



Pathways to Professional Development

Building Foundations in Infant
and Early Childhood Mental Health

Social Determinants of Health,
Poverty, Systemic Discrimination
and their Impact on development

Obianuju “Uju” Berry, MD, MPH
Friday, February 14, 2025

Pathways to Professional Development: Building Foundations in Infant and Early



Pathways to Professional Development was developed to build workforce competence and to prepare professionals working in the perinatal and birth to 5 periods

- 21 webinars focused on the foundations of Infant and Early Childhood Mental Health.
 - Provided live virtually
 - Recorded for viewing as LMS modules
- Diagnostic Classification of Mental Health And Developmental Disorders of Infancy and Early Childhood (DC:0-5) offered virtually and in-person.
- View all offerings here→ <https://www.ctacny.org/special-initiatives/pathways-to-professional-development/>

The aim is to develop a well prepared and competent workforce trained to **identify** and address mental health concerns early, to **promote** awareness of mental health, to **prevent** long-term problems and to **intervene** to help children stay on developmental track.



Pathways to Professional Development Webinar Series



- **Module I:** Developmental and Psychodynamic Foundations of Infant and Early Childhood Mental Health – 6 Webinars
- **Module II:** Assessment, Diagnosis, Formulation and Professional Development – 4 Webinars
- **Module III:** Risk, Stress, Protection and Resilience – 2 Webinars
- **Module IV:** Through the Lens of Family, Community and Culture – 2 Webinars
- **Module V:** Specific Disorders: A Closer Look: 4 Webinars
- **Module VI:** Helping in Infant and Early Childhood Mental Health – 3 Webinars

Who we are



These trainings are funded by the New York State Office of Mental Health (OMH) and provided by the New York Center for Child Development (NYCCD) in collaboration with CTAC.

- **New York Center for Child Development** (NYCCD) has been a major provider of early childhood mental health services in New York with a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice.
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), Peer TAC, and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.
- **NYCCD and McSilver** also run the **NYC Early Childhood Mental Health Training and Technical Assistance Center (TTAC)** which offers ongoing training and technical assistance for those working during the perinatal period to age 5

<https://ttacny.org/>



Disclosures



- No relevant financial disclosures
- In appreciation of support from:
 - SAMHSA-NCTSN Category III 6H79SM084855-01M002
 - NIH: U01 DA055338, "Healthy Brain and Child Development" (HBCD)



Learning Objectives



1. Participants will understand the definitions and concepts of Social Determinants of Health, equity, structural discrimination
2. Participants will identify and reflect on research supporting the domains of social determinants of health and impact on childhood development
3. Participants will appreciate current research on developmental impacts of discrimination and inequities across multiple settings, including healthcare

Outline



- Definitions of equality and equity
- Social Determinants of Health and Structural Discrimination
- Healthy People 2030 and Social Determinants of Health
 - Economic Stability
 - Education Access and Quality
 - Healthcare Access and Quality
 - Neighborhood and Built Environment
 - Social and Community Context



“We need to learn that points of resistance, both within ourselves and as exhibited by others, are the sources of greatest learning. We must recognize discomfort as a signal for learning rather than an excuse for withdrawal or defensiveness.”

Barriers and Bridges, Grassroots Leadership as cited in Dismantling Racism, 2016



American Values



<https://www.youtube.com/watch?v=OdjBdzkXFE>

Equality

Everyone gets the same—regardless if its needed or right for them



Equity

Everyone gets what they need—understanding the barriers, circumstances, and conditions



What's the difference?

Health Disparities and Health Inequities

Health disparities are population-based differences in health outcomes.

A disparity reflects the difference between groups, not an outcome that is only experienced by one group.

Health inequities are differences in health outcomes and the opportunities groups have to achieve optimal health. These differences are rooted in avoidable and unfair social and structural injustices.

* **Not all disparities reflect an inequity.** Consider this example from the Boston Public Health Commission:

"Male babies are generally born at a heavier birth weight than female babies. This is a health disparity. We expect to see this difference in birth weight because it is rooted in genetics. [Because this difference is unavoidable, it is considered a health disparity.]"

On the other hand, studies have shown links between the stress from racism experienced by Black women and negative health outcomes. "Babies born to Black women are more likely to die in their first year of life than babies born to White women."

Because this is true regardless of income or level of education, it is considered an inequity. Racial discrimination in health care and the stress of racism negatively affect health.

When a system is out of balance, people of color feel the impacts most acutely, but to be clear, an imbalanced system makes all of us pay”

-Glenn Harris, President of Race Forward and Publisher of Colorlines



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Evidence of Health Equity benefitting all

- Improved public health outcomes
- Economic benefits
- Workforce
- Better emergency preparedness
- Reduced health care costs
- Social stability and trust

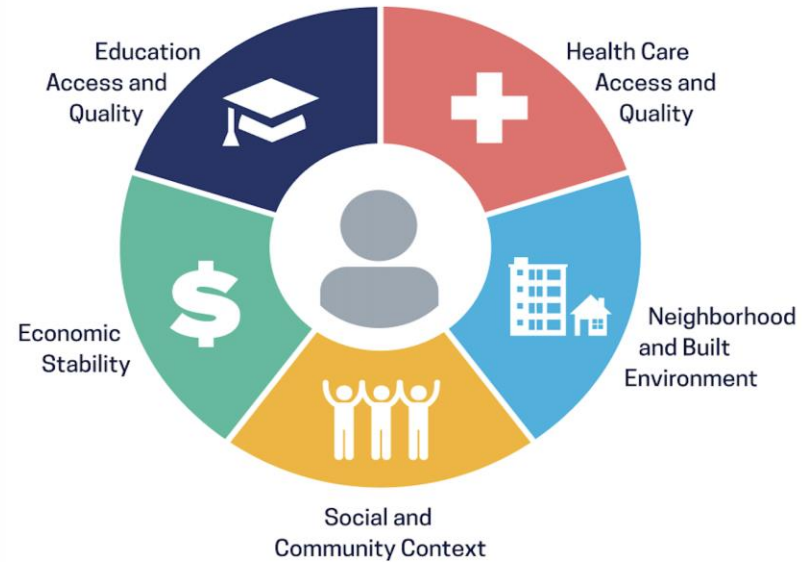


Marmot et al., 2020; Bailey et al., 2017; Sommers et al., 2017; LaVeist et al., 2009; IOM 2009; Almeida et al., 2021

Social Determinants of Health (Healthy People, 2030)

- Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks
- Stronger predictors of health than medical services alone (Zerden 2020)

Social Determinants of Health



Political Determinants of Health



- “Somewhere upstream, decisions were made to divert the river to benefit certain people and harm others, and decisions were made to place certain types of people on specific banks of the river while placing others elsewhere.”
 - Daniel E. Dawes, JD, director of the Satcher Health Leadership Institute at Morehouse School of Medicine



Structural Discrimination/Bias



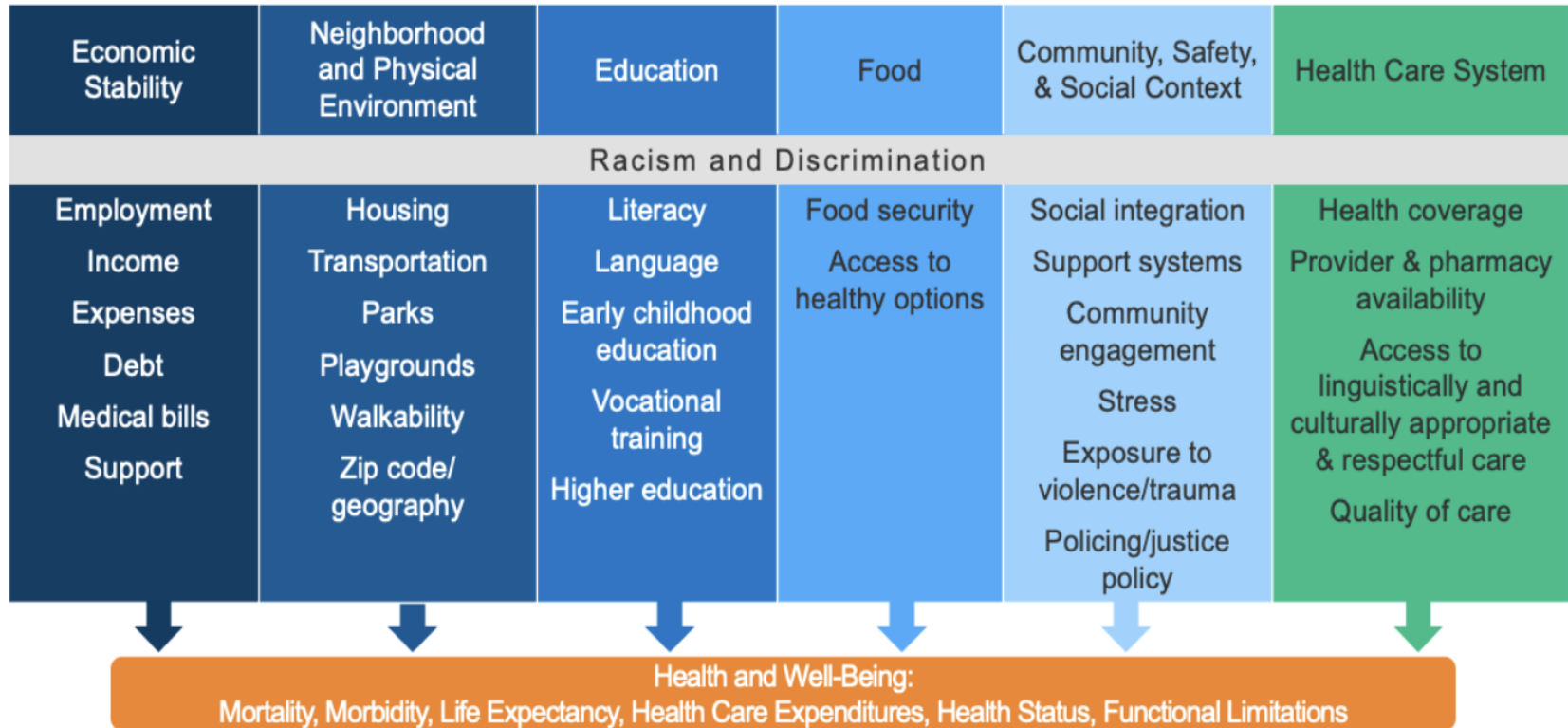
- American Medical Association defines structural racism as “the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice.
- And notably, in 2019, the American Academy of Pediatrics referred to racism as “a core social determinant of health that is a driver of health inequities.

Examples



- Redlining practices of the mid-1900s
- The “Trail of Tears”
- “Jim Crow” and “Black Code” Laws
- Japanese Internment Camps
- “The War on Drugs” and disparate sentencing statutes
- Restrictive Voting Legislation

Health disparities are driven by social and economic inequities that are rooted in historic and ongoing racism and discrimination



Why address Social Determinants of Health?



- If you want to solve or prevent a problem for the long term, you have to deal with its root causes.
- If you address the root causes, you're more likely to successfully address the issue for the short term as well.
- The social factors involved may have more resonance for those affected than the issue itself.
- It may be easier to approach an issue through its underlying social factors than to deal with it directly.
- Addressing the social determinants of community issues is crucial to understanding them fully, so that your strategy and tactics for dealing with them correspond to reality.
- Addressing social determinants presents a tremendous opportunity for learning and community leadership development.

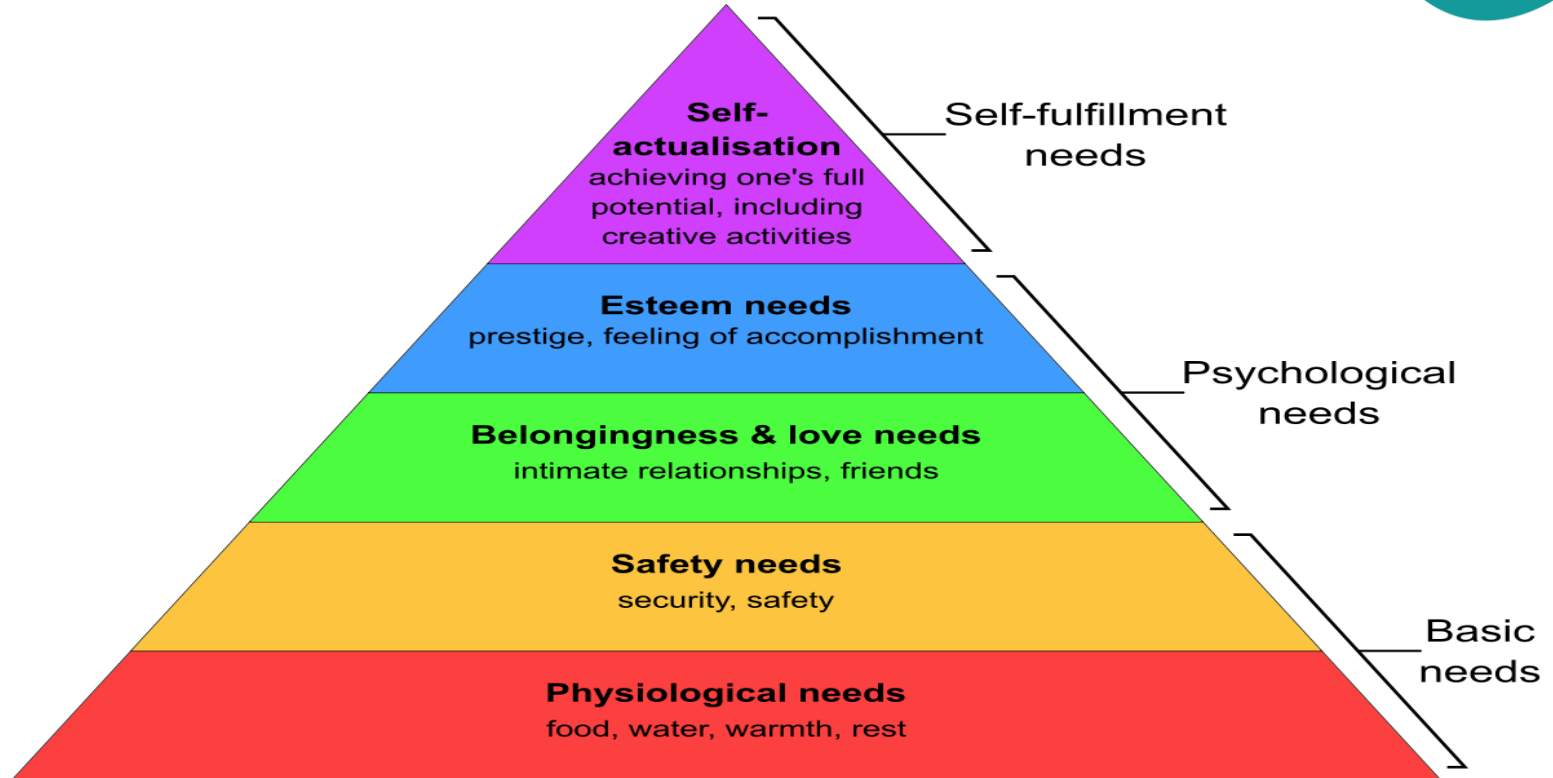
Social Determinants of Health



- The ways they most often play out are in:
 - Differences in exposure
 - Differences in vulnerability
 - Differences in consequences for different populations



Maslow's Hierarchy of Needs







Health Care Access and Quality:

Health is the foundation for all aspects of a baby's development. Access to quality health care is a two-generation concern for babies as their health and emotional well-being are intertwined with that of their parents.

Education Access and Quality:

For infants and toddlers, the informal and formal opportunities to support early development and learning that occur at home and in early care and education settings foster early literacy and prepare them for lifelong learning.

Economic Stability:

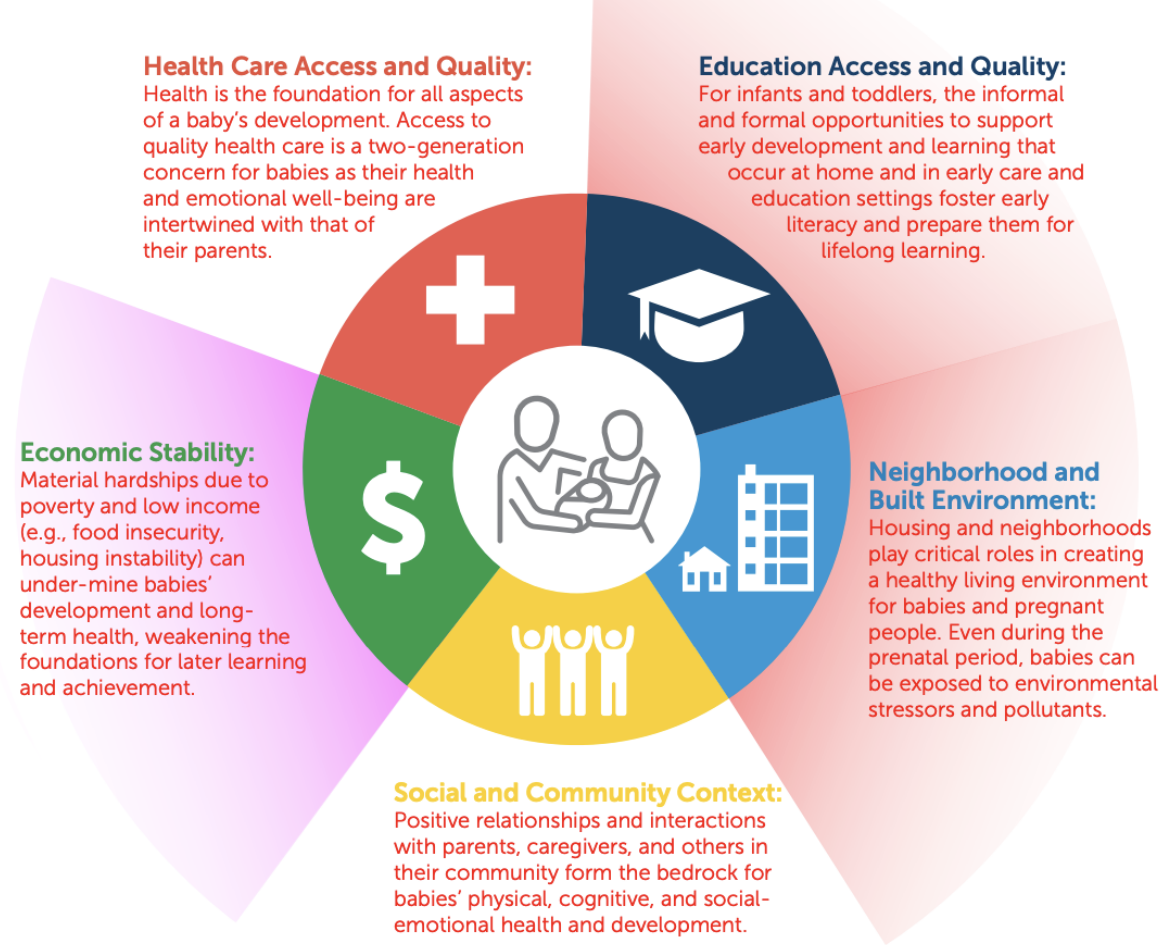
Material hardships due to poverty and low income (e.g., food insecurity, housing instability) can under-mine babies' development and long-term health, weakening the foundations for later learning and achievement.

Neighborhood and Built Environment:

Housing and neighborhoods play critical roles in creating a healthy living environment for babies and pregnant people. Even during the prenatal period, babies can be exposed to environmental stressors and pollutants.

Social and Community Context:

Positive relationships and interactions with parents, caregivers, and others in their community form the bedrock for babies' physical, cognitive, and social-emotional health and development.





Economic Stability



Economic Stability

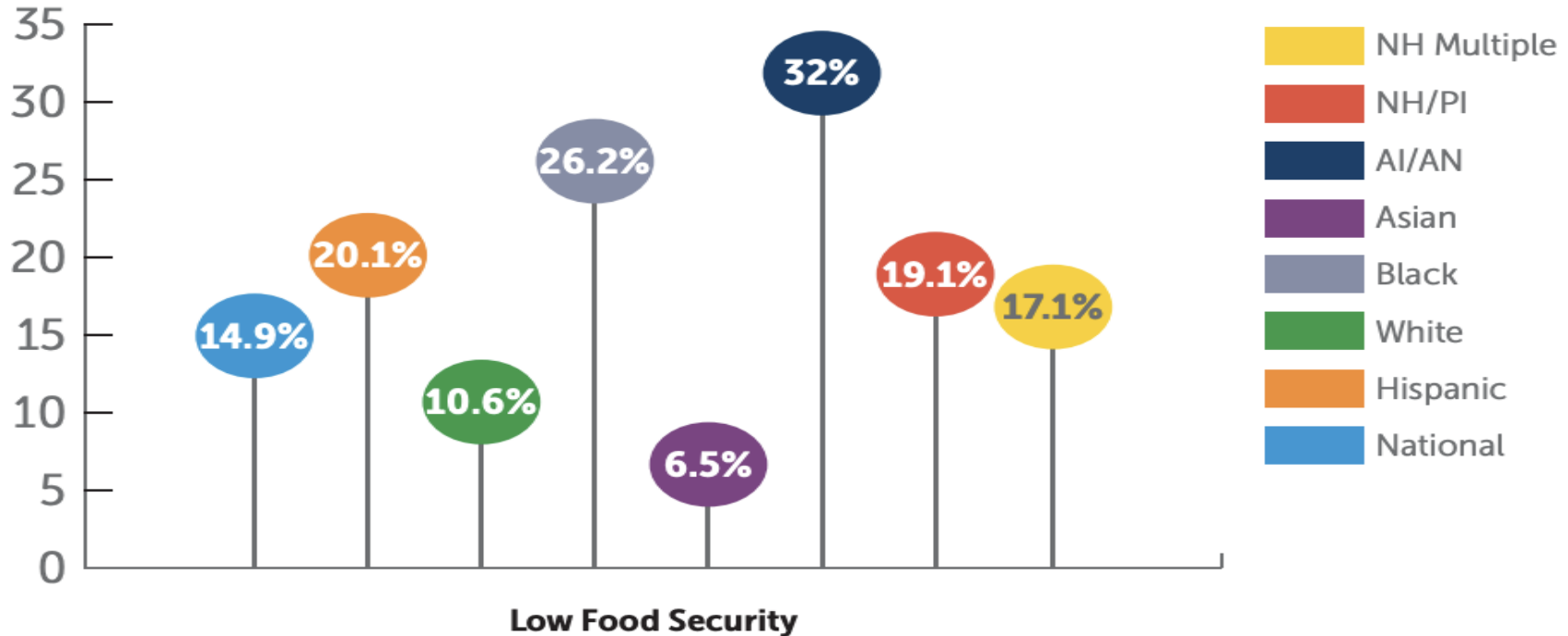


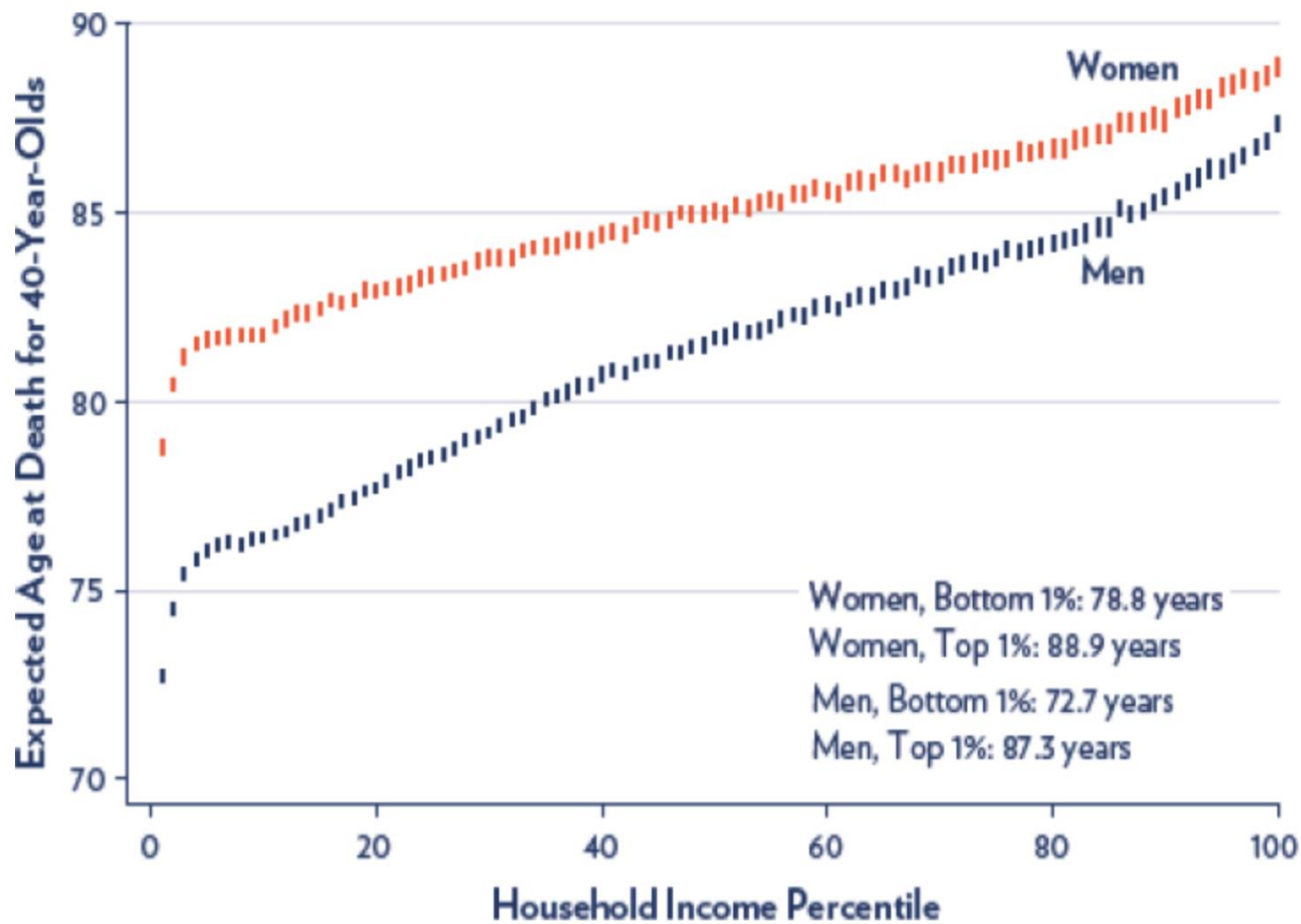
- Employment
- Income
- Expenses: food, childcare costs
- Debt
- Medical Bills
- Discrimination and Inequities
 - 1 out of 10 people are living **below the poverty line**
 - 40.2% of infants and toddlers live in families with low income or in poverty and 18.6% live in families whose income is 100% below Federal Poverty Level
 - Families of color were more likely to experience poverty (39% AI/AN; 34.4% Black; 25.3% Hispanic)
 - Low wage jobs

Artiga and Hinton, Beyond Health Care: SDOH, KFF. 2018

FOOD INSECURITY BY RACE AND ETHNICITY

Figure 4.





Economic Stability—Possible Solutions



1. How do we ensure all families have the ability to achieve economic stability?
2. How do we ensure families living in poverty have the ability to meet their basic needs (e.g., food, housing, health care, and education)?
3. How do we better understand systemic barriers and discriminatory practices that perpetuate cycles of poverty?

Potential solutions:

- Increasing wages
- Tax credits for families
- Availability of housing assistance
- Building the housing supply
- Food programs and creative solutions for rural areas and urban food deserts
- Hiring practices, such as prohibiting requesting salary history
- Worker protection policies for pregnant and breastfeeding workers and workers with unpredictable work schedules
- Comprehensive, robustly funded child care program
- Increasing supply of public housing



Education Access and Quality



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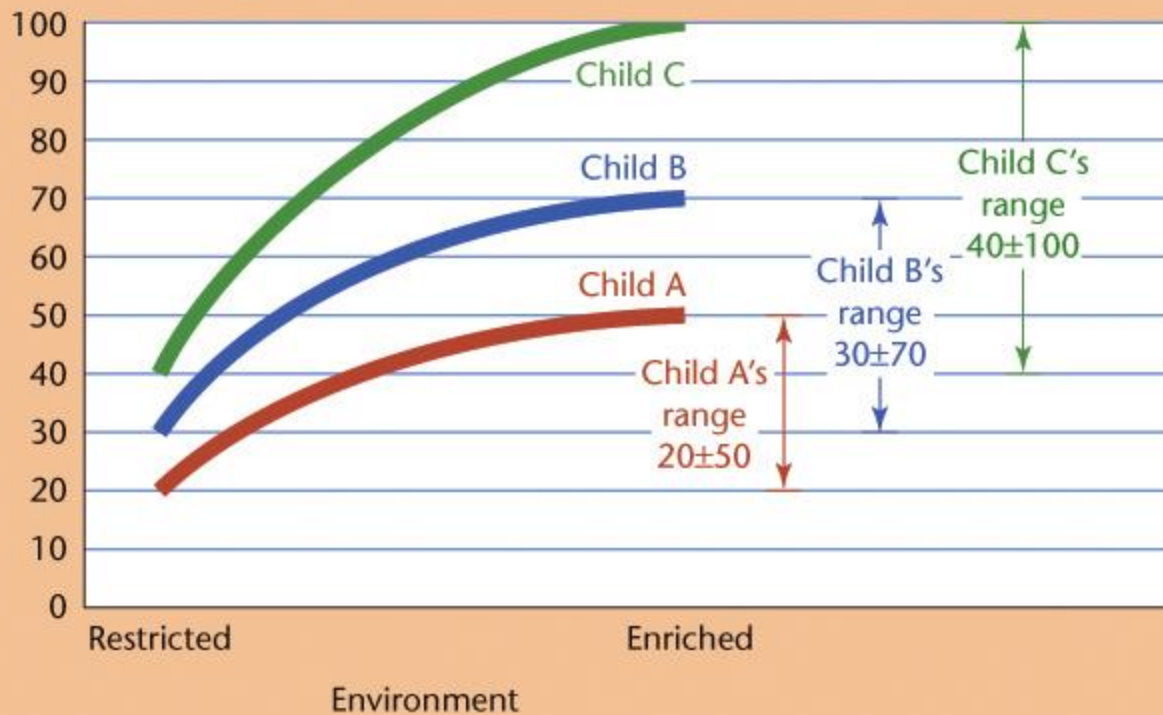
Education Domain



- Literacy and language attainment
- Underinvestment in Early childhood education
- Lack of developmental screening
- Lack of higher education and vocational training
- Discrimination and Inequities:
 - Higher Suspension and Expulsion Rates
 - Black preschoolers are 3.5x more likely to be suspended
 - Implicit Bias in Discipline:
 - Harsher disciplinary actions (“preschool to prison pipeline”)
 - Negative Perceptions
 - Implicit Bias

(Hains, D., & Neuenswander, A. (2021); Heckman, J. (2016).; Artiga and Hinton, Beyond Health Care: SDOH, KFF. 2018

Achievement test score



Education—Possible Solutions



1. How well do we ensure all infants and toddlers have access to high-quality early learning experiences?
2. How well do we ensure all infants and toddlers are developmentally ready for school?
3. How does access to quality early education opportunities vary by race/ethnicity and income? And what changes to policies and practices are needed to improve disparities?

- Potential Solutions:

- Increase number of children who are developmentally ready for school
- Provide mental healthcare in school
- Provide early interventions for children with delays
- Increase graduation rate from high school
- Have nutritional support during school hours
- Increase developmental screens
- Universal pre-K





Healthcare Access and Quality



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Healthcare Access and Quality

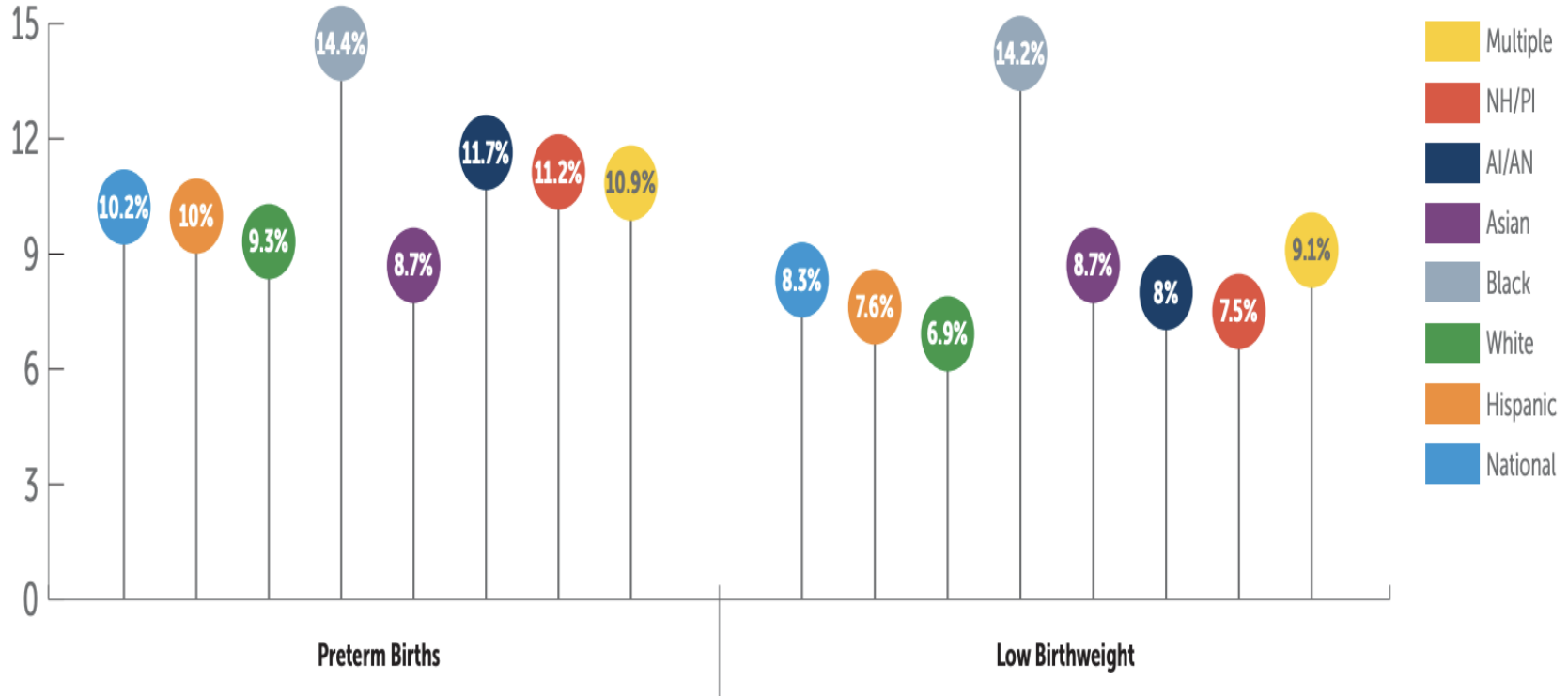


- Health coverage and prevention
- Provider and pharmacy availability
- Quality of care
- Access to culturally appropriate and trauma-informed care
- Discrimination and Inequities:
 - Infant Mortality: Black infants have more than 2x mortality rate (cdc.gov)
 - Maternal Mortality: Black women are more than 3x likely to experience pregnancy-related death (kff.org)
 - Maternal Mental health: 33% of POC report elevated mental health concerns ([Sandraluz Lara-Cinisomo](#) et al 2018)
 - Access to mental health care: 5-10% are able to access treatment ([Katy Backes Kozhimannil](#), et al, 2011)
 - Access to prenatal care

Artiga and Hinton, Beyond Health Care: SDOH, KFF. 2018; March of Dimes 2022; Kozhimannil KB, et al 2011



NEGATIVE BIRTH OUTCOMES BY RACE AND ETHNICITY Figure 2.



Healthcare Access



1. How well do we ensure all families with infants and toddlers have the insurance coverage they need to access quality health care?
2. How well do we ensure all pregnant people receive timely prenatal care and their babies receive recommended preventive health care and necessary health care services?
3. What changes to policies and practices are needed to improve access to and receipt of preventive and other essential health care and eliminate disparities in health?

Potential Solutions:

- Educate and inform about family planning and birth control
- Train providers to help improve healthcare literacy with patients
- Increase online availability for health records
- Increase utilization of telehealth
- Train clinicians on implicit bias





Neighborhood and Built Environment



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Neighborhood and Built Environment



- Housing
- Healthcare deserts
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability
- Zip code/geography
- Discrimination and Inequities:
 - Poor housing conditions
 - Healthcare deserts
 - Neighborhood Safety
 - Environmental Exposures
 - Redlining and Trail of Tears



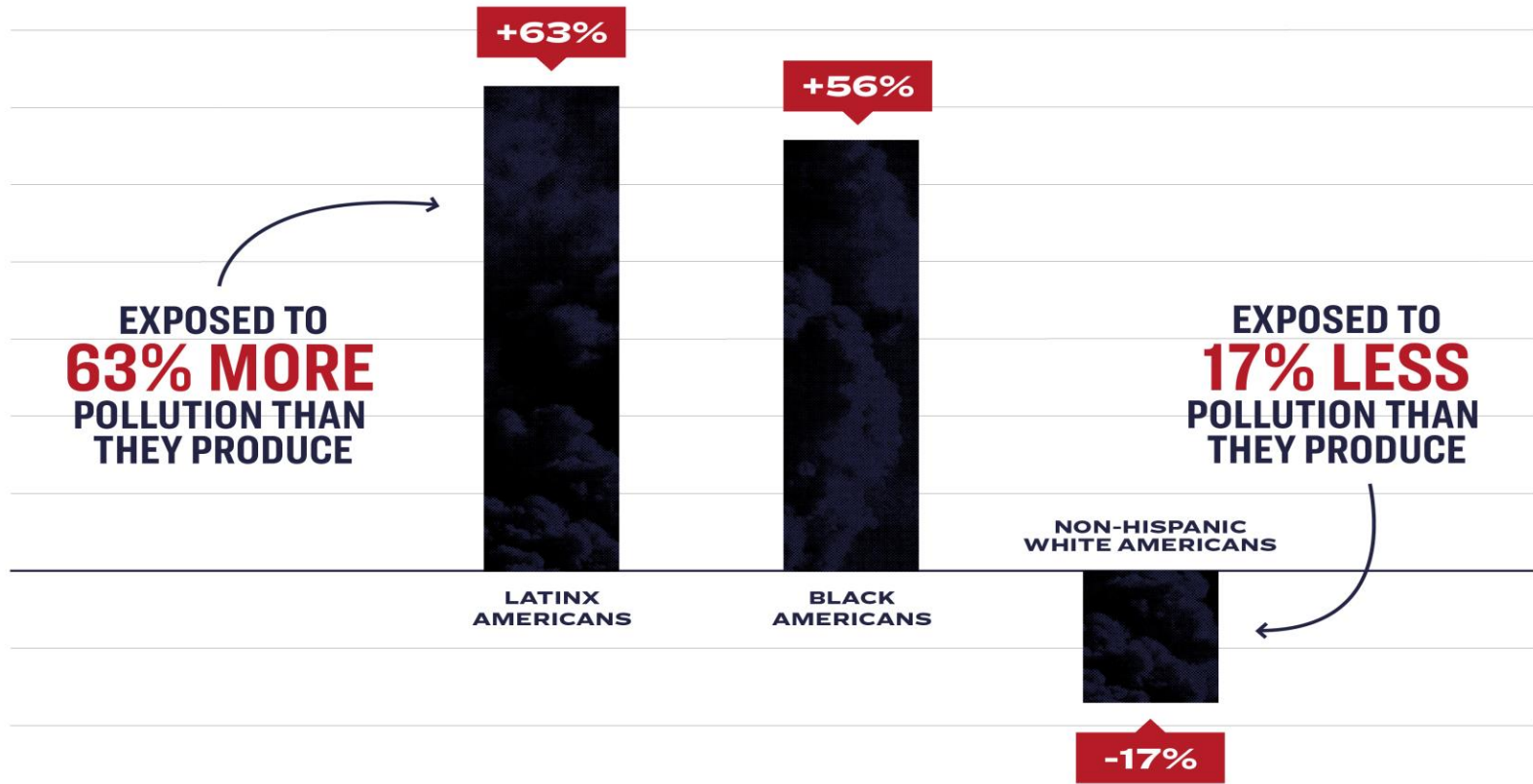
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Artiga and Hinton, Beyond Health Care: SDOH, KFF. 2018; HUD 2022; JAMA Pediatrics 2019; *Lancet Planetary Health* (2021)



POLLUTION EXPOSURE BY POPULATION (2003–2015)



Source: Christopher W. Tessum et al., "Inequity in consumption of goods and services adds to racial-ethnic disparities in air pollution exposure," *Proceedings of the National Academy of Sciences* (March 2019).

Neighborhood and Built Environment—Solutions

1. How do we ensure that we prevent harmful environmental exposures among children and pregnant people in their homes and neighborhoods?
2. How do we provide early detection of exposure and effective treatment of health issues related to environmental exposures in health care settings?
3. How do we better understand diverse experiences so children and families live in healthier environments?

- Potential Solutions:

- Increase number of schools promoting healthy activities and solutions, including policies, and procedures
- Increase internet connectivity
- Increase number of people with safe drinking water
- Reduce amount of environmental toxins
- Reduce exposure to air pollution
- Increasing funding for community health centers in underserved areas.
- Strengthening EPA regulations to reduce air pollution in high-risk areas.
- Investing in lead removal programs for older housing stock.



Social and Community Context



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Social and Community Context



- Social integration
- Support systems
- Community engagement
- Stress
- Exposure to violence/trauma
- Policing/justice policy
- Discrimination and Inequities:
 - Chronic Stress from Discrimination
 - Adverse Childhood Experiences (ACEs)
 - Community Support Programs

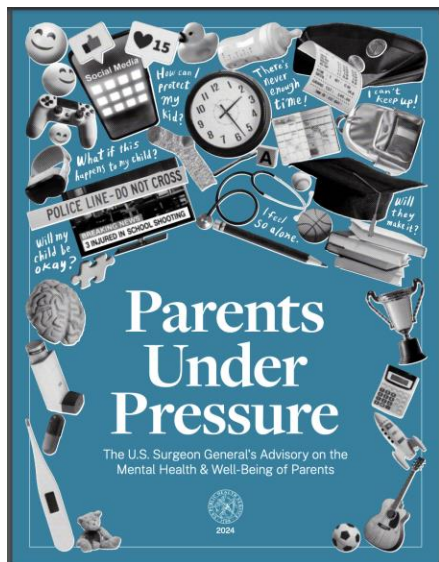
Artiga and Hinton, Beyond Health Care: SDOH, KFF. 2018



Social and Community Context



- Surgeon General "Parents are not alright"



Parents Under Pressure: The U.S. Surgeon General Advisory on the Mental Health and Well-Being of Parents

This Surgeon General's Advisory highlights the stressors that impact the mental health and well-being of parents and caregivers, the critical link between parental mental health and children's long-term well-being, and the urgent need to better support parents, caregivers, and families.



Vivek Murthy

Vivek H. Murthy, M.D., M.B.A.
19th and 21st Surgeon General of the United States
Vice Admiral, United States Public Health Service

BOX 1

Summary: Examples of Parental Stressors That Can Impact Mental Health and Well-Being

The common demands of parenting, including sleep deprivation, time scarcity, and managing child behaviors that occur at certain stages in a child's life, can contribute to stress for parents and caregivers.

Financial Strain, Economic Instability, and Poverty can make it difficult for many families to meet their children's basic needs, pay for child care costs, and provide for children's health and education expenses. Financial worries continue to be a top stressor among parents.^{16, 27, 28}

Time Demands: The increase in time spent both on work commitments and with family responsibilities can contribute to work-family conflict, burnout, and stress.^{30, 33, 55, 56}

Children's Health, including mental health challenges, intellectual and developmental disabilities, and acute or chronic illnesses, can add to parental stress levels.^{40, 43, 57}

Children's Safety: Parents report concerns about their child being bullied, abducted, or attacked.³⁹ Firearm-related injury has become the leading cause of death among U.S. children and adolescents ages 1-19⁴⁵ and parents report that the possibility of a school shooting causes them significant stress.⁴⁷

Parental Isolation and Loneliness: Parents struggle with loneliness at higher rates than non-parents, which can exacerbate parental stress.^{48, 49}

Technology and Social Media: The rapid adoption and evolution of technology and social media have been difficult and stressful for parents to manage, including by posing new risks to children's health and safety.^{50, 51, 58}

Cultural Pressures and Children's Future: Cultural expectations, societal norms, and pressure to meet perceived parenting standards can contribute to parental stress.^{52, 53, 54}

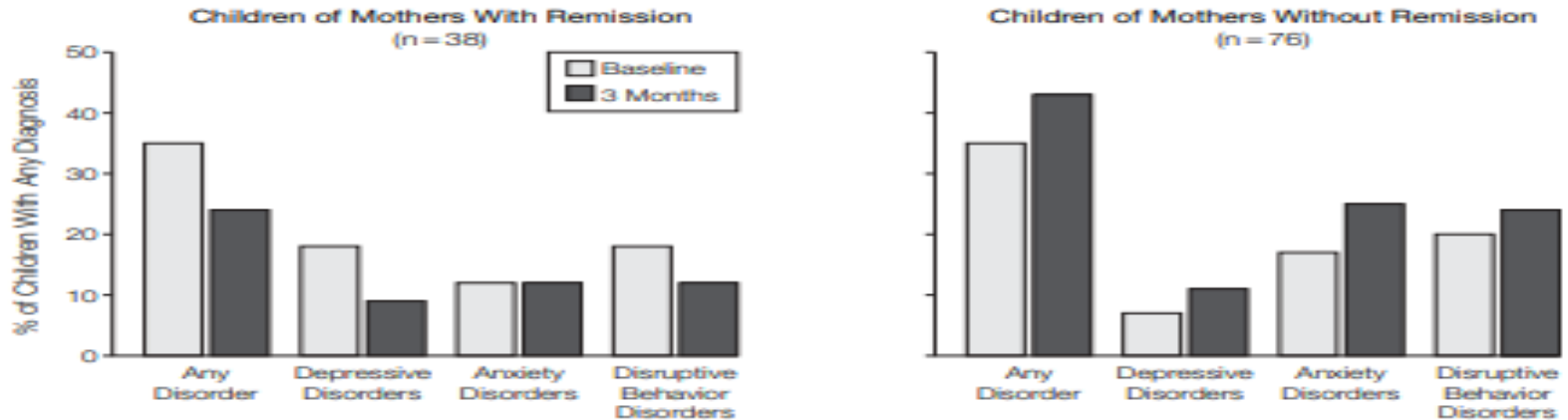


Over the past decade, parents have been consistently more likely to report experiencing high levels of stress compared to other adults.¹⁵ In 2023, 33% of parents reported high levels of stress in the past month compared to 20% of other adults (American Psychological Association. (2024, July 12). Parental burnout and stress. <https://www.apa.org/topics/stress/parental-burnout>)

Remissions in Maternal Depression and Child Psychopathology

A STAR*D-Child Report

Figure 2. Relation Between Maternal Remission Status and Change in Child's Specific Diagnoses (Baseline to 3 Months)



Depressive disorders include major depressive disorder, dysthymia, depressive disorder not otherwise specified, adjustment disorder with depressed mood, and with mixed anxiety and depressed mood. Anxiety disorders include specific phobia, separation anxiety disorder, social phobia, generalized anxiety disorder; obsessive-compulsive disorder; and anxiety disorder not otherwise specified. Disruptive behavior disorders include attention deficit hyperactivity disorder, oppositional defiant disorder, and conduct disorder.

Social and community context—Solutions



1. How well do we ensure all babies have positive communications with their parents?
2. How well do we ensure all babies develop resilience to challenges and stress?
3. How well do we ensure all families are comfortable in and feel safe, secure, and supported in their communities?

- Potential Solutions:

- Improve health literacy
- Expand connectivity for healthcare data
- Address bullying in LGBT community
- Improve voting accessibility and encourage young voters
- Address needs of caregivers
- Violence Prevention Programs
- Culturally relevant care
- Bias Training for providers
- Community-Based Doula and Midwife Programs like NFP
- Peer support networks





Summary



Pathways to
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The Pair of ACEs

Adverse Childhood Experiences



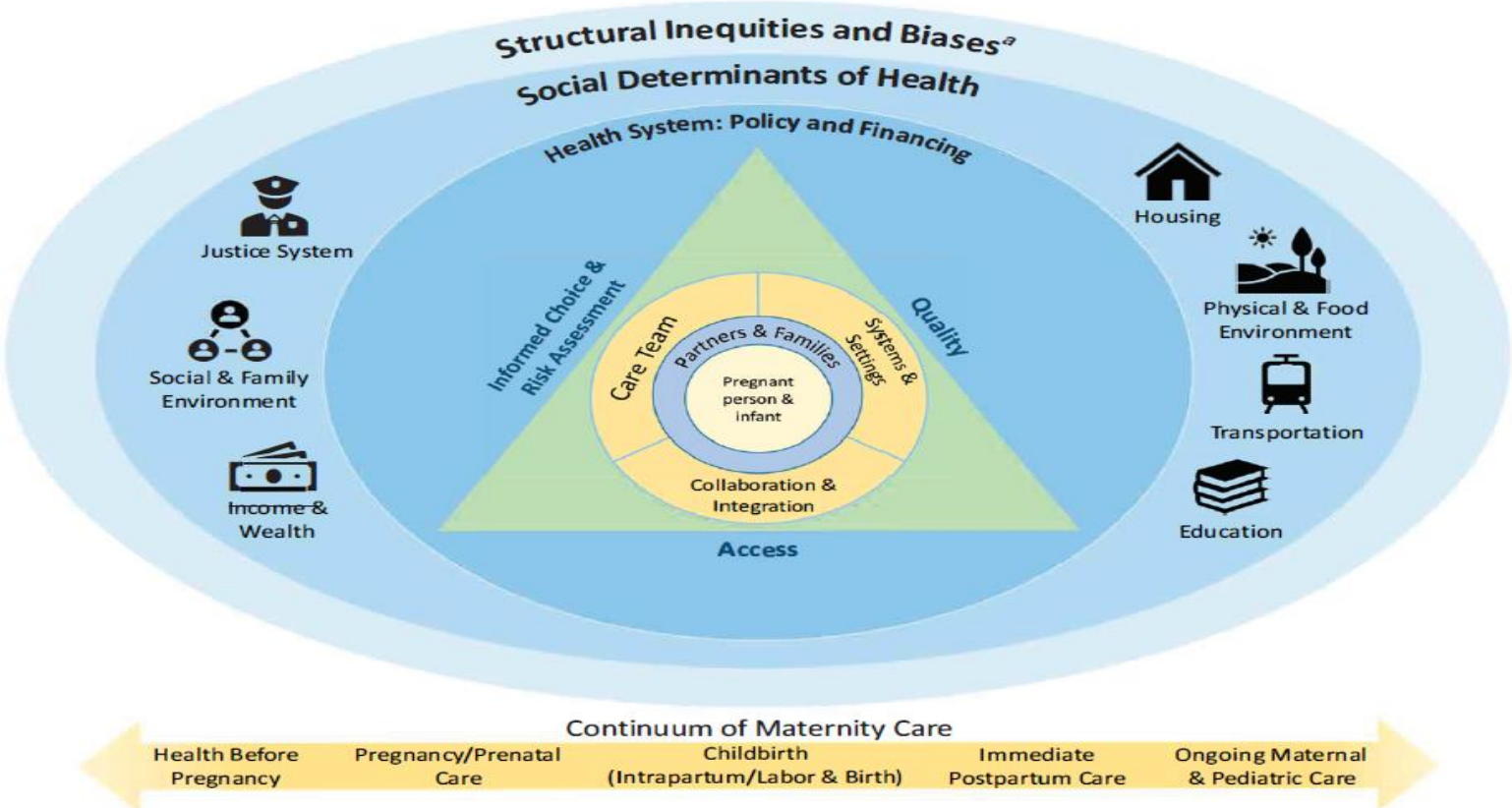


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PACEs Connection thanks Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit PACesConnection.com to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

Barriers Faced at every level of socioecological influence



Resilience





Thank You

Q&A



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RELATED TOPICS:

MENTAL HEALTH | ACCESS TO CARE | HEALTH DISPARITIES | DEPRESSION | SUBSTANCE USE | RACISM
| PHYSICIANS | MORTALITY | MEDICAL EDUCATION | IMMIGRANTS

A Call To Address The Political Determinants Of Perinatal Mental Health

[Amalia Londoño Tobón](#), [Obianuju O. Berry](#), [Sasha Gorelik](#), [Hye Sung Ryou](#), [Nancy Byatt](#), [Karla Cardoza](#), [Camille A. Clare](#), [Ariadna Forray](#), [Thomas I. Mackie](#), [Alejandra Hurtado de Mendoza](#), [Darius Tandon](#), [Wanjikū F.M. Njoroge](#)

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SDOH: Impact of Racism on Early Childhood Mental Health

Current Psychiatry Reports (2021) 23: 23
<https://doi.org/10.1007/s11920-021-01240-0>

CHILD AND ADOLESCENT DISORDERS (TD BENTON, SECTION EDITOR)

Social Determinants of Health: the Impact of Racism on Early Childhood Mental Health

Obianuju O. Berry^{1,2}  • Amalia Londoño Tobón³  • Wanjikū F. M. Njoroge^{4,5} 

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- Indirect and direct exposure to racism affects social-emotional development
- Maternal exposure to racism impacts infant and early childhood mental health
- Mediated by maternal depression
- At higher levels of maternal exposure to trauma, indirect effect of maternal experiences of racism on childhood depression