



Alameda County Board of Supervisors

RESULTS OF THE 2007 FORUMS ON

Access to

Health Care

FOR ALL

**Alameda
County
Residents**

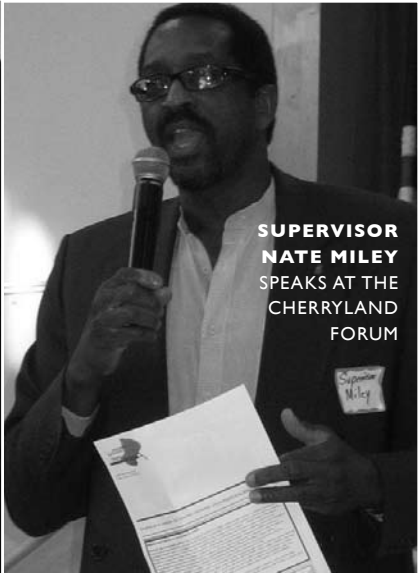
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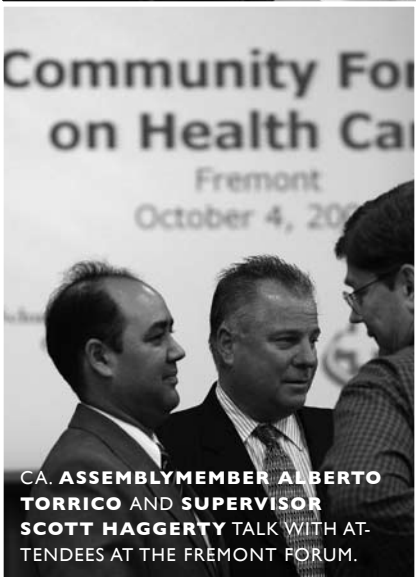
ALAMEDA COUNTY BOARD OF SUPERVISORS
2008



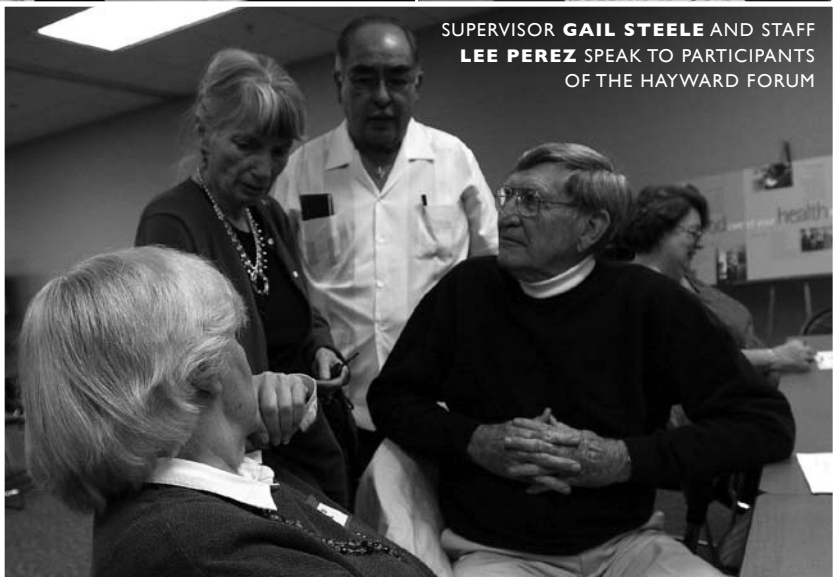
JANE GARCIA, CEO OF LA CLINICA DE LA RAZA, **SUPERVISOR ALICE LAI-BITKER**, AND **SHERRIE LOWENSTEIN** FROM THE CALIFORNIA DEPT. OF MANAGED HEALTH CARE



SUPERVISOR NATE MILEY SPEAKS AT THE CHERRYLAND FORUM



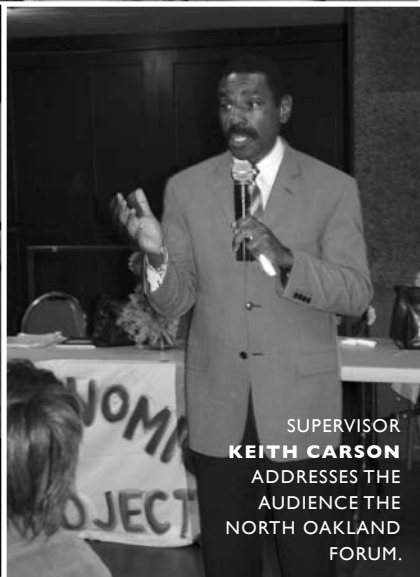
CA. ASSEMBLYMEMBER ALBERTO TORRICO AND **SUPERVISOR SCOTT HAGGERTY** TALK WITH ATTENDEES AT THE FREMONT FORUM.



SUPERVISOR GAIL STEELE AND STAFF **LEE PEREZ** SPEAK TO PARTICIPANTS OF THE HAYWARD FORUM



THE COMMUNITY FORUM IN NORTH OAKLAND BEGINS



SUPERVISOR KEITH CARSON ADDRESSES THE AUDIENCE THE NORTH OAKLAND FORUM.

Introduction

Covering the uninsured continues to be a top challenge for national, state, and local governments. Despite the recent setback in the California State legislature in its effort to pass a State health care reform plan, health care reform remains an active topic in the national media and in the public eye. The following is a summary report of the Alameda County Board of Supervisors' forums on health access and the uninsured that were held from September through October 2007.

Background : Profile of the Uninsured in Alameda County

Chart 1.
AN ESTIMATED 11% OF ALAMEDA COUNTY RESIDENTS ARE UNINSURED, AND MORE THAN 21% DEPEND ON PUBLICLY-FUNDED HEALTH COVERAGE PROGRAMS*¹
Total residents = 1,475,000

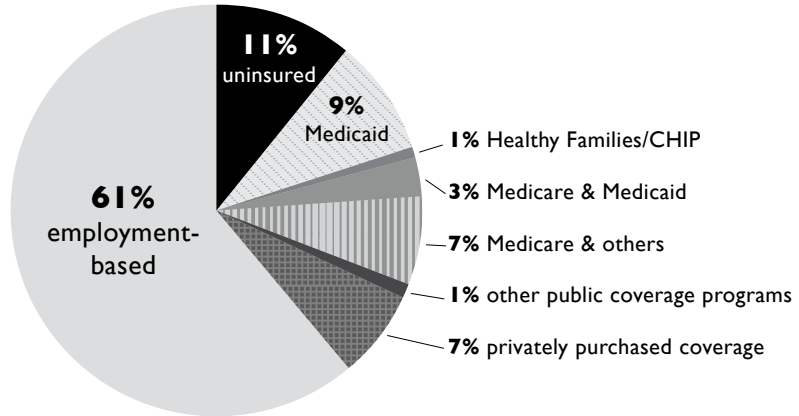


Chart 2.
THE MAJORITY OF UNINSURED IN ALAMEDA COUNTY ARE ADULTS*²
Total uninsured = 166,000

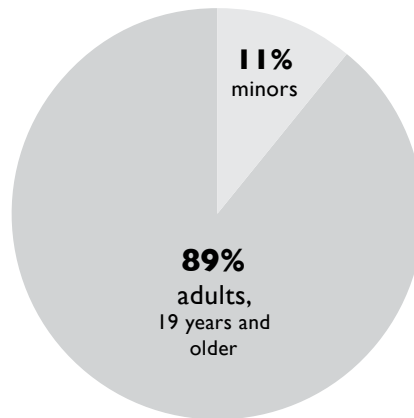
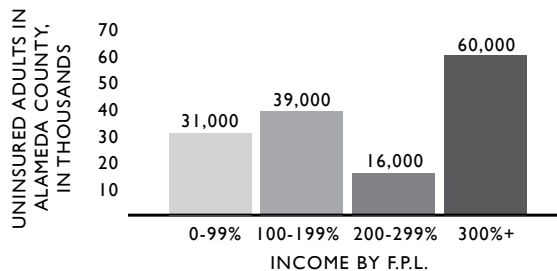


Chart 3.
UNINSURED ADULTS IN ALAMEDA COUNTY, AGES 19 TO 64, BY FEDERAL POVERTY LEVEL GUIDELINES*³
Total uninsured adults = 147,000



* Due to rounding, numbers may not add to 100%.

¹ Source: California Health Interview Survey, 2005.

² Ibid.

³ Ibid.

⁴ The County Medically Indigent Services Plan (CMSP) covers uninsured Alameda County residents whose income is below 200% FPL.

⁵ The most recent California Health Interview Survey for which data is available is 2005. The 2005 Federal Poverty Level (FPL) guidelines for a family of 3 were as follows: 100% FPL: \$16,090; 200% FPL: \$32,180; 300% FPL: \$48,270.

Increasingly health coverage is becoming unaffordable for families. Employers too struggle with the rising costs of covering their workers. The National Coalition on Health Care reports that “Premiums for employer-based health insurance rose by 7.7 percent in 2006. Small employers saw their premiums, on average, increase 8.8 percent.” It is likely that the number of uninsured in Alameda County will increase even more if the economy worsens.

According to the 2005 California Health Interview Survey, an estimated 11 percent of the residents of Alameda County, California are uninsured, and approximately 21 percent of residents depend on publicly funded health coverage programs: Medicare, Medi-Cal (Medicaid), and Healthy Families. Approximately 61 percent of Alameda County residents are insured through their employer [see Chart 1].

Alameda County is close to achieving universal coverage among all children in Alameda County—approximately 19,000 children need coverage [see Chart 2]. With federal and state support, Alameda County can close this gap in the near future.

More politically challenging is covering the approximately 147,000 adults in Alameda County who are uninsured. According to the California Health Interview Survey 2003, the most commonly stated reasons for being uninsured in Alameda County were:

- Can't afford to purchase coverage / too expensive
- Changed employer / lost job
- Healthy (no need) / don't believe there is a need

- Not eligible because of citizenship status
- Not eligible because of working status

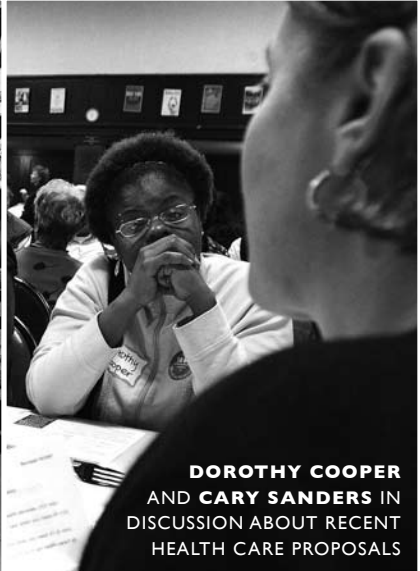
Insurance does not guarantee good health or convenient access to health care, but it does have a significant role in access to services, and in people's perceptions about their own health. According to the California Health Interview Survey 2005, the uninsured are more likely to report “fair” or “poor” health status than the insured, but are less likely to have a usual source of care than the insured.

In Alameda County, a county with a high cost of living, most of the uninsured fall at two ends of income scale, as defined by the federal government's poverty level guidelines [see Chart 3]. The largest group of uninsured adults—approximately 70,000 people—fall under 200% of the federal poverty level (approximately \$32,180 for a family of three in 2005).

The second largest group of uninsured adults—approximately 60,000—are above 300% of the federal poverty level (approximately \$48,270 for a family of three in 2005).



WALKING TO THE ROOMS FOR DISCUSSION ABOUT HEALTH CARE



DOROTHY COOPER
AND **CARY SANDERS** IN
DISCUSSION ABOUT RECENT
HEALTH CARE PROPOSALS



YORK PING TOY, WEI CHING WONG,
AND **LISA LAU** ADJUST THEIR HEADSETS TO
HEAR THE SIMULTANEOUS INTERPRETATION



HERBERT CHIU FROM THE ORGANIZATION
CITIZENS FOR A BETTER COMMUNITY FACILITATES
A DISCUSSION GROUP WITH **RU-CHUN WANG**
AND **CORDELLIA LIN**.



JANINE GRANTHAM OF WOMEN'S
ECONOMIC AGENDA PROJECT SPEAKS
TO THE CROWD IN NORTH OAKLAND

Background of the 2007 Forums on Health Access and the Uninsured

In 2007, the Alameda County Board of Supervisors met with former Assemblymember Wilma Chan, the Alameda County Health Care Services Agency, the Alameda County Access to Care Collaborative, and community-based organizations to begin to organize a series of community forums on access to health care in Alameda County. Organizers began meeting in June and continued to meet throughout the summer, culminating in seven community forums that were held from September through October 2007.

Each community forum opened with a general session featuring speakers on health care reform or a panel of speakers. With support from the Alameda Alliance for Health, simultaneous language interpretation was provided in Spanish, Chinese, Vietnamese, Korean, Cambodian, Farsi, and English. Oakland Community Organizations and Asian Health Services provided the headset equipment for simultaneous interpretation.

Following each opening session, attendees gathered in small facilitated discussion groups to respond to a set of questions on health care reform and services for the uninsured. More than 40 volunteers from community-based organizations who were trained in facilitation posed the questions regarding insurance and access to the groups. The following is a summary of the results of the discussions that occurred at the forums.

Results of the 2007 Forums



MEETING IN DISCUSSION GROUPS IN NORTH OAKLAND

More than 450 people throughout Alameda County attended the community forums. Forums were held in each of the five Board of Supervisors districts: Ascend Elementary School in the Fruitvale district of Oakland; Cherryland Elementary School in Cherryland, an unincorporated area; Washington Hospital in Fremont; First Congregational Church of Christ in North Oakland; City Hall in Union City; Tiburcio Vasquez Health Center in Hayward; Siliman Activity Center in Newark.

There were consistent, recurring themes in the comments received:

CONCERNS

- When asked about main concerns getting health care, **cost was by far the greatest concern** expressed by participants.
 - Many participants raised concerns that **pre-existing conditions** were preventing them from getting private health coverage. Many seeking private insurance coverage expressed frustration over only being offered very expensive plans—or being denied coverage altogether—on the basis of pre-existing health conditions.
 - Participants often raised a desire to have better information on health coverage and public programs. The **eligibility requirements and the bureaucracy** of getting coverage were also main concerns and the source of much confusion.
 - Participants reported many **difficulties signing up for Healthy Families or Medi-Cal**, primarily due to eligibility: that is, people were not eligible because their income was too high (sometimes by only a slight amount), or they did not meet the categorical requirements (i.e. not a parent with dependent children, not a U.S. citizen). Many people also reported that they could not gather all of the documentation to prove immigration/citizenship status, or that they needed language assistance while filling out the applications. In general, most participants who applied to Medi-Cal or Healthy Families reported needing assistance completing the forms, or that the process and time to complete the forms was extremely complicated and difficult. Many needed **language assistance** while filling out the applications.
- Another large concern was the **long wait times** to get a medical appointment. Some people also reported a lack of access to low-cost **dental care and specialty care**.
 - The next largest issue was having **adequate language access** for patients whose English is limited.
 - A number of people raised concerns about receiving **poor quality treatment**.
 - Lastly, a number of people reported problems with **transportation** to health care services.

SUGGESTIONS

- When asked how they would like to see services improved, the discussion was overwhelmingly focused on a desire for **universal health care paid for by the government**. In addition, more short-term, immediate suggestions were given.
- Frequent suggestions were: having more **outreach** to the community about available programs, assisting people with where to go for care, and making it easier to enroll into programs, without so much paperwork.
- **Shortening the wait time** to get a medical appointment, and the wait time to see a doctor once in the doctor's office, were recurring suggestions.

- **Improving language access** at the clinics and hospitals with interpreters, and the desire for translation of prescriptions and outreach pamphlets was raised numerous times.
- Also requested multiple times were: **more access to dental care, transit vouchers**, and **weekend and night hours**.

RESPONSE TO RECENT PROPOSALS TO REFORM HEALTH CARE AND IMPROVE SERVICES

- When asked their opinions about recent proposals to mandate individuals to purchase insurance, most people either said this was **not fair because insurance was too expensive** to purchase, or that **they would purchase it voluntarily if it was affordable**. When asked how much they would be willing to pay, people had a variety of answers but all expressed a willingness to pay, ranging from \$15-\$100 each month. Many said that if lawmakers pass an individual mandate for health coverage similar to the requirement to have car insurance, there would need to be a sliding-fee scale.
- When asked about presenting **citizenship documentation** to receive subsidized services, most people expressed a dislike for this policy, but were accustomed to having to produce identification when accessing health services. However as one health care provider stated, “As a nurse, I’m not comfortable denying care to anyone because they don’t have ID.”
- Regarding recent proposals to offer **health insurance premium discounts or incentives** to encourage healthy behaviors (i.e. quitting smoking, fitness), feedback was mixed. **Many people believed this was not fair across the board**. For example, some people supported higher premiums for smokers, but generally most opposed higher premiums for less “fit” people, because as one group said “Fitness is related to [financial] resources.”
- Regarding any future expansion of health care services to serve the uninsured, the most discussion and enthusiasm occurred around **increasing drop-in hours, weekend and evening hours at clinics, and locating clinics at sites that are convenient and accessible**, such as schools, senior centers, and near BART. Retail-based clinics received both support and criticism.
- There was **positive response** to the concept of a **1-800 phone number** for uninsured people to call for medical advice and health insurance information, with **several caveats**: short wait times if being placed on hold, no busy tones, multiple languages offered, and coordination of referrals to a larger health care system that has the ability to follow up with callers and their long-term medical needs.



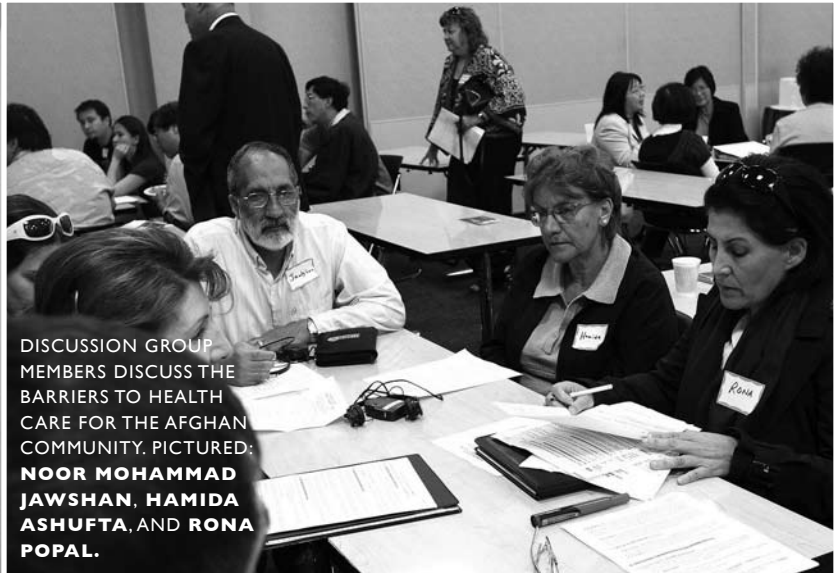
JOEL GARCIA, CEO OF TIBURCIO VASQUEZ HEALTH CENTER ENGAGES WITH COMMUNITY MEMBERS AT SUPERVISOR GAIL STEELE'S FORUM.



LAURA PEREZ OF THE STREET LEVEL HEALTH PROJECT WRITES UP NOTES FROM THE DISCUSSION GROUP.



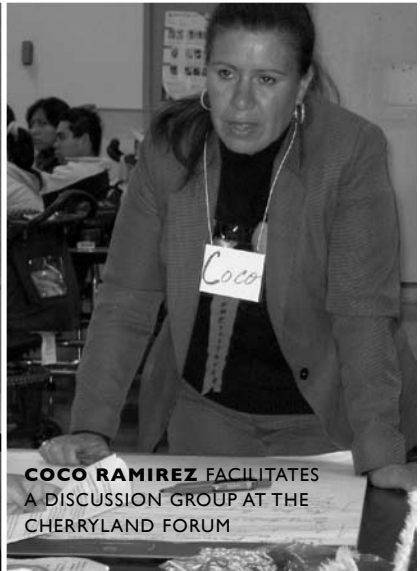
BEFORE THE COMMUNITY FORUM IN HAYWARD



DISCUSSION GROUP MEMBERS DISCUSS THE BARRIERS TO HEALTH CARE FOR THE AFGHAN COMMUNITY. PICTURED: **NOOR MOHAMMAD JAWSHAN, HAMIDA ASHUFTA, AND RONA POPAL.**



CITY OF FREMONT COUNCILMEMBER STEVE CHO MEETS WITH SARAH CHAN BEFORE THE FREMONT FORUM



COCO RAMIREZ FACILITATES A DISCUSSION GROUP AT THE CHERRYLAND FORUM

ACKNOWLEDGEMENTS

The Alameda County Board of Supervisors wishes to thank everyone who attended the forums. Your ideas, feedback, and critical comments are valuable to us as we endeavor to increase access to health care for all residents of Alameda County.

We thank the following organizations for co-sponsoring the community forums: the Alameda County Access to Care Collaborative, Alameda Alliance for Health, Alameda County Health Care Services Agency, Alameda County Medical Center, Alameda County Public Health Department, Alameda County Social Services Agency, Alameda Health Consortium, Asian Health Services, Asian Immigrant Women Advocates, Bay Area Immigrant Rights Coalition, California Immigrant Policy Center, Centro Legal de La Raza, Cherryland Elementary School, Cherryland PTA, Citizens for Better Community, City of Fremont, First Congregational Church of Oakland, Fruitvale Merchants' Association, Healthy Oakland, La Clinica de La Raza, LifeLong Medical Care, Lucha Unida Del Jornalero, Mujeres Unidas y Activas, Native American Health Center,

Newark City Council, Oakland Community Organizations, Schuman-Liles Clinic, Spanish Speaking Citizens' Foundation, Tiburcio Vasquez Health Center, Tri-City Health Center, Tri-City Homeless Coalition, Union City Council, The Unity Council, Washington Hospital Healthcare System, Women's Economic Agenda Project.

The Supervisors thank our staff: Ruben Briones, Amy de Reyes, Jean Fong, Seth Kaplan, Lee Perez, Josh Thurman and Lucy Wicks. We also thank: Wilma Chan for initiating the planning of the forums; Luella Penserga, Leah Stevralia, Hilda Ochoa, Elizabeth Ante and Darouny Somsanith of the Alameda Health Consortium for organizing the forums with the Board of Supervisors and the co-sponsors.

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