

InCK Marks

Helping Leaders Advance Child Health Care Transformation

February, 2021

President Joseph Biden
Office of the President

Vice President Kamala Harris
Office of the Vice-President

Dear President Biden and Vice President Harris:

We commend the Biden-Harris Administration's commitment to building back better from COVID-19. While the major medical impacts from COVID-19 have been on seniors and those with special health needs, the long-term effects of physical distancing and disruption may be greatest upon children and their healthy development. We view your plans for a 21st century caregiving and education workforce and for achieving universal health coverage through improvements to the Affordable Care Act as key to building back better for children and their families.

Your leadership and actions can be truly transformative for ensuring the healthy development of the next generation and ending disparities and inequities. Both as part of new stimulus and recovery plans to address the impacts of COVID-19 and as a focus of your domestic agenda, we pledge to work to advance these plans.

Specifically, we encourage you to draw upon the growing body of research and evidence related to child health care transformation as you further refine your work. Federal leadership is key to accelerating the development and diffusion of a new standard of primary child health care that is more family-centered, uses team-based approaches, and advances health equity.

We endorse the attached statement offering specific levers for advancing child health care transformation as part of an overall federal agenda for children and their families. We look forward to contributing to enactment and successful implementation of such plans and working with and informing your administration.

Sincerely,

National Advisory Team of the Integrated Care for Kids—InCK Marks Initiative

Charles Bruner, Ph.D., Director, InCK Marks Initiative

Kay Johnson, MEd and MPH, Chair, National Advisory Team and President, Johnson Consulting Group

Maxine Hayes, M.D., Vice-Chair, former Washington State Health Officer

Kamala Allen, MHA, Vice President and Director for Child Health Quality, Center for Health Care Strategies (CHCS)

Mayra E. Alvarez, MHA, President, The Children's Partnership

Melissa Bailey, MA, Senior Fellow, the Center for Health Care Strategies (CHCS)

Scott D. Berns, M.D., MPH, President and CEO, the National Institute for Children's Health Quality

Christina Bethell, Ph.D., Director, the Child and Adolescent Health Measurement Initiative (CAHMI), Johns Hopkins University

www.inckmarks.org contact: Bruner@childequity.org 515-988-4457

Elisabeth Wright Burak, MPP, MSW, Senior Fellow, Georgetown University's McCourt School of Public Policy's Center for Children and Families

Beth Dworevzky, MS, MPH, Associate Director, Family Voices

Paul Dworkin, M.D., Executive Vice President for Community Child Health and Founding Director, Help Me Grow National Center, Connecticut Children's Medical Center

Wendy Ellis, MPH, Project Director, Building Community Resilience Collaborative, the Milken Institute School of Public Health at George Washington University

Jeff Hild, JD, Policy Director, the Sumner M. Redstone Global Center for Prevention and Wellness at the Milken Institute School of Public Health

Shadi Houshyar, Ph.D., Senior Policy Associate, Center for the Study of Social Policy (CSSP)

Nora Wells, MEd., Executive Director, Family Voices

David Willis, M.D., Senior Fellow, Center for the Study of Social Policy

Signatories from the Child Health Practice and Policy Field

Delores Acevedo-Garcia, Ph.D., Professor of Human Development and Social Policy, Director, The Institute for Child, Youth and Family Policy, The Heller School for Social Policy and Management

Lizeth Alonso, Check-Up for Health Coordinator, Arizona State University

George Askew, M.D., Deputy Chief Administrative Officer for Health, Human Services, and Education, Prince Georges County, Maryland, Former Chief Medical Officer, Administration for Children and Families, United States Department of Health and Human Services

Megan Bair-Merritt, M.D., Director, Center for the Urban Child and Healthy Family, Boston Medical Center

William Beardslee, M.D., Director, Baer Prevention Initiatives, Boston Children's Hospital

David Bergman, M.D., Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital at Stanford University

Thomas Boat, M.D., Professor of Pediatrics, Cincinnati Children's Hospital

Susan Breitenstein, Associate Professor, Director of Community Health Worker Training Program, The Ohio State University

Kate Breslin, MPH, President and Chief Executive Office, **Schuyler Center for Analysis and Advocacy**, New York

Rahil Briggs, PsyD, National Director, Healthy Steps, Clinical Professor of Pediatrics and Psychiatry, Albert Einstein College of Medicine

Alex Briscoe, Principal, California Children's Trust

Suzanne Brundage, MPH, PM Pediatrics

Gretchen Buchanan, Ph.D., College of Education and Human Development University of Minnesota

Elizabeth Burke-Bryant, JD, Executive Director, **Rhode Island Kids Count**

Nathaniel Counts, JD, Senior Vice-President of Behavioral Health Innovation, **Mental Health America**

Mark Del Monte, JD, Chief Executive Officer and Executive Vice-President, **American Academy of Pediatrics**

Angela Diaz, M.D., Professor of Adolescent Health, **The Mount Sinai Health System**

Harriet Dichter, J.D., Consulting Director, Early Childhood Education, ICF

Anne Discher, MA, Executive Director, Common Good Iowa

Libby Doggett, Ph.D., former Deputy Assistant Secretary for Policy and Early Learning, United States Department of Education

Benard Dreyer, M.D., Professor, NYU School of Medicine

Howard Dubowitz, M.D., Professor of Pediatrics, Director, Center for Families, University of Maryland School of Medicine

Helen DuPlessis, M.D., Principal at Health Management Associates

Sonia Erlich, Manager of Clinical Role Development, Psychotherapist, Boston Medical Center

Amy Fine, MPH, Former Associate Director and Senior Fellow, Center for the Study of Social Policy

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Diana Fishbein, Ph.D., Co-Director, **National Prevention Science Coalition to Improve Lives**, Penn State College of Health and Human Development

Elisabeth Fraser, Policy Director, **Connecticut Association for Human Services**

Neal Halfon, M.D., Professor, University of California at Los Angeles

J. David Hawkins, Ph.D., Emeritus Endowed Professor of Prevention, University of Washington, Member, Institute of Medicine's Board on Children, Youth, and Families

Charles Homer, M.D., former Deputy Assistant Secretary, Human Services Policy, Assistant Secretary for Planning and Evaluation (ASPE), United States Department of Health and Human Services

Jeffrey Jensen, Ph.D., University of Denver, Co-Chair, Coalition for the Promotion of Behavioral Health

David Keller, M.D., Professor of Pediatrics and Vice Chair for Clinical Strategy and Transformation of the Department of Pediatrics of the University of Colorado

Deborah Klein-Walker, EdD, Adjunct Professor, Boston University School of Public Health and Tufts University School of Medicine, Board President Family Voices

Milton Kotelchuck, Ph.D., Professor of Pediatrics, Harvard Medical School and MassGeneral Hospital for Children

Dennis Kuo, M.D., Associate Professor of Pediatrics, University at Buffalo Jacobs School of Medicine and Biomedical Sciences

David Larson, Ph.D., Lecturer and Course Director, College of Health Solutions, Arizona State University

Johanna Lister, JD, MPH, Director of Policy/Healthy Steps, **Zero to Three**

Darcy Lowell, M.D., Chief Child First and Mental Health Officer, National Service Office for Nurse Family Partnership and Child First

Kimberly Martini-Carvell, MA, Executive Director, Help Me Grow National Center

Larry Marx, CEO, **The Children's Agenda**, Rochester NY

Mary Ann McCabe, Ph.D., ABPP, Associate Clinical Professor of Pediatrics, GWU School of Medicine

Peggy McManus, MHS, President, the **National Alliance to Advance Adolescent Health**

R. Lawrence Moss, M.D., President and Chief Executive Officer, **Nemours Foundation**, **Daniella Gratale**, MA, Director, Office of Child Health Policy and Advocacy, Nemours, and **Kara Walker**, M.D. and MPH, Chief Population Health Officer, Nemours National Office of Policy and Prevention

Colleen Murphy, Ph.D., Vice-President, Early Childhood Connector, and **Nadia Gronkowski**, Program Associate, Advocacy and Policy, **Start Early** (formerly the Ounce)

Mike Odeh, Director of Health Policy, **Children Now**

Jennifer Park, Ph.D., CEO and Principal, Lastinger Center for Early Learning, College of Education, University of Florida

James Perrin, M.D., Professor, MassGeneral Hospital and Harvard University

Carla I. Plaza, MPH, Consultant

Elizabeth Reifsnider, Ph.D. RN, Professor, College of Nursing and Innovation, Arizona State University

Ty Ridenour, Ph.D., Developmental Behavioral Epidemiologist, RTI International

Andrew Riley, Associate Professor, Oregon Health & Science University

Ann Rosewater, Rosewater Consulting, former Deputy Assistant Secretary for Children and Families, United States Department of Health and Human Services

Kate Rossman, Policy Coordinator, **Ohio Children's Alliance**

Andrew Russo, Co-Founder and Director, National Family Support Network

Somava Saha, M.D., Executive Lead, Well-Being and Equity (WE) in the World and Well-Being in the Nation (WIN) Network, Faculty and Leadership Co-Director, Harvard Medical School Center for Primary Care

Heidi Sallee, M.D., Saint Louis University

Angela Sauaia, M.D. Ph. D., Professor of Public Health and Surgery, University of Colorado Denver

Edward Schor, M.D., former Executive Vice-President, Lucile Packard Foundation for Children's Health

Heidi Schreck, M.D., Primary Health Care Iowa

Robert Sege, M.D., PH.D., Director, Center for Community-Engaged Medicine, Tufts University

Jill Sells, M.D., Medical Advisor to the Education Development Center and the Center on Health, Behavioral Health, and Safety

Shiva Sethi, Legislative Assistant, **Center for Law and Social Policy**

Lisa Shapiro, Chief of Staff and Director of Children's Policy, **Families USA**

Margorie Sims, Managing Director, **Ascend at the Aspen Institute**

Justin Smith, Associate Professor, University of Utah School of Medicine

Debbie Stein, JD, Executive Director, Partnership for America's Children

Yoland Trevino, Executive Director, Pasadena/Altadena Coalition of Transformative Leaders (PACTL)

Lily **Valmidiano**, MPH, Project Director, American Academy of Pediatrics CA Chapter 3, San Diego

Emily Vargas-Baron, Ph.D., Director, **The RISE Institute**

Larry Wissow, M.D., Professor, Seattle Children's Hospital

Barry Zuckerman, M.D., Professor and Chair Emeritus at Boston University School of Medicine, Co-founder, Reach Out and Read, Medical Legal Partnerships, and Health Leads

Bold-faced organizations represent organizational as well as individual signatories

InCK Marks

Helping Leaders Advance Child Health Care Transformation

Federal Opportunities to Advance Child Health Transformation

Working Statement of the National Advisory Team, November 3, 2020

COVID-19 has been disruptive to children and their families and the health systems that serve them, particularly primary care. The triple crises of the COVID-19 pandemic, economic downturn, and reckoning on racism have elevated attention to racial inequities and social injustice in both the health care system and our country as a whole.

Because of COVID-19, the public and the policy community now have heightened recognition of the value of frontline providers in child health and other fields. Providers reached out, supported, and engaged children and their families, offering two- and multi-generation approaches to protect child health and development. At the same time, health practitioners faced new challenges in providing that care, many not recognized in the current financing system. It is clear that the child health care system will not simply revert back to the way it was before COVID-19. We must work to build back better, smarter, and fairer. The future of our children and society depends upon it.

Far too many U.S. children—through the poverty, isolation, stress, discrimination, racism, or marginalization of their families and communities—do not have access to or receive what they need to succeed. The result is profound disparities in opportunity based upon a child’s socio-economic status, zip code, and/or color of their skin. Currently, none of the systems serving children — health care, behavioral health, economic assistance, early care and education, and family support — is sufficiently resourced to fulfill even its own role, but each has evidenced-based models and best practice protocols to do so. The federal government has a critical leadership opportunity to invest in these systems, in partnership with states and communities, and to equip the child health field to move toward a new and better standard of practice.

New leadership and investment from the federal government can be the stimulus needed to transform child health care. The challenge is to diffuse exemplary practices as well as evidenced-based program models into much broader practice and toward an improved standard of care for the child health system. This includes more preventive and promotive health responses to children and families now struggling to grow and develop and earlier, more comprehensive, and more family-and-youth-driven responses to children with special health care needs and disabilities to enable their optimal growth and development.

The following are key actions the federal government can take to improve the health and development of children and their families. Some are specific to young children, but many apply to older children; and other efforts, including school-based services, are needed to support older children.

1. **Guarantee health coverage**

- Health coverage guaranteed for all newborns at least until their sixth birthday, including automatic and continuous enrollment in Medicaid/CHIP for those without identified health coverage.
- Continuous Medicaid postpartum enrollment of mothers for a year following the end of pregnancy, through their child’s first birthday.

2. **Provide incentives to states**

- Enhanced federal financial participation under Medicaid for well-child visit reimbursements which are provided to practices meeting standards as advanced, high performing medical homes.

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- Enhanced federal financial participation under Medicaid for care coordination/ case management for children which address social as well as medical determinants of health, including staffing that is diverse and responsive to and representative of the communities served.
3. **Invest in innovation and quality improvement**
- Core provisions (and reauthorization) within the Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation (CMMI), that focus upon advancing innovation and diffusion of advanced, high performing medical homes for children in Medicaid, including a federal opportunity announcement (FOA) for young children and State Innovations in Medicaid (SIM) grants to states specifically for child health.
4. **Build a community-based workforce**
- Additional funding (through the Title V Maternal and Child Health Services Block Grant or other flexible block grant funds) for a community-based child health workforce (e.g. community health workers, family specialists, relational health workers, doulas and midwives, family navigators, and others) to build the capacity to provide family-centered, high-performing medical homes for all children.
 - Additional funding through Medicaid and other federal programs such as IDEA Part C to expand early intervention services for children with developmental risks and delays related to medical or social complexity, providing appropriate child-specific responses and supporting families in their roles.
5. **Advance equity**
- Incorporation of expectations and supports within all actions taken above to advance and promote accountability among payers for equity, with a particular and specified role for child health providers to contribute to eliminating bias and being explicitly anti-racist.
 - Specific financing for equity training, guidance, and continuous improvement as part of Medicaid and other health care contracting and administrative support, including workforce diversification to reflect the populations being served.
 - Focused attention to monitoring quality and equity in Medicaid, with data collected and oversight provided to ensure accountability for health expenditures so that all children receive continuous coverage, equitable treatment, and quality care responding to their needs and circumstances.

The Integrated Care for Kids-InCK Marks Initiative is funded by the Robert Wood Johnson Foundation to help leaders – practitioner champions, administrators, policy research and advocacy organizations and experts, and policy makers at the state community, and federal levels – advance child health care transformation. InCK Marks is guided by a National Advisory Team and draws upon and promotes the work of a national resource network of over 35 national organizations at the cutting edge in advancing child health transformation. InCK Marks produces reports synthesizing the state-of-the-field in health care transformation at the practice, finance, metrics, and culture levels and conducts webinars and other forums to share its own and the work of network members. Charles Bruner serves as the National Resource Network manager and grant administrator. The National Advisory Team which produced this report is: Kay Johnson, chair; Maxine Hayes, co-chair; Kamala Allen, Mayra Alvarez, Melissa Bailey, Scott Berns, Christina Bethell, Elisabeth Burak, Paul Dworkin, Beth Dworetzky, Wendy Ellis, Jeff Hild, Shadi Houshyar, Nora Wells, and David Willis. The statement was revised and improved based upon thoughtful comments and insights from four zoom meetings with other experts in the field: Rahil Briggs, Elizabeth Burke-Bryant, Ruben Cantu, Debbie Cheatham, Nathaniel Counts, Helen Duplessis, Amy Fine, Andrew Garner, Hannah Gears, Daniella Gratale, Erin Hardy, Charles Homer, Milt Kotelchuck, Johanna Lister, Cailin O’Conner, Michael Odeh, Cynthia Osborne, Aimee Ossman, James Perrin, Rachel Roiland, Robert Sege, Marjorie Sims, Debbie Stein, Alexandra Quinn, and Emily Vargas-Baron. Additional resources and more detail on the provisions is available by emailing bruner@childequity.org and by reviewing the resource materials on the InCKMarks website: www.inckmarks.org.