

Supporting California's Diverse Communities

March 1, 2021



OVERVIEW

Today, roughly 1,370 community health centers (CHCs) in California provide high-quality comprehensive care to 7.4 million people, or 1 in 5 Californians. CHCs are often the only providers of care in California's rural communities. For decades, CHCs have provided services to everyone, regardless of their ability to pay, immigration status, or individual circumstances.

COMMITMENT TO EQUITY

To advance an equitable and anti-racist health care delivery system, CaliforniaHealth+ Advocates is committed to a platform that elevates the mission of California's CHCs and reduces racial and geographic health disparities among the communities they serve. The COVID-19 pandemic has laid bare and worsened long-standing inequities in these populations. As such, we request congressional action on the following:

SUPPORTING AMERICAN INDIANS IN URBAN AREAS

COVID-19 disproportionately impacted American Indian/Alaska Native patients. The pandemic response is hampered by workforce and funding challenges at Urban Indian Organizations.

Ask: Commit to long-term workforce funding, and an increase in funding for the Special Diabetes Program.

SUPPORTING BLACK COMMUNITIES

The COVID-19 pandemic has exacerbated and illuminated the health disparities and inequities our Black communities are experiencing as a direct result of the complex web of social determinants and systemic racism. California CHCs are committed to addressing the immediate health needs of Black communities, including addressing racism as a public health crisis.

Ask: Declare racism a public health crisis and improve data collection to understand how gaps in the health care delivery system can be bridged.

SUPPORTING HOMELESS AND HOUSING INSECURE

A quarter of the nation's persons experiencing homelessness (PEH) reside in California. COVID-19 infects, hospitalizes, and kills PEH at higher rates because of long-standing health and housing inequities. California's CHCs provide care to more than 360,000 PEH and throughout the pandemic have quickly

responded with COVID-19 testing, screening, and treatment, but additional investments are needed to provide basic care and long-term housing.

Ask: Direct additional resources for vaccine administration, street medicine programs, and outreach and enrollment workforce for CHCs to best serve PEH.

SUPPORTING IMMIGRANT COMMUNITIES

Half of California CHC patients identify as Hispanic/Latinx and nearly 10% identify as Asian and/or Pacific Islander. Immigrant populations face a higher risk of COVID-19 infection due to greater incidence of poverty, overcrowded housing conditions, and jobs that classify them as essential workers. In California, immigrants are the largest group without health insurance.

Ask: Incentivize states to expand their Medicaid programs to include all persons regardless of immigration status and guarantee that immigration policies do not deter persons from seeking health care and other public services.

SUPPORTING WOMEN AND REPRODUCTIVE HEALTH

California has the largest Title X network in the country. Nearly 250 California CHCs are Title X participants. Six in 10 women who receive services from a family planning health center consider it their primary health home.

Ask: Support the Biden Administration in immediately rescinding the Trump Administration's harmful Title X regulations and provide funding for the expansion of reproductive health and family planning services.

SUPPORTING RURAL COMMUNITIES

Rural residents are more vulnerable to severe illness or death from COVID-19 due to inequitable access to medical care. Twenty percent of the population lives in rural America, and only 9% of physicians practice in rural communities.

Ask: Work with the Biden Administration to remove barriers that limit rural resident training opportunities and implement the National Healthcare Workforce Commission, which was authorized in the Affordable Care Act but never funded.

FOR MORE INFORMATION

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