

# CPCA

California Primary  
Care Association

*Health Care Access for All*

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*Health Officers Association of California (HOAC)  
California Conference of Local Health Officers (CCLHO)  
California Department of Public Health (CDPH)  
National Association of County and City Health Officials (NACCHO)*

Fall Semiannual Meeting, Friday, October 23, 2009  
Claremont Hotel, Berkeley, California

Presented by Darcel Harris  
Senior Training Coordinator, Emergency Preparedness

# Session Objectives

## **Strategies to Achieve Equity and Overcome Immunization Challenges**

- Understand the role of CCHCs
- Know our patient population and how it impacts the healthcare system
- Recognition of the challenges between County Health, State Health and CCHCs surrounding H1N1
- Address solutions designed to achieve equity and overcome challenges

# CPCA Community Clinics and Health Centers

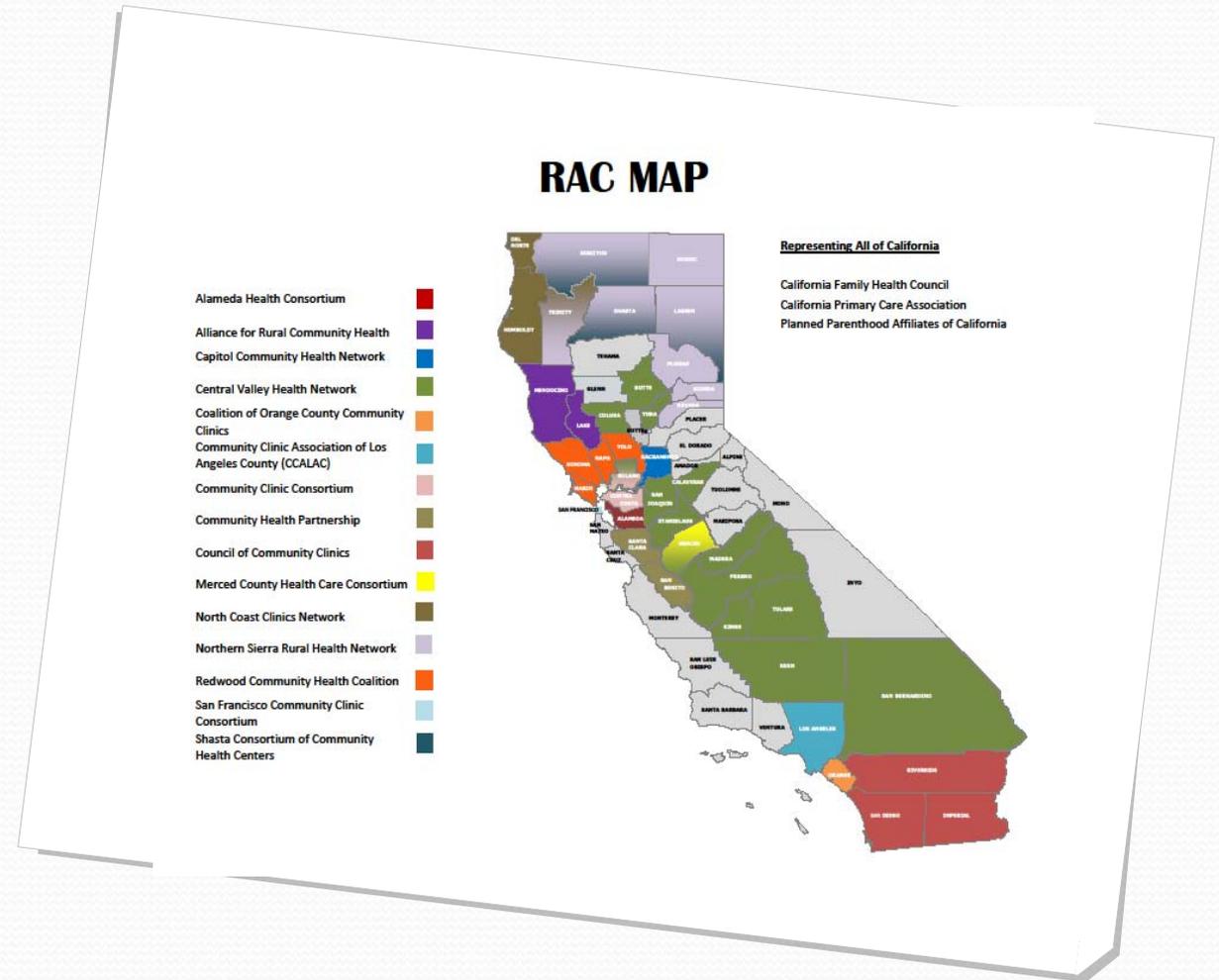
- ❑ **822 community clinics and health centers (CCHCs)**
  
- ❑ **CPCA's more than 740 members include:**
  - Federally Qualified Health Centers (FQHCs and FQHC Look-a-likes)
  
  - Rural Health Clinics
  
  - Community Clinics
  
  - Free Clinics
  
  - Planned Parenthood Clinics
  
  - 15 Regional Clinic Consortia \*

# CPCA Clinic Consortia Organizations

CPCA works through  
its **Regional Area  
Consortia**

Consortium contacts  
may cover more than  
one County

There is an EP Contact  
for each of the 15  
Consortia



# Who CA CCHCs Serve



## Patients

- 4 million patients
  - 49% of whom are limited English proficient

## Visits

- 12.5 million patient visits provided
- 1 mil uninsured and 1.4 mil Medi-Cal
- 3.6 million patients under 200% of the FPL

*All information compiled by Jeanita Harris, CPCA Data Analyst. Numbers are based on 2007 OSHPD data.*



## CA CCHC Characteristics

- CCHCs serve the most vulnerable patients-regardless of their ability to pay, insurance, or immigration status.
- Health care safety net for many communities, counties and regions.
- Provide multitude of services to uninsured and underinsured where hospitals and other medical providers may not exist or do not have the resources for treating this particular population.

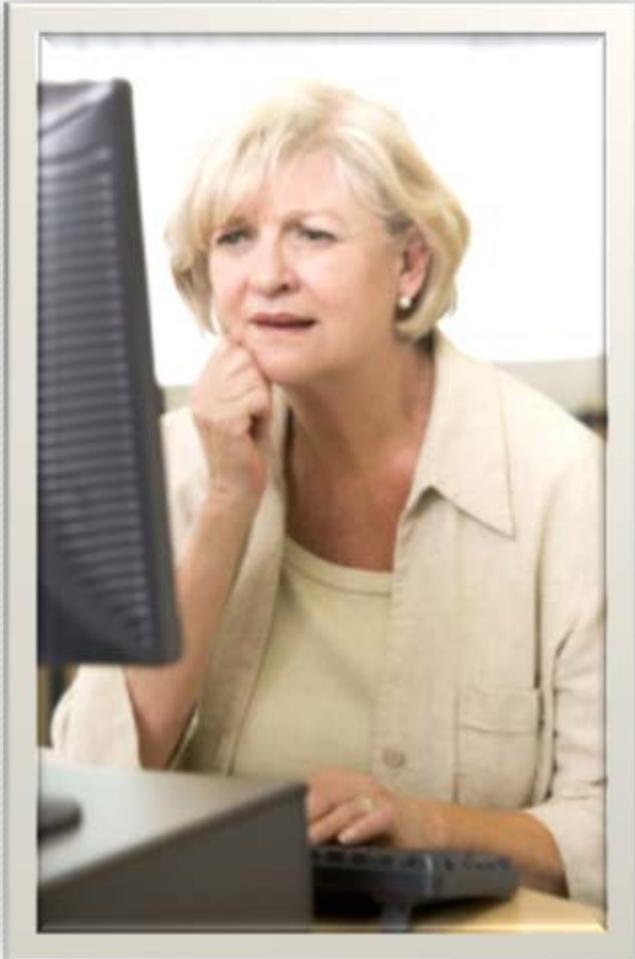


## California State, Counties and CCHC Rational and Practical Partnerships

- When clinics fail during a disaster – people suffer and die needlessly.
- Clinics reach beyond brick and mortar. Together with the State and with Counties, we have a symbolic social and political value.
- We contribute to a community's sense of health, security, and well being.
- It is imperative that we work together to ensure our protection from the consequences of disasters, emergencies, pandemics, and other crises.

## H1N1 Issues

### *During the Spring Outbreak & Currently*



- LHDs widely varied in their approach of distributing from the California allocation of the Strategic National Stockpile (SNS) resources to their health care providers within their jurisdictions.
- Inconsistencies in the interpretations of clinical guidance regarding health care worker and patient care protection.
- Lack of information and inconsistency of information to CCHCs about the distribution process for vaccine from LHDs.
- Need for more ongoing communication and coordination between CCHCs and LHDs.
- Need for coordinated efforts between LHDs and CCHCs on public communication

# Possible Solutions to Issues

- Share your county HPP plans with your local clinics
- Communicate to your CCHCs the criteria for receiving resources from the state cache
- Work with your CCHCs on a process that will ensure allocation of resources to the CCHC.
- Be clear and specific with your interpretation of Guidance to your CCHCs.
- Attend local Consortia meetings – at least quarterly.
- Invite the local Consortia representative to *your* meetings.
- Invite CPCA to attend statewide-county PIO meetings.
- Continue to involve CPCA in annual and biannual conferences.





# Considerations Moving Forward

- Sonoma County's dramatic growth among its 7 clinics
  - Does this present opportunities for partnership planning around disaster preparedness?
  - Are there other situations around the state like this one?
- California's changing demographics
  - Another opportunity for hospitals and community health centers to collaborate?
- **H1N1 Influenza Pandemic**
  - Impact *AND* opportunity?

*From Great Boards, the online governance newsletter...*

**Hospital leaders will need to master the art of choosing partners wisely, building relationships and managing the paradoxes inherent in an organization they do not control.**

# TOGETHER

There's only so much you can do on your own. But together, we can do more. Together we can speak louder and sing stronger. Together we can stand taller and climb higher. Together we can live healthier and make tomorrow better than today. We can do all this and more.

*2007 Kaiser Permanente Community Benefit Report*

# Questions



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