

# COMMUNITY CONVERSATIONS ON HEALTHCARE



**A Report on the Conversation in Marana, AZ  
February 16, 2012  
by  
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MEL AND ENID  
ZUCKERMAN COLLEGE  
OF PUBLIC HEALTH  
Center for Rural Health



Arizona Association of  
Community Health Centers

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## INTRODUCTION

On February 16, 2012, a community conversation on healthcare was held at Marana Health Center (MHC). It was hosted by the Children's Action Alliance in collaboration with the Marana Health Center, the Arizona Association of Community Health Centers, and the University of Arizona's Center for Rural Health at the Mel & Enid Zuckerman College of Public Health.

Incorporated in 1957, MHC is the oldest Community Health Center in Arizona providing continuous care. MHC celebrated the grand opening of their new state-of-the-art silver LEED certified facility in May of 2011. MHC aims to provide quality health care services to everyone, regardless of insurance status or ability to pay.

The conversation sought to identify the challenges faced by both those seeking and providing healthcare in rural Arizona communities like Marana. Over 50 individuals from the community and surrounding areas attended the event.



Photo courtesy of  
<http://vickiemarana.blogspot.com>

### Conversation Speakers

Matt Jewett, Health Policy Director, and Penelope Jacks, Southern Arizona Director, of the Children's Action Alliance both spoke during the Conversation about the healthcare needs of rural children and their families. Arizona Hospital and Healthcare Association Vice President Pete Wertheim contributed to the conversation on behalf of Arizona's rural hospitals. The University of Arizona Center for Rural Health Director, Dr. Neil MacKinnon, provided insights from a rural health public health perspective. John C. McDonald, CEO of AACHC, also spoke on behalf of community health centers in Arizona and the many rural residents they serve.

Other MHC leadership in attendance included Dr. Mirza Hasan, Medical Director, Cheryl Martin, Clinical Supervisor, MHC Behavioral Health, Clarence Vatne, CEO, and Jennifer Burns, MHC consultant, former state legislator and Conversation moderator.

Other community leaders and healthcare groups in attendance included:

- Carole McGorray - Town of Marana, and MHC Board of Directors
- Ed Stolmaker - Marana Chamber of Commerce
- Parent Aid
- Interfaith Community Services
- Pima County Community Action Agency

Healthcare groups exhibiting at the Conversation included:

- The University of Arizona Health Plans
- Health Choice
- Circle Tree Ranch (a member of the non-profit Amity Foundation)

## THE CONVERSATION

The Conversation began with Dr. Neil MacKinnon speaking about the current state of healthcare in rural America. When he polled the audience, many community members felt that access, quality, and cost of healthcare are the most important issues in rural Arizona. Dr. MacKinnon then talked about the state of these rural health issues particularly as they relate to Arizona.



Ed Stolmaker, CEO and President of the Marana Chamber of Commerce, expressed his frustrations with the healthcare system, especially regarding the difficulties small businesses face in finding affordable health insurance for employees.

Dr. Mirza Hasan shared a provider's perspective on the challenges of the healthcare system, namely the helplessness they feel when their patients encounter barriers to obtaining healthcare through Arizona Health Care Cost Containment System (AHCCCS).

Many concerned community members came to the podium during the evening, and shared their own experiences with healthcare in Arizona. These stories echoed with heartache. From seeing their children suffer, to watching their parents lose their healthcare, these individuals described their experiences with issues of access and cost of healthcare in Arizona that resonated with all those present at the Conversation.

Pete Wertheim, Arizona Hospital and Healthcare Association Vice President, shared concerns about the sustainability of hospitals in rural Arizona. He outlined how recent funding cuts jeopardize their ability to provide quality care.

Penelope Jacks, Southern Arizona Director of the Children's Action Alliance, challenged the decision made by the State of Arizona that eliminates over 100,000 people from AHCCCS coverage – a decision that was upheld by the Supreme Court. She expressed her concerns regarding the morality of the decision.

The Children's Action Alliance Health Policy Director, Matt Jewett, talked about the recent legislative impact on healthcare in Arizona. He highlighted the impact of the funding cuts on children needing KidsCare, on the childless adults who are no longer eligible for AHCCCS enrollment, and on those individuals in the "notch group" who experience great medical needs, but whose income is just above the AHCCCS cut off point.

John C. McDonald, CEO of AACHC, discussed how cuts in funding have also impacted the community health centers and their ability to provide services for Arizona’s rural residents. He voiced the need for government to consider healthcare as a priority when balancing the budget.

Other topics that were raised during the conversation were the need for electronic health records to ensure the safety of rural patients, and of patients in Arizona as a whole. Issues of funding for these digital services, and workflow barriers for incorporation of such changes, were noted by multiple individuals at the conversation. Other frustrations voiced by community members included the contributions people have made to federal tax, and how that money no longer comes back to those contributing because of the State’s decision to cut so much AHCCCS funding.



Clarence Vatne, the CEO of MHC’s Board of Directors, closed the evening by thanking the community for their attendance and contributions and reinforcing the services available at MHC to those in Marana and surrounding areas.

## **KEY ISSUES THAT EMERGED FROM THE CONVERSATION**

Numerous key issues arose as stories were shared by patients, providers, healthcare leaders, and community members. Quotes from those stories are included below under key issue themes that recurred frequently throughout the conversation.

### **Access Issues**

#### ***Inability of patients to obtain Arizona Health Care Cost Containment System (AHCCCS) Coverage***

##### **Patient**

*“I thought moving to AZ would be better, but our kids lost their insurance. With the move out here, my son ended up getting an ear infection. They told us he was going to get his hearing back, but eventually he ended up losing it. We had AHCCCS, and he was going to get an implant put in, but when we went to get the implant put in, the AHCCCS was cancelled. I make \$2 over [the limit] so AHCCCS was denied. I’m not trying to get something for free; I want to pay it back, but it’s impossible to pay for the whole family. I’m just trying to find something to afford for the kids. If they’re not healthy, they don’t do good in school. If I would have known this would happen, I would have stayed in California, but it’s too late now.”*

**Healthcare Provider**

*“We have many severely mentally ill clients falling off of AHCCCS because they make over [the limit] for coverage. In the last two weeks, six of my clients have fallen off AHCCCS. We were not ready, nor were we finished with the therapy that they were receiving. These people have PTSD, they have schizophrenia, they have anxiety and depression. They are learning to manage those problems, and right in the middle of what we are trying to do to help provide coping skills, it is suddenly no longer available. It breaks my heart, as a provider, that I can’t be able to be there for them. Call me please. It doesn’t matter whether you have insurance; I’ll be happy to talk to you. But they feel guilty about calling me because they can’t pay.”*

**Patient**

*“I was diagnosed with prostate cancer. I went through the surgery and came out okay, and in the last 12 years I’ve been okay. But when I came to Arizona, I could not get health insurance. I wanted to go in a different direction; I wanted to go back to school, but I had to find an employer that I could work for to get health insurance.”*

**Healthcare Leader**

*“Nobody falls off AHCCCS; they are pushed. They are pushed by the decisions our Governor and our legislators have made. The Supreme Court has just upheld the decision to eliminate those 100,000 people. This was not an accident. This was a choice that was made by our state, and we need to say that this is not a choice that we can support.”*

***Impact on providers when they cannot assist patients because of AHCCCS coverage cuts*****Healthcare Provider**

*“There was a patient who earlier this week had a stroke. She needs extensive rehab but her AHCCCS is expiring at end of the month; so guess how much rehab she’s going to get? Pretty much it’s going to be zero. Again, every time she’ll come in we will feel the pain with her; she’s not the only one who’s going to be feeling the pain. It’s bad for the patients, but when you turn around its bad for the healthcare provider just as much. Everybody is suffering because of it. The providers want to provide the service, but their hands are tied too, and it’s difficult to deal with that.”*

**Healthcare Leader**

*“When we talk about the overall state of healthcare in Arizona, the providers are looking like the patients they are treating these days – they’re hurting. They need care, too.”*

**Healthcare Provider**

*“We’re okay with understanding there are limits to medicine; there are limits to the human body. However, we also would like to give the basic services to keep someone healthy.”*

## **Cost of Care**

### ***Inability of businesses to provide adequate health coverage***

#### **Community Leader**

*“With the uncertainty in healthcare, both [at the]state level and Washington, it is hard for employers to make decisions on planning health coverage for employees. The cost of health insurance increased 30 to 40% on average over the last four years and deductibles have increased sometimes up to \$5,000. Companies are no longer paying for spouses and children. The costs are too great with healthcare today.”*

### ***Unsustainable cost to the healthcare system of providing care***

#### **Healthcare Leader**

*“When we look at the fiscal health of our hospitals, you know you can’t run a business at a negative operating margin. We have had over 45% of our hospitals in the last four months running at a negative operating margin. That is at a loss. This is unsustainable; the charity can only go so far.”*

#### **Healthcare Leader**

*“Hospitals, at [the] beginning, found efficiency savings through trimming and consolidation. Now we’re down to a skeleton of care, and we risk quality and our ability to provide care with the next cuts.”*

### ***Financial costs to Arizonans***

#### **Healthcare Leader**

*“We have [had] a lot of people lose jobs since 2000, almost 300,000. We’ve had this debate at the federal level about Social Security and Medicare and it being available, and how everybody has paid for that their entire lives, paid taxes into it, only to have that safety net not be there. The 80,000 plus that have fallen off AHCCCS are people that are trying to get on it and need it.”*

#### **Community Leader**

*“There are a lot of services that are very unclear. He went for a test and they never told him what it would cost, but he had to go for it. He had it done and he still hasn’t heard from them in two months. He doesn’t know if he’s going to pay \$600 or \$100. It’s frustrating when you don’t know what it’s going to cost to get the services done.”*

#### **Community Member**

*“One of the things that really bothers me, as a tax payer, is that many of the decisions that have been made to limit AHCCCS coverage have really affected the dollars that all of us pay as federal income tax. We’re giving up federal tax dollars that would have come back to the state, as a consequence of these decisions.”*

**Healthcare Leader**

*“When [the] state legislature decided not to fund \$500,000,000 for AHCCCS, we sent a billion dollars back to Washington, D.C. That translates into 1.5 billion that could have stayed in the healthcare system here in Arizona, and we would have had all these people that have been dropped off of AHCCCS and kids who no longer get into to KidsCare covered.*”

**Healthcare Leader**

*“Not only even just providing health, it’s also the economics of that: the economic jobs and the economic spending that would have come with that 1.5 billion dollars that was lost.”*

**ACTION ITEMS SUGGESTED DURING THE CONVERSATION**

All in attendance were asked to make suggestions for actions that could be taken to resolve some of the issues discussed during the conversation. Those that were suggested follow, along with direct quotes from the Conversation that help to clarify the need for such action.

**Realign Arizona as a “Health Destination”**

**Healthcare Leader**

*“For a long time Arizona was a healthcare destination. Wouldn’t it be great if it were that case again? Not so much because of the diseases people have, but because people know in the United States this is the place to go if you want caring, compassionate care...leading healthcare.”*

**Making Change by Voting**

**Healthcare Provider**

*“It’s up to us to vote. Whatever your political party or whatever your persuasion, it matters not. What’s most important is that you get a voice in this.”*

**Healthcare Leader**

*“In casting that vote, we can address some of the issues of healthcare coverage. I understand we need to balance our budget, but it’s a matter of priorities. This is very serious business to me. I only have this one life, this one health. Once you lose your health and once you lose your life, there’s not something else to take its place.”*

**Healthcare Leader**

*“We now have a better appreciation that will also hopefully help motivate us so that we can make those changes [by voting] in both the elections.”*

## **Continue Advocacy Efforts**

### **Healthcare Leader**

*“The Supreme Court has upheld the decision to eliminate those 100,000 people who ‘fell off’ AHCCCS. This was not an accident; this was a moral choice that was made by our State. We need to say that this is not a choice that we can support.”*

### **Healthcare Leader**

*“We all need to get active in our advocacy efforts and our votes.”*

### **Healthcare Leader**

*“It’s time that we step up. We are banding together. I really hope that we take a strong look at where the state is heading, and change the course for the better.”*

### **Healthcare Leader**

*“2014 is a big year. Whether things change in Washington with the elections or Obama Care goes away, I think we do have to make changes. We can’t keep going as we’re going now. We need to change. What that will look like; your guess is as good as mine.”*

### **Healthcare Leader**

*“It’s time that we start to look our providers and say we need to do some things for them... and show a little compassion in this State.”*

### **Healthcare Leader**

*“This is just a start of these community conversations. I expect that we’ll have more of them around the State.”*

## **SUMMARY**

In this time of healthcare change, the Community Conversation provided a means of addressing the struggles that patients, providers, hospitals, clinics, healthcare advocates, and rural communities all face in meeting the healthcare needs of Arizona residents. Many barriers were identified, including the unsustainable costs for both healthcare facilities to provide healthcare to their patients and small businesses to provide healthcare insurance for their employees. With the recent cuts in AHCCCS, the number of children and childless adults with access to healthcare has been severely reduced. Providers of healthcare services are feeling the weight of these barriers that hinder their ability to provide the basic services to keep people healthy. As these challenges were brought to life through the stories shared, the overall Conversation motivated the participants to advocate for healthcare for all in Arizona. Moving forward, the need for Arizona’s citizens to enforce their health priorities by exercising their right to vote is necessary. Through such advocacy efforts, the desire to realign Arizona once again as a health destination could become a reality.

## **ACKNOWLEDGMENTS**

Thank you to the health care organizations who facilitated and contributed to the Community Conversation, especially Matt Jewett and Penelope Jacks of the Children's Action Alliance whose efforts were pivotal in planning the event. Other contributors included many of the staff of Marana Health Care; Jennifer Burns who facilitated the Conversation; Dr. Neil MacKinnon, Joyce Hospodar, and Lynda Bergsma of the Center for Rural Health at the University of Arizona; John C. McDonald of the Arizona Association of Community Health Centers, and Pete Wertheim of the Arizona Hospital and Healthcare Association.

APPENDIX A

**JOIN Us:  
COMMUNITY CONVERSATION ON HEALTHCARE**



- Share your story and ideas about healthcare priorities in your family and community.
- Explore what has happened in Arizona healthcare and what the future holds.
- A variety of healthcare providers, experts and policy makers will be on hand to listen and share information.

**Thursday, February 16 from 5:30 p.m. to 7:00 p.m.  
Marana Health Center, 13395 N. Marana Main St.**

**Event is free and open to the public**

*For more information, contact Matt Jewett 602-266-0707 x212, [mjewett@azchildren.org](mailto:mjewett@azchildren.org)*

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