Planning a healthier, safer and sustainable Marin: the many faces of health reform

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Marin County
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"I have yet to see any problem, however complicated, which, when you look at it in the right way, did not become more complicated. "

Poul Anderson
Goal: Live Healthier Longer EVERYONE!

Compress time with disabilities

Extend years of quality health and full functioning

Decreased life span

Increased chronic disability

Healthy Lifestyle

Risky Behavior

Disability Years
Healthy Years
Public Health

is what we, as a society,
do collectively
to assure the conditions in which people can be healthy

The Future of Public Health
Institute of Medicine
1988
Determinants of Health

- Genetic predisposition
- Behavioral patterns
- Environmental exposures
- Social circumstances
- Health care

Leading Causes of Death - Age-Adjusted rate, 2005

Deaths per 100,000 (Adjusted to 2005 DOF population projections)

- Diseases of the Heart: 430 deaths
- All Cancer: 510 deaths
- Cerebrovascular Disease
- Chronic Lower Respiratory Disease
- Unintentional Accidents/Injuries
- Pneumonia
- Suicide
- Diabetes Mellitus
- Infectious Diseases
- Artery Diseases
- Alzheimer’s Disease
- Mental Disorders
- Liver Disease
- Essential Hypertension & Hypertensive Renal Disease
- Nephritis, nephrotic syndrome & nephrosis
- Urinary Tract Infection
- Parkinson’s Disease
- All Infant Deaths
- Homicide
## Leading Actual Causes of Preventable Death

### US, 1990 - 2000

<table>
<thead>
<tr>
<th>Causes</th>
<th>1990</th>
<th>2000</th>
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<tbody>
<tr>
<td>Tobacco</td>
<td>400,000</td>
<td>435,000</td>
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<tr>
<td>Diet &amp; activity</td>
<td>300,000</td>
<td>300,000</td>
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<tr>
<td>Alcohol</td>
<td>100,000</td>
<td>85,000</td>
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<tr>
<td>Microbial agents</td>
<td>90,000</td>
<td>75,000</td>
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<tr>
<td>Toxic agents</td>
<td>60,000</td>
<td>55,000</td>
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<tr>
<td>Firearms</td>
<td>35,000</td>
<td>29,000</td>
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<tr>
<td>Sexual behavior</td>
<td>30,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>25,000</td>
<td>43,000</td>
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<tr>
<td>Illicit use of drugs</td>
<td>20,000</td>
<td>17,000</td>
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Source: McGinnis & Foege, 1993; RAND, 2004
Obesity Trends* Among U.S. Adults
(*BMI ≥30, or about 30 lbs. overweight for 5’4’’ person)
Diabetes and Obesity: The Continuing Epidemic

Mokdad et al. JAMA. 2001;286:1195.
The inequities of Marin’s hourglass economy lead to
A Tale of Two Marins

"The choices we make are shaped by the choices we have"

Unnatural causes...
is inequality making us sick?
California Newsreel 2008
Residents in high poverty areas don’t live as long as residents in wealthy areas.

Source: Bay Area Regional Health Inequities Initiative
A wealth of evidence from the US and countries around the globe supports the notion that *socioeconomic circumstances* are equally or more important to health status than medical care and personal health behaviors, such as smoking and eating patterns 

(Evans et al., 1994; Frank, 1995; Federal/Provincial/Territorial Advisory Committee on Population Health, 1999; WHO, 2008).
Self-Sufficiency in Marin:
35,387 out of 100,201 Households in Marin can not pay for most basic expenses

Self-Sufficient Family of Three: $68,880 per year

Basic Monthly Expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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<tr>
<td>Housing</td>
<td>$1808</td>
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<tr>
<td>Child Care</td>
<td>$1542</td>
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<tr>
<td>Food</td>
<td>$547</td>
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<tr>
<td>Transportation</td>
<td>$170</td>
</tr>
<tr>
<td>Health Care</td>
<td>$276</td>
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<tr>
<td>Taxes</td>
<td>$963</td>
</tr>
<tr>
<td>Misc.</td>
<td>$434</td>
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</table>

What it takes to pay for Basic Monthly Expenses: $5,740 monthly income or $68,880 per year.

Basic costs have skyrocketed in Marin County in the past 5 years
- Child care costs have gone up 16%.
- Health care costs have increased by 30%.
- Transportation costs have climbed significantly, up 42%.

Since 2003, the rise in costs resulted in a 15% increase in the Self-Sufficiency Standard of $8,960 to $68,880 a year for a family consisting of one adult, a preschooler, and a school-age child.

Source: American Community Survey 2006, household self-sufficiency findings include all family and non-family households compared to the California Self-Sufficiency Index.
Insight, Center for Community and Economic Development. Self-Sufficiency dollar amount is for a family of three.
Federal Poverty Level vs. what it takes to get by

Self-Sufficiency Marin County (2008)
One adult with One Preschooler and One School-age Child

$68,880

One minimum wage job keeps you below 100% FPL, 4 minimum wage jobs would get you to self-sufficiency

$10,392

Minimum Wage
$8.00/hr

$16,640

Full-time Minimum Wage Job

$17,600

100% Federal Poverty Level

$24,024

Marin County Living Wage 40hr per week job at $11.00/hr

Marin County Self-Sufficiency Standard

One job that pays $33 would get you to self-sufficiency

$68,880

www.insightcced.org “What it takes to get by in Marin County”
• Among industrialized nations the United States has the largest number of homeless women and children.
• CalWORKS recipients are 7 times more likely than the general population to become homeless.
• “A lack of affordable housing and the limited scale of housing assistance programs have contributed to the current housing crisis and to homelessness.”

Individuals Living Below the Federal Poverty Level
Marin County, 2001-2007

Survey Year

Percent

2001 2003 2005 2007

5.3 | 6.0 | 7.2 | 12.2

California Health Interview Survey
Individuals Living Below Self-Sufficiency (300% FPL)
Marin County, 2001-2007

Survey Year
2001 2003 2005 2007

Percent
24.9 20.9 22.2 25.3

California Health Interview Survey
The purpose of the Public Assistance Demand Index is to show the trend in demand for services across 11 key workload areas. The index combines CalWORKs, Food Stamp, General Assistance, Medi-CAL, CMSP case load and new application data as well as data on the number of unemployment claims and number of visits to the Career Resource Center.

Monthly numbers are added to come up with an Index total with the first quarter of 2006 (19,000) used as the benchmark for the index.

Lower index totals would suggest a decline in demand for services, higher would indicate an increasing demand for H&HS services.

SOURCE: Public Assistance Reports DFA296, CA237, GR237, MC237, CMSP237
(available from [http://www.cds.cas.gov/research/default.htm](http://www.cds.cas.gov/research/default.htm)) and reports from Career Resource Center.
Policies impact communities and increase individual risk factors

Impoverished Environment + Risky Behaviors = Increased Chronic Disability & Decreased Life Span

Healthy Environment + Healthy Lifestyle = Extended Years of Quality Health and Full Functioning

![Bar chart showing years of life lived with healthy and disability years for risky behavior and healthy lifestyle.](chart.png)
Upstream

Policies
- Employment
- Education
- Tax
- Housing
- Wage
- Land use
- Transportation

Community Factors
- Poverty
- Schools
- Housing
- Built Environment
- Healthy foods
- Social factors
- Discrimination
- Transportation
- Low-wage jobs
- Access to
- Justice

Individual Risk Factors
- Physical inactivity
- Poor nutrition
- Stress
- Violence
- Drug/alcohol abuse
- Smoking
- Depression
- Relationships

Outcomes
- Chronic disease
- Disability
- Family
- Disintegration
- Prison
- Homelessness
- Severe mental illness
- Substance abuse
- Injuries

Downstream
Why Focus on Upstream Issues?

- The choices we make are shaped by the choices we have – context counts

- Social, cultural, physical, and economic realities and norms must be changed so personal responsibility can be more easily exercised and thereby support... healthier choices earlier in life.
Working Upstream Along the Prevention/Policy Continuum

- Social Host Accountability Ordinance
- Tobacco Control Ordinances
- Physical Activity, Nutrition & Wellness Collaborative – changing the food environment in schools and community
- STAR and Odyssey Projects + special training for police, sheriff
- Marin Health and Wellness Campus
- Systematically Strengthening the Safety Net for Healthcare and Socio-Economic Services
- Healthy Marin Partnership to create a healthier community
- Countywide Plan – Integrating Public Health into Marin’s Built Environment & land use planning
- PlayFair (Building Healthier Communities)
- www.healthymarin.org
A NEW VISION

The Marin Health and Wellness Campus

A SPECIAL PLACE UNITING MARIN TO PROMOTE COMMUNITY HEALTH AND WELL-BEING
Connection & Resource Center
- Exhibits, conference rooms, seminars and activities;
- Linkages to additional County and community resources;
- Campus-wide information and navigation,
- Assistance with public health insurance; classes and outreach in prevention, wellness, health and financial literacy

Marin Community Clinic
- A core provider at the Canal Campus
- Out-patient primary care health services for adults, children and youth, particularly those who are uninsured or underinsured

Clinical Health & Support Services
- Women’s Health Services, Immunization, STD/TB, HIV/Specialty, Women, Infant & Children’s (WIC)

Children & Adult Mental Health Services
- Including partners, such as Buckelew Independent Living and Employment, Community Action Marin Drop-In Center
County Health Rankings: Health Factors

- Social and Economic Factors
- Health Behaviors
- Clinical Care
- Physical Environment

New Model

Proportions
(Morbidity and Premature Mortality)

- Social and Economic Factors: 40%
- Health Behaviors: 30%
- Clinical Care: 20%
- Physical Environment: 10%
How does Marin rank compared to other California Counties?

Health Factors #1

Health behaviors (30%) #3

Clinical care (20%) #1

Social & economic Factors (40%) #1

Physical Environment (10%) #29

Health Outcomes #1

Mortality (length of life): 50% #1

Morbidity (quality of life): 50% #3
Marin’s Strengths Compared to all CA Counties

**LOW**
- Uninsured Adults
- Preventable Hospital Stays
- Teen Birth Rate
- Poor Mental Health Days
- Poor or Fair Health
- Obesity
- Unemployment
- Children in Poverty
- Violent Crime Rate
- Premature Death

**HIGH**
- High School Graduation Rate
- Adults with College Degree
- Primary Care Provider Rate

**HIGH**
- Preventable Hospital Stays
- Teen Birth Rate
- Poor Mental Health Days
- Poor or Fair Health
- Obesity
- Unemployment
- Children in Poverty
- Violent Crime Rate
- Premature Death
Marin’s Weaknesses Compared to all CA Counties

HIGH

Liquor Store Density
Binge Drinking
Income Inequality
Smoking
Low Birth Weight Babies
Poor Physical Health Days
Why Health Care Reform?
Number of Uninsured Americans 1976-2004

18,000 deaths annually due to uninsurance (Institute of Medicine)

Source: Himmelstein, Woolhandler & Carasquillo - Tabulation from CPS & NHIS Data
The Human Cost:
Personal Bankruptcies

Medical: 46%
Other: 54%

*N=1771 bankruptcy filers
Health Affairs, February 2, 2005
**Best care in the world?**

WHO ranks **US 37**\(^{th}\) out of 191 countries in overall health measures

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Poorest</th>
<th>Best</th>
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<tbody>
<tr>
<td>Low birth weight %</td>
<td>(U.S. in Red)</td>
<td></td>
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<tr>
<td>Infant mortality</td>
<td></td>
<td></td>
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<tr>
<td>Years of potential life lost</td>
<td></td>
<td></td>
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<tr>
<td>Age adjusted mortality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life expectancy @ 1 yr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life expectancy @ 40 yrs</td>
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<td></td>
</tr>
<tr>
<td>Life expectancy @ 65 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life expectancy @ 80 yrs</td>
<td></td>
<td></td>
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<tr>
<td>Average for all indicators</td>
<td></td>
<td></td>
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</tbody>
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Poorest to Best
Per Capita Health Spending, 2006 (in US $s)

Source: OECD Health Data 2008
“Ask your doctor if taking a pill to solve all your problems is right for you.”
“Uniquely American System”

- Virtually all other developed nations have health care systems with:
  - Universal eligibility and coverage
  - Financing predominantly through taxes
  - Public or quasi-public, non-profit health plans
  - Delivery of care mostly still in private sector
  - Wide choice of physicians, nurses, hospitals
  - Government planning and regulation of prices, budgets, workforce, diffusion of technology, etc
  - Greater emphasis on primary care & prevention
Health Care Reform

- Patient Protection and Affordable Care Act
  H.R. 3580

- Reconciliation Act of 2010
  H.R. 4872
Health Care Reform

- Increase Access
- Reduce Growth in Costs
- Finance Health Care
Increase Access

- Mandates qualifying health care coverage for everyone
- Provides affordable insurance for the uninsured (except undocumented)
- Eliminates exclusions (pre-existing conditions, lifetime cap)
- Increases risk pools
- Ensures portability and availability of insurance
- Improves consumer information and access
Reduce Growth in Costs

- Focus on “upstream” prevention to minimize “downstream” costs associated with preventable chronic conditions
- Promotes individual & population based prevention and wellness programs
- Strengthens primary care and community health centers
- Increases access to community and home based services
- Promotes cost comparison research
- Promotes evidence-based best practices
- Reduces administrative costs
- Reduces medical error rates/Improve quality of care
- Strict fraud, waste and abuse enforcement
Financing

- Spreads financing support across entire population, including business, so everyone contributes in supporting system costs
- Additional taxes on incomes above $250K
- Fees on medical supplies and pharmaceuticals
- Promotes employer based responsibilities
- Small business tax credits
- Regulations will spell out the provisions
Business Impacts

- **Employer Benefits!**
  - Tax credit of up to 35% of premiums for businesses who offer health insurance with 25 or less full-time employees and average wages of less than $50,000 (25% credit for non-profit) (Immediate).

- **Health Insurance Exchange!**
  - State-based health insurance marketplace where individuals and small businesses (less than 50 employees in 2014, 100 in 2017) can compare plans and “shop” for coverage.
  - Individuals below 400% FPL ($88,000 for a family of four) will receive sliding scale tax credits to purchase coverage through the Exchange.

- **“Pay or Play” Provision!**
  - Employers with over 50 “full-time equivalent” employees must offer health insurance or pay a fee.
Emerging Health Care Environment

- **Health Care Reform**
  - 25% expansion of Medi-Cal to include single childless adults = 1.6 million in California; generally county indigents – excludes undocumented
  - Incomes between 133%-400% FPL eligible for subsidies = 2.3 million uninsured in California
  - Subsidize 45% of individually purchased private insurance in California
  - No underwriting
  - Minimum benefits
  - Safety Net transformation: clinics as choice not last resort
People (0-64 yrs) Covered by Public Insurance Options by Income Group

- **0 to 100% FPL**: ~18,000
- **101 to 133% FPL**: ~7,000
- **134 to 200% FPL**: ~11,500
- **201 to 250% FPL**: ~2,100
- **201 to 400% FPL**: ~32,000
- **201 to 400% FPL + 401 to 600% FPL**: ~145,500

**NOT COVERED BY PUBLIC INSURANCE**

- **~38,600** people covered by public insurance
- **~68,000** people covered by public insurance or subsidized

**NOW**

- **0 to 100% FPL**: ~18,000
- **101 to 133% FPL**: ~7,000
- **134 to 200% FPL**: ~11,000
- **201 to 250% FPL**: ~2,100
- **201 to 400% FPL**: ~38,600
- **201 to 400% FPL + 401 to 600% FPL**: ~145,500

**2014**

- **0 to 100% FPL**: ~18,000
- **101 to 133% FPL**: ~7,000
- **134 to 200% FPL**: ~11,000
- **201 to 400% FPL**: ~38,600
- **201 to 400% FPL + 401 to 600% FPL**: ~145,500

**NOT COVERED BY PUBLIC INSURANCE**
Challenges Going Forward

- Regulations will clarify and provide specifics
- State budget woes
- Economy
- State’s application for Section 1115 waiver
- Cities & County structural budget problems
- County’s managed care Medi-Cal interest via PartnershipHealth of California
- Transition in governance at MGH
- Corporate reaction to health reforms
MORE INFORMATION

- www.healthreform.gov
  - Q & A
  - Fact Sheets
  - State by State analysis

- ITUP.com
  - Insure The Uninsured Project (non-partisan project)
  - Section by Section Guide to HR 3590 and HR 4872
Healthy People = Healthy Community

Increasing

- Population-based prevention approaches
- Healthy behaviors and lifestyles
- Built environment that supports healthy choices
- Economic, educational and social investments
- Evidence-based approaches
- Primary care access to full scope of services
- Home care availability

Results in lower

- Emergency room use
- Chronic disability
- Illness/injuries requiring medical interventions
- Acute hospital stays
- Prescription use

= Lower costs for health care
= Longer life expectancy
= Higher quality of life