



March 22, 2012

[via E-MAIL and HAND DELIVERY]

Peter Lee, Executive Director
California Health Benefit Exchange
2535 Capitol Oaks Drive, Suite 120
Sacramento, CA 95833

Re: Comments on California Health Benefit Exchange's Outreach & Enrollment Strategies

Dear Mr. Lee,

The undersigned stakeholders would like to take this opportunity to welcome the California Health Benefit Exchange (HBEX) to the Central Valley and to help inform the Board as it discusses the HBEX's strategies for "Outreach and Enrollment." As organizations that utilize consumer-focused delivery models to serve a diverse and oftentimes overlooked community, we offer our insights and local expertise as the HBEX moves forward with creating an Exchange that is a "consumer-friendly experience...accessible to all Californians, recognizing the [state's] diverse cultural, language, economic, educational and health status needs."

At first glance, Asian Americans have relatively low levels of uninsurance. However, a closer look within the Asian American community reveals significant disparities among the many Asian ethnic groups. Southeast Asian refugees constitute the largest group of refugees in the United States¹. Today, California is home to the largest Southeast Asian American² (SEAA) population in the nation, with a population of over 900,000 concentrated in communities throughout the state³. Specifically, one in five Southeast Asian Americans (SEAA) is uninsured⁴ and a higher percentage of SEAs utilizes public health coverage than any other racial or ethnic group⁵. As such, SEAs represent a significant portion of individuals who are eligible for Medi-Cal, Healthy Families, and ultimately the HBEX.

Despite this large proportion of eligible individuals, enrollment in existing public health coverage continues to be a challenge as SEAs face significant culturally and linguistic barriers. These challenges are likely to worsen if implementation of the Affordable Care Act and the HBEX occur without input from community stakeholders and the community organizations that provide front-line services and support.

¹ Office of Refugee Resettlement. Report to Congress - FY 2008. Washington: Department of Health and Human Services, 2011.

² Cambodian, Hmong, Laotian, and Vietnamese Americans

³ U.S. Census Bureau. n.d. 2008-2010 American Community Survey.

⁴ Kaiser Family Foundation. 2008. "Race, ethnicity & health care: Health coverage and access to care among Asian Americans, Native Hawaiians and Pacific Islanders." Kaiser Family Foundation and Asian & Pacific Islander American Health Forum. Fact sheet,

⁵ U.S. Census Bureau. n.d. 2008-2010 American Community Survey.

Thus, we would like to highlight the following key issues for the California HBEX's Enrollment and Outreach plans:

- **Partnerships with Existing Community Based Organizations (CBOs).** To maximize the effectiveness of the HBEX and achieve high levels of enrollment, the HBEX must receive input from, invest in, and fully integrate community based organizations that have the longstanding trust of community members. Our organizations are rooted in evidence-based and consumer-focused practices that help community members overcome significant cultural and linguistic barriers. Thus, any enrollment and outreach plan developed by the HBEX ought to explicitly include investments in CBOs that provide direct services to hard-to-reach community members.
- **Culturally and Linguistically Skilled Navigators.** Here in Fresno County, 42.6% of the population speaks a language other than English—including over 23,000 Asian Americans who “speak English less than very well.”⁶ Unfortunately, one in five individuals in the Central Valley lives below the federal poverty level and many do not have internet access. Simply creating a navigator system with insurance brokers is not sufficient in enrolling hard to reach populations. We strongly urge the HBEX to establish a Navigator/Assister system that invests in developing navigators who are part of their community.

The undersigned community based organizations can provide a variety of perspectives on service delivery models, local consumer needs, and strategies to achieve maximum enrollment and retention. We are committed to serving as a resource and partner for the HBEX to assure meaningful improvements in local access to quality health and wellness services. If you have any questions, please do not hesitate to contact SEARAC's California Policy and Programs Manager at jonathan@searac.org.

Thank you for your time and consideration.

Signed,

Jonathan Tran, California Policy & Programs Manager
Southeast Asia Resource Action Center
Sacramento, CA

Susan Vang, Collaboration Coordinator
Hmong Health Collaborative
Fresno, CA

Lue Yang, Executive Director
Fresno Center for New Americans
Fresno, CA

Dr. Sharon Stanley, Executive Director
Fresno Interdenominational Refugee Ministries
Fresno, CA

Candice Medefine, Executive Director
Healthy House within a MATCH Coalition
Merced, CA

Ger Vang, Executive Director
Lao Family Community of Stockton, Inc.
Stockton, CA

Houa Vang, Executive Director
Merced Lao Family, Inc.
Merced, CA

⁶ Ibid.

Cc: Diana Dooley, California Health Benefit Exchange Board Chair
Kim Belshe, Exchange Board Member
Susan Kennedy, Exchange Board Member
Paul Fearer, Exchange Board Member
Dr. Robert Ross, Exchange Board Member