



Whole Child Health Alliance Quarterly Resource Scan | Q1

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About the Quarterly Resource Scan

The Whole Child Health Alliance (“Alliance”) envisions a future in which all children can experience optimal health and reach their full potential. To achieve this vision, we believe that organizations that pay for and provide services for children must coordinate and collaborate to meet the developmental, social, physical, and mental health needs of children and youth – which includes supporting the development of positive relationships between children and youth and their caregivers.

One key strategy to advance this vision is to build out the concept of whole child health by researching, identifying, and describing the key elements of whole child health. The goal of the Quarterly Resource Scan is to catalog new research, analysis, guidance and tools that advance the key elements of whole child health. By doing so, we aim to enhance our members’ understanding of the latest policies and practices that advance whole child health, which will, in turn, inform the Alliance’s priorities and strategies.

Scope

The Quarterly Resource Scan will be curated to include publications that discuss policy and/or practice that advance the [Key Elements of Whole Child Health](#) or other topics that are closely related to whole child health (e.g., child-related Medicaid/CHIP policy). The Quarterly Resource Scan will include peer-reviewed studies, policy reports and analyses, case studies, relevant toolkits, and selected policy guidance released by federal agencies. The Quarterly Resource Scan will not include federal or state legislation, press releases, or clinical and/or population health studies that are not focused on policy or practices that advance whole child health.

Resources

Peer Reviewed Articles

[Addressing Housing-Related Social Needs Through Medicaid: Lessons From North Carolina’s Healthy Opportunities Pilots Program](#)

Katie Huber, Raman Nohria, Vibhav Nandagiri, et al.
Health Affairs

February 2024

This article analyzes the design and implementation of North Carolina Medicaid’s Healthy Opportunities Pilots’ housing services across three program regions. The Health Opportunities Pilots is the first comprehensive program to evaluate the impact of reimbursing community-based organizations to provide eligible Medicaid enrollees with evidence-based services to address health-related social needs, including housing. The article explores four main implementation themes, including:

- Accounting for variation in housing resources and needs to address housing insecurity;
- Defining and pricing housing services in Medicaid;
- Engaging diverse stakeholders across sectors to facilitate successful implementation, and
- Developing sustainable financial models for delivery.

[Adverse Social Determinants of Health in Children with Newly Diagnosed Type 1 Diabetes: A Potential Role for Community Health Workers](#)

Charlene W. Lai, Meghan Craven, Jennifer A. Hershey, et al.
Pediatric Diabetes

January 2024

This qualitative study describes the prevalence and impact of social drivers of health on pediatric diabetes care and explores the potential role of community health workers (CHW) to address the social drivers of health that impact pediatric diabetes care. Seventeen caregivers of children under age 17 were enrolled in the study, and ten were assigned a CHW. The study found that adverse social determinants of health have a significant impact on families’ ability to care for their children, and CHWs can be a facilitator of diabetes care.

[A Two-Generation, Early Childhood Advanced Primary Care Model](#)

Mary McCord, MD, MPH; Arthur Fierman, MD; Sarah Sisco, MSSW, MPH, et al.
American Academy of Pediatrics

March 2024

This case study describes the “3-2-1 Integrated Model for Parents and Children Together (IMPACT)” initiative, which aims to transform pediatric primary care within New York City Health + Hospitals. The 3-2-1 IMPACT model responds to a statewide initiative to target early relational health in a two-generation model to improve pediatric population health and development. This article discusses the components of the model, the implementation process, and outcomes.

Child Health and the US Pediatric Subspecialty Workforce: Planning for the Future

Laurel K. Leslie, MD, MPH; Colin J. Orr, MD; Adam L. Turner, MPH et al.
Pediatrics

February 2024

This is the introductory article of a *Pediatrics* supplement that discusses the pediatric subspecialty workforce in the United States. The Supplement aims to:

- Present data on the current and future pediatric subspecialty workforce; and
- Provide recommendations to improve pediatric care.

The supplement showcases findings from a model that forecasts the supply of pediatric subspecialists from 2020 – 2040. The model suggests that while the pediatric workforce is expected to grow, there may be physician shortages in some subspecialties, subspecialties will have different growth trajectories, and geographic disparities are expected to increase.

This article describes the increasing number of children with acute and/or chronic physical and mental health conditions and the variability and geographic distribution of pediatric subspecialists. It also discusses the rationale for developing the model described above.

Read the full *Pediatrics* Supplement called [Anticipating Child Health Needs and The Pediatric Subspecialty Workforce Supply: 2020–2040](#) for more information and articles about specific subspecialties.

Diversity, Equity, and Inclusion, Child Health, and the Pediatric Subspecialty Workforce

Colin J. Orr, MD, MPH; Laurel K. Leslie, MD, MPH; Judy Schaechter, MD, MBA,
et al.
Pediatrics

February 2024

This article discusses pediatric health inequities and diversity within the pediatric subspecialty workforce and suggests strengths, weaknesses, opportunities, and threats to current diversity, equity, and inclusion initiatives in academic pediatrics. Finally, the article provides recommendations related to education and training, practice, policy and future research to improve health equity for children and youth.

Read the full *Pediatrics* Supplement called [Anticipating Child Health Needs and The Pediatric Subspecialty Workforce Supply: 2020–2040](#) for more information and articles about specific subspecialties.

Financing Policy Considerations From Texas to Optimize Care for Children With Medical Complexity

Lisa Kirsch, MPAff; Rahel Berhane, MD; Kendall Sharp, MBA, MSN, APRN,
CPNP, et al.
Pediatrics

January 2024

Supported by the US Health Resources and Services Administration, Texas participated in the Collaborative Improvement and Innovation Network to Advance Care for Children with Medical Complexity from 2017 – 2022, which tested care delivery and payment strategies to improve quality of life and family wellbeing for children with medical complexity while also improving cost effectiveness. Texas achieved success by developing relationships with partner organizations, including Medicaid, which resulted in care transformation and implementation of new payment

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models. This article describes Texas' model, the federal and state policy landscape, as well as policy lessons and next steps.

How Will a Shift to Value-Based Financial Models Affect Care for Hospitalized Children?

David I. Rappaport, MD; Karen Marie Wilding, MHA, CHCIO, FHIMSS; Lisa Adkins, MSN, RN, CPNP, CRCC, CSAF, et al.

March 2024

Hospital Pediatrics

This article provides an overview of current payment models for pediatric care and discusses the development of pediatric value-based payment models. The authors discuss how value-based payment models differ in pediatrics from adult care and how value-based payment is particularly important in the hospital setting. Finally, the article puts forth a vision for value-based payment in pediatrics.

Moving Because of Unaffordable Housing and Disrupted Social Safety Net Access Among Children

Kathryn M. Leifheit, PhD, MSPH; Gabriel L. Schwartz, PhD; Craig E. Pollack, MD, MHS, et al.

February 2024

Pediatrics

This study measures the relationship between moving due to housing costs and disruption of participation in Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Medicaid for families with young children. The study found that cost-related moves were associated with a higher chance of disrupting access to at least one safety net program (e.g., SNAP, WIC, or Medicaid). Non-cost related moves were also associated with disruption to at least one safety net program, but the association was less strong. The authors suggest that this study's results show a need to support children at risk for cost-driven moves to retain their safety net benefits.

Policy Solutions to Eliminate Racial and Ethnic Child Health Disparities in the USA

Monique Jindal, MD, Elizabeth Barnert, MD, Nathan Chomilo, MD
The Lancet: Child & Adolescent Health

February 2024

This is the second paper in a two-part series on racism and child health in the U.S. Building on the first paper, this article discusses policies across multiple sectors that could be adjusted to reduce health disparities. The paper argues that policies must directly address how structural racism impacts children/youth and their caregivers.

See the [series](#) from Lancet on racism and child health in the USA for more information.

Racial and Ethnic Inequities in the Quality of Paediatric Care in the USA: A Review of Quantitative Evidence

Natalie Slopen, ScD, Andrew R Chang, MMSc, Tiffani J Johnson, MD MSc, et al.
The Lancet: Child & Adolescent Health

February 2024

This first in a two-part series on racism and child health in the US, this article reviews studies published between 2017 and 2022 to assess racial and ethnic disparities in the quality of pediatric care. The evidence suggests patterns of inequity in quality of care across pediatric specialties, and the authors state that the studies they reviewed discussed a range of reasons for such disparities

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including implicit bias and differences in site of care or clinician characteristics. Finally, the article suggests priorities for future research.

See the [series](#) from Lancet on racism and child health in the USA for more information.

Strengthening Public Health through Primary Care and Public Health Collaboration

Nancy Baum, Samantha Iovan, Marianne Udow-Phillips
Journal of Public Health Management and Practice

March/April 2024

This article explores collaborative and integrative efforts between primary care and public health across four states: North Carolina, Oregon, Rhode Island, and Washington. Through a literature review and interviews with state experts, the paper describes approaches to data sharing, communication and system change to improve the connection between primary care and public health systems. The authors found that “backbone organizations”, leadership training, payment reform, interoperable data platforms, and relationship building is key to strengthening collaboration between primary care and public health systems.

Using Quality Improvement as a Mechanism for Fostering Partnerships and Promoting Equity in a Health System Change Model

Caroline E. Chandler, Laura Louison, Nancy Madenyika, et al.
Maternal and Child Health Journal

February 2024

This case study shows how quality improvement (QI) processes were leveraged to build a partnership to enhance equity within North Carolina’s Integrated Care for Kids (NC InCK) pilot program. During the planning period prior to program launch, usability testing was used to refine NC InCK materials, build and enhance community partnerships and promote equity between the NC InCK team and Family Council.

Policy Reports

Expanding the Perspectives and Research Foundation for the Strengthening Families & Youth Thrive Frameworks

Charlyn Harper Brown
Center for the Study of Social Policy

February 2024

This report expands on the Center for the Study of Social Policy’s initial frameworks Strengthening Families and Youth Thrive frameworks to broaden understanding about challenges facing children, youth, and parents as well as to promote health and wellbeing across this population. The report aims to broaden understanding of the challenges children, youth and parents face to promote healthy development and wellbeing.

Fact Sheet: Congress Should Prioritize Development of the Pediatric Mental Health Workforce

Elaine Dalpiaz, Averi Pakulis
First Focus on Children

March 2024

This fact sheet discusses the shortage of pediatric mental health professionals in the U.S. The fact sheet shares that there is public support for congressional action to invest in mental health, based on a [poll](#) conducted by Lake Research Partners and a [survey conducted by](#) National Alliance of Mental

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Illness (NAMI). Finally, the fact sheet discusses the mental health workforce pipeline and provides recommendations on how to develop a national strategy and increase the number of mental health providers for youth.

Guide to Equity in the Children's Health Insurance Program

Kimá Joy Taylor, Sofia Hinojosa, Eva H. Allen, et al.
Urban Institute

January 2024

This guide provides an overview of the Children's Health Insurance Program (CHIP) and highlights policy recommendations that aim to reduce health disparities for CHIP beneficiaries. Specifically, the authors outline the population covered by CHIP, how CHIP is financed, oversight of the CHIP program, and assess barriers that beneficiaries may face regarding accessing CHIP coverage and services. Finally, the authors provide a high-level overview of health disparities among children and put forth recommendations for the CHIP program that could serve to reduce disparities.

Office of the State Comptroller: 2024 Healthcare Cabinet Report

State of Connecticut Comptroller

January 2024

This report discusses the healthcare challenges in the state of Connecticut and proposes recommendations to address the challenges through legislation, funding initiatives or restructuring efforts. See pages 10 – 13 for analysis and policy recommendations on child health.

Policies, Programs Aim to Prevent 2,000 Yearly Deaths from Child Maltreatment

Rachel S. Segal, Hank T. Puls
American Academy of Pediatrics News

March 2024

This article discusses the importance of preventing both child maltreatment and Child Protective Services (CPS) involvement through policy. These policies include, but are not limited to, improving:

- Healthcare access and affordability
- Child tax credits
- Supplemental Nutrition Assistance Program (SNAP)

The article continues with the importance of programmatic efforts, such as targeted interventions, and their role in addressing child maltreatment. Additionally, primary care pediatricians can play a “unique role” in connecting parents to programs that will help their children at risk for maltreatment.

State Medicaid Opportunities to Support Mental Health of Mothers and Babies During the 12-Month Postpartum Period

Georgetown Center for Children and Families

January 2024

This report recommends steps that state Medicaid agencies can take to address maternal and infant mental health in the postpartum period. Recommendations include:

- Enhance Primary Care to Serve More Effectively as a Care Hub for Families
- Monitor and Reward Successful Connections to Timely Care
- Finance and Remove Barriers to Appropriate Services
- Support Expanded Workforce Capacity
- Prioritize Maternal Mental Health and Infant Early Childhood Mental Health in Medicaid

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[Strategies to Compensate Unpaid Caregivers: A Policy Scan](#)

Elisa Minoff, Alex Coccia
Center for the Study of Social Policy

March 2024

This report reviews current domestic and international policies that compensate family caregivers and offers policy recommendations to effectively support unpaid caregivers and their families. The report specifically focuses on policies that provide direct financial assistance for caregivers who typically provide unpaid labor as well as policies that allow for the individual being cared for (e.g., child, older adults, people with disabilities) to be cared for in their own home and/or community, as opposed to a foster care or an institution. Notably, caregiving labor often falls on marginalized populations (e.g., women, and particularly women of color and immigrant women), resulting in severe economic security and hardship for these populations.

[Strategies to Support Youth Mental Health Needs in New York State](#)

Ebone M. Carrington, Kelechi Ezealaji
Manatt

April 2024

This article discusses priority areas to improve the behavioral health system in New York State, key takeaways from a [behavioral health roundtable](#) hosted by the NYU McSilver Institute, and actionable policy strategies to address the adolescent behavioral health crisis.

The article specifies three areas that could be prioritized to improve the behavioral health delivery system in New York State, which include integrated, community-based services, and workforce support. Finally, the article suggests actionable policy strategies that New York could implement to address the adolescent behavioral health crisis, including strengthening the foundation of available behavioral health services and expanding and supporting the behavioral health workforce.

[WIC Can Help Medicaid Improve the Health of Pregnant and Postpartum People, Infants, and Young Children](#)

Elisabeth Wright Burak, Sonya Schwartz, Zoë Neuberger, et al.
Georgetown University McCort School of Public Policy Center for Children and Families (CCF)

February 2024

This article summarizes a report that CCF authored in partnership with the Center on Budget and Policy Priorities (CBPP) titled [State Medicaid Agencies Can Partner With WIC Agencies to Improve the Health of Pregnant and Postpartum People, Infants, and Young Children](#). The report outlines recommendations to state Medicaid and WIC programs to increase WIC enrollment. CBPP is partnering with organizations in Colorado, Ohio, Illinois, Louisiana, New York, and Pennsylvania to promote policies to increase WIC enrollment among Medicaid beneficiaries.

Presentations

[Nurture Connection Presents: State Leadership and Policy Action to Advance Early Relational Health](#)

Presenters: Elizabeth Wright Burak, Karen Howard, Kay Johnson, Geoff Nagel, David Willis
Nurture Connection

January

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This webinar includes an overview of the Early Relational Health (ERH) policy agenda and a summary of recent state policy action to advance ERH. The webinar also includes a panel discussion with thought leaders in ERH. See a slide deck from the presentation [here](#).

Pushing the Envelope in School-Based Services: Graduating to a Higher Level of Pediatric Care

Presenters: Zoe Barnard, Autumn Boylan, Damian Carrol, Kenneth Smoker
Manatt Health

January

This webinar highlights examples of state models to provide school-based Medicaid services. The webinar provides an overview of the Centers for Medicare and Medicaid Services (CMS) guidance on school-based services, state examples, strategies for expanding school-based health offerings, and next steps for Medicaid and education agencies to partner to improve care for children.

Tools

Child Health Transformation Resource Center

Center for Health Care Strategies

No Date

This resource center, supported by the Robert Wood Johnson Foundation, offers tools for providers, community partners, families, patients, policymakers and others to transform child health through three key strategies, including:

- Adopting anti-racist practices and policies that advance health equity.
- Co-creating equitable partnerships between patients, families, and providers.
- Identifying family strengths and addressing health-related social need to promote resilience.

The resource center also includes information on financing and accountability levers.

How to Communicate Effectively with Policymakers about Early Relational Health

Nurture Connection

January

This document provides guidance on how to effectively communicate with policymakers on early relational health. The guidance builds on a previous [project](#) on the same topic, which was informed by focus groups and input from families, leaders in the field, and partner organizations.

Improving Pediatric Care Through Patient and Family Engagement Assessments

Hannah Gears, Lauren Scannelli Jacobs
Center for Health Care Strategies

January

This tool supports pediatric practices, health systems, and community-based organizations to engage with patients in their families by outlining how stakeholders in the pediatric context can understand considerations for implementing a patient and family assessment and choose the best tool for their population.

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CMS Rules, Reports and Guidance

[Integrated Care for Kids \(InCK\) Model: Evaluation Report 2](#)

Centers for Medicare and Medicaid Services (CMS), submitted by Abt Associates February 2024

This evaluation report provides an overview of InCK implementation progress during its first year (2022). The report provides a description of each InCK awardee’s approach to assessing Medicaid enrollee’s needs, assigning them to Service Integration Levels as well as their alternative payment model design and implementation. It also describes the local, state, and national policy contexts relevant to each program model. See [Findings at a Glance](#) for a summary of the model and implementation.

[Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes](#)

Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS) April 2024

CMS released the second part of a two-part final rule on eligibility and enrollment process for Medicaid, the Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP). This rule:

- Aligns enrollment and renewal requirements for most Medicaid members (including Modified Adjusted Gross Income (MAGI) and non-MAGI populations (e.g., people who are aged, blind, and disabled);
- Establishes beneficiary protection for returned mail;
- Crates timeliness requirements for eligibility redeterminations;
- Makes transitioning between programs easier;
- Prohibits premium pock-out periods, benefit limitations and waiting periods for CHIP; and
- Modernizes record keeping.

For more information see CMS’ [Fact Sheet](#) and Princeton University’s State Health and Value Strategies’ [summary](#).