



REDUCING HEALTH DISPARITIES

**California Health Benefit Exchange Board Meeting
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Latino Coalition for a Healthy California (LCHC)

- Established twenty years ago by advocates, consumers, educators, & health professionals
- The only statewide organization with a specific emphasis on Latino health care-impacts its stakeholders by providing well-vetted & timely information on health policy, developing practical policy approaches & facilitating involvement of Latinos in health policy development



LCHC continued

- LCHC's primary mission to develop & support policies, direct services & socio economic conditions to improve the health of Latinos
- Funded by The California Endowment, California Primary Care Association & The California Wellness Foundation



LATINO POPULATON

- In California, there are approximately 14 million Latinos, which make up nearly 40% of the state's total population
- Despite these numbers, there continues to be disparities in access to health care & health insurance



Disparity: Lack of Insurance

- Latinos are more likely than any other ethnic group not to have insurance
- According to the Health Initiative of the Americas roughly 1 in 3 Latinos in California are uninsured



Disparity: Lack of Insurance

WHAT CAN THE EXCHANGE DO?

- ✓ Ensure that premiums are low; the most-cited reason that Latinos don't purchase insurance is the high cost
- ✓ Ensure the continued viability of the health care safety net. Undocumented individuals are barred from participating in federally funded insurance programs. It is estimated that 3 million of those reside in California.



Disparity: Language & Cultural Barriers

- Latinos have reported having a lack of comfort with health care facilities and/or services.
- This can stem from cultural barriers as well as the fact that while Latinos represent roughly 40% of the state's population, they account for only 5% of the California physicians.



Disparity: Language & Cultural Barriers

WHAT CAN THE EXCHANGE DO?

- ✓ Require Qualified Health Plans (QHP) to meet higher cultural competency & linguistic standards than health plans in the open market. This has not been done by the Exchange during the first year of operation.
 - ✓ The current requirement is to meet the standards required by their current state regulatory agency.



Disparity: Health & Wellness

- On average Latino adults consume fewer serving of fruits and vegetables than recommended, often because there is a lack of access to fresh produce in many of the neighborhoods where they live or produce is too expensive.
- 2/3 of Latinos also report eating fast food at least one time per week.



Disparity: Health & Wellness

- Less than ½ of Latino adults in California get a minimum of 30 minutes of moderate physical activity 5 days a week recommended
- 32% report that they do not engage in any physical activity or exercise



Disparity: Health & Wellness

- Nearly 69% of low-income Latino adults in the state are overweight or considered obese. This excess weight is associated with increased incidents chronic diseases such as: cardiovascular disease & type 2 diabetes



Disparity: Health & Wellness

WHAT CAN THE EXCHANGE DO?

- ✓ Wellness programs are offered broadly in the employer-based insurance market, but Latinos are often employed in job sectors less likely to provide health coverage or other employee benefits and have less access to these wellness programs
- ✓ One of the Exchange's overarching policy guidelines includes identifying opportunities to align with community health and wellness initiatives to promote a healthy lifestyle.



Disparity: Language & Cultural Barriers

WHAT CAN THE EXCHANGE DO?

- ✓ Require that Qualified Health Plans contract with an established minimum number of culturally competent & bilingual providers.



Disparity: Health & Wellness

WHAT CAN THE EXCHANGE DO?

- ✓ The Exchange should encourage the provision of provider incentives for quality improvement



Disparity: Health & Wellness

WHAT CAN THE EXCHANGE DO?

- ✓ Enhanced reimbursement for proven strategies like the Patient Centered Medical Home may also enhance the health & wellness of patients



Disparity: Health & Wellness

WHAT CAN THE EXCHANGE DO?

- ✓ It is important to note that wellness programs also have the potential to negatively impact vulnerable populations or facilitate discrimination based on health status. These programs should be monitored to assess their impact on health status improvement & affordability



Disparities: Health & Wellness

WHAT CAN THE EXCHANGE DO?

- ✓ QHPs should be encouraged to create incentives for provider & patient participation in health & wellness services offered by many community-based providers



Conclusion

Implementation of the Covered California will be a complex, multi-year process. We all need to be involved in the discussions as to how we think it should be implemented.

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