

Reducing Racial and Ethnic Health Disparities: Key Health Equity Provisions

Racial and ethnic health disparities continue to plague this nation and our health care system. People of color in the U.S. are more likely to lack health insurance, to receive lower-quality care, to suffer from worse health outcomes, and to die prematurely. The causes of these disparities are broad and complex. They range from societal issues like poverty, racism, and unhealthy environments, to health system factors like lack of health insurance, linguistic or cultural barriers, and limited access to health care facilities.

Health reform presents an opportunity to address fundamental inequities in the health care system and among communities. The newly passed health reform legislation includes a number of provisions that will help reduce racial and ethnic disparities and move us closer to ultimately achieving health equity. These include:

Increased Access to Coverage

What health reform will do:

- Create a health Exchange in each state to serve as a gateway for individuals and small businesses so that they can easily compare coverage benefits and purchase insurance coverage in the private market;
- Provide individuals and families who participate in the Exchange with financial assistance to ensure that coverage is affordable; and
- Expand Medicaid eligibility to cover more people with low incomes (about \$14,404 for an individual and \$24,352 for a family of three).

Why these changes are needed:

Lack of health coverage is the biggest barrier to receiving timely and affordable health care services. People of color are more likely to lack coverage, accounting for 54 percent of the uninsured, but making up just 35 percent of the U.S. population. Because communities of color are also more likely to be low-income, Medicaid and the Children's Health Insurance Program (CHIP) provide an important safety net. For many families, the Exchange will serve as an additional safety net by providing an essential gateway to affordable, quality coverage.

Improved Data Collection

What health reform will do:

- Direct a new Assistant Secretary for Health Information to
 - set standards for collecting data, and
 - coordinate analysis of health disparities within HHS and in collaboration with other departments;
- Ensure that federal health programs collect data (including race, ethnicity, primary language, and health literacy) on applicants and beneficiaries.

Why these changes are needed:

Any effort to reduce disparities must first identify where gaps exist. In our current system, data collection is fragmented; doesn't always collect information on race, ethnicity, or primary language; and is not readily available to policy makers and the public.

Language Access and Cultural Competence

What health reform will do:

- Develop a uniform explanation and summary of coverage documents that is culturally and linguistically appropriate for all health care plans in the Exchange; and
- Provide grants for training health care providers on culturally appropriate care and services.

Why these changes are needed:

Health insurance alone does not guarantee access to health care services, especially when providers and systems are not equipped to deliver care to patients who might speak another language or have cultural beliefs that contradict Western medicine.

Support for Community Health Centers

What health reform will do:

- Increase funding to community health centers;
- Provide grants for the construction and renovation of community health centers over the next five years; and
- Encourage other entities to collaborate with community health centers to improve prevention and primary care services.

Why these changes are needed:

Community health centers play an important role in the U.S. health care safety net. Typically located in medically underserved areas, community health centers provide culturally and linguistically appropriate care to all residents regardless of insurance status, citizenship status, or ability to pay.

Strengthen the Federal Office of Minority Health

What health reform will do:

- Reauthorize the federal Office of Minority Health and make it report directly to the Secretary of the Department of Health and Human Services;
- Authorize a Deputy Assistant Secretary for Minority Health; and
- Establish specific Offices of Minority Health within the following Department of Health and Human Services agencies: Centers for Disease Control and Prevention, Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration, Agency for Healthcare Research and Quality, Food and Drug Administration, and the Centers for Medicare and Medicaid Services.

Why these changes are needed:

The reauthorization of the federal Office of Minority Health and establishment of additional Offices of Minority Health within other government agencies will play a critical role in monitoring and improving minority health and the quality of health services that minority populations receive. With the passage of health reform legislation, the new offices will obtain more leverage over eliminating disparities.

Workforce Diversity

What health reform will do:

- Create a permanent advisory committee that would—among other responsibilities—monitor the diversity of the health care workforce and provide recommendations to improve it; and
- Increase funding and scholarships for disadvantaged students, providing special consideration to institutions with a track record of training individuals from minority communities.

Why these changes are needed:

While people of color make up more than a third of the U.S. population (and will constitute more than half in a few decades), this diversity is not reflected in our current health care workforce. A diverse workforce is beneficial to communities of color: Providers of color are more likely to work in underserved areas and areas with large racial and ethnic minority populations. But diversity is also essential to improving the overall health care system. Working alongside providers who share the linguistic and cultural background of their patients can sensitize other providers and help them provide better care.

Prevention, Public Health, and the Social Determinants of Health

What health reform will do:

- Establish community transformation grants to promote community-based prevention initiatives aimed at addressing chronic diseases and reducing disparities;
- Develop a national prevention and wellness strategy, including an investment fund that would be set up to promote prevention and public health;
- Provide grants for areas with diverse community representation that seek to work together to address health disparities; and
- Promote health impact assessments as a tool for analyzing the effect of the built environment on health outcomes.

Why these changes are needed:

Where someone lives, works, and plays is central to his or her health and well-being. People of color are more likely to encounter structural barriers to good health: substandard housing, transportation difficulty, low job availability, less access to education, and limited geographic access to fresh, healthy foods and medical providers. Prevention efforts must be designed to improve not only individual health, but community health as well.

Reauthorization of the Indian Health Care Improvement Act (IHCIA)

What health reform will do:

- Set goals for addressing the health needs of Indian country and eliminating health disparities;
- Attract and increase the retention of qualified Indian health care professionals who service the Indian Health Service (IHS) and tribal health programs;
- Allow the IHS to develop and carry out a plan for implementing innovative mechanisms for addressing the backlog of health facility upkeep needs; and
- Revise and update the law to provide for modern methods of health care delivery in the Indian health care system.

Why these changes are needed:

The reauthorization of the federal Office of Minority Health and establishment of additional Offices of Minority Health within other government agencies will play a critical role in monitoring and improving minority health and the quality of health services that minority populations receive. With the passage of health reform legislation, the new offices will obtain more leverage over eliminating disparities.

The Bottom Line

The passage of health care reform legislation is a historic and significant achievement that will move us closer toward health equity. In addition to covering millions more people, reducing costs, and improving quality, health reform addresses widespread inequities that fuel racial and ethnic health disparities. But our work is not done and the road ahead will not be easy. We must ensure that communities are able to benefit from the new law and that we continue to build upon this critical foundation to advance health equity. More importantly, we must ensure that we do not lose the gains we have made so far—they are worth fighting for.



1201 New York Avenue NW, Suite 1100 ■ Washington, DC 20005

Phone: 202-628-3030 ■ E-mail: info@familiesusa.org

www.familiesusa.org