Urgent Policy Priorities for Latino Children's Health and Healthcare

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Overview

- Demographics of Latino children in US
- Health disparities for Latino children
- Five urgent policy priorities for Latino children's health

Background

- Racial/ethnic minority children comprise 49.5% of US children, equivalent to 36.3 million
- Census projections indicate that minority children will outnumber white children in 2020
- 25% of American children (18.7 million) Latino, making them largest minority group
- In California, 52% of children Latino (double proportion for whites)
- Other states where Latino children largest racial/ethnic group: New Mexico (60%), Texas (50%), Arizona (44%), and Nevada (41%),

Background

- Extensive body of literature (Flores G, *Pediatrics* 2010;125:e979-e1020) documents that disparities in Latino children's health and healthcare
  - Extensive
  - Pervasive
  - Persist over time

Disparities for Latino Children: Mortality

- Puerto Rican children 1-4 years old have higher mortality rate than their white counterparts
- Latinos have higher drowning rate in neighborhood pools and pool drowning rates in general for male adolescents
- Higher adjusted risks of death for those with leukemia and after congenital heart surgery

Disparities in Access and Use of Services: Latino Children

Multiple studies document wide range of disparities in access to care and use of services for Latino children, including greater adjusted odds of

- Uninsurance
- No usual source of care or healthcare provider
- No physician visit in past year
- Going ≥1 year since last physician visit
- Not being referred to specialist
- Never/only sometimes getting medical care without long waits
- Getting timely routine care or phone help

Disparities for Adolescent Latinas

Latina adolescents have higher rates of

- Uninsurance
- Violence victimization
- Those 15-19 years old have birth rate 3 times higher than whites and highest of any racial/ethnic group

Asthma Disparities: Latino Children

- Higher asthma prevalence than white children
- Substantial increase in Latino asthma prevalence over time
- Particularly high asthma prevalence among Puerto Ricans (highest of any racial/ethnic group or subgroup)
- Higher adjusted odds of asthma emergency department (ED) visits, hospitalizations, activity limitations, and need for urgent care in past 12 months

Disparities in Mental Health and Healthcare: Latino Children

- Higher unmet needs for mental healthcare
- Lower odds of any mental-health visit, outpatient visits, antidepressant prescriptions, and receiving treatment from mental-health specialist for any condition
- Higher odds of developmental delays

FIVE URGENT POLICY PRIORITIES FOR LATINO CHILDREN'S HEALTH AND HEALTHCARE

Limited English Proficiency in US

- Between 1990 and 2017
  - Number of people in US speaking language other than English at home rose from 32 million to 67 million
  - Number of Americans limited in English proficiency (LEP) grew from 14 million to 26 million
    - LEP = self-rated English speaking ability of less than “very well”
- 12 million school-age children (22%) speak language other than English at home
  - Number which has tripled since 1979
- Most LEP Americans (63%, or 16.4 million) speak Spanish

Adverse Impact of Language Barriers on Healthcare

- Language problems impact multiple aspects of healthcare (Flores. *Med Care Res Rev* 2005;62:255-299)
  - Access to healthcare
  - Health status
  - Use of health services
  - Patient-provider communication
  - Satisfaction with care
  - Quality and patient safety

LEP and Impaired Access to Healthcare

At inner-city primary care clinic,

- 26% of mothers of Latino children cited language problems as single greatest barrier to healthcare
  - Staff not speaking Spanish
  - Lack of interpreters
- 6% reported deferring medical visits for their child because of language problems
  (Flores et al. *Arch Ped Adolesc Med* 1998;152:1119-1125)

LEP and Impaired Health Status, Access, and Use of Services

US study (Flores at al. *Pediatrics* 2008) documented children in non-English primary-language households have significantly greater adjusted odds of

- Suboptimal medical and oral health status
  - Triple the odds of health not excellent/very good
  - Double the odds of teeth condition not excellent/very good
- Impaired access to medical and dental care
  - 3.5X odds of being uninsured
  - Double the odds of having no dental insurance
  - Double the odds of having no usual source of medical care
  - Double the odds of having problems getting specialty care
- Lower use of medical and dental services
  - No preventive medical care visit in past year
  - >1 year since last dental visit

Impaired Communication

Hazards of using ad hoc interpreters (family members, friends, custodians, strangers pulled from waiting room or street):

- Patient less likely to be told about medication side effects (David & Rhee '98)
- Interpretation errors more likely to have potential clinical consequences vs. those by professional interpreters (77% vs. 53%) (Flores et al. '03)
- Family members misinterpret 23-52% of questions asked by physicians (Ebden et al. '88)
- Children who interpret embarrassed by and tend to ignore questions about menstruation, bowel movements, and other bodily functions (Ebden et al. '88)
- Non-medical staff who interpret can exclude or distort key clinical information (Launer '78)

Impaired Communication

- Recent studies (Butow et al. *Pat Ed Counseling* 2013;92:246; Gany et al. *J Canc Educ* 2010;25: 260) document especially egregious hazards of using ad hoc interpreters for LEP cancer patients. Examples:

MD: "We think there is a 40% chance that the treatment will prolong your life"	Interp: "The treatment will prolong your life"
MD: "The doxy could hurt your heart"	Interp: "The doxy can give you pain"
MD: "The results of these tests lead me to conclude that you do have breast cancer"	Interp: "This test will tell me if you have cancer"
MD: "One important thing that you have going for you is the fact that the cancer has probably been caught early"	Interp: "One important thing is the fact that the cancer is working quickly in your body"

Case: "Juan"

(*Journal of Pediatrics* 2014; 164(6):1261-4)

Juan was a 6-month-old, previously healthy male who presented to a children's hospital ED with new onset vomiting and diarrhea. The triage history given by mom was interpreted by Juan's 12-year-old sister. The sister stated that the patient had 4 dirty diapers and 3 episodes of vomiting that day. Juan was triaged to a non-urgent level of care in which documentation stated he had vomited 7 times that day with no diarrhea. He was discharged shortly thereafter with a diagnosis of vomiting and instructions in English only for "pedialyte PO ad lib."

Case 2: Juan

- 3 days later, Juan returned to ED
  - In severe distress
  - With new onset of bloody stools
- Juan admitted to hospital
- Juan died 6 hours later of septic shock

Why Language Services Crucial for LEP Children and Families

- Quality of care substantially compromised when
  - LEP patients need but don't get interpreters
  - Untrained, ad hoc interpreters used, especially children
- Access to trained professional interpreters or bilingual healthcare providers for LEP patients results in
  - Optimal communication
  - Highest patient satisfaction
  - Lower costs and resource utilization
  - Best outcomes
  - Fewest errors of potential clinical consequence

You Can Eliminate Language Barriers in Your State

- Research documents pediatricians more than twice as likely to use professional interpreters in states with 3rd-party reimbursement (through Medicaid and CHIP) for language services vs. those without
- But only 13 states and DC provide such reimbursement, including CT, KS, MN, and WA
- State Medicaid/CHIP program approval of billing for all interpreters as covered service would eliminate language barriers in healthcare, and yield substantial federal matching funds, typically
  - 50-77 cents for every Medicaid dollar spent on interpreters
  - 77-95 cents for every CHIP dollar spent on interpreters

Having No Health Insurance Disastrous for Children

- Uninsured children significantly more likely than insured children to have
  - Worse health, no regular physician, delayed immunizations, unmet medical/prescription needs, and impaired specialty access
  - Higher odds of ED visits, avoidable hospitalizations, injury hospitalizations, adverse newborn outcomes, and dying in hospitals, intensive-care units, and after trauma

Uninsurance: Total and Latino Children

- In 2018, children's uninsurance rate increased for first time in 10 years, from 5.0% to 5.5% (4.3 million total)
  - Primarily due to 1.1 million children losing Medicaid or CHIP coverage
  - Five states home to 3 of 5 children losing Medicaid/CHIP: TX, CA, FL, IL, and MO
  - NY, KS, and MN experienced declines in 2019
- Latino children have highest uninsurance rate of any racial/ethnic group, at 8.7% (=1.6 million kids), more than double that of white children (4.2%)
  - 13% increase for Latino children in 2018 vs. 2017

Targeted Insurance Outreach and Enrollment Highly Effective

- Our team found that bilingual, Latina community health workers (CHWs) highly effective at insuring uninsured Latino children
  - CHW children significantly more likely to obtain health insurance than traditional methods (96% vs 57%), and uninsurance disparity eliminated
  - 78% of CHW children insured continuously vs. 30% of controls
  - CHW children insured significantly faster (mean: 88 vs 135 days) and with greater parental satisfaction
- Study findings led to President Obama including CHWs in his 2009 CHIPRA legislation

How Your State Can Insure More Uninsured Latino Children

- Pass legislation to fund health insurance outreach and enrollment programs in your state, through
  - CHW programs
  - Federally qualified health center (FQHC) programs
    - Example: Alameda Health Consortium (CA), partnership of 8 FQHCs, provides application assistance at FQHCs and school-based centers
  - Community-based organization programs
    - Example: MHP Salud (TX) uses CHWs to lead community-based outreach and enrollment activities
  - Parent-mentor programs

CHWs Highly Effective in Improving Latino Children's Health

- CHWs, *promotores*, or PMs can reduce or eliminate many barriers and threats to children's health and healthcare, through
  - Education
  - Linking children and families to resources
  - Providing social support
  - Eliminating language barriers
  - Empowering parents
- CHWs also cost-effective

CHWs Highly Effective in Improving Latino Children's Health

CHWs highly effective in

- Managing childhood asthma
- Reducing miscarriages and low birth-weight rates
- Creating home environments more supportive of children's early learning for mothers with low resources
- Obtaining early-intervention services for young children
- Achieving high immunization rates
- Insuring uninsured children
- Identifying childhood food insecurity in immigrant households

But Most States Don't Have Medicaid Reimbursement for CHWs

- Only 16 states have at least partial Medicaid reimbursement for CHWs
- Of states represented by NALEO attendees:
  - 12 have **no** CHW Medicaid reimbursement (AZ, CA, CT, FL, HI, IL, IN, MA, NV, NJ, NY, and OK)
  - Three have limited reimbursement: CO (only certain work and some training programs); KS (only some managed-care organizations); and MI (one full-time CHW per 20,000 covered lives)
  - Six have full Medicaid reimbursement: MN, NM, OR, TX, WA, and WI

How to Leverage CHWs in Your State to Improve Latino Child Health Outcomes

- If your state lacks CHW Medicaid reimbursement, propose it (and consider including CHIP reimbursement as well). For more info: https://nashp.org/state-community-health-worker-models/
- If your state has limited Medicaid CHW reimbursement, amend your legislation for full coverage (and consider adding CHIP reimbursement)
- If your state already has Medicaid CHW reimbursement, consider adding CHIP coverage, as well as funds for CHW training and certification. For more info: https://nashp.org/state-community-health-worker-models/

Parent Mentors Eliminate Children's Healthcare Disparities

- **Parent mentor (PM)**:
  - Special CHW category for children in which parents who have children with particular health conditions/risks leverage their relevant experience, along with additional training, to assist, counsel, and support other parents of children with same health conditions/risks

Parent Mentors Eliminate Children's Healthcare Disparities

- Two randomized, controlled trials by our team demonstrate that PMs
  - Eliminate children's healthcare disparities
  - Improve children's outcomes, including enhanced healthcare access and quality of care
  - Empower parents
  - Reduce family financial burden
  - Save hundreds or thousands of dollars per child from societal perspective
  - Create jobs in areas with highest unemployment rates

PMs Improve Outcomes and Save Money for Latino Children with Asthma

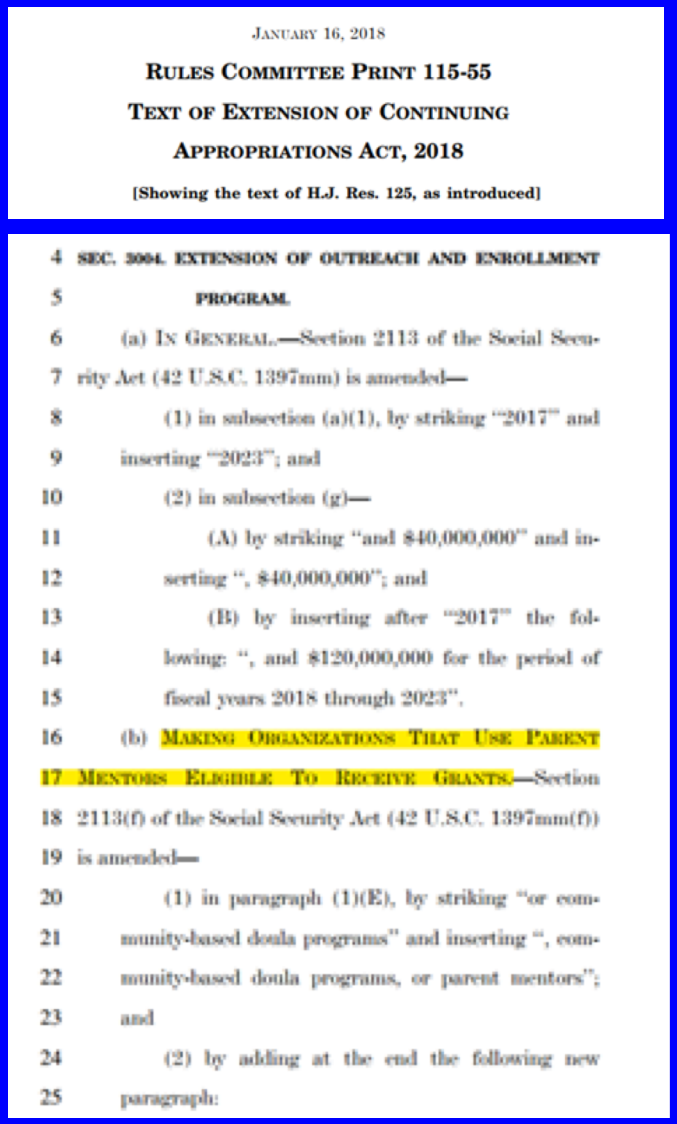
- PMs more effective than traditional asthma care in improving several asthma outcomes in minority children
  - Reduced wheezing, asthma exacerbations, and ED visits
  - Fewer missed days of parental work
  - Improved parental self-efficacy in knowing when a serious breathing problem can be controlled at home
- Cost of intervention reasonable, averaging $60 per child per month
- Intervention results in savings of $597 per child

PMs Get More Latino Children Insured, Save Money, and Create Jobs

- PMs significantly more effective than traditional Medicaid/CHIP outreach and enrollment in
  - Insuring uninsured Latino children
  - Obtaining insurance faster
  - Renewing coverage
  - Improving access to medical and dental care
  - Reducing unmet needs and out-of-pocket costs of care
  - Achieving parental satisfaction and quality of care
  - Teaching parents to maintain children's coverage up to two years after intervention cessation
- PMs relatively inexpensive, at $636/child/year, but highly cost-effective, **saving $6,045 per child insured/year!**

Translation Into Policy

- Based on our work, federal CHIP reauthorization legislation signed into law in January 2018 makes organizations using PMs eligible to receive $120 million in grants for CHIP outreach and enrollment
- All 50 states and DC can apply for CMS funds to implement successful, evidence-based PM model (organizations in AZ, CA, FL, MI, TX, and WA just received funding in 1st cycle)



JANUARY 16, 2018

RULES COMMITTEE PRINT 115-55

TEXT OF EXTENSION OF CONTINUING APPROPRIATIONS ACT, 2018

[Showing the text of H.J. Res. 125, as introduced]

SEC. 3004. EXTENSION OF OUTREACH AND ENROLLMENT PROGRAM.

(a) IN GENERAL.—Section 2113 of the Social Security Act (42 U.S.C. 1397mm) is amended—

(1) in subsection (a)(1), by striking "2017" and inserting "2023"; and

(2) in subsection (g)—

(A) by striking "and $40,000,000" and inserting ", $40,000,000"; and

(B) by inserting after "2017" the following: ", and $120,000,000 for the period of fiscal years 2018 through 2023".

(b) MAKING ORGANIZATIONS THAT USE PARENT MENTORS ELIGIBLE TO RECEIVE GRANTS.—Section 2113(f) of the Social Security Act (42 U.S.C. 1397mm(f)) is amended—

(1) in paragraph (1)(E), by striking "or community-based doula programs" and inserting ", community-based doula programs, or parent mentors"; and

(2) by adding at the end the following new paragraph:

How to Leverage PM Programs in Your State to Improve Latino Children's Health

- Introduce legislation to create PM programs to insure uninsured and/or improve health of Latino children with chronic conditions (asthma, diabetes, cancer, autism, etc.), mental-health issues, special needs, or who have been abused/neglected, repeatedly hospitalized, or make frequent ED visits
- If your state has no Medicaid CHW reimbursement, include reimbursement for PMs as part of new CHW legislation
- If your state already has CHW Medicaid reimbursement, amend legislation to include PM reimbursement
- Remind your fellow state legislators PM programs in your state would improve Latino children's health, create jobs, economically invigorate poor communities, and save money

Public-Charge Rule Harms Latino Children

- Children of immigrants fasting-growing group in US
- About 1 in 4 children (18 million) lives in families with at least 1 immigrant
- Most children of immigrants live in households where both parents have jobs that pay less and don't provide health insurance
  - So many of these families struggle to make ends meet and turn to key assistance programs to supplement resources for their families

Public-Charge Rule Harms Latino Children

- Department of Homeland Security "public charge" final rule slated to take effect this month would allow government officials to consider use of broad range of services, such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), and housing assistance to determine eligibility for green cards and lawful admission to US
- Children in households where parents limited in accessing critical benefits will suffer loss of income and resources supporting their healthy development, including US-citizen children with immigrant parents

Public-Charge Rule Harms Latino Children

- Five federal courts recently issued preliminary injunctions that stop public-charge rule from going into effect
- But announcement of final public-charge rule has caused confusion and panic in some immigrant communities, resulting in withdrawal of children from Medicaid, CHIP, SNAP, and housing programs

What Can You Do To Minimize Harm of Public-Charge Rule

- Inform constituents that under current policy, use of health, nutrition, or housing programs may NOT be considered in public-charge determination
- Support ongoing legal battles against implementation of final public-charge rule
- Educate public that final public-charge rule would result in millions of Latino children losing access to healthcare, housing, and nutrition, which would adversely impact your entire state's economy

Conclusions

- You have power to eliminate language barriers and improve healthcare outcomes for LEP children and their families in your state by having your state Medicaid/CHIP program approve language services as covered service
- Funds for outreach to and enrollment of uninsured children in Medicaid/CHIP will ensure that all Latino children have health insurance and access to healthcare
- CHWs effective in improving Latino children's health outcomes, but few states allow Medicaid or CHIP reimbursement for their services

Conclusions

- Legislation to fund parent-mentor programs in your state would improve health and healthcare of Latino children, create jobs, economically invigorate poor neighborhoods, and save money
- We must continue to fight Trump Administration's final "public charge" rule, which would result in millions of Latino children losing access to healthcare, housing, and nutrition

Final Thoughts

- Health and well-being of Latino children should be urgent bipartisan priority
- Legendary Pittsburgh Pirate Hall of Famer and Latino activist **Roberto Clemente** said:
  - "Any time you have an opportunity to make a difference in this world and you don't, then you are wasting your time on Earth"
- So let's all work together to make a difference in this world for Latino children!