Introduction

The Whole Child Health Alliance (the “Alliance”) seeks to accelerate the adoption of whole child health delivery models supported by sustainable financing models. Whole child health models engage multisector partners to support the developmental, physical, mental, behavioral, and social needs of children and youth, and foster healthy relationships with caregivers, through individual, family-based and community-level approaches. Key partners include child health providers, payers, community-based organizations, families and other child-serving organizations such as schools. This document describes key elements of the whole child health models the Alliance will advance.

Taken together, the key elements represent essential components of holistic, family-centered child health approaches that support optimal health, development and well-being. They expand upon, but do not duplicate, existing work by other organizations (see Appendix). The Alliance will utilize this document to concretely assess whole child health models and policy proposals. In addition, the Alliance will expand upon the key elements with companion documents that lay out specific opportunities for action by policymakers.

NDiagnostic, and Treatment(EPSDT)

Key Elements

[illegible][1]

Promoting Health Equity

[illegible][2] [illegible]

- [illegible]
- [illegible] (*See Diverse, Multi-disciplinary Workforce section below).*
- [illegible]. *(See Financing Models section below).*
- [illegible]
- [illegible]
- [illegible]
- [illegible]

x

- Employ thoughtful use of stories, technology, data and analytics to better understand the needs of, and improve engagement and partnership with, children and families.
- Support ongoing two-way communication about the patient experience with clinical care and social services to advance process improvement efforts that focus on the child and family at the center of all patient care.

Aligning Care for Families

Families are a fundamental factor in the long-term health and development of children. Stable and nurturing relationships with parents, grandparents, siblings, and other family members provide a foundation for healthy development across a variety of areas, including brain architecture. The health of mothers and fathers, even prior to pregnancy, has a significant impact on child health. In addition, two- or multi-generational approaches are often the most effective strategies to promote child health and development. Models should consider the following factors.

- Partner with and be grounded in the lived experience of families to ensure their goals and needs are incorporated.
- Promote co-development of goals and agendas in a way that respects families, patients and community members as equal partners.
- Include parents and other caregivers in disease prevention and health promotion efforts focused on improving child health and development and supporting healthy pregnancies.
- Ensure connections to resources and programs that promote the economic security of families and address their social needs since families with greater economic security can better ensure the health and well-being of their children.

Fostering Healthy Communities

Engagement from community members with lived experience, patients, leaders, local organizations, residents, and other stakeholders is critical to building buy-in and ensuring approaches meet local needs. Community members, leaders and organizations should play a key role in the design and development of whole child health models. This includes a role in determining how funds will be used and an ongoing role in governance structures and evaluation.

- Models should provide the financial support to develop and sustain a community-based “backbone” or integrator organization(s) that can help address social and developmental needs, integrate programs, advance shared goals and optimize funding, for example, by pooling resources from various multi-sector sources.
- Health care, child care, education, public health, community leaders, payers and other sectors should agree on a set of shared goals and cross-sector measures of success. This effort could include criteria to define targeted

populations with key risk factors (e.g. targeting children with chronic absenteeism in families experiencing eviction, focusing on high social vulnerability neighborhoods and communities, etc.)

- Community partnerships should reflect the continuum of needs of all children (e.g. children who are well, have unmet or unidentified needs, or experience medical complexity), including partnerships that may assist with addressing SDoH challenges
- Models should provide for deep connections between the clinical models and community partnership governance, alliances and even technology sharing data.

Supporting a Diverse, Multi-disciplinary Workforce

Whole child health models should support a diverse workforce with appropriate knowledge, skills, contextual understanding and ability to establish trusting relationships with those served. This supports provision of culturally and linguistically appropriate services that are accessible, efficient, timely, effective, family-centered and equitable.

- Models should encourage investment, procurement, and hiring from the community, including investing in workforce strategies to increase diversity across disciplines and within positions of leadership. For examples, see the Healthcare Anchor Network, National Association for Community Health Workers, InCK talks, and Penn Center for Community Health Workers.
- Models should invest in robust training opportunities to support whole child health, pointing cross-sector integrative activities and the non-traditional workforce. This includes family and youth peer support specialists who can help promote mental, emotional and behavioral health and empower youth and their caregivers to more effectively navigate and engage in services and supports. Training should include strategies to mitigate implicit bias and promote diversity, equity, inclusion and anti-racism principles. Additionally, family members and youth should be integrated to decision-making design, and evaluation processes to ensure resources are responsive to the needs identified by impacted communities.
- Models should recognize the contributions of the community-based workforce through fair and equitable compensation while promoting sustainable financing.

Incentivizing Cross-Sector Data Partnerships

Because whole child health models aim to address clinical, social, and other factors, it is often necessary to facilitate the exchange and integration of data across sectors. Connecting data sets can facilitate continuous improvement and evaluation activities, it can create opportunities to serve children and families more

comprehensively, and reduce burden (

Assessing Quality Improvement and Performance

Quality assessment and improvement activities aim to measure how well various clinical or social delivery models improve key client or patient outcomes. The influential Institute of Medicine framework includes six aims: safe, effective, patient-centered, timely, efficient and effective clinical care. In the context of whole child

Appendix

Suggested Citation

Whole Child Health Alliance. *Key Elements of Whole Child Health Models*. Updated January 26, 2023. https://www.nemours.org/content/dam/nemours/nemours-org/en/documents/whole-child-health-alliance-key-elements.pdf

Foundational Resources

In addition to the resources linked throughout the document, the following resources provided foundational content for the key elements.

- Ascend at the Aspen Institute, BrunerChildEquity LLC, Center for Health Care Strategies, Center for the Study of Social Policy, Georgetown University Center for Children and Families, Johnson Group Consulting Inc, National Institute for Children's Health Quality, ZERO TO THREE. *Opportunities for Medicaid to Transform Pediatric Care for Young Children to Promote Health, Development, and Health Equity*. Consensus statement; September 2019. Accessed November 16, 2022. https://www.nichq.org/resource/opportunities-medicaid-transform-pediatric-care-young-children-promote-health-development
- Brooks T, Whitener K. *Leveraging Medicaid to Address Social Determinants and Improve Child and Population Health*. Georgetown University Center for Children & Families; 2018. https://ccf.georgetown.edu/wp-content/uploads/2018/02/Leveraging-Medicaid.pdf
- Counts NZ, Roiland RA, Halfon N. Proposing the Ideal Alternative Payment Model for Children. *JAMA Pediatr*. 2021;175(7):669. doi:10.1001/jamapediatrics.2021.0247
- Gratale DJ, Counts NZ, Hogan L, et al. Accountable Communities for Health for Children and Families: Approaches for Catalyzing and Accelerating Success. *NAM Perspectives*. Published January 13, 2020. doi:10.31478/202001b
- Gratale D, Wong C, Hogan L, Chang D, McClellan M. Addressing Social Drivers through Pediatric Value-Based Care Models: Recommendations for Policymakers and Key Stakeholders. Nemours Children's Health. Duke Margolis Center for Health Policy. https://www.nemours.org/content/dam/nemours/wwwv2/childrens-health-system/documents/nemours-policymakers-

https://www.nemours.org/content/dam/nemours/wwwv2/childrens-health-system/documents/nemours-emerging-examples.pdf

x Johnson K, Bruner C. A Sourcebook on Medicaid's Role in Early Childhood: Advancing High Performing Medical Homes and Improving Lifelong Health . Child and Family Policy Center-