



Health Care Reform Principles: A Multicultural Approach

Since 1992, the California Pan-Ethnic Health Network (CPEHN) has responded to the need for a representative community-driven and community-responsive voice in health care reform efforts in California. CPEHN is a statewide network of multicultural health organizations working together to develop and advocate for a proactive multicultural health agenda that advances the health of California's diverse communities. Our mission is to improve access to health care and eliminate health disparities by advancing public policies and advocating for sufficient resources to address the health needs of communities of color. Through a collaborative process with its partners in the African American, Asian and Pacific Islander, Latino and Latina, and Native American communities, CPEHN monitors, analyzes, and informs health care policies and legislation affecting minority populations.

The guiding principles, outlined in this paper, represent the core areas of agreement among our multicultural partners and since 1992 have been used to evaluate various reform proposals. It is our commitment as a multicultural coalition to promote the inclusion of each principle in any reform measure in order to ensure that the needs of California's communities of color are met. We realize that incremental measures may be necessary to facilitate systemic reform. Such measures are supported if they move toward achieving the principles articulated below.

PREAMBLE

The crisis mounting within this nation's health care system has striking ramifications for people of color. Disproportionately represented in the ranks of the uninsured and medically under-served, people of color are too often without a voice in current debates regarding reform of the health care system. Good health is the product of educational, occupational, economic, social, environmental, physical and spiritual well-being. Since socioeconomic inequalities are reflected in the significant health status differentials experienced by people of color, access to health care must be viewed as an issue of social justice and equality. Reform must address the socioeconomic conditions experienced by people of color.

Systemic reform requires that people of color be involved at each stage of reform, including planning, implementation, evaluation, and governance. Appropriate representatives should be drawn from all sectors of the community, including housing, education, labor, consumer groups, health professionals, community-based organizations, business, and government. Respect for, and proper attention to, intra-group distinctions and inter-group differences among people of color are paramount, given the rich diversity of needs, views, and experiences within these communities.

Comprehensive health care system reform should adopt a community-based, consumer-oriented, culturally relevant model of health care. The public health system, which includes counties and community-based organizations, has historically provided a network of care for millions of California's people of color, and must be an integral part of any health care system.

Culture, language, and class characteristics are key considerations for effective health care delivery in our multi-lingual, multi-cultural society. Furthermore, there must be explicit recognition that racism, both

individual and institutional, compromises the health status of people of color. Communities of color recognize the need to unite to ensure that health care system reform addresses the needs of **all** communities.

PRINCIPLES

1. Health Care is a Human Right

Reform of the health care system must provide universal access and ensure a single standard of health care, regardless of ethnicity, residency, citizenship, or employment status, including care for persons without an established residence.

2. Individual and Institutional Racism Must Be Eliminated from the Health Care System

Reform must identify and eliminate patterns of individual and institutional racism, sexism, and homophobia, which perpetuate a health care system where people of color are chronically underserved and suffer from significant differentials in health status. As a result of these patterns of discrimination, including divisive race politics, people of color are deprived of material resources, occupational and economic opportunities, and access to health care and education. These oppressive patterns must be replaced with culturally equitable systems.

3. The Health Care Delivery System Must Have Language Access at All Points of Contact

Health care services must be culturally and linguistically accessible to all populations at all points of contact. Reform requires a comprehensive approach to effective communication, which includes, but is not limited to, the increased availability of bilingual and multilingual health care workers, and services for those with special literacy needs. Cultural and linguistic access requirements should be incorporated into accreditation and certification standards for health care facilities and providers.

4. Health Care Systems Must Include Representative Governance

Governance of the reformed health care system must include representation from all communities of color. Appropriate representatives are people who understand and are sensitive to the barriers people of color face in gaining access to health care. Representatives should be drawn from all sectors of the community, including, but not limited to, labor, housing, government, education, business, social services, consumer groups, community-based organizations, health care professionals, policy makers, administrators, and academicians.

5. Cultural Competency Must Be Required at All Levels of the Health Care System

Culturally specific models of care, which incorporate indigenous methods of healing and recognize spirituality, must be preserved and encouraged as valid and accepted parts of the health care system. Culturally related criteria must be utilized to evaluate the competency of the health care system and its providers.

6. Cost Containment is Necessary for Any Systemic Reform

Cost containment, a necessary feature of health care reform, must not present barriers to health care access for people of color. Effective and efficient health care requires that culturally related criteria be used to assess the quality and appropriate utilization of services.

7. Health Care Must Provide Comprehensive Benefits With a Broad Approach to Services

Comprehensive care must be provided for everyone, including children, the aged, and disabled, chronically ill, or homeless persons. The basic level of services should provide health promotion and preventive services, and primary care for each individual. Health must be viewed in a broader socioeconomic context that addresses how a community's health status is affected by poverty, unemployment, discrimination, housing, and education, among other factors. The health care system and its providers must recognize the limitations of the medical model and move toward a broader approach to services, emphasizing the need for change in social policy.

8. Health Care Financing Must Be Progressive

Reform should spread the burden of financing health care coverage across all sectors of society based on the ability to pay.

9. The Health Care System Must Include Mechanisms for Community Accountability

The health care system must include mechanisms to assess consumer and provider satisfaction and address concerns about the effectiveness of health care delivery within the community served. These mechanisms must include consumer satisfaction surveys, community-based needs assessment, and measures of quality of care, with a view towards improving health outcomes for people of color.

10. The Role of People of Color Must Be Ensured at All Levels of the Health Care System

People of color must be involved in all phases of strategic planning, regulation, evaluation, and delivery of health care, including representation in policy-making and management positions. The health care system must work with the educational system to increase the number of health care professionals from the various communities of color.

11. Community Models of Care Must Be Preserved and Promoted as Integral to the Health Care System

Community clinics, including migrant, rural and urban clinics, Indian Health Services, tribal/urban operated facilities, and public health entities must be protected, promoted, and recognized as an integral part of the health care system. There must be development of community-based, ethnic-specific health care systems, such as fee-for-service and managed care systems, staffed and run by persons representative of the communities they serve.

12. Research of Culturally Relevant Issues and Ethnic Specific Medical Conditions must be Integral to the Health Care Reform

Resources must be allocated for conducting culturally relevant research, including studies of the health status differentials between, as well as within, ethnic and racial groups. People of color must be involved at all levels of research design, development, implementation, and evaluation.

13. Consumer Rights, Responsibilities, and Knowledge of the Health Care System Must be Ensured

Consumers can only assume responsibility for their health when provided with the necessary knowledge to make informed decisions. Consumer rights, including the right to alternative care or refusal of care, and access to information, must be protected and promoted. The concept of consumer rights also incorporates respect for ethnic specific approaches to health care that must be promoted and ensured within the health care system.