

STIMULUS CASE STUDY: LOS ANGELES COUNTY

HEALTH AND HUMAN SERVICES

The 2009 American Recovery and Reinvestment Act (ARRA) serves as a safety net for comprehensive health care services throughout the nation. Allocating \$141 billion federal dollars specifically to Health and Human Services illustrates a commitment to improving health outcomes and building economic sustainability.¹ California was awarded \$7 billion in stimulus funds for Health and Human Services,² of which Los Angeles County received \$79 million.³ Compared to services in the county, the state appropriated only 1% of total funds to Health and Human Services.⁴ **Of the county's eight Service Planning Areas (SPAs), which serve as geographic health planning districts, only one did not receive any ARRA HHS funds – Antelope Valley.**

Community health centers (CHC) are the primary source of health care for underserved populations. CHCs in Los Angeles County struggle to keep their doors open due to the state's devastating cuts to Medi-Cal (\$129.4 million)⁵ and HIV/AIDS (\$80.1 million).⁶ Massive unemployment intensifies the pressure on CHCs attempting to meet the escalating demand for low-cost or free health care. HHS stimulus grants relieve this tension by expanding hours or services, lowering fees, renovating facilities, updating equipment, expanding health information technology (HIT), or opening new sites.⁷ Stimulus dollars could, if equitably distributed, provide short and long-term sustainability for CHCs in communities of color.

Fig. 1 ARRA HHS FUNDING PER SERVICE PLANNING AREA (SPA)⁸

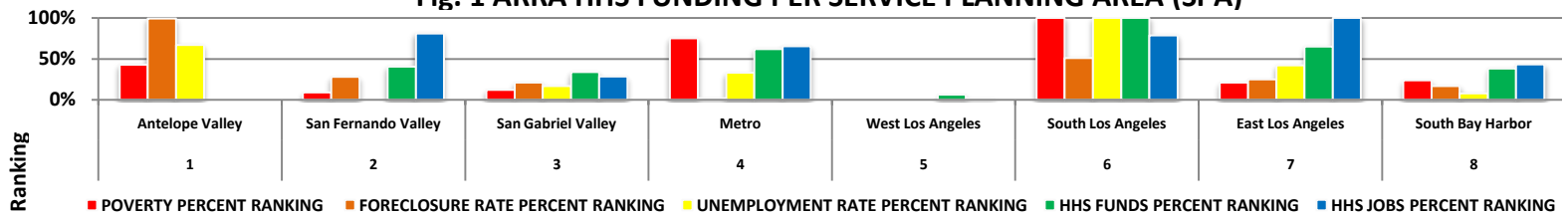
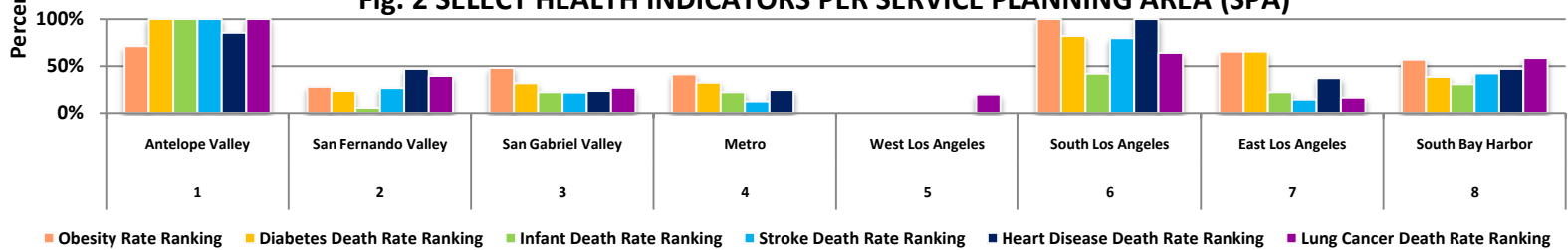


Fig. 2 SELECT HEALTH INDICATORS PER SERVICE PLANNING AREA (SPA)⁹



The Antelope Valley (SPA 1) has the highest rate of all-cause mortality within the county, yet this region received zero ARRA HHS funding. Exhibiting some of the poorest health outcomes in the county, the Antelope Valley has the highest rates of infant death, and death due to diabetes, stroke, and lung cancer.¹⁰ **In contrast, West LA (SPA 5) received over \$1million of ARRA HHS funding and jobs despite having the healthiest outcomes and lowest poverty rate in the county.**

SPA 1 is composed of 55% people of color and has a poverty percentile of nearly 50%, ranking third behind South LA (SPA 6) and the Metro (SPA 4) sections of LA County. Over a third of the population receives public assistance, second to South LA (SPA 6). With such vulnerable communities in mind, Antelope Valley demonstrates an urgent need for increased health outreach programs and improved clinic capacity. Moreover, SPA 1 devastated by the recession, showing an unemployment percentile ranking of 67%¹¹ and a foreclosure percentile ranking of 100%, could have benefitted from increased health and human service employment opportunities or career training programs.

The majority of HHS funds and jobs went to South and East LA, SPA 6 and 7 respectively. These regions are indeed in need of support, as evidenced by poor health outcomes; however, they are more resourced than the Antelope Valley. South LA received funding for six clinics, while East LA received funds for four health service funding agencies, including two clinics. Although the Antelope Valley has several community hospitals, clinics, and mobile units that serve its most vulnerable, rural and people of color communities, LA County and the political leadership of the Antelope Valley, could have tapped into other ARRA HHS opportunities. In addition, they could have worked towards equitably distributing HHS funds. Yet, they failed to access HHS opportunities to produce funds or jobs.

ARRA funds could have provided staff and infrastructure support towards clinics that were close to achieving FQHC status such as the Antelope Valley Community Clinic, bolstering support for mobile clinics that go into the more rural areas of the region, as well as increasing community outreach and education efforts through community based organizations like the Antelope Valley Partners for Health.

Footnotes:

1. Federal Health and Human Services Agency Recovery Website. <http://www.hhs.gov/recovery/overview/index.html>
2. Ibid.
3. California Recovery Website. <http://www.recovery.ca.gov/html/funding/stimulus%20map/stimulusmap.shtml>
4. Ibid.
5. Health Access California. <http://www.health-access.org/files/preserving/Real%20Cuts%20Real%20Pain%206-30-09.pdf>
6. National AIDS Treatment Advocacy Project. http://www.natap.org/2009/newsUpdates/060409_01.htm
7. Federal Health and Human Services Agency Recovery Website

8. Data From: California Recovery Task Force at www.recovery.ca.gov; Department of Housing and Urban Development www.HUD.gov; Zip Code Databook, May 2007, United Way of Greater Los Angeles County at unitedwayla.org; California Employment and Development Department at www.labormarketinfo.edd.ca.gov
9. Data From: Key Health Indicators Report by Service Planning Area. June 2009. Department of Public Health of LA County. http://www.publichealth.lacounty.gov/ha/docs/2007%20LACHS/Key_Indicator_2007/KIReport.2009.FINAL.pdf
10. Ibid.
11. California Employment and Development Department. www.labormarketinfo.edd.ca.gov