Health Care Reform

Latinos Living Healthy and the Affordable Care Act

League of United Latin American Citizens
2013
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Introduction

With full implementation of the Affordable Care Act, 9 million Latinos in the United States will be eligible for health coverage and receive new opportunities for benefits through state and federal programs. The Latino population in the U.S. is more uninsured and underinsured than any other group. Our communities rely heavily on public aid programs, such as Medicaid, Medicare and CHIP. The law, which was passed by President Obama in 2010, provides new resources to improve health care quality, public health infrastructure, and the availability of health services that are central to the well-being of the Latino population. Individuals will be able to begin enrolling into the system and purchasing health coverage in October, 2013. Many of the changes made by the Affordable Care Act to America’s health care system are already in place and the remainder will go into full effect in January 1, 2014. As one of LULAC’s established policy priorities the organization is helping to ensure that Latinos benefit from the new law and that our communities continue to build upon this progress to advance health equity for all Americans.

Through the Latinos Living Healthy Initiative and with direct community outreach of Health Education Ambassadors, LULAC will grow grass-roots awareness of the key processes and timelines for involvement in the application of the ACA. Due to low insurance rates, cultural, linguistic, and other social barriers, many Hispanics are less likely to receive routine health care or preventative services and tend to only seek medical care at the onset of chronic diseases. This leads to poorer health outcomes and higher incidence of illnesses such as a diabetes, cancer, heart disease and obesity. In an effort to address inequities in access and quality of service, this manual aims to provide broad information and guidance to LULAC advocates and community leaders around the importance of Latino participation in the new health care arena.

Latinos Living Healthy

As part of its commitment to eliminating health disparities in all areas of health and human services, the League of United Latin American Citizens engages an extensive nationwide network of 135,000 community volunteers, 900 councils and 55 community technology centers through the Latinos Living Healthy Initiative. This campaign distributes information and provides expertise regarding the causes, effects and outcomes of health issues that disproportionately affect Latinos across the US and Puerto Rico. LULAC’s policy priorities regarding the reduction of health disparities include the implementation of health care reform to benefit Latinos by improving access to, utilization, and quality of health care for the Latino population.

Through LULAC’s health education campaign, educational workshops and policy roundtables we aim to educate service providers, community leaders and policy makers on the importance of disease
prevention and health care services. Latinos are diagnosed with diabetes, heart disease, cancer, asthma, and childhood obesity and HIV/AIDS at higher rates than many other Americans. Disparities in health and in the quality of health services that Latinos receive exacerbate the onset and poor outcomes of chronic diseases. Prevention and access to services are the underlying focus of the Latinos Living Health campaign.

**HEALTH EDUCATION AMBASSADOR PROGRAM**

In 2013 the Latinos Living Healthy initiative will incorporate the expertise and experience of Health Education Ambassadors in key regions across the U.S. to raise awareness of the new benefits and services available under the ACA. Through the Health Education Ambassador program, LULAC National will support LULAC Councils and the communities they serve to design and implement localized solutions that address critical needs. An important goal of this program is to give LULAC Councils the flexibility to design frameworks that most effectively account for the respective health issues experienced within their communities, available resources and support systems.

The objective of this manual is to give an overview of the process of implementation of the health exchange marketplace, provide assistance to Health Education Ambassadors in advocacy and community education events, and to develop trust and participation in the process of health care reform in order to improve health care services for Hispanics in the U.S. Ambassadors will present creative, localized and sustainable programs with short-term and long-term measurable effects. This culturally appropriate, peer-to-peer outreach and education effort will improve utilization of the new health care system by Latinos across the U.S.
The Patient Protection and Affordable Care Act

On March 23, 2010, President Obama signed the Affordable Care Act into law, putting in place comprehensive reforms that improve access to, and quality of affordable health coverage for everyone. Hispanics as a group face disproportionately high rates of many preventable diseases including heart disease, obesity, diabetes, and cancer; illnesses which could be avoided, or for which the outcomes could be improved, with better access to early screenings and regular ongoing treatment. Due to many common barriers, insurance benefits have been largely inaccessible to much of America’s population, including children. Hispanics account for 1 out of 3 uninsured persons in the United States. The Affordable Care Act is a progressive step towards improving the availability of health care coverage and the quality of care received.

Many of the law’s provisions are already benefitting Americans. Thanks to the Affordable Care Act, 3.1 million more young adults have health insurance on their parent’s plan and more than 17.6 million children with pre-existing conditions can no longer be denied coverage. 3 million seniors have received a 50 percent discount on their prescription drugs, and millions of Americans now have access to no-cost preventive services to help them stay healthy. Additionally, the Affordable Care Act helps small businesses with the cost of providing health insurance for their employees; a benefit that is especially important for Latinos because Employer-based insurance is the most common form of insurance coverage for this group and also because there were an estimated 1.6 Hispanic-owned business in the U.S. in 2011, according to the U.S. Census Bureau.

Benefits provided by the ACA

- Coverage for Americans with Pre-Existing Conditions
- End to Lifetime Dollar Limits and Annual Limits on Care
- Insurance companies can no longer drop your coverage when you get sick due to a mistake you made on your application
- Young Adults are Able to Remain Covered under their Parents Insurance Plans to the age of 26
- Insurers are now required to cover a number of recommended preventive services
  - Seniors can receive recommended preventive services such as flu shots, diabetes screenings, as well as a new Annual Wellness Visit, free of charge
  - New benefits for women include access to preventative services, such as mammograms, domestic violence screenings, breast feeding counseling, cervical cancer screening and contraceptives (among many others) without copayments or deductibles
**WHAT IS HEALTH INSURANCE AND WHY DO WE NEED IT?**

When an individual buys an insurance plan through a company, the company agrees to pay a part of the expenses should that individual become sick or injured. Standard plans can provide coverage for preventative screenings, vaccines, and prescription drugs. These services are important to prevent more costly care and treatments after a disease has developed or in the event of an emergency. It is important for Latinos to know that they can take advantage of these plans and benefits. As Ambassadors it will be important to dispel other myths regarding the availability of programs for Latino households and families.

Things to remember as an educator:

A number of “plans” are not equivalent to health insurance: Dread disease policies, Accident-only coverage, Supplemental policies, Discount plans, and Stacked policies may be helpful in certain situations but they do not provide comprehensive coverage and cannot be considered as options for or substitutes for comprehensive health insurance.

When teaching community members about the many steps and considerations to make when looking to acquire health insurance coverage, keep in mind the following factors that can help guide one’s choice:

- Balance the cost of the monthly premium with the protection offered.
- What are the deductible, co-insurance, copayments, and out-of-pocket limit?
- Estimate costs for non-covered care (services excluded or limited by the policy) and charges (fees above what the plan recognizes).
- Check whether the plan covers the health care services and medications required.
- Check whether the plan’s health care providers include current providers, are located conveniently, and are high quality.
- Avoid policies that don’t have some kind of maximum out-of-pocket limit on covered charges.
- Don’t mistake insurance-like products for comprehensive coverage.
- If you have questions, call your state’s Department of Insurance or Consumer Assistance Program.

**MEDICARE AND MEDICAID**

Nearly 50 million older Americans and Americans with disabilities rely on Medicare each year. 32.5 million seniors received preventative services through the program and the number of seniors who joined a Medicare Advantage plan increased by 17 percent between 2010 and 2012. In 2010 nearly half of Latino children had Medicaid or CHIP benefits. Latino children are also the most likely to be eligible for these benefits, but not enrolled. These programs are vital to the health of America’s providing affordable services to children, the elderly, those living in or near poverty, and those with certain chronic conditions.
The Affordable Care Act also emphasizes the improvement of care coordination and quality. Through the newly established Center for Medicare and Medicaid Innovation, new health care models are being tested and supporting innovation to reduce costs and strengthen the quality of health care for all Americans. Medicare funds will be extended through 2024 as a result of reducing waste, fraud, and abuse, and slowing cost growth in Medicare.

Individuals may be eligible for both Medicare and Medicaid. If so, Medicaid will cover many of the services that Medicare doesn’t cover.

**Medicare:**

This is a federal program managed by the U.S. Department of Health and Human Services. Medicare provides affordable health coverage to seniors beginning at the age of 65, people under 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (a permanent kidney failure requiring dialysis or a kidney transplant). Individuals can enroll for this program during the open enrollment period in October and are able to choose between several health plans depending on their personal needs. These plans include:

- **Medicare Part A** – Hospital Insurance - helps cover inpatient care in hospitals, skilled nursing facility care, hospice, and home health care.
- **Medicare Part B** – Medical Insurance - helps cover doctor services, outpatient care, medical equipment, and home health care. It also covers some preventive services.
- **Medicare Part C** – Medicare Advantage - is a way to get your Medicare benefits through private companies approved by Medicare. It includes Part A and Part B and in most cases Part D and may include other extra benefits for an extra cost.
- **Medicare Part D** – Prescription Drug Coverage - helps cover prescription medications.
  - In the past, as many as one in four seniors went without a prescription every year because they couldn’t afford it. To help these seniors, the law provides relief for people in the donut hole – the ones with the highest prescription drug costs. Under the ACA Seniors will see substantial savings, an average of $16,000, on covered brand-name and generic drugs while in the coverage gap (the donut hole) until the gap is closed in 2020.

For more information about Medicare, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

**Medicaid:**

This state run program provides affordable access to health services for lower-income individuals. Medicaid also helps support the medical needs of mothers and children. The federal government sets minimum guidelines for Medicaid eligibility but states can choose to expand coverage beyond the minimum threshold. In addition, all states have expanded coverage for children through the Children’s Health Insurance Program. With the Affordable Care Act many states have chosen to extend the eligibility rates for this program to include those with higher incomes who do not make enough to
purchase health insurance through the health insurance marketplaces or exchanges (see section below on “New Health Insurance Marketplaces”). Beginning in 2014, most adults under age 65 with individual incomes up to about $15,000 per year will qualify for Medicaid in every state.

To learn more about your states Medicaid program visit Medicaid.gov

**Children’s Health Insurance Program (CHIP)**

CHIP is a state and federal partnership program that works closely with Medicaid. All states provide coverage for children, up to age 19, through Medicaid and the Children’s Health Insurance Program (CHIP). CHIP covers routine check-ups, immunizations, dental and vision care, inpatient and outpatient hospital care, and laboratory and X-ray services.

Although every state operates CHIP, most states have unique names for their programs like Child Health Plus (New York), Healthy Families (California), and Hoosier Healthwise (Indiana). In several states, CHIP and Medicaid are combined into one program.

Here are some CHIP basics from Healthcare.gov:

- **Basic eligibility for CHIP** - Children up to age 19 in families with incomes up to $45,000 per year (for a family of four) are likely to be eligible for coverage. In many states, children in families with higher incomes can also qualify.

- **Eligibility and pregnancy** - Pregnant women may be eligible for CHIP. Coverage for expectant mothers generally includes lab testing and labor and delivery costs, and at least 60 days of care after delivery.

- **Citizenship and immigration status**: CHIP covers U.S. citizens and certain legal immigrants. States have the option of covering children and pregnant women who are lawfully residing in the United States. Undocumented immigrants are not eligible for CHIP.

To learn more about your state Medicaid program and other options available to you, use the insurance and coverage finder at, [finder.healthcare.gov/](http://finder.healthcare.gov/)

**NEW HEALTH INSURANCE MARKETPLACES**

January 1, 2014 will mark the beginning of a new era in health care for Americans with the launch of health insurance exchanges in every state in the country. These online marketplaces will allow consumers to choose new health insurance plans offered by qualified providers, assist buyers with the enrollment process for these insurance plans, and provide educational services to help shoppers understand the plan options. With the unveiling of these new programs it will be required for all Americans to seek out and enroll in some form of health insurance coverage (the individual mandate).
All health insurance providers will be required to cover Essential Health Benefits (EHB). Coverage provided for the essential health benefits package will provide bronze, silver, gold, or platinum level of coverage (see descriptions below). Small group health plans providing the essential health benefits package will have limited deductibles and any plan providing the essential health benefits package will be prohibited from applying a deductible to preventive health services. EHBs are determined State by State but must include items from these ten categories:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management, and
10. Pediatric services, including oral and vision care

In addition to the federally established benefit levels (bronze, silver, gold, or platinum) another plan option permitted under the ACA is a catastrophic plan. A catastrophic plan will provide coverage for essential health benefits, but coverage is paid for by the insurer after deductibles have been paid and equal to the amounts specified as out-of-pocket limits. A catastrophic plan will be permitted only in the individual market for young adults (those under age 30 before the plan year begins), and for those persons exempt from the individual mandate because no affordable coverage is available or they have a hardship exemption.

States have the option to establish one or more state or regional exchanges, partner with the federal government to run the exchange, or to merge with other state exchanges. States that have refused to develop online exchange systems will still offer the benefits of the marketplace, but the exchange will be set up and run by the U.S. Department of Health and Human Services, a federal entity, leaving the state

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Qualified Health Plans:

Plans that meet certain qualifications can sell to individuals and small businesses in the health insurance exchange. (Those plans can sell policies at the same price outside of the exchange, as well.) To be qualified, these plans must cover the essential package of benefits, offering at least silver and gold level coverage. They can cover benefits that are outside the essential benefit package, as well, but with two caveats:

1) If they cover abortion services, they must collect separate premium checks for that coverage and cannot use any premium tax credits or other federal funding for those services

2) If they are required under state law to cover services beyond the essential benefit package, states will pay any additional costs for those benefits for exchange enrollees.

States may also already have their own definition of qualified benefit plans that goes beyond the federal definition. While the ACA does not legally preempt those laws, states may want to consider, at least, conforming the terms “qualified” or otherwise clarifying which provisions are federal and which are state. State and federal regulations also are very likely to play a role in implementing these provisions.
with an option to transition to a state exchange if they decide to do so after 2014. Every state has the option of eventually running a fully state-based exchange.

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<th>States-based exchanges:</th>
<th>State-Federal Partner exchanges:</th>
<th>May have federal exchange default:</th>
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The qualified plans that participate in the Exchanges will be required to offer a uniform benefits package which would be offered at four levels of value, making comparisons across plans easier. The four levels of coverage, which vary depending on how much the insurer pays, include:

- **Bronze**: benefits equivalent to 60% of the full actuarial value of plan benefits,
- **Silver**: benefits actuarially equivalent to 70% of full value,
- **Gold**: benefits actuarially equivalent to 80% full value, and
- **Platinum**: benefits actuarially equivalent to 90% of full value.

Actuarial value is a measure of the level of protection a health insurance plan offers and indicates the percentage of health costs that, for an average population, would be covered by the health plan.

Qualified health insurers must offer at least one plan at the Silver level and one plan at the Gold level in each exchange in which their plans are offered.

States can also create a Basic Health Plan for uninsured individuals with incomes between 133% and 200% of poverty in lieu of those individuals receiving premium subsidies to purchase coverage in the Exchanges. States that offer the Basic Health Plan must ensure that the benefits are at least equivalent to the essential health benefits and premiums are not higher than those in the Exchanges.

**How to enroll**

One of LULAC’s goals for 2013 is to ensure optimal enrollment and utilization of these benefits within Latino communities. This opportunity could drastically improve health outcomes for Latinos by allowing them better access to high quality affordable health care. Latinos as a group are largely uninsured and do not take advantage of preventative health screenings. This leads to more severe outcomes from many chronic diseases, such as heart disease, diabetes and cancer that could have been prevented or controlled by ongoing treatments and education. Individuals should contact their State Department of Insurance for
the most accurate information about each person’s rights and protections under individual health insurance in each region.

Getting covered through your job:
If you don’t have coverage, you may be eligible for health insurance coverage through work – your own job or that of your spouse or parent. Under the ACA, if an employer offers coverage, you generally can’t be turned away or charged a higher premium because of your health status or disability. This protection is called “nondiscrimination.” Employers may refuse or restrict coverage for other reasons (such as part-time employment), as long as these are unrelated to your health status and are applied consistently.

When you’re leaving job-based coverage, you might be able to convert your job-based health insurance plan to an individual policy. This is called “conversion” coverage, and isn’t the same as “continuation coverage” (COBRA), in which you temporarily keep your job-based coverage.

If coverage through your job is not an option:
If you do not receive health insurance through your job or because you are unemployed there are a number of options available to you. If you are under the age of 26 you can remain on a health insurance plan through your parents. Any adult citizen, not provided with employment based health insurance coverage can purchase health insurance through their State’s health exchange marketplace. For information about this marketplace, Medicare or Medicaid assistance programs or other State based assistance programs, see above or visit Healthcare.gov.

Free or low-cost care:
If you are unable to afford insurance coverage, there are health clinics in your community that provide free or reduced-cost services on a sliding scale, depending on your income. Community clinics can also provide care to individuals regardless of documentation status, making this a trusted resource for many immigrant communities. The ACA has supported additional funding to these health centers due to their ability to offer culturally competent, low cost health care to much of America’s at-need populations. The U.S. Department of Health and Human Services Health Resources and Services Administration has developed an online search tool that can help you find a community health center in your area. Visit http://bphc.hrsa.gov/
Advocacy and LULAC Health Education Ambassadors

Through carefully planned advocacy and strategic efforts LULAC advocates and Health Education Ambassadors can impact and influence laws and public policies that directly affect people's lives. As a leader within your community you have the ability to create social change by highlighting critical issues, arousing public interest and influencing legislation.

WHAT IS ADVOCACY?

Advocacy is the focused effort of an individual or group to influence public-policy within political and economic systems. The power of advocacy lies in the organization and mobilization of large groups of people. Advocacy can be targeted on a local, state or national governmental level or other decision making body such as a school board.

You, as advocates, can develop coalitions and grassroots organizations which can play a large role in influencing legislation in your area. By skillfully communicating with legislators, your group can improve the outcomes of the legislative processes in favor of your goals. There are four main avenues for advancing your agenda: through a legislator, the legislative staff, the press, or the public. Your effectiveness as an advocate depends on your ability to persuade these people to support your position.

COALITION BUILDING

A coalition is a group of individuals or organizations that is focused on a specific issue, has a clearly defined goal, and has been created to stimulate change. When developing your coalition try to make it as broad and diverse as possible. There are four steps you will want to follow when developing a coalition:

1. **Build the coalition.** Contact people you know first. Request their support and then ask them to review and give input on your list of other possible participants. Grow your constituency.
2. **Define the issue.** Develop goals that are shared by all the members of your group and ensure that they have been clearly stated. This manual can act as a guide to develop specific and achievable goals.
3. **Identify the target audience.** Who is the base of your support? Who is the opposition’s base of support? Who is impacted by the legislation you are considering?
4. **Design and implement an action plan.** A timeline with a list of responsibilities provides an outline of activities and deadlines that can help you to reach your goal.
Based on the participants and the political environment of your state your coalition may evolve in different ways. Any group can be effective as long as the focus is on building and maintaining relationships while keeping your collective purpose in mind. Regardless of its size or scope, a successful coalition depends on an efficient system of communication. Coalition members may have their own goals or agendas and varying levels of commitment and involvement. For this reason LULAC National Staff are available to help develop and support a coordinated plan of action. The strength of the Latinos Living Healthy team and the Health Education Ambassadors is in working towards optimizing the flow of energy towards the shared objective.

WORKING WITH ELECTED OFFICIALS

With your support, LULAC and the Latinos Living Healthy campaign were able to support the passage of the President’s health care reform bill. Moving forward, our biggest role will be to raise awareness among local and state elected officials on the importance of the continued support for the benefits that will become available through this law. As you may know, many Latinos are uninsured and in need of preventative routine health care. It is our responsibility to support the development of the system that will reduce health disparities and to educate community members on how to use this system.

Before scheduling any meetings with your Legislators, get to know them. Acquaint yourself with their biographies, districts, policy interests, community interests, and then find interests that you share. Once you feel confident that you are familiar with their backgrounds decide what approach you will take in communicating with them, direct (face-to-face) or indirect (written). You have probably combined these two styles in order to have the greatest impact.

Here are a few tips to maintaining existing relationships with Legislators:

- Always be professional and make the most of every encounter.
- Develop long term relationships.
- Never whine, threaten or talk badly about the opposition.
- Never personalize differences of opinion.
- Never misrepresent facts.

Who to connect with

In order to create the most successful campaign, focus your coalition’s efforts in the most beneficial direction. Legislators will generally fall into three categories:

1. **Someone who supports your position** – Many states and their representatives already support all aspects of health reform implementation. Do not focus too much effort on these individuals as it is very unlikely that they can be persuaded to back out of the process or change positions.

2. **Someone who is undecided** – These individuals should get the majority of your attention as their support may be obtained. States and their legislators that have agreed to implement the basic
requirements of the law or partner with the federal government to set up health insurance exchanges may still be persuaded of the importance of all additional aspects of the health care reform movement.

3. **Someone who is against your position** – Analyze their voting record on similar issues to see how they have voted in the past. Focus your efforts on these individuals in accordance with your findings. Dissent between legislators in your state could lead to opportunities to garner support from a majority that could pressure others. Some decision makers may support other minority health programs but may not be well informed on the importance of this new law to a growing constituency.

Do not underestimate the power of legislative staff. Another great way to make an impact is to influence the senior members who support the political officials. If you don’t get through to the representative or legislator, don’t miss the opportunity to talk to the individuals that provide huge behind-the-scenes support.

### A Simple Guide for Face-to-Face Meetings

- Call and make an appointment.
- Put together a delegation. This will show that you have a diverse group of supporters who are committed to the issue.
- Be prepared for the meeting. Do your research and establish your agenda and goals.
- Be on time, concise and accurate. Create a local angle and press for a commitment.
- Follow-up after the meeting.
- Develop a long term relationship.
A Sample Letter Supporting ACA Marketplaces and Medicaid Expansion

[Date]

TO:
FR:
RE: (Example:) Protecting Public Health Programs

Dear [Elected Official],

In 2014 nearly 9 million Latinos will have new access to medical insurance coverage and medical services thanks to the full implementation of the Affordable Care Act (ACA). Provisions of this law as well as other assistance programs, such as Medicaid, provide needed medical and health coverage to America’s most vulnerable populations. Latinos, as a major minority group with limited resources and, in many cases, living below the federal poverty level, often fall into this category.

State control of new health exchanges or marketplaces improves the likelihood that these programs will be representative of the residents using these important services. The specific health care needs of the communities in Nevada are likely very different from the needs of those in New Hampshire. By allowing the U.S. Department of Health and Human Services to implement a general system in our state we are allowing for broad loss of constituent awareness and efficiency. This issue is specifically important for Latinos who are widely under-represented in the health care workforce and who rely on the cultural and linguistic competence of the system serving them. The residents of our state are best qualified to serve and provide health care to our communities because they are members of these communities.

As a major part of the recent health care reform law, Medicaid and its coordinating program, Children’s Health Insurance Program (CHIP), extend health care coverage to roughly 16 million people in the United States. In every racial and ethnic group, children under the age of 18 make up a substantially larger percentage of Medicaid and CHIP enrollees than any other age group. Within Hispanic families living below 200% of the Federal Poverty Level, 82.9% of children were covered by Medicaid and CHIP in 2009. And yet, recent research has shown that people enrolled in Medicaid were more likely to access health care, including primary and preventative care, than there uninsured counterparts. They also reported better overall health and sense of well-being.

On behalf of LULAC council # [XXX ] and the community of [insert your city, state, or region] I ask that you consider these facts when voting on legislation that would support the state control of health insurance exchanges/marketplaces and the continued and extended funding to programs such as Medicaid. We are happy to offer our support and assistance in all discussions supporting these priorities. If you have any questions regarding the above request you may contact [name of contact, phone number and email address]. Please visit http://lulac.org for more information.

Thank you for your support.

Sincerely,

[Your Signature, Name and Title]
WORKING WITH THE MEDIA

You have likely used mass media to support community organizing and to advance a policy initiative. Strategic use of the media can bring problems and policy solutions to the attention of the community and decision-makers. There are many benefits to using available media outlets, such as television, print, radio, and internet, to educate the public if you wish to supplement your campaign.

The topic of health care laws and exchanges can be highly technical and very confusing, for professionals as well as community members. Levels of health literacy will affect the reception of your message. The Patient Protection and Affordable Care Act of 2010, Title V, defines health literacy as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions. The goal of this campaign is to present the information in a way that is easily understandable and where it will be most accessible to people so that Latinos take full advantage of the new services available to them.

PLANNING AN EVENT

The major and most effective tool to reach your community will likely be in-person educational events. Before beginning detailed preparations for a community event it is helpful to have an idea of the atmosphere within which you will be working and no one knows the local environment better than you. Work to identify others that have a vested interest in the welfare of your audience (healthcare workers, community leaders, church leaders, local business owners, Latinos in the community) who might get involved in your event. Make sure that you are aware of attitudes, obstacles, available information and other current efforts within the community that can either enhance or hinder your efforts.

After you have developed this network, start to spread awareness about the issue. Distribute flyers, brochures, and posters about new health care resources for the Latino population in your state (LULAC National staff can assist in material development). It may also be important to address concerns of privacy and specific consumer rights under the new system. This will create an atmosphere where community members will feel that they can actively participate in the implementation and enrollment processes.

Once you enter into the planning stages of our event meet with local elected officials and partner organizations or companies who might be interested in promoting or sponsoring your event. Consider details such as how many people you would like to attend and who will they be, whether or not you will be providing food and/or entertainment. Also, remember to have a photographer to capture record the event. Keep in mind that you will evaluate the success of your event and provide documentation of attendance and participation to Latinos Living Health in order to support the Health Education Ambassador program.

Following the event, revisit the goals that you had set to determine if they were met. Don’t forget to send thank you notes to everyone who was involved in assisting you with preparations, execution, or publicity. LULAC National staff can assist you with any questions you may have while planning or organizing your local or regional events.
SUMMARY

The Latinos Living Healthy Health Education Ambassador campaign aims to connect target communities with trusted community leadership in order to raise awareness of the process of participating in new health care service opportunities and programs. With implementation of all provisions of the Affordable Care Act beginning in 2014, and open enrollment in health care exchanges beginning in October, 2013 it is essential for Latinos to be comfortable with these new systems. Health Education Ambassadors will directly educate their communities with support from LULAC and federal and state health agencies. Ambassadors can register online at http://lulac.org/health/ and are encouraged to contact the LULAC National office for additional information on expectations, responsibilities, and benefits.

RESOURCES

League of United Latin American Citizens www.lulac.org
The White House http://www.whitehouse.gov/healthreform
AARP http://www.aarp.org/health/
Pew Research Hispanic Center http://www.pewhispanic.org

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ACA Ambassador Curriculum

LULAC National will support Health Education Ambassadors and your LULAC Councils in the concerted effort to raise awareness within the Latino communities that you serve to design and implement localized solutions that address the critical need for health care. An important goal of this program is to give LULAC Councils the flexibility to design frameworks that take into account their respective health issue concerns, available resources, and existing support systems.

By supporting, engaging, and training specialized community leaders, the Latino Living Healthy Initiative will improve the health of Latino communities across the nation. Studies show that many of the health issues faced by Latinos such as obesity, diabetes, HIV, and cancer are preventative and can be successfully treated if detected early. As a Health Education Ambassador you will represent LULAC Councils’ community involvement and local insights for successful implementation of programs that address access to and quality of affordable health care for all Americans.

In this role you will serve as the key link between national health care resources and community members. LULAC National requires that all Health Education Ambassadors complete a set of basic activities and report the outcomes and attendees. By providing the following information about your work LULAC is able to provide opportunities for funding and support that the work being done at the local level.

1. **Events**
   ___ 3 health education sessions with minimum of 20 participants at each (*limited funds are available for refreshments, venue fees, and printing – with prior approval from LNO*)
   ___ Distribution of LLH materials and any local materials at each event

2. **Reporting and Communication**
   Submission of all reporting materials on time
   ___ Submit two progress evaluations at dates to be determined by Ambassador and LNO staff
   ___ 1 Needs Assessment Survey of a minimum of 50 respondents, within one month prior to first event - Can be set up on paper and/or online (*LNO can provide draft*)
   ___ Conference calls will be held regularly to ensure direct contact with LNO regarding planning of events
   ___ Submit all sign in sheets, RSVP forms or lists of attendees within one week of each event
   ___ Submit all post-event evaluations and comment forms within one week of each event
Thanks

LULAC would like to thank the Western Union and the Walmart Foundation for supporting the Latinos Living Healthy Initiative and the Health Education Ambassadors program to raise awareness of available services and resources for the Latino community and for making this manual possible.
Appendix

Important terms to know:

- **Premium** – paid out of pocket *every month* to an insurance company for a health insurance policy.
- **Deductible** – how much a person pays, out of pocket, when insurance coverage starts and before the insurance company will start to pay its share, *once a year*.
- **Coinsurance or copayment** – what you pay out of pocket for services *after you pay the deductible*.
- **COBRA** - If you are losing your work-based coverage because you are leaving your job, you may have the option of keeping the coverage through this federal law which allows you and your family to keep your employee health insurance for a limited time after your employment ends or after you would otherwise lose coverage. This is called “*continuation coverage*.”
- **HMO** – Health Maintenance Organization - type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. HMOs often provide integrated care and focus on prevention and wellness.
- **EPO** – Exclusive Provider Organization - A managed care plan where services are covered only if you go to doctors, specialists, or hospitals in the plan’s network (except in an emergency).
- **PPO** – Preferred Provider Organizations - A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan’s network. You can use doctors, hospitals, and providers outside of the network for an additional cost.
- **POS** – Point of Service Plans - A type of plan in which you pay less if you use doctors, hospitals, and other health care providers that belong to the plan’s network. POS plans may require you to get a referral from your primary care doctor in order to see a specialist.
- **Fee for service** - A method in which doctors and other health care providers are paid for each service performed. Examples of services include tests and office visits.
Latinos Living Healthy
Fact Sheet

**Latino Health**

In 2010 over 16% of the U.S. population was Latino/Hispanic, making up the largest minority group in the country. Hispanics have accounted for more than half of the nation’s total growth in the past decade. Hispanics also constitute the largest group of people who do not have health insurance. As a result, Hispanics are less likely to receive routine health care or preventative services and tend to only seek medical care at the onset of chronic diseases. This leads to poorer health outcomes and higher incidence of illnesses such as diabetes, cancer, heart disease and obesity.

**Major Implementations So Far**

- Seniors have new preventive benefits, prescription drug discounts and more options for long-term care
- Small business owners who provide health insurance for their employees can receive tax credits.
- Young adults can get coverage through their parent's plan until the age of 26.
- People with pre-existing conditions cannot be denied health insurance coverage.
- Health plans are prohibited from putting a lifetime dollar limit on most benefits you receive, and annual dollar limits are restricted.

**Latinos and the ACA**

Under the Affordable Care Act, insurers will be required to cover certain preventative services. With proper preventative care, health problems that are affecting Latina women can be identified earlier and managed more effectively. Latino owned small businesses are encouraged to take advantage of the tax credits to help insure their employees. One in six non-elderly Latinos has a condition that, without health reform, could lead to a denial of coverage. The ACA prevents discrimination on the part of health insurance providers against anyone with pre-existing conditions. The health reform law also strengthens Medicare services for seniors.

**Patient Protection and the Affordable Care Act**

President Obama signed this bill into law in 2010. The legislation expands health insurance to roughly 32 million people who are uninsured and expands existing coverage for others.

**Under the Affordable Care Act, 9 million Latinos will be eligible for health coverage.**

There are currently the highest rates of un-insurance among the Latino population compared to any other racial or ethnic group and they rely heavily on public aid programs, such as Medicaid, Medicare, CHIP, and SNAP (food stamps), which would be extended under this law. It also affects health care quality, public health, the health care workforce, and other issues that are central to the well-being of the Latino population. The changes made by the Patient Protection and Affordable Care Act will go into full effect in 2014. The implementation of the health care reform bill will be an ongoing multi-year process. The U.S. Department of Health and Human Services will be issuing guidance and regulations for interpreting the law and steps to be taken to comply with it. LULAC is helping to ensure that Latinos are able to benefit from the new law and that we continue to build upon this foundation to advance health equity.

Learn more from LULAC & LLH:
[http://lulac.org/programs/health/](http://lulac.org/programs/health/)
On Twitter:  @lulacvghhealthy
La Salud y los Latinos
En 2010 más del 16% de la población de los EE.UU. era latina / hispana, constituimos la minoría más grande en el país. Los hispanos hemos representado más de la mitad del crecimiento total de la nación en la última década. También constituimos el grupo mayor de personas que no tienen seguro de salud, como resultado, tenemos menor probabilidad de recibir atención médica de rutina o servicios de prevención y tendemos a buscar atención médica sólo en casos de enfermedades crónicas. Esto nos lleva a peores resultados en la salud y a una mayor incidencia de enfermedades tales como diabetes, cáncer, enfermedades cardíacas y obesidad.

La Protección al Paciente y la Reforma de Salud
El Presidente Obama aprobó esta propuesta como ley en 2010. Esta legislación amplía el seguro médico para aproximadamente 32 millones de personas que no lo tienen actualmente y amplía la cobertura existente para los demás.

Según la Ley de Reforma de Salud, 9 millones de Latinos tendrán derecho a cobertura médica.

Los Latinos y la Reforma de Salud (ACA)
Según la Ley de la Reforma de Salud, las aseguradoras tendrán que cubrir ciertos servicios de prevención. Con el cuidado preventivo adecuado, los problemas de salud que afectan a las mujeres latinas se pueden identificar con anticipación y controlar más efectivamente. Las pequeñas empresas, propiedad de latinos, se les aconseja aprovechar los créditos fiscales para ayudar a asegurar a sus empleados. Uno de cada seis latinos adultos tiene una condición que, sin la reforma de salud aprobada, podría ser la causa de la negación de cobertura. La ACA impide la discriminación de personas con condiciones de salud preexistentes por parte de proveedores de seguros de salud y también fortalezca los servicios Medicare para personas mayores.

Cambios Hasta el Momento
- Las Personas Mayores tienen acceso a nuevos beneficios preventivos, descuentos en recetas y más opciones de salubridad a largo plazo.
- Los propietarios de pequeñas empresas que tienen a sus empleados asegurados pueden recibir deducciones de impuestos.
- Jóvenes hasta la edad de 26 años pueden ahora recibir cobertura por medio del plan de sus padres.
- No esta permitido negar cobertura de seguro de salud a personas con condiciones pre-existentes.
- Los seguros de salud tienen prohibido poner una cantidad límite a los beneficios que se recibirán de por vida, ni límites anuales en dólares.

Aprenda más acerca de LULAC & LLH:
En la web: http://lulac.org/programs/health/
En Twitter: @lulacvghhealthy
En Facebook: http://www.facebook.com/Latinos.Living.Health
Health Disparities Facing Latinas

- Breast cancer is the most diagnosed cancer among Latinas, who are most likely to be diagnosed at a later stage than non-Hispanic women.

  Latinas are 4 times more likely to have HIV/AIDS than non-Hispanic women. All people should know their status, which is now a free service under the ACA.

- Women of all backgrounds and ages can experience partner violence. The new health care law ensures that free services will be provided to women in these circumstances.

- Latinas have the highest rate of cervical cancer among all women (where cancer cells are found in the tissues of the cervix). Free well women visits will help with early detection and prevention.

- Women are disproportionately more likely than men to be affected by certain critical health problems, including mobility impairments, chronic health conditions such as asthma, arthritis, or depression. Women are less likely to be physically active and are more likely to be obese. Females age 12 and older are more likely than males to report experiencing depression.

With the new health care law, also known as the Affordable Care Act, Hispanic women will have improved access to free preventive services! Thanks to the new healthcare law, women across the country will have greater control over their health without paying higher insurance premiums than men, without being denied coverage due to pre-existing conditions and without having to prioritize healthcare necessities due to high co-pays and fees for service.
**Latinos Living Healthy**

**Women’s Health and the Affordable Care Act**

**Beginning August 1, 2012, women can breathe a sigh of relief thanks to the Affordable Care Act!**

Investing in women's preventive care is investing in the lives of women, children, and families across the United States. Preventive care will allow for early detection of often life-threatening illnesses, which will reduce treatment time and increase probability of recovery.

**Which Women’s Preventive services are fully covered under the new law?**

- Breastfeeding support, supplies, and counseling;
- Screening and counseling for interpersonal and domestic violence;
- Screening for gestational diabetes;
- DNA testing for high-risk diabetes;
- Counseling regarding sexually transmitted infections, including HIV;
- Screening for HIV;
- Contraceptive methods and counseling; and
- Well woman visits.

**A report by the Commonwealth Fund found that in 2009 more than half of all women delayed or avoided necessary care because of cost. Removing cost-sharing requirements lets women decide which preventive services they’ll use and when.**

**Affordable Care Act Myths vs. Reality**

**MYTH: The new law will raise the price of health care.**

REALITY: The ACA actually makes health care more affordable. A family of four would save as much as $2,300 on their premiums in 2014 compared to what they would have paid without reform and the Congressional Budget Office found that health insurance reform will reduce the deficit by $210 billion in this decade.

**MYTH: Will my Medicaid Advantage end in 2014?**

REALITY: Medicaid Advantage was used as a way to give money to pharmaceutical companies so that they reduce the cost associated with prescription drugs. Medicaid Advantage was never a direct benefit for Medicaid beneficiaries and their health plan, thus you, personally, will not lose this in 2014.

**MYTH: I will have to pay higher taxes in 2014 because of this law!**

REALITY: Individuals without health insurance will be the only ones to pay the individual tax mandate associated with the new health care law. According to the Urban Institute, only roughly 2% will end up paying the individual mandate (those who do not carry insurance).
LULAC and Western Union are working together to empower Latino families with resources to change lives now for a better tomorrow.