

Clinicians perspective ACA

- * Homeless Children
 - * Medicaid lessons learned
 - * Implications for adult population
 - * Strategies learned to overcome barriers
 - * Delivery models

A Changing Demographic

- Nationally, families make up over 1/3 of the homeless population
- There are 1.6 million homeless children annually
- There are 200,000 homeless children on any given day

Diversity of Families

- * 43% African American
 - * 38% Caucasian
 - * 15% Hispanic
 - * 3% Native American

Education

- * The number of homeless children enrolled in school has increased:
 - 680,000 in 2006-2007
 - 960,000 in 2008-2009

- * For children under 6 years old, it is a critical time for developing cognitive, emotional and social skills



Single Adult Families

WOMEN

- 60% have children under the age of 18
- 65% of these women live with one of these children



MEN

- 43% have children under 18 years
- 7% of them live with one of these children



Hunger



- 16 million children in homes lack a steady supply of food
- 52% of 4th graders in US are on free or reduced meals
- 21 million children are on free or reduced cost school lunch

Acute/Chronic Effects of Homelessness on Children

- * 83% are exposed to at least one violent event within their family
- * Increased aggressive and antisocial behavior
- * Increased depression/anxiety



Physical Health



Homeless children will experience:

- * **Four times** the normal rate of respiratory infections
- * **Two times** the rate of ear infections
- * **Five times** the rate of gastrointestinal infections

Mental / Behavioral Health



- * Three times rate of emotional/behavioral problems
- * Increased aggression and hostility
- * School age children: 50% with depression/anxiety and withdrawal
- * 40% of school age children with aggressive behavior

Stressors Facing Homeless Children

- 75% worry about housing situation
 - 58% worry about place to sleep
- 84% worry something bad will happen
 - 20% of families face separation
 - High rate of foster care placement
- Lack of housing is a barrier to family reunification

Homeless Children in Foster Care

- * Foster care places a child at risk for poor health
- * Negative childhood experiences
- * High rate of incarceration
- * No training in life skills



Developmental Issues



Homeless children are statistically known to experience:

- * **Four times** the rate of developmental delays compared to children that are housed
- * **Two times** the rate of learning disabilities

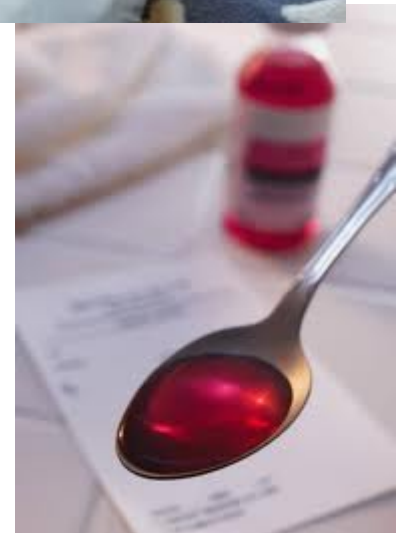
Academic Challenges

- * Increased number under-represented in preschool population
- * 42% of homeless children under 5 years
- * School age children:
 - 21% proficient in math
 - 24% proficient in reading
- * High school age:
 - 11% proficient in math
 - 14% proficient in reading
- * Increased likelihood to repeat grade
- * Increased rate of expulsion
- * Increased rate of drop out



Unmet Needs

- * Dental care
- * Prescriptions
- * Vision
- * Mental health



Medicaid/CHIP

- * 11% of children in US uninsured
- * Texas highest rate uninsured 22%
- * Massachusetts lowest rate at 5%
- * Despite CHIP/Medicaid 2/3 uninsured children eligible / unenrolled
- * National Center on Family Homelessness 2010

Barriers to enrollment

STATE OF HAWAII DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH

1. CHILD'S First Name (Type in print) 2. Middle Name 3. Last Name
4. Sex (Type in print) 5. Child's Date of Birth (Type in print) 6. Child's Sex (Type in print)
7. Place of Birth (City, State or Rural Location) 8. Month 9. Day 10. Year
11. Name of Hospital or Institution (If not in hospital or institution, give street address) 12. In Place of Birth (Type in print)
13. Usual Residence of Mother (City, Town or Rural Location) 14. Month 15. Day 16. Year
17. Street Address 18. Telephone Number (Type in print)
19. Mother's Working Address 20. Is Mother in a Home or Apartment?
21. Mother's Name (Type in print) 22. Name of Father
23. Age of Father (Type in print) 24. Occupation (Type in print)
25. Full Name of Mother 26. Sex of Mother
27. Age of Mother (Type in print) 28. Occupation (Type in print)
29. Type of Occupation (Type in print)
30. Signature of Person in Charge (Type in print)
31. Signature of Registrar (Type in print)
32. Date of Birth (Type in print)
33. Date of Registration (Type in print)
34. Date of Filing (Type in print)
35. Entrance for Federal Filing or otherwise



- * Access to technology
- * Transience
- * Literacy/cultural sensitivity
- * Lack of identification
- * Processing delays
- * Complicated process
- * Perception that process difficult

Barriers to enrollment

- * Lack permanent address
- * Transportation
- * Literacy
- * Fees
- * Renewal processes/disruption in coverage
- * Perception of services received

Strategies to enrollment

- * Using existing data to determine eligibility
- * Retaining eligible children/enhances continuity
- * Streamlining process
- * Elimination of waiting time
- * Improved technology
- * Enhanced outreach



Impact of Coverage loss in Medicaid Population

- * Cost containment strategies implemented by state Medicaid programs effects:
 - * Impacts Health Status
 - * Access
 - * Utilization
 - * Increased unmet needs
- * Source : Annals of Family Medicine (2006) 4(5)

Medicaid/CHIP 2011

- * 82% of eligible children now participate in Medicaid/CHIP
- * Rate exceeds that of other assistance



- * Health Policy Brief 2011/Health Affairs RWJ

ACA and the Adult Population

- * ACA anticipate Medicaid rolls will increase by 16 million in 2014
 - * 24 million to gain coverage thorough exchanges
 - * 20 million of those to receive tax credits
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- * Kaiser Commission/ Feb 2012



Rationale for expansion

- * National study addressing Unmet Health Care Needs of Homeless Adults (2010) by Dr.O'Connell and colleagues
- * Findings noted that lack of insurance associated with a myriad of unmet needs including medical, surgical, Rx access, vision, mental health
- * Need for publicly funded coverage noted, enhanced access, care inherent to homeless imperative
- * Source AJPH 2010, 100(7)

Analysis of Low income adults in Ohio and implications for Medicaid Expansion (2010)

- * Survey identifying health behaviors and utilization pattern in low income adults/demographics analyzed of newly eligible medicaid population vs those currently insured
- * Identified young men and older women as population to target
- * Variable means of outreach/ varying needs
- * Source: Ohio Family Health Survey/Center for Family and Demographic Research

Recommendations for Enhanced Enrollment in Adult population

- * Enhanced awareness of new eligibility changes
- * Targeted outreach/enrollment procedures
- * Peer to peer strategy/partnerships
- * Retain identification documents
- * Timely eligibility determination
- * Streamline recertification process
- * Navigators/one on one assistance
- * Provision for ongoing funds for health center expansion
- * Implement integrated care model/medical home

Innovative Outreach Strategies

- * Medicaid reps on site at HCH projects
- * Employment Offices
- * Job Training Programs
- * Shelters
- * Community Colleges
- * Shelters
- * Churches

Medical Home Model

- * Continuity
- * Collaborative/team based
- * Comprehensive
- * Quality
- * Engagement/self management
- * Access



Rationale for PCMH

- * Anticipate with ACA implementation HCH will be rewarded for performance/outcomes
- * PCMH means of accommodating increased Medicaid enrollees/expanding quality care

Challenges for HCH projects: poorer outcomes typically, many barriers to achieving recognition

Healing Hands 2012 16(2)

Implications to expanding family care

- * Enhanced coverage for parents to benefit children
- * 40% of poor parents lack coverage
- * Unmet needs have implications for children



Source: Urban Institute 2010

Reimbursement

- * Anticipate increased reimbursement for primary care services 2013-2014
- * Concerns: sustainability of these rates
 - * Secondary care services/provider access
 - * Vision services
 - * Dental services
 - * Mental health



Consequences of Lack of Insurance



- * Delayed care
- * Lack of preventative services
- * Increased uncompensated care
- * Cost shifting

Take-Away Points

- * Homelessness and poor health are inter-related both for children/adults
- * Enrollment barriers can be overcome with proven strategies
- * Medicaid expansion presents new opportunities/challenges
- * Failure to expand Medicaid perpetuates failures in existing system in all subpopulations