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All Adults Once Were Children

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In spite of the best efforts of professionals from all walks of life, parents, communities, policies and other influences, not all children are able to become adults. However, it is certainly true that all adults once were children. This issue of the *Journal of Applied Research on Children* brings together a variety of articles discussing the importance of multiple supports for children. The reason for doing this is not solely for advocacy purposes; the issues are related to adult health, which, in turn, relates to the economy of our country, the promise of a developing skilled workforce, and the viability of a nation. Over the last several years, both ongoing and new research has highlighted the science behind early association studies linking childhood adversities, toxic stress, family dynamics, and social determinants of health to the status of developing children. We have now moved into an era of evidence-informed and some evidence-based new knowledge that allows us to see health as a lifespan issue, with early childhood serving as a foundation for many positive and negative adult outcomes. Since all adults once were children, it makes great sense to probe the physical, emotional, and societal health and well-being of children to understand adult health. Perhaps by linking pediatric medicine with public health, community health, and sound national policy, we could reduce the burden of a country that now pays more for healthcare than any nation on earth, but fails to have uniformly good outcomes.

The articles in this issue of the *Journal of Applied Research on Children* report on a variety of “new morbidities.” These are areas of concern for overall health that replace conquered morbidities like many infectious diseases, some metabolic diseases, and many oncologic diseases. In this issue, we find morbidities associated with:

- Violence in the home and in communities;
- Family issues;
- Poverty and other disparities among families and children;
- Child maltreatment;
- Homelessness; and
- Injuries and their prevention.

We now know that living in an environment that creates an allostatic load, or toxic stress, may lead to many health issues as a child grows and develops into adulthood. Some of these important relationships between a child’s environment and health are mediated by stress hormones, and changes in brain anatomy and function that are now biologically explained.¹ New biologic findings help explain the association between adverse childhood experiences and later health-risk behaviors (smoking, alcohol abuse, drug abuse), and diseases (diabetes, heart disease,

pulmonary disease, cancer, and others), first reported by Vince Felitti and Rob Anda.²

A new field of inquiry, epigenetics, is rapidly evolving to explain how many factors from toxic pollutants to toxic stress can affect the genome in critical ways without changing the sequence of genes acquired at conception. Although epigenetics is too broad a topic to be covered in this issue, readers are encouraged to read the new handbook published by the American Academy of Pediatrics, *Medical Genetics in Pediatric Practice* (due in May, 2013: www.aap.org/bookstore).

In this issue, researchers explore the importance of a developing sense of self, the effects of media, family structure, family ecology, health disparities, intentional and unintentional injuries and prevention, violence prevention education, and optimal juvenile justice programs. All of these areas are contributors to the social determinants of health, which collectively have a significant effect on overall health and well-being.

Temple Northup introduces a survey of 407 university students designed to query relationships between media consumption and attitudes, as well as behaviors related to aggression, sexuality, and body image. The research demonstrates worrisome relationships between media use and aggressive behavior and tolerance of aggression, increased sexual behavior, and increased dissatisfaction with personal body image among some participants.

Freeman and Brewer discuss the “Links between Family Structure and Early Child Health.” They explore family structure impacts on infants, beginning in the prenatal period. As we gain more information through studies on stress and epigenetics, and learn the consequences of maternal stress, hunger, depression, and other factors, their findings will continue to gain recognition. Tobin and Murphy define and describe homeless families and children, adding to information from the Freeman and Brewer work. They emphasize the areas of health and schooling, as well as other consequences facing over one million children affected by homelessness.

Augustine and Kimbro explore the relationship between family structure and obesity. They report provocative findings, including the increased risk of obesity among children raised by cohabitating biological parents versus those children raised by married biological parents. Jean Raphael focuses on inequities in child health, and the challenges of addressing this issue related to research, policy, and legislation. This research recalls the pioneering work of Professor James Heckman, an economist who successfully relates investment in early childhood with more successful education and health among adults.³

Shenoi and Giardino report an interesting perspective on prevention of child maltreatment by linking prevention of both intentional and unintentional injuries. Their framework, which links the child with family, community and society, and the physical environment, emphasizes the importance of public and community health and the importance of implementing “best practices” based on sound public health practices. Related to many of the previously mentioned papers, Jeff Temple addresses teen dating violence. Exposure to unhealthy family environments, homelessness, maltreatment, health disparity, and violent and sexually degrading media all may be antecedents to a prevalent but hopefully preventable form of violence.

In addition, Charisa Smith provides thoughtful insights into the world of juvenile justice, and the young people involved in the system as a result of family structure, poverty, health inequities, poor schools, poor access to mental health services, and other disparities. From Chile, Emilia Valenzuela Vergara and colleagues report on an apparently successful program addressing street children, a topic that continues the previous discussions of family, homelessness, juvenile justice, and overall health.

Although the topics provided in this issue can only open a much broader discussion, they create an atmosphere for further discussion, research, and, ultimately, action. We must change the perspective on human health. An example might be examining why the U.S. spends 80% of Medicaid money on adults who make up slightly less than 50% of the Medicaid population, rather than investing in children as the foundations of health across the life-span.

The papers in this issue focus, in some way, on development and behavior, both important markers for later mental health. But I think we made a serious mistake many decades ago whenever the term “mental health” was coined. Somehow this has led to stigma and relative inattention to what is really BRAIN health. The mental health term segregates people whose disorder is in one organ from those whose disorder is in another, like a heart, lungs or liver. The term has allowed some to propose that people with mental health issues should just “readjust” their attitudes or thinking or moods, and heal themselves. But we don’t expect someone with heart failure to adjust their attitude and chase away the heart disease! Both public and commercial payers look at “mental health” as somehow a category of disease that doesn’t qualify for payment for assessment or treatment, rather than incorporating brain health and disorders in an otherwise wide array of conditions and diseases deemed appropriate for inclusion in benefits.

Now that we know much more about how the health of the brain can be determined by stress through biologic mechanisms, and how genomic discoveries are confirming the relationship of the brain to not only behavior, but also to many diseases and conditions within the body below the brain, it is time to think in new ways about the topics discussed in this edition of the *Journal of Applied Research on Children: Informing Policy for Children at Risk*.

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