

# **Central Valley Regional Network Meeting Minutes**

*Visalia Convention Center*

*303 E. Acequia Avenue*

*Visalia, CA*

*Wednesday, December 12, 2007*

*9:00am to 12:00pm*

**9:00am**

**Registration, Continental Breakfast, and Networking Reception**

**10:00am**

**Welcoming Remarks and Member Introductions**

David Quackenbush, CEO, Central Valley Health Network

- Today, we will be introducing organizations, and several experts will present their perspectives on what has (or has not) happened with healthcare reform
- LCHC has been dedicated to statewide health issues. As such, we established the Central Valley Regional Network in 2007. We, at the Central Valley Health Network, have several partners throughout the regions, so we love this opportunity to bring in partnering organizations to these regional meetings.
- This is our 3<sup>rd</sup> Quarterly meeting of the year in the Central Valley. At future meetings, we would like to incorporate more and more the participants' perspectives in meetings (rather than just having us give you updates on healthcare reform)
- About the Central Valley Health Network
  - 2008 will be CVHN's 10 year anniversary
  - CVHN is diverse, as are our patients. We are a network of 13 Community Health Center corporations that provide primary care services to low-income and medically underserved families throughout the region. We serve all individuals, regardless of health insurance status or ability to pay.
  - CVHN is a slice of the California Primary Care Association, and all members (116 sites in 20 counties) are federally qualified health centers.
  - CVHN advocates diligently to serve every person who walks through the door of the clinic
  - Recently, Kaiser Permanente was awarded control of a trauma center in South Sacramento. In big red letters, they have posted a sign reading, "We accept all." This idea is the cornerstone of community care centers; this idea is necessary
  - President Bush has put more money into federally-funded health center programs (more so than any other president). This has allowed CVHN to grow—and the numbers will only get larger.
  - 210,000 of CVHN's patients are migrant farm workers. We take a lot of pride in this figure, as CVHN is the largest migrant health center network in the U.S.
- Through partnerships, and involvement in the Regional Networks, some strategic Directions of the CVHN include: quality improvement and health information exchange, workforce development, patient-focused programs and projects, and health policy and advocacy.

- Contact CVHN: we're willing to partner with all organizations who can help us achieve our mission  
[www.cvhnclinic.org](http://www.cvhnclinic.org)  
 David Quackenbush, CEO  
[dquackenbush@cvhnclinics.org](mailto:dquackenbush@cvhnclinics.org)  
 916-552-2846

Vanessa Cajina, Regional Networks Coordinator, Latino Coalition for a Healthy California

- The Central Valley Regional Network works to engage Latino communities in the area, bring together local community leaders and local elected officials, and to mobilize partners to work on policies that will improve the health of Latinos.
- We need to work on fostering and steering policy action for future relationships to grow. For this reason, one of the key points of this meeting will be to gather your feedback on how to grow and improve CVARN.
- About the Latino Coalition for a Healthy California (LCHC):
  - LCHC is the leading voice for policies, services, and conditions to improve the health of Latinos.
  - LCHC issue areas include: access to health care (not only access to health insurance, but also access to doctors and culturally/ linguistically appropriate medical care); health disparities (workforce development, etc.); and making sure that communities are healthy to live in (safe spaces, access to healthy foods).
  - LCHC strategies: community education (partially accomplished through regional network meetings); secondary research (research which is reviewed through a Latino lens); and policy advocacy
  - For more information, contact:
    - The Latino Coalition for a Healthy California  
 1225 8<sup>th</sup> Street, Suite 550  
 Sacramento, CA 95814  
 (916)448-3234  
 www.lhc.org
- On the agenda today, there is a lot going on with healthcare reform. Children's health is in jeopardy this year, the Central Valley has the high rates of uninsured people, and we need strategic options on how to cover everyone.
- David Quackenbush: We want to make these meetings more interactive and hear from more people in the room
- Member Introductions
- Ruben Chavez is Vice President of the Family HealthCare Network, and is very close to our keynote speaker, Mayor Gamboa.
- Ruben Chavez: Mayor Gamboa does a lot for the city of Visalia. He is always visible-- you'll see him walking around town. If you note, there has been much development in North Visalia, and it is mostly attributable to him. Furthermore, his whole life has been devoted to the Latino Community. It is with great pleasure that I introduce to you all the Keynote Speaker

## Keynote Address

### The Honorable Jesus Gamboa

#### Mayor of Visalia

- Thank you for choosing Visalia! I'm not sure how you got here, but I'm glad you did. If you haven't spent any money here yet, shame on you! It's great to have you here and thanks for visiting us.
- Health is very important although I'm not an authority on health. It appears that you are all on the right track. I'm in local politics, and I love local politics—I've been involved in them since I was 10 years old.
- My daughter is currently in medical school in Chicago, well on her way to contributing to the health of our society.
- Without a healthy body and mind, you cannot achieve anything. In order to be active in the community, you need to have a healthy body and a healthy soul.
- Culture is a big thing. Part of the Latino culture is *la hierba buena, se cura éso con eso*. Whether they work or not, cultures believe in certain things. It is important to believe.
- How do we instill in our children the idea of good health and diet? Currently, we are instilling fear in our children, by not having safe, walkable communities where little Johnny, or Juanito, can go and visit his friend Tomás, without being afraid.
- I was 25 years old the first time I went to the doctor. As a society, shame on us! For allowing our children to go on without healthcare.
- As a child, my father used *la hierba de mansa* to cure a boil on his leg. It never worked, but he still used it because he believed in it. He went to a *curandera* once. She had *cantos* and in the *humo* appeared the face of a neighbor who had a curse on my father. He walked out cured, and he believed that the cause of his ailments was a curse.
- Shame on us for not fighting to insure everyone. We have to care about people; health care is caring about people.
- David Quackenbush has mentioned shortages of providers. We already have a shortage in Latino healthcare providers in particular. We don't have enough doctors, and we don't have the social policy to change that. How do we get more Latinos in the health workforce? Ask kids what they want to be... and many will say doctor. Start employment development programs to get these kinds from point A to point B!
- We must communicate this need for more health practitioners, especially with the rising cost of healthcare.
- Employers are finding ways to get around providing healthcare (by classifying part-time or temporary labor forces). And can you really blame them for doing it? The costs are so high, you can understand how something like this can happen.
- It is very near and dear to my heart the CVHN provides for so many migrant farmers.
- *Ventanilla de Salud* are the buses that provide healthcare to farm workers throughout the area (in collaboration with the Mexican Consulate).
- How neighborhoods are built needs to change; we should build communities with *paseos* and safe routes to walk.

- The development in North Visalia stemmed from people of the *barrios* having problems getting to the grocery stores (the roads were bad, and the city failed to build sidewalks).
- National Walk to School Day
  - Hosted in the area
  - This doesn't happen nearly enough! It is easy to drive everywhere, but when was the last time we walked our kids to school?
  - Kids shouldn't be afraid to walk. We can't live in fear. That is why Public Safety is #1 in Visalia. We need to eliminate the bad elements in our communities in order to make our places safe and walkable.
- Thank you all for visiting Visalia. I live here, but YOU have the power to create change. Be active, advocate, and lobby for our causes!

**10:58am**

**Healthcare Reform: Into Special Session**

Vanessa Cajina, Latino Coalition for a Healthy California

- We wanted to take some time talking about healthcare reform. AB 8 Started just over one year ago. LCHC has been living this for a full year now, as health insurance does have an impact on your quality of life.
- AB 8 eventually merged with SB 48 (Perata) and became the Legislative Democrat's plan, passing through both the Assembly and Senate.
- AB 8 was vetoed by Governor Schwarzenegger for four main reasons:
  - AB 8 was not deemed universal (it does not include an Individual Mandate)
  - It does not include guaranteed issue (insurers will still turn people away) LCHC was neutral on AB 8. There are still things we would like to see come from it, i.e. an affordable Individual Mandate.
  - It only relies on one funding source
  - It does not increase Medi-Cal provider compensation (with more people on Medi-Cal, the government needs to be able to reimburse providers). The Governor would propose a 4% Hospital tax to help pay
- Where are we going? To special session, where they will likely produce the broad policy components that the 2 parties have agreed upon in theory, but have not agreed on the financing.
- Healthcare is inherently personal and political. This fact makes the debate difficult
- Following the awful stalemate over the budget, anything dealing with money will not likely pass → we should start thinking about ballot measures. On the ballot, there could be many finance measures (tobacco tax vs. sales tax vs. employer tax) and policy measures (republican plan vs. single-payer plan vs. special session plan)
  - Historically, this confuses the public. Voters are cautious and will maintain a status quo more readily than moving to something unfamiliar. It is our job to educate our communities on what each of these measures mean. Educate them on the dangers of a sales tax on the low income community, and the benefits of healthcare reform. Avoid confusion!
- Keep in mind:
  - Is the plan affordable?

- Is it accessible to everyone?
- Will we have enough medical providers to accommodate the newly insured?
- Is the financing sustainable?
- Key Comparisons of the new proposals released by the Legislature and Governor
  - New plans have been released, but there are still many sticking points
- What now? Call Federal legislators and urge them to vote to reauthorize SCHIP TODAY! Our kids face a huge loss if SCHIP not reauthorized. We'll address SCHIP later, but if SCHIP isn't passed, then any hopes for providing coverage for all of California's kids in AB X 1 1 will vanish.
- Make a call to the Governor and our Legislative Leaders TODAY reminding them to act on health care reform.

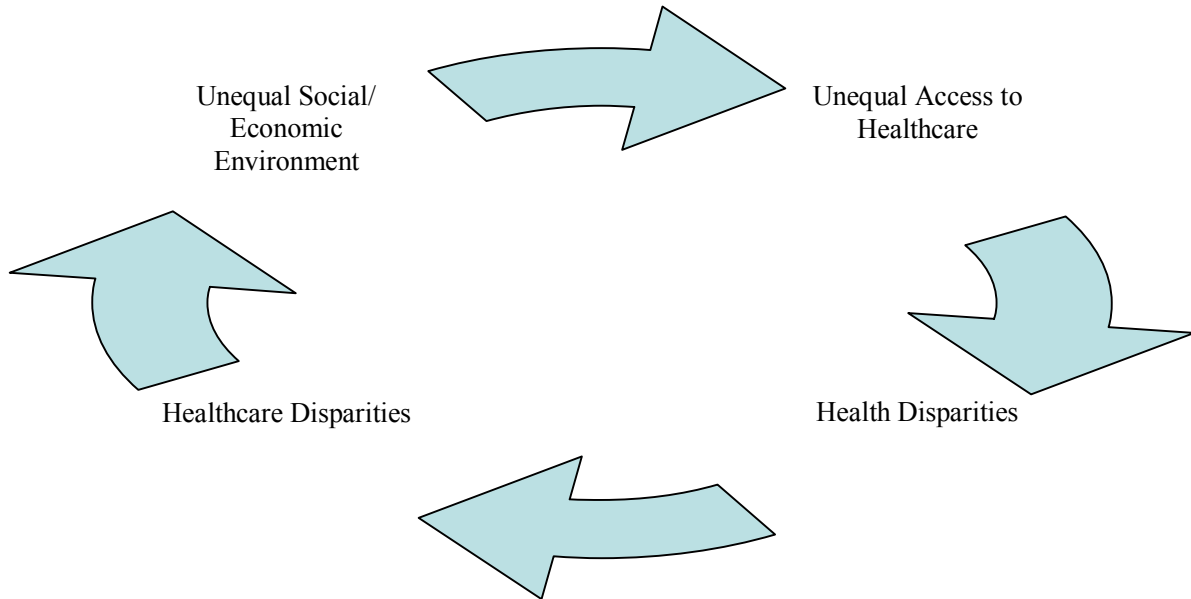
**11:04am**

### **Health and Health Policy in the Central Valley**

Dr. John Capitman, Director, Central Valley Health Policy Institute

- This presentation is an academic's perspective on what makes health policy in the Central Valley unique.
- Overview of presentation: discuss the Healthy People 2010 Objectives, Federal Policy, and Special Valley Implications for ABX 1 1.
- Healthy People 2010 Objectives:
  - Developed by the federal government, things are measured as indicators of health in different areas (physical activity, smoking, etc.)
  - CA did not meet HP 2010 indicators for anything, except adolescent smoking, teen immunization
  - Main reason for these low objectives: access to healthcare (California has higher rates of uninsurance)
  - In comparison to California as a whole, the Central Valley does even worse on the objectives. Central Valley does not meet even one of the indicator objectives.
  - Nationally, California compares most to Florida (maybe you'll notice a pattern: the presence of Latinos)
  - In Central Valley, 65% of people are obese or overweight (very far from the national goal).
  - Central Valley is not improving (and hasn't been improving since 2001). Nothing is working towards improving these indicators.
  - Motor vehicle deaths are a problem in the Central Valley; rural areas are unsafe, in terms of road conditions.
  - Central Valley has one of the poorest air quality ratings.
  - In the Central Valley,
    - White men are healthier than white men in California as a whole! The real story here is about the remarkably inequitable health system!
    - The saddest part of this story is experienced through separation/comparisons via sex and race

- Diabetes and cardio vascular disease are causing higher mortality rates in the Central Valley. These are causing people to die sooner than California as a whole, and sooner than the nation as a whole.
- Unequal Environmental and Social circumstances frame this story



- The extreme exploitation of workers is framing this conversation. Employers get rich from taking advantage of employees (especially in agriculture). Systematically blocking development of Health and Human Services
- In Tulare County and many other Central Valley counties, there are fewer than 50 primary specialist doctors per 100,000 people!
- Rates of uninsurance: 16% in Central Valley vs. 14% in California as a whole
- The Valley has unique needs. Current policies do not necessarily address the needs of the Valley.
- SCHIP
  - Bush has now vetoed SCHIP twice
  - Healthy Families is crucial to any expansion of California's health system
  - A funding shortfall will lead to thousands of people losing coverage within the next three months.
- Medicaid reform restrictions: the Bush Administration is systematically blocking any state-level innovation for meaningful reforms.
- Tax break fantasies: it is highly unlikely that we can eliminate taxes on health provisions
- Budget Crisis: this climate may not be conducive to healthcare reform.
- Kuehl's single payer plan is the best approach right now. It is the only one that comes close to universal coverage, and achieving all of the elements that advocates seek.
- ABX 11 fails to meet special concerns in the Central Valley. It does not address:

- Availability in small towns
- Cultural/ linguistic competence
- Increasing the number of providers/ healthcare workforce
- Destabilizes the safety net (by transferring power away from the counties, it leaves the medically indigent adults more vulnerable than they currently are)
- Affordability
- I [Dr. Capitman] moved here from Massachusetts. A year after implementation, private plans are still becoming more attractive to the people (not the public plans)
- My recommendations:
  - Prepare for another long battle
  - Focus on federal and state efforts (the state alone may fail and regional solutions may be the best way to go)
  - Engage communities and individuals to overcome the complexity of this issue. Move away from slogans and vague language... be specific

### 11:34am

Ruben Chavez, Vice President, Family HealthCare Network

- With clinics in Tulare and Kings Counties, we are federally-funded health clinics. We come from humble beginnings—starting at a two-room gas station. We offer Managed Care (through Health Net and Blue Cross) and Medi-Cal services. We have 650 employees, and serve 80,000 patients.
- We are a non-profit, and have no share-holders. All of our money goes directly into the community and care services.
- Thanks to Health Net, we have a transportation van that can provide care in many underserved areas; making us a Migrant and Community Health Center.
- This County and the Valley ignores so many racial issues that need to be addressed. I know that my *tíos* and *tías* have been denied access to healthcare or they didn't go because it was too difficult to understand the doctors.
- Our clinics have been swamped since the closure of the Porterville Clinics in Tulare County. Whether we are prepared for the volume or not, we have to deal with it.
- The Central Valley has a problem attracting doctors and retaining them. Doctors coming out of medical school with \$250,000 debt, do not want to come here to serve the sickest of the sick.
- There is something that the Central Valley ranks #1: teenage pregnancy.
- Family HealthCare Network does offer a loan repayment program, but doctors leave the Central Valley as soon as their loans are paid off. We need to work on doctor retention in particular.
- There is a medical school in Visalia as 1 of 14 sites part of a pilot program to house/train 3<sup>rd</sup>/4<sup>th</sup> year medical students in Central Valley community clinics (hoping to attract doctors to stay in the community).
- The growing uninsured population produces scary statistics in the Central Valley
  - Our Employee of the Year: it's difficult to even provide her with a special parking space, because our clinic is always so busy

- We are forced to schedule doctors to work on the weekends, nights, long shifts...
- Dilemma of costs: clinics are built small, of the bare necessities due to the cost of expansions
- Building almost one clinic a year, the mantra is “build it and they will come.” Yes, patients will come, but will the doctors and staff?

**11:53am**

**Moving the Network into 2008**

Vanessa Cajina, Latino Coalition for a Healthy California

- How do you see the CVaRN affecting positive changes in Latino Health?
  - Recruit more specialists, and more primary care providers
  - Home-grown providers: invest in Medical Schools for Visalia. Pipeline kids to study and work here, beginning at primary school level
  - NEPO—work with them to recruit diverse medical students
  - Build an LCHC office in Central Valley
  - Youth mobilization via AmeriCorps, etc.
  - Disaster Contingency Plans from losing SCHIP funding → we need to focus more on working together (not everyone solving problems on their own)
  - Innovative Change
  - Coalitions are better than going alone
  - Develop communication plans to speak/ address communities
  - Make SCHIP reauthorization more of a priority
- LCHC would like to start working in Coalitions and work more within communities

**12:06pm**

**Adjourn**