



**ALL CHILDREN SHOULD HAVE ACCESS TO  
HEALTH CARE**

**Early childhood is the great opportunity for optimizing health and development**

All children need basic health care. Many health problems that might otherwise threaten a child's overall well-being and school achievement can be prevented or treated. Approximately 15% of all children nationwide have a chronic condition, and approximately a third of these are considered moderate to severe.<sup>i</sup> 80% of all non-traumatic health care spending was attributable to chronic illness, a figure applicable to just 20% of all children.<sup>ii</sup> The remaining majority of children have minimal, relatively low intensity/cost needs. While most children have health insurance, many do not have access to quality child health care services. These services require professionals specifically trained in child health care. However, these services experience the lowest payment rates from insurers, thus depressing the supply of appropriate services.

The best approaches to child health care are prevention services, such as immunizations, developmental assessments, dentistry and nutrition and safety education. Yet preventive care services, as they are currently being provided and funded, are not meeting the needs of many families. Particularly affected are families with the most vulnerable children.<sup>iii</sup> Our current service delivery and financing systems to support families have major deficiencies<sup>iv</sup>. Developmental delays are frequently not identified by health care providers. Many families have difficulty accessing health care, and coordination among service providers is low. Mental health and oral health services for children are often unavailable.

Research clearly demonstrates that children's health benefits from:

- **Improving health literacy.** Strategies to improve health literacy must focus on the adult caregivers first, then the children. Parents/caregivers can promote wellness and good health practices with their children beginning in the early childhood setting and extending into school settings and beyond.
- **Providing universal health care insurance for all children.** It is time to ensure that all children, from birth to age 18, have access to preventive care, as well as treatment for acute and chronic conditions. Government programs and family out-of-pocket funds pay for the vast majority of child health insurance. The cost of providing health care coverage for the remaining, mostly healthy, uninsured children is relatively modest. In contrast, the cost of not insuring those children threatens to bankrupt families, health care systems and public treasuries since uninsured children suffer more serious illness than do insured children. Insuring programs must first of all provide coverage for primary care services, beginning early in life with the goal of preventing the personal and societal burdens of advanced disease.
- **Improving access, treatment, and quality of care.** Federal, state and local efforts to provide access to child health care are fragmented. There are few efforts to assure appropriateness and timeliness of services across these programs, leaving families with a complex set of rules, regulations and agencies to navigate. Indeed, efforts to reduce racial and ethnic health disparities have realized poor results, in part, because of this fragmentation. Closing the gaps in health outcomes for all children will also require focus on closing gaps in income and social opportunity for their families.
- **Developing policies across agencies, funding sources, and systems to integrate health services with educational, economic, and social support services.** In order to create a health system, all aspects of health and healthcare must be included, and support systems must be in place and integrated to help

families access, afford, and utilize health and health care services. State agencies, led by the Department of Health, should undertake a careful review of opportunities to integrate all health and health care services. Similar efforts need to occur at the local level.

---

<sup>i</sup> Mark et al., 2005

<sup>ii</sup> Wise, 2004

<sup>iii</sup> Schor, 2004

<sup>iv</sup> Halfon, Uyeda, Inkelas, & Rice, 2004