



Susan Kressly, MD, FAAP

Making the Case for Investing in Child Health

Pediatric **Health** Network



Making the Case for Investing in Child Health

Susan Kressly, MD, FAAP
AAP President -Elect

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Disclosure

Dr. Kressly discloses that she and her husband have ownership shares in Connexin Software.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.

Learning Objectives

- Identify key trends in the pediatric population
- Identify important statistics about pediatricians
- Articulate new strategies for investing in child health
- Embrace equity in practice and innovation

What's My Frame?

- General Pediatrician
- Entrepreneur
- Problem Solver
- Innovative Thinker
- Accidental Informaticist
- **Fierce Child Health and Pediatrician Advocate**



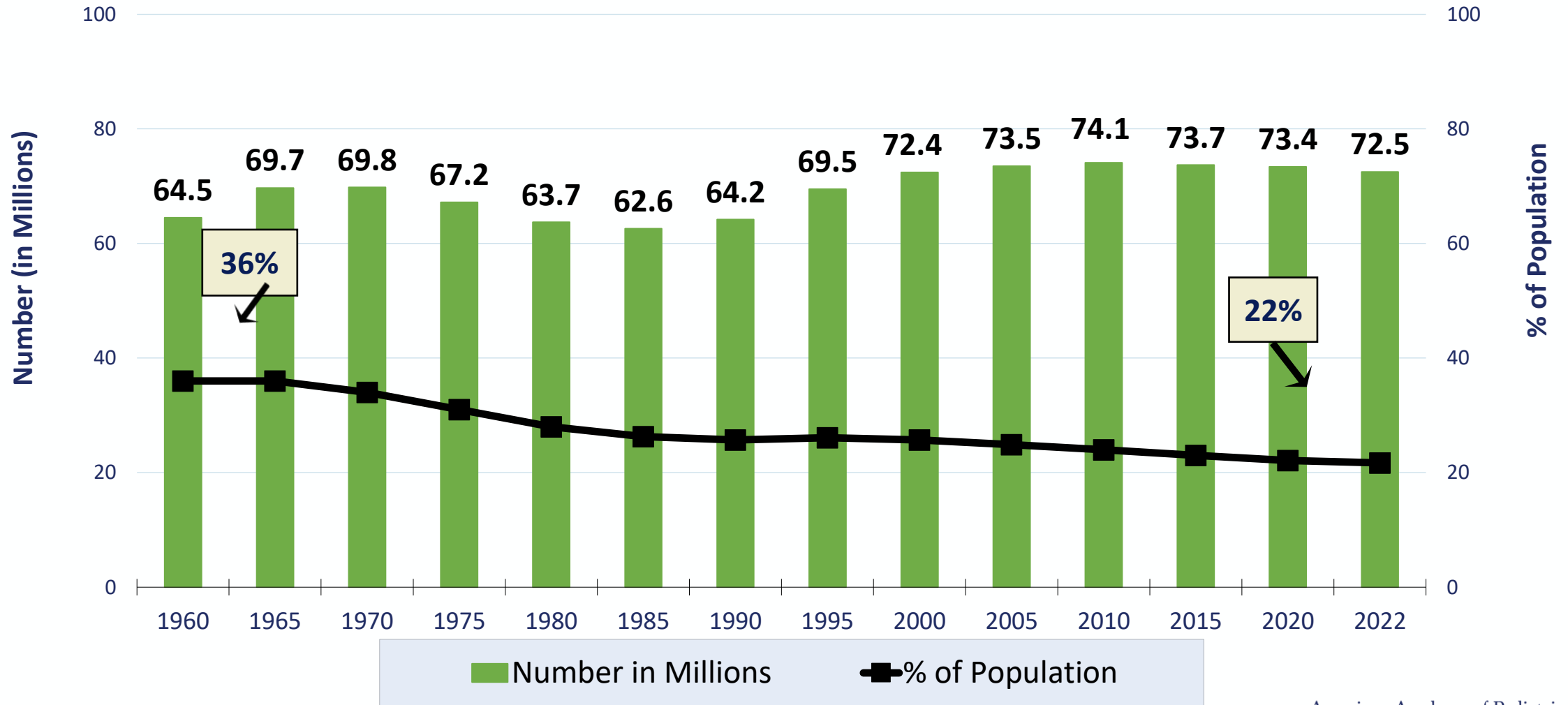
Who are US Children?



- Highly diverse
- Declining portion of population
- Large geographic variability
 - Substantial child population shift
 - Notable growth in South, shrinkage in Northeast
- Interconnections: income, race and ethnicity, immigration, geography

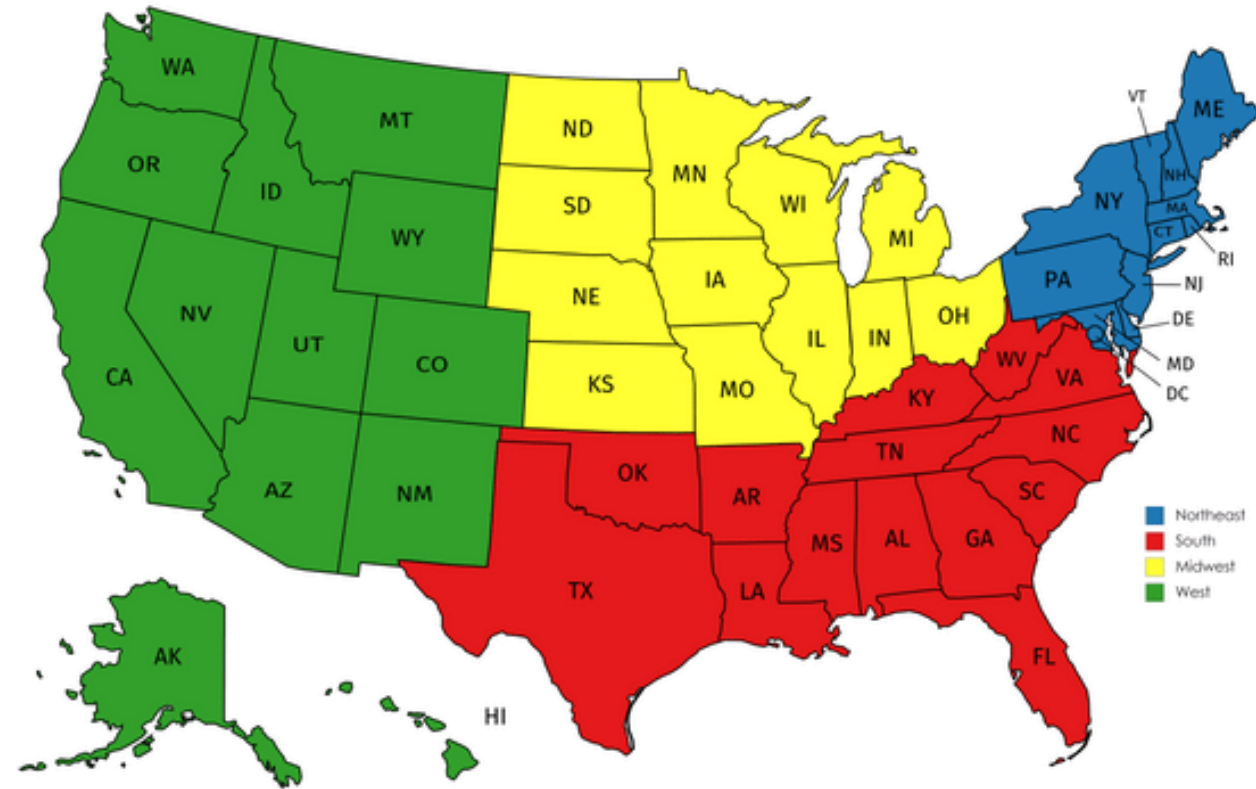


US Child (under 18) Population: Number and % of Overall Population, 1960-2022



Where Do US Children Live?

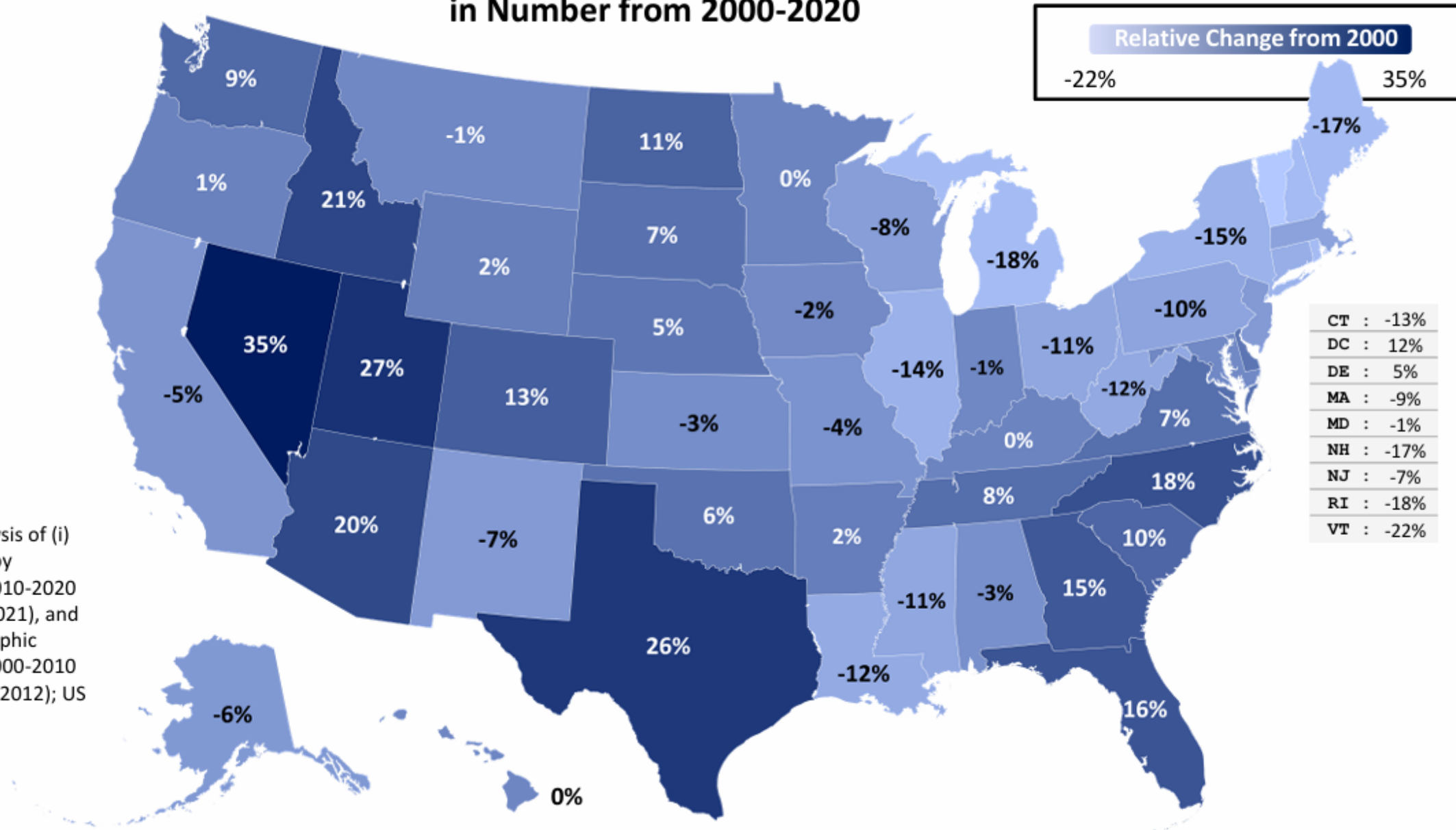
% of All US Children	
Northeast	16%
Midwest	21%
South	39%
West	24%



Created with mapchart.net ©

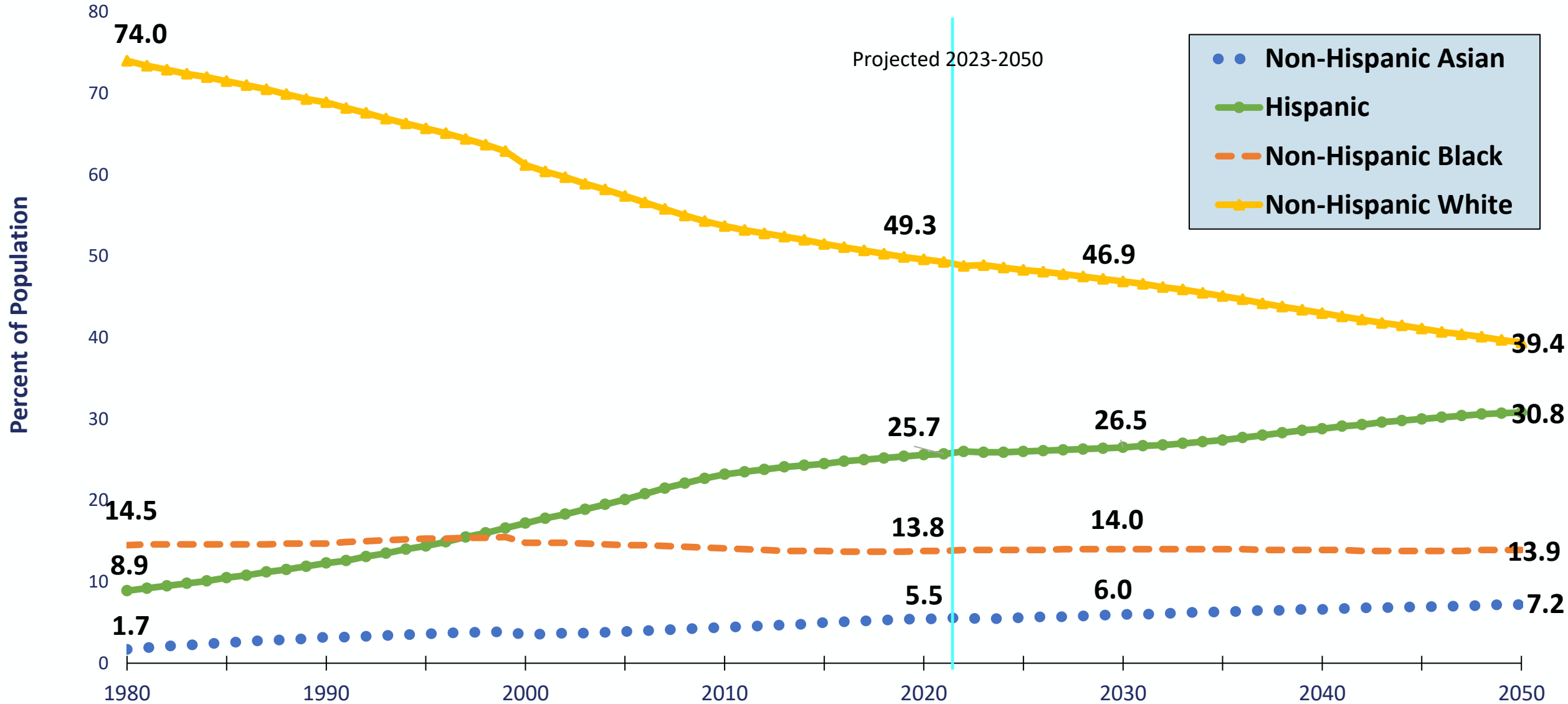
Source: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (<https://www.census.gov/data/datasets/time-series/demo/cps/cps-asec.html>)

Child Population through Age 18: Within State Increase or Decrease in Number from 2000-2020

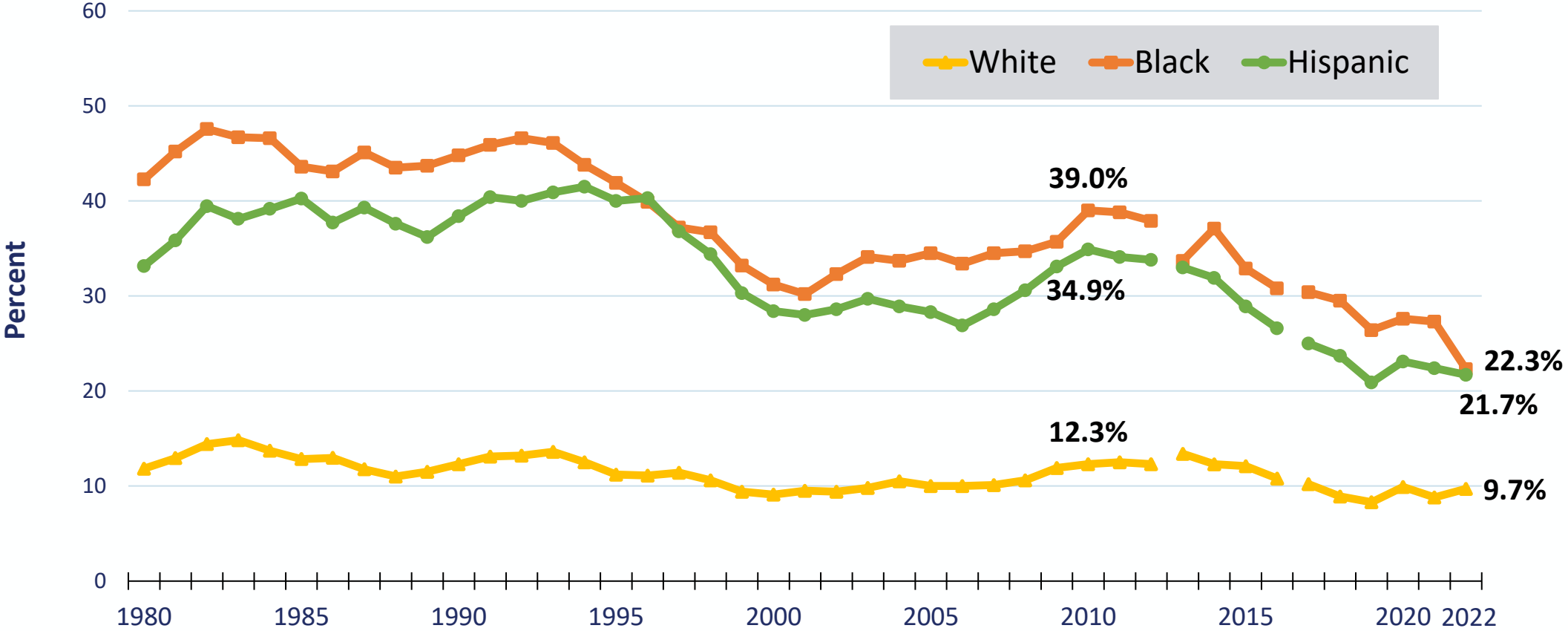


Source: AAP analysis of (i) State Population by Characteristics: 2010-2020 (published June 2021), and (ii) State Demographic Characteristics: 2000-2010 (published March 2012); US Bureau of Census.

Race and Ethnicity of US Children Recorded (1980-2022) and Projected (2023-2050)



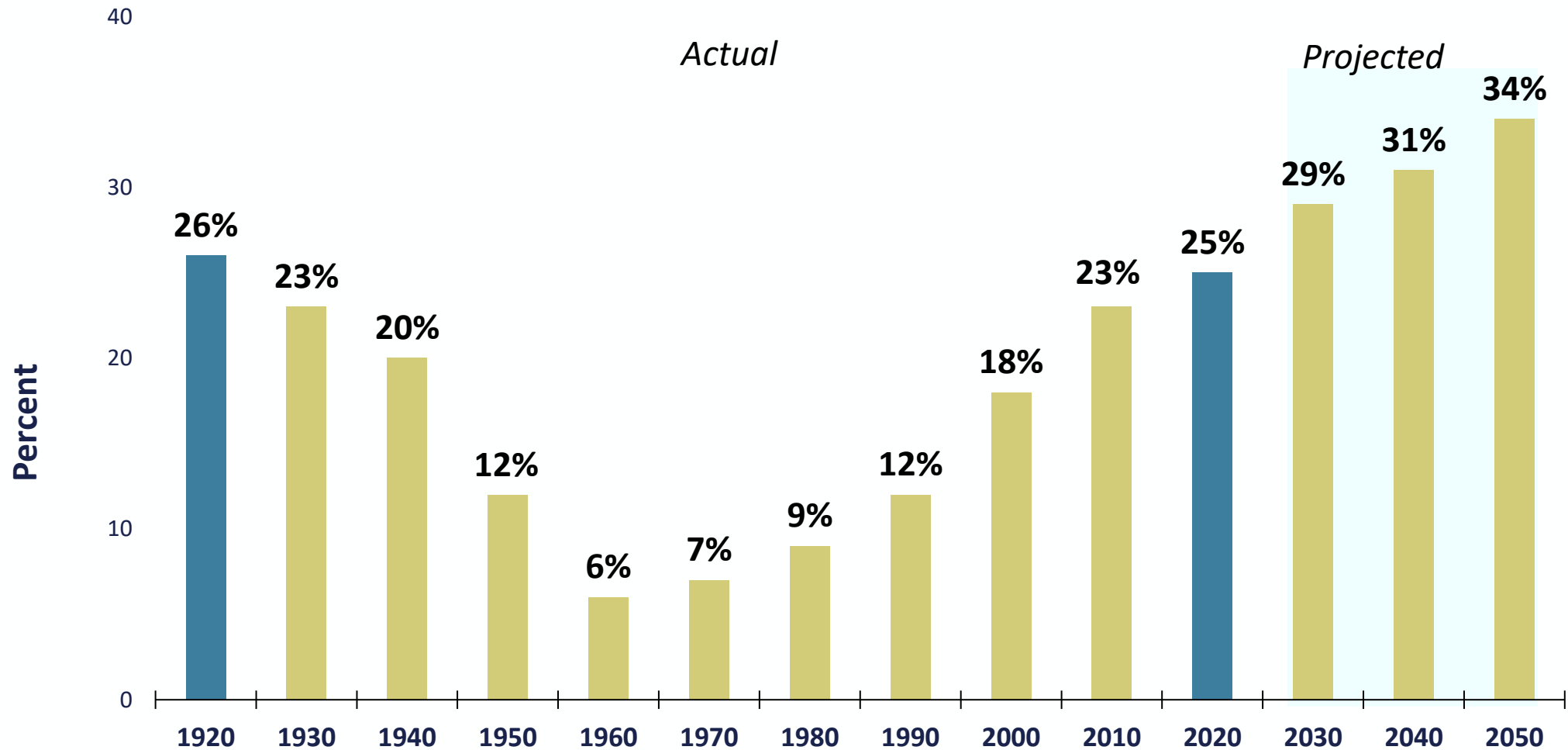
Percent of US Children (under 18) Living Below Poverty Level by Race/Ethnicity, 1980-2022*



Poverty Level in 2022: \$29,678
(Family of 4 with 2 children)

*Estimates for 2013 and beyond are not directly comparable to previous years due to a re-design of the income questions. Estimates for 2017 and beyond are not directly comparable to previous years due to the implementation of an updated CPS ASEC processing system.

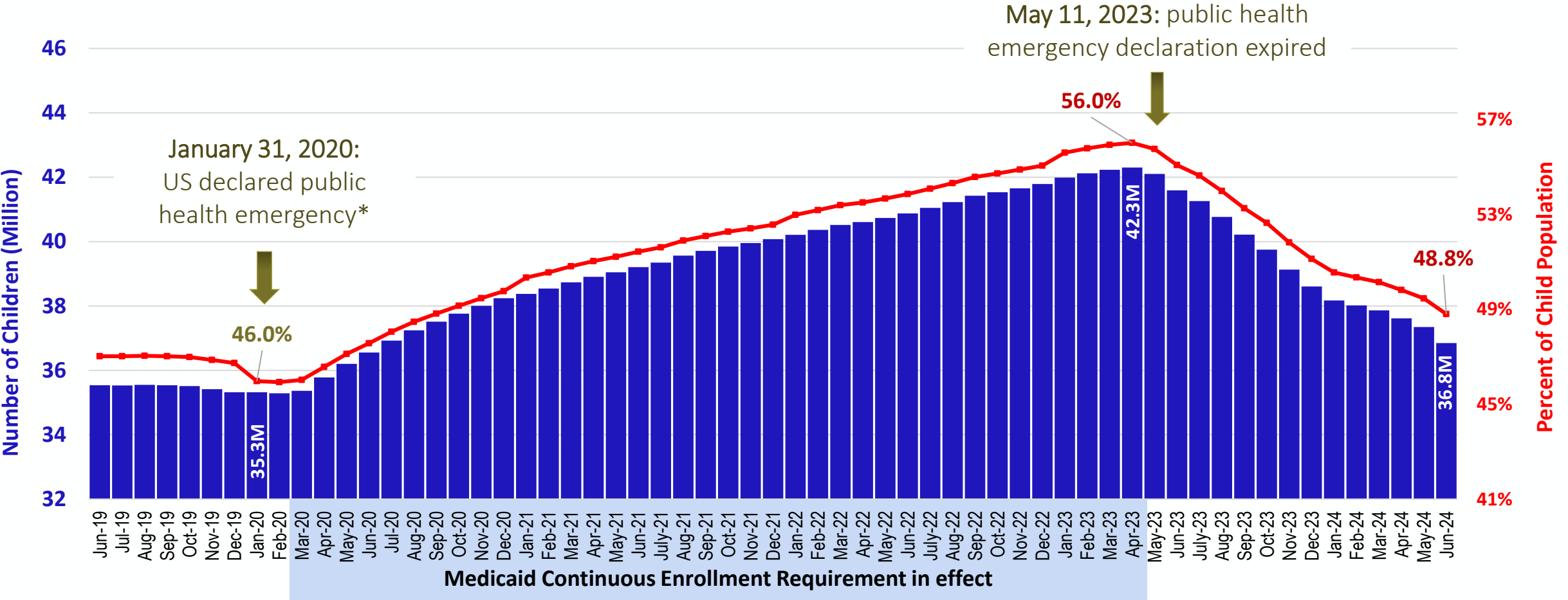
Immigrant Children as Share of All US Children, 1920–2050*



*"Immigrant children" defined as children under age eighteen who are either foreign-born or U.S.-born to immigrant parents; gray shaded region (2030-2050) refers to population projections.

Source: 1920-2000 and 2030-2050 population projections: Passel, Jeffrey. "Demography of Immigrant Youth: Past, Present, and Future." The Future of Children, 2011; 2010-2020: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (<https://www.childstats.gov/americaschildren/tables/fam4.asp>)


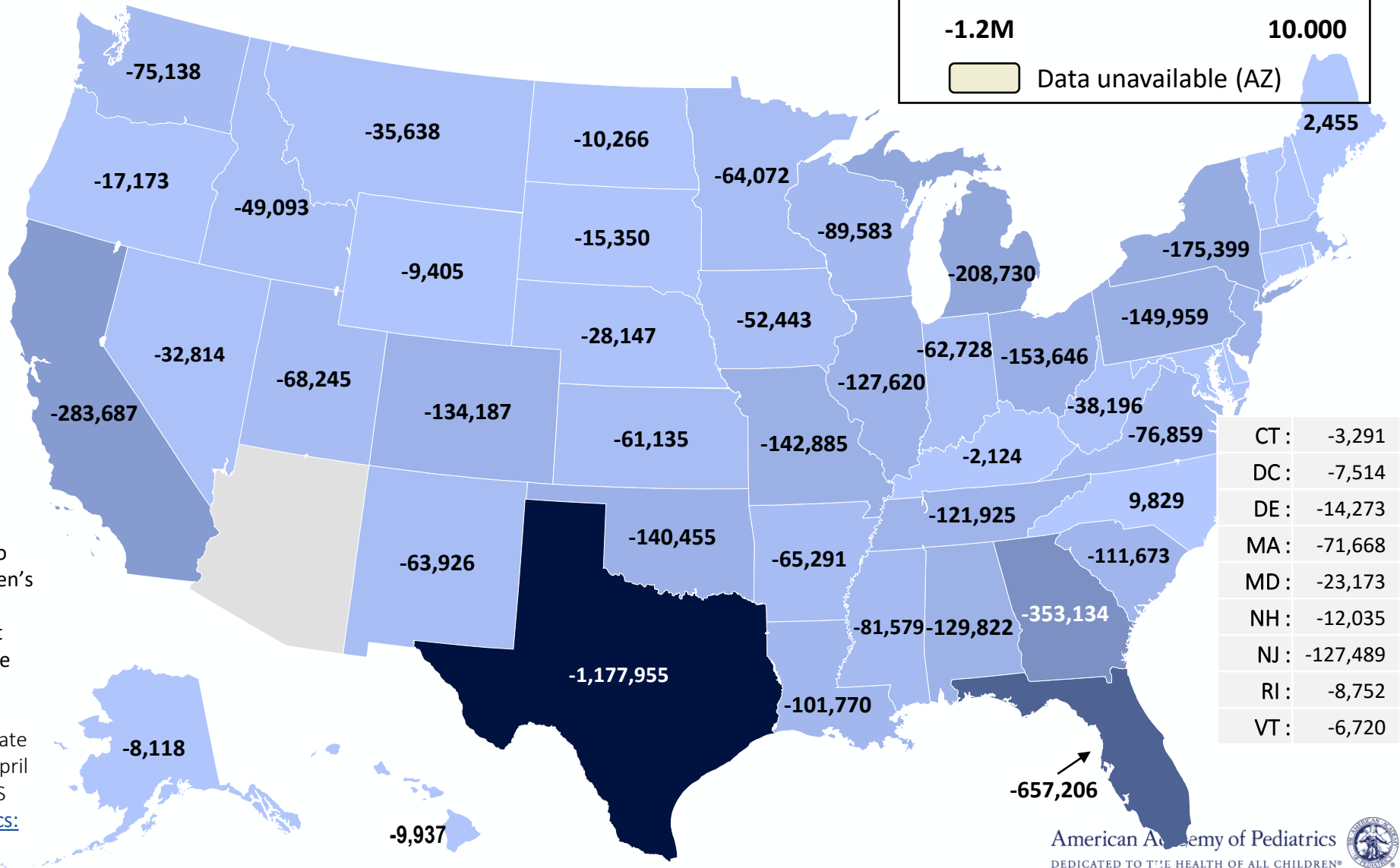
Number & Percent of US Children Enrolled in Medicaid/CHIP Before & Since the COVID-19 Pandemic, June 2019 - June 2024



*The Families First Coronavirus Response Act (FFCRA) enacted in March 2020 required continuous enrollment and made available a temporary 6.2 percentage point increase to each state or territory’s federal medical assistance percentage (FMAP) during the national Public Health Emergency. **Notes:** Arizona did not submit any child data throughout the reporting period and is not included in this report. ^ June 2024 data, for all sates, are preliminary. Numbers may not sum up precisely due to rounding. **Source:** AAP analysis of data submitted by states to CMS released through the Medicaid and the Children’s Health Insurance Program (CHIP) Performance Indicator Projects.

Change in Number of State Children Enrolled in Medicaid/CHIP, April 2023 - June 2024

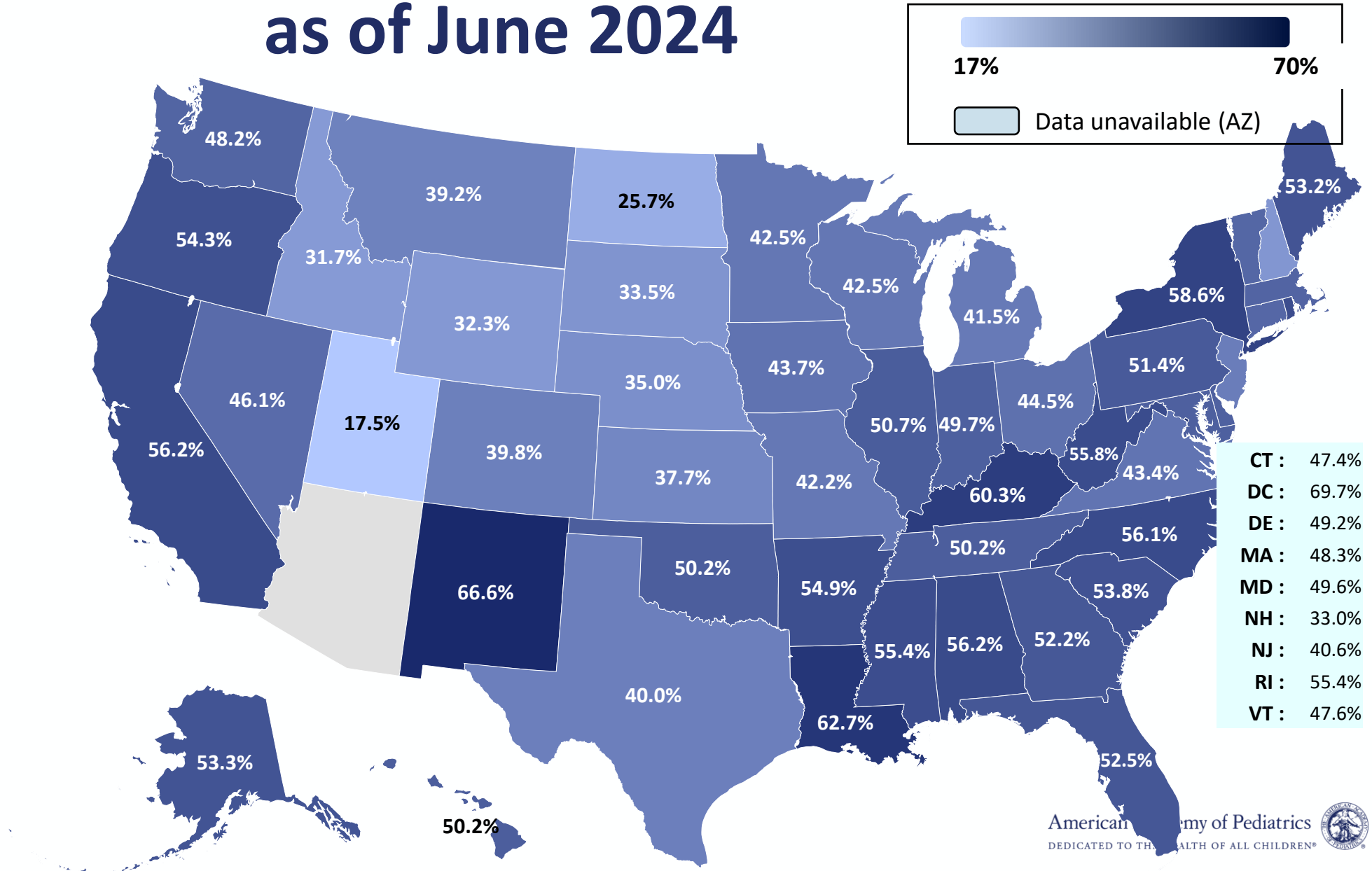
April 2023 – June 2024
-5.5 Million Enrolled

Source: AAP analysis of data submitted by states to CMS released through the Medicaid and the Children’s Health Insurance Program (CHIP) Performance Indicator Projects. The available CMS data does not provide information from US Territories or the State of Arizona.

Child population estimates are based on “Annual State Resident Population Estimates for 6 Race Groups: April 1, 2020 to July 1, 2023 (SC-EST2023-ALLDATA6). US Census Bureau.” [[State Population by Characteristics: 2020-2023 \(census.gov\)](https://www.census.gov/statepop/2023/)]

Percentage of State Children Enrolled in Medicaid/CHIP as of June 2024



Source: AAP analysis of data submitted by states to CMS released through the Medicaid and the Children's Health Insurance Program (CHIP) Performance Indicator Projects

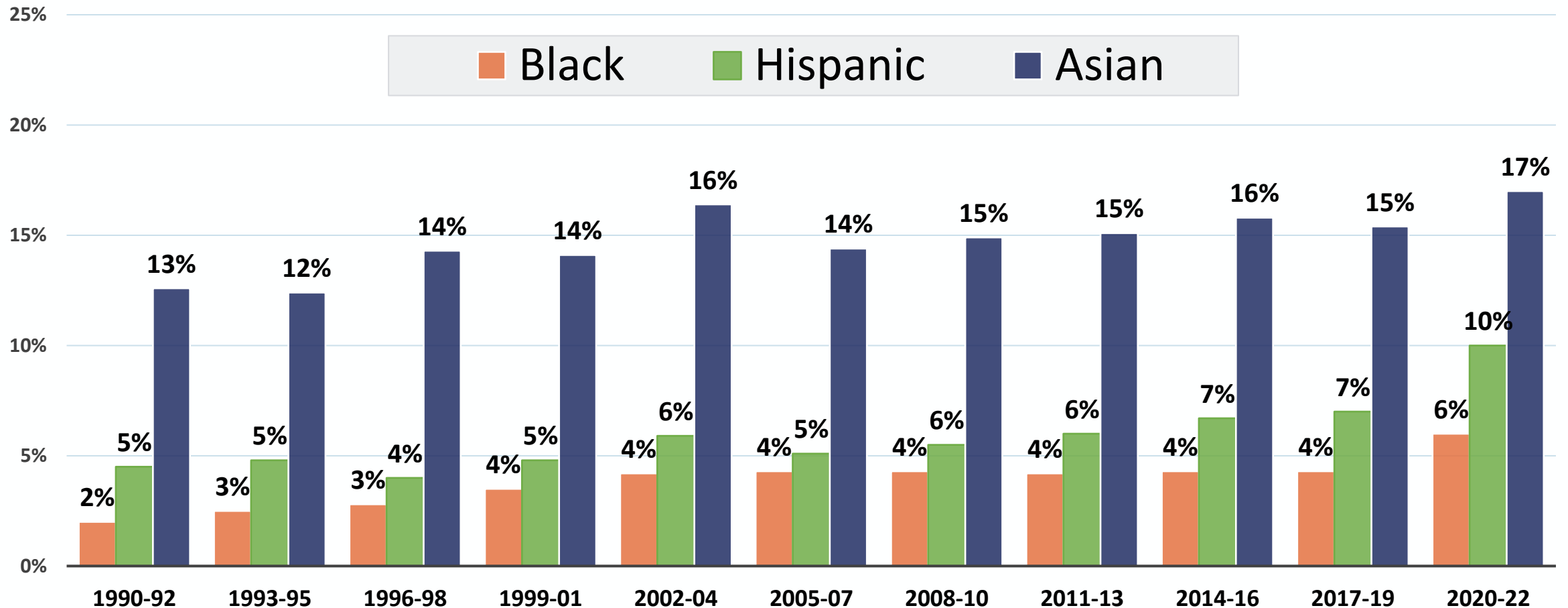
Notes: CMS reports of Medicaid/CHIP enrollment based on state administrative data has been generally higher than estimated by national surveys.



Who Are Pediatricians?

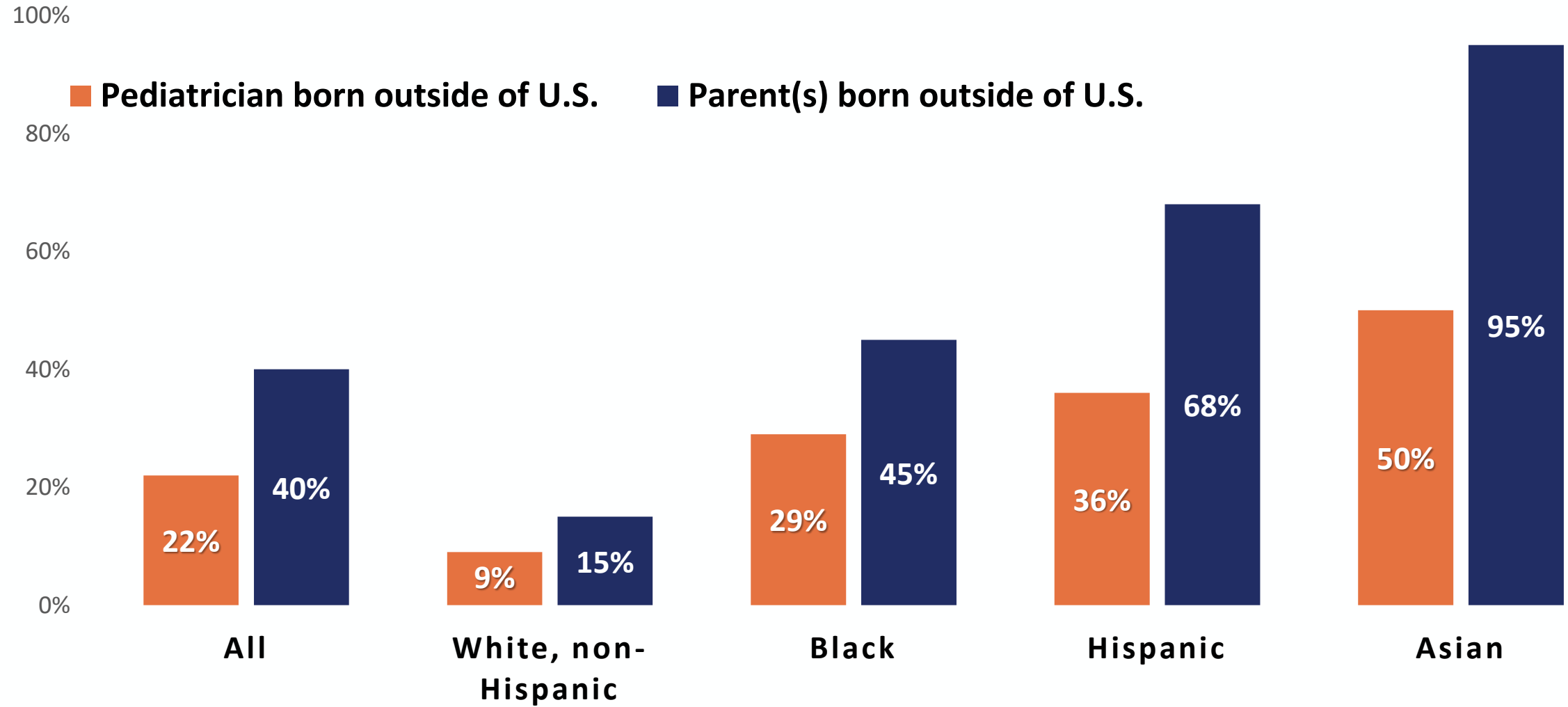


Race and Ethnicity of US AAP Members, 1990-2022



Source: AAP Periodic Survey 1990-2022 (including residents; no survey fielded in 2020 due to COVID-19 pandemic)

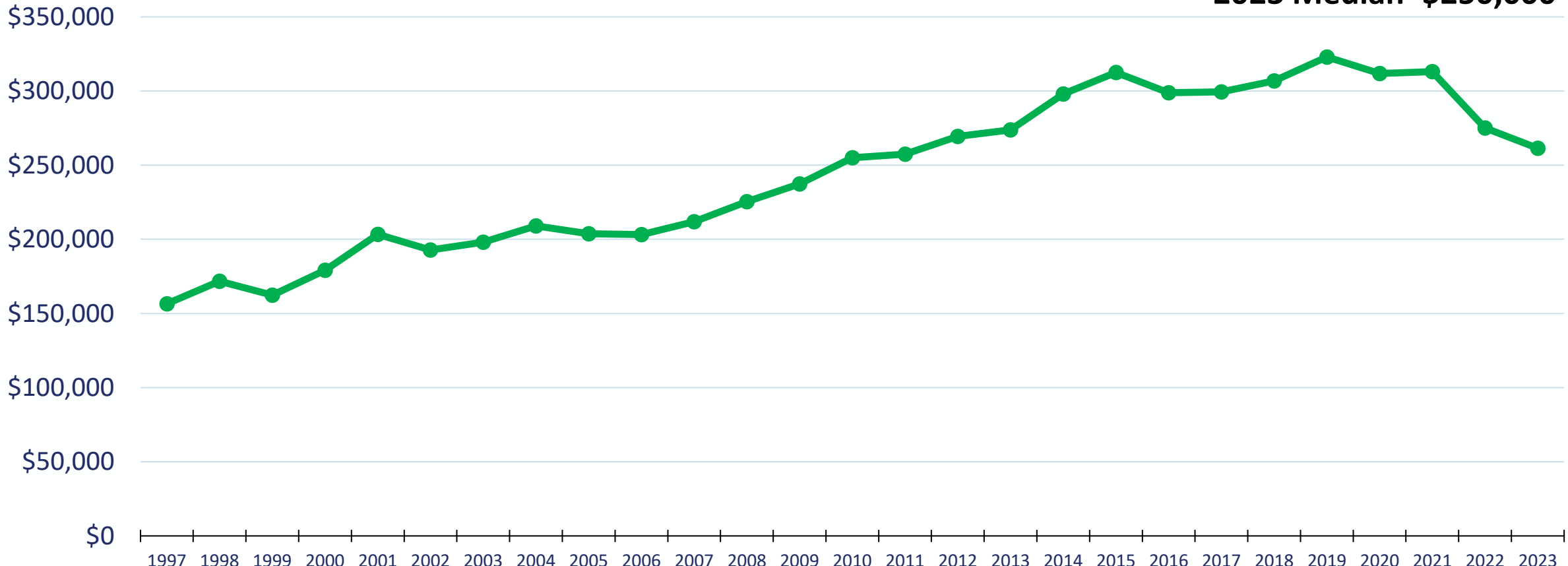
% of PLACES Pediatricians Reporting They or a Parent Was Born Outside the US, by Race and Ethnicity



Source: AAP PLACES Annual Survey 2013 and 2021; data weighted for non-response bias (n=2,425)

Average Educational Debt* Among Graduating Pediatric Residents Reporting Any Debt (adjusted for inflation, in 2023 dollars)

2023 Mean=\$261,000
2023 Median=\$250,000

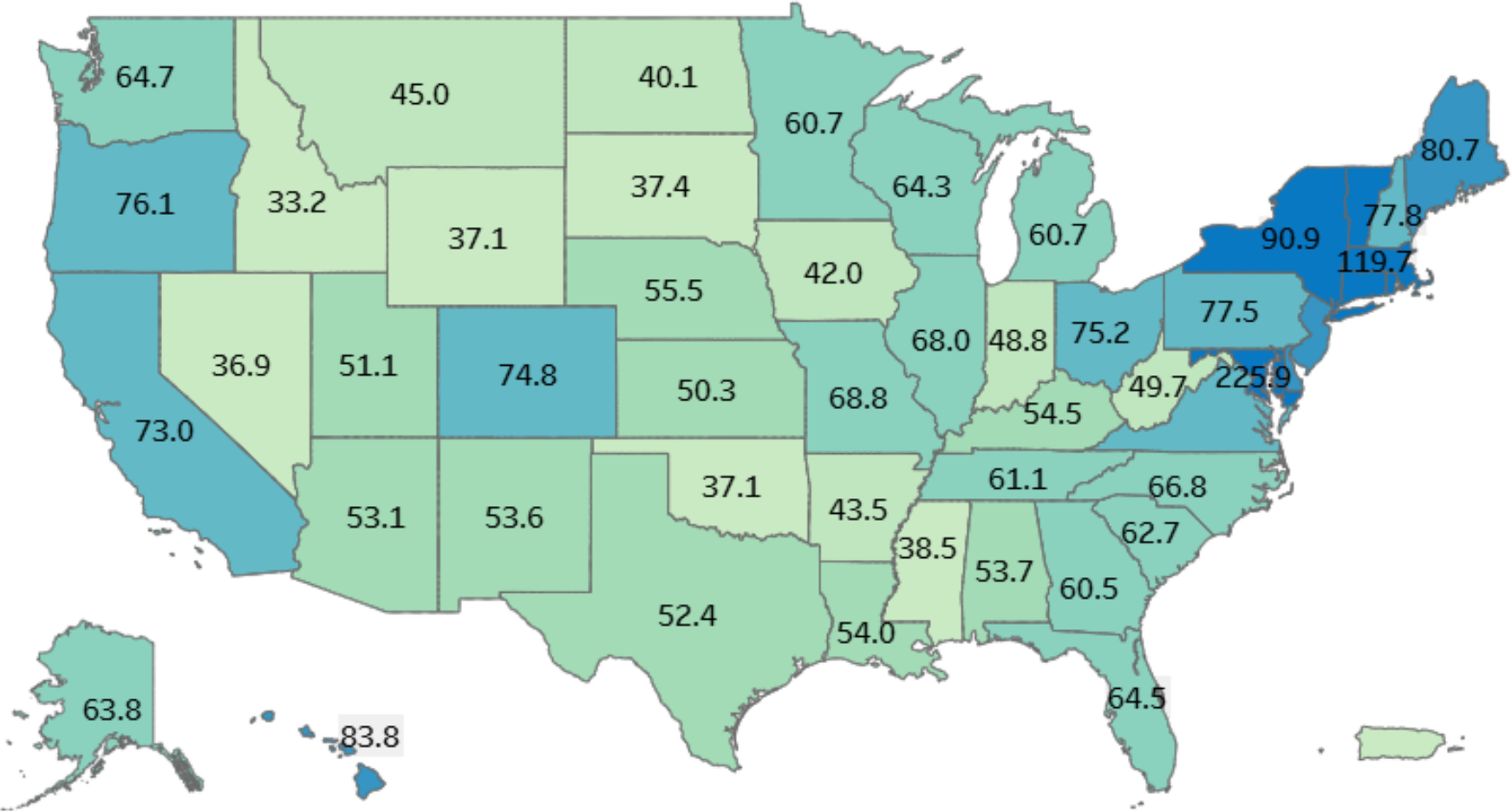


Source: AAP Annual Survey of Graduating Residents, 1997-2023

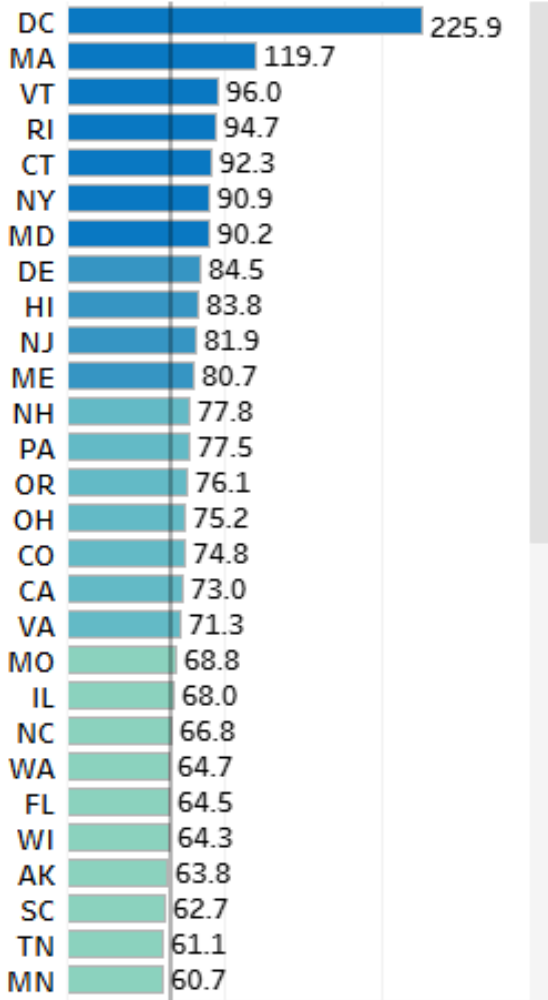
**Includes spouse's/partner's educational debt for married/partnered residents*

Survey Year

Distribution of those certified in General Pediatrics (alone) by pediatricians per 100,000 Children (0-17)

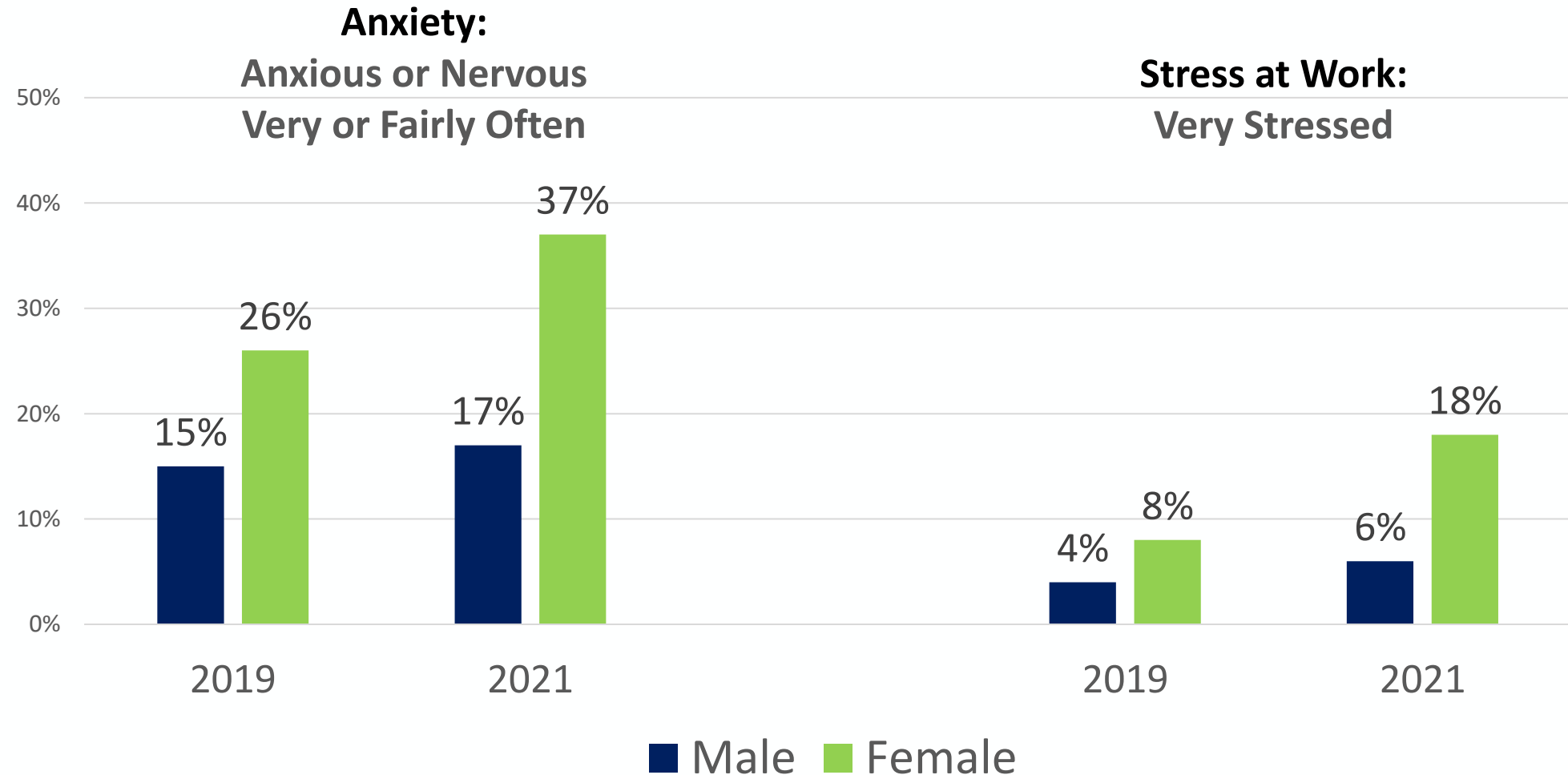


State rank, per 100,000 children



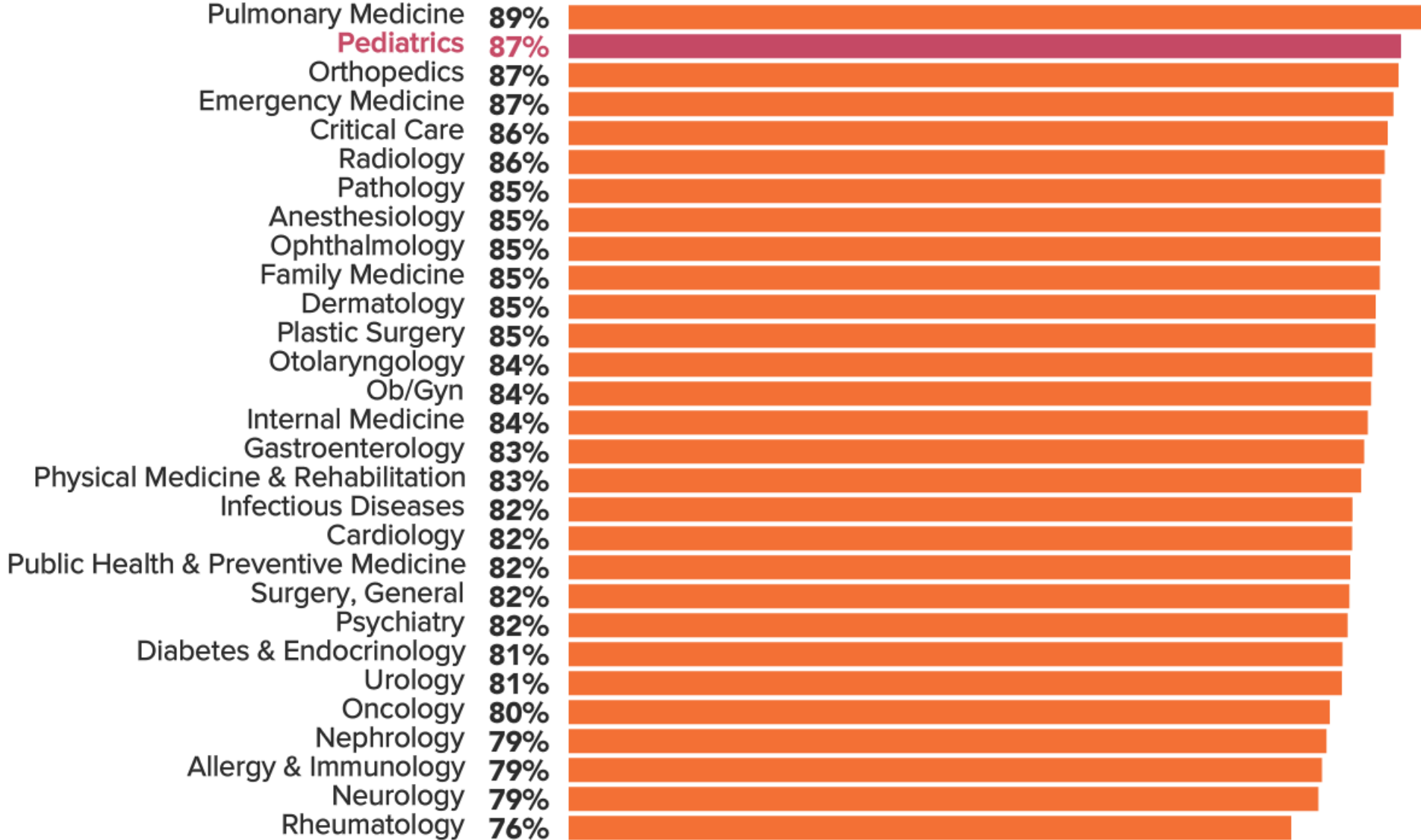
Source: [General Pediatricians U.S. State and County Maps | The American Board of Pediatrics \(abp.org\)](https://www.abp.org) data for 2024

PLACES Pediatricians' Reported Anxiety and Stress at Work: 2019 vs 2021

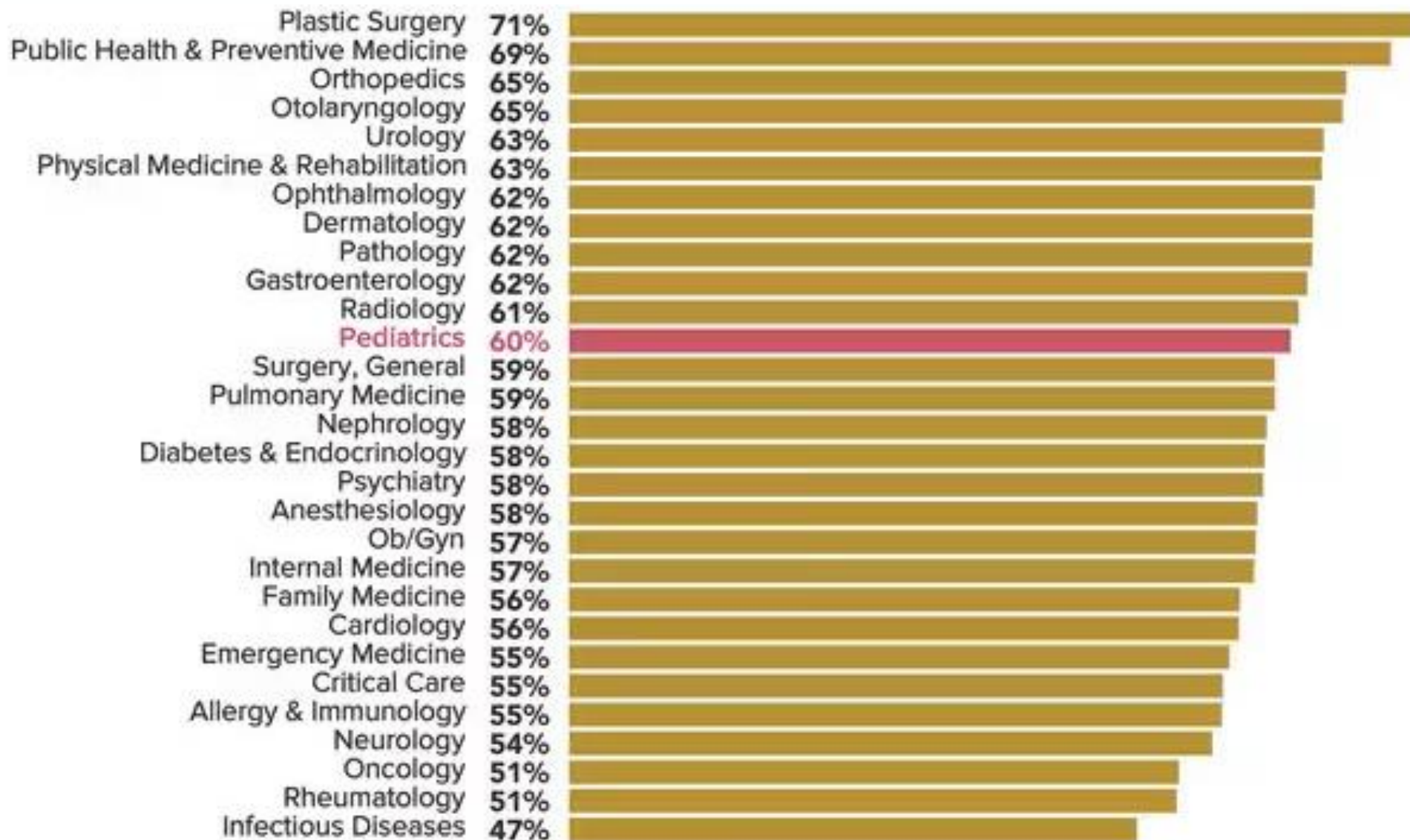


Source: AAP PLACES 2022 Annual Survey (2009-11 and 2002-04 Residency Graduates)

Happiest Specialties Outside of Work Pre-Pandemic



Happiest Specialties Outside of Work Now

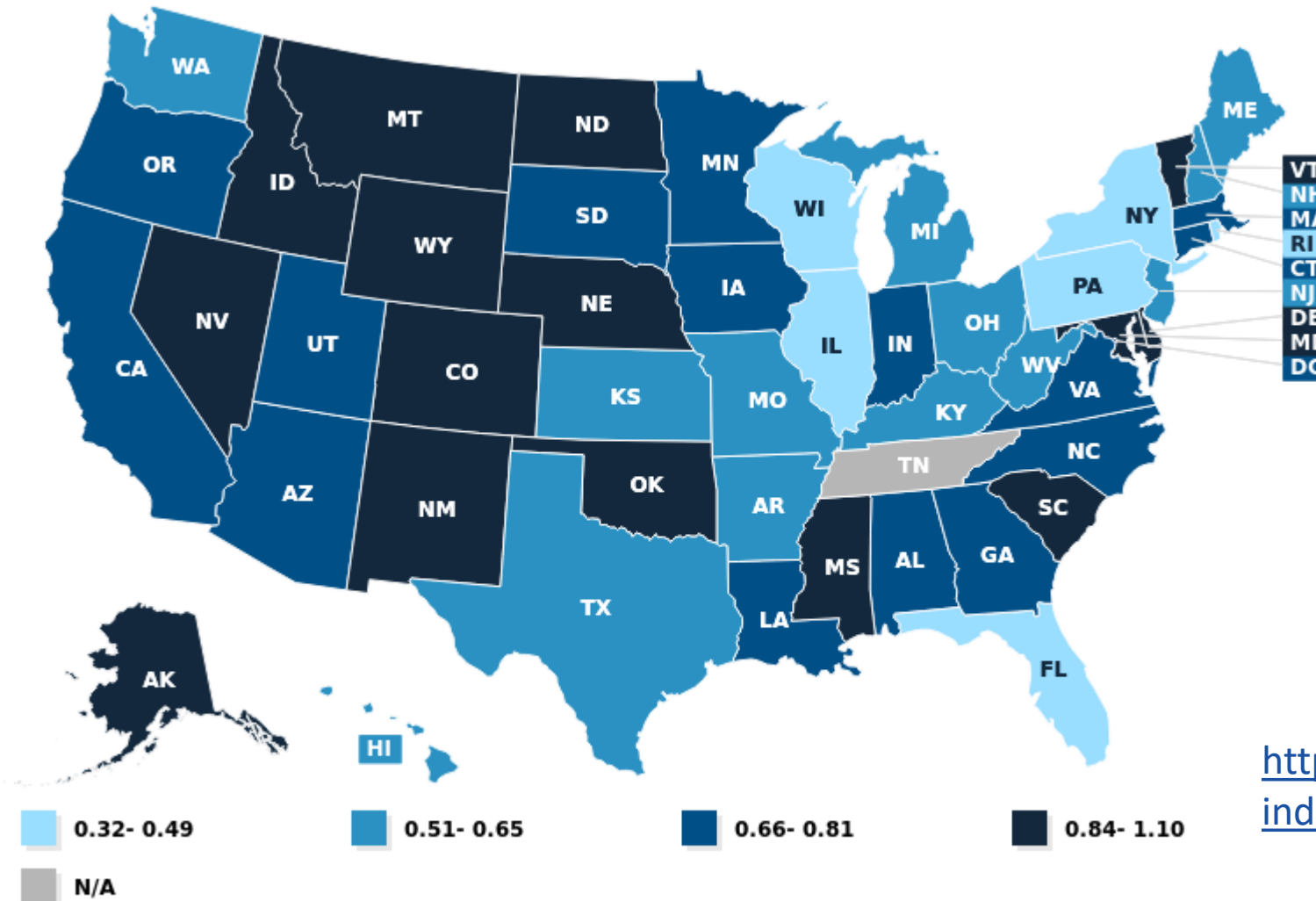




Current State of Pediatric Payment

Medicaid to Medicare Fee Index

Medicaid-to-Medicare Fee Index: Primary Care, 2019



MD 0.90
(primary care: 0.94)
D.C. 0.80
(primary care: 0.80)
VA: 0.78
(primary care: 0.78)

RI: 0.32 -Alaska: 1.10
USA: 0.67

<https://www.kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index>



<https://www.nationalacademies.org/our-work/improving-the-health-and-wellbeing-of-children-and-youth-through-health-care-system-transformation>

Child Health Financing and Payment

- ALL pediatric clinical team members are underpaid compared to adult medicine
 - >50% of children in this country are covered by Medicaid/CHIP
 - Current CPT/RVU structure rewards procedures, not thinking
 - AMA E/M changes increased pay to primary care for adults, but not children
- Health insurance is designed to amortize risk of catastrophic events over populations

The Current Child Health Landscape

U.S. faces a crisis with poor and worsening child health and wellbeing with impacts on the workforce of the future

U.S. ranks at the bottom among wealthy nations on mental wellbeing, physical health, and academic and social skills

Children living in poverty and from marginalized groups all face poorer health and higher rates of mental health conditions

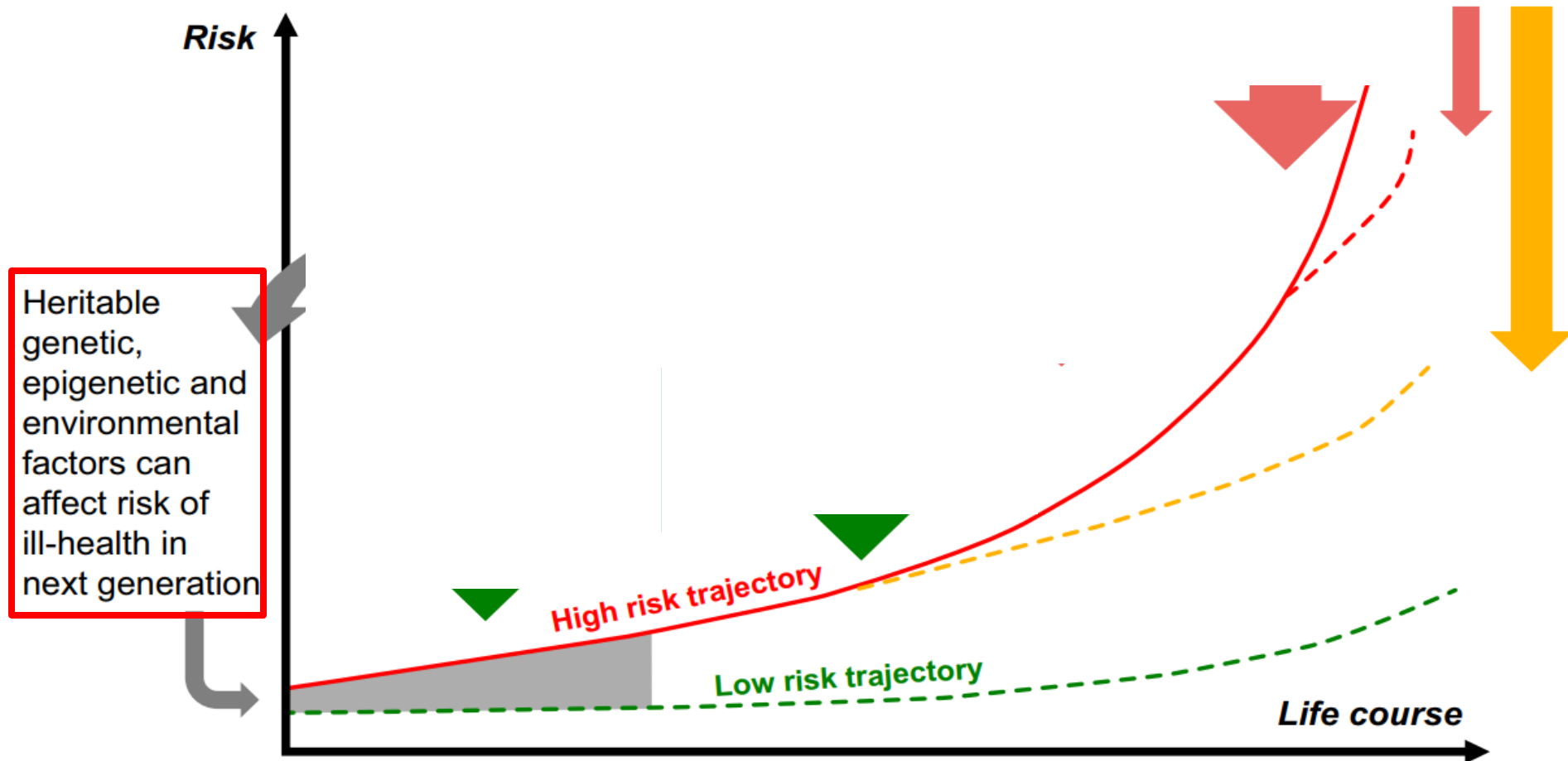
Increased incidence of chronic diseases, though many conditions are preventable

Increases in mortality and morbidity, mental health conditions, obesity and cardiovascular and pulmonary disease, substance use among working-age adults with roots in childhood

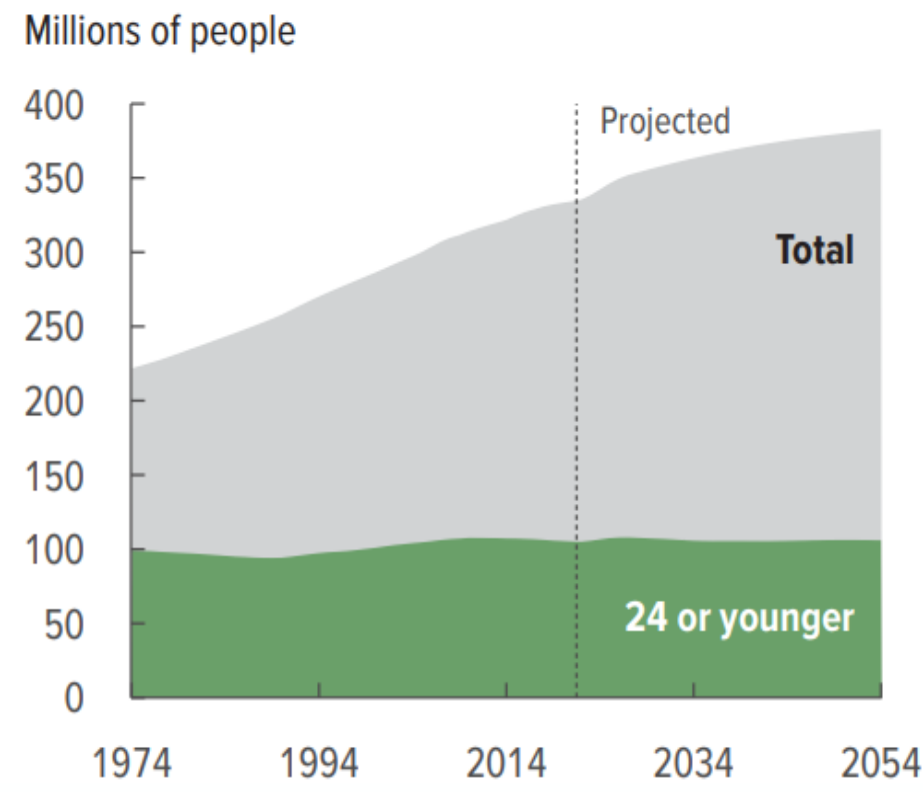
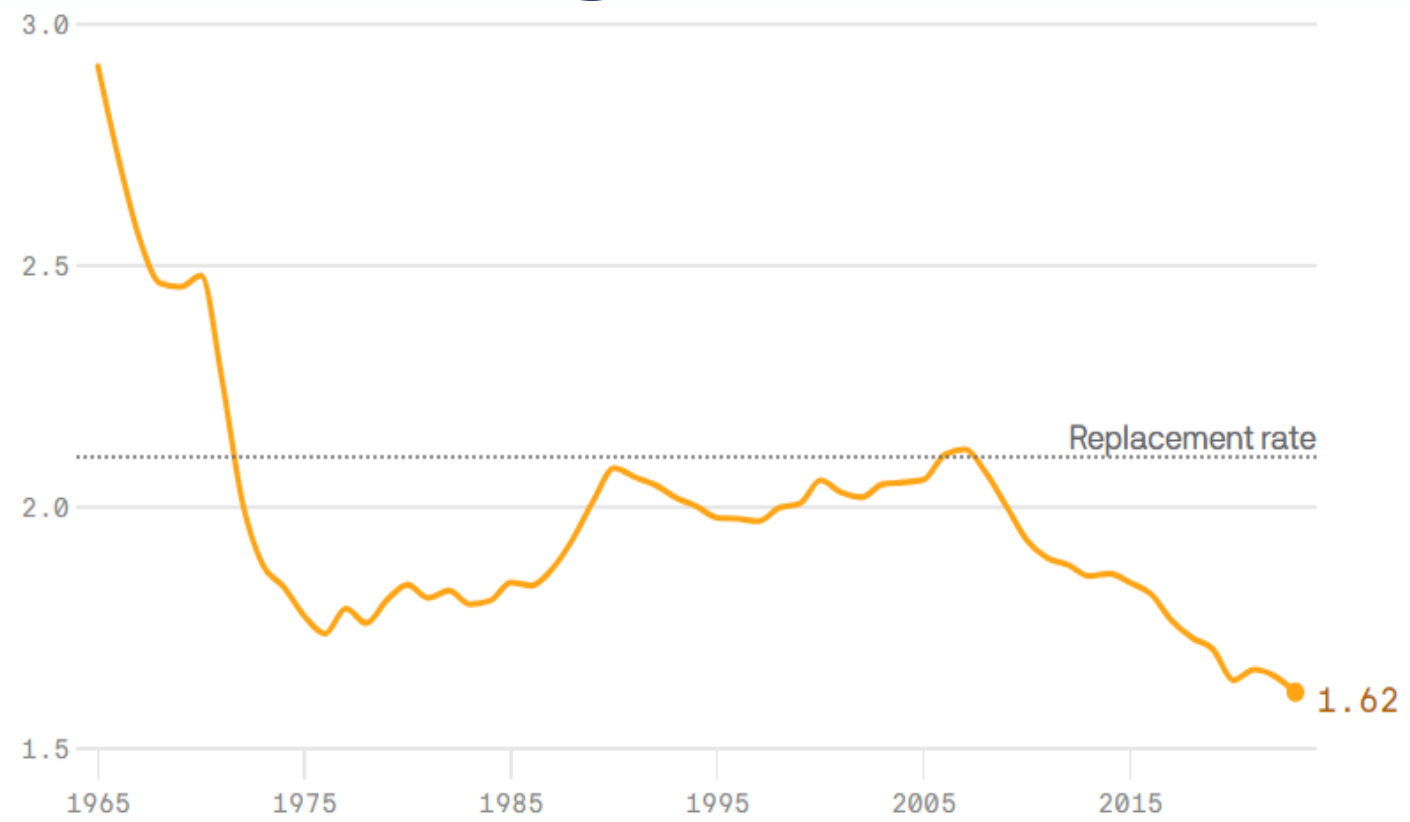


Life course View of Health Risk

Fig 2-4, Launching Lifelong Health: Hanson & Gluckman, *Physiol Rev* 2014; 94(4): 1027-1076



US Demographic Trends



“US fertility rates drop to another historic low.”

CDC, April 2024. DOI: <https://dx.doi.org/10.15620/cdc/151797>, Axios graph

A smaller number of children will need to support a growing older population.

CBO, Jan 2024,
<https://www.cbo.gov/system/files/2024-01/59697-Demographic-Outlook.pdf>



FACTSHEET

77 Percent of American Youth Can't Qualify for Military Service

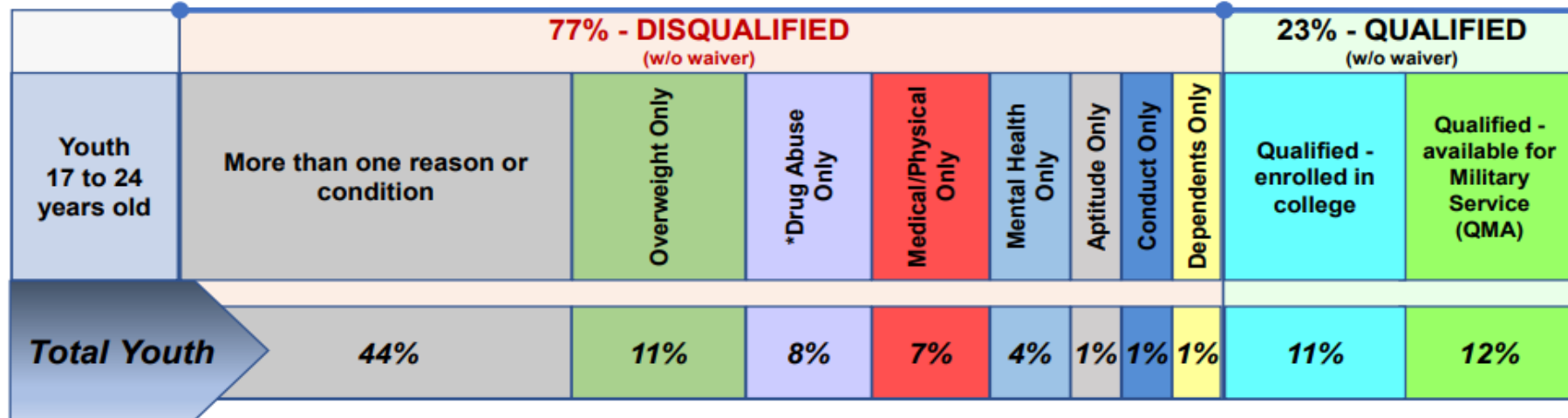
Better nutrition and physical activity can yield healthier outcomes for youth and bolster national security

<https://www.strongnation.org/articles/2006-77-percent-of-american-youth-can-t-qualify-for-military-service> January 24, 2023

<https://www.strongnation.org/articles/2288-we-need-all-that-they-can-be> December 11, 2023



2020 Qualified Military Available (QMA) Study



<https://amarkfoundation.org/wp-content/uploads/2023/07/DOD-QMA-2020-Brief-PUBLIC.pdf>

2020 QMA STUDY KEY FINDINGS

- The proportion of youth eligible for military service without a waiver is 23%. This is a decrease from previous estimates (29%).
- Most ineligible youth are disqualified for multiple reasons (44%).
- The largest increases in disqualification estimates observed between 2013 and 2020 were for mental health and overweight conditions.
- When considering youth disqualified for one reason alone, the most prevalent disqualification rates are overweight (11%), *drug abuse (8%), and medical/physical health (7%).
- The proportion of youth who are Qualified Military Available (QMA), defined as *both* eligible *and* not currently enrolled in college, is 12%.

Note: Youth ages 17–24. Estimates are based on data from CDC'S National Health and Nutrition Examination Survey (NHANES), HHS's National Survey on Drug Use and Health (NSDUH), DoD Youth Poll (YP), and the Profile of American Youth 1997 (PAY97). Labels are rounded to the nearest whole percent and may not add to totals due to rounding.

*Drug Abuse: includes a history of drug (including pharmaceutical medications, illegal drugs, and other substances of abuse) and alcohol abuse.



Child-First Design

- Developmental trajectory model
- Context of caregivers/family
- Context of community

Equity-Centered



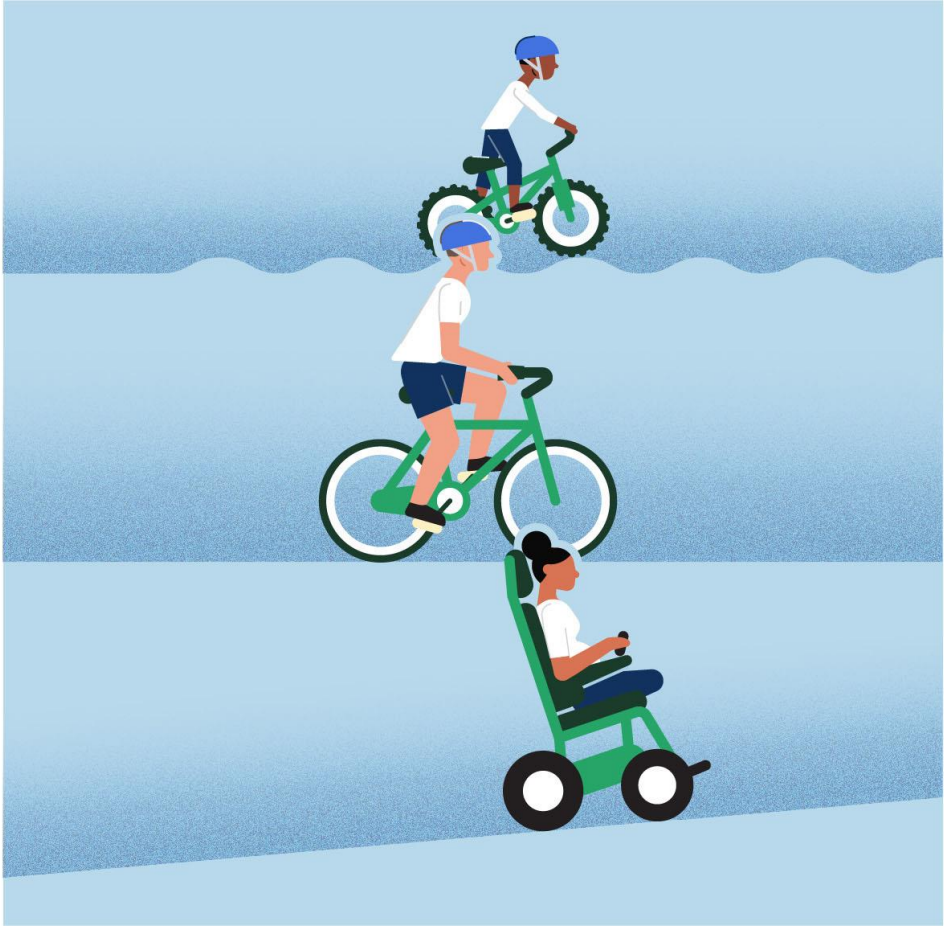
EQUALITY:

Everyone gets the same—regardless if it’s needed or right for them.





EQUITY:

Everyone gets what they need—understanding the barriers, circumstances, and conditions.



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Health information technology and equity: Applying history's lessons to tomorrow's innovations

Sansanee Craig MD  , Katie E. McPeak MD, Chinonyerem Madu MPH,
George Dalembert MD, MSHP

<https://doi.org/10.1016/j.cppeds.2021.101110>

HEALTH

InNeQuitiEs





The Unsustainable Ask

- Do more work
- Do it in multiple formats
- Do it faster
- Do it safely
- Make everyone happy



Overworked and Under-Resourced Pediatric Teams

Don't ask them to do one more thing that...

- Increases implementation burden
- Isn't paid
- Isn't integrated into their workflow and technology
- Makes them feel inadequate



Building Equity into Your Pediatric Team

- What does each team member need to be successful?
- What connects each team member to the organizational mission?
- What connects each team member to the meaning in their work?



The Power of Collaboration

The Unique Value Proposition of Pediatric Health Care

James M. Perrin, MD, FACP; Patricia Flanagan, MD, SAMP; Julie Karkin, MD, FACP; Greg Berwick, MD, SAMP; Jonathan Price, MD, SAMP; and the Committee on Child Health Financing

This document provides a framework for the value proposition of pediatric health care. It is intended to provide a succinct set of principles for establishing this proposition that demonstrates the short- and long-term value to the child and family, the health care system, and society as a whole.

VALUE IN PEDIATRIC CARE

The health and well-being of children and youth strongly influence their health and well-being as adults. Health early in life has vital importance to many interests across society, where the basic aim of society is the well-being of families and individuals. Value (in health care) is defined as outcomes relative to costs.¹ Outcomes for children include resolution of disease and current health status, but these connections between health and long-term well-being clarify the need to address long-term outcomes as well. The value of healthy children becoming healthy adults provides a focus for the value of high-quality pediatric care.

Health is more than the absence of disease.² Our vision as pediatricians is that all children, including those with chronic conditions and disabilities, grow and develop in safe, loving families and supportive communities that help them achieve their greatest potential. Families are critical to these goals, and children's health and well-being partly reflect parental mental and physical health.

Pediatrics, at its core, is about prevention of illness, early recognition of problems, and provision of care based on individual needs delivered in the context of a patient- and family-centered, coordinated, culturally appropriate delivery system. Its aim is to promote children's physical, developmental, social-emotional, and nutritional health and to detect and treat challenges early enough to mitigate lifelong effects. High rates of mental and behavioral health issues call for addressing these conditions directly in pediatric care, including upstream prevention. Adversity in childhood, including the effects of

abstract

"Academy Hospital for Children, Harvard Medical School, Boston, Massachusetts." "Brown Medical School of Brown University/Robert Warren Hospital, Department of Pediatrics, Providence, Rhode Island." "Department of Pediatrics, Baylor College of Medicine, Houston, Texas." "Department of Pediatrics, University of Michigan, Ann Arbor, Michigan." "Department of Pediatrics, The Ohio State University College of Medicine, Columbus, Ohio."

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Policy statements from the American Academy of Pediatrics benefit from expertise and resources of leaders and members (AAP) and support resident- and family-centered care. The American Academy of Pediatrics may not reflect the views of the authors or the organizations or government agencies that they represent.

The guidelines in this statement do not include an analysis of evidence or treatment or serve as a standard of medical care. Variations in care may be appropriate for individual circumstances. This document is intended to provide a succinct set of principles for establishing this proposition that demonstrates the short- and long-term value to the child and family, the health care system, and society as a whole.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

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Dr. Perrin, Flanagan, Karkin, Berwick, and Price were all directly involved in planning, researching, and writing of this report. Approval of the final manuscript as submitted, and any accountability for all aspects of the work.

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AAP: Grounded in Policy

- Driven by subject matter experts
- Evidence-based
- Scientific rigor
- Broad stakeholder feedback



The American Academy care system that provide comprehensive care to the child and family achieve infants, children, adolescent system. Medicaid and it provide critical support programs currently serve members of racial and medical conditions. Met and well-being of US. This statement review program reforms and comprehensive, family-access to services, reduce adulthood. This statement and CHIP that can improve health care, further reduce major state-by-state (1) eligibility and duration services and quality of program structure, the that regulation from the federal legislation can a report will address the programs; the current states and payment structure innovations and waiver

Senate overwhelmingly passes package of bills aimed at protecting kids and teens online

The bill heads to the House where it will face further consideration.



Kids' online safety measure easily clears key Senate hurdle in 86-1 vote

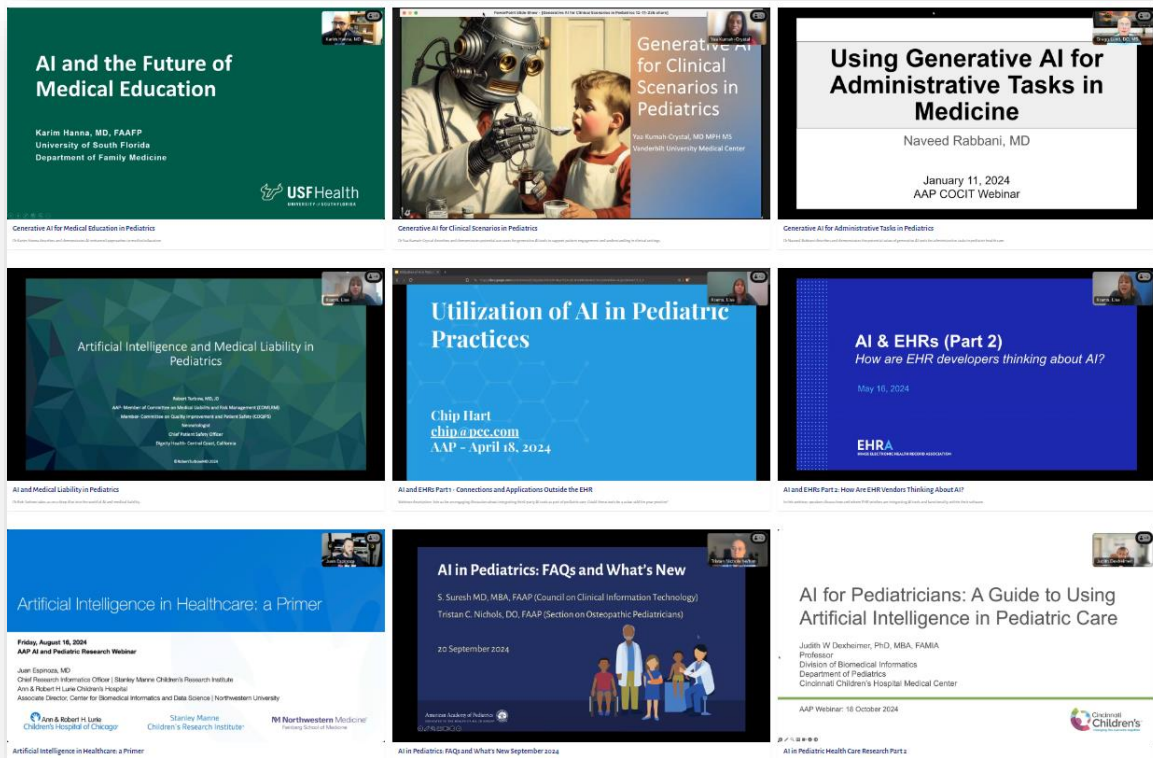
PUBLISHED THU, JUL 25 2024 • 11:59 AM EDT | UPDATED AN HOUR AGO



AAP: The Power of Advocacy

- Respected voice for children and pediatricians
- Relationships/collaborations
 - Community partners
 - Industry
 - Other professional societies

AAP: The Strength of Education



- National and International networks to disseminate information
- Education models that reach all levels of learner

And What Would Our Vision Mean for Children, Families and Pediatricians?

- **Every child** would have their best shot at a Bright Future
- **Every family** would feel seen, heard and valued
- **Communities** would be healthier
- The **workforce** would be healthier and better prepared for the future
- **Pediatric care teams** would be excited to come to work, connect with families and make the world a better place
- Every child would want to grow up and work in pediatric healthcare delivery because it's such a joy!



What's Next?

**Be BRAVE & BOLD
for
Children &
Pediatricians!**

**The kids
sent me.**

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

**Thank
You!**

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