



Forum Session Meeting Announcement

Friday, February 16, 2007
11:45am — Lunch
12:15–2:00pm — Discussion

Completing the Recipe for Children's Health: Ingredients Beyond Health Insurance and Health Care

A Discussion Featuring:

Deborah Klein Walker, EdD

Vice President, Health Division

Abt Associates, Inc.

President

American Public Health Association

Leonardo Trasande, MD

Assistant Director, Center for Children's Health and the Environment

Assistant Professor, Department of Community and

Preventive Medicine and Department of Pediatrics

Mount Sinai School of Medicine

Cyd Campbell, MD

Medical Director

Health Services for Children with Special Needs, Inc.

Location

**Reserve Officers Association
of the United States**

One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor

*(Across from the Dirksen Senate
Office Building)*

Registration Required

Space is limited. Please respond
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Completing the Recipe for Children's Health: Ingredients Beyond Health Insurance and Health Care

OVERVIEW

This Forum session will offer an opportunity to look broadly at the many factors beyond health insurance coverage and health care services that influence the health status of children. Speakers will discuss the evidence base for the effect of social and environmental influences, individual health behaviors, genetics, and medical care on child well-being. Gaps in the evidence base, and the role the National Children's Study might play in filling these gaps, will also be addressed. A vision for improving children's health that expands on the medical model by placing significant emphasis on health promotion and disease prevention strategies and on better integration of population-based health and health financing systems will be discussed. A clinician's perspective on the challenge of improving child well-being in the midst of these multiple factors will be provided.

SESSION

It's not news that we are what we eat, drink, breathe, and touch—even more so for kids who are developing and are particularly vulnerable to adverse exposures. Environmental risks, such as exposures to lead-based paint or air and water pollutants, as well as social factors like family resources are commonly known to affect health. Other risks are more insidious, such as the impact of stress on a child's brain development. While there is much we know about good and bad influences on child health, less understood is how the interaction of different external factors affects health. And despite having some evidence base, plenty of disagreement exists about the best way to use that information. Some communities, for example, prohibit the use of fluoridated water even though study after study has established its efficacy and safety.

The significant prevalence of chronic illness among children, especially asthma and obesity, has caused alarm and prompted a call to action from all parts of the children's health community. In a country that prides itself on an equal chance for everyone, racial and ethnic disparities in children's health paint a starkly different reality. The health policy community heeds the call to action by wielding the biggest tools in its toolbox: Medicaid and the State Children's Health Insurance Program (SCHIP). All too often, the discussion (and, in large part, the underlying research) focuses on keeping a meticulous count of how many children have health insurance coverage,

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the source of that coverage, and how many have gained and lost coverage since the previous year. The actual impact of these programs on children's health is less well-defined.

Proponents of considering the broader influences on child health argue that health insurance coverage is a necessary but not a sufficient condition for improving the health of children. They speak in terms of a "determinants of health" model that looks at the influence of individual behavior, genetics, social circumstances, environmental conditions, and medical care on overall health. Researchers estimate that responsibility for preventable mortality in the United States can be attributed as follows: "genetic predispositions, about 30 percent; social circumstances, 15 percent; environmental exposures, 5 percent; behavioral patterns, 40 percent; and shortfalls in medical care, 10 percent."¹

Few argue that these multiple factors are unimportant, but policymakers struggle to address the determinants that result in poorer health status for many children, especially those living at or near the poverty line. Clearly, medical care is critical, but children's social circumstances, environmental conditions, genetics, and behaviors likely play an even more significant role. The medical profession can only do so much when many aspects of patients' lives are beyond its influence—from family income and structure to access to healthy foods and safe homes and neighborhoods. Many a pediatrician with an asthmatic patient has bemoaned the lack of reimbursement for home visits that could identify, and possibly eliminate, environmental factors aggravating the condition, thus improving the efficacy of medical treatment. Few insurers cover such nonmedical interventions even though they are often essential to making the medical care, and the public and private dollars spent on it, effective and efficient.

From a federal perspective, the implementation of a determinants model poses many challenges. Relevant programs are spread across departments, from Health and Human Services to Agriculture, Education, Justice, Housing and Urban Development, and the Environmental Protection Agency, with each developing its own budget and working with different congressional authorizing and appropriating committees. Further, there is a reasonable amount of debate about the appropriate federal government role for improving child health, especially when it comes to programs like Medicaid and SCHIP paying for nonmedical interventions such as lead abatement efforts, child safety seats, or parenting classes.

Despite these challenges, various organizations have been funding and fostering efforts to bring the public and private sectors together in some states and communities to improve children's health by looking beyond the traditional medical model. Because of the complexity of the task and the obstacles, such efforts have had varying degrees of success. Although understanding what helps and hinders these interventions is beyond the

scope of this introductory session, it does merit its own attention. This session will explore the determinants of health model, its potential for improving children's health, and some of the data issues and practical tensions inherent to pursuing such an approach.

SPEAKERS

Deborah Klein Walker, EdD, is a vice president in the health division at Abt Associates, Inc., and is president of the American Public Health Association. Before joining Abt in 2004, Dr. Walker was at the Massachusetts Department of Public Health for 15 years where she most recently was the associate commissioner for programs and prevention, responsible for programs in maternal and child health, health promotion and disease prevention, primary care and community health programs, minority health, data integration and information systems. She will provide an overview of what is known and not known about various determinants of child health, including some illustrative examples of community-based efforts to intervene.

Leonardo Trasande, MD, is an assistant professor of Community and Preventive Medicine and is the assistant director for the Center for Children's Health and the Environment at the Mount Sinai School of Medicine. He is also the and co-principal investigator of the National Children's Study's New York Vanguard Center. He will present on the current status of the National Children's Study, focusing on how this longitudinal study may help clarify and untangle the myriad factors suspected to undermine health or promote wellness.

Cyd Campbell, MD, is the medical director of Health Services for Children with Special Needs, Inc., a care management network for Medicaid-eligible children in the Washington, DC, area. Dr. Campbell has provided care to children in California and Maryland in a variety of practice settings, including a private suburban practice, managed care, community health center, residential psychiatric treatment, and therapeutic foster care settings. She was formerly director of Pediatrics at Total Health Care, Inc., in Baltimore, MD, a federally qualified community health center. She will offer a clinician's perspective on the challenge of providing quality child health services that are fundamentally affected by the various determinants of health.

KEY QUESTIONS

- What do various indicators tell us about the current status of children's health in America? In what ways is overall child health getting better? In what ways worse?
- What does the available evidence say about the relative impact of the environment (exposures, built environment, violence), social

circumstances (family income and education), genetics, medical care, and personal behaviors on children's health? Does current children's health policy take this information into account?

- Where is evidence lacking to evaluate the effect of certain determinants on child health? What role does the National Children's Study play in providing that evidence? What information will the study provide to health policymakers and when?
- How can population-based interventions and individual health services work together more effectively to improve children's health?
- What is the appropriate federal government role for addressing the multiple and interrelated factors influencing children's health?

ENDNOTES

1. J. Michael McGinnis, Pamela Williams-Russo, and James R. Knickman, "The Case for More Active Policy Attention to Health Promotion," *Health Affairs*, 21, no. 2 (March/April 2002): p. 83.



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