Public Health, World Health Organization & Home Visiting
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NMAIMH competencies addressed:

Systems Expertise
• Community Resources
• Observation & listening

Working with Others
• Building & maintaining relationships
• Empathy & compassion

Reflection
• Contemplation
• Curiosity
• Professional/personal development

Social determinants of health are the social and economic conditions that affect health status; they are foundational in examining a multi-layered issue like child maltreatment. Every time a child appears in a tragic news story, many people ask: Why is this happening in New Mexico? Alicia Lieberman, PhD a prominent child psychotherapist asks a troubled child “What happened to you?” rather than the callous question: “What is wrong with you?” (Lieberman, SLIDE 12). Public health has a similar approach with distressed communities, by analyzing the effects of colonialism, slavery, historical trauma, social determinants, disparities, and all the links, associations and causation between people and environments. Perhaps when analyzing complex public health issues, the question could be: “What happened to you New Mexico?” rather than “What’s wrong with you New Mexico?”

The World Health Organization (WHO) recognizes child maltreatment as a worldwide tragedy that requires a public health approach. The Convention on the Rights of the Child of 1991, Article 19 – Section 1 advocates for the protection of children from all forms of violence (UNICEF, pp. 3-4). In 2006, the WHO and the International Society for Prevention of Child Abuse and Neglect (ISPCAN) collaborated specifically to address child maltreatment and primary prevention. The report describes the problem and describes the jammed systems that make prevention of child maltreatment so painstaking. The WHO refers to the “privacy barrier” between home and the public realm that holds back the progression of policy and legal avenues to prevent violence within family and communities (WHO, Prevention, p. 8). In addition, the report points to the gap between commitment for prevention and actual investment. The lack of political will and just plain lack of awareness about child maltreatment and prevention strategies exacerbate the problem (WHO, Prevention, p. 8). Another piece that is underlined in the report is the notion that “investment is hampered by the pervasive demand for immediate return,” an expectation which cannot be met by prevention strategies (WHO, Prevention, p. 8). The same prevention challenges run through all levels in our nation, state and local communities.
Dr. Shonkoff, an early childhood expert from Harvard University advocates for more prevention and intervention during the critical period of a child’s life between prenatal to three years of age (About the Center, Science, n.d.). The national leader maintains that we need to invest and support families and children when early brain development is forming and therefore highly susceptible to toxic stress (About the Center, Science n.d.). Child maltreatment can cause toxic stress. It can derail healthy brain development and consequently harm future learning and optimal health. New Mexico has the highest rate of child maltreatment among surrounding states according to the New Mexico Legislative Finance Committee (NM LFC, 2016, p.5). Also, ranking highest in the nation for children at risk with a “drug abusing caregiver” (NM LFC, 2016, p.5). Home visiting is widely viewed as a buffer and promoter of optimal health in children.

Questions to encourage discussion and reflection...

• How are you collaborating in your communities with other agencies to address the needs of families and children?
• What are the social determinants in your communities that pose challenges to your families?
• Do you consider collaboration as prevention tool? Why or why not?
• Resilience is a protective factor of our New Mexico communities, how do you see your role in promoting resilience?

References/Additional Resources


