Applying a Public Health Approach to Child "Well-fare"

Position Statement Adopted by the DCFS Advisory Board on 2-7-24

The Cuyahoga County Division of Child and Family Services (DCFS) Community Advisory Board recommends the use of the classic **public health pyramid** (see Figure 1) to better understand, describe, and advocate for *the full spectrum of services that are needed by families with children*.[1] These services are needed not only to prevent poor outcomes (such as placements in foster care, mental health crises, or teen violence, truancy, or pregnancy), but to ensure that families are thriving, flourishing and well.

This layered public health framework is particularly pertinent now that the County has begun working on a "Wellness Campus." Wellness is much more than the absence of dysfunction and negative outcomes. The term "wellness" also connotes the presence of positive outcomes, like affect regulation, academic success, social connectedness, meaningful employment, and civic engagement.[2] To promote these essential positive outcomes, layered efforts – as pyramid - are needed across sectors. Simply put, efforts are needed to **be well**, to **stay well**, and to **get well**. *Figure 1* below illustrates this framework.

Figure 1. Applying the classic public health pyramid to lead poisoning prevention and relational health promotion. This is vertical integration. Abbreviations:
ABC – Attachment and Biobehavioral Catch-up; CPP – Child Parent Psychotherapy; PCIT - Parent Child Interaction Therapy; TF-CBT - Trauma Focused Cognitive Behavioral Therapy; SSNRs – safe, stable and nurturing relationships; pACEs – parental history of Adverse Childhood Experiences; SDoH – the social determinant of health, such as exposures to poverty, racism or violence; IDE – inappropriate developmental expectations; DID – delays in development, such as expressive language delays; ROR – Reach Out and Read; AR – affect regulation; SEL – social-emotional learning; PCEs – positive childhood experiences.

Primary Prevention: Ensuring Children "Be Well" to Reduce DCFS Involvement

Universal primary preventions, such as parental access to safe housing, healthy foods, steady employment and economic supports, flexible and consistent work schedules, and quality healthcare, allow parents and caregivers to "**be well,**" and to be the best possible versions of themselves for their children. Other universal primary preventions, such as a child's access to quality childcare, healthcare, education, and recreational activities, provide children with both the connection and structure needed to "develop well" and to form new, adaptive skills.[1] Public engagement and educational campaigns use communication strategies to change social norms regarding supporting parents and positive parenting.[3] Home- and community-based parenting programs enhance parenting skills and promote healthy child development.[3] Although DCFS does not routinely provide these services, they are essential and there may be more opportunity with the addition of the Family Success Network (a free family support connection and referral program). Indeed, while our county does provide some existing family/parenting focused programs to mitigate risk factors (i.e. See First Year Cleveland programming such as Nurse Family Partnership, Help Me Grow, Moms First Program, doula programs and other maternal health supports, etc.), they are not fully maximized and more resources are needed to ensure better access to preventative supports. In the absence of these universal primary preventions, more families with children will struggle and look for additional, more costly supports from DCFS and local government.

Secondary Prevention: Ensuring Children "Stay Well" to Prevent DCFS Custody

To "**stay well**," targeted, secondary preventions are needed. These interventions are designed to address known risk factors for poor outcomes, so screening is needed, and reducing stigma must be a top priority. These targeted, secondary interventions are intended to help families and children get back on a healthy track (families at higher risk with factors associated with trauma but no actual evidence of trauma). For parents and caregivers, this might mean addressing their childhood trauma,[4,5] mental health[6] or substance abuse disorders,[7] or a lack of basic needs (like housing, food, or employment).[8,9] For children, this might mean addressing delays in language development[10] or emerging concerns with affect regulation[11] or social skills.[12] Home visiting programs,[13] childcare centers,[14,15] schools,[16] and medical homes[8] are well placed to identify these risks, but community- and home-based resources must be available to help at risk families "stay well."

Tertiary Intervention: Ensuring Child Safety to "Get Well" in DCFS Custody & Reunification

Finally, tertiary, evidence-based treatments are needed to "**get well**." These are the costly and time intensive treatments that families and children need once they have arrived at the JEH Building (or in the hospital necessitating a "Child Protection Team" referral). Dyadic treatments, such as Attachment and Behavioral Catch-up,[17-19] Parent-Child Interaction Therapy,[20,21] Child-Patent Psychotherapy,[22,23] Nurturing Parenting,[24] and others, are all designed to help families and

children heal from trauma and to become well again. The County's conception of a "Child Wellness Campus" with a range of crisis beds and short-term intensive interventions for children with complex needs also falls within this level of care. But the public health pyramid makes it clear that these costly and time intensive tertiary treatments will be of limited value or impact in the absence of the secondary targeted interventions or universal primary preventions. **Getting well** also means **staying well** and **being well**.

Conclusion

This layering of programs and services, as seen in the public health pyramid, is called vertical integration. **All layers are necessary**, and **none are sufficient** to make an impact at the population level.[1]

Moreover, horizontal integration across sectors is needed.[25] DCFS will never be able to fulfill its mission in a vacuum (see Figure 2). Child abuse or neglect is the penultimate measure of poor relational health. But those dyadic relationships happen within the context – an entire ecosystem - of other relationships.[26] The early childhood, healthcare, education, business, justice, and social service sectors all have a role to play in ensuring that families and children thrive.[1] Aligning their efforts through horizontal integration, with significantly greater investments in primary prevention, will reap significant rewards as today's children become tomorrow's parents, employees, taxpayers, and civic leaders.

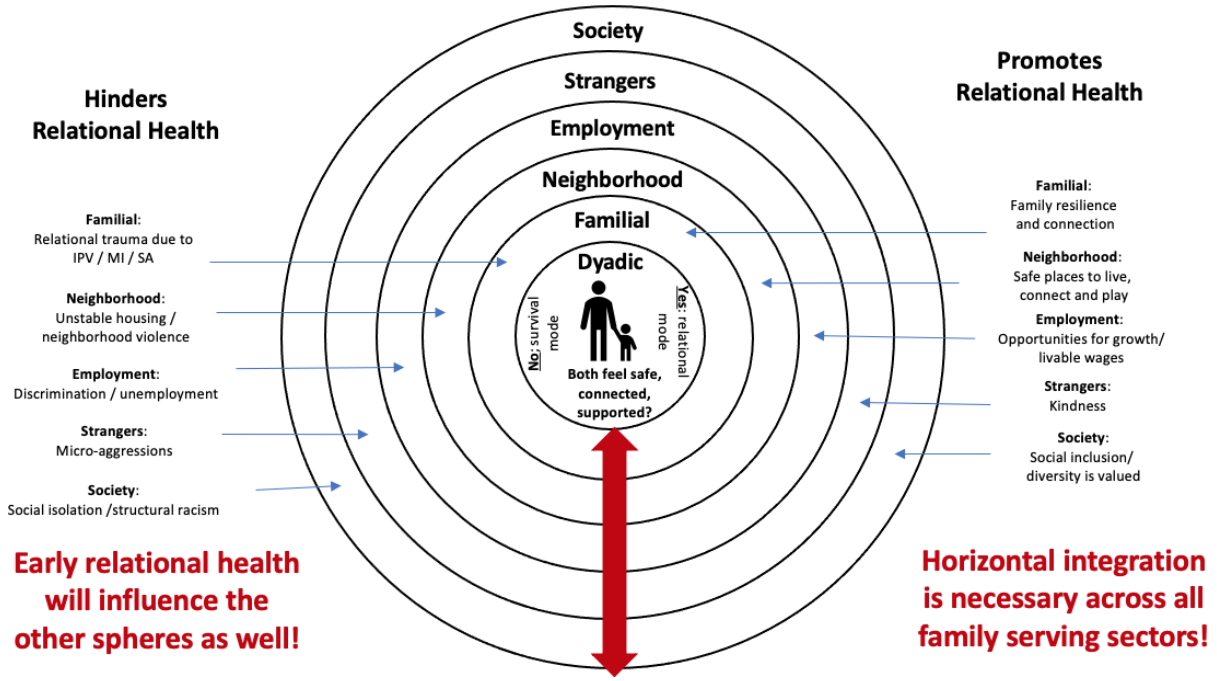

Figure 2. The relational health of the dyad is inextricably linked to the relational milieu that surrounds it. This demands horizontal integration across family serving sectors and unprecedented levels of advocacy.

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