

# *Launching Lifelong Health by Improving Health Care for Children, Youth, and Families*

The Committee on Improving the Health and Wellbeing of  
Children and Youth through Health Care System  
Transformation will lead a webinar to discuss this report  
on **Thursday, September 19, 2024 at 1:00pm EST**



# Study Sponsors

**Academic Pediatric Association**

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and Quality**

**American Academy of Pediatrics**

**American Board of Pediatrics**

**Children's Hospital Association**

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# Committee

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# Committee's Charge

The committee was charged with developing an evidence-based report exploring innovations in child and adolescent health care and identifying:

- Key levers of change
- Promising practices and programs
- Gaps and barriers in payment models
- Ways to improve family engagement

# Committee Frameworks & Guiding Principles



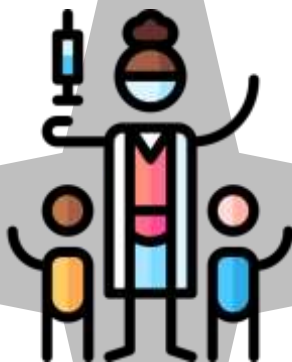
# Guiding Principles

**Life Course Perspective**

**Equitable Outcomes**

**Family and Community Partnerships**

**Sustainability**





# The Current Child Health Care Landscape



# The Current Child Health Care Landscape



Scientific advances highlight child health's impact on lifelong wellbeing



New technologies enable earlier condition identification and prevention



Healthcare delivery innovations show positive outcomes in primary and subspecialty care



# The Current Child Health Care Landscape



Current financing impedes progress in child and family health and wellbeing



Policies often overlook distinct needs of children, youth, and families

# The Current Child Health Care Landscape

U.S. faces a crisis with poor and worsening child health and wellbeing with impacts on the workforce of the future

U.S. ranks at the bottom among wealthy nations on mental wellbeing, physical health, and academic and social skills

Children living in poverty and from marginalized groups all face poorer health and higher rates of mental health conditions

Increased incidence of chronic diseases, though many conditions are preventable

Increases in mortality and morbidity, mental health conditions, obesity and cardiovascular and pulmonary disease, substance use among working-age adults with roots in childhood

# U.S. Surgeon General's Three Numbers on Youth Mental Health

- 57.** The percentage increase in the suicide rate among young people in the United States in the decade before COVID-19.
- 44.** The percentage of American high school students who feel persistently sad or hopeless *right now*.
- 75.** Approximately 50% of lifetime mental health conditions begin by age 14, and 75% begin by age 24.

Youth Mental Health: The US Surgeon General's Advisory 2021. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

# Societal Gains in Investing in Children



# Vision for an Improved Health Care System



## LAUNCHING LIFELONG HEALTH

Goal One: Elevate The Importance Of Child  
And Adolescent Health for the Nation  
Through Continuous Public Focus On  
Children And Youth





## Findings & Conclusions

- Lack of dedicated and sustained public attention to needs of children and youth hampers needed progress in health and wellbeing and workforce preparation
- Continuing poor health among U.S. children, despite major scientific advances, along with challenges in workforce and population trends, make urgent the need to focus and strengthen leadership and investment in younger populations

## Recommendations

- 1-1. Federal policy makers should convene an expert panel to develop a framework for promoting child/adolescent health and wellbeing and enduring implementation plan
- 1-2. Federal policy makers should enact child health and health equity impact statements
- 1-3. State legislatures and agencies should implement scoring of legislation to assess impact on health and wellbeing of children
- 1-4. Foundations and advocacy organizations should fund and implement a long-term, multifaceted public awareness campaign
- 1-5. U.S. Department of Health and Human Services should continue and accelerate investment in research on whole child and family health

## LAUNCHING LIFELONG HEALTH

# Goal Two: Finance Health Systems for all Children Emphasizing Prevention and Health Promotion



## Findings & Conclusions

- Current financing and payment mechanisms emphasize diagnosis and treatment over prevention and health promotion
- Medicaid and CHIP are crucial, but underfunded, with significant state variation
- EPSDT, a critical statutory base for services for children and youth, needs updating and enforcement
- Opportunities exist to standardize key characteristics of public insurance and make payment levels high enough to assure all children have access to needed services regardless of payment source
- Most efforts at payment reform have focused on older populations; experimentation and improvement in payment, including through managed care, focused on younger populations, can enhance progress

## Recommendations

2-1. Federal & state policy makers and CMS should reform Medicaid and CHIP to ensure coverage for uninsured children and parents under 65, reducing state variation in program criteria, modernizing and enforcing EPSDT, and increasing provider payments to assure equal access

CMS and states should monitor and enforce managed care contracts and ensure transparency in contracts and public accountability

CMS and states should increase transparency in Medicaid provider payment rates and direct provider subsidies

## **Recommendations (cont.)**

2-2. Public and commercial payers should transition from fee-for-service models to payment incentives that focus on prevention, health promotion, team-based care, and health equity

2-3. State legislatures and Medicaid programs should adopt and enforce policies that promote equitable payment for services delivered in school-based health centers and by other school providers



## LAUNCHING LIFELONG HEALTH

# Goal Three: Strengthen Community-Level Health Promotion and Disease Prevention



### Findings & Conclusions

- Far more child health care investment flows to medical care than to public health and primary prevention
- Children benefit from public health activities aimed at community health and specific maternal and child health programs (e.g., vaccines, preventive measures, and family support initiatives like Head Start) and have the most to gain from primary prevention
- Schools play a crucial role in child health through education, socioemotional learning, health monitoring, counseling, and nutritious meals
- Underinvestment in public health is a missed opportunity to enhance child health

## Goal Three: Strengthen Community-Level Health Promotion and Disease Prevention

### Recommendations

- 3-1. Federal policy makers and agencies should expand funding for population-level whole child and family health promotion and disease prevention
- 3-2. Federal, state, and local agencies should reduce inequities in local public health department capacity and improve execution of current evidence-based programs
- 3-3. Federal, state, and local policy makers and agencies—with community partners—should expand school-based health promotion and disease prevention
- 3-4. Federal agencies should strengthen existing community benefit requirements and accounting mechanisms to advance community health
- 3-5. State legislatures should mandate investment in community health from for-profit health care providers and managed care organizations

## LAUNCHING LIFELONG HEALTH

# Goal Four: Ensure Co-Design and Co-Creation of Programs and Structures with Youth, Family and Community Voices and Leadership



## Findings & Conclusions

- Families and communities are experts in their health needs and seek involvement in improving health care
- Their engagement drives change, fosters trust, and enhances service delivery, policies, and outcomes
- Engaging youth, families, and community members in the design of health care systems provides an opportunity to improve trust and the delivery of care

## Recommendations

4-1. Health care systems should partner with community members and leaders from historically marginalized backgrounds to co-design policies and programs that support a child, family, and community-centered health care system

4-2. Federal agencies, state governments, and foundations should eliminate barriers limiting health care entities abilities to financially compensate patients/families for partnership activities

4-3. Accrediting and certifying bodies for health care workers should require training to ensure that the workforce is competent, diverse, team-oriented, anti-racist, and able to promote relational health



## **Recommendations (cont.)**

4-4. Hospital or health system accrediting bodies and recognition programs should assess and recognize activities related to patient/family experience and achievement of equitable health outcomes

4-5. Federal and state agencies should mandate and utilize the expertise of youth, families, and communities

4-6. Federal and state agencies, foundations, and other funders should provide financial support for youth-led services in local communities

## LAUNCHING LIFELONG HEALTH

# Goal Five: Implement Measurement and Accountability to Ensure Equitable Achievement of These Goals



## Findings & Conclusions

- Ongoing innovations in measurement, payment, and cross-sector service integration suggest that a child health care system that is accountable for improved child wellbeing outcomes is possible
- A transformed health care system will emphasize accountability for equitable, whole child, family, and community population health outcomes among the health care system and public–private partners

## Goal Five: Implement Measurement and Accountability to Ensure Equitable Achievement of These Goals

### Recommendations

5-1. CMS with other federal agencies should support health care systems' implementation of accountability systems that minimize measurement burden, have meaning for families and communities, and prioritize equity

5-2. Federal research agencies should continue to advance data resources and research necessary to evolve accountability measurement systems for better child health outcomes

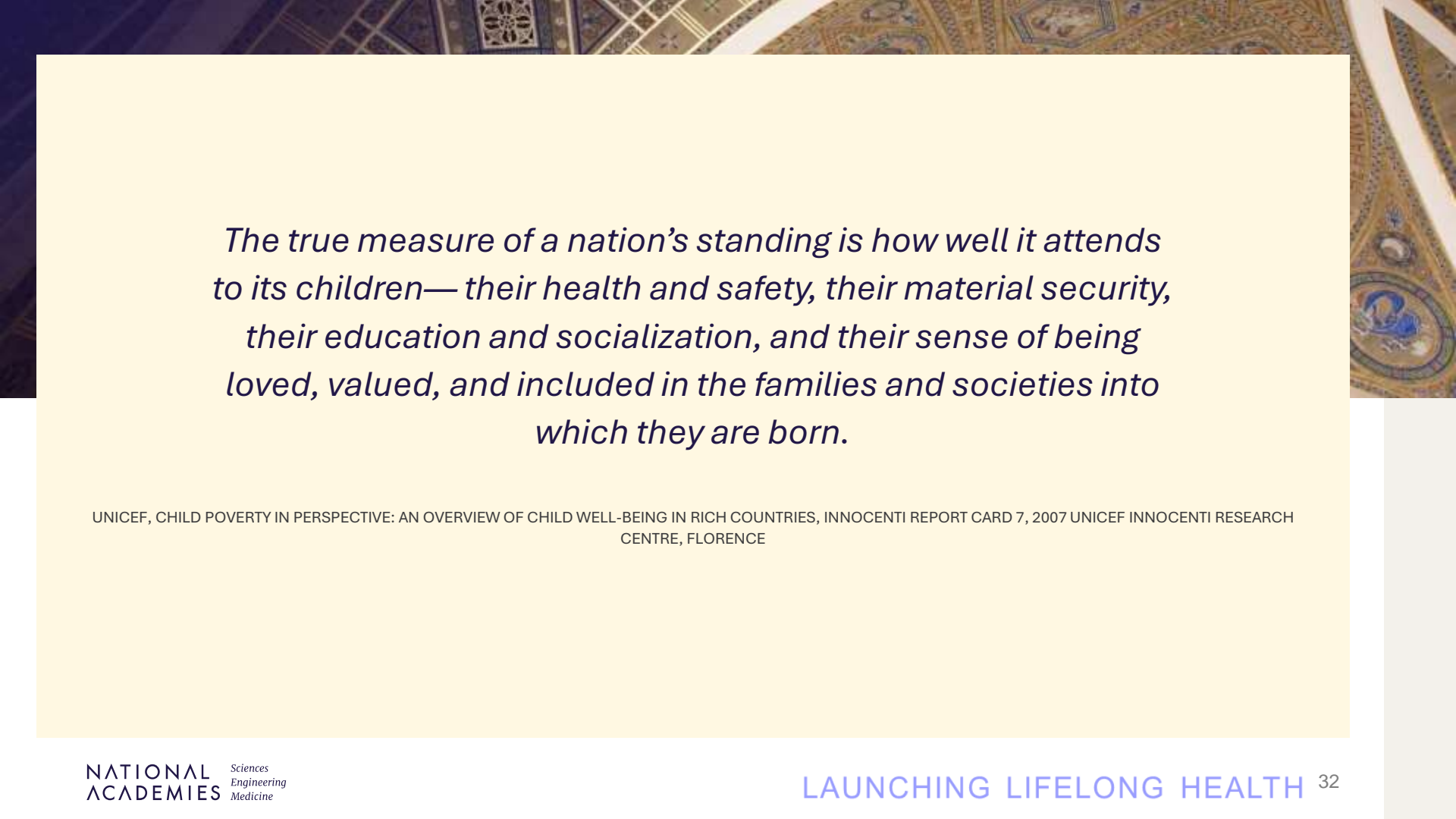
5-3. Federal and state governments should coordinate cross-agency efforts to monitor system performance and eliminate barriers to shared accountability across child health programs

5-4. The Office of the National Coordinator for Health Information Technology should partner with CMS and a national committee comprising both public-private sector members to develop a transparent reporting protocol for data submission

# Moving Forward



- Focus on child health
- Financing reform
- Public health investment
- Family and community engagement
- Improvements to measurement and accountability



*The true measure of a nation's standing is how well it attends to its children— their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.*

UNICEF, CHILD POVERTY IN PERSPECTIVE: AN OVERVIEW OF CHILD WELL-BEING IN RICH COUNTRIES, INNOCENTI REPORT CARD 7, 2007 UNICEF INNOCENTI RESEARCH CENTRE, FLORENCE



October 15 from 9:00 AM to 3:00 PM ET • Implementation Summit

# Advancing Child and Youth Health Care Transformation

NATIONAL  
ACADEMIES Sciences  
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# Advancing Child and Youth Health Care System Transformation

October 15, 2024 – Implementation Summit

Hosted by the Forum for Children's Well-Being, this workshop is designed to serve as an implementation summit dedicated to advancing the recommendations featured in our *Launching Lifelong Health* report.

To register, visit: [https://www.nationalacademies.org/event/43182\\_10-2024\\_advancing-child-and-youth-health-care-system-transformation-a-workshop](https://www.nationalacademies.org/event/43182_10-2024_advancing-child-and-youth-health-care-system-transformation-a-workshop)



# Thank You!

Link to free PDF download of  
the full report and related  
summary products:

**[nap.edu/27835](http://nap.edu/27835)**

## For more information

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Launching Lifelong  
Health by Improving  
Health Care for Children,  
Youth, and Families



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