Dear Friends,

The health care delivery system is a puzzle to most of us in this country.

Many of us do not understand the connection between rising insurance costs, trauma centers, routine doctor visits at our local clinics and hospitals, increased insurance and pharmaceutical prices, and our system of health care providers. In this newsletter, I have asked those who provide these services to give you some insight into their areas of expertise as well as some of the challenges they face in delivering service. I hope that this newsletter will provide you with a better understanding of how health care services are provided now and into the future. Each part of our health care system is experiencing change. Although each sector represents a unique perspective, all of the key stakeholders understand the importance of working together to benefit all Alameda County residents.

Health care issues are high on the local, state, and national agenda, I hope this copy of my Access newsletter will provide a bird’s eye view of health care trends from our different sectors, an understanding of the proposed changes in the system, and give you a better knowledge of the health care system that operates in Alameda County. Authored by 10 different community based partners, this comprehensive newsletter offers a complete overview of health care throughout Alameda County.

Alameda County residents should be informed and concerned about the following elements of our health care system.

• **The uninsured:** The U.S. spent $1.4 trillion on health care in 2002, yet 43 million Americans lack basic health coverage. If all the uninsured adults in Alameda County lived in a single city, it would be the third largest city, falling just behind Oakland and Fremont. One of every eight people in the County is uninsured, and this does not include the 17,000 Alameda County children without any insurance.

• **Rising Costs:** Health care premiums have jumped 14 percent in 2003 (the third consecutive year of double-digit increases). National spending on health care now makes up more than 13 percent of the gross domestic product and is projected to rise rapidly in upcoming years.

• **Health Disparities:** Inequities in health outcomes reflect some of our nation’s greatest challenges – poverty, lack of access to health insurance, language barriers, cultural isolation and racial prejudice.

• **Arriving Sicker, Waiting Longer:** Emergency Rooms (ERs) are dangerously overcrowded. Recent news coverage describes an emergency care system in turmoil with sicker patients enduring longer waits to be seen by a doctor. Five hundred and twenty hospitals have closed in the State of California, 20 of them in the past 2 years, yet ER utilization has increased.

Health care is a puzzle and each of us owns a piece. Instead of being fragmented cardboard pieces in a box, my office and the community-based partners featured within this newsletter try to assemble the pieces to fit into a system that works. It is our successes and failures that affect you and your family members.

Given the current economic climate, County government and our community partners now look for every opportunity to leverage and identify resources to sustain our system of care. The authors hope that after reading the newsletter, you will emerge with a better understanding of the health care puzzle here in Alameda County. A completed jigsaw of what our system looks like today and how to access the pieces.

KEITH CARSON, SUPERVISOR
Alameda County, 5th District
Health care is becoming more complicated every day. You want to be sure you’re doing everything you can to get the best care and the best value for your precious health care dollar. But how do you know that you’re choosing the right treatment, at the right time, at the right place and at the right cost?

Simple, relevant information is the key to making the best decisions in collaboration with your doctor. And there is plenty of health-related data available as near by as your computer. After all, one of the top reasons Americans access the Internet is to search for health-related information.

At Health Net, we believe that putting vital information directly into the hands of our members and contracted physicians encourages more communication between patients and their doctors and helps foster a more collaborative approach to health care decisions – leading to significant improvements in clinical outcomes and patient satisfaction.

**Right Treatment at the Right Time:**
According to the Institute of Medicine, physician and consumers who do not adhere to evidence-based care accounts for nearly 25 percent of the United States’ health care expenditures. In other words, we spent approximately $1.3 trillion more for our health care than we needed to in 2000.

Evidence-based medicine combines the best and most current scientific literature and clinical experience to ensure that medical decisions are based on scientifically proven treatments and procedures. This, in turn, can help reduce variations in care and improve quality. Health Net’s partnership with EBM Solutions provides our members and contracted physicians with evidence-based resources regarding health care options and treatment plans via the Internet.

In addition, our on-line Wellness site offers confidential screenings for medical and behavioral conditions, a site dedicated to women’s health issues, and access to a complete Library of health-related topics. And soon, we’ll providing health decision-making and coaching services to support treatment of more complex and chronic conditions.

**Right Place at the Right Cost:** When undergoing a procedure requiring hospitalization, it’s important to choose a hospital that has a proven record of success. Your choice of hospital can have a tremendous impact on the success of your treatment and your costs, as there can exist wide variation in treatment outcomes and costs between hospitals.

Health Net partnered with HealthShare Technologies to develop the Hospital Comparison Report. This interactive, Web-based program allows objective comparison of hospitals across more than 50 procedures and medical conditions, and ranks hospitals on the basis of evidence-based, quality-of-care measures and cost data. The site also takes into account hospital survey results from the Leapfrog Group – a national coalition of the largest employers that assesses patient safety measures and quality of care.

In addition, Health Net created an online Medical Group Comparison Report which provides ratings on wide-ranging quality-of-service and quality-of-care indicators to help our members make informed decisions about choosing their personal physicians. It also gives our contracting doctors meaningful benchmarks for improving their interactions with our members.

Ratings are broken down into five categories: “managing chronic illness,” “preventive health screenings,” “access to care,” “member satisfaction,” and “prescribing practices.”

These are only a few of the easy-to-use tools Health Net offers online at www.health.net. Our goal is helping to ensure that you and your doctors have the information you need to make the right decisions for your own health care.
We want to hear from you!

You have heard directly from the diverse health care organizations that provide health care to you and your loved ones. We now want to hear from you! We hope that you would participate in the short survey on the back page by clipping out the post card below and send it back to us. The outcomes of the survey will be shared with all the industry participants.

The health care industry is challenged today on all levels yet, we in Alameda County have for years known of the importance of not only working together across disciplines and interests, and planning together for the best integrated health care system for our residents, regardless of ability to pay.

I hope that this information has been valuable and I would like to invite you to my 2004 health care town hall meeting with a follow up panel on the puzzle of health care delivery system within Alameda County. Many representative authors from this newsletter will be present to dialogue and answer your questions. For more details, please check the box on the survey on the back page or call or e-mail my office. Thank you for taking the time to read and respond to this important newsletter.

Contact Supervisor Carson: 1221 Oak St. Ste. 536, Oakland, CA 94612
510-272-6695 • E-mail: dist5@acgov.org
Adolescence is an ideal time to promote health & well-being, however, teens are the least likely of any age group to seek out traditional health services. Alameda County School-Based Health Centers play a critical role in promoting the health & well-being of adolescents by providing students comprehensive medical, mental health care and prevention-focused health education services on school campuses.

Program Achievements
School-Based Health Centers increase health care access for teens. Last year, Alameda County School-Based Health Centers provided care to over 5,000 students.

- Supervisor Keith Carson’s diligent work with The San Francisco Foundation, Children’s Hospital, the City of Oakland, and Oakland Unified School District has helped to achieve the goal of establishing a health center at McClymonds High School, where medical and mental health services are currently offered.
- In its 11th year of operation, the Berkeley High School Health Center staffed by the City of Berkeley sees approximately 25-40 students a day just in first aid and triage—keeping students in school rather than sending them home for minor injuries.
- The Techniclinic of Oakland Technical High School managed by La Clinica is leading the way in the implementation of a Coordinated School Health Model, demonstrating how partnering with other school health providers can create a seamless continuum of adolescent health care.

School-Based Health Centers offer an array of health services.

MEDICAL:
First Aid & Triage; Comprehensive Health Assessments; Treatment of Acute & Chronic Illnesses/Injuries; Physicals; Reproductive Health; HIV Testing; Linkages to Primary Care, Dental, & Specialty Care; and Immunizations.

MENTAL HEALTH:
Individual Counseling; Intake/Assessment; Crisis Intervention; Case Management; Consultation; Substance Abuse Treatment; and Linkages to Psychiatry.

HEALTH EDUCATION:
Individual, Group, Classroom, School-Wide Education; Peer Education and Youth Development.
American Medical Response

EMS: Change, Celebration and Challenge

With the first motorized ambulance in 1899, Emergency Medical Services (EMS) began to be recognized as a vital and essential public service. As major technological advances became implemented in the 1950’s and 1960’s, enthusiasm and acceptance of EMS became widespread. Since this time, ambulance service providers and fire and police departments, at all levels, have provided their unique skills and abilities in developing our country’s highly advanced EMS system.

Alameda County’s EMS system is widely regarded as a national leader in providing innovative solutions and superior patient care by field caregivers. Within Alameda County, American Medical Response, the 9-1-1 ambulance service provider, has led innovation in out-of-hospital medical services with its innovative vehicle location system (global positioning satellite technology), non-emergency triage, medical data collection and mutually beneficial partnerships with public service agencies.

For the last year and a half, AMR’s expanded scope paramedic program, taught by accredited professionals from the University of Maryland, provides the nation’s highest level paramedic critical care transport services for patients in Alameda County to hospitals throughout the Bay Area – taking the patients where medical care will best meet their immediate needs.

AMR’s global positioning satellite (GPS) vehicle location and tracking system provides the dispatcher with the location (both in a picture format and tabular display) of the closest ambulance to respond to each 9-1-1 emergency call. Vehicle location and tracking systems are not new to American Medical Response. During the 1980’s, AMR utilized Coast Guard navigation radio systems (LORAN) to provide vehicle tracking in Alameda County. In the early 1990’s, when military satellite technology became available, AMR was one of the first paramedic services in the nation to invest in the technology, providing the location of all its vehicles in Alameda County in a matter of seconds.

AMR values the relationships of public and private partnerships; recognizing that a solid cooperative relationship between the public and private sectors, maximizes services and benefits the citizens and communities served.

Although there have been many ongoing advancements with AMR in Alameda County, there are, and will be in the future, challenges within the national healthcare industry and EMS. This largely results from continued decreasing reimbursement at the federal and state levels. As an example, in two years Medicare reimbursement will be approximately 27 percent below the national average cost of providing paramedic ambulance services. MediCal recently announced a five percent decrease in its reimbursement for emergency and non-emergency ambulance services. AMR continually works with federal and state governments, on behalf of Alameda County’s 911 patients, stressing the needs and importance of paramedic and ambulance service to members of Congress, and the California Senate and Assembly.

As communities become more equipped to respond to major public health emergencies or terrorist attacks, the role for ambulance providers such as American Medical Response becomes even more challenging. The California Ambulance Association recently advised that in the event of a natural disaster, terrorist attack or biological attack, private ambulance providers would be responsible for approximately 90 percent of emergency medical transports in California.

As the largest ambulance provider in the country, American Medical Response is committed to continually educate, and inform lawmakers about how critical issues, decisions and services impact their specific district. With frequent communication of key messages, it is AMR’s hope that policymakers will have a better understanding of the specific needs of patients and the effects those decisions have in the community.
Alta Bates Summit Medical Center

Strength Through Unity

Alta Bates Summit - Health Care The Community Can Count On

In recent years, doctors and hospitals have faced enormous challenges. In addition to the ever-increasing number of uninsured and rising costs with lower reimbursements, we are faced with an aging physician population and a severe nursing shortage. Unfunded state mandates, such as SB1953, which requires extensive seismic retrofitting of all acute care facilities in California by 2008 and AB 394, which mandates nurse staffing ratios, add additional financial burdens to our already struggling health care delivery system.

In 1999, Summit Medical Center, Alta Bates Medical Center, and Sutter Health sought to help meet the health care challenges by joining forces to create a sound, progressive, not-for-profit medical center our community can count on for generations to come. As Alta Bates Summit Medical Center comes to the end of its third year of serving the community together, we’re not merely surviving--we’re helping to set new standards for care through initiatives designed to enhance the health and well-being of people in the community we serve.

Alta Bates Summit’s efforts to address health disparity in our community have been especially effective through the work of our Ethnic Health Institute (EHI). EHI works closely with the Alameda County Department of Public Health and hundreds of other collaborative partners to reach out to minority and underserved populations, informing them of health problems and encouraging regular screenings before illness strikes. EHI focuses on four primary health issues: hypertension, cancer, asthma and diabetes.

Alta Bates Summit is also able to tap into Sutter Health network’s extensive clinical resources and medical expertise. By working together, we’ve been able to improve early detection and treatment of breast cancer, enhance the quality of life for people with congestive heart failure, and improve care for first-time moms.

Currently we are working with our health-care community to further develop our Women and Infants Center of Excellence. With more than 10,000 births a year Alta Bates Summit is repeatedly recognized for maternity care. Over the next two years, the medical center will invest over $15 million to enhance this service. Our long-range plan includes transferring Obstetrics Services (Labor and Delivery and Newborn Care) from the Summit Campus to our Alta Bates Campus, and upgrades such as a family resource center and private rooms for many postpartum patients. Other investments include major renovation of both the Alta Bates and Summit Emergency Departments, development of a comprehensive Breast Health Center, and expansion of cardiovascular services at the Summit campus.

While Alta Bates Summit is part of Sutter Health, we still maintain our independence. Sutter doesn’t own or operate Alta Bates Summit. It’s up to our local Board of Trustees - composed of community leaders and physicians - to make decisions about responding to the needs of our local communities. So we’re able to offer our patients the best of both worlds - access to the Sutter network’s medical expertise and leading-edge technology, as well as the personal attention of a local community hospital.

In the three years since the Alta Bates Summit affiliation was completed, our vision has quickly taken shape. With three campuses, two acute-care hospitals and emergency departments, birthing services, and an array of the most advanced specialty services, Alta Bates Summit will continue to build on our strengths and seek out new ways to serve our community.
Alameda Health Consortium

The Alameda Health Consortium is the association of community-based health centers that work together and support the involvement of our communities in achieving comprehensive, accessible health care and improved health outcomes for everyone in Alameda County. For over thirty years we have provided various services including policy and planning, advocacy, program development and implementation, training, and technical assistance for our eight member clinics. The Consortium maintains a strong focus on promoting policies that increase access to health care, linking individuals and families with health insurance and reducing racial and ethnic health disparities.

The Consortium’s policy, advocacy, and program activities have resulted in our becoming a credible, trusted leader in promoting and improving the quality of health care for our communities. Our vigorous pursuit of community alliances and our dedication to collaborative efforts help eliminate duplication of services and ensure that we will continue to deliver affordable, coordinated services that honor both the health care needs and the cultures of those we serve.

Our member clinics are:
- Asian Health Services
- La Clinica de La Raza
- LifeLong Medical Care
- Native American Health Center
- Tiburcio Vasquez Health Center
- Tri-City Health Center
- Valley Community Health Center
- West Oakland Health Council

87% of clinic patients are low-income, 83% are people of color, over half are uninsured, and about 52% of clinic patients speak in a primary language that is not English. Our member CBO clinics, which have a language capacity that exceeds 25 spoken and eight written languages, provide a wide array of services including primary care, health education, support services, dental health, and mental health. Medical services are provided not only at clinics but also at Single Residency Occupancy hotels, senior centers, and nursing homes. Clinics have specialized services in a variety of areas including Hepatitis C, HIV, rheumatology, TB, teen health, acupuncture, substance abuse recovery, optical, and geriatrics. One clinic has a fitness center to meet the fitness needs of the community. All clinics have eligibility and enrollment services to link individuals with health insurance programs and also participate in Consortium-wide chronic disease management program focusing on diabetes and asthma.

Our clinics have successfully eliminated racial and ethnic health disparities among clinic patients in the area of diabetes. CBO clinics have enrolled over 5,000 patients in various health insurance programs in the past two and a half years. CBO clinics are also responsible for nearly half of the Medi-Cal applications processed by Alameda County.

Our member CBO clinics are recognized as a national model for the delivery of quality and cost-effective health care.
ACMC: Here to Serve All County Residents

Alameda County Medical Center (ACMC) is the network of public hospitals and clinics that works to maintain and improve the health of all Alameda County residents, regardless of their ability to pay. Our flagship campus is Highland Hospital in Oakland, a 236-bed teaching hospital that has served county residents since 1927. ACMC also operates John George Psychiatric Pavilion and Fairmont Hospital in San Leandro, and clinics in Oakland, Hayward and Newark.

ACMC is the backbone of Alameda County’s health care “safety net,” providing care to 125,000 persons each year, in 27 different languages. Most of our patients lack private health insurance. ACMC contracts with the county to provide care for individuals enrolled in the County Medically Indigent Services Plan. Other patients may be covered by Medi-Cal, Medicare or Workers’ Compensation.

Thousands of our patients have no payer source at all. ACMC and Alameda County are challenged to find resources to continue to serve this growing segment of the community.

Highland Hospital, the Trauma Center for adults in northern Alameda County, handles up to 2,000 trauma injuries annually, about 60% of the county-wide total. Other area emergency rooms typically do not handle the severe injuries treated at Highland, where a general surgeon is on-site 24 hours a day.

Highland also operates the East Bay’s busiest emergency room, with 70,000 visits per year. In early 2004, the trauma service and emergency department will move into spacious and modern quarters in the brand-new Koret Critical Care and Clinical Center.

ACMC’s John George Psychiatric Pavilion offers 80 inpatient beds and Psychiatric Emergency Services. The multi-disciplinary staff at John George is highly skilled in the diagnosis and treatment of complicated patients. The same is true of the 109-bed skilled nursing facility at Fairmont Hospital, where some residents have neuromuscular, behavioral or substance abuse issues that can make it difficult to find appropriate care in private nursing homes.

In addition to acute and long-term care services, ACMC provides rehabilitation services at Fairmont, and a complete range of outpatient clinics at Highland and the three free-standing health centers. Outpatient services, totaling more than 200,000 office visits per year, range from adult and pediatric general medicine and dentistry to specialty clinics for people with HIV/AIDS, cancer, diabetes and asthma.

Looking to the Future: Enhancements and Challenges

ACMC is preparing to open a new 140,000 square foot building on the Highland campus that includes improved facilities for emergency and trauma care, surgery, pharmacy, radiology, and outpatient clinics. We also are stepping up our commitment to serving the diverse cultures of Alameda County by implementing ground-breaking technology for Videoconferencing Medical Interpretation. This service reduces waiting times for patients with limited English proficiency by providing language interpretation via live, two-way digital video.

As the county’s key safety net medical provider, Alameda County Medical Center expects to have a growing role in the local health care scene as the number of uninsured and medically needy residents continues to climb. Unfortunately, support for public hospitals from the federal and state governments is declining, at the same time that patient needs and hospital costs are rising sharply. The Medical Center’s leadership and Alameda County Supervisors are seeking short- and long-term solutions to strengthen ACMC’s financial position so that the institution can continue to enhance the health of Alameda County residents.
Kaiser Permanente: A Health Care Leader

Kaiser Permanente is America’s leading integrated health plan. Founded in 1945, it is a nonprofit, group practice prepayment program with headquarters in Oakland, California. Kaiser Permanente serves the health care needs of over 8.2 million members in 9 states and the District of Columbia. In Northern California, it cares for 3.1 million members, including more than 530,000 members in the East Bay. Kaiser Permanente provides services ranging from health education, online information, and preventive services to neonatal intensive care, sports medicine, and specialized surgical procedures.

In the East Bay, Kaiser Permanente offers a wide array of services at its Fremont, Hayward, Oakland, and Richmond medical centers, along with medical offices in Union City, Alamed, and other locations. Kaiser Permanente’s Hayward Medical Center, recognized as a “Baby Friendly” hospital by the World Health Organization and UNICEF, is in the midst of a major renovation of the Labor and Delivery wing. The Fremont Medical Center’s technologically advanced hospital opened in late 2002. It serves one of the largest deaf populations in California and has a variety of services to accommodate that population. The Oakland Medical Center is home to outstanding departments, such as the Regional Genetics Program and Pediatric Neurosurgery, and also has a world-class spine surgery department. The Richmond Medical Center has the award-winning Family Violence Prevention Program, a comprehensive program to prevent and reduce domestic violence that began in 1998.

Kaiser Permanente’s mission is to provide affordable, quality health care services and to improve the health of the communities it serves. Looking beyond its own walls, Kaiser Permanente has formed partnerships with community-based organizations to improve overall health. Under a statewide agreement with primary care clinics, Kaiser Permanente hopes to help strengthen the health care “safety net” by enhancing quality of care, improving access to care for uninsured and underinsured patients, and promoting operational efficiency in community primary care clinics. Through collaborative projects, Kaiser Permanente, will provide clinical, technical and management expertise and financial support to the clinics. In another unique partnership with the Bay Area Black United Fund (BABUF) and other nonprofit agencies, Kaiser Permanente is working to increase awareness about health disparities affecting the African-American Community within the Bay Area. The YMCA of the East Bay and Kaiser Permanente are also working together to address the growing epidemic of childhood obesity. This partnership will integrate Kaiser Permanente’s health care and health education expertise with the YMCA’s healthy lifestyle, youth, and community development expertise to create programs and activities that will encourage positive health behaviors and outcomes for children and families.

Outside experts have given Kaiser Permanente high marks in recent quality measurement and member satisfaction surveys. The National Committee for Quality Assurance (NCQA), an independent agency considered the “gold standard” for quality assessment, singled out Kaiser Permanente in its list of best programs in the Pacific states. Kaiser Permanente received more “top 10 percent” ratings than all other health plans in California combined on the California Cooperative Healthcare Reporting Initiative’s (CCHRI) Report on Quality 2003. For the seventh straight year, no other health plan has earned higher ratings from CCHRI than Kaiser Permanente. In addition, Kaiser Permanente had the highest rating for member satisfaction among health plans surveyed by the California Public Employees’ Retirement System (CalPERS). On the CalPERS 2003 Quality Report, Kaiser Permanente received more top scores for effectiveness of care than any other health plan.
One of the most pressing matters before the people of California is rescuing our healthcare system by reversing the trends that threaten to undermine the health and general welfare of individuals, our families and our communities. For us today there is:

- A crisis of affordability. While the cost of acquiring health services continues to escalate, a grossly unequal system of healthcare is evolving with millions of people finding needed care unattainable.
- A crisis of accessibility. While “boutique” and specialized facilities designed to treat those of ample means spread, hospitals and healthcare delivery services are being closed or cutback from one end of the state to the other.
- A crisis of public health availability. The public health services that attend to the neediest amongst us and provide a response to natural disasters and threats such as bio-terrorism are being curtailed. The closure of clinics and medical centers – as in Alameda County – is a reflection of this dangerous trend.
- A crisis in the quality of healthcare services. There is the national ever-present and growing danger from medical errors. Meanwhile, market-driven measures are being undertaken which increasingly restrict access to specialized care, limit hospital stays and price needed medications out of the reach of many.

A crisis of quality healthcare delivery. Healthcare professionals and healthcare workers’ determination to deliver safe, quality healthcare are being undermined. As the result of a decade-long campaign by the California Nurses Association, California recently enacted new regulations setting would set minimum nurse-to-patient staffing ratios which are slated to become effective at the first of next year. Now, a costly and misleading campaign is underway to prevent the implementation of the new safe hospital staffing law.

Ultimately, the effort to adequately fund the Medical Center and other public health facilities in Alameda County require a comprehensive approach, rather than incremental or stopgap approaches. What California, the nation and our communities need now is a universal “single-payer” healthcare system with a single standard of care.

The 55,000 members of the California Nurses Association are dedicated to making that objective a reality and join with others in the community committed to that end.
**We are the place for kids.**

A child's right to healthcare is universal. But kids can't vote, they have no political voice. It is up to the adults who care about children to protect the rights of our kids and make sure that every child receives the best care possible. For more than 90 years, Children's Hospital & Research Center at Oakland has fulfilled that role in our community. It is the medical center of choice for families facing serious illnesses and traumatic injuries. It is also the only medical safety net for local children whose families cannot otherwise afford even basic healthcare; Children's Hospital has never turned away any child from the community for lack of ability to pay.

**What we do:**

The region's only freestanding hospital just for kids, Children's meets the healthcare needs of more than 175,000 kids a year, from the most fragile premature infants to towering teenagers. Our world-renown pediatric research in common childhood illnesses, such as cancer, diabetes, and asthma, also benefits countless children and families around the world. At the local level, Children's responds to the specific needs of the community with multifaceted outreach and educational programs.

**We serve your community with:**

- The only pediatric Emergency Department in the Bay Area, treating more than 50,000 patients each year.
- The busiest pediatric Intensive Care Unit in the state.
- The designated high-risk nursery for Alameda and Contra Costa counties.
- The largest diabetes diagnosis and treatment center in Northern California.
- A comprehensive pediatric HIV/AIDS program.
- Leading neurosurgery and cardiac surgery programs.
- The Bay Area's major pediatric orthopedic program.
- A nationally certified cystic fibrosis treatment center.
- The Bay Area's only pediatric cardiopulmonary sleep lab.
- The only federally-funded sibling donor cord blood program in the United States.
- The country's largest, most innovative sickle cell disease and thalassemia treatment and research programs.
- The Blood and Marrow Transplant program that delivered the first cure of alpha thalassemia major in North America.
- Comprehensive asthma treatment, research, education, and outreach programs.
- Internships in the health sciences for underserved youth.
- The interactive Hall of Health museum, a community resource for health education.

**What you can do:**

- **Call on us when you need us.** We are here to make sure your child receives the best care. Look in the sidebar for important contact information.
- **Learn more** about kids' health and our hospital by visiting www.childrenshospitaloakland.org.
- **Volunteer** to assist staff in providing a wide range of services to patients and families. To learn about volunteer opportunities, call 510-428-3471.
- **Become a donor.** The generosity of our benefactors allows us to continue providing care to all who need it. For more information, call 510-428-3814.
- **Stand up for children's rights to quality healthcare.** Join our advocacy efforts. Write, call, or email your legislators and elected officials. Let them know that you believe, as we do, that every child deserves the opportunity to grow up healthy and to be all she or he can be.
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**ACCESS**  
A Newsletter for the District 5 Community  
Winter 2004

**HEALTH CARE ISSUE**

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1. As a resident of Alameda County, what is the most perplexing aspect of the health care delivery system to you?

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2. What is one thing you would do to improve health care services to you and your family in Alameda County?

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3. Of the areas covered in this newsletter, what subjects would you like more information about?

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________________________________________________________________________________________

________________________________________________________________________________________

4. Where do you receive your health care?

☐ I can't afford health care  
☐ Alta Bates Summit  
☐ Kaiser  
☐ Community Clinic  
☐ Emergency Room

5. Would you like more information about our 2004 Health Care Town Hall meeting?  ☐ Yes  ☐ No  
If yes, please fill out your mailing address:

Name ____________________________

Street Address ____________________________

City/State/Zip ____________________________

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Thank You!