



Forum Summary Culture and Coverage in Colorado

Approximately one third of the population of Colorado self-identify as a member of a racial or ethnic minority group. Colorado health statistics reveal that these Coloradans of color experience health problems and challenges accessing health coverage and care at higher rates than expected. To reach our goal of improved health for children in Colorado we must work to respect, understand and celebrate the cultural differences within our state and eliminate the disparities in health care coverage and access.

The All Kids Covered Initiative convened a forum focusing on culture and coverage in September 2010. The forum was designed to bring advocates and stakeholders together to discuss how culture impacts families' ability to obtain and keep health coverage.

The Importance of Cultural Awareness

Colorado is often lauded as one of the healthiest states in the nation. And while Colorado as a whole is healthy, racial and ethnic minorities in Colorado are impacted disproportionately by disease, disability and death. A lack of cultural understanding, sensitivity and competence plays a role in contributing to these health disparities.

National and Colorado-based research studies have shown that **racial and ethnic minorities perceive discrimination and disrespect by health care providers, particularly when the provider does not speak their native language.** Community leaders, health advocates and health care providers can help to eliminate health disparities by making a concerted effort to improve their cultural awareness. Three tasks toward doing this include:

- ✓ Develop awareness
 - Of your own culture as well as others
 - Of your own biases
- ✓ Acquire knowledge
- ✓ Develop and maintain cross-cultural skills

"Our opportunities to correct health disparities begin with ongoing cultural awareness training and healthcare homes for everyone via meaningful insurance coverage and a strengthened primary care infrastructure."

For more information on cultural awareness and biases in health care, please see Dr. Tillman Farley's presentation from the forum at www.coloradoallkidscovered.org.

Child Health Data: Racial, Ethnic and Other Demographic Considerations

In 2008, 15% of all Colorado children lived in poverty. Children of color live in poverty at higher rates than their white peers with an astounding 29% of African American children in Colorado living in poverty and 30% of Hispanic children living in poverty. The higher rates of poverty among our communities of color directly impact the health of our families and children and impacts their ability to obtain health insurance coverage.

In 2008, there were approximately 176,000 uninsured children in Colorado. A full 127,000 of these children are estimated to be eligible for current public health insurance programs such as Medicaid and the Child Health Plan *Plus* (CHP+). Analysis by the Colorado Health Institute reveals:

- Eligible but not enrolled children in Colorado are almost equally distributed among the age categories with roughly 30% of eligible but not enrolled kids ages 13-18, 34% ages 6-12 and 36% ages 0-5.
- Eligible by not enrolled children vary greatly in their race and ethnicity:
 - o Hispanic/Latino children are the largest group of eligible but not enrolled children and comprise of 55-60% of all eligible by not enrolled children.
 - o Non-Hispanic black children are 2-3% of all eligible by not enrolled children.
 - o Other racial and ethnic minorities including non-Hispanic American Indian, Asian, Hawaiian/Pacific Islander and Multiracial are 5-6% of the eligible by not enrolled children.
 - o Non-Hispanic White children are 33-36% of all eligible but not enrolled children.
- In 2008, the federal poverty level was \$21,200 for a family of four.
 - o 21% of eligible but not enrolled children live in families making less than 50% of the federal poverty level
 - o 27% of eligible but not enrolled children live in families making live in families making 51-100% of the federal poverty level
 - o 27% of eligible but not enrolled children live in families making 101-150% of the federal poverty level
 - o 25% of eligible but not enrolled children live in families making 151-205% of the federal poverty level.
- Data estimates about parents of eligible but not enrolled children include:
 - o Just over 80% are uninsured themselves
 - o 73%-79% speak English only or speak it well or very well.
 - o 72-82% are employed as full or part-time workers.
 - o 86-90% are citizens of the United States or are lawful non-citizens residing in the US for 5 years or more.

Additional data about immigrant families reveals that a majority of immigrant families in Colorado are long-term residents of the United States and that 70% of children in immigrant families in Colorado have parents who have lived in the United States for 10 or more years. In Colorado in 2008, 3% of families with children arrived in the United States less than 5 years ago.

Population forecasts for Colorado's ethnic groups show a substantial increase in the numbers of Coloradans of color by 2035. It is estimated that the Hispanic population in Colorado will double by 2035 with a forecast of nearly 1.8 million Hispanics living in Colorado by then. The African American community will grow to a forecast of nearly 350,000, the Asian/Pacific Islander community will grow to a forecast of nearly 225,000 and the American Indian community will grow to just over 80,000.

Complete presentations from Jeff Bontrager of the Colorado Health Institute and Rich Marquez of the Colorado Children's Campaign are available at www.coloradoallkidscovered.org.

Culturally Aware Outreach, Enrollment and Retention

During the outreach and enrollment panel discussion a number of key concepts were raised to ensure that outreach, enrollment and retention are approached in culturally aware ways:

- Every person wants and deserves to be treated with **respect and dignity**, but ensuring respectful and dignified interactions when doing outreach, enrollment and retention is especially important when we are working with communities of color who may experience racism and discrimination in many parts of their lives or who may not trust the "system."
- Successful outreach, enrollment and retention strategies are built on a foundation of **trust**. Sharing personal information about income or family can be hard for families especially in rural communities where everyone knows everyone, where there may be family members with differing immigration status and where cultural norms about how families are structured and operate may be different than the dominant US culture.
- **Health coverage is often not a top priority for families struggling to "just live."** Through long term, trusted relationships with families, advocates can help families get their basic needs met and secure health coverage for their family. In addition, the whole concept of health coverage may be new to many immigrant families because the US health care system is so different from the system than their home country.
- People often evaluate the quality of an interaction with a health care provider using three basic criteria:
 - o **Did they listen to my concerns?**
 - o **Did they validate my complaints?**
 - o **Did they act like they care?**

Advocates working with families to secure health care coverage should strive to meet these three criteria to begin to build trusting and successful relationships with families.

Opportunities and Challenges for Improving Outreach, Enrollment and Retention

Throughout the forum, participants identified and prioritized opportunities to improve our outreach, enrollment, retention and health care services for communities of color in the state.

These priorities include:

- ✓ **Make a commitment to improve our awareness of and respect for the cultural diversity of Colorado.**
- ✓ **Recognize and fix the systems challenges that frustrate families, advocates and undermine trust in our communities.**
- ✓ **Maintain a balanced approach to focusing on both enrollment and retention.**
- ✓ **Continue to focus on both coverage and access to really improve health.**