

# REDEFINING HEALTH FOR THE WELL-BEING OF CHILDREN



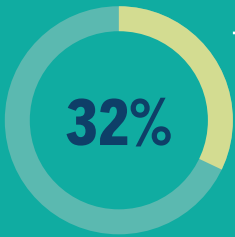
November 2019

**Nemours** Children's Health System

# Redefining Health for the Well-Being of Children

New survey findings show families experience significant exposure to “Social Determinants of Health”

65% of parents of kids under 18 say social and lifestyle factors limit their families’ ability to live a healthy life.



have missed or skipped a doctor or dentist appointment in the past year because they weren’t able to get to it, or they weren’t able to pay for it



said they don’t have time to worry about their kids’ health unless it is an emergency



couldn’t pay one or more of their bills in the past year



worried they would run out of food before they got money to buy more in the past year

## GENDER DIFFERENCES:

One in four mothers worried about running out of food in the past year  
*(26% compared to 19% of fathers)*



One in five fathers worried about their family’s safety in the past year  
*(22% compared to 13% of mothers)*



had trouble finding affordable child care so they could work in the past year



were worried for their or their family’s personal safety in the past year



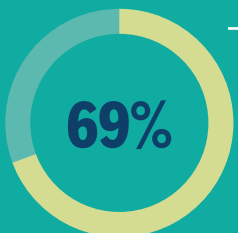
had trouble finding work or maintaining a steady income in the past year



Connecting families to needed services will be a priority for hospitals and health systems moving forward.



Less than one-third of parents of kids under 18 said they've been asked by a health care professional, hospital employee, or an employee of their health insurance plan about issues with safe housing, access to healthy food, access to good child care/schools, adequate transportation, exposure to violence, or employment in the past 12 months



A majority of parents want their health care provider to be a convener and connector to community resources



One-third of the subset of families referred for social services encountered barriers and were unable to receive the needed service after getting a referral

**BARRIERS INCLUDE:**

Long waitlist (33%), not having extra money to cover the service (32%), or lack of transportation to get to the service (27%)



Decades of research have shown that roughly 85% of health is determined by social and lifestyle factors. Many Americans are struggling to meet basic needs, which has an unprecedented impact on the health of our nation. Families want America's health care system including doctors, hospitals, health systems, and insurance plans to help coordinate resources to address the social determinants of health. We can do this by:

**1**



Increasing screening by health systems

**2**



Building community partnerships to connect families to needed services

**3**



Aligning reimbursement around value-based care, to help pay for health care, not just sick care

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 Children's Health System

*Nemours Children's Health System developed this report to synthesize findings on parents' current understanding of the impact of social and lifestyle factors on children and families' overall health and well-being and what they need from those who provide their medical care.*

## Executive Summary

The United States leads the world in high quality medical interventions for the most complex problems. We spend \$3.65 trillion providing innovative care and treatment<sup>1</sup>. We have the ability to restart hearts, eliminate cancer, and correct genetic code. Yet for all of this remarkable progress, rates of chronic illnesses such as asthma, Type 2 diabetes, and heart disease continue to climb<sup>2</sup>. Life expectancy in America continues to decline<sup>3</sup>. In short, we need to determine how to get a better return on investment.

A societal focus on medical care, as opposed to health, is a leading reason for this shortfall, crowding out other variables and influences on health. Research shows that social and lifestyle factors such as nutrition, safe housing, a clean environment, supportive family relationships, and access to quality early education all are critical for our children to thrive. The absence of these supportive influences increases the risk for both pediatric and adult health problems.

Our U.S. health care system and its providers have only recently begun to focus on these socioeconomic health factors and what they mean for our patients and families. As a result, many families who are unable to meet basic needs related to their finances, home, work, schooling, or everyday living do not yet have opportunities to receive referrals to prevent or manage these problems that contribute to overall health and well-being.

### Letter From Dr. Moss

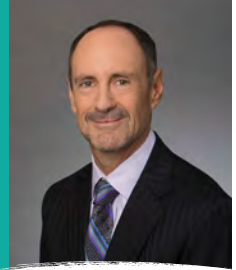
Nemours Children's Health System cares for nearly a half-million children annually across five states. Our amazing team of more than 8,000 Associates are deeply committed to helping every child grow up healthy, however, no matter how hard we work, how tirelessly we innovate, there are aspects of the United States health care system that could be better aligned with our goals.

As with most hospitals and health systems, we are limited by the way that health care is financed in the United States. We and other health care institutions are not paid for health. We are paid for volume and complexity of service delivered. This misalignment of incentives means that keeping children healthy and out of the hospital is financially challenging. Further, decades of research show that medical care is only 15% of an individual's health and that the other 85% of health is attributable to social and behavioral factors. While we remain committed to providing the highest quality acute medical care when it's needed, we recognize that families need so much more. We intend to become increasingly accountable for "health." That means continuing to treat the sickest and most complex patients with the highest quality care we can provide. It also means doing everything we can to keep children and families healthy – from high quality education to nutritious food to policies that impact the health of entire communities.

To create this change, we need to start by redefining the meaning of health. We must align the financial incentives with the health of our patients in order to create a healthier society, a stronger economy, and a better future for our country. The health of our nation's children is the single-most-powerful lever that we have to make that happen.

### R. Lawrence Moss, MD

President and Chief Executive Officer,  
Nemours Children's Health System



To advance the national conversation about the importance of addressing social and lifestyle factors among children, Nemours commissioned The Harris Poll to conduct a nationwide online survey of more than 1,000 U.S. parents of children under 18 to better understand:

- What families understand about the importance of nonmedical health factors.
- What socioeconomic challenges families experience in meeting their medical needs and what resources they have access to in order to address these needs.
- How often families are asked about nonmedical health factors by their pediatricians, and if so, whether they are referred to and receive help.

Key findings:

### **Problems with social and lifestyle factors are common and have a substantial impact on families' health and well-being.**

- **A majority (68%) of parents of children under 18 report experiencing at least one social or lifestyle factor that limits their family's ability to live a healthy life. This includes 41% reporting insufficient income or inadequate employment opportunities; 34% reporting unsafe housing, communities, or exposure to violence; and 29% reporting poor schools and/or low-quality child care.**
- **As a result of these factors, some parents face barriers accessing health care for themselves or their children. Almost one-third (32%) of parents say they have missed or skipped a doctor or dentist appointment in the past year because they weren't able to get to it or weren't able to pay for it. Nearly one-third of parents (30%) say they only have time to worry about their kids' health when there is an emergency.**

### **Parents are aware that social and lifestyle factors are powerful — but there are limits to their understanding of just how serious all of these factors are for influencing long-term health and well-being.**

- **For instance, about 9 in 10 parents understand that factors such as access to healthy food (89%) and safe housing (86%) can impact a person's health "a great deal" or "a lot." Additionally, nearly 8 in 10, see the connection between health and factors such as adequate employment opportunities (78%), good schools (79%), and access to transportation (69%).**
- **Further, most parents can be made better aware of how much chronic disease is influenced by socioeconomic factors compared to medical treatment. For example, 70% of parents of kids under 18 mistakenly believe prescription drugs have the biggest impact on preventing chronic conditions such as asthma and Type 2 diabetes.**

## Hospitals and health systems are starting to screen families for social and lifestyle factors, and connecting families to needed services that result in improved outcomes.

- A majority of parents (55%) say they haven't been asked about nonmedical health factors such as access to nutritious food and safe housing by a health care provider in the past year.
- In the past 12 months, one-third (33%) of families were asked by a health care professional, hospital employee, or insurance provider about issues with safe housing, access to healthy food, access to good child care/schools, adequate transportation, exposure to violence, or employment.
- Of those who have been screened for nonmedical issues, 68% were referred to services. But one-third (33%) said they did not receive the needed service after the referral, citing reasons such as waitlist for services, costs and transportation issues for not being able to access the referral. *(To learn more about how parents feel the health system is meeting their needs surrounding nonmedical health factors, see sidebar "What do parents say about how the health system handles social and lifestyle factors?" on pg. 13.)*

These results are consistent with recent studies showing that social and lifestyle health factors impact outcomes in children's health<sup>4,5</sup> but are underaddressed.<sup>6,7</sup> Nemours believes that closing these gaps to improve children's health requires providers to take a front-and-center role in identifying and addressing social and lifestyle factors. This can be accomplished both through providers working directly with individual families as well as through efforts in the broader community. Health systems can collaborate with community stakeholders, to support policies that ensure children and families are able to lead healthier, safer lives.

## More Than Medicine: What Truly Determines Your Health?

Although medical care is an important component of health, your well-being and ability to live your best life comes down to much more than just medical factors such as any diseases you might have or medications you might take. These social and lifestyle factors largely include economic, environmental, social, and other nonphysical factors relevant to a person's health, functioning, quality of life, and well-being.<sup>8,9</sup> They include, but are not limited to, factors such as:

- Socioeconomic status
- Financial status, including debt, income, and expenses
- Education level
- Work status
- Safe and healthy housing
- Neighborhood
- Adverse childhood experiences
- Exposure to violence
- Home environment
- Transportation
- Language and literacy
- Social support networks
- Access to health care
- Access to food, shelter, clothing, and other basic needs
- Culture

By comparison, medical-related health factors include things such as a person's biology, genetic makeup, gender, and age.<sup>10</sup>

## The Importance of Social and Lifestyle Factors

Why are social and lifestyle factors so important? Because they strongly influence our health well-being and functioning. In children, social and lifestyle factors are especially critical because children are very vulnerable to the short- and long-term negative effects of adverse social and lifestyle events, situations, and environments. This could include being exposed to abuse, having a lack of food, being homeless, not having access to high quality child care and education, or living in an unsafe neighborhood. Exposure to adverse nonmedical health factors during childhood will lead to negative health outcomes as an adult (e.g., children who experience abuse are more at risk for adult health problems such as substance abuse, obesity, and heart disease than children who do not).

Research about social and lifestyle factors in children is robust. Studies suggest that addressing these factors is important for children's future for several reasons:

1

### **Social and lifestyle factors have far-reaching effects.**

**Social and lifestyle factors determine a variety of individual health and life outcomes, including disease status, functional abilities, health care spending, mortality, and morbidity.<sup>11</sup> According to the National Academy of Medicine, nonmedical health factors account for 85% of all modifiable contributors to health outcomes, with medical care representing only 15%.<sup>12</sup> In fact, it has been estimated that even modest reductions in unhealthy behaviors could prevent or delay 40 million cases of chronic illness per year.<sup>13</sup> The Centers for Disease Control and Prevention recently issued a Vital Signs report that found preventing adverse childhood experiences, such as violence, abuse, poverty, poor or absent early education, homelessness, or lack of parent support, could eliminate up to 21 million cases of depression, 1.9 million cases of heart disease, and 2.5 million cases of overweight/obesity<sup>14</sup>. By addressing these factors in children, we are able to improve children's lifelong health, extend their life expectancy, increase their lifetime earnings, and boost their healthy lifestyle behaviors for generations to come.**



## 2

### Social and lifestyle factors affect economic outcomes.

Studies have shown that managing social and lifestyle factors can lead to desirable economic outcomes, such as reduced utilization of health care resources (e.g., emergency department use) and lower inpatient, outpatient, and emergency care spending.<sup>15,16,17</sup> For example, a Boston-based program designed to improve outcomes in pediatric asthma patients examined the return on investment of a comprehensive, community-wide, intervention addressing nonmedical health factors.<sup>18</sup> Researchers found the program resulted in more than \$80,000 in adjusted net savings during the first three years (potentially due to lower hospitalizations) and more than \$200,000 in adjusted societal savings when factoring in reductions in missed school days and parent workdays. Nemours' own experiences piloting community-based programs for asthma resulted in improved health outcomes. Programs such as this will only be scalable and sustainable when financial incentives are aligned.

## 3

### Social and lifestyle factors contribute to health disparities, which lead to worse health outcomes.

Poverty, low education level, homelessness, and other negative life events and stressors create inequalities and lead to numerous disadvantages for the people experiencing them (e.g., not being able to access or afford health care, becoming homeless). As a result, addressing nonmedical health factors may help reduce health disparities and inequities in vulnerable and underserved populations by removing barriers to care, increasing advocacy efforts, and offering interventions that directly address or prevent such factors (e.g., education/vocational assistance, early childhood education, parental support programs).<sup>19</sup>

## 4

### Social and lifestyle factors could be better addressed by our health care providers and our health care system.

Although there is ample research confirming the powerful effects of nonmedical health factors on children's development, behavior, and functioning, pediatricians and pediatric nurses do not regularly ask parents about these factors.<sup>20,21</sup> In response, organizations including the American Academy of Pediatrics<sup>22</sup> and the Council on Community Pediatrics<sup>23,24</sup> have called for more action on the part of clinicians, community members, and policymakers to improve screening, prevention, and intervention efforts. Strategies are emerging to help providers incorporate nonmedical health factors into routine care (e.g., adding appropriate question forms to electronic health records) but more work is needed.

## How Nemours Is Addressing Social and Lifestyle Factors

Nemours Children’s Health System has adopted several approaches to begin to address social and lifestyle factors among families. The following are some examples of how Nemours is ensuring that social and lifestyle factors remain a focus of care:



### Conducting Screenings

Nemours is developing and testing a new screening tool to assess nonmedical health factors such as food insecurity, finances, transportation, housing, social support, legal support, family and neighborhood safety, and health literacy.



### Linking Families to Resources

Nemours routinely links patients and their families who report problems with nonmedical health factors (such as difficulties with transportation or lack of stable housing) to care coordinators, care managers, social workers and community resources. Nemours also coordinates closely with resources at patients’ insurance companies.



### Listening to the Communities We Serve

Nemours recognizes that the families and communities we serve are experts on their health and social needs. By understanding community priorities, Nemours designs and implements initiatives related to areas including access to mental health care, healthy eating and physical activity, and trauma.



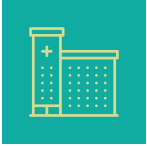
### Building Powerful Partnerships

By working closely with schools and other community-based organizations, Nemours is working to address and prevent child illness on a larger scale by improving population health and lowering health care costs. For instance, efforts to prevent and better manage asthma by reducing children’s exposure to air pollution and irritants included working with schools to reduce school bus engine idling and to replace bleach-based cleansers with vinegar-based ones. And a program providing health literacy education to high schoolers is teaching students how to take control of their health and navigate the complexities of the health care system (e.g., how to make a medical appointment, how to use insurance).



### Fighting Against Early Adversity

Nemours has established a program to assess all children for and educate families about “adverse childhood experiences”, or ACEs such as abuse or neglect — which, if unaddressed, have been shown to have profound and negative effects on health, even into adulthood.



### Integrating Initiatives Into the Community

To help improve the health of entire populations, Nemours is investigating the role of a community integrator to understand how hospitals and health care systems can work with communities and other interested entities on the large-scale management of health-related social factors. This work is funded in part by the Kresge Foundation.



### National Practice Change

Nemours national prevention and practice work focuses on incubating, innovating, and spreading and scaling what works to reach more children nationally with a goal of optimal health for all children. This work spans multiple sectors with a focus on health promotion in early care and education settings and integrating the social determinants of health with clinical care to promote prevention strategies.



### National Advocacy

Nemours' Office of Child Health Policy and Advocacy advocates for federal policies that promote optimal health for all children, beyond those we serve clinically. Federal policy changes for which Nemours advocates span beyond the health care sector and include underlying investments and supportive policies in the systems that serve children (e.g. early care and education, schools, etc.).

The result of these efforts has been better identification of patient and family needs, increased access to care, and lower health care spending. But in order to further improve upon and maintain these successes, one critical component still must be resolved — working with Medicaid and private insurance companies to align financial incentives so that health systems are paid for keeping our patients healthy.

### What does payment reform have to do with health-related social needs?

It turns out, quite a bit. The two are a natural fit because they both are focused on the larger picture of health and wellness rather than merely alleviating sickness. Consider the following:

- Reforming payment can focus on better health and well-being and incentivize health systems to address the social determinants of health, such as food insecurity and housing.
- Reforming payment requires providers to look for the optimal ways to serve patients and their families. They will be rewarded for addressing social and lifestyle factors and reducing preventable health care spending by avoiding unnecessary treatments and hospitalizations.



## Sustaining Health Through Reforming Payment

Historically, health care systems have been focused on treating as many patients as possible and addressing injury and disease. Recently, health care systems are realizing the value of thinking more broadly about what good health care really means. This new approach pays health care providers not based on how many patients they treat, but on how many patients for whom they are responsible. A first step has included paying caregivers based on their performance as a doctor, nurse, therapist, or other provider. This could include factors such as how effectively they treat their patients; the types and quality of treatments and services they offer; the total cost of services; and how satisfied patients are with their care.

To that end, in 2017 Nemours created our Value-Based Services Organization designed to improve patients' health and quality of life. This was accomplished by using innovative and creative health care delivery models and disease-prevention programs that are backed by scientific evidence and data.

Nemours has negotiated value-based care contracts with insurance plans in which providers are reimbursed for assessing and tracking pediatric measures of factors important to child health. This could be actions such as making sure children with asthma use their inhalers; testing children at risk for diabetes for A1C; and making sure children receive their well-child visits, follow-up appointments, and vaccinations.

By partnering with payers, Nemours has been able to offer high-quality, evidence-based health care services and treatments, while controlling costs. In 2016, for instance, Nemours Children's Health System entered into a three-year agreement with Aetna to provide reimbursement for value-based care aimed at increasing quality and access and reducing costs. In the first year alone, Nemours effectively met nearly all of the benchmarks agreed upon with Aetna and as a result executed similar value-based care arrangements with other commercial insurers and with Medicaid managed care plans.

## Next Steps

In order to significantly improve the health of the nation, health systems, policymakers, insurance plans, and government officials need to prioritize addressing both the medical needs and the social determinants of health in children. Health systems could increase screening for nonmedical factors that we know are impacting patients' health. We also can build community partnerships to help connect the dots for families in need of services. And we could work with policymakers to align reimbursement around health, so that, as a nation, we can pay for health care, not sick care.

# What do parents say about how the health system handles social and lifestyle factors?

To create upstream change, pediatric health care providers first need to better understand trends in how families' needs relating to nonmedical health factors are (or are not) being met. The Harris survey reveals eye-opening data that brings to light exactly that.

## Putting Parents at Ease

Although 65% of parents say social or lifestyle factors limit their families' ability to live a healthy life, 80% say they have all the resources they need to make sure their children grow up healthy. This contradiction suggests a possible lack of willingness by parents to fully admit they are struggling with non-medical factors that impact their families' health.

- Indeed, some parents, especially those with lower income, report feeling uncomfortable talking about certain social or lifestyle issues with their health care provider, even though they and their children would likely benefit most.
  - Having enough income (28%; 35% among those with household income (HHI) of less \$35,000)
  - Exposure to violence (25%; 34% among those with HHI of less \$35,000)
  - Adequate employment opportunities (23%; 32% among those with HHI of less \$35,000)
- More than half of parents (56%) would feel more comfortable talking to a health care provider about social issues that could impact their health if they felt they wouldn't be judged or if they knew telling them would improve their or their family's health.
- This discomfort is an important barrier for health systems to overcome, for instance, by providing pediatricians and nurses with better training and education on why they should be talking with parents about these issues and how to do so in a way that builds trust and shows respect.

## Increasing Resources and Referrals

Additionally, parents report needing better linkage to health system resources to address nonmedical health factors.

- Almost seven out of 10 (69%) parents would like their health care provider to connect them with community resources.
- More than one-third (35%) of lower-income parents (those with annual household income <\$35,000) say they don't have all the resources they need to ensure their children grow up healthy.
- Even when needs and referrals are identified, one-third (33%) said they did not receive the needed service, citing reasons such as waitlist for services, costs and transportation issues for not being able to access the referral.
- Health care practices and organizations need to identify the full range of available resources to families in their community, encourage their providers to build relationships with these resource networks, ensure that families actually receive the needed services and implement value-based reimbursement structures that incentivize the delivery of comprehensive, collaborative care.



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## About the Nemours Children's Health System and Survey Methodology

*The Nemours survey was conducted online within the United States by The Harris Poll from October 9–14, 2019, among 1,017 U.S. adults ages 18 and older who are parents of children under age 18. This online survey is not based on a probability sample and therefore no estimate of theoretical sampling error can be calculated. For complete survey methodology, including weighting variables and subgroup sample sizes, please contact Stephanie Wight, [swight@thereisgroup.com](mailto:swight@thereisgroup.com).*