



February 15, 2011

Cindy Ehnes, Director
California Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814-2725

RE: Consumer Assistance Grant Funds Allocation

Dear Director Ehnes:

Formed in 2003, the Latino Health Alliance (LHA) brings together a variety of statewide organizations to build an alliance that would serve as an effective voice to increase access and opportunities that would positively impact the health of Latino families in California. The members of LHA include: Council of Mexican Federations (COFEM), California Immigrant Policy Center (CIPC), California Latinas for Reproductive Justice (CLRJ), California Primary Care Association (CPCA), Latino Coalition for a Healthy California (LCHC), Mexican American Legal Defense and Educational Fund (MALDEF) and the National Council of La Raza (NCLR). Through their networks, these organizations reach thousands of Latino leaders and health professionals and affect the lives of millions of Latinos in California. As such, we request that a grant for Community Based Organizations to support core operations be established using funds from the Consumer Assistance Program Grant.

In the ACA, Congress appropriated \$30 million to carry out Section 2793 of the PHSA, which establishes health insurance consumer assistance programs. HHS awarded \$3.4 million to California this fall. The Department of Managed Healthcare and the Office of the Patient Advocate in particular were the recipients of the maximum award amount under the grant. The stated purpose of the grant is to “provide awards to States for the establishment of, expansion of, or support for consumer assistance (or ombudsman) programs.” With specific efforts focused on:

- Assisting with the filing of complaints and appeals;
- Collecting, tracking, and quantifying problems and inquiries encountered by consumers;
- Educating consumers on their rights and responsibilities with respect to group health plans and health insurance coverage;
- Assisting consumers with enrollment in a group health plan or health insurance coverage by providing information, referral, and assistance; and
- Resolving problems with obtaining premium tax credits under section 36B of the Internal Revenue Code of 1986.

The Latino Health Alliance (LHA) consists of statewide organizations with expertise in health and dedicated to the health and well-being of the Latino community. Partners of LHA include: California Immigrant Policy Center, California Latinas for Reproductive Justice, California Primary Care Association, COFEM(Consejo de Federaciones Mexicanas en Norteamerica), Latino Coalition for a Healthy California, Mexican American Legal Defense and Educational Fund and the National Council of La Raza.

It is our understanding that the Department plans to dedicate a majority of the funds to the development of a consumer centered website, procuring a state of the art information system and the development of a multi cultural media campaign for Californians seeking information about their rights and responsibilities under the ACA.

While we agree that investments in IT have been lauded as the path to the future, we cannot ignore some basic facts regarding Latinos in California. The facts are well known, but bear some repeating here:

- Latinos made up nearly two fifths of California's population (37%) of the total state population;
- Latinos represented almost three fifths (58.2%) of California's uninsured;
- Over half of adults and children with no access to insurance through employment are Latino (54.7%) compared to only about a third of the total population (37.3%); and
- A majority of those without access to job-based health insurance (64.2%) are U.S.-born citizens, which is lower than their proportion in the total population (74.3%).

Given these facts, this is a population that the Department would want to reach out to and engage, particularly the foreign born U.S. citizen sub group which suffers a lower rate of coverage from all sources. This group is often Limited English Proficient and culturally diverse. Additionally, materials developed for the purposes of informing this population of their rights and responsibilities would have to take these factors into account to effectively deliver the information in a manner that is both understood and palatable. The most efficient way to do this is to engage the CBOs who cater to these populations. CBOs understand how to communicate and effectively translate vital information to their populations and are in the best position to determine how best to do this. Therefore, any media campaign designed to engage diverse populations of uninsured persons should involve core funding for the CBOs who administer to them. In this context, information is delivered by someone the constituent trusts. Recent studies of the health reform experience in Massachusetts have critiqued outreach efforts aimed at Latinos as lacking in this essential understanding. In the Latino community, trust of the message lies in trusting the messenger. To inform and educate this population it is vital to engage and assist the CBOs who serve this population

This is of particular importance given the recent Pew study that found less than half (45%) of Latinos have broadband access in their homes. Overall internet use for Latinos polled at 65%, less than African Americans, (66%) or non Hispanic whites, (77%). This reflects similar numbers found in a Public Policy Institute of California study from August of 2009 that estimated that Latinos in California use the internet at a rate of 65% and have a broadband access rate of 50%. These statistics coupled with the low insurance coverage rates within the same population suggest that internet or broadband may not be the most effective or efficient way to reach this highly vulnerable population. This is particularly true of foreign born U.S. citizens who have higher rates of being uninsured and lower rates of internet use and less access to broadband.

We applaud the Department for deciding to invest in IT upgrades; it fits well within the Utilitarian axiom "the greatest good for the greatest number." It is particularly sensible given recent findings that indicate internet use and broadband access are on the rise. Yet, we have followed this principle before and

populations have been left out. It is essential that a component of outreach be comprised of CBO engagement and direct support to enable them to deliver the message in the most effective and appropriate way possible. Outreach and educational efforts should include both statewide IT expansion and Community Based Organization focused core support.

CBO engagement and support is an essential component to the effective and efficient delivery of ACA related information to California's diverse communities. It is our request that you allocate funds in the amount of \$1 million to support CBOs in educating and informing California consumers on their rights and responsibilities under the ACA in addition to those you have already committed to IT upgrades. We would welcome an opportunity to meet with you to discuss our concerns and suggestions at a time you find convenient. If you should have any questions or wish to schedule a meeting, please contact Chad Silva, Statewide Policy Analyst for LCHC at (916) 448-3234 extension 2012.

Sincerely,



Carmela Castellano-Garcia, Esq.
CEO, California Primary Care Association &
Interim Volunteer Executive Director for Latino Coalition for a Healthy California



Arturo Carmona
Executive Director, COFEM
On behalf of the Latino Health Alliance

Cc: Traci Stevens, Acting Undersecretary, Business, Transportation and Housing Agency
David Maxwell-Jolly, Undersecretary, California Health and Human Services Agency
Jeanette Zanipatin, MALDEF
Pedro Silva, NCLR
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