

Universal and Equal: Ensuring Equity in State Health Care Reform

As the number of uninsured Americans grows, states across the country are looking for ways to expand affordable, quality health coverage to more people. These state efforts take different forms—expanding public programs, creating entirely new programs, or combining both approaches—but they all seek to make coverage more affordable and available. Some of these state reforms have already been enacted and are now being implemented; others are still being drafted or debated. Each state has its own unique approach to reforming health care, but all include strategies to significantly expand coverage, reduce costs, and improve quality.

Few of these efforts, however, have focused specifically on the problem of *inequality* in health care. Millions of people in the United States, principally racial and ethnic minorities, immigrants, and those who aren't proficient in English, face barriers to obtaining high-quality health care that meets their needs. A disproportionate number lack health coverage: While people of color make up just one-third of the population, they comprise more than half of the nation's 47 million uninsured individuals.

Racial and ethnic minority and language-minority groups also face problems with obtaining health care that go beyond health coverage. For example, communities with predominantly minority residents have fewer health care resources, such as hospitals, primary care providers, outpatient clinics, and nursing home facilities. What's more, the health care services that are available to them are often of lower quality than those in more advantaged communities. And even among minorities who have insurance, many face cultural and/or linguistic barriers to obtaining care. For example, a large body of research has found that even when they have the same health problems and the same types of health insurance as whites, racial and ethnic minority patients, as well as those who are not proficient in English, tend to receive lower-quality health care.

Expanding insurance coverage is therefore necessary—but not sufficient—to achieve equity in health care. It is critically important that as momentum for state health care reform builds, advocates and policymakers do not miss opportunities to address health equity in tandem with state expansions.

Strategies for Integrating Health Equity

There are a number of ways advocates can ensure that health care reform meets the needs of all groups. Advocates can look to see if their state's plan does the following:

◆ Improves Access to Health Care

States can improve access to health care by expanding opportunities for low-income families to purchase private insurance or enroll in public programs, and by establishing mechanisms that make it easier to find affordable insurance. But it is important to keep in mind that, even when insured, minority and low-income communities are less likely to obtain health care as out-of-pocket costs rise, and they are more likely than native-born white Americans to face cultural and linguistic barriers to care.

ACTION States can address these problems by establishing limits on copayments and other out-of-pocket costs in public insurance, by studying and responding to potential unintended effects of cost-sharing on utilization, by taking steps to increase diversity among the state's health care providers, and by providing incentives to health systems to reduce cultural and linguistic barriers.

◆ Improves the Quality of Care

States can provide incentives for the adoption of strategies that are designed to reduce disparities in health care quality, such as pay-for-performance programs, performance measurement, and report cards. But quality improvement efforts that fail to take into account the different challenges and needs of underserved communities – and the health care institutions that serve them – can unintentionally worsen gaps in health care quality.

ACTION State performance incentives should explicitly seek to reduce inequality while acknowledging these challenges. In addition, states can establish mechanisms for promoting equity and accountability by promoting the collection of data on health care access and quality according to patients' race, ethnicity, income or education level, and primary language, and by publicly reporting this information.

◆ Empowers Patients

Patients should be empowered to make decisions about their health care and to insist that care be provided that is consistent with their needs, preferences, and values. These issues are particularly relevant for racial and ethnic minority and immigrant patients, who may face significant cultural gaps in health care settings.

ACTION States can address these concerns by developing and strengthening patient education programs that are well-researched and that are tailored to the needs of underserved communities, such as those that support training and reimbursement for community health workers.

◆ **Improves the State Health Care Infrastructure**

As noted above, the disproportionate lack of health insurance among racial and ethnic minorities is associated with lower levels of health care resources (e.g., the availability of practitioners and hospitals) in communities of color. *Even if states achieve universal health coverage, communities of color will still require investments to improve their health care infrastructure.*

ACTION States can ensure that the community-level health care infrastructure needs of racial, ethnic, and language minority patients are better addressed by making sure health care institutions that serve poor and minority communities are adequately funded, by creating and/or improving incentives for health care professionals to practice in underserved communities, and by requiring cultural competency training for health care professional licensure.

◆ **Improves State Program and Policy Infrastructure**

Thirty states have established offices of minority health to stimulate and coordinate state programs that directly or indirectly address the needs of racial and ethnic minority groups. These offices have also helped to better coordinate community-based health disparity elimination programs with state efforts.

ACTION States can improve their capacity to plan for and address the health care needs of minority communities by adopting or strengthening existing policies, such as community health planning, as a means of gaining community input and better aligning health care resources with community needs; by establishing or enhancing state offices of minority health; and by strengthening Certificate of Need (CoN) policies as a tool to reduce geographic disparities and reduce the “fragmentation” of the health insurance market. (Historically, the purpose of the CoN process has been to control health care costs and to ensure that capital and technology investments in the health care industry reflect community needs. CoN policies also have the potential to ensure that health care resources are distributed among communities equitably and according to greatest need.)

◆ **Adopts or Strengthens Policies to Address Social and Community-Level Determinants of Health**

State agencies that seek to reduce social and economic gaps are inherently engaging in health equity work. Almost all aspects of state policy in education, transportation, housing, commerce, and criminal justice influence the health of state residents and can have a disproportionate impact on marginalized communities.

ACTION States can address community-level and social determinants of health by coordinating the work of state agencies that may affect health and by promoting the use of health impact assessment tools. These tools assess the potential effects of government programs and initiatives in and outside the health care sector, such as transportation, housing, and environmental protection, on the health status of affected communities.

Opportunities for Advocates

Advocates can push for these policies at the state level by highlighting the need for equitable health care that meets people's needs, and by noting how inequitable health care hurts all communities. In particular, advocates should:

◆ **Ride the health care reform wave.**

Advocates who want to elevate the visibility of health care disparities issues and to advance disparities-reduction policies should take advantage of the growing interest in health care reform in state capitals. Advocates can argue that any state health care reform legislation should address disparities because health care inequality carries a significant human and economic toll, and because the persistence of such disparities limits states' ability to contain health care costs and improve overall quality of care. In Massachusetts, advocates successfully used such a strategy to include disparities-related provisions in passed health reform legislation, as well as to lay the groundwork for support for disparities-specific legislative efforts.

◆ **Build bridges, knock down silos.**

Groups seeking to achieve universal health coverage and groups focused on achieving health care equity share many policy goals, but they are rarely strategically aligned. Their public education and advocacy efforts are more powerful when done collaboratively to link the issues of guaranteed health coverage for all and health care equity. This will require advocates to coordinate campaigns and strategies and to recognize how the issues of coverage and equity complement and benefit each other.

◆ **Actively follow the implementation of new health care expansion laws.**

Almost all of the state strategies discussed previously require ongoing attention from advocates to ensure that these policies are implemented in a fashion that explicitly addresses disparities. Similarly, general health reform language has the potential to be implemented in a way that specifically addresses the needs of communities of color. So, advocates working to achieve health equity should make sure that such laws address the unique needs of communities of color, and that efforts to implement these laws are explicitly focused on reducing health disparities.

◆ **Recognize appropriate vehicles, create new ones.**

While health reform legislation provides a natural opportunity for addressing disparities in access and quality, it may not be the best vehicle for addressing the full breath of health disparities issues. Advocates must recognize what can and should be addressed through health reform efforts, but they should also look for other opportunities to address disparities, perhaps through stand-alone legislation or a more comprehensive minority health bill.

How Do Your State's Expansion Policies Measure Up? An Advocate's Checklist

Access to Care

- Does the proposal ensure that public health insurance plans are affordable for low-income uninsured populations?
- Does the proposal ensure that all low-income uninsured state residents are eligible for public health insurance?
- In income brackets where there are disproportionate numbers of racial and ethnic minorities, will the proposal improve access to coverage? And will that coverage be as comprehensive as coverage received by the majority of the population?
- Does the proposal guarantee comprehensive benefits for all eligibility levels?
- Does the proposal promote cultural and linguistic competence in health care settings?
- Does the proposal promote diversity among health care professionals?
- Does the proposal include mechanisms to improve and streamline enrollment procedures for public programs?
- How will the state market its coverage programs to diverse communities? Will the state evaluate any outreach to and enrollment of eligible communities?

Quality of Care

- Will health care disparities be monitored through data collection measures?
- If so, will the state make these disparities data available to the public?
- Does the proposal encourage health systems to measure quality along uniform guidelines?

Patient Empowerment

- Will the state develop or expand patient education programs tailored to cultural and linguistic populations?
- Does the proposal include funding for training and reimbursement for community health workers?

Health Care Infrastructure

- Will the proposal support health care “safety net” providers and institutions?
- Does the state provide incentives for health care professionals to work in predominantly minority communities?
- Will health care professionals be trained in cultural competency?

Policy Infrastructure

- Will the state involve communities and address their needs by using community health planning or other similar strategies?
- Does the proposal establish or strengthen the state office of minority health?
- Does the proposal revitalize the state Certificate of Need assessments?

Social and Community Determinants of Health

- Is there coordination among state agencies to address related social and community determinants?
- Does the state use impact assessments to analyze the effects of the new laws on policies regarding health equity?



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