¡Pláticas de Salud! Prioritizing Health in the Latino Community

Wednesday, December 4, 2013
11:00 AM to 12:30 PM Pacific
2:00 PM to 3:30 PM Eastern

Welcome and thank you for joining our Web Forum!

Technical difficulties? Call 1-866-229-3239

Please complete the Post-Web Forum online evaluation. We need your feedback!

Recording and Slides will be available at www.Dialogue4Health.org
Q&A Feature

Please submit questions via the Q&A Feature

Please send your questions to All Panelists
Polling Feature

Please

1. Choose your **answer**, then
2. Click **Submit**
POLL #1

Are you attending this Web Forum:

a. Individually
b. In a group of 2-5 people
c. In a group of 6-10 people
d. In a group of more than 10 people
Xavier Morales, PhD is Executive Director of the Latino Coalition for a Healthy California. Dr. Morales, a longtime advocate for health equity and environmental justice, has worked to enable community-led initiatives to address health equity and also to promote multi-sector approaches to prevent violence. Taking an expansive view of what constitutes health, he has diligently worked to help enable opportunities for youth development, workforce development, college access, supporting prisoner reentry, alternatives to detention, early childhood development, affordable housing and mentoring programming.

Dr. Morales, originally from Sanger, California, studied Environmental Sciences at the University of California, Berkeley and City and Regional Planning at Cornell University.

Website: www.lchc.org
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

• LCHC’s primary mission is to develop & support policies, direct services & socio economic conditions to improve the health of Latinos

• Participate on the Following Coalitions & Alliances:

<table>
<thead>
<tr>
<th>Left Column</th>
<th>Right Column</th>
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</table>
| • Latin@ Health Alliance  
  • Alliance for Boys and Men of Color  
  • Having Our Say  
  • Statewide Network on Immigrant Health | • National Alliance for Nutrition and Activity  
  • California Health Equity Leaders  
  • Healthy New Americans Coalition |
Key Legislation—2013

- ABX 1-1/SBX 1-1—Medi-Cal Expansion
- AB 720—Increased Access to Health for Reentry Population
- AB 191—Medi-Cal/Exchange and CalFRESH Applications
- AB60—Safe and Responsible Driver Act
- AB241—Domestic Worker Bill of Rights
- AB4—Trust Act
LCHC Regional Networks

- Far North
- Central Valley
- Inland Empire
- Imperial Valley
- Northern California
- Bay Area
- Central Coast
- Los Angeles
- San Diego
Leading Causes of Death for Latinos in California

Among California Latinos, heart disease, cancer, stroke and diabetes account for over 54 percent of all deaths.

Why is Health a matter of Justice?
What underlies the difference in life expectancy?
## Social Determinants of Health

<table>
<thead>
<tr>
<th>Social Determinants of Health</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Opportunity/Living Wages</td>
<td>Marketing of Unhealthy Products</td>
</tr>
<tr>
<td>Education</td>
<td>Transportation</td>
</tr>
<tr>
<td>Quality of Air, Water and Soil</td>
<td>Community Connections</td>
</tr>
<tr>
<td>Housing</td>
<td>Racial and Ethnic Justice</td>
</tr>
<tr>
<td>Fresh Fruits and Vegetables</td>
<td>Arts and Culture that Support Identity</td>
</tr>
<tr>
<td>Safety</td>
<td>Hope/Efficacy and Agency</td>
</tr>
<tr>
<td>Parks and Open Space</td>
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</tbody>
</table>
Latino Health: A Matter of Justice

- Share lessons learned around sugar-sweetened beverages, obesity, diabetes, & Latino communities
- Snapshot of Affordable Care Act/Obamacare in California (Covered California)
• **The Latino Coalition for a Healthy California (LCHC)** - the only statewide organization with a specific emphasis on Latino health - advocates to impact Latino health through enhanced information, policy development and community involvement.

• **The Public Health Institute (PHI)** is an independent, nonprofit organization dedicated to promoting health, well-being and quality of life for people throughout California, across the nation and around the world.

• **California Center for Public Health Advocates (CCPHA)** tackles the underlying factors that perpetuate childhood obesity and undermine parents’ desire to keep their children healthy by advocating for policy change simultaneously at state and local levels.
Introducing our presenters:

Xavier Morales  Carmen Nevarez  Jeanette Flores  Shayla Spilker
Dr. Nevarez has over 32 years of experience as a physician and 29 years as a public health practitioner, having served as the Director of Department of Health and Human Services and Health Officer, City of Berkeley, California, as well as in various clinical settings including Medical Director at La Clinica de la Raza in Oakland. She is Immediate Past President of the American Public Health Association (APHA). Her areas of expertise include women's reproductive health, Latino health, community based strategies for chronic disease prevention, and social media for public health.

Website:  www.phi.org and www.Dialogue4Health.org
POLL #2

What type of strategy would most effectively reduce consumption of sugar-sweetened beverages (SSB)?

a. Educational campaigns
b. Eliminating SSBs from kids’ meals
c. Taxing SSBs
d. Restricting SSB portion sizes
Jeanette oversees public policy and community outreach strategies. Ms. Flores promotes health and wellness through public policy efforts in local municipalities. These policies help support healthier food choices and opportunities for physical activity in under resourced communities. Jeanette Flores is a native of the East San Gabriel Valley. She earned her bachelor’s degree in political science and her master’s degree in public administration from California State University, Long Beach. She enjoys spending time with her husband and four children, traveling and volunteering to support local youth programs. Originally from El Monte, Ms. Flores currently resides in Covina.

**Website:** [www.publichealthadvocacy.org](http://www.publichealthadvocacy.org)
Making the Healthy Choice the Easy Choice

A Call to Action

Jeanette Flores, MPA
Senior Policy Director, So Cal
California Center for Public Health Advocacy
Promote the establishment of public health policy at both the state and local levels

Childhood Obesity

- School Nutrition Standards
- Physical Education Funding
- Menu labeling in Chain Restaurants
- Soda and and other Sugary Drinks
OVERVIEW

❖ Obesity & Diabetes
❖ Why Public Policy
❖ Why Soda and Other Sugary Drinks?
PUBLIC HEALTH:

Healthy people
in healthy communities
Age-Adjusted Prevalence of Diagnosed Diabetes Among U.S. Adults

2010
Ever diagnosed with diabetes (CHIS, 2011-12)
OBESITY IN THE U.S. TODAY

17% of youth

36% of adults
HEALTH CONSEQUENCES OF ADULT OBESITY

- Type 2 Diabetes
- Heart Disease
- Stroke
- Hypertension
- Dyslipidemia
- Gall Bladder Disease
- Osteoarthritis

- Sleep Apnea
- Respiratory Problems
- Cancers
  - Breast
  - Prostate
  - Colon
Overweight among children aged 6 – 19 increased nearly 4-fold from 1963 – 2000
CHILDHOOD DIABETES

Among adolescents (12-19 years old), rates of diabetes and prediabetes have increased drastically:

1999-2000: 9%
2007-2008: 23%
This generation of children could be the first in the history of the United States to live . . . shorter lives than their parents.

David Ludwig
New England Journal of Medicine
March 17, 2005
So what is HAPPENING?
So What’s Happening?

Genetic change?
Less will power?
Less informed?

or

Have we built a toxic environment?
Junk Food & Drinks are EVERYWHERE
Individual Behavior

Within

The Environment

The social, economic, and political context in which we make our food and activity choices

Public Policy
KIDS – CONSUMPTION OF SUGARY DRINKS

In the United States:
66% of kids age 2-11
77% of kids age 12-19

DRINK A SODA OR MORE EVERY DAY

SSBs contribute 10% of all calories consumed by teens.
KIDS – CONSUMPTION OF SUGARY DRINKS

Daily caloric intake from SSBs:

2-5 year olds: 69 calories
6-11 year olds: 118 calories
12-19 year olds: 225 calories

To reach Healthy People 2020’s goals for childhood obesity, children need to eat 64 fewer calories per day – this may be accomplished by eliminating one SSB daily.
OVERWHELMING SCIENTIFIC EVIDENCE

1 soda/day
  – Overweight/obesity odds by 55% (children)
  – Diabetes risk 80% (women)

3 sodas/day for just 2 weeks
  ↑ 20% increase in cholesterol and triglycerides (men and women)

3 sodas/day for 6 months
  – Cholesterol, visceral fat, fatty liver (men and women)

Absorb sugar immediately: glucose spikes
Human beings were not designed to consume liquid sugar.
Soda consumption doubles the risk of the worst cavities.
MASSIVE MARKETING TO YOUTH

- $400 million spent annually marketing SSBs to children/adolescents
- More than $1 million per day
- Television, digital, product placement, and more

Ever Increasing Availability
SODA . . .
BEST DEAL ON THE MARKET!

Consumer Price Index, 2010
- Public education
- Grassroots organizing
- Organizational Policies
- Local and State Policies
Nutrition Standards Policies (NSP): NSPs include food and beverages served or sold in public spaces, including vending machines and snack bars.

Healthy Selection - Corner Store Program: A Healthy Selection-Corner Store promotes the sales of healthier foods and beverages such as fresh produce and low-fat, low-calorie, high-fiber foods. Low-income communities with limited access to public and private transportation often rely on corner stores as their main grocer.

“Change Starts with Me”: This 6-part training will provide residents with the information and skills they need to advocate for a healthier community through policy and planning. Content emphasis varies based on the policy residents will address, i.e. corner store, complete streets, health element to the general plan.
We have everything we need right now to start solving America's childhood obesity problem.

Michelle Obama
January 21, 2010
Shayla Spilker
Health Policy Communications Coordinator
Latino Coalition for a Healthy California

Shayla Spilker coordinates and implements policy and communications efforts for LCHC with a focus on expanding healthcare access and improving community conditions to promote equitable health outcomes among California’s Latino population. Prior to joining LCHC in 2013, Ms. Spilker worked on health equity projects for Prevention Institute in Oakland, CA. She worked in Santiago, Chile, providing HIV/AIDS prevention education to low-income youth and young adults and currently volunteers at the City of Berkeley Public Health Clinic. Ms. Spilker received her Bachelor of Arts in Public Health from the University of California, Berkeley.

Website:  www.lchc.org
Sugar Sweetened Beverages, Obesity, Diabetes & Latinos

• How can we collaborate to advance SSB work in California?
• How can we work with Spanish media to advance SSB messaging?
• What are some key messages we can use to counter industry’s money/influence in the Latino community?
How can we collaborate to advance this work in CA?

- Community education
- Credible messengers
- Change current practices
- Identify and work with allies
- Advocacy and policy change
How can we work with Spanish media to advance SSB messaging?

- Messaging modalities that reach Latinos
- Appropriate messages
- Credible messengers
- Develop media partnerships
What are some key messages we can use to counter industry’s influence?

- Educate our children on what “healthy” really means
- Debunk myth that eating healthy costs more/takes more time
- Counter national messaging with local faces & stories
- SSBs at treats vs. normal
- Build on cultural values – especially family
POLL #3

On a scale of 1-5 how much do you know about the details of Obamacare/ACA/CoveredCA?

a. 1 (I’m an expert!)
b. 2
c. 3 (Some, but I’m still learning)
d. 4
e. 5 (Not enough!)
ACA/Obamacare/Covered California and Latinos in California

Xavier Morales, PhD
Latino Coalition for a Healthy California
Affordable Care Act

• Affordable Care Act was signed into law in 2010

• There are 3 main goals of the Affordable Care Act
  – Increase health care coverage
  – Reduce health care costs and improve affordability
  – Improve people’s health

• Major Components of the Affordable Care Act
  – Expansion of Medicaid (Medi-Cal in California)
  – Establishment of marketplace exchanges
  – Individual Mandate
  – Employer Mandate (pushed to 2015)
Affordable Care Act & Latinos

- 913,000 Latino young adults have gained insurance through their parent’s plans in the U.S.

- 8.2 million Latinos who have private insurance gained improved coverage for preventative services in the U.S.

- Approximately 10.2 million Latinos no longer have to worry about going without treatment for cancer and other chronic diseases because of its lifetime limits in the U.S.

Source: HealthCare.Gov
Covered California

• Covered California is the first state health exchange formed under the Affordable Care Act

• Established as California Health Benefit Exchange
  – Is one of 17 state-based marketplaces

• The goal is to reach the 5.3 million people who qualify for Covered CA

• CoveredCA.com
Medi-Cal Expansion

• Currently Eligible
  – Children with household incomes up to 250% of the Federal Poverty Level (FPL)
  – Parents with dependent children (100% of FPL)
  – Pregnant Women (200% of FPL)
  – Low-income seniors (133% of FPL)
  – People with disabilities (133% of FPL)

• After 2014
  – Medi-Cal will expand their program to cover adults without dependent children living at home up to 133% of the FPL
  – Approximately 1.7 million Latinos will be eligible for Medical under the new law
Essential Health Benefits Under Covered CA

- Ambulatory Patient Services
- Emergency Services
- Hospitalization
- Maternity and Newborn Care
- Mental Health and Substance Abuse Disorders
  - Behavioral Health Treatment
- Laboratory Services
- Preventative and Wellness Services
  - Chronic Disease Management
- Pediatric Services
Eligibility for Covered California

- U.S Citizens and Legal Permanent Residents
  - Incomes between 100-400% may be eligible

- Undocumented Immigrants are NOT eligible under Covered California
Latinos in California

Uninsured:
- Latino: 59%
- White: 23%
- Asian: 11%
- African American: 5%
- Other: 2%

Total Population:
- Latino: 42%
- White: 37%
- Asian: 12%
- African American: 6%
- Other: 3%

June 2013
Health Insurance plans Announced

July 2013
Public Education Campaign Launch

October 2013
First Open Enrollment Begins

January 2014
Coverage Begins

March 2014
First Open Enrollment Ends
Insurance Plans Under Covered CA

• Different levels of coverage allow consumers to choose the plan that will best suit their needs
  – A bronze-level plan will cover 60% of a person’s expected medical costs
  – A platinum plan will cover 90% of a person’s expected medical costs

• Insurance Plans
  – 13 plans were selected

• Premium Assistance
  – The federal government will provide subsidies to help moderate and middle income Americans purchase health through insurance exchanges
  – ACA sets monthly maximums that people will pay for health care based on their incomes
Metal Tiers: Bronze$^{60}$, Enhanced Silver$^{87}$, Gold$^{80}$, Platinum$^{90}$

Due to your income level, you qualify for the Enhanced Silver 87 plans, which provide assistance with out-of-pocket costs in addition to premium assistance. Enhanced Silver 87 plans will cover an average of 87% of costs, meaning that, on average, you will be responsible for 13% of your health care costs.

You could also select a Bronze, Gold or Platinum plan. Platinum plans have the highest premium, yet pay 90% of covered health care expenses. Bronze plans have the lowest premium, but pay only 60% of covered health expenses. It's important to think about how much health care you will need when choosing a level.

![Metal Tiers Graph](image)
Why choose Enhanced Silver 87

Enhanced Silver Coverage: ≈87%

- **Blue Shield Enhanced Silver 87 EPO**
  - Total Monthly Premiums: $362
  - Monthly Premium Assistance (Tax Credit): $187
  - Your Total Monthly Payment: $176
  - [VIEW DETAILS](#)

- **Anthem Multi State Plan Enhanced Silver 87 PPO**
  - Total Monthly Premiums: $407
  - Monthly Premium Assistance (Tax Credit): $187
  - Your Total Monthly Payment: $221
  - [VIEW DETAILS](#)

- **Kaiser Permanente Enhanced Silver 87 HMO**
  - Total Monthly Premiums: $416
  - Monthly Premium Assistance (Tax Credit): $187
  - Your Total Monthly Payment: $230
  - [VIEW DETAILS](#)
<table>
<thead>
<tr>
<th>Key Benefits</th>
<th>Bronze 60</th>
<th>Enhanced Silver 87</th>
<th>Gold 80</th>
<th>Platinum 90</th>
</tr>
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<tbody>
<tr>
<td>Individual Deductible</td>
<td>$5000 deductible for medical &amp; drugs</td>
<td>$500 medical deductible</td>
<td>no deductible</td>
<td>no deductible</td>
</tr>
<tr>
<td></td>
<td>$50 brand drug deductible</td>
<td>$100 brand drug deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Deductible</td>
<td>$10,000 deductible</td>
<td>$1,000 medical deductible</td>
<td>no deductible</td>
<td>no deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$100 medical deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventative Care Copay</td>
<td>no cost at least 1 yearly visit</td>
<td>no cost</td>
<td>no cost at least 1 yearly visit</td>
<td>no cost at least 1 yearly visit</td>
</tr>
<tr>
<td>Primary Care Visit Copay</td>
<td>$60 ²</td>
<td>$15</td>
<td>$30</td>
<td>$20</td>
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<tr>
<td>Specialty Care Visit Copay</td>
<td>$70</td>
<td>$20</td>
<td>$50</td>
<td>$40</td>
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<tr>
<td>Urgent Care Visit Copay</td>
<td>$120 ²</td>
<td>$30</td>
<td>$60</td>
<td>$40</td>
</tr>
<tr>
<td>Generic Medication Copay</td>
<td>$19</td>
<td>$5</td>
<td>$19</td>
<td>$5</td>
</tr>
<tr>
<td>Lab Testing Copay</td>
<td>30%</td>
<td>$15</td>
<td>$30</td>
<td>$20</td>
</tr>
<tr>
<td>X-Ray Copay</td>
<td>30%</td>
<td>$20</td>
<td>$50</td>
<td>$40</td>
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<tr>
<td>Emergency Room Copay</td>
<td>$300</td>
<td>$75</td>
<td>$250</td>
<td>$150</td>
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<tr>
<td>High cost and infrequent services (e.g. Hospital Stay)</td>
<td>30% of your plan’s negotiated rate</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
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<tr>
<td>Preferred brand copay after Drug Deductible (if any)</td>
<td>$50</td>
<td>$15</td>
<td>$50</td>
<td>$15</td>
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<tr>
<td>Maximum Out-of-Pocket For One</td>
<td>$6,350</td>
<td>$2,250</td>
<td>$6,350</td>
<td>$4,000</td>
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<tr>
<td>Maximum Out-of-Pocket For Family</td>
<td>$12,700</td>
<td>$4,500</td>
<td>$12,700</td>
<td>$8,000</td>
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Status of where we are now:

<table>
<thead>
<tr>
<th>Language</th>
<th>October 1-31</th>
<th>California Population Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individuals Enrolled</td>
<td>% of Total</td>
</tr>
<tr>
<td>English</td>
<td>4,419</td>
<td>91.1%</td>
</tr>
<tr>
<td>Spanish</td>
<td>43</td>
<td>0.9%</td>
</tr>
<tr>
<td>Asian and Pacific Islander languages</td>
<td>63</td>
<td>1.3%</td>
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<tr>
<td>Other Indo-European languages</td>
<td>10</td>
<td>0.2%</td>
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<tr>
<td>Other languages</td>
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<td>-</td>
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<tr>
<td>(blank)</td>
<td>317</td>
<td>6.5%</td>
</tr>
<tr>
<td>Total</td>
<td>4,852</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
ACA/Covered California Barriers & Solutions

- Confusion
- Website – limited Spanish
- MediCal – slow process & limited provider options
- Affordability
- Privacy & trust
- Certified enrollers – language, expertise, & access
- Workforce – linguistically & culturally appropriate
Opportunities

KEEP CALM AND CARRY ON
Opportunities

• Get success stories out via neighbors & other community leaders
• Continue to strengthen enrollment infrastructure
• Release enrollment data by County
• Continue to build trust
• Create media campaigns that are relevant
Q&A Feature

Please submit questions via the Q&A Feature

Please send your questions to All Panelists
Continue the Conversation!

Twitter: @LCHC_CA
Facebook: Latino Coalition for a Healthy California
Thank you to our presenters:

Xavier Morales
Carmen Nevarez
Jeanette Flores
Shayla Spilker
And the Dialogue4Health Staff!

Star Tiffany

Joanna Hathaway
¡Pláticas de Salud! Prioritizing Health in the Latino Community

Wednesday, December 4, 2013

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