talking about HEALTH CARE REFORM

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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 United States 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, on one hand, to health system factors such as lack of health insurance, linguistic or cultural barriers, and limited access to health care facilities, on the other.

Health reform presents an opportunity to address these fundamental inequities in the health care system, as well as the disparities experienced by different racial and ethnic groups. Proposals that are currently before Congress include a number of provisions that will help reduce racial and ethnic health disparities and move us closer to ultimately achieving health equity. These include the following:

Data Collection

What health reform would do:

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

Why these changes are needed:

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

Language Access and Cultural Competence

What health reform would do:

- Make sure that qualified health plans provide culturally and linguistically appropriate communication and health services.
- Test models and curricula that train health professionals on how to improve their cultural competence.

- Require a study on how Medicare can reimburse health care professionals for providing language services and create a three-year grant program to test this.
- Extend the enhanced matching rate that states receive for providing language services to all beneficiaries in Medicaid, not just children. (The Children's Health Insurance Program Reauthorization Act [CHIPRA] increased the federal matching rate for language services for all CHIP enrollees and for children enrolled in Medicaid. The higher matching rate is available for providing interpretation services, for translating outreach and enrollment documents, and for using interpreters to facilitate enrollment.)

Why these changes are needed:

Providing people with health insurance does not guarantee that they will have access to health care services, especially when health care professionals and systems are not equipped to provide care to patients who might speak another language or have cultural beliefs that contradict Western medicine.

Workforce Diversity

What health reform would 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.
- 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 give better care.

Prevention, Public Health, and the Social Determinants of Health

What health reform would do:

- Establish community transformation grants that are designed 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 "Health Empowerment Zones"—areas with diverse community representation that work together to address health disparities.
- Promote health impact assessments as a tool for analyzing the effect of the "built environment" (such as the quality of housing or the availability of healthy foods) on health.

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.

The Bottom Line

While key decisions are still being made about what the final health care reform bill will look like, it's clear that the proposals currently before Congress will move us closer to health equity. In addition to covering millions more people, reducing costs, and improving quality, health reform will address the widespread inequities that fuel racial and ethnic health disparities. But the road ahead will not be easy. We must continue to work for improvements to make sure we don't miss an opportunity to reduce disparities and advance health equity. More importantly, we must ensure that we do not reverse the progress we have made so far—those gains are worth fighting for.

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