

Policies to Promote Child Health: Introducing the Issue

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A large volume of high-quality research shows that unhealthy children grow up to be unhealthy adults, that poor health and low income go hand in hand, and that the consequences of both poverty and poor health make large demands on public coffers. Thus promoting children's health is essential for improving the population's health; policies to prevent children's health problems can be wise investments; and policy makers should implement carefully designed policies and programs to promote child health.

According to the World Health Organization, health is a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity. We view health in this broad sense, encompassing both physical and mental health indicators. And because some children's health problems may go undiagnosed or take years to become apparent, we also consider conditions that predict poor child health (such as low birth weight) and behaviors that affect health (such as substance use).

We view policies in a broad sense as well. Because an array of physical and social factors—including unsafe housing, pollution, food insecurity, and maltreatment, all of which are related to poverty—can adversely affect health, many types of policies are important for child health. Thus we consider the effects of policies that don't specifically focus on health (such as cash or in-kind assistance, or parenting education programs) in addition to policies that focus on access to health care or the direct provision of medical services. Relevant policies come in many shapes and sizes, ranging from large federal programs such as Head Start and the Supplemental Nutrition Assistance Program (SNAP) to more modest local public health initiatives.

U.S. child health policy is thus a patchwork of efforts at the federal, state, and local levels. Many policies aim specifically to improve child health, while others have different goals but could indirectly affect the health of children. Some health-related policies target children directly, attempting to treat health problems once they occur or to prevent them

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from occurring, while others target women during or before pregnancy with the goal of improving the health of newborns. Some policies target low-income children, while others are more universal.

For this issue of *The Future of Children*, we commissioned a group of experts to review research on how effectively U.S. policies promote child health. The articles, based on the strongest evidence to date, assess how best to promote child health and, more specifically, what interventions and strategies work best at various stages of children's development.

In the lead article, Sara Rosenbaum and Robert Blum paint a portrait of child health in the United States today, setting it in its historical, national, and international context. Maya Rossin-Slater reviews programs to promote child health at birth and in the early childhood years. Craig Gundersen, Ingrid Gould Ellen and Sherry Glied, and Lindsey Leininger and Helen Levy review policies that provide food, housing, and access to health care, respectively, examining how those policies impact child health. Lawrence Berger and Sarah Font consider policies that focus on families, viewed through a child health lens. Alison Cuellar focuses on children's mental health and reviews policies in that important area. Finally, Clare Huntington and Elizabeth Scott provide important context vis-à-vis the legal framework that both shapes and constrains U.S. policies to promote child health.

Themes of the Issue

Five broad, overlapping themes emerge from this issue:

- A wide range of policies are important for promoting child health;

- Responsibility for promoting child health is fragmented, with a lack of consensus about government's appropriate role;
- We have a "crisis response" mentality that doesn't focus on prevention and often precludes implementing policies in ways that would let us thoughtfully evaluate their efficacy;
- Information about cost-effectiveness is severely lacking; and
- Poor and minority children typically face the greatest health risks.

A Wide Range of Policies

We can't think exclusively about health care when considering policies to promote child health. Access to preventive, curative, and palliative medical care is no doubt important, but many other types of policy matter as well. A century ago, as Rosenbaum and Blum show, infectious diseases posed the primary threat to children's health. As that threat has diminished, others have come to the fore. Many of the most important threats to child health today have to do with the social and physical environment, broadly defined. For example, injury is now the leading cause of death among children over one year old. Policies to prevent injury range from housing and traffic ordinances to family interventions to prevent child abuse. Suicide has become a major cause of death among adolescents. Policies that focus on children's mental health range from behavioral interventions in schools to rehabilitative mental health treatment in the juvenile justice system. Whether we are thinking of infectious disease or any other threats to child health, parental education and income are among the most important protective factors. Thus, a wide range of antipoverty programs may also improve children's health and help them reach their full potential.

Fragmented Responsibility

A serious obstacle to improving U.S. children's health is the fragmentation of responsibility between families and multiple layers of government. Huntington and Scott highlight a uniquely American tension between the idea that child health is primarily a family responsibility and the view that government has a responsibility to ensure the health of its most vulnerable citizens. In the United States, unlike in other developed countries, the government has no affirmative obligation to promote child health and, more often than not, steps in only after a severe health risk has been identified. Moreover, responsibility is fragmented at the federal, state, and local levels, and among entities that control different aspects of children's welfare, such as health care, education, and juvenile justice. The result is a largely uncoordinated jumble of resources and services that can be extremely difficult to navigate and within which children who live in different places or situations have very different access to resources.

Crisis Response Mentality

Parents' rights to raise their children as they see fit, along with the U.S. government's limited responsibility for promoting children's health and the fragmentation of services under federalism, has led by default to a system that tends to respond to crises rather than marshaling resources to promote child health. Many incipient children's health conditions, particularly mental health problems, are acknowledged or treated only after they produce serious adverse private or public consequences, such as academic failure, family disintegration, or school violence. This Band-Aid approach makes it hard to develop a coherent strategy for preventing children's health problems and for evaluating the effectiveness of efforts to do so.

Limited Data on Cost Effectiveness

Unfortunately, the fragmentation of children's health care services and resources in the United States, combined with a crisis-response approach to child health, has produced an inefficient system. Moreover, because this fragmentation results in a lack of data about the cost effectiveness of various interventions and policies, it's hard to make informed policy choices. We suspect that, for many dimensions of child health, an ounce of prevention would be worth a pound of cure, but it's difficult to prove this without hard evidence on the costs and benefits of different approaches.

Poor and Minority Children

Virtually all of the articles in this issue highlight the fact that poor and minority children face disproportionate threats to health. Rossin-Slater points out that health disadvantages start before birth and are reflected in socioeconomic and racial disparities in low birth weight and infant death. And the effects of socioeconomic disadvantage accumulate over time: Poor and minority children are more likely to experience conditions that can harm their health, such as poor nutrition, pollution, and substandard housing. Disadvantaged children are also more likely to be maltreated and more likely to become wards of the foster care system or end up in juvenile detention. Many of the policies covered in this issue focus on disadvantaged children and thus have the potential to reduce health disparities.

Findings of the Issue

Here we highlight key findings from the individual articles.

How Healthy Are Our Children?

Rosenbaum and Blum survey long-term trends in child health. In terms of mortality, child health in the United States has been improving steadily for a long time. This improvement no doubt reflects advances in medical care, such as neonatal care technology and immunizations for killer diseases such as measles and polio, as well as substantial improvements in living standards over the course of the twentieth century. But it also reflects the many policies implemented to ensure that children benefit from these advances, showing that policy has been, and can be, effective. That said, substantial racial and socioeconomic disparities in infant and child mortality persist, pointing to a continuing role for public policy. Finally, the overall increases in child survival have led to an increased focus on children's illnesses. Obesity, asthma, and mental health disorders (and disparities in many of these conditions) are among the key child health concerns today.

Rosenbaum and Blum also tackle the thorny issue of government spending on children's health relative to spending on other groups, particularly the elderly. They point out that spending on child health has increased over time, but that the largest share of the increased spending over the past century has been for health care, while spending on other determinants of child health, which may be as or more important, has not kept pace.

Promoting Health in Early Childhood

Many child health problems start early in life, in utero, or perhaps even before mothers conceive. Rossin-Slater discusses the evidence for, and provides an overview of, policies aimed at pregnancy and early childhood. She finds little evidence that

increasing the availability of prenatal care would produce large improvements in child health, perhaps because such care is already widely available. In contrast, other efforts show more promise, such as nurse home visiting programs and the Supplemental Nutrition Program for Women, Infants, and Children (WIC), both of which involve improved access to prenatal care but have broader scope. Rossin-Slater demonstrates that relatively subtle differences between programs (such as the type of visitor in a home visiting program) may have large impacts on their effectiveness, underscoring the need for attention and fidelity to program design and careful evaluation of the evidence.

Child Health and Access to Medical Care

One reason that we need to think beyond access to medical care is that even though public policy has improved such access for children over the past 20 to 30 years, children's health and health disparities remain significant concerns. Leininger and Levy show that Medicaid and the Child Health Insurance Program have been the primary vehicles for expanding health insurance coverage among disadvantaged populations and that these programs now cover millions of pregnant women and children. The Affordable Care Act may increase access to and reliance on private insurers through state health insurance exchanges, but may also complicate children's access to care. They conclude that a range of policies could further expand access. Some of these would affect families' use of the care available for their children, and others would affect providers' willingness to supply care to poor children. However, they conclude, the available evidence can't tell us which policies would have the most "bang for the buck,"

and we need more information about barriers to care among eligible children and the quality of care they receive.

Food Assistance Programs and Child Health

U.S. food and nutrition programs were developed in response to child hunger, but they now exist in a world where childhood obesity and related diseases are increasingly prevalent. Yet many children still suffer nutrient deficiencies and food insecurity.

Focusing on the largest nutrition programs, including SNAP and school meal programs, Gundersen presents abundant evidence that these programs reduce children's food insecurity, which is related to both poverty and health. However, many controversies remain, such as whether restricting what can be purchased through SNAP would be beneficial or harmful, and whether SNAP benefits are too low or, in some cases, too high.

Preventing and Treating Child Mental Health Problems

Mental health problems have surpassed physical health problems to become the most prevalent and disabling conditions facing children today. Cuellar discusses some of the most common and serious mental health conditions, including ADHD and autism. This article brings the issue of fragmentation of services to the fore. Though mental health conditions can be treated in a health care setting, for many families the first point of contact and the setting for intervention is their children's schools. For both legal and institutional reasons, cooperation between children's health care and education providers can be extremely difficult, and children who "age out" or drop out of school may find themselves with nowhere to go for services or guidance. That said, the fragmented system presents an opportunity for policy

makers to use existing resources to create a coordinated mental health care delivery system for children. Cuellar also highlights the dearth of good evidence about the costs and benefits of many treatment approaches. This lack of evidence means that parents find it extremely challenging to find solid information about whether an intervention is likely to be effective for their children, and policy makers find it hard to strategically invest in specific interventions to enhance children's mental health.

Housing, Neighborhoods, and Children's Health

Children's housing situations are associated with an array of factors that could potentially affect their health—for example, exposure to lead paint, air pollution, and dangerous physical structures, as well as proximity to resources such as health-care providers, child care facilities, and schools. Ellen and Glied review what's known about how children's residential living situations affect their physical and mental health and how programs and policies such as public housing, certificates and vouchers, and low-income housing tax credits play a role. They show that vouchers or subsidies to make housing more affordable for targeted families may drive up rents, meaning that as some families benefit, others fall behind—an unintended effect that can make it difficult to measure the effects of interventions.

The Role of the Family and Family-Centered Programs and Policies

Families play a crucial role as children's guardians and advocates and make decisions every day that affect their children's health. When things go wrong, families can also injure and even kill their children. Berger and Font review important policies and programs that affect the role of parents,

including the child welfare system and interventions to improve parenting practices. They conclude that Child Protective Services (CPS), in particular, is limited by its reactive nature; CPS generally does not become involved in a child's life until damage has already been done. They also review communitywide programs, such as the Durham Family Initiative and the Triple P—Positive Parenting Program, that aim to improve parenting and prevent maltreatment before it starts through comprehensive support to families at risk. Though the scope and expense of these programs unfortunately discourages their wide adoption, the evidence suggests that identifying and adopting their most successful elements could have beneficial effects. Berger and Font also argue that increasing parents' access to mental health services could be a promising strategy for promoting children's health.

Children's Health in a Legal Framework

Policy exists in a particular legal context. Huntington and Scott provide important perspective by describing our legal framework as it pertains to child health. In our system, which is based on parental rights, the state has the power to limit parental authority but has not created any affirmative legal obligation to assist parents in caring for their children's health needs. In fact, deference to parents may deter the state from acting and contributes to the tendency to react to crises rather than to adopt more proactive policies. The authors outline the parental rights doctrine under constitutional and statutory law and explore the limits of parental rights. They focus on examples in which parents' religious beliefs prevent them from seeking health care for their children, as well as on the more general topic of adolescent health policy—an area where

the law sometimes departs from the parental rights approach, particularly in matters such as reproductive health and services for delinquent youth. Although Huntington and Scott don't cover it in detail, refusing vaccines is an area in which parental rights are being challenged. Unlike withholding medical treatment for religious reasons, parents' refusals to allow children to receive recommended vaccines can affect the health of children other than their own, and have been blamed for recent outbreaks of measles and other contagious diseases that until recently had been all but eradicated in the United States.

Implications for Research and Policy

The five themes of this issue lead naturally to recommendations for researchers and policy makers. Most importantly, we must view health and health policy broadly, and consider policies beyond those that focus narrowly on access to health care. An important example is the increasing relative importance of mental health disorders. Health policy today should devote more resources to preventing, diagnosing, and managing these conditions to improve children's functioning and trajectories.

Second, the fragmented nature of responsibility for child health and health policy has produced a chronic lack of coordination among different actors and levels of government. This systemic disarray makes it more likely that children will fall through the cracks and predisposes us to take a crisis-oriented stance rather than a proactive approach to health policy. Businesses routinely track customer data for marketing purposes and planning, but governments have not made the same use of the "big

data” at their disposal to create an integrated portrait of child health or to target policies to those who have the most to gain from them. Systems that effectively increase coordination among the home, doctors’ offices, schools, and other institutions that touch children’s lives would tremendously benefit efforts to promote child health.

Third, although all levels of government have been implementing a wide array of policies, they have paid remarkably little attention to rigorous evaluation, or even to documenting exactly what elements the programs involve. While some major programs have been proven to promote child health, we have too little information to systematically compare different approaches. Thus it’s difficult to answer the most basic and obvious question facing policy makers: What are the most cost-effective ways to promote child health?

That said, this issue of *The Future of Children* points to numerous programs that work. And for some of them, well-designed evaluations have shown that their benefits exceed their costs. These include national programs such as WIC, state and local efforts such as home visiting programs, and very specific local programs such as mandating window guards on high-rise apartment buildings. The fact that we can’t compare all policies shouldn’t keep us from implementing or expanding those we know to be both effective and cost saving and from evaluating others that show promise. Also, while many policies and evaluations focus on young children, a number of interventions for adolescents have been shown to be effective—for example, programs that target

violence and teen pregnancy. Hence older children should not be overlooked in efforts to promote child health.

Fourth, given the disproportionate burden of ill health that they face, poor and minority children deserve special attention. We should consider the fact that the same policies may have different impacts on different groups. In some cases, such as housing subsidies that have the unintended effect of raising rents, the overall effect may actually be negative for the most disadvantaged groups (in this example, those who are not able to navigate the system and obtain the subsidies). The possibility that poor and minority children are in double jeopardy—both more likely to have health risks and more likely to be harmed by policies meant to assist them—merits more attention. Similarly, we should look further at whether expanding health insurance for higher-income children results in reducing access for the most disadvantaged children, or whether attempts to improve the nutritional content of programs like the National School Lunch Program might lead some children to stop participating altogether.

Finally, we should keep in mind that investments in child health have the potential to repay current expenditures many times over, both by allowing children to grow up to be productive citizens and by improving the circumstances of the next generation. The articles in this issue highlight many programs and policies—in the areas of health care, behavioral health, child development, nutrition, housing, income, and family functioning—that promise to pay such dividends.