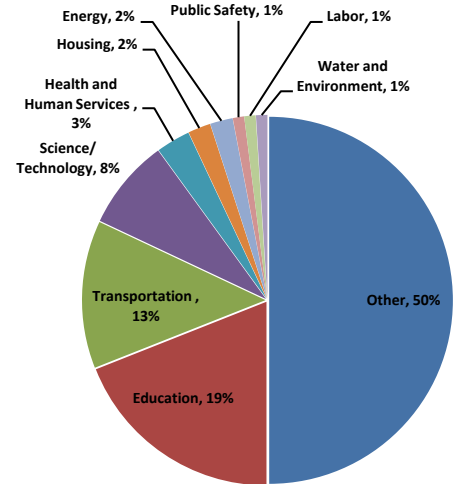


STIMULUS CASE STUDY: SAN DIEGO COUNTY

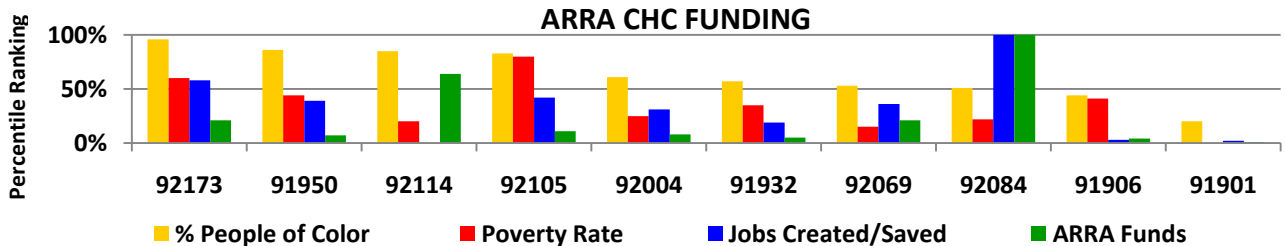
HEALTH AND HUMAN SERVICES

The 2009 American Recovery and Reinvestment Act (ARRA) serves as a safety net for comprehensive health care services throughout the nation. Allocating \$141B federal dollars specifically to Health and Human Services illustrates a commitment to improving health outcomes and building economic sustainability¹. California was awarded \$7B in stimulus funds for Health and Human Services², of which San Diego received \$63.13M³. Compared to services in the county, the state appropriated only 3% of total funds to Health and Human Services⁴ where **98 community health clinic (CHC) sites in San Diego, only 10 received ARRA funding.**

Community health centers (CHC) are the primary source of health care for underserved populations. CHCs in San Diego struggle to keep their doors open due to the state's devastating cuts to Medi-Cal (\$129.4M)⁵ and HIV/AIDS (\$80.1M)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 sites⁷. Stimulus dollars could, if equitably distributed, provide short and long-term sustainability for CHCs in communities of color.



SAN DIEGO COUNTY DISTRIBUTION



Despite contributing significantly to social security and Medicare, immigrants and undocumented people lack access to insurance and health services - resulting in poorer health outcomes. Poorer outcomes lead to increased access of emergency care services, which can cost the average taxpayer an additional \$1000 a year⁸. CHCs help alleviate the tax burden of emergency room dependent care by providing less costly preventative health services to these vulnerable populations. Examining community health clinic funding in neighborhoods with a high percentage of people of color we illustrate some of the problems in targeting of funds.

Although funding was allocated to zip codes that have a larger percentage of immigrants, homeless, and people of color, such as zip codes 92173, 91950 and 92105, the level of funding still does not meet the growing need. For example, zip code 92173 has one of the lowest funding amounts per

per population even though it has one of the highest concentrations of people of color and a poverty percentile ranking of over 50%. Moreover, zip code 92105 received few jobs and marginal funds while having the highest-ranking poverty percentile and one of the highest concentrations of people of color.

San Diego County has the third largest number of AIDS cases in the State of California⁹. In the last decade, there has been a steady increase in AIDS cases in communities of color. In 2008, 55% of total AIDS cases were people of color¹⁰. Mountain Empire Family Medicine Clinic in zip code 91901 responded to this need by using stimulus dollars to create an HIV Capacity Building Program¹⁰. Family Health Centers of San Diego received funding for an additional HIV outreach worker¹¹. **These were the only clinics in San Diego to receive such funding.** Stimulus dollars could better address the severe state budget cuts to HIV/AIDS prevention and education, drug assistance programs, and overall LGBTQ-focused health services.

Not only has the state failed to provide targeting funding throughout the state, the lack of transparency has limited the ability of citizens to hold them accountable. Research has shown missing and incomplete data throughout each report generated the by the Governor's Recovery task force.

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. National AIDS Treatment Advocacy Project. http://www.natap.org/2009/news/updates/060409_01.htm
6. Federal Health and Human Services Agency Recovery Website <http://www.hhs.gov/recovery/hrsa/healthcentergrants.html>

7. California Recovery Website. <http://www.recovery.ca.gov/html/funding/stimulus%20map/stimulusmap.shtml>
8. Romano, Andrew. "Wait a Second: Why Shouldn't We Insure Illegals?" Newsweek.com. Web. 14 Sept. 2009. <http://www.newsweek.com/2009/09/13/wait-a-second-why-shouldn-t-we-insure-illegals.html>
9. County of San Diego, Health and Human Services Agency. http://www.co.sandiego.ca.us/hhsa/programs/phs/documents/HAEU_AnnualReport2009.pdf
10. Office of AIDS, California HIV Planning Group. <http://cahivplanninggroup.org/pdfs/Aug06%20AIDS%20EPI%20Update.pdf>
11. California Recovery Website. <http://www.recovery.ca.gov/viewAwardDetails.do?&tabNumber=75>

San Diego Quick Facts

Population:
3.2 million
Unemployment Rate:
10.1%
Poverty Rate:
11.3%
Household income:
\$72,800
Immigrant Rate:
23% or 675,000

White (non-Latino): 52%
Latino: 30%
Asian: 10%
Black: 5%
Other: 3%

HHS Stimulus Quick Facts

Amount Awarded:
\$63.13M
Number of Projects: 59
Jobs Created or Retained: 157.53

For more information visit:
VoiceofCalifornia.org or
vozdecalfornia.org

Fact Sheet was prepared by The California Stimulus Oversight Coalition