

## Insights

# What 2018 Means for Children's Health

For the National Institute for Children's Health Quality (NICHQ), 2017 brought the close of four large, multiyear projects resulting in measurable improvement for [infant mortality rates](#), [sickle cell disease care](#) and hospital environments that [support breastfeeding](#). It also was the start of [multiple new projects in the early childhood space](#), which promises significant opportunity to make a difference in long-term children's health outcomes.

NICHQ is devoted to using its [change management approach](#) to achieve its vision that every child achieves optimal health. So, what does 2018 mean for children's health and NICHQ's vision as an organization?

We recently sat down with NICHQ President and CEO Scott D. Berns, MD, MPH, FAAP, who shared his thoughts on building on 2017's successes, the biggest opportunities in 2018 and how NICHQ can drive change in children's health outcomes. Check out the short video below, where Berns shares some highlights from 2017, then read on to uncover what Berns is prioritizing in 2018.

Music: <https://www.bensound.com>

We're serious about bringing together [partners](#) committed to improving children's health. Interested in pursuing a partnership or finding out more? [Send us an email](#).

### **What do you see as a critical opportunity in 2018 for organizations working on children's health?**

*In short: Revolutionize how we think about partnerships*

Children's health systems are complicated. Even when we look at just one space, take infant health, we are confronted with a multi-level system with entities that include public and private health services, parents and caregivers, teachers and coaches, community and faith organizations, and legislation, among others. And the people working to improve this space are often isolated from one another, resulting in information and energy siloes.

For example, right now, there are multiple national, state and local initiatives seeking to improve early children's developmental health—primarily defined as ages 0-3. Many are making

incredible strides and developing what could be transferrable metrics and measures. However, the conversations between these different initiatives are sorely limited, which ultimately stymies change and paralyzes the communities and families these initiatives seek to help. When initiatives become siloed, each initiative's impact becomes limited to the participating states or communities and the improvement becomes too reliant on the lifespan of the project. It's typical to see that once an initiative ends, communities and states find themselves searching for additional funding to maintain that work and/or adjusting to new initiatives that bring new measures and even new philosophies.

We need collaboration that aligns national, state and local efforts as well as public and private funding. We saw much of this alignment take place in our work in infant mortality and, as an organization, we're committed to seeking it and championing it in current and future initiatives. Developing that collaboration multiplies the impact of each initiative because it combines energies around a common goal and leverages a common set of metrics. When we do this, we can create transferrable and sustainable change.

### **What should be a goal for children's health systems in 2018?**

*In short: Put health equity and access to care first*

Regardless of circumstance, all children should have equal access to healthcare. Yet, due to poverty, food and housing insecurity, language and geographic barriers, adverse experiences and toxic stress, and multiple other social determinants of health, children's healthcare needs are often left unmet. As a result, their health outcomes suffer from delayed diagnosis as well as missed screenings and needed referrals. And significantly, these unwanted health outcomes are magnified when considered in terms of race, with vast racial disparities existing around nearly every child health measure.

If we want to help every child achieve his or her optimal health—our NICHQ vision—we need to constantly seek ways to improve health equity. This means we need to view the larger picture of health, the picture that moves beyond the doctor's office and considers what other touchpoints, especially social conditions, impact children's health. We can then identify and proactively apply successful strategies.

We know this is difficult to do. After all, questions of equity cross so many systems. But, it is our job to find the bright spots that already exist at the community level and mine them for commonalities that can be scaled nationally. We know that different communities will need different strategies, but we can provide them with targeted, relevant drivers and, through multiple tests of change, we can find something that works.

### **What is NICHQ committed to doing in 2018?**

*In short: Looking at children's health holistically, especially from preconception to age 3, and leveraging our expertise across that continuum to improve children's health outcomes.*

In 2017, we finished the Collaborative Improvement and Innovation Network to Improve Infant Mortality ([Infant Mortality CollIN](#)), a four-year national initiative that focused on reducing infant mortality, beginning in the preconception space. We are entering 2018 with a portfolio building

off and further investing in early childhood projects. We've developed our expertise in this continuum, from preconception to age 3, because investing in this period yields the potential biggest impact in life-long positive health outcomes for children. We can seek to target successful, evidence-based interventions, and we can offer a comprehensive strategy for addressing the social determinants that impact children during the critical period of development in early childhood. Because of this perspective, we are uniquely positioned to address all children's health across the life-span.

As we move into 2018, we plan to fully leverage that expertise to drive expansive improvement, and we look to our allies for support. We have seen what happens when we bring together a group of diverse partners, including foundations, federal and state health programs, individual champions and spokespeople, families, and grassroots organizations. When these leaders align, they inspire trust that builds lasting momentum and provides a foundation for future initiatives. Today's healthcare landscape is poised for this kind of partnership. If we came together, even around just one issue, imagine the kind of impact we could make.