



## Key Public Policy Messages May 2018

### Promote the healthy development of all children

1. Promote a universal approach with particular focus on vulnerable children at-risk for adverse health, developmental, and behavioral outcomes to maximize value and impact.
2. Support community-based efforts that promote the health and safety of children and their families in a variety of settings (e.g., homes, early care and education, neighborhoods, communities).
3. Support community-based efforts to identify and address children's needs as early as possible.

### Create integrated systems of care with strong linkages

4. Integrate services and supports for children, linking child health, early care and education, family support services, and all other essential sectors (e.g., housing, neighborhood health and safety, food and nutrition, etc.).
5. Embed developmental surveillance and screening into the full spectrum of services that support developmental promotion, early detection, and referral and linkage
6. Ensure that early detection leads to assessment and intervention.
7. Connect community-based programs and services to each other, to increase access and streamline services for families and decrease duplication in services.
8. Emphasize the importance of the interface between place-based initiatives and system building.
9. Encourage the design and dissemination of, and support for, new roles for such staff as community health workers, parent mentors, home visitors, and care coordinators to support families' promotion of children's healthy development.
10. Identify and support synergies among Connecticut Children's overall health policy agenda, OCCH health policy messages, and partners' policy work.

### Make better use of existing resources

11. Elevate and expand the role of care coordination in accessing services within and across sectors.

12. Strengthen the effectiveness of primary care child health services to make an optimal contribution to children’s healthy development.
13. Expand the capacity of primary care providers through such strategies as co-management and referral guidelines to strengthen access and preserve the capacity of specialists to meet the needs of children with complex conditions.
14. Identify ways to achieve cost efficiencies through the blending of administrative and financial resources of departments and agencies.
15. Document short- and longer-term cost savings.
16. Encourage the formal financial scoring of interventions over years to decades (i.e., “dynamic scoring”) to capture ROI.
17. Employ such strategies as “de-medicalization,” mid-level developmental assessment, and linkage to community-based programs and services to demonstrate real-time cost-effectiveness.

### **Build a strong evidence base and use data more effectively**

18. Use data when documenting gaps and capacity issues to inform advocacy and to emphasize the need to strengthen child health and community services.
19. Demonstrate the efficacy of innovations and justify dissemination of evidence-based, evidence-informed, and community-driven interventions.
20. Embrace evidence-based, strength-building, and health promoting frameworks (e.g., Strengthening Families Protective Factors Framework) in all programs, systems, and policy work.
21. Promote the adoption and acceptance of proximate measures/mediating factors as valid means to evaluate the impact and efficacy of interventions to promote health, development, and wellbeing.
22. Promote the use of stories to exemplify best practices and innovations and to influence and inform policy.
23. Pursue opportunities to develop common indicators and data sets, which may include sharing or integrating data, in order to establish a comprehensive resources and referrals database, coordinate care, and monitor outcomes.
24. Identify and embrace meaningful measures of wellbeing as important outcomes for evidence-based interventions.

### **Advocate for a “child health services transformation first” agenda**

25. Shift the primary focus of reform efforts from health services for adults to children’s health services. The rationale for such an approach includes the lower costs associated with a focus on children (and their families); the opportunity to have the greatest impact upon health from a life course perspective; the efficacy of available, evidence-based innovations; and the large ROI for investments in early childhood.

26. Shift the target population for health care reform efforts from an overarching focus on chronic, high cost conditions to a universal approach that pays special attention to the needs of vulnerable children at risk for adverse health, developmental, and behavioral conditions. Our work with the CDC suggests that, depending on the specific jurisdiction, this population comprises 30-40% of all children. This does not exclude a focus on children with complex medical conditions, but rather expands the target population.
27. View the delivery of child health services within the context of comprehensive system building, characterized by an “all sectors in” approach (e.g., housing, transportation, education, food and nutrition, safe neighborhoods) that responds to social as well as bio-medical determinants of health, with fiscal support for care coordination across such sectors.
28. Encourage and support innovation and the diffusion of innovation, with the resources to design, test, and disseminate evidence-based strategies to achieve scale, impact, and cost savings.
29. Support the development and application of broad measures of child health and well-being, including measures of social determinants integrally tied to that health and well-being and rewarding the aligning of data to strengthen systems, support families, and promote equity. Given that “what gets measured gets done,” value-based payment models should develop meaningful measures of well-being and support practices in impacting them.
30. Develop sound and convincing methodologies to project long-term ROI, cost savings, and cost benefits for transforming Medicaid and child health services that strengthen families and improve child health and developmental trajectories.