HEALTH BEGINS

What Changes When We Listen?

Improving Primary Care Access for Latino/a/x Communities



A HealthBegins Webinar in Partnership with California Health Care Foundation, MLK Community Healthcare, and L.A. Care Health Plan

October 27, 2026

California Health Care Foundation

MLK Community Healthcare

L.A. Care HEALTH PLAN

Reminder

1. **Submit your questions** via the chat function.

2. We will answer your questions **at the end** of the webinar.

3. During and after today's webinar, **tag us**:

	On Bluesky
HealthBegins	@healthbegins.bsky.social

Please bring and share **respect**, **curiosity**, and **joy** in today's session. In the chat, please share the name of your organization, and where you are joining us from!

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Our Moderator



Melissa Meza, MPH

Director of Consulting Services and Operations, HealthBegins

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Learning Objectives

By the end of the webinar, attendees will be able to:

- **Explain** how listening directly to community members can reveal barriers to primary care that traditional data alone may not explain.
- **Examine** how Human-Centered Design can translate community insights into organizational change.
- **Identify** opportunities to adapt lessons from the initiative to improve primary care access in their own organizations and communities.

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About HealthBegins

HealthBegins is a national mission-driven consulting firm and field catalyst that helps Medicaid-serving health plans, health systems, and CBOs to advance health equity and address social needs and transform the upstream conditions that put people and communities in harm's way.

To date, we've helped over 1500 courageous leaders – across over 300 healthcare organizations, 150 CBOs, and 350 communities – design and implement strategies and partnerships to move upstream, improve health and social outcomes, and advance health equity.





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Our Panelists



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About Conexiones: Primary Care Access Project

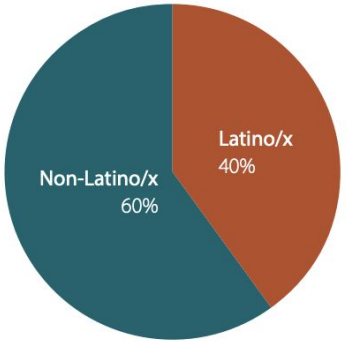
A two-year initiative funded by the California Health Care Foundation (CHCF) to explore ways to **improve connection to and utilization of primary care among Latino/a/x Medi-Cal members in California.** The project brought together Medi-Cal Managed Care Plans (MCPs) and a Primary Care Provider (PCP) to better understand and address barriers to primary care. Through collaborative design and implementation of interventions, the project sought to improve primary care access and utilization among Latino/a/x Medi-Cal members in Los Angeles County and the San Joaquin Valley.



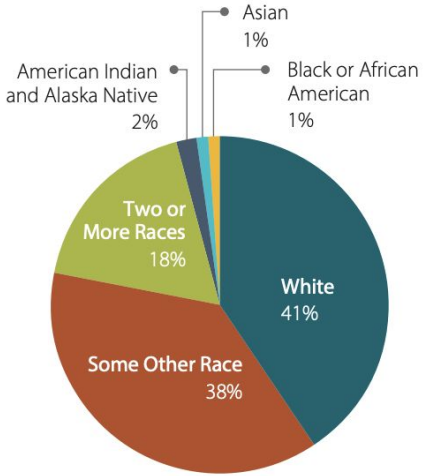
Latino/x Population, by Race and Ethnicity

California, 2021

Self-Identified Ethnicity Among Californians



Self-Identified Race Among Latinos/x



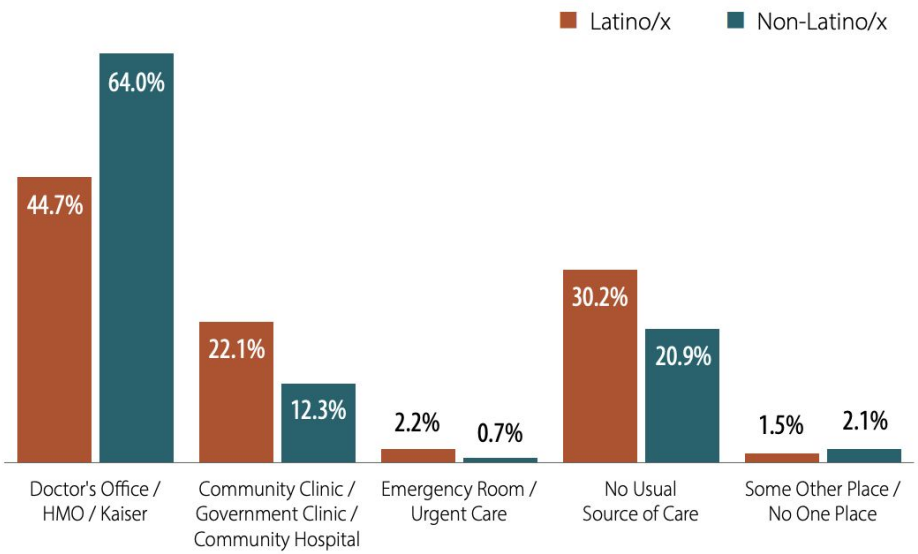
Notes: The 13,586 people who identified as Native Hawaiian and Other Pacific Islander were not included in the chart, as their category falls below 1% when calculated. Figures may not sum due to rounding.

Source: "Sex by Age" (Table B01001), 2021 American Community Survey 5-Year Estimates Selected Population Detailed Tables, US Census Bureau, accessed June 12, 2024.

In California, about 40% of the population identified as Latino/x. Latinos/x identified predominantly as White or as "some other race," reflecting national findings that the current US Census racial categories do not capture many Latinos/x' racial self-identification. About 18% identified as multiracial, while 2% and under identified as Black or African American, American Indian and Alaska Native, or Asian.

Usual Source of Care, Latino/x and Non-Latino/x

California, 2023



Notes: Includes age 18 and older. Figures may not sum due to rounding.

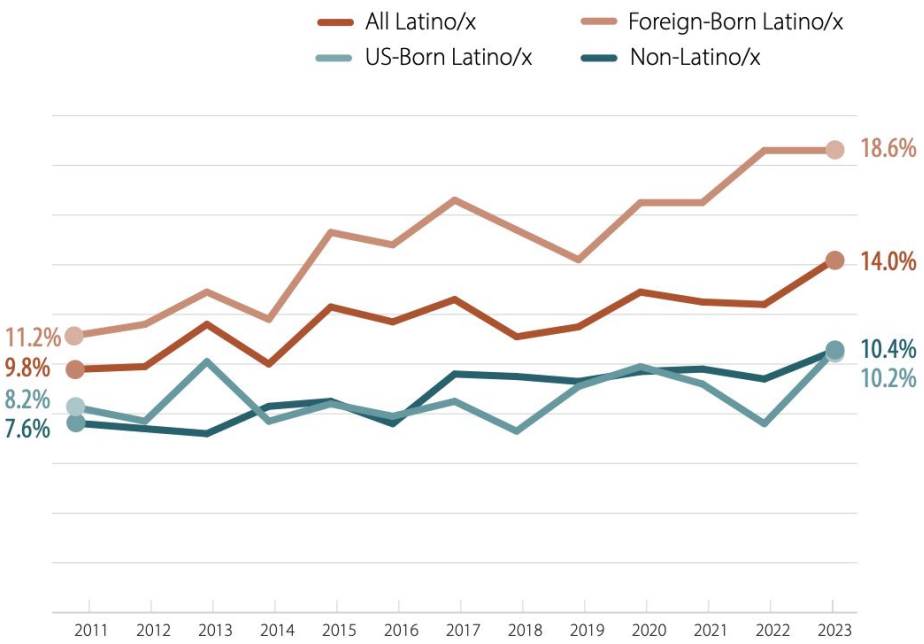
Source: "AskCHIS" (2023), UCLA Center for Health Policy Research, accessed November 12, 2024.

Latino/x Californians were more likely than non-Latino/x Californians to report a community or government clinic as their usual source of care and less likely to report a health care system or doctor's office. They were also more likely to report that they did not have a usual source of care. Not having a usual source of care is an indicator of poor access to care.*

* David M. Levine et al., "Quality and Experience of Outpatient Care in the United States for Adults with or Without Primary Care," *JAMA Internal Medicine* 179, no. 3 (2019): 363–72.

Diabetes, Latino/x and Non-Latino/x

California, 2003 to 2023



Note: Includes adults ever diagnosed with diabetes.

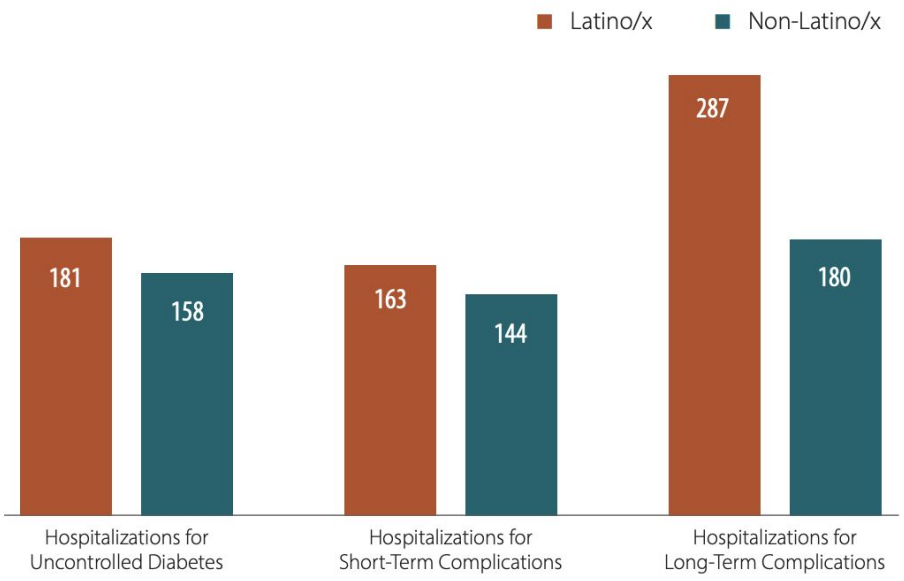
Source: "AskCHIS" (2023), UCLA Center for Health Policy Research, accessed March 3, 2025.

Diabetes prevalence has been rising among both Latino/x and non-Latino/x Californians. Foreign-born Latinos/x have higher rates of diabetes than US-born Latinos/x.

Diabetes Hospitalizations, Latino/x and Non-Latino/x

California, 2022

RATE PER 100,000 POPULATION



Notes: Includes age 18 and older. All rates exclude obstetrics hospitalizations and transfers from other institutions. *Hospitalizations for uncontrolled diabetes* includes being hospitalized for very high or low blood sugar. *Short-term complications* includes diabetic ketoacidosis and hypoglycemic shock. *Long-term complications,* such as limb amputations and chronic kidney disease, can lead to frequent hospitalizations and longer hospital stays.

Sources: Author calculations based on custom data request, Patient Discharge Data 2022-2023 California Department of Health Care Access and Information, received February 18, 2025; and "Age and Sex" (Table S0101), 2022 American Community Survey 1-Year Estimates Subject Tables, US Census Bureau, accessed on February 22, 2025.

Latinos/x with diabetes had higher rates of hospitalization for uncontrolled diabetes and short-term complications of diabetes than their non-Latino/x counterparts. Long-term complications, such as chronic kidney disease, blindness, limb amputation, and other serious conditions, were much more common among Latinos/x with diabetes. This reflects in part worse access to and lower quality of care.*

* Juan R. Canedo et al., "Racial/Ethnic Disparities in Diabetes Quality of Care: The Role of Healthcare Access and Socioeconomic Status," *Journal of Racial and Ethnic Health Disparities* 5, no. 1 (2018): 7–14.

Resources

The resource library offers **practical tools, templates, and materials** developed through the Conexiones project to help organizations engage communities, identify barriers to primary care, and develop solutions. These resources can be adapted to support similar efforts in other communities and health care settings.

Sample resources include:

- Human-Centered Design Playbook
- *Voices from the Community*: Metro LIFE Beneficiary Stories
- Case Studies
- Adaptable tools, templates, worksheets, and more to help your organization design, implement, and evaluate your own primary care access initiative.

All resources, including a forthcoming final report, are hosted on chcf.org.



Next Steps

1. **Complete** the follow-up survey—will appear in your browser after the webinar ends.
2. **Share** your favorite moments and insights from the webinar on social media—tag @HealthBegins when you do!
3. **Take action**.
4. **Stay engaged** to learn how to move upstream.

And visit us anytime at healthbegins.org to learn more about our work or to contact us.

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Ready to launch your own primary care access initiative? Let's talk!

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Thank You!









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