Asia-US Partnership 2007
Early Child Development
in Primary Care
April 25-27, 2007
Honolulu, Hawai`i

Department of Pediatrics
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Asia-US Partnership 2007: Early Child Development in Primary Care
April 25-27, 2007, Honolulu, O`ahu, Hawai`i

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Letter from the Chair

The mission of the Asia-US Partnership (AUSP) is to improve child health in Asia and the United States through cross-cultural exchanges with leaders in pediatrics. To meet this mission, AUSP has convened three previous meetings of country teams in Hawai‘i. One of the key outcomes of AUSP activities has been to develop and strengthen a close network of pediatric leaders and early child development professionals among seven country teams: China/Beijing, China/Shanghai, Hong Kong SAR, Philippines, Singapore, Thailand, and the United States.

AUSP gives priority to becoming a catalyst for change within participating countries by focusing on applying new scientific research on early child development to building integrated systems of health, education, and family support that meet the needs of all children. The ongoing communication among country team participants aims to: expand networks as each country’s participants recruit more members to their local network; promote concepts of early childhood development through the lens of recent scientific research in the interprofessional and policymaking communities within each country; and, implement programs involving research, training, service, and advocacy efforts related to integrated systems approaches and early childhood development.

The focus of this fourth AUSP meeting—Mobilizing Collaboration in Communities for Comprehensive Care—was specifically designed to build upon the first three AUSP meetings with an emphasis on promoting integrated systems of care in early childhood: Pediatric care (2003), Early Education (2004), and Family Support (2006).

Recognizing the importance of early childhood development is a growing global phenomenon. This is the challenge of our work—to learn from each other as we apply our creativity and leadership to effectively meet the comprehensive needs of all children, youth, and families around the globe.

Aloha,
Calvin C. J. Sia, MD, FAAP
Mobilizing Collaboration for Comprehensive Care

Countries engaged in the Asia-US Partnership (AUSP) reflect a wide diversity of experiences and priorities in creating systems of health care for all children. While some still face stark realities of widespread malnutrition, lack of immunizations, infectious diseases (conditions tied to the “old morbidity”), all country teams within AUSP recognize the importance of new challenges and new research centered on optimal child development (the “new morbidity”). This understanding demands a shift in vision—away from an exclusively medical model focused on clinical “problems” or “crisis care,” and towards a model that gives particular attention to current scientific research on early brain development, applying “what we know” about early child development to create integrated, community-based systems of health, education, and family support services.

Research in Early Childhood Development

Outcomes of every child’s development are dependent on a complex interrelationship between biology and environment. Research on early brain development indicates that positive environments, where children experience relationships with adults that are nurturing, reciprocal, dependable, and stable, contribute to building healthy brain architecture that can provide a strong foundation for all future growth and development. At the same time, science recognizes that relationships in early childhood that are neglectful, undependable, unstable, or abusive produce considerable risk for poor outcomes later in life. Translating this new knowledge into practice requires a call to action: building new systems of care that meet the needs of the whole child in a child’s earliest years.

Mobilizing Collaboration in Communities

Children’s lives are impacted by where they live—families, neighborhoods, and more. This meeting focused on integrated concepts of “community” and “mobilizing collaborations in communities” toward implementing new systems of care. In integrated, community-based systems of care in early childhood:

- Families become partners at all levels
- Children receive comprehensive care within a Medical Home
- Families have adequate access to financial services needed for child health care
- Children are screened early and continuously for special needs
- Community-based services are organized for easy use
- Transition services prioritize adult health care, work, and independence
The challenge is to enlarge our perspective from a focus on a pediatrician’s or early child care provider’s relationship from “one child” to all children in the community while advocating and implementing quality services that are coordinated, comprehensive, continuous, accessible, family centered, culturally effective and compassionate. Paying attention to early health is our best investment—low cost, high impact.

**Importance of Research & Evaluation**

Clearly understanding and maximizing the effectiveness of our efforts is key to our success. This means working on community, regional, national, and international levels to: implement research-based public policy related to early childhood development; implement research-based programs and services; implement research on service delivery to ensure service effectiveness and greater quality control; and, implement research-based professional training programs. In a world where change is the norm, the verb “implement” connotes a rich feedback process built into cycles of research that focus on the journey of advancing new systems of care rather than a static end. Demonstration projects that are fully evaluated generate critical evidence based outcome data and lead to identifying “best practices.” Currently, a significant piece of the international emphasis on research involves promoting systematic approaches that use population-based tools to facilitate evidence-based outcomes. The charge is to create sound research criteria, collect and interpret data, and share research results in ways that enhance collaboration wherever possible.

**Systems of Care**

Crucial areas of development in a child’s early years involve self-regulation—learning to control emotions, behaviors, and attention; early development of language, reasoning, and problem solving; and social development—developing the capacity to trust, love, and resolve conflict. Based on the science of early childhood development, integrated, comprehensive systems of care are essential to support all young children and their families in achieving optimal physical, mental and social well-being in children’s early years and beyond. The emphasis for AUSP is on “systems” rather than “services.” Re-orienting systems toward prevention and early intervention can ensure: 1) continuous screening for developmental milestones; 2) knowledge of community resources to ensure appropriate referral, early intervention, and follow-up services; 3) family-centered parent education and support during anticipatory guidance; and, 4) psychosocial screening of family for risks such as environmental stresses, maternal depression, and substance abuse. The shape of integrated, early childhood systems may “look” different among diverse nations and cultures, yet effectiveness in each country will depend on making national and local connections between research, training, service, and advocacy efforts.
### China Beijing

Our efforts primarily concern mental retardation. A 2001 survey indicates prevalence of mental retardation was nearly 1% of all children 1-6 years with almost 2/3's of unknown cause. In one of the largest medical centers in China, rehabilitation services focus primarily on physical and linguistic functions. There are no social workers or nurses for children and families, and parent education services are limited.

The Multidiscipline Cooperation Project aims to improve the evaluation of diagnosis and family-based multidiscipline rehabilitation and special education. Multidiscipline Cooperation Project aims to: establish DD/MR diagnostic flow, promote multidiscipline doctors to identify comprehensive treatment regimen for patients, create ways for doctors to participate in training special educators and patient parents, develop family-based materials related to disease and family training. Efforts include expanding family services to issues surrounding epilepsy and ADHD.6

### China Shanghai

Our focus is on language screening and language development. We have designed a questionnaire of Chinese children's language development and have randomly selected 10 community hospitals as survey points. Goals include: early identification of children’s language problems; determine clear pathways for referral; obtain feedback from specialists to implement intervention goals.

To build service systems in this area, we concentrate on activities at the Teaching Hospital: 1) completing an evaluation, 2) developing an intervention plan, and 3) training doctors in this area of evaluation. At the Maternal and Children’s Hospital, we: train parents, conduct screening test, and provide referral services. We also have implemented training for community hospital health workers to recognize warning signs for slow language development and to make appropriate referrals.

### Hong Kong SAR

We are creating a system of comprehensive child development services on maternal drug abuse and early childhood health and development. Efforts concentrate on building integrated services for females using drugs who are pregnant or who have young children. Child surveillance documented behavioral problems, academic and development problems, as well as physical problems in children of families considered high risk because of illicit drug use and mental illness.

Program outcomes: increased rates of successful detoxification, established higher proportion of stable methadone use to replace heroin use, improved vaccination coverage rate of their children, responded to high prevalence of child abuse and neglect (17%) by requiring early detection and intervention. Initial improvement of outcome: mothers with mental health problems have improved mental health and improved maternal-infant bonding; teenage pregnancies achieved reduced cigarette smoking and improved maternal-infant bonding.
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<td>Our aim is to provide an equitable environment/society that upholds the fundamental rights of every child to health and nurtures their potential toward becoming productive adults. To do this, we have forged a collaboration between public and private entities to create an Early Childhood Care Development (ECCD) system by mobilizing community resources and empowering people with self reliance by assuming lead responsibility for their own health care needs.</td>
<td>Our vision is to develop and implement national policies that support young children and their families. Integrated programs provide social assistance for home ownership, for health care of the entire family, and workforce development with the goal of establishing a “social safety net” to foster self-reliance of the whole family to improve environments for children.</td>
<td>Decentralization of national services has taken top priority in Thailand. As part of this, village structural development has generally received priority with few resources allocated to comprehensive child health care and social development. At the same time, there has been a growing number of single parent families; families in agricultural communities have increasingly moved to urban areas; and, those who move to new communities often have no extended family members involved in caring for children. A wide gap has emerged in opportunities and resources between urban/rural and the more and less advantaged.</td>
<td>Foster Care involves millions of children in the US whose lives are defined by a lack of permanency and whose care is spread across multiple systems. The American Academy of Pediatrics combines “top down” work at national policy levels and works to provide “bottom up” support to children, families, pediatricians, child behavioral health professionals, child welfare workers, and judges within juvenile and family courts.</td>
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<td>The project involves organizing communities through advocacy and social mobilization, organization of interdisciplinary teams, and community assessment and surveys related to early childhood development and family participation. At the same time, we are developing integrated health programs with an emphasis on family-centered care within the local health service infrastructure, within university training programs that provide interdisciplinary team members at the community level, and within regional, coordinated systems of hospitals and services.</td>
<td>A major challenge in this work has been to ensure access to appropriate, coordinated services to children in poverty. This means working to: make preschools affordable for low-income parents; increase support for preschools serving low-income families; address under-enrollment of young children in preschools; expand services for children 3 years and older by including infant care; increase parent involvement and parent support; and, identify early signs of child abuse and neglect.</td>
<td>We implemented a longitudinal pilot project involving key multidisciplinary early childhood partners, local administration, researchers, senior citizen and business leaders to create a plan of action for sustainable development that included comprehensive child health care.</td>
<td>Our objectives: 1) identify, disseminate, and implement best practice standards for caring for children in foster care; 2) raise awareness, knowledge and skills of pediatricians and collaborative partners regarding foster care; 3) work with partners to involve, empower, and support children in care and their families; and, 4) work with partners for systems change that will improved the care of children in foster care. Through this work, our ultimate goal is to improve the health and well being of all children.</td>
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Applying the Concepts

China

Beijing

• Expand research in the developmental brain diseases of children in areas of early diagnosis, genetics, and intervention
• Create training textbooks and community brochures by multidisciplinary team members and establish regular courses for community workers on developmental brain diseases, parenting intervention, and special education
• Establish medical genetic diagnostic service for brain development diseases
• Increase international collaboration on systems of care related to early childhood development
• Develop and implement a standard screening vision system for young children

China

Shanghai

• Develop and implement a standard screening vision system for young children
• Implement a training course of “Children Health Care and First Aid” for caregivers and teachers in kindergartens
• Assess community knowledge of children passenger restraints in cars (parents, pediatricians, teachers) and increase public awareness related to Child Restraint Practices in China

Hong Kong

SAR

• Consolidate and extend the Comprehensive Child Development Service programme to all districts in Hong Kong in five years
• Implement specialized quality health care in the community in five years
• Develop a training program in community pediatrics in five years

International partnership. Sharing of knowledge and experiences. Mutual support and commitment.

My participation in AUSP has educated me, a disease-oriented doctor, to the family and community aspects related to the children, educated me to push our government to make a greater difference for young children, inspired me to organize a multidisciplinary team within my research, and to develop contact with different levels of health

We have more insight into comprehensive support for the children with special needs. With great support from local government, we’re now involved in the program of “Establishing an early intervention system for the 0-7 year old children with special needs.” The aim of this program is to help every child with special needs to have the chance to get into the early intervention system.
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<td>• Build the capability of service providers and caregivers at the community level</td>
<td>• Review and examine service gaps in early developmental disabilities</td>
<td>• Develop a training package for primary care nurses and physicians in five provinces to enhance skill and motivation for early childhood development assessment and promotion</td>
<td>• Focus on educating and training professionals to provide comprehensive care to children in foster care</td>
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<td>• Continue public/private collaboration in pilot programs involving interdisciplinary collaboration</td>
<td>• Provide financial counseling for families who have children with special needs</td>
<td>• Implement brief course for primary care pediatricians on key updates for early childhood development</td>
<td>• Improve systems of care that have major influence on children in foster care and their families</td>
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<td>• Philippines Pediatric Society has established a Medical Home Initiative that has played a key role in contributing to family and community development throughout the country and will continue this work to foster a better and more efficient collaboration and shared responsibility with government and community partners for positive outcomes in young children</td>
<td>• Prepare children with special needs and their families for transitioning into adulthood including post-secondary education, future employment and residential alternatives</td>
<td>• Revise Pediatric Residency training to address emerging challenges of integrating bi-psycho-social and behavioral dimensions into comprehensive child health care</td>
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<td>AUSP meetings encouraged the collaboration between national government and pediatric leadership, giving us more insights and new information on early childhood development… The meetings gave us a voice in the international community with an opportunity for linkages and propelled our efforts in putting early childhood development on the national agenda.</td>
<td>• Maximize the utilization of limited resources in intervention by setting up community-based “Therapy Hubs”</td>
<td>Sharing related to early childhood development and primary care which has been very useful for planning and implementation—particularly the Medical Home concept, although we have not used the same name…. Challenges by AUSP partners urged us to systematically work out our mission, and we have implemented our first sub-board certification in Developmental and Behavioral Pediatrics… Networking with various country teams contributed to us organizing a symposium on early childhood development in the Asian Pediatric Congress.</td>
<td>Friendship! Learning! Support!</td>
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The Asia-US Partnership has a mission to improve child health by translating the science of early childhood development in early primary care, focusing on experience and research related to the implementation of integrated systems of care, e.g., the Medical Home, and increasing opportunities for cross-cultural exchanges in early childhood development with leaders from Asia and the United States.

The past four meetings have focused on primary care, early education, family support, and community with the goal of “bringing it all together”-- to do this, five critical areas have emerged:

1) Improving training for providers to assure that they attain core competencies for working with families.

2) Improving protocols to guide services, help providers stay “on task”, build on family strengths and address family needs.

3) Improving monitoring to assure that services are high quality and to take remedial action when indicated.

4) Improving communication among the health, family support, and education providers who work with the same family.

5) Increasing use of community-level strategies to reinforce work with individual families.⁷

For the United States, like other countries around the globe, challenges remain: universality—ensuring services for all children; equity—achieving equal access to services among children; and, sustainability—creating and devoting resources to ensure continuity of services for all children and communities nationally. As the Asia-US Partnership moves forward into a new phase of work, it is key to continue rich cross-cultural understanding among pediatric leaders from countries whose health care systems are shaped by specific cultures, histories, economies, policies, and social institutions. AUSP country teams affirm that services are best delivered within well-coordinated systems that reduce fragmentation, pay attention to the quality of implementation, and invest in the professional development of the service providers.
Endnotes

5Sia C, Wilson LB, Taba S. The medical home and early child development in primary care. Honolulu: Department of Pediatrics, John A. Burns School of Medicine, University of Hawaii at Manoa, 2006.
6Each country team developed materials for “Country Team Initiatives” and “Applying the Concepts”-- please see country team members listed as participants on inside of front cover.
7These five critical areas have evolved over four years and have been articulated in communications between Calvin Sia, MD, and Anne Duggan, ScD, from Johns Hopkins Division of General Pediatrics and Adolescent Medicine, related to evaluation research of Medical Home initiatives and comprehensive health systems in early childhood.

Acknowledgements

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