

Redefining Health for the Well-Being of Children



R. Lawrence Moss, MD, FACS, FAAP, President and Chief Executive Officer, Nemours Children's Health

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“Nemours Children’s Health developed this report to synthesize findings on parents’ current understanding of the impact of social and lifestyle factors on children and families’ overall health and well-being and what they need from those who provide their medical care.”

Redefining Health for the Well-Being of Children

New survey findings show families experience significant exposure to “Social Determinants of Health.”

65 percent of parents of kids under 18 say social and lifestyle factors limit their families’ ability to live a healthy life.



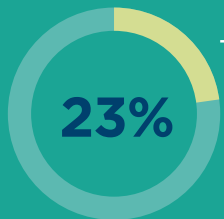
have missed or skipped a doctor or dentist appointment in the past year because they weren't able to get to it, or they weren't able to pay for it



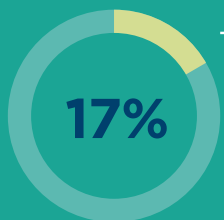
couldn't pay one or more of their bills in the past year



worried they would run out of food before they got money to buy more in the past year



worried they would run out of food before they got money to buy more in the past year



had trouble finding affordable child care so they could work in the past year



were worried for their or their family's personal safety in the past year



had trouble finding work or maintaining a steady income in the past year

GENDER DIFFERENCES

One in four mothers worried about running out of food in the past year
(26% compared to 19% of fathers)



One in five fathers worried about their family's safety in the past year
(22% compared to 13% of mothers)

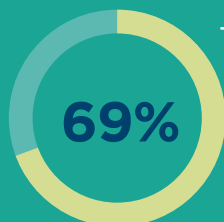




Connecting families to needed services will be a priority for hospitals and health systems moving forward.



Less than one-third of parents of kids under 18 said they've been asked by a health care professional, hospital employee, or an employee of their health insurance plan about issues with safe housing, access to healthy food, access to good child care/schools, adequate transportation, exposure to violence, or employment in the past 12 months



A majority of parents want their health care provider to be a convener and connector to community resources



One-third of the subset of families referred for social services encountered barriers and were unable to receive the needed service after getting a referral

BARRIERS INCLUDE:

Long waitlist (33%), not having extra money to cover the service (32%), or lack of transportation to get to the service (27%)



Decades of research have shown that roughly 85% of health is determined by social and lifestyle factors. Many Americans are struggling to meet basic needs, which has an unprecedented impact on the health of our nation. Families want America's health care system — including doctors, hospitals, health systems, and insurance plans — to help coordinate resources to address the social determinants of health. We can do this by:

1



Increasing screening by health systems

2



Building community partnerships to connect families to needed services

3



Aligning reimbursement around value-based care, to help pay for health care, not just sick care

A Message From the CEO



Nemours Children's Health cares for nearly a half-million children annually across four states. Our amazing team of more than 8,000 associates are deeply committed to helping every child grow up healthy, however, no matter how hard we work, how tirelessly we innovate, there are aspects of the United States health care system that could be better aligned with our goals.

As with most hospitals and health systems, we are limited by the way that health care is financed in the United States. We and other health care institutions are not paid for health. We are paid for volume and complexity of service delivered. This misalignment of incentives means that keeping children healthy and out of the hospital is financially challenging. Further, decades of research show that medical care is only 15 percent of an individual's health and that the other 85 percent of health is attributable to social and behavioral factors. While we remain committed to providing the highest quality acute medical care when it's needed, we recognize that families need so much more. We intend to become increasingly accountable for "health." That means continuing to treat the sickest and most complex patients with the highest quality care we can provide. It also means doing everything we can to keep children and families healthy — from high-quality education, to nutritious food, to policies that impact the health of entire communities.

To create this change, we need to start by redefining the meaning of health. We must align the financial incentives with the health of our patients in order to create a healthier society, a stronger economy, and a better future for our country. The health of our nation's children is the single most powerful lever that we have to make that happen.

A handwritten signature in black ink that reads "R. Moss". The signature is written in a cursive, flowing style.

R. Lawrence Moss, MD, FACS, FAAP
President and Chief Executive Officer
Nemours Children's Health

Executive Summary

The United States leads the world in high-quality medical interventions for the most complex problems. We spend \$3.65 trillion providing innovative care and treatment¹. We have the ability to restart hearts, eliminate cancer, and correct genetic code. Yet for all of this remarkable progress, rates of chronic illnesses such as asthma, Type 2 diabetes, and heart disease continue to climb². Life expectancy in America continues to decline³. In short, we need to determine how to get a better return on investment.

A societal focus on medical care, as opposed to health, is a leading reason for this shortfall, crowding out other variables and influences on health. Research shows that social and lifestyle factors such as nutrition, safe housing, a clean environment, supportive family relationships, and access to quality early education all are critical for our children to thrive. The absence of these supportive influences increases the risk for both pediatric and adult health problems.

Our U.S. health care system and its providers have only recently begun to focus on these socioeconomic health factors and what they mean for our patients and families. As a result, many families who are unable to meet basic needs related to their finances, home, work, schooling, or everyday living do not yet have opportunities to receive referrals to prevent or manage these problems that contribute to overall health and well-being.

To advance the national conversation about the importance of addressing social and lifestyle factors among children, Nemours Children's commissioned The Harris Poll to conduct a nationwide online survey of more than 1,000 U.S. parents of children under 18 to better understand:

- What families understand about the importance of nonmedical health factors.
- What socioeconomic challenges families experience in meeting their medical needs and what resources they have access to in order to address these needs.
- How often families are asked about nonmedical health factors by their pediatricians, and if so, whether they are referred to and receive help.

Key findings:

Problems with social and lifestyle factors are common and have a substantial impact on families' health and well-being.

- A majority (68 percent) of parents of children under 18 report experiencing at least one social or lifestyle factor that limits their family's ability to live a healthy life. This includes 41 percent reporting insufficient income or inadequate employment opportunities; 34 percent reporting unsafe housing, communities, or exposure to violence; and 29 percent reporting poor schools and/or low-quality child care.
- As a result of these factors, some parents face barriers accessing health care for themselves or their children. Almost one-third (32 percent) of parents say they have missed or skipped a doctor or dentist appointment in the past year because they weren't able to get to it or weren't able to pay for it. Nearly one-third of parents (30 percent) say they only have time to worry about their kids' health when there is an emergency.

Parents are aware that social and lifestyle factors are powerful — but there are limits to their understanding of just how serious all of these factors are for influencing long-term health and well-being.

- For instance, about 9 in 10 parents understand that factors such as access to healthy food (89 percent) and safe housing (86 percent) can impact a person’s health “a great deal” or “a lot.” Additionally, nearly 8 in 10, see the connection between health and factors such as adequate employment opportunities (78 percent), good schools (79 percent), and access to transportation (69 percent).
- Further, most parents can be made better aware of how much chronic disease is influenced by socioeconomic factors compared to medical treatment. For example, 70 percent of parents of kids under 18 mistakenly believe prescription drugs have the biggest impact on preventing chronic conditions such as asthma and Type 2 diabetes.

Hospitals and health systems are starting to screen families for social and lifestyle factors, and connecting families to needed services that result in improved outcomes.

- A majority of parents (55 percent) say they haven’t been asked about nonmedical health factors such as access to nutritious food and safe housing by a health care provider in the past year.
- In the past 12 months, one-third (33 percent) of families were asked by a health care professional, hospital employee, or insurance provider about issues with safe housing, access to healthy food, access to good child care/schools, adequate transportation, exposure to violence, or employment.

- Of those who have been screened for nonmedical issues, 68 percent were referred to services. But one-third (33 percent) said they did not receive the needed service after the referral, citing reasons such as waitlist for services, costs, and transportation issues for not being able to access the referral. *(To learn more about how parents feel the health system is meeting their needs surrounding nonmedical health factors, section below, “What do parents say about how the health system handles social and lifestyle factors?”)*

These results are consistent with recent studies showing that social and lifestyle health factors impact outcomes in children’s health,^{4,5} but are underaddressed.^{6,7} Nemours Children’s believes that closing these gaps to improve children’s health requires providers to take a front-and-center role in identifying and addressing social and lifestyle factors. This can be accomplished both through providers working directly with individual families as well as through efforts in the broader community. Health systems can collaborate with community stakeholders to support policies that ensure children and families are able to lead healthier, safer lives.



More Than Medicine: What Truly Determines Your Health?



Although medical care is an important component of health, your well-being and ability to live your best life comes down to much more than just medical factors such as any diseases you might have or medications you might take. These social and lifestyle factors largely include economic, environmental, social, and other nonphysical factors relevant to a person's health, functioning, quality of life, and well-being.^{8,9} They include, but are not limited to, factors such as:

- Socioeconomic status
- Financial status, including debt, income and expenses
- Education level
- Work status
- Safe and healthy housing
- Neighborhood
- Adverse childhood experiences
- Exposure to violence
- Home environment
- Transportation
- Language and literacy
- Social support networks
- Access to health care
- Access to food, shelter, clothing, and other basic needs
- Culture

By comparison, medical-related health factors include things such as a person's biology, genetic makeup, gender, and age.¹⁰

The Importance of Social and Lifestyle Factors

Why are social and lifestyle factors so important? Because they strongly influence our health well-being and functioning. In children, social and lifestyle factors are especially critical because children are very vulnerable to the short- and long-term negative effects of adverse social and lifestyle events, situations, and environments. This could include being exposed to abuse, having a lack of food, being homeless, not having access to high-quality child care and education, or living in an unsafe neighborhood. Exposure to adverse nonmedical health factors during childhood will lead to negative health outcomes as an adult (e.g., children who experience abuse are more at risk for adult health problems such as substance abuse, obesity and heart disease than children who do not). Research about social and lifestyle factors in children is robust. Studies suggest that addressing these factors is important for children's future for several reasons:



Social and lifestyle factors have far-reaching effects.

Social and lifestyle factors determine a variety of individual health and life outcomes, including disease status, functional abilities, health care spending, mortality and morbidity.¹¹ According to the National Academy of Medicine, nonmedical health factors account for 85 percent of all modifiable contributors to health outcomes, with medical care representing only 15 percent.¹² In fact, it has been estimated that even modest reductions in unhealthy behaviors could prevent or delay 40 million cases of chronic illness per year.¹³ The Centers for Disease Control and Prevention recently issued a Vital Signs report that found preventing adverse childhood experiences, such as violence, abuse, poverty, poor or absent early education, homelessness, or lack of parent support, could eliminate up to 21 million cases of depression, 1.9 million cases of heart disease, and 2.5 million cases of overweight/obesity¹⁴. By addressing these factors in children, we are able to improve children's lifelong health, extend their life expectancy, increase their lifetime earnings, and boost their healthy lifestyle behaviors for generations to come.




2

Social and lifestyle factors affect economic outcomes.

Studies have shown that managing social and lifestyle factors can lead to desirable economic outcomes, such as reduced utilization of health care resources (e.g., emergency room use) and lower inpatient, outpatient and emergency care spending.^{15,16,17} For example, a Boston-based program designed to improve outcomes in pediatric asthma patients examined the return on investment of a comprehensive, community-wide, intervention addressing nonmedical health factors.¹⁸ Researchers found the program resulted in more than \$80,000 in adjusted net savings during the first three years (potentially due to lower hospitalizations) and more than \$200,000 in adjusted societal savings when factoring in reductions in missed school days and parent workdays. Nemours Children’s experiences piloting community-based programs for asthma resulted in improved health outcomes. Programs such as this will only be scalable and sustainable when financial incentives are aligned.



3

Social and lifestyle factors contribute to health disparities, which lead to worse health outcomes.

Poverty, low education level, homelessness, and other negative life events and stressors create inequalities and lead to numerous disadvantages for the people experiencing them (e.g., not being able to access or afford health care, becoming homeless). As a result, addressing nonmedical health factors may help reduce health disparities and inequities in vulnerable and underserved populations by removing barriers to care, increasing advocacy efforts, and offering interventions that directly address or prevent such factors (e.g., education/vocational assistance, early childhood education, parental support programs).¹⁹



4

Social and lifestyle factors could be better addressed by our health care providers and our health care system.

Although there is ample research confirming the powerful effects of nonmedical health factors on children’s development, behavior and functioning, pediatricians and pediatric nurses do not regularly ask parents about these factors.^{20,21} In response, organizations including the American Academy of Pediatrics²² and the Council on Community Pediatrics^{23,24} have called for more action on the part of clinicians, community members, and policymakers to improve screening, prevention and intervention efforts. Strategies are emerging to help providers incorporate nonmedical health factors into routine care (e.g., adding appropriate question forms to electronic health records) but more work is needed.

How Nemours Children's Is Addressing Social and Lifestyle Factors

We have adopted several approaches to begin to address social and lifestyle factors among families. The following are some examples of how we are ensuring that social and lifestyle factors remain a focus of care:



Conducting Screenings

Nemours Children's is developing and testing a new screening tool to assess nonmedical health factors such as food insecurity, finances, transportation, housing, social support, legal support, family and neighborhood safety, and health literacy.



Linking Families to Resources

We routinely link patients and their families who report problems with nonmedical health factors (such as difficulties with transportation or lack of stable housing) to care coordinators, care managers, social workers and community resources. We also coordinate closely with resources at patients' insurance companies.



Listening to the Communities We Serve

Nemours Children's recognizes that the families and communities we serve are experts on their health and social needs. By understanding community priorities, we design and implement initiatives related to areas including access to mental health care, healthy eating and physical activity, and trauma.



Building Powerful Partnerships

By working closely with schools and other community-based organizations, Nemours Children's is working to address and prevent child illness on a larger scale by improving population health and lowering health care costs. For instance, efforts to prevent and better manage asthma by reducing children's exposure to air pollution and irritants included working with schools to reduce school bus engine idling and to replace bleach-based cleansers with vinegar-based ones. And a program providing health literacy education to high schoolers is teaching students how to take control of their health and navigate the complexities of the health care system (e.g., how to make a medical appointment, how to use insurance).



Fighting Against Early Adversity

We have established a program to assess all children for and educate families about “adverse childhood experiences,” or ACEs such as abuse or neglect — which, if unaddressed, have been shown to have profound and negative effects on health, even into adulthood.



Integrating Initiatives Into the Community

To help improve the health of entire populations, we are investigating the role of a community integrator to understand how hospitals and health care systems can work with communities and other interested entities on the large-scale management of health-related social factors. This work is funded in part by the Kresge Foundation.



National Practice Change

Nemours Children’s national prevention and practice work focuses on incubating, innovating, and spreading and scaling what works to reach more children nationally with a goal of optimal health for all children. This work spans multiple sectors with a focus on health promotion in early care and education settings and integrating the social determinants of health with clinical care to promote prevention strategies.



National Advocacy

Nemours Children’s Office of Child Health Policy and Advocacy advocates for federal policies that promote optimal health for all children, beyond those we serve clinically. Federal policy changes for which we advocate span beyond the health care sector and include underlying investments and supportive policies in the systems that serve children (e.g., early care and education, schools, etc.).

The result of these efforts has been better identification of patient and family needs, increased access to care, and lower health care spending. But in order to further improve upon and maintain these successes, one critical component still must be resolved — working with Medicaid and private insurance companies to align financial incentives so that health systems are paid for keeping our patients healthy.

What does payment reform have to do with health-related social needs?

It turns out, quite a bit. The two are a natural fit because both are focused on the larger picture of health and wellness rather than merely alleviating sickness. Consider the following:

Reforming payment can focus on better health and well-being and incentivize health systems to address the social determinants of health, such as food insecurity and housing.

Reforming payment requires providers to look for the optimal ways to serve patients and their families. They will be rewarded for addressing social and lifestyle factors and reducing preventable health care spending by avoiding unnecessary treatments and hospitalizations.



Sustaining Health Through Reforming Payment

Historically, health care systems have been focused on treating as many patients as possible and addressing injury and disease. Recently, health care systems are realizing the value of thinking more broadly about what good health care really means. This new approach pays health care providers not based on how many patients they treat, but on how many patients for whom they are responsible. A first step has included paying caregivers based on their performance as a doctor, nurse, therapist, or other provider. This could include factors such as how effectively they treat their patients; the types and quality of treatments and services they offer; the total cost of services; and how satisfied patients are with their care. To that end, in 2017 we created our Value-Based Services Organization designed to improve patients' health and quality of life. This was accomplished by using innovative and creative health care delivery models and disease-prevention programs that are backed by scientific evidence and data.

Nemours Children's has negotiated value-based care contracts with insurance plans in which providers are reimbursed for assessing and tracking pediatric measures of factors important to child health. This could be actions such as making sure children with asthma use their inhalers; testing children at risk for diabetes for A1C; and making sure children receive their well-child visits, follow-up appointments, and vaccinations.

By partnering with payers, we have been able to offer high-quality, evidence-based health care services and treatments, while controlling costs. In 2016, for instance, Nemours Children's entered into a three-year agreement with Aetna to provide reimbursement for value-based care aimed

at increasing quality and access and reducing costs. In the first year alone, we effectively met nearly all of the benchmarks agreed upon with Aetna and as a result executed similar value-based care arrangements with other commercial insurers and with Medicaid-managed care plans.

Next Steps

In order to significantly improve the health of the nation, health systems, policymakers, insurance plans, and government officials need to prioritize addressing both the medical needs and the social determinants of health in children. Health systems could increase screening for nonmedical factors that we know are impacting patients' health. We also can build community partnerships to help connect the dots for families in need of services. And we could work with policymakers to align reimbursement around health, so that, as a nation, we can pay for health care, not sick care.



What do parents say about how the health system handles social and lifestyle factors?

To create upstream change, pediatric health care providers first need to better understand trends in how families' needs relating to nonmedical health factors are (or are not) being met. The Harris survey reveals eye-opening data that brings to light exactly that.

Putting Parents at Ease

Although 65 percent of parents say social or lifestyle factors limit their families' ability to live a healthy life, 80 percent say they have all the resources they need to make sure their children grow up healthy. This contradiction suggests a possible lack of willingness by parents to fully admit they are struggling with non-medical factors that impact their families' health.

- Indeed, some parents, especially those with lower income, report feeling uncomfortable talking about certain social or lifestyle issues with their health care provider, even though they and their children would likely benefit most.
 - Having enough income (28 percent; 35 percent among those with household income (HHI) of less than \$35,000)
 - Exposure to violence (25 percent; 34 percent among those with HHI of less than \$35,000)
 - Adequate employment opportunities (23 percent; 32 percent among those with HHI of less than \$35,000)
- More than half of parents (56 percent) would feel more comfortable talking to a health care provider about social issues that could impact their health if they felt they wouldn't be judged or if they knew telling them would improve their or their family's health.
- This discomfort is an important barrier for health systems to overcome, for instance, by providing pediatricians and nurses with better training and education on why they should be talking with parents about these issues and how to do so in a way that builds trust and shows respect.

Increasing Resources and Referrals

Additionally, parents report needing better linkage to health system resources to address nonmedical health factors.

- Almost seven out of 10 parents (69 percent) would like their health care provider to connect them with community resources.
- More than one-third (35 percent) of lower-income parents (those with annual household incomes <\$35,000) say they don't have all the resources they need to ensure their children grow up healthy.
- Even when needs and referrals are identified, one-third (33 percent) said they did not receive the needed service, citing reasons such as waitlist for services, costs and transportation issues for not being able to access the referral.
- Health care practices and organizations need to identify the full range of available resources to families in their community, encourage their providers to build relationships with these resource networks, ensure that families actually receive the needed services and implement value-based reimbursement structures that incentivize the delivery of comprehensive, collaborative care.

Endnotes

1. Sisko A, Keehan S, Poisal J, Cuckler G, Smith S, Madison A, Rennie K, et al. National Health Expenditure Projections, 2018–27: Economic And Demographic Trends Drive Spending and Enrollment Growth. *Health Affairs*. 2019;38(3). Retrieved November 13, 2019, from: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2018.05499>
2. Wu S, Green A. Projection of Chronic Illness Prevalence and Cost Inflation. RAND Corporation, October 2000.
3. Centers for Disease Control & Prevention. Mortality Data. October 2019. Retrieved November 13, 2019, from: <https://www.cdc.gov/nchs/nvss/deaths.htm>
4. Chung EK, Siegel BS, Garg A, Conroy K, Gross RS, Long DA, Lewis G, et al. Screening for Social Determinants of Health Among Children and Families Living in Poverty: A Guide for Clinicians. *Curr Probl Pediatr Adolesc Health Care*. 2016;46(5):135-153.
5. Chung EK, Siegel BS, Garg A, Conroy K, Gross RS, Long DA, Lewis G, et al. Screening for Social Determinants of Health Among Children and Families Living in Poverty: A Guide for Clinicians. *Curr Probl Pediatr Adolesc Health Care*. 2016;46(5):135-153.
6. Chung EK, Siegel BS, Garg A, Conroy K, Gross RS, Long DA, Lewis G, et al. Screening for Social Determinants of Health Among Children and Families Living in Poverty: A Guide for Clinicians. *Curr Probl Pediatr Adolesc Health Care*. 2016;46(5):135-153.
7. Tallon MM, Kendall GE, Priddis L, Newall F, Young J. Barriers to Addressing Social Determinants of Health in Pediatric Nursing Practice: An Integrative Review. *J Pediatr Nurs*. 2017;37:51-56.
8. U.S. Department of Health and Human Services. Social Determinants of Health. September 2019. Retrieved November 13, 2019, from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
9. Artiga S & Hinton E. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. Kaiser Family Foundation. May 10, 2018. Retrieved September 17, 2019, from: <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
10. Centers for Disease Control and Prevention. Social Determinants of Health. Frequently Asked Questions. March 10, 2014. Retrieved September 17, 2019, from <https://www.cdc.gov/nchhstp/socialdeterminants/faq.html>
11. Artiga S & Hinton E. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. Kaiser Family Foundation. May 10, 2018. Retrieved September 17, 2019, from: <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

12. Magnan S. Social Determinants of Health 101 for Health Care: Five Plus Five. National Academy of Medicine discussion paper. October 9, 2017. Retrieved September 17, 2019, from <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>
13. National Association of Chronic Disease Directors. Why We Need Public Health to Improve Healthcare. (n.d.) Retrieved November 13, 2019, from: <http://www.chronicdisease.org/?page=whyweneedph2imphc>
14. Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACEs). November 5, 2019. Retrieved November 13, 2019, from: <https://www.cdc.gov/vitalsigns/aces/index.html>
15. Lavoie H. AHIP 19: Social determinants and health plans - getting started. June 5, 2019. Retrieved September 17, 2019, from <https://www.healthcarediver.com/spons/ahip-19-social-determinants-and-health-plans-getting-started/555959/>
16. Taylor LA, Tan AX, Coyle CE, Ndumele C, Rogan E, Canavan M, Curry LA, et al. Leveraging the Social Determinants of Health: What Works? *PLoS One*. 2016;11(8):e0160217.
17. Thornton RL, Glover CM, Cené CW, Glik DC, Henderson JA, Williams DR. Evaluating Strategies For Reducing Health Disparities By Addressing The Social Determinants Of Health. *Health Aff (Millwood)*. 2016;35(8):1416-1423.
18. Bhaumik U, Norris K, Charron G, Walker SP, Sommer SJ, Chan E, Dickerson DU, Nethersole S, et al. A cost analysis for a community-based case management intervention program for pediatric asthma. *J Asthma*. 2013;50(3):310-317.
19. Thornton RL, Glover CM, Cené CW, Glik DC, Henderson JA, Williams DR. Evaluating Strategies For Reducing Health Disparities by Addressing The Social Determinants Of Health. *Health Aff (Millwood)*. 2016;35(8):1416-1423.
20. Chung EK, Siegel BS, Garg A, Conroy K, Gross RS, Long DA, Lewis G, et al. Screening for Social Determinants of Health Among Children and Families Living in Poverty: A Guide for Clinicians. *Curr Probl Pediatr Adolesc Health Care*. 2016;46(5):135-153.
21. Tallon MM, Kendall GE, Priddis L, Newall F, Young J. Barriers to Addressing Social Determinants of Health in Pediatric Nursing Practice: An Integrative Review. *J Pediatr Nurs*. 2017;37:51-56.
22. Krugman S. Addressing Social Determinants of Health: Challenges and Opportunities in a Value-Based Model. March 22, 2019. Retrieved September 18, 2019, from: <https://www.aappublications.org/news/2019/03/22/addressing-social-determinants-of-health-challenges-and-opportunities-in-a-value-based-model-pediatrics-3-22-19>
23. The Council on Community Pediatrics. Poverty and Child Health in the United States. *Pediatrics*. 2016; 137(4):e20160339.
24. The Council on Community Pediatrics. Community Pediatrics: Navigating the Intersection of Medicine, Public Health, and Social Determinants of Children's Health. *Pediatrics*. 2013;131(3):623-628. Retrieved September 18, 2019, from: <https://pediatrics.aappublications.org/content/pediatrics/131/3/623.full.pdf>

About Nemours Children's Health

Nemours Children's Health is one of the nation's largest multistate pediatric health systems, which includes two free-standing children's hospitals and a network of nearly 75 primary and specialty care practices. Nemours Children's seeks to transform the health of children by adopting a holistic health model that utilizes innovative, safe and high-quality care, while also caring for the health of the whole child beyond medicine. We also power the world's most-visited website for information on the health of children and teens, **KidsHealth.org** from Nemours KidsHealth® — a pioneer and leader in pediatric health content, trusted by millions worldwide for more than 25 years to help keep families healthy.

The Nemours Foundation, established through the legacy and philanthropy of Alfred I. duPont, provides pediatric clinical care, research, education, advocacy and prevention programs to the children, families and communities it serves. For more information, visit **Nemours.org**.

