



## Better, broader health care for Latinos being pursued

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Building on a service that has just celebrated its fourth anniversary, community leaders are fortifying their commitment to secure better access to [health care](#) for Latinos in the greater Sacramento region.



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Sergio Aguilar-Gaxiola, director of the UC Davis Center for Reducing Health Disparities, shown here in 2013, was among those who Monday hailed the successes of Ventanilla de Salud.

Surrounded by historic photographs chronicling the lives of Mexican Americans in Sacramento, Consul General Carlos Gonzalez Gutiérrez this week hosted a gathering at the Mexican Consulate in Natomas to celebrate the Ventanilla de Salud, or health window, where people of all backgrounds are welcome to seek health care services. There, clients are screened and referred to medical providers.

Testimonials shared with the officials at the Monday event attest to how critical the bilingual service has been in helping approximately 40,000 people in 24 counties the consulate serves in [Northern California](#). It's estimated that about 80 percent of Latinos in California are of Mexican origin.

Sergio Aguilar-Gaxiola, director of the [UC Davis Center for Reducing Health Disparities](#), cited research that shows 75 percent of Latinos referred to health care services never returned to those providers after the initial visit. Experts have said this may result from a lack of trust in mainstream medicine or a failure to connect with Latinos culturally.

“One of the great things about the Ventanilla de Salud is that it’s a safe haven for people to get help connecting the dots to access health care,” Aguilar-Gaxiola said.

To further enhance that experience, a new family resource directory, introduced by Gonzalez Gutiérrez at the Ventanilla celebration, will help connect people to health centers, legal resources, food assistance, dental clinics, mental health clinics and county public health departments.

The directory will be updated as needed and has separate tabs and sections for services. Making it especially practical, attendees said, was its design, compact enough to “to fit in a woman’s purse,” helping mothers seeking services for their children.

Another important part of the multipronged campaign announced this week is the new, stepped-up involvement of Cien Amigos, a nonprofit network of about 120 Latino community leaders. The group announced the official launch of a health committee headed up by Aguilar-Gaxiola to “deal specially with Latino health issues.” Debra Oto-Kent, the executive director of the Health Education Council, joins Aguilar-Gaxiola as co-chair.

Attendees noted that Covered California had not been able to sign up as many Latino consumers as hoped, in part because the agency underestimated the complexity of its enrollment process. In addition, the need for bilingual information and navigators was greater than what was provided.

Discussion of the Affordable Care Act opened up talk of whether academic health centers such as UC Davis facilities have an obligation to help all residents, not just those who have documents showing they are here legally.

Aguilar-Gaxiola and David A. Acosta, both UC Davis doctors whose charge includes increasing equity of care, have authored a paper that poses this thorny question to academic health centers such as UC Davis: “Is there a moral obligation to ensure that all people (including undocumented immigrants) within its borders have access to affordable health care?”

The paper notes that, “An estimated 11 million undocumented immigrants living in the United States (80 percent of whom are Latino) are uninsured and currently prohibited from purchasing exchange coverage ... even under full cost.”

They argue that, at the nation's 141 medical schools, "There is an expectation that medical schools have a social mission to train physicians to care for the population as a whole."