



To: MCHCD Board of Directors

From: Katharine Wylie, MS Ed.

Date: 02/27/2025

Subject: Agency Administrator's Report

MARCH 2025 MEETINGS

March 10, 2025 - 1:00 pm	Planning Committee Mtg (tentative)
March 17, 2025 - 1:00 pm	Measure C Oversight Committee mtg
March 27, 2025 - 5:00 pm	Regular MCHCD Board Meeting

Local Ambulance Update:



The district added a new 2024 Merz ambulance for \$218,994, bringing the fleet to five. Two are on duty 24/7, with others activated as needed. Thank you to the tax-payers of this District!



This month, the district also sold two surplus ambulances at public auction (<http://govdeals.net/>):

- A 2007 Ford, sold for \$1,803, now serving a volunteer fire department in Brawley.
- A 2013 Sprinter, sold for \$6,850, headed to the Manteca area.

The total from these sales is \$8,653 and checks will be deposited to the District Tri-Counties bank account mid-March. I would like to extend a special thanks to Davey Beak, Adventist Health Mendocino Coast Hospital, for coordinating the sales and pickups.

Board Mission Statement Revision

The Board held a special workshop on February 17, 2025, to reconsider its mission statement. Before affiliating with Adventist Health, the District operated Mendocino Coast District Hospital and home healthcare services.

In 2020, a 30-year lease allowed Adventist Health Mendocino Coast (AHMC) to take over hospital operations. Now serving as a landlord rather than an operator, the Board has revised its mission statement and will review it for approval tonight. The draft MCHCD Board Mission statement is:

MCHCD provides a hospital and fosters leadership, advocacy and collaboration for our community health and well-being.

The Board discussed the District's vision and will review a draft vision statement for adoption in a future meeting. The draft MCHCD Board Vision statement is:

MCHCD facilitates exceptional, compassionate and accessible healthcare to our community through a hospital, and ensures access to both traditional and modern care, while fostering leadership, advocacy and collaboration to enhance Community Health and well-being.

GETTING THE LAST CHAPTER RIGHT

A COMMUNITY FORUM: ESSENTIAL INFORMATION TO CONTINUE TO LIVE OUR LIVES AT HOME

TOPICS WILL INCLUDE

- Legal & Estate Issues
- Access to Medical Care
- Getting Help at Home
- Home Health & Hospice
- The Legal Right to Death with Dignity
 - Home Safety
- Coping with Isolation & Loneliness
- Grief & Caregiver Support Groups
- Options for Funeral Plans

FREE TO ALL



Lunch Included

Donations Appreciated

APRIL 5, 2025

9 a.m. – 4 p.m.

Caspar Community Center

“BOOK” NOW!

www.friendsofhealthmendocino.org

/upcoming-events

For help with booking, or more information
call Ellen at 707-357-1738

www.friendsofhealthmendocino.org
EMAIL: foh@mcn.org



Friends of Health
on the Northern Mendocino Coast

Est. 1988, we are an all-volunteer, tax exempt non-profit 501(c)(3) State of CA #1634055

Community Outreach & Engagement

With the help of Madelyn Grigsby (Props & Measures) I looked into community engagement efforts across 17 Health Care Districts in California. About half of those districts have active community engagement initiatives, and just under half (about 8) have active social media accounts. The community engagement efforts we found fall into three main categories: Events, Classes and Sponsorships. It is important to note that most of these districts operate their community hospitals, making some of these events and classes easier to plan given existing resources at the District's disposal.

Director Finley will be asking the board to consider formation of an ad hoc committee with a goal of increasing community engagement by uniting community organizations, to understand their roles and needs, and identify service, funding, or staffing gaps in food, transportation, and health.

PRA Cost Report

Per Director request, research into a public records act request is ongoing, and I will issue a report soon.

Facilities Planning Process

Assuming approval of the Bylaws at tonight's meeting, the Planning Committee will restart meetings in March and resume work on seismic retrofit plans. The next meeting is tentatively set for March 10, 2025 - 1:00pm, Redwoods Room, AHMC Hospital.



Maternity Care in California

Below are my notes from a February 26, a CalMatters zoom meeting with Asm. Mia Bonta:

Maternity care in California faces a crisis, with a recent state report revealing that every five days, a person in the state dies from pregnancy-related complications. Since 2012, at least 56 labor and delivery wards have closed across both rural and urban areas, leaving 12 counties without any maternity services. These closures have disproportionately impacted low-income and Latino families, who are more likely to live in areas with limited access to maternity care. Additionally, Black women in California experience a maternal mortality rate three to four times higher than their counterparts, highlighting the racial disparities in healthcare.

Several factors contribute to the growing number of maternity care closures. One of the most significant issues is California's low Medi-Cal reimbursement rate for obstetric services, the lowest in the country. Medi-Cal pays for half of all births in the state, making funding a crucial factor in the survival of maternity wards. Declining birth rates also pose a challenge, as low volume can lead to safety concerns when providers do not perform enough deliveries to maintain expertise. Workforce shortages further exacerbate the problem, with eight counties already lacking a licensed OB-GYN and projections indicating a shortage of 1,100 obstetricians by 2030. Additionally, regulatory and financial challenges make it difficult for birth centers to operate, with only four licensed centers remaining in the state. The licensing process is notoriously complicated, often taking years to complete.

Racial and economic disparities further complicate maternity care access. Black and Latino communities are 20% more likely to lose their local maternity ward, and systemic racial bias in healthcare has led to worse birth outcomes for women of color. Research has shown that when patients receive care from providers who share their background and language, trust and health outcomes improve. However, the healthcare workforce remains largely homogenous, further deepening inequities. The overworked and underpaid nature of the healthcare system, especially in the post-COVID era, has also driven many professionals out of the field, worsening access to quality maternity care.

To address these issues, policymakers have introduced various legislative measures. In the past year, two bills aimed at slowing maternity ward closures were introduced, one of which was signed into law. These bills focused on requiring hospitals to provide advance notice before shutting down maternity services, allowing policymakers to intervene when possible. This year, additional efforts include clarifying emergency medical treatment laws for pregnant women, expanding access to over-the-counter birth control, and introducing AB 8055, which seeks to increase the number of birth centers by easing licensing barriers. Some policymakers also advocate for regional maternity care models, such as a "hub and spoke" system, to improve accessibility.



Workforce challenges remain a key concern, with efforts underway to improve conditions for healthcare workers. Recent legislation raised the minimum wage for healthcare employees to \$25 an hour, acknowledging the critical role they play in patient care. Investments in education and training programs are also being made to build a stronger pipeline for OB-GYNs, midwives, and doulas. However, the healthcare workforce still struggles with burnout, long hours, and the inability to afford living near their workplaces, further complicating retention and recruitment efforts.

Looking ahead, California must take urgent action to address maternity care access. Expanding funding for hospitals and birth centers, improving workforce diversity, and ensuring fair wages for healthcare professionals are essential steps toward building a more equitable system. Without these changes, more maternity wards will continue to close, putting pregnant individuals and their babies at risk. The future of maternity care depends on proactive policy measures and a commitment to addressing the systemic barriers that have led to the current crisis.

Threats to Medicare and Medicaid are on two tracks

House Republicans narrowly passed a budget resolution with major tax cuts and spending reductions, including \$2 trillion in federal cuts. It directs the House Energy and Commerce Committee to find \$880 billion in savings, potentially affecting Medicare and Medicaid. **The bill is not final**—both chambers must negotiate a final version. The next major hurdle is the Energy and Commerce Committee, followed by a House vote, where a few Republican defections could block it.

Medicare and Medicaid face two major threats:

1. Government Funding Deadline (March 14) – Potential cuts to hospital funding, telehealth, rural health care, and more.
2. 2026 Budget Plan – Possible reductions in Medicaid funding, wage adjustments for high-cost areas, changes to payment policies, and cuts to hospital support programs, which could severely impact California hospitals.

ACalifornia Hospital Association Report:

<https://calhospital.org/congress-must-protect-patient-care/>

American Hospital Association Report:

<https://www.aha.org/system/files/media/file/2025/01/AHA-2025-Advocacy-Agenda-20250114.pdf>