



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

December 5, 2007

Jennifer Wyatt Kaminski, Ph.D.
Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Hwy. NE, MS-K60
Atlanta, GA 30341

Dear Dr. Wyatt Kaminski:

On behalf of the 148,000 members and affiliates of the American Psychological Association (APA), I want to thank you for providing us the opportunity to comment on the *Action Plan for Healthy Children* (Plan) outlining the Centers for Disease Control and Prevention's (CDC) objectives related to child health.

APA is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. Comprised of researchers, educators, clinicians, consultants, and graduate students, APA works to advance psychology as a science, a profession, and a means of promoting health, education and human welfare.

APA shares CDC's commitment to increasing the number of children who grow up healthy, safe, and ready to learn. In addition, we believe it is imperative that all prevention and health promotion efforts are evidence-based, culturally competent, linguistically appropriate, and address the needs of diverse populations.

We commend the CDC for its ongoing attention to the important objectives detailed in the Plan and especially appreciate its dedication to promoting the social, emotional, and mental well-being of children. The following comments highlight several important recommendations that we hope you will consider as you finalize the *Action Plan for Healthy Children* and begin its implementation.

The Challenge of Disparities

APA applauds CDC's attention to the reduction of health disparities and barriers to health care that exist for ethnic minorities and populations of lower socioeconomic status. We encourage CDC to also consider disparities that exist due to differences in culture, language, ethnicity, disability status, sexual orientation, gender identity, and immigrant and refugee status. We believe that these differences and their relation to child health

should be specifically addressed throughout the document. Specifically, addressing mental and behavioral health among these groups is of particular importance. APA recommends placing priority on the development and utilization of public awareness campaigns and interventions that are culturally and linguistically sensitive. In addition, evidence-based practices that are effective across populations and well-suited to specific populations are needed.

APA shares CDC's commitment to increasing the health and resiliency of all children. We believe that the health and resiliency of all children would be strengthened by ensuring that health services to children are culturally and linguistically appropriate. It has been widely recognized that there are pervasive racial and ethnic health and health care disparities in our nation. In fact, the *U.S. Department of Health and Human Services* has stated that the "U.S. mental health system is not well equipped to meet the needs of racial and ethnic minority populations."

This is clearly reflected in access to care issues involving racial and ethnic minority children. Studies have demonstrated that there are striking racial and ethnic differences in the utilization of mental health services among youth. Overall, mental health services meet the needs of 31 percent of non-minority children, but only 13 percent of minority children. Despite the fact that minorities are less likely to receive mental health services, when they do access services, those services tend to be ineffective and of low quality.

Increasing the cultural competence of service programs and providers is essential to improving mental health services to racial and ethnic minority children. When a program is developed taking into consideration the culture of the community being served, there is an increase in service utilization and a decrease in early termination of treatment among racial and ethnic minorities.

This fact is echoed by *The President's New Freedom Commission on Mental Health*, which has affirmed, "Many in the mental health field consider cultural competence to be essential to ensure quality of care, responsiveness of services, and renewed hope for recovery among ethnic and racial minorities." To this end, we believe that CDC's policies involving children should include language requiring services to be culturally and linguistically appropriate to be effective among all children, including racial and ethnic minority children. In addition, a more complete picture of child and early adolescent health might emerge if consideration for middle- and upper-income children and children living in different geographic areas (e.g., urban, suburban, rural) were addressed in the Plan.

Improving Physical Activity, Nutrition and Addressing Childhood Overweight

APA supports CDC's efforts to enhance child health through improved nutrition and physical activity. In promoting these health behaviors, APA urges CDC to underscore the importance of healthy eating and appropriate levels of physical activity in children and family members across the weight spectrum. We particularly appreciate your acknowledgement of lack of access to affordable, high-quality healthy foods and opportunities to be physically active in low-income neighborhoods. In addition, we

commend you for recognizing the importance of improving nutritional quality of meals and increasing outdoor activity.

APA appreciates CDC's attention to the importance of family dinners. Recent research suggests that how the family conducts its mealtimes, the regularity of family mealtimes, and the value that the family places on regular family mealtimes may be associated with healthy weight in children and youth (Eisenberg, Olson, Neumark-Sztainer, Story, & Bearinger, 2004; Jacobs & Fiese, 2007; Kremers, Brug, deVries, & Engels, 2003). APA encourages CDC's further development of initiatives that encourage positive body image, healthy eating habits, appropriate levels of physical activity, and improved self-esteem, focusing on behavior and health outcomes rather than weight.

We believe it is necessary to promote healthy lifestyle changes without inadvertently perpetuating weight stigmatization or promoting disordered eating and eating disorders. The issue of weight stigmatization and weight bias is of particular importance in relation to school-aged children. Research indicates that the degree to which a child is teased is positively related to weight concerns, loneliness, lower confidence in physical appearance, and higher preference for isolative activities which may lead to decreased levels of physical activity among overweight youth (Puhl & Latner, 2007; Storch, E. A., Milsom, V. A., DeBraganza, N., Lewin, A. B., Geffken, G. R., & Silverstein, J. H., 2006).

Furthermore, weight-based teasing is consistently associated with low body satisfaction, low self-esteem, high depressive symptoms, and thinking about and attempting suicide and has been associated with the development of frequent binge eating and bulimia nervosa later in life (Eisenberg, M. E., Neumark-Sztainer, D., & Story, M., 2003; Fairburn, Welch, Doll, Davies, & O'Connor, 1997; Jackson, Grilo, & Masheb, 2000; Striegel-Moore, Dohn, Pike, Wilfley, & Fairburn, 2002).

Violence-Related Injuries

APA applauds CDC's accomplishments related to unintentional and violence-related injuries. We appreciate your attention to this issue in American Indian/Alaska Native and African American populations and encourage CDC to address ways in which the overall outreach in this area will continue. In addition, APA encourages CDC to actively address the issue of child neglect in all violence-related initiatives.

Accessible, High-Quality Health Care

APA supports CDC's efforts to improve access to high-quality health care for children. We encourage you to also specifically include the provision of accessible, affordable, high-quality, culturally and linguistically appropriate mental health care. Mental health is a critical component of overall health and parental mental health has a primary influence on the health and behavior of young children. Basic and clinical research has led to earlier diagnoses and treatments for mental health problems. Therefore, it is critical that CDC develop innovative interventions for children that are accessible to families and communities to utilize in both the home and school environments.

Information Dissemination

APA applauds CDC's recommendation to provide a centralized, user-friendly child health website on CDC.gov. With regard to children impacted by disparities, a significant portion of CDC's targeted population may not be able to access the information in that venue. An additional suggestion might be to seek additional avenues for information dissemination relating to CDC's Action Plan and any related programs.

The effective use of a coordinated distribution network using other external partners, including professional, non-governmental organizations, local, civic, faith-based and other groups, would expand the reach and effectiveness of CDC initiatives. This would be particularly helpful to vulnerable populations who might require health promotion materials and wellness services that have been adapted to be culturally and linguistically appropriate.

Promoting Partnership

APA supports the strategies proposed by CDC and looks forward to assisting in implementing these strategies to enhance child health and well-being. Implementation of these strategies is vital to improving the health of our nation's children. We believe that increased coordination between CDC and other federal and state agencies is paramount in effectively promoting CDC's important efforts to promote child health.

Specific Language Recommendations

To reflect some of our recommendations related to the *Action Plan for Healthy Children*, APA recommends the following language recommendations to the Objectives and Key Measures sections of the document:

Specific Language Recommendations Related to Objectives (Page 1)

Objective 4: Prevent injury, ~~and~~ violence, **and neglect** and their consequences.

Objective 6: Increase the **prevention**, early identification, tracking, and follow up of children with, or at risk for, developmental delays, disorders, **or disabilities; or children with mental health problems.**

Objective 7: Increase access to and receipt of quality, comprehensive, **culturally- and linguistically-appropriate** pediatric health services, including dental and mental health services, by children.

Objective 8: Improve behaviors that promote children's health, **including mental health**, and well-being in future life stages. *(The provision of services related to the adoption of healthy behaviors, such as improving nutrition and physical activity, may require outreach, programs, and activities specifically adapted to meet the needs of children with disabilities.)*

Specific Language Recommendations Related to Key Measures (Page 15)

- Measure 2:** Reduce maltreatment (**including neglect**) and maltreatment fatalities of children.
- Measure 4:** Reduce the proportion of children and adolescents who ~~are~~ **have health complications related to** overweight or ~~obese~~ **disordered eating**.
- Measure 9:** Reduce the occurrence of developmental **and behavioral** disabilities.
- Measure 10:** Increase the proportion of children **receiving prevention, early intervention, and treatment services for** ~~with~~ mental health problems ~~who receive treatment~~.
- Measure 12:** Increase the proportion of persons who have a specific source of ongoing, **comprehensive, affordable, high-quality and linguistically- and culturally-appropriate** care.

Once again, thank you for soliciting our input as you finalize the *Action Plan for Healthy Children*. If you have any questions regarding our comments or would like additional information, please contact Annie Toro, J.D., M.P.H., Associate Executive Director for Public Interest Government Relations, at 202 336-6068 or atoro@apa.org.

Sincerely,



Gwendolyn Puryear Keita, Ph.D.
Executive Director
Public Interest Directorate

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