

THE IMPORTANCE OF ADDRESSING SOCIETY'S PRIORITIES

This March, at his historic White House Forum on Health Reform, President Obama reiterated his strong personal commitment to enacting comprehensive legislation. Wyoming's senior Senator Mike Enzi, ranking member of the Senate Health, Education, Labor, and Pensions (HELP) Committee, was present, as were many of those who had actively fought against the earlier Clinton Administration effort. The President: "I am here today because I believe that this time is different. This time, the call for reform is coming from the bottom up, from all across the spectrum – from doctors, nurses and patients; unions and businesses; hospitals, health care providers and community groups. It's coming from mayors, governors and legislatures – Democrats and Republicans – who are racing ahead of Washington to pass bold health care initiatives on their own. This time, there is no debate about whether all Americans should have quality, affordable health care – the only question is, how? The purpose of this forum is to start answering that question – to determine how we lower costs for everyone, improve quality for everyone, and expand coverage to all Americans. And our goal will be to enact comprehensive health care reform by the end of this year." Working with Democratic and Republican Governors across the country, the Administration has already scheduled five White House Regional Forums on Health Reform, bringing together key health care stakeholders and elected officials from both sides of the aisle.

We fully expect unprecedented change is coming. The House and Senate Budget Resolutions provide a reserve fund for health care reform; four former Senate Majority Leaders are expected to provide visionary leadership (the Bipartisan Policy Center); and, Health Care for America Now!, a national grassroots organization with considerable labor union support, is gearing up its national campaign. Budgets reflect Administration priorities and the American Recovery and Reinvestment Act of 2009 (the Stimulus bill) provided \$2 billion for our nation's community health centers; \$650 million for evidence-based clinical and community-level prevention and wellness programs; \$2 billion for the National Coordinator for Health Information Technology; and, \$1.1 billion for comparative effectiveness research. These particular federal investments should be of considerable interest to psychology, with our unique expertise in addressing the psychosocial-cultural-economic gradient of quality care. And yet, it is often difficult for those currently in practice (whether private or institutional based) to appreciate how abstract changes (no matter how potentially beneficial) will ultimately have a direct impact upon their daily lives. Nevertheless, these evolving changes within our healthcare environment will undoubtedly inalterably shape the psychological practice of our next generation.

The APA Public Interest Directorate Working Group on Child Maltreatment Prevention in Community Health Centers (CHCs), chaired by Karen Saywitz, has impressively documented the importance of psychology's active involvement in addressing one of society's most pressing needs within a health context. In the "frontier state" of Wyoming there are six federally qualified community health centers, serving over 20,000 patients at 15 service delivery sites. Highlights of the APA report: Community health centers are the nation's largest network of primary care safety net providers, created in the 1960s during President Lyndon Johnson's "War on Poverty." They provide care to all community residents, regardless of insurance status or ability to pay, emphasizing comprehensive primary health care and prevention services, including necessary support services which the working group found expanded access to care for isolated families in multicultural contexts. The population served by CHCs is primarily young and female; with one in five low-income children receiving care at a center, representing 38% of their patients. The effective integration of behavioral health in primary care settings is a promising framework for promoting a family-centered approach to preventing child maltreatment. Integrated care is a holistic approach that aims to provide seamless, cost-effective care, as well as prevention through immediate access to mental health and other behavioral services on-site in primary care settings.

Child abuse and neglect are serious but potentially preventable public health problems in this country. Our nation's future prosperity and security depend upon its ability to promote the health and well-being of its children. Early childhood experiences have lifelong effects. Childhood is a pivotal window of opportunity for positive and negative impact. The interaction of genes and early experiences shapes the brain over time and provides individuals with a strong or weak foundation for all future health, behavior, and learning. Severe and chronic stress in early childhood from maltreatment and exposure to violence is associated with persistent effects on the nervous system and brain chemistry that can lead to lifelong problems in health, behavior, and learning. Primary care settings in neighborhood health centers are well positioned to influence a population historically at risk for child maltreatment. A substantial body of well-designed, controlled-trial scientific research shows that a number of parenting programs can produce significant and durable positive changes by increasing positive family relationships, reducing child behavior problems, and reducing future rates of child maltreatment. In 2006, approximately six million children were referred to authorities because maltreatment was suspected; conservative estimates suggest that 1,530 children died from abuse or neglect in the country that year. Most victims of maltreatment (over 60%) suffer from neglect, but it is not uncommon for children to experience more than one type of maltreatment at a time, increasing the risk of negative consequences. Mental health and substance abuse together constitute the leading reason for visits to CHCs, with the health supervision of children under 12, a close second. The public health model offers an applicable framework for the primary prevention of child maltreatment. It is action-oriented, going beyond the identification of risk and protective factors and moving the field forward to focus on the prevention of child abuse and neglect as well as the promotion of healthy family functioning and child outcomes. Primary prevention is considered "the pinnacle of the public health approach." Prevention is not only the moral responsibility of a civilized society; it is also good economic and social policy. Karen's Working Group offered the following recommendations: * Promote safe, stable, nurturing relationships for children through positive parenting with the integration of behavioral health in primary care settings. * Promote universal access to evidence-based, preventive, positive parenting programs at CHCs for families from diverse socioeconomic, cultural, racial, and ethnic backgrounds. * Promote interdisciplinary, inter-agency, and cross-systems collaboration to implement child maltreatment prevention initiatives at CHCs. And, * Develop national efforts across CHCs to prevent child maltreatment. Psychologists can make an important contribution in primary care settings to prevention of child maltreatment. Aloha,

Pat DeLeon, former APA President, Wyoming Psychological Association, April, 2009