The Obama Administration's Commitment to Creating a Healthier Future for Children and Families

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As a nurse whose professional career working in health care, public policy, and academia has always been propelled by a drive to extend health care to those among us who need it most, it is particularly gratifying to work for a president with such a strong commitment to children's health.

In the midst of competing demands, one of President Obama's first actions upon taking office was to push for and sign on February 4, 2009, the reauthorization and expansion of the Children's Health Insurance Program (CHIP). That act boosted insurance coverage from 7 million children to 11 million children from low-income families.

After CHIP's successful reauthorization, President Obama oversaw passage of the Affordable Care Act (ACA), which has guided U.S. health care into a new focus on care quality, access, wellness promotion, and illness prevention for all Americans, including the youngest among us.

The President's priorities are recognizable in the mission of the Health Resources and Services Administration (HRSA), the agency I head, which is part of the U.S. Department of Health and Human Services. The first goal of HRSA's strategic plan is to improve access to quality health care and services.

The historic legislation, signed into law on March 23, 2010, recalibrates health care in this country in ways that are essential if we are to decrease financial and other burdens, even as we improve the health of children, families, and communities. Some of the long-overdue changes that eliminate barriers, which too often stand between families and good health, include:

- preventing insurance companies from canceling health insurance policies except in cases of intentional misrepresentation or fraud;
- allowing young adults – a demographic group with some of the highest rates of uninsurance – to stay on a parent's plan until they turn 26;
- making certain preventive benefits, such as immunizations and screenings, available at no cost to policy holders; and
- removing pre-existing condition exclusions for children (as of September 2010, children under the age of 19 cannot be prevented from buying insurance because of pre-existing medical conditions).

The last benefit extends to the entire citizenry when the law is fully implemented in 2014.

All of America benefits from the ACA, but the legislation includes a clear focus on the health of infants and school-aged children. For example, a lesser-known provision in the legislation authorizes $1.5 billion over five years for a Maternal, Infant, and Early Childhood Home Visitation Program. Three percent of total funds ($45 million) are set aside for tribal organizations. Under this program, nurses, social workers, and others will visit expectant mothers and their families in high-risk communities. There they will provide counseling and intervention services designed to improve health outcomes for mothers, infants, and families. The evidence behind the program clearly indicates that providing this intervention sooner decreases the need for more costly clinical care later. That theme runs throughout much of the ACA.

The ACA also authorizes $200 million over the next four years for the construction, renovation, and

expansion of school-based health centers, part of the network of 7,900 HRSA-supported health center sites across the nation that provide preventive and primary care to all who enter their doors. With the additional school-based sites, even the most disadvantaged kids can get care conveniently – and before major health problems take root.

The investment in school-based centers is but a sliver of the total investment in primary health care, by any measure an important and cost-effective component of health care. In the ACA, $11 billion over the next five years is designated for the operation, expansion, and construction of health centers throughout the nation. And this investment in primary care services follows an influx of $2 billion for health centers contained in the Recovery Act that President Obama championed and signed in 2009, after a month in office. The result of that Recovery Act investment, made during the darkest days of the recession, allowed health centers to treat an additional 3.3 million patients in 2009, including more than 1.8 million people who found themselves without health insurance.

Even as we push out primary care infrastructure, the ACA has accompanying provisions to strengthen the ranks of primary care providers. With staffing challenges in mind, lawmakers who wrote the ACA dedicated $1.5 billion over the next five years to support and deploy clinicians from another HRSA program – the National Health Service Corps (NHSC).

And, again, that followed a $300-million investment under the Recovery Act to expand the corps, comprised of advanced practice nurses, physicians, dentists, psychologists, and others who agree to provide primary care in medically underserved areas for at least two years. In exchange, the federal government – through HRSA – gives them up to $60,000 tax free over that period to repay student loans. For a five-year commitment, the loan repayment amount can run as high as $170,000. Additionally, a number of NHSC clinicians have received scholarships to pay for their studies through the Recovery Act, or will receive them beginning in 2011 through the ACA. From a total field compliment of 3,600 providers just two years ago, the NHSC today is on track to reach 10,500 clinicians providing primary care services by the end of 2011. If historic trends hold, about half of them will accept positions in health centers.

This cadre of clinicians is particularly important given that the bulk of the ACA money for health centers – $9.5 billion of the $11 billion total – will expand preventive and primary health care services at existing health center clinics and create new health center sites in medically underserved areas. And by 2015, HRSA's health center grantees are expected to nearly double the number of patients they serve, from almost 19 million patients served in calendar year 2009. Of the total number of health center patients served in 2009, about 6.8 million were 19 years old or younger, including almost 4 million who were 9 years old or younger.

So a near-doubling of the health center system over five years will, if trends hold, extend the benefits of health center care to several million young people. That is progress on an epic scale, a scale equal to the passage of Medicare, and before that, Social Security.

Another part of that landmark legislation, Title V of Social Security, is one of HRSA's core responsibilities. The Title V program, operating today as the Maternal and Child Health State Block Grant Program, is an example of government at its best. These funds, set at $662 million in the fiscal year 2010 budget, support one of the longest running and most successful federal-state-local partnerships in the history of public health in America.

From its earliest origins, Title V programs have supported preventive care for pregnant mothers, infants, and children, as well as a wide range of medical services, and contain a focus on the care and development of children with special health care needs. The program pays for important services from doctors, dentists, public health nurses, medical social workers, and nutritionists. Six in 10 of all pregnant women in America benefit from Title V services. Also important, Title V administers established protocols and embraces standards that support evidence-based research to inform health care. The program stresses performance. All of the states and territories that receive Title V funds from HRSA

report annually on their progress toward meeting health targets on 18 national performance measures. These data are published on HRSA's Web site http://mchb.hrsa.gov/data/. The reported measures include metrics such as:

- the percent of mothers who breastfeed their infants at six months of age;
- the percent of 19- to 35-month-old infants who have received the full schedule of age-appropriate immunizations; and
- the percent of children with special health care needs ages 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

When state officials apply for their Maternal and Child Health Block Grant funds each year, as they are required to do, staff from HRSA's Maternal and Child Health Bureau (MCHB) engage them in discussions about their performance on these 18 measures. As needed, the conversation also covers strategies to improve performance.

Despite these great efforts, the United States still struggles with infant mortality. In fact, U.S. infant mortality rates remain high among developed nations, and that failure – especially striking among African Americans – is one of the most glaring defects of our current health care system.

To explicitly apply resources to the highest-need communities, the Healthy Start program, a separate MCHB effort, was launched as a demonstration project in 15 cities 20 years ago. This program targets the infant mortality problem head on in 102 underserved, largely minority communities around the country. The aim of the program is to bring together community resources to reach young, pregnant women in their homes and get them into prenatal care and nutritional and behavioral health counseling before birth, and after delivery to continue connecting these women and their infants to care.

The impact in most areas is striking. In 22 jurisdictions over 2008 and 2009, despite vastly different demographic and socioeconomic conditions on the ground – from Blytheville, Arkansas to Flint, Michigan; from Philadelphia, Pennsylvania to Los Angeles, California; in Wichita, St. Louis, San Antonio, and Fresno, and 14 other places in between – clients enrolled in the local Healthy Start program had ***zero*** infant deaths.

In another measure, the percentage of very low birth weight babies, the country has endured a historically glaring disparity between whites and African Americans. But in the area served by the Baltimore (Maryland) Healthy Start grantee, the percentage of very low birth weight African-American babies now almost equals the rate for white infants.

Each of these programs combines to strengthen the health care safety net. For example, with Healthy Start, the expansion of CHIP, and now, with passage of the ACA, when it comes to the health of infants and children, there is no doubt that we are headed in the right direction. Last July, Cecilia Rouse, a member of the President's Council of Economic Advisers, told a Senate hearing that the number of children without health insurance in 2009 had fallen to 8.2 percent, down from about 10 percent the year before. Rouse attributed the drop to what she called the "historic expansion of the Children's Health Insurance Program." This is particularly noteworthy given that the achievement occurred in a year that saw health insurance coverage fall among adults. And the number of children covered will continue to expand as more of the consumer protections contained in the ACA take effect.

Title V covers the bulk of the work HRSA's MCHB is engaged in, but the bureau also oversees research to improve children's health. Since 2001 HRSA has funded an effort to boost the quality of care for children called the Pediatric Emergency Care Applied Research Network (PECARN). With an investment of just over $5 million annually, PECARN conducts research on the prevention and management of acute illnesses and injuries in children through a network of 21 participating hospitals. This is a great example of partnership within pediatric health care and between pediatric health care and the federal government.

We are delighted with PECARN's efforts, and its research has led to improvements in clinical care for sick and injured children in two situations. The first finding resulted in improved treatment for bronchiolitis – a common infection of the respiratory tract in infants and a leading cause of their visits to hospital emergency rooms. The second led to improvements in treatment for head trauma in children. Making new knowledge actionable is a high priority for HRSA and the Obama Administration.

PECARN is funded through MCHB's Emergency Medical Services for Children (EMSC) program, which since its creation in 1985, has distributed funds to all states, U.S. territories, and the District of Columbia to support activities that improve, refine, and integrate pediatric care within each state's emergency medical services system. As with the Title V program, all of HRSA's EMSC State Partnership grantees are required to collect and report data on performance measures. The 10 measures in the EMSC program include metrics such as:

- the percent of prehospital provider agencies in the state/territory that have on-line pediatric medical direction available from dispatch through patient transport to a definitive care facility, and
- the percent of hospitals recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies.

HRSA's concern for children's welfare does not stop with MCHB activities. In our HIV/AIDS Bureau, which implements the Ryan White HIV/AIDS program that each year provides clinical care and lifesaving pharmaceuticals to over half a million low-income people living with HIV/AIDS, Part D of the Ryan White program provides family-centered, outpatient, and ambulatory primary medical care for women, infants, children, and youth with HIV/AIDS.

And HRSA is just about to unveil a new $5-million effort – another pro-child element of the ACA – to help children live healthier lives by eating better and exercising more. In late 2010, HRSA announced the establishment of the Healthy Weight Initiative. Starting in May, the initiative will begin to organize teams in all 50 states to implement and test a set of evidence-based interventions designed to reduce obesity. This initiative provides an opportunity for all stakeholders, including foundations, to work together on one of our most important health care challenges: overweight and obesity.

Clearly, the Obama Administration is deeply committed to the health of America's children. Starting with CHIP reauthorization and expansion, to his targeted efforts to improve access to primary care in the Recovery Act and the ACA, from his support for the Home Visiting program and school-based health centers, and from his continued backing of HRSA activities in the MCHB, President Obama leads an administration that is dedicated to expanding access to care and services for children, and indeed for all Americans.

HRSA is fully committed to advancing this administration's historic effort to improve the nation's health and health care delivery through the ACA. Pivotal to this work is the robust engagement of advocates; the public; and other key stakeholders, including foundations, that share this vision.