

Community Health Sciences 436A / Health Services M449A
Child Health, Programs, and Policies
Winter Quarter 2007

51-279 CHS
Monday and Wednesday, 1-3 pm

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Course Overview

The purpose of this course is to provide an introduction to major issues affecting the health of children in the United States. Beginning with an overview of the changing context of children's lives, we briefly review the history of child health and social welfare programs during the past century; examine the individual, familial, social, and environmental determinants of children's health; issues of health status and health service delivery at different points in a child's life, the role of health care financing, and the health status and health service needs of special populations (drug-exposed infants, children in foster care, homeless, chronically ill). Discussions will focus on children and families in the context of a changing society, and the impact health and other community-based services can have in improving the health and development of children.

CHS 436A/ HS 449A is intended to give students a broad overview of the health status of children in the U.S.; the factors that determine their health status; the child health service system (components and function); and how health services are financed.

- Students will be required to complete a short-answer, take-home midterm. The midterm for 436A will be distributed during session 12 (Wednesday, 2/21/07) and is due Monday 2/26/07.

The major assignment for the class will be a group health policy project. The project will focus on analyzing health needs, services, systems, and policies for a specific vulnerable population.

- A discussion about the group project will take place in session 2 and 3. In session 2, we will discuss the assignment and create the groups. In session 3, we will finalize topic areas.
- A timeline highlighting project tasks and individual student contributions to these tasks should be submitted on Wednesday, 1/24/07 (session 5).
- An outline of the policy report will be due on 2/12/07 (session 10).
- The final paper should be 25-30 pages long (double-spaced) and is due on Monday, 3/12/07.

- Presentations will take place at the end of Winter Quarter (week 10), for each student group to present their findings in the final two class sessions.
- Students will be given short quizzes periodically on the assigned reading.
- Students will be given some short policy analysis assignments throughout the quarter. A cost-benefit policy analysis will be distributed in the session on Effectiveness (Session 14, 2/28/07) and will be due in the session on the Quality of Care (Session 15, 3/5/07).
- The papers and presentations will count for 60% of the grade. A midterm examination will count for 30% of the grade, and 10% will be determined by in-class participation and short policy analysis assignments.
- Students will also have the opportunity to get extra credit for reporting on child health policy in the news.

PART 1: POLITICS OF CHILD HEALTH

1/8 Session 1 Introduction to Child Health and Policy

Learning objectives are to understand: 1) course goals, objectives, and methods; 2) the concept and origins of child health policy, and how society has responded to the unique vulnerabilities of children; and 3) what conditions are essential to secure special consideration for this population.

Required Readings:

- 1) Halfon N, Inkelas M, Wood D, Schuster MA. Health Care Reform for Children and Families: Financing & Restructuring the U.S. Child Health System. In Andersen RM. et al. (Eds.) *Changing the U.S. Health Care System: Key Issues in Health Services, Policy, and Management*. San Francisco: Jossey-Bass Publishers. pp. 261-290. 2001.

1/10 Session 2 History of Child Health Policy

Learning objectives are to understand: 1) the place of children in society, and how that has changed in the last century; 2) the role and significance of child health in the child-saving movements of the Progressive Era; 3) the role of women's right to vote and other feminist movements on children; 4) the 1909 White House Conference on Children and resultant passage of the Sheppard-Towner Act; 5) the Depression and Social Security legislation, and 6) implications for policy.

Required Readings:

- 1) Hutchins VL. A History of Child Health and Pediatrics in the United States. In Stein R. (Ed.) *Health Care for Children: What's Right, What's Wrong, What's Next*. New York: United Hospital Fund. pp. 79-106. 1997
- 2) Katz M. Saving Children. In Katz MB. (Ed.) *In the Shadow of the Poorhouse: A Social History of Welfare in America*. New York: Basic Books. pp. 113-145. 1986.
- Pati S, Kren R, Alessandrini EA, et al. Generational Differences in US Public Spending, 1980-2000. *Health Affairs*. 2004; 23(5): 131-146.

- 3) Markel H & Golden J. Children's Public Health Policy in the United States: How the Past Can Inform the Future. 2004; *Health Affairs*. 23(5): 147-154.

Optional Reading:

- 1) Sardell A. Child Health Policy in the US: The Paradox of Consensus. *Journal of Health Politics, Policy and Law*. 1990;15(2):271-304.

1/15 No Class Martin Luther King, Jr. Holiday

1/17 Session 3 History of Child Health Policy 2

Learning objectives are to understand: 1) the impact of changes in child health policy from 1930-1960; 2) Medicaid-EPSTD and Great Society; 3) Era of developmental disabilities from 1970-1990; 4) SCHIP; 5) How approaches to child health policy differ between the U.S. and other countries.

- 1) Knudsen EI, et al. Economic, neurobiological, and behavioral perspectives on building America's future workforce. *PNAS*. 2006;103:10155-10162.
- 2) Kozyrskyj AL, Curtis LJ, Hertzman C. Taking Different Approaches to Child Policy. In Heymann J, et al (Ed.) *Healthier Societies: From Analysis to Action*. Oxford University Press. pp. 348-380.
- 3) Bradshaw J. International Differences in Policies Towards Child Well-Being. International Conference on Child Cohort Studies. University of York. pp. 1-28.

PART 2: DETERMINANTS OF HEALTH

1/22 Session 4 Children's Health and Measurement of Health

Learning objectives are: 1) to identify the major health problems confronting children, their risk factors, and recent trends; 2) to discuss national sources of data on children's health status; and 3) to discuss the relevant indicators of child health and why it is important to measure child well-being at the local/community level.

Required Readings:

- 1) Committee on Evaluation of Children's Health, Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education. Children's Health, the Nation's Wealth: Assessing and Improving Child Health. 2004. Chapter 2, Children's health: A new conceptual framework. 28-44.
- 2) Hoyert DL, Matthews TJ, Menacker F et al. Annual Summary of Vital Statistics: 2004. *Pediatrics*. 2006; 117 (1): 168-183.
- 3) Wise PH. The Transformation of Child Health in the United States. *Health Affairs*. 2004; 23(5):9-25.
- 4) Inkelas M, Halfon N, Uyeda K et al. The Health of Young Children in California:

Findings from the 2001 California Health Interview Survey. UCLA Center for Health Policy Research. July 2003. Executive Summary.

- 5) Flores G, Fuentes-Afflick E, Barbot O et al. The Health of Latino Children. *JAMA*. 2002; 288(1): 82-90.

Optional Readings:

- 1) Hoecleman RA, Pless IB. Decline in Mortality Among Young Americans During the 20th Century: Prospects for Reaching National Mortality Reduction Goals for 1990. *Pediatrics*. 1988;82(4):582-595.

Handout:

- 1) CHILD HEALTH USA (2005)

1/24 Session 5 Life Course Perspectives on Health Development and Individual and Family Influences on Children's Health

Over the next five sessions we will consider the individual, family, social, cultural, and environmental determinants of children's health. Although we examine the contributions of each of these different categories independently, the goal is to develop a sense of how all these factors relate to a more integrated and ecologically coherent model.

Learning objectives are: 1) to discuss a life course health development (LCHD) approach to understanding the determinants of health; 2) to consider implications of an LCHD approach on health management, and health service delivery; 3) to identify the individual determinants of health status including genetic factors, biological risk factors, and protective factors, with a special concentration on the notion of resiliency and vulnerability; 4) discuss the role of the family as the crucible of a child's health and development and the changing nature of the American family, including its legal, cultural, and health-promoting aspects; and 5) to discuss federal policy toward families and family support.

Required Readings:

- 1) Halfon N, Hochstein M. Life course health development: An integrated framework for developing health and financing health intervention. *The Milbank Quarterly*. 2002; 80:433-479. Available at <http://www.healthychild.ucla.edu/Publications/>
- 2) Forrest CB & Riley AW. Childhood Origins of Adult Health: A Basis for Life-Course Health Policy. *Health Affairs*. 2004; 23(5): 155-164.
- 3) Werner E. Protective Factors and Individual Resilience. In Shonkoff JP. et al. (Eds.) *Handbook of Early Childhood Intervention*. New York: Cambridge University Press. pp. 115-134. 2000.
- 4) Committee on Evaluation of Children's Health, Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education. Children's Health, the Nation's Wealth: Assessing and Improving Child Health. 2004. Chapter 3, Influences on children's health. 45-90.
- 5) Sameroff AJ, Fiese BH. Transactional Regulation: The Developmental Ecology of Early Intervention. In Shonkoff JP. et al. (Eds.) *Handbook of Early Childhood Intervention*. New York: Cambridge University Press. Pp. 135-159. 2000.

Optional Readings:

- 1) Schor EL, Menaghan EG. Family Pathways to Child Health. In Amick BC. et al. (Eds.) *Society and Health*. New York: Oxford University Press. pp. 18-45, 1995.

Due: Timeline for policy project

1/29 Session 6 Social Influences on Children's Health: Poverty and Social Exclusion

Learning objectives are: 1) to discuss the definition of childhood poverty, the prevalence of poverty in the United States, and its role as a risk factor for adverse health outcomes in children; 2) to gain an appreciation for the role that access to medical care can play in determining the health of poor children; 3) to identify and evaluate poverty reduction programs; and 4) to understand the limits of using poverty as a social indicator and consider the notion of social exclusion.

Required Readings:

- 1) National Center for Children in Poverty. Who are America's Poor Children? Fact Sheet #2, September 2005.
- 2) Evans GW. The Environment of Childhood Poverty. *American Psychologist*. 2004; 59(2):77-92.
- 3) Devaney BL, Ellwood MR, Love JM. Programs That Mitigate the Effects of Poverty on Children. *The Future of Children*. 1997; 7(2):88-112.
- 4) Hertzman C. Leave No Child Behind. *Perspectives on Social Inclusion*. Laidlaw Foundation. May 2002.

Optional Readings:

- 1) Betson DM, Michael RT. Why So Many Children Are Poor. *The Future of Children*. 1997;7(2):25-39.
- 2) Corcoran ME, Chaudry A. The Dynamics of Childhood Poverty. *The Future of Children*. 1997;7(2):40-54.
- 3) Spencer N. Social Gradients in Child Health. *Ambulatory Child Health*. 2000; 6:191-202.
- 4) Brooks-Gunn J, Duncan GJ. The Effects of Poverty on Children. *The Future of Children*. 1997; 7(2):55-71.

1/31 Session 7 Cultural and Ethnic Influences: Racial and Ethnic Influences and Disparities

Learning objectives are: 1) to discuss what is known about racial and ethnic disparities in health care for children, particularly in a primary care setting; 2) to describe the potential mechanisms of these disparities and analyze an heuristic framework for critiquing research and policy solutions to disparities; and 3) discuss the concept of cultural competence as it pertains to care involving children.

Required Readings:

- 1) Garcia Coll C, Magnuson K. Cultural Differences as Sources of Developmental

Vulnerabilities and Resources. In Shonkoff JP. et al. (Eds.) *Handbook of Early Childhood Intervention*. New York: Cambridge University Press. pp. 94-116. 2000.

- 2) Newacheck PW, Hung YY, Wright KK. Racial and Ethnic Disparities in Access to Care for Children with Special Health Care Needs. *Ambulatory Pediatrics*. 2002;2(4):247-254.
- 3) Currie J. Health Disparities and Gaps in School Readiness. *The Future of Children*. 2005;15(1):117-138.

Optional Readings:

- 1) Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: A life-course perspective. *Maternal and Child Health Journal* 2003; 7:13-30 (to be distributed in class)

2/5 Session 8 Access and Utilization of Health Services

Learning objectives are: 1) to discuss the components (structure and organization) of the child health system and how they influence children's access to care; 2) to describe the role of wrap-around services; 3) to understand how access and utilization are measured for children; and 4) to understand what factors influence children's access to health care services.

Required Readings:

- 1) Halfon N, Inkelas M, Wood D, Schuster MA. Health Care Reform for Children and Families: Financing & Restructuring the U.S. Child Health System. In Andersen RM. et al. (Eds.) *Changing the U.S. Health Care System: Key Issues in Health Services, Policy, and Management*. San Francisco: Jossey-Bass Publishers. pp. 261-290. 2001.
- 2) Simpson L, Owens PL, Zodet MW et al. Health Care for Children and Youth in the United States: Annual Report on Patterns of Coverage, Utilization, Quality and Expenditures by Income. *Ambulatory Pediatrics*. 2005; 5(1): 6-44.
- 3) Grason H, Morreale M. Health Services for Children and Adolescents: A "Non-System" of Care" In Stein R. (Ed.) *Health Care for Children, What's Right, What's Wrong, What's Next*. New York: United Hospital Fund. pp. 107-133. 1997.

2/7 Session 9 Health Insurance for Children: Private Health Insurance, the Uninsured, and Managed Care

Students should be able to discuss: 1) the strengths and weaknesses of managed care for children in light of children's unique health care needs; 2) the feature of managed care plans and how they support the health of children; 3) the national trends, goals, and impact of Medicaid managed care on children; 4) how Medi-Cal managed care is being implemented in Los Angeles under the Two Plan Model, and the role of L.A. Care Health Plan; and 5) current challenges in managed care for children.

Required Readings:

- 1) Health Insurance for Children: Analysis and Recommendations. *The Future of Children*. 2003;13(1): 5-29.
- 2) *Evaluating Managed Care Plans for Children with Special Health Needs: A Purchaser's Tool*. www.ichp.edu/managed/materials/purchaser.
- 3) Kastner TA et al. Managed Care and Children with Special Health Care Needs. *Pediatrics*. 2004; 114(6): 1693-1698.

- 4) Szilagyi PG. Managed Care for Children: Effect on Access to Care and Utilization of Health Services. *The Future of Children*. 1998; 8(2):39-59.

Assignment: Outline of policy project – Due 2/14/07 in class

PART 3: FINANCING OF HEALTH CARE PROGRAMS FOR CHILDREN

2/12 Session 10 Medicaid and SCHIP

Learning objectives are: 1) to be able to summarize eligibility and the general benefit structure of Medicaid; 2) to discuss the role of Medicaid in improving access to health care for low income children living in poverty; and 3) to discuss lessons from the Medicaid program experience for implementation of Title XXI (The State Children’s Health Insurance Program).

Required Readings:

- 1) The Kaiser Commission on Medicaid and the Uninsured. *Medicaid: A Primer*. July 2005.
- 2) Medi-Cal Policy Institute. *Understanding Medi-Cal: The Basics*. Second Edition, September 2001.
- 3) Committee on Child Health Financing. Medicaid Policy Statement. *Pediatrics*. 2005; 116(1): 274-280.
- 4) Kenney G & Chang DI. The State of Children’s Health Insurance Program: Successes, Shortcomings, and Challenges. *Health Affairs*. 2004; 23(5): 51-62.
- 5) Kempe A, Beaty BL, Crane LA, et al. Changes in Access, Utilization, and Quality of Care After Enrollment into a State Child Health Insurance Plan. *Pediatrics*. 2005; 115(2): 364-371.

Optional Readings:

- 1) Committee on Child Health Financing. Implementation Principles and Strategies for the State Children’s Health Insurance Program. *Pediatrics*. 2001;107(5):1214-1220.

2/14 Session 11 EPSDT / CHDP

Learning objectives are: 1) to be able to summarize the general components of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program in Medicaid; 2) to understand the history of CHDP implementation in California, as a case study; and 3) to discuss the role of EPSDT in promoting access to children’s health services, particularly in the managed care system.

Required Readings:

- 1) Early and Periodic Screening, Diagnostic, and Treatment Services. *Kaiser Commission on Medicaid Facts*. October 2005;7397:1-2.
- 2) “EPSDT in California: A Case of “Fizz””, “EPSDT in California: A Case of the Sparkle” Policy Design and the Politics of Implementation. Chapters 2 & 3, pp. 51-112.
- 3) Sardell A & Johnson K. The Politics of EDSDT Policy in the 1990s: Policy Entrepreneurs, Political Streams, and Children’s Health Benefits. *The Milbank Quarterly*. 1998; 76(2): 175-205.

- 4) Legislative Analyst's Office. Obstructed Entry: CHDP Fails as Gateway to Affordable Health Care. http://www.lao.ca.gov/2001/chdp/013001_chdp.pdf

2/19 No Class. Presidents' Day Holiday

2/21 Session 12 Title V and Supplemental Security Income (SSI)

The main objective for this session is to discuss the health care needs of severely and chronically ill children (children with special health care needs), and the programs and funding mechanisms available to them. The specific learning objectives are: 1) to understand the significance of Title V of the Social Security Act over the last 50 years, and the main strengths and weakness of this legislation; 2) to discuss the characteristics of an accessible and quality health care system for children with special health care needs; 3) to discuss the role of Title V as managed care becomes more common for children with special health care needs; and 4) to discuss the SSI income support program and how it has changed in recent years.

Required Readings:

- 1) Reiss J, Wallace HM, McPherson M. The Supplemental Security Income Program for Children. In Wallace HM et al. (Eds.) *Health and Welfare for Families in the 21st Century*, Sudbury, MA: Jones and Bartlett. pp. 281-298. 1999.
- 2) Brewer EJ, McPherson M, Magrab PR, Hutchins VL. Family-Centered, Community-Based, Coordinated Care for Children with Special Health Care Needs. *Pediatrics*. 1989;83(6):1055-1061.
- 3) Hayes M, Klein Walker D. The Role of Public Health in Assuring a System of Health Care for Children" In Stein R. (Ed.) *Health Care for Children, What's Right, What's Wrong, What's Next*. New York: United Hospital Fund. pp. 339-351. 1997.
- 4) McPherson M, Weissman G, Strickland BB, et al. Implementing Community-Based Systems of Services for Children and Youths with Special Health Care Needs: How Well are we Doing? *Pediatrics*. 2004; 113(5) 1538-1544.
- 5) Inkelas M & Samson K. *Specialty Health Care for Children in the Los Angeles, California Children's Services Program (CCS) Report*. 2005. Executive Summary.

Optional Readings:

- 1) Mitchell JM & Gaskin DJ. Do Children Receiving Supplemental Security Income who are Enrolled in Medicaid Fare Better Under a Fee-for-Service or Comprehensive Capitation Model? *Pediatrics*. 2004; 114(1): 196-204.
- 2) Davidoff, A, Kenney G & Dubay L. Effects of the State Children's Health Insurance Program Expansions on Children with Chronic Health Conditions. *Pediatrics*. 2005; 116(1): 34-42.

PART 4: ACCOUNTABILITY AND QUALITY OF CARE

2/26 Session 13 Primary Care and Medical Home

Learning objectives are: 1) to understand the definition and conceptualization of primary care for children, 2) to understand the importance of a national primary care orientation to reducing social inequalities in health; and 3) to understand how current systems of care (such as managed care) enhance or detract from the delivery of high quality primary care for children.

Required Readings:

- 1) Reid RJ, Hurtado MP, Starfield B. Managed Care, Primary Care, and Quality for Children. *Current Opinion in Pediatrics*. 1996;8:164-170.
- 2) Sia C, Tonniges TF, Osterhus E, Taba S. History of the Medical Home Concept. *Pediatrics*. 113(5):1473-1478.
- 3) Cooley WC, McAllister JW. Building Medical Homes: Improvement Strategies in Primary Care for Children with Special Health Care Needs. *Pediatrics*. 113:1499-1506.

Optional Reading:

- 1) American Academy of Pediatrics, Report of the Task Force on the Family. *Pediatrics*. 111(6):1541-1571.
- 2)

2/28 Session 14 Assessing the Effectiveness and Cost of Health Services for Children: What Makes a Difference

Learning objectives are to discuss: 1) how to measure effectiveness and what types of health services have shown to be cost effective ways to promote children's health; 2) the effectiveness of prenatal care, neonatal intensive care, and well-child care; 3) based on the outcomes and effectiveness research, what are potential national policies to support the provision of child health services; 4) what is medical necessity and what role does it play in allocation of health resources; 5) to understand how child health care dollars are spent; and 6) to understand differences between health expenditures for children vs. adults.

Required Readings:

- 1) Wagner JL, Herdman RC, Alberts DW. Well-Child Care: How Much is Enough? *Health Affairs*. 1989;8(3):147-157.
- 2) Kaplan SH, Greenfield S, Connolly GA, Barlow SE, Grand R. Methodologic Issues in the Conduct and Interpretation of Pediatric Effectiveness Research. *Ambulatory Pediatrics*. 2001; 1(1):63-70.
- 3) *Same article as in Session 10*: Simpson L, Owens PL, Zodet MW et al. Health Care for Children and Youth in the United States: Annual Report on Patterns of Coverage, Utilization, Quality and Expenditures by Income. *Ambulatory Pediatrics*. 2005; 5(1): 6-44.

Assignment: Cost-Benefit Analysis. Due 3/5/07, in class.

3/5 Session 15 Quality of Care for Children

Learning objectives are: 1) to understand the importance of monitoring quality of care in light of the current trend toward policies that emphasize controlling health care costs; 2) to identify how to monitor and measure quality; 3) to understand the difference between structure, process, and

outcome indicators of quality.

Required Readings:

- 1) Leatherman S, McCarthy D. Quality of Health Care for Children and Adolescents: A Chartbook. *The Commonwealth Fund*. April 2004;1-133. (Read pages 15-24)
- 2) Bergman DA, Homer CJ. Managed Care and the Quality of Children's Health Services. *The Future of Children*. 1998;8(2):60-75.
- 3) Palmer RH, Miller MR. Methodologic Challenges in Developing and Implementing Measures of Quality for Child Health Care. *Ambulatory Pediatrics*. 2001; 1(1):39-52.
- 4) Dougherty D & Simpson LA. Measuring the Quality of Children's Health Care: A Prerequisite to Action. *Pediatrics*. 2004; 113(1): 185-198.

Optional Reading:

- 1) Beal AC, Co JP, Dougherty D et al. Quality Measures for Children's Health Care. *Pediatrics*. 2004; 113(1):199-209.
- 2) Shaller D. Implementing and Using Quality Measures for Children's Health Care: Perspectives on the State of the Practice. *Pediatrics*. 2004; 113(1):217-227.

3/7 Session 16 Changes in Health Care System - Strategies for Reform

Learning objectives are: 1) to consider the huge magnitude of a health policy reform that is necessary to improve child health; 2) to consider the difference in incremental vs. transformative approaches.

Required Readings:

- 1) Halfon N, DuPlessis H, Inkelas M. Transforming the Child Health System *Health Affairs*, forthcoming March 2007.
- 2) Case A, Paxson C. Children's Health and Social Mobility. *The Future of Children*. 2006;16(2):151-173.

3/12 Session 17 Class Projects 3 HOURS

Due: Final Policy Project Report, 3/12/07