

INSURING OUR NATION'S CHILDREN IS KEY TO FIGHTING POVERTY

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Poverty is one of the greatest threats to child health and one of the strongest drivers of poor lifelong health.¹ The stakes are high—children experience the highest rates of poverty of any age group in the United States. In 2016, more than 13.2 million children were living in poverty;² while children represent only 23 percent of the total population, they make up 33 percent of the population living in poverty.³ Poverty is associated with increased infant mortality and lower birth weight, more frequent and severe chronic diseases such as asthma, increased obesity and its complications, poorer nutrition and growth, lower immunization rates, and less access to quality healthcare. The stress of being poor has adverse effects on physical and mental health that reach into adulthood.

While research documents a relationship between poverty and poor health, studies also suggest that comprehensive health coverage can combat the negative effects of poverty and improve the future economic status of children. Children with insurance are generally healthier and more likely to receive necessary treatment when sick or injured, in addition to the preventive care so important to their health and well-being.⁴ Moreover, investments in early healthcare that supports brain and child development show large near-term returns in the form of increased school readiness, reduced special education, and reduced costs for grade retention and English language learning.⁵ Health coverage during childhood also generates long-term returns through higher graduation rates, greater employment, and increased lifetime job earnings.⁶

Due in large part to Medicaid and the Children’s Health Insurance Program (CHIP),⁷ child uninsurance rates have fallen dramatically since 2013, the year before the Affordable Care Act (ACA) was fully implemented. The United States had its lowest child uninsurance rates on record in 2016, with nearly all children in America—95.5 percent—covered by health insurance.⁸ Although racial disparities persist, uninsurance rates have been improving for all children, with the greatest decline coming among Hispanics, who had the highest rate of coverage in 2013.⁹ Medicaid and CHIP collectively cover 45 percent of children age five and younger,¹⁰ and these programs cover more than half of all black, Hispanic, and American Indian and Alaska Native children.¹¹

Insurance makes a difference in children’s health outcomes in part due to requirements that plans include robust benefits. Medicaid and CHIP are required to provide certain mandatory healthcare services, such as the early and periodic screening, diagnostic,

and treatment benefit, a set of preventive healthcare services to ensure that children’s health and development are monitored regularly and that problems are identified and addressed early.¹² Additionally, the ACA requires all qualified health insurance plans to offer a minimum set of benefits known as essential health benefits, which include preventive care, prenatal and newborn care, mental health services, pediatric services, and rehabilitative therapies.¹³ These requirements ensure that all insured children have access to the healthcare they need to grow and thrive, regardless of their family’s income.

Children have a much better chance at thriving if their parents also have affordable, comprehensive health insurance. Parents need to be emotionally and physically healthy—and by extension, they need meaningful access to treatment for physical and mental health needs—in order to effectively support their children as they learn and grow.¹⁴ In addition, there are important spillover effects of children’s both accessing health insurance¹⁵ and receiving preventive care services when their parents are insured. For instance, after 31 states and Washington, D.C., opted into the ACA’s Medicaid expansion, providing insurance to many parents for the first time,¹⁶ there was a well-documented secondary effect of increasing children’s enrollment in healthcare coverage.¹⁷ In a study of more than 50,000 pairs of low-income parents and children between 2001 and 2013, children whose mothers and fathers were enrolled in Medicaid were 29 percent more likely to receive at least one well-child visit.¹⁸

Conversely, parents’ inability to obtain necessary physical and mental health services can have long-term, dire consequences for both themselves and their children. Children’s and mothers’ access to health insurance during pregnancy and in the first months of life can mean the difference between life and death, as coverage is linked to significant reductions in infant mortality, childhood deaths, and the incidence of low birth weight.¹⁹ A mother’s untreated depression can place her child’s safety, development, and learning at risk,²⁰ and well-baby checks and routine screenings catch problems before they worsen and become more difficult and costly to treat.

Federal policy decisions that would reduce childhood poverty and improve the health of our nation’s children include the following:

Fully fund CHIP and preserve Medicaid. CHIP covers an estimated nine million low- and moderate-income children nationwide, and about one-quarter of federal Medicaid funds, roughly \$89 billion, are spent on children under the age of 19.²¹

Recent congressional inaction on CHIP has caused instability and worry among children and parents in states all around the country, while attempts to slash funding for Medicaid through block grants and per capita caps have jeopardized the coverage of millions of low-income families.

Protect the ACA. Since passage of the ACA, the uninsured rate declined in all states for adults and all but one state for children. The repeal of the ACA's individual mandate in recent tax reform legislation is projected to increase the number of uninsured by 13 million by 2027.²² It will jeopardize the coverage gains from the ACA and increase economic insecurity for families who will no longer be able to manage their healthcare costs. Further erosion of the ACA will disproportionately harm low-income families, exacerbating already difficult financial pressures, aggravating health issues, and hurting parents' ability to provide for their children.

Advocate for family-centered immigration policies that emphasize children's well-being. The current climate of immigration enforcement is putting children's health at risk, with particular impact on the five million children in the United States with undocumented immigrant parents. High levels of toxic stress in immigrant communities and the serious threat of parent-child separation pose profound health consequences. Moreover, immigrant families are forgoing applying for or renewing health insurance, as well as forgoing healthcare from providers until there is a life-threatening illness, because of fear that contact with the health system will intersect with immigration enforcement contact.²³

Invest in comprehensive, integrated, community-based systems that use a population health lens. By focusing on social determinants of health and working to build networks among medical-legal partnerships, oral health providers, mental health providers, food banks, and other organizations that take a holistic view of child health, we can create systems that care for all aspects of children's well-being and ensure a healthy foundation for children regardless of their socioeconomic circumstances.

ENDNOTES

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