

## ABSTRACT

Project Title: Service Integration Project for Latino Families in San Francisco  
Project Number: H25 MC 00219  
Project Director: Terry Giovannini, MSW, MPH, PhD  
Grantee: Mission Neighborhood Health Center  
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Project Period: July 1, 2000 to January 31, 2004  
Total Amount: \$150,000

**PURPOSE AND COMMUNITY NEED:** The purpose of this project was to coordinate health-related interventions and improve access to care for low-income Latino children and their families in San Francisco. Latinos constitute a large part of San Francisco's foreign-born and form one of the fastest growing segments of the City's population. Mission Neighborhood Health Center's (MNHC) target area is home to thousands of newcomers and long-term residents from Latin America. Very often, recently arrived immigrants are unfamiliar with available health and human service resources in the community and do not fully utilize desperately needed services. This barrier is compounded when the family does not speak English. Moreover, the foreign-born, and Latinos in particular, are more likely to have less formal education and live in poverty than San Francisco's general population. Nearly two-thirds of the health center's patients live below poverty line (assessed using the latest federal poverty guidelines), and all but three percent have incomes below 200 percent of poverty. Due to poverty, less formal education, linguistic isolation, and unfamiliarity with health care resources, Latino families are less likely to access needed services for their families. Latinas are more likely to enter prenatal care late in their pregnancy than were white, non-Latinas. Given the combination of socioeconomic risk factors and delay in entering prenatal care, Latinas are at risk of delivering infants with low-birthweight

who are at a greater risk for physical and developmental complications and death. Latino families with young children also experience delay into pediatric care. The most frequently cited reasons for non-receipt of care were cost, perceived waiting times, and unfamiliarity with local resources. Since most children in MNHC's service area are born in the United States and qualify for Medi-Cal (Medicaid) and Healthy Families (California's State Children's Health Insurance Program or S-CHIP), most medical services could potentially be available at low or no cost. A more coordinated outreach strategy targeting low-income Latino families could increase awareness of local resources, especially those offering culturally competent services, and facilitate timely entry into care for children. Moreover, greater coordination of services could increase cultural concordance with providers, reduce administrative hurdles in obtaining care and greatly reduce waiting time.

**GOALS AND OBJECTIVES:** The goals were to lead a citywide effort to integrate services for low-income Latino families, begin an assessment of community needs, and take concrete steps toward securing additional funds to maintain program activities and promote health in the community. Specifically, this project sought to:

1. Identify gaps and fragmentation in health-related services for low-income Latino families with pregnant women or small children;
2. To coordinate and promote existing health care resources for Latino families with pregnant women or small children;
3. To develop new programs targeting delivery system fragmentation and unmet health-related needs of low-income Latino families with pregnant women or small children.

**METHODOLOGY:** MNHC hired a Project Director to develop an integrated service delivery program for low-income Latino families. The Project Director was responsible for coordinating a community needs assessment; organizing a collaboration of service providers; facilitating the development of a coordinated services workplan; formalizing collaborative relationships between providers; developing new programs to redress delivery system fragmentation and unmet health-related needs; securing additional funding to implement these programs. Each of these activities included an on-going evaluation as well as input from community residents.

**EVALUATION:** The evaluation component of this program focused on process objectives that were intended to increase San Francisco's capacity to integrate services and meet the needs of low-income Latino families. Activity logs and files were created for audit purposes and on-going assessment of the program's adherence to outlined goals and objectives.

**RESULTS/OUTCOMES:** MNHC's Service Integration Project for Latino Families in San Francisco has (1) secured resources to increase outreach and enrollment publicly sponsored health insurance programs, (2) implemented a citywide asthma prevention and treatment program, (3) started a new community health center in an underserved area, and (4) made significant contributions to the development and passage of "Healthy Kids," a locally-sponsored health insurance program that extends coverage to all children in San Francisco irrespective of immigration status and family income.

**PUBLICATIONS/PRODUCTS:** 1. The Health Status of Latinos in 2000: Fact Sheets and Data Resources; 2. Latino Health Summit Policy Recommendations; 3. San Francisco Health

Commission Resolution 4-01 in support of expanding universal health care for uninsured children and youth; 4. Press release from the San Francisco Health Plan regarding universal coverage for children; 5. San Francisco Cares for Kids (now Healthy Kids) Frequently Asked Questions

DISSEMINATION/UTILIZATION OF RESULTS: MNHC has helped to develop a number of programs directly related to the CISS-COG initiative. Each program (i.e. asthma, Medi-Cal outreach and enrollment, Healthy Kids, etc.) has a built-in evaluation and dissemination plan. For instance, regular reports are submitted to funding agencies and used to formulate best practices in the subject area. Project staff have attended conferences and presented on findings.

FUTURE PLANS AND FOLLOWUP: Many of the coalitions initiated using CISS-COG grant funds continue. Some projects such as Healthy Kids and the Excelsior Clinic have received full and ongoing financial support from local and Federal governments. The Medical/Healthy Families Outreach and Enrollment Project and the Asthma Partnership received substantial State funding. This funding was substantially reduced recently, however, due to the budget crisis in California. These coalitions are looking to private philanthropic foundations for continued support.

TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE: MNHC was instrumental in starting a number of coalitions focused on improving access to health care among Latino children. This requires at least one full-time position plus related fringe benefits and operating support. We recommend at least \$100,000 per year over minimally three years to adequately support this function.

## Annotation

The purpose of the Integration Project for Latino Families in San Francisco was to coordinate health-related interventions and improve access to care for low-income Latino children and their families. Latino children disproportionately lack health insurance access to timely primary health care. This project led coalitions of local agencies to create initiatives that addressed immediate needs facing low-income Latino children in San Francisco including Medi-Cal and Healthy Families outreach and enrollment, asthma education and prevention services, a locally sponsored health insurance program, and a new health care access point. This initiative also resulted in the Bay Area's first Latino Health Summit that brought together hundreds of agencies to address our common concern of improving Latino health.

## Keywords:

Access to Health Care; Bilingual Services; Community Based Health Services; Community Health Centers; Community Integrated Service System; Comprehensive Primary Care; Cultural Competence; Families; Hispanics; Immigrants; Interagency Cooperation; Language Barriers; Low Income Population; Service Coordination

## **Final Project Report**

April 30, 2004

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*Grantee Organization:* Mission Area Health Associates, Inc. dba  
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*Project Period:* 7/1/00 – 1/31/04

*Total Amount of Grant Awarded:* \$150,000

## **I. PURPOSE OF PROJECT**

The purpose of this project was to assess community needs, coordinate an effort to increase integration of services and reduce duplication across the health and human service sector, as well as make concrete steps toward securing additional funds to maintain program activities and promote health in San Francisco's Latino community.

Latinos constitute a large part of San Francisco's foreign-born and form one of the fastest growing segments of the City's population. According to the U.S. Census, the Latino proportion of San Francisco's population increased by 24.1 percent between 1990 and 2000. Today, Latinos make up approximately 17 percent of the City's total population (up from 13.9 percent in 1990). Mission Neighborhood Health Center's (MNHC) target area is home to thousands of newcomers and long-term residents from Latin America. Very often, recently arrived immigrants are unfamiliar with available health and human service resources in the community and do not fully utilize desperately needed services. This barrier is compounded when the family does not speak English. Foreign-born Latinos in particular are more likely to have less formal education and live in poverty than San Francisco's general population. For instance, recent census data show that only about 11 percent of San Francisco residents over 25 years of age had less than a 9<sup>th</sup> grade education compared to more than 28 percent of Latinos over 25 years of age in MNHC's target area. A recent survey of MNHC patients showed that over 40 percent had only an elementary school education.

According to recent population estimates by Claritas, Incorporated, 18.6 percent of persons who resided within MNHC's core service area<sup>1</sup> have incomes below 100 percent of

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<sup>1</sup> NOTE: MNHC's "core service area" has been identified by the U.S. Bureau of Primary Health Care/HRSA as a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA) due to high rates of poverty, infant mortality, and other health indicators as well as a scarcity of health providers.

the federal poverty level and approximately 41 percent have income below 200 percent of the federal poverty level. These figures do not account for San Francisco's exceptionally high cost of living. Nearly two-thirds of the health center's patients live below poverty line (assessed using the latest federal poverty guidelines), and all but three percent have incomes below 200 percent of poverty.

Latinas account for nearly one quarter of all births in San Francisco and have the highest birthrate to teenagers than any other ethnic group. Due to poverty, less formal education, linguistic isolation, and unfamiliarity with health care resources, Latinas are more likely to enter prenatal care late in their pregnancy than are white, non-Latinas. For instance, a recent analysis by the San Francisco Department of Public Health found that only 79.4 percent of Latinas entered prenatal care during their first trimester compared to 93.8 percent of white women.<sup>2</sup> Given the combination of socioeconomic risk factors and delay in entering prenatal care, Latinas are at risk of delivering infants with low-birthweight.<sup>3</sup> Low birthweight infants (under 2500 grams or 5.5 pounds) are at a greater risk for physical and developmental complications and death.

Latino families with young children also experience delay into pediatric care. A community needs assessment conducted of 223 Latino families living in MNHC's service area revealed that over 37 percent reported not obtaining needed medical care for their children during the preceding 12 months. Among the most frequently cited reasons for non-receipt of care were cost, perceived waiting times, and unfamiliarity with local resources. Since most children in MNHC's service area are born in the United States and qualify for Medi-Cal (Medicaid) and Healthy Families (California's State Children's Health Insurance

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<sup>2</sup> San Francisco Department of Public Health. The State of Our Health – 2002.

<sup>3</sup> Ibid.



Program or S-CHIP), most medical services could potentially be available at low or no cost. A more coordinated outreach strategy targeting low-income Latino families could increase awareness of local resources and facilitate timely entry into care for children. Moreover, greater coordination of services could reduce administrative hurdles in obtaining care and greatly reduce waiting time.

## **II. GOALS AND OBJECTIVES**

The long-term goals of the proposed program were to increase early entry into prenatal care, reduce barriers to on-going primary care for children, and ultimately improve the health of the target community. This project, however, was designed to help us to prepare the groundwork for accomplishing the longer-term goals by achieving more immediate goals and objectives.

**Goal 1. Identify gaps and fragmentation in health-related services for low-income Latino families with pregnant women or small children.**

**Objective 1A: By November 30, 2000, complete comprehensive health-related needs assessment of low-income Latino families in San Francisco with women who are pregnant or with young children.**

**Objective 1B: By November 30, 2000, complete a resource inventory of health-related and support services available to target population.**

**Objective 1C: By January 31, 2000, complete assessment of fragmentation of services provided to target population that includes recommendations for change.**

**Goal 2. To coordinate and promote existing health care resources for Latino families with pregnant women or small children.**

**Objective 2A: By March 31, 2001, coordinate at least four citywide service provider collaborative meetings to discuss results of Goal 1 and establish a work-plan with time line.**

**Objective 2B. By May 31, 2001, develop at least 10 Memorandums of Agreement (MOA) between service providers that delineate roles and responsibilities in coordinating care for low-income Latino families.**

**Goal 3. To develop new programs targeting delivery system fragmentation and unmet health-related needs of low-income Latino families with pregnant women or small children.**

**Objective 3A: By May 31, 2001 develop at least three proposals in conjunction with service provider collaborations to funding agencies that address health delivery integration for pregnant Latino women and children.**

**Objective 3B: By August 31, 2002 develop at least three proposals to funding agencies that address support service needs for MNHC patient population.**

**Objective 3C: By January 31, 2003 implement at least two new programs that facilitate access to primary health care and coordinate services for low-income Latino families.**

### **III. METHODOLOGY**

As part of the Maternal and Child Health Bureau sponsored Service Integration Project for Latino Families in San Francisco, Mission Neighborhood Health Center (MNHC) was a leading participant in the first annual Latino Health Summit held on December 6<sup>th</sup>, 2000 in San Francisco, California. Over 250 San Francisco Bay Area Latino service providers as well as prominent federal, state, and local policy makers attended the Health Summit to discuss the health status of Latino families, identify gaps in service, and plan legislative and program agendas for the coming years. Dr. Earl Fox, Director of the Health Resources and Services Administration (HRSA) at the time, delivered the Summit's keynote address.

MNHC in partnership with other nonprofit organizations such as the Latino Issues Forum, California Primary Care Association, Latino Coalition for a Healthy California, and the National Association of Latino Elected and Appointed Officials convened over 20 organizations in the City of San Francisco and surrounding Bay Area to discuss health-related needs within the Latino community as part of the Latino Health Summit planning process. Representatives from these organizations including, for example, the San Francisco Department of Public Health, Mayor Willie Brown's Office, San Francisco Board of

Supervisors, San Francisco Health Plan, Blue Cross, Kaiser Permanente, San Francisco Hispanic Chamber of Commerce, Latino Issues Forum, and a number of local service providers such as St. Lukes' Hospital and other community-based organizations unanimously decided that primary data collection was not necessary for a needs assessment. Rather, consensus on the planning committee was that scarce time and resources would be better used to synthesize assessments and research that have already been conducted. Therefore, the planning committee developed the attached needs assessment using secondary data already available on the Latino community. This needs assessment entitled "The Health Status of Latinos in 2000: Fact Sheets and Data Resources" was distributed to all participants in the Latino Health Summit and will be used in future planning. While the planning committee focused on the health of Latino children and their families, we decided it was necessary to expand the summit's scope to the entire Latino community to optimize inclusiveness and support from leading political figures.

Over half of the Health Summit was dedicated to identifying needs and resources within California's Latino community. Work groups were formed to prioritize areas of need, identify gaps in service, and begin to formulate an action plan. Planning committee members have summarized findings from the summit and have prepared policy recommendations that are included in the attachments.

MNHC has hosted six meetings with service providers in San Francisco to discuss the results of the needs assessment conducted for the Latino Health Summit. Based on the needs assessment and comments from the Summit's participants, this group has developed recommendations for policy and programmatic action. The action steps identified by the planning committee have been disseminated to all Summit participants as well as other

Latino-serving organizations throughout the Bay Area. This working group is developing proposals to private philanthropic foundations to support a part-time staff person who will assist in planning activities for the next Latino Health Summit and continue to organize activities.

In San Francisco, MNHC has developed Memorandums of Agreement (MOAs) with other service providers such as the San Francisco Department of Public Health (SFDPH), Department of Human Services (SFDHS), and a number of community-based organizations to integrate services for the Latino community. For instance, MNHC has developed a working relationship with the San Francisco Department of Human Services, NICOS Chinese Health Coalition, and the California Association for Health, Education, Employment and Dignity (CAHEED) to coordinate Medi-Cal and Healthy Families enrollment of children throughout the City of San Francisco. Each of the participating community-based organizations represents a different ethnic community. By working together, we have been able to pool resources and coordinate outreach and enrollment efforts for all children in San Francisco.

Mission Neighborhood Health Center has also worked very closely with partner organizations on a number of other citywide projects to integrate and strengthen services low-income Latino families. For instance, MNHC has partnered with the San Francisco Organizing Project, Coleman Advocates for Children and Youth, as well as a number of local churches to secure funding for a new clinical site in San Francisco's Excelsior District. This collaborative effort has led to new primary care resources in a very underserved community targeting the Latino mother and child population in particular. In addition, MNHC has partnered with the San Francisco Department of Public Health, San Francisco State

University, Bayview/Hunters Point Healthy Start Collaborative, Children’s Council of San Francisco, and the American Lung Association to coordinate and implement the “Yes We Can” Asthma Prevention Project targeting inner-city children with or at risk for severe asthma. MNHC’s Executive Director and Associate Director sit on the Yes We Can steering committee and have taken an active lead in extending asthma prevention and treatment services to children throughout San Francisco.

Moreover, MNHC has partnered with a large number of community-based organizations to advocate for the “Healthy Kids” program (formerly known as “San Francisco Cares for Kids”). The Healthy Kids program extends comprehensive health and dental insurance to uninsured children 0-18 years of age irrespective of their documentation status. This exciting new program required the active collaboration and networking of hundreds of people representing many health and human service agencies throughout the City. MNHC is proud to have been a leading member of this coalition thanks to support from the Maternal and Child Health Bureau.

MNHC has already developed three proposals to funding agencies in conjunction with service provider collaborations that address health delivery integration for pregnant Latino women and children. In conjunction with SFDPH, SFDHS, Health Access, NICOS Chinese Health Coalition, CAHEED and other agencies in the Bringing Up Health Kids Coalition, MNHC has submitted two proposals to the California Department of Health Services to integrate Medi-Cal and Healthy Families outreach and enrollment. We were funded to reduce duplication of outreach and enrollment activities and ultimately enroll more children into health insurance programs. As a result of the award, MNHC has hired a full-time Medi-Cal and Healthy Families Outreach Worker, who not only identifies and enrolls

eligible families but also represents the Latino Community in citywide enrollment plans and activities. While this funding was recently terminated due to State cuts, MNHC and its partner agencies were able to secure partial support from the United Way to continue the work begun with State funding.

The Yes We Can Asthma Partnership received a grant of \$450,000 over 18 months from the State of California Department of Health Services to implement a citywide asthma prevention and intervention program. MNHC is a key member of this partnership and is serving as the focal service point. MNHC through the San Francisco State University has hired a bilingual, bicultural RN Case Manager and Community Health Worker to coordinate asthma education and treatment services for uninsured Latino children in San Francisco. The RN Case Manager coordinates clinical care and education while the Community Health Worker conducts home visits and coordinates outside, non-clinical services for families including mold removal, pest extermination, and reduced price slipcovers to eliminate the effects of dust mites on asthmatic children. The health center has also started a new asthma clinic as part of the larger asthma management initiative in San Francisco to serve at least 100 additional children with asthma

The MCHB's CISS-COG program enabled MNHC to take a leading role in developing a proposal to the Mayor, Board of Supervisors, San Francisco Children and Families Commission, and private philanthropic foundations to fund the Healthy Kids program. This \$5.7 million per year health coverage initiative targets children in families whose income is too high to qualify them for other health coverage plans such as Medi-Cal and Healthy Families or are ineligible due to immigration status. In June 2001, the City and County of San Francisco fully funded this initiative, which is the second locally sponsored

health program of its kind in the nation. As a result, children in San Francisco are guaranteed health insurance coverage irrespective of immigration status and family income. The new program will be administered by the San Francisco Health Plan and will model Healthy Families in its scope of covered benefits and cost sharing.

MNHC also secured \$550,000 per year for a five-year project period from the U.S. Bureau of Primary Health Care to provide comprehensive health care services for low-income families in San Francisco's Excelsior District. This grant has enabled MNHC to expand its primary care capacity to serve a population that has remained largely outside of the health care system due to inaccessibility of local medical resources.

#### **IV. EVALUATION**

The Project Director has maintained an active file of activities directly related to the MCHB-sponsored project. He is responsible for reporting progress on project goals and objectives. Internal managerial decisions related to this project are determined based on this documentation and progress on the stated goals and objectives. As described in the following sections, MNHC has made significant progress on the project's goals and objectives. In fact, the Latino Health Summit far exceeded our original expectations and has created a strong foundation from which future project activities will be based. We have formed an active planning committee that has met several times to discuss community needs, resources, and priorities. We have met with City departments and community-based organizations to develop proposals that integrate services for Latino children and their families. Already, we have secured funding from the California State Department of Health Services to coordinate Medi-Cal and Healthy Families outreach and enrollment as well as asthma treatment and



prevention across San Francisco. The CISS-COG grant also enabled MNHC to take a leading role in organizing the Healthy Kids initiative that provides health insurance coverage to over 5,000 uninsured children.

## **V. RESULTS/OUTCOMES (POSITIVE AND NEGATIVE)**

The CISS-COG project had a number of positive results and system-wide outcomes. The grant enabled MNHC to take a leading position on many health-related issues affecting the Latino population in San Francisco. For instance, MNHC was a leading coordinator of the Latino Health Summit, which drew hundreds of people from around the San Francisco Bay Area. Dr. Earl Fox participated as the keynote speaker. The coalition of agencies who participated in the Latino Health Summit continues to meet, exchange ideas, and plan for the second Summit.

MNHC also led in the formation of the Bringing Up Healthy Kids Coalition that has received hundreds of dollars in grants from State government and private philanthropic foundations to conduct outreach and enrollment for Medi-Cal and Healthy Families insurance programs. Coalition members have enrolled more than 6,000 children in San Francisco over the past three years and continue to coordinate outreach and enrollment events.

MNHC was an active member and implemented the “Yes We Can” Asthma Program targeting low-income Latino youth in both of its clinical locations – 240 Shotwell Street and 4434 Mission Street. The Yes We Can Program has secured hundreds of dollars in State grant support to conduct asthma education and prevention services to children at high risk of asthma-related hospitalizations. This program has served more than 300 asthmatic children

and their families over the past three years and has resulted in an established clinical and educational service available to underserved Latino families with asthmatic children.

In addition, MNHC was a leading advocate in the planning, development, and implementation of the Healthy Kids Program in San Francisco. Healthy Kids was one of the first locally sponsored health insurance initiatives that provides comprehensive medical, dental, and vision coverage for children who do not qualify for Medi-Cal and Healthy Families. To date, the Healthy Kids program has covered more than 3,000 children in San Francisco who otherwise would be uninsured.

These are just some of the positive outcomes that can be directly linked to the CISS-COG grant. While there have been many successes, the project has also suffered from the economic downturn. We had been awarded more than \$250,000 per year in State funds to continue outreach and enrollment into Medi-Cal and Healthy Families Programs. We were recently notified that this funded would be discontinued due to the State of California's fiscal deficit. The United Way has volunteered additional support, but it is only one fifth of the prior operating budget. It currently is unclear whether these very successful efforts will continue due to sudden lack of funding.

While the \$150,000 grant from the U.S. Maternal and Child Health Bureau was instrumental in assisting MNHC lead many city-wide and regional health-promotion activities, it was limited in that available funds amounted to no more than \$50,000 per year. MNHC optimized these dollars by enabling the Project Director to focus much effort on larger systemic concerns in addition to his managerial responsibilities at the health center.

## **VI. PUBLICATIONS AND REPORTS**

Please see the appendix for the following documents:

1. The Health Status of Latinos in 2000: Fact Sheets and Data Resources
2. Latino Health Summit Policy Recommendations
3. San Francisco Health Commission Resolution 4-01 in support of expanding universal health care for uninsured children and youth
4. Press release from the San Francisco Health Plan regarding universal coverage for children
5. San Francisco Cares for Kids (now Healthy Kids) Frequently Asked Questions

## **VII. DISSEMINATION/UTILIZATION OF RESULTS**

While many organizations throughout the San Francisco Bay Area participated in the planning and implementation of the Latino Health Summit, MNHC was the lead agency and was primarily responsible for convening the group. Without a doubt, this summit and all that went into its planning will have long lasting effects on the communication and coordination of organizations serving Northern California's Latino community, particularly within the San Francisco Bay Area. We were able to attract HRSA Director Earl Fox, MD as our keynote speaker, and leading policy makers were present to listen, share, and take messages back to seats of power in Sacramento and San Francisco. Moreover, the sheer number of local agencies that participated and will continue to participate in the "Latino Health Watch Coalition" speaks to the project's impact and potential for change in the future. The next Latino Health Summit is being scheduled for 2004.

San Francisco is the second county in the nation to implement universal health insurance for children. It is a model that the entire country can emulate to ensure that children irrespective of income or immigration status are able to receive medical care. MNHC is part of the implementation committee and will participate in a citywide program evaluation. The evaluation findings will be disseminated throughout the country by presentations at professional conferences as well as academic publication to influence regional- and national-level policy makers.

The Yes We Can Asthma Partnership has an extensive evaluation component and dissemination process. The State of California Department of Health Services is coordinating conferences throughout the region to disseminate findings from clinical sites, such as MNHC, and replicate best practices in other locations.

Each project that the CISS-COG project has been associated with has its own method of dissemination. Many of the activities that have resulted because of this grant are continued through the continuation of work groups and coalitions.

## **VIII. FUTURE PLANS/FOLLOW-UP**

Summary of future plans by major activity sponsored by the CISS-COG grant:

### **1. Healthy Kids Program**

The City and County of San Francisco has committed ongoing support for the Healthy Kids Project. The San Francisco Health Plan has established a network of medical,

dental, and vision providers to see covered children. Outreach and enrollment events continue and are locally supported.

## 2. Bringing Up Healthy Kids Coalition

State budget cuts have recently had a significant impact on this groups outreach and enrollment. The Coalition lost \$250,000 per year in an awarded contract due to cuts. It has secured partial support from the private philanthropic community, but it is unclear how it will sustain the level of outreach and enrollment as before. The Coalition continues to meet on a monthly basis with administrative support from the San Francisco Department of Public Health. The group continues to develop applications to prospective funding sources and advocate for additional funding at the State level.

## 3. The Latino Health Summit

The Coalition continues to meet on a regular basis to plan for the following Latino Health Summit in 2004. The Hispanic Chamber of Commerce, Kaiser Permanente, and other private organizations have committed financial support for the next summit. The Latino Issues Forum has assumed the responsibility of coordinating this event.

## 4. Yes We Can Asthma Partnership

Like the Bringing Up Healthy Kids Coalition, the Yes We Can Asthma Partnership stands to lose substantial State funding due to cuts in health programs. The Partnership had been awarded nearly \$450,000 per year from the State of California Department of Health Services to implement a city-wide asthma prevention and treatment program.

These funds are scheduled to sunset in June 2003. The Partnership has submitted funding proposals to the Robert Wood Johnson Foundation and the California Endowment to continue prevention programming. If funding is not granted, then collaborative partners like MNHC will incorporate many of the best practices developed by the initiative into their existing clinical sites. In-home prevention and education services will most likely conclude if additional funding is not secured.

#### 5. The Excelsior Clinic

MNHC was awarded approximately \$550,000 per year for five years from HRSA Bureau of Primary Health Care to create a new access point primarily targeting women and children in San Francisco's Excelsior Clinic. This clinical practice is growing and will likely secure ongoing support from the Bureau to continue comprehensive health services.

### **IX. TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE**

The primary purpose of the CISS-COG grant was to integrate services and reduce barriers to care for low-income Latino children and their families in San Francisco. MNHC applied the grant to support a number of projects that have worked toward this end. Each project has attained a number of goals based on successfully identifying and raising additional funds. However, since these projects rely mostly on public dollars to serve poor people, they are subject to the State's budget deficit and are vulnerable to suspension or termination.

The coordination aspect of this program could have easily been one full-time position with benefits. Therefore, MNHC recommends that at least \$100,000 be made available per year over at least three years in future funding cycles to adequately cover costs of the project and support required staffing.

In addition to technical assistance, the Maternal and Child Health Bureau could also coordinate funding conferences and identify related funding institutions who would be interested in sustaining projects initiated by the CISS-COG program.