Whole Child Health Alliance

Charter

Overview

The Whole Child Health Alliance (the "Alliance") will advance whole child health models that promote children's optimal health, development and well-being across the life course while improving health equity through delivery and payment reforms. Whole child health models engage child health providers, payers, community-based organizations and other multi-sector partners in improving population health and addressing social needs and broader social determinants of health (SDoH) affecting children, youth and their families.

The Alliance will use various strategies to advance needed reforms, including legislation, agency rulemaking and guidance, new Centers for Medicare & Medicaid Services (CMS) Medicaid models and other financing approaches. The Alliance will also highlight developments in the literature along with emerging strategies and best practices from the field. Finally, the Alliance will promote opportunities for members to collaborate with other coalitions active on issues related to social needs and SDoH impacting children and youth.

Rationale

A growing body of research demonstrates a broad array of health, social and economic factors can affect child health—and subsequent adult health—both positively and negatively.[1]

Not surprisingly, families have a particularly important role in helping children thrive. The Centers for Disease Control and Prevention and Healthy People 2030 both stress "safety, stability, and nurturing in the home environment" as key to healthy life course trajectories.[2,3] A deep and multi-disciplinary body of research points to the role positive relationships play in healthy development.[3,4] In addition, research demonstrates a strong connection between parents' economic, psychological, and social well-being and children's well-being.[5]

The communities, environments and neighborhoods in which children live and the systems caring for them affect child growth, development and well-being. These include, but are not limited to, early care and education, schools, child and family serving organizations, and child welfare systems.[6-8] Researchers have concluded the health sector must move beyond a focus on treating disease to a focus on improving neighborhood conditions in order to improve children's well-being.[9-14] In addition, given the stark differences in health outcomes based upon race/ethnicity and neighborhood (census tract or zip code), efforts to address health inequities must include a focus on addressing social needs and SDoH.[15-17] Various tools, such as the

Social Vulnerability Index (SVI) and Area Deprivation Index (ADI), are helpful in assessing how these factors impact human health.[18-20]

In close collaboration with other partners, the health care sector can have a positive role in addressing social needs and SDoH, as well as promoting healthy development. This is especially true for the youngest children. The American Academy of Pediatrics recommends children see their health care provider two dozen times by the time they turn five, thereby offering multiple opportunities for prevention and early identification of needs.[21] Local leaders, as well as community members themselves, must have a central role in efforts to address social needs and SDoH.

Unfortunately, the currently predominant fee-for-service payment model does not support providers in their efforts to implement whole child health models. New payment approaches—including value-based payment (VBP) in which health systems and providers assume financial risk for the health outcomes of their patients and the health of the population they serve—are needed for wider uptake of these models. However, these require attention to the broader value of providing whole child primary care and the amount of funding necessary to sustain these efforts.[22,23] With approximately 80% of health outcomes influenced by SDoH and other non-medical factors, health care providers will increasingly need to take an active role partnering with community and government stakeholders to address the factors influencing health outside the clinic walls.[24,25]

Progress to Date

CMS has prioritized addressing SDoH through Medicaid and CHIP, and has encouraged states to take an active role. This is particularly important because Medicaid covers 38% of all children, including nearly 60% of Black children and 55% of Hispanic children.[26,27] In 2021, CMS issued sub-regulatory guidance to states on how they can address SDoH in Medicaid and CHIP. The Center for Medicare and Medicaid Innovation's Integrated Care for Kids (InCK) model and Maternal Opioid Misuse (MOM) Model are also testing new payment and delivery approaches in a small set of states with a goal of better addressing health and social needs through care integration and multi-sector collaborations.[28,29]

The Integrated Care for Kids-InCK Marks Initiative, funded by the Robert Wood Johnson Foundation, assists states, communities, health experts, practitioner champions, and advocates advance child health care transformation at the federal, state, and community levels. Drawing upon a network of over forty national organizations, it concluded primary child health practice transformation toward a whole child model is key to the health system's role in advancing population health and rectifying racial inequities.[30] However, holistic pediatric models remain the exception to general standards of primary care practice because current financing methods and published best practices do not sufficiently support them.

To make more sustained progress, with a focus on optimizing health across the life course and addressing racial and other inequities, new models must explicitly prioritize children and their families.[31] In addition, efforts to address children's SDoH—by definition—must include the family as children largely depend on their caregivers. Payment and delivery models must also ensure interventions work at the family and community levels. The Alliance can play a key role in advancing delivery and payment models inclusive of these factors.

Additional opportunities exist outside of health care but are foundational to child health. Health care and children's stakeholders can function as allies and partners to others specialized in areas related to social needs. The Alliance will also seek to support such efforts.

Furthermore, the Alliance looks forward to collaborating with and building upon the ongoing important work of existing coalitions such as Aligning for Health, the National Alliance to impact the Social Determinants of Health (NASDOH) and others.

Alliance Organizing Structure

Nemours Children's Health will take the lead organizing and supporting the operations of the Alliance. In addition, the Alliance will have a Steering Committee composed of Nemours Children's and a small number of other organizing partners. The Steering Committee will hold quarterly calls with initial agendas drawn up and circulated by Nemours Children's.

The Steering Committee will invite an initial set of organizations to participate as General Members. In addition, it may invite additional General Members during 2022 and consider adopting a more formalized membership process thereafter. The Alliance may also engage with a broader set of subject matter experts and community members for guidance.

The full Alliance will hold 2-3 meetings per year open to all involved.

The Alliance will start with three subcommittees.

- **Policy subcommittee** will advance whole child health models focused on payment and delivery reforms that support optimal child health at the individual and population level.
- **Practice subcommittee** will share literature and innovative reforms from the field with Alliance members and invite speakers to share their work.
- **Partnerships subcommittee** will identify policy opportunities in sectors impacting children's health, development, and wellbeing, consistent with Alliance members' values, and disseminate these opportunities to Alliance members for consideration.

Each subcommittee will meet quarterly, with an initial agenda drawn up and circulated the sub-committee leads. Steering Committee Members will participate in at least one subcommittee.

Initial Areas of Focus

Stakeholders have made recent progress securing CMS guidance on SDoH for the Medicaid program and establishing a framework for a potential Center for Medicaid and CHIP Services (CMCS) whole child health model.[32,33] Therefore, the Alliance will initially focus on:

- Developing principles for whole child health delivery and payment models with a focus on health equity.
- Finalizing legislation to establish a CMCS whole child health demonstration model and advocating for its adoption through Congressional or Administrative action.

In the latter half of 2022, the Steering Committee may explore a process to develop priorities for a fourth subcommittee. The Steering Committee may also identify additional legislative or administrative focal areas for 2023 and beyond, including the potential for CMS to advance whole child health models without congressional action.

While lessons learned at the state-level are applicable to federal reforms, state policy efforts are beyond the Alliance's scope. In addition, the Alliance will not work on traditional health care access issues including health care coverage and payment rates, as these are well-covered by other organizations. However, the Partnerships subcommittee may pass opportunities to get involved in these areas to Alliance members.

Decision-Making Process

At the conclusion of 2022, the Steering Committee will make recommendations regarding the structure and membership of the Alliance for 2023 and beyond. Each year thereafter, the Alliance will revisit its priorities for the next 12 months. All Alliance members may suggest specific items of focus for the following year. Those with the most support from the Steering Committee will become the subsequent areas of focus. The Steering Committee will provide additional details about the future process for prioritizing issues at the conclusion of 2022.

Endorsements

In Year One, the Alliance will not sign on to any letters or endorse any proposals / bills as an Alliance. Instead, the Alliance will circulate letters, and individual organizations can sign on as they see fit. The Steering Committee will revisit this structure in Year Two based on member input. Additionally, members of the Alliance may also share opportunities to join sign-ons or endorsement opportunities with other Alliance members, as previously stated.

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