ACHIEVING HEALTH EQUITY:

The Focus Must Be on Children

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The Biden Administration has vowed to "build back better" from COVID-19, particularly in producing more robust health systems that rectify health inequities.

If health systems are to be part of the solution to ensuring health equity, one thing is clear. Child health must be at the forefront.

This not only is because half of all children are of color, while less than one in four seniors are. This not only is because the human and economic benefits of improving health at the beginning of life are much greater than trying to repair health later. These alone would be sufficient to focus that attention on children. There is more.

Childhood is the time when actions to promote health have the most pronounced impact upon lifelong health and well-being. Childhood is the time society has a particular responsibility to ensure equitable access to critical supports and buffers and equal opportunity for success – and the nation is most at risk if we do not.

We depend upon a healthy and well-educated next generation to be prosperous. We cannot achieve this end without dramatically reducing health disparities by race and socio-economic status, as the next generation grows into young adults. Reducing health disparities is not merely treating disease but, more

importantly, is about ensuring access to health and behavioral care for children to ensure optimal childhood development. Ensuring equal opportunity for success for all children is a core American value across the political spectrum.

The Affordable Health Care Act (ACA) concentrated its attention on expanding adult health care coverage, while also seeking to contain health care expenditures through payment reforms. Focused on developing alternatives to high-cost management and treatment of illnesses and morbidities, the ACA efforts to improve health while containing costs overwhelmingly focused upon older adults. The ACA was important in extending much broader coverage to all Americans, but its emphasis upon immediate cost containment is not a model for advancing child health or health equity. A model for child health equity must invest in prevention and healthy development with a long-term and multi-sector view of its value and benefits.

Within health care, now is the time to focus upon investing in primary, preventive, and developmental child health care. This requires starting early, including ensuring the well-being of pregnant mothers and focusing on supportive communities.

The health care field has recognized the need to move from “sick care” to a “health and well-being care” system, one that responds to social determinants of health as well as biomedical ones. This movement has its greatest potential through investing in child and family health.

Recognized, research-based programs and practices in child health practice must be scaled. The challenge is to adequately finance them, particularly through Medicaid and CHIP, which cover 4 out of every ten children and more than half of Black, Hispanic, and Indigenous children. This is part of the health care infrastructure that must be “built back better” and deserves primary focus and investment by Congress and the President.

Now also is the time to rebuild a public and community health system that improves the health environments and our ability to respond to future pandemics at the community level, specifically in medically underserved and low-income communities. This, too, requires a priority focus upon children and the families and communities that support them.

The Centers for Disease Control and Prevention constructed a Social Vulnerability Index (SVI) to identify, by census tract, neighborhoods and communities most vulnerable to health crises and compromised health. The SVI enables policy makers to focus public and community health resources where they are most needed and have the greatest impact.

The SVI shows the most socially vulnerable neighborhoods have high concentrations of Black, Indigenous, and other People of Color (BIPOC) and a very high proportion of children (and a very low proportion of seniors) compared with the nation as a whole.

While the highest SVI neighborhoods include 10 percent of the nation’s overall population, they are home to 40 percent of all BIPOC children. A major focus of “building back better” a public and community-based health workforce must be on these neighborhoods and with their children and families in mind.

If we are to truly address health inequities, we cannot look for solutions under the adult health care lamppost, with its high costs and intensive medical interventions. Our keys are not there. We must go

into the encompassing area now in the policy shadows, where we find the child health system and the community-based public and preventive health system. To do otherwise would squander the opportunity to truly “build back better” a health system that improves overall health and ensures health equity.

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Information about child health transformation in the context of health equity can be found on the InCK Marks website (www.inckmarks.org) and on the 2020 Vision for Children website (www.2020visionforchildren.com).