

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

Ensuring every child is on an optimal trajectory to a healthy and productive adulthood is imperative for the nation's future. Investments in children and families improves child health, but also health equity, education outcomes, workforce productivity, and cost-effectiveness in public spending. Despite advances in health care, children, especially those from historically marginalized groups, face rising rates of chronic diseases, obesity, and mental health challenges. The U.S. ranks lowest among wealthy nations in child wellbeing, with working-age adults also experiencing declining health and increasing mortality. An aging population and lower birth rates exacerbate these challenges. These trends have been evident for some time and worsening health among youth necessitates urgent action.

The National Academies of Sciences, Engineering, and Medicine formed a multidisciplinary, expert committee to identify strategies for health promotion, resilience, disease prevention, and equitable treatment. Their report, *Launching Lifelong Health by Improving Health Care for Children, Youth, and Families*, presents a vision for transforming the child and adolescent health care system.

## **The Current Child Health Care Landscape**

Advances in early childhood science emphasize how child health significantly influences lifelong wellbeing. Scientific advances in genomics, epigenetics, treatments, and artificial intelligence enable earlier identification of conditions and provide strategies for early health promotion and disease prevention. Recent health care delivery innovations, such as team-based care and community resource integration, have shown positive outcomes in both primary and subspecialty care.



However, health care financing has not evolved to support these innovations, and insufficient focus on children, youth, and families has impeded progress. Health care dialogues and policies often overlook the distinct needs of these groups. Effective reform requires leadership and incentives at all government levels, with sustained focus on children and families. Short term fixes will not build what needs to be a dynamic system responsive to new science and societal needs.

The report sets five goals for equitable child and adolescent health care and provides recommendations to achieve these goals.

**GOAL ONE: ELEVATE THE IMPORTANCE OF CHILD AND ADOLESCENT HEALTH FOR THE NATION THROUGH CONTINUOUS PUBLIC FOCUS ON CHILDREN AND YOUTH**

Well-documented advances in the organization and content of child and adolescent health care in the past several decades provide guidance for health care transformation, yet the notable lack of sustained leadership from top levels of government has limited progress. Most health care investment and reform have been directed toward care delivery for adults; current population trends necessitate sustained leadership and investment in younger populations. Recommendations include:

- Federal policy makers should convene an expert panel of stakeholders to develop a framework and enduring implementation structure for integrating health care programs among health care, education, labor, child welfare, and justice systems based on shared goals of improving child health and wellbeing.
- Federal policy makers should enact child health and health equity impact statements that include cost/benefit over longer timelines.
- State legislatures and agencies should implement scoring of legislation and major programmatic initiatives to inform decisions based on their impact on the health and wellbeing of children.

- Foundations and child and youth wellbeing advocacy organizations should fund and implement a long-term, multifaceted public awareness campaign that highlights issues of child and adolescent health.
- The U.S. Department of Health and Human Services should continue and accelerate investment in research on whole child and family health, including mothers, children, adolescents, and families.

**GOAL TWO: FINANCE HEALTH SYSTEMS FOR ALL CHILDREN, EMPHASIZING PREVENTION AND HEALTH PROMOTION**

Current financing and payment mechanisms emphasize treatment over prevention. Medicaid and the Children's Health Insurance Program (CHIP) are crucial, but underfunded, with significant state variations. Opportunities exist to standardize key characteristics of public insurance, including eligibility, enrollment, payment, quality, and to make payment levels high enough to assure equal access to needed services. Medicaid and CHIP provide lower payments than Medicare and commercial insurance; thus, these fundamental programs covering half of U.S. children chronically underfinance children's health care.

Most efforts at payment reform have focused on older populations. Payment reform for children requires different approaches as it must consider the long-term financial return on investment in health care and other sectors (e.g., education, social services, justice). Managed care currently covers most children in Medicaid and CHIP, although most managed care organizations still pay providers using fee-for-service models. Experimentation and improvement in payment through managed care could enhance progress. Recommendations include:

- Federal and state policymakers, along with the Centers for Medicare and Medicaid Services (CMS), should reform Medicaid and CHIP to ensure coverage for uninsured children and parents under 65, including continuous Medicaid eligibility for uninsured children up to age 26, reducing state variations in program criteria, modernizing the Early

and Periodic Screening, Diagnostic, and Treatment statute, and increasing provider payments to ensure equitable access to comprehensive care.

- 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. CMS and commercial payers should adopt payment methods that clearly incentivize population health and community well-being.
- 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, especially in underserved communities.

### **GOAL THREE: STRENGTHEN COMMUNITY-LEVEL HEALTH PROMOTION AND DISEASE PREVENTION**

The U.S. invests more in medical care than in public health. Children benefit from public health activities aimed at community health and specific maternal and child health programs, such as vaccines, preventive measures, and family support initiatives like Head Start. Schools play a crucial role in child health through education, socioemotional learning, nursing, counseling, and nutritious meals. The underinvestment in public health is a missed opportunity to enhance child health. Recommendations include:

- Federal policy makers and agencies should expand funding for population-level whole child and family health promotion and disease prevention resource investments.
- Federal, state, and local agencies should reduce inequities in local public health department capacity and improve execution of current evidence-based support programs aimed at children to reap long-term benefits of improving child health and wellbeing.
- Federal, state, and local policy makers and agencies, in collaboration with health care systems,

schools, foundations, employers, and community partners, should expand investment to support the infrastructure and resources to enhance school-based health promotion and disease prevention.

- To expand available resources, federal agencies should strengthen existing community benefit requirements and accounting mechanisms to support and incentivize health care system initiatives to advance community health.
- State legislatures should mandate investment in community health from for-profit health care providers and managed care organizations.

### **GOAL FOUR: ENSURE CO-CREATION AND CO-DESIGN OF PROGRAMS AND STRUCTURES WITH YOUTH, FAMILY AND COMMUNITY VOICES AND LEADERSHIP**

Families and communities are experts in their health needs and seek involvement in health care improvements. Their engagement drives change, fosters trust, and enhances service delivery, policies, and outcomes. Recommendations include:

- Health care systems should partner with community members and leaders from historically marginalized backgrounds to co-design policies and programs that support a more child, family, and community-centered health care system.
- Federal agencies, state governments, and foundations should eliminate barriers that make it challenging for health care entities to financially compensate patients/families for their participation in efforts to improve services or programs.
- Accrediting and certifying bodies for the training and certification of healthcare workers should require training to ensure that the health care workforce is competent, diverse, team-oriented, anti-racist, and able to promote relational health.
- Hospital or health system accrediting bodies should continue efforts to assess and recognize

activities related to patient and family experience and achievement of excellent and equitable health outcomes.

- Federal and state agencies should mandate and utilize the expertise of youth, families, and communities through sustained community representation.
- Federal and state agencies, foundations, and other funders should provide financial support for youth-led services in local communities.

**GOAL FIVE: IMPLEMENT MEASUREMENT AND ACCOUNTABILITY TO ENSURE EQUITABLE ACHIEVEMENT OF THESE GOALS**

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. Recommendations include:

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

- Federal research agencies should continue to advance the data resources and research necessary to evolve accountability measurement systems for better child health outcomes.
- Federal and state governments should coordinate cross-agency efforts to monitor system performance and eliminate barriers to shared accountability across child health programs.
- The Office of the National Coordinator for Health Information Technology should partner with the Centers for Medicare & Medicaid Services and a national committee comprising both public-private sector members, to develop a transparent reporting protocol for data submission.

**Key Levers for Change:**

The report urges policymakers to transform health care delivery for children and youth, establishing lasting structures to prioritize their health and wellbeing. The health care system can and should be better positioned to equitably address the needs of all children and families and leverage community supports. This requires transforming key components, such as health care financing, public health investment, community partnerships, and accountability strategies, to encourage team-based care delivery models and attention to health promotion, prevention, and root causes of health disparities.

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