



Health reform presents fresh opportunity to reduce disparities and improve health and health care for Utah's minority communities...

DISCUSSION DRAFT for MHN COMMITTEES: Updated November 17, 2009

Health Equity Priorities for the 2010 Session of the Utah Legislature

BACKGROUND

Utah is the 4th most rapidly diversifying state in the nation. For example, between 2000 and 2004, 41% of Utah's population increase consisted of minorities. Yet, health access disparities may be more pronounced in states like Utah, and this may be because health delivery systems have been designed to serve the state's *historically* homogeneous populations. In states with less relative diversity and less market demand for culturally appropriate care, it may be more important to address disparities. These funding and policy priorities are designed to maximize opportunities within reforms and beyond to reduce disparities and improve the health of Utah ethnic minorities.

FUNDING PRIORITIES

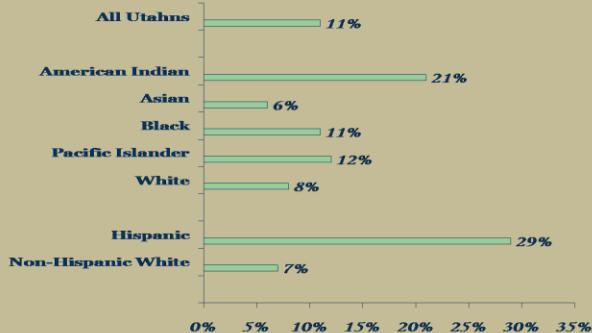
- Maintain funding for the **Center for Multicultural Health**, the sole state asset that works directly to reduce disparities in Utah.
- **Medicaid and CHIP**: allocate funding for recession-related caseload growth (\$17 mil for FY2010; \$40 mil for FY2011) and timely access to care (provider rates) and all medically necessary services (restore 'optional' services).
- **Workforce Financial Assistance Program (\$457,000)**: restore this eminently effective loan repayment program to 2008 levels in order to improve the supply of primary care providers in medically underserved areas and to create economic opportunity for Utah minorities.
- **Community-Based Self Sufficiency Mini-Grants (\$175,000)**: restore funding eliminated in the 2008 Session. Community-based organizations will use the minigrants to: 1) maximize participation in private market insurance and public programs and 2) teach families how to make appropriate and effective use of health care benefits.
- **Tobacco Funding**: restore these to 2008 levels (\$ amount TBD) while preserving specific funding for ethnic organizations.

PRIORITIES FOR LEGISLATION

- **SBXX Legal Permanent Resident Children's Health Care** (Sen. Robles): implements the state option to lift the 5-year waiting period on Medicaid/CHIP eligibility for legal permanent resident children.
- **HBXXX Medical Interpreting Improvement Act** (Rep. Chavez-Houck). Requires providers to receive cultural competency training as part of re-certification.
- **SBXXX Tobacco Tax** (Sen. A. Christensen). Proceeds should be dedicated to health-related programs targeting low-income and ethnic minority communities, including Medicaid.
- **SBXXX Socio-Economic Determinants (SED) of Health Impact Statements (Sen. Robles)**. Policymakers can call for an analysis of the impact of a new or revised program or funding request on SED.

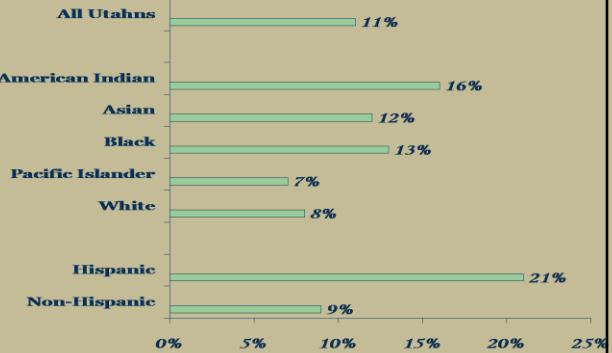
Health Disparities: A Look at the Data

Lacking Health Insurance Coverage



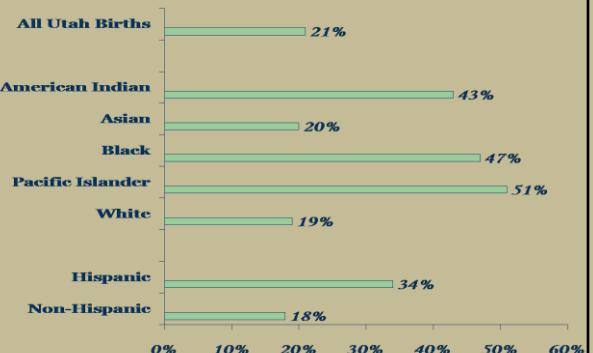
Source: Utah Healthcare Access Survey, 2006-2007

No Usual Place of Medical Care



Source: Utah Healthcare Access Survey, 2006-2007

Lacking Early Prenatal Care



Source: Utah Birth Certificates Database, 2007