

**Telephonic Briefing:
The State of Latinos and Health Care**

**Moderator: Kara Ryan
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3:30 p.m. EDT**

Kara Ryan: Good afternoon, everyone. My name is Kara Ryan, and I'm a Research Analyst with the Health Policy Project at the National Council of La Raza. I'd like to welcome you to the discussion today. We have brought together policy, research, and on-the-ground experts to discuss the state of Latinos and health care, and how health reform at a federal level gives a chance to improve Latino health and well-being.

Among the experts on the phone include myself, as well as Jennifer Ng'andu, who is the Deputy Director of the Health Policy Project at NCLR, and Ana Melgoza, the Director of Community Relations at San Ysidro Health Center in San Ysidro, California.

I'd like to start off with Ana Melgoza at San Ysidro Health Center, who sees thousands of Latino patients a year and can give a first-hand account of how the members of the community interact with the health care system. Ana?

Ana Melgoza: Thank you so much, Kara, and thank you, everyone, for giving us the opportunity to tell our story. Let me go ahead and just give you all the background on who we are. We are a federally qualified community health center established by a group of mothers 40 years ago. On a daily basis, we strive to provide the highest quality of care and the most accessible health care to our underserved community.

In 2008, we worked with 60,000 registered patients. Of those patients, 84% were predominantly Latino, 86% lived below 200% of the federal poverty level, 52% were uninsured, and 45% were children from birth to age 19.

We work on a daily basis with families in helping them apply for public health benefit programs, but we also offer a sliding fee scale program that takes into account family size and income.

I was asked today to provide you all with a snapshot of some of the patients that we see struggle on a daily basis with different issues that affect their health. If it's okay with you, I want to start with the story of Juan.

Juan has been a patient of our health center since birth. He was referred to a care coordinator by a pediatrician because of global developmental delays. These delays required the family to seek medical assistance outside of our clinic. More specifically, Juan had congenital dislocation of the hip, undescended testicles, and a muscle ligament disorder. His parents were overwhelmed with the specialty treatment Juan had to endure to be a healthy child.

Many times there was miscommunication between a local hospital and the patient's family, making it difficult for Juan to attend his very important appointments, [especially] without knowing the date for visits or where to go.

A regional center's caseworker who documented Juan's progress noted that much of Juan's progress was delayed due to missed appointments and because of a lack of parental understanding of his condition, and the surgical procedures needed to improve his health.

Another adversity faced by the family was insurance coverage issues. Several times, Juan's mother had to cancel important appointments because Juan didn't have any medical coverage or they could not afford to pay the visits out of their own pocket due to lack of medical coverage.

As any parent, Juan's father [was concerned] about the muscle biopsies and surgery needed to be performed on his son. But through the help of professionals here at our health center and in the community, we were able to provide his family with better understanding and the reasons for these multiple specialty appointments, and the importance of following up with them so that they wouldn't delay their son's progress.

Juan is currently two years old and four months. His appointments are up-to-date, with the assistance of several people involved with the family, and he is part of a very loving family who continues to struggle with his health.

Kara Ryan:

Thank you so much for sharing that story, Ana. One of the things that stands out in Juan's story is the critical role that patient provider communication plays in the quality of Latinos' health care and, ultimately, health outcomes.

We tackled this issue in the *Profiles of Latino Health* series, in which we looked at the top 12 questions about Latinos and health care. In Question 10, we looked at how patient provider communication affects Latinos' health care, and, indeed, we found that Latinos are much more likely than Whites to report that when they talk to their health care providers, they're

not getting the information from their doctors in ways that they can understand. That can have a really significant impact on their ability to be healthy.

One of the other things that the research showed was that for Latinos who went to doctors or hospitals where the medical staff were not bilingual and they were not able to access professional medical interpreters, they were much more likely to have trouble understanding their medical situations or understand the doctor's instructions about how to take care of their health, such as how to take their medications. And they were also much more likely to be victims of medical error and suffer real harm. As Juan's story shows, there is real impact on health outcomes when patient provider communication is poor.

The other thing that Ana's story shows is that models like San Ysidro Health Center are improving patient provider communication as well as the other issues that Juan's story highlighted, such as health literacy and connecting families with health insurance coverage. This type of work really needs to be brought to scale, and we have an opportunity to do so through federal health care reform.

So, with that, I'd like to turn to Jennifer Ng'andu, who will talk more about both the legislative landscape on health reform at the federal level and also the work that NCLR is doing to ensure that Latino priorities are included, ultimately, in any health care reform legislation that is passed.

Jennifer Ng'andu:

Thank you so much, Kara, and thank you, Ana, for sharing Juan's story. I think that the stories that San Ysidro Health Center shares are what health care reform is really about.

We may only have one shot to do health care reform in a lifetime. We haven't had any reform of our system in many, many years, and the last time we attempted to do it was more than 15 years ago. So, this is our one opportunity to get this right, to make sure that we pass health care reform that works for all American communities.

And Latinos have so much at stake. Kara identified some of the major issues that are happening within our system, where people lack adequate access to quality care, and the patient-provider relationship is not solid. But we also see promising trends in that Latino behavioral health is positive and promising; because they are younger, they are more likely to be healthier. We want to capitalize on both the opportunities and challenges, and make sure that reform works for everyone in this country.

What the National Council of La Raza is calling for is health care reform that works for all families and everyone who is working in this country.

What we say we need to do is shift the paradigm of health care reform. That means that the system that we have today does need to be drastically changed to be more patient-centered, to make sure that people have choices in their communities, and to make sure that health care is affordable.

Latinos within this system are disproportionately uninsured and do not have access to the care that they need and can't get it when they need it. So we're saying that all workers should be treated equitably and that we should streamline access to care. We should streamline access for families, we should cover all children in this country, and we should make sure that people get the quality of care that they need.

With that said, we know that things are moving fast in both the House and the Senate. We both see promising signs that health care reform can be done well, but we also think that there are challenges. Right now, health care reform is a mixed bag for Latino families. So our call to action is really to tell members of Congress that in order to make the health care system work, it must work for all American workers and families. And I will stop right there.

Kara Ryan: Great. And I think with that we will open the floor to questions.

Operator: Our first question comes from Edward Schumacher-Matos from Washington Post Writers Group. Your line is open.

Edward Schumacher-Matos: Yes. When you say you want the health care for all families and all workers, I presume you're including undocumented workers, too, to be treated the same?

Jennifer Ng'andu: We think the health care system works if people are taking on their responsibility and paying their fair share into the system. What we believe is that everybody should be contributing, but that also means that they need access to the resources that help them pay for the health care that they need when they need it. So, when we say all, we mean all—all workers and all families. We think that streamlines the system, makes it more cost-efficient, and makes sure that everybody is fulfilling a shared responsibility to strengthen our health care system.

Edward Schumacher-Matos: So, how do you respond, then, to the critics who say that given that most undocumented workers are low-income, they may not meet that barrier that you all set of 300% of the federal poverty line, or whatever you said, so that almost all of them would come in fully subsidized under a health care reform system?

Jennifer Ng'andu: Well, I don't actually think that's how the proposals are shaping up, so I'm not sure that that's even an issue. But what we believe is that everybody should pay their fair share into the system, and that there should be a shared responsibility to take on the costs in the system. We think it's more cost-efficient for everybody to be paying in than to try and create unnecessary barriers and exclusions to the health care system for families.

What happens when you try and create restrictive measures is that you're cutting off all sorts of people—legal immigrants, citizens, and other communities who need access to health care. We're a mixed population with an array of different people in our families. So we think the best way to make our system more cost-efficient is to ensure that everybody shares the responsibility and pays their fair share in the system.

Operator: Thank you. Our next question comes from Rob Kuznia from *Hispanic Business*.

Rob Kuznia: Hi. I know that Senator Kennedy has a bill out. I just wanted to know, do you support that bill or do you support any bill over any other?

Jennifer Ng'andu: The House of Representatives issued a bill last Friday, and we see that one as the most promising for Latino communities. There are a couple of reasons. First, we believe that it takes good steps to make sure that families are treated as a unit and that they're streamlined into the health care system. Second, we know that that bill treats all lawfully present immigrants the same and allows them access to affordable health coverage.

The third reason is that it invests in areas that improve quality of care—many of the things that Ana was speaking to in terms of making sure that care is coordinated, that there is adequate patient protections, and that patient communication is good. All of those things are addressed within the House bill. There are investments in language services and language service reimbursement, so that providers can provide care. There's also a huge investment of money into public health services and public health infrastructure to address issues such as H1N1 [influenza], but also to make sure that when disasters come around, people have access to the care that they need.

And finally, there is a real shift in how we help people get care. They're trying to aim for care to be more coordinated and to make sure that people get access to preventive care services.

Operator: Thank you. Our next question comes from Paulo Martinez from LULAC [the League of United Latin American Citizens]. Your line is open.

Paulo Martinez: Yes, Jennifer, you had said that Latinos are disproportionately insured.

Jennifer Ng'andu: Uninsured.

Paulo Martinez: I was wondering if you had the recent statistics on that.

Jennifer Ng'andu: Yes. And, Kara, why don't you go ahead and answer this question? But they are definitely disproportionately uninsured and have less access.

Kara Ryan: Sure. One in three Latinos is uninsured. Latinos are disproportionately represented among the uninsured as well—of all uninsured Americans, one in three is Latino. This obviously affects their access to health care. As Ana mentioned, Juan's family had trouble making sure that he had consistent access to the services that he needed for his very severe and complicated health problems.

Ana, do you have any other stories to share from San Ysidro in which health coverage, or lack thereof, played a very critical role in the health of kids or families?

Ana Melgoza: Absolutely. Actually, that's something that we struggle with on a daily basis here. When we talk about the family and providing care for one of the family members, really, we treat our patients as a family unit primarily because the mother of the family is really the spokesperson for the health of the family. So, we know that if we get to the mother, then we ensure the health of the rest of the members.

The mother is also the one that we deal with primarily when it comes to setting appointments, and also medical coverage. And many times when they lack medical coverage, you see that they don't keep up with their appointments.

For instance, I'm going to tell you about a patient of ours, Crystal. She was a five-year-old girl who was referred to us to receive specialty care at a local hospital. Unfortunately, the family didn't have any medical insurance; therefore, it was difficult to even make appointments for her at this hospital. She had to attend ophthalmology, dental, developmental, cardiology and audiology specialists. The care coordinator that we have here at San Ysidro Health Center had constant communication with the primary care provider here and the social worker at the hospital to modify some of the referrals.

The solution to this barrier was sending Crystal to community agencies for help and continuing to monitor her health insurance coverage through the hospital and through our own health center. Today she is receiving proper care, but she is still uninsured. Her mother explains that they're trying to

get proper documentation for the father, and as a result there is miscommunication as to what they can and can't apply for. But, unfortunately, the person who isn't getting the proper care at times because of that situation with mixed immigration status is Crystal, the five-year-old, who needs all this additional specialty care for her health.

Kara Ryan: Thank you so much, Ana. Crystal's story really emphasizes that not only is coverage important, but also the role that San Ysidro and other health centers play in connecting folks with coverage—sorting through the bureaucracy and determining what types of programs the families and children are eligible for.

Ana Melgoza: We also experience on a daily basis feedback from our patients that go to external agencies for care, and they come back and they tell us that they didn't have an interpreter on hand to help them with the specialty appointment that they had. As a result, the son's or daughter's diagnosis or prognosis wasn't understood by the family.

We have a great example here of someone we are currently working with, who is a ten-month-old baby with congenital anomaly of the heart, which is a very, very important health issue. He was referred to the local urology clinic, as well as cardiology clinic and other specialty clinics.

In one case, the family went to the appointment, because they were told to go there, and for whatever reason an interpreter service wasn't available at the time. The specialist was insensitive to the family's cultural background and to their needs. The result was some inappropriate remarks made and the family left not only in disbelief with what they had experienced, but also without the proper information that they needed to care for their son's condition.

They came back to us [San Ysidro Health Center] and we helped them switch the specialist at the hospital. We're also monitoring that situation so that the child gets the proper care that he needs regardless of what feedback they get from specialists that don't know how to interact with our patients at times.

Kara Ryan: I think that these stories really illustrate and get to the heart of the issues—beyond the research in the Profiles—in a way that really resonates and underscores how important it is that we get Latino health priorities in health care reform.

I'm getting a signal that there are no more questions on the line, so I just want to say thank you for participating in this call. For more information, you should visit our website at www.nclr.org, and also San Ysidro's website at www.syhc.org. I thank you very much for participating.

Operator: Pardon me, Ms. Ryan? One participant queued up for a question.

Kara Ryan: Yes.

Operator: We have a follow-up with Edward Schumacher from Washington Post Writers Group. Your line is open.

Edward Schumacher-Matos: Yes, so you're saying the House bill does not cover the undocumented, is that it?

Jennifer Ng'andu: Well, it's still shaping up and it is hard to see. But what we can see from the House bill is that they do make a commitment, unlike some of the other bills, to cover all people who are lawfully present in the United States. We are urging them to make sure that they cover all workers and all families. So, by far, it's the one that is the best starting point, and it remains to be seen whether they are covering the undocumented population.

Edward Schumacher-Matos: I see all sorts of numbers on your website about who has insurance and who doesn't. It's not quite clear to me. Now you're saying one in three. I see something else that says 40% of the workers under plans have workplace coverage. Something else says 65% who work for employers who offer workplace coverage. Something else that says almost everybody who has a chance to get it gets it, yet it drops from 65% to 40%. There are a lot of numbers on that site that just don't add up. I mean, there's a lot of confusion in there, I'm afraid.

Kara Ryan: Let me clarify. Of all Latinos in the U.S., 32%, or one in three, is uninsured. And a major reason for that uninsurance is, like all Americans, most Latinos get their health coverage through their employers, through their jobs. However, Latinos are much less likely to work for an employer that offers them coverage. As a result, only 65% or so of Latinos work for a firm that offers health coverage compared to Blacks and Whites, where the number is closer to 90% of those workers.

Edward Schumacher-Matos: Thirty-two percent are insured?

Kara Ryan: Uninsured.

Edward Schumacher-Matos: Uninsured. So two-thirds are insured?

Kara Ryan: That's correct. But Latinos are still the most uninsured ethnic group in the country.

Edward Schumacher-Matos: And that includes documented and undocumented?

Kara Ryan: That includes everyone, that's right.

Edward Schumacher-Matos: So, of that one-third that's uninsured, is that like almost all undocumented?

Kara Ryan: No.

Edward Schumacher-Matos: How many undocumented are insured?

Kara Ryan: About 59% of undocumented adults are uninsured, and 45% of children of undocumented parents are uninsured. Those numbers are from Pew Hispanic Center's recent report that was just released in 2009.

Edward Schumacher-Matos: Okay. Thank you.

Operator: We have a follow-up from Rob Kuznia from the *Hispanic Business* magazine. Your line is open.

Rob Kuznia: Thank you. I just had a quick question. I wanted to know if there is a way to talk to somebody after this is over.

Jennifer Ng'andu: Sure.

Rob Kuznia: To clear up some details.

Jennifer Ng'andu: Sure. The best way to reach us is by contacting Jackeline Stewart, and her number is (202) 785-1670. That will get you through, and just ask for Jackeline Stewart, and she'll make sure to get the calls into the right place.

Rob Kuznia: Okay, thank you.

Kara Ryan: Is that all we have?

Operator: I am showing no further questions.

Kara Ryan: Okay, great. Thank you again for joining us on the call today and discussing the state of Latinos in health care. Thank you to Ana and the San Ysidro Health Center for sharing those stories, and for talking about the work that she and her colleagues do every single day. And please do visit us at nclr.org, and keep up with the latest on Latinos in health care reform. Thank you.

Operator: Thank you. Ladies and gentlemen, thank you for your participation in today's conference. This concludes the program and you may now all disconnect. Everyone have a great day. Thank you.