



California Budget  
& Policy Center

# Children's Health in California: How Can State Policies Help Promote a Lifetime of Health and Well-Being?

WEBINAR — JUNE 2, 2015

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# Today's Speakers

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**Kristin Schumacher**  
Policy Analyst,  
California Budget  
& Policy Center



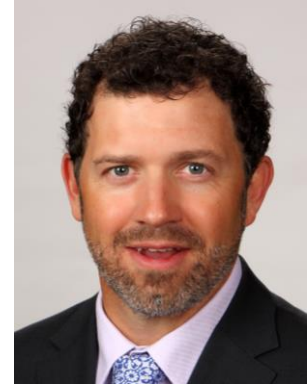
**Scott Graves**  
Director of  
Research,  
California Budget  
& Policy Center



**Edward Schor**  
Senior Vice  
President,  
Programs and  
Partnerships,  
Lucile Packard  
Foundation for  
Children's Health



**Timothy T. Brown**  
Associate Adjunct  
Professor of Health  
Economics,  
University of  
California, Berkeley,  
School of Public  
Health



**Chris Hoene**  
Executive Director,  
California Budget  
& Policy Center  
(Facilitator)



# **A lifetime of good health begins in childhood.**

**Public policies can mitigate the effects of poverty on children's health and play a role in helping children and their families stay healthy.**



# Children's Health Programs in California

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- Thirty-three programs administered by the state
  - Twelve programs within the Department of Health Care Services (DHCS)
  - Twenty-one programs within the California Department of Public Health (CDPH)
- Programs across each department range dramatically in size, scope, and mission:
  - Medi-Cal provided public health care coverage to about 4.5 million children in the state in 2012-13.
  - The California Home Visiting Program supported about 2,000 infants and their families in 2012-13.



# Recent Years' Budget and Policy Changes

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Since 2007-08, health programs serving children in California have experienced many changes, including:

- Funding cuts to the Healthy Families Program and public health programs targeting pregnant women and children
- Reduction in Medi-Cal provider payment rates
- Expansion of children's health benefits and the launch of Covered California
- The restructuring of state health services and the creation of the California Department of Public Health
- Transfer of 750,000 children from the Healthy Families Program to Medi-Cal



# The Future of Children's Health in California

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- Increase state funding for public health programs



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- Ensure access to affordable health care coverage for all children and their families in California
- Reverse Medi-Cal provider payment rate cuts
- Assure quality of care for children with special health care needs
- Increase state funding for public health programs
- Correct the “family glitch,” a federal policy that undermines access to affordable health care coverage



# Key Opportunities in 2015 to Improve Policies That Address Children's Health

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- Senate Bill 4 (Lara)
  - Would extend eligibility for “full-scope” Medi-Cal regardless of immigration status (ages 0 to 18: automatic eligibility; ages 19 and older: if funding is available)
- 2015-16 state budget. Lawmakers are debating whether to:
  - Provide funding to implement SB 4
  - Roll back the 10% cut to Medi-Cal provider payments
  - Re-establish the California Children's Dental Disease Prevention Program
- California's “Section 1115 Medicaid waiver” renewal
  - Would provide incentive payments to doctors and dentists to improve participation and access to care





# Observations On Programs & Policies for Children with Special Health Care Needs in California

Edward L. Schor, MD

Senior Vice President

Lucile Packard Foundation for Children's Health

# Large Number of State Programs for Children

	DHCS	CDPH
<b>Child Focused Programs</b>	<b>8</b>	<b>6</b>
<b>Maternal &amp; Family</b>	<b>2</b>	<b>6</b>
<b>Capacity Building</b>	<b>1</b>	<b>9</b>
<b>Administrative</b>		<b>1</b>

CBPC Report list **33 individual programs** of DCHS and CDPH that affect children's health

# Title V Budget by Category of Service

	<b>DIRECT HEALTH CARE SERVICES (Rank)</b>	<b>ENABLING SERVICES (Rank)</b>	<b>POPULATION-BASED SERVICES (Rank)</b>	<b>INFRASTRUCTURE (Rank)</b>
<b>California</b>	<b>87.2% (1)</b>	<b>10.0% (41)</b>	<b>1.8% (49)</b>	<b>1.0% (49)</b>
<b>National</b>	<b>63.3%</b>	<b>18.7%</b>	<b>10.5%</b>	<b>7.6%</b>

Source: Title V Information System, Federal-State Title V Block Grant Partnership Budget, by Category of Service FY2015

# Competing for Scarce Resources





# Data-Free Decision Making

## Children's Health Programs in California

### An Overview

DEPARTMENT	CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)	
PROGRAM	Medi-Cal Program	
FISCAL YEAR	2007-08	2012-13
TOTAL SPENDING (2012-2013 Dollars, in Thousands)	Not Available	\$11,256,748
Federal Funds	Not Available	
State General Funds	Not Available	
State Special Funds	Not Available	
Percent Change in Total Spending, 2007-08 to 2012-13	<b>Not Available</b>	

# Do we know which children are served by which programs?

**Medi-Cal**

**CCS**

**High Risk  
Infant  
Follow-Up**

**CA Home  
Visiting  
Program**

**Genetic  
Disease  
Screening**

**Women,  
Infants &  
Children**

**Mental  
Health  
Services**

**Medical  
Therapies**

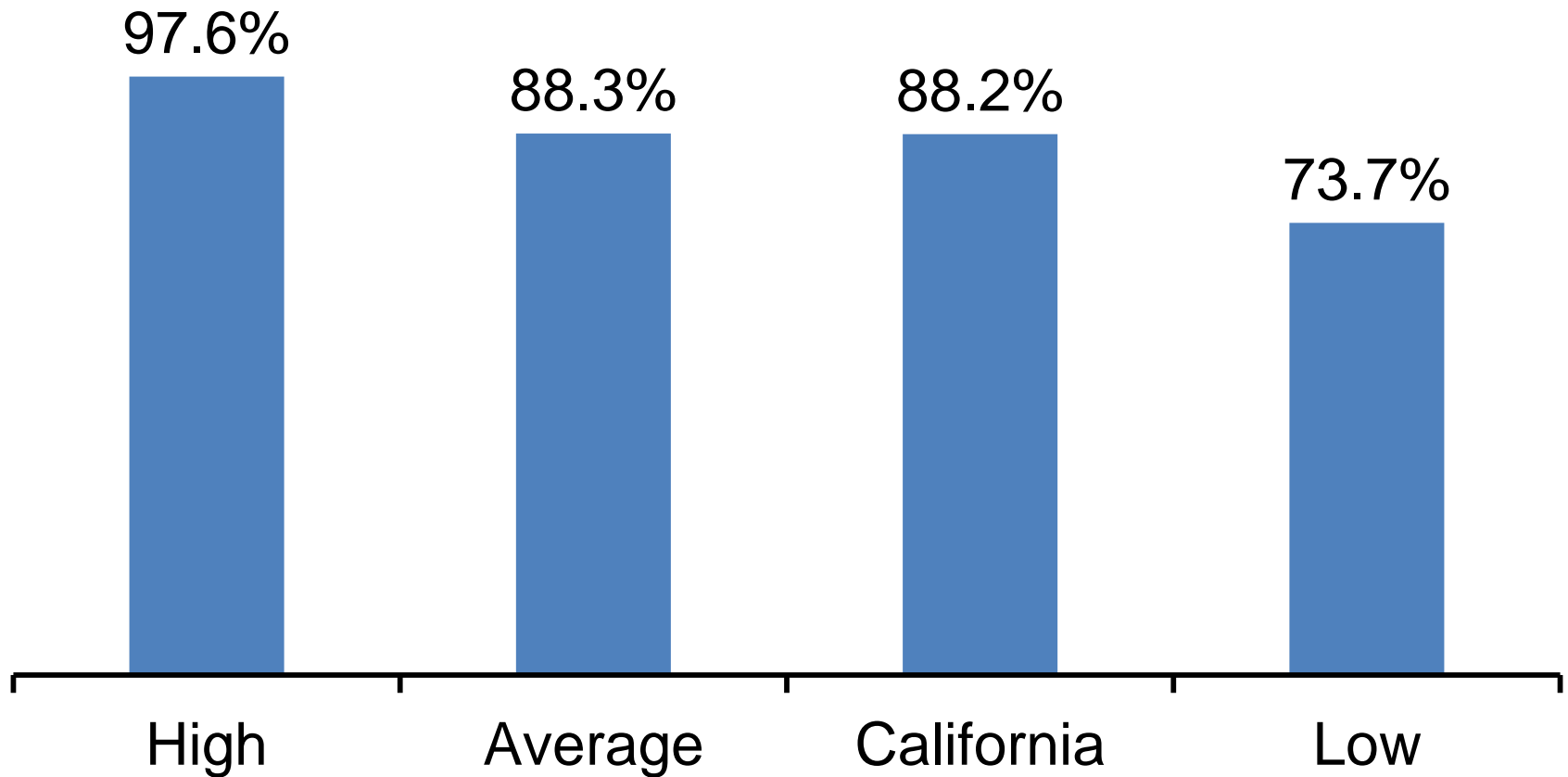
**Developmental  
Disabilities**

# DHCS Program Changes (%)

## FY2007-8 Vs. FY2012-13

	Population Served Changes (%)	Budget Changes (%)
Medi-Cal	+10	N.A.
Access for Infants & Mothers	-16	-12
CCS	+4	-19
CHDP	+34	+7
Family Planning Access	-24	-12
High-Risk Infant Follow-Up	+3052	-44
Newborn Hearing Screening	+408	-15

# Percent of Eligible Children Enrolled in CHIP and Medicaid



# Coverage Does Not Equal Access

**69% of California physicians have Medi-Cal patients.**



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**62% of California physicians are accepting new Medi-Cal patients.**

# The Recession Produced Some Difficult Choices



## Prevention Versus Treatment

Rates Vs. Coverage: Medi-Cal pays primary care providers 43% of what they are paid by Medicare (2012); 3<sup>rd</sup> lowest in U.S.

# **County Health Departments Improve Health Status and Prevent Death**

**Evidence from California County Departments  
of Public Health**

**Timothy T. Brown, PhD**  
School of Public Health  
University of California, Berkeley





# Roadmap

- Public health at the local level
- Prevention takes time – causal connections are difficult to see
- Investing in public health yields large returns
- Opportunities for policymakers





**Table 1: Activities of County Departments of Public Health in California***Activities of County Departments of Public Health**Percent of  
Departments  
Providing***Immunization**

Adult Immunizations 95

Childhood Immunizations 95

**Screening for diseases/conditions**

HIV/AIDS 86

Other STDs 82

Tuberculosis 95

Cancer 30

Cardiovascular disease 20

Diabetes 26

High blood pressure 39

Blood lead 58

**Treatment for communicable diseases**

HIV/AIDS 36

Other STDs 80

Tuberculosis 84

**Table 1: Activities of County Departments of Public Health in California***Activities of County Departments of Public Health**Percent of  
Departments  
Providing***Maternal and Child Health (MCH)**

Family planning	61
Prenatal care	30
Obstetrical care	18
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	73
MCH home visits	89
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	50
Well Child Clinic	39

**Other Health Services**

Comprehensive primary care	26
Home health care	2
Oral health	23
Behavioral/mental health services	27
Drug and alcohol abuse services	27

**Epidemiology and Surveillance Activities**

Communicable/infectious disease	98
Chronic disease	64
Injury	64
Behavioral risk factors	51
Environmental health	75
Syndromic surveillance	66
Maternal and child health	93

**Population-based Primary Prevention Activities**

Injury	65
Unintended pregnancy	70
Chronic disease programs	67
Nutrition	88
Physical activity	60
Violence	36
Tobacco	88
Substance abuse	40
Mental illness	33

**Regulation, Inspection and/or Licensing Activities**

Mobile homes	5
Campgrounds & RVs	21
Solid waste disposal sites	60
Solid waste haulers	59
Septic systems	55
Hotels/motels	28
Schools/daycare	44
Children's camps	45
Cosmetology businesses	12
Body art (tattoos, piercing)	45
Swimming pools (public)	67
Tobacco retailers	53
Smoke-free ordinances	65
Lead inspection	61
Food processing	31
Milk processing	14
Public drinking water	60
Private drinking water	50
Food service establishments	70
Health-related facilities	35
Housing (inspections)	47

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**Other Environmental Health Activities**

Indoor air quality	20
Food safety education	70
Radiation control	14
Vector control	47
Land use planning	45
Groundwater protection	55
Surface water protection	52
Hazmat response	44
Hazardous waste disposal	45
Pollution prevention	37
Air pollution	7
Noise pollution	19
Collection of unused pharmaceuticals	16

**Other Activities**

Emergency medical services	37
Animal control	25
Occupational safety and health	19

*Departments  
Providing*

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Veterinarian public health activities	20
Laboratory services	73
Outreach and enrollment for medical insurance (include Medicaid)	70
School-based clinics	28
School health	21
Asthma prevention and/or management	47
Correctional health	35
Vital records	86
Medical examiner's office	2

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Source: 2010 National Profile of Local Health Departments

# Prevention Takes Time

- Prevention will usually affect health status before mortality with very short or no lag
- It generally takes at least a decade for changes in health status to fully impact mortality rates
- Models need to incorporate lag times to account for the overall impact of public health spending on mortality or effects are *underestimated*





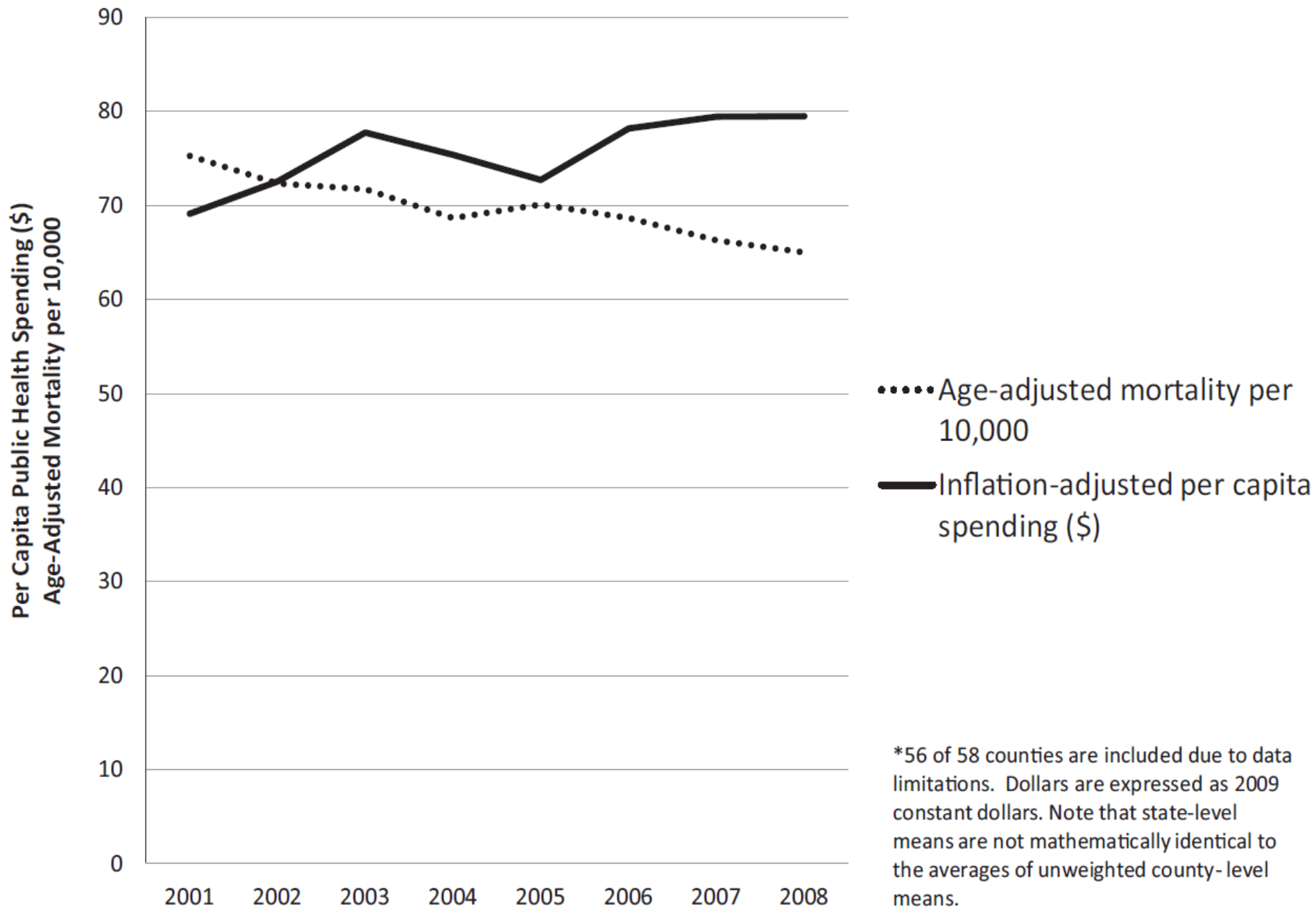
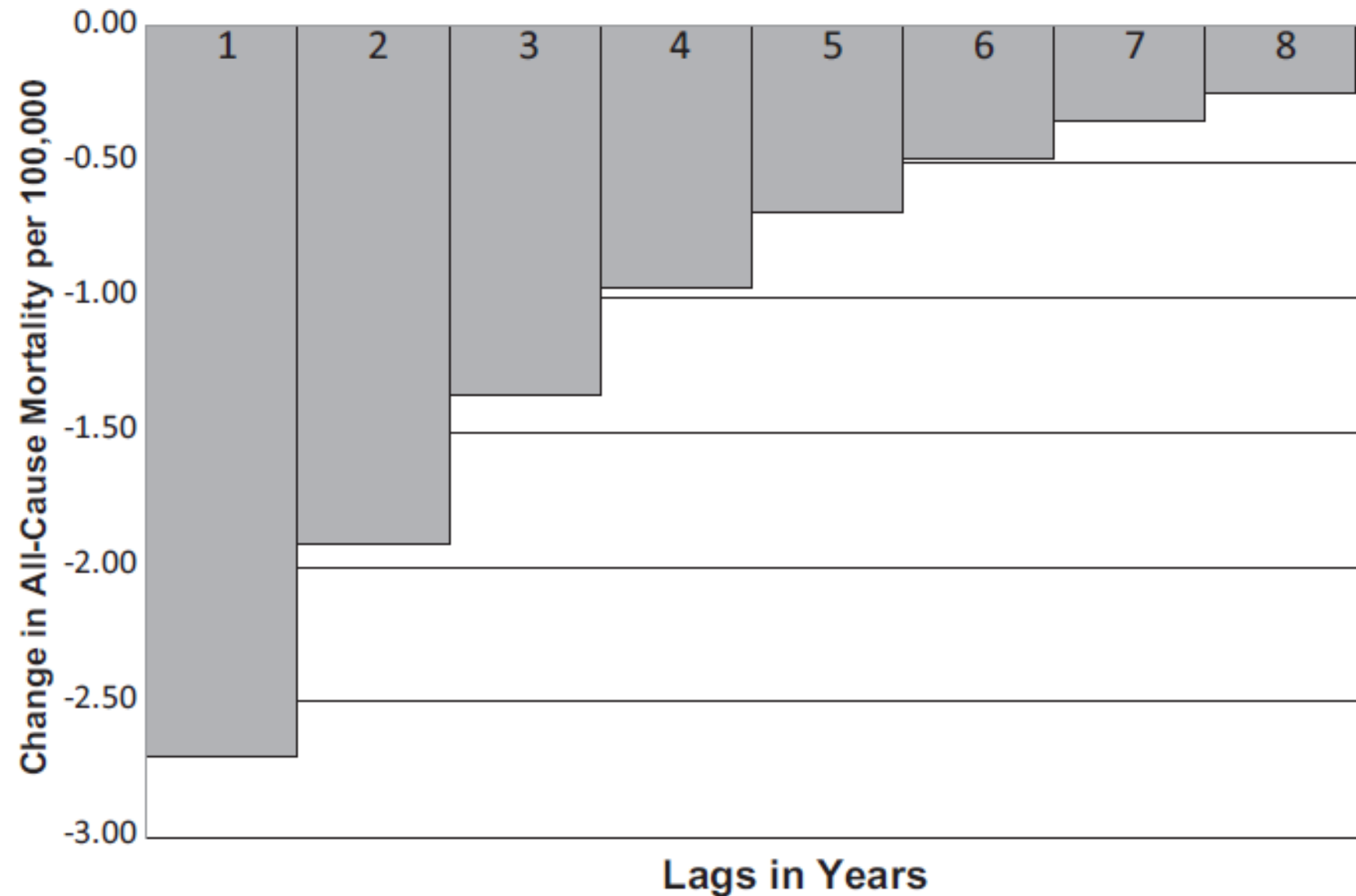


Fig. 1. State-level trends in all-cause mortality and inflation-adjusted public health spending: 2001–2008\*.





**Fig. 2.** Cumulative impact on all-cause mortality of a \$10 per capita increase in public health expenditures in California.

# Results – Overall Pattern

- Model analyzing self-rated health finds approximately 200,000 improve their health immediately – CAUSAL EFFECT
- Over a decade 26,937 lives per year are saved (about 14%) – CAUSAL EFFECT
- Thus, with every round of funding, approximately 200,000 improve their health status. Of these 200,000, approximately 27,000 do not die who otherwise would have.



# Investing in County Departments of Public Health

- ROI estimates from \$1 invested in county departments of public health: \$69.6 to \$56.4.
- Valuation of moving from fair/poor health status to good/excellent: \$41,654
- Valuation of statistical life: \$7.9 million



# Discussion - Comparisons

- Cost per life saved: \$109,514
  - Mammography  
\$100,000 per life saved
  - Higher nurse-to-patient ratio  
\$136,000 to \$449,000 per life saved
  - Mandated mental health insurance  
\$1.3 million per life saved



# Opportunities for Policymakers

## Local Policymakers

- Invest in proven public health programs
  - Compendium of Proven Community-Based Prevention Programs
  - The Community Guide
  - Public Health Performance Improvement Toolkit
  - NACCHO Toolbox



# Opportunities for Policymakers

## State Policymakers

- Invest in Standardized Data Systems
  - Standardized county budget reporting – facilitates evaluation of specific program areas (must include funding)
- Invest in Data Analysts
  - Good decision making requires good data analysis. UC Berkeley is proposing to require data analytic skills from all undergraduates.
- Invest in Evaluation
  - Evaluation of MHSA yielded unequivocal results.



# Opportunities for Policymakers

## Federal Policymakers

- Invest in Public Health
  - Demonstration grants to illustrate good public health practice
  - Grants for Public Health Services and Systems Research to learn how to organize public health.
  - Grants examining the returns from targeting various population groups: children, adults, older-adults





# Publications

Brown, TT. (2014). How Effective are Health Departments at Preventing Mortality? *Economics and Human Biology* 13, 34-45. (Released online in 2013). **PHSR Article of the Year**

Brown TT, Martinez-Gutierrez MS, Navab B. (2014). The Impact of Changes in County Public Health Expenditures on General Health in the Population. *Health Economics, Policy and Law* 9, 251-269.

Brown TT. (2015). The Subjective Well Being Method of Valuation: An Application to General Health Status. *Health Services Research*. Early View. Article first published online 11 MAR 2015 | DOI: 10.1111/1475-6773.12294





## **Contact Information:**

**Timothy T. Brown, PhD  
School of Public Health  
University of California, Berkeley  
Ph: 510-642-0028  
Em: [timothy.brown@berkeley.edu](mailto:timothy.brown@berkeley.edu)**



# Questions & Discussion

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**Kristin Schumacher**  
Policy Analyst,  
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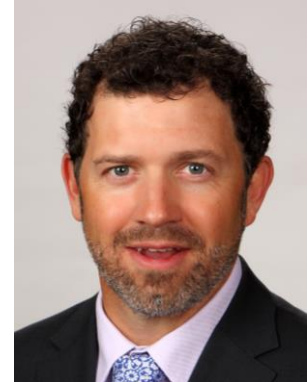
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School of Public  
Health



**Chris Hoene**  
Executive Director,  
California Budget  
& Policy Center  
(Facilitator)





California Budget  
& Policy Center

1107 9th Street, Suite 310  
Sacramento, California 95814

916.444.0500

[contact@calbudgetcenter.org](mailto:contact@calbudgetcenter.org)

[@CalBudgetCenter](#)

[calbudgetcenter.org](http://calbudgetcenter.org)