



## INSIGHT

# CHILDREN WHO EXPERIENCE HEALTH COMPLEXITY MUST BE A PRIMARY FOCUS OF HEALTH EQUITY EFFORTS

Children with medical or social complexity face many challenges and are at risk for lifelong health and social inequities. There is an urgent need for health systems to make children an intentional explicit priority in order to reduce and eliminate inequities. This is especially true within the Medicaid/Children’s Health Insurance (CHIP) programs that serve as a critical safety net for children with special health care needs ([covering almost half](#)) and insure the most vulnerable, including the majority of children of color ([57.1% of Black, 56.1% of American Indian/Alaska Native, and 54.7% of Latino children](#)).

Research confirms that childhood experiences impact and predict future health, and inequities experienced in childhood have multi-generational effects. The Oregon Pediatric Improvement Partnership (OPIP) has developed a model of **health complexity** and offers recommendations for how to strategically use data to begin eliminating health disparities.

### Focusing on **Health Complexity** is Critical to Achieving Equity

Health complexity is a concept that combines and then quantifies the degree to which children have **medical** and/or **social complexity**. The development of the model is described in the webinar [Maximizing System-Level Data to Address Health and Social Complexity in Children: Spotlight on Oregon](#) and the accompanying [brief](#).

In direct alignment with health equity goals, using health complexity data:

- Identifies children who have experienced medical and/or social challenges that may lead to disadvantage, such as disability, poverty, language barriers, parental incarceration, parental death, foster care involvement, or child abuse.
- Shows the magnitude of children who likely need additional supports, which should drive investments to build and improve systems for those experiencing the most inequities.
- Can help fast-track identified families into programs and services to address their needs before they lead to increasing health complexity.

Without the right interventions, data shows that social complexity factors for a child will increase across the lifespan, and that health disparities by characteristics including race and socioeconomic status will persist.

### The Complex **Medical Needs** of Children Must Be Met

Children with medical complexity face early adversity due to disability or chronic medical conditions and are at high risk for health care inequities - **families of children with complex chronic health conditions are disproportionately impacted by the high cost of their medical care**. The health care system **must fully support children and youth with special health care needs** in order for them to thrive and reach their full potential. Providing network adequacy, proper equipment, medications, support services, specialists, skilled caregivers, and case managers for this priority population could reduce Emergency Department visits, hospital stays, missed school days, parental mental health challenges, job loss, and health complications - thereby promoting and attaining health equity for the full spectrum of children with health complexity.

### The Complex **Social Needs** of Children Must Be Met

Significant literature shows the impact of one adverse childhood experience (ACE) and the magnified impact for children who endure multiple ACEs. To address factors that drive inequitable health outcomes, social complexity factors must be considered in improvement efforts focused on family-centered, trauma-informed practices. Priority efforts include listening to families of children with social complexity about what they need and how systems don’t work for them. **To ensure that equity work results in prevention and intervention as needed by children and their families, health systems must take advantage of this critical and time-sensitive opportunity to break down inequities and move towards justice.**

### Actionable Steps for Health Systems to Prioritize Children in Health Equity Efforts

Broad population-level policies applied across all age spans nearly always lead to a lack of focus on children, their unique needs, and the specific approaches and strategies they require. Current systems, policies and payments do not consistently address the needs of the family unit, thus missing opportunities to use the dyadic or family approach to care that evidence indicates is the best way to support healing. Recognizing that children with health complexity have been disproportionately impacted by the intersections of race & ethnicity, language, disability status, gender, gender identity, sexual orientation and social class, the health complexity data creates a prime opportunity to prioritize and improve care for populations with current and historical injustices for whom other data may not be available.

Thoughtful and strategic use of data is a critical first step to eliminating health disparities by putting the most vulnerable in the center. See this [brief](#) and [webinar](#) presentation on “Health Systems Strategies that Prioritize Children with Health Complexity” for options on how to use data to identify, monitor, and prioritize this vulnerable population.