

Whole Child Health Alliance

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New in Pediatrics

[Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021 | Centers for Disease Control and Prevention](#)

Authors: Centers for Disease Control and Prevention

Date: 2023

Type: Issue Brief

“This report is developed by the Centers for Disease Control and Prevention’s (CDC) Division of Adolescent and School Health (DASH) to highlight the national Youth Risk Behavior Survey (YRBS) data collected every two years among a nationally representative sample of U.S. high school students. ...As we have seen in our previous reports, several areas of adolescent health and well-being are continuing to improve overall, including risky sexual behavior (i.e., ever and current sexual activity and having four or more lifetime sexual partners) and substance use (i.e., ever used select illicit drugs, ever misused prescription opioids, current alcohol use, and current marijuana use). The percentage of female students who seriously considered attempting suicide, made a suicide plan, and attempted suicide increased.”

[Children’s Health Coverage Trends: Gains in 2020–2022 Reverse Previous Coverage Losses | Assistant Secretary for Planning and Evaluation](#)

Authors: Ann B. Conmy, Christie Peters, Nancy De Lew, Benjamin D. Sommers

Date: March 2, 2023

Type: Issue Brief

“This Issue Brief examines children’s health coverage trends using the National Health Interview Survey from 2010 through the third quarter of 2022 and reviews recent research findings from the National Survey of Children’s Health on children’s access to and utilization of health care services during this period, including the COVID-19 pandemic. Recent national survey data show that the uninsured rate among children (ages 0-17) fell from 6.4 percent in late 2020 to 4.5 percent in the third quarter of 2022, suggesting 1.4 million children have gained coverage. These gains have nearly erased the loss in children’s coverage that occurred between 2016 and 2020.”

[Sudden Unexpected Infant Deaths: 2015–2020 | Pediatrics](#)

Authors: Carrie K. Shapiro-Mendoza, Kate R. Woodworth, Carri R. Cottengim, Alexa B. Erck Lambert, Elizabeth M. Harvey, Michael Monsour, Sharyn E. Parks, Wanda D. Barfield

Date: March 13, 2023

Type: Research Article

“Although the US infant mortality rate reached a record low in 2020, the sudden infant death syndrome (SIDS) rate increased from 2019. To understand if the increase was related to changing death certification practices or the coronavirus disease 2019 (COVID-19) pandemic, (the researchers) examined sudden unexpected infant death (SUID) rates as a group, by cause, and by race and ethnicity. ... Although the SIDS rate increased significantly from 2019 to 2020 ($P < .001$), the overall SUID rate did not ($P = .24$). The increased SIDS rate followed a declining linear trend in SIDS during 2015 to 2019 ($P < .001$). Other SUID causes did not change significantly. Our race and ethnicity analysis showed SUID rates increased significantly for non-Hispanic Black infants from 2019 to 2020, widening the disparities between these two groups during 2017 to 2019. In 2020, <10 of the 3328 SUID had a COVID-19 code.”

Health Equity Promotion

[Addressing Population Health Inequities: Investing In The Social Determinants Of Health For Children And Families To Advance Child Health Equity | Current Opinion In Pediatrics](#)

Authors: Rachel L.J. Thornton, Tracy J. Yang

Date: February 2023

Type: Review Article

“This review provides a critical assessment of recent pediatric population health research with a specific focus on child health equity. The review addresses: the role of the healthcare sector in addressing fundamental social drivers of health, challenges within healthcare organizations in addressing health-related social needs and the social determinants of health, and the rationale for incorporating race and racism in pediatric population health research and practice. ... While attention to identifying social needs among pediatric populations is increasing, there is limited evidence regarding the effectiveness of these interventions in producing sustained reductions in health disparities. To advance child health equity, researchers should move beyond individual behavior modification and directly examine fundamental drivers of health inequities. These drivers include government and health policies as well as societal forces such as systemic racism.”

[Medicaid Access in Brief: Children and Youth with Special Health Care Needs | Medicaid and CHIP Payment and Access Commission](#)

Authors: MACPAC

Date: March 2023

Type: Issue Brief

“In this issue brief, we used data from the 2018 and 2019 National Survey of Children’s Health (NSCH) to examine differences in health status, access to care, referrals, needed care, and the cost of care for children and youth who have special

health care needs (CYSHCN) covered by Medicaid with those covered by private insurance and those without insurance. We found that across all insurance coverage types, CYSHCN experienced difficulties accessing the support, mental health care, and referred providers they needed. For example, over one fifth of families with CYSHCN reported needing additional help with coordination of their child’s health care in the past 12 months.”

[Advancing Health Equity Through APMs – Guidance on Social Risk Adjustment | Health Care Payment Learning & Action Network](#)

Authors: HCPLAN – Health Equity Advisory Team

Date: January 31 2023

Type: Issue Brief

“This document provides stakeholders with a starting point for action by offering guidance on the three core components of social risk adjustment—data collection and tools, payment incentives and mechanisms, and care transformation. The guidance is categorized as: “Essential”, describing the baseline elements for advancing health equity and “Enhanced”, providing more advanced approaches for experienced stakeholders. Essential and enhanced approaches are designed to offer specific meaningful direction that promotes multi-stakeholder alignment and communicates expectations while also having the breadth to allow customization based on local context and the needs of populations being served.”

Integrated Clinical & Social Delivery Models

[Social Needs Screening in Hospitalized Pediatric Patients: A Randomized Controlled Trial | Hospital Pediatrics](#)

Authors: Michelle A. Lopez, Xian Yu, Rebecca Hetrick, Shivani Raman, Jessica Lee, Julie Hall, Katherine Tran, Bryan Vonasek, Arvin Garg, Jean Raphael, Claire Bocchini

Date: January 3, 2023

Type: Research Article

“Addressing adverse social determinants of health is an upstream approach to potentially improve child health outcomes and health equity. We aimed to determine if systematically screening and referring for social needs in hospitalized pediatric patients increased families’ enrollment in publicly available resources. Randomized controlled trial at a large urban children’s hospital enrolled English-speaking caregivers of patients 0 to 36 months of age on the general pediatrics service from June 2016 to July 2017. ... Overall, 85% of study participants had ≥ 1 social risk (median 2, range 0–9). WE CARE Houston identified caregiver employment, health insurance, primary care physician, depression, childcare, smoking, and food resources as the most prevalent social needs. Among these,

caregivers were most receptive to resources for childcare, mental health, health insurance, and primary care.”

[The Unique Value Proposition of Pediatric Health Care | Pediatrics](#)

Authors: James M. Perrin, Patricia Flanagan, Julie Katkin, Greg Barabell, Jonathan Price

Date: January 23, 2023

Type: Policy Statement

“This document provides a framework for the value proposition of pediatric health care. It is intended to provide a succinct set of principles for establishing this proposition that demonstrates the short- and long-term value to the child and family, the health care system, and society as a whole. ... Children should ideally receive high-quality primary care in family-centered medical homes, emphasizing the use of teams, with integrated mental/behavioral health care.”

[Improving the Health and Wellbeing of Children and Youth through Health Care System Transformation | National Academies](#)

Authors: National Academies

Date: February 2023

Type: Consensus Study

“Despite great advances in medicine and developmental science, pediatric health care has not evolved to address many of the current critical challenges to child and adolescent health. There is growing need to transform policies, practices and norms and tackle disparities and inequities within the child and adolescent healthcare system. An ad hoc committee assembled by the National Academies will conduct a consensus study to examine promising mechanisms and levers for innovations that can be implemented in the health care system to improve the health and wellbeing of children and youth.”

[SNAP Participation and Emergency Department Use | Pediatrics](#)

Authors: Rajan Anthony Sonik, Alisha Coleman-Jensen, Timothy B. Creedon, Xinyu Yang

Date: January 30, 2023

Type: Research Article

The objective of this study was “to examine whether Supplemental Nutrition Assistance Program (SNAP) participation is associated with emergency department use among low-income children and whether any such association is mediated by household food hardship and child health status and/or moderated by special health care needs (SHCN) status. (Researchers) hypothesized SNAP to be associated with reduced likelihoods of emergency department use, with greater effect sizes for children with SHCN and mediation by food hardship and health status. (Researchers) found SNAP participation was associated with lower

likelihoods of emergency department use, that better food hardship and health statuses mediated this association, and that effect sizes were larger among children with SHCN. Food hardship relief may improve outcomes for vulnerable children and the health systems serving them.”

[Working With ACOs To Address Social Determinants Of Health | Health Affairs](#)

Authors: Robert Mechanic, Ashley Fitch

Date: January 10, 2023

Type: Journal Article

“Social, behavioral, and economic factors are important determinants of health and health outcomes. Many health care organizations are beginning to assess the social risks of their patients and facilitate interventions to address health-related social needs. ... A recent study by Genevra F. Murray and colleagues examined 22 accountable care organizations (ACOs) that were early adopters of initiatives to address the social determinants of health (SDOH). ... The principal challenges included: lack of data on their patient’s social needs and the capabilities of potential community partners; lack of mature partnerships between ACOs and community-based organizations (CBOs); and difficulty determining how to assess the return on investment of this work. ... In this Forefront article, we discuss lessons learned from a group of ACO managers tasked with advancing their organizations’ efforts to integrate medical and social care.”

Centering Families

[Food Insecurity Was Associated With Greater Family Health Care Expenditures In The US, 2016–17 | Health Affairs](#)

Authors: Deepak Palakshappa, Arvin Garg, Alon Peltz, Charlene A. Wong, Rushina Cholera, and Seth A. Berkowitz

Date: January 2023

Type: Research Article

“Food insecurity has been associated with the health care expenditures of individuals, but it can affect the entire family. Evaluating the relationship between food insecurity and family expenditures provides a better understanding of the financial implications of food insecurity interventions. Our primary objective was to evaluate the association between food insecurity in one year (2016) and family health care expenditures—for all members, for children only, and for adults only—in the next year (2017). We also evaluated whether this association varied across types of insurance coverage within families: all private, all public, or mixed (including uninsured). Using nationally representative data, we found that food-insecure families had 20 percent greater total health care expenditures than food-secure families, for an annual difference of \$2,456. Food insecurity was associated

with greater expenditures across all family insurance patterns, including the 19.1 percent of families with mixed coverage.”

[Identifying Nutritional Insecurity Among Families in an Urban Pediatric Practice | JAMA Network Open](#)

Authors: Yonit Lax, Danielle Cullen, Michael Silver, Jeffrey R. Avner

Date: March 6, 2023

Type: Research Article

“In April 2019, an electronic health record–based social risk screening and referral model that included 1 question on food scarcity (FS) and 1 question on nutritional insecurity (NI) was implemented in 3 urban pediatric primary care sites. ... Of the 14,926 pediatric caregivers surveyed for food insecurity (FI), 6528 (43.7%) were non-English speakers, 6672 (44.7%) identified as Hispanic or Latino, and 11 502 (77.1%) were insured with Medicaid or Medicaid managed care. In total, 2786 (19.0%) screened positive for either FS or NI. Of these caregivers, 2043 (73.3%) reported NI and 1850 (66.4%) reported FS; 716 (25.7%) had FS alone, 909 (32.6%) had NI alone, and 1134 (40.7%) had both FS and NI. This cross-sectional study found that by screening using only questions related to FS, 32.6% of caregivers (909 of 2786 participants) with NI alone would have been missed.”

Community Engagement

[Neighborhood Opportunity and Mortality Among Children and Adults in Their Households | Pediatrics](#)

Authors: Natalie Slopen, Candace Cosgrove, Dolores Acevedo-Garcia, Mark L. Hatzenbuehler, Jack P. Shonkoff, Clemens Noelke

Date: March 22, 2023

Type: Journal Article

“Research has linked neighborhood opportunity to health outcomes in children and adults; however, few studies have examined neighborhood opportunity and mortality risk among children and their caregivers. The objective of this study was to assess associations of neighborhood opportunity and mortality risk in children and their caregivers over 11 years. ... Using hazard models, we observed inverse associations between Child Opportunity Index quintile and deaths among child and caregivers. Children in very low opportunity neighborhoods at baseline had 1.30 times the risk of dying over follow-up relative to those in very high opportunity neighborhoods. ... Similarly, children in very low opportunity neighborhoods had 1.57 times the risk of experiencing the death of a caregiver relative to those in very high opportunity neighborhoods.”

[Who Delivers Maternal and Child Health Services? The Contributions of Public Health and Other Community Partners | The Milbank Quarterly](#)

Authors: Taryn A. G. Quinlan, Amelia L. Mitchell, Glen P. Mays

Date: March 2023

Type: Research Article

“Improving maternal and child health (MCH) care in the United States requires solutions to address care access and the social determinants that contribute to health disparities. Direct service provision of MCH services by local health departments (LHDs) may substitute or complement public health services provided by other community organizations, impacting local service delivery capacity. We measured MCH service provision among LHDs and examined its association with patterns of social service collaboration among community partners. ... LHDs with direct MCH service provision exhibited greater social service collaboration. Collaboration was lowest in rural communities and communities with very high maternal vulnerability. Over half of MCH service-providing LHDs were classified as low collaborators, suggesting unrealized opportunities for social service engagement in these communities.”

Diverse, Multi-disciplinary Workforce

[The Impact of the COVID-19 Pandemic on the Child Care Industry and Workforce | Assistant Secretary for Planning and Evaluation](#)

Authors: Gilbert Crouse, Robin Ghertner, Nina Chien

Date: January 19, 2023

Type: Issue Brief

“This brief explores important trends in the child care industry during the first two years of the COVID-19 pandemic and places those trends in a historical context. Specifically, we find: nationally, child care employment as of September 2022 has not returned to pre-pandemic levels, with significant variation at the state level; states where the child care industry was hit hardest in the spring of 2020 also saw slower recovery; while the number of child care establishments increased since before the pandemic, the number of employees per establishment decreased; and average hourly earnings for child care workers were higher in August 2022 than before the pandemic earnings, due to increases in non-supervisory workers’ earnings. Maternal labor force participation declined during the pandemic, possibly as both a driver and a consequence of decreased employment in the child care industry.”

[State Policies for Expanding Medicaid Coverage of Community Health Worker \(CHW\) Services | Kaiser Family Foundation](#)

Authors: Sweta Haldar, Elizabeth Hinton

Date: January 23, 2023

Type: Research Article

“In September 2022, the Biden Administration announced that it was awarding \$225 million in American Rescue Plan funding to train over 13,000 CHWs, the largest ever one-time federal investment in the CHW workforce. The Consolidated Appropriations Act of 2023 also authorized \$50 million annually to build CHW workforce capacity from state fiscal year (FY) 2023 through FY 2027.⁷ These investments represent growing interest among federal and state policymakers in the potential role of CHWs in strengthening population health. KFF’s 22nd annual Medicaid budget survey (conducted in 2022) asked states about CHW coverage policies in place as of July 1, 2022 (the beginning FY 2023 for most states) and planned for FY 2023. Key findings from the survey include: Medicaid payments for CHW services, CHW coverage changes planned for FY 2023, certifications and training, and efforts to expand CHW workforce.”

[Faculty Perspectives on Diversity, Equity, and Inclusion: Building a Foundation for Pediatrics | Pediatrics](#)

Authors: Jean L. Raphael, Gary L. Freed, Steven B. Ampah, Heather Griffis, Leslie R. Walker-Harding, Angela M. Ellison

Date: March 27, 2023

Type: Opinion Article

“Our exploratory assessment among academic pediatric faculty demonstrates that much of the diversity, equity, and inclusion (DEI) work in pediatric academic settings is done by a small number of individuals, predominantly Black faculty, with limited institutional support or recognition. Future efforts should focus on expanding participation among all groups and increasing institutional engagement. ... A total of 2045 pediatric faculty responded to the survey, of which 81% (N = 1649) responded that they participated in DEI activities. ... Understanding the current state can help design a comprehensive, coordinated DEI strategy to be more successful and inclusive than the fragmented, poorly resourced, and inadequately supported initiatives that have defined past efforts.”

Financing Reforms that Incentivize Optimal Health

[CMS’ New Policy Framework for Section 1115 Medicaid Demonstration | The Commonwealth Fund](#)

Authors: Cindy Mann, Mindy Lipson

Date: January 10, 2023

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Type: Blog Article

“CMS’ new waiver approvals enable states to pursue new investments, including those addressing health disparities and focused on underserved populations. They also impose guardrails to prevent these new investments from crowding out basic Medicaid coverage, while attaching conditions aimed at strengthening access to care. In recent waiver approvals for Arizona, Arkansas, Massachusetts, and Oregon, CMS established a new framework outlining how it will exercise discretion in three important areas: addressing social drivers of health, which CMS refers to as health-related social needs (HRSN), allowing federal Medicaid matching funds for health-related programs that were formerly exclusively state-funded, and achieving budget neutrality. CMS intends to apply this new framework to other states seeking similar waiver flexibilities and funding.”

[Proposed Social Drivers Of Health Bonds Offer Promising Improvements But Face Many Challenges To Implementation | Health Affairs](#)

Authors: Jo Ellen McNamara, Emily Chen

Date: March 2023

Type: Perspective Article

“Social drivers of health (SDH) bonds have been proposed as a way of incentivizing investment in SDH interventions by Medicaid managed care organizations. The success of SDH bonds is predicated on the acceptance of shared responsibilities and resources for corporate and public-sector stakeholders. Underwritten against a Medicaid managed care organization’s financial strength and promise to pay, SDH bond proceeds would support social services and investments in interventions that may mitigate social drivers that lead to poor health outcomes, which would in turn lower health care costs for low-to-moderate-income populations in communities of need. This systematic public health approach would tie together community-level benefits with the shared cost of care of participating managed care organizations. The Community Reinvestment Act model allows for innovation to meet business needs of health organizations, and cooperative competition can facilitate needed technology improvements for community social service organizations.”

[How To Ensure Social Determinants Of Health Actually Improve Health Care | The Hill](#)

Authors: Allison Oakes and Sanjula Jain

Date: March 21, 2023

Type: Opinion

“Given 80 percent of a person’s health is influenced by non-medical factors, it’s no surprise that both health care providers and health plans are looking for ways to better manage the broader set of social and economic conditions that impact

health. Emblematic of the ongoing shift from volume to value, an increasing number of Medicaid-managed care contracts are requiring health plans to measure and address the social determinants of health, with the ultimate goal of decreasing health disparities and increasing overall health. While moving in the right direction, the ability for health plans to implement evidence-based interventions to improve health equity is significantly hampered by a lack of provider Z code utilization. If you can't measure it, you can't manage it.”