

CALIFORNIA Health Care Almanac



JUNE 2021

California's Health Care Safety Net: Essential Access for Millions

Executive Summary

The health care safety net consists of the programs and providers that serve Californians with low incomes. The largest safety-net program in the state is Medi-Cal, which provides health insurance coverage to most legal residents earning less than 138% of the federal poverty level. Many Californians earning more than this threshold have gained subsidized insurance through Covered California, the state's health insurance exchange.

Safety-net health care providers have a legal mandate or explicit mission to provide care for patients who have low incomes and/or are uninsured. These providers include various types of hospitals, clinics, and private doctors, many of whom have seen increased demand for their services in recent years.

California's Health Care Safety Net: Essential Access for Millions presents data on the providers and programs that compose California's safety-net system.

KEY FINDINGS INCLUDE:

- Federally Qualified Health Centers (FQHCs) are an important component of the state's safety net. The number of patients receiving care at FQHCs increased by 60% between 2013 and 2019. FQHCs saw 5.3 million patients in 2019, up from 3.4 million in 2013. The number of organizations serving these patients increased by nearly 40%.
- Nearly two-thirds of FQHC patients were covered by Medi-Cal in 2019.
- Community health center margins, though still positive, have declined since 2016. The median margin was 6.5% in 2016 but only 2.5% in 2019.
- Between 2015 and 2019, both nonprofit and investor hospitals served more Medi-Cal members, with increases in inpatient days and outpatient visits.

See current and past editions of California's Health Care Safety Net at www.chcf.org/collection/californias-safety-net-almanac.

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Defining Safety-Net Programs and Providers

The Programs

Safety-net programs, which typically use income to determine eligibility, include the following:

- **State.** Medi-Cal, Restricted-Scope Medi-Cal, and Children's Health Insurance Program (CHIP)
- **County indigent.** Also known as Medically Indigent Adult (MIA) programs
- **Episodic.** Breast and Cervical Cancer Treatment Program; Child Health and Disability Prevention Program; Family Planning, Access, Care and Treatment (PACT); and California Children's Services
- **Covered California.** The state's health insurance exchange established under the Affordable Care Act (ACA)
- **Low-income, nongovernment.** Kaiser Permanente Child Health Program

The Providers

The safety net includes health care providers that by legal mandate or explicit mission provide care for patients who have low incomes and/or are uninsured:

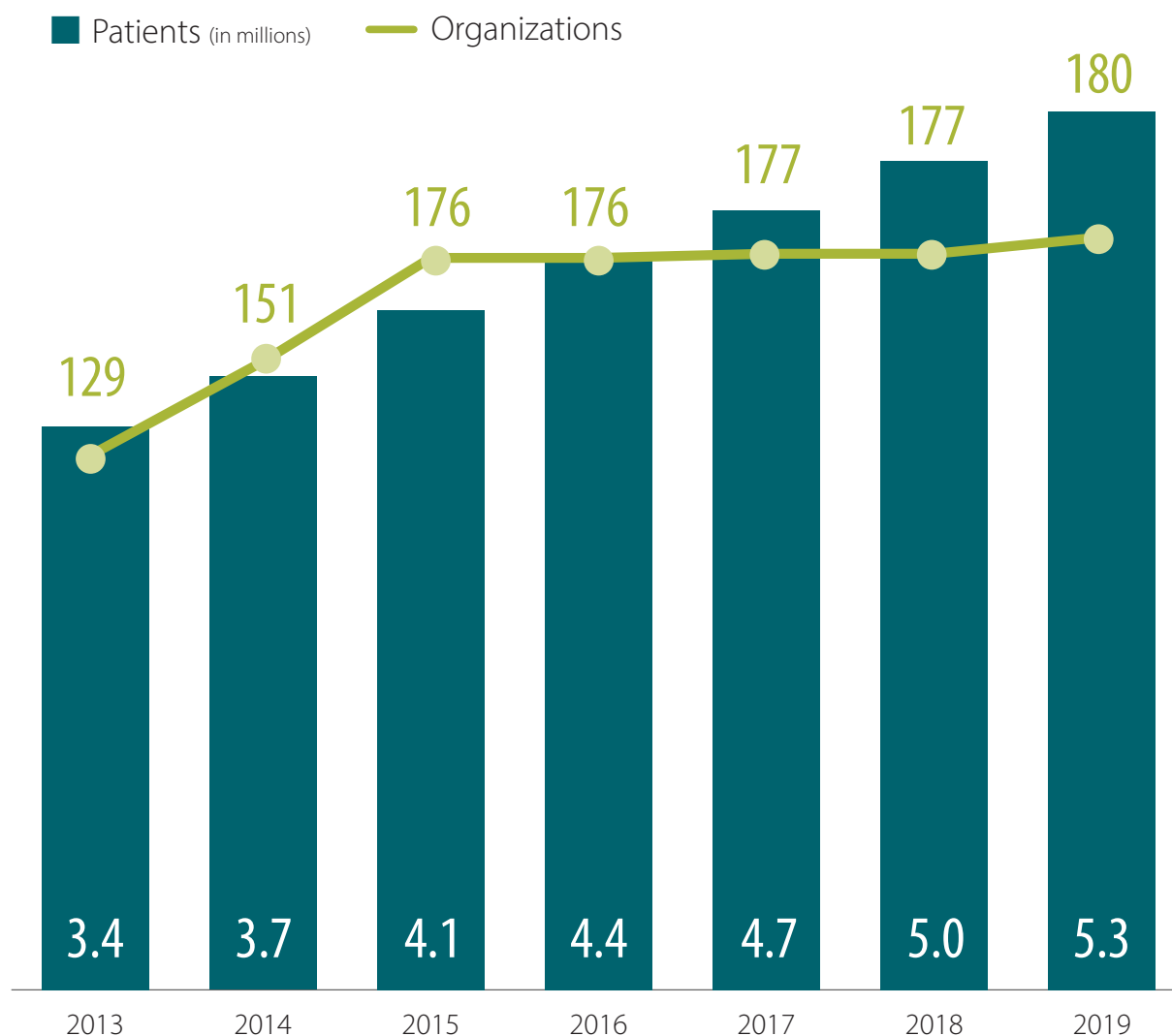
- **Hospitals.** City/county, nonprofit, investor, and district hospitals with county or Medi-Cal contracts and/or designated as critical access or disproportionate share hospitals
- **Clinics.** Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, community clinics, county clinics, free clinics, and other non-FQHC clinics
- **Private doctors.** Contracted care and charity care

The safety net is composed of diverse health care programs and providers.

Note: See glossary on page 27 for more detailed information.

Federally Qualified Health Centers

Patients and Organizations, California, 2013 to 2019



Notes: *FQHC* refers to Federally Qualified Health Centers. Data do not include FQHC Look-Alikes. *Patients* includes those who visited an FQHC during the relevant time period. Patients who visited multiple clinic networks may be counted more than once.

Source: Uniform Data System (2013–19), Health Resources and Services Administration.

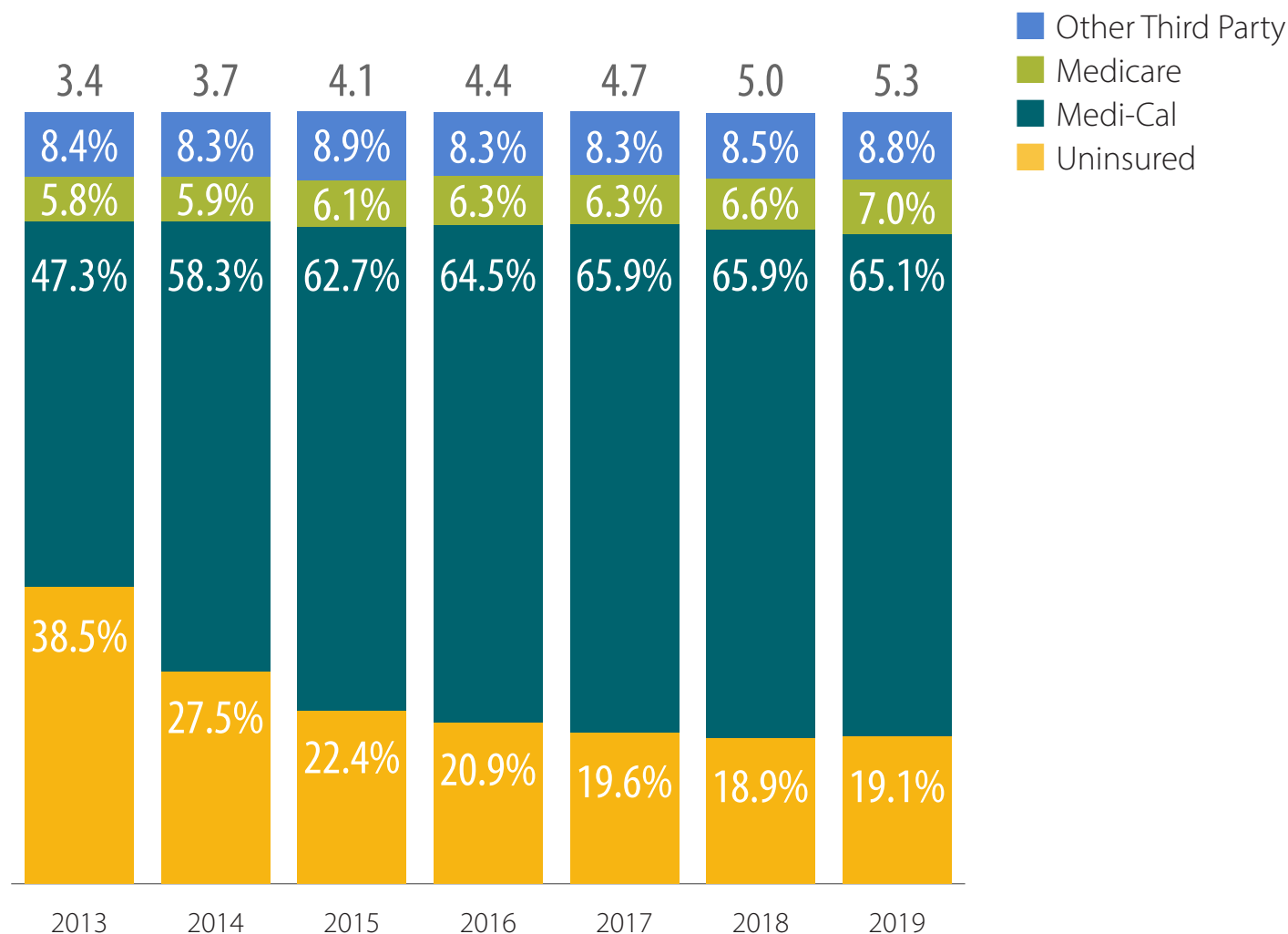
California's Health Care Safety Net

Federally Qualified Health Centers

Since 2013, the number of Federally Qualified Health Center patients has risen steadily. The number of organizations serving these patients increased by nearly 40% over this period, with most of this growth occurring in 2014 and 2015.

Federally Qualified Health Center Patients

by Payer, California, 2013 to 2019



California's Health Care Safety Net

Federally Qualified Health Centers

Between 2013 and 2019, the number of patients seen at Federally Qualified Health Centers increased from 3.4 million to 5.3 million. During that time, the percentage of patients with Medi-Cal increased from 47% to 65%, while the percentage of patients who were uninsured decreased from 39% to 19%.

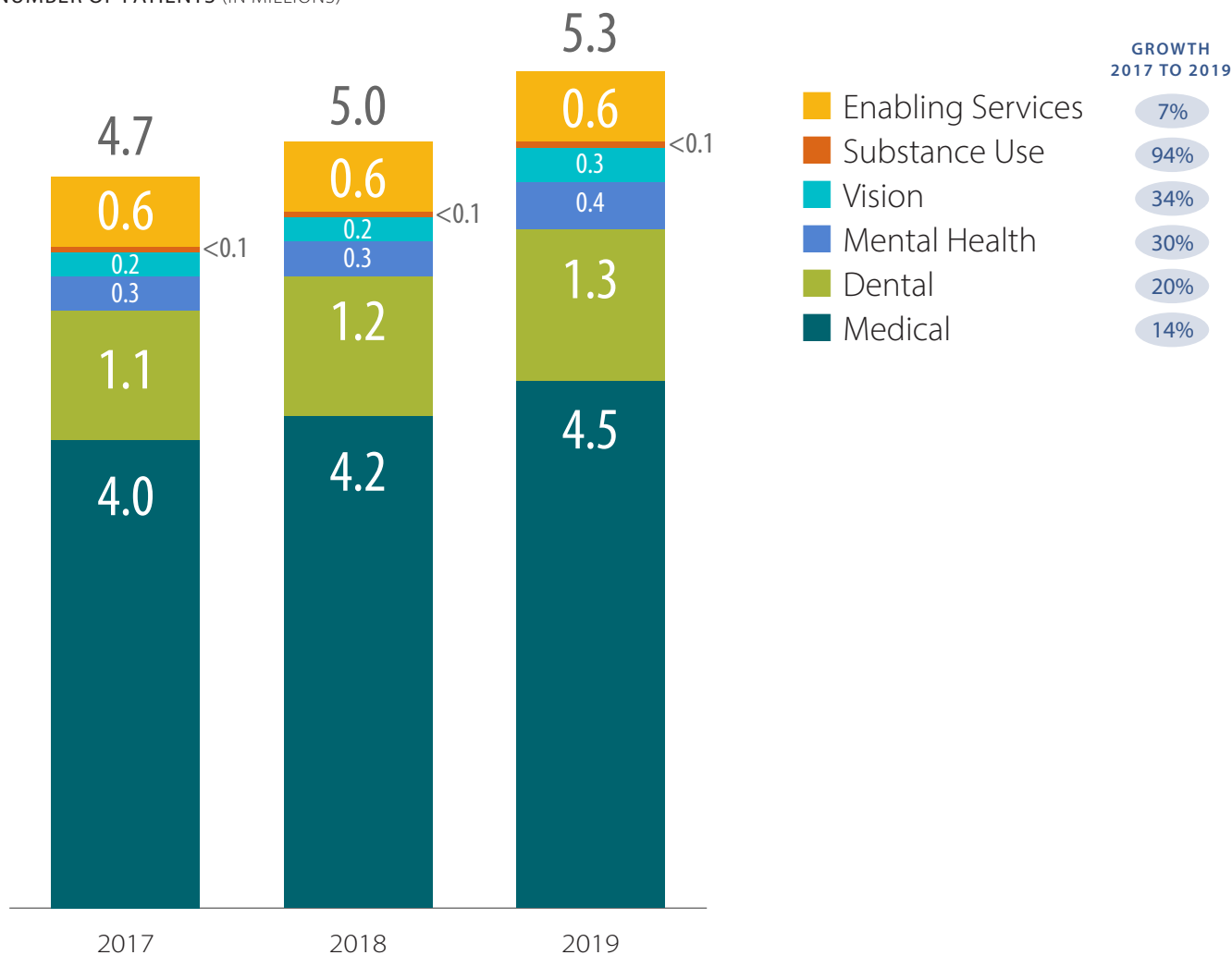
Notes: FQHC refers to Federally Qualified Health Centers. Data do not include FQHC Look-Alikes. *Medi-Cal* includes Medicaid, Medicaid/CHIP, and other public insurance CHIP. *Medicare* includes dually eligible (those eligible for both Medicare and Medi-Cal). *Other third party* includes all other public and private insurance.

Source: Blue Sky Consulting Group analysis of the Uniform Data System (2013–19), Health Resources and Services Administration.

Federally Qualified Health Center Patients

by Service Type, California, 2017 to 2019

NUMBER OF PATIENTS (IN MILLIONS)



Notes: FQHC refers to Federally Qualified Health Centers. Data do not include FQHC Look-Alikes. *Enabling services* include case management, patient/community education, eligibility assistance, transportation, interpretation, and other services.

Source: Uniform Data System (2017–19), Health Resources and Services Administration.

California's Health Care Safety Net

Federally Qualified Health Centers

Federally Qualified Health Centers have experienced growth in patients in nearly all service types. While the largest increase in number of patients was for medical services, the largest growth rate was for substance use disorder services.

Federally Qualified Health Center Patients

Selected Populations, California, 2019

PERCENTAGE OF TOTAL PATIENT POPULATION

Agricultural Workers or Dependents



People Who Were Homeless



Residents in Public Housing



Students



Veterans



Notes: *FQHC* refers to Federally Qualified Health Centers. Data do not include FQHC Look-Alikes. The categories are not mutually exclusive — a person could be included in multiple categories (e.g., veterans and residents in public housing). *Students* refers to "school-based health center patients." *Residents in public housing* refers to "total patients served at a health center located in or immediately accessible to a public housing site."

Source: Uniform Data System (2019), Health Resources and Services Administration.

California's Health Care Safety Net

Federally Qualified Health Centers

One in 10 patients served by Federally Qualified Health Centers was an agricultural worker or dependent, 7% were people who were homeless, and 6% were served by a clinic accessible by residents living in public housing.

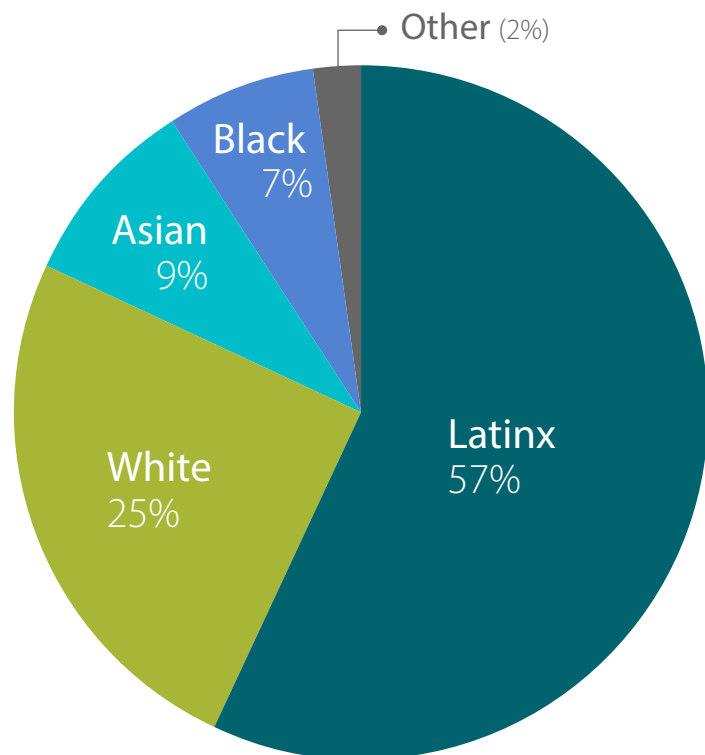
Federally Qualified Health Center Patients

by Race/Ethnicity and Income, California, 2019

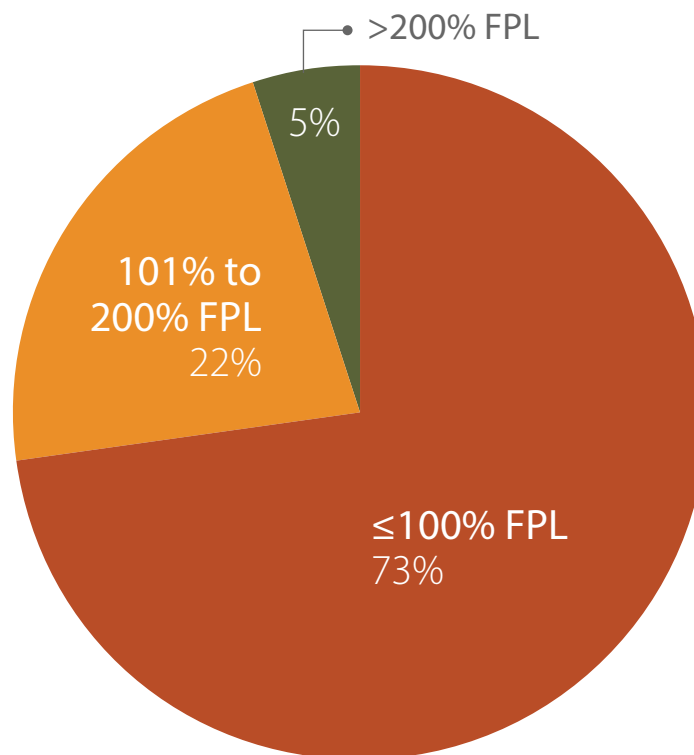
California's Health Care Safety Net

Federally Qualified Health Centers

Race/Ethnicity



Income



Latinx patients accounted for over half of all Federally Qualified Health Center patients with a known race/ethnicity. Nearly three out of four patients with known incomes earned no more than the federal poverty level.

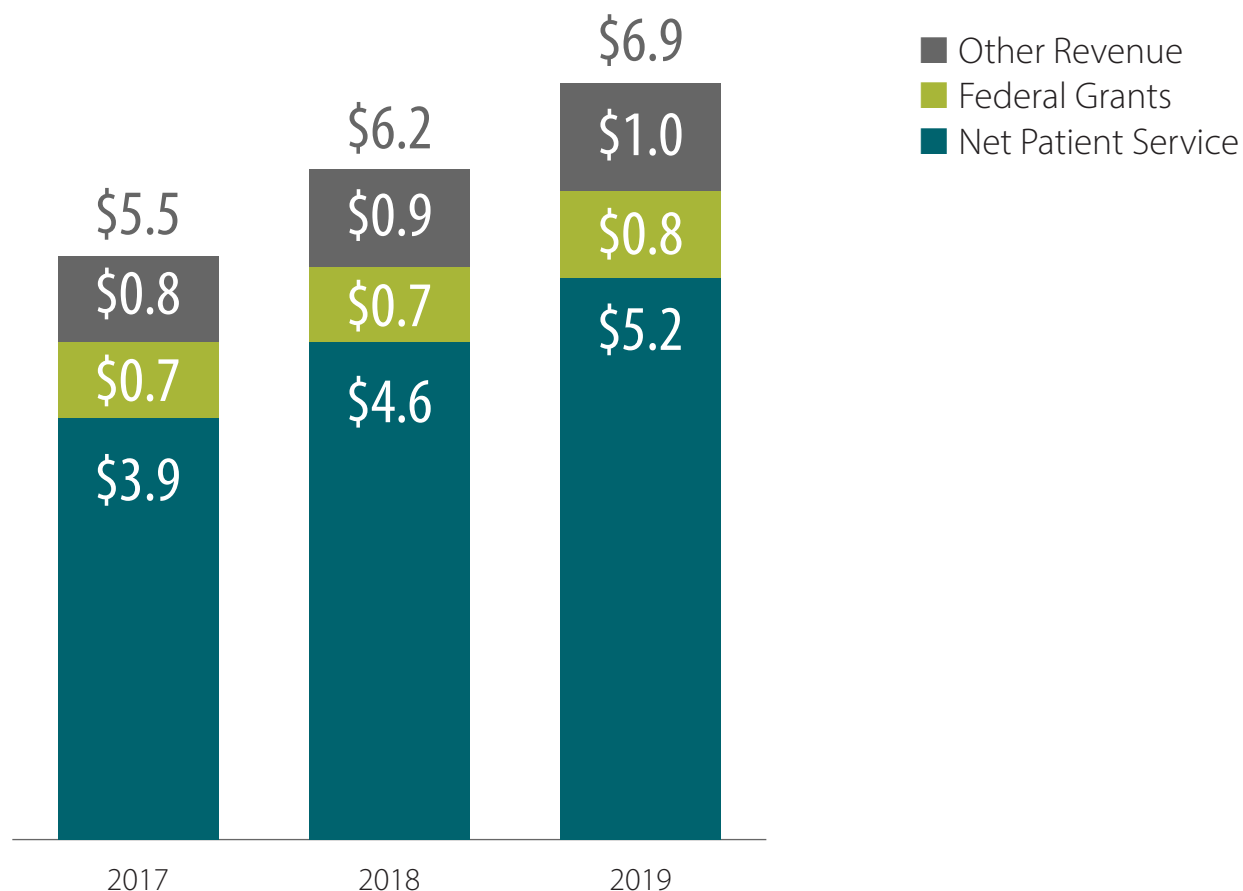
Notes: FQHC refers to Federally Qualified Health Centers. Data do not include FQHC Look-Alikes. Other includes Native Hawaiian / Other Pacific Islander, American Indian / Alaska Native, and More than one race. White, Black, Asian, and Other exclude those reported as Hispanic/Latino. Data exclude patients for which race/ethnicity (20%) and income (18%) were unknown. Source uses Hispanic/Latino and Black / African American. The federal poverty level (FPL) in 2019 was \$12,140 for a single person and \$25,100 for a family of four.

Source: Blue Sky Consulting Group analysis of the Uniform Data System (2019), Health Resources and Services Administration.

Federally Qualified Health Center Revenue

by Source, California, 2017 to 2019

DOLLARS (IN BILLIONS)



Notes: FQHC refers to Federally Qualified Health Centers. Data do not include FQHC Look-Alikes. Other revenue includes nonfederal grants and contracts and non-patient-related revenue. Totals may not sum due to rounding.

Source: Blue Sky Consulting Group analysis of the Uniform Data System (2017-19), Health Resources and Services Administration.

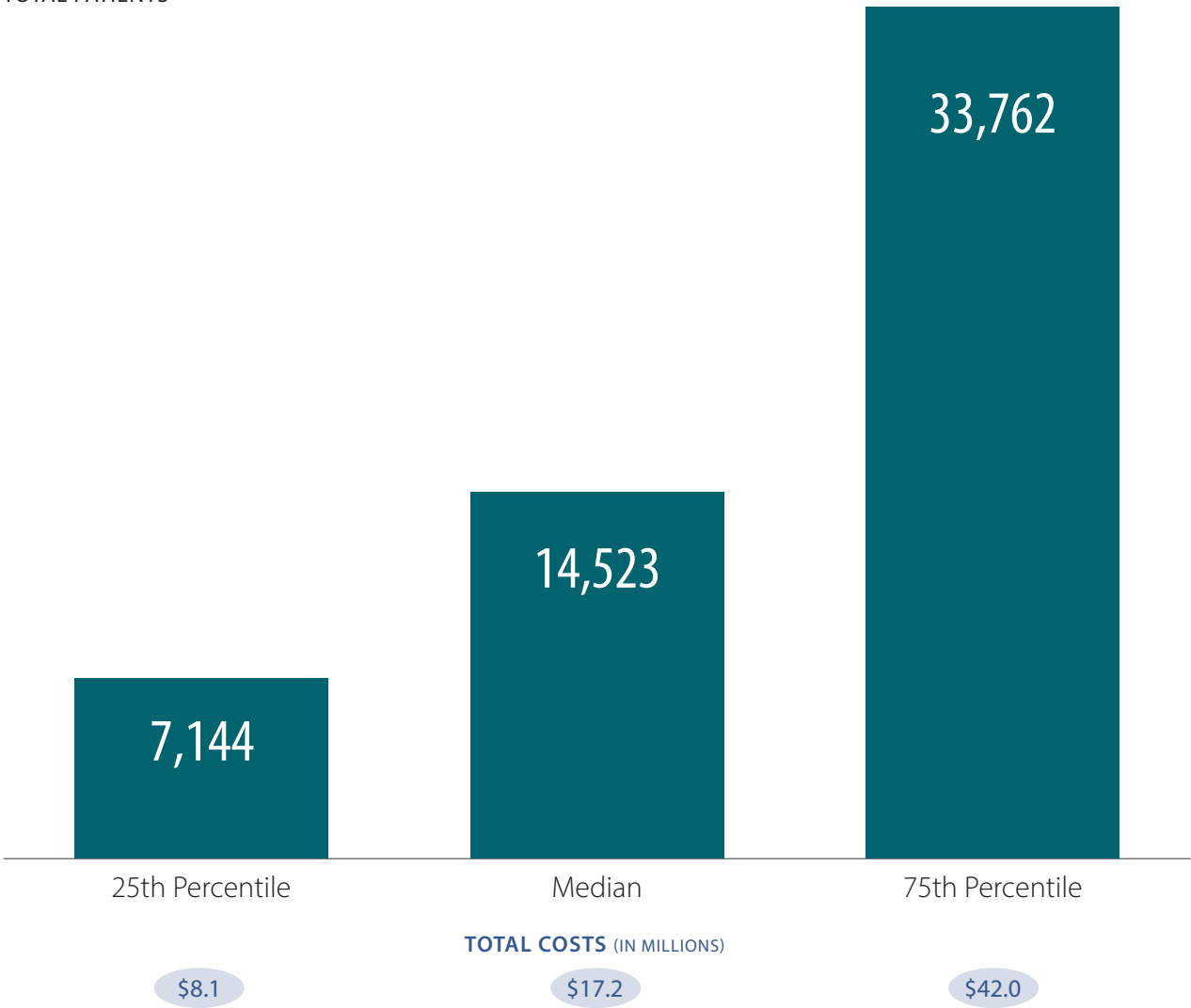
California's Health Care Safety Net

Federally Qualified Health Centers

Net patient revenue accounted for the majority of the increase in total revenue between 2017 and 2019. During the same time the number of patients seen at Federally Qualified Health Centers increased (see page 4).

Federally Qualified Health Center Total Patients and Total Costs by Percentile, California, 2019

TOTAL PATIENTS



California's Health Care Safety Net
Federally Qualified Health Centers

Federal Qualified Health Centers varied in size, from clinics that saw about 1,250 patients in a year to those that saw more than 250,000 patients. The median was 14,523 patients and \$17.2 million in total costs in 2019.

Note: FQHC refers to Federally Qualified Health Centers. Data do not include FQHC Look-Alikes.
Source: Blue Sky Consulting Group analysis of the Uniform Data System (2019), Health Resources and Services Administration.

Federally Qualified Health Center Quality Measures

Selected Measures, California and United States, 2019

■ California ■ United States

Percentage of children 2 years of age who received age-appropriate vaccines by their 2nd birthday



Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication



Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer



Percentage of patients with Early Entry into Prenatal Care (first visit in first trimester)



Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented



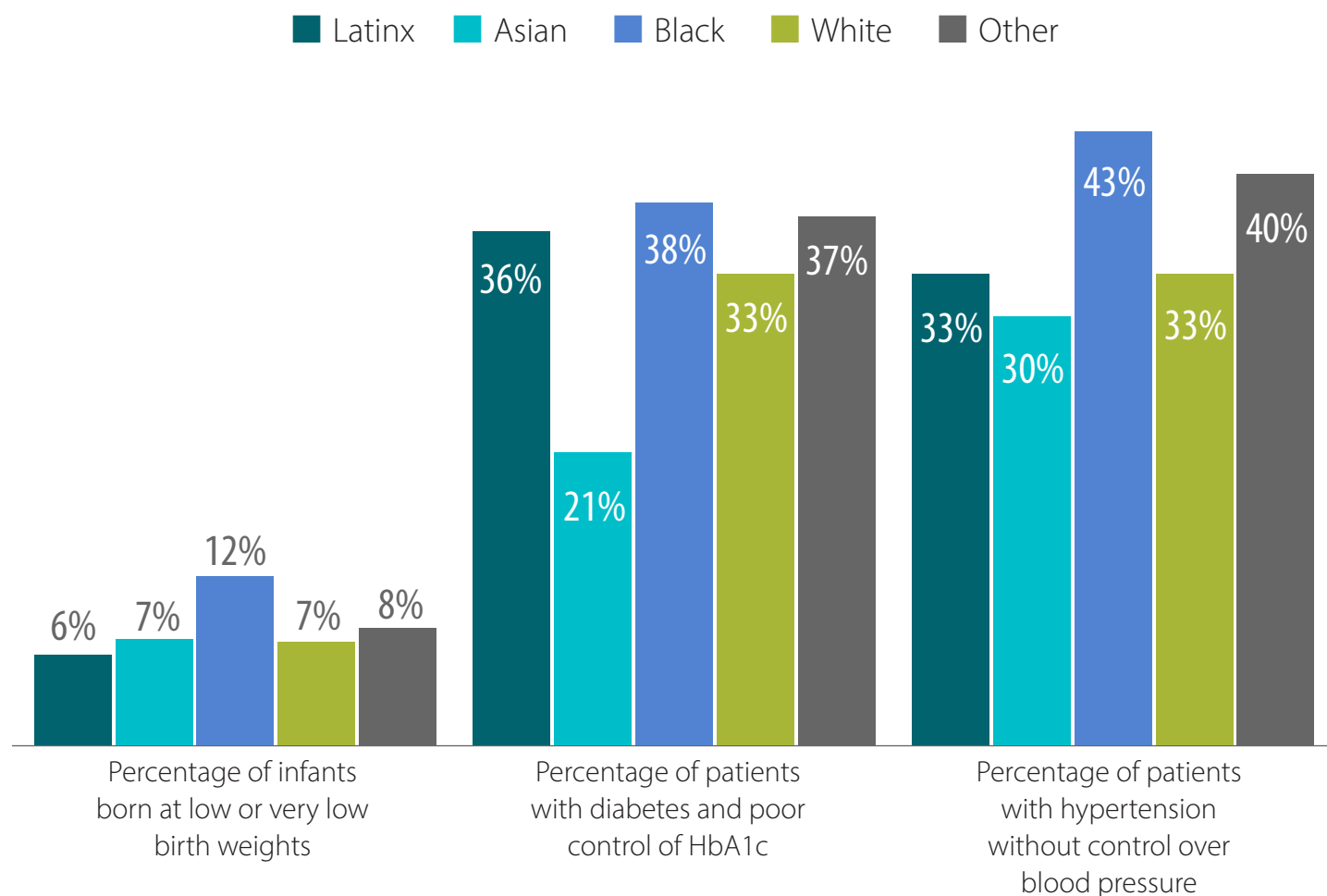
California's Health Care Safety Net
Federally Qualified Health Centers

Across a range of quality measures, the performance of California's Federally Qualified Health Centers was in line with national averages.

Source: Uniform Data System (2019), Health Resources and Services Administration.

Federally Qualified Health Center Patient Health Outcomes

Selected Outcomes, by Race/Ethnic Group, California, 2019



California's Health Care Safety Net

Federally Qualified Health Centers

Unequal health outcomes exist for patients among racial and ethnic groups served by Federally Qualified Health Centers. One in eight Black infants was born at low or very low birth weight. Among patients with diabetes, a slightly higher proportion of Latinx and Black patients were estimated to have poor control of blood sugar levels. Black patients with hypertension were less likely to have blood pressure under control than other races/ethnicities.

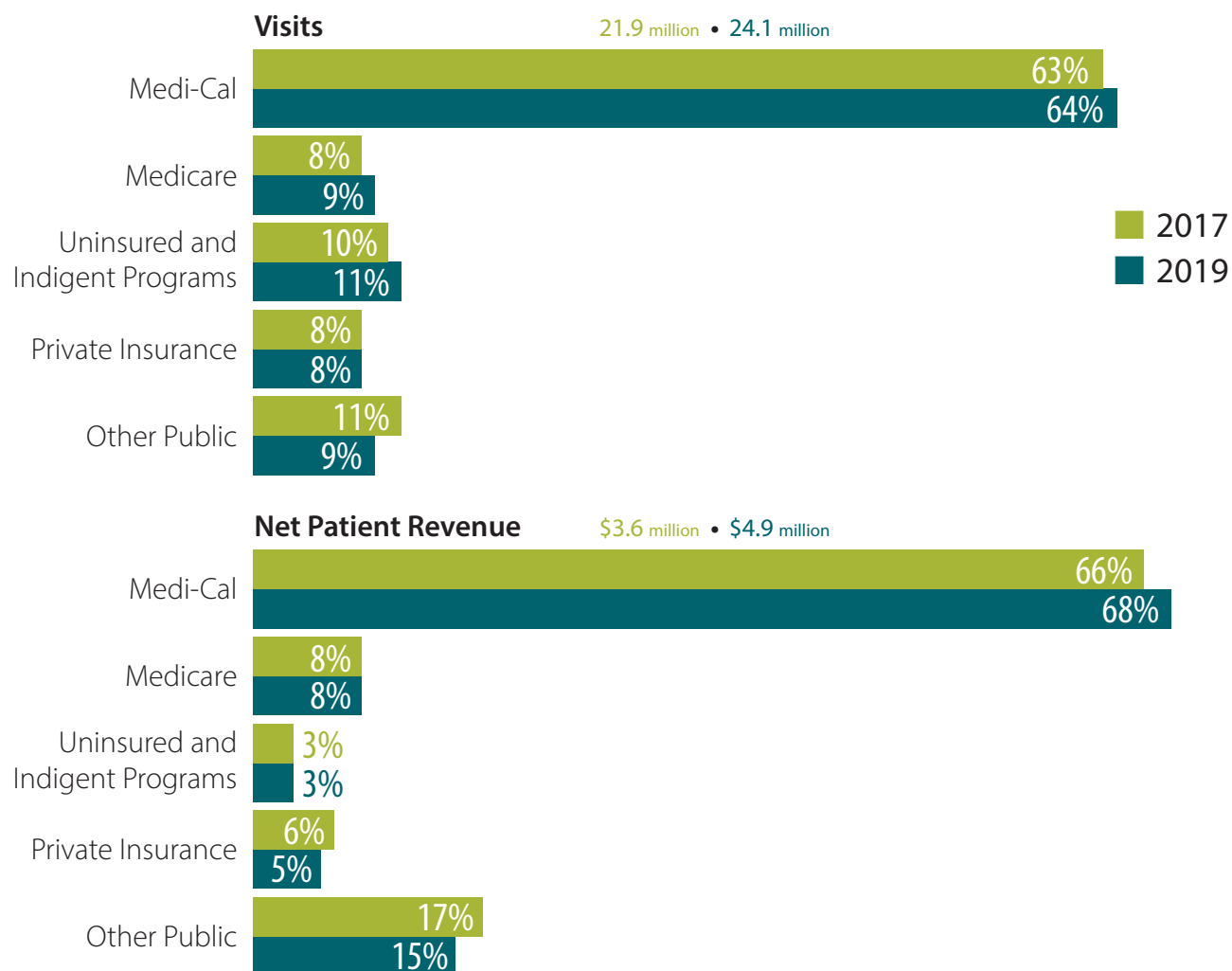
Notes: *Other* includes Native Hawaiians, other Pacific Islanders, American Indians / Alaska Natives, and those of more than one race. Source uses *Hispanic/Latino* and *Black / African American*. The *Asian*, *Black*, *White*, and *Other* categories include only non-Hispanic/Latinx.

Source: Blue Sky Consulting Group analysis of the *Uniform Data System (2019)*, Health Resources and Services Administration.

Community Clinic Visits and Patient Revenue

by Payer, California, 2017 and 2019

Between 2017 and 2019, community clinics experienced a 10% increase in visits and a 36% increase in net patient revenue. The payer mix of visits and revenue was relatively unchanged.



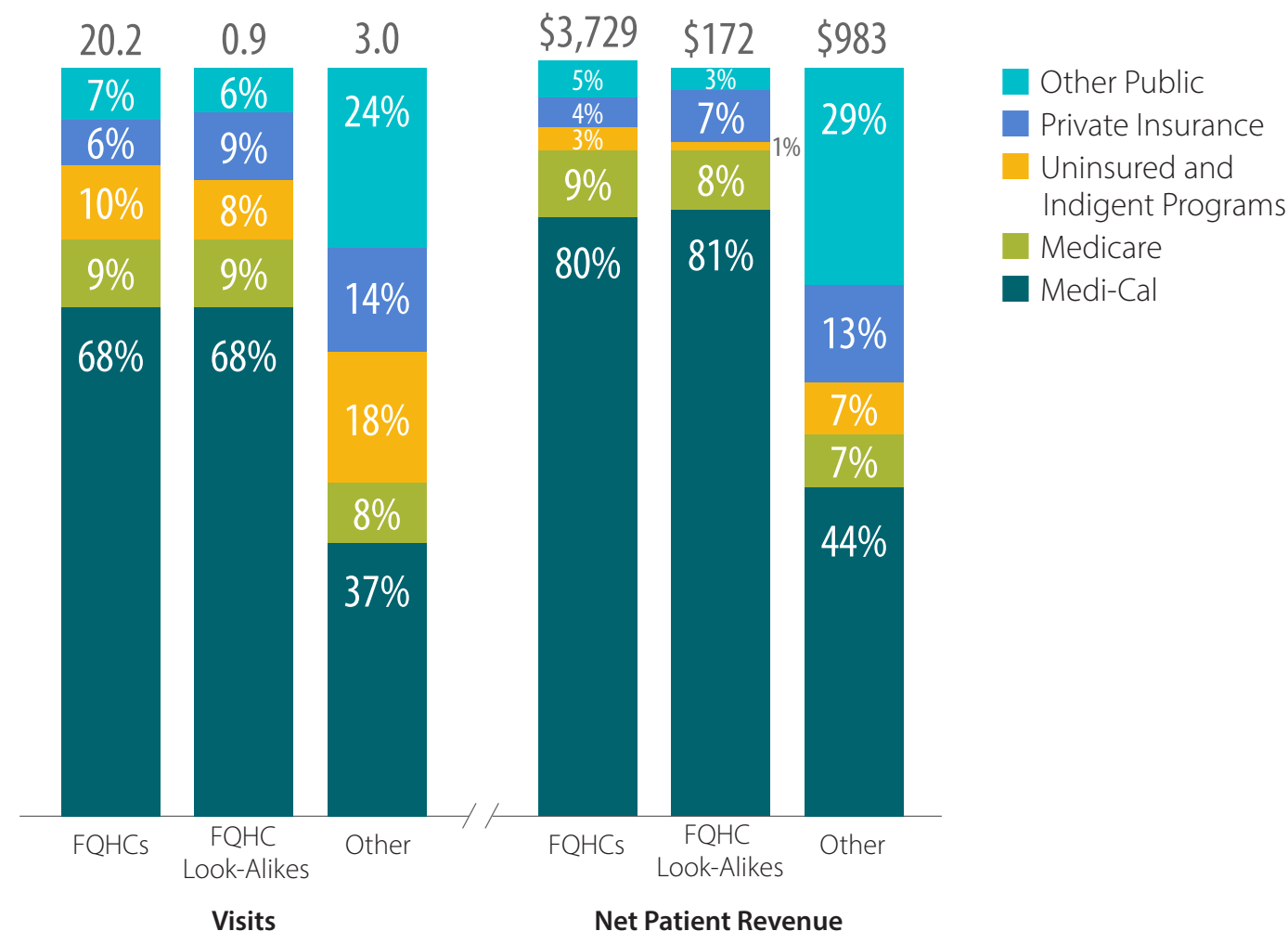
Notes: Includes Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and other clinic types. Source uses *encounters*. Excludes county-run clinics, clinics with no patient encounters and dental clinics (those with more than 90% of procedures for dental services). *Uninsured and indigent programs* include self-pay/sliding scale, free, and county indigent program patients. *Other public* includes all other payers, except for the PACE program, which reports by patient, not encounter. Segments may not total 100% due to rounding.

Source: *Pivot Table — Primary Care Clinic Utilization Data (2017 and 2019)*, California Health and Human Services Agency.

Community Clinic Visits and Patient Revenue

by Payer and Clinic Type, California, 2019

TOTALS (IN MILLIONS)



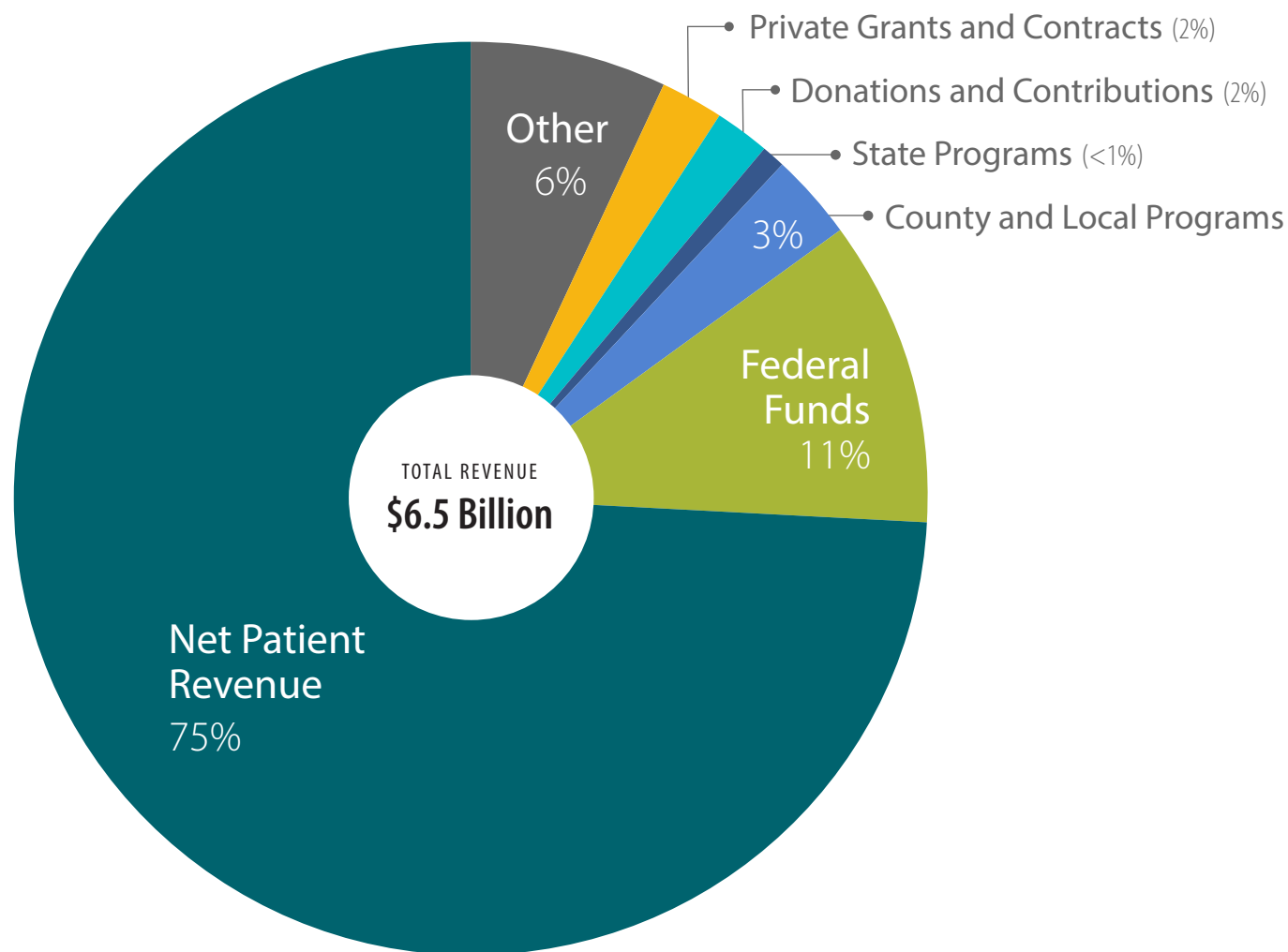
Medi-Cal contributed the majority of net patient revenue, and patients with Medi-Cal accounted for the majority of visits, for both Federally Qualified Health Centers (FQHCs) and FQHC Look-Alike clinics. Other clinics relied more on other public programs.

Notes: FQHC refers to Federally Qualified Health Centers. Source uses *encounters*. Excludes county-run clinics, clinics with no patient encounters, and dental clinics (those with more than 90% of procedures for dental services). *Uninsured and indigent programs* include self-pay/sliding scale, free, and county indigent program patients. *Other public* includes all other payers, except for the PACE program, which reports by patient, not encounter. *Other* clinics include community or free clinics that are not FQHCs or Look-Alikes, such as some Planned Parenthood clinics. Segments may not total 100% due to rounding.

Source: Pivot Table — Primary Care Clinic Utilization Data (2019), California Health and Human Services Agency.

Community Clinic Total Revenue

by Source, California, 2019



California's Health Care Safety Net Community Clinics

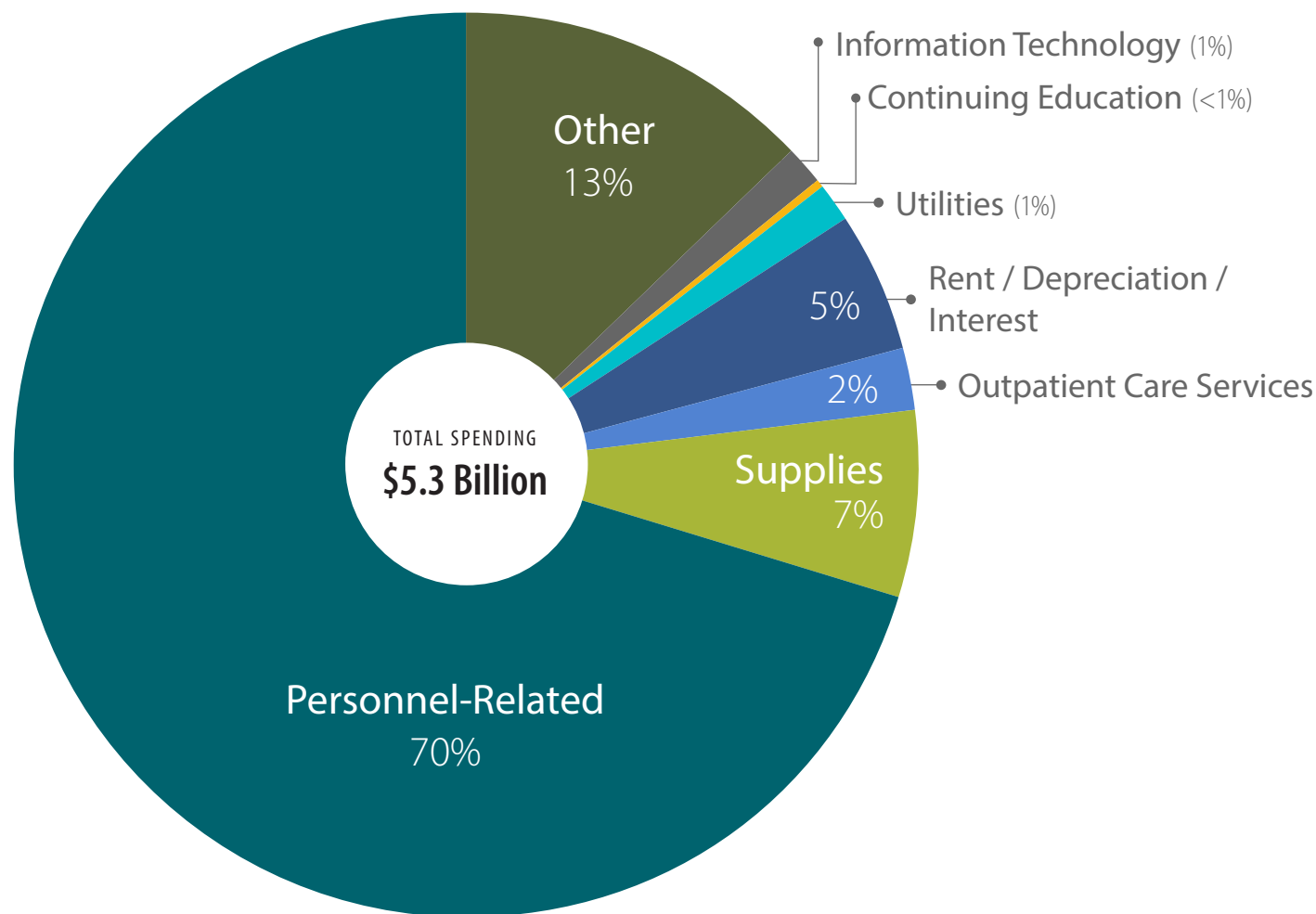
Net patient revenue (\$4.9 billion) made up the majority of total revenue for community clinics. County and local programs, state programs, and donations and contributions combined made up just 6% of the total revenue for these clinics.

Notes: Includes Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and other clinic types. Excludes clinics with no patient encounters, county-run clinics, and dental clinics (those with more than 90% of procedures for dental services). Segments may not total 100% due to rounding.

Source: Blue Sky Consulting Group analysis of *Pivot Table — Primary Care Clinic Utilization Data (2019)*, California Health and Human Services Agency.

Community Clinic Total Expenses

by Category, California, 2019

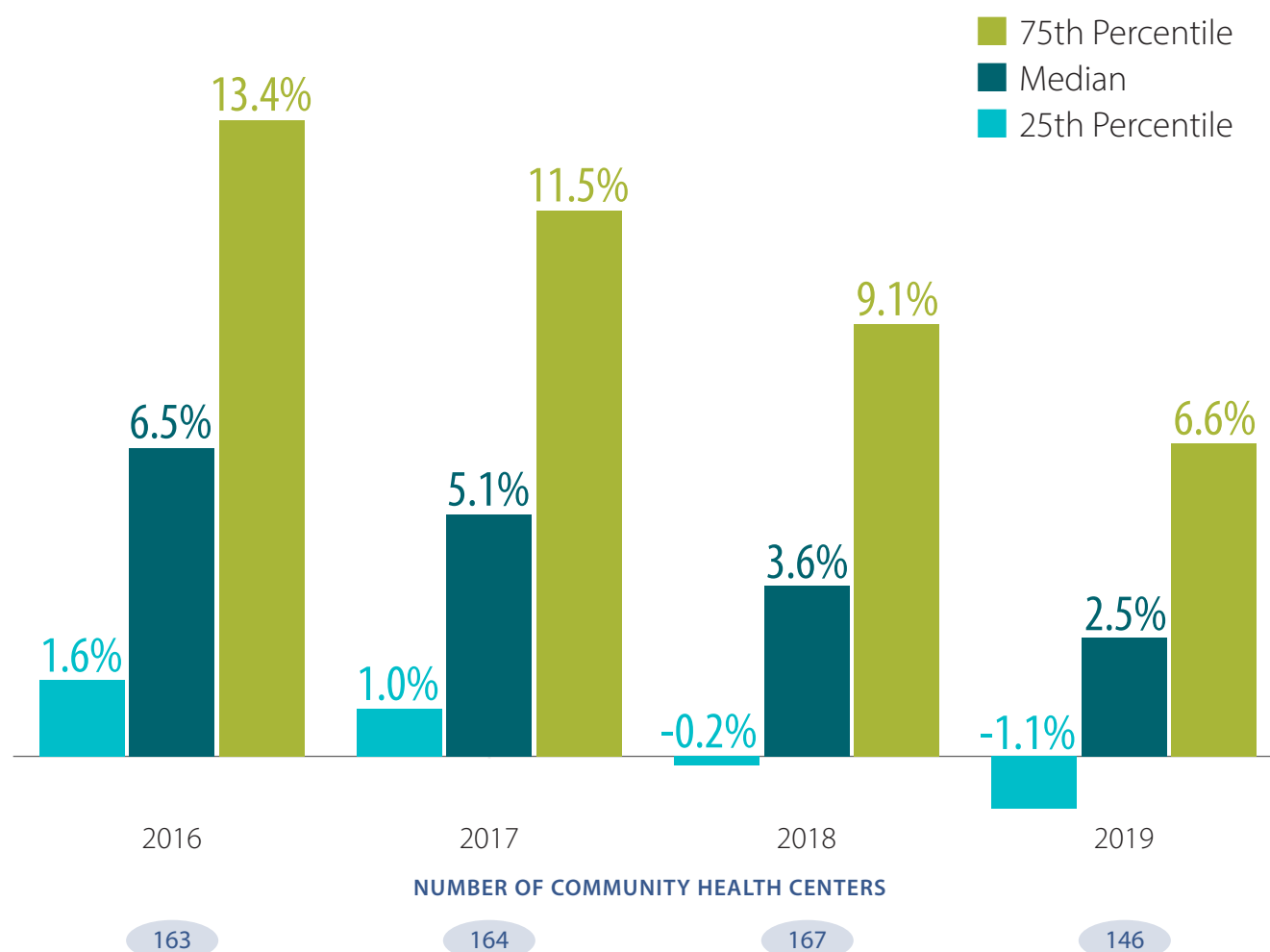


Personnel-related expenses were the largest expense category for community clinics, accounting for 70% of total clinic expenses, up slightly from 68% in 2016 (not shown).

Notes: *Personnel-related* include salaries, wages and benefits and professional contract services. Includes Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and other clinic types. Excludes clinics with no patient encounters, county-run clinics, and dental clinics (those with >90% of procedures for dental services). Segments may not total 100% due to rounding.

Source: *Pivot Table — Primary Care Clinic Utilization Data (2019)*, California Health and Human Services Agency.

Community Health Center Operating Margins by Percentile, California, 2016 to 2019



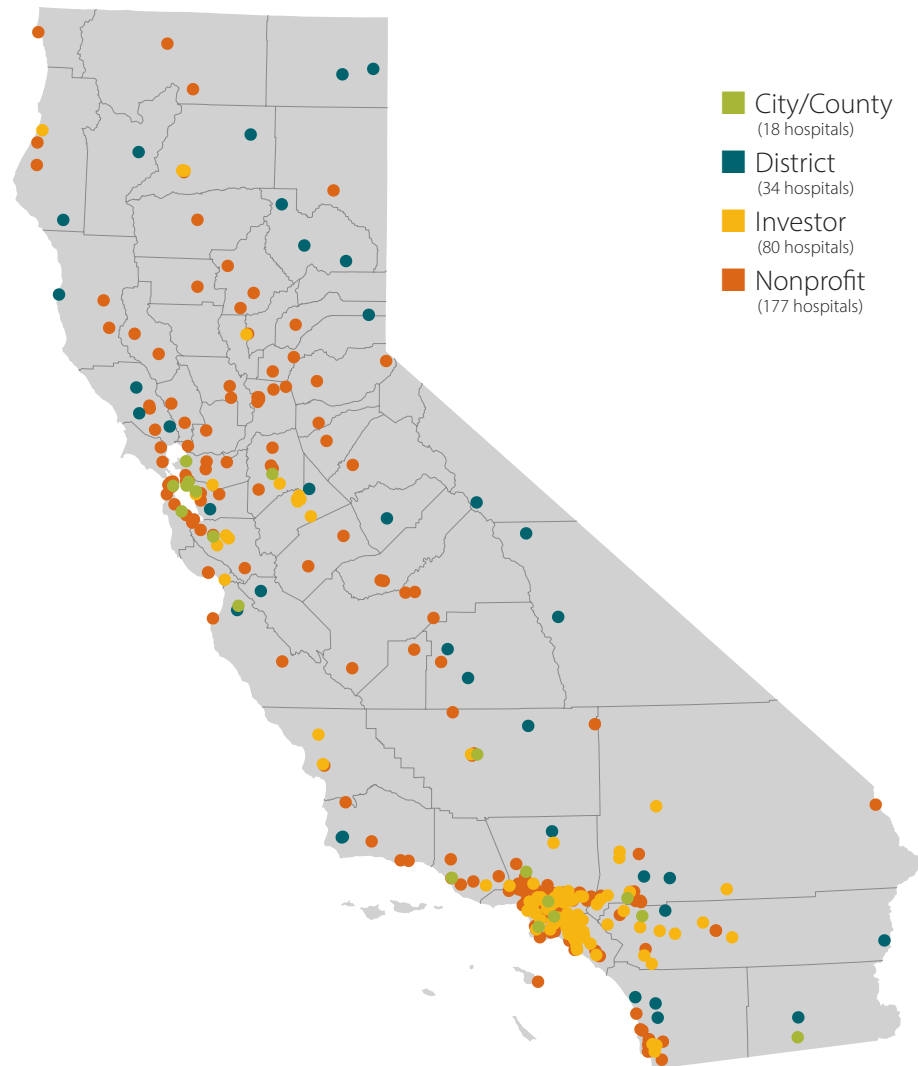
Operating margins decreased for community health centers between 2016 and 2019. The median operating margin was 2.5% in 2019, down from 6.5% in 2016. The declining margins resulted from median operating expense growth outpacing median revenue growth.

Notes: Data are based on audited financial statements of Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes as reported by fiscal year. Operating margins are calculated as operating income divided by revenue.

Source: *California Federally Qualified Health Centers: Financial and Operational Performance Analysis, 2016–2019* (PDF), Capital Link.

Hospital Locations

by Ownership Type, California, 2019



California's Health Care Safety Net

Hospitals

California has over 300 general acute hospitals that serve Californians, including those with low incomes.

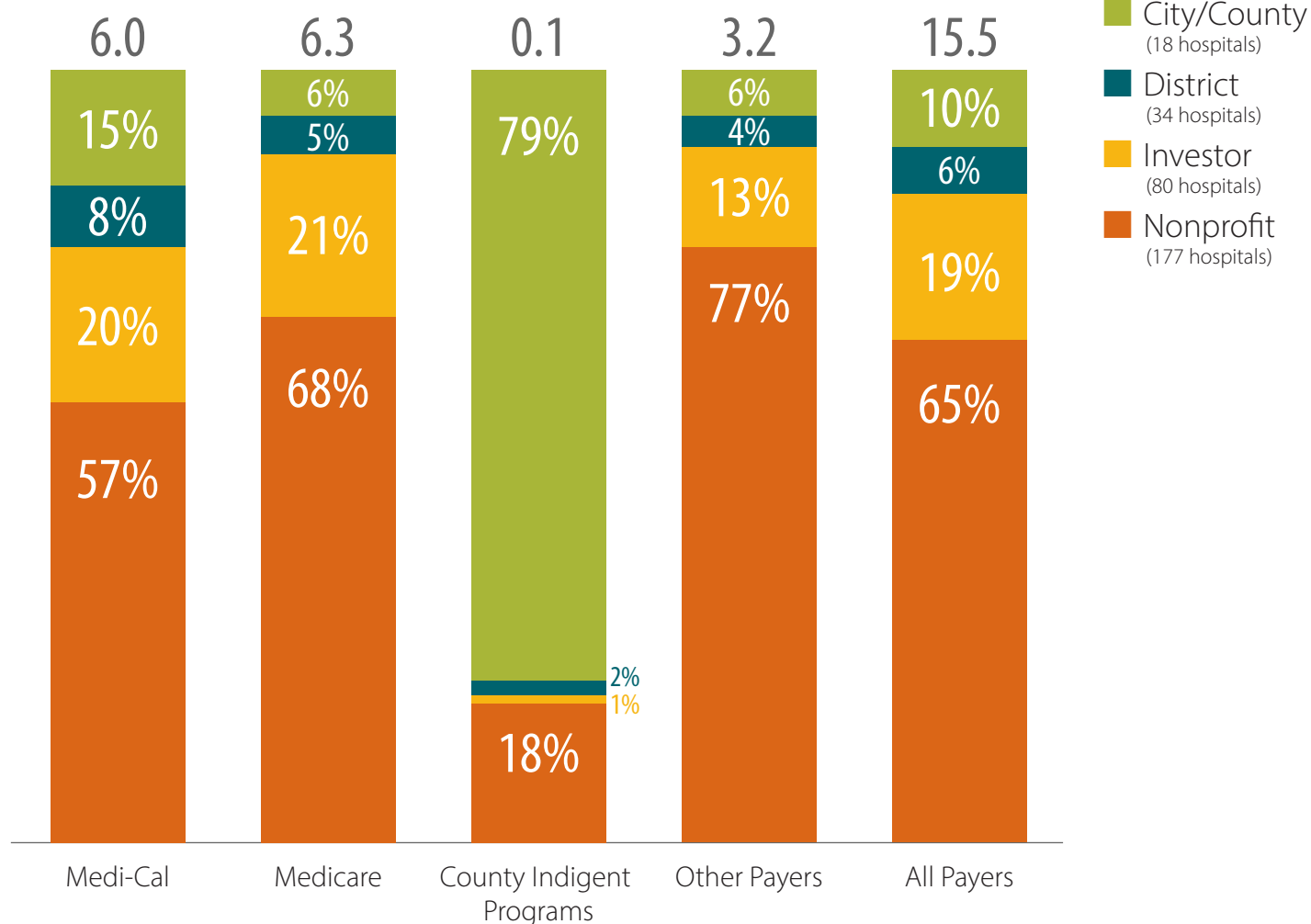
Note: Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities.

Source: Blue Sky Consulting Group analysis of *Pivot Table — Hospital Annual Selected File (2019)*, California Health and Human Services Agency.

Inpatient Hospital Days

by Hospital Ownership Type and Payer, California, 2019

TOTALS (IN MILLIONS)



California's Health Care Safety Net Hospitals

City/county hospitals are often the safety-net hospital in their community. The state's 18 city/county hospitals provided 10% of all inpatient days, but provided 15% of Medi-Cal inpatient days and 79% of inpatient days for patients served by county indigent programs. Nonprofit hospitals were the main source of inpatient care for patients overall, accounting for 65% of inpatient days in 2019.

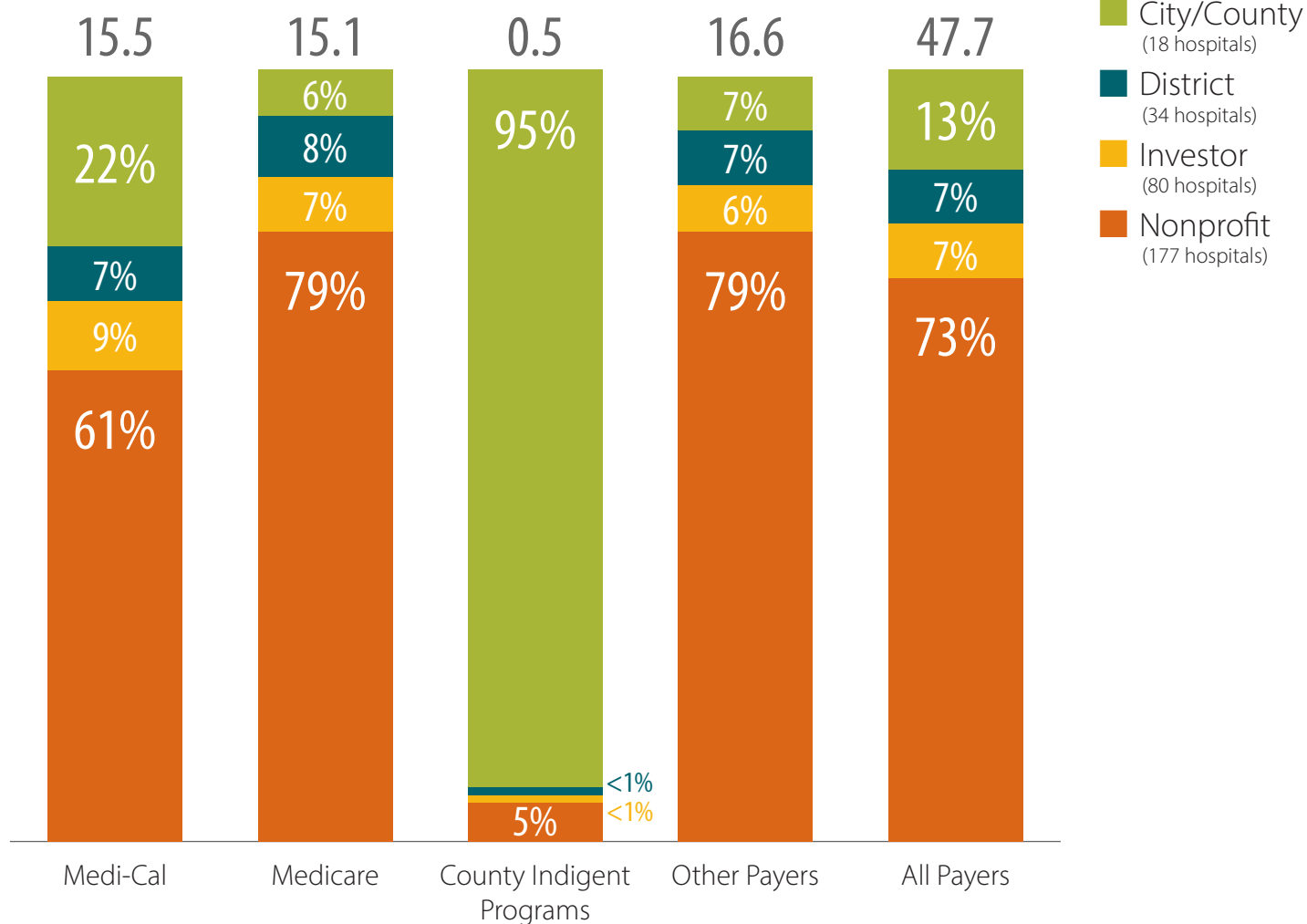
Notes: Total number of inpatient days noted at top of bar. Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. *Other payers* includes private insurance, hospital-provided charity care, self-pay, and all other payers not included elsewhere. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation. Segments may not total 100% due to rounding.

Source: Blue Sky Consulting Group analysis of *Pivot Table — Hospital Annual Selected File (2019)*, California Health and Human Services Agency.

Outpatient Hospital Visits

by Hospital Ownership Type and Payer, California, 2019

TOTALS (IN MILLIONS)



Notes: Total number of outpatient visits noted at top of bar. Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. *Other payers* includes private insurance, hospital-provided charity care, self-pay, and all other payers not included elsewhere. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation. Segments may not total 100% due to rounding.

Source: Blue Sky Consulting Group analysis of *Pivot Table — Hospital Annual Selected File (2019)*, California Health and Human Services Agency.

California's Health Care Safety Net
Hospitals

Nearly one in four hospital outpatient visits by enrollees in Medi-Cal occurred at a city/county hospital.

Change in Inpatient Days and Outpatient Visits

by Payer and Ownership Type, California, 2015 to 2019

Between 2015 and 2019, both nonprofit and investor hospitals served more Medi-Cal members, with increases in inpatient days and outpatient visits. City/county hospitals have seen increases in inpatient and outpatient services for patients served by Medicare and county indigent programs.

	CITY/COUNTY	DISTRICT	INVESTOR	NONPROFIT	ALL HOSPITALS
Inpatient Days					
Medi-Cal	-3.5%	-16.6%	17.8%	6.6%	4.8%
Medicare	38.4%	-6.1%	1.2%	7.4%	6.6%
County Indigent Programs	32.1%	-44.9%	-60.1%	4.8%	19.8%
Other Payers	-26.8%	-15.0%	-13.9%	-1.3%	-5.8%
All Payers	0.6%	-12.9%	4.6%	4.9%	3.2%
Outpatient Visits					
Medi-Cal	-12.2%	-6.2%	8.8%	10.6%	3.2%
Medicare	5.4%	10.4%	9.2%	21.3%	18.4%
County Indigent Programs	22.6%	-95.5%	-55.6%	-0.3%	18.9%
Other Payers	28.8%	9.0%	-1.8%	8.6%	9.2%
All Payers	-1.1%	3.7%	5.5%	13.3%	9.9%

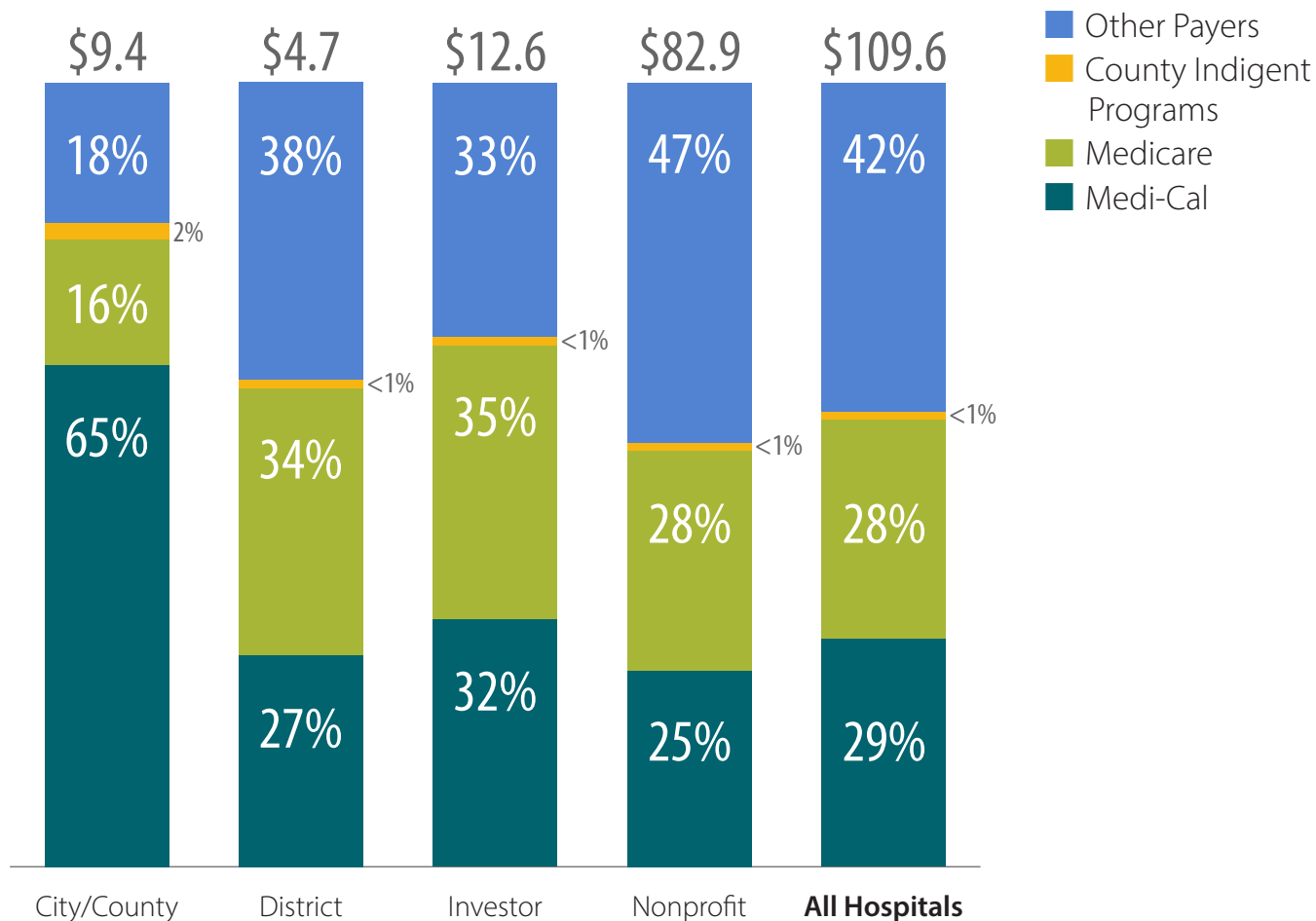
Notes: Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. *Other payers* includes private insurance, hospital-provided charity care, self-pay, and all other payers not included elsewhere. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation. Segments may not total 100% due to rounding.

Source: Blue Sky Consulting Group analysis of *Pivot Table — Hospital Annual Selected File (2015 and 2019)*, California Health and Human Services Agency.

Net Patient Revenue

by Payer and Hospital Ownership Type, California, 2019

TOTALS (IN BILLIONS)



California's Health Care Safety Net Hospitals

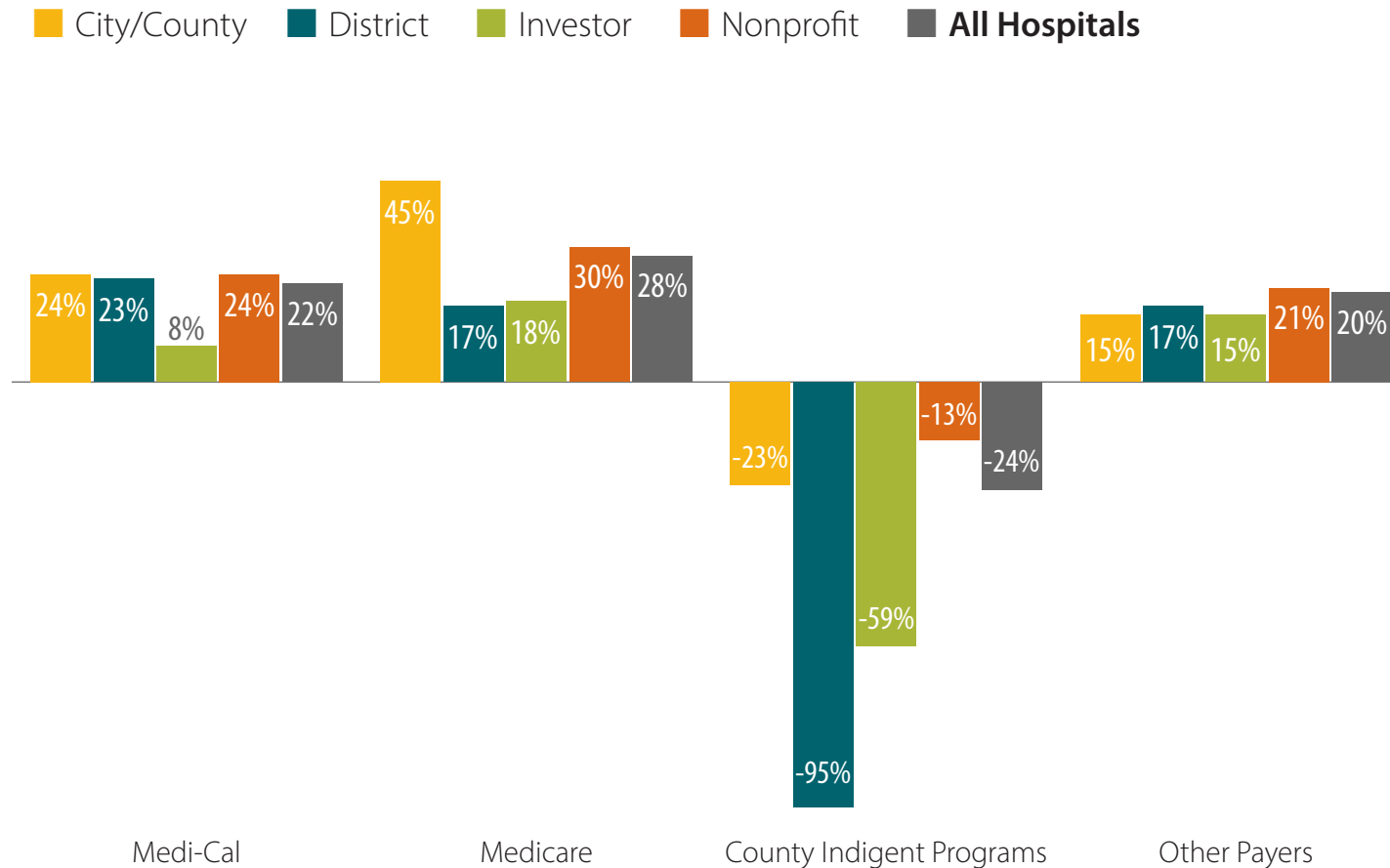
City/county hospitals were heavily reliant on Medi-Cal as a source of net patient revenue, whereas other hospitals received a higher percentage of net patient revenue from Medicare and other payers (including privately insured patients).

Notes: Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. Other payers includes private insurance, hospital-provided charity care, self-pay, and all other payers not included elsewhere. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation. Segments may not total 100% due to rounding.

Source: Blue Sky Consulting Group analysis of *Pivot Table — Hospital Annual Selected File (2019)*, California Health and Human Services Agency.

Change in Net Patient Revenue

by Hospital Ownership Type and Payer, California, 2015 to 2019



California's Health Care Safety Net Hospitals

All types of hospitals experienced an increase in net patient revenue from Medi-Cal, Medicare, and other payers and a decrease in revenue from county indigent programs between 2015 and 2019. As Medi-Cal enrollment has expanded, county indigent programs have played a smaller role in financing hospital care.

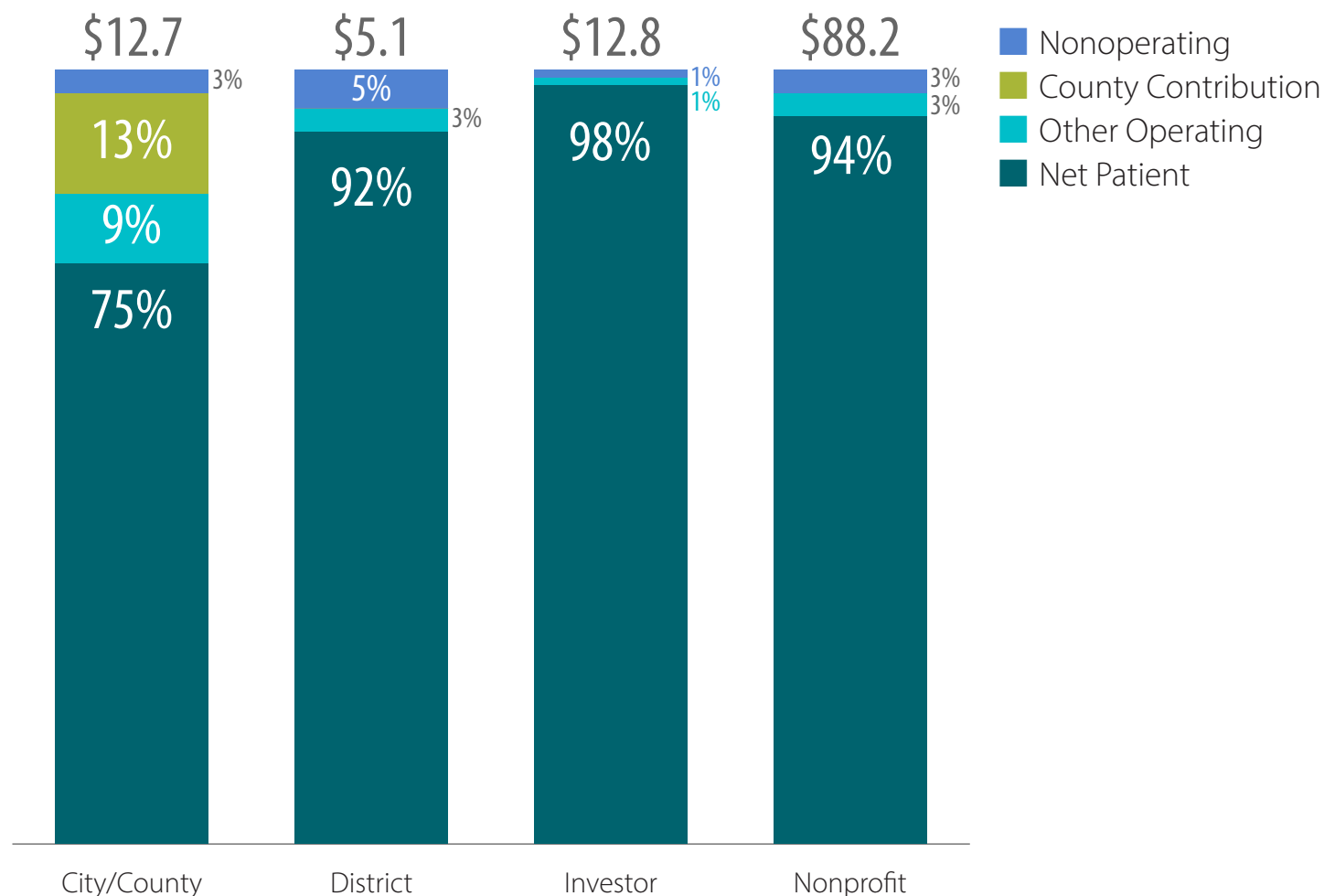
Notes: Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. Other payers includes all patients not part of another category, such as those designated as self-pay and other third party (including employer-based and privately purchased insurance). Segments may not total 100% due to rounding.

Source: Blue Sky Consulting Group analysis of *Pivot Table — Hospital Annual Selected File (2015 and 2019)*, California Health and Human Services Agency.

Total Revenue Sources

by Hospital Ownership Type, California, 2019

TOTALS (IN BILLIONS)



Notes: *Nonoperating* includes revenue not related to the provision of health care services, such as investment income and unrestricted contributions. *Other operating* includes revenue generated by health care operations from nonpatient care services, such as cafeteria and supplies sold to nonpatients. *Net patient* includes gross patient revenue plus capitation premium revenue less deductions from revenue such as provisions for bad debts and contractual adjustments. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation.

Source: Blue Sky Consulting Group analysis of *Pivot Table — Hospital Annual Selected File (2019)*, California Health and Human Services Agency.

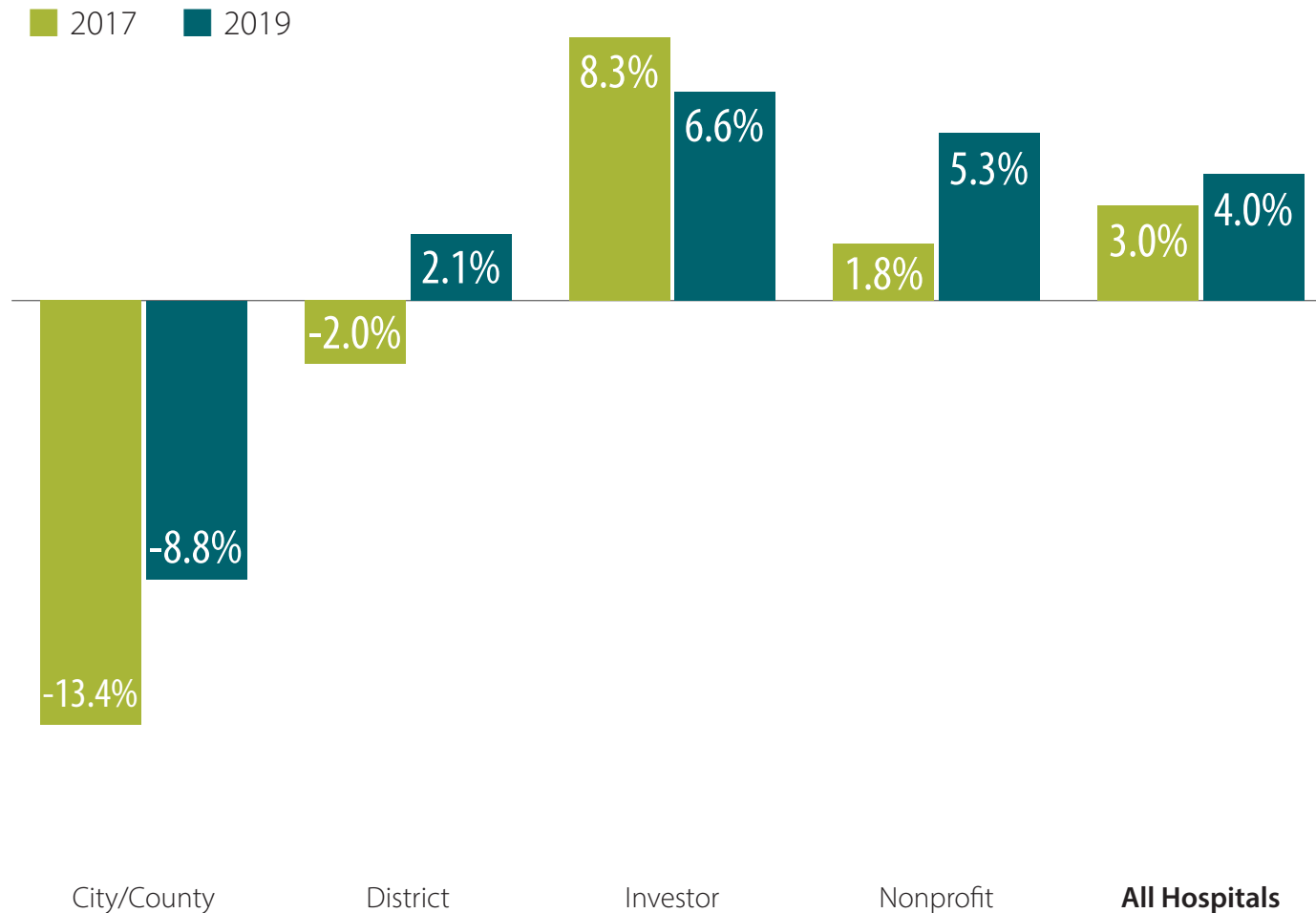
California's Health Care Safety Net

Hospitals

Net patient revenue was the largest revenue source for all hospital types. City/county hospitals were much more dependent on county contributions and other operating revenues relative to other hospital types.

Median Operating Margin

by Hospital Ownership Type, California, 2017 and 2019



California's Health Care Safety Net Hospitals

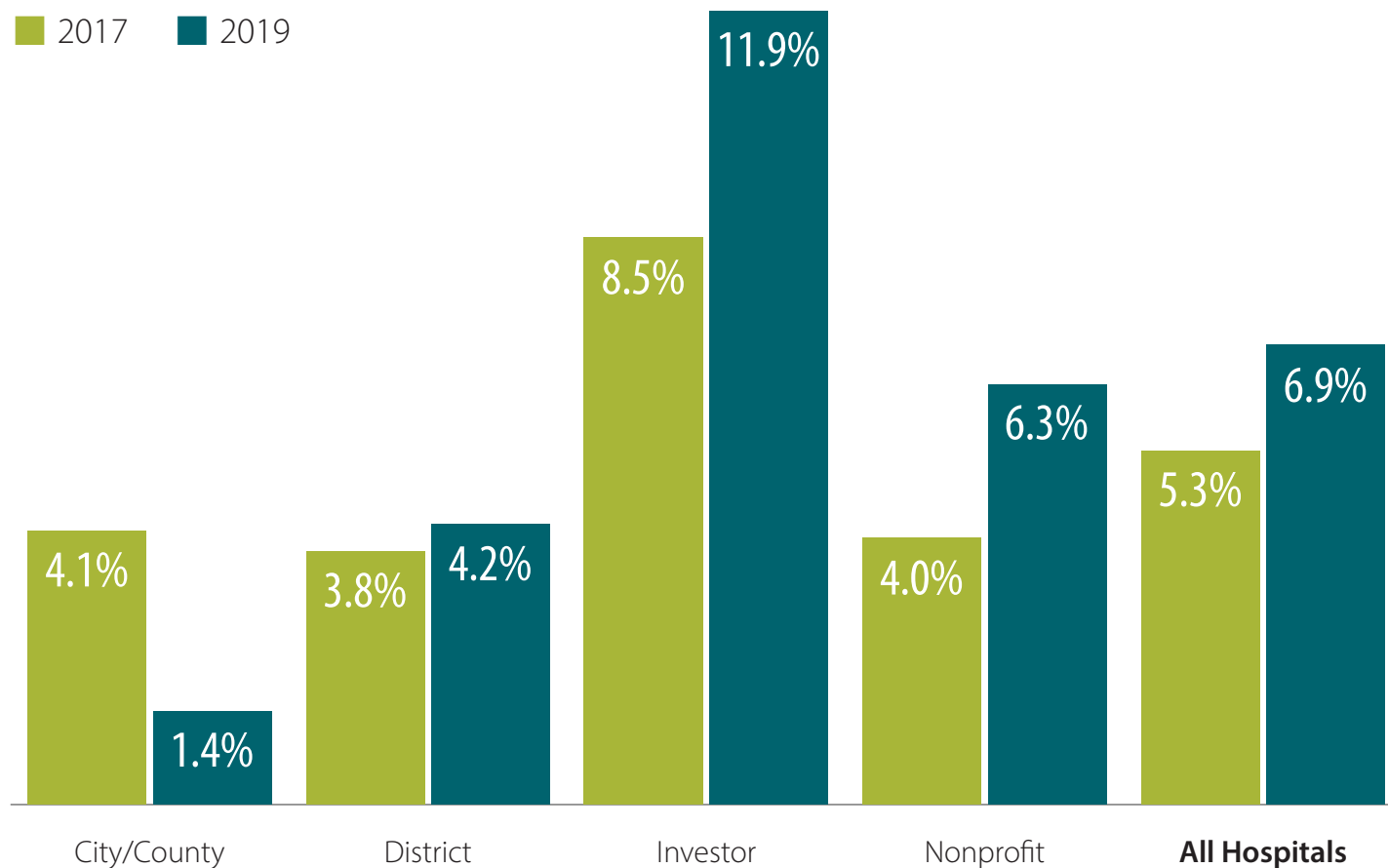
Between 2017 and 2019, median operating margins improved for city/county, district and nonprofit hospitals but declined for investor-owned hospitals. City/county hospital margins, though improved, remained negative in 2019.

Notes: *Operating margin* equals net income from operations divided by operating revenue (net patient revenue plus other operating revenue). The operating margin does not take into account nonoperating revenue or expenses. Margin calculations include disproportionate share hospital funds. Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation.

Source: Blue Sky Consulting Group analysis of *Pivot Tables — Hospital Annual Selected File (2017 and 2019)*, California Health and Human Services Agency.

Median Net Income Margin

by Hospital Ownership Type, California, 2017 and 2019



California's Health Care Safety Net Hospitals

With the exception of city/county hospitals, the median net income margins improved for all hospital types between 2017 and 2019.

Investor hospital median net income margins increased 3.4 percentage points.

Notes: *Net income margin* equals total net income divided by total revenue (total operating revenue plus nonoperating revenue). Margin calculations include disproportionate share hospital funds. Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation.

Source: Blue Sky Consulting Group analysis of *Pivot Tables — Hospital Annual Selected File (2017 and 2019)*, California Health and Human Services Agency.

Glossary

County Indigent Programs. Programs serving medically indigent adults as required by Welfare and Institutions Code § 17000: “Every county and every city and county shall relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident therein, when such persons are not supported and relieved by their relatives and friends, by their own means, or by state hospitals or other state or private institutions.”

Episodic Programs

- **The Breast and Cervical Cancer Treatment Program** provides cancer treatment to eligible California residents with low income diagnosed with breast and/or cervical cancer who are in need of treatment.
- **The Child Health and Disability Prevention Program** is a preventive program that delivers periodic health assessments and services to children and youth in families with low incomes in California.
- **The Family Planning, Access, Care, and Treatment Program** provides comprehensive family planning services to eligible (incomes of less than 200% of the federal poverty level) men and women.
- **California Children’s Services (CCS)** is a state program for children up to age 21 with certain diseases or health problems. CCS provides diagnostic and treatment services, medical case management, and physical and occupational therapy services.

Disproportionate Share Hospital (DSH). A Medi-Cal supplemental payment program established to reimburse hospitals for some of the uncompensated care costs associated with furnishing inpatient hospital services to Medi-Cal enrollees and uninsured people. The types of hospitals and/or health facilities that are eligible to participate in the DSH program consist of general acute care hospitals, acute psychiatric hospitals, and psychiatric health facilities.

Federally Qualified Health Center (FQHC). Community-based health care providers that receive funds from the Health Resources and Services Administration Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. The defining legislation for FQHC (under the Consolidated Health Center Program) is § 1905(l)(2)(B) of the Social Security Act.

FQHC Look-Alike. Community-based health care providers that meet the requirements of the Health Resources and Services Administration Health Center Program but do not receive Health Center Program funding. They provide primary care services in underserved areas on a sliding fee scale based on ability to pay, and they operate under a governing board that includes patients.

California's Health Care Safety Net

ABOUT THIS SERIES

The California Health Care Almanac is an online clearinghouse for data and analysis examining the state’s health care system. It focuses on issues of quality, affordability, insurance coverage and the uninsured, and the financial health of the system with the goal of supporting thoughtful planning and effective decisionmaking. Learn more at www.chcf.org/almanac.

Explore the full *California’s Health Care Safety Net Almanac* series at www.chcf.org.

AUTHORS

Matthew Newman and James Paci
Blue Sky Consulting Group

FOR MORE INFORMATION



California Health Care Foundation
1438 Webster Street, Suite 400
Oakland, CA 94612
510.238.1040
www.chcf.org