



Mark Your Calendar

Friday, March 16, 2007
12:30 to 4:00 p.m.

Los Angeles Regional
Network (LARN)

Chinatown Branch Library
639 N. Hill Street
Los Angeles

All are invited! To RSVP, please
email: lchc@lchc.org

Friday, March 23, 2007
12:30 to 4:00 p.m.

Bay Area Regional
Network (BARN)

Almaden Branch Library
6445 Camden Ave,
San Jose

All are invited! To RSVP, please
email: lchc@lchc.org

Friday, March 30, 2007
12:30 to 4:00 p.m.

San Diego Regional
Network (SDRN)

CA Office of Binational Border
Health
3851 Rosecrans St.,
San Diego

All are invited! To RSVP, please
email: lchc@lchc.org

Friday, June 1, 2007
12:30 to 4:00 p.m.

Central Valley Regional
Network (CVaRN)

Location:
Fresno

All are invited! To RSVP, please
email: lchc@lchc.org

2007: The Year of Health Care

The start of any new year generally marks a beginning point, the time to begin things anew. For many of those working on health care issues in Sacramento, the start of the 2007 felt much more like an ongoing continuation more than a starting point.

The buzz began in earnest last summer when the Governor convened the ‘Summit on Health Care Affordability’ in late July to begin reviewing health care affordability. Legislatively, the Governor also touted his support for many issues LCHC has kept you apprised of, including some significant wins such as the passage of **AB 2911** (Núñez) which created the California Discount Prescription Drug Program and **AB 2560** (Ridley-Thomas) on school health centers, including the announcement of an increase of 500 school health centers.

Later, the Governor announced the formation of a health policy team that would begin what was to become hundreds of meetings by the Governor’s administration with different constituencies throughout the months of November and December. The apparent focus: compiling a health care reform plan for the Governor. For weeks, many speculated on what the plan would look like and how much detail would be included in that plan. Others decided to simply issue a plan of their own.

To no one’s disappointment, January has indeed felt like it has been long in the coming – six months to be exact. Despite the usually sleepy holidays during December, many in Sacramento were preparing for what might be released by the Governor. The Governor’s release of his health care plan earlier this month – with an unprecedented release just prior to the State and Budget release – has indeed created much dialogue. LCHC will be providing you with an in-depth review of the many proposals currently being circulated along with our Budget Analysis on **February 15, 2007**. Below, we give you a timeline of what has been released thus far:

◆ **December 4, 2006** – Several Assemblymembers and the Speaker introduce legislation (AB 10, AB 20 and AB 30) on a health care plan. The bills lack any specific detail, but many speculate that they will be used to implement the Assembly Democrats’ health care plan.

◆ **December 12, 2006** – Senate President Pro Tem Don Perata releases the Senate plan for health care reform.

◆ **December 21, 2006** – Speaker of the Assembly Fabian Núñez releases the ‘Fair Share Health Care Proposal’.

◆ **January 8, 2007** – Governor Arnold Schwarzenegger and Health and Human Services Secretary Kim Belshé present the Governor’s health care reform plan just days prior to the ‘State of the State’ and release of

the state’s budget (although no information from the health care proposal was included in the budget). Included in the proposal are mandates that every Californian secure health insurance, coverage for all California children and the creation of an insurance pool with funds contributed by small business owners, doctors and hospitals.

◆ **January 30, 2007** – Senate Republicans release their proposal focusing on tax incentives for individuals and small business. In response to the Senate Republican plans, Assembly Republicans state that they will soon present their own reform plans.

-- LCHC will keep you posted on these proposals and their impact on California’s Latino community.



Access to Healthcare

Prescription Drug Label Standardization

LCHC Position: **SUPPORT**

Many Latinos today face a high likelihood that, over the course of their lifetime, they may endure a long-term illness of some kind. With already-high prevalence rates for diabetes and cardiovascular diseases such as heart disease, many Latinos depend on consistent use of prescription medications to manage these illnesses.

While LCHC (through AB 2911 and the OURx Coalition) has worked to provide increased access to discounted medication, many Latinos still face other access challenges. In fact, it was recently estimated by the Institute of Medicine of the National Academies that medication errors are among the most common medical errors, harming at least 1.5 million people every year. Up to half of all medications are taken incorrectly or are mixed with other medications that can cause dangerous reactions or even death. Worse, up to 46% of American adults are unable to understand the label on their prescription medications. For many Californians who are limited in their English proficiency, this rate is even higher.

This bill would:

Standardize the contents currently found on the labels of all prescription medications in order to begin reducing the annual number of medication errors. Additionally, the bill would work to help those that face difficulty reading or those unable to understand English.

Implementation of School Health Centers

LCHC Position: **SUPPORT**

Last summer, the Governor announced his support of the AB 2560 which would strengthen existing school health center programs and highlighted his intention to expand the number of school centers in California to 500.

School health centers, like traditional community clinics, offer a range of services and provide critical front-line services such as primary care in locations already familiar to many of our families – our schools. In fact, research shows that school health centers often reduce overall emergency room use and hospitalization, especially among children. Most school health centers are located directly on school campuses and can include staff such as nurses, mental health care providers, physicians and medical students in training.

The expansion of school health centers in California would provide ready access to many Californians that might not otherwise have access. By the Governor's signature of AB

2560 last year, the 'State School Health Center Program' was created to be jointly administered by the Department of Health Services and the State Department of Education.

To date, the Governor has not offered further detail on implementation of his announced plan. Further detail is expected in the coming months.

This bill would:

Begin to detail the infrastructure of the school health center program outlined in AB 2560. LCHC strongly supports the expansion of these programs and will keep you posted on its implementation process.

Obesity Prevention

Promotores de Salud and School Health Centers

LCHC Position: **SUPPORT**

Much has been touted about the nation's ongoing problem with obesity. Unfortunately, the obesity epidemic is much more severe with Latinos, particularly with our adolescents. Already, it is estimated that one out of every three Latino adolescents is overweight or at risk of becoming overweight.

With a direct correlation to diabetes, heart disease and other long-term illnesses, obesity comes at a significant cost. According to the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, overweight and obesity medical expenses accounted for over \$78 billion in 1998 or \$92.6 billion in 2002 dollars. In California, it was estimated that over \$21 billion was spent in 2000 for costs related to physical inactivity, obesity and the overweight. It is clear that efforts to stem the obesity epidemic, particularly among Latinos must be re-doubled.

Existing community health worker programs such as "Promotores de Salud" already provide effective outreach for many other health programs such as outreach enrollment efforts for Medi-Cal and Healthy Families, outreach to HIV and other programs in a cost-effective method.

This bill would:

Establish grants to be used by 'Promotores de Salud' that are based in school health centers. By marrying two cost-effective programs, these grants would provide critically-needed outreach to communities most needing better education on diet, nutrition, physical activity and other obesity prevention methods.



Workforce Development

AB 269 (Eng) - Dentist Data Bill

LCHC Position: SUPPORT

Without a doubt, the health care and health care industry is one of our state's largest delivery systems. Over the past several years, much discussion has occurred around many of the projected shortages that have been predicted for many of these professions including shortages of doctors, nurses and many other allied health professions. Despite this, very little is known about our existing health profession capacity.

Similar to doctors, dentists must currently renew their license to practice within the state of California every two years, based on their date of birth. Despite the fact that the state licenses dentists, little-to-no information is collected on where they are practicing, what their ethnic background is and what languages they speak, despite the fact that California continues to be among the most diverse states in the nation.

This bill would:

Create a one-page questionnaire that would authorize the Dental Board of California to survey all dentists in California. This critically-needed information would help policy and other decision makers establish a long-term plan for the needs of the state's health care delivery system.

Pharmacist Technician Scholarship and Loan Repayment Program

LCHC Position: SUPPORT

When considering our health care system, many of us tend to think of doctors, nurses and dentists. However, the majority of the nation's and state's health care system is within allied health - all those professions other than doctors, nurses and dentists. In fact, over 60% of all health occupations are allied health professions. Many allied health professions, such as respiratory technicians, medical assistants, physician assistants, face many of the same struggles associated with doctors, nurses and dentists such as recruitment into the fields, retention and appropriate education associated with a skilled workforce. Compounding these factors are the increasing changes in technology which have a disproportionate impact on the allied health sector.

This bill would:

Create a scholarship and loan repayment program for pharmacist technicians mirrored after the Pharmacist Loan and Repayment Program. Including more than 45,000 professionals, it is estimated that pharmacist technicians

are the second largest occupation under allied health. The program would provide scholarship and loan repayment grants that would be funded by an optional \$10 donation that can be included by existing pharmacist technicians at time of their license renewal.

Other Emerging Issues

At the time of this publication's print, many other legislative issues are still under development and awaiting formal introduction into the legislative process. Some issues, however, have already begun to gather attention. Below is a quick list of some issues that you may continue to see over the coming months. LCHC will work to keep you posted:

Banning Trans-Fat in California?

The September 2006 decision by the New York City Board of Health to ban the use of trans-fat in all city restaurants has caused a national focus on the use of trans-fat. Shortly thereafter, others began to announce their interest in banning trans-fat in restaurants and foods.

A type of unsaturated fat, the discussion of banning trans fat has also piqued the interest of Californians. Earlier this month, Los Angeles County announced their interest on the issue through the development of a task force with indications that the City of Los Angeles was also interested in the issue. To date, several legislative bills have been introduced on the subject. An in-depth analysis on the issue will be forthcoming from LCHC.

Grocery Stores for Healthier Eating

Last year, LCHC kept you posted on SB 1329 (Alquist) that would have provided planning grants to low-income communities focusing on bringing more grocery stores into these communities. Though the bill did not pass, the measure has been re-introduced as **SB 107** still authored by Senator Elaine Alquist. More information will follow.

Environmental Justice

Environmental factors often have as direct an impact on our overall health and well-being as many long-term illnesses. A recent report concluded that children who live near a major highway are not only more likely to develop asthma or other respiratory diseases, but their breathing capacity and lung development can be permanently stunted, increasing their risk for a heart attack or a life-threatening respiratory condition. LCHC will keep you posted on legislative issues related to this and other environmental justice bills in the coming months.

You are receiving this Policy Update via LCHC's Rapid Response Network. If you would like to become an LCHC member, please visit our website at www.LCHC.org.





JOIN THE LATINO COALITION FOR A HEALTHY CALIFORNIA

The Latino Coalition for a Healthy California, a non-profit, public policy and advocacy organization dedicated to improving the health of Latinos, invites you to become a member. As a member, you will become part of a larger movement of students, professionals, medical providers, legislative staff and others who are interested in advancing the health of Latinos.

LCHC Membership

Benefits of dues-paying members of the Latino Coalition include the following:

- Subscription to monthly LCHC newsletter
- Discounts on registration fees to all LCHC events, including the biennial conference
- Invitations to all LCHC events, including legislative and community briefings
- Monthly electronic updates on legislative and budget issues
- Inclusion in the Rapid Response Network, LCHC's email listserv regarding pressing legislative issues
- Advanced release of select LCHC policy briefs
- Technical assistance with questions regarding legislative and budget issues
- Opportunity to participate in local health forums, such as the LCHC Regional Networks
- Inclusion in a Latino professional's online directory (Community Rolodex)
- Building a long-term relationship with companies and organizations that support Latino health
- Share information and collaborate in projects with other health professionals.

Affiliate Membership – Rapid Response Network

Affiliate members of LCHC do not pay dues and are included in the Rapid Response Network, LCHC's email list serve that provides up-to-date information regarding pressing health legislation and events. Affiliate members do not receive the other benefits of dues-paying members.

Check the following: I would like to become a dues-paying member of LCHC. I would like to become an affiliate member and be added to the Rapid Response Network (free).

Membership Fees

\$35 Student \$50 Individual \$150 Non-Profit \$500 Corporate

If you would like to become an LCHC member or an affiliate member, please email, fax or call with the following information:

Name: _____ Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Name on Credit Card: _____ Credit Card Number: _____

Credit Card Type: _____ Security Code (3-4 digits on back of card): _____ Expiration Date: _____

Please make all checks payable to the Tides Center/LCHC. The Latino Coalition for a Healthy California does not share its list of members with any other organization or entity.