Alameda Health Consortium
&
Community Health Center Network

Advancing Health Equity
Message From Andie Martinez Patterson, CEO

Born out of the civil rights and social justice movements, for over 40 years, we at Alameda Health Consortium (AHC), and since 1996 Community Health Center Network (CHCN), have worked alongside our member community health centers to help carve a more direct path towards health equity for all, regardless of ability to pay, insurance coverage, or immigration status. Since their inception, our health centers have been mission-driven to provide care to our most underserved communities by reducing barriers through culturally and linguistically appropriate care delivery systems.

While considerable progress has been made to achieve the extraordinary task of creating a path to health equity, we are aware that health disparities still exist, especially within our communities of color. The COVID-19 pandemic further exacerbated these disparities among our Black and Brown community members and it cemented our belief that stronger policies are needed to sustain and expand care to those most disproportionately impacted by the current pandemic and future health care emergencies. We are committed more than ever to supporting our health centers to help them continue to create an equitable, accessible, and responsive health care system.

We will continue to work together with our stakeholders and partners to eliminate barriers and provide patients with the care they need when they need it.

“We are committed now more than ever to creating an equitable, accessible, and responsive health care system by advocating and advancing policies.”

Andie Martinez Patterson, CEO
About Alameda Health Consortium
The Alameda Health Consortium is a regional association of eight federally qualified health centers with ninety-five clinic sites serving more than 374,000 patients. AHC advocates for high-quality health care for the underserved in the East Bay and collaborates as thought partners with policymakers to inform, shape and implement health policy changes.

About Community Health Center Network
AHC’s member health centers formed Community Health Center Network (CHCN) in 1996 to participate more effectively in Medi-Cal managed care programs. The formation of CHCN built upon 20 years of collaboration in health policy and advocacy work through AHC. CHCN is committed to excellent, affordable care for underserved communities of the East Bay. As a non-profit Medi-Cal managed care organization, it provides business administrative support for CHCs to focus on what matters most—patients.

Patient Race & Ethnicity

- Latinx: 42%
- Asian: 21%
- African American: 15%
- White: 9%
- American Indian/Alaska Native: 4%
- More than 1 race: 3%
- Unreported: 5%

Our CHCs served over 340,000 patients in 2021
Advocating for Equitable Policies

As an organization founded by social justice advocates, we and our member health centers have always been committed to creating an equitable, accessible and responsive health care system by advocating and advancing policy priorities that ensure health for all. These policy priorities include:

EXPANDING ACCESS TO TELEHEALTH

During the beginning of the COVID-19 pandemic, it became evident that access to telehealth, specifically the audio-only module, was a critical component to providing continuity of essential care for all, especially for our patients with complex care needs. By successfully advocating for parity reimbursements for telehealth and telephone visits beyond the current public health crisis, until the end of 2022, we have ensured that access to all modalities of health care continues for our most underserved patients without disruption. The audio-only modality greatly helped increase access to care for our patients, many of whom are essential workers, don’t always have access to the internet or smartphones, and often reside in multigenerational homes with limited privacy. We will continue to safeguard and expand telehealth, especially the audio-only component until it becomes a permanent fixture in our health care environment.

EQUITABLY RESPONDING TO COVID-19

From the beginning of the pandemic, our health centers have been on the frontlines of COVID response and they continue to be on the frontlines of COVID recovery. The pandemic exacerbated the already disproportionate rates of underlying medical conditions caused by historic inequities in our marginalized communities. By supporting our health centers’ equitable response to the pandemic, especially in our communities of color, we helped ensure a path to relief and recovery. We strengthened our ties to community-based and faith-based organizations and formed strong collaborations that allowed us to outreach and rapidly pivot to meet the demands of our communities. We capitalized on the trust we built with our health centers to continue building bridges between our CHCs and local public health departments to better equip our community members with the continuity of health care that they needed during the pandemic and beyond.

BUILDING PEOPLE POWER

Through secured funding, AHC will strengthen advocacy infrastructure at our health centers in several ways. We will help strengthen health center staff’s advocacy capacity by facilitating advocacy 101 trainings, support our health centers’ patient civic engagement groups to help empower patients to start holding policy conversations within their communities, and develop multicultural and multilingual education materials to help support educational sessions with health center staff and patients.
The pandemic underscored the need for community health centers to expand our facilities and to enhance health care services to continue providing comprehensive primary care, behavioral health, substance abuse disorder services, and dental care, while simultaneously fighting the public health crisis. Health centers are the lifeline of our communities and must be adequately funded to meet the growing needs of all our patients. We continue to strongly advocate for stable and long-term funding to meet the growing health care needs of communities in Alameda and neighboring counties.

There are numerous opportunities at the federal and state level for system changes that will help ensure an increased focus on health equity and we will continue to regularly engage with and educate our policymakers on the importance of stable and long-term funding by hosting roundtables, participating in annual meetings and regular sessions.

Accessible health care for all, regardless of immigration status, is a vital component of achieving health equity. In the summer of 2021, California became the first state in the nation to expand full-scope Medi-Cal eligibility to low-income adults 50 years of age or older, regardless of immigration status – a step in the right direction to achieving universal health coverage.

This expansion will fill a gap in providing health care coverage to an estimated 700,000 undocumented Californians. We will continue to advocate with our policymakers for additional reform that will help address systemic racial and health disparities that prevent our immigrant community members from receiving the health care they need, including continuing to remove barriers to accessible, culturally and linguistically competent care.

We will be adopting innovative tactics to address dire workforce shortages by investing in a diverse, inclusive, and equitable health care workforce. Innovative tactics include expanding workforce pipeline efforts, deploying diversity recruitment strategies, and working with our health centers to address provider and staff burnout and decreasing turnover. We are heartened by the Governor’s investment of $1.7 billion over a period of three years to support health care workforce and we will continue to advocate and learn more about this investment by working with our state policymakers as they are developed.
INTEGRATING BEHAVIORAL HEALTH SERVICES

The dual public health crises of COVID-19 and structural racism have fueled our work focused on equity in behavioral health (BH) over the past year. We are committed to supporting the robust, community-centered BH programs and initiatives at our health centers, as well as supporting the development of new and innovative projects that meet the diverse needs of our patient population. These programs include pediatric care coordinator programs, perinatal mental health, and trauma-informed care initiatives.

“Equitable access to behavioral healthcare is a future in which people do not have to maneuver numerous, uncoordinated delivery systems just to get care. People are able to receive culturally responsive behavioral health services regardless of their symptom severity or insurance status.”

Samira Pingali, Director of Behavioral Health, CHCN
Addressing Social Determinants of Health

IMPROVING FOOD SECURITY

Over the last six years, we have worked with our member health centers to ensure that the low-income individuals and families served by our clinics have access to the appropriate food and nutrition benefits and services offered through the Supplemental Nutrition Assistance Program (SNAP), known as CalFresh. In partnership with Redwood Community Health Coalition, we utilize funding from the California Department of Social Services (CDSS) to implement the CalFresh Outreach Program for the purpose of increasing CalFresh participation throughout Alameda, Contra Costa, and Solano counties.

We will continue to work with the enrollment staff at our health centers to educate patients and community members alike about the availability, eligibility requirements, application procedures, and benefits of the CalFresh Program, so we can continue to increase access to healthy food which is a critical factor for improving the overall health and well-being for our most vulnerable households.

PROACTIVELY OUTREACHING TO VULNERABLE PATIENTS

Care Neighborhood (CN) is our intensive case management program that helps high-risk, high-need patients connect to local community resources and prevent unnecessary hospitalizations by addressing the social determinants of health and empowering them to improve their health.

Case management is done by Community Health Workers (CHWS) who are based at the local health centers and are valued members of the communities they serve. They are cultural brokers; they speak the languages and understand the value system of their communities. They are also highly trained by CHCN in case management best practices, health coaching, resource building, professional skills, and person-centered care.

Our CN team will continue to build on its model to increase outreach to serve new populations. As a part of the upcoming CalAIM initiative from California’s Department of Health Care Services (DHCS), CN will expand its service to pediatric patients and those recently transitioning out of incarceration.

COMMUNITY HEALTH WORKER STORY

After losing a leg to amputation, a patient was connected to a senior CHW who helped guide him through the challenging journey of getting his mobility aids and making sure he regularly attended his special appointments and his physical therapy. Today, the patient has a prosthetic leg and is learning to walk again. With the senior CHW’s support, the patient overcame obstacles and was able to focus on his recovery and rehabilitation without the added stress of having to navigate the often convoluted methods of accessing healthcare alone.
Addressing Social Determinants of Health

CREATING SAFE SPACES

As providers of patient-centered care, community health centers are trusted resources for the community – especially marginalized communities who often face wider health care disparities. Community health centers are located in the neighborhoods where their patients live and are uniquely positioned to create a culture of safe spaces for all who walk through their doors regardless of insurance or ability to pay. These safe spaces assist in ensuring continuity of care which results in better health outcomes and patient satisfaction.

LBTQIA+ PATIENTS & COMMUNITY

We have a long history of serving the needs of our LGBTQIA+ community. AHC has connected providers and care teams to training and technical assistance to better serve LGBTQIA+ community members. Several of our health centers also operate dedicated programs to provide sexuality and gender-affirming care. Recognizing that HIV disproportionately impacts gay and bisexual men and transgender women, AHC, in partnership with Bay Area Community Health, coordinates the HIV ACCESS program, which funds medical care and supportive services for people living with HIV at 10 clinical sites across Alameda County. AHC also coordinates the HIV Dental Care Program at six of our health centers and Alameda Health System to ensure people living with HIV receive affordable and quality oral health care. Our programs have an intersectional approach, acknowledging that each individual experiences care differently based on their overlapping identities of gender, sexuality, race, immigration status, history of trauma, and many other factors. We continually aim to support health centers with their “whole person” care delivery to all members of our community.

IMMIGRANT COMMUNITY

In 2017, Bay Area Legal Aid and CHCN’s Care Neighborhood program created a Medical-Legal Partnership (MLP) to help address the social drivers of health for some of our most vulnerable patients: individuals with complex medical and mental health conditions at risk of hospitalization within the year. Through this MLP, Community Health Workers (CHWs) from all eight of CHCN’s Alameda County clinics refer Care Neighborhood patients directly to a dedicated Bay Area Legal Aid attorney who provides wraparound legal services to patients. For instance, through the MLP, patients receive legal support for their needs around housing, public benefits, domestic violence, healthcare challenges, reentry, and youth justice. The knowledge and skills provided by BayLegal attorneys are essential in helping to break down barriers for patients pursuing their health and wellness goals.
Emerging Priorities

**JUSTICE DIVERTED MENTAL HEALTH**

We are working to reimagine how 5150 holds are carried out at our health centers. A 5150, as outlined in the Welfare and Institutions Code, is the process through which a person with a mental challenge is involuntarily detained for a 72-hour psychiatric hospitalization. Historically, law enforcement has been responsible for carrying out 5150s at our health centers, which can be traumatizing and further escalate situations. CHCN successfully advocated for Alameda County Behavioral Health to allow for health center BH clinicians to be permitted to write 5150s instead of law enforcement. As such, Asian Health Services and La Clínica de la Raza are participating in a pilot program with Alameda County to train their BH providers on how to assess and carry out 5150s in collaboration with EMS. We’re hoping to expand this pilot across all our member health centers.

**SURVIVORS OF TRAFFICKING/INTERPERSONAL VIOLENCE**

In 2019, CHCN joined the Human Trafficking–Medical Offramps collaborative led by Ruby’s Place to ensure that health providers and community-based providers in Alameda County work together to identify and serve victims of human trafficking. Mitigating the suffering of victims of human trafficking, and preventing violence and continued injury was especially important this past year given the dramatic increase in cases of human trafficking and interpersonal violence during the COVID-19 pandemic. We mobilized health providers across various health center departments and supported their development of interpersonal violence response protocols to be implemented at their sites. We also strengthened their capacity to respond to labor and sexual exploitation and abuse experienced by the most vulnerable populations in Alameda County through a series of trainings, learning communities, and provider guides.

Through this project, we also strengthen linkages between our health centers and survivor-led bedside advocate organizations who provide coaching on how to implement interpersonal violence response protocols, including the establishment of referral workflows to facilitate warm hand-offs for longer-term support of victims of trafficking. With the help of these partnerships and grant resources, we are committed to advancing this work by expanding our Human Trafficking – Medical Offramps Project to engage additional health providers, health centers, and hospital sites to best serve vulnerable community members.
PREPARING FOR ADVERSE EFFECTS OF CLIMATE CHANGE

With our health centers, we are proactively preparing for the adverse effects of the climate crisis (e.g., storms, flooding, extreme heat events, wildfires, poor air quality, and food/water shortages) which disproportionately impacts poor and marginalized populations, with individuals experiencing homelessness and agricultural workers at most acute risk. We will have the opportunity to play a key role in this space to mitigate climate change impacts on our patient population and will choose from the various recommended strategies in this arena identified by the National Association of Community Health Centers and other experts.

AHC plans to develop educational materials, coordinate trainings, and provide technical assistance with health center emergency preparedness plans, including peer network meetings to share best practices.

INCREASE SUPPORT FOR ACCESSING ENTITLEMENT BENEFITS

AHC is deeply committed to increasing access to preventative health care for all of our communities of color, immigrant communities, and formerly incarcerated populations. These communities often carry the disproportionate burden of poor health, low income, and unstable housing.

To help combat these healthcare disparities, we will continue to increase support for community-based services through expanded outreach efforts at all our member health centers. Together, we will assist patients in accessing entitlement benefits that help support economic security, social stability, and physical and emotional well-being.
Achieving Health Equity

**COVID-19 EQUITABLE RESPONSE, RELIEF, & RECOVERY**
Address the disproportionate rates of underlying medical conditions caused by inequities in the healthcare system and continue supporting an equitable COVID-19 response in communities of color and expanding relief and recovery.

**BUILD PEOPLE POWER AMONG PATIENTS & COMMUNITY MEMBERS**
Continue to elevate and advance the voices of historically marginalized communities by mobilizing and empowering them through civic engagement activities.

**HEALTH CENTER VIABILITY**
Stable and long-term support of community health centers’ operations and critical services to meet the health care needs of communities in Alameda County and neighboring counties.

**UNIVERSAL HEALTH COVERAGE FOR ALL**
Advocate expanding health care coverage to cover all undocumented individuals regardless of their immigration status.

**IMPROVING RECRUITMENT & RETENTION OF WORKERS**
Adopt innovative tactics to address workforce shortage by investing in a diverse, inclusive, and equitable health care workforce.

**REENTRY SERVICES FOR FORMERLY INCARCERATED**
Under the Enhanced Care Management Program (ECM) as part of CalAIM we will be supporting our eligible members who are transitioning out of incarceration.

**INCREASED FOCUS ON SOCIAL DETERMINANTS OF HEALTH**
Continue prioritizing SDOH as part of our preventative care to connect patients to health and social services.

**INCREASE SUPPORT FOR ACCESSING ENTITLEMENT BENEFITS**
Supporting community-based services to assist patients in accessing entitlement benefits that help support well-being.

**EMERGENCY PREPAREDNESS**
Support health centers in strengthening emergency preparedness plans to mitigate climate change impacts on our patient population.
Since our founding, the mission of Alameda Health Consortium, along with the missions of Community Health Center Network and our member CHCs, has always been to carve the most direct and attainable path to health equity. Our approach and methodologies have expanded and shifted in reaction to the evolving needs of our patient population and community members alike. We understand that there is much more work to be done. As we grow and respond to the needs of our most vulnerable community members, we only become that much closer to equitable access to health care for all.

“As we continue to address the social determinants of health, our goal to eliminate health disparities is within reach and, thriving communities will become the norm.”

Afomeia Tesfai, Director of Policy, AHC

OUR MEMBER HEALTH CENTERS