

# The Latino Health Insurance Program (LHIP)



**FOUNDED:** 2006  
**CURRENT ORGANIZATION BUDGET:** \$1,200,000  
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## Investment Opportunity

LHIP is seeking \$2M over the next two years to expand its diabetes prevention and education programs within and beyond Massachusetts to reach 5,500 people annually in 2025. This funding will support the translation of its signature, evidence-based programs; increase staffing to build capacity in fundraising, marketing, and communications; expand its clinical staff and provider network; and enhance its technology base.

Systemic inequities result in minority communities facing multiple barriers to obtaining medical care, with the lack of access to medical coverage being the primary one. Dr. Milagros Abreu’s public health research\* demonstrated that 96% of Latino parents who received assistance in obtaining health insurance from a case manager who spoke Spanish had coverage 1 year later versus 57% who received traditional enrollment help. The impact that inequitable access to medical care was having on these communities led her to found The Latino Health Insurance Program (LHIP) in 2006.

A community-based organization, LHIP’s mission is to improve access to medical care, access to food, and health literacy for minority residents while reducing medical costs. One of its primary focuses is diabetes prevention and care.

According to the CDC, more than 1 in 3 Americans have prediabetes and 90% are undiagnosed. If untreated, 15-30% of people with prediabetes will develop type 2 diabetes within 5 years leading to severe complications, such as kidney disease, blindness and amputation. Latinos and African Americans have a greater than 50-60% chance of developing and dying from type 2 diabetes than other races and ethnicities. The American Diabetes Association has estimated that annually, in Massachusetts, people with diabetes have 2.3 times higher medical expenses, over \$5.5 billion in direct medical expenses and over \$2.1 billion in indirect costs from lost productivity.

## Two-Year Goals

- Hire a development strategist to develop individual donors to diversify funding
- Develop a multilingual, secure website to serve program participants, and recruit additional partners, and funders
- Double the number of people enrolled in medical insurance.
- Double the number of participants served through diabetes prevention efforts
- Add 2 new Board members

## Ways to Invest

### FINANCIAL

- \$1,500,000 to add 16 clinical and program staff
- \$50,000 to develop a new website with increased virtual learning capabilities
- \$150 funds one individual in LHIP’s Diabetes Prevention Program for one year

### IN-KIND

- Join the Board of Directors
- Connect LHIP to medical and dental insurance providers and health care providers
- Donate blood pressure cuffs, glucose monitors, new laptops, tablets for the clinics; gift cards, new sneakers, exercise clothing, pedometers

## Leadership & Governance

Dr. Milagros Abreu, M.D., MPH, President & CEO, has a passion for creating equitable access to health care, health education, and disease management and prevention. She works tirelessly with her dedicated clinical and social services staff to increase access to health care for minority communities in Mass. She inspires her Board of Directors – which includes 3 leaders of local faith-based organizations, 2 community members, and the CEO of another nonprofit in MetroWest – to work to create equitable access to health care for all.

## LATINO HEALTH INSURANCE PROGRAM'S MODEL

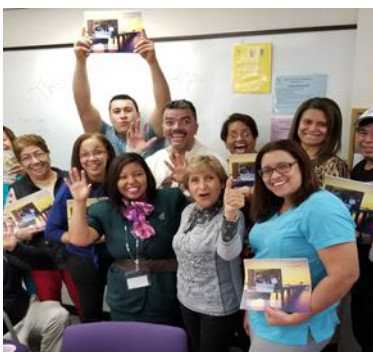


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**I cannot express my gratitude to this program. You learn a new way of living and make progress... It saved my life! I am very happy with the services I received. I have completed DPP, and now enrolled in ESL, and cannot miss any classes. I recommend LHIP to everyone.**

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**MIRIAM**  
LHIP Patient



Even with universal health care, disadvantaged, non-English speaking communities have a low rate of insurance coverage along with limited access to health care and health education. Additionally, they often lack access to food, housing, and sustainable employment. When sick, they may ignore symptoms, having to work to provide basic necessities for their families. As a result, their health worsens. LHIP breaks this cycle. Its 30 programs and services address social determinants of health, including health and prevention education and screening. LHIP's three health care clinics in Framingham, Boston, and Worcester offer services in Spanish, English, and Portuguese, providing cultural and linguistic support for the patients. For individuals living at or below the poverty level, LHIP basic services are free. For those above the poverty level, annual voluntary member donations are \$25-50/\$100 for individuals/families. A \$150 donation includes full access to all physician services for one individual for one year.

### Care Coordination

LHIP's Patient Navigators (PNs), who are Licensed Community Health Workers (LCHWs), assess participants' health status and need for basic resources. PNs assist participants in securing benefits such as SNAP (Supplemental Nutrition Assistance Program), WIC (Women, Infants, and Children), fuel and rent assistance, and supplemental Medicare benefits. They provide up to \$500 in cash gift cards for purchasing food, paying rent and utility bills, and for necessities. PNs help individuals and families obtain a medical provider and sign up for and maintain health insurance. They follow up with individuals to help them understand and comply with their medical care and treatment.

### Health Education: Prevention

PNs deliver Cancer and Diabetes Prevention Programs in the languages of the communities that they serve.

The Cancer Prevention Programs provide free screening for breast, prostate, cervical, and colon cancers for early detection and treatment.

The Diabetes Prevention Program screens individuals starting at 18 years old to identify and reduce the prevalence of diabetes. LHIP's 3 signature programs, My Mind, My Body, and My Belly, are accredited by the American Diabetes Association, recognized by the CDC, and certified by the State of Mass. These programs provide evidence-based strategies to reduce risk and establish and meet healthy life goals.

LHIP's COVID-19 Vaccine Program has provided vaccines to over 5,000 Massachusetts residents in high-risk communities.



**LHIP clinic services are filling a gap in medical services. It is important to give individuals equal access to accurate information from trustworthy organizations, like LHIP and other trusted community partners.**



**REBECCA GALLO, Senior Program Officer, MetroWest Health Foundation**

### Key Investors

- FOUNDATION FOR METROWEST
- HEALTH RESOURCES IN ACTION
- MASS. DEPT. OF PUBLIC HEALTH.
- METROWEST HEALTH FOUNDATION
- NATIONAL COUNCIL ON AGING
- UNIVERSITY OF MASSACHUSETTS

### Partners

- DANA FARBER CANCER INSTITUTE
- COMMUNITY CHURCHES, HEALTH CENTERS, LOCAL BOARDS OF HEALTH
- HESSCO ELDER SERVICES
- MASS. DEPT. OF TRANSITIONAL ASSISTANCE

### Health Education: Chronic Disease Management

In addition to diabetes, many communities of color face other chronic diseases and conditions such as asthma, hypertension, high cholesterol, and heart disease. Even with a chronic condition, individuals can learn how to manage their health to improve their quality of life. LHIP assesses individuals’ risks and provides education and risk reduction workshops, such as smoking cessation and healthy nutrition, so that individuals have tools and information to address and minimize the effects of their conditions. Individuals, families, and communities are taking their health into their own hands, becoming more vibrant, active, engaged, and healthy!

### Path to Work

Successful program participants are offered the opportunity to train to become LHIP Community Health Workers, going back into their communities to share their success stories, resources, and bring in new participants.

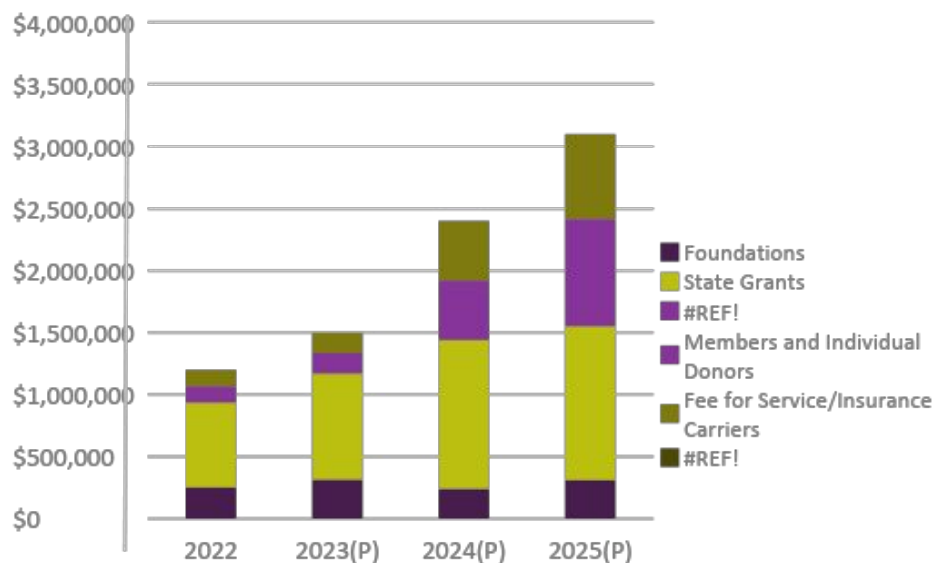
### Health Equity

LHIP cultivates an extensive network of health care providers, local and state agencies, and schools, churches, and other organizations. LHIP fills a gap in health care by educating providers about the need for cultural specificity and language congruity when providing care. LHIP both receives and makes referrals to its partners, and works with the partners and patients to promote successful outcomes. LHIP’s efforts are helping to build health equity across the State. Its diabetes prevention and care efforts are saving millions of dollars by avoiding emergency room visits and hospital admissions.

## FINANCIAL SUSTAINABILITY

LHIP currently receives 78% of its funding from state grants and foundations, and the remaining from its members, individual donors, fee for service contracts, and insurance carriers. The organization seeks to build capacity in development to diversify its funding stream, increasing individual and major gifts donors and funding from insurance carriers and other payers. LHIP is committed to continue providing free clinical services to uninsured Massachusetts residents at or below the poverty level.

### Revenue by Source



### Success Story: Ramon

Ramon came to LHIP because of his medical situation. He was diabetic; his blood pressure was out of control. He was unemployed and without health insurance, housing, and was experiencing food insecurity. He had no English language skills at all.

LHIP enrolled him in health insurance and helped him secure housing and food benefits. He has learned to control his diabetes; his blood sugar and blood pressure are now under control. He lost 10 lbs and exercises regularly. He participates in LHIP health education programs, and is supporting his family financially while working for LHIP as Supervisor of the Housekeeping Department.

“It has been 3 years since I came to the USA and joined LHIP. I have only appreciation and love for LHIP. It has helped me to be a productive and healthy person in my community. I received trainings to do my job, and am able to live a better life. Me and my family are very grateful.”



## PROGRAM PERFORMANCE AND ORGANIZATIONAL HEALTH

Below is a summary of the key measures LHIP tracks to demonstrate progress, create internal accountability, capture lessons learned, and adjust strategy as necessary.

	FY 2023	FY 2024 (P)	FY 2025 (P)
<b>PROGRAM PERFORMANCE</b>			
Number of participants who have gained access to medical and dental insurance and care	4,500 (ytd)	20,000	28,000
Total participants served through 30 services and programs	10,000	12,000	15,000
Number of prevention programs offered	20	22	23
Participants served through diabetes prevention efforts	2,400	3,500	5,500
<b>ORGANIZATIONAL HEALTH/CAPACITY-BUILDING</b>			
Number of staff	15	26	31
Number of board members	6	8	8
Locations served	3 brick-and-mortar	State-wide, virtually	New England
Total Revenue	\$1.2M	\$2.4M	\$3.1M

## SOCIAL IMPACT

LHIP believes that health equity can be achieved by providing culturally sensitive access to medical services and medical care, and improving health literacy. LHIP’s programs promote effective self-advocacy and prevention measures that save lives and medical costs. The organization provides primary care services and has helped thousands of residents connect to primary care providers across the region. Increasing LHIP referrals and care provider partnerships are key to advancing health equity in the State and region.

LHIP’s programs reduce health care costs. They saved Massachusetts an estimated \$24M in 2022.

*Below is the summary of the social impact that LHIP aspires to have in the next two years.*

INDICATOR	2023	2025
Number of health care provider partnerships, i.e., health centers, physicians, insurance carriers	8	15
Number of community partners, i.e., churches, councils on aging, housing developments, nonprofits, food pantries	40	50
Reduced health care costs through Diabetes Prevention efforts resulting from a \$150 investment per participant annually	\$24M*	\$55M
*Estimated \$10K/person saved by avoiding one ER visit		

*\*Flores G, Abreu M, Chaisson C., Meyers A, Sachdeva R., Fernandez H., et al. A randomized, controlled trial of the effectiveness of community-based case management in insuring uninsured Latino children. Pediatrics (2005);116(6):1433-41*