The Latino Coalition for a Healthy California

A Framework for Implementing the Patient Protection & Affordable Care Act to Improve Health in Latino Communities

Preamble

*Twenty years ago, the Latino Coalition for a Healthy California (LCHC) adopted a set of principles to guide policy advocacy and organizational activities. We boldly addressed underlying values, key issues, and challenges to improve Latino health and inform the debate about health reform. Over the years, LCHC continued to call for systemic health reform, keeping the principles at the core of its policy advocacy and communications efforts. Finally, in 2010, President Obama signed the landmark Patient Protection and Affordable Care Act (ACA) that provides a national vision and framework for comprehensive health reform. In 2011, California became the first state to pursue implementation of the ACA; later that year, LCHC convened a Blue Ribbon Task Force of experts on Latino health and the ACA to help inform a fresh perspective. It is within this context that we now present "**A Framework for Implementing the ACA to Improve Health in Latino Communities**" to system leaders and advocates for Latino health.*

The ACA provides the resources and the reach to improve health in Latino communities. The ACA aims to make health care coverage available to more than 30 million previously uninsured Americans. In California, Latinos comprise the single largest group of persons newly eligible for coverage under the ACA: Unfortunately undocumented immigrants remain ineligible. Significantly, beyond the notion of expanding health care coverage, a primary goal of the ACA is achieving health equity -- the elimination of potentially avoidable differences or disparities between socially advantaged and disadvantaged groups.[1]The ACA not only includes provisions related broadly to health insurance coverage, health insurance reform, and access to care, but also provisions related to reduction of racial and ethnic disparities, data collection and reporting, quality improvement and prevention in clinical and community settings.[2] The ACA provides opportunities for states to make lasting and comprehensive system and local community changes aimed at achieving health equity and health improvement for the most vulnerable populations. ACA provisions across the spectrum -- coverage and access, prevention, care coordination, population health, and quality and efficiency -- offer public officials, providers, and advocates for healthier communities a broad range of levers for improving health care and the health status of all residents.

Implementation of the ACA is an imperative, but it is highly vulnerable. Health and health care are at a critical juncture. State implementation policies must be comprehensive, strategic, inclusive and innovative if there is any hope of delivering the full promise of the ACA. State and national policies must extend beyond ACA health care coverage expansions and health care system changes. In order to achieve the health improvements and savings needed to sustain health reform, the ACA supports community and social investment efforts and policies that promote community-wide prevention, and wellness, and address the broader social and economic determinants of health. Unfortunately, the ACA is under relentless attack for political reasons, and the budget to implement many of the measures of particular importance to improve Latino community health is highly vulnerable.

LCHC aims to support implementation of the ACA as long as it is improving health and equity in Latino communities. LCHC will be a leading voice urging policymakers and stakeholders to make meaningful and sustained progress in addressing the access, affordability, quality and equity gaps, and environmental conditions affecting the health of the Latino community through full implementation of the ACA. The Framework outlined here represents LCHC's agenda and commitment to working for coverage and access to care, health equity, and health-supportive community conditions to the benefit of Latinos, and all Californians.

Priorities

1. Health Care Access Must be Equitable and Available to All

ACA coverage expansions, subsidies for low- and moderate-income families and health insurance underwriting reforms will significantly improve access to health care coverage and reduce the ranks of the uninsured among all Californians. The ACA will expand coverage through public programs such as Medi-Cal and through subsidized coverage in the state Health Benefit Exchange (Exchange) to an estimated 3.9 million Californians, including more than 2 million Latinos. At the same time, the ACA left behind millions of undocumented immigrants who will remain uninsured and challenged to secure access to health care. The ACA retains citizenship and documentation requirements for Healthy Families and Medi-Cal and excludes undocumented immigrants from Exchange coverage, making them ineligible for federal subsidies and prohibiting them from buying Exchange coverage even if they pay the full cost. These limitations of the ACA compel investment and protection of a robust health care safety net as outlined below, through community clinics and other safety net providers, to serve children and adults who are left out of the coverage expansions. In addition, the state can and should develop policies and programs to ensure access to care for undocumented persons including but not limited to state-only programs, reimbursement for emergency services, and multi-national coordination with immigrant countries of origin. Finally, state policies must incorporate the principle of shared responsibility among public, nonprofit and private providers, including penalties and incentives for broad-based outreach and access to care for all Californians.

2. Outreach and Enrollment Systems Must Be Barrier-free and Culturally Responsive

Fulfilling the promise of the ACA coverage expansions will depend on active engagement and outreach to newly eligible individuals and responsive enrollment strategies and systems. Application and enrollment systems for public programs and the Exchange must be accessible, culturally and linguistically appropriate, streamlined and seamless to ensure maximum enrollment of individuals and families who are eligible. California has the opportunity and the responsibility to fully realize the ACA promise of "no wrong door" by developing and coordinating multiple entry points for eligibility and enrollment, beyond web-based enrollment options, and by making connections with and supporting available local assets, such as community clinics, schools, faith-based groups, ethnic media and other community-based organizations to inform and assist individuals and families in gaining coverage. Eligibility and enrollment systems must also be sensitive and responsive to the needs of families with mixed immigration status to avoid indirect negative consequences from ACA implementation, such as citizen children of immigrant parents being left out of coverage for which they are eligible. State and local programs should invest in vigorous outreach strategies involving trusted sources and tailor marketing messages to diverse cultural and language groups.

3. The Health Care Safety Net Must Be Strengthened

California will continue to need a viable and strong safety net delivery system and must be intentional and strategic in ensuring its preservation and expansion. The ACA presents both risks and opportunities for safety net providers: new funding for health centers, support for patient-centered care and expansions of the primary care workforce, tempered by declining payments to safety net hospitals, existing financial challenges and marketplace changes that may intensify competition for newly insured individuals, further endangering the financial viability of these essential providers. State implementation should embrace reimbursement models that support safety net providers and enhance their ability to

retain insured patients. California must build on existing innovative programs aimed at safety net preservation, such as the Low-income Health Plan, and ensure that new coverage offered through the Exchange incorporates safety net preservation policies. The Exchange should consider rewarding health plans with networks inclusive of safety net providers and adopting health plan payment strategies to guarantee adequate safety net provider payments, including payments to county and community clinics. Linkage and integration between health care and public health, including data sharing, should be strengthened for continuity of care, enhanced resilience of the most vulnerable, and to leverage health-supportive community resources.

4. Reforms Must Support and Promote Delivery System Improvements

Expansion of coverage to previously uninsured persons, as well as the prevention and quality imperatives of the ACA, present tremendous opportunities for state-level reform of the delivery system, including an enhanced emphasis on primary and preventive care, chronic disease management and improved care coordination. Delivery system change should be a fundamental goal of all state implementation activities, policies and financing arrangements. Health reform implementation should include existing successful models and develop new access points for further refinement and testing of desirable system improvements such as primary care health homes, team-based approaches to care and supportive services beyond medical care that enable individuals to effectively access care. Community-based and safety net providers have and are developing innovative programs to address these challenges, often focused on the diverse populations who will be the focus of coverage expansions. Safety net and community providers should be one of the foundations of the new delivery system and should not be excluded or disadvantaged in their participation in new models such as Accountable Care Organizations. The "health home" model for continuous, team-based, and patient-centered care should be promoted widely, and a dynamic bridge should be established between medical care and community-based programs that aim to improve health outcomes.

5. Delivery System Must Embody Quality, Continuity, and a Priority for Prevention

Comprehensive health reform must fundamentally be built on a culture of quality, continuity, and prevention, inclusive of clinical and community-based prevention. State policies should seek and maximize ACA opportunities to invest in and model effective prevention policies and programs. Continuous quality improvement, evidence-based clinical and community prevention practices, health education, and health promotion throughout the life-course should be integrated into all coverage models, supported through adequate reimbursement, and be monitored for impact. Prevention and health promotion should be directed to the individual patient as well as to the community; be inclusive of advocacy skill-building towards personal resilience, health-supportive community conditions, and system improvement; be accessible to diverse languages and cultures. Recognizing that individual care outcomes as well as population health status are heavily influenced by social and environmental conditions, efforts and policies that aim to improve health must involve communities and sectors that are instrumental in shaping those social and environmental conditions. Consequently, prevention as an element of health reform requires a "health equity in all policies" approach, aiming for health-supportive practices and conditions where people live, play, work, and go to school. This may look like health-supportive policies and investments, for example, in education, violence prevention, youth development, and local environmental planning.

6. Services and Coverage Must Be Comprehensive and Affordable

The ACA for the first time establishes a minimum benefit level to ensure that all covered persons have access to comprehensive services, including parity in mental health and substance use treatment services, and oral health services. Reform implementation should ensure meaningful access to services through adequate reimbursement of providers, reasonable benefit cost-sharing and competitive premium pricing.

The education, employment and economic conditions of Latinos are generally much lower than other populations. What is affordable for many Californians may not be affordable to the majority of Latino uninsured. This means that the availability of truly affordable coverage will be a key factor in reducing the number of uninsured Latinos. Policies and services,

including coverage and subsides through the Health Benefit Exchange, should balance comprehensive coverage and affordability. State policies and federal communications should explore and monitor the impact of the federal definition of affordable coverage based solely on the premiums for individual employees and seek a more realistic measure of affordability, such as the cost of family coverage, in determining a family's eligibility for subsidies through the exchange. In developing coverage options through the Exchange, policymakers should specifically evaluate and work with stakeholders, including Latino organizations, to develop and ensure coverage options that have the lowest cost, highest quality and most accessible services tailored to meet the needs of low-income Latinos and other low-income communities. The state and local governments must continue to explore innovative means to assure health care coverage, affordability, and access to health care for all California residents, regardless of immigration status.

7. Expand and Cultivate a Well-Trained Multicultural Workforce

ACA coverage expansions will dramatically increase the demand for health care workers at all levels -- including physicians, nurses, pharmacists, mental health professionals and direct-care workers. These increased demands come at a time of persistent health care professional shortages and other factors impacting demand such as the aging of the population. The ACA recognizes the workforce challenges the health care system faces and includes provisions to invest in and help to address the demand. State implementation must include proactive policies to develop a well-trained, multicultural workforce and to ensure that all health care professionals and workers are competent to provide services to the diverse cultures, languages and communities represented in California, including Latinos. The state should maximize available state and federal funds in support of the educational resources and programs for health care worker training and education. To maximize limited resources, the state should adopt innovative strategies to efficiently employ existing health professionals and direct care workers though team-based care, featuring community health workers (*promotoras*) and appropriate scope of practice standards. Specific policies must be designed and adopted to ensure an adequate workforce in underserved rural and inner-city communities.

8. Support Full Funding for Prevention and Public Health

Preventing illness before it happens is the surest way to contain costs while improving health. Disparaged by detractors as a "slush fund" and raided to balance the budget, the Prevention and Public Health Fund is actually the ACA's most promising feature toward changing health conditions in Latino communities. Fueling community-wide projects specifically designed to prevent the most common causes of premature death and hospitalization, including heart disease, diabetes, and tobacco-related cancer, and doing so by remedying underlying inequities, the Prevention Fund is one feature of the ACA that truly benefits everyone -- no exclusions. A broad diverse base of support is needed to advocate for funding prevention as a first order priority, and with the message that without prevention everyone loses.

9. ACA Implementation Merits Research, Evaluation, and Accountability

A cost-effective health care delivery system must be evidence-based and fully accountable. The ACA incorporates and advances the goals of improving the quality and delivery of health care through enhanced data collection, quality measurement and best practices research. The ACA increased emphasis on data, measurement and research is an opportunity to conduct and expand meaningful, ongoing analysis of the unique health needs and challenges faced by ethnic and minority communities, differences in how they access and approach health care, strategies aimed at rural and inner city communities, and consistent measurement of progress in reducing disparities. Research and evaluation should aim to accelerate improvements in morbidity, mortality, quality of life, prevention services, and health-supportive community conditions. Research must lead to increased understanding of what Latino patients need and want as patients and as individuals empowered to impact their own health and the health of their families and communities. Research should include non-medical, community-based participatory studies, community resource assessment, and demographic mapping to assist in the design and development of services and programs.

10. Latino Communities Are Essential Partners for ACA Implementation and for Improving Health

No California population is more affected by the ACA than Latinos. Latinos constitute the largest number of uninsured; the majority of enrollees in government assisted health coverage programs such as Medi-Cal and Healthy Families, and will become the largest single group of newly covered enrollees when the ACA is implemented in 2014. Consequently, Latinos should be proportionately represented in all decision-making and advisory bodies relating to ACA implementation. State and local government, including the Health Benefits Exchange, the Department of Health Care Services, the Department of Public Health, and the Managed Risk Medical Insurance Board, as well as health plans and provider organizations, should be recruiting and grooming capable Latinos for leadership positions to work on ACA implementation.

ACA implementation must include multiple strategies to reach out to and engage Latino consumers and providers to develop system improvements as well as health-supportive improvements in community conditions. Innovations in education and outreach in Latino communities should involve culture and language competent adult education, ESL classes, parenting classes, workplace learning opportunities, neighborhood promotoras, distance learning and social media. Not only should Latinos be empowered as consumers to manage their own health care, but also as civic advocates for health consideration in all policy decisions, as monitors for equity in health care, and as stewards for healthy communities.

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[1]Dennis P. Andrullis and Nadia J. Siddiqui, "Health Reform Holds Both Risks and Rewards for Safety-Net Providers and Racially And Ethnically Diverse Patients," *Health Affairs,* vol 30:10, (October 2010): 1830.
[2]U.S. Department of Health and Human Services, "Action Plan to Reduce Racial and Ethnic Disparities," (2011), http://minorityhealth.hhs.gov/.