

# ADVANCING HEALTH EQUITY FOR ALL CALIFORNIANS

## The Time is Now

Low-income and uninsured communities throughout California are facing two concurrent public health emergencies: the COVID-19 pandemic and the persistent structural inequities that put the health and well-being of Black, Indigenous and Native Americans, and People of Color (BIPOC), and individuals living in rural regions across the state at risk.

The **Regional Associations of California (RAC)** serves as a coalition of regional and statewide clinic consortia providing strategic planning, local advocacy, and network based infrastructure for community clinics and health centers servicing underserved and uninsured populations in California. There are three statewide clinic consortia and 13 regional consortia. Together they represent more than 230 community clinics and health centers that collectively serve 7.4 million patients – or 1 in 5 Californians – at 1,300 service sites statewide.

For decades, RAC clinic and health center members have provided essential health services to anyone in need, regardless of their ability to pay, immigration status, or their individual circumstances. For over 20 years, RAC members have worked in tandem to improve health outcomes, address social determinants of health, and combat health inequities at the local, state, and federal levels.

Although we have made significant progress toward achieving greater health access for low-income Californians, **the time has come to mobilize the power and reach of the health center movement to make health equity and justice a reality for all Californians.**

As our country faced unprecedented challenges related to COVID-19, the murder of George Floyd in the summer of 2020 sparked an awakening that has brought discussions about racism to the fore and forced a re-examination of the structures and policies that perpetuate inequities in our health care system. At the same time, harmful regulations released and implemented over the past four years threatened the health

and well-being of immigrant populations, LGBTQ+ individuals, and women throughout the state and country. These events underscored that we can no longer ignore the root causes of health disparities and must take a comprehensive approach to wellness moving forward, including standing in strong solidarity with those that historically and continue to be disenfranchised and marginalized.

Now, we find ourselves at a pivotal moment. **We will not truly address the health disparities that persist today until we name and address the root cause – racism.**

COVID-19 has had a devastating impact on California's community clinic and health center patient populations, with the heaviest burden experienced by Black and Brown community members. Individuals and families hardest hit by job loss, food and housing insecurity, and disrupted learning, faced a lack of educational and economic opportunities and transportation access long before the COVID-19 crisis. The pandemic has highlighted and exacerbated the separate and unequal systems that perpetuate inequity and injustice, and disrupt community health and well-being.

The tragic truth is our health care system is broken, and there is critical work that needs to be done. **Together we must work to expand access points, deepen strategic partnerships, secure public policy advancements, and create a more equitable health care delivery system that is built by and for the people it serves.** The urgent need for California's statewide health center movement to collaborate with partners, state and regional governments, and private foundations to advance health equity and achieve health justice for all Californians has reached a tipping point.

## A Call to Action

Although RAC members often take regional approaches to strategically meet the unique needs of local communities, we stand united in our commitment to transforming our systems and policies to create greater health equity statewide. **We believe that achieving health equity is not only a moral call to action, but it is essential to ensuring the overall health, well-being, safety, and economic security of our state.** We believe that community clinics and health centers are uniquely positioned to collaborate with patients, partners, policy makers, and payers to eliminate the health disparities that have persisted and gone ignored for far too long.

**To truly address the root causes of health inequities, we acknowledge and recognize that health equity is inextricably linked to racial and cultural equity, gender equity, economic equity, and regional equity across California's 58 counties.**

This means we must collectively engage in anti-racist work, and leverage our power to advocate for measures that level the playing field, ensure fundamental needs - like access to health care, food, and clean water - are met and that economic and educational opportunity, and justice are available for all – regardless of income, zip code, race, gender, immigration status, or sexual orientation.

## Equity is the Foundation of the Health Center Movement

From the beginning, community clinics and health centers have been grounded in the principle that justice and equity are the foundation of community well-being. **The fight for civil rights seven decades ago, gave rise to the health center movement.** Health care providers and activists advocated side-by-side to improve the lives of those living in deep poverty and in need of health care. That tradition and commitment remains steadfast today, and the regional, statewide, and national health center movement is stronger and more inclusive than ever before.

**Despite the movement's growth, our collective vision of an equitable health care system has been slow and challenging to achieve.** Lack of or inadequate access to quality care and not enough attention to addressing the social conditions and economic factors that influence individual and community health continue to hinder progress. According to the World Health Organization, social determinants of health - like income, physical environment, housing, food security, transportation, and education - are shaped by the distribution of money, power and resources at the national and local levels, which are driven and influenced by policy choices.

**In California, we have made significant strides in the right direction, but we have not moved the needle far enough.** We must ensure that California not only has the policies, financial investments, and political will in place to support access to basic primary care, but that all Californians can get the full range of services that are critical to individual and community health and wellness.



We have been chasing equity all along. To reach our goals, we need escalators instead of stairs.

– RAC Leader



# Strategies for Advancing Health Equity

RAC members throughout the state are deepening partnerships and leveraging local expertise to advance health equity and improve health outcomes. **Regional and statewide consortia advocate for policies and provide a wide range of services to break down structural barriers to care.** RAC members work to enhance the capacity of community clinics and health centers and municipal and county systems to improve population health and support community well-being.

According to the Forces for Change report published with support from the California Health Care Foundation and California Wellness Foundation, RAC members invest in and implement the following strategies and activities to advance health equity:

- **Policy + Advocacy:** RAC members conduct policy and advocacy activities, mobilize members to take action, and collaborate across the state to develop messages and materials to advance shared goals.
- **Access to Care:** Statewide and regional RAC members prioritize and provide services to support access to quality care for California's low-income and underserved residents and address the needs of the remaining uninsured.
- **Delivery System Transformation:** RAC members lead and participate in formal partnerships with health plans, hospitals, county systems, and other local partners to advance health equity at the county and regional level. Statewide consortia engage with state agencies such as the Department of Public Health and the Department of Health Care Services to transform our health care delivery system to improve health outcomes for all throughout California.
- **Data-Sharing + Quality Improvement:** RAC members engage in health information exchanges and data-sharing activities focused on quality metrics and clinical/operational quality improvements.
- **Social Determinants of Health:** RAC members lead and participate in activities to address social determinants of health (SDOH) to eliminate health disparities and increase health equity.

## Piecemeal Solutions Are No Longer an Option

It is time for a complete transformation of the health care system to promote unbiased social, structural, and financial structures and policy determinations to advance equitable access to quality health care for all.

# Stories from the Field

The examples from the field below provide a snapshot of how RAC members work upstream to improve health and wellness beyond clinical care models. Many of the strategies described are being implemented across the state in partnership with local governments and allied organizations.

## Criminal + Restorative Justice

- **Alameda Health Consortium (AHC)** is partnering with Alameda County to allow health centers to do 51/50 holds and pilot a program to allow clinicians to be legally authorized to provide 51/50 health care. This shift will enable individuals in crisis to get the health services they need, rather than enter the criminal justice system.

## Food Security

- **North Coast Clinic Network's (NCCN)** Rx for Wellness Program (RxWP) seeks to foster community collaboration to improve health outcomes in the rural north coast. NCCN recognizes food insecurity as a key local issue, supporting a community garden project led by member clinic Open Door Community Health Centers. The project leverages volunteers and partnerships to provide safe, nutritious food and supplies. The community garden also distributes fresh produce through food vouchers offered by the Farmer's Market Association and the Latino Health Promotion Project, which donates fresh produce to the St. Joseph Food Pantry and Mobile Health Services. The community garden produced more than 5,000 pounds of fresh produce in 2020.
- The **Redwood Community Health Coalition** and **AHC** partner to utilize funding from the California Department of Social Services (CDSS) to implement the CalFresh Outreach Program and increase CalFresh participation throughout Alameda County. Program activities increase community awareness about CalFresh eligibility requirements, application procedures, and benefits.

## Housing + Care for the Unhoused

- **San Francisco Community Clinic Consortium's (SFCCC)** Street Outreach Services (SOS) provides high-quality, non-judgmental services directly to homeless people in places where they live and congregate. The SOS team builds trust by breaking down barriers that keep homeless people from the care. The program also connects clients to support such as enrolling in health care coverage, accessing food, and mental health or substance use disorder services.

- The **Health Alliance of Northern California (HANC)** is a key partner in the Shasta Health Assessment and Redesign Collaborative (SHARC). Bringing together the City of Redding, the Redding Police and Sheriff, hospitals, Partnership Health Plan, the Opioid Coalition, local health centers, and other stakeholders, SHARC promotes affordable housing options and coordinates services at evacuation centers. SHARC also addresses the roots that cause individuals and families to be unhoused, including substance use disorders and trauma.

## Impact Litigation

- The **California Primary Care Association (CPCA)** joined the state of California and other advocacy groups to challenge the Trump Administration's Public Charge Rule. The Public Charge Rule sought to make it harder for low-income immigrants to obtain green cards or other changes in their legal status if they used or might use federally funded programs including Medi-Cal, CalFresh, or public housing assistance. In March 2021, the Biden Administration's Department of Homeland Security announced that it will no longer enforce the Public Charge policy changes.
- **Essential Access Health** leads California's statewide network of health centers that receive funding from the federal Title X family planning program. California's Title X provider network is the largest Title X system in the nation. Essential Access filed a lawsuit to halt implementation of the Trump Administration's Title X regulations that dictate a lower standard of care for low-income patients. The harmful regulations disproportionately impact patients in rural regions and Black, Indigenous, and other communities of color. The legal challenge is currently being considered by the United States Supreme Court.

## Immigrant Rights

- The **Community Clinic Consortium** serves Contra Costa and Solano Counties. The Consortium engages in advocacy campaigns and initiatives to expand access to health care for all, including low-income and uninsured immigrant populations. The Consortium mobilized their health center members, local partners, leaders, and community members to secure an ongoing funding stream in the Contra Costa County budget for health centers to provide no-cost care to uninsured patients, regardless of their immigration status.

- **Coalition of Orange County Community Health Centers (Coalition OC)** works to enhance the capacity of their member community clinics and health centers to support immigrant patient populations, respond to concerns and emerging issues, and link them to key community resources. The Coalition OC disseminated “Know Your Rights” information to members and throughout the region, increasing awareness among immigrant populations of their legal rights and ability to safely access health services.

## Infrastructure

- **Community Health Association Inland Southern Region (CHAISR)** collaborates with education partners, Internet Service Providers, and technology and engineering professionals to address the digital divide and ensure that individuals living in rural and remote parts of the state have reliable, affordable and available high-speed internet access during an emergency.

## LGBTQ+

- **Community Health Partnership (CHP)** and its members have a long-history of serving the needs of the LGBTQ+ community in San Mateo and Santa Clara counties. CHP is currently pursuing a partnership with member Billy DeFrank to place community health workers at the health center to provide a robust range of services including health coverage assistance and health education to LGBTQ+ patients, with an emphasis on meeting the needs of LGBTQ+ youth and seniors.

## Opioid Use Disorder + Medication Assisted Treatment

- **California Consortium for Urban Indian Health’s (CCUIH)** Medication Assisted Treatment (MAT) Project is designed to meet the specific prevention, treatment, and recovery needs of California’s Urban Indian communities. With funding through the California Department of Health Care Services, the project aims to reduce mortality rates due to opioid use disorder through education, stigma reduction, MAT and naloxone access expansion, and increased access to culturally relevant recovery services.



Moving outside our health care comfort zone means being part of the larger discussions and supporting solutions to community issues, from housing to the digital divide to public transportation.



- RAC Leader

## Patient + Community Power

- Recognizing the important role that the Census plays in the health and well-being of community clinic and health center patients, the **Community Clinic Association of Los Angeles County (CCALAC)** supported the capacity of their member clinics to engage in Census outreach during the COVID-19 pandemic. CCALAC created a Digital Outreach Toolkit and worked with the U.S. Census Bureau to confirm placement of Mobile Questionnaire Assistance program representatives at member clinic sites to directly assist patients with filling out their census questionnaire. CCALAC also provided technical assistance to their member clinics and provided a forum to discuss and share best practices for engaging patients and empowering them to be a part of the Census process during the public health emergency.
- The **Coalition OC** developed a campaign in collaboration with NALEO to ensure that everyone in Orange County was counted in the 2020 Census. With support from Charitable Ventures, **CCALAC**, and UniHealth Foundation, the Coalition trained nearly thirty Census phone bankers to discuss the importance of the being counted with their neighbors across the county. The Coalition's phone bank reached over 9,000 people. The Census base of phone bankers were mobilized for the Coalition's non-partisan Get Out the Vote (GOTV) campaign that reached over 1,500 individuals.

## Safe Spaces

- **CCUIH's** Red Women Rising project supports culturally responsive domestic violence services for Urban Indians by enhancing collaborations between Urban Indian health organizations, domestic violence service providers, and traditional healers.
- **AHC** provides trainings in best practices for recognizing, responding, and addressing labor, sexual exploitation, and abuse experienced by disenfranchised and marginalized populations including women, girls, men, and boys of color, transgender youth, low-income and newly arrived monolingual immigrants. AHC has also worked to strengthen linkages between member health centers and survivor-led bedside advocate organizations to enhance the capacity of their health center members to implement protocols and establish referral workflows for longer term support for trafficking survivors.



## Workforce + Pipeline

- **CHAISR** manages the **Inland Empire Area Health Education Center (AHEC)**. The regional AHEC utilizes a collaborative approach to increasing diversity in the health care workforce. The program seeks to promote health care careers among youth in underserved communities and deepen connections between community clinics and health centers, academic institutions, and community partners.
- **HANC** facilitates a health care pipeline collaborative with UC Davis to promote opportunities for 10th and 11th graders to attend an 8-week program for a diverse group of students from the Oregon border to Redding to learn about the health professions and link with health care leaders in their communities.
- **CPCA** is working to build a diverse pipeline of emerging C-suite community clinic and health center leaders through the Leadership Equity Program (LEP). The program will be designed to equip the next generation of C-suite leaders to mitigate health disparities and advance community well-being. The LEP will also focus on strengthening community clinic and health center capacity to recruit and retain health professionals and administrators who center the voices and experiences of the communities they serve.

## Moving Toward Health Justice

The unprecedented challenges we have faced over the past year forced us to reimagine and redesign health care delivery and confront the structural inequities that persist in communities across California. **It has become abundantly clear that health disparities and our under-performing health system can only improve when we make a concerted shift toward valuing equity, justice, self-determination, and equality for all.**

The road to health equity and justice will be long and not always comfortable. Achieving health equity and justice will require new and enhanced partnerships and collaborations across sectors. It will require each of us to listen to and acknowledge the experiences of the people and communities we serve. It will take all of us to use our voices and mobilize community power to dismantle long-standing laws and systems that lead to differential health outcomes, and take action in collaboration with diverse stakeholders to create healthy ecosystems at the local, regional, and state levels.

We must intentionally and strategically leverage resources and funding to transform how health and health care are experienced and delivered to communities that remain marginalized and disenfranchised.

## To make this vision a reality, collectively we will:

- ✓ **Create a More Equitable Health Care Delivery System** – to ensure that all Californians can get the care they want, how they want it, and when and where they need it.
- ✓ **Enhance Our Health Care Infrastructure** – to create more access points, reduce wait times, increase transportation options, address the digital divide and to sustain and expand telehealth service delivery over the long-term.
- ✓ **Expand Strategic Partnerships** – to meet regional needs, engage non-traditional partners, and be engaged in conversations across sectors to develop and support integrated solutions to complex local challenges.
- ✓ **Impact Public Policy** – to inform local, regional, and statewide decision makers and advance public policies that protect and expand access, improve health outcomes, and lead to greater health equity and justice across California.
- ✓ **Build People Power Among Patients and Community Members** – to empower and elevate the voices of marginalized groups and communities, and listen and learn from the communities most in need and impacted by structural barriers that impede access.
- ✓ **Establish a Pipeline of New Health Care Leaders** – to broaden perspectives included in levers of decision making now and in the future that are grounded in principles of diversity, equity, and inclusion, and reflective of the communities served.

## Conclusion

It's clear: we must do more, and we must do better. **We must think big, and be bold to meet this moment.** Moving forward, together we will build on the progress we have made, and intentionally engage, empower, and mobilize a wider net of stakeholders to make health equity and justice a reality for all Californians.



We have to seize vital moments of political will and public awareness in order to move from health access toward health equity and justice.

- RAC Leader

