September 2013

Supporting Children's Health in Orange County

Policy Brief

In 2012, the American Academy of Pediatrics issued a policy statement emphasizing that "all infants, children, adolescents, and young adults through 26 years of age must have access to comprehensive health care benefits that will ensure their optimal health and wellbeing."[1] Children grow at rapid rates, and health problems – if untreated – can affect a child's cognitive, physical, behavioral and emotional development. Health insurance coverage is the most common route to ensuring a child accesses routine medical care, including screenings for dental, vision, and developmental or behavioral concerns, together with referrals and treatment when needed. However, many children – including those with special medical risks – lack access to health care, or for a variety of reasons, do not access available resources.

Health Care System Changes

The U.S. health care system is financed through a complex array of health insurance coverage options. These options include employer-based insurance, direct (private) purchase of health care plans, and free and low-cost publicly subsidized insurance programs for income-eligible children and families. With the Patient Protection and Affordable Care Act (ACA) signed into law on March 23, 2010, and the transition of the Healthy Families insurance program to Medi-Cal, health care enrollment processes are changing dramatically as the system of care is shifting in Orange County and nationwide. The ACA includes a number of provisions that directly affect children, including eliminating barriers for children who have identified health conditions or pre-existing conditions, removing co-payment for preventive services including vaccinations, and offering other strategies to enhance access to coverage such as expanding the capacity of community health centers.[2]

Declining Population; Increasing Needs

Orange County's population is estimated at 3,047,120, with children under age six comprising 8% of the total population and children ages six to 17 comprising another 16% of the population.[3] While children under the age of 18 make up almost one quarter of the population, there has been a 15% decline over the past 10 years in the number of births in the county, and a 6% decline in the number of children 18 and younger in Orange County.[2] At the same time the number of children in the county is declining, there has also been an increase in the number of children accessing public health insurance and health care services.

Commission Investments

The Children & Families Commission of Orange County funds programs supporting children's healthy development and access to care with four related health program objectives:

- Ensuring that children have access to health coverage, starting at birth;
- Ensuring that children have a health home and appropriately use the services;
- Ensuring the availability of quality primary and specialty care services, including oral health and vision care, and early intervention services, to support children's health; and
- Improving the quality of health care services specifically focused on the birth to age five population.

The following examples of Commission-funded initiatives highlight countywide strategies:

Bridges Maternal Child Health Network serves over 30,000 children and their families each year, and helps to ensure that children are born healthy, have health insurance coverage and use a health home for comprehensive health services. The network ensures that these children have access to early screening, assessments and intervention services if needed. The Bridges Network includes 10 high-birth hospitals, four community-based home visitation service providers, and public health nursing. By using a mobile outreach unit, the network has begun reaching more isolated communities in southern Orange County. In FY 2012/13, Bridges providers enrolled more than 750 children in health insurance programs.

Pediatric Health Services collaborative programs are designed to increase access to pediatric primary and specialty care. In 2001, the Commission launched a 10-year initiative to expand access and improve the quality of care for children in Orange County. The investment includes funds to improve the availability and quality of primary and specialty pediatric care for young children by leveraging the resources, expertise, and presence of the two largest providers of pediatric care in Orange County – Children's Hospital of Orange County and the University of California, Irvine Medical Center. The investment led to the creation or expansion of primary care centers in previously underserved communities including Garden Grove, Costa Mesa, and Santa Ana as well the establishment of pediatric specialty centers for the treatment of asthma, and a range of neuro-developmental delays including autism and ADHD.

Community Clinics, funded throughout Orange County, increase families' access to health services and quality pediatric care. In FY 2012/13, providers at Commission-funded Community Clinics enrolled more than 5,100 children in health insurance programs.

Children's Dental Initiative, which includes Healthy Smiles for Kids of Orange County, along with five community clinics that are part of the Pediatric Dental Care Collaborative, conducts screenings, provides sealants and fluoride treatments, offers parent and caregiver education, and improves access to dental care. In FY 2012/13, more than 1,500 children were linked to a place for regular dental care through the initiative.

Children's Health Initiative of Orange County (CHI-OC) helps families navigate the complexities of the health care system and reduces the number of uninsured children in the county. CHI-OC screens families for health care and social services programs, determining their eligibility and assisting with the enrollment process. After families apply, CHI-OC's Certified Application Assistants follow up to ensure that families are able to access their covered benefits and that their coverage is renewed every year. In FY 2012/13, more than 1,480 children were assisted with health insurance enrollment.

School Readiness Nurses assist in bridging communication between health and education service systems to ensure that young children are healthy and ready to learn. School Readiness Nurses, an integral element in promoting healthy and productive learning, provide services including general health, development, and vision screenings and ensure proper immunizations prior to a child's first day of school. They also provide parent education to increase awareness about healthy child development, child health issues, and access to health care and other community resources. In FY 2012/13, School Readiness Nurses enrolled almost 180 children in health insurance programs.

California's Public Health Insurance Programs

Currently in California, there are several publicly subsidized programs for children; however, the primary coverage is provided through Medi-Cal and the Child Health and Disability Prevention Program.[4]

PROGRAM	PURPOSE	FAMILY INCOME REQUIREMENTS[5]	OTHER MAJOR REQUIREMENTS
Access for Infants and Mothers (AIM)	State program to provide low-cost coverage to pregnant women in middle-income families. Effective August 1, 2013, infants born to AIM mothers who are up to 250% FPL are eligible for Medi-Cal.	200% to 300% FPL	California resident, pregnant less than 30 weeks, and either no other health insurance or a deductible over $500
California Children's Services (CCS)	State program to cover low- to moderate-income children with serious medical conditions for specific medical services and equipment.	Under $40,000, or out-of-pocket costs for a CCS condition of more than 20% of family income	California resident, under age 21, and medical condition covered by CCS
CaliforniaKids (CalKids)	Privately sponsored, county-based program that offers limited coverage to children ineligible for public programs.	No income requirement	Ages 2 –18 and ineligible for public insurance; $82 per month per child plus $15 application fee
Child Health and Disability Prevention (CHDP)	State-federal partnership to provide all children up to 200% FPL, including those with Medi-Cal, with periodic preventative health services and other care.	Enrolled in Medi-Cal, or for those not on Medi-Cal, up to 200% FPL	Under age 21 for Medi-Cal recipients, up to age 19 for non-Medi-Cal
Kaiser Permanente Child Health Plan	Privately sponsored health plan that offers subsidized coverage for children ineligible for public programs due to family income or immigration status.	Less than 300% FPL	Under age 19, ineligible for public insurance, and ineligible for employer-sponsored health insurance; monthly premium
Medi-Cal	General Medi-Cal State-federal partnership to cover low-income persons under the federal Medicaid program.	Infants: less than 200% FPL Ages 1– 5: less than 133% FPL Ages 6 –18: less than 100% FPL	Children must be California resident, U.S. citizen or qualified immigrant
	Medi-Cal for Pregnant Women Same as above	Effective January 2014, will provide coverage for children up to 138% FPL. Currently covers: Infants: less than 200% FPL Ages 1– 5: less than 133% FPL Ages 6 –18: less than 100% FPL	Children must be California resident, U.S. citizen or qualified immigrant; pregnant women do not need to be citizens or legal permanent residents
	Targeted Low Income Children's Program Covers children who would have previously been enrolled in Healthy Families Program	Infants: 200%-250% FPL Ages 1-5: 133% 133% up to 250% Ages 6-19: 100% up to 250%	Under 19, covers children who would have previously been enrolled in Healthy Families Program

The Healthy Families Program (HFP) was eliminated in California's Fiscal Year 2012/13 budget. Approximately 80,000 Orange County children who were enrolled in HFP have been transitioned to the Medi-Cal program. Some benefits such as preventive health services, prescription drugs and emergency health care services will remain the same. Other benefits, however, will change. These include dental coverage, which will now be provided through Denti-Cal; vision services, which will be covered once every 24 months instead of every 12 months; and Applied Behavioral Analysis (ABA) therapy – a behavioral intervention for children with autism – that will now need to be reviewed for eligibility by the Regional Center of Orange County in order to receive services. On the other hand, HFP families will now gain access to full vaccinations at no cost. CalOptima, the county's organized health system that administers public health insurance programs, has set goals for the transition, which include keeping children with their same doctors and health networks, and ensuring that community stakeholders are engaged so that information about the health care changes spreads throughout the community.

Health Access

Health insurance coverage, whether private or public, is the most common route to ensuring a child accesses routine medical care, which may greatly improve a child's overall quality of life.

More Children of All Ages are Insured

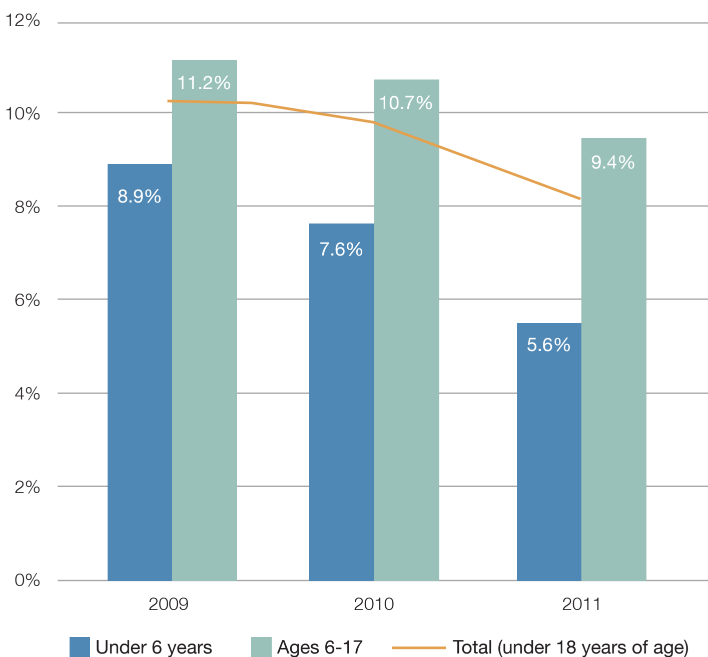
Currently, approximately 92% of children under 18 are insured. When looking at young children, 94% of children under the age of six are insured, compared with 90% of children ages six to 17. These rates have increased since 2009, when nearly 9% of children under age six and more than 11% of children ages six to 17 were uninsured.

Between 2009 and 2011, the percentage of uninsured children under 18 years of age in Orange County decreased from 10.4% to 8.2% of the total child population. Since the percentage of children with private insurance fell slightly over this period, the decline in uninsured can be attributed to an increase in the percentage of children who are covered by public insurance, which rose from 26.8% in 2009 to 30.4% in 2011. Children eligible for publicly funded insurance programs benefit from a local network of community resources, including Home Visitors, School Readiness Nurses, and Certified Application Assistants who help families navigate a complex array of health insurance coverage options.

Uninsured children's eligibility for public coverage

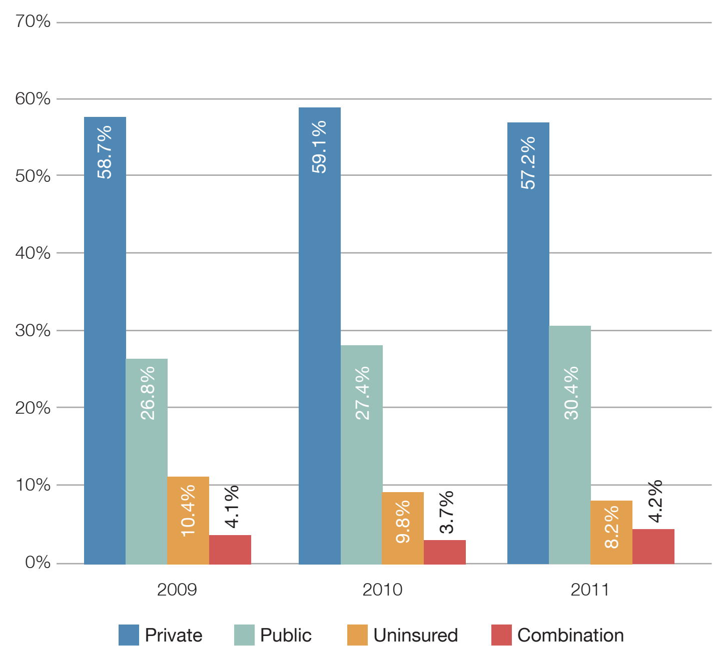
The ACA provides for increased eligibility to Medi-Cal based on new poverty standards and the lowering of eligibility thresholds. By 2014, the percentage of children in the county who are uninsured could potentially drop from the current rate of 8.2% to less than 1% based on this expanded eligibility standard. More than 44,000 children currently uninsured in Orange County (75% of the uninsured population under age 18) live in families earning less than 250% of the federal poverty level (FPL) and thus would be potentially eligible for Medi-Cal enrollment. Another 8,658 children (15% of the uninsured population under age 18) in Orange County may qualify for subsidized coverage through the California Health Benefits Exchange. Undocumented children and immigrant children who have been in the U.S. less than five years are ineligible for public coverage.

Percent of Children Uninsured, by Age Range; Orange County, 2009-2011



Source: U.S. Census, 2011

Children's Health Insurance Coverage Trends; Orange County, 2009-2011



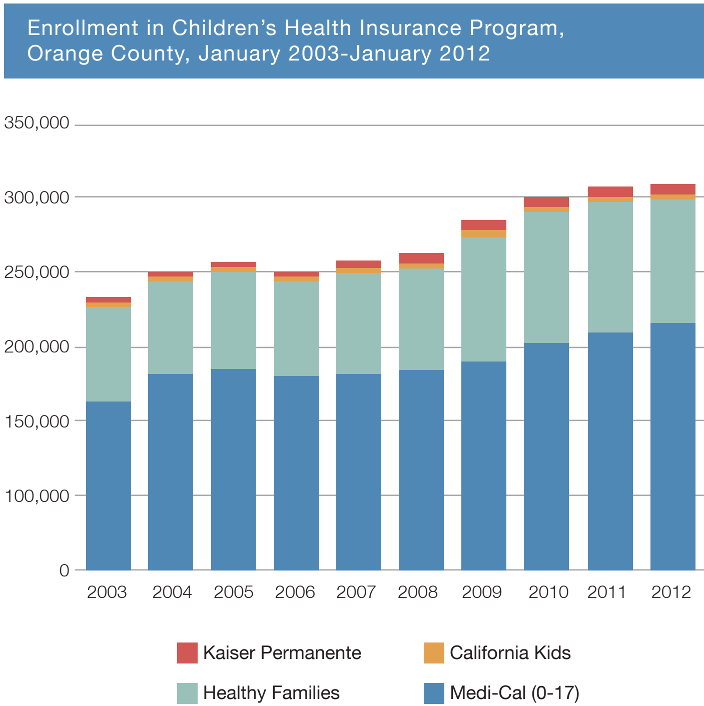
Source: U.S. Census, 2011

Health Access

More Children are using the Public Insurance System

For children in low-income families, public programs are an important source of health care coverage. Almost three-quarters of children under 18 years of age in families earning under 100% of the federal poverty level (FPL) have public coverage.[6] At the other end of the income spectrum, more than nine out of 10 children with families earning 300% or more of the federal poverty level have private insurance.[7] Since 2003, enrollment in both Medi-Cal and Healthy Families insurance programs has increased.[8] In the past 10 years, there has been a 34% increase in the number of children under age 18 that are insured through a public insurance program (Medi-Cal, Healthy Families, etc.). At the same time, the population of children has decreased by 6%.

Enrollment in Children's Health Insurance Program, Orange County, January 2003-January 2012

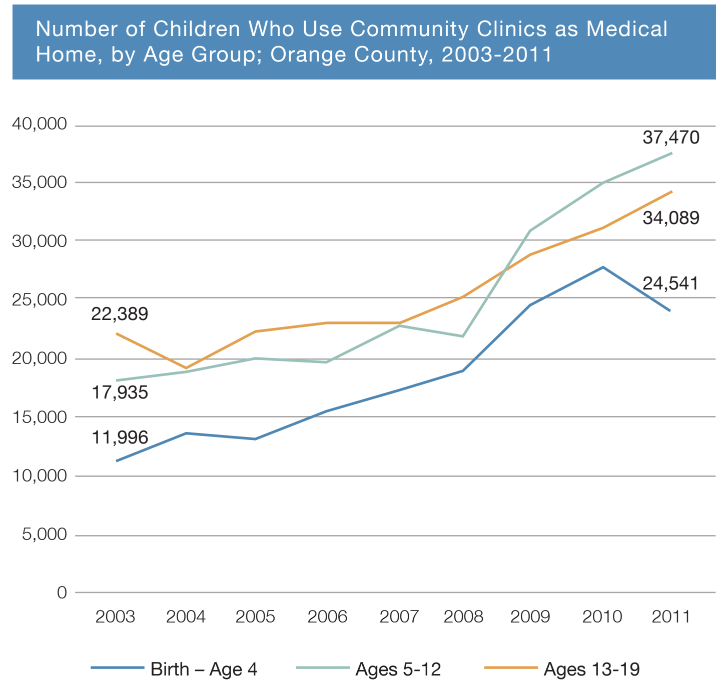


Sources: California Kids Health Care Foundation, www.californiakids.org; Healthy Families: Managed Risk Medical Insurance Board, www.mrmib.ca.gov; Kaiser Child Health Plan: Kaiser Health Plan; Medi-Cal: California Department of Health Care Services, Beneficiary Files (2001– 2012), www.dhcs.ca.gov

Children's Use of Community Clinics is Increasing Rapidly

Community clinics are serving an increasing number of Orange County's children of all ages. As many as 96,100 children use community clinic services, which is equivalent to approximately 12% of the total population of children ages 19 and younger in Orange County.[9] A plurality of the children utilizing community clinics in the county are ages five through 12 (39%), while 26% are younger than five years of age and 35% are ages 13 to 19. Between 2003 and 2011, the number of children ages 19 and younger served at community clinics rose 84%, from 52,320 to 96,100. Children ages five to 12 years of age saw the largest rise – up 109% over the 10-year period. Reasons for the overall increase in the number of children using clinics include the growth in the number of clinics (from 29 sites in 2003 to 50 in 2011)[10] as well as a rise in the number of children ages five to 12 accessing services, especially in the new Central City Community Health clinic, which served more than 6,000 children ages five to 12 in 2011 (compared with 169 in 2006 when it first opened).

Number of Children Who Use Community Clinics as Medical Home, by Age Group; Orange County, 2003-2011



Source: Primary Care and Specialty Clinics Annual Utilization Data, Office of Statewide Health Planning and Development (OSHPD)

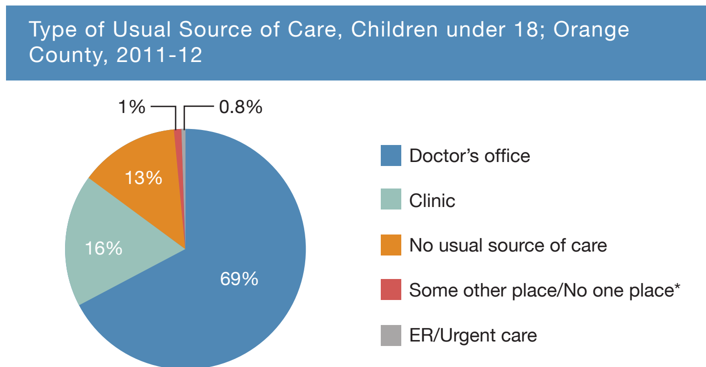
Health Utilization

Access to health insurance is just the first step in enabling children to receive health services. Having a usual source of care (i.e., medical home) and receiving ongoing, preventative care is an essential component of ensuring children grow up healthy.

Most Children have a Place to Go for Medical Care

More than two thirds of children under 18 years of age in Orange County go to a doctor's office and another 16% utilize clinic services for health care. Less than 1% use the emergency room as their usual source of care. Thirteen percent of children do not have a usual source of care – and for those children who lack health insurance, this rate jumps to 38% who do not have a usual place for care.

Type of Usual Source of Care, Children under 18; Orange County, 2011-12



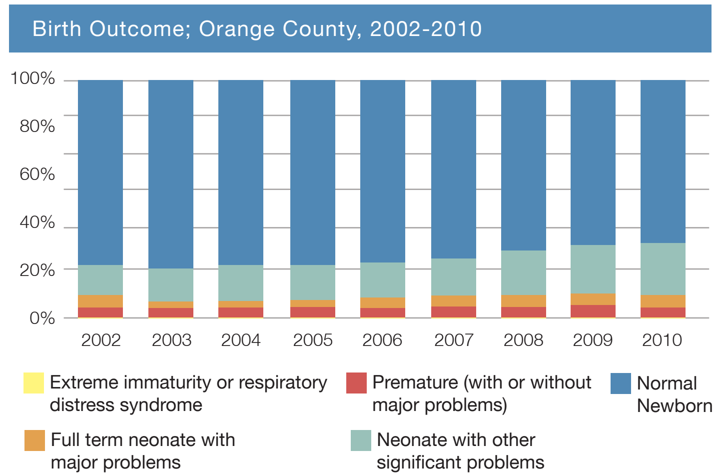
Source: 2011-12 California Health Interview Survey (CHIS), UCLA Center for Health Policy Research.
*Data are statistically unstable.

More Newborns Use Neonatal Intensive Care Units (NICU)

While 70% of babies born in Orange County in 2010 were classified as normal newborns, the remaining 30% had some type of problem and required additional care in the hospital. Extreme immaturity and premature births accounted for 7.5% of the Orange County births in 2010; however, 22.6% of full-term babies also had some sort of problem and required a longer hospital stay. Babies who were born extremely early or had respiratory distress syndrome had an average hospital stay of 44 days (compared to 2.1 days for normal newborns). Overall in California, children who were born extremely early or had respiratory distress syndrome had an average hospital stay of 38 days (compared to 2.0 days for normal newborns).

Between 2002 and 2010, the number of neonates born with significant problems increased 53% while the number of newborns born "normal" decreased 23%.[11] The number of children born with extreme immaturity or respiratory distress syndrome has remained relatively constant.

Birth Outcome; Orange County, 2002-2010

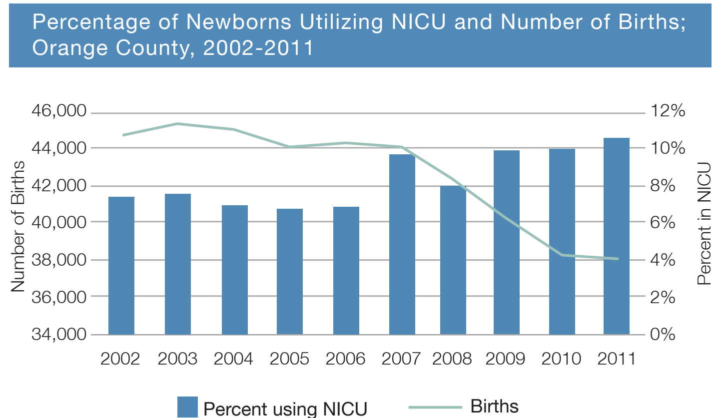


Source: Inpatient Hospital Discharge Report, Office of Statewide Planning and Development

In addition, while there was a 15% decline in the number of births in the county between 2002 and 2011, there has been a 19% increase in the number of newborns utilizing the Neonatal Intensive Care Unit (NICU) during the same period.

In addition to the overall increase in babies born with significant problems, other factors influence the increase in the number of newborns admitted to the NICU. These include the growth in the number of licensed NICU beds (this accounts for approximately half of the increase), the opening of a new NICU ward, and individual hospitals increased use of the NICU.

Percentage of Newborns Utilizing NICU and Number of Births; Orange County, 2002-2011



Sources: Hospital Annual Utilization Database, Office of Statewide Planning and Development; California Department of Public Health

Regional Center and School District Services on the Rise

Children with special needs typically access services from two main agencies in the county. Children under the age of three are first diagnosed and triaged for care, as needed, through the Regional Center of Orange County. Children above age three are typically referred to their local school districts for resources and services.

Children with a Diagnosis of Autism Served by Regional Center of Orange County, July 2012

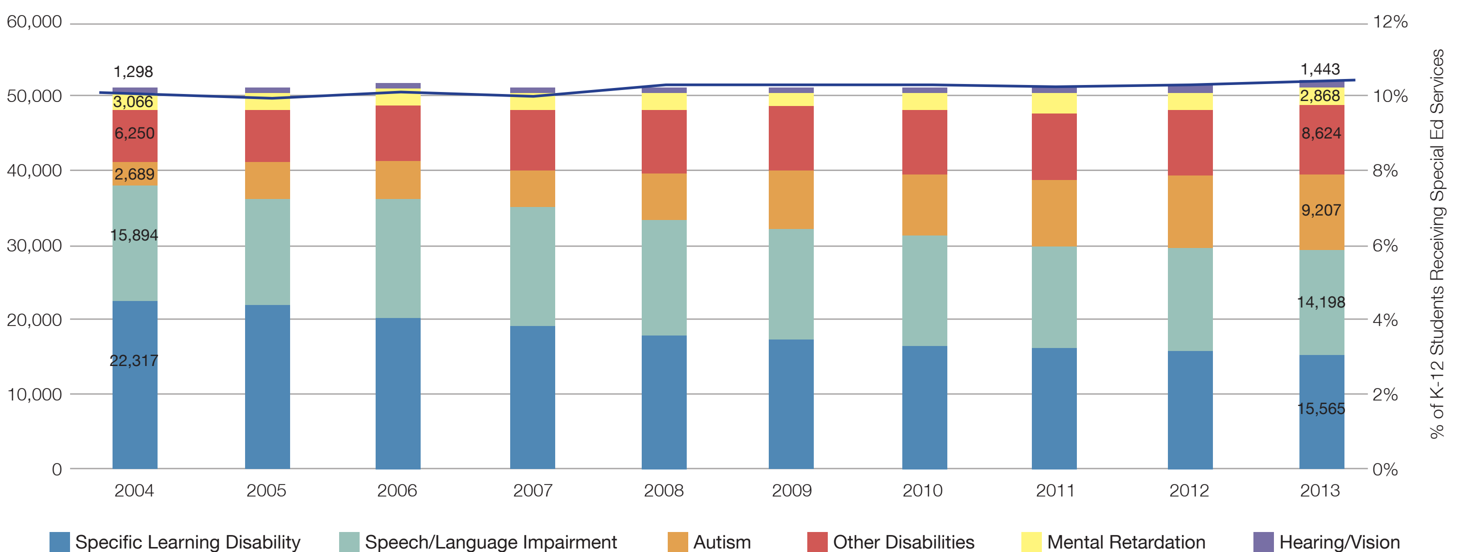
	Number of Children Served	Number with Autism	Percent with Autism
3-4 years of age	731	308	42.1%
5-9 years of age	2,140	1,088	50.8%
10-14 years of age	1,877	853	45.4%
15-18 years of age	1,541	626	40.6%

Source: Regional Center of Orange County

In the 10-year period between 2002 and 2011, the number of children receiving Regional Center services increased 39%. At the same time, the number of children diagnosed with developmental disabilities increased 29%. In 2011, Regional Center served 8,915 children under 18 years of age, with 69% of those children (6,119) diagnosed with a developmental disability. In 2012, fully half (50.8%) of children ages 5-9 with a developmental disability had an autism diagnosis.

The number of children receiving special education services through the school districts has remained relatively stable over the past 10 years (about 51,000 children each year) as has the percent of children receiving special education services (about 10%). However, similar to the Regional Center, the type of services needed are changing. Between 2004 and 2013, there was a more than twofold (242%) increase in the number of children diagnosed with autism and a 38% increase in the number of children with "other" disabilities (traumatic brain injury, orthopedic impairment, emotional disturbance, multiple disabilities and other health impairments). On the other hand, the number of children with a specific learning disability decreased 30%.

K-12 Students Receiving Special Education Services by Type of Disability and Percent of Students Receiving Special Education Services; Orange County, 2004-2013



Source: California Department of Education

Prevention of Health Issues

A core strategy of the Commission is to impact early identification and intervention to optimize children's healthy development. Access to preventative services, such as routine screenings for dental, vision, developmental and behavioral health, help identify health-related issues before they become a major problem. Early identification, referral to services and treatment may help minimize negative impacts on overall growth and development and result in optimal health outcomes for children. A study of the cumulative costs of special education of children 18 years of age and younger found that intervening at birth resulted in lower costs over the course of childhood than services started later in life. Special education costs were approximately $37,000 through age 17 when services were begun in infancy, which was 28% lower than when services were begun after the age of six.[12]

Following is a snapshot of prevention-related initiatives in the county, including Commission-funded investments and performance measures collected by CalOptima to track and monitor the Medi-Cal population.[13]

Availability of Prevention Services in Orange County

In Orange County, there are currently three public service-system standards, or guidelines, related to prevention services for children:

- **Bright Futures** provides health supervision that promotes physical, emotional, intellectual, and social health for infants, children and adolescents. The Bright Futures guidelines are the recommended standard for implementation by medical providers of ACA prevention services related to children.
- **Child Health and Disability Prevention Program** (CHDP) health screening and evaluation standards are implemented by Orange County Health Care Agency, Public Health Services, Community Programs.
- **School Health** standards are provided by the California Health and Safety Code and the California Education Code for health screening and evaluation prior to first entry into school and continuing through completion of 12th grade, and are consistent with CHDP standards.

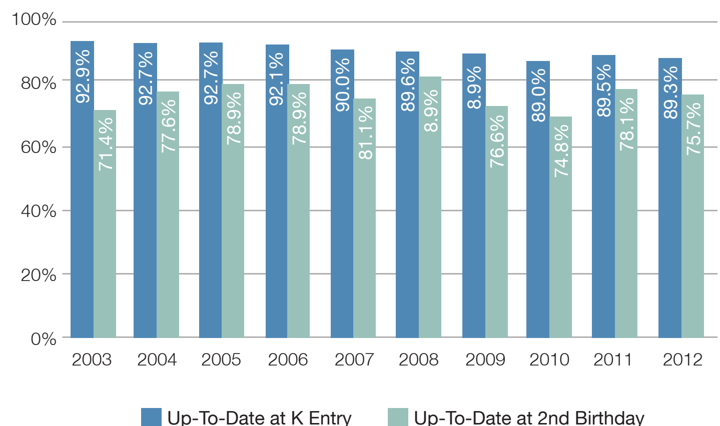
While each of these programs collects child-level data, due to differences in practice settings (e.g., private medical providers, public clinics, etc.), there is little county-level data available related to the core prevention strategies including: developmental/behavioral screening, and screening related to autism, vision, hearing, anemia, lead exposure, and oral health. Consequently, there is currently no data available with which to measure, monitor and manage the impact of changes in the health system on children's prevention activities for children in Medi-Cal.

Immunization Rates are Declining

The percentage of children fully immunized at kindergarten entry has decreased 3.6 percentage points over the past 10 years. While the percentage of children fully immunized at their second birthday has increased 4.3 percentage points during the same period, it has been on the decline since 2004 (decrease of 1.9 percentage points since 2004). There has been a recent decline in immunization rates in some communities due to parental choice.

While the Orange County average immunization rate at public school districts is 90.5%, rates of immunization vary greatly by geography. Kindergarten students at Anaheim City School District have the highest rate of immunization (98.1%) while those at Capistrano Unified School District have the lowest (75.2%).

Percent of Adequately Immunized Children Enrolling in School; Orange County, 2003-2012



Source: California Department of Health Services, Immunization Branch

Immunization Status of Kindergarten Students by School District; Orange County, 2012/13			
	Percent Up to Date		Percent Up to Date
Anaheim City	98.1%	Placentia - Yorba Linda Unified	92.5%
Garden Grove Unified	96.7%	Sana Ana Unified	91.3%
Magnolia Elementary	96.5%	**Orange County**	**90.5%**
Buena Park Elementary	95.9%	Savanna Elementary	90.5%
Ocean View	95.1%	Irvine Unified	89.9%
Los Alamitos Unified	94.9%	Tustin Unified	89.3%
Brea Olinda Unified	94.9%	Huntington Beach City Elementary	88.9%
Centralia Elementary	94.8%	Orange Unified	86.8%
Fountain Valley Elementary	94.7%	Saddleback Valley Unified	86.5%
Westminster Elementary	94.6%	Newport-Mesa Unified	86.1%
Fullerton Elementary	94.1%	Laguna Beach Unified	75.6%
La Habra City	93.1%	Capistrano Unified	75.2%
Cypress Elementary	92.9%		

Source: California Department of Health Services, Immunization Branch

According to Commission data, prior to receiving Commission-funded services, 87% of children were up-to-date on their vaccinations (lower than the countywide average). Following completion of services, 93% of children had received all their recommended age-appropriate shots, exceeding the countywide average.

Improved Oral Health for Children

Although state law required a dental screening prior to kindergarten entry, consolidated countywide data do not exist for monitoring or planning purposes. In 2002, the Commission identified a need for children's dental services and launched Healthy Smiles for Kids of Orange County – a comprehensive dental agency dedicated to oral decay prevention, treatment, advocacy, and professional development. The Healthy Smiles for Kids of Orange County program serves a significant subset of the county's Medi-Cal population. In 2012/13, Healthy Smiles provided 3,027 clinical oral services to children under the age of six. Among those served, 3,260 children received basic diagnostic services and 774 received restorative services.

Summary of Clinical Services Provided by Healthy Smiles for Kids of Orange County, 2012/13		
Number of Children Served: 3,260	Number of Children Screened: 2,538	
Type of Clinical Service Received	Number	Percent
Diagnostic	3,260	100%
Prevention	2,429	75%
Restorative	774	24%
Other Clinical Services	292	9%

Source: Healthy Smiles for Kids of Orange County

Note: Children may receive more than one type of clinical service at each encounter

Additionally, in 2012/13, Commission-funded grantees provided a total of 17,783 dental screenings, with School Readiness Nurses conducting the bulk of the screenings (9,734). Before receiving Commission-funded services, 22% of clients accessing dental services had five or more dental carries. This percentage decreased significantly by the end of their dental services to 4%.

Prevention Services Identify Issues Earlier

Well child visits: During the first 15 months of life, nine well child visits are recommended.[14] CalOptima collects data on enrolled children's use of primary care physicians for well child visits and check-ups. More than 60% of CalOptima children received six or more visits in their first 15 months, while 36% had between one and five well child visits. In 2012, 1.4% of the children under 15 months did not have any well child visits. For children ages three to five years, 85% of CalOptima children received one or more well child visits with a primary care physician, while 68% of adolescents (ages 12-18) had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner. Between the ages of one and two years, almost all children (97.7%) had access to a primary care physician through CalOptima while 94% of children two to five had access to a primary care practioner.[15]

Vision screenings: In 2011, there were 120,321 children ages 18 and younger who received a vision screening through a CalOptima provider. This represents about 52% of CalOptima's population under 19 years of age. In addition, almost 11,000 children ages five and younger received a vision screening by one of the Commission-funded School Readiness Nurses in 2012/13, which meets nationally recognized standards of care.

Obesity: Almost two thirds (65%) of children ages three to five enrolled through CalOptima received a screening to assess their Body Mass Index (BMI); 57% of children ages 6-17 received a BMI screening. Additionally, in 2012/13, Commission-funded School Nurses provided BMI screenings to 9,920 children ages five and younger.

Special Populations of Children and Health Access

Special populations include – but are not limited to – children with special health care needs, those in the foster care system, children who are homeless and those born to teen parents. These populations often require additional services and supports. With the implementation of the Affordable Care Act and related changes to health care systems, insurance coverage, and eligibility requirements, it is important to keep a careful watch on these special populations to ensure needed services are still covered. Further it is important to continue and understand the breadth and depth of Orange County's children with special health care needs.

Children with Special Health Care Needs

Children with special health care needs are defined as those who have a "chronic physical, developmental, behavioral or emotional condition, and who also experience consequences due to their condition, such as above-routine use of health and related services or limitations in activities compared to other children."[16]

In addition to requiring more health care services, children with special health care needs can also place demands on other child-serving resources such as childcare, schools, and recreational programs. Because of these additional demands, caregivers and families of children with special health care needs often make personal sacrifices in terms of employment, residence, and the pursuit of social interests.[17]

According to a recent study, pediatric subspecialists in California – those who care for the sickest of children and require additional training – are generally paid less than physicians who care for adults.[18] This results in a financial disincentive to specialize, one of the factors that appears to be contributing to a shortage of experts capable of caring for children with severe, and often multiple, diseases or health conditions.

In addition, children with Medi-Cal coverage have a harder time receiving timely access to services than their counterparts with private insurance. Reasons for this include lower program participation rates by pediatricians and pediatric subspecialists due to low payments, excessive paperwork, and payment delays.[18]

Children in Foster Care

Children in foster care face medical and mental health challenges at significantly higher rates than other children, often as a consequence of the circumstances that led to their removal from their home and sometimes exacerbated by their experiences in foster care.[19] These health issues include developmental delays, emotional adjustment problems, chronic medical problems, birth defects, and substance abuse.[20]

Often, child maltreatment is happening at a time when very young children are at a critical point developmentally. Abuse and neglect can chemically change a child's development and can lead to permanent damage of the brain's architecture.[21] National research indicates that approximately one third of children younger than three years of age investigated by child welfare services have a developmental delay.[22] In addition, data from the national Survey of Child and Adolescent Well-Being indicate that 35% of children three years old or younger involved in child welfare investigations were in need of early intervention services. However, only 13% of these children were receiving the Individualized Family Service Plans, to which they were entitled under federal law.[22] Intervening in the early years to curtail or prevent child abuse and neglect can lead to significant savings over time through reductions in criminal behavior, welfare dependence, and substance abuse.

Children Who are Homeless

Homelessness is a traumatic event for young children, and, unfortunately, many children who experience homelessness have also experienced a host of other negative life events including difficulties accessing the health care system.[23] The constant unpredictability of homelessness can create high levels of anxiety and stress for homeless children. Not surprisingly, children who experience homelessness are sick four times as often as other children. They experience acute and chronic health problems, such as asthma, on a moderate to severe level at much higher rates than other children, and they have emotional and behavioral problems such as anxiety, depression, withdrawal and aggression at three times the rate of other children.[24]

Special Populations of Children and Health Access

Children of Teen Parents

Children born to young mothers are at increased risk of health and social problems. For instance, children born to teen mothers score lower than children of older parents in assessments of health, cognitive ability, and behavior.[25] Children born to teens are more likely to have a higher rate of early mortality and hospitalization, drop out of high school, enter foster care, be on welfare and have children as teens themselves. Their teen mothers are more likely to suffer from depression during and after pregnancy, less likely to get or stayed married, less likely to complete high school or college, and more likely to require public assistance and live in poverty.[26] Many of these factors associated with births to teen mothers are also associated with reduced access to health care. In Orange County, approximately 6% of births are to mothers ages 19 and younger.

Care Coordination is Critical for Special Populations

Care Coordination for special populations is critical so that families receive appropriate and seamless care for their children and that there are greater efficiencies in the health care system. The Help Me Grow Orange County program was recently awarded a grant from the Lucile Packard Foundation to develop and improve the care coordination system for children with special health care needs (one of the identified special populations). This new partnership, called the Orange County Care Coordination Collaborative for Kids (OC C3 for Kids) is comprised of key agencies that provide medical, social, and case management services for young children and families in the county.

During the partnership's initial planning process, the following gaps in services were identified: 1) the absence of systematic, long-term tracking and follow-up of children leaving Neonatal Intensive Care Units; 2) the lack of a system of psychosocial supports for parents; 3) a shortage of appropriate and timely services for children who are no longer eligible for Regional Center services; and 4) the lack of a comprehensive effort to build health literacy, both to decrease preventable disabilities and to promote optimal care and development. One objective of the 18-month project will be to develop greater efficiencies that will result in providing better overall care for all of Orange County's children.

Estimates of Special Populations of Children Orange County

Special Population	Population Estimate for Orange County
Children with Special Health Care Needs	More than **4,000** children from birth through age five were enrolled in California Children's Services (CCS) program as of March 2013, equating to approximately 2% of all children ages five and younger in Orange County. CCS eligible children, however, represent only a minority of the estimated 14% of U.S. children with special health care needs.[27]
Children in Foster Care	Almost **2,400** children are in the foster care system—with 30% under the age of six as of January 2013. This marks an 18% decrease since January 2008 in the number of children under age six in the foster care system.
Children who are Homeless	More than **1,500** homeless children in the county's Homeless Management Information System (HMIS) – more than 500 of whom were five or younger in 2012. This is a 20% increase, from 2011, in the number of children ages five or younger.
Children of Teen Parents	More than **2,200** births to teen mothers (ages 19 and younger), representing 6% of all births in 2011. This is a 28% decrease in the number of teen moms since 2007.

Recommendations

The following recommendations, which are aligned with each specific area of focus, maintain and build on local efforts to improve the health outcomes of children in Orange County.

HEALTH ACCESS	
More Children of All Ages are Insured	**Maximize Available Funding for Health Access Programs.** In order to continue to support responsive community programs and further system improvements related to children in Orange County, the Commission should monitor the availability of federal funds in these areas. The Commission should provide continued support to draw down Medicaid funds for case management and administrative activities to expand public health nursing and community programs.
More Children are Using the Public Insurance System	**Monitor Changes in the Health Care System.** Significant shifts in the health care system and the accompanying changes in programs and eligibility requirements provide both the potential for long-term improvement and the risk of inability to maintain the current high insurance coverage rate. These trends must be monitored closely to sustain and improve access including the transition of Healthy Families to Medi-Cal. Monitoring coverage is particularly important in relation to special populations (e.g., children in foster care), available services (e.g., Applied Behavior Analysis), and provider participation (e.g., oral health, vision screening).
Children's Use of Community Clinics is Increasing Rapidly	**Recognize Opportunities to Serve Children in Non-Traditional Settings.** Continue to work with CalOptima to leverage Medi-Cal for prevention services provided in non-traditional settings. For example, CalOptima has supported the mobile asthma program with CHOC Children's Breathmobile along with the Commission to expand care for low-income children at risk for asthma. Incentivize community clinics in pursuing Federally Qualified Health Center (FQHC) status.

HEALTH UTILIZATION	
Most Children have a Place to Go for Medical Care	**Promote Partnerships with Health Homes to Address Community Issues.** Continue to endorse the concept of the Patient-Centered Medical Home and ensure care coordination and integrated care across service sectors including Medi-Cal, public health and the school system. Parents have an important role impacting their child's heath. A child's health home should recognize the link between maternal depression and children's healthy development. Addressing and alleviating maternal depression produces positive results for children including improved social interactions, approaches to learning and social and emotional health.
More Newborns Use Neonatal Intensive Care Units	**Support Local and Regional Planning Efforts to Deploy Current and New Resources Most Effectively.** Work with partners to analyze and better understand core factors contributing to the utilization of Neonatal Intensive Care Units. Monitor Help Me Grow Orange County and progress of the Lucile Packard Foundation's Orange County Care Coordination Collaboration for Kids project to serve as a model for other agencies that provide medical, social, and case management services for young children. This will assure that service gaps are identified and recommendations can be made for system improvements.
Regional Center and School District Services on the Rise, Particularly Related to Autism	**Continue to Support Early Identification and Linkages to Early Intervention Services.** Countywide data do not exist to effectively measure, monitor and manage Orange County's progress in achieving goals related to healthy children across programs and service sectors. For example, data exist related to how many children with autism are being served but there is no community level data related to how many children have autism. Engage the Orange County community in identifying prevention measures and data sharing approaches to fill critical data gaps.

Recommendations

PREVENTION OF HEALTH ISSUES	
Immunization Rates are Declining	**Adopt New Approaches to Engage Community in Public Education Campaigns.** The current practice of declining immunizations of young children in some communities provides an impetus for joint planning between health care providers, school districts, and Maternal Child Health to develop targeted communication and education strategies. Continue cross-sector planning to promote efficiencies in implementing prevention strategies across CalOptima, Bright Futures, Maternal Child Health, Child Health and Disability Prevention (CHDP), and school districts related to school-based health.
Improved Oral Health for Children	**Monitor Changes in the Health Care System, Including Provider Participation.** In addition to monitoring access to health care, the community needs to monitor access to oral health care including the impact of reimbursement rates on provider participation in serving Medi-Cal eligible children along with the ability to attract pediatric dentists to Orange County.
Prevention Services Identifying Issues Earlier	**Endorse Population-Level Data Sharing Strategies through Information Technology.** Many service sectors provide health care, early intervention and medical services to young children including Medi-Cal, Child Health Disability Prevention, Regional Center, School Districts and related pediatric providers. Improved data technology would assist in ensuring coordination of care and integration of services across these diverse sectors. In addition, countywide data sets do not exist for many important health indicator areas to allow stakeholders to measure, monitor and manage impact on child health outcomes. Investments in data integration strategies such as the immunization registry have the potential to integrate health records in areas such as developmental screening and children's vision services as a tool to monitor success in achieving local results.
SPECIAL POPULATIONS	
Care Coordination is Critical for Special Populations	**Support Local and Regional Planning Focused on Care Coordination to Deploy Current and New Resources Most Effectively.** Monitor Help Me Grow Orange County and progress of the Lucile Packard Foundation Orange County Care Coordination Collaboration for Kids project to service as a model for other agencies that provide medical, social, and case management services for young children. **Ensure that Local and Regional Planning Continues to Focus on the Needs of Special Populations of Children.** Work with health care, public health, department of education and other community partners to promote prevention, improved health and well-being, quality service delivery and efficient use of resources for targeted populations, particularly during this time of change in the health care delivery system. Keeping a focus on the impact on children is critical.

Additionally, continued monitoring of the ACA Prevention and Health Fund, Community Transformation Grant opportunities, and other capacity and incentive funding to support further system improvements related to children in Orange County is recommended.

Health Policy Brief
Citations and Notes

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[5] The poverty level for a family of four was approximately $23,000 in 2012. (http://aspe.hhs.gov/poverty/12poverty.shtml and www.census.gov/hhes/www/poverty/data/threshld/index.html)

[6] The poverty level for a family of four was approximately $23,000 in 2012.

[7] U.S. Census, American Community Survey, 2011

[8] Beginning January 2013, children enrolled in Healthy Families have been transitioned to Medi-Cal.

[9] The number of children served at community clinics represents an unduplicated patient count within each clinic. A child who accesses more than one clinic is counted once for each of the clinics visited. Percentage of Orange County children utilizing clinics is based on analysis of children under 19 from California Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060 (by year).

[10] Growth in the number of clinics includes the expansion of Altamed clinics in Orange County, 5 new CHOC/UCI clinics, and additional dental investments through the Children & Families Commission of Orange County.

[11] "Neonates born with significant problems" includes Hepatitis B exposure, meconium staining, breast engorgement, cardiac murmur, weight loss, etc.; "full term neonate with major problems" includes hemorrhage complicating a procedure (e.g., post circumcision bleeding), hypoglycemia, newborn drug withdrawal, etc.

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[13] Health Care Effectiveness Data and Information Set (HEDIS) is a set of performance measures in the managed care industry designed to allow consumers to compare health plan performance to other plans, and to national or regional benchmarks. HEDIS results are increasingly used to track year-to-year performance. CalOptima provided 2012 HEDIS data on utilization and prevention services provided.

[14] The nine well child visits are recommended at 3-5 days old, and at one, two, three, six, nine, 12 and 15 months old.

[15] Access to a primary care physician is defined as the percent of children who had a visit with a primary care practitioner during the measurement year or the year prior to the measurement year.

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Children & Families
Commission of Orange County