

Mark Your Calendars...

LEGISLATIVE UPDATE

Friday, March 28th
12:30 pm to 3:30 pm

Bay Area Regional
Network (BARN)
Tiburcio Vasquez Health
Center
22331 Mission Blvd.
Hayward CA

Monday, April 7th
12:30 pm to 3:30 pm

Los Angeles Regional
Network (LARN)
Consejo de Federaciones
Mexicanas en Norte
America - COFEM
125 Paseo de la Plaza
Los Angeles, CA

Friday, April 11th
12:30 pm to 3:30 pm

San Diego Regional
Network (SDRN)
San Ysidro Health Center
1275 30th Street
San Diego, CA

Monday, April 14th
12:30 pm to 3:30 pm

Central Valley
Regional Network
(CVaRN)
UC Center - Fresno
550 East Shaw Ave.
Fresno, CA

The month of February typically marks one of the first significant deadlines related to state legislation where all ideas for legislative bills must be introduced by a member of either the state Assembly or Senate prior to becoming an official bill. Often referred to as 'crossing the desk', language for legislative bills must be turned in by the third week of February in order to receive an official bill number. Not unlike many previous years, the bulk of all bills are typically introduced just prior to the deadline. As the second year in a two-year legislative cycle, many bills introduced last year who met a minimum number of deadlines, have been deemed 'carry-over' legislation and will resume their place in the legislative process along with hundreds of newly-introduced bills.

What is particularly unusual for this year, however, is the state's budget deficit that will no doubt have an impact not only on the types of bills that have been introduced, but more importantly, on the bills that will ultimately be successfully in completing the legislative process. It is highly unlikely that any bills with a significant cost to the state will be successful, particularly if that increased spending would come at the same time that the state is attempting to identify areas for possible reduction. Nonetheless, LCHC will keep you posted on those legislative issues impacting Latino health. We'll see you in March!

AB 2375 (Hernandez) – California's Healthcare Workforce

Over the next 35 years, California's Latinos are expected to become the state's majority, with much of this growth anticipated in California's K-12 system. In fact, Latino children will become the majority of those in California's K-12 system by 2020. Not surprisingly, this growth mirrors the overall growth the entire state is expected to experience, with California's total population expected to nearly double to 60 million since the last U.S. census.

Much of the state's population growth will continue to drive demand within the state's healthcare professions. Already, one of the world's largest and fastest growing industries, it is expected that California's healthcare professions will continue to grow. Unfortunately, Latino representation in California's healthcare professions remains low, with Latinos representing less than 5% of all licensed physicians. Similar trends hold for the majority of all other health professions, despite the increasing number of Latinos advancing through the state's educational system.

Unfortunately, it is anticipated that many of California's healthcare professions will experience shortages over the next several decades. Some measures have already been taken to alleviate such shortages, particularly within the nursing field. Currently, however, California lacks an overarching vision, action plan or coordinated method to address these pending shortages.

Over the last year, the Schwarzenegger Administration convened the Healthcare Workforce Diversity Advisory Council (HWDAC) to develop short-term policy recommendations to address healthcare shortages. The Council has advised the development of a statewide master plan for California's healthcare professions.

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Preventing Obesity in California's Latinos



With a clear correlation to many chronic conditions such as heart disease and diabetes, increasing trends in obesity poses a significant threat to California's future. Unfortunately, this trend may disproportionately impact Latino youth who are more likely to be overweight than their counterparts. One out of every three Latino adolescents is overweight or at risk of becoming overweight. In fact, the economic burden of physical inactivity, overweight, and obesity in adults exceeded \$21.7 billion for California in 2000, and was expected to rise exponentially to \$28 billion by 2005 for medical care, lost productivity, and workers' compensation.

With many of these adolescents facing a higher likelihood of becoming overweight adults, efforts at curbing obesity trends in California must be undertaken now in order to ensure a healthy California for the next generation. Below are those legislative efforts related to preventing obesity.

SB 1420 (Padilla) – Menu Boards

Access to healthy foods and making healthy food choices is an important first step in improving your overall health. Unfortunately, making healthier food decisions may not be intuitive. SB 1420 (Padilla) would help inform consumers of their food options by requiring food facilities with 14 or more facilities statewide to provide consumers with nutritional information on standard menu items, including the total number of calories, grams of saturated fat, grams of trans fat, total carbohydrates, and milligrams of sodium. SB 1420 (Padilla) is a second-year effort follow-up to last year's SB 120 (Padilla), which was vetoed by Governor Schwarzenegger, and would provide Californians much-needed information on the food they are consuming.

LCHC Position: SUPPORT

Status: SB 1420 (Padilla) will be heard by the Senate Health Committee on March 26. If you would like to support SB 1420, please see a sample letter at: www.publichealthadvocacy.org

AB 2474 (Galgiani) – Obesity Prevention

In 2005, then State Department of Health Services (DHS) was required to develop a comprehensive plan that assessed California's existing programs and efforts in obesity prevention. The assessment included identifying gaps and best practices to develop recommendations for improvement. Since that time, many of the duties originally overseen by DHS have been transferred to the new Department of Public Health (DPH). AB 2474 (Galgiani) would require DPH to establish a program to implement the recommendations for improvement, including the establishment of a systemic approach in tracking the health impact of obesity and evaluating obesity prevention programs in order ensure that the state continues to make progress in preventing obesity.

LCHC Position: SUPPORT

Status: Pending a hearing date before the Assembly Health Committee.

AB 2572 (Parra) – Nutritional Information

Similar to efforts related to SB 1420, AB 2572 (Parra) would provide nutritional information on menu items. However, facilities would be offered the option of disseminating nutritional information through a number of different venues, including disclosure through menus, standard food item packaging, counter or table tents, tray liners, posters, brochures and other printed materials or through an electronic medium. Additionally, AB 2572 would require food facilities to provide notice of the availability of such information. As AB 2572 may do little beyond what is currently being done in terms of providing consumers with reasonable nutritional information, the bill may actually hinder other efforts from passing.

LCHC Position: OPPOSE

Status: Pending further assignment to the Assembly Health Committee.

AB 2989 (Fuentes) – Outdoor Education

Similar to efforts undertaken last year by Senator Padilla (SB 207), AB 2989 would establish the Outdoor Environmental Education and Recreation Fund that would increase the ability of underserved and at-risk populations to participate in outdoor recreation and educational experiences through grants in education programs. AB 2989 would provide critically-needed education around healthier lifestyle through education around nutrition, outdoor exercise and recreation.

LCHC Position: SUPPORT

Status: Pending further assignment to the Water, Parks and Wildlife Committee.

Protecting California's Limited English Proficient Community

It is estimated that one in five Californians (6-7 million) are limited English proficient (LEP), speaking English less than "very well" with Spanish-speaking Latinos comprising one-third of California's population. When these individuals attempt to access the health care system, they may face difficulty with communication. In many cases, LEP patients are expected to bring their own interpreters, perhaps using minors, despite federal and state laws requiring the availability of qualified language assistance services.

Studies show that the lack of language services affects access to health services and preventive care, could result in greater emergency room use, impedes patients from comprehending diagnoses and asking questions, and increases the likelihood of patients missing appointments. Beyond direct services, California's LEP community faces additional difficulties. Below are those legislative issues impacting California's LEP community:



AB 3027 (de León) – Managed Care

In 2003, Senator Martha Escutia authored SB 853 which required managed care plans carrying commercial product lines to provide language services to limited English proficient patients. AB 3027 would serve as a follow-up effort to SB 853 by authorizing both the Department of Managed Health Care (DMHC) and the Department of Insurance (DOI) to jointly

develop a uniform notification advising LEP patients of the availability of these free language services through a toll-free number. Additionally, AB 3027 would authorize both DMHC and DOI to provide LEP patients with the contact information of personnel that can provide assistance to enrollees, subscribers, policyholders or insurers with difficulties or complaints in accessing their health care service plans no later than March 2009.

AB 3027 (de León) would work to help inform California's limited English proficient patients of the availability of interpretive services when they access California's health care system.

LCHC Position: SUPPORT

Status: Pending further assignment to the Assembly Health Committee.

Update: Medi-Cal Language Access Services (MCLAS) Task Force

In late 2006, California's Department of Health Care Services (DHCS) convened the MCLAS Task Force to review the issue of providing language services to California's LEP population covered by Medi-Cal. Specifically, the MCLAS Task Force was charged with providing the state with a recommendation on developing a state delivery system in order to secure federal funding via reimbursement.

Over the course of that time, the MCLAS Task Force, comprised of representatives from provider groups, state officials and staff, health care advocates and other stakeholders, has worked to develop that recommendation and will be finalizing its report to the Director of DHCS in the coming months.

If you would like to receive further information regarding the Task Force's work, please contact Veronica Montoya at: vmontoya@lchc.org.

Next Meeting: Tuesday, May 13, 2008
10:00 a.m.
Location: To be announced
Sacramento CA

AB 1930 (Torrico) – Emergency Prep

Recent disasters such as the recent wildfires in southern California have highlighted the need to take LEP individuals into consideration during an emergency. In fact, a recent report by the Little Hoover Commission highlighted the need to develop plans to ensure that the needs of vulnerable populations, including those with limited English proficiency, will be met during a catastrophe.

AB 1930 would require that regional trainings on disaster preparation be held with local ethnic community-based organizations and media outlets as well as the development of a guide and utilization of state registry of qualified bilingual persons in public contact positions that could be accessed to help LEP individuals during a time of emergency.

LCHC Position: SUPPORT

Status: Will be reviewed by the Assembly Governmental Organization committee on April 16.



AB 2375 (Hernandez) continued from page 1

AB 2375, authored by Assemblymember Ed Hernandez, would create a task force to develop such a master plan to be convened by the Office of Statewide Health Planning and Development (OSHPD) in collaboration with the California Workforce Investment Board (CWIB). The Task Force would include representatives from business, labor organization, higher education institutions, professional trade organizations and other healthcare representatives critical to the establishment of the master plan. Additionally, AB 2375 (Hernandez) would strengthen data collection and reporting to aid in the development of the master plan. In combination, AB 2375 (Hernandez) would provide the state with much-needed planning for California's healthcare workforce.

LCHC Position: SUPPORT

Status: AB 2375 (Hernandez) will be heard before the Assembly Health Committee on April 1 and the Labor and Employment Policy Committee on April 9. (To help pass AB 2375, please see attached sample support letters).

SB 564 (Ridley-Thomas) – School Health Centers

School health centers, like traditional community clinics, offer a range of services and provide critical frontline

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.

Today, there are 146 existing school health centers that are based on or near schools. These centers provide primary and mental health care, health education, and dental care at no-or low-cost. With a natural target of school-aged children, the link between school and health may become an increasingly important one, particular on the issue of prevention.

SB 564 would provide the infrastructure needed to expand the number of school health centers and would increase access to healthcare services where we need them most.

LCHC Position: SUPPORT

Status: SB 564 (Ridley-Thomas) is currently a two-year bill that has successfully passed the legislative process, though it has currently been suspended prior to formal review by the Governor.

Up
Next:

April 18th 2008 –

All bills with a cost must be reviewed by a policy committee based on their content and intent no later than April 18th. Bills successfully passing review by a policy committee will be forwarded to a fiscal committee for review based on possible cost posed to the state. Given the state's deficit this year, review by a fiscal committee may be a significant obstacle to many legislative bills with a cost.

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.



Sample letter of Support for AB 2375

AB 2375
Sample letter of Support

DATE

The Honorable Ed Hernandez
California State Assembly
State Capitol, Room 4112
Sacramento, CA 95814
VIA FACSIMILE: (916) 319-2157

Re: **AB 2375 (Hernandez) – SUPPORT**

Dear Assemblyman Hernandez:

(A sentence on your organization). As such, **your name or organization** supports AB 2375 (Hernandez), which creates a taskforce charged with developing a master plan on health professions in California.

Currently, demographic shifts are causing gaps between health workforce supply and demand as seen in the shortages of primary care providers and other health professionals. California's population is aging, growing, and becoming increasingly more diverse. Unfortunately, California's health professionals have not reflected these changes and are ill-equipped to respond to new pressures on the health care system. To date, California's efforts to develop its health workforce has been, at best, piece-meal focusing on data collection, loan repayment programs, and funding for specific health professions with limited-to-no evaluation and strategy. California is missing an overarching vision, action plan, and infrastructure to coordinate efforts in order to maximize efficiency and impact.

Comprised of diverse stakeholders including state agencies, health professional associations, education and research institutions, pipeline programs, labor groups, private industry, and consumer groups, the Healthcare Workforce Diversity Council was convened by the Governor to provide short-term, actionable policy recommendations to address shortages in the health professions. The Council identified the need for a comprehensive Master Plan on the health professions. **(Your name or organization)** urges your support of AB 2375 (Hernandez) in providing the mechanism necessary to develop such a plan.

Sincerely,

Name
Title

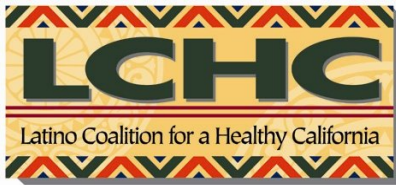
CC: Linda Nguy, Latino Coalition for a Healthy California (916) 448-3248



Latino Coalition for a Healthy California

1225 Eighth Street, Suite #550 ♦ Sacramento, CA 95814

Ph: (916) 448-3234 ♦ Fax: (916) 448-3248 ♦ 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 professionals, medical providers, legislative staff and others 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
- Building a long-term relationship with companies and organizations that support Latino health
- Sharing information and collaborating 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

\$1,500 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: _____

OR SIGN-UP ONLINE AT WWW.LCHC.ORG

Please make all checks payable to the Tides Center/LCHC. The Latino Coalition for a Healthy California does not share its lists.

Latino Coalition for a Healthy California | 1225 Eighth Street, Suite 550 | Sacramento, CA 95814
Phone (916) 448-3234 | Fax (916) 448-3248
For more information please email LCHC@lhc.org