

Connecting Systems that Serve Children to Improve Their Health and Wellbeing

It is well documented that health system fragmentation can lead to poor quality of care; inequities in care; frustrating experiences for adults, children, and families; and poor health outcomes.^{1,2,3} Creating an equitable, patient-centered, coordinated health care system is difficult, even when focusing specifically on children. And, when thinking beyond health care to all of the systems that serve children and families — including education, social services and child welfare — the vision of achieving an integrated system to improve children’s health and wellbeing seems to be an even bigger challenge. Nevertheless, developing connections across programs that serve children and removing barriers for those who are currently not served well by the existing system is critical to improving the health and wellbeing of all children.

Examples of Systems and Programs that Serve Children and Impact Health

The process for developing a comprehensive, coordinated system starts with identifying the programs and services that already exist.

There are several key programs, services, and supports that should be included when developing a broad strategy to improve children’s health and wellbeing. This list identifies some of the leading early childhood-focused federal programs and funding streams across the health, social services and education sectors that should be integrated.

- » **Medicaid** and the **Children’s Health Insurance Program (CHIP)** both provide low- or no-cost health coverage to children and families.⁴
- » **The Maternal, Infant, and Early Childhood Home Visiting (MIECHV)** program provides in-home services for pregnant women and families to support them in raising children who are “physically, socially, and emotionally healthy and ready to learn.”⁵
- » **Title V and the Maternal and Child Health Services Block Grant Program (Title V MCH Block Grant):** The annual Title V funding is an important source for states and jurisdictions to promote and improve the health and well-being

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of mothers, children, and families. The funds support a range of goals including increasing access to quality health care for mothers and children, particularly for low-income populations; increasing access to prenatal and postnatal care for women, and preventative care for children; and a focus on developing a comprehensive and coordinated system for Children and Youth with Special Health Care Needs.⁶

- » **The Head Start and Early Head Start** programs' overarching goal is to promote child development and school readiness. These federally funded programs provide a wide range of resources to parents, families, and pregnant women, including health screenings, early learning instruction, and strategies to form strong child-parent relationships. They can be located in community centers, schools, child-care facilities, or in homes, depending on specific community needs.^{7,8}
- » **The Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):** SNAP is a nutrition assistance program that helps low-income people purchase healthy food. It is funded by the federal government with a portion of administrative costs covered by states.⁹ WIC supports federal grants to states to provide affordable access to supplemental foods, health care referrals, and nutrition education for low-income pregnant and parenting women, and for children who are at risk of poor nutrition and health outcomes.¹⁰

- » **The Preschool Development Grant Birth-5 (PDG B-5)** program requires states to conduct a comprehensive needs assessment across their early child care and early learning programs. The goals of PDG B-5 are to enhance child care and early learning opportunities, streamline transitions between child care and education systems, and improve overall quality of early childhood programs. PDG B-5 grants give states the opportunity to reach these goals by bringing together stakeholders across multiple systems, including child care centers and home-based child care providers, Head Start and Early Head Start, state pre-kindergarten, and home visiting services.¹¹
- » **The Child Care and Development Block Grant (CCDBG),** also known as the Child Care Development Fund (CCDF), is a block grant to states, territories, and tribal governments that supports child care services and improves school readiness.¹²
- » **The Family First Prevention and Services Act (FFPSA)** reformed federal child welfare programs to focus on prevention and provide services to families who are at risk of entering the child welfare system. FFPSA policy gives states new flexibility to use federal title IV-E¹³ reimbursement for prevention programs and services, including mental health services, substance use treatment, and in-home parenting skills training. The broadening of allowable services across the prevention continuum gives states and communities an opportunity to align diverse stakeholders, create a shared vision, and ultimately improve the well-being of children.¹⁴

Getting Started: How Can States and Communities Connect These Systems?

Beyond identifying the programs and services that already exist, the next step in the process of developing a comprehensive, coordinated system is to create and implement a shared vision for children's health and wellbeing. States and communities are already implementing promising strategies, including:

- » **Establishing Children's Cabinets:** Children's cabinets, housed at the state or community level, are one mechanism to connect disparate systems that serve children. The goal of a children's cabinet is to bring together a diverse set of stakeholders to develop and implement a shared vision for children and families in a community.¹⁵ Other similar coordinating bodies include interagency councils and commissions, and early childhood councils.
- » **Leveraging Federal Funding Opportunities:** Federal funding opportunities, like Family First Prevention Services Act (FFPSA) or PDG B-5 grants, will serve children best as parts of an integrated approach, and they provide an opportunity to bring diverse stakeholders together to build a shared agenda. As states are awarded these grants, advocates can

call for broad community involvement and motivate states to include diverse stakeholders and develop programs that are responsive to community needs instead of just focusing on the specific requirements of the federal funding.

- » **Developing Separate Children's Budgets:** In the end, "what gets budgeted gets done," and strategic state and local financing mechanisms are central to improving child health and outcomes. Pushing states to develop budgets that take a comprehensive view of children's services and supports can help align existing funding, understand where gaps are in the system, and identify new funding opportunities.¹⁶

Conclusion

Stories about system fragmentation and the lack of coordination among health care systems, educational institutions, and social services are common. However, policymakers are recognizing that children's health and wellbeing are best secured when the systems that serve children are connected.¹⁷ Advocates and policymakers alike must take advantage of all opportunities to break down silos and put children at the center of the efforts to develop a shared vision for their health and wellbeing.

Endnotes

¹ Kurt Stange, “The Problem of Fragmentation and the Need for Integrative Solutions,” *Annals of Family Medicine* 7 (2009):100-103, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2653966/pdf/0060100.pdf>.

² K. Mate and A. Compton-Phillips, “The Antidote to Fragmented Healthcare,” *Harvard Business Review*, Vol. 92 No. 12., (2014), <https://hbr.org/2014/12/the-antidote-to-fragmented-health-care>.

³ J. Keim-Malpass, K. Constantoulakis, and L. Letzkus, “Variability In States’ Coverage of Children with Medical Complexity Through Home- and Community-Based Services Waivers,” *Health Affairs* 38, no. 9 (2019): 1484-1490, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05413>.

⁴ Centers for Medicare and Medicaid Services, “Children’s Health Insurance Program,” accessed January 16, 2020, <https://www.medicaid.gov/chip/index.html>.

⁵ Health Resources and Services Administration, Maternal and Child Health Bureau, “Home Visiting,” last reviewed January 2020, <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>.

⁶ Department of Health and Human Services, Health Resources and Services Administration, “Title V Maternal and Child Health Services Block Grant Program,” page last updated December, 2019, <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>.

⁷ Department of Health and Human Services, Administration for Children and Families, “Early Head Start Programs,” page last updated July 12, 2018, <https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-programs>.

⁸ Department of Health and Human Services, Administration for Children and Families, “Office of Head Start Programs,” last reviewed May 18, 2018, <https://www.acf.hhs.gov/ohs/about>.

⁹ Center on Budget and Policy Priorities, Policy Basics: *The Supplemental Nutrition Assistance Program (SNAP)*, (Center on

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¹¹ Department of Health and Human Services, Administration for Children and Families, “Preschool Development Grant Birth Through Five Grant Competition,” published August 23, 2018, <https://www.acf.hhs.gov/occ/resource/pdg-b-5-initiative>.

¹² Department of Health and Human Services, Administration for Children and Families, “Office of Child Care Fact Sheet,” last reviewed October 10, 2019, <https://www.acf.hhs.gov/occ/fact-sheet-occ>.

¹³ Title IV-E funding supports safe and stable out-of-home care for children. Department of Health and Human Services, Administration for Children and Families, “Title IV-E: Federal Payments for Foster Care and Adoption Assistance,” accessed January 16, 2020, <https://training.cfsrportal.acf.hhs.gov/section-2-understanding-child-welfare-system/2994>.

¹⁴ K. Torres and R. Mathur, “Fact Sheet: Family First Prevention Services Act,” (March 9, 2018), <https://campaignforchildren.org/resources/fact-sheet/fact-sheet-family-first-prevention-services-act/>.

¹⁵ E. Gaines, O. Allen, and A. Vaughn, *Children’s Cabinet Toolkit: A Roadmap for Getting Started in Your Community* (Cambridge, MA: Education Redesign Lab, 2019). <https://forumfyi.org/knowledge-center/childrens-cabinet-toolkit/>.

¹⁶ A. Wilson-Ahlstrom, E. Gaines, N. Ross, and K. Pittman, *Funding Brighter Futures: How Local Governments Are Enhancing Investments in Kids* (The Forum for Youth Investment, 2017). http://www.fundingthenextgeneration.org/nextgenwp/wp-content/uploads/2017/10/funding_brighter_futures_discussion_paper-2.pdf.

¹⁷ R. Santorum and G. Miller, *A Bipartisan Case for Early Childhood Development* (Bipartisan Policy Center, 2017), <https://bipartisanpolicy.org/wp-content/uploads/2019/03/BPC-A-Bipartisan-Case-For-Early-Childhood-Development.pdf>.

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