

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.

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Key Elements

Working in partnership with the health system to address the health equity challenge.

Promoting Health Equity

Health equity is the absence of preventable differences in the burden of disease and health disparities between population groups. This is achieved through the implementation of policies and programs that address the social, economic, and environmental determinants of health.

- x Health equity is a goal that should be pursued by all organizations and individuals.
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- 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.
- x 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.

- x Partner with and be grounded in the lived experience of families to ensure their goals and needs are incorporated.
- x Promote co-development of goals and agendas in a way that respects families, patients and community members as equal partners.
- x Include parents and other caregivers in disease prevention and health promotion efforts focused on improving child health and development and supporting healthy pregnancies.
- x 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.

- x 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.
- x 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. children with chronic
 absentees in family experiencing poverty, focusing on high social
 vulnerability neighborhoods and communities, etc.)

- x Commitment partnerships should reflect the continuum of needs of all children
 (e.g. children who are well, have some mental health issues, or experience
 mental complexity), including partnerships that might assist with addressing
 DoH challenges
- x Models should be able to connect between the clinical model and
 commitment partnerships, alliances and new technology
 being used.

Supporting a Diverse, Multi-disciplinary Workforce

Whole child health models should support a workforce with appropriate
 knowledge, skills, content area expertise and ability to establish
 relationships with those served. This supports a focus on cultural and linguistic
 appropriate services that are accessible, efficient, timely, effective, family-
 centered and equitable.

- x Models should encourage investment, placement, and hiring from the
 community, including in workforce strategies to increase diversity
 across disciplines and within positions of leadership. For example see the
[Health Care Workforce, National Association for Community Health
 Worker's InCKicks](#), and [Penn Center for Community Health Workforce](#).
- x Models should invest in and support workforce development for whole child
 health, including [cross-sector integration activities](#) and [non-traditional
 workforce](#). This includes [family and youth peer support specialists](#) who can
 help promote mental, emotional and behavioral health and empowerment
 and increase the effectiveness of youth and caregiver services and
 support services. Models should also explore innovative implementation and
 promotion strategies including on and off campus and digital health
 family members and youth should be integral to decision-making
 and evaluation processes to ensure services are responsive to the
 needs of the community and impact commitments
- x Models should recognize the contributions of the community-based
 workforce through fair and equitable compensation and promoting
 sustainable financing

Incentivizing Cross-Sector Data Partnerships

Because whole child health models aim to address clinical, social, and behavioral factors
 it is often necessary to facilitate the exchange and integration of data across
 Connect Health as a successful and continuous improvement and evaluation
 activities. It can create opportunities for children and families to

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.

- x 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>
- x 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>
- x 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
- x 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
- x 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-