

Child Health and Safety (Revised/Approved 10-18-16)

The New Hampshire Public Health Association (NHPHA) recognizes the critical importance of healthy New Hampshire children. Good health is essential to children's academic achievement, successful transition to adulthood, and lifelong contributions to society. Families, communities and society share a joint responsibility to ensure that all children are healthy in mind, body and spirit. To ensure this, attention must be paid to the larger context of families' lives and the intergenerational effects of health status and economic resourcesⁱ. Adverse Childhood Experiences (ACEs) research studied the cumulative negative impact of childhood stressors, affecting many health and social problems in adults, such as depression, diabetes, heart disease, liver disease and other public health concernsⁱⁱ. Recent research in the field of economics establishes the direct link between the well-being of children and the economic vitality and viability of the communities in which they live. Economic research also shows that investing in the development of young children yields the highest return on investment, placing returns on investment as high as 16 percent, with an estimated annual rate of return of \$8.74 for every dollar invested.ⁱⁱⁱ

NHPHA supports policies that positively affect the health, safety and well-being of children within the context of their families and communities and those policies that promote the following American Public Health Association Principles for Child Health:^{iv}

1. **Family Health:** Children live and grow in the context of family and community. The physical, emotional, and developmental well-being of a child is influenced by the health of all the members of the family. Of particular importance is the health and well-being of the mother before, during, and after pregnancy.
2. **Economic Security:** Meeting the basic needs for food, shelter, and safety is fundamental to good health.
3. **Built Environment:** Children's health and safety are strongly influenced by the physical environment. Chronic and acute conditions such as obesity, asthma, lead poisoning, and injuries are associated with risk factors within a child's built environment.
4. **Social Support:** All children, their caregivers, families, and communities have assets and strengths—people, relationships, and community structures—that should be recognized in building a fabric of social support.
5. **Access to Health and Developmental Care:** Children should have access to developmentally appropriate, integrated health care (i.e., physical, mental, developmental, oral, vision) that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.
6. **Specialized Care for the Most Vulnerable:** Some children are more vulnerable (e.g., children with special health care needs, children of immigrants or refugees, children in foster care or in the juvenile justice system), and special policies may be necessary to ensure that these children thrive.
7. **National, State and Community Commitment to Children:** Ensuring that all children are healthy requires a broad-based commitment to child health. This commitment includes enforcement of legal protections for children and an infrastructure that supports public participation and education, research, professional education and training, and systems to ensure equity in health care delivery.

Resources

American Public Health Association APHA policy statement: Child Health Policy for the United States, 2010
<http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/30/17/25/american-public-health-association-child-health-policy-for-the-united-states>

Center of Disease Control and Prevention, Violence Prevention, Child Maltreatment , ACE Study.
<https://www.cdc.gov/violenceprevention/acestudy/>

The Annie E. Casey Foundation (2014) Creating Opportunities for Families: a Two Generation Approach, A KIDS COUNT Policy Report. Baltimore, MD

ⁱ American Public Health Association APHA policy statement: Child Health Policy for the United States, 2010
<http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/30/17/25/american-public-health-association-child-health-policy-for-the-united-states>

ⁱⁱ Anda, Robert. The Adverse Childhood Experiences Study: Child Abuse and Public Health, Prevent Childhood America.
<http://preventchildabuse.org/resource/adverse-childhood-experiences-robert-anda/>

ⁱⁱⁱ Rolnick, A. & Grunewald, R. (January 24, 2003). [Early Childhood Development: Economic Development with a High Rate of Return.](#)

^{iv} APHA Public Health Association Child Health Policy