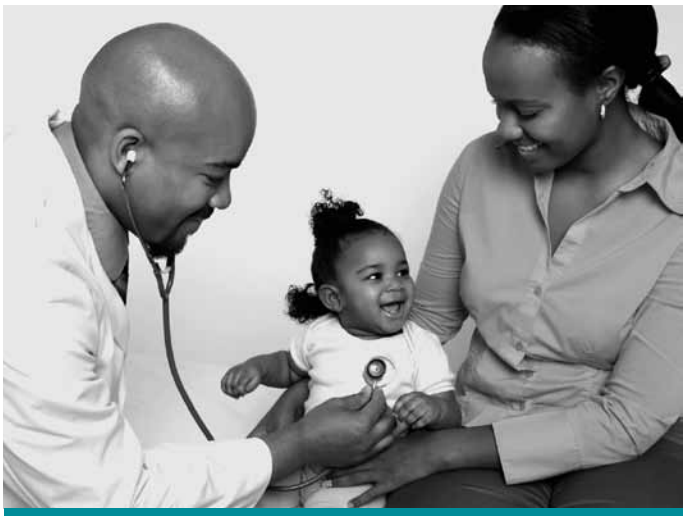
Ensuring Good Physical Health of Our Infants & Toddlers

The need for health care during a child's first 3 years is more crucial than at most other times in life. For the youngest children, routine health care can spell the difference between a strong beginning and a fragile start. This is particularly true for children living in poverty, due to their increased likelihood of exposure to environmental toxins, inadequate housing and nutrition, and other economic hardships that are associated with compromised child development.[1]

Cognitive, social-emotional, and physical development are inextricably linked during this stage of early growth, so poor health in a very young child can lead to developmental problems in other areas and vice versa. The first 3 years of life provide an incredible opportunity to promote the healthy development of infants and toddlers and prevent and treat many of the physical, social-emotional, and cognitive impairments that these young children could face in the future. Health insurance has been in the national spotlight since the passage of the Patient Protection and Affordable Care Act (ACA). Although the ACA provides greater health insurance access to families with young children, many infants, toddlers, and families lack access to the health services needed to ensure the children's growth and development.



At some point during 2010, 9% of children under the age of 6 were uninsured.[2]

Policymakers can play a leading role in ensuring that all infants, toddlers, and their families have access to quality, comprehensive, consistent, and culturally appropriate health services; adequate insurance coverage and prenatal care; periodic health screening and referrals through early childhood programs; and sufficient quantities of nutritious foods.

Several provisions of the ACA will improve health insurance and health care for young children and families.

These provisions include:

- **Insurance companies are no longer allowed to have lifetime dollar limits on coverage.**
- **Plans can no longer deny coverage based on pre-existing conditions or disability status.**
- **Starting in 2014, pregnancy care, newborn care, vision coverage for children, and dental services for children will be covered by all plans sold to individuals and small businesses, including plans from the Affordable Insurance Exchange.**
- **Starting in 2014, if a family's income is less than the equivalent of $88,000 annually for a family of four, and the family's employer does not offer affordable coverage, the family will be eligible to receive tax credits to help pay for insurance.[3]**
- **Private insurance companies are required to cover the preventive services recommended by the *Bright Futures Initiative*.[4] These types of services include regular pediatrician visits, immunizations, developmental assessments, vision and hearing screening, and screening and counseling related to weight.[5]**

Policy Recommendations

1. Ensure that every child has a medical home. When children have a medical home, one pediatrician who knows a child's medical history and works in partnership with the child's family can consistently manage all aspects of pediatric care.[6] This includes well-child visits; immunizations; screenings and assessments; patient and parent counseling about health, nutrition, safety, and mental health; and supervision of care. Medical homes provide a place where social and biological determinants of health are addressed.[7] In addition, when appropriate, a pediatrician can refer a child to specialized health care providers, mental health care providers, and early intervention services while coordinating care with other early childhood programs and services.

The Commonwealth Fund and the National Academy for State Health Policy developed a series of recommendations for states about how to implement medical home programs for Medicaid and Children's Health Insurance Program (CHIP) participants, including: using payment policies to incentivize collaboration between primary care physicians and specialty care physicians; helping medical practices improve their services by supporting electronic medical records; supporting the provision of care coordination; and addressing anti-trust issues.[8] Federal and state policymakers can promote efforts to have a single consistent health care provider, particularly for lower income families. Having a single provider can improve child health outcomes and help families avoid unnecessary and more expensive treatment in emergency rooms, walk-in clinics, and urgent care facilities, thereby reducing costs to all of society.

2. Adequate Medicaid and CHIP coverage should be provided for all infants and toddlers, and efforts should be made to ensure that available coverage is utilized. CHIP, which is the joint federal-state program that provides health insurance for low-income Medicaid-ineligible children and pregnant women, has dramatically improved the health and well-being of our most vulnerable children[9] and was reauthorized in 2009 under the Children's Health Insurance Program Reauthorization Act. Yet, over 7 million children remain uninsured, including 5 million who are eligible for CHIP or Medicaid and have not been enrolled in either program.[10] The ACA stipulates that until 2019, states must maintain enrollment and eligibility policies for children that are at least as generous as those that were in place at the time the ACA was enacted.[11] Sixteen states (concentrated in the West and South) have higher rates of uninsured children than the national average.[12] All states should be encouraged to cover children at equal levels of eligibility. Furthermore, as highlighted in *Healthy People 2020*[13], a concerted effort must be made to reduce disparities in who is insured.

Some programs are in place to make sure that children and families are taking advantage of the coverage available to them. For example, Health and Human Services Secretary Sibelius issued the *Connecting Kids to Coverage Challenge* in 2010, to encourage leaders in the government and private sector to find and enroll

FAST FACTS

- Medicaid insures **40%** of children under age 6.[14]
- In the last 50 years, the number of visits to emergency rooms has increased more than **600%** in the United States,[15] with children under the age of 3 representing the largest proportion of medical and injury-related emergency room visits in the country.[16]
- In 2009, **6.6%** of births were to mothers who received late or no prenatal care.[17] Inadequate prenatal care is associated with poor birth outcomes such as prematurity and low birth weight.[18]
- **31.7%** of children between the ages of 2 and 19 are overweight or obese.[19] More than half of all obese children are overweight by age 2.[20]

children who are eligible for Medicaid and CHIP but not currently enrolled. Strategies for "stepping up to the challenge" include cutting red tape to simplify enrollment and renewal processes; capitalizing on technology; creating opportunities for enrollment in environments naturally frequented by families (e.g., schools, playgrounds, places of worship); focusing on retention; and forging partnerships.[21] Federal and state policymakers should ensure that adequate funding and outreach efforts like these are established and supported in order to increase enrollment in Medicaid and CHIP.

3. **Improve access to prenatal care for all pregnant women.** Environmental toxins, substance use, malnutrition, domestic violence, and compromised maternal physical and mental health are just some of the many prenatal influences that may have lifelong implications. Mothers who lack health insurance are less likely to receive prenatal care,[22] including screenings and diagnostic tests that are instrumental in improving birth outcomes and reducing medical and nonmedical expenses. Women who do not receive prenatal care are three times more likely to give birth to a low-weight baby and five times more likely to have their baby die.[23] Effective prenatal care can also help reduce the risk of a preterm birth. In 2010, preterm births accounted for 12% of all births in the United States.[24] In 2005, the Institute of Medicine estimated that preterm births cost society at least $26.2 billion annually, or $51,600 for every preterm infant.[25] When considering the special education costs associated with disabilities that are more common among preterm infants (cerebral palsy, intellectual disability, and vision and hearing impairments), estimates increase by another $1.1 billion or $2,200 per preterm infant.[26]

Prenatal care should also include prenatal counseling on a range of topics, including the link between prenatal factors and childhood obesity, the impacts of maternal smoking during pregnancy, and the importance of breastfeeding.[27] Federal and state policymakers can improve children's long-term outcomes and save taxpayers millions of dollars in long-term health complications and special education services later in life by funding programs and services that improve access to prenatal care; mandating that important, relevant services are included in prenatal care; and supporting programs that improve education and outreach to pregnant women.

4. **Focus on parents' health, as well as children's health.** Healthy parents are better able to care for their children. Due to the Supreme Court decision on the ACA, states can decide whether to expand Medicaid coverage to parents and low-income adults with incomes up to 133% of the poverty line. Researchers from the Center on Budget and Policy Priorities and the Georgetown University Health Policy Institute Center for Children and Families stress that covering parents is good not only for the parents themselves, but also for their children, due to the following:

- When parents are covered, children are more likely to be enrolled in insurance and to stay enrolled.
- Insured children with insured parents are more likely to receive preventive care and other health care services.

Policymakers in all states should work to implement the Medicaid expansion—for the health of both adults and children.[28]

5. **Allow adequate reimbursement for child development services and quality of care in pediatric visits.** The *Bright Futures Initiative*, started in 1990, is a collaboration between the American Academy of Pediatrics and the Maternal and Child Health Bureau and is designed to improve the quality of children's health care. *Bright Futures* guidelines, recognized as the standard of care, currently recommend 12 visits in the first 3 years of life for routine well-child care,[29] which means that pediatric offices offer a unique opportunity to reach parents with information about child development and guidance on appropriate parenting practices. Yet, many of these opportunities are missed. In fact, in a national study, nearly all parents surveyed reported that they had one or more unmet needs for guidance or education from their child's pediatrician.[30] Current billing procedures do not permit adequate reimbursement for pediatricians' time or services focused on child development or family-centered care.[31] Furthermore, many providers lack training in child development and are unaware of community resources that may be available for children who are identified with a particular need.

Policymakers should ensure that reimbursement for pediatric visits covers the time required to thoroughly focus on child development and family-centered care. In addition, investing in quality programs that link developmental specialists with pediatric offices should be a priority for policymakers. Policymakers should also work to ensure that Medicaid and other agencies are tracking the quality of developmental services provided.

With the passage of the ACA, private insurance companies are mandated to cover the preventive services recommended by the *Bright Futures Initiative*.[32] A recent report estimates that the ACA, by extending to private insurance the preventive care already available in Medicaid and CHIP, has helped ensure that 54% of all children receive preventive health services.[33] Although states are allowed to select their own benchmark plans under the ACA, they must ensure that the *Bright Futures* preventive services are covered. Policymakers and advocates should work to ensure that the spirit of the ACA is maintained with regard to preventive health services for children as the states implement the Act.

6. **Expand access to health consultation in comprehensive early childhood programs.** Services that currently exist for children and families are fragmented across an array of fields, including health, mental health, early intervention, special education, child welfare, and other social services. Financing of such services likewise cuts across multiple, discrete, and uncoordinated funding streams, as well as federal and state programs. Navigating such a complex system can be overwhelming for both families and providers. One method of enhanced coordination of care is expanded access to health consultation in all child-serving settings. For example, Early Head Start, which provides comprehensive services focusing on early learning experiences, health and nutritional status, social-emotional behavior, early intervention, and parent support, offers increased access to health care, well-child exams, immunizations, and screening tests for children enrolled in the program.[34] Federal and state policymakers should ensure that adequate funding is available to integrate health screenings and services into other programs reaching infants and toddlers, including child care settings, nutrition services, home visiting programs, and foster care homes.

7. **Increase federal and state investments in children's nutrition programs and promote greater emphasis on nutrition education, physical activity, and obesity prevention.** Federal child nutrition programs include the Supplemental Nutrition Assistance Program, the Child and Adult Care Food Program, and the Supplemental Nutrition Program for Women, Infants, and Children. Such programs provide economic supports, nutritionally balanced foods, and nutrition education to many low-income families who are at risk of food insecurity. Not only do food-insecure households purchase less food in general, but they are also more likely to purchase low-quality food or skip meals altogether.[35] Not surprisingly, reliance on less nutritious foods and limited physical activity have resulted in an explosion of childhood obesity which has, in turn, led to health impairments that can have devastating lifetime effects (diabetes, hypertension, asthma, anxiety, and hyperactivity).[36] Federal policymakers should adequately fund children's nutrition programs, and policymakers at both the federal and state levels should invest in additional nutrition education and obesity prevention activities.

Policymakers should also support the work of the American Academy of Pediatrics in educating doctors and nurses about obesity. Doctors and parents should be aware of their child's body mass index and how to calculate it. It is vital to continue supporting programs that combat obesity and work to increase children's consumption of healthy food, parental education, and children's physical activity. Programs that focus on the youngest children are particularly important. For example, Michelle Obama's *Let's Move* campaign, which is working toward the goal of reducing the childhood obesity rate from 17% to 5% by 2030, includes a special component called *Let's Move! Child Care*. This program is designed to work with child and day care providers by offering guidelines on physical activity, screen time, food, beverages, and infant feeding (supporting mothers who want to continue breastfeeding).[37] Community-based programs, such as the Robert Wood Johnson Foundation *Healthy Kids, Healthy Communities* program, work via neighborhood partnerships to combat obesity by challenging its causes and supporting healthy eating and increased physical activity.[38]

Research

Medicaid and CHIP improve access to care. Currently, over half of low-income children receive their health insurance through Medicaid and CHIP.[39] From 2007 to 2010, thanks to Medicaid and CHIP, the number of low-income uninsured children dropped by 600,000, despite the recession and the decline in employer-based coverage.[40] Furthermore, children enrolled in Medicaid and CHIP are more likely than uninsured children to have a medical home, which is linked to improved quality and continuity of care.[41] Medicaid and CHIP enrollees also receive more preventive care (including dental and well-child care) and have better access to health care services and providers than uninsured children.[42, 43, 44] Despite increases in the number of children living in poverty, the number of uninsured children is decreasing and that is largely attributable to Medicaid and CHIP. Supported by the reauthorization of CHIP in 2009 and the stability protections in the ACA, states have been working to ensure that Medicaid and CHIP reach more children and families by expanding eligibility to moderate-income families and simplifying application and renewal processes.[45]

Lack of adequate health insurance increases the likelihood of delayed or unmet health needs. Research shows that without adequate health insurance and access to care, infants and toddlers fall victim to a host of poor health outcomes. Uninsured children are almost five times more likely than insured children to have at least one delayed or unmet health care need.[46] As a result, they are less likely to obtain preventive care or be diagnosed and treated early for illnesses; instead, families wait until conditions are no longer manageable before seeking care in the emergency room of their local public hospital. A recent study compared emergency room use by low-income children who have consistent coverage and low-income children who have gaps in coverage throughout the year. The study found that the children who were covered for only part of the year had fewer office visits and more emergency room admissions than children who had full-year coverage.[47] The true cost of pediatric emergency care is difficult to assess; however, costs could range anywhere from $3.9 billion to $12.8 billion annually, with an average total cost of $6.5 billion.[48] Furthermore, half of all emergency room charges go uncollected and are passed on to consumers who are covered by private insurance.[49]

Developmental interventions enhance the quality of early childhood health care. A national evaluation of *Healthy Steps for Young Children*, a program incorporating developmental specialists into pediatric practices, showed improvements in the quality of care for children under age 3.[50] The results of the evaluation demonstrated significant improvements in the quality of care provided in participating pediatric practices, including effectiveness, patient-centeredness, timeliness, and efficiency of care.[51] Furthermore, when compared to the control group, families who received the intervention reported improved parenting practices, particularly with regard to more favorable discipline techniques, fewer child behavioral problems, increased likelihood of seeking health care for their children, and more encouragement of reading.[52] When children were followed up at 5 ½ years of age, all outcomes were sustained.[53] While *Healthy Steps* started in 1995 with 24 sites, the program currently has 50 sites. With the ACA's focus on providing a medical home, these sites have a head start, as they already embrace both prevention and treatment. A recent study of the current state of *Healthy Steps* concluded that "Healthy Steps can serve as a model for shifting the current focus of treatment away from treating symptoms toward engaging patients, their families, and a whole care team in the well-being of the child and the family. Federal agencies could look to Healthy Steps when examining how to work a patient-centered, team-care approach into the new and expanding FQHCs [federally qualified health centers] provided for in reform legislation."[54]

Poor health outcomes affect later success. Health impairments and social-emotional problems also directly affect later success in school and long-term achievement. Children who are sick or hospitalized miss more days of school and have trouble learning, which results in lower grades and test scores and poorer cognitive development, school readiness, and success.[55] When developmental delays and health impairments are detected and treated early, children have a much better chance of school success. In fact, a study of California's CHIP found that after 1 year of enrollment in the program, children were rated by their parents as more likely to pay attention in class (57% after the program vs. 34% before) and more likely to keep up with their school activities (61% after vs. 36% before).[56]

Authors: Janine Kossen, Federal Policy Manager; and Elisa Rosman, Consultant
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About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at http://www.zerotothree.org/public-policy.

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