2020

ANNUAL REPORT

COVER ALL KIDS
REGIONAL HUB PROGRAM
MULTNOMAH & CLACKAMAS COUNTY

ENROLLMENT

SYSTEM NAVIGATION

OUTREACH

OREGON Latino Health Coalition

HISTORY & MISSION

Oregon Latino Health Coalition (OLHC) is a non-profit [501(c)(3)] founded in 2004 as a statewide health policy advocacy organization in Oregon, dedicated to its mission of eliminating health disparities affecting Oregon Latino/a/xs through leadership, collaboration and advocacy.

Below is a timeline of notable milestones related to this scope of work:

2013 | Led the fight to expand CAWEM Plus (emergency Medicaid-like coverage) to all counties in Oregon, ensuring all pregnant women, regardless of immigration status, have access to comprehensive prenatal care.

2015 | Through reinstatement of the Safety Net Capacity Grant Program, securing $10 million to build the capacity of Oregon's safety net to connect immigrant children to free health care services.

2017 | Led the organizing and advocacy for the passage of Senate Bill 558 (Cover All Kids bill), *which we will cover in this report.*

2019 | Secured $2.36 million to ongoing Cover All Kids outreach and enrollment for the 2019-2021 biennium, and pilot two new Regional Hubs (Multnomah/Clackamas and Marion/Polk counties).

DECOLONIZING DATA

OLHC recognizes research methodologies largely operate in a Western-based system (Wilson, 2008, Zavala, 2013, Simonds & Christopher, 2013); its data collection, analysis, interpretation and dissemination meet the needs of the dominant culture but often overshadow raw, "qualitative" data sourced from the lived experiences of communities of color (Latino/a/x, Black, Indigenous, Asian/Pacific Islander and other communities).

Further, institutions uphold existing, colonized research methodologies via the prioritization of quantitative data over qualitative data (Salomon, 1991). Communities' health disparities and inequities should not solely be validated through Western-based methodologies, but through the complex stories of diverse peoples of color.

OLHC recognizes systemic change must occur and commits to making efforts to decolonize data in this report* by elevating and celebrating the lived experiences, and reclaiming some of the voices of Latino/a/x communities, while also collaborating with published data.

** For the purpose of this report, (1) we will source lived experiences as such in the citations, and (2) the "Latino/a/x" term will refer to anyone that identifies as Latina, Latino, Hispanic, Indigenous or other identities that make up this community, but OLHC recognizes not all peoples may identify with this term.*

BACKGROUND

Local & national trends. As of September 2019, nearly 94% (3.9 million) of Oregon's total population had health coverage. Despite Oregon having an uninsured rate lower than the national average, since 2011 Latino/a/x Oregonians have been considerably more likely to be uninsured than non-Latino/a/x Oregonians. Figure 1 (right) shows 11.5% of Latino/a/x Oregonians reported being uninsured in 2019, a significant difference compared to their White counterparts (5.4% uninsured) (OHIS, 2020, USCB, 2019, USCB, 2020).

Though the national child uninsured rate steadily decreased (4.7%), it began to increase in 2017, reaching 5.7 percent in 2019 (approximately 726,000 more children) under the Trump Administration's elimination of the Affordable Care Act's major coverage expansions; an approximate jump of 320,000 more uninsured children was by the most steep in over 10 years (Alker & Corcoran, 2020).

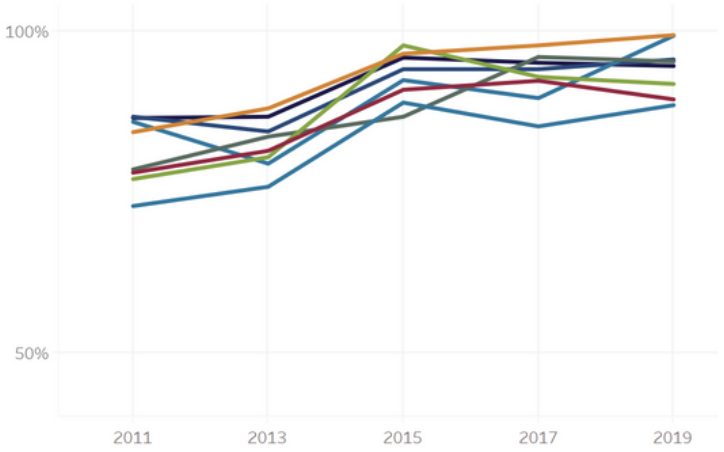
Additionally, seven percent of our nation's population were noncitizens (lawful and undocumented) as of 2018. Twenty-eight million of the nonelderly population were uninsured. According to Kaiser Family Foundation, "among the nonelderly population, 23% of lawfully present immigrants and more than four in ten (45%) undocumented immigrants were uninsured compared to less than one in ten (9%) citizens." Our country is composed of mixed status households with one in four children having an immigrant parent, and that parent likely to be uninsured than a citizen parent (8% compared to 4%) (KFF, 2020).

FIGURE 1 (OHIS, 2020)

Between 2017 and 2019, other race Oregonians had the largest increase in insurance coverage rates.

Point-in-time health insurance coverage rates, 2011-2019 OHIS.

NOTE: Vertical axis begins at 50%.



Data table by demographic selection

	2011	2013	2015	2017	2019
American Indian or Alaska Native	78.0%	81.4%	90.9%*	92.3%	89.4%
Asian	84.3%	88.0%	96.5%*	97.8%	99.4%
Black or African American	77.0%	80.4%	97.8%*	92.9%*	91.8%
Hispanic or Latino	72.8%	75.8%	88.9%*	85.2%*	88.5%*
Native Hawaiian or Pacific Islander	78.5%	83.6%	86.7%	96.0%	95.3%
Other race	85.9%	79.4%	92.4%*	89.6%	99.3%*
Two or more races	86.7%	84.4%	94.1%*	94.1%	95.6%
White	86.5%	86.7%	95.9%*	95.1%*	94.6%

Show data by:
Race and ethnicity combined (7 levels)

Select to highlight and view rates:
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Other race
- Two or more races
- White

* Statistically significant difference from the previous year at a 95% confidence interval.

Demographic definition:
Race and ethnicity combined (7 levels) -- All Oregonians in a variable that combines the race and ethnicity variables into 7 subcategories. If an individual selected Hispanic or Latino ethnicity alone or in combination with any race, the person was counted in the Hispanic or Latino group. The remaining groups are not Hispanic or Latino and the designated race group.

Social determinants of health. Healthy People 2020 defines social determinants of health (SDOHs) as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Healthcare access is only one thread within a complex web of SDOHs that Latino/a/x communities must navigate. Specifically for undocumented Latino/a/xs, the state of wellness and being healthy is not solely dependent on healthcare access.

One's culture, values, education level, and other intrapersonal, interpersonal, and environmental levels in the Social-ecological model can impact the attainment and quality of healthcare they receive. Let us break down some healthcare access and system navigation barriers further:

- Even if healthcare access is granted: health literacy and healthcare quality (e.g. communication quality and comfortability with healthcare providers) are still barriers for recipients (Lived experiences, Hacker et al, 2015, Berk & Schur, 2001);

- If no healthcare access is obtained: immigration policies (e.g. public charge fears) and historical and generational distrust of governmental institutions likely reign as pervasive barriers for Latino/a/xs nationwide to seek out public benefits (Lived experiences, Hacker et al, 2015, Berk & Schur, 2001, KFF, 2020).

PURPOSE OF REPORT

Through the lens of OLHC, and a first of its kind, we bring you this high-level report to witness the tireless work our Cover All Kids Regional Hub staff and partners engage with to bridge health disparities and gaps in healthcare for Latino/a/x communities in Oregon's Multnomah and Clackamas County.

OVERVIEW

OVERVIEW OF CAK REGIONAL HUB

The year of 2018 was a year of impact. Senate Bill 558, also known as the "Cover All Kids (CAK)" bill, took effect, expanding healthcare access of Oregon's "Medicaid-like" state-funded program, the Oregon Health Plan (OHP). The CAK bill would make a projected 15,000 undocumented youth eligible for OHP; this included youth under age 19 (regardless of immigration status) and recipients of Deferred Action for Childhood Arrivals (DACA) (CPOP, 2020).

Sustainability was at the forefront of the CAK bill, forging culturally-responsive and driven practices into the ethos of OHP. Because of this OHP expansion, the need for targeted, and community-based outreach rose in Latino/a/x communities. A solution to bridge the gap between OHP, including other health coverage options such as CAWEM (Emergency Medical Care for Non-Citizens), and eligible individuals was the integration of culturally- and linguistically-responsive organizations. Thus the OLHC partnered with the Oregon Health Authority's (OHA) Community Partner Outreach Program, also known as CPOP, to provide this culturally- and linguistically-responsive OHP outreach, enrollment and system navigation services to Latino/a/x immigrant communities in both Clackamas and Multnomah County -- this program would be called the CAK Regional Hub.

CAK Regional Hub partners. With the launch of the CAK Regional Hub, OLHC also partnered with the following seven OHP-certified, community-based organizations, agencies and clinics: Clackamas Volunteers in Medicine, Coalition of Community Health Clinics, Familias En Accion, Latino Network, Multnomah Education Service District, Todos Juntos, and Wallace Medical Concern.

For full background and implementation of the program, please navigate to the official Oregon Health Plan page to download "Senate Bill 558 / Cover All Kids Implementation Report, 2017-19."

OLHC's CAK Regional Hub program staff. The following team are individuals who carried the programmatic work of this program for 2020:

Delfina Andrade
Community Health Worker
Multnomah County

Yessenia M. Baltazar
Community Health Worker
Clackamas County

Karla Rodriguez
Community Health Worker
Multnomah County

Natalie Bonilla
Program Coordinator

GOALS & OBJECTIVES

PROGRAM GOALS & OBJECTIVES

The life force of the CAK Regional Hub for Multnomah and Clackamas County is community. It funds its eight partners to conduct the three following OHP objectives:

1

Outreach: community-based OHP promotion -- boots on the ground, relationship-building, referral network building;

2

Enrollment: 1-on-1 OHP application and enrollment assistance for eligible youth and their families. This includes CAWEM and CAWEM Plus, which is health coverage in prenatal care for pregnant, non-citizen women;

3

System navigation: connects families to OHP services, community resources, and health education that bridge health disparity gaps (e.g. housing resources, transportation and more). This objective has been elevated to represent the tireless work our staff and Hub partners have channeled toward pandemic relief efforts (e.g. financial relief, health prevention kit, testing site events, education and more).

ACTIVITY PERFORMANCE METRICS

Program activities (below) that are tracked and reported by the CAK Regional Hub, as determined by OHA's CPOP (funder), are *outreach, enrollment and referrals*. Not to be confused by program goals and objectives, activities are selected performance measures that must be met collectively to satisfy funder outcome requisites to assess the need for this program and its sustainability; they differ but some overlap.

- **Outreach** is quantified through individuals reached in in-person meetings, community events, forums and tabling events, over phone, text and video conference calls, and those also reached via social media and other media (radio, television, etc.).
- **Enrollments**, as mentioned in the previous section, include applications or renewals for OHP, CAWEM, and Marketplace insurance registration (individuals + applicants).
- **Referrals** represent incoming referrals from community members partners or agencies, and warm handoffs to other Hub partners within our regional network.

The data visualization on the following page captures the annual outcome measures (excluding December 2020) that our regional hub met to elevate the CAK mission:

879 OHP APPS

TOTAL ENROLLMENT = 1,761

CAK = 79

GENERAL = 1,682

Reporting period:
Year 2020

Outreach: reach in-person + social media + media

Total Enrollment (estimate):

- ***OHP Applications (Apps)*:** New + Renewal
- ***Total enrollment*:** Individual Cover All Kids (CAK) (youth age ≤ 19 regardless of immigration status) + general (all other) individuals up to age 65 [includes Emergency Medical Care for Non-Citizens (CAWEM)]

Source: Oregon Health Authority (Funder) Performance Reports for all eight partners

570,000+

TOTAL INDIVIDUALS REACHED VIA **OUTREACH**

ACTIVITY HIGHLIGHTS

Our CAK Regional Hub has conducted a wealth of outreach and system navigation activities that elevate our work and amplify health promotion and education across our Latino/a/x communities. They range from in-person to virtual events, media-related content, and other projects that connect community members directly to the resources that expand access to healthcare and social services. See below for some activity highlights:

Since April, Familias en Acción has distributed OHP/ CAK Flyers in weekly food box deliveries across the greater Portland-metro area. To see more of their initiatives and system navigation efforts, visit Familia's Instagram.

Todos Juntos has distributed OHP flyers in all its "Welcome to Kindergarten" bags, delivered over 200 bags to Canby Molalla, Estacada & Sandy families, and distributed online Family Resource newsletters to families, including OHP information to all of the families affected by the wildfires in our areas. They also delivered food boxes and supplies with resources.

Coalition of Community Health Clinics has hosted many tabling events to provide healthcare navigation, OHP enrollment, and even flu shots in the Clackamas, Multnomah & Washington County, including the city of Molalla whose population has a fairly high Latino/a/x and CAK population.

Clackamas Volunteers in Medicine has implemented a robust tele-health system enabling them to provide care and healthcare navigation to more of the Latinx population in far reaching parts of the County. Their fall flu clinics will help provide an extra touch-point for them to promote CAK and help patients determine if they are OHP-eligible.

Latino Network, Familias en Acción and OLHC, along with other partners, hosted a 2-day COVID-19 testing event in Rockwood neighborhood, coupled with OHP and community resource outreach to serve 200+ community members.

OLHC also hosted an OHP Assister workshop for its partners, a virtual webinar "*COVID-19 impact on Latino health: addressing historical inequities and creating solutions*," in partnership with UnidosUs, Virginia Garcia Memorial Health Center, and Portland State University's School of Social Work, an OHP PSA published on KUNP-Univision Portland, in partnership with Vive NW and Oregon Health Authority to an audience of over 300,000 Latino/a/x individuals

Also check out our other Hub partners', Wallace Medical Concern & Multnomah Education Service District, efforts to connect our community to OHP and system navigation resources.

Lastly, OLHC participated in the following **COVID-19 response efforts** to bring direct services and wraparound support to community members impacted by this pandemic.

$160k+

FINANCIAL RELIEF

PPE DISTRIBUTION

INCLUDES (BUT NOT LIMITED TO):

- MASKS
- OXIMETERS
- THERMOMETERS
- SANITATION SUPPLIES

IMPACTING OVER 500 FAMILIES

TESTIMONIES

To sustain programs such as the CAK Regional Hub, as a community we need to observe and acknowledge lessons learned that maintain and/or improve the planning, design and implementation of activities and continue the work of the CAK bill. During this pandemic and other emergencies, OHP and health coverage in general has been pivotal to bridging gaps in health disparities through system navigation.

Here are some of the lived experiences of the communities we serve spoken through the lens of our community health workers. These testimonies not only validate the great need to sustain programs such as CAK Regional Hub, but, when humanization of community members, change occurs...

"If it weren't for the CAK bill and its OHP expansion to cover youth without immigration status, some kids would not be able to attend school. You see, schools often require vaccinations to enroll students, which comes at a hefty cost that not all families can afford. If there are no-cost, community resource options to obtain a vaccine, language barriers may be the result of family members not knowing where to go to obtain this resource in order to register their child for school.

If it were for the culturally- and linguistically-specific outreach and system navigation that the CAK Regional Hub funds, a domino effect would occur: a parent unable to afford medical expenses would be unable to get their child vaccinated to register to school, this child would experience gaps in education and poor health outcomes, and the intergenerational cycle of health and social disparities would occur. CAK members are covered through OHP for their physical and dental exams, medical transportation, vaccinations and a larger spectrum of services. This story is only of one child; without coverage, it would be thousands of children against an inequitable system. We are grateful for the CAK Regional Hub program for creating solutions."

— DELFINA ANDRADE, COMMUNITY HEALTH WORKER AT THE OREGON LATINO HEALTH COALITION

"A single father of two daughters lost his job due to COVID, and when I signed him up for OHP, he and his daughters had outstanding medical bills due to COVID treatment. This father was a CAWEM-eligible client and his daughters received full OHP coverage. Thankfully, they were able to recover from COVID but this left the gentleman still in financial need as he was not able to work while sick. Being the sole breadwinner in the family made this even more difficult. When OLHC partnered with the City of Portland to distribute gift cards, he received funds that helped him cover some expenses.

This single father of two later expressed to me how thankful he was to take his daughters to the doctor and that CAWEM is covering COVID treatment, as this alleviated a great medical expense for him and his family. I had first met this client back in early fall 2020, and for Thanksgiving, he went out of his way to wish me and OLHC a happy holiday. He said, 'I wanted to take the time to thank you for all the ways you helped my family. We really appreciate it.' Without our Hub that provides culturally- and linguistically-specific system navigation work and connects families to CAWEM and other health coverage options for mixed status households, families like this dedicated father wouldn't have access and be able to experience the relief of medical expenses in the United States."

— KARLA RODRIGUEZ, COMMUNITY HEALTH WORKER AT THE OREGON LATINO HEALTH COALITION

"A mother of three children finds my contact info from a coworker (current OHP client). During the 'intake' meeting with this mother, she starts crying out of nowhere; I am so confused, and I do my best to comfort her. A few minutes later, she tells me that she needs help removing her deceased daughter from her OHP case. Her child had just passed away a few months ago in an accident.

Mom is devastated and had no OHP, but I was able to help her receive full coverage. She is now going to therapy thanks to OHP and the last three months of medical debt were covered using OHP's retroactive services."

— YESSENIA MELCHOR BALTAZAR, COMMUNITY HEALTH WORKER AT THE OREGON LATINO HEALTH COALITION

"Imaging exams are expensive, and they are in demand as a result of lung-related issues generated from COVID complications. They can cost several hundred dollars without health coverage. A client of mine affected by COVID was battling medical bills accrued through uncovered radiography costs. I supported them by calling pharmacies, clinics and other avenues to increase their access to healthcare. We worked together to enroll them into CAWEM, as they did not qualify for OHP, and this is the very reason why these systems of health coverage for families without immigration status are building equity where health coverage gaps may have lived before."

— DELFINA ANDRADE, COMMUNITY HEALTH WORKER AT THE OREGON LATINO HEALTH COALITION

"I had a mother of one referred to me through a social worker. Mom and daughter just recently moved to Portland and had no medical insurance. I helped them sign up for CAWEM and CAK. Her daughter is able to see a doctor for the first time in many years, and get her vaccines updated! A few weeks after, mom tested positive for COVID-19, and services were covered thanks to CAWEM, which was a BIG relief since she is not working and does not have a support system around the area."

— YESSENIA MELCHOR BALTAZAR, COMMUNITY HEALTH WORKER AT THE OREGON LATINO HEALTH COALITION

CALL TO ACTION

Community partners play a key role in ensuring all children have the opportunity for a healthy, thriving future. The COVID-19 pandemic demonstrated how critical we need to invest in community-based, culturally responsive and trusted organizations. Reflecting on the data and recommendations documented in this report, we provide the following calls-to-action that support the continuation of the Cover All Kids Regional Hub program to continue to connect kids and families to health care coverage.

Recommendations:

1. The CAK Regional Hub model adopted a collective impact model for cross-sector coordination and population reach.
2. The value community partners provide is beyond OHP enrollment.
    a. *System navigation*: CBOs spend a great amount of time helping clients with system navigation and wraparound service support.
    b. *Advance social determinants of health*: meet people where they're at and prioritize community needs.
    c. *Community Health Worker (CHW) model*: CHWs are trained public health workers who serve as a bridge between communities, health care systems, and state health departments. CHWs empower the community and promote self advocacy support.
3. Improve systems and policies: the OHP application and enrollment system is complex and difficult for non-English speakers.
4. Long-term investment in racial health disparities: children who receive preventable services are healthier kids. A healthy population can reduce health care costs and help to close the uninsured gap.

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OREGON
Latino Health Coalition

245 S BANCROFT STREET, SUITE E,
PORTLAND, OR 97239

info@orlhc.org