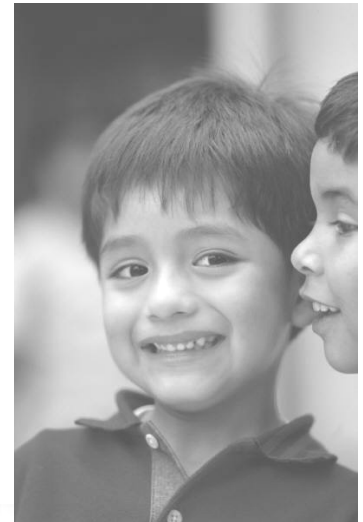


September 2006

Impact and Future of Latino Health: A Review of the 2006 Legislative Agenda



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Overview



Status of Latino Health

Today, California is home to over 33 million residents and stands as the largest state in the nation, nearly twice as big as the next most populous state.¹ In fact, California's population is larger than the states of Pennsylvania, Michigan and Ohio combined.² This trend is only projected to increase, with anticipation that we will gain an additional 10 million more California residents by 2020.³

Already, Latinos in California today represent a third (32.4%) of California's total population, or over 11 million residents.⁴ In fact, one out every two children born in California is Latino.⁵ Not surprisingly, California's Latino population is generally a younger population, with a median age of 25 versus 34 for the California in general, a trend that is projected to continue.⁶

As we continue to grow and healthcare costs continue to increase, it becomes increasingly important to understand the economy that we will require to sustain our growing number of residents. Unfortunately, challenges related to our health cannot easily be separated from other issues related to employment and education and educational attainment rates. As a direct result, much advocacy is yet needed in order to begin making the pragmatic decisions now that can

appropriately plan for and address issues that will become significant in the near future. And nothing could be more timely. As the state's Latino population continues to grow, now is the time to begin undertaking such efforts.

History of LCHC

In 1992, health care providers, consumers and advocates established the Latino Coalition for a Healthy California (LCHC) with the sole mission to impact Latino health through the enhancement of information, policy development as well as community involvement. Today, nearly fifteen years later, LCHC stands as the only statewide organization with a specific emphasis on Latino health. LCHC employs a coordinated strategy that involves strategic research, public policy advocacy and community education in its priority areas, much of which is accomplished with the assistance of its community work conducted through four existing regional networks in Los Angeles (LARN – Los Angeles Regional Network), the Bay Area (BARN – Bay Area Regional Network), the Central Valley (CVARN – Central Valley Regional Network) and San Diego (SDRN – San Diego Regional Network). Each regional network is comprised of local members of the Latino Coalition whose primary role is directly related to developing a regional advocacy agenda integral to LCHC's work. Today, those areas continue to be: access to health care, addressing health disparities and the improvement of our community's health.

LCHC was created with a vision to improve Latino health in California. During this time, LCHC has sponsored and co-sponsored several pieces of legislation that work in that direction. Of this, LCHC was proud to have co-sponsored AB 982 (Firebaugh) along with the California Medical Association (CMA) and the California Primary Care Association (CPCA), to establish the Stephen M. Thompson Loan Repayment plan that provides a loan assumption program for doctors and physicians desiring to practice in medically under-served areas. This year, LCHC sponsored two additional pieces of legislation including AB 2283 (Oropeza) that compiles existing data on California's doctor population, including their race and ethnicity and languages spoken.

LCHC also sponsored SB 1405 (Soto) that established the Task Force for the Reimbursement of Language Services. This task force would have been responsible for reviewing the possibility of accessing federal monies for implementation of a statewide language assistance program. We invite you to read further to access further information on both legislative issues, as well as all other policy priorities impacting Latino health in California in the body of this report.

Impact of Policy and Policy-Making: California's Legislative Process.

California's state government is composed of three branches: the Judicial branch, Executive branch and Legislative branch. For the purposes of policy, only the Executive and Legislative branches are required. The Legislative branch generally oversees the entire legislative process; however, the Governor's signature (Executive branch) is required in order to move the legislative measure, otherwise referred to as a bill, into law.

The Legislature is divided between two houses: the state Assembly and state Senate. In total, there are 120 legislators – 80 and 40 respectively. Each California resident is represented by one Assemblymember and one Senator based on their residence. Currently, Assemblymembers in California serve 3 two-year terms and Senators serve 2 four-year terms. All members of the Legislature must be elected by a majority of voters in their home districts, also based on their residence. Once these terms are completed, members

are allowed to run for office in the opposite house, however, the limits related to the number of terms is a lifetime limit. Once those terms have been completed, members are not allowed to continue serving in that respective house.

All legislative ideas, or bills, must be introduced by either an Assemblymember or Senator. The bill generally begins as a proposal or idea that can be initiated through a variety of sources. Once introduced, each bill generally is reviewed by a minimum of two committees before the measure is reviewed by the full house. At a minimum, each bill is reviewed by a policy committee, based on the content area of the bill, and a fiscal committee that assess financial costs to the state. Bills that impact more than one policy area, may be 'double-referred', that is, referred to more than one policy committee for content review. Once passed by each committee, the bill must successfully pass a full membership vote often referred to as a floor vote. If a bill successfully navigates through that process, it then begins the identical process through the opposite house. All Assembly bills are reviewed by the Senate and all Senate bills are reviewed by the Assembly.

Any bill that has successfully been reviewed and passed the second house is forwarded to the Governor for their consideration. Accordingly, the Governor may opt to either sign or veto a bill. Once signed, the bill is signed, it automatically becomes law beginning January 1 of the next year. For more information on the legislative process, please visit: <http://www.assembly.ca.gov/clerk/BILLSLEGISLATURE/LEGPROCESS.HTM>

Without a doubt, state decision-making has a clear impact on its residents and California is no exception. California's legislative process is based on a professional Legislature, employing a total of 80 state Assemblymembers and 40 state Senators. Intended to be a participatory process, California's Legislature employs a static calendar with various points in the legislative process for public input. As an advocacy organization, LCHC's core function continues to rely on advocating for California's Latino population by providing such input as method to influence decision-making at the state level. In order to begin measuring improvements in Latino health, LCHC has developed the following compilation of identified bills impacting Latino health according to the organization's identified priority areas:

Priority Areas:

- 1 Access to Health Care** **Focus:** increase access to affordable, high quality, culturally and linguistically appropriate care in a timely manner.

** Latinos are the majority of California's uninsured (54%) and have one of the lowest rates of employer provided health care coverage (43%).*
- 2 Health Disparities** **Focus:** prevent disease and injury and eliminate conditions that lead to health disparities

** Less than 5% of all actively practicing physicians in California are Latino while research shows that Latinos face growing health disparities due to less access to health care.*
- 3 Community Health** **Focus:** build healthy communities by improving the social and physical environments shaping health behaviors and outcomes

** Nearly one in five Latino adults over the age of 50 reporting that they are diabetic, twice the rate for their white counterparts; One of every three Latino adolescents is overweight or at risk of becoming overweight.*



2006 Policy Priorities

Access to Healthcare

A Latino community that is strong, vibrant and able to access care in a timely and appropriate manner and that, when care is needed, the care provided is high quality, culturally and linguistically appropriate and affordable.

Health Disparities

Build healthy community through collaborative, multi-sectoral approaches to prevent disease and injury and to address social, economic and environments in Latino communities.

Community Health

Eliminate the underlying root causes of health disparities in low-income, people of color, and underserved communities in California so that all persons have a fair chance at being healthy.

Tier 1

- AB 132 (Nunez) Part D Emerg Cvg [S]
- SB 1233 (Perata) Part D [S]
- AB 1948 (Montanez) Enroll & HFP [S]
- SB 437 (Escutia) CA Healthy Kids [S]
- SB 912 (Ducheny) 5% MediCal Cut [S]
- SB 1334 (Perata) Part D Ext. [S]

- AB 2283 (Oropeza) Physician Data Collection (**LCHC Sponsored**) [S]
- SB 1405 (Soto) Federal Reimbursement for Interpreters (**LCHC Co-Sponsored**) [S]

- AB 469 (Yee) Nutrition guidelines [S]
- SB 1329 (Alquist) Grocery Stores [S]

Tier 2

- AB 774 (Chan) Hosp Self Pay [S]
- AB 977 (Nava) Healthcare Rev Process [S]
- AB 2364 (DeLaTorre) Premium Assist. [S]
- AB 2377 (Chan) Local health init. [S]
- AB 2911 (Nunez) Cal Discount Rx [Rx-S]
- AJR 40 (Chan) Extend deadline Part D [S]
- SB 1622 (Escutia) Employees & HFP [S]

- SB 162 (Ortiz) Dept of Pub Health [S]
- SB 849 (Escutia) Env Health Track [S]

- AB 1790 (Cohn) Fresh Start [S]
- AB 1888 (Dymally) PODER program [S]
- AB 1381 (Nunez) School gardens [S]
- ACR 114 (Coto) Diabetes Task Force [S]
- SB 362 (Torlakson) PE (SB12 follow) [S]
- SCR 73 (Torlakson) Nut Task Force [S]

Tier 3

- AB 2170 (Chan) Patient Advoc [Rx-S]
- SB 1534 (Alarcon) Coord. Elgib. Asst. [S]

- ACR 98 (S Horton) Lang. & World Cult [S]
- AB 1896 (Coto) HS requirements [S]

- SCR 90 (Torlakson) 10 Steps Healthy [S]

Access to Care



Approximately 6.5 million or, one in four Californians is uninsured, lacking a usual source of health care coverage. Nationally, California has the eighth largest proportion of the uninsured and the largest number of uninsured residents.⁷ Of this, Latinos are much more likely than any other ethnic group to be uninsured. In fact, Latinos are the majority of those uninsured, with approximately 56% of the uninsured being Latino.⁸

Much of this can be attributed to the structure of our economy in addition to the general decline in employer-provided health care coverage, the traditional form in which our existing healthcare delivery system has functioned. In fact, the majority (59%) of all current Californian residents – more than 31 million residents – depend on employer-based health care coverage.⁹ However, employment-based coverage has been declining over the past 15 years.¹⁰ In only the last several years, employer-based coverage has decreased from 59% in 2000 to 54.7% in 2004, a trend that is projected to continue decline.¹¹ Not surprisingly, small and low-wage business are less likely to offer health insurance and workers in low-income families are less likely to work in businesses that offer insurance.¹²

This is also primarily due to the fact that California's workforce remains concentrated in the service-sector (56.7%) and retail and wholesale trade, transportation and utilities sector (25.1%).¹³ While nationally, Latinos continue to have one of the highest workforce participation rates, they continue to make up a significant portion of the low-wage workforce.¹⁴

Not surprisingly, this working-but-poor status often makes them more frequently eligible for existing public health programs such as Medi-Cal and Healthy Families. Surprisingly, the majority of these eligible individuals, particularly children, continue to go uninsured. As a direct result, the Latino Coalition for a Healthy California continues to prioritize access to health care and health care coverage. Below are the various legislative issues identified as critical to California's Latino population:

AB 132 (Núñez) SUPPORT Prescription Drugs and Medicare Part D

In early January 2006, the federal government began the rollout of a new federal prescription drug coverage through Medicare. Referred to as the new Part D, the program carried a May 16 deadline to enroll into the program or seniors faced a 1% lifetime penalty. In California, however, many of the low-income senior citizens who already received their coverage through the Medi-Cal program were required to enroll in the federal program instead. Beneficiaries eligible for both Medicare as seniors and Medi-Cal due to being low-income are often referred to as 'dual-eligibles'. Unfortunately, many of these dual-eligible enrollees often received better prescription drug coverage under Medi-Cal due to the state's success and negotiating drug prices for its Medi-Cal program. Initial enrollment into the federal program faced significant glitches, leaving many seniors – many of whom were dual-eligible – without coverage for their much-needed medications. AB 132, authored by Assemblymember Fabian Núñez, Speaker of the

State Assembly, was signed by the Governor. Combined, the two emergency extensions created by AB 132 provided coverage for dual eligible enrollees until February 11 of this year.

STATUS: Signed by Governor
on January 20, 2006
(Section 14133.23 of the Welfare and Institutions Code)

✓ signed

AB 774 (Chan) SUPPORT Hospital Fair Pricing Policy

Prior to AB 774, there were no laws that governed the prices that hospitals could charge uninsured patients. Unlike the agreed-upon prices that hospitals negotiate with insurance companies, hospitals would and did charge uninsured patients more than insured patients. Also, hospitals are required to provide charity care programs for patients who cannot afford hospital care, but these programs are not advertised to the public, and hospitals do little to inform uninsured patients that such programs exist. In California, Latino adults are over four times as likely as whites to be uninsured,

causing them to delay preventive care and rely on urgent care, ultimately ensuring that Latinos pay more for their health care than other ethnic minority populations. AB 774 requires that California hospitals maintain written policies outlining their charity care programs and that these uninsured patients are told about these programs, as well as other low-cost insurance programs instead of being immediately sent to collections.

STATUS: Signed by Governor
on September 29, 2006
(Section 127400 of the Health and Safety Code)

✓ signed

AB 977 (Nava) SUPPORT
Health Coverage Review Process: Public Input

Today, many consumers face the ongoing reality of increasing health care cost. For many, this direct cost often comes in the form of higher out-of-pocket expenses, sudden changes in coverage policies, or escalating premium increases that is currently growing at a fast rate than inflation. For many consumers struggling to attain health care coverage, these changes are often the difference of being covered or not. AB 977 would require health plans and health insurers to apply to Department of Managed Health Care and the Department of Insurance, before marketing or offering for sale a plan or policy that includes any deductible, co-payment, other out-of-pocket cost, or limitation on benefits or coverage. Additionally, AB 977 would require public comment, a 20-day notice period and development of disclosure forms. AB 977's intent was to bring a higher level of regulatory and public scrutiny to health plans and health insurance policies in order to try to gauge and control negative health effects that may be the consequence of greater consumer cost-sharing.

STATUS: Held in Senate Banking, Finance, and Insurance (BFI) Committee. Failed passage.

AB 1948 (Montañez) SUPPORT
Feasibility Study on Child Health and Disability Prevention (CHDP) Program and Enrollment Augmentations

For several years, advocates have worked on various mechanisms to improve enrollment to the Medi-Cal and Healthy Families programs. This focus on outreach instead of program expansion is based on the argument that there are over 400,000 eligible-yet-not-enrolled children that are eligible but remain un-enrolled in the existing programs. AB 1948 would have originally created a consolidated application program that would simultaneously

enroll individuals based on a modified electronic application within the existing CHDP program. This would target those beneficiaries already existing in our healthcare system. Additionally, a consolidated application, or an application that would identify the eligibility of multiple programs through one application would greatly reduce administrative obstacles to programs they are already eligible for. With the possibility of facing another veto like last year, AB 1948 was reduced in scope to instead conduct a feasibility study on the use of such an application. Given that one out of every two children born in California today is Latino, many would benefit by a simplified application procedure. Despite the reduction in scope, we continue to support efforts that would streamline the enrollment process into such programs.

STATUS: Signed by Governor
on September 19, 2006
(Section 14011.75 to the Welfare and Institutions Code.)

✓ signed

AB 2170 (Chan) SUPPORT
Medicare Part D Report Card

Given the changes mentioned previously with the federal prescription medication program (Part D), many consumers had little-to-no information regarding the various participating prescription drug companies particularly on the company's respective drug formulary and coverage of specific drugs. AB 2170 proposed to provide consumer information on these companies through the annual 'Quality of Care Report Card' already created by the Office of the Patient Advocate with the Department of Managed Health Care.

Largely due to cost of creating the report card, AB 2170 did not proceed in the legislative process. Unfortunately, this leaves many seniors and California's consumers little-to-no options in finding information on their own drug programs and how they may compare with other programs.

STATUS: Vetoed by the Governor.

AB 2377 (Chan) SUPPORT
Local Health Initiatives

AB 2377 would permit any county currently operating a county initiative to submit an application for additional funding that could be utilized to reduce waiting lists, end enrollment caps, provide matching funds for premium payment assistance and to fund administrative costs for a

county's participation in the buy-in program under the Healthy Families program. This bill would be in place until a program is established to provide healthcare coverage to all children whose family income is at or below 300% of the federal poverty level, or by its sunset provision of 2008, whichever is sooner. Coverage of children continues to remain as a critical issue given that one out of every two children born in California is Latino. AB 2377 would take advantage of already-successful local programs by way of local county health care initiatives and would allow an opt-in process for counties desiring to participate in augmenting coverage for children.

Children and child health care coverage continued to be a priority raised by many this year. Questions related to other changes pending due to SB 437 (Escutia) and potential changes due to the implementation of Proposition 86, if passed by voter this November 7th, continued to make many leery of making any further changes to child coverage.

STATUS: On inactive status having passed the Senate Health Committee. Due to legislative deadlines, failed passage.

AB 2911 (Núñez) SUPPORT
California Prescription Drug (Rx) Discount Program

This year's past developments around Medicare Part D have heightened Californians' awareness of the need for affordable prescription drugs. This issue is especially important to Latinos, who are the highest ethnic uninsured population in the state. Forty percent of Latino adults do not have a regular source of medical coverage, making it much harder for them to afford prescription drugs when they are sick, or in need of maintenance medications. This statistic becomes much more frightening when we consider that Latinos are much more likely to suffer from chronic conditions, such as diabetes and coronary heart disease than non-Latino whites. AB 2911, co-authored by Assembly Speaker Fabian Núñez and Senate President Pro Tempore Don Perata, creates the California Discount Prescription Drug Program, which will leverage California's great Medi-Cal purchasing power and use it to get discounts and collect rebates from drug manufacturers, while the savings will be passed on directly to consumers. A family of four with an annual income of \$60,000 will be eligible for this program, letting them buy their prescriptions at an affordable price.

STATUS: Signed by Governor on September 19, 2006 (Section 14011.75 to the Welfare and Institutions Code.) *✓ signed*

AJR 40 (Chan) SUPPORT
Medicare Prescription Drugs

As mentioned in previous sections, the coverage under the federal government's new prescription drug coverage for seniors – often referred to as Medicare Part D – was initiated on January 1, 2006. As part of the enrollment process, seniors were expected to comply with the enrollment deadline of May 15, 2006. For those seniors not meeting the deadline, the program called for a permanent penalty in the form of a premium penalty, as drafted in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) that established Part D. The penalty under MMA was designed to be a permanent, lifetime penalty without any prescribed method for recourse or petition for exemption.

Assembly Joint Resolution (AJR) 40, authored by Assemblymember Wilma Chan called for support of House Resolution (H.R.) 3861, "The Medicare Informed Choice Act of 2005," authored by U.S. Congressman Pete Stark. H.R. 3861 would extend the Medicare Prescription Drug program enrollment deadline from May 15, 2006 to December 31, 2006. Additionally, H.R. 3861 would permit beneficiaries to change prescription drug plan one additional time, for a total of two times, in 2006 without penalty if they are not satisfied with their initial selection of prescription drug coverage.

As of 10/7/2005, H.R. 3861 has been referred to House subcommittee, Subcommittee on Health.

STATUS: Signed by Governor on June 1, 2006 (Res. Chapter 60, Statutes of 2006) *✓ signed*

SB 912 (Ducheny) SUPPORT
Medi-Cal Provider Reimbursement Rates

In early December of 2005, the Governor announced that a 5% reduction in the reimbursement rate for providers participating in the Medi-Cal program would take effect January 1, 2006. Already, California had one of the lowest reimbursement rates (approximately 10% below the national average) nationally. Increasingly, it has become more difficult for participating providers

(including clinics, dentists, physicians, and hospitals) to continue serving Medi-Cal enrollees based on the low rate of reimbursement. As a result, an increasing number of providers may simply opt out of caring for these enrollees, making it more difficult for Medi-Cal recipients to find a doctor or other provider that will serve them. SB 912, authored by Assemblywoman Denise Ducheny, retracted the 5% reduction in the reimbursement rate effective January 14, 2006.

STATUS: Signed by Governor on June 1, 2006 (Res. Chapter 60, Statutes of 2006)

✓ signed

SB 1622 (Escutia)

SUPPORT

Notice to Employees – Medi-Cal and Healthy Families Program

Although the Medi-Cal and Healthy Families Programs provide health insurance for children in working families, many families believe that because one or more of the parents work that their child cannot qualify for government-funded health insurance. Even though this is not the truth, Medi-Cal/Healthy Families continues to have lower-than expected enrollment numbers, particularly uninsured Latino children, who represent the bulk of the eligible-but-uninsured population. This bill would have required that California employers in certain industries distribute an informational document, written by the Department of Health Services and the Managed Risk Medical Insurance Board, which would inform employees about their potential eligibility for these programs in the employee's language.

Many employer organizations expressed some concern related to the requirement of such a notice in the workplace. Regardless, SB 1622 did not proceed in the legislative process. While it is clear that access to health care coverage and reducing California's uninsured population are priorities, it is unclear whether California's health agenda next year will include a measure such as SB 1622.

STATUS: Held in Assembly Appropriations Committee.

Health Disparities

Nationally, nearly half of all American live with a chronic medical illness. For California, this 20% of the population that live with multiple chronic illnesses account for 60% of the state's health care spending.¹⁵ As health care costs continue to escalate at a rate faster than inflation, cost will increasingly become a factor that can no longer be ignored.¹⁶ Given that the average health care spending for individuals with heart disease is nearly six times the average for all individuals in California, it is clear that prevention and appropriate treatments are necessary components to a functioning health care system going forward.



Latinos continue to be over represented in developing many of these diseases. In fact, nearly one out of every five Latino adults over the age of 50 (19.7%) report that they have diabetes – twice the rate for their White counterparts and among the highest for all racial and ethnic groups.¹⁷ In estimating the lifetime risk, Latinos – both males and females – face the greatest risk for developing diabetes, particularly between the ages of 45 and 53.¹⁸ Unfortunately, individuals with diabetes are more likely to have multiple chronic diseases, often including heart disease, hypertension or asthma.¹⁹

Clearly, treatment and appropriate maintenance of illnesses such as Type II diabetes and heart disease is critical to care and cost containment over the long term. For Latinos, it is important that such a treatment is provided to them in a manner in which they can understand. For many Latinos, culturally competent and linguistically appropriate care is the starting point for effective treatment of their illness. Unfortunately, while Latinos are 30% of California's general population, they represent less than 5% of all practicing physicians in California.²⁰ Review of other health care industries reveals a similar trend: Latinos represent less than 5% of all nurses and are less than 4% of all dentists.²¹ Simultaneously, the state continues to experience or is projected to experience ongoing shortages in many of these fields.²²

Given the growing numbers of Latinos in our educational system and the ongoing or projected shortages in many of these fields, there may be a great opportunity to match the needs of economy with the capacity of California's Latino population that would create an additional benefit of providing appropriate care ultimately leading to cost savings for the state. Following are those issues that would build on this opportunity while working to reduce ongoing health disparities:

AB 1896 (Coto) High School Requirements

SUPPORT

Given the age and growth of California's Latino population, appropriate education for California's future workforce continues to be a critical element to future preparation of such a workforce. As mentioned previously, it is estimated that by 2020, the majority (56%) Latinos in California will be of working age, between the ages of 25-64.²³ This will account for over half (53.1%) of all school-age children, between the ages of 5-19, by 2020.²⁴

AB 1896, authored by Assemblymember Joe Coto, would begin to address the issue of improving California's educational system by strengthening the existing high school curricula currently offered in California. Specifically, AB 1896 would require all students in California's high schools to be enrolled in a challenging college preparatory or career technical education course targeted at

opportunities available through California's community colleges. The bill additionally outlines specific changes in class formatting, including the requirement of at least three courses in mathematics (with a recommendation for four) which would include elementary and advanced algebra as well as two- and three- dimensional geometry, an increase from the existing requirement of two classes. Additionally, AB 1896 would require two courses of laboratory science including biology, chemistry or physics with a recommendation for three courses, again an increase from the current requirement of two courses. According to AB 1896, all requirements under this bill faced a deadline for operation of July 1, 2008.

A similar version of AB 1253 (Coto) introduced last year, AB 1896 would have significantly strengthened existing mathematic and science requirements which would provide the necessary foundation and requisites for current health

sciences professions. This increase would further prepare many Latino students for continuing in the health professions. Unfortunately, both versions have been held by the Legislature. It remains to be seen whether this issue will be continued into the legislative session.

STATUS: Held in Assembly Appropriations. Failed passage.

AB 2283 (Oropeza) SUPPORT
Compilation of Doctor Data

Authored by Assemblywoman Jenny Oropeza, AB 2283 authorizes the Medical Board of California to begin reviewing existing data on California's surgeons and doctors. Currently, doctors are required to secure state their license every two years, based on their birth date. Through the licensure process, the state collects a doctor's background information including specialty, zip code of their primary practice, race/ethnicity and languages spoken. AB 2283 allows the latter categories (race/ethnicity and languages spoken) to be aggregated and publicly reported on the agency's (MBC) website every October 1 beginning in 2008.

A follow up to AB 1586, a bill originally sponsored by the California Medical Association, AB 2283 will begin to provide information on California's existing capacity to treat, work and speak with the estimated 6 million Californians who are limited English proficient (LEP) and the 40% of California Latinos who speak a language other than English at home. AB 2283 successfully passed both the Assembly and state Senate with bi-partisan support and was forwarded to the Governor for his signature.

STATUS: Signed by Governor on September 29, 2006
(Sec. 2425.3 of the Business & Professions Code)

ACR 98 (S. Horton) SUPPORT
World Languages and Culture Month

Authored by Assemblymember Shirley Horton, Assembly Concurrent Resolution (ACR) 98 would proclaim May 2006 as the World Languages and Culture month.

Specifically, ACR 98 identified the importance of providing instruction in languages and cultures, promoting respect and understanding of people from other cultures, as well as the benefits that the study of languages and cultures provides students,

particularly by increasing employment opportunities. ACR 98 is similar to a previous state resolution, ACR 17, passed in 2005 and authored by Assemblymember Betty Karnette that recognized 2005 as the Year of Languages.

Given California's propensity for increasing diversity, it has become critical to continue to promote the learning and adaptation of other languages and cultures, particularly from a workforce preparation standpoint.

STATUS: Chaptered April 25, 2006.

SB 162 (Ortiz) SUPPORT
New State Department of Public Health

California is the largest state in the union, with almost 34 millions residents, a third of which are Latino. As a result, California's Department of Health Services operates almost 100 departments and programs to ensure that the population of the state is healthy and safe. As part of a statewide focus on the importance of public health, starting in July 2007, DHS will be divided into the Department of Health Care Services and the Department of Public Health, which will focus on prevention and environmental health improvement. Many of the programs that Latinos rely on, such as obesity and cancer prevention, tuberculosis control, and childhood lead poisoning will be transferred to the new Department of Public Health, which will be able to provide better oversight of population-wide programs, leading to better community health outcomes for California's Latinos.

STATUS: Signed by Governor on September 14, 2006 (An act to amend Sections 6253.4, 6254.18, 8169.5, and 12803 of, and to add Section 11554.5 to, the Government Code)

SB 849 (Escutia) SUPPORT
Environmental Health Tracking Data

Given the ongoing disparities in treatment and outcomes for California's Latino community, it becomes increasingly critical that the state - in order to provide appropriate policy preventive measure - begin to track data on existing health standards. SB 849 would authorize the Department of Health Services to maintain several health data tracking systems, including lead poisoning, birth defects, as well as indoor air quality. Additionally, SB 849 would establish the Hazard Evaluation System and Information (HESIS) to collect and evaluate toxicological and epidemiological data on

occupations diseases and their association to workplace exposures and conditions.

By allowing a consolidated department to oversee the tracking of such data, California would undertake much-needed data that could begin to better direct California's future policy direction with the potential to reduce ongoing disparities and, as a result, cost. This bill would additionally provide much-needed relief to areas such as California's Central Valley, an area that has historically struggled with ongoing issues related to asthma.^{25,26}

SB 849 would additionally work to provide critical information for California's farmworker population, many of whom face a higher likelihood of exposure to harmful pesticides through the nature of their work, as a result, face higher incidence rates for specific cancers.²⁷

With the passage of this year's SB 162 (Ortiz), the state will be embarking on creation of the state's newest department, the Department of Public Health. According to the Governor's veto message, this new department could serve this function without the need of legislation.

STATUS: Vetoed by the Governor on September 30, 2006.

SB 1405 (Soto) SUPPORT Task Force on Reimbursement for Language Services

For the more than 40% of Californians who speak another language other than English, traditional access to health care barriers are compounded by language access barriers.

Unfortunately, the state's health care system has been slow to respond to our state's increasing diversity. The onus is generally on the patient – in addition to worrying about their ailments – to make the appropriate arrangement for their own interpreter, often resulting in the use of family members, children, friends and neighbors. As a direct result, many patients delay treatment or often opt to not comply at all. Lacking formal medical training, the use of friends and family members is an inadequate method to providing critical language assistance, particularly in medically complex situations.

To begin addressing this issue, SB 1405 would create a Task Force for the Reimbursement of Language Services which would convene providers

– including providers, public hospitals, community clinics, state agency – and department staff and advocates to develop a pragmatic model for providing language services. The task force would have approximately 2 years to effectively review what models other states are currently utilizing to determine best practices. Additionally, the task force would be responsible for reviewing possible funding options including federal matching funds and be required to issue its final recommendation on a proper delivery and reimbursement system for interpretation and language services.

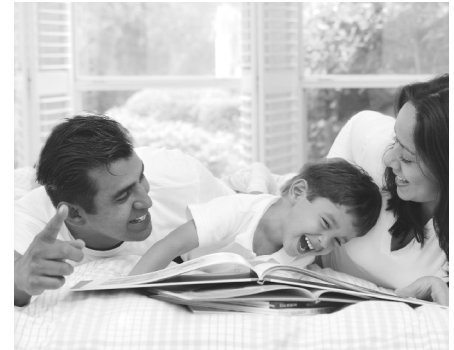
While SB 1405 successfully navigated the full legislative process, the author and sponsors are instead working directly with the Administration to develop such a task force internally.

STATUS: Held on request of the author.

Community Health

Given the prevalence of Latino over-representation in many preventable diseases, it becomes critical to promote better health practices in order to reduce the number of Latinos who later develop many of these illnesses.

Unfortunately, much work continues to be necessary. It is estimated that one out of every three Latino adolescents in California (defined as age 0-19), is obese or at risk of becoming obese.²⁸ Unfortunately, overweight adolescents have a 70% chance of becoming overweight or obese adults. This increases to 80% if one or more parent is overweight or obese. Overweight or obese adults are at risk for a number of health problems including heart disease, type 2 diabetes, high blood pressure, and some forms of cancer.²⁹



Clearly, increased physical exercise, healthier food options and better diet play a significant role improving community health. Ironically, Latinos are often prone to the Latino paradox – that, as immigrants, many are often much healthier overall than native-born residents despite generally less access to health care. In fact, 16% of recent Latino immigrants were obese, compared with 22% of Latino immigrants who were in the U.S. for five years or longer and 29.8% of native-born Latinos.³⁰

As a result, it clear that policy decisions must be made now in order to improve our community's overall health and well-being. Below are those legislative measures identified that would work on such preventative measures:

AB 469 (Yee) SUPPORT Sodium and Sugar, School Nutrition

It is clear that Latino adolescents continue to struggle with obesity and, over time, with other issues related to long term illnesses such as diabetes. Given the direct relationship ingredients such as sugar and sodium have on these illnesses, it is critical that both ingredients are continuously addressed and included with other efforts related to improving overall health in California. AB 469 would require that the California Department of Education develop and maintain nutritional guidelines for all food and beverages served in public schools and would specifically add sugar and sodium to those guidelines.

Medical research indicates that large amounts of sodium may negatively impact cardiovascular diseases such as heart disease.³¹ Additionally, ingredients such as sugar negatively impacts both dental health and overall health as research indicates that one cup of sugar is the equivalent to 16 teaspoons of sugar.³² Any food or foods utilized by our public education that are high in either ingredient should be disclosed with the information made publicly available in order to begin the necessary education process on the intake of such ingredients.

Given the large numbers of Latinos that are under the age of 20, schools become an important access point to begin better nutrition and diet education in

order to impact, and eventually lessen, the risk of contracting long term illnesses such as diabetes.

STATUS: Vetoed by the Governor on September 29.

AB 1790 / 1112 (Cohn) SUPPORT Fresh Fruits and Vegetables

Recent legislative focus has rested on foods accessible to students at school. Previous efforts with SB 965 and SB 12, both authored by Senator Escutia in 2005, have worked to ban junk food and sodas in schools, in order to address the growing obesity epidemic among adolescents. Likewise, AB 1790 would establish the California Fresh Start Pilot Program which would replace references from “nutritious” to “fresh” fruits and vegetables. Currently, many nutritious fruits and vegetables are served fried or in heavy sugars or syrups, undermining their nutritional value. AB 1790 would eliminate that practice in our schools. This would specifically help to eliminate unnecessary sugar and caloric intake for the growing number of Latino adolescents who face a higher risk of becoming obese in their lifetime.

AB 1790 was initially held back prior to being heard by the Assembly Agriculture Committee, and, as a result of missing deadlines, did not move forward in the legislative process. Identical language was later merged with AB 1112. Despite this shift, however,

the bill continued to face an uphill battle and never completed its legislative review.

Unfortunately, while many agree with the importance of providing fresh fruits and vegetables, there is an additional cost associated with providing them. This bill continues to rest on the issue of perishable goods and the ability of the state to provide them. Lack of this provision, however, does little to address the improvement in diet needed by many of California's children, many of whom are prone to becoming obese.

STATUS: This bill's last version, AB 1112 was referred to Assembly Rules for reassignment shortly after the new version was introduced. The bill never progressed past Assembly Rules.

AB 1888 (Dymally) SUPPORT
Study of the Phenomenon of Obesity and Diabetes Experimental Research (PODER)

According to the federal Department Health and Human Services, 64% of Americans are overweight or obese.³³ In California, the cost of physical inactivity, obesity, and overweight is projected to be as much as \$28 billion for 2005.³⁴ Overall, the prevalence of diabetes in the State is 6.6%, a trend that continues to grow year by year. Most, 84.3% have Type 2 diabetes, a type of diabetes that is directly correlated with obesity.³⁵

Although African Americans and American Indians/American Natives have the highest prevalence overall, Latinos have the highest prevalence within each age group, in part because many Latinos are diagnosed with diabetes at younger ages than other groups. Among adults ages 18 to 49, diabetes prevalence is higher among Latinos than whites and Asians, and higher among African Americans than whites. For adults ages 50 to 64, Latinos have the highest prevalence of diabetes, followed by African Americans.³⁶

For these Latinos, diabetes particularly has become a critical preventable illness that must be addressed. AB 1888 would request that University of California system establish and administer the PODER (Phenomenon of Obesity and Diabetes Experimental Research) Institute at the University of California, Irvine, in coordination with the Charles R. Drew University of Medicine and Science, to promote and conduct basic science research on obesity and diabetes, and to develop effective education and treatments.

Unfortunately, AB 1888 did not move forward in the legislative process, largely due to the estimated \$1 million dollar cost of the Institute.

STATUS: Held in Assembly Appropriations.

ACR 114 (Coto) SUPPORT
Legislative Task Force on Diabetes and Obesity

Similar to AB 1888, Assembly Concurrent Resolution (ACR) 114 recognizes the ongoing issues related to both obesity and prevalence rates of diabetes.

ACR 114 would establish the Legislative Task Force on Diabetes and Obesity. The Task Force would consist of 20 members that would be responsible for reviewing study the factors contributing to the high rates of diabetes and obesity in Latinos, African Americans, Asian Pacific Islanders, and Native Americans in the United States and requires the Task Force to prepare a report containing recommendations, not later than December 31, 2007, regarding ways to reduce the incidence of those debilitating conditions.

The total cost for creation of this task force was estimated at \$140,000. If this task force does receive the funding, look for further information on the development of such a task force with possible recommendations in the near future. The bill designated a December 31, 2007 deadline for reporting of those recommendations. LCHC will keep you posted on any further developments related to the task force or its recommendations.

STATUS: Chaptered by the Secretary of State on September 21, 2006 (Res. Chapter 151, Statutes of 2006.)

signed

SB 362 (Torlakson) SUPPORT
Grants for Physical Exercise

Introduced in 2005, SB 362 initially started as a bill addressing school facilities, SB 362 was amended at the beginning of this year (January 2006) to address the need for physical education.

Authored by Senator Torlakson, SB 362 would establish the Physical Education Incentive Grants (PEIG) Program that would provide incentive training funds to provide physical education training to individual teachers. Additionally, SB 362 would strengthen existing high school P.E. requirements by closing exemption loopholes that currently allows students to exempt out of physical education in order to participate in driver education classes and

deletes a permanent exemption from permanent exemption from physical education if a student complies with one of several criteria, including, among others, that the student is 16 years of age and has been enrolled in grade 10 for one year or longer.

In addition to providing healthier foods, improving Latino health requires physical activity, particularly for our increasingly obese adolescents. SB 362 would begin to help reduce the total number of unfit Latino adolescents by strengthening physical education requirements.

During his tenure, the Governor has continued to indicate his support for physical education, including the creation of the Governor's Council on Physical Fitness and Sports as a method to impact obesity in California.

STATUS: Held in Assembly Appropriations Suspense. Failed passage.

SB 1329 (Alquist) SUPPORT
Healthy Food Access Act of 2006

With one out of every three Latino adolescent overweight or at risk of becoming overweight and with heart disease and diabetes continuing to be the leading causes of death for California's Latinos, there is a clear need for healthier food options. Research indicates, however, that some communities have limited access to these foods. SB 1329 would address that need by awarding planning grants to supermarket chains and other grocery stores willing to locate in under-served communities.

This area continues to be of primary concern for Latinos who face a high prevalence for illnesses directly attributed to weight such as type II diabetes and heart disease. Equal policy attention must be divided between physical exercise and healthy food choices. If communities continue to face little-to-no food options in attempting to eat better, all other efforts related to physical exercise and general diet education may fall short.

Sponsored by the California Center for Public Health Advocacy, SB 1329 had strong bipartisan support with support from such organizations such as the Grocer's Association and Western Growers, this bill was ultimately held by the Appropriations committee.

Ultimately, SB 1329 never made it past Assembly Appropriation, perhaps due to cost, though the initial amount in the bill was decreased over the

lifetime of the bill. Unfortunately, access to healthy and nutritious foods continues to be an area that needs much assistance. While the state may continue to work on other efforts related to physical exercise and better nutrition, ultimately, the community must be able to access those foods.

STATUS: Held in Assembly Appropriations.

SCR 73 (Torlakson) SUPPORT
California Task Force on Youth and Workplace

The California Task Force on Youth and Workplace Wellness was originally established in 2001 by SCR 40 (Resolution Chapter 111, Statutes of 2001), also authored by Senator Torlakson and was implemented on 2002. Currently, the Task Force is comprised of 18 members.

Senate Concurrent Resolution (SCR) 73 continues to recognize the problems related to obesity and specifically cites the importance of both schools and workplaces as access points for improving California's overall health. The purpose of the task force is to continue to promote fitness and health in these locations. The task force is scheduled to end on July 1, 2010.

STATUS: Chaptered by the Secretary of State on August 11, 2006 (Res. Chapter 91, Statutes of 2006).

SCR 90 (Torlakson) SUPPORT
10 Steps to a Healthy California

Similar to other efforts undertaken by Senator Torlakson, Senate Concurrent Resolution (SCR) 90 establishes the following 10 steps to creating a healthier California:

- (1) That the Legislature shall promote the importance of physical activity and healthy eating.
- (2) That every child should participate in physical activities.
- (3) That schools should only offer healthy foods and beverages to students.
- (4) That only healthy foods should be marketed to children ages 12 years and under.
- (5) That produce and other fresh healthy food items should be affordable and available in all neighborhoods.
- (6) That neighborhoods and communities should support physical activity, including safe walking, stair climbing, and bicycling.
- (7) That healthy foods and beverages should be accessible, affordable, and promoted in restaurants and entertainment venues.

(8) That health care providers and insurers should promote physical activity and healthy eating.

(9) That employees should have access to physical activity and healthy food options.

(10) That the Legislature recognizes the unique ability of the California Task Force on Youth and Workplace Wellness to help the state serve as a role model for increased physical activity and improved nutrition and wellness throughout the nation.

STATUS: Chaptered by the Secretary of State (Chapter 73, Statutes of 2006.

✓ signed

References

- 1: Planning for California's Future: The State's Population is Growing, Aging and Becoming More Diverse. California Budget Project. Budget Backgrounder. November 2005. www.cbp.org
- 2: Planning for California's Future: The State's Population is Growing, Aging and Becoming More Diverse. California Budget Project. Budget Backgrounder. November 2005. www.cbp.org
- 3: Paving The Way: Does The Governor's Proposed 2006-2007 Budget Prepare California For The Future? A presentation by the California Budget Project. California Budget Project. February 2006. www.cbp.org
- 4: U.S. Census, 2000. www.uscensus.org and Planning for California's Future: The State's Population is Growing, Aging and Becoming More Diverse. California Budget Project. Budget Backgrounder. November 2005. www.cbp.org
- 5: Reyes, B. California's Latino Population: Demographics and Policy Presentation. May 2004.
- 6: U.S. Census, 2000. www.uscensus.org and Planning for California's Future: The State's Population is Growing, Aging and Becoming More Diverse. California Budget Project. Budget Backgrounder. November 2005. www.cbp.org
- 7: Snapshot: California's Uninsured 2005. California Healthcare Foundation. <http://www.chcf.org/topics/healthinsurance/index.cfm?itemID=115467>
- 8: Snapshot: California's Uninsured 2005. California Healthcare Foundation. <http://www.chcf.org/topics/healthinsurance/index.cfm?itemID=115467>
- 9: Snapshot: California's Uninsured 2005. California Healthcare Foundation. <http://www.chcf.org/topics/healthinsurance/index.cfm?itemID=115467>
- 10: Snapshot: Employer-Based Insurance: Coverage and Cost 2006. California Healthcare Foundation. <http://www.chcf.org/topics/healthinsurance/index.cfm?itemID=122164>
- 11: Snapshot: California's Uninsured 2005. California Healthcare Foundation. <http://www.chcf.org/topics/healthinsurance/index.cfm?itemID=115467>
- 12: Snapshot: Employer-Based Insurance: Coverage and Cost 2006. California Healthcare Foundation. <http://www.chcf.org/topics/healthinsurance/index.cfm?itemID=122164>
- 13: Paving The Way: Does The Governor's Proposed 2006-2007 Budget Prepare California For The Future? A presentation by the California Budget Project. California Budget Project. February 2006. www.cbp.org
- 14: U.S. Department of Labor. Bureau of Labor Statistics. <http://www.bls.gov/> and Boom, Bust, and Beyond: The State of Working California. Moving Ahead or Falling Behind? California's Fast-Growing Latino Workforce. Special Report. September 2004. California Budget Project. <http://www.cbp.org/pdfs/2004/0408latinoreport.pdf>
- 15: Chronic Disease in California: Facts and Figures 2006. California HealthCare Foundation. <http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=125683>
- 16: Medi-Cal and Cost Drivers 2006. California HealthCare Foundation. <http://www.chcf.org/documents/policy/MediCalBudgetAndCostDrivers2006.pdf>
- 17: Chawla, N. et al. Diabetes Among Latinos in California: Disparities in Access and Management. Sept. 2003 and
- 18: Chronic Disease in California: Facts and Figures 2006. California HealthCare Foundation. <http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=125683>
- 19: Chronic Disease in California: Facts and Figures 2006. California HealthCare Foundation. <http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=125683>
- 20: Strategies for Improving the Diversity of the Health Professions. Grumbach, K., Coffman, J., Muñoz, C., Rosenoff, E., Gándara, P. & Sepulveda, E. (2002). University of California, San Francisco: Center for California Health Workforce Studies. http://www.futurehealth.ucsf.edu/pdf_files/StrategiesforImprovingFINAL.pdf and Diversity in the Physician Workforce. Facts & Figures 2006. Association of American Medical Colleges. https://services.aamc.org/Publications/showfile.cfm?file=version171.pdf&prd_id=161&prv_id=191&pdf_id=71
- 21: Barnes & Sutherland. (1999) California Postsecondary Education Commission, 1999; US Census Bureau, 1998. and Strategies for Improving the Diversity of the Health Professions. Grumbach, K., Coffman, J., Muñoz, C., Rosenoff, E., Gándara, P. & Sepulveda, E. (2002). University of California, San Francisco: Center for California Health Workforce Studies. http://www.futurehealth.ucsf.edu/pdf_files/StrategiesforImprovingFINAL.pdf and Chapman SA, Showstack JA, Morrison EM, Franks PE, Wooly LY, O'Neil E. (2004) Allied Health Workforce Innovations for the 21st Century. Final Report. Center for Health Professions: University of California, San Francisco
- 22: Public Health Shortages. Trends Alert: Critical Information for State Decision Makers. Melissa Taylor Bell. Irakli Khodeli. November 2004. <http://www.mcg.edu/sah/DHI/MPH/PublicHealthWorkerShortages.pdf> and

Key Physician Data by State. Association of American Medical Colleges. Center for Workforce Studies. January 2006.

<http://www.aamc.org/workforce/statedata.pdf>

Health Care's Human Crisis: The American Nursing Shortage. Bobbi Kimball, Edward O'Neil. The Robert Wood Johnson Foundation. April 2002.

<http://www.rwjf.org/files/publications/other/NursingReport.pdf>

23: Planning for California's Future: The State's Population is Growing, Aging and Becoming More Diverse. California Budget Project. Budget Backgrounder. November 2005.

www.cbp.org

24: Planning for California's Future: The State's Population is Growing, Aging and Becoming More Diverse. California Budget Project. Budget Backgrounder. November 2005.

www.cbp.org

25: Confronting Asthma in California's Latino Community. Chione Flegal, Project Director. Latino Issues Forum. April 1999. http://www.lif.org/download/asthma_rpt1.pdf and Asthma Among California's Children, Adults and the Elderly: A Geographic Look By Legislative Districts. Carolyn A. Mendez-Luck et al. UCLA Center for Health Policy Research. September 2004.

http://www.healthpolicy.ucla.edu/pubs/files/AsthmaLegDistricts_PB_092204.pdf and

New Voices for Change: Environmental Health Issues in Latino Communities of the San Joaquin Valley. Latino Issues Forum. 2004.

<http://www.lif.org/download/newvoicesforchange.pdf.pdf>

26: The State of the Great Central Valley of California – Supporting the Economic, Social, and Environmental Well-Being of California's Great Central Valley. Assessing the Region Via Indicators. Public Health and Access to Care. Great Valley Center.

http://www.calendow.org/news/press_releases/2003/special/GreatValley011703/GREATVALLEYREPORT1-03.pdf

27: Farmworker Women and Pesticides in California's Central Valley. Margaret Reeves and Terra Murphy, Pesticide Action Network North America. Teresa Calvo Morales, Organización en California de Líderes Campesinas.

<http://www.panna.org/resources/documents/CVEnglish2-20.pdf>

28: One Out of Three Latino Adolescents Overweight or At Risk. Michael Rodriguez, et al. UCLA Center for Health Policy Research. Health Policy Fact Sheet. April 2005.

http://www.lchc.org/documents/FactSheet--LatinoObesity_000.pdf

29: The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. United States Department of Health & Human Services.

http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_adolescents.htm

30: Hispanics and the Future of America. Marta Tienda and Faith Mitchells, Editors. National Research Council of the National Academies. Committee on Population. Division of Behavioral and Social Sciences and Education. March 2006.

http://fermat.nap.edu/openbook.php?record_id=11539&page=R1

31: Sodium Intake Linked to Increased Risk of Heart Disease Deaths in Overweight Person. National Institutes of Health. November 1999.

<http://www.nhlbi.nih.gov/new/press/nov30a99.htm>

32: More California Teens Consume Soda and Fast Food Each Day Than Five Servings of Fruit and Vegetables. Theresa A. Hastert et al. UCLA Center for Health Policy Research. September 2005.

<http://www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=147>

33: The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. United States Department of Health & Human Services.

http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_adolescents.htm

34: The Economic Costs of Physical Inactivity, Obesity and Overweight in California Adults. Department of Health Services, Public Health Institute. April 2005.

<http://www.dhs.ca.gov/ps/cdic/cpns/press/downloads/CostofObesityToplineReport.pdf>

35: Diabetes on the Rise in California. Allison L. Diamant, Susan H. Babey, E. Richard Brown and Theresa A. Hastert. UCLA Center for Health Policy Research. December 2005.

http://www.calendow.org/reference/publications/pdf/access/804K%20Diabetes_PB_FINAL.pdf

36: Diabetes on the Rise in California. Allison L. Diamant, Susan H. Babey, E. Richard Brown and Theresa A. Hastert. UCLA Center for Health Policy Research. December 2005.

http://www.calendow.org/reference/publications/pdf/access/804K%20Diabetes_PB_FINAL.pdf



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
 \$1000 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: _____



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