



COMMUNITY HEALTH  
IMPROVEMENT PARTNERS  
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**PUBLIC POLICY COMMITTEE**  
***Meeting Minutes***  
**July 23, 2009**  
**8:30am-10:30am**  
CHIP / HASDIC Offices  
5575 Ruffin Road, Suite 225  
San Diego, CA 92123  
(858) 614-1543

Michael Bardin, Scripps Health	Beth Ruland, CHIP
Jim Beaubeaux, San Diego County Medical Society	Barbara Ryan, RCHSD
Ruth Covell M.D., UCSD School of Medicine	Shreya Sasaki, CHIP
Aron Fleck, CHIP	Zachary Schlagel, UC San Diego Health Sciences
Stephanie Gioia, Supervisor Ron Roberts	Sara Steinhoffer, Sharp Healthcare
Rosemarie Johnson, M.D., SDCMS Foundation	Kathy Sullivan, American Lung Association
Lourdes Jimenez, 2-1-1 San Diego	Lisa Sontag, HASDIC
Eric McDonald M.D., CHIP	Judith Yates, HASDIC
Kamal Muilenburg, SDBHC / SDHCC	Nick Xenitopoulos, HHSA
Anabel Poole, HHSA	

I. Welcome / Introductions: 8:30 am All

All members introduced themselves.

II. Update: CHIP Board of Director's Decisions on Action Items 8:35 am S. Steinhoffer / S. Sasaki

At the June 25<sup>th</sup> Public Policy Meeting, the Committee voted to bring the following recommendations to the CHIP Board of Directors:

1. *"The CHIP Public Policy Committee recommends that the CHIP Board of Directors takes the position that in concept, CHIP supports a tax or fee on alcohol consumption as an important prevention strategy."*

The Board of Directors approved this recommendation.

2. *"The CHIP Public Policy Committee recommends that CHIP Board of Directors takes a position to support the SDHCC Consensus General Positions (listed below) and is aligned with SDHCC on access and prevention."*

*Consensus General Positions:*

- *Reforms should consider whether and where a complete overhaul is required and where building on existing elements of the healthcare system will best meet reform objectives; however, it is felt that the existing system of providing healthcare coverage and care in the United States is broken and getting worse.*
- *Healthcare reform should ensure that basic, meaningful health coverage and access to care are not market-based commodities but are accessible and affordable to all.*
- *Achieving comprehensive health reform is imperative to individuals and families, business, government and the economy.*
- *Developing solutions, oversight and funding for health coverage is everyone's responsibility – government, business and individuals."*

The Board of Directors approved this recommendation.

Additionally, the Committee asked the Board of Directors if CHIP should develop its own health reform principles focused on access to care and prevention. The Board agreed not to develop a general stance on health reform principles; rather, the Public Policy Committee should develop a response as appropriate when/if proposals are presented in the form of bills / policies.

III. Discussion:

a. State Budget: Impact on Health Services

8:45 am All

Members of the Public Policy Committee contributed to a roundtable discussion on the State Budget and its impacts on health services.

*The information below reflects the conversation at the 7/23/09 Public Policy Meeting with the understanding that the status of the budget and legislation has changed since this time.*

Highlights from this discussion include:

- LA, San Diego and other counties have approved recommendations to file lawsuits against proposed legislation to borrow from counties and local governments.
- It was suggested that advocates always offer alternative solutions when voicing objections to budget cuts.
- Dramatic funding cuts have been made to mental health, alcohol and drug prevention, maternal and children's health, immunization and HIV/AIDS programs.
- Cuts to preventative and community based medical programs will result in increased ED visits and will prove worse for public health outcomes and be more costly to the state in the long term.
- Once the budget has been approved, the state of California will be categorized as functioning in an "operating deficit". Failure to address the source of the budget problem and determine concrete, long term solutions will result in future crises.

IV. Presentation: Coverage Initiative

9:10 am N.  
Xenitopoulos

N. Xenitopoulos presented an update on the Coverage Initiative (CI) program.

Highlights from this update included:

- The Coverage Initiative program (CI) is a federal program, based on the 1115 Medi-Cal waiver. The program targets uninsured and underserved San Diego residents who are at or below 200% of the FPL, have a diagnosis of diabetes or hypertension, not eligible for Medi-Cal, 21-64 years old and be US Citizen or a legal permanent resident / qualified alien with 5 years of residency.
- A total of 3,512 participants are currently enrolled in CI. The program has seen a drop in enrollments in the last few months due to the aging out of patients who turn 65 and enroll in Medicare (over 50% enrolled in the program are 55 or older).
- 80% of program participants fall in the 0-135% Federal Poverty Level classification. Over 50% of participants are also enrolled in disease management programs (Project Dulce or Project Dulce "look alike").
- This program has been implemented across ten counties in California; each county has a slightly different model to address the specific needs of the county. The governmental entities (at the federal,

state and count level) are currently examining the efficacy of each model.

- The Federal Government grant will match up to \$13,500,000.00 of the CI program expenditures each year in San Diego County (program operates on the federal fiscal year and we will begin the third year of implementation).
- In 2009, CI capped enrollment at approximately 3,561 since this was the enrollment goal proposed in the waiver application and to ensure that the program did not spend more money than would be matched by the federal grant.
- At its current rate, CI projects a total expenditure of \$12,000,000 in 2009; leaving over \$7,000,000 matched grant money left unclaimed.
- The Committee requested to learn more about enrollment and decision making processes of the Coverage Initiative and also recommended that the program look into ways to take advantage of all the grant money, including re-opening enrollment.
- The Committee expressed deep concern regarding the untapped grant funds and requested that their concerns be brought to the attention of the County. They also had many questions related to the low enrollment of patients in chronic disease management programs. Shreya will follow up with the County on the Public Policy Committee member concerns and will work with the co-chairs (Sara Steinhoffer and Kamal Muilenburg) in determining next steps. An update on these efforts will be provided to the Public Policy Committee at the next meeting.

V. Other Items:

a. Federal Healthcare Reform: SDHCC Forum Summary

9:35 am K. Muilenburg

S Sasaki shared the following links from the Insure the Uninsured Project:

- HR 3200: <http://itup.org/Reports/Legislation/Summary%20of%20HR%203200.pdf>
- Senate HELP Committee Package: <http://itup.org/Reports/Legislation/Summary%20of%20Senate%20HELP%20Committee.pdf>

The Committee gave feedback on the July 17<sup>th</sup> SDHCC Forum, including:

- The importance of mentioning that health care reform does not mean solely cutting costs or covering more people, but needs to involve *reforming* the system.
- The Committee commented that decision makers should consider the money spent on both preventative care and the un/underinsured when budgeting, as investments in preventative care yield substantial savings in long term health care.
- The Committee should consider ways in which they can individually leverage their position in the health care industry to advocate for elements that will make a difference in long term health care reform, including advocating for information technology infrastructure and prevention techniques/programs.

The SDHCC is in the process of putting a video Dr. Nichol's presentation on the SDHCC website.

b. H1N1 Funding

9:40 am A. Fleck

H1N1 has met public health qualifications to be classified as a pandemic.

The County recommends that both the seasonal flu vaccine and the H1N1 vaccine are needed. The public should get vaccinated with the seasonal flu vaccine first; this vaccine should be available to the public by mid-August. Flu season kick-off events have been pushed up to accommodate for the

anticipated intensity and change in “season.”

The County anticipates widespread confusion in the public and is planning to address this by relaying effective and accurate messages.

Dr. Wooten is working on an elaborate communication plan that is in depth and focused on multiple sectors (business, healthcare, schools, public at large, etc.). Local, State and National efforts must be coordinated to ensure consistent, effective communication and planning is well executed. All businesses, especially health care organizations, should consider proper preparation and planning for the flu season. The other aspect of this discussion was related to funding that has been released by the federal government for flu outreach and education, Aron reported that the county is waiting for more information from the state on how those funds will be made available to local governments.

c. Tobacco Tax

9:45 am S. Sasaki

The American Cancer Association and the American Lung Association approached CHIP to support SB 600, aimed to raise cigarette taxes by \$1.50 per pack.

**Action Item:** S. Sasaki will schedule a presentation on proposition SB 600 for the August Public Policy Meeting.

d. Fluoridation Update

9:50 am S.  
Steinhoffer

San Diego City will begin fluoridating a portion of residential water. Construction projects are underway; residents should begin receiving fluoridated water by July 2010.

e. Announcements / Sharing (including meeting schedule)

9:55 am All

- The Public Policy committee will continue to meet on the fourth Thursday of each month.
- The committee discussed inviting a representative from the State to join the Committee, as Melanie is no longer able to meet at the scheduled time.
- Moving forward, information related to any anticipated vote or action item will be sent to the committee in advance and included on the agenda. This will to allow the Committee to consult with their organization beforehand.

VI. Adjournment

10:00 am All

Next Meeting: August 27, 2009

**THANK YOU!**