UCLA Los Angeles Latino Health Symposium

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May 23, 2019
Outline

• Highlight current efforts
  • Immigrant health care, *Camino a la Salud*
  • Multidisciplinary interventions

• Opportunities for collaboration
Achieving health equity

- Describe Latino health disparities
- Understand and explain mechanisms
- Provide solutions and interventions
- Disseminate to community, action
Latino healthcare research approaches
Barriers to care across many domains

• Health care systems, clinical care differences
• Physical/built environmental, neighborhood effects
• Behavioral, individual beliefs, lifestyle
  • Language, immigrant stress
• Social and/or cultural
The Inverse Care Law & Primary Care
Immigrant Health – experiences with care and clinical outcomes

Counties:
- Butte County
- Colusa County
- Glenn County
- Marin County
- Napa County
- Shasta County
- Solano County
- Sonoma County
- Sutter County
- Tehama County
- Yolo County
- Yuba County
- San Benito County

Camino a la Salud (Path to Health) n=~25,000
Multidisciplinary systems approach

• Target highly complex patients
• Connect social worker and community health worker to the primary care team to:
  • Translate medical plan of care into workable activities
  • Provide insight to the care team by being eyes and ears for the provider
  • Offer cultural and linguistic perspective
Specific opportunities for research and collaboration
Use of healthcare technology and capturing the right data in systems

![Graph showing the use of different refill systems for respondents with English proficiency status. The graph compares the use of telephone refill system, Internet refill system, and Internet or telephone for LEP and EP respondents. The data points are as follows:

- LEP:
  - Telephone refill system: 31%
  - Internet refill system: 21%
  - Internet or telephone: 46%

- EP:
  - Telephone refill system: 37%
  - Internet refill system: 53%
  - Internet or telephone: 83%

* = P < 0.001

Percent of respondents that used telephone and/or internet refill system.
What do Latinos value in healthcare?

- Clarity of communication: 51%
- Elicited concerns, responded: 41%
- Explained results: 69%
- Respectful, compassionate: 59%
- Decision making, worked together: 20%
Community-Based Participatory Research (CBPR)

Where the soil is contaminated
- Cleaned
- Doesn't qualify for cleanup, but high lead levels present
- Qualifies for cleanup
- No cleanup required / no access

77 Cleaned
871 Qualifies for cleanup
367 615
112 121
5 540
1 611
2 281
67
60

Status of tested properties
The state found that Boyle Heights and East Los Angeles have the most properties with lead contamination high enough to qualify for cleanup. Most properties in Commerce and Maywood also have elevated lead levels but will not be cleaned.

Source: California Department of Toxic Substances Control
@latimesgraphics

Tony Barboza, La Times Apr 26, 2018
Translating high value research finding to sustainable community and systems interventions

- Culturally and linguistically appropriate care
- Diabetes Prevention Program in Latino community
- Determinants of health: food insecurity
- Neighborhood and zip code: parks use
- Youth interventions
Disclosures

• No financial relationships to disclose
Questions?
Health Care and Racial Disparities

Address Barriers

• Financial → Universal Insurance
• Geographic → Distribute MDs by need
• Linguistic/cultural >→ Diverse work force
• Primary care → Subspecialty – PC balance
• Literacy/Health Literacy → EDUCATION
• Poverty → Employment/Social support

-Marmont, M Lancet 365:Mar 19 2009