

Early Child Development in Primary Care: A Cross-Cultural Perspective

February 6-7, 2003
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Preface

Effective applications of the science of early childhood development to primary health care throughout Asia and the United States will benefit considerably from international dialogue, constructive self-reflection, and ambitious goals generated from an integrated approach to research, training, service, and advocacy. New knowledge of child development offers an exciting resource to guide early investments in nurturing young children and families within community based systems of care. Pediatricians and primary care providers throughout the world are in a unique position to effectively address the full scope of health and social needs of children and their families.

The Department of Pediatrics, John A. Burns School of Medicine, University of Hawai'i at Manoa, has collaborated with Johnson & Johnson Pediatric Institute, L.L.C., to create a cross-cultural, international venue in Hawai'i to bring together pediatric leaders from Asia, including China, Hong Kong, Singapore, Philippines, and Thailand, and from the United States. Additional support was provided by the U.S. Maternal and Child Health Bureau and the Consuelo Foundation of Hawai'i and Philippines.

The Johnson & Johnson Pediatric Institute, L.L.C., is committed to initiatives that enhance clinical practice, thus improving health care for children and families. We gratefully acknowledge the contributions of the Think Tank participants for sharing their insight to improve health care for children and families worldwide.



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Presented by:
University of Hawai`i at Manoa, John A. Burns School of Medicine, Department of Pediatrics



In collaboration with:

Shaping the future of children's health

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U.S. Maternal and Child Health Bureau
Consuelo Foundation of Hawai`i and Philippines



Asia/USA Think Tank, Early Childhood Development in Primary Care: A Cross-Cultural Perspective
February 6-7, 2003, Ko`Olina, O`ahu, Hawai`i

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Second Row: Dr. Tse, Mr. Savosa, Dr. Kyono, Ms. Chun, Dr. Reyes, Dr. Yeun, Dr. Paje-Villar, Dr. Ho, Dr. Chow, Dr. Shen, Dr. Shelov, Ms. Marini
First Row: Dr. Tonniges, Dr. Leung, Dr. Wu, Dr. McPherson, Dr. Rogoff, Dr. Shonkoff, Dr. Rudoy, Dr. Sia, Ms. Taba

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Lynn B. Wilson, PhD, WEBfish Pacific, captured and prepared audio recording for electronic publishing, provided manuscript writing, photographs, publication layout



Dr's Chow, Ho, Leung, Sia, Wu, and Shen



Young Girls in Hula Halau



Bonnie Petruskas, Dr. Shonkoff, Joy Marini



Small Group on Research

Final Report

About the Think Tank

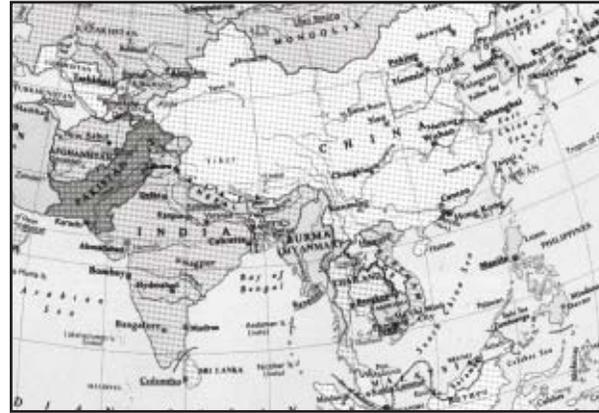
Major advances in conceptualizing how we study and promote the healthy growth and development of children have taken place over the past few decades. With a decline of childhood infectious diseases in many economically developed nations, a shift in primary care pediatric practice has changed to address the growth in numbers of children with special health care needs including medically fragile children, children with chronic diseases, children with developmental disabilities, and children with psychosocial and behavioral challenges. Child health professionals from Asia and the USA met in Honolulu to focus on this shift-- giving priority to bridging the scientific knowledge base of child development principles, implementing effective practical delivery of child health care in both Asia and the USA, and contributing to creating an international network of pediatric leaders for continued exchange and learning to achieve optimal outcomes.

Objectives

- Build capacity for an international community of child health professionals and researchers to further explore cross-cultural opportunities of learning and develop new components of effective health systems serving families, including children with special health care needs.
- Learn from each country the strengths, challenges, and opportunities of health care systems related to research, training, services, and advocacy.
- Initiate and facilitate international meetings to focus on cross-cultural health care practices and evaluation strategies related to early brain development and their application to primary care, exemplified by the Medical Home concept.

Locating the Meeting

Internationally-recognized leaders in early child development, including primary and tertiary care, education, and related health professions, traveled from four Asian countries (China- Beijing and Shanghai, and Hong Kong SAR; Singapore; Philippines; Thailand) and across the USA. The two-day meeting was held at Ko 'Olina on the island of O'ahu in Hawai'i in February 2003. With a reputation as the “crossroads of the Pacific,” Hawai'i promises to continue to provide a productive meeting ground for convening long-term engagement between Asian countries and the United States surrounding issues of early child development in the application of primary care.



The Framework

The ultimate goal of this Think Tank series is to initiate change within Asia and the USA —enhancing the quality of life for children, families, communities, societies—through cross-cultural dialogue and linkages. To contribute to these efforts, this meeting’s presentations and interactive discussions examined the current science of early childhood development and then applied that knowledge to discussions integrating four spheres of professional activity related to early childhood development:

- research
- training
- service
- advocacy



What We Know About the Science of Early Childhood Development

A multidisciplinary committee of scientists established by the Institute of Medicine and National Research Council of the National Academy of Sciences in the USA recently produced a widely acclaimed report entitled, From Neurons to Neighborhoods: The Science of Early Childhood Development (National Research Council and Institute of Medicine, 2000). At a time when neuroscience and the developmental sciences are growing exponentially and when dramatic societal changes are taking place and the needs of children are not being addressed effectively, the mission of the Committee was to evaluate the science of early childhood development across disciplines and to focus attention on a wide range of policy considerations related to children, families, communities, and the broader U.S. society. Drawing on this report, **Jack Shonkoff, MD**, the Committee Chair, delivered a keynote presentation to stimulate broader discussion around issues of policy, practice, professional development, and research across national and cultural boundaries in Asia and the United States.

Key Concepts of Early Childhood Development

Importance of Early Life Experiences and Their Impact on Development

The science of early childhood development has moved far beyond the historic “nature vs. nurture” debate to a clear understanding that all human development is shaped by a dynamic and continuous interaction between biology and experience. The context of culture—as

expressed through both beliefs and practices— has a major impact in shaping the environments in which children live, thereby influencing the family and community factors that affect their life experiences.

Central Role of Early Relationships as a Source of Support or Risk

Healthy early development is promoted by relationships with adults that are nurturing, reciprocal, dependable, and stable. In contrast, relationships that are neglectful, undependable, unstable, or frankly abusive produce considerable risk for poor outcomes. Parent mental health problems—especially maternal depression, substance abuse, and family violence— impose particularly heavy developmental burdens on young children. Extensive scientific evidence also demonstrates the extent to which biological insults such as poor nutrition, specific infections, environmental neurotoxins, drug exposures, and chronic stress can harm the developing brain, both prenatally and during the early years of life.

Foundations of Powerful Problem-Solving Capabilities, Complex Emotions, and Essential Social Skills Develop During the Earliest Years of Life

From the time of conception to the first day of school, brain development proceeds at a pace exceeding that of any subsequent stage of life. All children are born wired for feelings and ready to learn. How young children feel is as important as how they think, and how they are treated is as important as what they are taught. Effective early learning environments integrate a child's social, emotional, cognitive and linguistic needs within a rich variety of developmentally appropriate experiences.

Carefully Planned and Well Implemented Interventions Can Increase the Odds of More Favorable Outcomes for Vulnerable Young Children

Child development during the early years is both highly robust and vulnerable. Planned interventions can make a significant difference in child outcomes, but programs that work are rarely simple, inexpensive, or easy to implement. Interventions that are individualized to match both the needs of the children and the economic, social and cultural realities of their families are most effective. Such 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. Far too many children do not benefit from interventions that have been demonstrated to be effective. Less attention must be paid to the short-term costs of early childhood services and greater attention focused on their long-term investment value.

Key Recommendations for Policy and Practice

- Early childhood programs must *balance their focus on cognition and literacy skills* with comparable attention to the *emotional and social development* of all children, including those with special needs.
- Greater commitments must be made to address *significant developmental concerns, including serious mental health problems* in young children by establishing clear *linkages among primary health care, early education programs, early childhood intervention services, and family support programs*.
- Substantial investments must be made in the professional development of child health professionals of early care and education in order to *close the gap between what we know and what we do* to promote the healthy development of young children.

Translating Research to Action

Based on this scope of research and knowledge, the question then becomes, *What do we do with this knowledge of early child development and how do we make a difference?* What is the role of the pediatrician, the family and community? Think Tank participants considered these questions and more during two days of engaging presentations and interactive discussions. They identified the goal that each of us become an active participant in promoting policies, designing training, stimulating research, and implementing services that ensure the delivery of effective integrated systems of care to address the needs of *all* children in societies and cultures throughout the world.

Barbara Rogoff, PhD, followed Dr. Shonkoff with a session on cultural influences in child development acknowledging “we know culture matters but not *how* it matters.” With current fast-paced globalization, cultural patterns of generational sharing related to children are changing

radically. In many parts of the world, young children learn by being placed in schools that commonly focus almost exclusively on cognitive development and that segregates children from family and community activities. “Developed” countries may benefit by a closer examination and understanding of childhood development practices in other cultures where children learn by observing and participating in intergenerational family and community activities that give priority to the integration of a child’s social, emotional, and cognitive development.

Shifting the discussion to the intersection of research, policy, and health care delivery systems, **Xiaoming Shen, MD**, outlined a “case study” related to children and lead poisoning in Shanghai, affirming the direct connection between identifying health problems through research and improving children’s health and quality of life. Lead poisoning and lead-related risk factors in early child development were not recognized as problems in China ten years ago, yet subsequent research revealed that 60% of children in the study had lead poisoning. Presenting research findings to the Ministry of Health and advocating for change resulted in government regulations to ban leaded gasoline with the cooperation of oil companies in 1997. Follow-up research has indicated a sharp decrease in lead poisoning.

Lai Yan Ho, MD, presented the “model” of integrated health care delivery systems in Singapore. Since Singapore’s political independence over forty years ago, the country’s patterns of disease have shifted from “the old morbidity” to patterns resembling that of developed nations—morbidity rates have decreased to such an extent that they are no longer adequate measures of Singapore’s national health status. With a goal of achieving a more effective balance between hospital and community services and between bio-medical, epidemiological and social research, the government has implemented strategies of comprehensive services at the community level with vertical and horizontal integration to provide affordable and excellent primary health care that is accessible through multidisciplinary teams. Major national initiatives in Child Development and Community Development are working hand-in-hand to implement surveillance for all children at the primary care community level, early identification and treatment of children with developmental and behavioral problems, minimize the impact of a child’s disability, strengthen families, and establish strong foundations for subsequent development. Current research and evaluation efforts will play a significant role in determining the effectiveness of Singapore’s “seamless,” community-based integrated services.

Calvin Sia, MD, teamed with Merle McPherson, MD, to present the “model” or example of the United States. Dr. Sia provided an overview of his long-standing work in Hawai`i and at U.S. policy levels to establish delivery systems of primary care that serve the needs of the *whole* child within the context of family and community. Expanding conventional notions of preventative “well child care,” Dr. Sia promotes the concept of Medical Home as a way for community-based practitioners to share responsibility and to work in partnerships to deliver integrated systems of health, education, and human services. Recognizing the expertise of families in caring for and supporting their children, the Medical Home commitment encompasses the following attributes: accessible, coordinated, comprehensive, and continuous services delivered in compassionate and culturally-effective ways with the family at the center of decision-making and service delivery.

Merle McPherson, MD, detailed USA maternal and child health issues at the national government level. Working to expand effective implementation of community-based systems of services for children with special health care needs has suggested a powerful model for delivering integrated early childhood community-based services for *all* children. In the next ten years, the U.S. Maternal and Child Health Bureau will give priority to defining activities, implementing performance measures, and evaluating outcomes in the following six areas:

- Families become partners at all levels
- All children receive comprehensive care within a Medical Home
- All families have adequate access to the financial coverage they need for every child
- All children are screened early and continuously for special health care needs
- Community-based services are organized so families can use them easily
- All youth receive services to make transition in all aspects of adult life

Dr. McPherson identified “capacity-building” as one of the greatest challenges for the complex system of agencies, professionals, and programs in the U.S.—improving competency in implementing effective developmental and behavioral assessments and interventions.

Summary Directions

Two days of Think Tank cross-cultural exchange centered on particular countries' experiences—both challenges and successes in implementing effective research, training, service, and advocacy related to young children and their families. With a goal of establishing a process to stimulate directions for each individual and each discipline in their own countries and building toward a synthesis of the knowledge base in which all countries provide resources, participants identified the following interconnected issues and priorities to improve the delivery of primary care to children throughout Asia and the USA.

1) Address Diverse Needs Within and Among Countries

In some countries, health care delivery to families with young children—with China, the Philippines, and Thailand in this group providing perhaps the most striking examples—represents dramatic differences between urban and rural communities surrounding access to health care, training of health care professionals, and health care delivery methods.

Xi-Ru Wu, MD, China

China has a population of 1.2 billion, and more than 25% of this population is under 14 years. Of that, two thirds are under 5 years and living in rural areas. Health care is provided through a three level medical and health network, embracing county, township, and village. County hospitals possess strong doctor teams and medical equipment, while key township hospitals usually have physicians. Not every village hospital has physicians but physician assistants or other health providers.

2) Recognize Impact of Globalization

Dramatic, rapid cultural shifts are taking place as a result of increasing globalization, including: interconnectedness related to the use of technology and the expansion of market economies; cultural conflicts related to values and conceptual understandings of “family,” “community,” “health” and “disease”; patterns of exporting human capital where parents leave their own children to work for families and their children who live in wealthier countries; and, exchanges such as this Think Tank to develop effective solutions across national and cultural borders.

Chun-bong Chow, MD, Hong Kong

With economic downturns, more and more parents need to work full-time, relying on grandparents to look after their children, and this may create conflict due to different expectations and values.

Nittaya J. Kotchabakdi, MD, Thailand

We have a predominately agricultural emphasis, but rapid changes mean there are huge gaps developing between the haves and have nots... we are very vulnerable to outside influences and need to restore compassion, respect.

Alexis Reyes, MD, Philippines

We have seen changed family structures—having one parent working abroad is common and children are left behind with a single parent or grandparent—and commercialization is in conflict with appreciation of older cultural values.

3) Recognize Impact of Poverty

Scientific research confirms what simple observation has long-revealed: poverty presents complex challenges to healthy early child development within family, community, national, regional, and global contexts. Children who grow up in poverty are more likely to experience a multiplicity of threats to early brain, social, and educational development and are less likely to reach their optimal potential.

Ray Dean Salvosa, Philippines

One third of the people in our country will probably never see a doctor... certain cultural practices and the violence of poverty directly impact on the growing number of child abuse cases... alcohol has become a major contributory factor in child sexual abuse cases yet there are no alcohol treatment programs nor is it even recognized as a problem...

Tom Tonniges, MD, USA

What I heard... was the impact of poverty in each of our cultures. It's greater in some countries, but even in the US, some may think we don't have poverty, but we have huge numbers of poor children and many feel that number is increasing... We've got to look at the fact that unless we deal with poverty in some meaningful way, it's going to be impossible to change that.

4) Focus on Health Promotion and Comprehensive Care: Beyond the Model of Disease-Based Health Care

As health care systems shift from the “old morbidity” to the “new morbidity,” the focus for health care systems, health care providers, and families centers on early child development in primary care to address the growing numbers of children with special health care needs including medically fragile children, children with developmental delays, children with chronic diseases, and children with psychosocial and behavioral challenges.

Jack Shonkoff, MD, USA

It is essential that we determine country-specific priorities for promoting healthy development in the early childhood years. Each country must decide how to incorporate child development knowledge into its own primary health care system based on the needs of its children and their families. We should define a distinctive “pediatric model for child development” that is different from the traditional medical, educational, or social welfare model.

Michael Levine, PhD, USA

There is a critical connection between family and community factors in the new morbidities.

5) Provide Early Continuous Screening

Child professionals have identified early screening as a critical step to providing effective services to all children, particularly those children with special health care needs. Debates surrounding the development of screening tools within a particular country become compounded when considering issues such as uniform implementation across disciplines, international standardized tools, cultural specificity, political considerations, and whether gaining agreement across disciplines and cultures is even a possibility given the lack-of-agreement to-date.

Xi-Ru Wu, MD, China

Peking University Health Science Center has conducted joint study with Centers of Disease Control of USA on folic acid therapy for neural tube defect. It is expanding epidemiological investigation to congenital heart diseases and cerebral palsy. Newborn screening for PKU and Hypothyroidism has been established since 1995 but only 20% of the neonates have been screened of the 20 million born each year in China. A system of care for those diagnosed with PKU and hypothyroidism has been established in the big cities.

Nittaya J. Kotchabakdi, MD, Thailand

We have an increase in percentage of children with developmental delays... there are many low in severity but high in prevalence... we are concerned about psychosocial screening instruments... related to this, the definition of malnutrition in Thailand needs to change but political pressures prevent this because a change of definition will mean an increase of numbers and officials don't want increase of malnutrition reflected while they are in office.

Alice Tse, PhD, APRN, USA

We need uniform ways to assess between the different disciplines... educators have often observed over time in well situations, and historically pediatricians have observed in more episodic, ill situations.

6) Shift Toward Community-Based, Family-Centered Systems

Movement toward a new pediatrics that is substantially shaped by family and community involvement represents a “partnership” approach rather than one centered on pediatric “authority.”

Leolinda Parlin, USA

I've clearly heard the principles of family-centered care are there with you in your practice, your curriculum, part of what you live and breathe. But I also heard 'there's so much to do, so much work'... I'm here to remind you, that burden you carry, you are not alone in. That burden can be shared by your families... my suggestion is to include the families to help make the change.

Lai Yun Ho, MD, Singapore

Parents are encouraged to play an active role and are becoming increasingly empowered to be the decision makers for their children. As a result, immunization rate is almost 100% and developmental screening is also almost universal.

Tom Tonniges, MD, USA

Our greatest strength will be mobilizing local people using local resources to solve local problems.

7) Shift Toward Integrated Services, Inter-Professional Approaches

Nearly every country has clearly identified “fragmented services” as a barrier to effectively addressing the needs of children and their families: disease-oriented services vs. comprehensive services; tertiary vs. primary providers; a lack of coordinated services; and, education vs. health vs. social services. Just as strongly, participants from each country targeted the need for integrated, interdisciplinary approaches related to developing scientific research projects, implementing training programs for all levels of health care professionals, delivering effective health services, and applying this extensive knowledge and experience related to early child development to improving national and international health care policies and methods.

Nai Kong Leung, MD, Hong Kong

Hong Kong's services are fragmented... our major efforts go toward infectious disease control.

Chung-bong Chow, MD, Hong Kong

Service is primarily focused on the cure of diseases...doctors in general have not been adequately trained on primary prevention and health promotion.

Louise Iwaishi, MD, USA

I am a strong believer in inter-professional training and that it has an important role in improving outcomes for children, families, and communities, and that it is doable.

Alexis Reyes, MD, Philippines

Early education, nutrition, etc., are all covered by separate agencies... we are now working on comprehensive policy with interagency collaboration, to create an early child development checklist.

8) Exchange Best Practices

Successful implementation of health care delivery for children and families can be measured only by careful evaluation and science-based research. Every country represented at the Think Tank has programs and services related to early child development that have been proven effective. Participating countries and the broader international community can greatly benefit from a collection or a "clearinghouse" of best practices with the understanding that replicating best practices will require planning what is "appropriate" in applying those practices in other communities, cultures, and countries.

Calvin CJ Sia, MD, USA

Best practices must be individualized to each community, each country... and building the infrastructure with interprofessional collaborative training of health, family support, and early childhood education professionals in early childhood is essential.

Tom Tonniges, MD, USA

Who can look at “best practices” without acknowledging changes in breastfeeding... rates have changed drastically in newly-arrived families over one generation, reflecting the benefits of support by pediatric practice.

Nittaya J. Kotchabakdi, MD, Thailand

It would be very positive to have a mechanism for comparing and collecting case studies.

9) Promote Cross-Cultural Research, Training, Service, Advocacy

Each country represents a wealth of experience and knowledge in addressing early child development needs within their own political and cultural systems. Research, training, service and advocacy within each country as well as in regional and global arenas can be strengthened by cross-cultural efforts in identifying research priorities, securing research funding, developing training curriculum, sharing best practices, and introducing scientific evidence into policy arenas to shape coordinated national, regional, and international health agendas.

Chung-bong Chow, MD, Hong Kong

International collaboration is very important... policymakers listen to international experts. Through this, we can avoid making mistakes—looking at failures can be just as important as looking at successes. Especially for training and curriculum, these are the many aspects we are still developing in Hong Kong.

Xiaoming Shen, MD, China

Three things: 1) each one of us should consider international exchange of programs; 2) we need to create research cooperation opportunities, particularly cross-cultural studies; 3) we need to create a developmental assessment tool and use it internationally to make countries data comparable.

Xi-Ru Wu, MD, China

I think I can go back home and try to do three things in my department: 1) strengthen the concept of pediatricians relating to the importance of family and community based services in support of wellness and early intervention in promoting positive child development; 2) change the disease orientation concept of my department to looking at the whole in the context of family and community; and, 3) learn more from the University of Hawaii how to initiate inter-professional collaborative training in a few selected areas of postgraduate curriculum and network with the University of Hawaii and the Ministry of Education for creating new undergraduate training since only 2 hours are devoted to growth and development in their medical school curriculum.

Jack Shonkoff, MD, USA

One person can make a difference... and some can have an impact through learning how others have made a difference... Scientific knowledge is transportable but must be translated into locally relevant data if we want to maximize its influence.

10) Expand and Strengthen Cross-Cultural Networks

Efforts to increase cross-cultural research, training, service, and advocacy related to early child development will require expanding and strengthening national and international networks of pediatricians, educators, community service providers, and policymakers. Meetings like this Think Tank can facilitate rich cultural analysis and exchange that will contribute to creating concrete paths for future linkage and collaboration.

Nai Kong Leung, MD, Hong Kong

It is important to influence our authorities. This is not an area that is easy... We must disseminate content from this Asian Think Tank to influence practice, service delivery and influence authorities... We need international collaboration to figure out how to influence such- also determine what are best practices on child development... We need to get on the issues, tackle them, give results, outcomes. This is more important than just talk and more talk.

Conclusion

Many thanks to all who participated and contributed to these efforts aimed at enhancing the quality of life for children, families, communities, and societies around the globe.

This compelling cross-cultural exchange between leaders from Asian countries and the USA, focusing specifically on applying the science of early childhood development to the delivery of primary health care, resulted in:

- 1) building international capacity to develop effective health systems serving young children and their families through and understanding of integrated approaches to research, training, service, and advocacy;
- 2) defining next steps in strategies within individual countries to develop family-centered, community-based, comprehensive services for all children focusing on health promotion and wellness; and,
- 3) developing plans for continued cross-cultural exchanges with publication and distribution of key resources.

The implementation of similar Think Tanks in the next several years will be key to moving these agendas forward. An international planning team has already begun to identify the scope, goals, and objectives for a meeting in 2004.



Nai Kong Leung presenting tea set to Bonnie Petrauskas and Calvin Sia





Dr's Kotchabhakdi, Sia, and McPherson



Entertaining



Looking to the Pacific



Small Group on Service

Presented by:

University of Hawai'i at Manoa, John A. Burns School of Medicine, Department of Pediatrics

In collaboration with:

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