

Helping Santa Clara County Children to Thrive by Improving Routine Access to Health Care

Overview: This issue brief looks at the importance of routine access to health care to the overall well-being of children. To measure routine access to health care, we used both measurements of **facilitators to health care** such as health insurance, and **health care utilization measures** such as immunization rates, early prenatal care and dental care. Santa Clara County has implemented the Children's Health Initiative which has improved access. Additional steps can be taken to improve access to health care. We also must act to prevent state budget cuts from negatively impacting the gains we have made in access to health care.

Kids in Common and the Santa Clara County Children's Agenda:

Every child safe, healthy, successful in learning, Successful in life.

The goal of the Santa Clara County Children's Agenda is to improve the lives of children by focusing on improving thirteen indicators of child well-being. The Children's Agenda is a focused, integrated initiative that engages all segments of our community and provides a common vision for our community's children. It forces us, as a community, to move from data to action and to be accountable for how our children are faring. By working together with common goals, we are acting intentionally rather than reactively to current demands and problems. These outcomes guide our work. The thirteen indicators of the Children's Agenda are:

- Routine Access to Health Care
- Healthy Lifestyle
- Early Social Emotional Health
- Developmental Assets
- Readiness for Kindergarten
- Third Grade Reading Scores
- Eighth Grade Math Scores
- High School Graduation Rates
- Children Fluent in at Least Two Languages
- Child Abuse and Neglect
- Childhood Hunger
- Juvenile Arrests
- Community Values Youth

For more information on the Children's Agenda and to read previous Issue Briefs go to: www.kidsincommon.org

Routine Access to Health Care and Why It Matters

Routine access to health care is having the timely use of personal health services to achieve the best health outcomes.¹ Attaining routine access to care requires:

- Gaining entry into the health care system.
- Having access to sites of care where needed services can be received.
- Finding providers who can meet patient needs and with whom patients can develop a relationship based on communication and trust. Having health providers who are culturally competent is critical.²

Routine access to health care is important to children and families in order to prevent and mitigate health problems. Through routine access to health care, families are educated about prevention measures and have problems screened, detected and treated as they emerge.³

Access to health care is one of many factors that influence children's health and well-being. Children's health access is greatly influenced by their socioeconomic level including factors such as parental income, education and occupation. Children of lower socioeconomic status and of racial and ethnic minorities are disproportionately represented among those with access problems. Lack of routine access to health care impacts children, families and the community. A child who does not receive immunizations on time may become ill **and** may spread the disease to others in their family, their school and community.⁴

How we measure routine access to health care:

For this issue brief, we will measure routine access to health care utilizing the following measures:

- Measures of the **facilitators and barriers to health care**, the presence or absence of resources that facilitate health care, including:
 - Children with health and dental insurance.
 - Children with a usual source of care.
- Measures of **health care utilization**, the ultimate outcome of good access to care, including:
 - Immunization rates
 - Early prenatal care
 - Dental care⁵

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What the Data Tell Us:

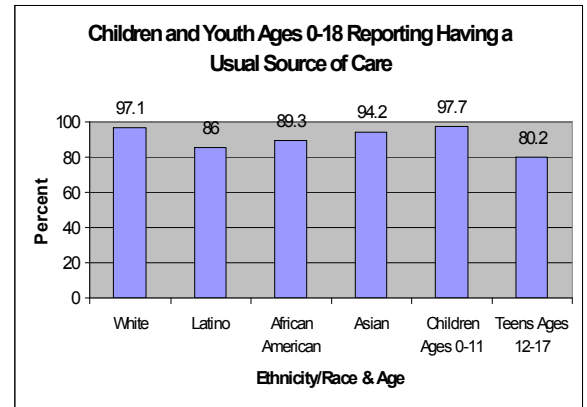
Health Insurance Data: Health insurance facilitates entry into the health care system. Families without health insurance often receive fewer preventive health screenings, immunizations, or prenatal care and may avoid or postpone medical treatment when problems arise. 2005 California Health Interview Survey data indicates 97.4% children ages 0-18 years have health insurance. While the overall insurance rates are high, children's coverage through a parent's employer decreased from 75.4% in 2001 to 66.1% in 2005. 83% of teens ages 12 – 17 and 92% of children ages 0- 11 had dental insurance.

Usual Source of Care: Those without a usual source of ongoing care report more difficulties obtaining needed services and fewer preventive services. According to the 2005 California Health Interview Survey, 80.2% teens ages 12 – 18 and 97.7% children ages 0-11 had a usual source of care. 97.1% percent of whites reported a usual source of care, 94.2% Asians reported a usual source of care. Only 86% Latinos and 89.3% Blacks reported a usual source of care.

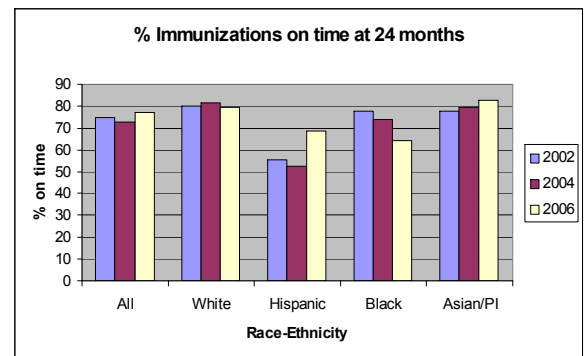
Immunization Data: Immunizations guard against the contraction of communicable diseases. Because most immunizations are provided between the ages of 0-2 during routine well-baby visits, immunizations may be an indication of whether young children are receiving regular checkups and medical care. Child immunization is measured by the percentage of children receiving all required immunizations by 24 months of age, as assessed by reviewing the child's immunization record upon entering kindergarten. The Healthy People 2010 objective is for 80% of children fully immunized between the ages of 19-35 months. Overall, immunization rates have remained fairly stable since 2002 with the overall rate of 76.9% in 2006. Immunization rates for Hispanic children increased from 55.1% in 2002 to 68.7% in 2006, but are still lower than rates for Asian children (82.9%) and White children (79.5%). The immunization rate for Black children decreased to 64.3% in 2006 from 77.8% in 2002.

Prenatal Care: Adequate prenatal care can provide health risk assessments for the mother and fetus, early interventions for medical conditions and education to encourage healthy habits during pregnancy, such as the avoidance of tobacco, alcohol and substance use. Prenatal care is measured by the percentage of women who receive prenatal care in the first trimester of their pregnancy. The Healthy People 2010 objective for prenatal care is 90%. In 2004, Santa Clara County did not achieve this objective with only 86.2% of women receiving early prenatal care overall. Only 80.5% of Latinas and 81% of Native American women received early prenatal care. Whites had the highest rate of early prenatal care at 90.3%.

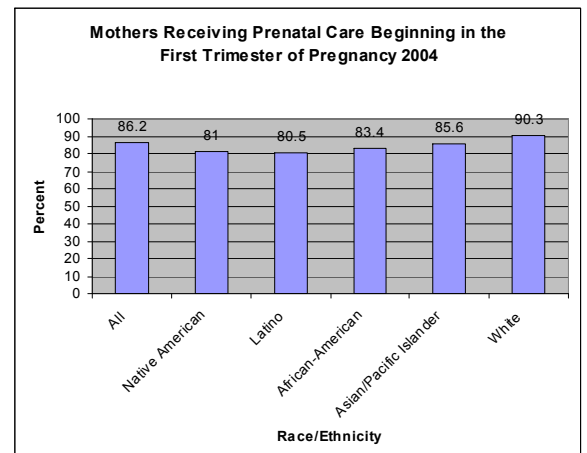
Dental Care: In addition to providing an opportunity for early diagnosis of dental caries (the most common form of childhood oral disease) regular dental visits can provide an assessment of self-care knowledge and practice for parents and children. According to the California Health Interview Survey 2005, 17.3% of children ages 0 – 18 have never been to the dentist. 65.7% reported the time since their last dental visit was less than six months ago and 15.9% reported the time since their last dental visit was 6 months up to a year.



This chart shows the percent of children reporting a usual source of care by ethnicity and age. Source: 2005 California Health Interview Survey. www.chis.ucla.edu.



This chart shows the immunization rates for Santa Clara County children from 2002 – 2006. (Source: Santa Clara County Public Health Dept., Expanded Kindergarten Retrospective Study. Data run by request.)



This chart shows mothers receiving prenatal care by ethnicity from "FIRST 5 Santa Clara County Community Indicators Report February 2007." Data Source: California Dept. of Health Services, Birth Records.

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Promising Strategies for Improving Routine Access to Health Care:

Promotoras de Salud: Also known as Community Health Workers, Health Promoters, Lay Health Educators, Community Health Advocates, Peer Educators, Natural Helpers, Promotoras de Salud make significant contributions to the health of members of our community. They are involved in a wide range of public health activities ranging from awareness to education, community mobilization, behavior change, referral and advocacy. The health areas in which Promotoras intervene also cover a wide range. They assist in pre-natal care, child immunization campaigns, domestic violence prevention, cancer survivors' support and education, nutrition education, civic rights, crime prevention, immigrant rights and citizenship events, promotion of government-subsidized health insurance and diabetes education. In Santa Clara County, the Community Health Partnership, The Health Trust and FIRST 5 support these community health workers who help link community members to health care systems.

School-Based Health Clinics – School based health clinics provide treatment for acute and chronic illness in a school setting. In Santa Clara County, the six clinics are strategically located in school districts with low-income student populations. In FY 08, 5,011 children had 16,781 visits. Medical staff provide urgent care of illnesses and injuries, physical exams and sports physicals, monitoring and treatment of chronic diseases such as diabetes and asthma, vaccines and immunizations, confidential lab tests, mental health support and referrals, nutritional counseling and health education, assistance with enrollment in low cost health insurance, reproductive health, prescriptions, and dental screening and referral.

Dental Coverage and Care – Enrollment in insurance that includes dental care contributes to children having a regular source of dental care and their receiving preventive dental visits and treatment. Of low-income children with Healthy Kids (the County's insurance program for low-income children), 87% had access to a usual source of dental care, compared to 42% of children without Healthy Kids. At least 61% of children with Healthy Kids had a preventive dental visit in the past six months compared to 22% without Healthy Kids. Only 11% of children with Healthy Kids had an unmet need for care in the past six months, whereas 22% of children without Healthy Kids had an unmet need for care.⁶

The Children's Health Initiative

In 2001, recognizing that income and immigration status should not be a barrier to a child's health and well-being, a collaborative of Santa Clara County agencies and funders established the *Children's Health Initiative (CHI)* with the goal of enrolling all Santa Clara County children in health insurance. The initiative has two parts:

- A new insurance product, *Healthy Kids*, which covers children ineligible for the two major state health insurance programs (Medi-Cal and Healthy Families).
- A comprehensive outreach campaign that finds uninsured children and enrolls them in the public insurance program for which they are eligible.

This outreach and the simplification of bureaucratic processes have been significant in eliminating barriers that often prevent children from receiving health care. Today, over 140,000 children have been enrolled in health insurance through the Children's Health Initiative. Without *Healthy Kids* only about half (49%) of children had a usual source of medical care. With *Healthy Kids*, 89% of children had a usual source of medical care – an increase of 40 percentage points as a result of participating in the program.

The initiative has not only insured more children, it has improved children's health. With enrollment in *Healthy Kids*, more children see a doctor for a health need, more children have well-child visits and there was a significant decrease in school days missed due to illness. Additionally, after four years on *Healthy Kids*:

- Children received more preventive care.
- Children's use of care when sick declined.
- Children's un-met health care needs declined.
- Parent's confidence has improved and almost all parents said they believe they can get health care for their child if needed.⁷

School Readiness – Another Reason to Support Access to Routine Health Care

In Fall, 2008, the Partnership for School Readiness conducted their bi-annual School Readiness Assessment. This survey not only looks at children's readiness for kindergarten and also looks at family issues that may impact readiness, including children's access to and receipt of routine health care. Of parents surveyed, 74% said they have a usual place for medical care, other than an emergency room or urgent care center. 93% said their child had a dental exam in the past year. 37% said they had a developmental screening in the past year.

In analyses looking at factors that predict higher levels of school readiness, children who had a place for usual medical care and children whose basic health needs were being met (children who were seen by their teachers as well-fed, well-rested and generally healthy, had higher levels of overall school readiness.⁸

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Recommendations to Improve Routine Access to Health Care for Santa Clara County Children

1. Take steps to understand what impacts routine access to health care: In spite of nearly universal health insurance coverage and a usual source of care for children, we still have a disparity in our health care utilization measures. We do not have data that tells us which interventions will be most effective at increasing health care utilization. Do we need better outreach and education, more focus on developing medical homes, more care providers who can speak the languages of non-English speakers, more health care providers who accept Medi-Cal or more providers who can meet patient needs in terms of evening and weekend hours? We need to engage in a thoughtful assessment process in order to determine which strategies we should invest in and will give us the greatest improvement for our investment.

2. Insure all Children: Currently there are approximately 1,400 children ages 6 – 18, who are on a waiting list for Healthy Kids coverage. The estimated annual cost for this insurance is \$1.4 million. FIRST 5 provides insurance for all eligible children ages 0-5. Private and governmental funders should fully fund the Healthy Kids Insurance product in order to eliminate the waiting list for children ages 6 – 18. With the shift away from employer-provided insurance for children and families, the demand for Healthy Kids insurance for children continues to grow.

The state budget deficit threatens to negatively impact insurance enrollment and access to health care changing the eligibility requirements to Healthy Families (the Federally funded State Children's Health Insurance Program) and Medi-Cal. These changes would significantly impact our county's ability to insure all children. To support children in Santa Clara County, the state of California should take steps to increase eligibility for these programs.

Sources:

1. *2005 National Health Disparities Report*, U.S. Dept. of Health and Human Services, Dec. 2005. Retrieved 7/11/09 at <http://www.ahrq.gov/qual/Nhdr05/nhdr05.pdf>, p. 87.
2. Ibid, p. 87.
3. Hughes, Dana C; Ng, Sandy; *Reducing Health Disparities among Children*, Retrieved 7/11/09 at http://www.futureofchildren.org/usr_doc/tfoc13-lj.pdf
4. *2005 National Health Disparities Report*, U.S. Dept. of Health and Human Services, Dec. 2005. Retrieved 7/11/09 at <http://www.ahrq.gov/qual/Nhdr05/nhdr05.pdf>, p. 89.
5. Ibid, p. 89
6. *Improving Oral Health in Silicon Valley*. Health Trust Evaluation Brief. May 2009.
7. Trenholm, Christopher, Howell, Embrey M., Hughes, Dana, Orzol, Sean; *The Santa Clara County Healthy Kids Program: Impacts on Children's Medical, Dental and Vision Care, Final Report*. July 2005. Submitted to the David and Lucile Packard Foundation by Mathematica Policy Research, Inc.
9. Partnership for School Readiness, Applied Survey Research. Fall 2008 School Readiness Survey. Data not yet released to the public.

The Children's Agenda is being led by Kids in Common, a 501(c)(3) non-profit organization.

Kids in Common advocates for policies, partnerships and investments that improve children's lives in Santa Clara County. Children need a strong public voice – a voice that promotes and protects their best interests. Kids in Common is that voice and challenges leaders and decision-makers in our community to act on behalf of children.

As the only organization that focuses on systemic change to improve children's lives in Santa Clara County, we convene agencies that care about children's well-being. We advocate for effective investment and policies for children and support the mobilization of public and private resources to meet those needs. We inform decision makers on best practices and champion local implementation. Kids in Common is steadfast in speaking and acting on behalf of children and brings a uniquely qualified perspective that is grounded in research and data. Our work is driven by the question, "Is it good for our children?"



For the most current data on how Santa Clara County children are faring, go to:

www.kidsdata.org