

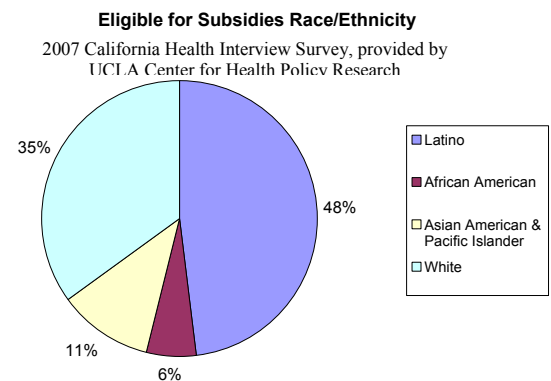
Equity Through Implementation

Ensuring health reform meets the needs of California's diverse communities

As the implementation of health reform gains momentum, it is vital that we use this opportunity to create a health care system that truly reflects the needs of California's diverse communities. In the Health Benefit Exchange, communities of color will comprise 65% of Californians eligible for subsidies and 32% will speak English less than well. Also significant is that communities of color will comprise 79% of the newly eligible adults under the Medi-Cal expansion, and 51% will speak English less than well.¹ Policy decisions that are made at each step will have enormous implications on the ability of these newly eligible to access coverage.

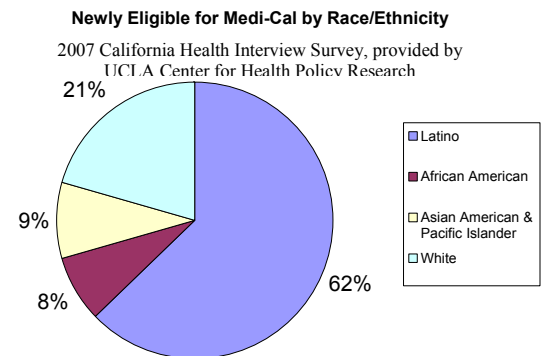
Health Benefit Exchange

In 2014 Californians who make less than 400% FPL² will be eligible for subsidies to purchase health insurance in the new Health Benefit Exchange. These subsidies will help over 2.3 million Californians afford health coverage.³ Of the eligible families, 65% will be people of color and 32% of the adults will speak English less than well.



Medi-Cal Expansion

Health reform expands Medi-Cal to include all Californians who make less than 138% of FPL.⁴ This will provide more than 1.6 million Californians access to health care in 2014. Of these new enrollees, 79% will be people of color and 51% of the adults will speak English less than well.



Moving Forward

We must seize this historic opportunity to create a health care system that works for everyone that meets the needs of culturally and linguistically diverse communities and prioritizes the elimination of health disparities. To ensure that all Californians who are eligible for coverage are enrolled, have equal access to care, and receive quality services, the following recommendations must be implemented:

1. Conduct Culturally and Linguistically Appropriate Outreach and Enrollment Efforts:

We must provide communities of color the information that they need to maximize enrollment in public programs and to navigate the new Health Benefit Exchange. For this information to be effective it must take into account language preference, health literacy, and the digital divide. Health navigators must demonstrate that they have the capacity to meet needs of communities of color, and must be adequately compensated for their work.

2. **Ensure Representation of Communities of Color at the Policy Table:** Communities of color need to have equal representation in planning, developing, and implementing health care reform. Further, it is critical that consumers be part of the creation and ongoing management of oversight systems so that all stakeholders are held accountable.
3. **Collect and Analyze Data on Race, Ethnicity, and Language:** The recommendations from the Institute of Medicine for standardized collection of race, ethnicity, and language data must be adopted. Electronic Health Records must have the capability to collect granular data, and then aggregate the data into broader categories when appropriate. Race, ethnicity, and language data should be collected through patient self-reporting.
4. **Build A Culturally Competent Workforce:** Health reform dollars investing in the training of primary care providers should target professionals from underrepresented communities. California must be a leader in diversifying our workforce by establishing programs to train, recruit, and retain people of color in the medical and allied health professions.

¹ Data on English proficiency is only for adults 19 and older.

² In 2010, 400% of the Federal Poverty Level is \$43,320 for a single adult and \$88,200 for a family of four.

³ This does not include nearly a million Californians who are prohibited from purchasing coverage *with their own money* due to their citizenship status.

⁴ Final PPACA language included a 5% disregard for Medicaid expansion. The data used in this factsheet represents individuals making less than 133% of FPL.