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**For more information, contact:**

Nadia Siddiqui  
Texas Health Institute  
[nsiddiqui@texashealthinstitute.org](mailto:nsiddiqui@texashealthinstitute.org)

**New Report Offers Status and Guidance on Addressing  
Race, Culture, and Language in Health Insurance Marketplaces**

Of the projected 24 million individuals who will obtain individual coverage through Health Insurance Exchanges or Marketplaces by 2019, 42 percent (or 10 million) will be from racially and ethnically diverse communities. While the Affordable Care Act includes explicit requirements for non-discrimination, language access, and cultural appropriateness in the Exchanges, narrow deadlines and tight budgets coupled with limited federal guidance have made this task demanding for states and organizations.

The Texas Health Institute released a [new report](#), “Implementing Cultural and Linguistic Requirements in Health Insurance Exchanges,” supported by Kaiser Permanente’s Community Benefit National Program Office, in collaboration with the W.K. Kellogg Foundation and The California Endowment. This first-of-its-kind report offers a point-in-time update on progress and timely guidance, best practices, and tools for states and organizations hastening to implement the ACA’s cultural and linguistic requirements by October 1, 2013, when open enrollment begins. Featured in the report are seven in-depth case studies on state-based exchanges in California, Colorado, Connecticut, Maryland, New York, Oregon, and Washington, with information on best practices on integrating race, culture, and language in planning and operations.

“This report has revealed how some of the leading states have clearly made health equity a central priority in creating their Marketplaces and are working to assure that this goal is integrated into their actions,” commented Dennis Andrulis, the project’s Director. He added that “the report, in telling the stories emerging from these states and their communities, has identified promising practices in designing exchanges and their early efforts to engage communities and health care providers in reaching, enrolling, and assuring diverse residents understand how to become insured.”

The audience for this report is broad, and includes states that can benefit from lessons learned and best practices on engaging racially and ethnically diverse communities and designing strategies to address culture and language in outreach and enrollment. Health plans and providers can learn about new requirements and what peers are doing to prepare for exchange participation. And community-based and advocacy organizations can draw on opportunities to collaborate and be engaged to assure equity is integral to their state’s exchange.

This report is a part of a major initiative known as the *Affordable Care Act & Racial and Ethnic Health Equity Series* to track, analyze, and report on the implementation progress and evolution

of over 60 provisions in the ACA aimed at eliminating racial and ethnic health disparities and advancing equity across five priorities: (1) health insurance exchanges; (2) health care safety net, (3) workforce support and diversity; (4) data, research, and quality; and (5) public health and prevention. This *Series* represents the first comprehensive undertaking to report on implementation progress and provides a unique compilation of resources for taking the equity objectives of the ACA from vision to reality.

Following this release, an additional four reports on the remaining topics will be rolled out in the coming months, all featuring user-friendly updates on the law, highlighting tangible funding and program opportunities, sharing experiences and challenges, and offering practical information on important tools, resources, and guidance that can inform states and other organizations as they work to implement the ACA to advance racial and ethnic health equity. Finally, this work is intended to contribute to a stronger advocacy to ensure that race, culture, and language remain a core and integral part of transforming the U.S. health care system.

To access these reports and related resources on health care reform and equity, including an enhanced executive summary of the exchange report, please visit

<http://www.texashealthinstitute.org/health-care-reform.html>.