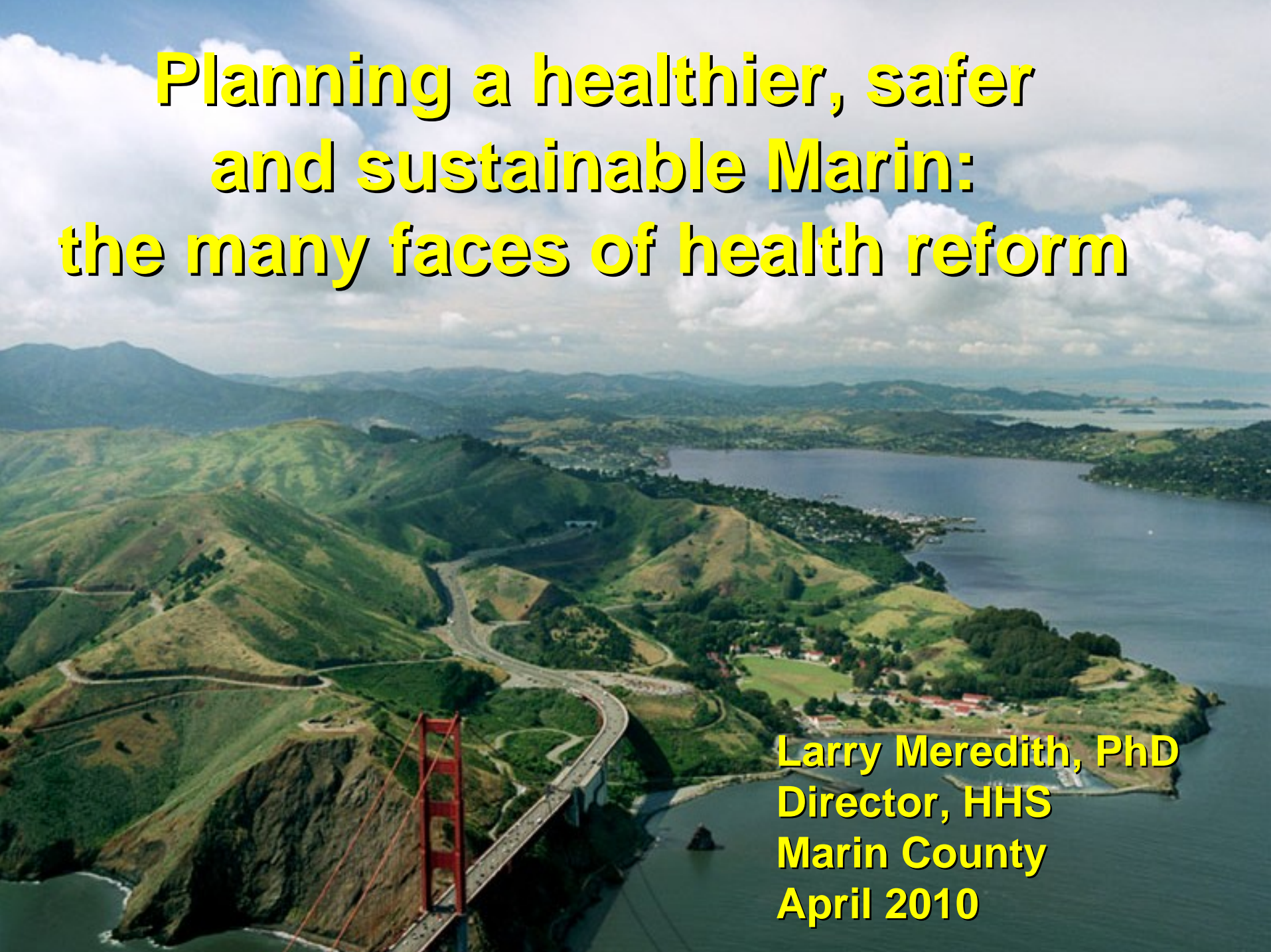


Planning a healthier, safer and sustainable Marin: the many faces of health reform

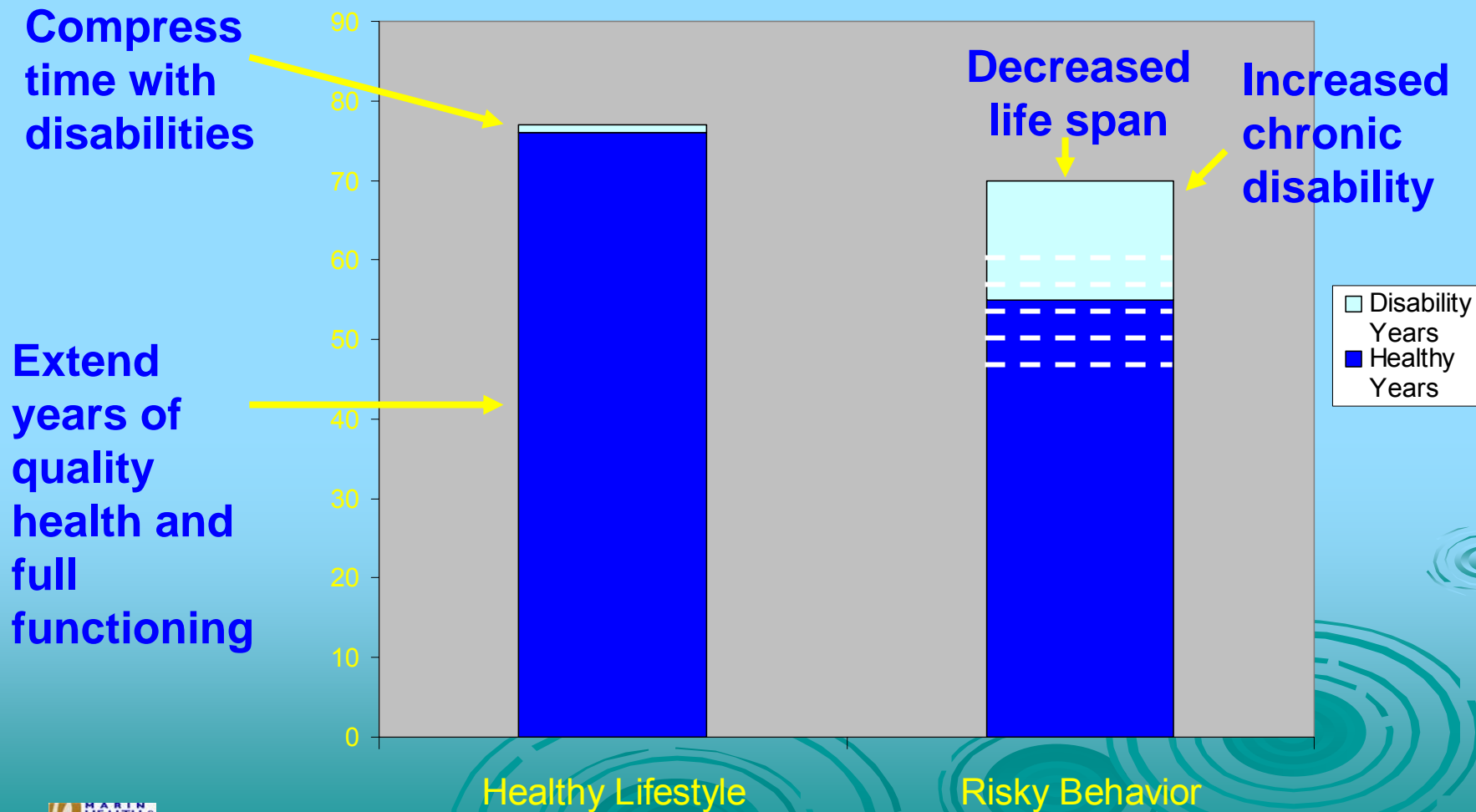
**Larry Meredith, PhD
Director, HHS
Marin County
April 2010**



"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!**



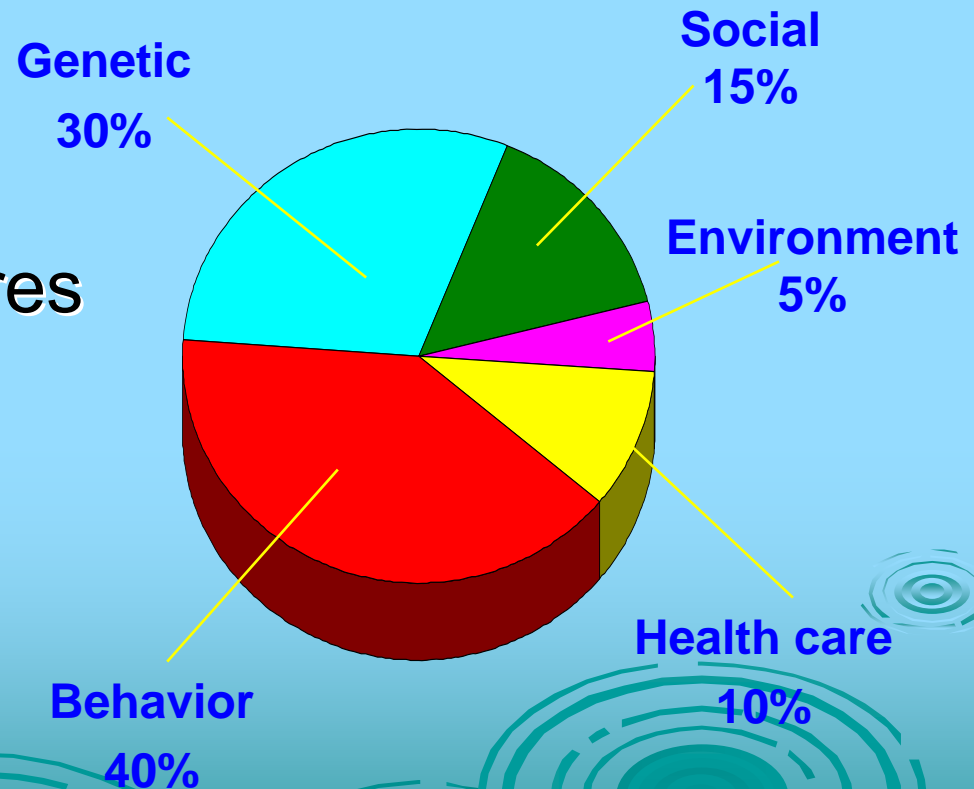
Public Health
is what we, as a society,
do collectively
to assure the conditions in which
people can be healthy

The Future of Public Health
Institute of Medicine
1988

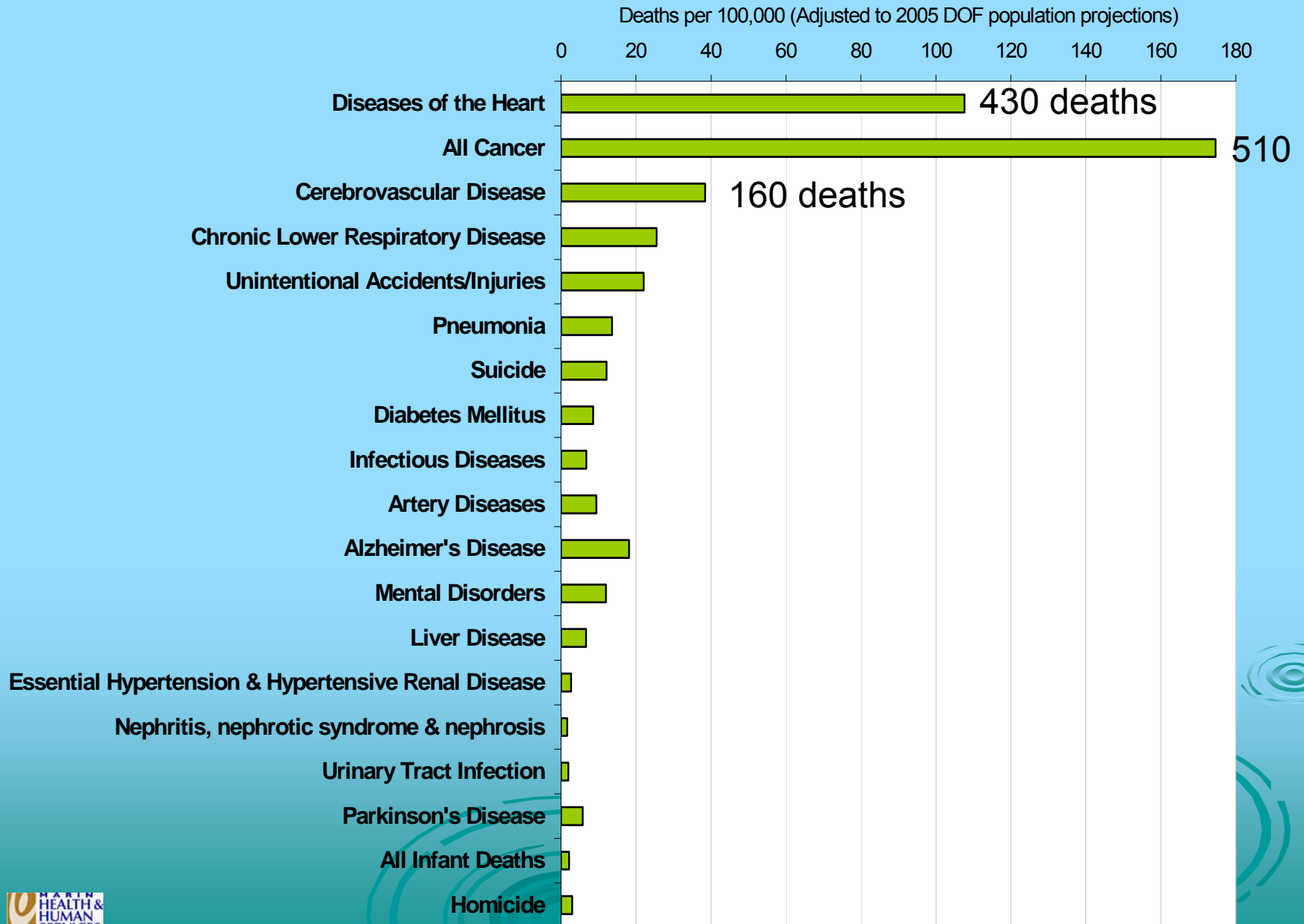
Determinants of Health

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

Proportions (Premature Mortality)



Leading Causes of Death - Age-Adjusted rate, 2005



Leading Actual Causes of Preventable Death

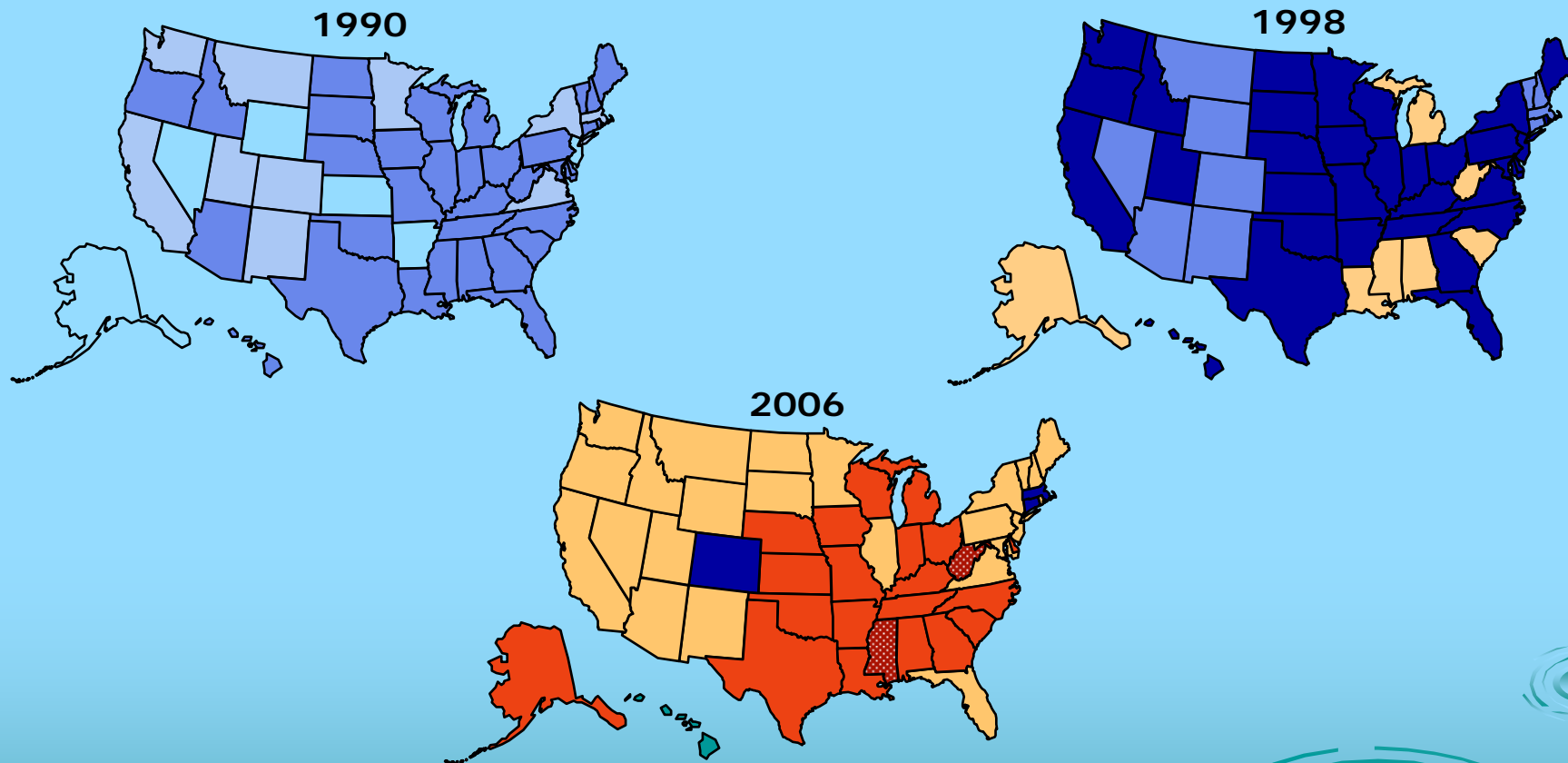
US, 1990 - 2000

Causes	1990	2000
Tobacco	400,000	435,000
Diet & activity	300,000	300,000
Alcohol	100,000	85,000
Microbial agents	90,000	75,000
Toxic agents	60,000	55,000
Firearms	35,000	29,000
Sexual behavior	30,000	20,000
Motor vehicles	25,000	43,000
Illicit use of drugs	20,000	17,000

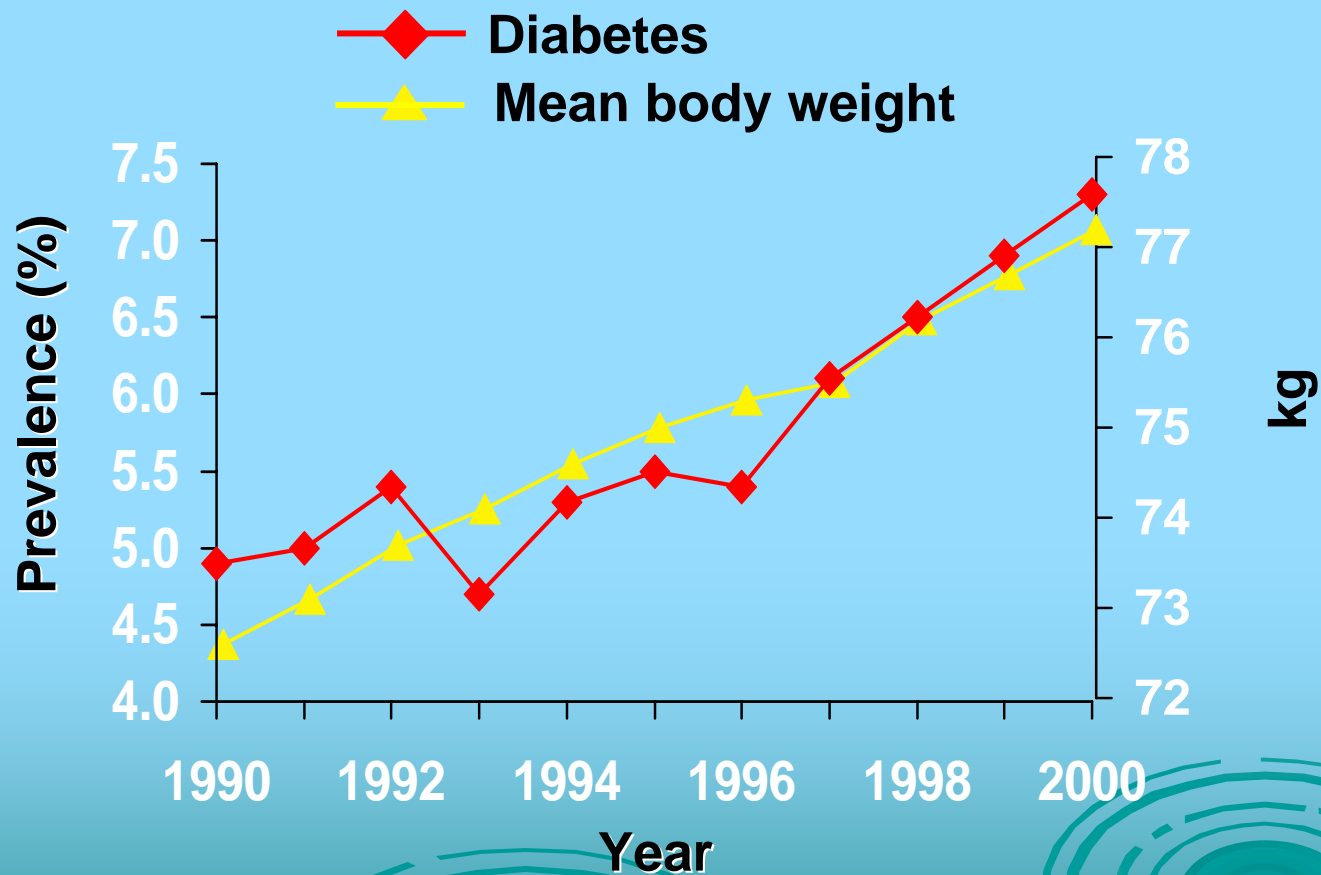
Obesity Trends* Among U.S. Adults

BRFSS, 1990, 1998, 2006

(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



Diabetes and Obesity: The Continuing Epidemic



Mokdad et al. *Diabetes Care*. 2000;23:1278.

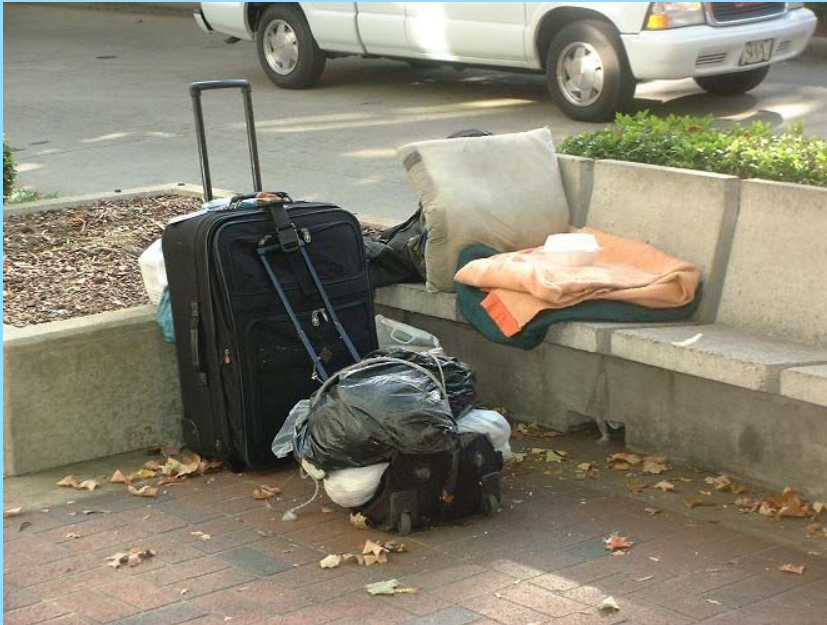
Mokdad et al. *JAMA*. 1999;282:1519.

Mokdad et al. *JAMA*. 2001;286:1195.

The inequities of Marin's hourglass economy lead to



A Tale of Two Marins

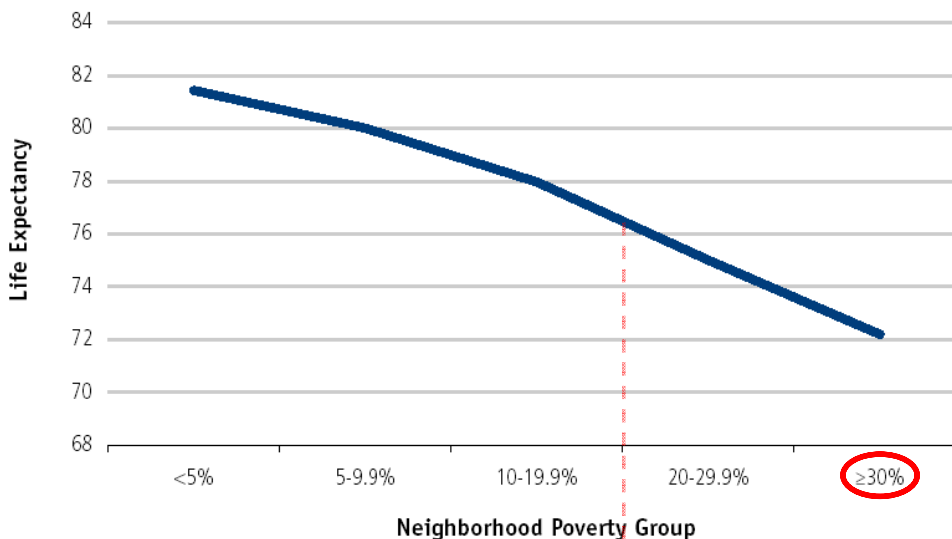


**“The choices we
make are shaped
by the choices we have”**

Unnatural causes...
is inequality making us sick?
California Newsreel 2008

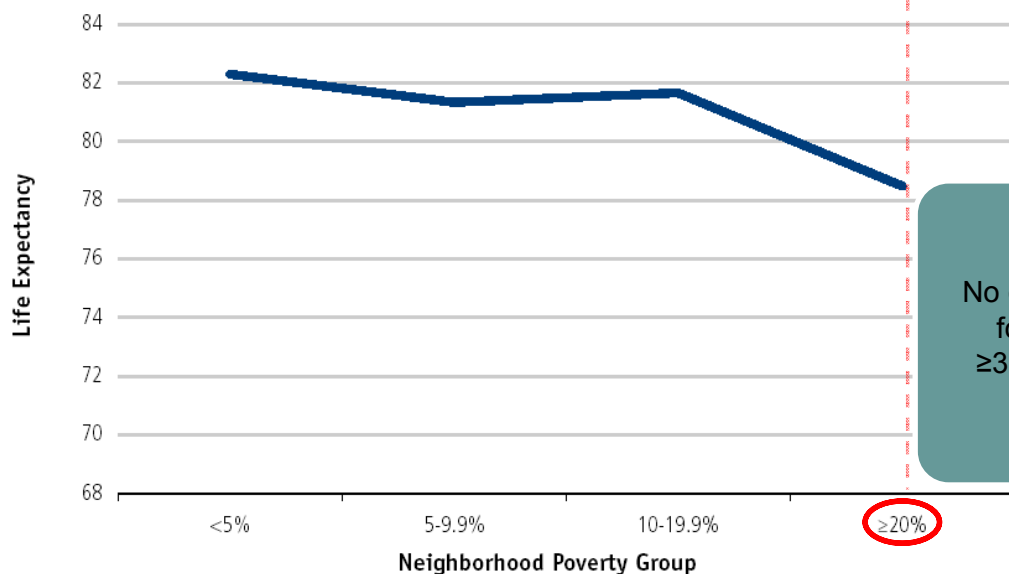


Residents in high poverty areas don't live as long as residents in wealthy areas.



Bay Area
Life Expectancy
For All Nine
Counties

Data from 1999-2001



Marin County
Life Expectancy

No data
for
≥30%

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 100,201 Households in Marin can not pay for most basic expenses



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

Basic Monthly Expenses



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%.

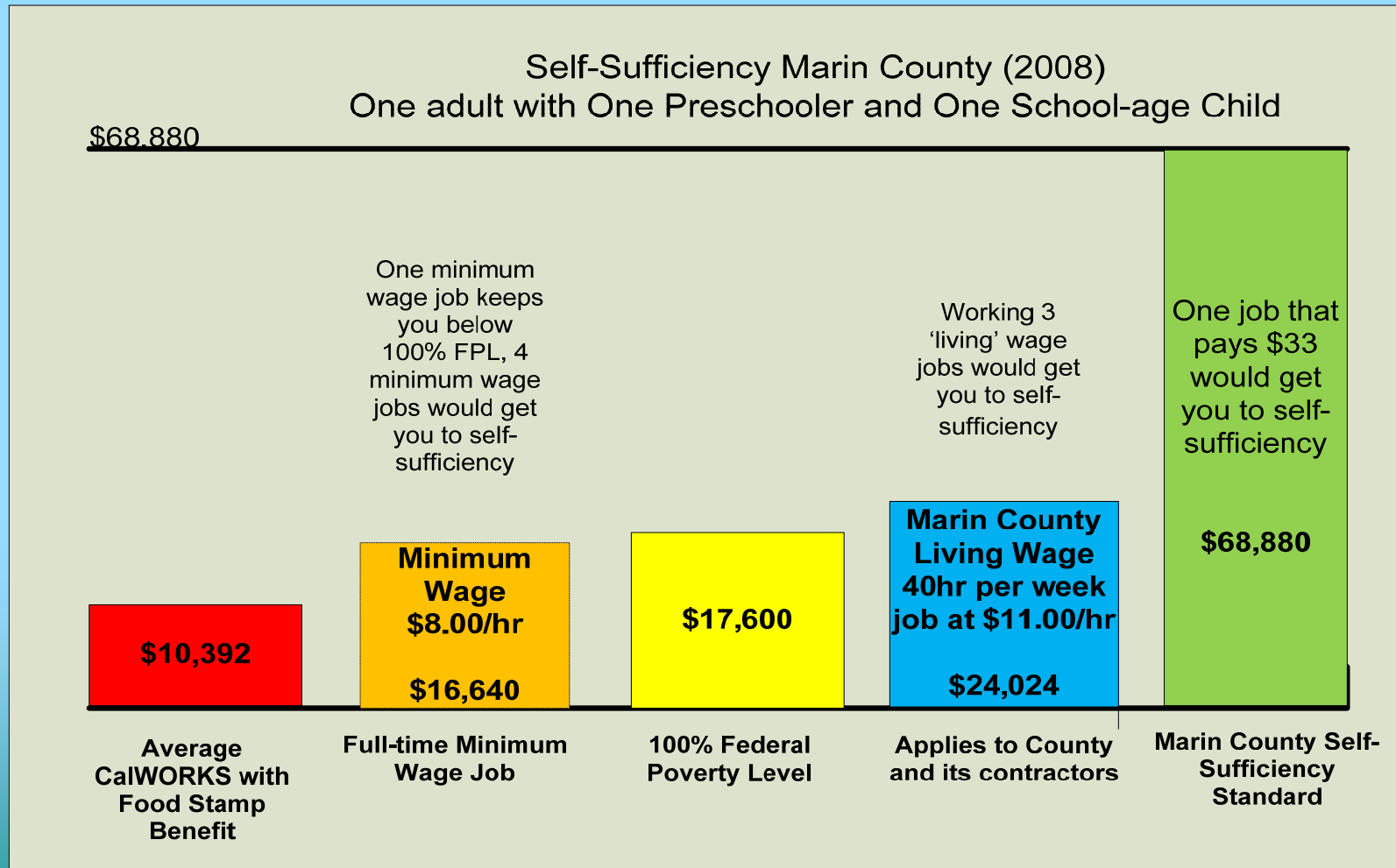
Since 2003, the rise in costs resulted in a 15% increase in the Self-Sufficiency Standard of \$8,960 to \$68,880 a year for a family consisting of one adult, a preschooler, and a school-age child.

Source: American Community Survey 2006, household self-sufficiency findings include all family and non-family households compared to the California Self-Sufficiency Index.

California Family Economic Self-Sufficiency Standard Index 2008, Marin County.

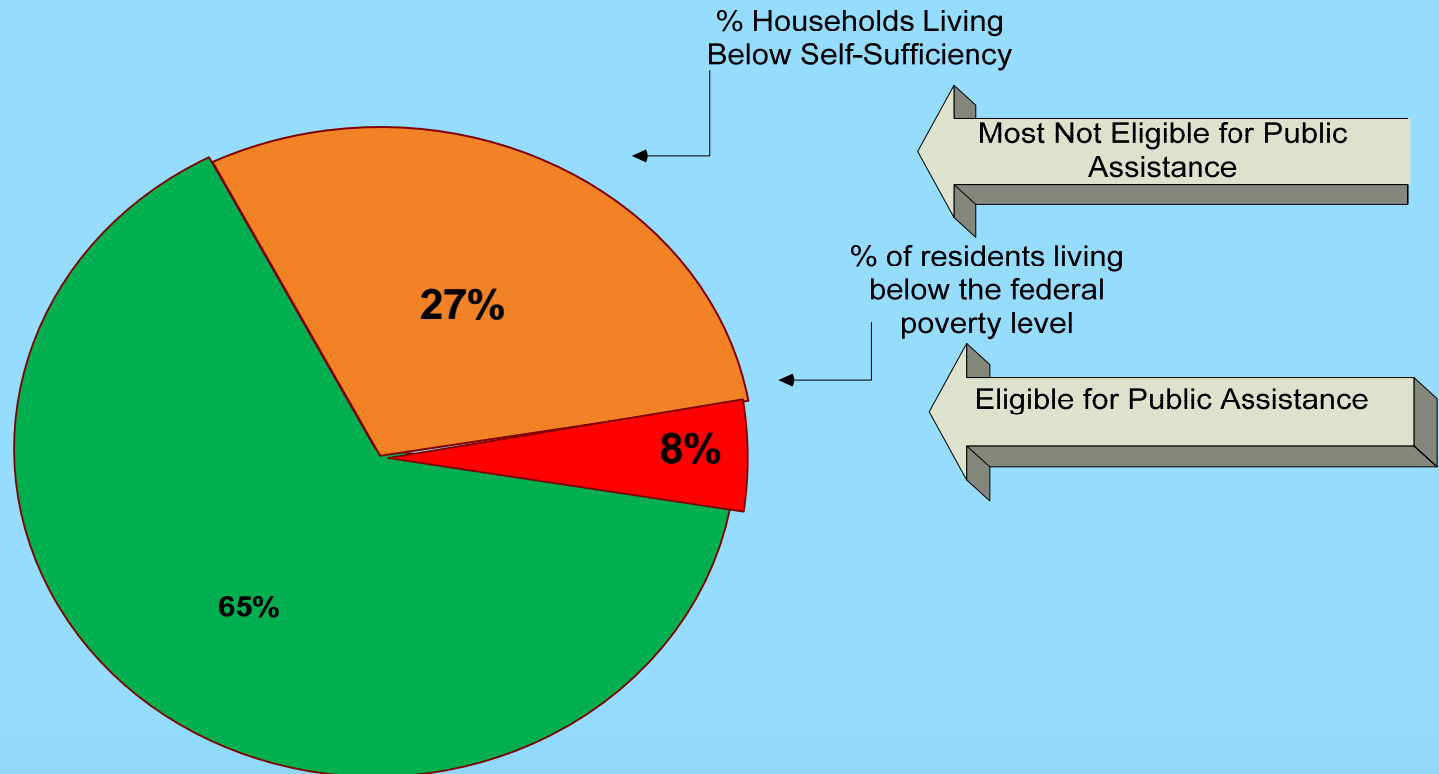
Insight, Center for Community and Economic Development. Self-Sufficiency dollar amount is for a family of three.

Federal Poverty Level vs. what it takes to get by





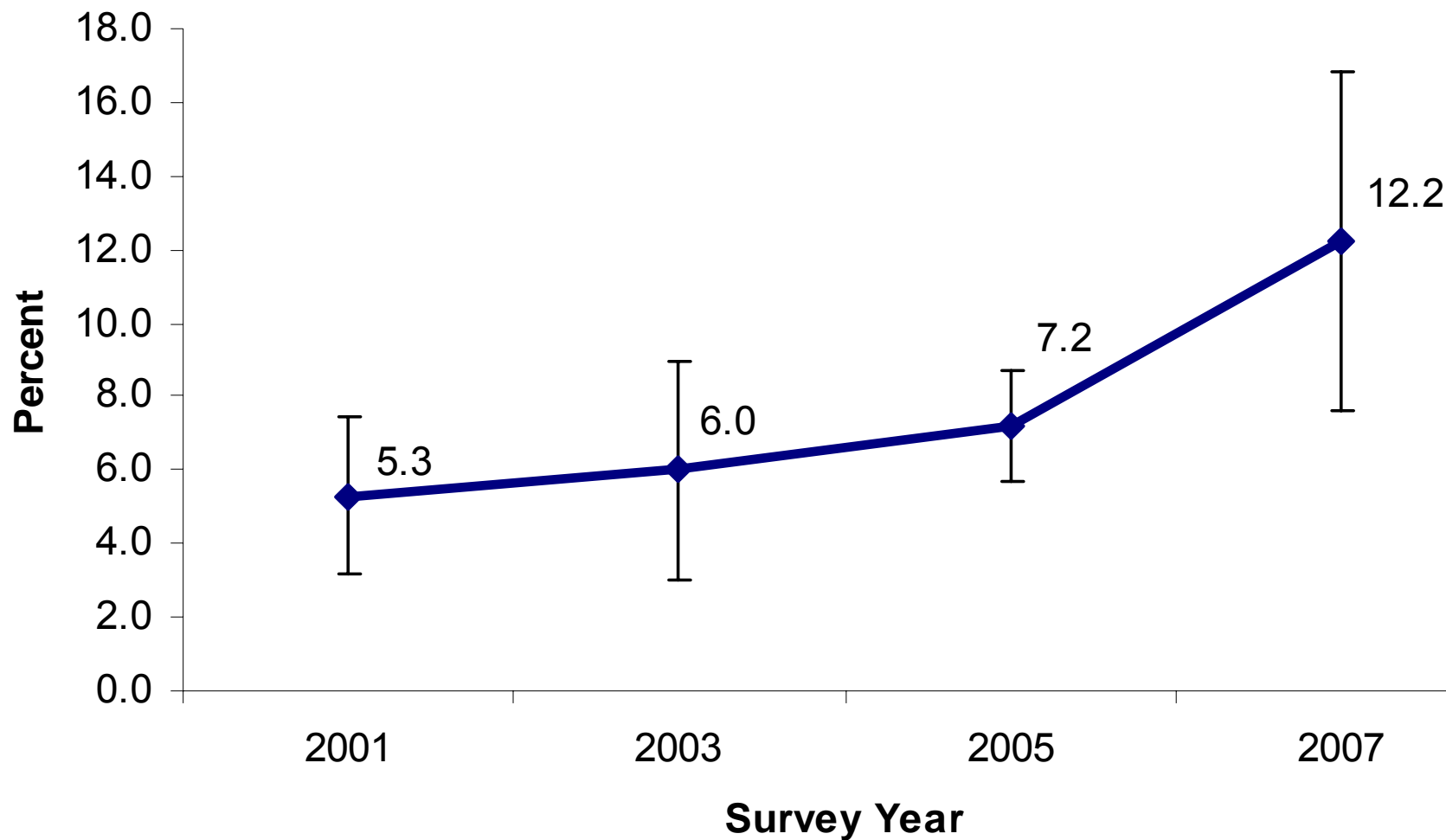
Marin's Households at Risk



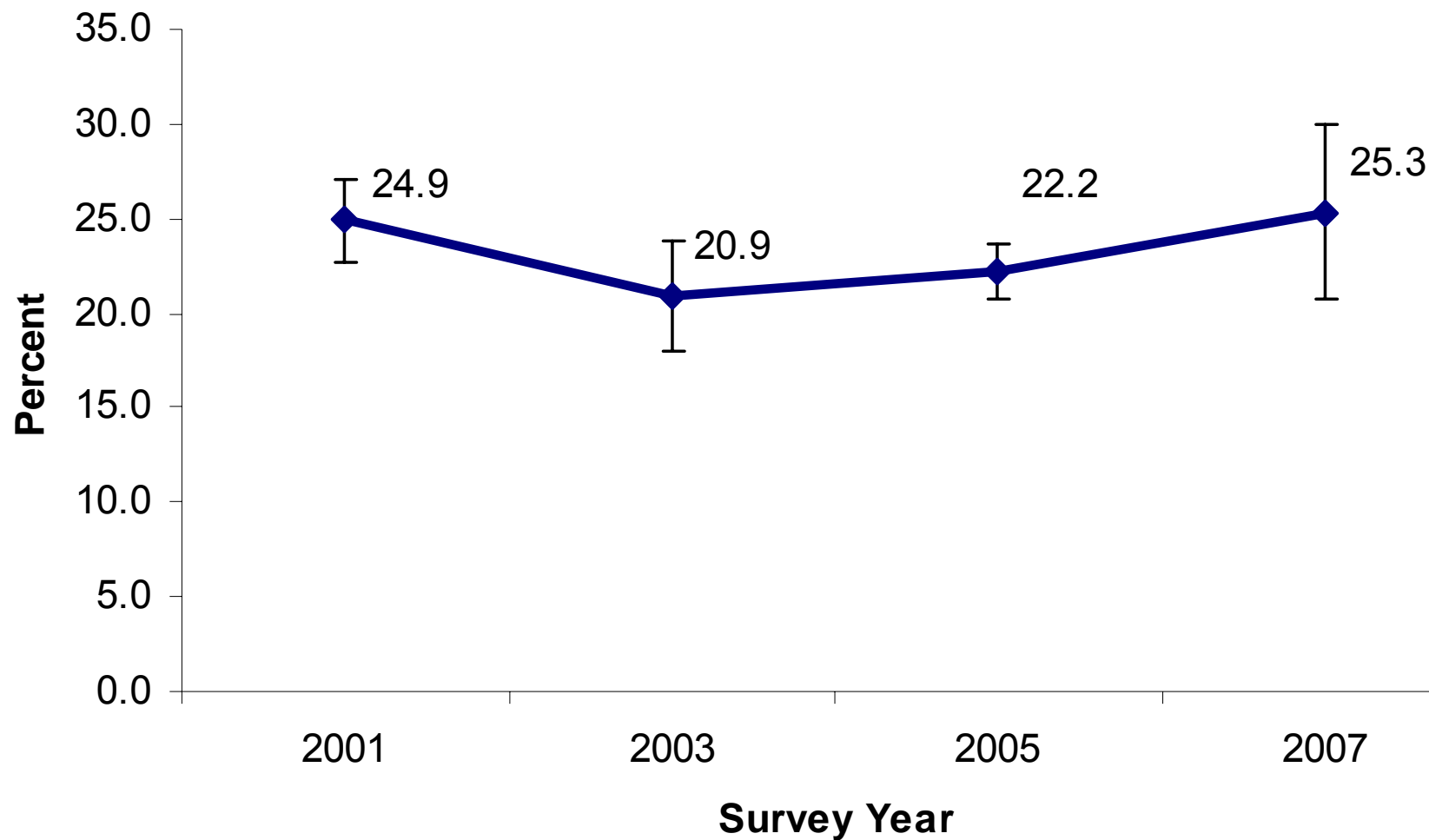
- Among industrialized nations the United States has the largest number of homeless women and children.
- CalWORKS recipients are 7 times more likely than the general population to become homeless.
- “A lack of affordable housing and the limited scale of housing assistance programs have contributed to the current housing crisis and to homelessness.

SOURCE: Western Center on Law & Poverty “Alarming increases in homelessness among California public benefit recipients”
National Coalition for the Homeless: “How many people experience homelessness?” & “Why are people homeless? Fact Sheets
www.nationalhomeless.org

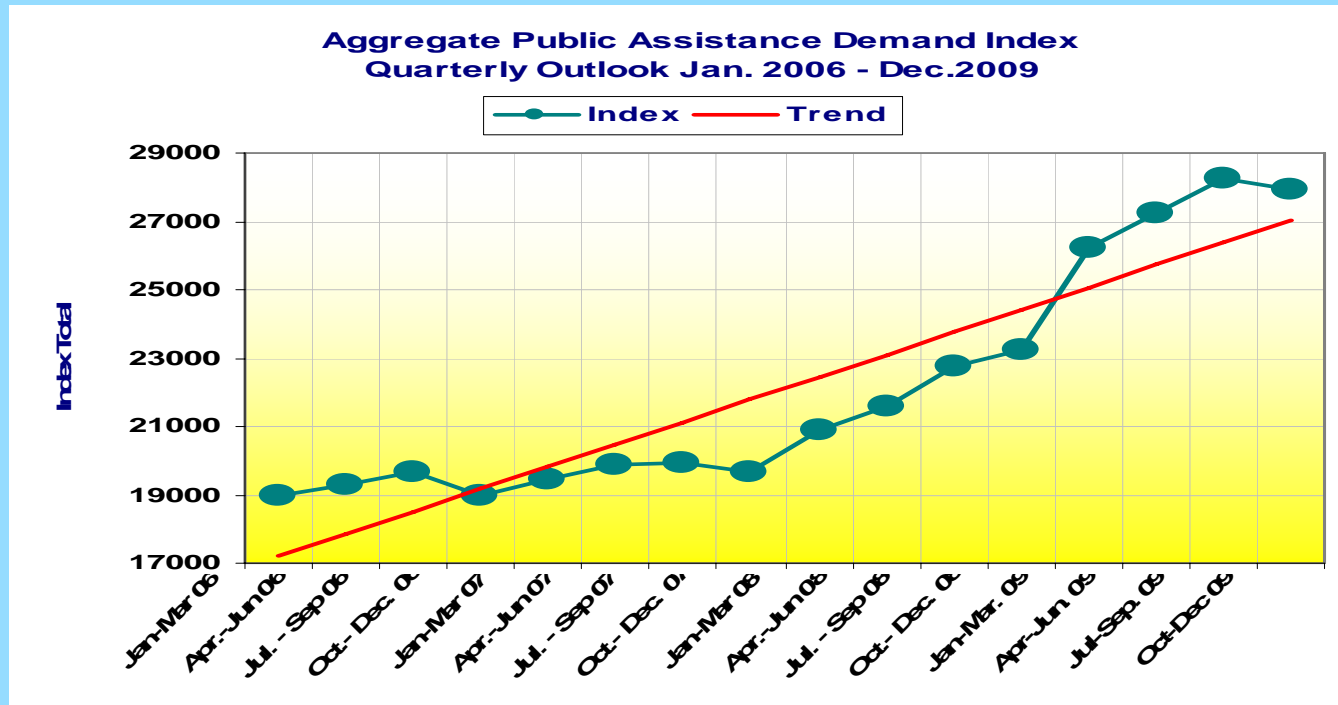
Individuals Living Below the Federal Poverty Level Marin County, 2001-2007



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



Services Indexes



*Demand Index reflects an increasing demand on staff and demand public assistance resources.

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

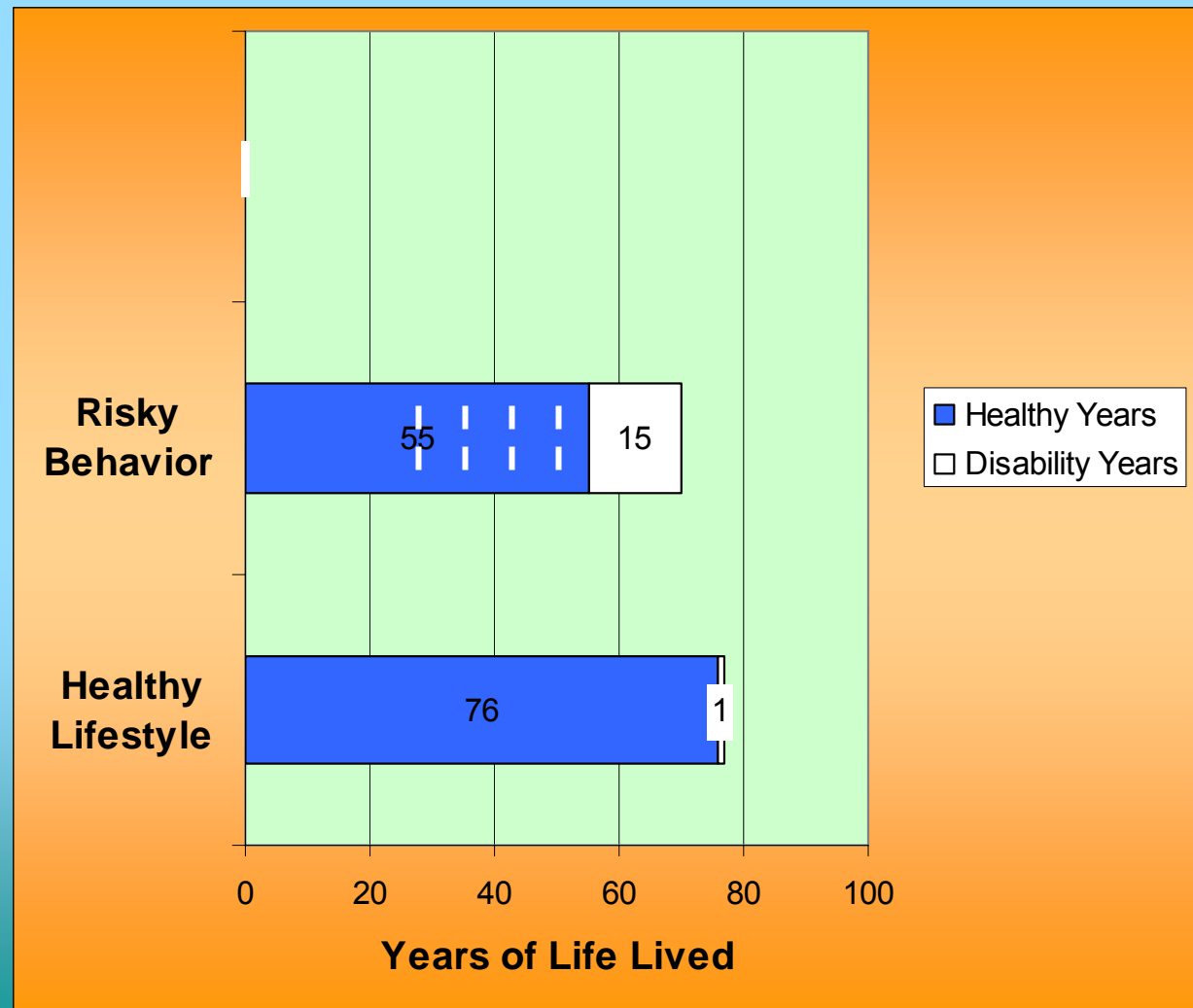
Lower index totals would suggest a decline in demand for services, higher would indicate an increasing demand for H&HS services.

Policies impact communities and increase individual risk factors

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



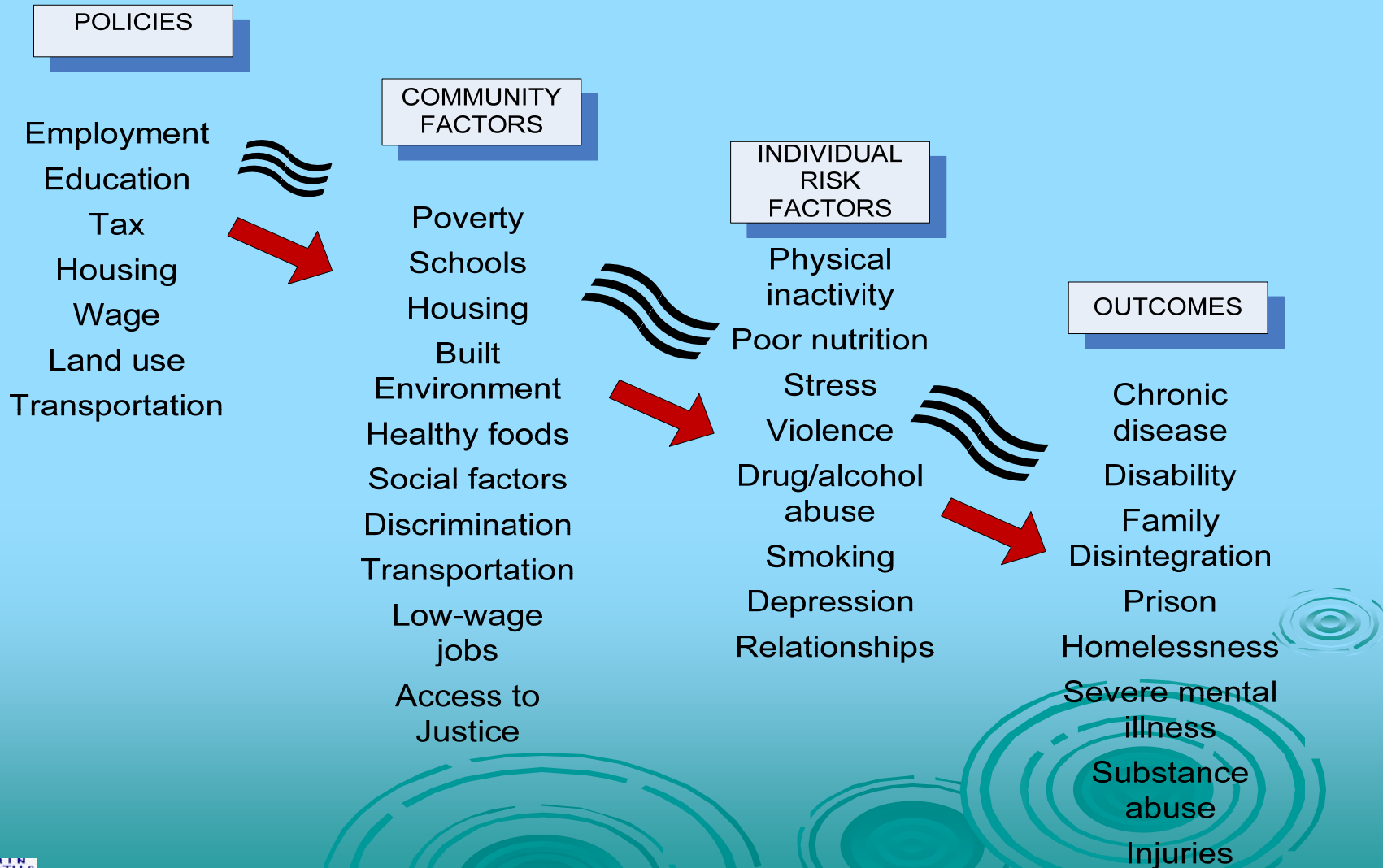
Healthy Environment + Healthy Lifestyle = Extended Years of Quality Health and Full Functioning



Upstream



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.

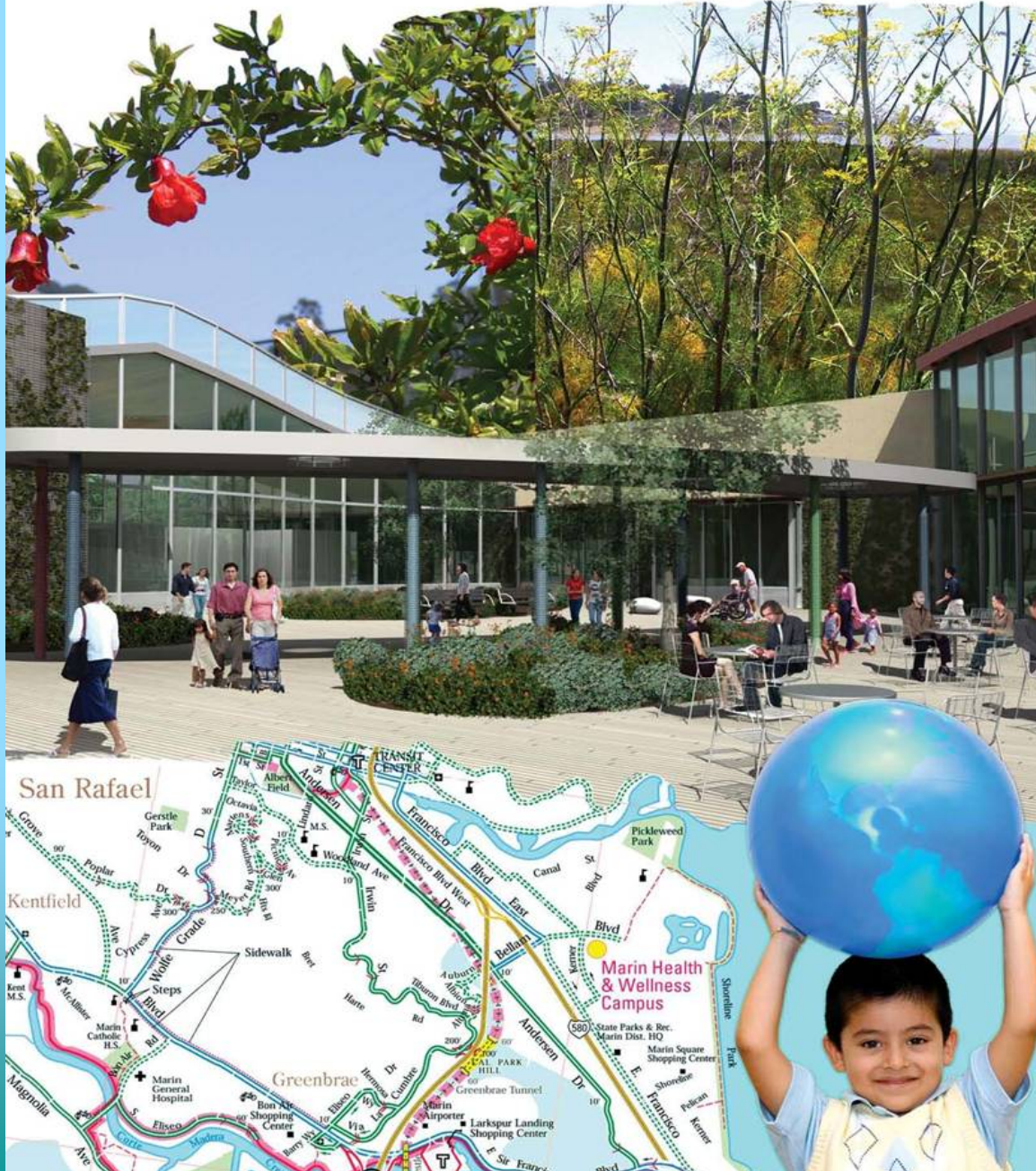
Working Upstream Along the Prevention/Policy Continuum

- 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





Health and Wellness Campus

SERVICES AND PROGRAMS

☐ 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

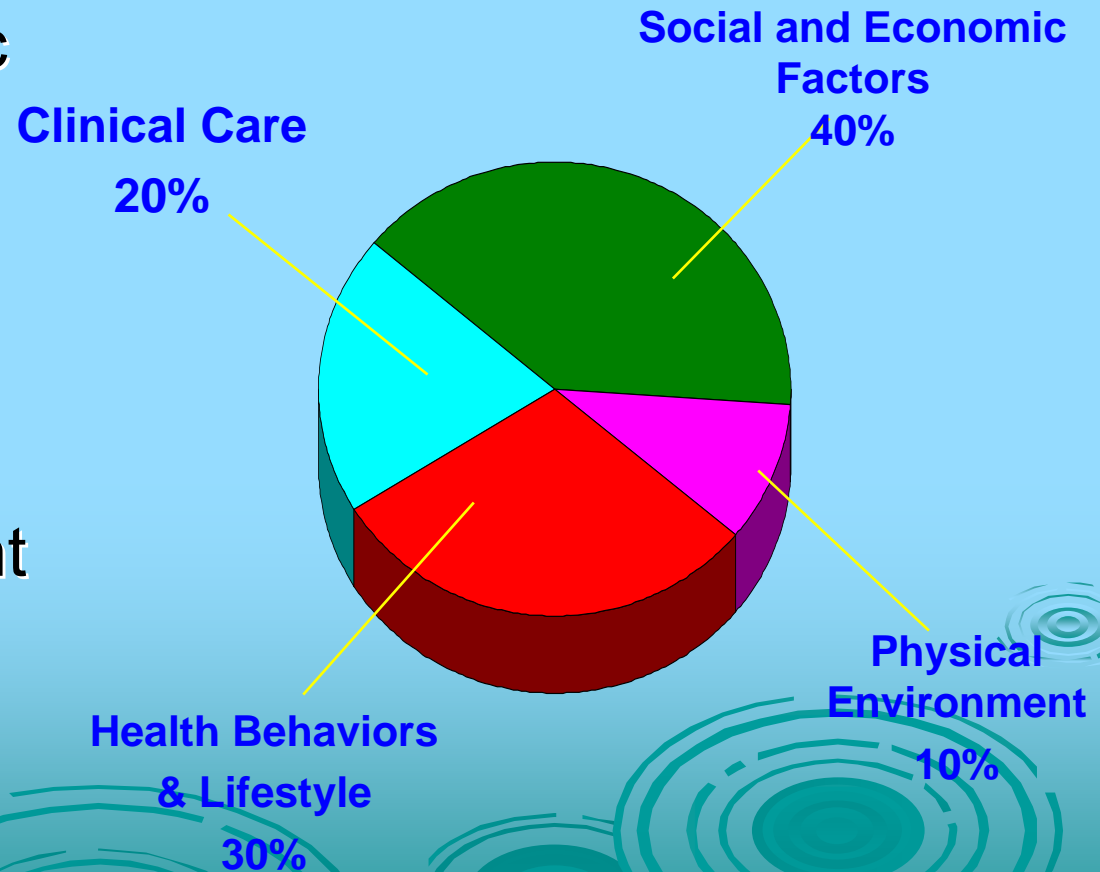
- Including partners, such as Buckelew Independent Living and Employment, Community Action Marin Drop-In Center

County Health Rankings: Health Factors

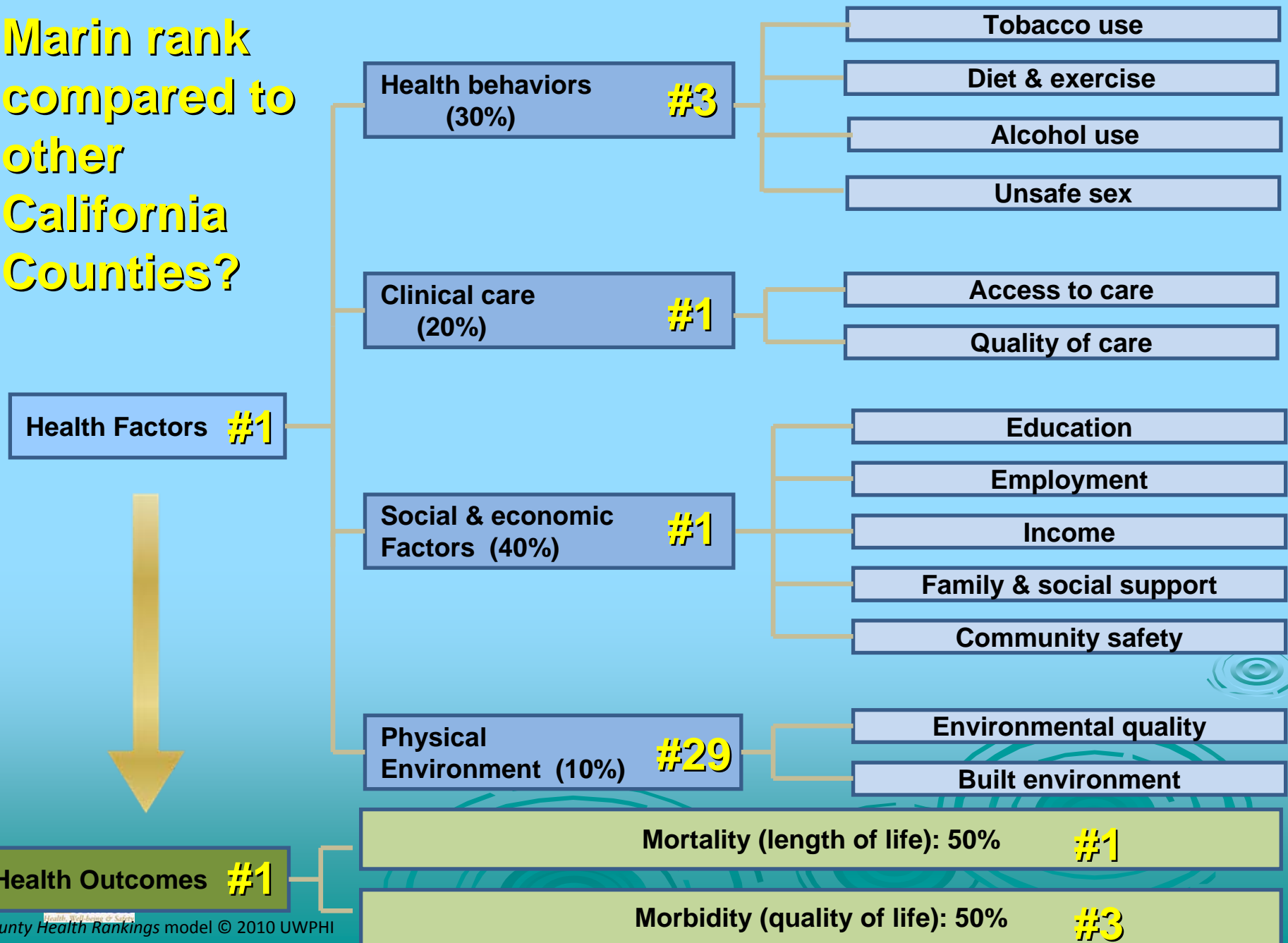
- Social and Economic Factors
- Health Behaviors
- Clinical Care
- Physical Environment

New Model

Proportions (Morbidity and Premature Mortality)



How does Marin rank compared to other California Counties?



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

Marin's Weaknesses Compared to all CA Counties

HIGH

Liquor Store Density

Binge Drinking

Income Inequality

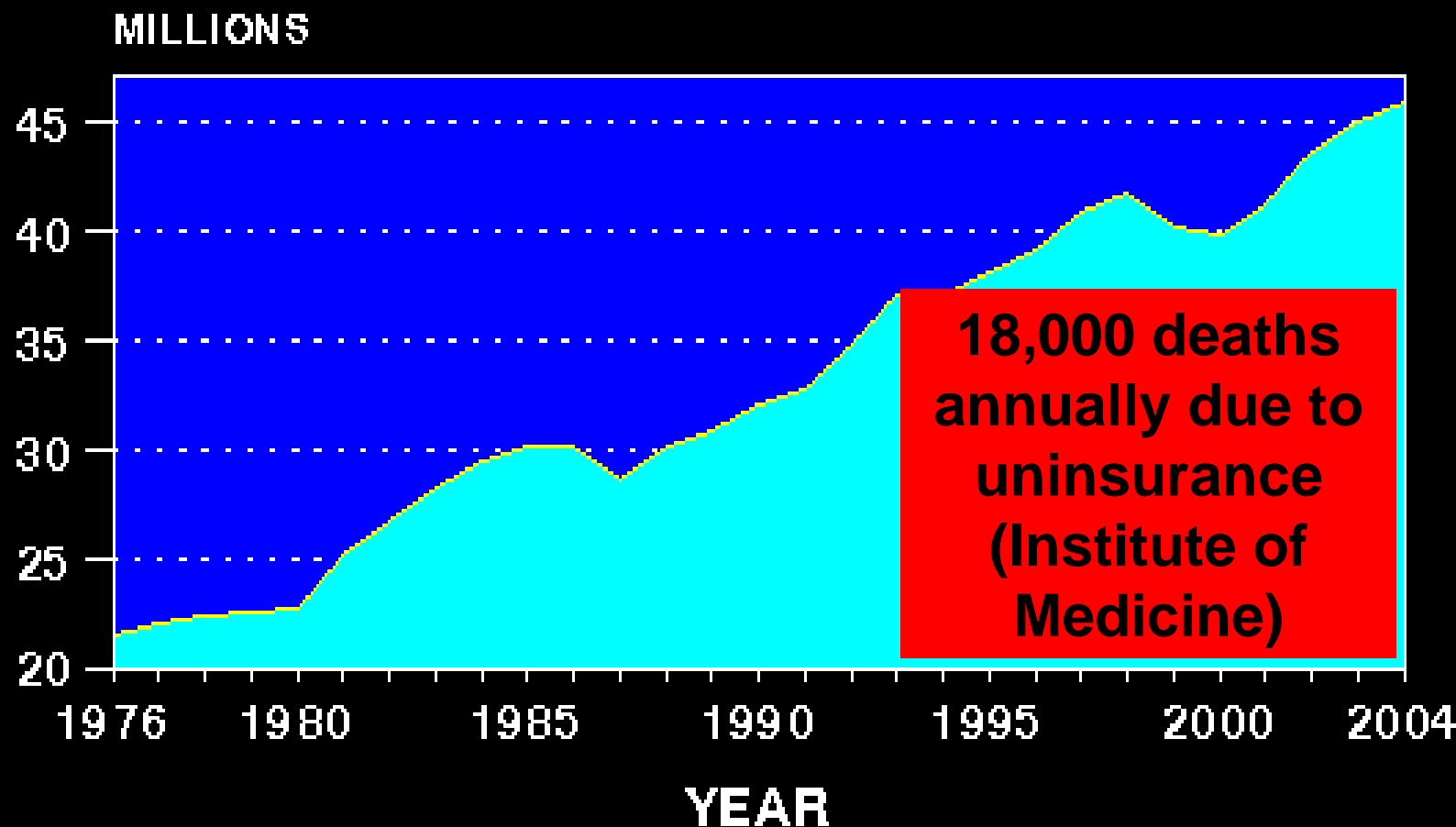
Smoking

Low Birth Weight Babies

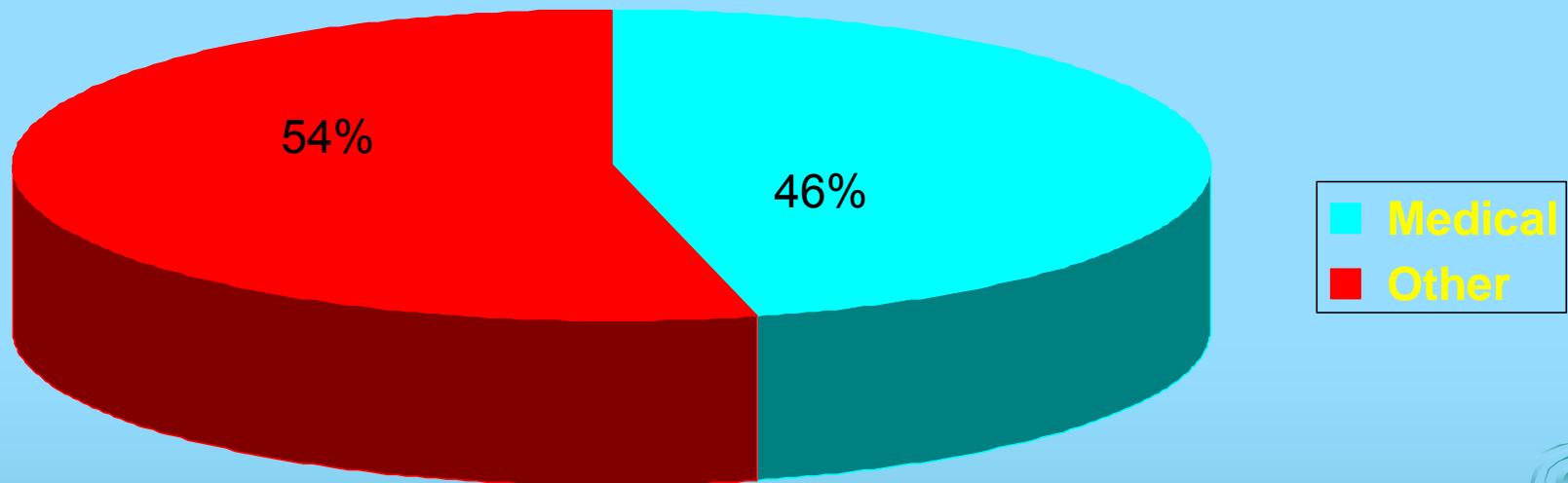
Poor Physical Health Days

Why Health Care Reform?

Number of Uninsured Americans 1976-2004



The Human Cost: Personal Bankruptcies

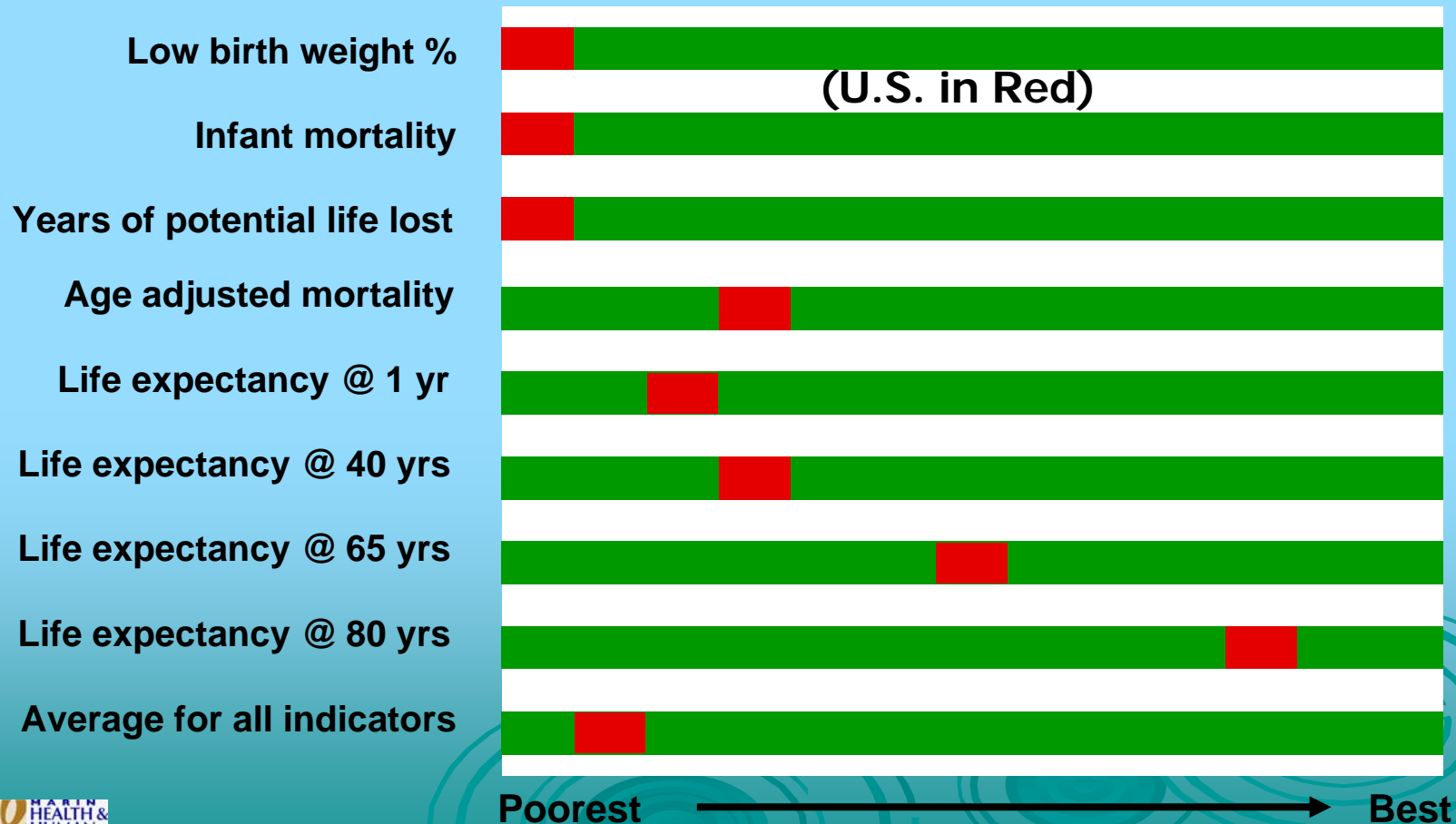


*N=1771 bankruptcy filers
Health Affairs, February 2, 2005

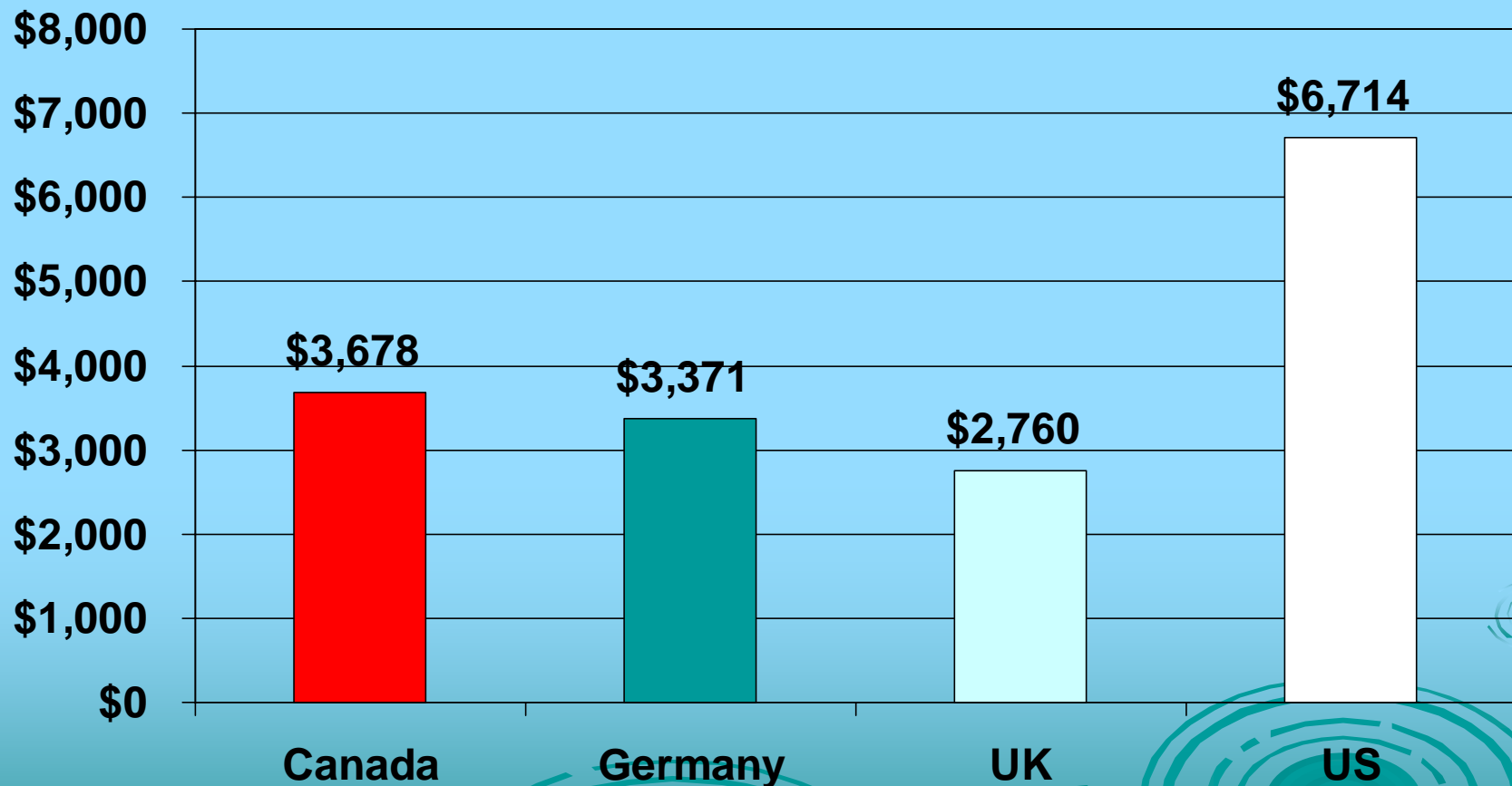
Best care in the world?

WHO ranks **US 37th** out of 191 countries in overall health measures

Rank of 13 industrialized nations



Per Capita Health Spending, 2006 (in US \$s)





"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 \$250 K
- 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!

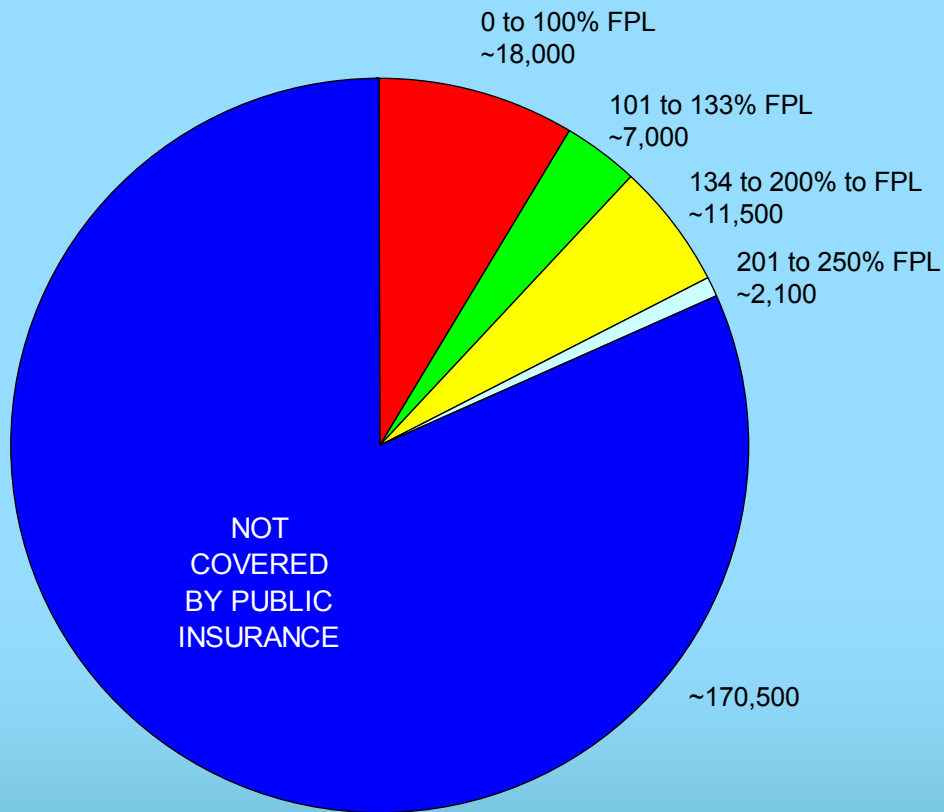
- Employers with over 50 “full-time equivalent” employees must offer health insurance or pay a fee.

Emerging Health Care Environment

➤ Health Care Reform

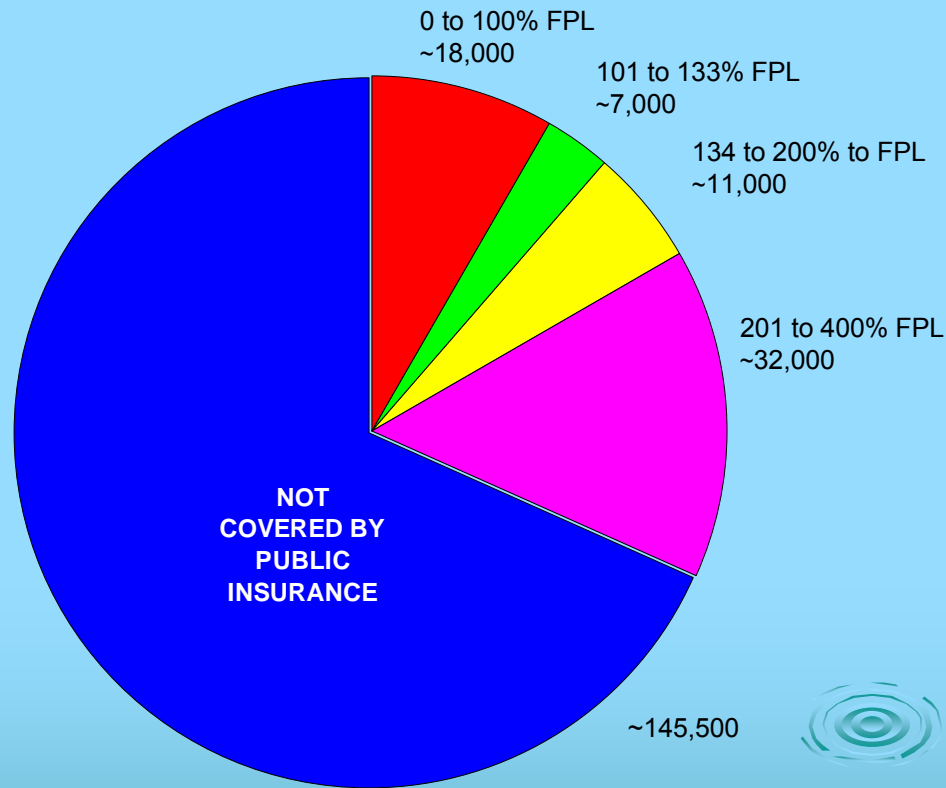
- 25% expansion of Medi-Cal to include single childless adults = 1.6 million in California; generally county indigents – excludes undocumented
- Incomes between 133%-400% FPL eligible for subsidies = 2.3 million uninsured in California
- Subsidize 45% of individually purchased private insurance in California
- 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



~38,600 people covered by public insurance

NOW



~68,000 people covered by public insurance or subsidized

2014

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

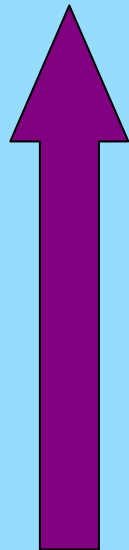
➤ ITUP.com

- Insure The Uninsured Project (non-partisan project)
- Section by Section Guide to HR 3590 and HR 4872

Healthy People = Healthy Community

Increasing

Results in lower



- 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

+



- 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