

## **Denver Latino Commission**

### **Community Health Forum<sup>1</sup>**

Mi Casa Resource Center

May 2, 2009

#### **Introduction**

On Saturday, May 2, 2009, the Denver Latino Commission held its first community forum at the Mi Casa Resource Center to examine health disparities among Denver and Colorado residents, particularly among communities of color. Over 30 health providers and community residents attended the forum in which representatives from the City's and State's health departments presented stark data on health disparities between the Latino population and the larger community, followed by a dialogue with the Commission on how to begin to address those disparities.

Presenters included Drs. Sandeep Wadhwa of Colorado Medicaid, Chris Urbina of Denver Public Health, Mr. Mauricio Palacio of the Office Health Disparities of the Colorado Department of Public Health, and Consul General of Mexico, Eduardo Arnal Palomera. Commission Chair, Derek Blass, moderated the presentation and facilitated the dialogue at the conclusion of the forum.

#### **Colorado Medicaid – Dr. Wadhwa**

Dr. Wadhwa explained that Medicaid insured 500 thousand people in Colorado, and that the State's rolls were the fastest growing in the country. Despite the numbers of residents on its rolls, a large population remains just above the eligibility threshold of government-insured health services. Given the current economic climate, that group is quickly growing larger.

Today, 800 thousand people in Colorado do not have health insurance. Of those, 80 thousand are eligible for Medicaid. Of those 80 thousand, 50 thousand are Latino. Medicaid is eager to reach out to this community to have them participate in Medicaid and receive health coverage available through public insurance. Wadhwa explained "we want those who are eligible to apply." The office's principal goal, explained Wadhwa, was to learn how to better partner with and advise the Latino community about the coverage available to them through Medicaid.

In addition to reaching out to those eligible for coverage, Wadhwa explained that the State would be adding between 100 thousand and 200 thousand residents to its public insurance rolls under Medicaid and CHIP+ through revisions of eligibility criteria qualifying those with income of up to 250% of the federally established poverty line. The expanded coverage is scheduled to begin in April of next year.

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<sup>1</sup> This summary was prepared by Diego Hunt based on notes taken during the event. Copies of the PowerPoint slides presented during the forum are attached to this summary.

With respect to both objectives – providing coverage to the 50 thousand eligible residents and bringing expanded services to those communities – the office wants to reach out to the Latino community to be able to provide the highest quality health insurance for all of Colorado’s residents.

Wadhwa discussed recent developments loosening prior restrictions on Medicaid eligibility. In response to the current economic crisis, the federal administration has lifted the five-year residency requirement to make coverage available to a greater number of people.

Another big concern for the office is that given nearly one half, or at least 200 thousand of the 500 thousand Coloradans covered by Medicaid are Latino, it recognizes that it needs to be more sensitive to the needs of the Latino community. As such, they are anxious to work with Mauricio Palacio and his office on how best to approach that particular population and, more importantly, meeting the needs of that community.

Lastly, Weewada identified the office’s need to focus on the overall health of our community, not just treatment.

Dr. Wadhwa presented several members of the State’s Medicaid office in attendance and invited questions from the audience. He also invited attendees to review the office’s materials located in the back of the meeting room.

***Q&A With Wadhwa and Medicaid Staff***  
*(Moderated by Derek Blass)*

*Q. Question regarding the legal affidavit required when submitting an application?*

A. The office now uses a “joint application” which allows people to apply for CHIP+ and Medicaid on one form. Applicants can receive assistance in completing this “user friendly” application at several locations. The goal is to “make it easy to come into the system.” The “single-purpose” application is designed to simplify and streamline the application process.

*Q. Are there restrictions on Medicaid eligibility based on immigration status?*

A. Yes. As a public benefit, the applicant must demonstrate they have been a legal permanent resident for five years or are a U.S. citizen. There is also a Colorado length of residency requirement.

*Q. Do you provide coverage under programs other than CHIP+ and Medicaid?*

A. Yes. The office also provides health insurance for clients with disabilities that do not qualify for Medicare; a smaller, but important population.

## **Mexican Consul – Eduardo Arnal Palomera**

Denver’s Mexican consulate was founded in 1893, over 115 years ago. Today, between 200 to 400 people visit Denver’s consulate every day. The consul explained that, often times, access to health care hinges on persons migratory status. Those who come to the U.S. from Mexico tend to stay in the U.S. Irrespective of the number of immigrants, those immigrants often encounter an unfriendly environment. There is also very little attention paid to integration. Regardless, twenty-five years of such circumstances has done little to discourage immigration from Mexico. Importantly, however, the declining health of immigrants undoubtedly has a negative effect in the community, as well as in their country of origin. The most critical needs are those of recent arrivals, tending to be poor, who struggle with issues of cultural and social integration. For them, assimilation is more difficult.

As one of the consulate’s responses to the pressing health issues, it has teamed-up with other organizations in the Ventanilla de Salud program which employs a strategic approach to providing services to the low income and migrant community through bi-national partnerships involving government, non-profits and private companies. Fifty such programs are currently operating in the U.S., including the Denver-based initiative.

The program’s objectives are to promote available health care services and encourage enrollment in such health care programs; and to promote health awareness via culturally competent education and screening. To achieve these objectives, the program employs a strategy whereby they increase enrollment for public benefits programs; identify and inform the Latino community of available state programs; and increase enrollment in Mexico’s seguro popular to provide coverage when possible. The program will also collect information regarding services available in the community, and will provide information on health care issues affecting the Mexican community, such as education regarding emotional health, domestic violence, consumer rights, and available diagnostic services.

### ***Q&A With Consul Eduardo Arnal Palomera*** *(Moderated by Derek Blass)*

*Q. How is the consulate getting involved in the H1N1 flu epidemic?*

A. The consulate has initiated an awareness campaign and is maintaining close contact with local authorities regarding the epidemic. The consul recorded a public service announcement about the issue to air on Spanish-language media, and is distributing a Spanish-language flyer developed by the Mexican Secretary of Health. The consul explained that only two cases have been confirmed locally, and that it was important to let people know that if they were sick, they should get assistance.

*Q. Dr. Urbina respectfully interjected that health care providers such as Denver Health did not want people who were suffering only mild symptoms to go to the clinics or hospitals and risk infecting others. Dr. Urbina recommended that those suffering only mild symptoms stay home and rest. If, however, a person was experiencing high fever, pain in their belly, or was otherwise very ill, they should go see a doctor right away.*

A. With respect to Latinos obtaining necessary medical services, the consul commented that, due to cultural issues, many immigrants did not go see the doctor unless they were gravely ill. That is why it is important from the consulate's perspective that their constituents obtain medical treatment prior to becoming very ill.

*Q. Where is the Mexican Consulate?*

A. The Mexican Consulate is located at 5350 Leetsdale Drive, Suite 100, Denver, Colorado 80246. Its staff could be reached at 303-331-1110. In addition, the consulate operates a "mobile consul program," where two times a week consular staff visit community locations to provide services.

### **Denver's Health Status – Dr. Chris Urbina**

Dr. Urbina grew up in Pueblo, Colorado, and currently serves as the Director of Denver Public Health. Dr. Urbina presented on the City's 2008 Health Status of Denver Report, available at:

[www.denvergov.org/DEH/HomePage/HealthStatusReport/tabid/433184/Default.aspx](http://www.denvergov.org/DEH/HomePage/HealthStatusReport/tabid/433184/Default.aspx).

The site also contains an executive summary of the report, as well as additional information about the project.

The report, a collaborative effort between Dr. Urbina and Nancy Severson (Manager of Denver Environmental Health), establishes a baseline against which to target future efforts to mobilize Denver's residents and improve their overall health inline with Healthy People 2010 ("HP2010") goals of the U.S. Health Agenda. This is the second such report put together by the City to assess how the City is fairing in terms of overall health and also to identify disparities in health across the City's population.

HP2010 looks at several leading indicators, which are not necessarily just measure of health care and illness, but also focus on things that can be changed to improve health. Each section of the report deals with a different indicator and includes stories about people, the costs associated with the associated health issues, and a call to action. Ultimately, the report is designed to identify how to get people active in ways that make a difference.

Covering only the highlights, Dr. Urbina reviewed several of the indicators. Commenting on the data sources, Dr. Urbina explained that the data was accurate, but incomplete. In order to assess the true health of Denver's residents, the report had to examine not just Denver, but drill down into the separate communities. Essentially, the true data would show that Cherry Creek's residents health would be different than residents of the neighborhood Mi Casa serves.

Overall, Denver is doing fairly well, with the data showing that it was leaning towards the HP2010 goals. However, several problems were identified such as obesity, substance abuse, and lack of access to health care. Looking at the Latino population in particular, that population was the only demographic where motor vehicle accidents were identified as one of the top five causes of death. Dr. Urbina's presentation then focused primarily on discussing those types of differences.

The point culled from the data is that the overall report was getting worse in terms of accidents and obesity, particularly with children. In terms of demographics, poor people fared worse still. Crime rates and access to care were also identified as indicators in which Latinos fared worst.

In terms of diseases, the overall trend is improving, although likely to get worse for our population due to obesity and diabetes. Latinos tended to be overweight in greater frequencies than African Americans and whites. While Denver is doing well as a city, its Latino population is not. Latinos tend to have higher rates of diabetes when compared to Denver, making diabetes one of the key health issues for that community. Latinos are also more likely than whites to contract STDs, with African Americans having the highest rates. In terms of suicides, Latinos experienced an increase in suicide rates, but not as high as that experienced by whites.

A critical indicator appears to be age, with high rates of motor vehicle, drowning, poisoning, and suicide deaths for Latino youths. The indicators suggest that youth health initiatives should target behavior, such as violence prevention. Particularly troubling is that motor vehicle deaths are nearly twice the rate of other populations for Latinos.

Overall cancer rates are improving, as are the improvements in rates of tobacco use (significant reductions in use). Substance abuse still remains a significant issue for Latino communities, as we tend to promote heavy drinking in our population. The substance abuse rate has increased, which correlates with the increase motor vehicle accident rates discussed.

In terms of health disparities, the report ends by posing the question "where do we start?" The data helps identify the issues to address and informs how to target efforts towards the issues experienced by specific populations. Community-based interventions are necessary to address the concerns identified by the report, requiring that the City work in partnership with community-based organizations to achieve the City's health goals.

***Q&A With Dr. Chris Urbina***  
*(Moderated by Derek Blass)*

- Q. Dr. Wadhwa asked how Dr. Urbina would prioritize the health concerns discussed?*
- A. For the Latino population, Dr. Urbina would focus efforts by age groups, with youth interventions focused on immunizations, exercise, and efforts to reduce risky behaviors. Efforts targeting the middle-age population would focus on early prenatal care, immunizations, exercise, eating well, preventative diabetes care, and preventative cardiovascular care. Finally, efforts targeting the elderly would focus on reducing falls and treatment of disease.
- Q. An attendee from the Relational Wellness Institute commented on the need to consider mental health in relation to overall health, as well as educational disparities in communities that contribute to the disparities discussed. The attendee announced that her agency had \$10 million in funds available to help train educators to address those disparities.*
- Q. Another attendee commented on the inability of undocumented persons to get appropriate care, often waiting six to seven hours in a hospital waiting room to receive services. The attendee reported that a group of people he was working with were in the process of preparing a proposal for a clinic comprised of Mexican doctors and nurses providing services in a culturally acceptable manner.*
- A. It is questionable whether Denver needed any additional clinics, given the existence of several community-based clinics. Rather, the goal is to focus on community health.
- Q. Georgina Miran of the Colorado Immigrant Rights Coalition (“CIRC”) suggested that there should be a greater investment in the clinics that already exist. She is familiar with the clinics, and reports that there are too few. That unless someone is gravely ill, the first appointment may be two to six months out. She reports that because of HB1023, requiring proof of status prior to receipt of public benefits, many in the immigrant community are afraid to seek out services. She recognizes that everyone deserves treatment and should be entitled to it, but although many are eligible, they will not seek services because of this fear. She and others in her organization are reaching out to members of the immigrant community to seek out health services when they are ill and get the assistance they need.*
- A. Noting the need to increase access to services, Dr. Urbina stated that this was the beginning of a dialogue around those issues. However, efforts to improve public health need to look beyond issues of access to services, and instead focus on creating a healthy community.

## **Highlights from the 2009 Health Disparities Report – Mauricio Palacio**

Mauricio Palacio, Director of the Office of Health Disparities of the Colorado Department of Health and Environment, explained that a new health disparities report was being finalized and would be available in print this summer. Mr. Palacio discussed highlights from the 2009 report.

Colorado's Latino population doubled in the 90s. Today, Latinos comprise approximately 20% of the State's population. Mexicans comprised the largest segment of the State's Latinos, followed by Puerto Ricans, Central Americans, South Americans, then Cubans. This group, however, experiences very significant disparities in health status when compared to the larger population and other demographics.

Latinos have the lowest life expectancy, which prevention would likely address. In terms of health care, Latinos have greater limitations of access and higher rates of being underinsured. Notably, undocumented people are afraid to seek out health care. For example, even when programs such as CHIP+ are available to their children, undocumented parents are afraid to enroll. In terms of quality of care, even with good insurance, studies show that the population is still treated differently.

In terms of overall health disparities, the report identifies obesity as a significant problem, with increasing rates of obesity in children and adults. Poor access to oral health was also identified as a key indicator of overall health, as this is more typical with people who are underinsured. There is also a disparity in the number of births to unwed mothers experienced by the Latino population. Finally, the Latino community tends to have higher rates of and deaths due to cervical cancer.

Specifically looking at obesity in children ages 2 to 14, Latinos had the highest obesity rates in contrast to other demographic groups such as whites, African Americans, and Asians. In terms of dental care, 14.9% of Latino children did not have access to dental care in contrast with the total 8.4% without access in the State. As for adults, 72% of the State's Latinos lacked access in contrast with the State's 58%.

Latinos also have the highest death rates in the State from diabetes, chronic liver disease and motor vehicle crashes, and have statistically higher rates of cervical cancer deaths, STDs, tuberculosis, kidney disease deaths, and prenatal period deaths. Although often not discussed, Latinos also have significant mental health disparities, due in part to being the group most likely to be underinsured, coupled with cultural and linguistic barriers to treatment. Issues of acculturation also contribute to mental health, given that suffering racism can also contribute to mental health problems for immigrants immersed in a new and hostile environment.

Mr. Palacio explained that effective interventions could not look at these health issues independently. That many factors collectively affect the health of individuals and populations, such as social support, neighborhood, work environment, behavior, access to health care, income, and level of education.

Looking then at disparities within these determinants of health, one sees that Latinos have the lowest high school graduation rates, the highest poverty rates, and the highest rates of uninsured.

Mr. Palacio concluded with a discussion of recommendations. He commented on the Plactica Convention to Promote Latino Health where teams broke out into different disease areas to strategize on how best to address the specific problem. Copies of the report were available at the forum.

In terms of recommendations, Mr. Palacio first addressed the present H1N1 influenza epidemic, advising those present to call the Colorado Department of Health help line with questions. Inline with the need for health care providers to develop an understanding of diversity of individuals and cultures, the office is promoting a program to increase diversity among hospital boards of trustees.

Other recommendations include developing culturally and linguistically appropriate health communication and programs; promoting efforts to recruit and retain Latinos in the health profession; promoting interventions that improve the determinants of health; partnering with communities; improving data collection; investigating race-associated differences in health outcomes; and understanding the impact of racism.

***Q&A With Mauricio Palacio***  
*(Moderated by Derek Blass)*

*Q. An attendee identified the need for programs to teach teachers and principles how to teach children in order to address poor graduation rates. Ricardo Martinez of Padres Unidos commented on that agency's efforts to address the disparate dropout rate among Latino youth. Mr. Martinez saw it as a lack of the will to change rather than a lack of awareness. "They have not been working with our children for decades. It's national. Our goal with schools is to have an honest conversation with teachers and principals to try and transform the schools. These conversations are important."*

**Open Forum**  
*(Facilitated by Derek Blass)*

Derek Blass invited attendees to comment on the information presented and to contribute to a discussion on how to address the issues raised. The Denver Latino Commission is engaged in an effort to investigate health issues affecting Denver's Latino community, research those issues, and present its finding and recommendations on how to address them to the Mayor. The community's input and recommendations are invaluable and necessary components of any comprehensive solution.

- Georgina of CIRC described the organization as a coalition of 58 Colorado entities, and stated that it would be important to share the contents of today's presentation with the larger community. "Explaining these statistics would help communities become aware of the importance of health; that, in addition to contributing to the economy and supporting their families, immigrant communities need to take care of themselves."
- Another attendee commented on the seemingly "soft bigotry" in where perceptions and expectations are established that say "this is what is going to happen" in terms of dropout rates and the like. There is a certain complacency that needs to be overcome by increasing the level of expectation.
- Another attendee recommended the creation of youth programs designed to motivate youth to go into the field of healthcare, perhaps having high schools partner with the Health Department.
- As a follow-up comment, a health professional commented on the need for higher education to be held accountable for the disparities in education.
- ME Moreo of Centro de Esperanza commented on the significant systemic issues affecting the health care environment. Specifically, while NAFTA allows for Mexican professionals to work in the U.S., Colorado does not recognize Mexican credentials in its licensing process for mental health providers. These regulations prevent qualified and culturally competent professionals from being able to provide much needed services. The Department of Regulatory Agencies ("DORA") will not license Mexican professionals to provide such services.
- Another attendee discussed his efforts to create a cooperative health care facility that could hire whoever they wanted, regardless of credentials. Through an effort to form a cooperative among 45,000 homes on the border of Denver and Lakewood, the health care facility would be able to hire those who are culturally competent and can provide services the Latino community is accustomed to.
- Another attendee commented on the efforts of Desanti Dental to bring professionals from other countries to work in the community and how she is currently working with DORA around licensing issues.
- A Filipina certified general practitioner commented on her and several of her friends' inability to "get into the system," which requires five qualifying exams, plus the Colorado exam.
- Another attendee commented on a similar experience in nursing, where even though they passed a similar test in Puerto Rico, they would be required to retest in other states before being licensed.