

Fostering Healthy MEB Development: Strategies and Tactics For Achieving Population Impact

Thomas F. Boat, MD

*The National
Academies of*

SCIENCES
ENGINEERING
MEDICINE



My Background

- 1. Pediatric pulmonary medicine physician**
- 2. Healthcare management**
 - clinical**
 - research**
 - national organizations**
- 3. Behavioral health epiphany (2007)**
- 4. Champion for child and family wellness and MEB health**

Efforts With Potential To Foster MEB Development

- 1. Impressive number of evidence-based, effective programs**
- 2. No net improvement of MEB health of children, youth and families**
- 3. Scaling of efforts remains a challenge**

Strategies For Fostering Healthy MEB Development: Opportunities To Achieve Population Level Impact

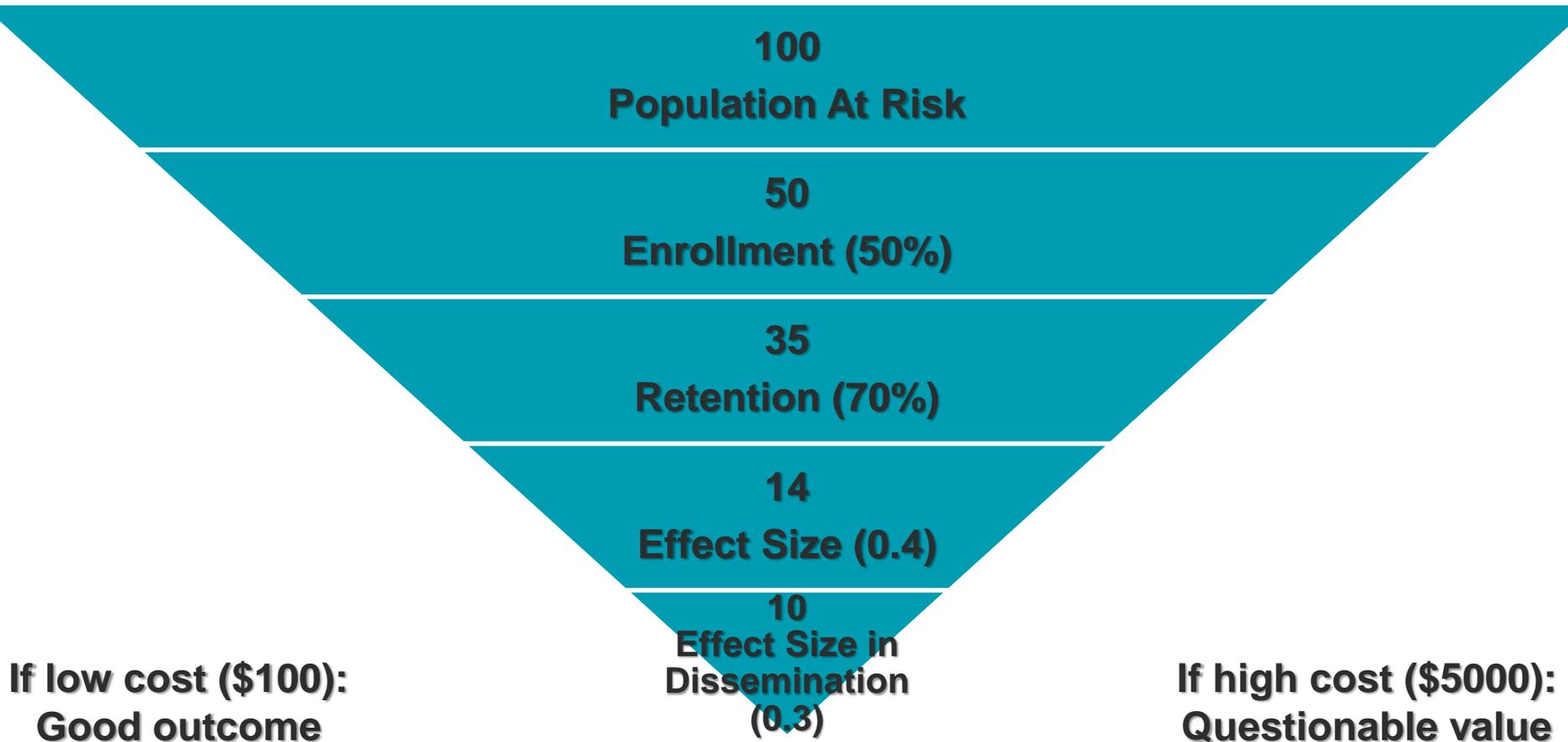
- 1. Take effective interventions to scale**
 - implementation science
 - creation of programs with greater potential for scaling
- 2. Concentrate promotion/prevention activities where children and families intersect with care and education systems**
 - health care
 - child care
 - education

Strategies For Fostering Healthy MEB Development: Opportunities To Achieve Population Level Impact

3. **Cross-sector community programs**
4. **Policy that addresses developmental needs of children, family resources, and community support**
5. **A national agenda**

Strategy #1

Choosing An Effective Program For Scaling?



Other Considerations When Scaling Programs

- 1. Sustainability (cost, funding, complexity)**
- 2. Availability of workforce, infrastructure**
- 3. Known active ingredients (for fidelity) and modifiable elements (for adoption)**
- 4. Process and outcomes monitoring; improvement capabilities**

Research Agenda

- 1. Identify, build scalable interventions**
- 2. Test interventions in implementation/ at scale**
- 3. Use multiple sources of evidence**

Strategy #2

Design interventions/ programs for implementation in systems that already work with children at a population level

- health care
- child care
- education

Strategy #2

Advantages:

1. Infrastructure is in place
2. Fewer recruitment challenges, costs
3. Retention may be better
4. Cost: potentially covered by existing funding sources

Challenges:

1. Competing interests and objectives
2. Facilities, workforce not in place

Health Care Opportunities

1. Primary care:

- a) **Link parenting programs to practice (HPPC)**
 - **recruitment advantage**
 - **stigmatization potential**
 - **family ability to participate**
- a) **Embed parenting specialist**
- b) **Fully integrated well child care**

Health Care Opportunities

2. Chronic Disease Care

Care model supports patient and family
physical and behavioral well-being

3. Pre-conception and prenatal health

4. Research targeting gene × environmental interactions

Strategy #5

A National Agenda

Rationale: Economic imperative for next generation of young adults to:

- 1. Thrive**
- 2. Contribute meaningfully to the workforce**
- 3. Add rather than subtract from US social and economic wellbeing**

Link Between Early Childhood Behavior And Adult Income

(Vergunst F, JAMA Psychiatry, 2019)

1. **Social/ behavioral questionnaire at the end
of kindergarten**

2. **Questionnaire Results**

Annual Income (\$)

1 unit increase: prosociality

+500

males:

1 unit increase: inattention

-1300

1 unit increase: aggression, opposition

-700

females:

1 unit increase: inattention

-900