

San Diego Regional Network Meeting Minutes

UCSD Extension Mission Valley Center

404 Camino del Rio South, Suite 102

San Diego, CA

Friday, December 7, 2007

9:00am to 12:00pm

8:30am

Registration and Continental Breakfast

9:07am

Welcoming Remarks and Member Introductions

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

- The San Diego Regional Network has been established for around a year and a half, working 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 SDRN.
- About the Latino Coalition for a Healthy California (LCHC):
 - The LCHC has accomplished several regional successes in Los Angeles, the Bay Area and the Central Valley. Quarterly SDRN meetings hope to achieve similar results in San Diego: addressing locally-defined needs and conditions, increasing the community's knowledge and empowering the community to participate in policy-making decisions, and so on.
 - 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; and making sure that communities are healthy to live in.
 - 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 8th Street, Suite 500
Sacramento, CA 95814
(916)448-3234
www.lchc.org
- The California Office of Binational Border Health, Veronica Keeler
 - AB 63 (Ducheny) formed the California Office of Binational Border Health.

- The COBBH's mission is to protect and improve the health of California communities affected by border or Binational conditions and activities through facilitating cooperation between California and Mexico health officials and health professionals
- COBBH has been a big part of SDRN, especially in helping reserve our meeting space.
- Member Introductions

9:17am

The Honorable Mary Salas

- The Hon. Mary Salas was elected to serve the 79th California State Assembly District in November of 2006, her district including Chula Vista, National City, Imperial Beach, Coronado, and portions of East San Diego. She has worked on the California Trade and Commerce Agency, the South County Economic Development Council, and has a background in health access campaigning as well, and is currently a member of the Health Committee.
- Proud to serve as Chair of the Veterans Affairs Committee, it is recognized that San Diego County has the highest population of veterans in the state. Now, Latinos represent a larger number of veterans, and it is important to serve them as all other groups.
 - Asm. Salas has a history of military service in her family: Her grandparents migrated from Mexico, and settled in Chula Vista. All seven of her brothers were soldiers, all of them spoke English, and all of them worked through College.
 - This is a proud feeling for the Latino community: to serve the USA, to learn English, to push for a college education, and to break all of the typical Latino stereotypes.
- Health is suffering: not only the lower class, but also the middle class and small businesses.
- Discussing health in Sacramento, the Small Business Coalition was campaigning for AB8 and healthcare reform! A competitive disadvantage has been placed upon these small businesses to offer health coverage to their employees
- The Mental Health Stigma found in the military is an illness also found in the Latino Community
- Alzheimer's is becoming more prominent in the Latino Community; there is a strong need to educate Latinos on this subject. There is a common myth that "Alzheimer's is a natural part of aging". This myth can lead to late diagnosis and treatment.
- A good way to reach out and educate the Latino Community is through the Church— 73% of Latinos learn through Church groups (shown in a recent Alzheimer's Study)
- As a baby-boomer, there is a huge wave of the aging population that will experience Alzheimer's → this will be a public health issue. We need to be concerned about their care, and that the care provided will hopefully be better than convalescent homes
- Diabetes and Latinos
 - 31,000 in San Diego County; over .5 million in California have diabetes

- There was a bill last year, authored by Salas and signed to law, required that providers in the U.S. who contract in Mexico report communicable diseases
 - Mexican authorities do not require providers to report when individuals have communicable diseases. This becomes problematic as more U.S. citizens go to Mexico to receive care (due to the high costs of health coverage in the U.S.; this means U.S. coverage is not doing the job)
- Special Session: private hospitals are suffering currently due to poor reimbursement rates and pay-in ratios.
- Hopefully, this is the year we accomplish healthcare reform. Thank you all for letting me [Salas] be a part of your day today. As a freshman in the Assembly, I defer to all of you who have worked on Health Care Reform your whole lives.

9:39am

Healthcare Reform: Into Special Session

Jan Spencley, Director, San Diegans for Health Care Coverage

- This is a big issue, and will require time!
- We need to bring together businesses, labor, health providers, and advocates to find some common ground (rather than talking about our differences)
- If it is not covered in legislation, benefits do not exist for low to middle income Californians; many have no access to care or coverage. So, we all have to work at improving these conditions.
- Where do you need to define the benefits? Coverage relates to co pays and deductibles (6.5% of income being paid towards health coverage for some people means, you're not paying rent!)
- All income groups need to be part of benefit changes. That means, pool ALL healthcare coverage
- Incentivize employers to provide coverage through the workplace (not just a pay or play system)
- Fear of crowd-out: people moving from private coverage to the public market
 - We absolutely need crowd-out provisions. Otherwise, our state will be unable to support the new market—it will run out of money!
- Eligibility requirements: MRMIB uninsurables today will be identified differently and may receive worse benefits than what they currently have. We need to insure continuity of coverage
- Complicated legislation; the report needs to be simpler—NOT 200 pages long!
- Evaluation and Adjustment: we need to build in a clause, just in case the threshold is not successful. We need to be able to revisit whether/not it works, and terminate the program if it does not work.
- We will not need a pilot program. We can do this, because California is larger than some countries!
- A bad feeling: expect to see ballot initiatives, since we will most likely not succeed in passing the proposal through the legislature with a 2/3 vote.
 - The public will not understand the ballot measures, because everything is complicated and confusing
- If we do not pass one of the proposals, Senator Ducheny is looking to pass a pilot project for coverage in San Diego County

- Q&A: wasn't there a program called "Healthy Californians" intended to require businesses with >50 employees to purchase into a small group market? Yes, it was not successful because it was run by private groups. However, it was a benchmark plan with some provisions that are still in place.
- Q&A: Have we ever been close to health care reform? The only thing we're getting closer on is the children's initiatives.

9:57am

Vanessa Cajina, Latino Coalition for a Healthy California

- It is important to remember that Health Care is inherently political; expect everyone to have a strong viewpoint.

Dr. Greg Talavera, Clinical Affairs Director, San Ysidro Health Centers

- I am not a heavy policy person-- I am a program person. But today, I was forced to look at healthcare reform plans. These are the plans that are already reflected in San Ysidro Health Centers
- Health Centers already know how to provide structurally and linguistically competent care, serving the underserved. We really need to focus on strengthening these Centers, because we already have the experience!
- We are used to dealing with people who live life's problems and life's disadvantages
- We use wave scheduling to accommodate people's lifestyles: we schedule 3 people all at the same time (knowing that one will not show up, one will be late, an extra will walk-in, and one will be on time). This is life. These people show up whenever the bus can get them there, or whenever work permits, and so on.
- SYHC use a Collaborative Health Information Warehouse
 - This system tracks individuals who need follow-up care
 - For example, an individual goes to the Emergency Room for pneumonia. Only 5% of patients return for the follow-up they need. With a database, clinics are able to call them, seek them out, and ensure their care.
 - Kaiser and many others are looking for technology sharing programs as such.
- Reduce costs by creating a registry where information is updated
 - In one program, "Eye to Eye," information automatically interfaces every time a patient checks-in or a doctor orders an exam...
 - Improves the quality of care
 - Pilot this program with chronic diabetes (5,000 out of 25,000 in our clinic have diabetes)
 - Use to provide better prenatal and child care within clinic- with prevention being the prevalent theme.
- Strengthen the integrity Community Health Centers, because all of these programs already have information technology in place
- Obesity is occurring among Latino children as diabetes is hitting Latino adults
- Research at SYHC becoming more prevalent. SYCHC is developing a Research Center, partnering with UCSD and SDSU
- Q&A: [Jan Spencley] I agree on strengthening Community Health Centers; you are better prepared for healthcare reform. However, get ready for commercialized plans (because that will be the form health care reform takes on). Community Health

Centers will be assets to the marketplace once reform comes. [Greg Talavera]
Managing Community Health Centers runs into funding problems in dealing with the marketplace strategy (although it is important)

10:20am

Vanessa Cajina, Latino Coalition for a Healthy California

- AB 8 Started exactly one year ago today. It eventually merged with SB 38 (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)
The LCHC was neutral on AB 8. There are still things we would like to see come from it, i.e. an affordable Individual Mandate. Without an Individual Mandate, Insurance Companies will *kill* this bill
 - 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 numbers. Anything dealing with money will not likely pass → we should start thinking about ballot measures
- On the ballot, there will 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, when this happens, the public gets confused and people try to push the status quo. This usually kills the more programmatic bill, because there are too many choices and people become overwhelmed and confused. 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?
 - Is it quality? Affordable plans often don't include quality coverage... we need to insure that an affordable plan is more than catastrophic coverage
 - Is it culturally/ linguistically competent medical care?
- California Health Care Reform—Key Comparisons
 - ABX 1 2 Governor's Plan

- Adults: covers up to 100% fpl, and includes subsidies for adults up to 250% fpl (ABX 1 1 would just expand Healthy Families up to 300% fpl)
 - Other funding sources: lottery?
 - ABX 1 1 Nuñez/ Perata
 - Requirements on employers: pay or play (where governor requires all employers to pay 0-4% based on payroll size)
 - Other funding sources: tobacco?
 - Both Plans
 - Requirements on providers: Hospital fee of 4% of patient revenue, subject to ballot approval
 - Children: cover all children, regardless of immigration status
 - Affordability: 250%fpl to 400%fpl receives tax credits. However, more than 6.5% of their yearly income could be spent out of pocket.
 - Prevention and Wellness: both accommodate for community makeover grants, obesity, diabetes, smoking cessation
 - Insurance Market Reforms: Insurance must spend 85% income on health care (not on overhead profits!) Rating bands will be regulated by plans (based on where you live)
- What now? Call Federal legislators and urge them to vote to reauthorize SCHIP TODAY! Get coverage for our kids, and do adults separate! Our kids face a huge loss if SCHIP not reauthorized.
- Make a call to the Governor and our Legislative Leaders TODAY reminding them to act on health care reform

10:43am

Latino Health in Sacramento and Washington D.C.

Vanessa Cajina, Latino Coalition for a Healthy California

- A review and next steps on 2007 California legislation, and the SCHIP reauthorization
- SB 472 (Corbett) *Signed—First in the nation of its kind!*
 - Enables the Board of Pharmacy to seek stakeholder input to standardize the format of prescription drug labels and would provide labels that could be translated into languages other than English.
 - CA will be the first state to achieve standardized labels; the Institute of Medicine is looking to this model to accomplish similar feats on the federal level.
- SB 564 (Ridley-Thomas) *Has become a 2-year bill*
 - Would create a grant program to expand the number of school health centers, and allows school health centers to provide routine assessments, health promotion services, and outreach.
 - A permanent school health center would provide care to children who, otherwise, might not receive any care at all (especially in situations where

their parents work multiple jobs/ can't always give children the access needed.)

- SB 615 (Oropeza) *Vetoed*
 - Would create a loan repayment program for pharmacy technicians.
 - This incentive could bring more Latinos into the health industry, and help diversify the healthcare workforce (therein increasing the income of Latinos, and better serving communities of color, because Latinos tend to give back to and serve in low-income areas). Diversifying the workforce would also give California's population a better understanding of the prescriptions they use—for example, preventing Spanish-speakers from reading “once daily” as “11 diario”
- SB 269 (Eng) *SIGNED! Thank you for your support!*
 - Would report data on dentists (cultural ethnicity, languages spoken, etc.) and would make data available to public by zip code of primary practice.
- AB 898 (Saldaña) *2 year bill, due to fiscal implications*
 - Would create a pilot program in 3 school health centers throughout the state to implement the promotoras de salud model of diet education and obesity prevention.
- AB 1 (Laird) & SB 32 (Steinberg) *Held in the Legislature, to be taken up as part of larger healthcare reform efforts*
 - Healthy Families currently caps children's health coverage at 250% federal poverty level. These bills create healthcare coverage for all children in California who live below 300% federal poverty level.
 - Governor Schwarzenegger has made several cryptic remarks, stating that these bills should not go through, because this will be the year for *his* plan to cover all Californians
- SB 120 (Padilla) *Vetoed*
 - We recently discovered that a McDonald's Chicken Caesar Salad has similar amounts of fat and calories than a Double Cheeseburger! People should be made aware of this, in order to make better informed decisions, and healthier choices
 - This bill would have required specific food facilities (chain restaurants) to provide nutrition information on their menus
- AB 1472 (Leno) *Held in Appropriations, 2 year bill*
 - Establishes the Healthy Places Act, which requires state agencies to work together to improve environmental health and provide assistance and funding to local governments
- SB 48 (Alquist) *Held in Appropriations*
 - Would expand and support healthy retail food outlets in underserved communities, as well as technical support to existing food retailers to improve food choices

Federal Health Legislation: California's Healthy Families program

Vanessa Cajina

- The State Children's Health Insurance Program is the federal program for California's Healthy Families, and expired on September 30, 2007

- Implemented in the 1990s as part of the Welfare Reform Act by Bill Clinton's administration
- Provides low-cost health insurance for children in working poor families, in CA up to 250% federal poverty level, and has to be reauthorized every ten years.
- There are over 835,000 children enrolled in Healthy Families, 60% are Latino
- California will run out of federal SCHIP funds in FY2008 if the program is funded again at the current level (which coincides with the Bush Administration plan)
- Congress and Senate have both passed plans, vetoed by the President, which would increase funding to fortify the program
- California needs \$1.23 billion in federal funding to meet our enrollment projections
- MRMIB has issued emergency regulations which threaten to disenroll 66,000 children every month starting in January 2008.
- San Diego County has the largest number of eligible but unenrolled children
- The increase in funding that Congress is asking for is the same amount of money it costs the U.S. to fund ONE MONTH of war!
- We need to speak up! There are huge misconceptions among the House and Senate (they're calling SCHIP the "Hillary Bill" and the "illegal immigrant bill" → WRONG—only citizens are eligible for SCHIP.
- CALL YOUR REPRESENTATIVES
- What can you do?
 - Go to <http://www.familiesusa.org/resource-centers/Medicaid-action-center/>
 - Call your congressional rep to dispel myths, tell them what your community needs, and why you support SCHIP:
 - Brian Bilbray 858-350-1150
 - Ken Calvert 951-784-4300 or 949-888-8494
 - Duncan Hunter 619-448-5201
 - Darrell Issa 760-599-5000 or 951-693-2447

11:07am

Strategy Session- Your input/ ideas on future advocacy and action in the San Diego Regional Network

- Health Net uses "Fax Blasts" and "Email Blasts" asking CAAs to stand up, and mobilize around SCHIP and DRA. Maybe SDRN could do something similar
- Increase participation in San Diego local advocacy
 - Invite more groups
 - Hand out awards/ recognition to current community organizations to get them more involved
- 2008 is election year. The RN should work on voter education
- Tailoring impact of meetings to local communities (telling people that if WIC is cut, 12,000 San Diegans will be affected). Attach numbers and statistics to presentations
- San Diego Coalition on Children and Weight- tapping in to their meetings
- Choose different locations
- NCLR Meeting July 12-15; La Raza has meetings in July; Latino Caucus in October → SDRN should watch out and not schedule meetings at same time as others
- Narrow the range of topics

- Use Public Relations and Media Relations to educate the community directly (educate Latinos directly)
- Look to SYHC for media list
- Organize a Legislative Day to train RN how to advocate
- Have a breakfast or lunch with legislative staff (to brief them on Latino issues)
- Work with Latino Physicians (CALMA, public and private health sectors)
- Have County-elected officials present at RNs

What has been successful about the Regional Network Meetings?

- Updates on bills
- Impact on Latinos
- Legislators who show up to meetings
 - To get more legislators, tell them a specific agenda (so they only have to show up for 1-2 hours)
 - Send thank you letters to legislators and participants
- Networking and the sharing of information
- Start using paper invitations. They are more formal, and may yield more people at meetings

**Adjourn
11:30am**