

Good Health Begins Early

Society has an obligation to ensure that children are healthy as well as a practical need for healthy adults in the future. As the Institute of Medicine put it, “Healthy children are more ready and able to learn and, in the longer term, are more likely to become healthy adults who will contribute as productive citizenry and workforce to the continued vitality of society.” (Institute of Medicine, *Children’s Health, The National Wealth*, 2004). New York can afford neither the health care costs nor the lost talent of unhealthy children who become unhealthy adults.

Good health begins early and sets a course for life.

The consequences of childhood illness can be prolonged and costly for the individual, the family and society.

- A child who develops an illness, or is not diagnosed early because they are unable to get necessary preventive or diagnostic services, often struggles into adulthood with ongoing health concerns.
- A child’s potential may be impaired due to his or her inability to fully function in school or even to attend school.
- Parents of a sick child may miss work to provide care or opt to stay in unsatisfactory jobs in order to maintain health insurance.

Many health conditions in children are related to poverty.

In New York, two in five children, or about 1.7 million, live in low-income families. Almost three in five low-income children are black or Hispanic.

- Children from lower income households are more likely to suffer from illness and disease than children from high income households.
- Low-income children die at greater rates than high-income children, and they have greater disability than high-income children, even with the same diseases (Stein, R, MD, *Health Care for Children, What’s Right, What’s wrong, What’s Next*, 1997).
- Health disparities continue to exist in children’s health. Poverty itself probably is a factor in some proportion of the differences in health status between high income and low income children. Poverty can also be used as a marker for other factors that contribute to health status in children, including belonging to minority racial and ethnic groups, less health care in the community, no health insurance and poorer parental health.

Low-income households have fewer choices about the neighborhoods and the type of housing they can afford. For example, dilapidated housing stock can increase rates of asthma and lead poisoning. Exposure to pesticides is common in areas with vermin infestations. Location can also effect whether affordable, nutritious food is available within a reasonable distance. Poor diet can raise obesity levels, reduce the ability to perform in school, and increase the incidence of dental disease. Living in unsafe neighborhoods increases the risk of injury from violence and creates stress and mental health problems.

Health insurance is the first step in promoting healthy child development. Uninsured children experience delayed treatment and poor management of chronic conditions which can lead to greater morbidity and higher health care costs. New York's children are fortunate that the Governor and the Legislature agreed last year to pass what is essentially universal health coverage for children. Under the new law, all children below 400% of the federal poverty level (\$84,800 for a family of four) are eligible for coverage under either Medicaid or Child Health Plus. Families above the 250% eligibility levels will be responsible for paying some premiums.

Insurance is vital, but society ---through the efforts of advocates and lawmakers---must tackle the root cause of much of the childhood illness that plagues New York families. Ultimately, reduction of poverty and programs to move many more families into the middle class are essential steps to improve the health of New York's children.