

# Advocating for children

*Our job is never done*



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Words will never capture the privilege of having served so many children and families during my 40 years as CEO of Akron Children's Hospital. As I reflect on my service, I feel it's important to share my perspectives on the necessity of continuing to advocate strongly for children, whose strength and courage were a daily source of inspiration to me.

In this white paper, I summarize my experiences speaking up for children's health issues at the state and national level, and present a policy action plan for the newly formed Akron Children's Hospital Center for Child Advocacy that I will initially lead as CEO Emeritus. The center will work with government, health care and advocacy organizations to identify solutions to the challenges facing children and the pediatric providers who care for them.

## Key messages:

1. Children are our future. The benefit to individuals and society of investing in children's health care and education returns greater dividends as studies clearly show a correlation between Medicaid access and the likelihood that children will grow into the healthy, productive adults required to sustain our country's economy amid changing demographics.
2. Our nation is at a crossroads. We must continue moving forward to increase access to affordable health care for all children and their families.
3. Our country needs a comprehensive investment strategy in children's health care that is accessible, predictable and uniform across all 50 states.

## Akron Children's – A beacon of light for families

When I joined the hospital in 1979, I was privileged to take the helm of a mission-driven organization founded on a spirit of service above self. In its transformation from nursery to pediatric hospital, Akron Children's mission evolved to encompass four areas: delivering high-quality, family-centered care; providing medical education and training; engaging in research and clinical studies; and performing community service.

The hospital also remained committed to the three promises made in 1890 by the founding volunteers to everyone who entered their doors – to treat every child as they would their own, to treat others as they would like to be treated, and to never turn a child away. The sacred bonds that developed between caregivers and patients generated enormous goodwill, and as a growing employer in the region, our hospital and employees became deeply embedded in the fabric of the communities we served.

## Recognizing the danger of ignoring children's needs

In the 1980s, the hospital board held a roundtable on the health status of our nation's children. While acknowledging the many advances in pediatric medicine, such as new vaccines, improved neonatal care standards and the growth of pediatric subspecialties, we identified many challenges facing children. These included declines in immunization and literacy rates as well as rising rates of infant mortality, suicide, poverty, and accidental death and injury.

A report on the same topic commissioned by the National Association of Children's Hospitals and Related Institutions (NACHRI) affirmed our board's findings. NACHRI, known today as the Children's Hospital Association (CHA), concluded that the health status of children in the U.S. was declining and would continue to do so without a dedicated public policy agenda to prioritize their needs.

Indeed, public health initiatives enacted at the time overlooked children and shortchanged pediatric institutions. One example is the implementation of Diagnostic Related Group codes, developed in the 80s, to determine reimbursement rates for health care providers that lacked pediatric diagnoses and initially reduced funding to pediatric providers. Another example is the lower reimbursement rate pediatric hospitals received for training medical students and pediatric specialists, which was, and remains, below the rate received by adult teaching hospitals.

## Raising our voices for children

Cognizant of the impact of ignoring children's needs on families, communities and pediatric providers, the hospital's board, medical staff and administrative leadership concluded we needed to give children a voice. Accordingly we modified our bylaws to add advocacy to our hospital's mission statement and established an office dedicated to promoting efforts that would improve the status of children.

At the state level, Ohio's freestanding pediatric hospitals formed the Ohio Children's Hospital Association (OCHA) in 1986 to better represent the interests of member hospitals and advocate for the needs of the children we're privileged to serve.

At the federal level, the CHA moved from Delaware to Washington, D.C. to better engage in public policy debates and create greater awareness around child health and wellness issues. The association also formed the Child Health Committee that still exists today.

## Insuring more children

Certainly, we have made progress since the 1980s. The rate of uninsured children reached a historic low in the U.S., near 5% in 2016-2017, following implementation of the Affordable Care Act (ACA) in 2014. Despite these proactive steps, however, one could argue that our children remain at risk.

Medicaid and the Children's Health Insurance Program (CHIP) provide medical care to our country's most vulnerable children – those from low-income families or with special health care needs. It is worth noting that half of our nation's children rely on Medicaid and CHIP. Of the 74 million children in the U.S., 37 million are covered by Medicaid and CHIP, with an additional 1 million enrolled in ACA Marketplace plans. In Ohio, we have 2.6 million children, with 1.3 million covered by Medicaid and CHIP, and 29,000 enrolled in Marketplace plans.

Medicaid is also critical to American service member families. An estimated 3.6 million children of military families receive health coverage from Medicaid, including 3.4 million children of veterans and 200,000 children of active-service families.

## Threats to increased insurance levels and access to care

Medicaid is different in every state, and states have flexibility to set limits on eligibility and coverage. There is also talk in Washington, D.C. about restructuring Medicaid that could significantly impact children, their families and the states where they live.

CHIP programs are designed by each state with federal funds available as block grants, and funding must be allocated by Congress on a regular basis. The fact that the reauthorization of CHIP funding was allowed to expire in 2018, in spite of historic bipartisan support, is one more example of children not being a priority for Congress.

Other challenges come from the uncertainty around potential changes that may weaken ACA Marketplace plans and reduce or remove ACA requirements for covered benefits, preventive visits, pre-existing conditions, out-of-pocket cost limits and lifetime spending caps. All are examples of elected officials ignoring the negative effects these policy actions would have on our nation's children, their families and our communities.

## The importance of investing in children

As I mentioned, we are at a crossroads as a nation. We have made great progress in increasing coverage for and access to children's health care, but we need to go further. It is time to use our voices to develop a comprehensive investment strategy that will provide stability and ensure equitable access and care standards across the country.

Medicaid provides affordable access to health care for children and is a worthy investment in the children of our country. While they account for 51% of all Medicaid and CHIP enrollees, children represent just 19% of Medicaid spending.

Studies show that children enrolled in Medicaid do better in school and have fewer sick days. They are more likely to graduate from high school and attend college. They grow up to be healthier as adults, and as a result, will earn higher wages and pay more in taxes.

## Pressing health care needs

The importance of maintaining access to health care is evident when you consider that the health profile of children today is actually deteriorating. We continue to make astounding advances in pediatric medicine, but barriers to care remain, and the pressures faced by young people growing up in our society today affect all income levels and communities.

Access to care continues to be a primary concern, and poverty plagues both urban and rural communities, leading to families who lack access to healthy diets, affordable housing and safe neighborhoods.

Obesity and chronic diseases such as asthma and diabetes are on the rise. Our infant mortality rate continues to lag far behind most developed nations, and behavioral health issues involving suicide, substance abuse and exposure to violence have all increased dramatically among our youth.

## 2019 Akron Children’s Center for Child Advocacy Action Plan:

The time for action is now. If we are going to sustain our economy and global standing as a productive, thriving nation, we must invest in our children’s health and education. As our society ages with a rapidly increasing number of retiring adults, we must work to ensure there is a viable base of young workers ready to take their place.

We must focus our efforts on promoting the need for a children’s health care system that is more accessible, predictable and uniform from state to state to ensure all children in our country have the chance to grow and reach their full potential as productive adults.

### 1. Host a Child Advocacy Summit

- a. Hold a summit in Akron for pediatric health care stakeholders to assist in creating better awareness around the issues affecting our nation’s children.
- b. The invitation-only summit will be held June 17-18 at the Hilton Akron/Fairlawn and feature keynote speakers Dr. Sanjay Gupta, Chief Medical Correspondent for CNN, and best-selling author J.D. Vance.
- c. The summit will provide a platform for participants to discuss issues, identify solutions and propose public policy initiatives that will benefit children. Panel discussions will be moderated by Bill Considine, CEO Emeritus, Akron Children’s Hospital; Nick Lashutka, president, Ohio Children’s Hospital Association (tentative); and Mark Wietecha, President and Chief Executive Officer, Children’s Hospital Association (tentative).

### 2. Build support for the creation of a federal health care program for kids

- a. Work with the national Children’s Hospital Association and key association members to build support for the concept of creating a federal health care program exclusively for children. This program could be structured in various ways: a Medicare-style entitlement program for children is one option; another is to expand CHIP to include eligibility for all children currently covered by Medicaid. A health care program exclusively for kids would benefit from broad public support, as well as from legislators, public officials and influencers.

- b. A primary component of the Akron Children’s Center for Child Advocacy Action Plan will be communicating with key pediatric hospital executives and government relations professionals to develop consensus around the creation of a children’s health care program.

### **3. Collaborate with Ohio’s new Director of Children’s Initiatives to advance improvements in pediatric behavioral health and other health care issues**

- a. One day after the November election, Ohio Governor-elect Mike DeWine named LeeAnne Cornyn as the state’s first Director of Children’s Initiatives, reporting directly to him. DeWine described Cornyn’s role as waking up every day focused entirely on breaking down silos across state agencies to help them work better for the children of Ohio. Top priorities will include behavioral health, lead poisoning, hunger and childhood obesity.
- b. During 2019, the Akron Children’s Center for Child Advocacy will coordinate closely with the director and her staff to advance our mutual policy priorities, especially in the areas of behavioral health, infant health and Medicaid reform. This work will help to advance reforms in these key policy areas, as well as reinforce the need to permanently continue this cabinet-level position dedicated to children’s health and well-being.

### **4. Advocate for state adoption of the data-driven policy priorities identified in OCHA’s child health assessment**

- a. In 2018, the Ohio Children’s Hospital Association (OCHA) commissioned a report on the state of child health in Ohio, titled “Assessment of Child Health and Health Care in Ohio.” Unfortunately, the report demonstrates that child health in Ohio lags far behind other states. In fact, Ohio ranks in the bottom half among states on 65% of the child health metrics measured in the report.
- b. The report identified three pediatric policy priorities: mental health and addiction, chronic disease, and maternal and infant health. For each priority area, evidence-informed policy solutions and metrics to measure success were identified. Akron Children’s Center for Child Advocacy will work with Governor DeWine and the Ohio General Assembly to promote these solutions and seek associated funding to address these critical child health concerns.

## **5. Advocate for a pilot program authorizing direct contracting between Ohio Medicaid and Akron Children’s Hospital for the care of children**

- a. The Akron Children’s Center for Child Advocacy will work with the Director of Child Health Initiatives, Governor DeWine and Ohio’s Medicaid Director to pursue direct contracting with Akron Children’s.
- b. Direct contracting would fundamentally alter the business incentives at work in the marketplace by rewarding providers for reducing costs and improving quality of care. Such a program would also prevent managed care companies from extracting millions of state and federal dollars from the state in the form of profit. This proposal would essentially establish a per capita rate per child to be paid directly to a children’s hospital. In exchange, the hospital would accept the financial risk for all of that child’s health care.
- c. Designed appropriately, a direct-contracting pilot could be budget neutral for the state, while delivering better coordination of care, improved care management, and most importantly, improved health outcomes for kids.

## **6. Create and distribute The Considine Report, a periodic report to be distributed to elected officials, child advocates and health care thought leaders**

- a. An essential output of the Akron Children’s Center for Child Advocacy will be The Considine Report, a platform where I can proactively drive the above-mentioned agenda, promote greater awareness around a myriad of issues affecting children’s health and well-being, and respond to current events and trends as they relate to public policy.

## Data Sources:

<https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/child-and-chip-enrollment/index.html>

<https://www.healthpolicyohio.org/child-health-and-health-care-advisory-committee/>

<https://www.childstats.gov/americaschildren/tables/pop1.asp>

<https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/Childrens-Health-Care-Coverage-Fact-Sheets.aspx>

<https://datacenter.kidscount.org/data/tables/7190-child-population#detailed/2/any/false/870,573,869,36,868,867,133/any/15123>

<https://www.tricareforkids.org/report-americas-military-readiness-and-the-essential-role-of-medicaid/>

<https://www.childrenshospitals.org/research-and-data/pediatric-data-and-trends/2017/the-new-importance-of-children-in-america>

<https://economics.yale.edu/news/yale-economics-study-finds-long-term-impacts-medicaid>

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