Latino Mental Health and the Affordable Care Act

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July 22, 2013
Latinos and American politics

Power in numbers
Hispanics, long under-represented as voters, are becoming political kingmakers

Jan 7th 2010 | LOS ANGELES | From The Economist print edition
The “Latinisation” of America

“Along with the ageing of the baby-boomers… [the]…Latinisation is the most important demographic change in America.”

“To see the America of the future…look to its youth and its cities.”

White children are already a minority in 31 of America’s 100 largest metropolitan areas.

Whites will become a minority in preschools by 2021 and in the general population by 2042.

## Hispanic Population Growth, by Country of Origin, 2000-2010

<table>
<thead>
<tr>
<th>Country</th>
<th>2010</th>
<th>2000</th>
<th>Number</th>
<th>% All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanics</td>
<td>50,478</td>
<td>35,306</td>
<td>15,172</td>
<td>43.0%</td>
</tr>
<tr>
<td>Guatemalan</td>
<td>1,044</td>
<td>372</td>
<td>672</td>
<td>180.3%</td>
</tr>
<tr>
<td>Salvadoran</td>
<td>1,649</td>
<td>655</td>
<td>994</td>
<td>151.7%</td>
</tr>
<tr>
<td>Colombian</td>
<td>909</td>
<td>471</td>
<td>438</td>
<td>93.1%</td>
</tr>
<tr>
<td>Dominican</td>
<td>1,415</td>
<td>765</td>
<td>650</td>
<td>84.9%</td>
</tr>
<tr>
<td>Mexican</td>
<td>31,798</td>
<td>20,641</td>
<td>11,158</td>
<td>54.1%</td>
</tr>
<tr>
<td>Cuban</td>
<td>1,786</td>
<td>1,242</td>
<td>544</td>
<td>43.8%</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>4,624</td>
<td>3,406</td>
<td>1,218</td>
<td>35.7%</td>
</tr>
</tbody>
</table>

Notes: Hispanic population growth among country of origin groups with a population of 900,000 or more in 2010. Growth rates are computed from unrounded data.

Source: 2010 Census and 2000 Census (Ennis, Ríos-Vargas and Albert, 2011); PEW HISPANIC CENTER
What does all this growth mean?

- Growth means more demand for services.
- Latinos are spreading out from their traditional centers of settlement in the US.
- Limitations in the ability of Latinos to access and utilize health care contribute to patterns of poor health and health disparities.
- More importantly, it means that there is a lot of room for leadership positions for all of you!

Source: Cristancho et al., 2008; Kandel, 2008
Mental disorders:

1. Are among the most prevalent classes of chronic diseases in the general population.

2. Co-occur within themselves, with substance use disorders, and with many medical conditions.

3. Typically have much earlier ages of onset than other chronic diseases.
Why Pay Attention to Mental Health and Mental Illness?

Mental disorders:

4. Only a minority with mental health needs receive treatment in the preceding year.

5. Are among the most disabling of all chronic health conditions.

6. Are associated with significant adverse societal costs.
Mental Disorders are Rarely the only Health Problem

- Chronic Physical Pain: 25-50%
- Smoking, obesity, physical inactivity: 40-70%
- Heart Disease: 10-30%
- Diabetes: 10-30%
- Cancer: 10 - 20%
- Neurologic Disorders: 10-20%

Source: Unützer, 2010
Age at Onset of Mental Disorders

- The most serious mental disorders usually begin in childhood or adolescence. **Half of cases of mental illness begin by age 14, and three-fourths start by age 24.**

- They are usually not severe when they begin.

- More typically, they become severe over time.

- Early-onset mental disorders are significant predictors of the subsequent onset and persistence of physical disorders.

Source: Kessler, 2006; Ormel et al., 2007
Treatment Gap in the U.S.

- Those who go without treatment and who had a diagnosis in the past 12 months:
  - Latinos – 70%
  - African Americans – 72%
  - Asian Americans – 78%
  - Non-Hispanic Whites – 61%

Source: Alegria et al., 2006
Mexican American Prevalence and Services Survey (MAPSS)

Who utilized services?

- 38% of U.S. born received care
- 15% of immigrants received care
- 9% of migrant agricultural workers received care
Among the top ten main causes of disability, five are mental disorders:

- major depression
- schizophrenia
- bipolar disorders
- alcohol use
- obsessive-compulsive disorders

All five mental disorders appear by age 24!

Source: Kessler, Berglund, Demler, et al., 2005
Key Issues in Mental Health Care for Latinos

The 5 A’s:

1. Accessibility
2. Affordability
3. Availability
4. Appropriateness
5. Advocacy
Mental Health Care Disparities in Latinos

Since the 1980s, studies have shown that Latinos are more likely to:

- delay or not seek mental health care
- receive less adequate care
- terminate care earlier

Mental Health disparities are found across all aspects of access to care including:

- primary care for depression
- children and adolescents' help seeking

Health care access and quality are suboptimal, especially for Latinos and low-income groups.

Quality is improving; access is not improving for Latinos.

Urgent attention is needed to ensure improvements in quality and progress on reducing disparities.

Latinos are more likely than Non-Hispanic Whites to terminate treatment prematurely, with as many as 60–75% of Latinos dropping out after just one session.

Source: McCabe, 2002
Reduced Engagement of Latinos in Mental Health Care

- **Dropping out of Treatment**: only 57% of respondents in NLAAS say they completed the treatment.

- **Mode number of visits** is 1 and **median** is 3 to both psychiatrists and psychologists.

- **Action needed**: Engage Latino patients in their own treatments and empower them.
The Health Care Law

In March 2010, President Obama signed into law the Affordable Care Act (ACA)
Affordable Care Act (ACA) Opportunities

- Expands coverage nationally to **33 million individuals by 2019**, covering nearly 95% of Americans.

- About **nine million** Latinos will be eligible to receive coverage under the law in 2014.

- It will bring a huge part of California’s 8.2 million uninsured people into the state’s healthcare delivery system.

- **Latinos stand to benefit the most from the ACA**, given that currently 1 in 3 Latinos in California are uninsured.

Source: Adapted from Carlisle, 2011; CBO Score of Senate Bill, White House Council of Economic Advisors
Essential Benefit Package

- Ambulatory
- Emergency
- Hospitalization
- Maternity/Newborn
- Mental Health and Substance Abuse
- Pediatric
- Prescription drugs
- Rehab and habilitative
- Laboratory services
- Preventive/Wellness

Mental health and substance abuse are included

Source: Frank, 2011
ACA Changes Targeting Immigrants

- ACA will improve access to insurance for the majority of immigrants, whether through the Exchange, employer-offerings or Medicaid/Medi-Cal expansion
  - We need to address patient navigation and decision-making
  - Physician supply, urgent care, and ER use
- While the undocumented will be largely left out
  - Employers could increase offering
  - Non-Exchange Individual Market will be guaranteed issue

Source: Roby, 2011; Latino Health Alliance Annual Policy Briefing
Challenges Through the Implementation of the ACA

1. Limited supply of a diverse and culturally and linguistically competent provider workforce
2. Capacity of the safety net to treat the newly eligible
3. The need to streamline and coordinate the state’s eligibility and enrollment systems

Source: Castellanos, 2011
A Call to Action!

We must educate our Latino community about the ACA and seize the opportunities and help enroll folks in Medicaid programs and purchase affordable care through the exchange market!