

Improving Children's Healthy Development Through SCHIP Reauthorization:

Synopsis and Options for Consideration from An Expert Panel Meeting

Sponsored by the Child and Family Policy Center
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SYNOPSIS

Expert Panel Meeting on SCHIP Reauthorization and Children's Healthy Development

December 14th, 2006, Washington, D.C.

With support from the Commonwealth Fund, the Child and Family Policy Center convened a group of child health experts and health policy advocates to discuss what policies to improve children's healthy development might be incorporated into State Child Health Insurance Policy (SCHIP) reauthorization legislation before Congress in 2007. The December 14th, 2006 meeting was convened in the American Academy of Pediatrics Washington, D.C. offices.

The meeting focused specifically on the content and quality of child health insurance, drawing upon recognized and exemplary clinical practices to improve children's healthy development. While providing insurance coverage for children is recognized as an important goal for SCHIP, the meeting conveners and many participants emphasized that the content and quality of that coverage is critical to meeting children's health care needs and needs to be based upon a child health model.

Meeting participants included leaders in child health clinical practice and in child health policy research and advocacy:

The meeting explored:

- specific policy options to promote quality and content issues in child health insurance coverage to improve children's healthy development within SCHIP; and
- public education strategies to insure consideration of these options.

Participants were not asked to endorse specific options that emerged during the meeting and the policy options and education strategies that are part of this report do not necessarily reflect the views of all the individuals or their organizations.

Emphasized during the discussion was the importance of building upon recognized guidelines for child health care in developing a child health coverage system – one based upon a child health, and not adult health, coverage model. A number of participants emphasized that SCHIP reauthorization offered an opportunity to make significant strides toward developing that coverage system within SCHIP itself. Many participants also stressed that the federal government could take additional leadership in promoting such coverage for all children. At the outset, many participants felt it was essential to state the goal for child health coverage in terms of assuring healthy child development.

A smaller group developed a set of specific policy options for federal consideration as part of SCHIP reauthorization. The options add additional depth to general policy statements made by other groups working on SCHIP reauthorization. The Child and Family Policy Center further compiled a list of public education strategies to insure consideration of the options and compiled additional supporting materials.

**Expert Panel Participants:
Improving Children's Healthy Development Through SCHIP Reauthorization**

Melinda Abrams, Senior Program Officer, The Commonwealth Fund

Michael Barth, Healthy Steps National Director

Charles Bruner, Executive Director, Child and Family Policy Center

Debbie Chang, Senior Vice President and Executive Director, Nemours Health and Prevention Services

E. Stephen Edwards, M.D., Chair, Subcommittee on Health Insurance Coverage and Access to Care, American Academy of Pediatrics

Christine Ferguson, Associate Research Professor, School of Public Health and Health Services, George Washington University

Carrie Fitzgerald, Senior Health Policy Associate, Child and Family Policy Center

Jocelyn Guyer, Research Associate Professor, Health Policy Institute, George Washington University

Neal Halfon, M.D., Professor of Pediatrics and Director of UCLA Center for Healthier Children, Families and Communities

Robert Hall, Assistant Director, Department of Federal Affairs, American Academy of Pediatrics

Catherine Hess, Senior Program Director, National Academy for State Health Policy

Kay Johnson, President, Johnson Consulting Group, Inc.

Deborah Klein Walker, Principal Associate and Vice President, Abt Associates, and President, American Public Health Association

John McInerney, Program Manager, National Academy for State Health Policy

Courtney Perlino, MPP, Health Policy Analyst, American Public Health Association

Carla Plaza, Senior Governmental Affairs Health Policy Associate, Voices for America's Children

Edward Schor, M.D., Vice President, The Commonwealth Fund

Options for Consideration as a Part of SCHIP Reauthorization Legislation

Specific Options for Consideration for Incorporation in SCHIP Reauthorization legislation:

1. SCHIP reauthorization legislation start with an assertion that child health coverage within all public (and private) health insurance systems should be designed for children and, thus, based upon a developmental health model. Children's health coverage should not be modeled after adult health care benefits and policies.

Health care for children is both an individual service to improve the child's health and a social investment to assure that children become healthy adults able to participate fully in work and community affairs. Consequently, the scope of benefits for children's health insurance should aim to promote good current health but also the development of optimal future physical and mental health and social functioning.

2. SCHIP reauthorization legislation include a description of this standard of coverage and care as a preferred design for state SCHIP coverage systems/benchmark benefit plans. This standard of coverage should be aligned with the American Academy of Pediatrics' guidelines. Additionally, reauthorization language should encourage promising and evidenced-based primary and preventive health practices within SCHIP.
3. SCHIP reauthorization legislation provide support for the necessary infrastructure, at the federal and state level, to:
 - Provide supports, technical assistance, and models of evidenced-based policies and programs to states to improve children's healthy development.
 - Direct federal resources and research to expanding the knowledge base on effective preventive and developmental health practices.
 - Provide funds to develop and implement mechanisms to monitor the impact of SCHIP on children's health and development over time.
4. SCHIP reauthorization legislation include federal financing to the states (e.g. a separate funding source or a specific set-aside of SCHIP funds) to enable their SCHIP programs to incorporate a "child health" standard in both policy and practice. Such funds may be used by states to:
 - Develop appropriate performance measures and accountability provisions and IT systems within public health coverage programs including:
 - child health quality initiatives,
 - development of child-specific health quality measures,
 - provision of resources and requirements to states to use child health quality measures,

- establishment of provider/consumer quality advisory committees,
 - dissemination of health quality information, and
 - establishment of a model electronic record for children on a national level.
- Strengthen coordination and integration in serving children's health and development needs across other federal child health and development programs, such as EPSDT, Title V, Part C of IDEA, WIC, Head Start and other programs intended to promote children's health and development.

Reference:

American Academy of Pediatrics "Scope of Health Care Benefits for Children From Birth Through Age 21" *Pediatrics* 2006; 117: 979-982.

Public Education Strategies

The following are different public education strategies to further consideration of these policy options.

1. Specific Congressional Hearing on Children's Healthy Development as Part of SCHIP Reauthorization, Including Panels Representing Exemplary Practice Models and State Actions, e.g.

Panel for Exemplary Practice Models:

Dr. Paul Dworkin, Help Me Grow, Connecticut
Dr. Barry Zuckerman, Reach Out and Read
Dr. Ed Schor, The Commonwealth Fund
Dr. Paula Duncan, Bright Futures

Panels from Select Leading State Efforts, e.g.:

- Iowa
- Illinois
- North Carolina
- Minnesota

2. State SCHIP Reauthorization Summits That Highlight Content and Quality Issues in SCHIP and Involve Members of Congress, State Legislators, Health Care Providers, and Families
3. Congressional Staff Briefing on Child Health Insurance Coverage and SCHIP Reauthorization Hosted By National Groups Involved in SCHIP Reauthorization
4. Communications Materials and Research Syntheses Providing the Scientific Rationale for a Healthy Child Development Standard for Health Benefits

Attachments and Supporting Materials

1. *Rethinking Child Health Insurance Coverage.*

This document provides a basic rationale for providing comprehensive, preventive and developmental health services for children.

2. *“Policy Implications” and “Conclusion” from Too Close to Turn Back: Covering America’s Children*

The American Academy of Pediatrics, March of Dimes, and the National Association of Children’s Hospitals joined with Georgetown University Center for Children and Families calling on federal policymakers to make reauthorization of the State Children’s Health Insurance Program a key priority in the 110th Congress. The “Policy Implications” and “Conclusion” make reference to the content and quality of child health coverage.

3. *Voices for America’s Children Policy Statement*

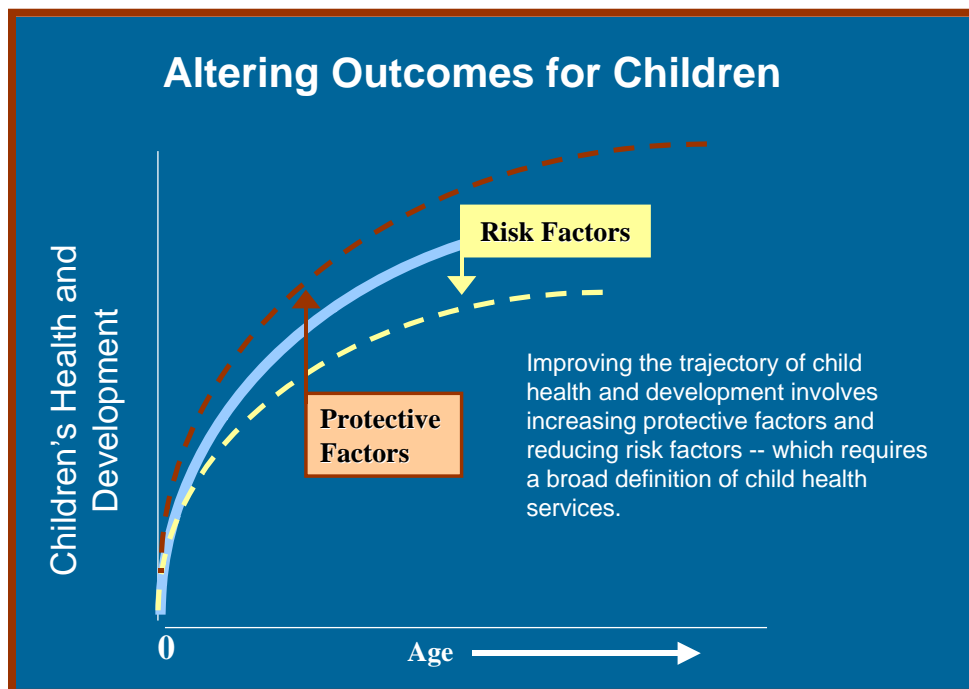
Voices for America’s Children, which represents child advocacy organizations in forty-seven of the fifty states, has made SCHIP reauthorization its top federal policy priority, with a policy statement that also emphasizes the importance of addressing content and quality issues within SCHIP reauthorization.

Rethinking Child Health Insurance Coverage

Rationale for a Comprehensive Approach to Child Health

Introduction

Children are growing and developing, and their life trajectories can be altered by a number of factors in their lives. Their own and their family's health play a major role in their social and educational development as well as their physical development and well-being. Research is clear that comprehensive primary and well-child care and early detection and treatment of child health and developmental needs can increase the protective factors and reduce the risk factors in children's lives – thereby improving the child's health and trajectory through life.



In short, it is much more important for child health services to be preventive and developmental than it is for adult health services. At the same time, health insurance coverage in the United States has developed largely based upon adult models for health care. **In moving to ensure that all children have access to health insurance, it is critically important that the insurance model is based upon child health, and not adult health, needs.**

The Necessary Content of Health Care for Children

Particularly when children are very young (birth to five), the health practitioner plays a key role in the early identification and response to children’s health and developmental needs. Virtually all young children are seen by a primary health care practitioner, and, until they reach school age, this is the only system where virtually all young children are certain to be seen by a professional. This also is a period where families play their most critical role in ensuring their children’s health and development. Yet studies show that parents, and particularly first-time parents, often have limited knowledge of how best to nurture their child’s health and growth and have the fewest resources to pay for identified service needs. Child health care providers play a vital role as the source of information and support to parents.

Outcomes of Well-Child Care During the First 5 Years of Life

Domain of Well-Child Care	Outcome at School Entry
Child Physical Health and Development	<ul style="list-style-type: none"> • All vision problems detected and corrected optimally • All hearing problems detected and managed • Management plans in place for all chronic health problems • Immunization complete for age • All congenital anomalies/birth defects detected • All lead poisoning detected • <i>All children free from exposure to tobacco smoke</i> • <i>Good nutritional habits and no obesity; attained appropriate growth and good health</i> • <i>All dental caries treated</i> • <i>Live and travel in physically safe environments</i>
Child Emotional, Social, and Cognitive Development	<ul style="list-style-type: none"> • All developmental delays recognized and treated (emotional, social, cognitive, communication) • <i>Child has good self-esteem</i> • <i>Child recognizes relationship between letters and sounds</i> • <i>Child has adaptive skills and positive social behaviors with peers and adults</i>
Family Capacity and Functioning	<ul style="list-style-type: none"> • Parents knowledgeable about child’s physical health status and needs • Warning signs of child abuse and neglect detected • Parents feel valued and supported as their child’s primary caregiver and function in partnership with the child health care provider • Maternal depression, family violence, and family substance abuse detected and referral initiated • Parents understand and are able to fully use well-child care services • <i>Parents read regularly to the child</i> • <i>Parents knowledgeable and skilled to anticipate and meet a child’s developmental needs</i> • <i>Parents have access to consistent sources of emotional support</i> • <i>Parents linked to all appropriate community services</i>

Note: Regular font bullets are those outcomes for which child health care providers should be held accountable for achieving. *Italicized bullets* are those outcomes to which child health care providers should contribute by educating parents, identifying potential strengths and problems and making appropriate referrals, but for which they are not independently responsible .

The chart represents the overall goals for the provision of pediatric well-child care for young children (an equivalent list is available for older children) that should be the basis for a child health insurance system. Clearly, these goals apply to all children. While a majority of parents can and do take action to ensure that their children achieve these health goals and are able to pay for most needed services to do so, **a child health insurance system must ensure that needed services are provided to children and made affordable and accessible.**

The Need for and Cost-Effectiveness of Comprehensive, Preventive Child Health Services

Fortunately, providing such pediatric care does not involve major costs or expenditures. In fact, there is a growing research base that shows that there are significant savings – in the health system, in the education system, and in the human service system – from such service provision. This involves the provision of much more than a bare-bones insurance package and includes comprehensive preventive services that ensure early identification of health and development concerns. The following are illustrations of cost-effective health practices that apply particularly to children – ones that very often are excluded from health insurance coverage built around adult health care models.

Developmental Surveillance. Particularly before children reach school age, health practitioners represent *the* nearly universal point of contact and opportunity to identify child developmental needs. A medical home provides the opportunity for continuity in providing parents information and anticipatory guidance about children's healthy development, identifying developmental issues and concerns, and linking children and their parents with needed and available resources, including early intervention services under Part C of IDEA. While an estimated 15-18% of all young children have identifiable developmental and mental health issues, less than half are identified prior to school entry. Connecticut's Help Me Grow program represents an exemplary, cost effective approach to identifying children's developmental and behavioral concerns in the primary care health practitioner's office, linking children and their families to existing community resources to address them, and providing feedback to the health practitioner for further follow-up.

Oral Health. Too many children also suffer from untreated dental problems, many starting at a very young age. Dental pain affects children's ability to concentrate and to learn, both in the early years and in school. Corrective dental care can be very costly. Early identification and response to dental issues results in savings in future dental costs, but also in school-related developmental costs.

Vision. It has been documented that up to half of low-income children have undetected vision problems at the time they come to school. These relate to more than corrective lenses, involving issues of focusing and tracking words on a printed page. They impact children's early literacy and, unaddressed, represent a major cost to children and society in school success. Early guidance and education to parents in anticipation of

developmental changes and transitions can avert such problems and early vision screening can ensure that children start school with vision that enables them to learn to read.

Parental Depression. Research is clear that children suffer when their parents are battling depression. Addressing parental depression improves child mental health, as well as child development in school, and the child visit may be the only time such parents see a health provider. As part of their work, pediatric practitioners can screen for parental depression where it is warranted, and promote timely treatment that benefits both the parent and the child.

Language and literacy. Doctors and nurses know and can convey to parents that growing up healthy means growing up with books. Part of a well-child visit can stress the value of reading to and talking with children. Reach Out and Read is a research-based program model for using the pediatric visit as an effective way to improve young children's language and literacy development.

AD/HD, autism, and other child health conditions. Child health conditions such as AD/HD and autism can most effectively be treated, with the fewest future consequences, when they are identified and addressed early. Currently, there are substantial time gaps between initial detection, screening and diagnosis, and treatment for these conditions that increase eventual treatment costs and reduce their overall effectiveness. Increasing the early detection and treatment of such health conditions is possible, but involves child health insurance coverage that encourages such early detection and provides for the follow-up treatment.

Nutrition and exercise. One of the greatest challenges to the child and adult health in America is obesity, which is growing even among the youngest children in society, when lifelong patterns of eating and exercise are being set. This is the case for all children, but it is a more pronounced problem within low-income and minority populations. The future health costs – through diabetes and other health conditions – are immense. Research indicates that parents who receive strong anticipatory guidance that focuses upon child eating, nutrition, and exercise can change nutritional practices and their children's health trajectories related to obesity. It is in the earliest years that these activities can be most effective.

Children's Healthy Development and SCHIP Reauthorization

SCHIP reauthorization in 2007 offers the opportunity to strengthen children's healthy development, provided that reauthorization takes a comprehensive focus that both expands child health coverage and encourages states to cover services based upon a child health model. Federal leadership can promote the further adoption of comprehensive health services that will improve children's healthy development.

Child and Family Policy Center draft statement, November 2007

**TOO CLOSE TO TURN BACK:
COVERING AMERICA'S CHILDREN**
Georgetown University Health Policy Institute
Center for Children and Families

Policy Implications for SCHIP Reauthorization

As federal policymakers move to reauthorize SCHIP, a key measure of success will be whether their efforts set the stage for more of America's children to secure health care coverage **that promotes their healthy development**. After a decade of efforts to improve children's health coverage the country has strong, effective programs in place on which to build, but policymakers will need to solidify these gains and adopt improvements that move the nation forward. The experience to date points the way to the issues that need to be addressed. The specific steps fall into four key areas:

- **Provide the SCHIP funding needed to cover more children.** States need sufficient federal funding to 1) ensure that all those covered by SCHIP can continue to be served by the program, and 2) move forward in covering more children, as a growing number of states are poised to do.
- **Protect and strengthen Medicaid.** Since SCHIP stands on the shoulders of Medicaid, Medicaid will need to continue to play a vital role in the health coverage system for children. Cuts in Medicaid to finance SCHIP would weaken rather than strengthen coverage. Policymakers should take steps to improve both Medicaid and SCHIP.
- **Eliminate red-tape and other barriers that prevent eligible children from getting or staying covered.** Children should not miss out on health coverage because it is too hard to find out about the program or to enroll and stay enrolled in SCHIP and Medicaid. States have made much progress in simplifying the system and a great deal has been learned through these efforts. Informed by the last decade of experience, further steps could be taken to eliminate red-tape barriers to coverage and to establish a system for providing performance-based assistance to share more of the added coverage costs when states are successful in reaching and retaining eligible, uninsured children.
- **Promote coverage that facilitates the healthy development of children.** It will be important to pursue initiatives aimed at improving the quality and accountability of health coverage for all children, including those served by Medicaid and SCHIP. To simply provide children with an

enrollment care is not sufficient; it is vital that the care\nd can be used to secure access to physician care and other needed health services. To this end, reauthorization should include initiatives that promote the development and use of measures aimed at evaluating whether children have access to care and are able to secure the services needed for healthy development.

Conclusion

While there is no clear consensus on how to address the larger problems in the health care system, the nation has embraced policies for covering children that have a clear track record of success. The country is too close to turn back now in its effort to ensure that America's children have health coverage. Despite growing pressures on our health care system, SCHIP and Medicaid have been successful in extending coverage to millions of America's children.

But more needs to be done; **too many children** lack coverage of any sort, while others **are not getting all of the services needed to promote their healthy development**. SCHIP, alone, cannot solve all of these issues, but SCHIP reauthorization represents an important opportunity to move forward. **A timely and strong reauthorization of SCHIP would serve as a critical step toward ensuring that all of America's children have health coverage that provides them with access to needed care.**

-- emphasis added to the content and quality language by boldfacing --



Policy Statement on SCHIP Reauthorization

January 11, 2007

Voices for America's Children believes that every child in America should have access to affordable, comprehensive quality health care and services. SCHIP reauthorization provides Congress and the President an opportunity to take an important step to improve the health care of America's children. During the past 10 years, providing coverage for children has been the most successful and efficient of all our country's health reform efforts. However, there are still more than 9 million uninsured kids in this country. Working with states, the federal government has a major responsibility and plays a critical role in ensuring that we meet the health care needs of all our children.

Voices for America's Children urges Congress and the President to reauthorize the State Child Health Insurance Program (SCHIP) in 2007.

- Preserve the current Medicaid program and its coverage system for children as the backbone of the country's commitment to providing health care for low-income children.
- Provide the necessary funding and statutory authority to maintain existing state SCHIP programs over the next five years (without funding being taken from other programs benefiting children and families).
- Increase federal funding to the states for child health under SCHIP to **improve and expand coverage for children, enabling states to continue to grow and develop their child health strategies and improve the health outcomes of their children.**

Building upon the successful foundation of the current SCHIP, states should be provided with significant discretion in how they expand and enhance their programs. These include changes in both coverage and **benefits that increase access to and use of services that improve child health. Reauthorization should include accountability measures, related to further reducing the number of uninsured children, improving quality of care, and positively impacting healthy child development.**

Voices also supports the building of strong state and federal partnerships to reform the country's overall health care system to ensure that all of America's children have access to health care coverage.

-- emphasis added to the content and quality language by boldfacing --

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