

Central Valley Regional Network Meeting

Creating Regional Advocacy Infrastructure

Monday, April 14, 2008 12:00 to 3:30pm

UC Merced- Fresno Center

555 East Shaw Avenue, Fresno, CA

Calaveras Room

Minutes

12:00pm

Registration and lunch

12:30pm

Welcome and Opening Remarks

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

- LCHC is the leading organized voice for policies, services, and conditions that aim to improve the health of Latinos. Our issue areas include access to healthcare, health disparities, and community health. We have a three-strategy approach to address and promote our issues: Community education, Research, and Public Policy/Advocacy.
- The Central Valley Regional Network meets on a quarterly basis to address locally-defined issues and to empower Latino communities in the Central Valley to participate in health planning implementation, evaluation and advocacy.

Ruby Mateos, Central Valley Health Network

- The Central Valley Health Network (CVHN) is a major system of health care for low-income families throughout the Central Valley. CVHN spans most of California- we also cover outlying areas from Yuba City to San Bernardino.
- CVHN has 116 sites in 20 counties, and provided 2.1 million encounters with 530,000 patients
- CVHN is the largest migrant health center network in the U.S.—with 210,000 farm worker patients

12:42pm

How will California's Budget Crisis Affect the Central Valley?

Vanessa Cajina, Latino Coalition for a Healthy California

- We will begin with the bad news: California is experiencing a budget crisis. In our San Diego meeting, LCHC was lucky enough to have the chair of the Senate Budget Committee, Senator Denise Moreno Ducheny, lend us some of her keynote slides regarding the current budget situation.
- Looking at the general budget process, the fiscal year begins July 1 and ends June 30. The Governor then proposes a Budget in January, but Legislators don't really have a good sense of where the budget stands until mid-May, when the proposed budget is revised. May is when the State sees revenue come in: Quarter 1 property taxes and April 15th income taxes. This year, tax projections are looking low, so we

may not be in good standing. June 15th is the deadline for the Legislature to pass a balanced budget

- Passing the budget is the hard part; as California is one of three states in the United States that requires a 2/3 vote in each house to pass the budget.
- Our General Fund this year is around \$100 billion, and this pays for K-12 Education, Higher Education, Health, Social Services, Prisons, Courts, Business, Transportation, Housing, and Constitutional Requirements. Senator Ducheny made a point last week that for the first time in history, spending on California's prison system is equal to spending on education!
- California finances its needs through:
 - Sales Tax (\$29 B), which represents 1/3 of our income. Sales tax is tricky because 20% of it comes from the sale of new cars. When people face an insecure economy, they stop buying cars and other more expensive items that incur large sales taxes → California could lose revenue
 - Corporation taxes (\$12 B)
 - Personal Income Taxes (\$56 B) this is where the majority of our dollars come from
 - Special Funds and Fees (i.e. vehicle registration fees, recycling, gas ,etc)
- The 2008-2009 budget faces major decisions
 - The Governor proposes 10% cuts across the board
 - Everyone is at the table. The idea of cuts forces everyone to think of other policy issues than their own; we all bear the burden.
 - These cuts lack foresight/ priorities. Policies are interrelated, so there are some industries that will face *more* than just a 10% loss.
 - The Governor also proposes fee increases to:
 - UC/ CSU students
 - Homeowners insurance
 - Vehicle registration: Before, our Governor cut the vehicle registration fees and lost a major source of revenue. The tax was initiated by Wilson. It was cut, and then brought back by Gray Davis—Davis was recalled in part for this decision. The original intent of the vehicle registration tax was to help us out in times like this, when California faces larger deficits. Looking back, had we kept the tax, this fee would have reduced out deficit by at least 2/3.
- Perspectives on the Budget
 - We need a balance of spending decreases AND revenue increases—cuts will have to be made and revenue sources need to be identified
 - With the cuts, we will need to prioritize spending; don't sacrifice another program just for the sake of saving your program.
- Emergency cuts were made that will affect this year:
 - Cuts to Health and Human Services programs
 - Cash payments to counties were delayed, cutting \$165 million to Medi-Cal Fee for Service. This will affect non-managed care clinics (including federally qualified facilities), causing a delay in services, staff with no paychecks, and possibly closing clinics
- Some proposed cuts for next year (Fiscal Year 08-09)

- 10% Medi-Cal provider payment reductions (\$1.4 billion)
- “Save” \$268.2 million by cutting “optional benefits” for adult Medi-Cal beneficiaries. These beneficiaries, who are twice as likely to have diabetes as privately insured individuals, face losing crucial benefits like dental, vision, chiropractic, and so on. They will suffer if coverage is lost
- Increasing Healthy Families share of cost for non-preventative office visits and capping dental benefits. This will double the amount that patients will have to pay, most likely resulting in fall-out/ kids losing coverage because their parents can’t afford it.
- Cuts to Cal WORKS and the Department of Public Health
- LCHC is highly opposed to the reinstatement of Quarterly Status Reports (QSRs) for Medi-Cal. The state projects it will “save” \$184.4 million by doing so, but this is not necessarily the case.
 - QSRs would require beneficiaries to re-determine their assets *every three months*. This is a long and complex form that forces Medi-Cal recipients to certify their income and assets.
 - We don’t ask individuals to file their income taxes to the IRS every three months
 - This will pose a serious health literacy issue to Limited English Proficient people
 - The main intent of the QSR is to create fall-out. Savings are only realized when people will fall behind on paperwork are dropped from Medi-Cal coverage
- If QSRs are reinstated, we will likely go back to the days of having crowds of people lined up around the Medi-Cal office, looking for help. This paperwork is a blatant attempt to disenroll beneficiaries. The government *knows* and willingly creates barriers to their entitlement program
- From the clinics’ perspective, community health centers are already stretched on what they can do; these cuts will greatly hurt the centers. Generally, the population that CVHN serves does not go for direct services. If they are cut or can not afford direct care, they will wait and end up going for emergency care.
- Committees on Budget in the Assembly and Senate have discussed many items (i.e. they have already heard QSRs), but they will not vote on these items until after the May revise comes out. *On the bright side, next year’s budget cuts haven’t happened yet! It is not too late to do something about it.*
- Steve Barrow comments that he’s heard around the Capitol that Democrats are fighting cuts and Republicans are holding out on taxes. We may have to wait until October before we actually pass a budget! Rather than having the budget settled by August, the fighting may last well into October. This will be catastrophic to all clinics, as they will be going that time without paychecks.
 - We need to look into district visits and talking to Republicans to make them accountable to their constituents
 - Start targeting legislators who are termed out (for, this is the time that termed out politicians begin to worry about their legacy in office)

1:09pm

Member Introductions

All of the meeting attendees were given a few minutes to introduce themselves and talk about where they are coming from (work, personal, etc.) Below are some of the comments heard during introductions:

- It is important that we all make our voices heard
- There is a serious cash flow problem in California that will cause clinics to close their doors; when legislators talk about cuts and delayed budgets, this is the real issue that's on the table.
- Last year during the budget stalemate, clinics had to take out loans (all bearing interest) in order to stay open. Clinics are *still* repaying those debts today.
- Also, when unemployment rises (as is the current situation) people tend to turn to community clinics (the safety net) for services.
- The Central Valley has especially high obesity and diabetes rates:
 - The state/county/ United States do not reimburse preventive care! There are no services available to pregnant women who develop diabetes, which has long-term health and developmental implications for their children
- QSRs will lead to mass confusion, as with DRA implementation:
 - QSRs are a barrier to accessing health care
 - This is a federal problem; this turns away eligible people who need care
 - This also burdens the Certified Application Assistants to prove citizenship for applicants
- Vanessa Cajina points out that LCHC has sample Budget Letters for everyone to sign on to. Democrats have stated that they won't vote on an all cuts budget, and *we* need to let the Republicans know they will be safe and rewarded for supporting revenue.
 - Keep in mind that it takes a lot of work to get their attention: we will need to make hundreds of phone calls and send in hundreds of letters.

1:35pm

California's Budget Crisis: Children's Health Initiatives in the Central Valley

Steve Barrow

- There are some key budget issues in looking at Children's Health Initiatives:
 - Enrollment of Healthy Kids Program- CHIs are doing well when enrollment increases
- CHI core focuses:
 - Cover all children in California. Get them access to health coverage
 - Help families retain coverage (Healthy Families, Medi-Cal, etc.)
 - Make sure families are getting preventive care and understand how to use their coverage; make it known that they should not wait until illnesses require emergency help.
- There are five counties with Children's Health Initiatives: Madera, Fresno, Kings, Tulare and Kern. All are dependent on a handful of funders. This is an experiment attempting to get the state to use the CHI (local-created) model and apply statewide to get kids covered.

- The funders include First Five of California, the California Endowment, Blue Shield, Health Net, and the California HealthCare Foundation.
- Aside from the core focuses, we also concentrate on:
 - Governance: who is making decisions any why
 - Good relationships with funders
 - Outreach, Enrollment, Retention, and Utilization (OERU): working with families, educating and empowering them
 - Growing partnerships
 - Stability of State/Federal Programs
 - Involvement in Regional Efforts (like with LCHC)
- Our goal in Fresno is to get 26,000 uninsured kids covered.
- Successes in counties:
 - Healthy Kids is a regional initiative that fills the gap (kids who are not covered by Healthy Families or Medi-Cal can apply for Healthy Kids to obtain coverage).
- Challenges across counties:
 - There are many uncertainties in health care reform; reform is not moving right now because Legislators won't take it up
 - The trick is to get the Governor to sign a statute to cover kids—and we need to find a way to finance it
 - 45% of legislators will term out this year, meaning we'll have to re-educate and start over with a new legislature soon.
 - OERU money was cut in the budget and many CAAs (Certified Application Assistants) were lost. This makes outreach especially difficult
 - The scariest thing is that Senate Republicans are refusing to sign a budget that increases revenue. They could potentially hold off passing the budget until October. This is a serious matter, as it could result in clinic operators having to mortgage their homes to cover costs. Or, clinics will close.
 - If you really want to get through to Republicans, you need to find help from other elected officials, UC representatives, or chambers of commerce (non-traditional allies) who will deliver our message
- Positive outlook:
 - Healthy Kids enrollment is growing; this model is working to get kids covered
 - There is some agreement between the Governor and several legislators on the Children's Health Initiative model
 - Federal SCHIP funding is stable through March of 2009
 - Local partnerships are broadening
 - Children's Health Initiatives are still around, despite all of the predictions stating otherwise
 - Speaker-Elect Bass and Senate Pro Tem-elect Steinberg will assume their new leadership roles in mid-May and August, respectively. Both get along very well, and both have good reputations with the Governor and their colleagues on both sides of the aisle

- Overall, we need to work on charting our organizations and connections. Find out whom we collectively know, and who is able to step up and help us talk to these legislators.

2:03pm

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2:17pm

Healthcare in el estado dorado: 2007 in review, 2008 in focus

Vanessa Cajina, Latino Coalition for a Healthy California

- California’s general legislative process begins in January and February, when bills are introduced. By the beginning of May, each bill must be heard in a policy committee (here is a *point of impact*, where we can send in letters of support/opposition). By the end of May, all bills with fiscal implications must be heard by the Appropriations Committee. This year, any bill with a fiscal impact of \$50000 or more will go straight to suspense file. Bills must pass out of their house of origin by the end of May (here is another *point of impact* where you can send letters of support or opposition). After May, bills go through the same process in the other house. Finally, the Governor must sign or veto all bills by the end of September. If the Governor fails to veto a bill, it automatically becomes *de facto* law.
 - If you are interested in sending letters of support/opposition, be sure to send multiple letters (addressed to the committee chair, the author of the bill, and any members who you are targeting). Also, be sure to include something district-specific in the letter to get them interested or involved
- Although 2007 was dubbed as “the year of healthcare reform,” it proved to be a difficult issue to navigate. Healthcare is inherently personal and political.
- This year, given the status of the budget, any bill with fiscal appropriations will have a slim chance of moving.
- 2008 Priority Legislation: Health Disparities
 - AB 2735 (Hernandez), LCHC is sponsoring this bill—it creates a task force to develop a master plan for increasing and diversifying California’s healthcare workforce; strengthens data collection and reporting
 - Status: will be heard on April 17 in Labor and Employment committee- send a letter of support!
 - Deb Riordan mentions that the Central Valley is one of the largest medically underserved areas in the nation! There is a huge need for doctors and health care workers, and there are few specialists in the entire region.
 - AB 3027 (De León), LCHC supports—would help inform Limited English Proficient patients of where they could find interpretive services across California’s health care system
 - Status: will be heard on April 15 in Assembly Health—Send a letter of support!

- 2008 Priority Legislation: Access to Healthcare
 - SB 564 (Ridley-Thomas), LCHC co-sponsors—would provide the infrastructure needed to expand the number of school health centers and increase access to healthcare services
 - Status: 2 year bill; awaiting next placement
 - SB 32 (Steinberg), LCHC supports—creates health coverage program for ALL California children under 300%fpl and ease enrollment process for Healthy Families/ Medi-Cal
 - Status: 2 year bill, held in Legislature, and waiting next placement
- 2008 Priority Legislation: Community Health
 - SB 1420 (Padilla), LCHC supports—would require specified food facilities (chain restaurants) to provide nutrition information on their menus. This bill is sponsored by the American Cancer Society and the California Center for Public Health Advocacy. The main opposition is the California Restaurants Association.
 - Status: passed through Senate health, now to Appropriations
 - *Question:* If passed, will food nutrition information be available in more than one language? *Answer:* no, but nutrition information is mostly numerical and has many cognates.
 - AB 2572 (Parra), LCHC opposes—would offer restaurants the option of disseminating nutritional information through a number of different venues. This bill is supported by the Restaurant Associations, and would block the benefits of SB 1420
 - Status: passed in Assembly Health, now to Appropriations- send a letter of opposition
 - AB 2474 (Galgiani) LCHC supports—would require the California Department of Public Health to establish a program that implements recommendations from the Governor’s report on obesity, including prevention programs and tracking. The Governor’s office has already completed a report two or so years ago on obesity recommendations, yet nothing has happened. This bill would help implement those changes—the bill needs your help in getting through Appropriations.
 - Status: passed Assembly Health, now to Appropriations—send a letter of support!
 - SB 48 (Alquist) LCHC supports—expands and supports healthy retail foods in underserved communities, as well as technical support to existing food retailers to improve food choices, such as grants for refrigeration units
 - Status: 2 year bill; held in Assembly Appropriations Committee
 - AB 1472 (Leno), LCHC support—establishes the California Healthy Places Act, which would work together to improve environmental health, provide assistance and funding to local governments in their planning processes, and require “health impact assessments” in city and regional planning decisions
 - Status: 2 year bill; held in Senate Appropriations Committee

2:41pm

Food Security for Latinos: Special update from the USDA Food Stamp Outreach Program

Dennis Stewart, Regional Director of the Food Stamp Program, USDA

Joe Torres, Director of Civil Rights, USDA

- The USDA wants your help enrolling individuals in federal entitlement programs. Everyone who is eligible for these programs is entitled, since the federal government does not limit the amount they will fund.
- Locally, the Fresno Metro Ministries and others have been great partners in Food Stamp outreach, but we all need to do better. Currently, Fresno County is losing \$200 million a year in funding, and Tulare County is losing \$100 million.
- In a recent UCLA study, it was discovered that a high percentage of Latinos suffer from some level of hunger.
- There are health implications (if not short-term, then certainly in the long-term): We can either pay now for school breakfast programs or we will pay later for obesity—because kids who skip breakfast have been proven to develop poor eating habits throughout the rest of the day.
- We need community organizations to help the federal government enroll eligible individuals. The USDA cannot reach these individuals without your active involvement. Community based organizations have the invested trust of the public, and have the power to educate them on how to enroll in the Food Stamp Program and in the School Lunch programs.
 - CBOs are needed to inform people of the program requirements and facilitate the application process for them.
- Undocumented individuals are not eligible for the Food Stamp Program, though many immigrants are eligible for the California Food Assistance Program.
- California only has a participation rate of 49% among eligible households; whereas other states have much higher rates. \$100 per person *per month* is being lost for that 51% of the population not enrolled.
 - Further, it has been shown that for every \$5 of federal money given out in Food Stamps, there is \$9 in economic movement (money being spent in the local communities). There is a multi-player effect in the community.
- The difference between food security and food insecurity is *hunger*. Food Stamps are a Federal Government response to poverty and hunger.
- The hunger crisis taking place in the Latino community is not something that has been widely studied. The National Council of La Raza (NCLR) published a study in 2006, estimating 4 million Latinos going hungry—this number does not include the undocumented and has likely risen over the past few years.
- The USDA needs your help to develop strategies that will work for your community. We want to make today the beginning of a long-term relationship addressing this issue. How can you get involved?
 - Participate! Engage the community. We need to find ways to enroll food stamp participants via community organizations, rather than referring them to county services.

- Today, we need you help especially with Food Stamps. Not having Food Stamps when you need them leads to staggering economic effects and staggering nutrition consumption. This is not just a welfare issue; this is a public health issue.
- *A meeting participant suggests that we find a mechanism to apply technology to eligibility verification, so as not to overwhelm the county case workers.*
- *Another issue raised is that the federal and state governments provide no money to fund local outreach efforts. This pushes all of the pressure on counties, when others could be doing outreach/ television ads, etc to help out.*

2:56pm

Food Security for Latinos in the Central Valley: Successes of the Central Valley Health Network

Maribel Torres, Central Valley Health Network

- Personally, Maribel grew up in a family of eight, and her parents were seasonal farm workers. In this environment, food was not always plentiful.
- CVHN's Food Stamp Outreach Program began in October. Since it is a new development, the exact statistics on number of people enrolled are not yet available.
- In general, CVHN provides care for the poor and the uninsured—this places CVHN in a good position to reach eligible individuals for the Food Stamp program.
- The program's goals are to raise the awareness of food stamp eligibility and to provide nutrition education.
- Activities within the program: application assistance, media, and education.
- The application assistance options include manual or “see for yourself” (online).
- Progress and impact of the program: CVHN has generated \$117,000 in food stamp funds; \$216,000 has filtered into the community through food stamp revenue.
- CVHN is growing: the food stamp outreach program has already secured four new partners (health centers and community clinics) for 2009.
- It is important to educate our communities of eligibility requirements; while it is known that undocumented individuals do not qualify, many do not realize that children born in the U.S. *are* eligible.
- One barrier to the use of Food Stamps in the Central Valley is that rural communities do not always accept EBTs (Food Stamps will not be useful in these areas.) We need to innovate and get food stamp access to healthy food markets and flea markets (including rural areas).
- What are the eligibility requirements for the Food Stamp Program?
 - Citizen or permanent resident of the U.S.
 - Earn below 130% federal poverty level (equivalent to \$27,000 a year for a family of 4)
 - Have less than \$2000 in bank account (\$3000 for seniors)
 - Contrary to myth, you *can* own a car/house/etc. and still meet above requirements
- How can you apply? Via the County, in-person.

3:24pm

Adjourn