Tuesday, April 29th

UC Berkeley, School of Public Health

Understanding Latino Health in California

Verónica V. Montoya,
Latino Coalition for a Healthy California

Latinos in California

Overview:

* Latinos in California
* Our health system & Latinos
* Latinos and existing coverage
* Issues facing Latinos
* Can we afford to wait?
* Moving a Latino health agenda

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Review of Population Demographics:

- California is big and getting bigger
- California as the most populous state in the U.S. – nearly twice the population as New York, the next largest state in terms of population
- Only expected to continue growing, reaching nearly 60 million people only 50 years after the 2000 Census (projected to occur by 2050)
- Latinos represented 1/3 of state's 33 million Californians during 2000 U.S. census

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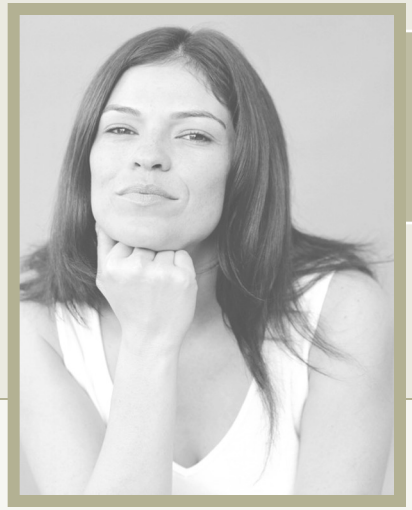
- California's current Latino population larger than the entire state populations of Michigan, North Carolina, Oregon, Virginia, Oklahoma and Nevada
- Expected to majority of state's population by 2042, representing nearly 30 million Latinos – more than doubling in less than 50 years
- Due to lower median age, Latino students will represent a majority of those in our K-12 educational system much earlier, by 2014
- Nationally, one out of every four individual will be Latino by 2050, driven largely by growth in California's increase in Latino population



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Other background demographics:

- Latino representation and participation in the workforce mirror population demographics, with Latinos representing 31% of the state's workers
- Due to lower median age than their counterparts, Latinos will continue to represent a growing part of the state's overall workforce
- Despite increases in earnings, Latinos continue to lag behind their working counterparts and experience a significant wage gap (61¢ for every dollar)
- Continue to face low rates of educational attainment, face continued lag in earnings despite improved rates of educational attainment

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- Latinos continue to be over-represented among the working poor, where more than 60% of families with incomes below 100% of the federal poverty level (approx. $21 k in annual income for a family of four) were headed by a Latino. An additional 50% of families 100-200% of FPL (between $21 k and $42 k in annual income for a family of 4) were headed by a Latino.

- When including children: more than half (50.7%) of Latino-headed working families (with children under 18) had incomes below 200% of FPL – compared to 17% for their non-Latino counterparts

- Latino overrepresentation in low-wage sector, determining a 'poverty despite work' status

Our healthcare system

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Understanding our delivery of services:

- **Reliance on Employer-based health-care coverage**
- **Increased use of managed care plans**

* Most popular form, HMOs (health maintenance organizations) existed since the 1930s and 40s and officially recognized by U.S. Health & Human Services in 1973, but have been popularized in California only within the last 20-25 years

* Relies on 'pooled' risk, particularly in concentrated or urban areas for ease of service delivery; California experienced plans consolidation in the late 1990s, as the number of HMOs operating in California began to drop. Rural areas among hardest hit.

* The primary models of managed care exist in California: County Organized Health System (COHS), Geographic Managed Care (GMC), and Two Plan. Planned expansion in 13 counties in addition to the 22 counties already covered by managed care out of total number of 58 counties

- ***Expansions in public health benefit programs***

* Majority of public health programs (nationally and statewide) focuses on low-income families

* Majority of existing programs are contracted out to some type of managed care plan, where approximately half (48%) of all Medi-Cal recipients are enrolled in a managed care plan

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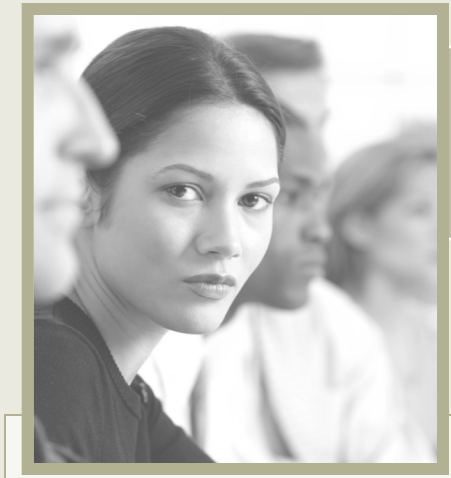
Demographics related to healthcare coverage:

- Our current healthcare system relies on employer-based healthcare coverage
- Employer-based healthcare coverage has been decreasing, directly leading to less uninsured workers
- Largest gaps in small-business owners – small business accounts for 90% of the state's employment but accounts for only 12% of those providing employer-based healthcare coverage
- Beyond their lower wages, yet working full-time status, California's Latinos are more likely to lack health coverage than non-Latinos – where one out of every 4 Latino lacked health coverage. As a result, Latinos represent a majority of the uninsured in California.
- Only 43% received health coverage through their job or the job of a family members compared to 76% of whites, 67% of Asians and Pacific Islanders and 61% of African Americans.



Public programs covering Latinos

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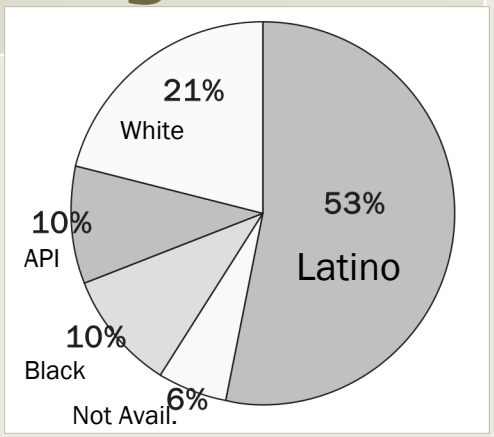
Medi-Cal:

Designed to help low-income families and children, people with disabilities, and seniors (age 65+).

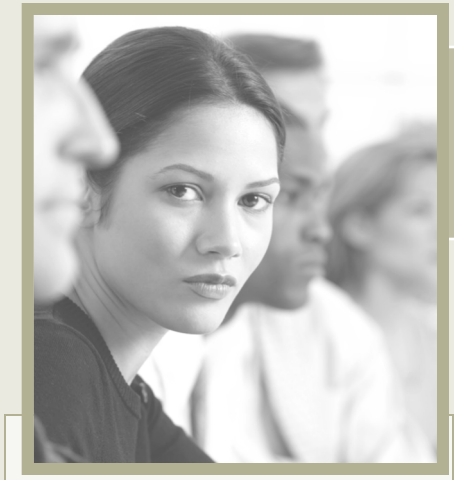
Income eligibility varies by type of population, with the highest income ceilings for children, up to 133%, or approximately $28 k in annual income for a family of four



Source: Medi-Cal Facts and Figures. May 2007, CHCF.

STRUCTURE:

- Primary, acute and long-term care, including required services such as physician visits, lab tests, family planning and supplies, home health services, pregnancy related services. “Optional” services include prescription drugs, dental care, adult day health, physical therapy, vision services and medical equipment.
- No premiums or co-pays for lowest-income Medi-Cal beneficiaries.
- Funded by federal government (federal financial participation or FFP for national Medicaid program) and state government (general fund dollars from state’s fund) through a 1:1 dollar match



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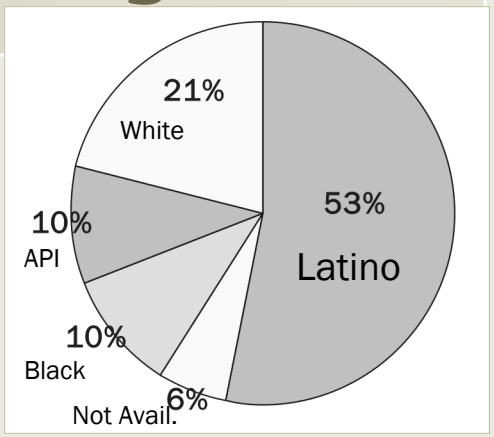

Source: Medi-Cal Facts and Figures. May 2007, CHCF.

- Created over 40 years ago (1965, created by Title XIX of the Social Security Act), the Medicaid program is now larger than the Medicare program. California's version is the largest in the nation
- Medi-Cal currently covers more that 6 million Californians – representing more than one out of every 6 Californians, more than half of which are Latino, representing over 3 million Latinos
- Is the single largest source of health insurance coverage in the state and is the major source of funding for safety-net providers including community clinics and public hospitals
- Accounts for the second largest share of the state's General Fund spending, second only to spending on education
- Services under Medi-Cal delivered in both fee-for-service (FFS) setting and through managed care plans
- California per-beneficiary spending below the U.S. average spending per-beneficiary

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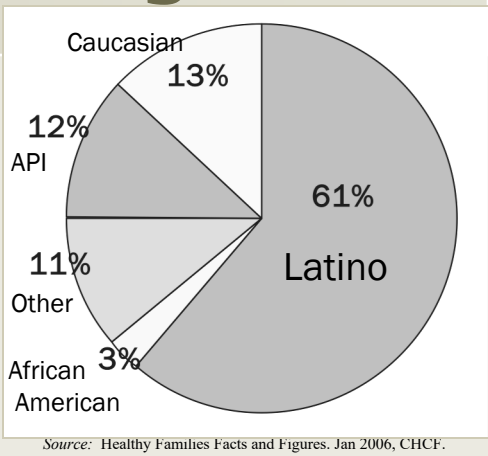
Healthy Families Program (HFP):

Designed to pick up where Medi-Cal drops off, helping families who do not qualify for Medi-Cal but are still below 250% of the federal poverty level (FPL) or approximately $53 k in annual income for a family of four

Focuses on children age 19 and younger



Source: Healthy Families Facts and Figures. Jan 2006, CHCF.

STRUCTURE:

- All services provided through HFP are provided through managed care plans
- Covers a range of healthcare services including physicians visits, hospitals care, prescription drugs, home health, dental and mental health
- Program costs is based per child, per month, depending on family income and health plan; maximum out-of-pocket costs per family for all children are $45 in premiums and $250 per year in co-payments ($5 increments)
- Funded by federal government (67%) and state government (general fund dollars for 33%) through a 2:1 dollar match

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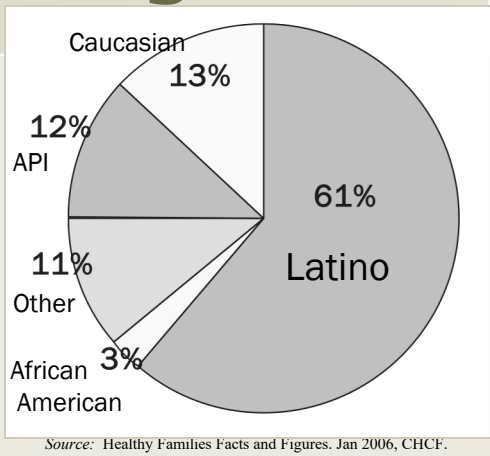
Healthy Families Program:

- Created by the federal Balanced Budget Act of 1997, under the State Children's Health Insurance Program (SCHIP)
- Approved for a 10 year period, program funding expired last September



Source: Healthy Families Facts and Figures. Jan 2006, CHCF.

- Complements other public programs, including: Access for Infants and Mothers (AIM), Child Health and Disability Prevention Program (CHDP), California Children's Services (CCS), Children's County-Based Health Initiatives
- California Legislature created the Healthy Families Program using federal funds 1997; expansions in program increased income ceiling to 250% FPL
- More than 60% of those enrolled in Healthy Families are Latino children, representing more than 300,000

Policy Issues Facing Programs

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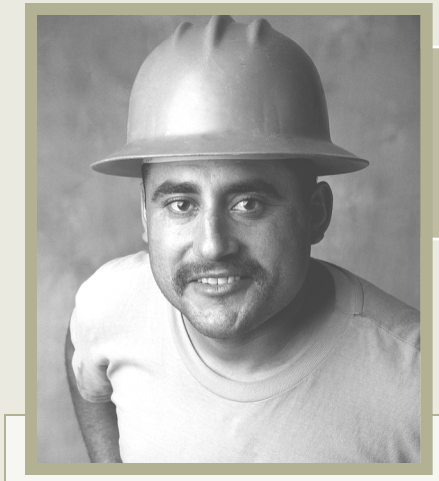
Medi-Cal:

- Recent expansions in eligibility augmentations developed in last 20 years, including coverage for pregnant women and children
- Focus on streamlining enrollment into the program
- Recent changes under Federal Deficit Reduction Act (DRA) that includes new requirements to provide BOTH citizenship (birth certificate, passport, etc.) and identity (driver's license); Specific difficulty with children and babies who may lack existing proof for identity

Healthy Families:

- Focus on streamlining program
- Lack of reauthorization at the federal level, uncertainty of continued funding, based on federal administration



Existing Coverage

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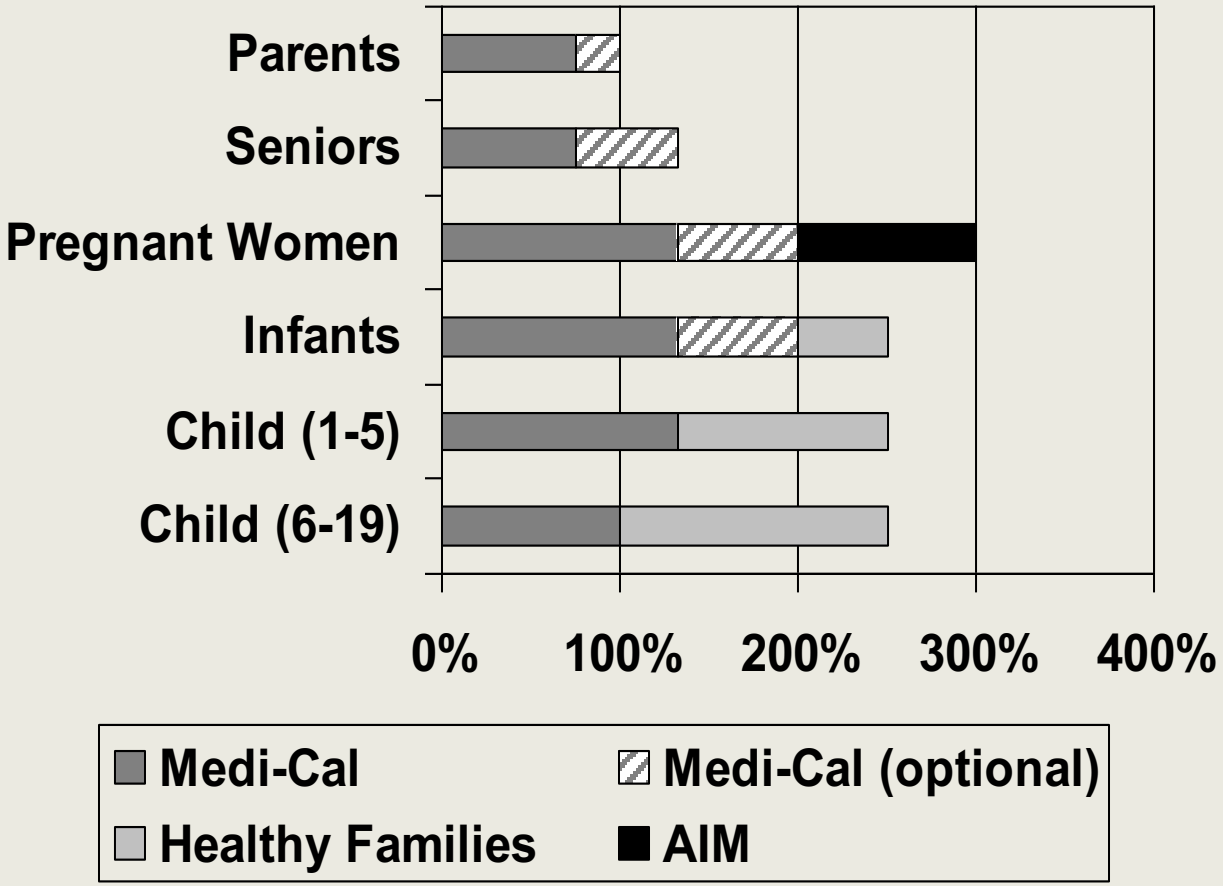

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Issues Facing Latinos

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1 Access to Health Care

Focus: increase access to affordable, high quality, culturally and linguistically appropriate care in a timely manner.

✳ *Latinos are the majority of California's uninsured (54%) and have one of the lowest rates of employer provided health care coverage (43%).*

2 Health Disparities

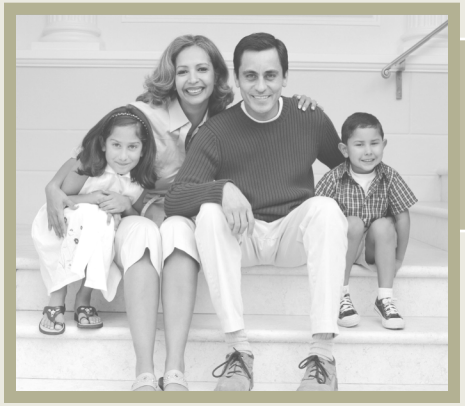
Focus: prevent disease and injury and eliminate conditions that lead to health disparities

✳ *Less than 5% of all actively practicing physicians in California are Latino while research shows that Latinos face growing health disparities due to less access to health care.*

3 Community Health

Focus: build healthy communities by improving the social and physical environments shaping health behaviors and outcomes

✳ *Nearly one in five Latino adults over the age of 50 reporting that they are diabetic, twice the rate for their white counterparts; One of every three Latino adolescents is overweight or at risk of becoming overweight.*



Health Disparities

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- Latinos over represented in rates of chronic conditions
- Nearly one out of every five Latino adults over the age of 50 (19.7%) report that they have diabetes – twice the rate for their White counterparts and among the highest for all racial and ethnic groups. In estimating the lifetime risk, Latinos – both males and females – face the highest risk for developing diabetes, particularly between the ages of 45 and 53
- Individuals with diabetes are more likely to have multiple chronic diseases, often including heart disease, hypertension or asthma
- Recent research indicates that, while health disparities are improving generally, gaps for Latinos are getting worse
- Racial concordance and language agreement improves rates of treatment adherence, treatment perseverance particularly for limited English proficient (LEP) patients
- Minority physicians are more likely to provide care to minority population, practice in under-served areas and serve uninsured patients.

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Language Assistance:

What is it?

- Over 40% of Californians speak a language other than English at home
- Estimated that one out of every five is limited English proficient (LEP)
- Anyone who answers less than "very well" according to the U.S. Census' question, 'How well do you speak English?'

IMPACT ON HEALTH:

- Federal funds available to reimburse language assistance services in medical settings, linked to funding under Medi-Cal (similar dollar match)
- Requirement to provide these services through Title VI of the federal 1964 Civil Rights Act and state version of Title VI, Section 11135
- Currently developing model for delivery of medical interpreter services to Medi-Cal LEP patients, *Medi-Cal Language Assistance Services (MCLAS) Task Force*; Initiated by SB 1405 (Soto) in 2006

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Improving Workforce Representation

What is it?

- Latinos' representation in the overall population is not mirrored in health and healthcare professions, with less than 5% of all actively practicing physicians in California are Latino.
- Similar trends hold for all representation in all other health professions
- Anticipated shortages across all health professions, including doctors, nurses, medical assistants, and specified allied health professionals

IMPACT ON HEALTH:

- AB 982 (Firebaugh) Steven M. Thompson Loan Repayment Program
- Health Workforce Diversity Advisory Council (HWDAC) convened by the Office of Statewide Health Planning and Development, report to be released, state lacking coordinated statewide policy strategy
- AB 2375 (Hernandez) Master Plan on California's Healthcare Workforce

Community Health

3 Community Health **Focus**: build healthy communities by improving the social and physical environments shaping health behaviors and outcomes

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The Obesity Epidemic:

- Obesity in children now reaching epidemic proportion, with 1 out of every 5 children being overweight
- Cost of obesity to the state is estimated to be $21.7 billion a year in direct and indirect medical care, workers comp, and lost productivity (beyond emotional cost) in 2000; increase to $ 28 billion in 2005
- For Latinos, 1 out of every 3 adolescents are overweight or at risk of becoming overweight (UCLA, CHIS)
- Latino adolescents are the most likely to be overweight and are also more likely to be “at risk” for overweight than Asian or Non-Latino white adolescents (CHIS 2003)

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Healthy Eating:

- Removing sodas and junk food from schools

SB 12 (Escutia) – 2005

SB 965 (Escutia) - 2005

- Posting nutrition information

SB 120 (Padilla) – 2007,
SB 1420 (Padilla) - 2008

- Removing junk food marketing

AB 2708 (Solorio) -2008

Physical Activity:

- Incentives for Schools

SB 362 (Torlakson) – 2006

SB 601 (Torlakson) - 2007

AB 2072 (Hayashi) - 2008

- Healthy Communities

AB 1472 (Leno) - 2008

Governor's Summit on Health, Nutrition and Obesity (2005)

State Budget - $40 M grants

Challenges:

- Strictly General Fund spending (lacks a federal match)
- Majority of legislative efforts focused on regulation or oversight and grants disbursement; difficult to find 'maintenance' funding

Can we afford to wait?

Issues Facing the Next Generation of Public Health Leaders:

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Convergence of:

- Overall size of California's Latino population
- Disproportionately high prevalence rates for chronic conditions
- Disproportionately high obesity rates, particularly troubling for adolescents who will go on to become overweight adults
- Already sky-rocketing costs associated with healthcare; additional increases in spending from state's perspective; high concentration of spending on those with co-morbidities

Regional Health Agenda

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Have your voice heard!

- Write letters, participate in the legislative process
- Connect with others as advocates on these issues
- Participate in local efforts,

  LCHC-sponsored regional networks:

  - BARN (Bay Area Regional Network)
  - LARN (Los Angeles Regional Network)
  - SDRN (San Diego Regional Network)
  - CVaRN (Central Valley Regional Network)

For More Information:

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