NCIHC

Opportunity and Challenge: Language Access for the Health Benefits Marketplace

Will health care reform increase access to care for consumers with limited English proficiency?

Panelists:

- Mara Youdelman, National Health Law Program, Washington, DC
- Jackie Vimo, New York Immigration Coalition, New York
- Doreena Wong, Asian and Pacific Islander American Legal Center, California
- Gillian Dutton, Seattle University School of Law, Washington State
- Joana Ramos, Washington State Coalition for Language Access

Panel Organizer: Wilma Alvarado-Little, NCIHC Board Member and Chair of the Policy and Research Committee

Facilitator: Ann Bagchi, Vice-Chair, NCIHC Policy and Research Committee

NATIONAL HEALTH LAW PROGRAM

Language Services & Health Reform Implementation

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NCIHC webinar – March 20, 2013

National Health Law Program

- NHeLP is a national, non-profit organization working to improve health care access and quality for low-income and underserved populations
- Our language access work spans over 2 decades and focuses on improving policies & funding for language access at the federal level

LEP Demographics

- Over 59 million people speak a language other than English at home, over 20% of the population
- Over 25 million (9 % of the population) speak English less than “very well,” and may be considered LEP
- 8.5 million children under age 19 live in a household with at least one LEP parent

SOURCE: American Community Survey, 2011, Table DP02, SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES, 2009-2011 American Community Survey 3-Year Estimates

Top Languages in U.S. by LEP

Spanish – 16.4 million

Chinese – 1.5 million

Vietnamese – 800,000

Korean – 634,000

Tagalog – 494,000

Russian – 418,000

French Creole – 304,000

Arabic – 294,000

Portuguese – 276,000

French – 275,000

Polish – 251,000

Italian – 207,000

Japanese – 202,000

SOURCE: American Community Survey, Table B16001, LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER, 2007-2011 American Community Survey 5-Year Estimates

What is “health reform”?

- “Affordable Care Act”, “ACA” or “Obamacare” – will provide health insurance to virtually everyone in U.S. through public or private insurance
- October 1, 2013 is the start of the first “open enrollment” period to apply for insurance
- January 1, 2014 is when coverage starts
- Goal is to streamline applications and make healthcare more affordable

What is an Exchange or Marketplace?

- Individuals who do not have insurance can go to an “exchange” or “marketplace” to buy insurance
  - If you have insurance through your employer, Medicaid/CHIP, Medicare, you don’t have to go to an Exchange
  - One stop shopping to apply & pick a plan
- Help paying premiums and cost-sharing is available for individuals under 400% FPL
- Language services required in Exchanges pursuant to Title VI and ACA sec. 1557

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LEP Enrollees

- 23% of expected Exchange applicants speak a language other than English at home
- About 95% of uninsured LEP individuals < 400% FPL and will be eligible for help paying for insurance
- Exchanges must not discriminate against LEP individuals to comply with Title VI and ACA's sec. 1557
- Exchanges also have to comply with relevant state laws

Title VI of the Civil Rights Act of 1964

- "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." 42 U.S.C. § 2000d

- "National origin" includes individuals with limited English proficiency (LEP)

Nondiscrimination – ACA sec. 1557

- Extends federal civil rights laws prohibiting discrimination on basis of race, color, national origin, gender and disability to:
  - any health program or activity receiving Federal financial assistance – Exchanges, Medicaid/CHIP agencies, QHPs, navigators, etc.
  - any program or activity administered by a federal Executive agency – FFE, Medicare
  - any entity established under Title 1 of PPACA – Exchanges
  - based on statutes in existence, inc. Title VI, Title IX, 504 of Rehab Act
- HHS OCR to issue regulations, likely this year

Recommendations for Exchanges

- Develop a comprehensive LEP Plan & designate a staff person to coordinate
- Translate application, website and other vital documents into multiple languages
- Hire competent bilingual/bicultural staff
- Require language services in all subcontractor contracts (navigators, assisters, call centers, etc.)
- Require QHPs to provide and pay for language services

Recommendations for Websites

- Ensure websites have portals for LEP individuals and taglines (e.g. SSA in 15 languages)
- Translate website into Spanish and other frequently encountered languages
- Prominently display how to connect with language services

Recommendations for Outreach

- Conduct outreach & education, open enrollment in culturally and linguistically appropriate manner
- Have language services readily available
- Connect with local community organizations who serve LEP populations
- Involve ethnic media
- Train outreach workers in how to access language services and how to work with interpreters
- Translate outreach materials

Recommendations for Offices/Call Centers

- Ensure availability of bilingual staff/interpreters for all languages & post signage
- Include multiple languages in automated phone systems (or language-specific numbers)
- Collect language needs of callers/visitors to help with identifying needs and planning
- Document language services provided
- Train staff in how to access language services and how to work with interpreters

Recommendations for Written Materials

- When possible, develop materials directly in non-English languages
- Translate vital documents into frequently encountered languages:
  - Use 5%/500 threshold for translating materials
- Include taglines in at least 15 languages on all written materials
- Ensure competency of translators & quality reviews of translation and test with focus groups

Translation Thresholds

- Recent federal regulations adopted 10% threshold for language services
- **A 10% threshold leaves out millions of LEP individuals!**

	10%	5%	500
# Counties	255	565	1,284
# States	23	37	50 states plus DC, PR

Recommendations for Data Collection

- Identify individuals *being served* and *eligible to be served*
- Collect language data of all applicants & non-applicants, not just household contact
- Identify language needs
  - "I Speak" cards/posters – patients can point to their language and office staff can note

Recommendations for Contracts

- Include language access requirements & civil rights compliance into contracts Exchanges have with all their subcontractors, including:
  - Health plans
  - Call center contractors
  - Navigators and application assisters/counselors
  - Website & application developers

Now is the Time!

- Right now, decisions are being made at federal and state level to implement health reform
- If we do not act quickly, it will be too late because adding/changing systems later costs $
- If your state has a state-based Exchange, get involved – send in your comments, talk at public meetings, organize others to provide input
- If your state will use the “FFE”, get involved with federal policymaking

Resources

Language Access Checklist for Marketplace Implementation

Translation Glossaries: The Need for Standardization of ACA-related Terms

Short Paper 6: The ACA and Application of § 1557 and Title VI of the Civil Rights Act of 1964 to the Health Insurance Exchanges

Short Paper 5: The ACA and Language Access

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Maximizing Health Care Reform for Immigrants:

Recommendations from New York's Exchange Implementation

Jackie Vimo

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March 20, 2013

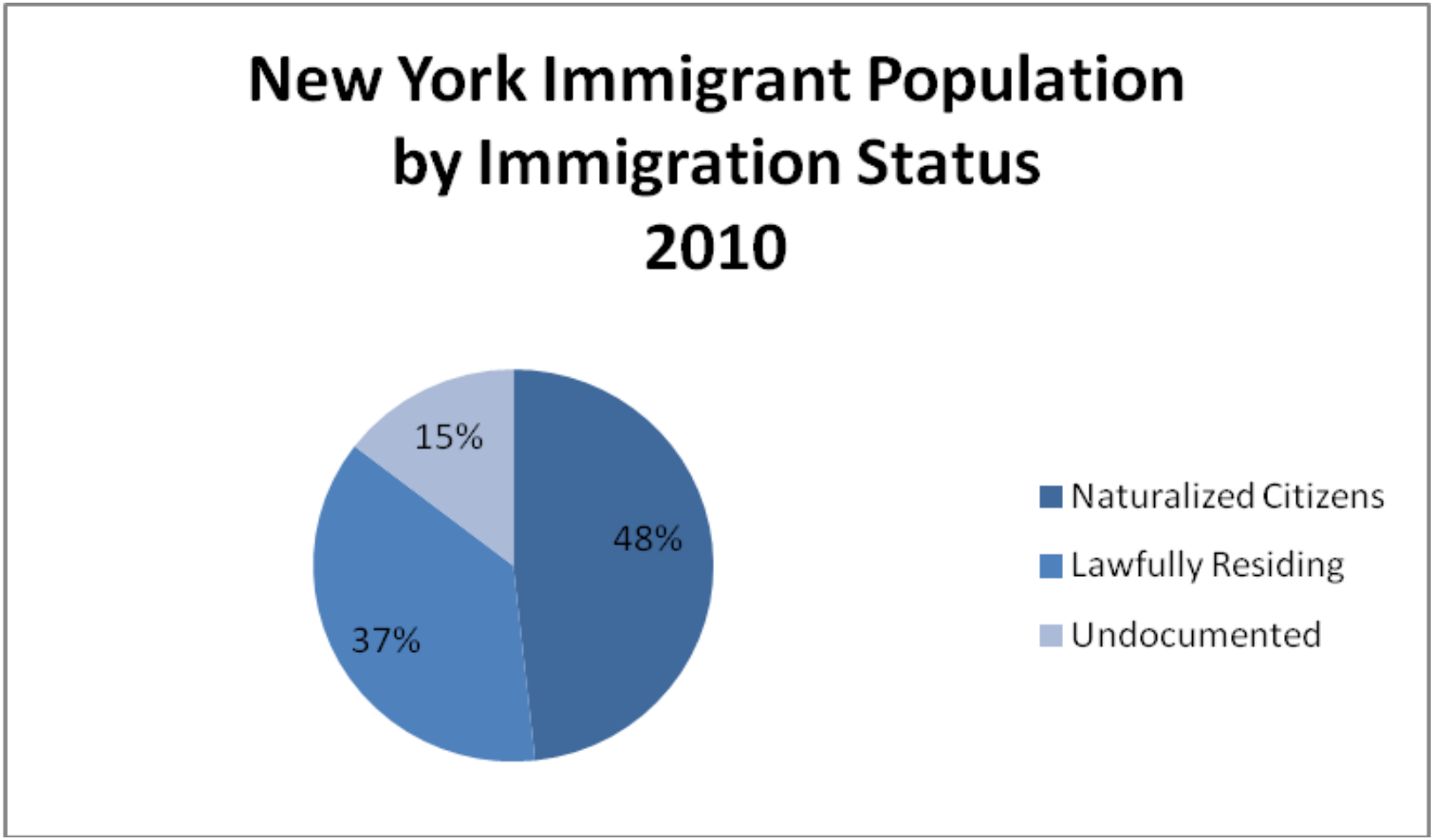
nyic
NEW YORK IMMIGRATION COALITION

Presentation Overview

- Introduction: Methodology and Goals
- Immigrants and NY Health Reform
- Key Areas for Immigrant Inclusion in NY Exchange
- Recommendations for New York

Immigrants in NY's Health Reform

- New York's 2010 population was 19.3 million, **15% (or 2,886,000) of which was uninsured** .
- New York State's residents include **4.3 million** immigrants (22.3% of the population)
  - 2.2 million of whom are naturalized citizens,
  - 1.4 million of whom are lawfully residing, and
  - 625,000 of whom are undocumented. Therefore about
    - **85% of immigrant New Yorkers are eligible** for the Health Exchange, as they are either citizens or legal residents.

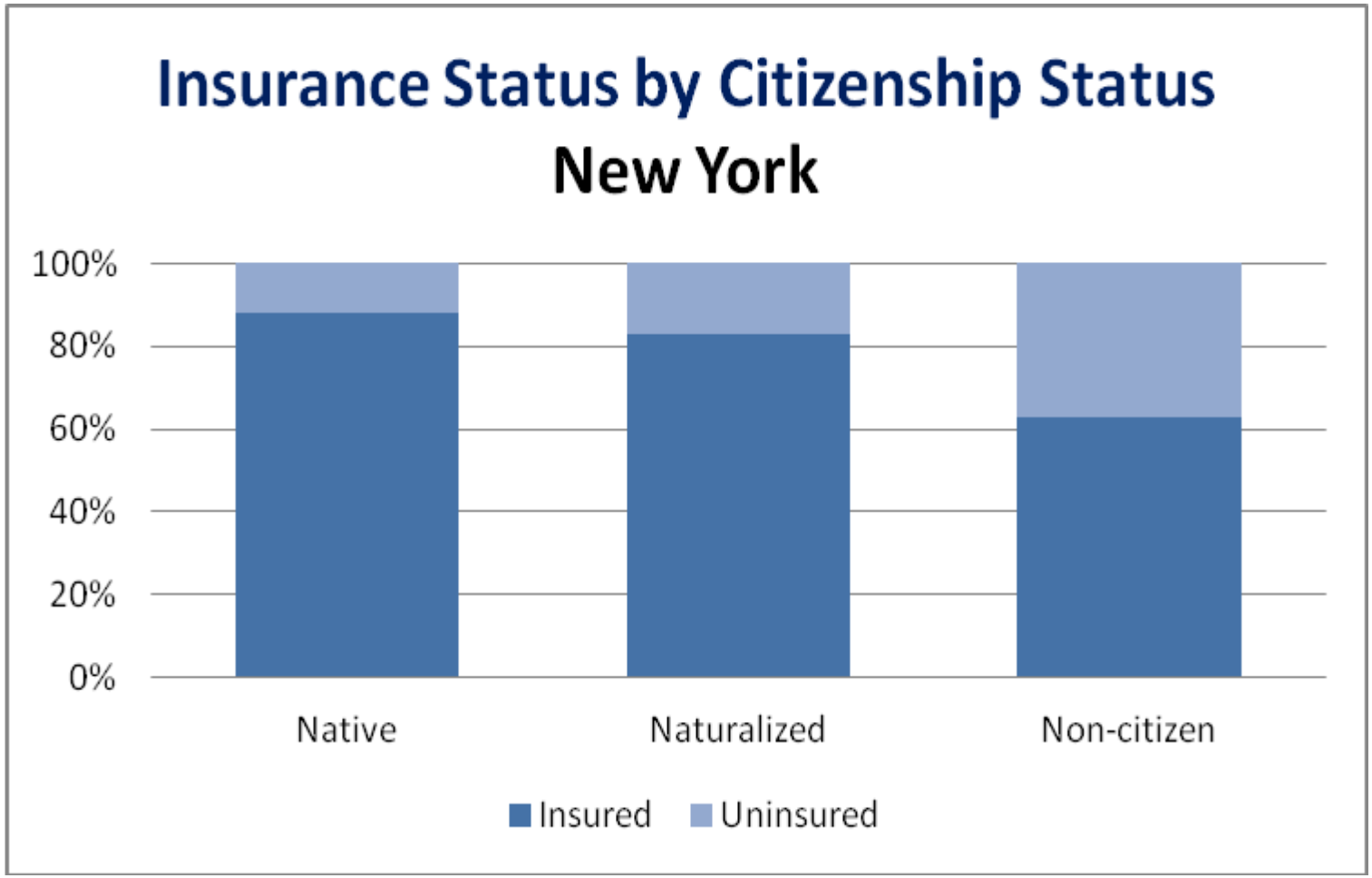

New York Immigrant Population
by Immigration Status
2010
15%
48%
37%
Naturalized Citizens
Lawfully Residing
Undocumented

Insurance and Immigration Status

- **Non-citizens** are over **three times** as likely as citizens **to be uninsured**
  - Whereas **12% of all citizens** are uninsured,
  - **37% of noncitizens** are uninsured.
- Reasons for this disparity include:
  - higher rates of employment by small businesses that do not offer insurance;
  - an underutilization of public insurance programs due to a lack of awareness of their rights,;
  - concerns about immigration consequences of accessing such services,;
  - and language and other barriers.

NY's LEP Population

- **Over 2.6 million New Yorkers are LEP** or 13.5% of New York's population, are limited English proficient (LEP)
- **Almost half (46.9%) of NY's foreign-born population is LEP.**
- Only about **half speak Spanish**; the other half speak nearly **150 other languages and dialects**.


Insurance Status by Citizenship Status
New York
100%
80%
60%
40%
20%
0%
Native
Naturalized
Non-citizen
Insured
Uninsured

Patient Protection and Affordable Care Act of 2010

- Creation of Health Insurance Exchanges
  - Undocumented Immigrants Specifically Barred
- Individual Mandate
- Creation of Small Business (SHOP) Exchanges
  - Undocumented Immigrants might be able to Participate
- Basic Health Plan (optional for states)
- Insurance Market Reforms
- Changes to Disproportionate Share Funding
- Expansion of Medicaid (optional for states)

At least six ACA provisions target immigrants and communities of color:

1. The mandate that Qualified Health Plans (QHPs) provide linguistically and culturally appropriate materials through enrollment and appeals process;
2. Reaffirmation and strengthening of existing civil rights protections;
3. Restructuring and elevation of the Office of Minority Health and the National Institute on Minority Health and Health Disparities;
4. Provisions for the diversification of the health care workforce;
5. The collection of data on health disparities, including questions about primary language and greater granularity about race and ethnicity; and
6. Grants for demonstration projects and research on cultural competency training.

* Other ACA provisions such as increasing funding for community health centers, which are disproportionately used by communities of color, and the ACA's provisions for Community Transformation Grants will also impact health outcomes in immigrant communities.

Who Will Remain **Uninsured** after Reform?

- The majority of immigrants in NY will benefit from reform simply because the majority of immigrants are citizens or lawfully residing residents.
- Undocumented immigrants are explicitly barred from participating in the Individual Exchange, but may be able to purchase insurance through the SHOP Exchange.
- It is expected that **1.5 – 2.0 million individuals** in New York will remain uninsured even after health care reform is fully implemented.
- The Massachusetts experience:
  - Two years after Massachusetts launched its exchange in 2006, almost **one in three** of the remaining uninsured adults in Massachusetts were **noncitizens.**
  - More broadly, a 2008 report found that those who remain uninsured were likely to have the following characteristics:
    - Male, young, and single;
    - Racial/ethnic minorities and noncitizens;
    - Limited English Proficient; and
    - Living in a household where there was no adult able to speak English well or very well.

Key Areas for Immigrant Inclusion in New York's Exchange

Key Areas for Immigrant Inclusion

1. **Eligibility/Verification**
2. **Marketing, Enrollment, and Outreach to Immigrant Communities**
   a. Language Access
   b. Marketing the Exchange
   c. Navigators
3. **Oversight, Community Input, and Monitoring**
   a. Community Input
   b. Data Collection
   c. Confidentiality
4. **Beyond the Exchange: Securing the Safety Net**

1. Eligibility Recommendations

- New York should **continue to provide Medicaid program coverage for PRUCOL** classified immigrants currently covered in New York State who do not qualify under the ACA definitions of "lawfully present" that determine eligibility for the Individual Exchanges.
- New York York should **issue an administrative policy clarification that the State's PRUCOL classification extends to individuals such as DREAM (undocumented) youth** whose removal is not being pursued by DHS pursuant to the exercise of prosecutorial discretion under the Obama administration's recently articulated policy, even where no affirmative relief, like deferred action or stay of removal, has been granted.

Documentation and Verification

- The Exchange website must include a State-level backstop for PRUCOL classification and immigrants who do not pass initial verification through SAVE and the new Federal Data Services Hub.
- An individual should be allowed to provide his or her “A” number orally.
- New York should allow applicants seeking private coverage in the Exchange a reasonable opportunity to provide documentation, as is already required for public insurance programs.
- New York should not require additional documentation or verification for the SHOP Exchange.
- New York should continue to allow for attestation of income or letters from an employer for nontraditional workers, as is currently done in New York’s public insurance programs.

2. Marketing, Enrollment, and Outreach to Immigrant Communities

a. Language Access
b. Marketing and Enrollment
c. Navigators

a. Language Access

- In addition to complying with existing laws, the NYIC recommends that New York's Exchange meet three basic requirements regarding language services:
  1. **Translation of notices and vital documents when 5% or 500 LEP individuals are included in an Exchange, to a maximum of 15 languages;**
  2. Inclusion of translated **taglines in at least 15 languages** on all Exchange notices and vital documents and websites with information on how to access translated materials and oral language assistance; and
  3. Provision of **effective oral communication** for all LEP individuals, regardless of whether translation or other thresholds are met.

b. Marketing & Enrollment

1. New York should craft **segmented marketing** campaigns with different messages for
2. New York should adopt a "**No Wrong Door**" policy for mixed-status families.

c. Navigators

- New York should require that Navigator programs, regardless of the type, actively **work to alleviate immigrants' fears of accessing public insurance.**
- New York should ensure that **grants and funding for Navigators reach community-based organizations (CBOs) that are embedded in immigrant and other underserved communities.**
- The Exchange should provide **ongoing training to all Navigator staff** members in language access policies and procedures, including those related to working with interpreters and LEP individuals, immigrant eligibility for public programs, immigrant concerns, and cultural competency.
- In addition to the formal Navigator designation process, New York should fund a **separate outreach and education program for smaller community-based organizations** (CBOs) by rolling out **multi-year grants of varying sizes.**

3. Oversight, Community Input, and Monitoring

a. Community Input
b. Data Collection
c. Confidentiality

a. Community Input

- New York should **establish a Health Disparities Workgroup** to advise the Exchange.
- The State should **formalize immigrant representation** on the Regional Advisory Committees.
- New York should incorporate **ongoing feedback loops** and provide the opportunity for linguistically diverse consumers to provide input and suggestions.

b. Data Collection

- New York should implement the recommendations adopted by the Medicaid Redesign Team (MRT).
- The Exchange should collect data collection about mixed-status families.
- New York should collect data about primary language.
- The Exchange should be designated as premium aggregator.

c. Confidentiality

- The State should not solicit unnecessary information through Exchange enrollment.
- New York should protect the confidentiality of the information to the highest degree possible under existing law and should share information only for purposes of determining eligibility for exemptions.

4. Beyond the Exchange:
Securing the Safety Net

- Individuals who are not eligible for, are exempt from, or choose not to enroll in health insurance**, should be screened for, enrolled in, and given a card for statewide financial assistance.**
- The Exchange should **provide information to applicants about financial assistance and other programs** to individuals who are ineligible to participate in the Exchange, such as undocumented immigrants.
- New York should **restructure its Charity Care allocation formula** to ensure that funding follows the uninsured patients who receive care.
- The Exchange should be designed to **strengthen and encourage integration and collaboration with the health care safety net**.
- The State should **maintain current eligibility levels, as well as benefits in New York's public insurance programs**.
- New York should explore developing **an insurance product for undocumented immigrants.**

Conclusions

- There are many opportunities to maximize immigrant inclusion at all stages of exchange implementation.
- Exchanges are works in progress – there will be ongoing opportunities to maximize immigrant participation even after exchanges are launched as exchanges learn from the experiences of implementation.

NCIHC Webinar
March 20, 2013

Opportunity and Challenge: Language Access for the Health Benefits Marketplace

Will health care reform increase access to care for consumers with limited English proficiency?

Doreena Wong, Project Director
Health Access Project
Asian Pacific American Legal Center

ASIAN PACIFIC AMERICAN LEGAL CENTER

MEMBER OF ASIAN AMERICAN CENTER FOR ADVANCING JUSTICE

Overview

- Who is APALC and its Health Access Project?
- What does health care reform look like in CA?
- What are the cultural and linguistic requirements?

Who is APALC?

- Nation's largest legal and civil rights organization for Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs)

- **Mission:** To advocate for civil rights, provide legal services and education, and build coalitions to positively influence and impact AANHPIs and to create a more equitable and harmonious society

What is the Health Access Project?

Mission: To address the **health care needs of the AANHPI communities** and increase **access to quality health care** for AANHPIs through outreach, education, and advocacy

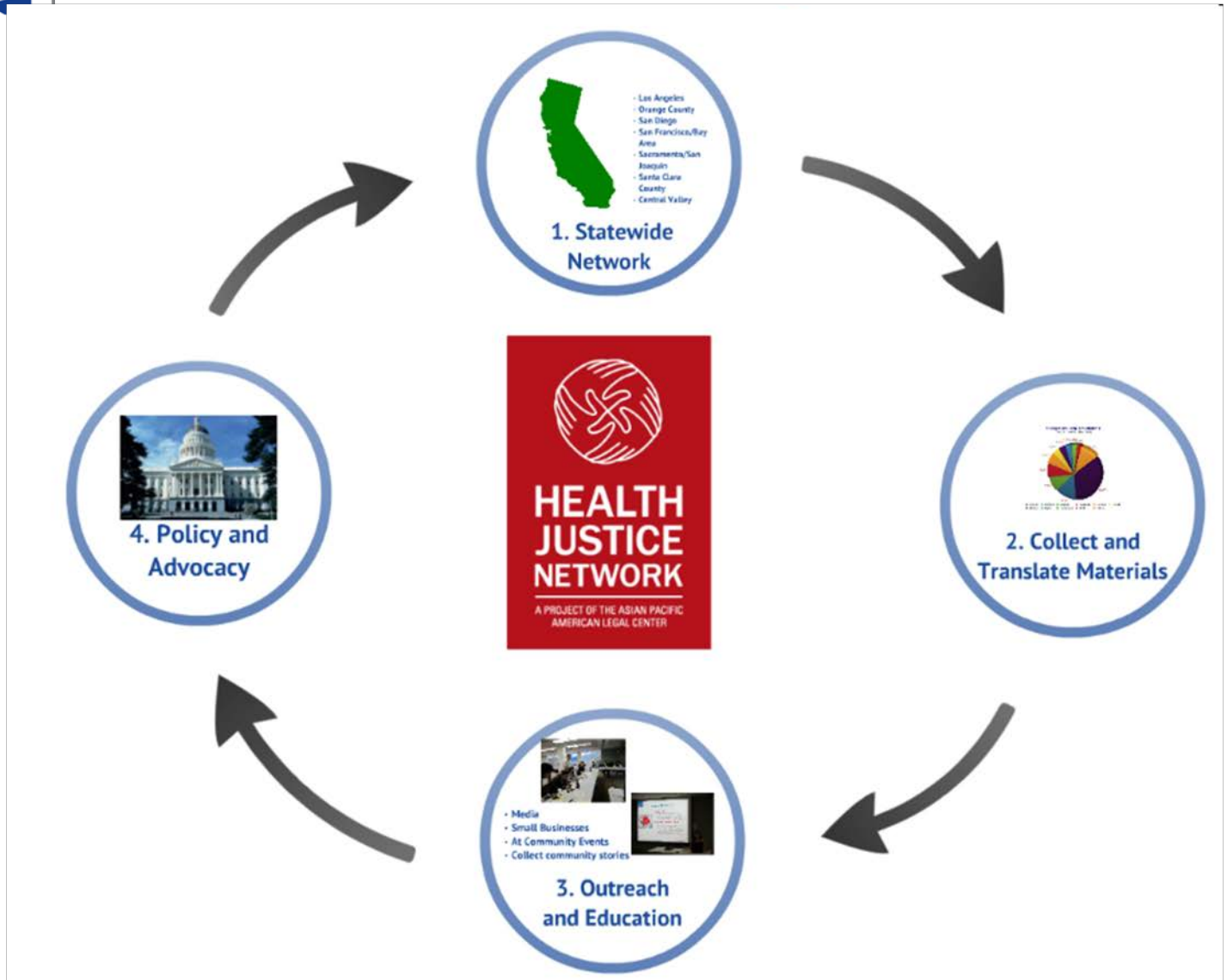
Goals:

1. Ensure the diverse AANHPI communities understand the new **health care reform** system in CA
2. Develop **strong collaborations** with AANHPI organizations throughout the state

HEALTH JUSTICE NETWORK

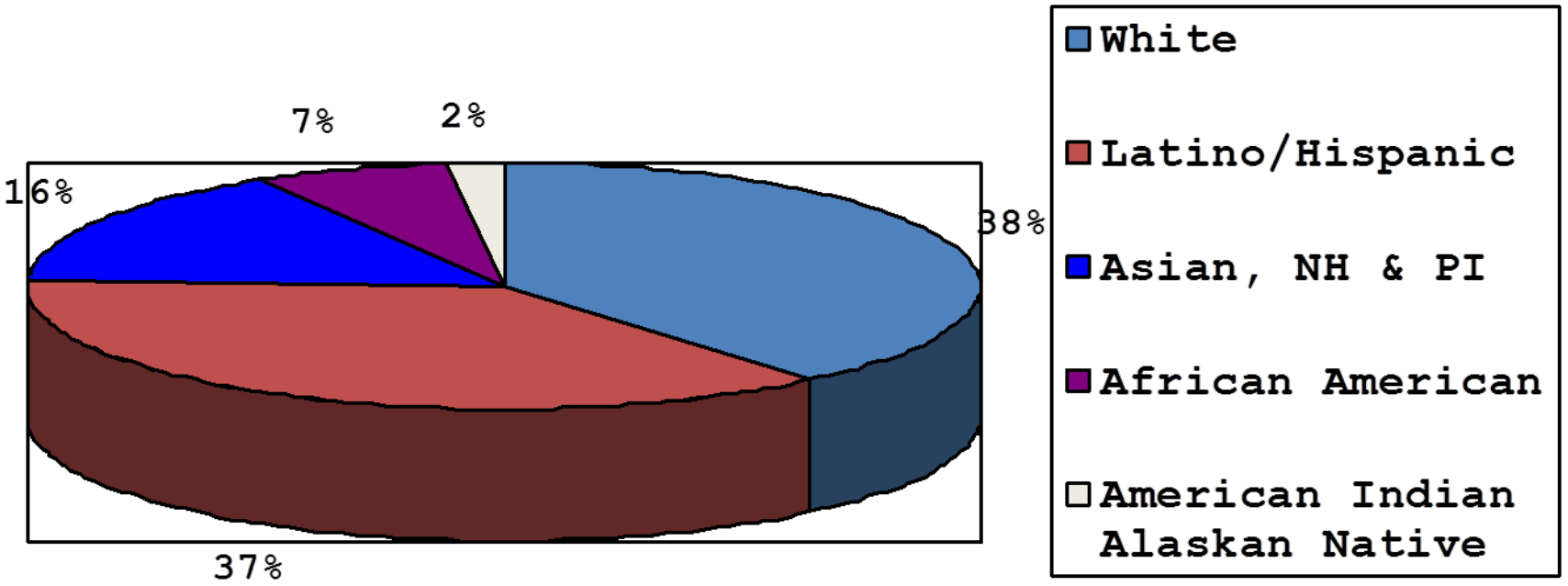
A PROJECT OF THE ASIAN PACIFIC AMERICAN LEGAL CENTER

Health Access Project Activities



What does health care reform look like in CA?

I. Demographics



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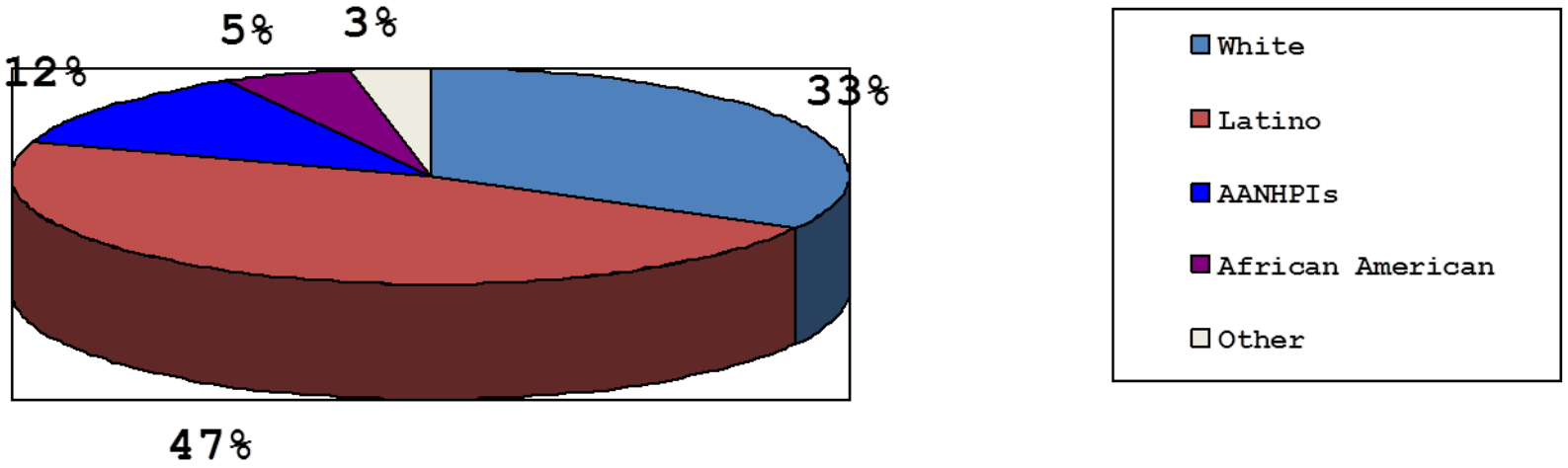
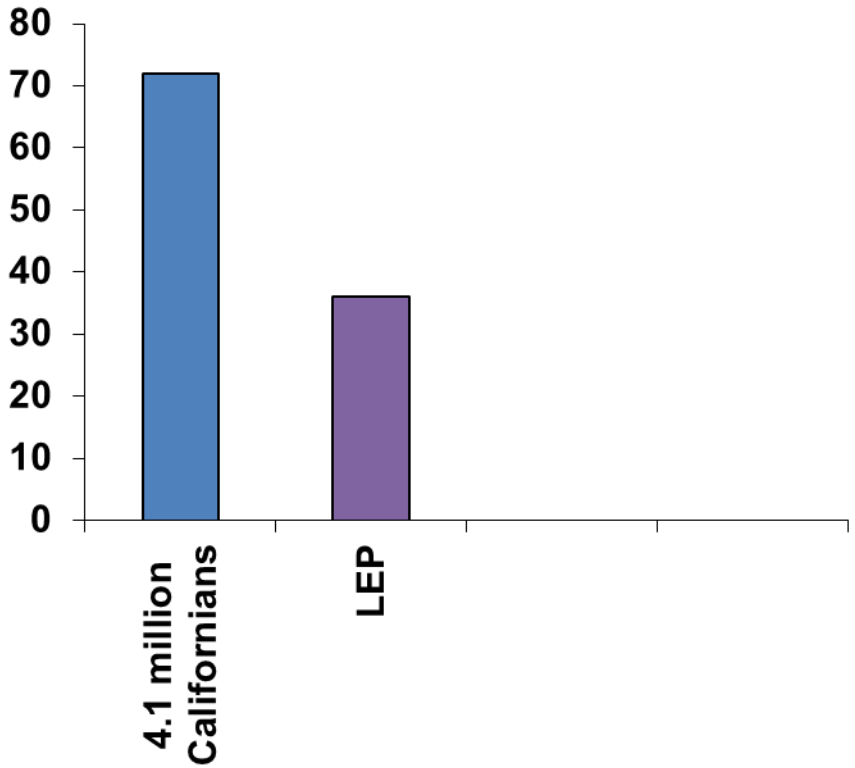


Un-insured Rates in California

What does health care reform look like in CA?

II. Medicaid Eligibles Under ACA

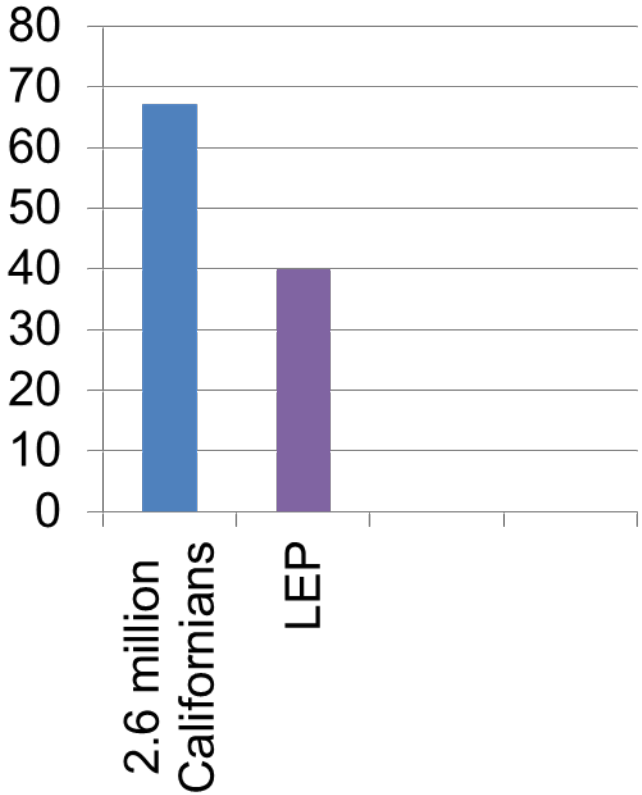


- Total=4.1 million; 72% or 3 million= People of color (POC)

- LEP=36% or 1.5 million

What does health care reform look like in CA?

III. Exchange Eligibles under ACA



- Total=2.6 million (tax credits); 67% or 1.7 million=POC
- LEP=40% or 1.1 million

What does health care reform look like in CA?

California Health Benefit Exchange (HBEX)

- First state to establish HBEX: AB 1602 (Perez) & SB 900 (Alquist)
- Monthly public meetings (Sac)
- Many critical decisions made at each meeting quickly
- New name & logo:

COVERED CALIFORNIA

Who Governs the CA Exchange?

Peter Lee, Executive Director

Diana S. Dooley, Secretary of CA HHS

Kimberly Belshe, Public Policy Institute of CA

Paul Fearer, Union Bank and Pacific Business Group of Health

Susan Kennedy, former Chief of Staff for Governor Schwarzenegger

Dr. Robert Ross, The California Endowment

Cultural & Linguistic Requirements in CA

- **AB 1602 – Establishment of HBEX**
  - > Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange
- **AB 1296 – Medi-Cal Eligibility, Enrollment & Retention**
  - > On application, voluntary questions on race, ethnicity, primary language, disability status, or any other category under Section 4302
  - > Eligibility, enrollment and retention system accessible for LEP persons
  - > Application, forms and notices in plain language and in 12 non-English Medi-Cal threshold languages

Cultural & Linguistic Requirements in CA

- **AB 922 – Office of the Patient Advocate**
  - > **Develop culturally competent educational and informational guides for consumers on health care options and how to resolve problems in Medi-Cal threshold languages at appropriate literacy level**
  - > **Refer consumers to appropriate regulator for filing grievances/complaints**
  - > **Collect and report data, including tracking problems and complaints**
  - > **Require contracted consumer assistance programs to serve LEP consumers & those requiring culturally competent services**

Covered California Issues

- Eligibility, Enrollment & Retention System (CalHEERS)
  - > English and Spanish Web Portal/Online Applications
  - > Paper application in 13 Medi-Cal Threshold languages
- Marketing, Outreach & Education Plan
  - > Grants Program to reach targeted, hard-to-reach/hard-to-move populations ($40 million)
- Statewide Assisters/Navigator Program
  - > Grants Program & payment per application

Covered California Issues

- Service Center Options
  - > Culturally and Linguistically Competent
- Small Business Health Option Exchange (SHOP)
  - > Grants Program ($3 million)
- Data collection
  - Race, ethnicity, preferred oral and written language
- Immigrant Access
  - > Gov. proposal to move PRUCOL into Exchange

What can you do to help?

- Participate in statewide or loca **coalitions**
- Provide stakeholder **input & public comments** to state Exchanges and federal proposed rules
- Advocate for Medicaid expansion in your state
- **Collect data and share client stories** about barriers to access as well as success stories
- Support **policies and advocacy** to increase health care access for LEP and immigrant communities

Resources

- **Asian Pacific American Legal Center**
  - > www.apalc.org
- **Health Consumer Alliance**
  - > www.Healthconsumer.org
- **California Health Benefit Exchange**
  - > http://www.healthexchange.ca.gov/Pages/Default.aspx
- **Covered Califronia**
  - > **http://www.coveredca.com/**

Contact Information

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Assoc. Prof. of Lawyering Skills

ACA and Language Access in Washington State

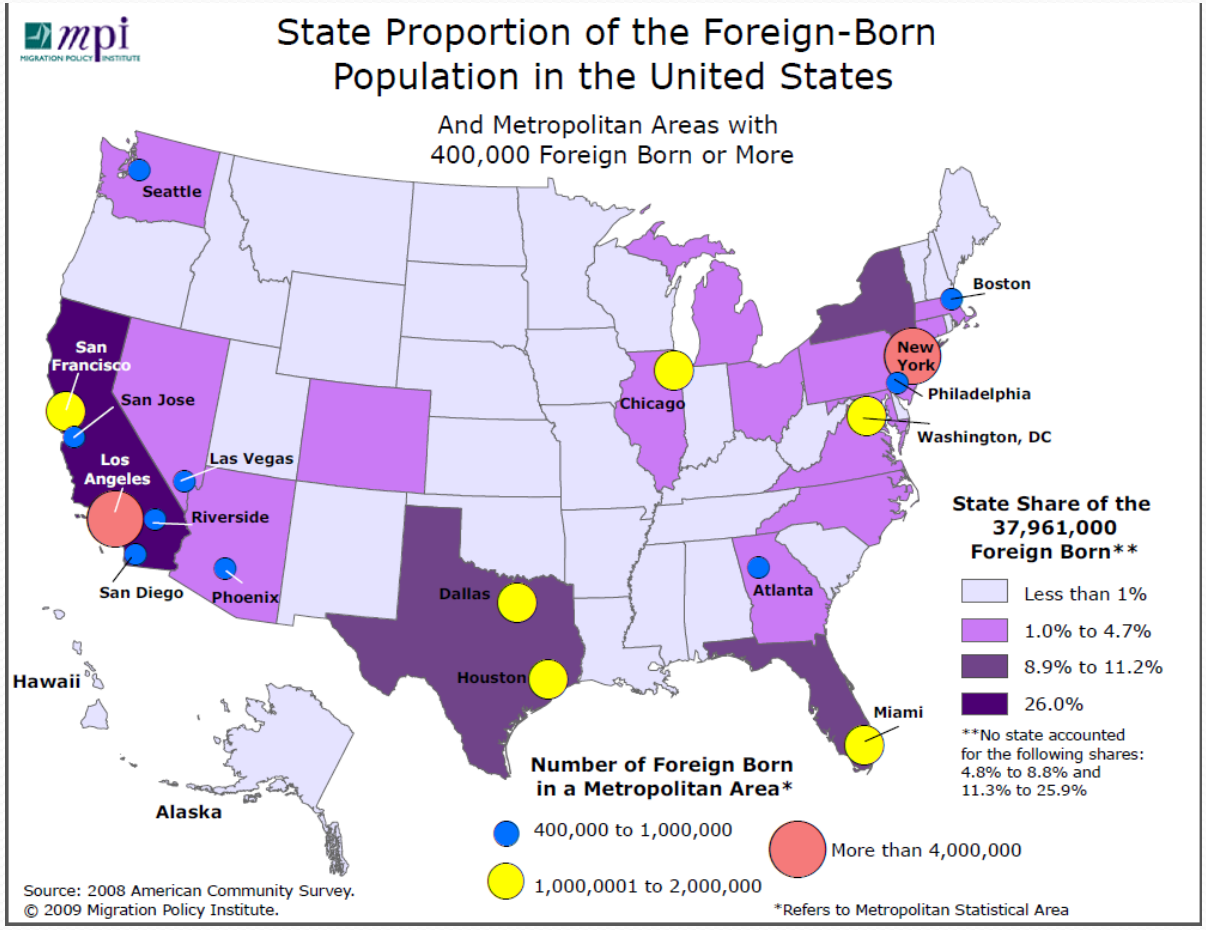
The Background for Health Care Reform: Washington State Specifics

- Lessons Learned
- LEP demographics
- *Reyes* Consent Decree
- Well-established Agency LEP Service Systems
- Washington State Coalition for Language Access
- Inter-Agency Work Group

5 Lessons Learned

1. ***Identify*** state specific legal requirements
2. ***Educate*** administrators **and** implementers early in the process
3. ***Connect*** peer to peer LEP administrators and ***advocate*** for LEP coordinators throughout the system
4. ***Follow up*** with written reviews and participation in work groups - **Be efficient** in communication and collaboration
5. ***Encourage*** and ***engage***!

Washington State Demographics



20% LEP --2010 Top 5 Spoken Languages

DSHS	State Courts	OSPI	2010 U.S. Census
DSHS	WA Courts	WA OSPI	Census
Spanish	Spanish	Spanish	Spanish
Vietnamese	Russian	Russian	Vietnamese
Russian	Vietnamese	Vietnamese	Korean
Chinese	Korean	Chinese	Tagalog
Korean	Samoan	Somali	Russian

Reyes Consent Decree

- Negotiated in 1991 after a complaint filed with OCR of HHS
- Followed unsuccessful implementation of 1983 Settlement agreement and 1987 Amendment – Requires DSHS to:
  - Identify all LEP clients (100+ languages)
  - Translate all notices to LEP recipients of cash, food and medical benefits
  - Generate new notices simultaneously in 7 most common languages
  - Provide interpreters for agency visits and medical visits
  - Develop certification of bilingual staff and interpreters
- http://www.wascla.org/library/item.465991

Well-established Agency LEP Service Systems

- Department of Social and Health Services LEP Systems
  - Services described in Washington Administrative Code
  - Policy Directives
  - Early monitoring for compliance
  - Communication between LEP Policy Coordinators
  - Prior experience with change in systems delivery such as call-centers and sub-contracting
  - Established system for language translation
    - Regular and on-demand

    http://www.dshs.wa.gov/manuals/eaz/sections/LEP.shtml

Washington State Coalition for Language Access (WASCLA)

- *Coalition* started in 2005
- Department of Justice sponsored summit to address barriers for victims/survivors of domestic violence
- Participants from *legal services; courts; state, federal and local agencies; interpreter and translator organizations; advocacy groups*
- **Mission:** To ensure the provision and delivery of effective legal, medical, social services to Limited English Proficient (LEP) residents in Washington State through the collaborative efforts of interpreters, translators, and service providers.

WASCLA provides a Network

- Monthly conference calls with updates on legislative, advocacy, and services
- Website
- Interpreter/translator directory
- Workgroups in health, courts, education, etc.
- Annual conferences and training
- New 501(c) status

Washington State Inter-Agency Work Group

- State level workgroup
- Established in 2010
- “A forum for state agency representatives to exchange knowledge, resources, and best practices toward the goal of ensuring meaningful language access to state services”
- Governor’s Interagency Council on Health Disparities awarded a federal grant to support ongoing conference calls and trainings for the LEP workgroup

Participants from WA State Agencies

- Health Care Authority
- Dept. of Fish and Wildlife
- Office of Superintendent of Public Instruction
- Office of the Attorney General
- Dept. of Revenue
- Administrative Office of the Courts
- Dept. of Commerce
- Commission on Asian Pacific American Affairs
- Dept. of Ecology
- Washington State Patrol
- Board of Industrial Insurance Appeals
- Dept. of Social and Health Services
- Human Rights Commission
- Office of the Insurance Commissioner
- Dept. of Licensing
- Office of the Education Ombudsman
- Dept. of Transportation
- Employment Security Dept.
- Dept. of Labor and Industries
- Commission on Hispanic Affairs
- Dept. of Corrections
- Social Security Administration
- Seattle Housing Authority
- Washington State Board of Health

Advocating for Language Access Services in Health Care Reform

- Joana Ramos, MSW
- Chair, Healthcare Committee
- Washington State Coalition for Language Access

- March 20, 2013

Why Advocacy is Needed: Case Example from WA State

- Creation of new entities--such as WA Health Benefit Exchange (HBE)— and new processes & procedures has offered equity advocates new opportunities to be heard.
- Transparent decision-making required for many ACA processes because of notice-and-comment and public disclosure laws.
- Building language access into the entity requires special knowledge base & new collaborations.
- Need to address time pressures on process: product

Washington Advocacy Timeline

- Summer 2012, stakeholders requested and received opportunity to advise agencies on applications, forms & notices for HBE & Medicaid Expansion
  - For each phase, we asked about translations, offered best practices
  - This work is ongoing as the state refines its plans in this area
- November 2012, learned HBE plan limited to translation of website into Spanish only
  - Advocates concerned that this overlooked state-level data: 210% increase in LEP pop. in past 10 years > 500K , 48% of whom are Spanish-speakers; wide regional differences even for WA's 8 threshold languages
  - Given this and similar concerns, WASCLA Healthcare Committee dedicating current workplan to ensuring language access in ACA implementation

Taking Action in Your State

- Research & education phase
  - Educate yourself on existing laws and and ACA basics
  - Learn your state's implementation plan
  - Identify key contacts
  - Collect data on issues, demographics
- Building your advocacy network
  - Seek natural allies , existing coalitions
  - Consult with experts in other states, nationally
  - Offer education on language access issues & best practices
- Planning & implementation
  - Objectives and timeline
  - Identify barriers , challenges

WASCLA at Work

- Dec. 2012: Mobilized quickly to develop issue brief: *Language Access in Washington Under the Patient Protection & Affordable Care Act*. (available at www.wascla.org)
  - Partnered with legal advocates to understand new ACA standards
  - Circulated broadly through coalitions
- Jan. 2013: Preliminary response from HBE staff. Issued *Health Equity and Language Access Position Paper* to outline remaining recommendations.
- Feb. 2013:
  - Commented on Proposed Navigator Plan – RFP forthcoming.
  - Invited to meet and answer questions from HBE staff - shared resources, linked to existing Interagency LEP workgroup
- Ongoing involvement & monitoring

Current Status

- Progress to date:
  - Ongoing discussion of needs of multilingual LEP consumers
  - Translation specialist position recruitment for HBE (12/12)
  - Acknowledgement of taglines & translations needed for website
  - Health Equity TAC & Outreach Workgroup established in HBE (2/13)
  - HBE invited to present at WASCLA Summit, May 2013
- Ongoing advocacy:
  - Language Access Plan for HBE and all components
  - Consumer notices of language access & nondiscrimination rights
  - Monitor language access in Call Center , Navigator/Assister Program
  - Monitor translation of correspondence
  - LEP consumer inclusion in field testing
  - Cultural competence on immigration/citizenship issues

You Can Do It!

- Don't be afraid: advocacy is a learned skill and help is available at local and national level on
  - Legal & policy issues
  - Context & details of ACA implementation
  - Political process
  - Civic engagement
  - Communications
- Advocacy networks are the key for
  - Sharing of expertise & resources
  - Strategies
  - Mutual support

Coalition Building Tips

- Build on common cause with existing groups and coalitions, including
  - Healthcare reform and public health
  - Immigrant advocacy
  - Healthcare providers
  - Racial & social justice
  - Faith-based
  - Population specific (children, seniors, women)
  - Civic, labor, business groups, etc.

For more information

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WASCLA
Washington State Coalition for Language Access

Q&A with panelists

Mara Youdelman,
National Health Law Program, Washington, DC

Jackie Vimo,
New York Immigration Coalition, New York

Doreena Wong,
Asian and Pacific Islander American Legal Center, California

Gillian Dutton,
Seattle University School of Law, Washington State

Joana Ramos,
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Ann Bagchi,
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