**Social Determinants of Health**

**Flourishing in early childhood**

Evidence shows that experiences in early childhood provide a foundation for brain development and a broad range of skills and learning capacities, as well as lifelong health. How a child develops during early childhood affects future cognitive, social, emotional, language, and physical development, which in turn influences school readiness and later success in life\(^1\). Flourishing as a concept contains multiple dimensions of physical health, mental and emotional health, caring, empathy and resilience. The National Survey of Children’s Health (NSCH) asks parents of children aged 6 months to 5 years four questions to assess curiosity and discovery about learning, resilience, attachment with the parent, and contentedness with life.

In 2017, the percent of Oregon children aged 6 months to 5 years who had met all 4 flourishing items, showed a small decrease from 67.7% in 2016, although the rate in Oregon was still marginally higher than the U.S. rate of 64.8% (Figure 1).

Racial/ethnic disparities are evident in early childhood flourishing in both Oregon and the U.S., although Oregon disparities should be interpreted with caution due to the small sample size of state specific results. In the U.S., flourishing is highest among non-Hispanic White children, followed by non-Hispanic other children (including American Indian/Alaska Native, Asian, and Native Hawaiian/Pacific Islander), then Hispanic children, with flourishing the lowest among non-Hispanic Black children (Figure 2).

Resiliency is one of the four items included in the NSCH flourishing construct. It assesses the degree to which the child bounces back quickly when things do not go his or her way. Resiliency has been identified as an important mediator of the association between stress and health outcomes. Greater resiliency is associated with reduced negative effects of stress on long-term health\(^2\).

In 2017, the percent of Oregon children aged 6 months to 5 years who had parents respond “definitely true” regarding the child’s ability to bounce back quickly when things do not go his or her way, had dropped to 68.5%, as compared to 75.6% in 2016 (Figure 3).

Racial/ethnic disparities are also evident in early childhood resilience in both Oregon and the U.S., although once again Oregon disparities should be interpreted with caution due to the small sample size of state specific results. In the U.S., resilience is highest among non-Hispanic White children, followed by non-Hispanic other children (including American Indian/Alaska Native, Asian, and Native Hawaiian/Pacific Islander), then Hispanic children, with resilience the lowest among non-Hispanic Black children (Figure 4).
Additional Resources: Data Resource Center for Child & Adolescent Health

About the Data: Data source is the National Survey of Children's Health. The survey was changed significantly in 2016 and cannot be compared to previous years, so only two years of data are available. Flourishing data includes children aged 6 months to 5 years who met all of four flourishing items, including (1) child is affectionate and tender, (2) child bounces back quickly when things don’t go his/her way, (3) child shows interest and curiosity in learning new things, and (4) child smiles and laughs a lot. Resilience data includes children whose parents definitely agree that their child bounces back quickly when things don’t go his/her way, as opposed to somewhat agree or do not agree.

For More Information Contact: Maria Ness, maria.n.ness@state.or.us

Date Updated: September 2, 2019