County of Santa Cruz 0247

HEALTH SERVICES AGENCY

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HEALTH SERVICES AGENCY
ADMINISTRATION

October 31, 2001 **AGENDA: November 20,2001**

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean St., Fifth Floor
Santa Cruz, CA. 95060

SUBJECT: Report Back on Diabetes, Farmer Health Needs, & Emergency Room Utilization and Related Actions

Dear Members of the Board:

BACKGROUND:

Your Board received the Farmworker Housing and Health Survey on September 25, 2001. Among the actions taken was the directive that the Health Services Agency (HSA) report back on November 20, 2001 with a more specific analysis of a Promotores Program in Santa Cruz County and associated costs for its development and implementation. Your Board also requested information on diabetes prevention and treatment as well as options for relocation of County clinics to be adjacent to the two hospitals with emergency rooms to reduce unnecessary non-emergency utilization. This letter provides your Board information on all three of these important issues.

Description of the Promotores Program:

Promotores are individuals from the community who are recognized as community or neighborhood leaders. These individuals are respected by their neighbors because of their knowledge and experience.

Community members turn to the Promotores for advice and direction for a wide range of health and family problems. The use of Promotores is well established in Mexico and has been used in various places in California. Monterey County has a Promotores program that has been in place to help farm workers with housing and other problems.

The Promotores work with families to help with any aspect of housing problems. The success of this program has lead to an expansion to include a health information and referral component, established about 18 months ago.

Health training, using a curriculum developed by the Monterey County Health Department, is provided to the Promotores. After completion of training, they are able to provide general assistance with health concerns of their neighbors, similar to that which they provide for housing. These individuals do not replace health care professionals, but rather they help their neighbors to access medical care, understand the medical recommendations and educate the community about ways to protect and improve health. Even though the expanded program is in an early stage, health officials from Monterey County are encouraged that it will be as successful as the Promotores housing advocacy.

The Monterey Program was financed with a combination of California State Housing funds and a private foundation grant. Monterey County does not provide county funds for the program. In fact, Monterey County is paid by the program to provide technical assistance. The Monterey Program is carried out by a local private, non-profit group who receives the outside funds. The Program, including the housing component costs approximately $200,000. Included in that amount is $25,000 paid to the Monterey County Health Department for their technical assistance. Thus far, the program has not included a salary or stipend for the Promotores. It is exclusively a volunteer effort. However, plans are underway to try to secure funds to reimburse these individuals.

Development of a Promotores Program for Santa Cruz County:

New funds would be required if Santa Cruz County were to initiate a local Promotores program. The cost of the program would vary, depending on whether the Promotores were paid or were considered to be volunteers. If the County were to establish such a program, it would be necessary to hire additional county staff to develop a program design and to seek funds from outside sources, if County funds were not available.

An estimated $60,868 would be needed to start the program. These finds would include costs for a 0.5 FTE Program Coordinator, clerical support staff, office equipment and other administrative support costs. If the program design included payment of a stipend or salary to the individuals serving as Promotores, additional costs would be required. Monterey County has a core group of 6 Promotores. If Santa Cruz County were to develop a program that used **4** Promotores, and paid them at least $11 per hour, an additional $91,152 would be required.

In Monterey County a private non-profit organization runs the Promotores Program. This arrangement appears to work well and has created successful opportunities for securing funds from private foundations that are less likely to fund governmental agencies. Should one of our local private organizations serving farmworkers in the County have an interest in exploring the feasibility of establishing a Promotores Program, the HSA could provide technical assistance in designing the Program and helping find potential funding opportunities. It is recommended that this report should be shared with interested agencies serving farmworkers in Santa Cruz County to encourage their exploration of this matter. HSA can monitor opportunities for funding such a program and notify our non-profits of these opportunities. At this point, the major Foundations interested in health issues for the uninsured and farmer health have said they will not fund counties

but are interested in funding non-profits and community clinics. Several non-profits are currently considering a California Endowment grant related to farm worker health.

Diabetes in Santa Cruz County:

Diabetes is a common chronic disease which affects 16 million persons in the United States, of which 5 million, or nearly a third, are undiagnosed. On the assumption that Santa Cruz has one one-thousandth of the national population, and that diabetes is proportionally distributed across the United States, there may be 16,000 diabetics in Santa Cruz County. The California Department of Health Services Diabetes Control Program reports that there are 2,000,000 Californians with diabetes, and if they are distributed equally across California, it would calculate to approximately 15,000 in Santa Cruz County. By deriving from either the state or national data, the number of diabetics in Santa Cruz County is substantial.

Diabetes is also associated with obesity and sedentary lifestyle, which are problems noted as increasingly common across the nation. Being overweight is the single strongest predictor of the disease. There are well-documented studies indicating a higher proportion than ever of the population is more than 30% above the upper limit of the appropriate weight per height. The California Diabetes Program states that 80% of non-insulin dependent diabetics are overweight. On the exercise/activity side, the literature cites many studies that indicate a smaller proportion of the population than ever engaging in regular exercise programs either occupationally or recreationally. It is therefore reasonable to assume that diabetes will be presenting a greater challenge to the local health care delivery system in the next few years. The California Diabetes Program expects the number of diabetics to double by 2020.

In 2000, the death certificates filed by physicians in Santa Cruz County included 74 diabetes deaths out of 1,651 certificates on file. Diabetes is a contributing or complicating factor for heart disease, kidney disease and stroke, so it is probable that diabetes was a factor in some of 567 deaths attributable to the latter diseases even though it is not listed on the death certificate per se. The medical literature states that diabetes is the 6th or 7th (depending upon the definition of diabetes) cause of death in the United States.

Diabetes is not a “reportable” disease, meaning that physicians are not required to identify persons they diagnose to a central data-gathering office. The countywide data is derived from state/national prevalence data, from surveys of local physicians, from claims records in health plans, and from other sources that shed some light on the local prevalence.

In the County Health Clinic in Santa Cruz for the period July 1 through September 30, 2001, there were 3,811 medical examinations of 2,003 patients. Of the medical examinations, 340 (8.92%) were related to diabetes, and these visits were made by 168 (8.39%) of the patients. In the Watsonville Health Clinic, there were 3,348 visits made by 1,903 patients. Of the medical examinations, 429 (12.81%) were related to diabetes and these visits were made by 213 (11.25%) of the patients.

The Central Coast Alliance for Health data indicates that of their insured adults, diabetes is well documented. The Alliance counts 2,400 diabetics among its clients in the combined Santa Cruz/Monterey service area. It is likely that at least a third of these

2,400 diabetics live in Santa Cruz County. The Alliance Board is considering funding health education activities in this area and is interested in partnering with other interested providers and funders. The Pajaro Health Trust is also promoting diabetes prevention activities and education.

The Centers for Disease Control (CDC) estimate that 7.8% of non-Hispanic whites age 20 or older are diabetic, but that among Mexican Americans the figure is 10.6%.

The Physicians Medical Group of Santa Cruz County (PMG) counts among its enrollees approximately 36,000 persons in Santa Cruz with health insurance. PMG believes that 1,500 to **2,000** of its insured are diabetic. PMG has been active in its review of diabetic care. PMG has initiated a program to improve care for its insured diabetics. This program illustrates advantages available to managed care plans with databases that "know" the diagnostic characteristic of insured and the name of physician of record ("the medical home") for each patient. The PMG activity involves contacting each physician who has a diabetic patient. The physician receives a printout that indicates the most recent date of service recorded by PMG. This enables the physician to know if they have diabetic patients who have not been examined of late. The physician also receives from PMG a brief, clear "standard of care" document that guides the clinician to providing the appropriate services for the patient. The PMG plan further involves direct contact with diabetic patients. They, too, receive a mailing from PMG, with information about the medical care they need to best manage their disease. Thus, the PMG model involves education and outreach to consumers of service and the providers of service.

The impact of diabetes on the health care delivery system is substantial, and growing. An estimate by the American Diabetes Association states that the annual cost for direct care and lost productivity at the national level is $98 billion. This cost has been rising at a pace that exceeds the rate of inflation or that predicted by general population growth. Rising costs may be due to increasing numbers of the previously unknown diabetics each year being brought under treatment through screening and detection outreach efforts.

The initial discovery of one's diabetes often involves extensive medical follow-up, as diabetes is a complex syndrome that involves assessing vision, kidney function, the nervous system, skin integrity, and cardiac status, in addition to initiation of health education efforts around diet, exercise and health preserving/promoting behaviors. The physician who treats the diabetic is both assisted and challenged by the guidelines published this year by the American Diabetes Association known as the "clinical practice recommendations." This document is 133 pages long, and specifies best practices for the physician at various stages of the illness. It may be difficult for physicians to follow every recommendation given the constrictions of time with the patient or the costs involved in pursuing each diagnostic or therapeutic possibility.

It is also widely accepted that diabetes is genetically linked and "runs in families." As noted above, it is also now better understood that diabetes is not evenly distributed either geographically or by population subgroup. There are advantages to knowing the community and its profile for risk relative to diabetes. Programs aimed at the highest risk groups have been developed. This facilitates siting a program in a community where diabetes is prevalent. An example is the Pajaro Valley Community Health Trust-sponsored program (PVCHT) developed in the last year in South County. The Trust has established a Diabetes Health Center in Watsonville that "provides groundbreaking

diabetes education services in English and Spanish, and promotes diabetes awareness and prevention throughout the community."

The federal government has developed several diabetes-related goals that can also serve as benchmarks for measuring improvement in community programming. Among the goals are:

1. Increase to 60% (from 40% in 1998) the proportion of diabetics who receive formal diabetic education.
2. Decrease to 5/1,000/year (from 11/1,000/year in 1997) the rate of lower extremity amputation.
3. Increase to 75% (from 56% in 1998) the proportion of diabetics who have an annual eye exam.

The above are three of ten national goals for the year 2010 related to diabetes.

The CDC has further refined the many strategies that have been attempted in various demonstration projects meant to reduce morbidity and mortality from diabetes. Some of the recommended strategies are part of ongoing efforts to increase exercise levels and improve nutritional habits of the general population. Arguably, the population is more sedentary and overweight than ever, notwithstanding programs such as the President's Council on Physical Fitness and educational efforts to inform all of us about the "food groups" and how to eat properly. There is no doubt that some progress has been made by some programs that amassed the needed resources and were supported by key stakeholders.

In its September 28, 2001 report, the CDC specifically recommended that communities focus on a few particular types of projects. These are:

a. Programs that assess the prevalence of diabetes in the community and make baseline measurements of how physicians' practices perform relative to guidelines such as those developed by organizations like the American Diabetes Association.
b. Programs that involve case management functions, wherein a person who is not the treating physician assures that resources needed by the patient are appropriately accessed.
c. Programs that educate *insulin-dependent diabetics* in the home and at community gathering sites on how to self-manage their diabetic care.

Each of these types of projects can be quite costly and need sophisticated management and ongoing sources of support to reach a point of meaningful community impact. The PMG initiative described above is an example of a project that includes characteristics of CDC-recommended activities. The diabetes education centers affiliated with Dominican Santa Cruz Hospital and Watsonville Community Hospital likewise meet the CDC recommendations. These programs taken together reach a portion of diabetics in Santa Cruz County. Expanded health education and treatment protocols through the Central Coast Alliance for Health will also be important in reaching another high-risk portion of the population.

The local programs mentioned in this report provide a baseline for expansion to reach persons who are served by other health plans, those who are diabetic but not

diagnosed, or those who are not in treatment due to lack of insurance. The process of building a community-wide response to diabetes involves the participation of many stakeholders in the health care delivery system. The task cannot be accomplished by any organization acting alone. A local initiative to prevent diabetes or minimize the progression of disease in those already diagnosed is an appropriate task for collaborative community planning between HSA and other local/state/federal agencies.

It is therefore recommended that **HSA** continue efforts to collaborate and support efforts in these areas across our health providers and insurers. Staff will also continue to pursue funds for community wide education efforts on diet, exercise, and preventive health options which could reduce the impacts of diabetes on our citizens.

Emergency Room Co-Locations of Clinics:

One of the trends of concern to your Board from the farm worker report was high use of emergency rooms for non-urgent conditions. Indeed this is not an efficient or effective way to obtain and utilize health services for the patient or the institution. This problem can be reduced by education and outreach to the population on the availability of County and community clinics in north and south county including Salud Para La Gente, Women's Health Center, two Planned Parenthood clinics, and two County clinics. All of these clinics serve low-income individuals and have flexible access systems. There are also evening and weekend hours at some clinics. Linkage of the farm workers to these "medical homes" would be a much better method of providing care to this population when it is not a true emergency. As stated in the prior report to your Board on this subject, the MediCal outreach coalition has many outreach staff which will be making special efforts to contact farm workers and distribute this clinic information as well as benefit information.

Also at your June 21, 2001 meeting, your Board directed HSA to return with a report on options to promote co-locating clinic facilities with the emergency rooms at Dominican and Watsonville Hospitals, or arrangements that might promote better referrals to County systems that are designed for uninsured people.

It is well recognized in our community that there is inappropriate use of emergency room facilities for non-emergent complaints. **As** reported to your Board in February 2001, there are as many as 42,000 uninsured people who do not have ready access to comprehensive medical care services. This problem is nationwide in scope and poses enormous fiscal, administrative, and human care challenges to governments at all levels. This issue is particularly difficult for local governments that must try to deal with these issues with their very limited taxing abilities and patients without care using the emergency rooms.

The Santa Cruz County Grand Jury Report for 2000 - 2001 spoke to these same issues, and called for innovative approaches to their solution. Among the proposed recommendations was the conversion of state and federal categorical funding streams into a prepaid capitation system to include the uninsured, with an oversight board to monitor such a demonstration project. This would require new legislation at both state and federal levels to implement and would require considerably more funds than are presently available in the system. Certainly the hospital and specialty care components alone of an expanded system of care for the uninsured will require significant new

revenues since neither hospitals nor specialty physicians evidence any excess capacity at present.

HSA projects in excess of 47,000 patient visits to its Santa Cruz and Watsonville Clinics in the current fiscal year. A large percentage of these patients are uninsured and to the extent that our clinics are able to meet their needs, they do not overutilize hospital services. The north county clinic site is aging and inefficient in its layout for primary care. It is conceivable that if optimum HSA clinic space and support systems were in place adjacent to Dominican's emergency rooms, there might be a modest increase in capacity utilizing existing county staff, as is anticipated from current renovation plans and technology upgrades at the Emeline facilities. It is important to note however that given the Dominican campus layout, new clinic space would be difficult to identify. It is important to note that significant increases in capacity would require additional County and State funds for *costs* of drugs, laboratory tests, specialty referrals, and staffing for uninsured patients.

Watsonville Hospital does have parts of their building which are not developed yet, though there are plans for a variety of new services to go into this space. Cost estimates at current construction rates would be between six and seven million dollars for the square footage and specialized equipment needed for the clinics, labs, billing centers, and pharmacies we currently operate to move to either hospital site. Given current economic conditions, it would be better to continue work on community education of patients on their health choices at our community clinics and encourage the Emergency Rooms to triage patients and redirect them to one of the community clinics for their outpatient needs. Even with taxi or transportation costs, this would be less expensive than trying to provide this care out of the emergency rooms. For the hospitals to do this, the County needs to support them in getting modifications to the new federal EMTALA regulations which make brief patient assessment and re-direction difficult.

To insure maximum capacity at the County clinics, ECG Consultants, Inc. has been retained and is presently at work analyzing County clinic systems, patient flows and revenue streams and will submit a report in early 2002 on their findings. It is anticipated that opportunities for increased efficiency and productivity will be identified. Once the recommendations have been implemented, there may well be some increased capacity in the clinics to accept additional uninsured patients. The current financial situation with state and local funding of the uninsured is not hopeful, however, and these efficiencies may be directed at sustaining our current services.

RECOMMENDATIONS

It is, therefore, RECOMMENDED that your Board:

1. Direct the Health Services Agency to distribute the Promotores program report and attached budget to community based organizations throughout the County that might be interested in seeking grant funds to start this type of program with County technical support; and

2. Direct the Health Services Agency to distribute the report and promising practices related to Diabetes to the Medical Society, large heath provider organizations, as well *as* community groups and support colloboration related to this disease and its prevention; and

3. Direct the Health Services Agency to report back on March 19, 2002 on the ECG Evaluation of Clinic Functioning and methods for improving efficiency; and

4. Direct the Health Services Agency to support the hospitals in their efforts to modify the new federal EMTALA rules related to emergency room practices; and

5. Direct the Health Services Agency to continue monitoring vital health issues in the community and report back during budget hearings in the Annual County Health Report on these matters.

Respectfully submitted,

Rama Khalsa, Ph.D.
Health Services Administrator

RECOMMENDED

Susan Mauriello
County Administrative Officer

cc: County Administrative Office
County Counsel
Health Services Administration
Human Resource Agency Administration
Pajaro Valley Health Trust
Dominican Hospital
Watsonville Hospital

Attachments: Budget for Promotores Program

Attachment: Annual Budget Promotores

COST ANALYSIS (Estimated)

Personnel costs	
0.5 Program Coordinator	$28,888
0.1 Senior Manager	9,075
0.2 Administrative Aide	10,873
Total Salary and Benefit Costs	$48,836
Office Equipment	$ 4,000
Computer, workstation	
Phone	
Miscellaneous	2,000
Office supplies and	
Travel	
Overhead @ 11%	6,032
GRAND TOTAL	$60,868