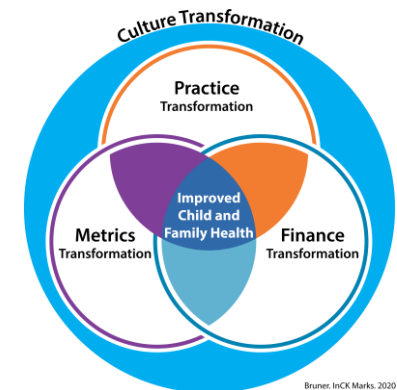


## BUILD BACK BETTER: MAXIMIZING HEALTH EQUITY AND POPULATION HEALTH

The Imperative of Investing in **CHILD HEALTH** within the Build Back Better Act Health Care Provisions



Bruner, InCK Marks, 2020

## **THE MESSAGE (and the TRUTH)**

**To advance racial equity (and improve population health), health infrastructure investments must focus upon children and their healthy development. – InCK Marks**

## Equity and Child Health: Imperative for Effective Policy Action

The **MESSAGE**: To advance racial equity (and improve population health), health infrastructure investments must focus upon children and their healthy development.

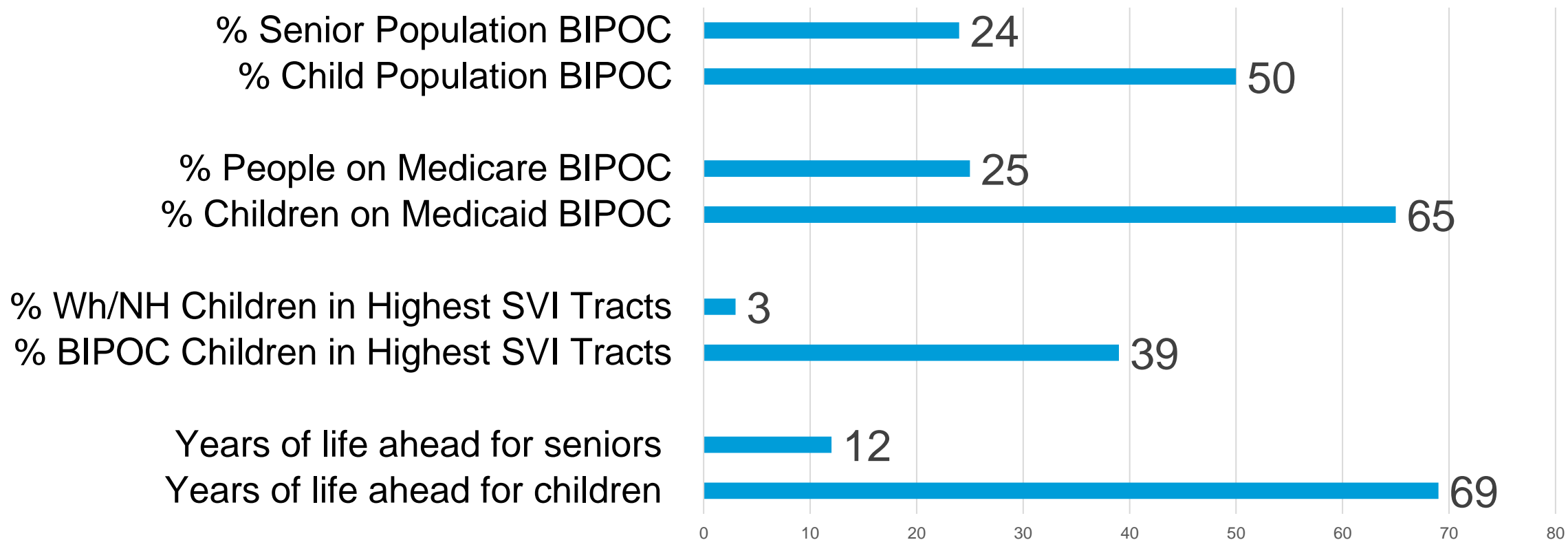
The **AUDIENCE**: Federal policy makers and their own vision for “Building Back Better” (particularly those developing and implementing health investments within the Build Back Better/BBB Act)

The **ASK**: Specific Tweaks to Current BBB Health Investments to Be Most Effective Through Focusing upon Children and **Community Health Workers**

The **MESSENGERS**: Child Health Equity Experts and On-the-Ground Champions Can Attest to Value

## WE KNOW WHY: Children as Priority Focus

### BIPOC CHILDREN AND RACIAL EQUITY



## WE KNOW WHAT: Evidence of Effectiveness in Primary Care and in Community-Based Health

### Multiple Evidenced-Based Workforce Additions

Community health workers  
Partners in health accompagneurs  
Door openers/Abriendo Puertas  
Relational care coordinators  
Douglas  
Home visitors  
Medical Legal Partnership Staff

### Multiple Primary Health Practice Models

Reach Out and Read  
HelathySteps  
Centering parenting  
Child First  
DULCE  
Help Me Grow  
Circles of Security  
Triple P  
Well-Visit Planner/Cycle of Engagement  
The Door

### Multiple Health Systems Initiatives

Bayview Child Health Center-Center for Youth Wellness (San Francisco, CA), Boston Medical Center for the Urban Child's Pediatric Practice of the Future, Children's Clinic, "Serving Children & Their Families" (TCC- Long Beach, CA), Children's Hospital at Montefiore (CHAM - Bronx, NY), Cincinnati Children's Hospital Medical Center (CCHMC - Cincinnati, OH), Health Share of Oregon (Portland, OR), Healthy Development Services (HDS - San Diego, CA), MA Partnership for Early Childhood Mental Health Integration (Boston, MA), Nemours Children's Health System (multiple - DE, NJ, PA, and FL), Odessa Brown Children's Clinic at Seattle Children's Hospital (OBCC - Seattle, WA), Primary Health Care (PHC-Des Moines, IA), Rhode Island Patient-Centered Medical Homes for Kids (PCMH-Kids - RI), Valleywise Health (Maricopa County, AZ), etc.

### Common Attributes Across Programs & Practices

Responsive and culturally-reciprocal  
Strength-based  
Partnering/relational  
Inclusive/equity-driven  
Community-embedded/ecological  
Frontline practitioners as essential agents for change

### In short, WE KNOW ENOUGH TO ACT

Study after study after study confirms **VALUE**, impact  
We have experts and capacity to move toward a new standard of care and success.

## **PART ONE: The Build Back Better Act – Where We Are and What We Can Do**

House Mark-up: \$3.5 trillion over 10 years – circa \$900 billion directed to health infrastructure and health care (Medicare, Medicaid/HCBS, CHIP and Public Health)

Negotiations with Senate on size of package – and what parts of health infrastructure will remain (some will, particularly public health infrastructure/community health workforce pandemic preparedness)

Much in the \$3.5 trillion supports children (child tax credit, child care/preschool/family leave) and requires concerted advocacy

Very little in \$900 billion supports child/community health (but it could)

While most publicity/attention is to negotiating size, it still is possible to “tweak”/”incorporate” language to direct more focus to child health and CHWs

## The AUDIENCE: The Federal Administration and its Commitment to **Equity**

**President Joe Biden.** It is the policy of my Administration that the Federal Government pursue **a comprehensive approach to advancing equity** for all, including people of color and others who have been historically **underserved, marginalized, and adversely affected by persistent poverty and inequality.**



**Rochelle Walensky, Director CDC.** Racism is a serious public health threat. ... As the nation's leading public health agency, **CDC has a critical role to play to address the impact of racism on public health.**

GREAT!  
Where are  
Kids?

**Chiquita Brooks-LaSure, Administrator, CMS.** At CMS, how are we **promoting health equity will always be the first question that we ask ourselves** as we evaluate our policies. We must do everything we can to break down barriers to care and to lift up underserved communities.



## The AUDIENCE: Congressional Leadership and Their Commitment to **Equity/Community Health**

**Public Health Infrastructure Saves Lives Act (Murray in Senate)** – grants to expand public health workforce, with \$750 million in FY2022 increasing to **\$4.5 billion** in FY2026 and subsequent years

**Health Force, Resilience Force, and Jobs to Fight COVID-19 Act of 2021 (Panetta in House and Gillibrand in Senate)** – **\$40 billion** in 2021 and 2022 for a Health Force within focal, high need communities

**Building a Sustainable Workforce for Healthy Communities Act of 2021 (Casey)** – **\$8 billion** in annual funding to employ, through a competitive grant process for community-based organizations, **150,000 community health workers**

**Letter to Congressional Leaders (Khanna in House and Warren in Senate with 139 colleagues)** – call to create “**250,000 permanent, high-paying public health jobs** to rebuild our depleted public health workforce,” recognizing “workers can be recruited from and serve their home communities”

**21st Century Caregivers and Education Workforce Plan (Biden/Harris campaign pledge)** for **150,000 additional community health workers, \$6.5 billion** in annual funding



**+ 150 other co-sponsors/signatories**

**GREAT!**  
Where are the BBB \$\$\$?



## WHY THOSE DEVELOPING THE BUILD BACK BETTER ACT: Where the Health Investment Dollars Are to Make it Happen

### HOUSE MARK-UP OF HEALTH SECTIONS OF BUILD BACK BETTER ACT (circa \$900 BILLION – \$100 Billion, annualized)

Subtitle F: Relating to the Affordable Care Act – circa **\$300+ BILLION**, for expanded adult coverage/affordability

Subtitle G: Relating to Medicaid – circa **\$200 BILLION**, primarily for home and community-based services

Subtitle H: Relating to CHIP – (making permanent, e.g. funding expiration years)

Subtitle I: Relating to Medicare – \$150+ BILLION (Medicare dental, vision, hearing, at least **\$350 BILLION** when fully-phased in)

Subtitle J: Relating to Public Health -- **\$62 BILLION** (includes \$37.8 BILLION for health care infrastructure and workforce; \$15 BILLION for pandemic preparedness; \$1 BILLION for 16-section Omnibus/maternal mortality actions; \$2.5 BILLION for community violence and trauma prevention initiatives)

Medicaid, Medicare, and Affordable Care Act provisions *primarily directed to adult health coverage and to chronic disease and disability management*. Public health provisions *primarily directed to capital investments and professional and medical care services*. **Places exist to redirect or direct attention to child health and primary, preventive, and developmental health system responses as part of investments.**

## FOLLOW THE MONEY: Part J Devil in Details

### PUBLIC HEALTH INFRASTRUCTURE AND WORKFORCE (\$37.8 BILLION)

31001. Funding for core public health infrastructure for state, territorial, local, and tribal health departments (\$7 billion)

31002. Funding for hospital infrastructure (\$10 billion)

31003. Funding for community health center capital grants (\$10 billion)

31004. Funding for community based care infrastructure (\$500 million)

31005. Funding for schools of medicine in underserved areas (\$1 billion)

31006. Funding for nursing education enhancement and modernization in underserved areas (\$1 billion)

31007. Funding for teaching health center graduate medical education (\$6 billion)

31008. Funding for nurses corps. (\$300 million)

### PANDEMIC PREPAREDNESS (\$15 BILLION)

31021. Funding for laboratory activities at the CDC (\$5 billion)

31202. Strengthen vaccine confidence (\$1.25 billion)

31203. Funding for surveillance activities at the CDC (\$1.25 billion)

31204. Funding for data modernization at the CDC (\$500 million)

31205. Funding for public health and preparedness research, development, and countermeasure capacity (\$8 billion)

**GREAT!**  
Can Any of This  
Go to  
CBW's/Kids in  
Marginalized  
Communities?

## **MONEY IS THERE – DIRECTION IS NOT**

**Places exist to direct attention to child health and primary, preventive, and developmental health system responses as part of BBB health investments.**

**Places exist to focus public health resources to advance community health workers in marginalized communities.**

**Specific language (at least permissive, but ideally carving out some existing funding) is needed to leverage investment opportunities in BBB to improve child and community health to advance health equity.**

**\$50+ billion of current \$900 Billion should be directed to do so (\$5+ billion per year).**

## **ASK – Tweaks Can Be Made to Provide this Focus**

### **PUBLIC HEALTH MODERNIZATION (\$762 BILLION, PUBLIC HEALTH -- J)**

Enable/require significant public health funding to go to most medically underserved and low-income NEIGHBORHOODS/COMMUNITIES (not defined at county level) and to support CHWs there which reflect the populations (children and families) that live there

Enable/direct FQHCs/Community Health Centers to use share of new funding to employ/contract for CHWs and/or child development specialists

**(WE HAVE LANGUAGE THAT MEETS RECONCILIATION REQUIREMENTS TO DO THIS.)**

### **MEDICAID (MEDICAID -- G)**

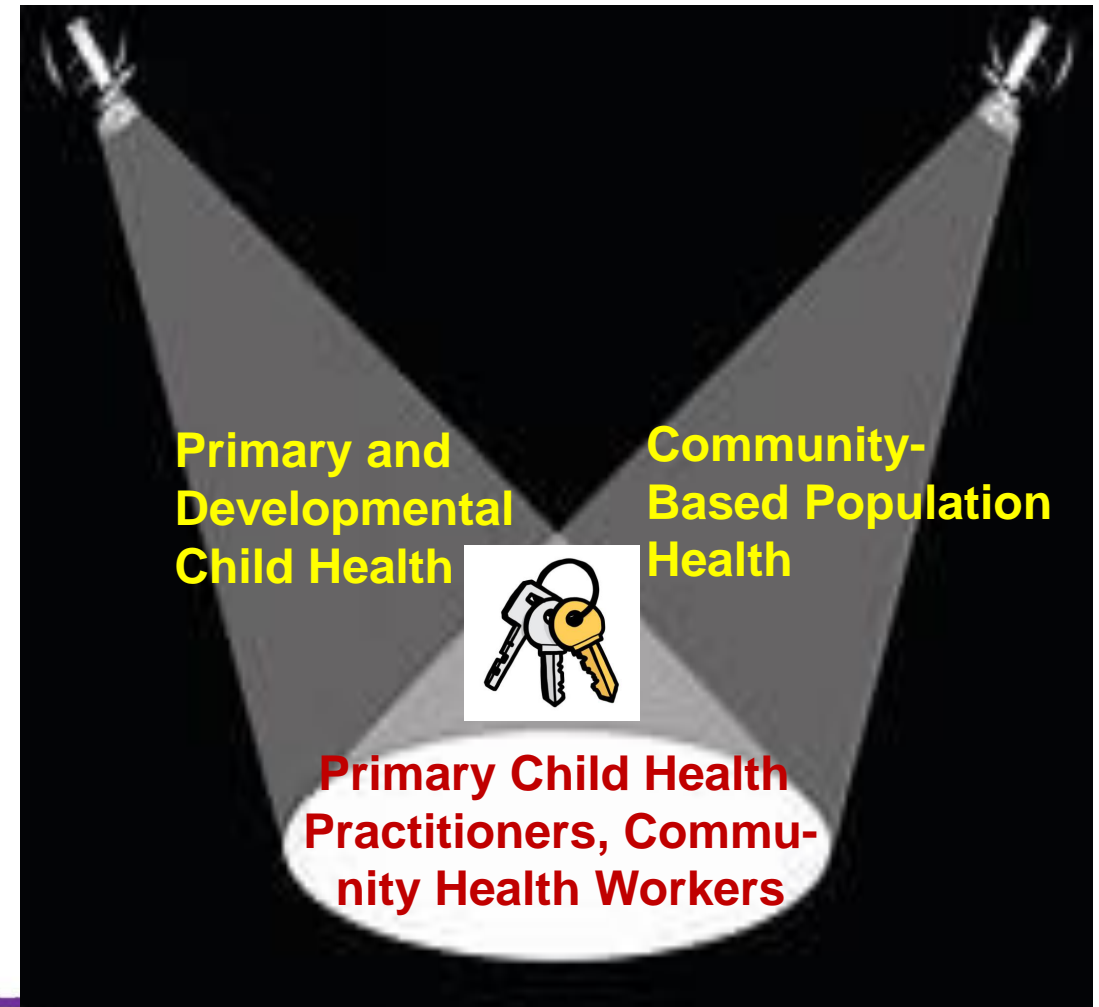
Provide states with an enhanced FFP for community health workers/medical home care coordinators/high performing medical homes, serving children in primary care in Medicaid (consistent with HCBS enhanced FFP)

Direct CMS Center for Innovation to direct funding to child health equity

**(WE ALSO HAVE LANGUAGE TO DO THIS.)**

# InCK Marks

If We Look in the Right Place with the Right People,  
We Can Find the Keys to Racial Equity and Population  
Health.



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Johnson K, Bruner C. (January 2021). *Medicaid Managed Care : Transformation to Accelerate Use of High Performing Medical Homes for Young Children*. InCK Marks Working Paper Series. No. 5.

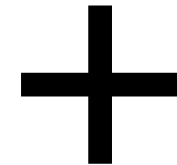
Bruner C, Bethel C. (January 2021). *Child Health Care Transformation, Nurturing and Resilience: Developing Transformed Metrics for Young Child Health*. InCK Marks Working Paper Series. No. 6.

**Bruner C, et. al (March 2021). *Building a Relational Health Care Workforce for Young Children*. InCK Marks Working Paper Series, No. 7.**

**Bruner C, Hayes, M, Houshyar, S, Johnson, K, and Walker Harding, L. (April 2021). *Dismantling Racism: The Role of the Relational Health Workforce*. InCK Marks Discussion Paper.**

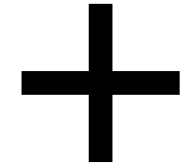
**Bruner C. (May 2021). *The Geography of Vulnerability, Opportunity, and Resilience*. InCK Marks Statistical Note. ■**

## MESSENGERS WE CAN PROVIDE: Child Health Practice Champions



**Maxine Hayes, Shaquita Bell, Tamaini Coker, Ben Danielson, Paul Dworkin, Tony Earls, Pradeep Gidwani, Leslie Harding-Walker, Dennis Kuo, Angela Sauia, David Willis**

## MESSENGERS WE CAN PROVIDE: Child Health Equity Experts and Champions



**Lola Abedokun, Dolores Acevedo-Garcia, Kamala Allen, Mayra Alvarez, Melissa Bailey, Charles Bruner, Wendy Ellis, Shadi Houshyar, Emily Vargas-Baron**



AcademyHealth

American Academy of Pediatrics

Ascend at the Aspen Institute

Association of Maternal and Child Health Programs (AMCHP)

[Building Community Resilience](#)

[Center for Health Care Strategies \(CHCS\)](#)

[Center for the Study of Social Policy \(CSSP\)](#)

Center for Youth Wellness

Chapin Hall Center for Children

[Child and Adolescent Health Measurement Initiative \(CAHMI\)](#)

Child Trends

Children's Hospital Association

Community Catalyst

Community Based Workforce Alliance

Diversitydatakids.org

Duke-Margolis Center for Health Advocacy

Families USA

[Family Voices](#)

[Georgetown Center for Children and Families \(CCF\)](#)

Health Leads

Health Outcomes for Positive Experiences

Healthy Steps and Zero to Three

[Help Me Grow National Center \(HMG\)](#)

Manatt

Mental Health America

National Alliance to Advance Adolescent Health

National Center for Children in Poverty

National Family Support Network

National Improvement Partnership Network

National Interoperability Collaborative/Stewards for Change

[National Institute for Children's Health Quality \(NICHQ\)](#)

Nemours

Partnership for America's Children

Prevention Institute

RISE Institute

Safe Environment for Every Kids (SEEK)

Social Interventions Research and Evaluation Network (SIREN)

Start Early (formerly the Ounce)

United Hospital Fund

University of Texas Center for Health and Public Policy

Wellbeing in the Nation (WIN) Network

## TAKING NEXT STEPS WITH YOU: Have Info...Will Act

HAVE LAPTOP



WILL TRAVEL

EMAIL

CHARLIE

BRUNER@CHILDEQUITY.ORG

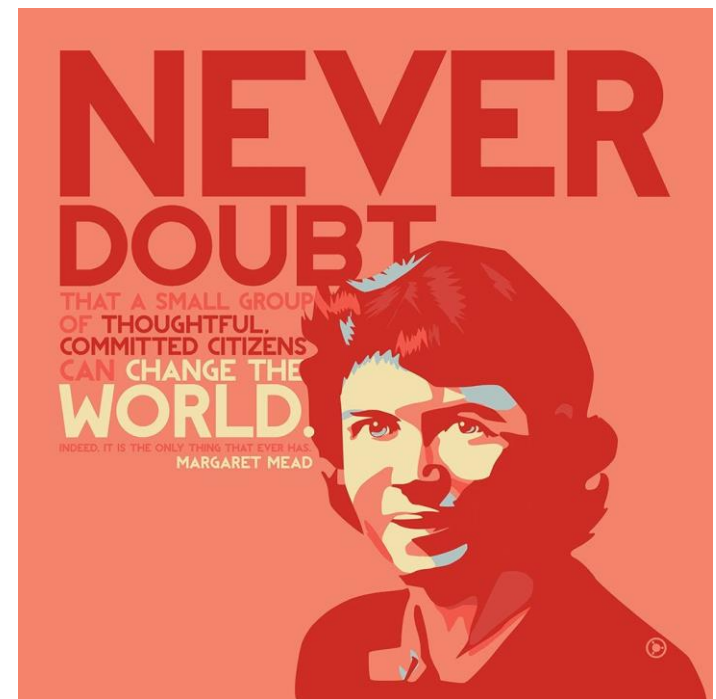
-- will also zoom, email, tweet --



**We  
can achieve  
collective  
impact (if we  
engage in  
collective  
advocacy)**

## **InCK Marks Margaret Meade Theory of Change**

**(we are in the right place  
and at the right time and  
have the collective capacity  
to change the future for our  
children)**





**CHILD HEALTH EQUITY** is achieving the highest level of health for all children and entails focused societal efforts to equalize the conditions for health for all children, especially for those subject to socioeconomic disadvantage or exclusion, including an undergirding commitment to undoing racism. ... InCK Marks