



Aligning Efforts to Achieve Equitable Mental, Emotional and Behavioral Health and Well-Being for Children and Youth

June 2022



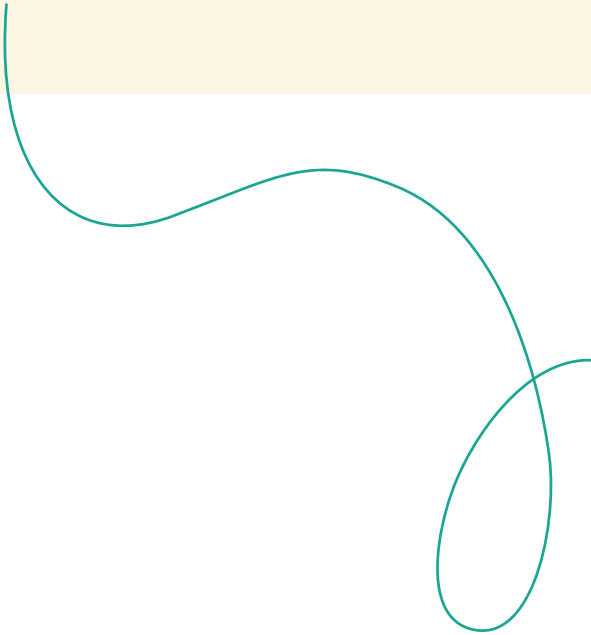
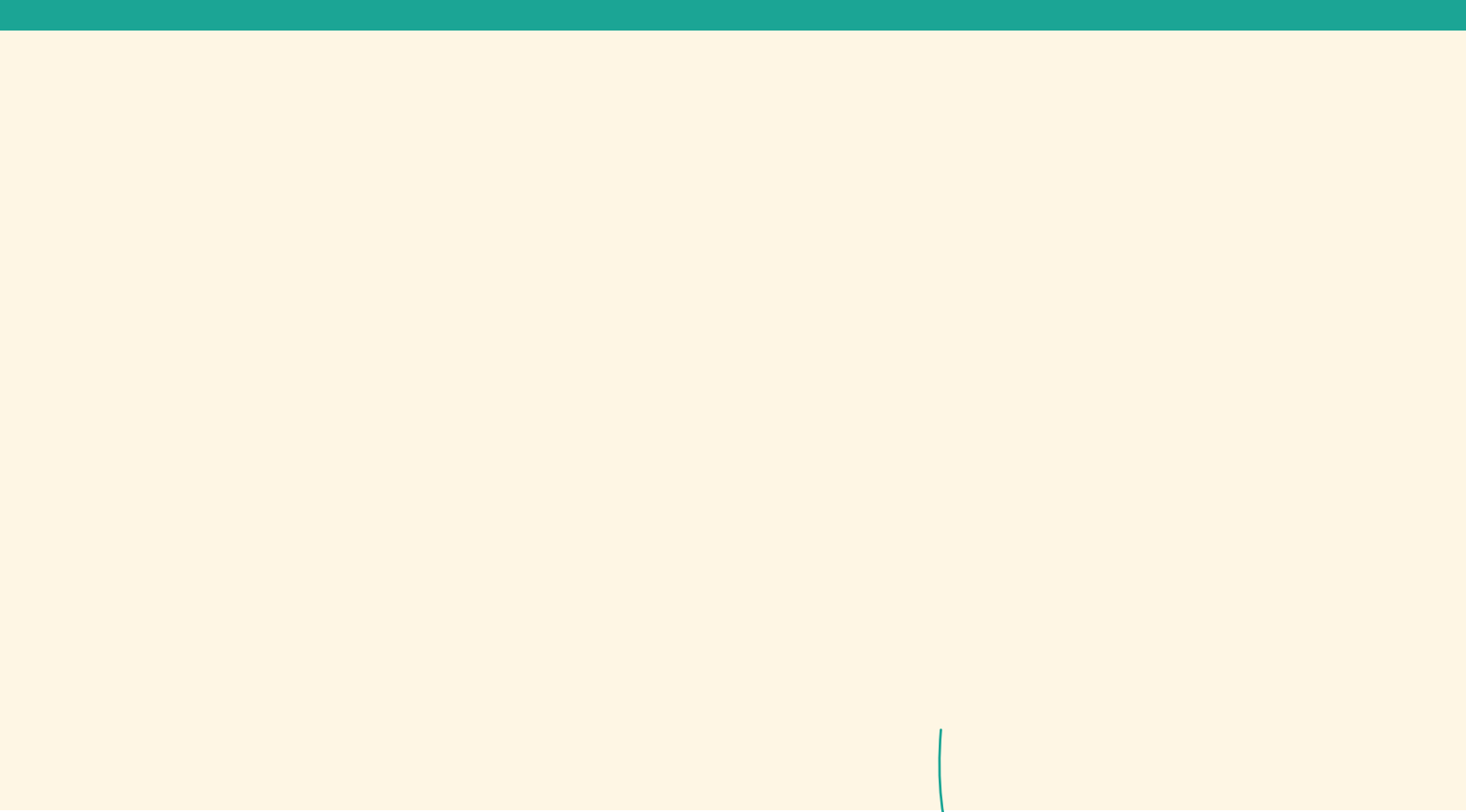
Table of Contents

- Introduction 2
- The Issue 3
- Call to Action 3
- Methods 4
 - Philanthropy Landscape and Policy Scan 4
 - Stakeholder Engagement..... 4
- Shared Opportunities 5
- Next Steps 5
- Appendix 6
 - Policy Landscape..... 6
 - Legislative Branch..... 6
 - Executive Branch..... 8
 - Philanthropy Landscape 10
- References.....12

Authors:

- **Daniella Gratale**, MA , Director, Office of Child Health Policy and Advocacy, Nemours Children’s Health
- **Joshua Ogburn**, MPP, Manager of Policy, Nemours Children’s Health
- **Laura Hogan**, MPA , Laura Hogan Consulting
- **Allison Gertel-Rosenberg**, MS, Vice President, National Prevention and Practice, Nemours Children’s Health

We would like to thank **Kara Odom Walker**, MD, MPH, MSHS, EVP, Chief Population Health Officer, Nemours Children’s Health, and **Cara V. James**, PhD, President and CEO, Grantmakers In Health for reviewing this paper.



The Issue

As a result of the COVID-19 pandemic, children have experienced increased stress from changes to their routines, breaks in the continuity of learning and health care, missed life events, and an overall loss of security and safety.² Since the onset of the pandemic, more than 13.36 million children have tested positive for COVID-19.³ In addition, more than 200,000 children and youth lost an in-home caregiver to COVID-19.⁴ According to Dr. Vivek H. Murthy, the U.S. Surgeon General, “the challenges today’s generation of young people face are unprecedented and uniquely hard to navigate. And the effect these challenges have had on their mental health is devastating.”¹

Children are requiring more immediate and intensive behavioral health care, including emergency room visits and

Methods

This section describes policy scans, interviews and other stakeholder engagement Nemours Children's and Grantmakers In Health (GIH) have conducted to advance this initiative.

Philanthropy Landscape and Policy Scan

In late 2021, Nemours Children's performed a literature review and an initial series of structured interviews with philanthropic, nonprofit and public sector leaders to identify the current landscape of federal policy initiatives and philanthropic investments focused on improving health equity for children, youth and their caregivers. This inquiry cast a broad net by scanning published literature, white papers and other content for policy, research and programs offering promise for improving children's health. With a whole-child and life course approach in mind, the scan encompassed the health-related social needs and community conditions underlying the physical and MEB health of children, youth, and their caregivers. Additionally, Nemours Children's scanned major federal legislation and executive actions related to MEB health and underlying social determinants of health.

Stakeholder Engagement

Nemours Children's and GIH then performed interviews and facilitated focus groups with leaders in philanthropy. Participants provided candid insights into how they view the potential for continuing or expanding their engagement given the current policy landscape, as well as the potential for alignment between philanthropy and the public sector. Focus group participants emphasized the importance of addressing equitable MEB health, thereby clarifying the future focus of this effort. The Philanthropy Landscape and Policy Landscape sections of the Appendix describe the full findings from the scans, interviews and focus groups.

In March 2022, Nemours Children's and GIH convened more than 60 stakeholders from local, state, regional and national philanthropic organizations to collectively discuss aligned approaches to equitable MEB health and well-being. The group explored barriers, opportunities and potential action steps related to workforce, data, payment and research/evaluation. Amplifying the voice and lived experience of youth was a consistent theme across all areas.

Appendix

Policy Landscape

Nemours Children's conducted a scan of recent federal public laws and executive actions enacted in response to the pandemic. Congress and the Executive Branch have advanced numerous policies to address the health, economic and social impacts of the pandemic and positively impact health equity. This section describes the subset of policies focused on children, youth and their caregivers, with a focus on those intended to positively impact MEB health.

LEGISLATIVE BRANCH

Throughout the course of the pandemic, the federal government has sought to address the impacts of the pandemic through six legislative packages that total \$4 trillion, including over \$361 billion that directly benefits children and youth.⁹ Table 2 contains a breakdown by category. In addition, Congress has held numerous hearings and developed legislative proposals in additional related areas.

Mental, Emotional and Behavioral Health

Recently, the U.S. Senate and U.S. House of Representatives began taking steps to develop a legislative response to the MEB health crisis among children and youth. Committees in both chambers have held multiple hearings on related topics. Numerous members of Congress have introduced individual bills. In February 2022, the Senate Finance Committee announced a bipartisan process to develop legislative proposals related to strengthening the workforce; increasing integration, coordination and access to care; ensuring parity between behavioral and physical health care; furthering the use of telehealth; and improving access to behavioral health care for children and young people.¹⁰ The Finance Committee is expected to introduce a comprehensive MEB health legislative package this summer. The U.S. Senate Committee on Health, Education, Labor and Pensions (HELP) along with the House Energy and Commerce and Ways and Means Committees are also expected to consider legislation.

TABLE 2

Total Funding for Children and Youth Across COVID-19 Packages, by Category	
Category	Total (\$, Billion)
Behavioral Health	0.1
Home Visiting	0.2
Child Welfare	0.9
General/Other	6.9
Nutrition	18.0
Early Care and Education	54.5
Education & Out of School Time	280.9
TOTAL	361.5
Note: Adapted from Children's Funding Project, March 2021, p. 5 ⁹	

Child Poverty

According to the World Health Organization, poverty is the single largest driver of health.¹¹ Child poverty rates in the United States significantly differ by race and ethnicity, with 7 percent of white children affected compared to 20 percent of Hispanic children; 18 percent of Black children; and 11 percent of Asian children.¹² Eliminating the burden of poverty for children and youth will lead to improved physical health, socio-emotional development, and educational outcomes in the short- and long-term.¹³ The American Rescue Plan Act of 2021 (ARPA; P.L. 117-2), which became law in March 2021, made several, albeit temporary, amendments to the Child Tax Credit aimed at reducing child poverty. Analyses estimated these amendments halved the child poverty rate.¹² Despite momentum to renew the amendments in 2021, they expired at the end of the year.

Postpartum Health Insurance Coverage

Ensuring mothers have health insurance coverage during the postpartum period leads to improved mental health, greater identification and treatment of risk factors for maternal morbidity and mortality,¹⁴ and a reduction in longstanding racial and ethnic disparities in maternal and infant health outcomes.¹⁵ The ARPA included an option for states to extend postpartum Medicaid and Children's Health Insurance Program (CHIP) coverage from 60 days to 12 months. The option took effect on April 1, 2022, and lasts for five years. This is particularly significant because Medicaid is the principal payer for over 40 percent of live births each year in the United States.¹⁶

Child Care

High-quality early care and education (ECE) programs promote positive MEB health, especially for children who are from lower-income families or communities of color.^{17,18} Pre-pandemic child care shortages became severely worse during the pandemic as child care centers closed due to lockdowns.¹⁹ While Congress allocated \$50 billion to stabilize the child care sector,¹ child care shortages continue, leading to higher prices and less access for families.²⁰

Housing

Housing quality, safety, stability and affordability significantly affect physical and MEB health, and health equity.²¹ As the pandemic caused major economic disruptions, millions became unable to pay their monthly mortgage or rental payments. This was especially problematic for Black and Hispanic renters who faced the most severe housing challenges.²² To address this issue, Congress created the Emergency Rental Assistance (ERA) program and appropriated \$47 billion to provide emergency rent and utility assistance.²³ In addition, state and local governments utilized funds for similar purposes from the (CARES Act; P.L.116-136).²⁴

Food and Nutrition

Research consistently shows that having regular access to nutritious food positively affects numerous health outcomes,²⁵ including mental and behavioral health.²⁶ The (P.L.116-127), CARES Act, (P.L.116-159), (P.L.116-260), and the ARPA all made important contributions to promote the availability of food and nutrition for children, youth and caregivers. These laws provided funding and flexibilities for (-

EXECUTIVE BRANCH

Numerous agencies across the Executive Branch have sought to utilize their authority to address the impacts of the pandemic, advance health equity, and improve the MEB health and well-being of children and youth.

Philanthropy Landscape

Philanthropic organizations are united by the urgent need to incorporate health equity and racial justice as primary drivers and measures of children's physical and MEB health. Systemic barriers and practices continue to result in disproportionately poor outcomes for too many of America's children, youth and caregivers. Below is a summary of key themes from research, interviews and focus groups.

Philanthropic organizations are balancing the need to address today's challenges and rebuild a better system for the future.

Once the public health emergency unwinds, benefits and flexibilities that can help states meet the needs of children, youth and caregivers may no longer be available. Philanthropic leaders conveyed their commitment to systems building for the future but also highlighted the concurrent need to address the acute concerns of the here and now. In addition, they indicated that prioritizing equitable MEB health for children and youth will simultaneously address the most pressing urgent needs, while presenting an opportunity to redesign the workforce, data systems and payment models necessary to support improved MEB health over time.

Equity is the goal of meaningful change for this once-in-a-generation opportunity to redesign systems.

Equity investments and partnerships at the federal, state and community levels are accelerating. Philanthropic leaders emphasized that this moment holds promise to move the country toward greater equity, in part due to federal policy changes and increased federal resources. Alongside, and often in partnership with the public sector, philanthropic organizations are investing in program innovations, research, policy and systems changes expected to help achieve equitable health and well-being for children, youth, caregivers and communities. Equity is a shared priority that connects and aligns across age- and sector-specific priorities. Philanthropic leaders highlighted best practices including efforts where public agencies and philanthropic organizations aligned funding to ensure a more complete count for the 2020 Census, and efforts across 20 philanthropic organizations to increase utilization of the Child Tax Credit.

Research demonstrates a clear relationship between the outcomes of children and their caregivers.^{41,42} Equally prominent in the research is the role of long-standing childhood health disparities as a core driver of lifelong adult health outcomes — in policy, practice, and partnership.^{43,44} In addition, research demonstrates a strong connection between child and youth well-being and the social conditions, neighborhood, environment and other factors in the lives of young people. Healthy People 2030 aptly states, "Safe, stable, and supportive relationships are critical for children's health, development, and well-being. Family-level interventions can help keep children safe and healthy. Strategies focused on children's health and safety in early childhood education programs, at school, and in their neighborhoods can also help improve health outcomes for children."⁴⁵

Research demonstrates a clear relationship between the outcomes of children and their caregivers.^{41,42} Equally prominent in the research is the role of long-standing childhood health disparities as a core driver of lifelong adult health outcomes — in policy, practice, and partnership.^{43,44} In addition, research demonstrates a strong connection between child and youth well-being and the social conditions, neighborhood, environment and other factors in the lives of young people. Healthy People 2030 aptly states, "Safe, stable, and supportive relationships are critical for children's health, development, and well-being. Family-level interventions can help keep children safe and healthy. Strategies focused on children's health and safety in early childhood education programs, at school, and in their neighborhoods can also help improve health outcomes for children."⁴⁵

Elevating the voice and leadership of youth and caregivers in policy and practice produces more effective solutions grounded in prevention.

Philanthropic leaders and advocates are gaining new understanding about the structural underpinnings of inequity, due in part to data integration and more targeted research.

Data disaggregated by race, place, language, sexual orientation and other factors is slowly becoming available from

17. Hahn RA , Barnett WS, Knopf JA , et al. Early childhood education to promote health equity: a community guide systematic review. *Community Health and Prevention Epidemiology* 2016;22(5):E1-E8. doi:10.1097/phh.0000000000000378

18. Morrissey T. *Health Affairs Health Policy Brief*. April 25, 2019. doi:10.1377/hpb20190325.519221

19. National Academies of Sciences, Engineering, and Medicine. *The National Academies Press*. 2018. doi:10.17226/24984

20. Child Care Aware® of America. 2022. <https://www.childcareaware.org/demanding-change-repairing-our-child-care-system/>

21. Taylor L. *Health Affairs Health Policy Brief*. 2018. doi:10.1377/hpb20180313.396577

22. Airgood-Obrycki W, Demers B, Greene S, et al. Harvard Joint Center for Housing Studies. April 8, 2021. <https://www.jchs.harvard.edu/research-areas/working-papers/renters-responses-financial-stress-during-pandemic>

23. Emergency Rental Assistance Program. US Dept of the Treasury. Accessed February 22, 2022. <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/emergency-rental-assistance-program>

24. Driessen GA, McCarty M, Perl L. Pandemic Relief: The Emergency Rental Assistance Program. Congressional Research Service, Library of Congress; October 21, 2021. R46688. Accessed February 22, 2022. <https://crsreports.congress.gov/product/pdf/R/R46688>

25. Gundacker C, Zillak JP. Food insecurity and health outcomes. *Public Health* 2015;129(11):1617-1622. doi:10.1016/j.puhe.2015.08.008

