

RHEP Meeting #11
West County Health Center
13601 San Pablo Avenue
San Pablo, CA 94806
March 27, 2013
8:30AM-11:00PM

I. Welcome and Introductions

II. Access to Health Care: Covered California and Health Care Reform Implementation

- a. Health services cover a very broad scope (emergency medical services, hospital, environmental health, etc.)
- b. Affordable Care Act (ACA) and Medi-Cal Waiver
 - i. By 2014 expected to insure 32 million currently uninsured individuals
 - ii. Provides federal funding to the states – 100% federal funding for Medi-Cal program
 - iii. Includes provisions that promote preventative and high quality health care
 - iv. Establishes medical/health homes – primary provider manages health of individual
 - v. Addresses some disparity issues – appropriate language, use of cultural brokers, focuses on care from the patient’s perspective
 - vi. Use of technology – electronic health records, video technology for rural areas
- c. MCE/Covered California
 - i. Provides care to low-income citizens
 - ii. Covered California – individual health insurance marketplace, moderate-income families will qualify for premium subsidies for private health insurance, low-income individuals and families will be able to qualify for free health insurance through Medi-Cal
 - iii. Medi-Cal expansion: Medi-Cal was traditionally “categorically linked” (pregnant, senior citizen). The categorical linkage requirement and asset test will be eliminated
 - iv. California’s 1115 waiver 5 year bridge to health reform
- d. LIHP and application process
 - i. Provides care to low-income citizens or permanent residents who are uninsured
 - ii. Ineligible for other publicly funded programs such as Medi-Cal
 - iii. Medi-Cal Expansion (MCE) up to 133% FPL – M/C 2014 – fully federal funding
 - iv. Health Care Coverage Initiative (HCCI) 134%-200% - Covered California (federal subsidy up to 400% FPL)
 - v. Telephone a CCHS Financial Counselor at 1-800-771-4270
 - vi. Apply in person for LIHP at La Clinica, Lifelong Brookside. Must verify income and citizenship/residency

- vii. There is a service gap for undocumented residents. Refer undocumented residents to community health centers for care.
- viii. Medically indigent – states gave responsibility to counties.
Undocumented children eligible for health care up until age 19 – served only through CCHS. Medi-Cal or Basic Health Care
- ix. Difficult to know how many uninsured in the county
- x. Fees associated with not getting coverage? Premiums are more expensive than the penalty, incentivizing some individuals/families to opt to pay the penalty and remain uninsured. The State Bridge Program provides further discount on premiums.
- xi. Need both healthy and ill people to join health plans
- xii. Cannot obtain coverage through Covered California retroactively

III. Update on School Health Centers

- a. Currently in design phase for health center at Kennedy High School – opening for services in beginning of school year in September 2013
- b. De Anza – site-based clinic set to open in September 2013
- c. At Pinole, Hercules, El Cerrito, and Richmond (Lincoln and Coronado)
- d. Working to bring breath mobile
- e. High school level – primary care, reproductive health, health education, mental health (Students receive coverage through Kaiser, Medi-Cal, Pact coverage)
- f. Elementary school level – pediatrics
- g. Current school-based health centers are co-located and collaborate with mental health providers
- h. All clinics are currently open 2-5 days a week; aim to expand hours up to 20 hours a week
- i. Make sure kids can stay in school (addressing asthma, teenage pregnancy prevention) – one of goals of school based health center

IV. West County Asthma Data

- a. Evaluated based on hospitalizations, prevalence, and environmental drivers for inequity of asthma severity
- b. Using Kaiser web program for asthma hospitalizations by zip code, able to see high asthma rates in Richmond, indicative of racial/ethnic inequity
- c. Not just prevalent, but out of control. Not being treated well
- d. High for people identifying as Black/African American, high for white as well
- e. Highest prevalence in adolescents in Contra Costa County
- f. Richmond not unique in having high rate of hospitalization in the Bay Area for asthma (consistent with areas within transportation corridors), but high in Contra Costa County
- g. Age below 18 higher than age above 18. African Americans highest in both categories
- h. WIC asks clients whether they've been diagnosed with severe asthma for children below 5. WIC might not asked consistently, but may help with data collection
- i. Studies show higher asthma burden among minorities, low-income groups tied to increased exposure to air pollution

j. Income, ethnic disparities, what is driving them?

V. Discussion of Asthma in West County as an Issue

- a. Hospitalization is a measure of inequity
- b. Childhood asthma
- c. Working with the district to look at absentee data, how much is asthma-related, and what can be done to mitigate
- d. 1) Access to primary care and treating kids according to a modern evidence-based standard, educating kids and parents on how to use medication and who to contact; 2) Healthy homes/home triggers – conditions of physical environment and homes, such as quality housing stock in poor condition (mold, leaking, cockroaches). Things families can do to mitigate problems in homes – changing cleaning products; 3) Broader environmental issues, such as air pollution, as asthma triggers, particularly diesel particulates on transportation corridors
- e. Breath mobile – national program with local branch in the Bay Area – mobile clinic van, no billing for service. Currently serving three Richmond schools – Lake, Bayview, and Grant. Not linked to health care home. Expansion of this program expected. Hoping to work with them at Lincoln where CCHS is currently located. Better connecting breath mobile to health home may be one of the missing elements
- f. How do school-based health centers fit into education piece? Sees the parents. CESC is example of healthy homes programs
- g. Thinking strategically about a role for the HiAP to reduce asthma disparity
- h. FSCS – goal to keep students in school
- i. Are we focusing on the students that go to the school? Can we host workshops for recreation or host the breath mobile?
- j. Are we just focusing on asthma? HiAP has broader view than that. Issue cuts across many areas
- k. Health Department focuses on schools because we can. Funding source in place to serve every child in West County
- l. Needs more data development, looking at upstream – what are environmental cause and effect (corridors, diesel particulates, broad land use issues), need to better understand data and cause and effect from the city perspective
- m. Can work through city lead abatement program, housing element (data resource), small loan program, linking programs for broader perspective
- n. Need a best practice in schools
- o. Obesity and asthma are linked – they risk factors for each other
- p. Disseminating information and tools to residents and community empowers
- q. Education – getting on preventative medication/philosophy
- r. Role of RHEP
- s. As you address one disparity, other issues arise 1) need more data to support policy what more can be done in schools collaborative group to address cause of absenteeism 3) If we're effectively dealing with asthma, we help create a model for effectively dealing with all the issues that address families

- t. Is there value in representative from each partner to meet to discuss this issue? Yes.

VI. Redwood City Full-Service Community School (FSCS) Visit

- a. Great model! Very organized for FSCS, is a core part of mission
- b. Two staff people at each of the schools dealing with school as full-service. Supervisor is a generalist and can transfer knowledge on team of FSCS coordinator. Works with principal and school district
- c. Is funded through School District General Fund. Not reliant on grants. Long-term stable commitment is critical. Is part of educational mission, not a side line
- d. Redwood City 2020 is an umbrella organization – FSCS is one element they work with. Pulls together various partners. Broader land use issues and others.
- e. KA district is coterminous within Redwood City boundaries.
- f. School District, City First 5, John Gardner Center at Stanford that works on data, Kaiser, each contribute \$25,000
- g. Core council and goals, process for addressing issues through various categories including community schools, community building and immigrant integration, collective impact and collaboration, health and wellness, and youth development
- h. Opportunity to grow prevention
- i. Behavior and mental health focus
- j. Data is provided to one entity to distribution

VII. Subcommittee Report Back

- a. Health Equity Data and Report Card
 - i. By end of April – draft of all indicators to be released
 - ii. Have or can get data sources that’s useful for programs we want to care out, things we can actually move (absenteeism, hospitalization)
 - iii. CCHS – meeting w/ schools – what’s useful for School District
- b. Health in All Policies (HiAP)
 - i. Joint meeting w/ WWUSD and COR occurred on 3/26. Status report on HiAP provided
 - ii. Tying HiAP into General Plan, 5 year SBP, and other existing documents
- c. FSCS
 - i. Made presentation to City of San Pablo
 - ii. Starting to look at process for coordination of services, looking at middle school coordination
 - iii. Aiming for communication and transparency
 - iv. WCCUSD to post webpage on FSCS – COR is current holder
 - v. Next working meeting – asset mapping
 - vi. Students presented to the board a Health Bill of Rights. Delineated what they wanted provided and what could be expected of youth
 - vii. School improvement grant – Americorps members to work at De Anza and Helms. Case management. Needed match of \$144,000. \$1 per student - \$29,000 total. School District recovering from slump and received assistance from the City of Richmond to keep schools open.

- viii. WCCUSD Strategic Plan – When people understand HiAP, they make it part of what they do – FSCS. Will be an emphasis in strategic plan
- ix. Impact of coordination of service – Attendance is up, kids are thriving more.
- x. Building Blocks for Kids Collaborative working with parent partners. Two women that have been working either school for at least 5 years (Sarai and Martha) trained as parent partners. Will provide services and support. Has support from RHEP, CCHS, and District. Convening 25 families and asking, “What are the kinds of things you need from an education system?” Undocumented individuals not attending meetings because they don’t receive the services

VIII. Announcements

- a. Richmond Bay Campus Long Range Development Plan workshop – April 10.
www.lrdp.eventbrite.com
- b. HiAP subcommittee meeting – Second Thursday of the month
- c. FSCUS subcommittee meeting – April 23
- d. Next RHEP meeting – April 24