

County of Santa Clara Board of Supervisors

Supervisory District Four
Supervisor James T. Beall, Jr.



AACIRquest

DATE: May 24, 2006

TO: Supervisor Liz Kniss, Chairperson
Supervisor Blanca Alvarado, Vice-Chairperson
Health & Hospital Committee

FROM:

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Pete McHugh
Supervisor, District 3

A handwritten signature in black ink, appearing to read "James T. Beall, Jr.".

James T. Beall, Jr.
Supervisor, District 4

SUBJECT: FY 2007 Budget Request for the AACI Health Clinic.

RECOMMENDED ACTION

Approve funds in the amount of \$325,000 to double the size and capacity of the AACI Health Clinic.

FISCAL IMPLICATIONS

These funds will enable AACI (Asian Americans for Community Involvement) to double the

size and capacity of the Health Clinic allowing them to serve more low-income and senior Asian Pacific Islander (API) County residents who are currently under served. Of this amount, \$209,000 is for expansion and remodeling based on contractor estimates, \$112,500 is for medical and office equipment based on vendor costs and \$3,500 is for a portion of AACI staff relocation costs.

REASONS FOR RECOMMENDATION

Patient Demographics

The AACI Health Clinic at 2400 Moorpark Avenue in San Jose is currently 1,500 square feet with five exam rooms and 5,600 patient visits per year. 71 percent of the clinic patients are non-English speaking and another eight percent are limited-English speakers. AACI estimates over 50 percent are seniors.

Over 80 percent of the clients live below 200 percent of the 2005 federal poverty line. The Health Clinic is in demand due to its culturally appropriate delivery of care to the growing population of API residents in Santa Clara County. The County is now over 27 percent API according to 2005 census estimates, yet health care dollars have not been proportionately allocated to this growing community and its essential health care needs.

Expansion Details

This appropriation is for Clinic expansion and appropriate additional equipment. No part of the requested funding will be used for overhead costs.

With this funding, the AACI Health Clinic will be able to accomplish several goals. It will include expansion from five to 10 exam rooms and an increase in size from the current 1,500 sq. ft. to approximately 4,350 sq. ft. This expansion will allow AACI to increase its efficiency and outpatient services from 5,600 to 12,000 patient visits per year. It will include a new medication room, add two additional restrooms and make two of the three clinic restrooms handicapped accessible. The expanded Clinic will be wired for electronic health records, will include an enclosed clinic laboratory room, and a meeting room for patient education and family conferences.

Community Need, Anticipated Impact and Construction Timeline

Health care professionals and community leaders are well aware that culturally appropriate medical care in the API community ranks extremely high on the list of priorities of the County's health care needs. The need in the API community is growing in proportion to rapid growth of Santa Clara County's API population.

Currently, AACI is scheduling new patient appointments approximately two months out. If AACI does not expand its space, staff projects that wait times for new patients will soon be six months to one year.

A 2004 survey confirms that AACI is providing a unique and valuable service in the County's API community. The survey, conducted by AACI and the Valley Health Plan of 330 responding patients at the AACI Health Clinic, indicates that 84 percent reported they were "very satisfied" with the care they received. Another 14 percent reported they were "somewhat satisfied." 25 percent reported they do not go anywhere else and less than two percent named another County clinic or facility.

AACI expects the physical expansion will take approximately six months, another three to six months to build up and train staff, and 18 to 24 months to reach full capacity of 12,000 patient visits per year. Despite tough financial times, it is essential for the County to support and provide prevention and intervention services in populations that may not otherwise be accessing medical care.

ATTACHMENTS

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