Electing the Path Forward for Our Children's Health

Population Health Sciences

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The presidential election evoked strong reactions from all sides, but regardless of where you landed, one thing we can all agree on is that a seismic shift occurred last Tuesday. That said, we cannot allow the election and its potential repercussions for the health care system to move our focus away from protecting programs and policies that affect children's health and welfare.

The truth is that even before the election, 2017 was lining up to be a challenging year for children and adolescents. With a Congress divided, and many state governments realizing serious fiscal pressure, children's programs were already facing uncertain futures. Given this reality, PolicyLab had been busy long before the election structuring its research and policy priorities to confront some of the major upcoming challenges for families in the United States.

The U.S. has finally achieved nearly universal rates of children's health insurance coverage, with coverage rates exceeding 95 percent in 2015. This overdue feat was primarily the result of two essential insurance programs for children—our nation's Medicaid program and the Children's Health Insurance Program (CHIP).

Unfortunately, this accomplishment is already in grave danger of being undermined. Financing for CHIP, which insures many children in low-income families across the country, is scheduled to end in 2017 unless Congress reauthorizes funding. With the future of the Affordable Care Act (ACA) in the balance and even Medicaid potentially at risk, CHIP's importance only grows. The program is an essential backstop to preserving the historically high rates of children's health coverage we have today. As the new administration and Congress

seek to modify or replace the ACA, they should quickly rally around reauthorizing CHIP, and other legislative structures aimed at maintaining children's coverage, for the next four years.

There is also a great need to ensure that children retain access to qualified health care providers and services and enjoy a comprehensive set of pediatric benefits, no matter their race, ethnicity, immigrant status or sexual orientation. For that reason, our team has long realized that disparities in care can undermine the outcomes we are seeking for children and adolescents. By understanding the nature of how disparities take hold, our team intends to provide guidance both regionally and nationally on strategies to improve access to care, provide equity in the quality of services families receive and address unique needs of children with chronic disease and in all vulnerable populations, from children in foster care to the new immigrants and refugees arriving in our country.

An important driver of our work will be to develop replicable models here in our Philadelphia community that may provide evidence for communities across the country seeking to build stronger programs for children, from early childhood to later adolescence, and families. One of the most important benefits of the ACA was the expansion of health coverage to more than 20 million new enrollees, many of whom are the parents of our children at CHOP and elsewhere. Their access to preventative and needed services was an opportunity to think about the intergenerational impact of a parents' health on their children. For many parents, especially parents of young children, their most frequent contact with the health care system is with their child's pediatrician. With the future of the ACA and its expanded coverage for our parents in question, the pediatric clinic may for many become the only non-emergency venue where broader needs for the entire family, including parents, might be addressed. By engaging parents who smoke around tobacco cessation or by identifying the isolated and depressed young mother during a pediatric visit, clinicians can provide direct services to parents or connect them to available community resources.

The science is unequivocal that healthier parents means healthier children. PolicyLab and its investigators are helping to further develop and evaluate this approach, which is often referred to as a "two-generation" approach , and we anticipate participating in the implementation of these programs, both within our own health system, across Philadelphia and elsewhere in the country.

A final and daunting challenge is the health of our older youth in transition to adult care. Although the reasons are many, our adolescents are facing stressors today more than ever before as they navigate the maze toward adulthood and its many responsibilities. We are seeing emotional challenges like never before, occurring in an environment with depleted resources for mental health and substance abuse treatment. As we ask our adolescents to take on responsibility for the self-management of their illnesses, or for their own reproductive health, our commitment at PolicyLab is to advance the research and policy priorities that will make that journey easier. Working alongside our division of adolescent medicine and others at CHOP, our intent is to reduce the barriers that adolescents and young adults face in obtaining the services that will best help them in this transition.

So yes, the ground shifted last Tuesday, but it doesn't change our focus. More than ever we need to look at ways to maintain or improve insurance coverage, address health equity concerns, build upon two-generation approaches to improving the health of families as a whole and ensure smooth transitions to adulthood among adolescents.

We at PolicyLab are poised and ready to anticipate and respond quickly to the challenges that children and their families experience in communities all across the country. We value our partnership with those working in public systems and programs that serve children, with those in the nonprofit sector providing essential social services and with health care providers. We look forward to continuing to work with all of our partners as the ripple effects from Election Day's seismic shift begin to sink in.

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