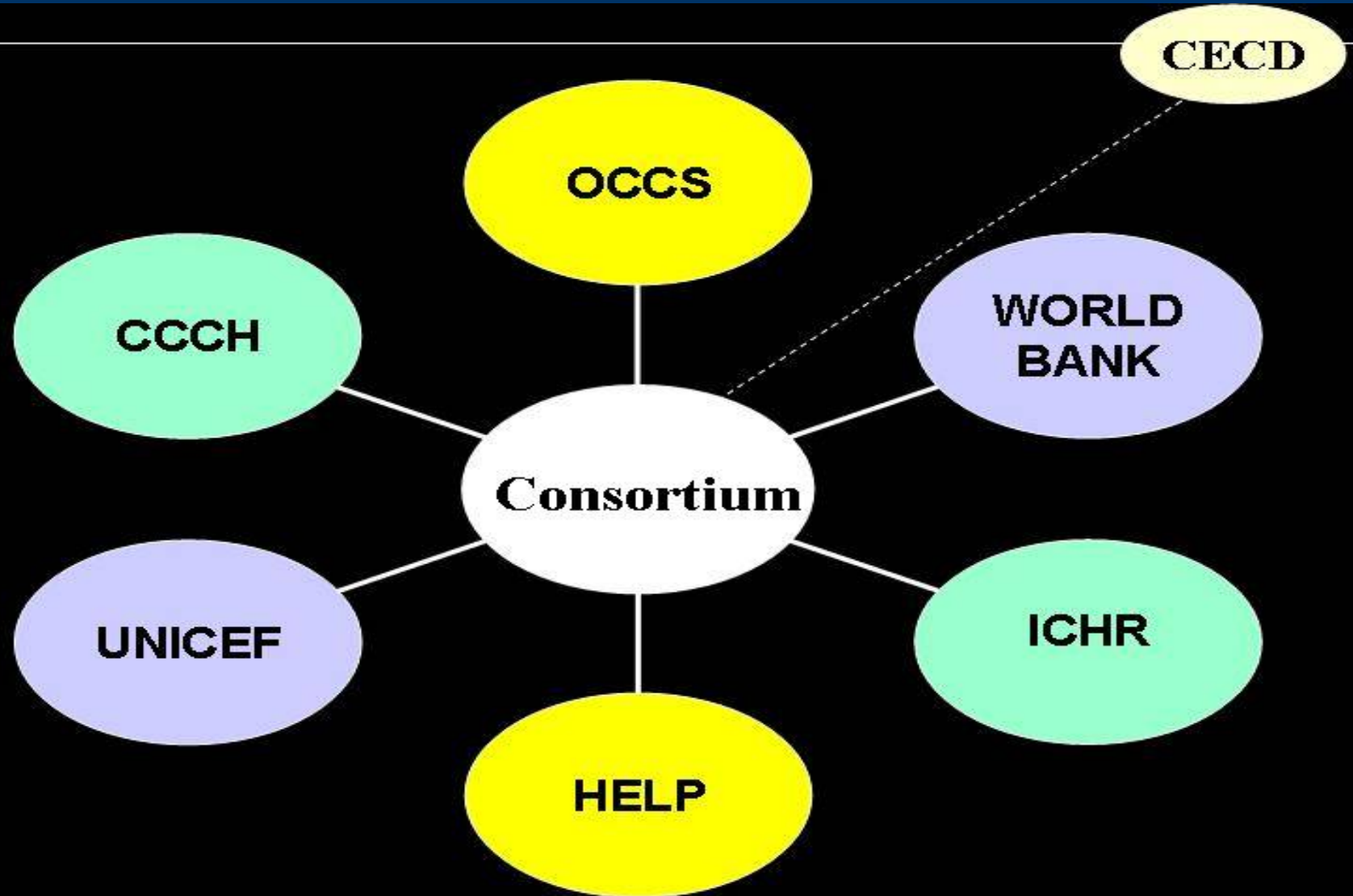
Broadening the global alliance

Strengthening the population health orientation of EHD

Facilitating the surveillance of CRC

Initiating Knowledge mobilization

The International Consortium for Population-Based Early Child Development Indicators



The Consortium can provide technical assistance in:

Dissemination of results

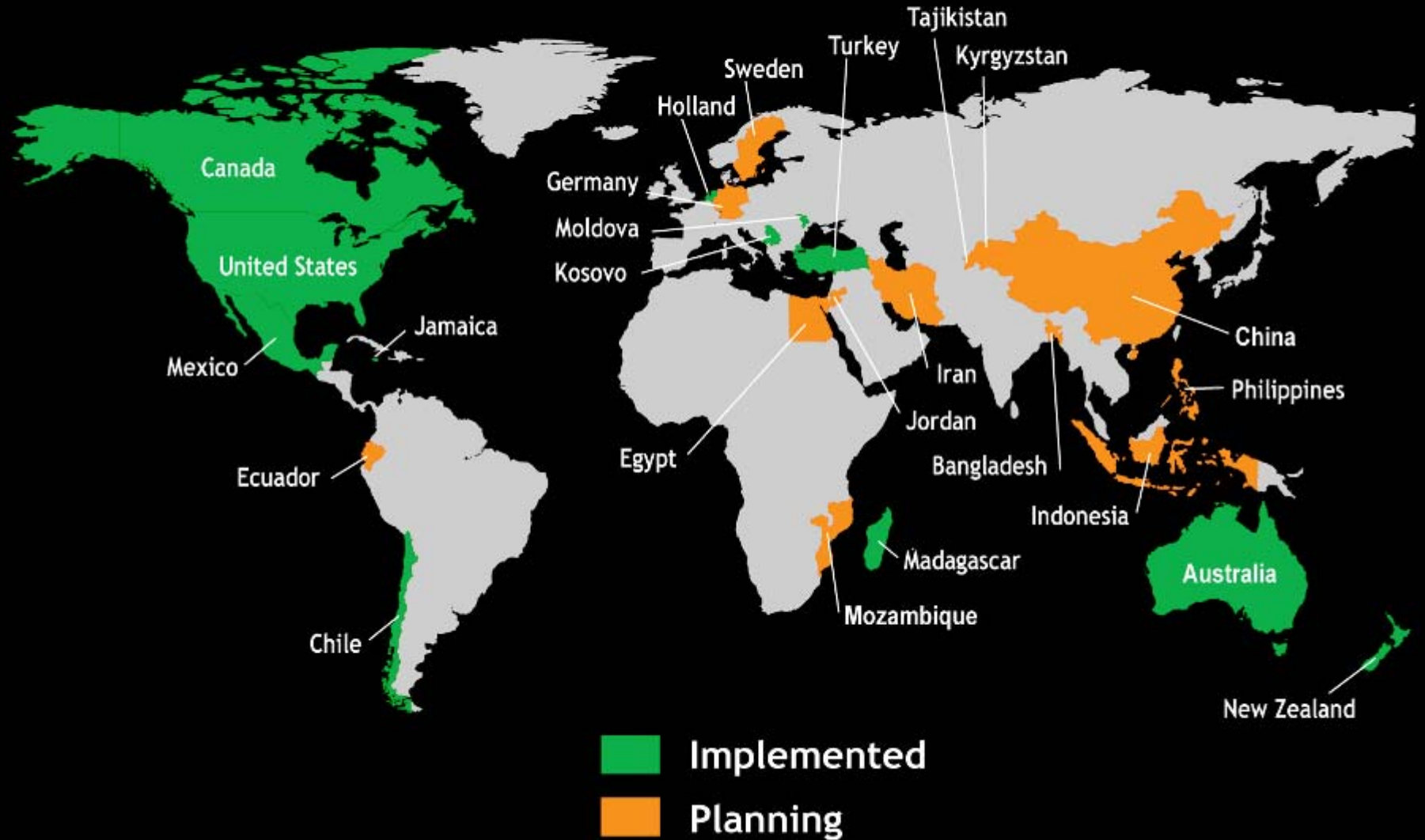
Data Analysis and mapping

EDI Implementation

EDI adaptation and pilot-testing

Assessment of contexts

EDI Countries Around the World



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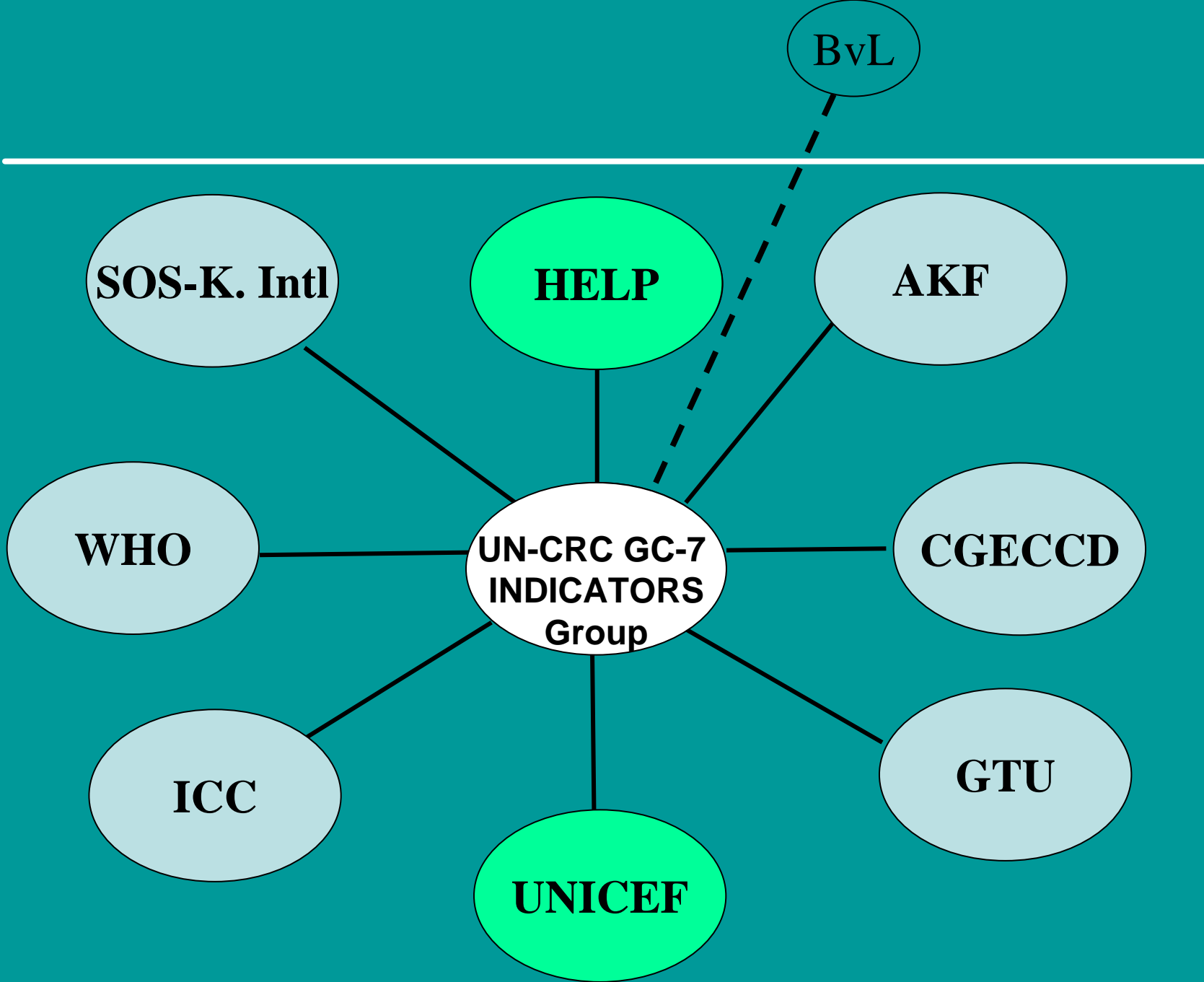
Strengthening the population health orientation of EHD

Facilitating the surveillance of CRC

Initiating Knowledge mobilization

UN-CRC GC-7 Indicators Group

- **1989: Convention on the Rights of the Child (CRC) passed by United Nations**
- **2005: GC7: “Implementing rights in early childhood”**
- **2006: UN Monitoring Committee on the Rights of the Child -- invitation to develop indicators that would facilitate States reporting on rights in early childhood**



Indicator 10: Age Appropriate Health Education

**GC7 CRC
REPORTING
GUIDELINE**

DUTY BEARERS

SOURCES OF INFO

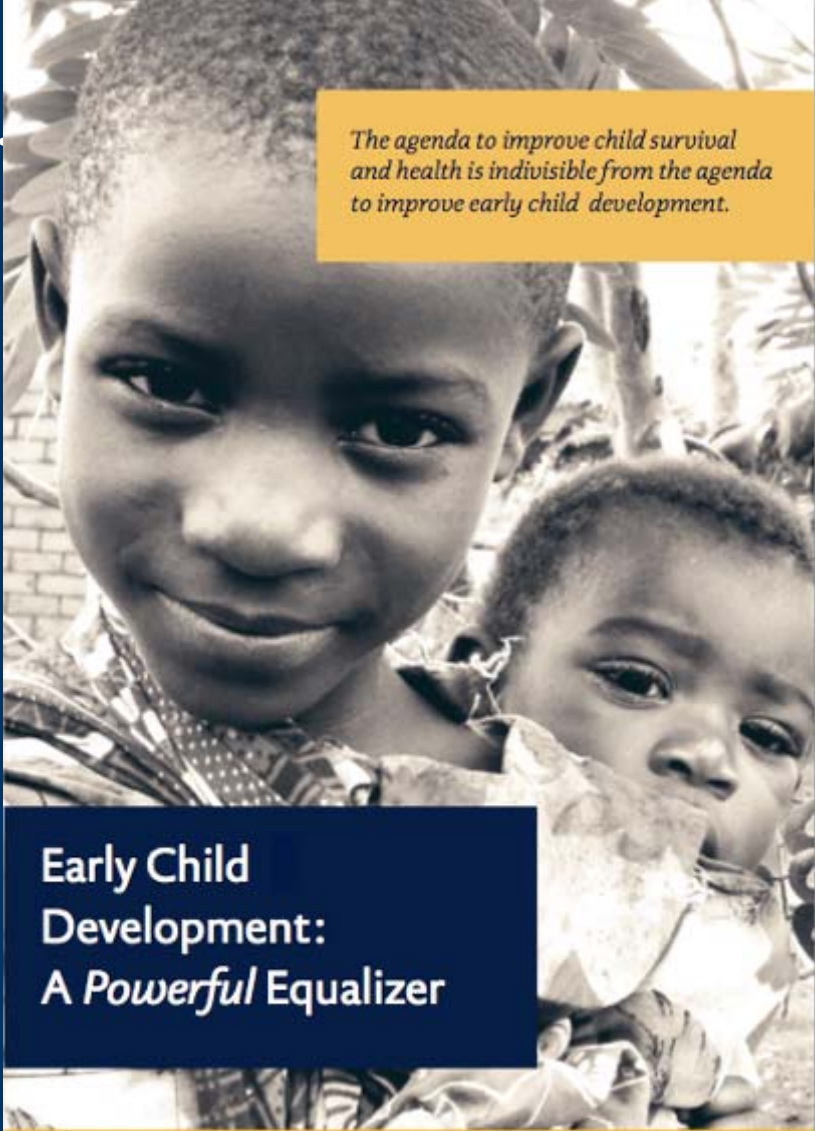
OUTCOME

PROCESS

STRUCTURE

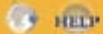
Q: What are the programmes in place to ensure that young children have access to age-appropriate health education?





The agenda to improve child survival and health is indivisible from the agenda to improve early child development.

**Early Child
Development:
A Powerful Equalizer**



www.earlylearning.ubc.ca