

Investing in Children’s Health

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Summary Points

AMCHP’s mission is to **support state maternal and child health programs** and **provide national leadership** on issues affecting women and children. We are based in Washington, DC, and work with many public health and policy partners to accomplish our work.

Today’s talk is about making **investments in children’s health**. What’s the most important thing to most of us? Our **kids!** Where can we have the biggest “bang for our health care buck”—early and smart investments in children. Do our policy decisions reflect that? We’ll talk about that. In this presentation I use a **broad definition of health**—health is the **absence of disease** but also a complete state of physical and social well-being. This takes us outside the setting of a clinical encounter into bigger community, population, social and economic realms.

Logically, when you **prevent disease** you **save in treatment** costs (i.e., you are not spending to treat the illnesses you prevented.) That’s one reason to focus on child health and prevention early. Some investments in children’s health are **cost-saving** (i.e., we actually save money by preventing disease). Immunizations are a good example of that—they result in a net savings to society through disease prevention. Some investments in child health are **cost-effective** (i.e., we have to spend money to save money, and what we spend is less than we would have spent had we not spent the money). Childhood vision screening is a good example of that—you spend money for the screening and treatment (e.g., lenses) but you save in future costs related to a child not being able to see well, which can include poor school performance and/or other developmental issues. Some investments in child health are **neither cost-savers nor cost-effective**, but if we all believe that health is valuable and prolonging life is valuable, they have benefit too. Just not to the bottom line. That gets into ethics and is a very different presentation than this one. We’re not going to spend much time on that question.

Dr. Thomas Frieden (director of the Centers for Disease Control and Prevention) recently presented a “**Health Impact Framework**” that I think is a good graphical way to describe the potential impact of various health care and public health interventions. Looking at his framework, we’ll talk about the **various levels** at which we can invest in child health—from **clinical** and protective interventions (e.g., immunizations, check-ups) to **policy** interventions (such as tobacco control or menu labeling). The point of this is to show that you can have a large impact on children’s health at the **policy level**—not just the **clinical level**—something that you may have been thinking about in your role as policymakers.

Here’s a test:

Q: What is the leading cause of death for kids?

A: _____

Q: What clinical intervention exists to address the leading cause of death for kids?

A: _____

The issue of addressing children's health is not trivial. The current generation of young people may be the first in history to live shorter lives than their parents. Is that progress? Is that the future we want for our children? I'd say no. Can we fix that? Yes.

Let's talk about this some more.

Much of our federal and state investments in child health are made at the **clinical level**—i.e. Medicaid (tell you about it, right!), CHIP (oh boy!), etc. In fact, we spend MOST of our health dollars on **care and treatment**. I want to talk a bit about how we can supplement those important investments with other child health and public health interventions—interventions that have **significant cost and health impact** but are implemented at the **community or population** level. Most of the provisions in the Affordable Care Act (ACA, aka "health reform") focus on **access to care and health insurance reform**. There are some interesting opportunities and challenges for other kinds of investments in child health though ACA, however. We'll talk about those. As an investor in child health you want some return **on your investment**, right? We'll talk about some ways you may be getting dividends through investments in prevention. Specifically we'll talk about:

Bright Futures for Children™, as well as plans for a new Bright Futures for Women
Medical or Health Homes and patient-centered or family-centered care
Genetic **counseling** and metabolic **screening** programs
Tobacco cessation for pregnant women
Prematurity prevention
Childhood injury prevention
Breastfeeding interventions
Childhood obesity prevention
Personal Responsibility Education Program and **Teen Pregnancy** Prevention
Evidence-based **Home Visitation** programs

Another emerging area for investments in child health involves the health of young women BEFORE they have children (if they chose to do so). Again, we won't get into the existential, moral and political questions involved here, but the logic is that healthy women have healthy babies, and healthy babies have a better chance at being healthy children, hence, it makes sense to invest in women's health early on (**preconception health**) or health across the lifespan (**life course perspective**) if we really want a good return on our child health investments. I won't get too much in to this, but it is an emerging area of interest at least to the maternal and child health world. So, stay tuned.

There is a lot more to talk about related to ACA and other issues. The best resource on this (if I do say so myself) is an AMCHP summary that analyzes the key provisions, opportunities, and challenges for state maternal and child health programs. That is available at www.amchp.org and look at our "Advocacy" tab.

I never have enough time but I will include a few ideas about how you, as policymakers, can be good stewards of your state's investments while also improving the health of your state's children and families. Thank you!

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