



From the desk of the CEO
Mario J. Paredes

INVISIBLE—The State of Latino Health in New York City

MORE LATINOS live in New York City than in any other American city; 2.4 million Latinos make up almost one-third of the city’s population—and more than half of them are poor or lower income. That reality, sadly, is reflected in a healthcare crisis among Latinos in New York City, a growing crisis that hitherto has largely escaped the attention of healthcare officials at the city and state level.

To find solutions and better understand the situation, its causes and context, SOMOS Community Care—a network of nearly 2,000 providers serving some 700,000 of New York City’s most needy Medicaid patients—invested in a major study, the results of which have just been published in a report called “INVISIBLE: The State of Latino Health in New York City.”

The research, drawing on previous studies and based on the polling of 600 Latino patients and 200 medical providers, revealed that, compared to non-Latinos, Latinos suffer higher rates of diabetes, hypertension, obesity and asthma. The study is a first-of-its-kind close examination of health—and healthcare—discrepancies among populations in New York City.

The report notes that even in increasingly economically viable Latino neighborhoods “Latinos live in health care crisis.” This crisis is defined as a “lack [of] equal access to quality, culturally competent health care and a dearth of primary care options,” in addition to “poverty, lack of health insurance, language and cultural barriers, inadequate transportation and child care,” among other factors.

Not surprisingly, Latinos “experience poorer health outcomes than their fellow New Yorkers,” including whites, Chinese-Americans and African-Americans, though the latter two populations suffer similar obstacles to gaining access to quality health care.

The survey shows that Latinos, although they tend to sound an optimistic note about their state of health, do recognize impediments to adequate healthcare in the form of “cost, limited operating hours, [lack of] availability of services;” “limited access to specialty services, including maternity care;” and “a lack of cultural understanding.”

The situation appears to be getting worse for Latinos. The report cites “poverty, the enemy of human dignity,” as a key factor in the Latino health crisis. It also finds that “Latino communities in New York City are disproportionately young and disproportionately poor.” Poverty is a major driver of the so-called Social Determinants of Health—poor housing



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conditions, inadequate income or unemployment, lack of education, other environmental concerns, etc.—prevalent factors that negatively impact individuals' and families' health.

The research findings underscore the vital importance of SOMOS Community Care's commitment to provide New York City's Latinos, as well as other underserved populations, with "easy access to high-quality, culturally appropriate care." SOMOS is operating under the mandate of New York State's innovative Delivery System Reform Incentive Payment (DSRIP) program, which has at its core the Value-Based payment formula.

That means that doctors are compensated according to the long-term health outcomes of their patients, which means physicians must simply take better care of their patients. Unlike the traditional fee-for-service system prone to waste, fraud and impersonal, non-existent patient-doctor relationships, Value-Based Payment puts the primary care physician back where he or she belongs: in the heart of the community.

SOMOS Community Care provides a crucial service through the deployment of a growing number of primary care physicians who speak Spanish; what's more, many of these providers work, and often live, in the same neighborhoods as their patients, and often sharing their ethnic and cultural background, which greatly enriches the patient-doctor relationship.

The Value-Based Payment formula encourages physicians to invest their time in energy in comprehensive, holistic care for the individual and the family; in the process, access to quality care is greatly enhanced, and poor neighborhoods are competently served; and taxpayers save money by timely, proactive interventions, and the prevention of unnecessary hospitalizations.

For NYC's Latinos, SOMOS Community Care is offering basic health-care education and a reality-check—first and foremost, by offering especially the poorest among the Latinos readily accessible health-care coverage under Medicaid and/or coverage by highly affordable state or city-subsidized independent health plans. By signing up with SOMOS Community Care, Latinos will readily discover how healthy they really are—or are not.

The study puts the spotlight on the importance of education—education, first and foremost, about healthy eating habits which are a weapon of first defense against type 2 diabetes getting out of hand and requiring costly treatment and even hospitalization; and Latinos are at higher risk for diabetes 2 than non-Latino whites.

When it comes to healthy eating habits, SOMOS Community Care is determined educate its patients, Latino and otherwise, to combat a particularly prevalent Social Determinant of



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Health—a neighborhood where stores lack adequate supplies of fresh foods and where many residents rely on cheap unhealthy foods from food carts and where a majority consume too many sugary drinks. On this front, as the report shows, Latinos fare worse than do non-Latinos and New York City residents in general.

SOMOS Community Care is in an ideal position to educate its patients and to deploy its teams of Community Health Workers (CHWs) to keep an eye on conditions in the family home; that growing army of CHWs can help Latino youth and adult stop smoking, a critical factor in heart disease, lung cancer and other ailments, whose prevalence in the Latino community is recorded in the report.

The access to primary care physicians SOMOS Community Care provides will also help flag oft-neglected cases of asthma, which, if they remain untreated—as the report finds—are a leading cause of individuals seeking ER treatment, hospitalizations and missed school and work days—particularly in the poorest neighborhoods.

Then there is high blood pressure, which, as the report notes, often goes unnoticed, but affects as many as 33 percent of Latinos; a simple visit to a local primary care doctor will tell the tale immediately; in addition, there is a range of mental health issues plaguing the Latino community and often going untreated, including what the reports labels “serious psychological stress,” which affects Latinos to a greater degree than non-Latinos. Yet, only one-third of Latinos believe mental health care is easily accessible. But SOMOS Community Care makes it so!

To combat all these markers of unhealthfulness of the Latino population as captured by the research, SOMOS Community Care provides comprehensive, culturally competent care and follow-up to make a lasting impact.

For Latinos, and other relatively poor, under-served populations of New York City, the family doctor of old is being put back in the driver seat, as a trusted neighborhood figure in charge of what the report sweepingly calls “creating an architecture of intervention.” Armed with the findings of the report, SOMOS Community Care—as well as city and state healthcare legislators—have a blueprint for action in tackling the Latino healthcare crisis in New York City.

SOMOS Community Care Founder and Chairman Dr. Ramon Tallaj said that the report “is going to be our bible. We’re going to go everywhere to be sure that those people making decisions are going to pay attention to this.”