

Optimizing Health and Well-Being for Women and Children

The National Academy of Medicine convened the Vital Directions for Health and Health Care: Priorities for 2021 initiative which, following a 2016 initiative of the same name, aims to provide expert guidance to the new presidential administration and nation on several focus areas for U.S. health policy. The following highlights the Vitals Directions 2021 article on the health and well-being of women and children, published in Health Affairs in January 2021. Visit nam.edu/VitalDirections for more information.

Overarching Challenges for Women's and Children's Health in the U.S.

Women and children in the U.S. experience higher rates of morbidity and mortality than women and children in almost all other industrialized countries, with racial and ethnic disparities even further exacerbated by COVID-19. Experts highlight current challenges for women's and children's health:

Maternal health. The high rate of maternal mortality in the U.S. is a national disgrace. Reducing maternal deaths will require improving the quality and safety of maternity care as well as women's health across the life course.

Child health. Stresses in early life, including adverse childhood experiences, affect health outcomes and are associated with morbidity and mortality during adulthood. Improving child health and development involves providing services across sectors, including health, education, child welfare, and justice.

Access to care. For women and children, access to medical care is one buffer against poor health. However, disadvantaged women and children experience limited access to care.

Policy Priorities

1. The CDC should expand support of maternal mortality review committees to all 50 states and Washington, DC. The Enhancing Reviews and Surveillance to Eliminate Maternal Mortality program should be expanded throughout the country.
2. The Maternal and Child Health Bureau should expand its support of the Alliance for Innovation on Maternal Health program to achieve the goals of applying maternal safety bundles to every birth hospital and a 50 percent reduction in maternal mortality by 2025.
3. The National Institutes of Health and other funders should enhance support for studies to identify the mechanisms that link adverse events during early childhood to health outcomes across the life course and assess the relative effectiveness of prevention versus intervention strategies.
4. Public insurance (Medicaid/CHIP) for children should be strengthened through structural change. First, Medicaid should ensure universal coverage for all children from birth through age 21. Second, Medicaid for children and youth should be transformed to a fully federally financed program with physician payment rates comparable to those of Medicare.

These steps by policymakers to improve access to care, transform health care delivery and financing, and address social and environmental drivers of health will help women, children, and families.