

ROBERTSON ROAD HEALTHY START FAMILY RESOURCE CENTER

Claudia D. Epperson, Project Coordinator
Dr. Melaziv Espinosa, D.D.S. General Dentistry
Dr. Shirley Tamoria, M.D. Family Practice

PROGRAM SERVICES-1997-98

ROBERTSON ROAD SITE COMMISSION
50% Parents
50% School Staff,
Agency Representatives and
Community Members

Meets the second Friday of each month at 9:00 am- Housing Authority

Location: 1121 Hammond Avenue (Open 8 am to 5 pm)
For medical appts. call 576-4437
For dental appts. call 576-4482
For other information call- 576-4490

**These services are provided only to students
enrolled at Robertson Road Elementary School.

MORNING COFFEE GROUP
Parent Education
Information Sharing
Community Resources
Family Activities

Meets every Friday morning 8:30-10:00am, Housing Authority

**CASE MANAGEMENT Multidisciplinary Team Parent
Donna Hartley, PPS Healthy Start Liaison
Liane Souphavong Social Worker IV
Wanda Rose, M.A. Mental Health Clinician
MSW Volunteer Cathy Hennonsen
Eisa McClure, Neighborhood Services Worker
Claudia Epperson Project Coord.
Medical Provider Dr. Shirley Tamoria, M.D.

**MENTAL HEALTH Wanda Rose, M.A.
Short-or-long-term Individual Therapy
Family Therapy
Crisis Intervention
Support Groups
Parent Education
Other Mental Health Services

Golden Valley Health Centers-MEDICAL
Primary Health Care
CHDP
Prenatal/Postnatal
Well Baby Care
Immunizations
Acute Care
Attention Deficit Disorder Screening & Treatment

Golden Valley Health Centers-DENTAL
General Dental Exams
Dental Cleaning
Bridges
Crowns
X-rays
Fillings
Dentures
Extractions

SOCIAL SERVICES
**Liane Souphavong Social Worker IV, DSS Monday, Wednesday
Lupe Garza Medi-Cal Worker, DSS 2nd & 4th Wednesdays
MSW Intern, DSS
Gain Prep Worker

**SCHOOL SERVICES
Donna Hartley, PPS Healthy Start Liaison
Student Support Groups
Conflict Resolution
Basic Needs
School System Advocacy

**OTHER SERVICES
F.A.S.T PROGRAM
BLOCK HOUSES
BREAD GIVE-AWAY
CENTRAL VALLEY INFORMATION & REFERRAL

Health of poor in peril

Programs being cut, but needs growing

Fourth in a six-part series

By Khanh Phuoc Truong
Bee staff writer

As top administrator of the Stanislaus County Health Services Agency, Beverly Finley's job is to ensure that people in her county, particularly the poor, get the care they need when they need it.

Finley is the first to say it doesn't always happen.

"We really don't have a health policy. We have a budget-driven policy. It's really different. We make programs fit whatever money we have, and I think that's totally wrong. What we want is public policy defined on public needs."

Treatment for drug and alcohol addiction is a classic example of policymakers reversing course in the face of dwindling dollars — and changing political tides.

In the early 1980s, people with proven disability stemming from years of drug addiction and alcoholism qualified for Supplemental Security Income, roughly \$600 a month. The money was to go for drug treatment; many in Stanislaus



Health . . . (Continued from page 2)

farmworker community. She presented a Proclamation naming May 17, 1997, as Golden Valley Health Centers Day in Merced.

Merced County Supervisor Jerry O'Bannon provided the early history of Golden Valley reminding the audience that the Merced County Health Department was the first federal grantea before Golden Valley. With the county lease of its hospital, it will be more important than ever for the community to support Golden Valley and protect the safety net, O'Bannon remarked.

Brenda Herbert, aide to Assemblyman Dennis Cardoza and Lisa Mantarro, aide to Congressman Gary Condit presented certificates of appreciation to Golden Valley.

The first ever Foster Awards, honoring the best quality improvement team and individual, were presented to Merced's Women's Health Center team, and Sonia Garcia, Merced's payroll clerk.

The Women's Health Center team was honored for the development of an insurance workbook which improved insurance billing and customer satisfaction, the primary goal of Golden Valley's Quality Improvement program.

Members of the team were: Liliana Santana, team leader, Josie Velasco, Veronica Padilla, Mary Carrol, Helen Roehik, Josie Elie and Dr. Linda Ottemoeller. Garcia was honored with the first-ever individual Foster Award because of her leadership as a team facilitator.

Ernestine Woods, Board chairperson, honored staff with service awards of 5, 10, 15, and 20 years. Honored for five years were: Maria

Arroyo, Rebecca Gonzalez, Mary Hutsell, Betsy Mojica, Chia Moua, Irma Sanchez, Bounlath Souksavong, Marisela Urrutia, Brian Vierra, Blong Xiong, Benjamin Maldonado.

Honored for ten years were: Carol Galindo, Lila Gonzalez, Arcelia Ortega, Margaret Sgarroa, Jose Velasco.

Honored for fifteen years were: John Aleman, Jeanette Gonzalez, Virginia Marez.

Honored for twenty years were: Debbie Daguerra, Jerry Lewis, Theresa Rodriguez, Frank Zamarripa.

CEO Sullivan thanked the primary sponsors of the Gala who were: the National Association of Community Health Centers, Sutter Merced Medical Center, Mercy Hospital and Health Services, Bank of America, UNILAB, Donjean, The Bill Parker Agency, Architect Bruce C. Dodd, the Insurance Center of Merced, and Managed Care Solutions.

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THE BACK PAGE

HEALTH: Number of uninsured working poor increasing

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County sought treatment from one of two methadone clinics in Modesto. Methadone is a synthetic narcotic that relieves withdrawal symptoms and prevents drug cravings.

Congress slashed the program in the fall, and the last SSI checks were issued in December, leaving addicts with no way to fund their daily, and legal, "fixes."

Elaine Reed, 39, and her friend Cynthia Glover, 42, are heroin addicts who say they used to spend \$100 a day on their habits. In their minds, the government hooked them on a legal drug and then left them hanging.

"I'm addicted to the methadone and I have no way to pay for it," Glover says, speaking from Reed's trailer in south Modesto, a dwelling Reed shares with her cat, Gato.

Reed and Glover say they fear the SSI cuts will send women, many of them former prostitutes, back to their old ways, back to the streets.

"I'm worried about the future. I don't want to go back out doing those things," Reed says. "I don't want to go back to that kind of life."

A time bomb

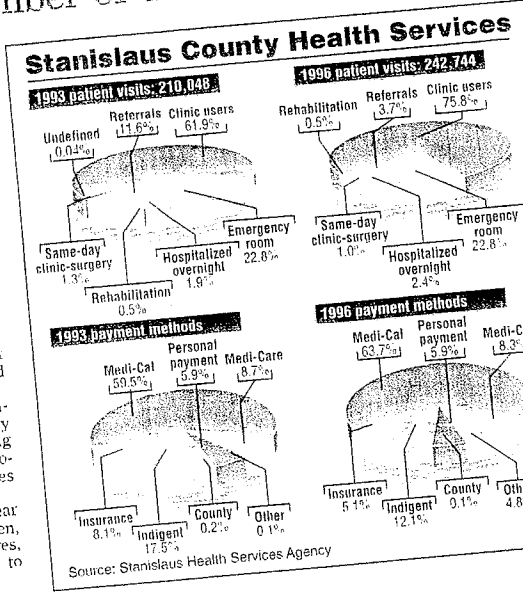
The SSI cuts will affect the community at large, the women warn, not just the 750 recipients in Stanislaus County who received their last SSI payments a month ago.

"Do you know what is going to happen to the crime rate, the homeless population?" Glover asks. "It's like waiting for a bomb to go off. Seriously."

The predicament of drug and alcohol addicts goes back to what Finley says: Public policy for health is budget-driven. And in that regard, little has changed in health care for the poor in five years.

"I wouldn't for a minute say people have better access," Finley says, comparing 1991 with 1996. "The welfare system, the Medi-Cal system, has not changed that access."

"The biggest issue for Medi-



positive. Medi-Cal pays for seven medications he takes that cost a few hundred thousand dollars a year.

Taylor has worked on air in construction and general repair. But not at a job enough, or one that paid enough to support a family of five.

Living on public assistance means living month to month they say, but they always have their children, and their children make life beautiful.

"We've got our family, all that counts," she says. "I wouldn't trade my kids for anything. I wouldn't trade my life for nothing."

What has changed

In five years, the Stanislaus County Health Services Agency has concentrated on adding services throughout the county, now has eight, in Modesto, Hughson, Oakdale and Lock, and including the Maternity Outreach Mobile.

"Instead of asking ever to come to us," Payne says, she made the decision five years ago to have our services decentralized and closer to where we live."

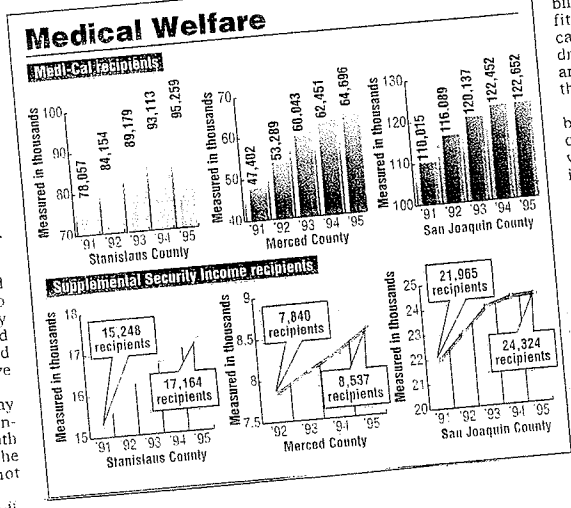
The Maternity Outreach Mobile, or MOMobile, is a bit fitted especially for prenatal care, and women's and children's health care. The and Doctors Medical Center the program.

Even on a wet morning, bundle children and head clinic on wheels, in front of Wright Elementary in south Modesto.

Among those waiting Juana Tenorio, 28, and her children, ages 9, 7 and 1. months pregnant, Tenorio come in for her monthly up.

"The care is good, a fast," Tenorio says in Spanish. "When the children are they get the necessary nutrition." Medi-Cal covers all of all her visits.

Medi-Cal also covers Vazquez and his wife, He da, both temporary work Patterson Frozen Food



"The biggest issue for Medi-

Cal is access to provider. There are many. I'm embarrassed to say. (providers) who will not take in Medi-Cal patients."

Which is not to say that the Medi-Cal population has gone away. It hasn't.

In five years, the number of people receiving Medi-Cal in Stanislaus County grew 39.4 percent, while the county population grew 6.7 percent.

Merced County's Medi-Cal population mushroomed 70.8 percent. In that period, the county's population increased 13.4 percent.

San Joaquin County stopped recording Medi-Cal figures in 1994, but from 1991 to 1993 the number of people on Medi-Cal increased 21.9 percent while the county's population grew 2.6 percent.

As the number of Medi-Cal patients has risen steadily, the number of people with private insurance has been shrinking. From 1993 to 1996, the number of people who paid with private insurance for visits to the Stanislaus County health agency dropped 28 percent, from 17,079 to 12,305. During that same period, those who paid out of pocket because they did not have insurance jumped 17 percent, from 12,291 to 14,378.

The working poor

That last group is what troubles health care officials most, the people who pay out of pocket for hospital visits. They are the uninsured working poor. And their number is growing.

A district-by-district analysis conducted for the Department of the Treasury in 1992 found the 18th Congressional District, which includes Stanislaus and Merced counties, had about 121,000 people without any form of insurance. Of that number, nearly 84 percent, or about 101,000 people, were part of working families, and 33,000 were children.

The 11th District, which includes San Joaquin County, had 114,000 uninsured. Of that number, 96,000, or 84 percent, were part of working families, and

28,000 were children.

Medi-Cal, says Dr. John Payne, director of the Family Practice Residency Program at the county-run Stanislaus Medical Center, doesn't cover everybody.

"It's like a hospital gown," Payne says. "It leaves certain very important parts uncovered, and the people who don't get covered are the working poor who don't qualify for (Medi-Cal)."

Like county hospitals, Golden Valley Health Center's mission is to provide health care to the poor.

There are 13 Golden Valley clinics in Stanislaus and Merced counties, with a budget of \$14.5 million. When it was formed in 1972, the center operated on a budget of \$190,000.

"And we couldn't spend it all," says Mike Sullivan, chief executive officer of Golden Valley since its inception.

Sullivan estimates that 90 percent of the health center's clients are underserved. They are not penniless, he notes, but they are not gainfully employed.

"When you're making \$6 to \$8 an hour, and you have a family of two or four," Sullivan says, "your ability to pay for private insurance is jeopardized."

Ailments of the poor

To be sure, there are some tell-tale signs of poverty.

"The type of diseases you see more in the poor population is more mental illness, because it becomes very hard to be employed," says Payne, at Stanislaus Medical Center.

"And you see more drug abuse and other types of substance abuse. They're not poor when these things start. They become poor because of the problems."

Payne says he doesn't need to conduct a complete examination to tell if a patient is poor.

"You look in their mouth, and if it's full of rotten teeth, they are poor."

Ask Payne the first thing he would change to make people healthier, and the doctor doesn't

hesitate: pass a law that bans cigarette advertisements.

"Cigarettes are the No. 1 health care problem in America. We have a society that has a strong motor to push alcohol and cigarettes. Lifestyle choice is not entirely left to the individual."

A family at the clinic

By choice. Raymond Taylor Sr., 28, and his wife, Daphne, 22, are smokers.

"It's sanity," Daphne says.

The Taylor family — parents and children, Kayla, 6, Savannah, 1 1/2, and Ray Jr., 2 months — have come to the Stanislaus County Family Practice Center, next door to Stanislaus Medical Center in Modesto.

The infant's two-week check-up is scheduled for 1:45 p.m., and they were told to come two hours early. They took public transit from their home on Yosemite Boulevard and, after transferring from one bus to another, arrived at the clinic at about 11:30 a.m.

"I've been coming to this hospital all my life," Taylor says. Indeed, he was born there in 1968, when Scenic General, as it was known then, still offered delivery services. Taylor's grandmother worked in emergency admissions for 22 years.

Taylor's thoughts drift to the past; they weren't always joyous. His mom battled drug abuse and mental illness, he says; his father, whom Taylor called a "ho-bo," split when he still was an infant. His grandmother ended up raising him.

The Taylors are adamant that their family will stay intact, with or without welfare. She knows exactly what it takes to get off public assistance.

"Get a job," she says. "But every time I'd go and get a job, I got pregnant again."

Adds her husband, "Kids are great. That's what I wanted. It's just supporting them is hard. It takes a lot of money."

Six years ago, Taylor tried to enlist in the Army but was turned down after testing HIV-

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couple's combined income roughly \$8,000 a year. They afford private insurance, which explains why his wife, weeks pregnant, is being insured.

Theresa Avila, the project coordinator, describes the way she sees as working poor are not getting insured through employment.

"These are people who probably not be seen," she

Citizenship status

Avila and her staff do not patients' citizenship status though Avila says she suspects few are illegal immigrants.

Gov. Wilson has proposed banning prenatal care for men living here illegally. In November, Finley issued a newsletter stating that she and a medical community are opposed to such a ban.

"One of the most marginalized and poor public policy can be called public policy. Denial of prenatal care to her," Finley said later. "It is bad financial policy, not to mention public policy."

"We know for every dollar spend on prenatal care, we save \$3. When we have data that shows that it doesn't make sense for the governor to want to cut it out."

Federal welfare reform would allow states to with Medi-Cal from legal immigrants who have not worked for years or more. Emergency relief would be provided.

Looking over the anti-immigrant landscape that emerged in California, Finley draws this conclusion: "I blame the poor and the minority really being blamed for a public policy."

"People don't understand public health issues. We haven't talked about what a healthy community means. We need to think that as a community taking care of each other we're taking care of ourselves."

THURSDAY: housing and transportation