Welcome. You're listening to a UC Davis Center for Poverty Research Conference podcast. I'm the center's Director Ann Stevens. In November 2013, the center hosted the conference, The Affordable Care Act and Low Income Populations, Lessons from, and Challenges for Research. The conference featured top health care experts from across the country, to discuss the rollout of the affordable care act and what the new system means for poverty in the United States.

In this presentation, Ron Chapman describes the affordable care act's impact on public health, health equity, and public health services. Chapman is the director of the California Department of Public Health.
>> I am the, the state health officer. I've been in this position for two and a half years, but I should also let you know I'm a family doctor, and I was actually seeing patients, poor and uninsured folks in California for 20 years.

So, I've worked in FQHCs in a number of settings around the state, and was dabbling in public health during much of that time and then got more and more serious about public health till this point where I actually am on the volunteer clinical faculty here at UC Davis teaching medical students now and then but no longer seeing patients.

So, my perspective is very different than what we've been talking about all day. I'm coming from the public health perspective and I wanna talk about public health outcomes under ACA, about health equity and about public health services. Mitch Katz, Dr. Katz in his presentation, briefly, in one slide mentioned the prevention fund under ACA, funded to the tune of about $15 billion, which was going to be gradually increased to fund $2 billion a year in public health activities through CDC.

Within the first year or so, that $15 million was cut by Congress, basically in half. And this year alone Sibelius took about a half billion dollars, 500 million, out of the Prevention Fund to pay physicians under Medicare.
>> Mm-hm.
>> So, public health under ACA is not secure.

The funding in any way. And as folks have really emphasized towards the end of this session, lot of politics going on with, with these funds. So, as far as public health outcomes go, you know, my, my big question from where I sit is, is whether or not ACA prevents disease.

For me, this is where the, the big cost savings. Is that I'm talking about preventive services like immunizations. How will ACA impact immunization rates? Under the Prevention Fund, there are projects called Community Transformation Grants, CTG. California is one of the largest recipient, over $20 million to do Community Transformation Grant work.

At the community level, it's all about increasing physical activity, improving nutritional status, reducing tobacco consumption. And under public health outcomes, I really like to watch the infant mortality rate as an indicator of the success of public health and of the Affordable Care Act. And when I look at these, when I look at the community transformation grant CTG, I'm asking myself how are public health and medicine working together.

And we, we talk a lot about collaboration, we talk about the integration of public health and medicine. And I think there are a lot of opportunities in ACA. But, it's also very typical and traditional that public health and medicine don't understand each other, don't speak the same language.

And, unfortunately, we see little collaboration between those two systems. In public health, health equity. Is a very, very big focus. And, in our Department of Public Health, just last year the legislature passed a law signed by the governor that created an Office of Health Equity. And, the Deputy Director actually reports to the Director of the Department of Public Health, to me.

And, a health equity, in public health, it's about life expectancy, it's about infant mortality and it's also about the outcome disparities that we see in medical care. So, questions come to mind for example around the transition of care. We spend alot of energy in this day creating the, the leaps the loans can help plans, and folks are gonna be transitioning from those plans into other systems of care, what type, what kinds of impact is that gonna have on the quality of care and health disperities.

And I think there are lot of important questions in health equity and disparities not just in the medical care realm, but in the public health round for example, we see this information from the Bay Area, talks about people who live in West Oakland can expect to live, on average, 10 years less than those who live just a few miles away in the Berkeley Hills.

And you can see life expectancy is greater than 80 years, high school grads, 90%, unemployment is low, poverty is low, home ownership is relatively high, and the demographic's there non-life, 49%. As you go down, in life expectancy, you can see that, the high school graduation rate goes down, unemployment starts going up, poverty starts going up, and when you get to the bottom of life expectancy here in 74.3, you can see high school graduation rates are 65%, unemployment 12%, poverty's as high as 25%.

Home ownership is low, and the demographics are changing as well, non-life 89%. Some other examples, people who live in Bay View Hunters Point can expect to live on average 14 years less than their counterparts on Russian Hill. And residents of Bay Point can expect to live on average 11 years less than people in Orinda, for those of you familiar with the Bay Area.

Infant mortality rate California 2009 record low overall 4.9 infant deaths per 1,000 live births, however African Americans in California 10.6. Compared to a white child in the Oakland Hills, a black child born in West Oakland is likely to die almost 15 years earlier. Be five times more likely to be hospitalized with diabetes.

Twice as likely to die of heart disease. Three times more likely to die of stroke. Two times more likely to die of cancer, seven times more likely to be born into poverty, four times less likely to lead a grade level by grade four, four times likely to live in a neighborhood with high density of fast growing and almost six times more likely to drop out of school.

These are health conditions among women in LA by federal poverty level. It's actually 2009. and you can see across the board obesity, diabetes, heart disease, and depression. The higher the percentage of obesity in, the lower federal poverty levels and then, again for diabetes, heart disease, and depression across the board.

This is, just graphic evidence of the relationship between health and wealth. And when we talk about health equity and health disparities in public health. We talk about the social determinants of health. We talk about poverty. We talk about education level. We talk about unemployment. We talk about housing.

And, and as Dr. Katz said in his talk, he has seen folks like I saw for 20 years in the revolving door and you see them for ten, 15 minutes, maybe you have him for a couple of days in a hospitalization and you send him back out to the terrible living conditions where all of these poor health conditions thrive.

So lastly, in terms of the impact of the Affordable Care Act. We talk about public health services. And every state is different when it comes to the delivery of public health services. In California, we have a decentralized system. We have 61 local public health jurisdictions and the state health department.

Each local jurisdiction is governed independently by the County Board of Supervisors or in the case of three cities, the city councils. But many of these local health departments are not equipped for the changes under the Affordable Care Act. They don't have as Dr. Katz described, they don't have the billing and reimbursement infrastructure for the delivery of preventive services under the Affordable Care Act.

Some of these local health jurisdictions actually run tuberculosis, HIV/AIDS and sexual transmitted infection clinics. They specialize in these. I was a local health officer for six years in Celano. We had a TB clinic. And we were seeing privately insured patients in our TB clinic. We had Kaiser patients we were taking care of.

And that TB clinic, and the folks that staffed that clinic were the infrastructure for managing TB outbreaks, doing TB investigations. We had an infected high school student at Vallejo High School. That same team had to go in the high school and do 200 chest x-rays, and evaluate 200 students and teachers in that high school.

What's the impact of the Affordable Care Act on these traditional public health services, we're, we're not sure. They, in California under the Affordable Care Act, we have seen, a transfer, a movement of local, realignment dollars back to the state, with the acknowledgement that a number of folks are gonna be covered.

In California we have a law called section 17,000 that requires local counties to provide medical services to those in need. And so a lot of those folks are gonna have insurance. And so there's health realignment dollars moving back from the local level to the state, to the tune of about $400 Million.

We don't really know the impact that's gonna have on local public health services, and infrastructure. And then lastly just looking at barriers to prevent if services like, childhood immunizations as we've already heard, they're still gonna be three to 4 million people in this state who are uninsured that are going to need those type of preventive services.

That's it thanks.
>> I'm Ann Stevens, the director of the Center for Poverty Research at UC Davis, and I want to thank you for listening. The center is one of three federally designated poverty research centers in the United States. Our mission is to facilitate non-partisan academic research on domestic poverty, to disseminate this research, and to train the next generation of poverty scholars.

Core funding comes from the US Department of Health and Human Services. For more information about the center, visit us online at poverty.ucdatas.evu