

EXECUTIVE SUMMARY

CONNECTING THE DOTS:

Developing a Holistic Picture of Children's Health

Current definitions of child health transcend the historical biomedical model, which largely equated health with the absence of disease. Scientific evidence indicates that child health is best defined as the optimization of a child's developmental potential and functional capacity with interventions focused on maximizing protective factors and minimizing risk factors. This approach to child health recognizes the interplay among physical, cognitive, social, and emotional development and stresses the lifelong consequences of deficits in these developmental areas.

A comprehensive view of child health suggests that health care services are one of many supports and resources needed to promote healthy children. Many of the health threats facing children today, such as obesity and social, emotional, and behavioral disorders, are, in fact, poorly addressed by traditional health care services. Public programs to support children's broader health and developmental needs exist but are highly fragmented and often under-resourced. A variety of sectors such as early childhood education, child welfare, social services, and family and juvenile justice systems all provide services for young children, yet significant service gaps remain and communication across sectors is poor. In short, existing systems typically fail to meet the health and developmental needs of the "whole" child because all service sectors are incomplete, some sectors

are woefully incomplete, and coordination across sectors is inadequate.

In order to promote a more comprehensive vision of child health and reduce fragmentation of child-oriented services, health funders are being challenged to work in areas that may be outside their comfort zone. A number of health philanthropies have taken on this challenge and are pursuing innovative models for child health promotion. The GIH Issue Dialogue *Connecting the Dots: Developing a Holistic Picture of Children's Health*, convened on June 12, 2008, brought together private and public health funders actively engaged in maternal and child health improvement efforts, along with experts in child health and development, to explore the successes, challenges, and opportunities inherent in this work.

A wide variety of grantmaking strategies was discussed to develop more comprehensive and better integrated services for children. These initiatives fall into three major categories:

- **Improving the quality and coordination of pediatric health care services**
 - facilitating the adoption of prevention-oriented practice standards through program and policy support (such as promoting the use of standardized developmental screening tools and advancing policy change to ensure adequate reimbursement for these services)
 - establishing referral support resources for early intervention services and other community-based services that fall outside the traditional health care silo
 - increasing access to underutilized specialty services (such as dental and mental health care)
 - promoting care coordination services by supporting analytic research, sponsoring demonstration projects, and advocating for supportive public policies
- **Addressing social and environmental determinants of health**
 - advancing health priorities in other child-serving sectors (such as incorporating health-related measures in child care licensure standards and quality rating systems)
 - bolstering social support networks (such as home visitation programs for new mothers)
 - improving environmental conditions (such as reducing exposure to lead and other environmental threats)
- **Supporting cross-sectoral reform initiatives**
 - encouraging, participating in, and monitoring the progress of state and local planning initiatives to integrate child services, reduce duplication, and promote interagency collaboration

Issue Dialogue participants explored many of the key lessons learned from these endeavors. Critical roles for

health funders were highlighted and remaining challenges were discussed. The following briefly synthesizes major issues that emerged from this rich discussion.

- **Much work remains to be done *within* the health care silo in order to ensure that all children have access to comprehensive, coordinated services.** Health funders do not have to venture beyond the boundaries of the traditional health care system to find opportunities for developing a more supportive, enriching approach to child health. Expansions in health insurance coverage and access to care, as well as improvements in the breadth, depth, and quality of services offered, are critically needed. Health funders play a pivotal role in stimulating and supporting innovative clinical practice.
- **The diffusion of innovation from innovator sites to widespread adoption of new practices represents a tremendous challenge.** A transformation of pediatric health care services is unlikely to occur absent significant evolution in professional standards, financing policies, and workforce training programs dictating practice norms. Health funders can support states and localities in piloting these innovations, replicating evidence-based models, and pursuing policy change to incorporate these models into normative expectations. The “medical home” concept offers a coherent frame for defining the vision of a holistic approach to children’s health and is viewed as a promising model by many funders. It is important to note, however, that most current efforts to reform coverage and payment policies, including implementation of the medical home, have largely focused on practices that fall within the traditional health care domain.
- **Opportunities abound for forging stronger linkages between the health care sector and other systems that serve young children.** Connections between health professionals and those working in early childhood education, social services, early intervention, child welfare, and family courts are weak and, sometimes, completely absent. These missed connections are seen at the individual level when children fail

to receive needed services due to poor coordination among sectors. Missed opportunities are also seen at the strategic level, both when health objectives fail to be addressed in other child-serving sectors and when education, child protection, security, and wellness goals go unrecognized by health care professionals. Health funders can help address many of the barriers that prevent cross-sectoral collaboration by convening stakeholders and giving support and visibility to effective leaders and strategies.

- **Health philanthropy can promote accountability for public sector policies and programs.** Closely monitoring progress and opportunities for improve-

ment in the public sector can be done in a way that does not undermine collaborative relationships. Advocacy activities, such as providing policy-relevant information and building the capacity of advocacy organizations, can play a pivotal role in creating a sustainable, secure “system of systems” for the promotion of children’s well-being.

Perhaps the most important lesson gleaned from over four decades of efforts to improve systems integration for children is that this work is incredibly hard— and incredibly important. Health funders are well positioned to learn from lessons of the past and are carrying this work into the future with new tools, technologies, evidence, and strategic allies.