

## **WHAT CAN ORGANIZATIONS AND INDIVIDUALS DO TO HELP ENSURE A HEALTHY CALIFORNIA UNDER FEDERAL HEALTH REFORM?**

- THE ACA OFFERS A VARIETY OF PROMISED FOR OUR COMMUNITY—BOTH IN TERMS OF ACCESS, COVERAGE AND PREVENTION.
- LATINOS SHOULD BE SPEAK WITH ONE VOICE (OR AS CLOSE AS WE CAN GET).
- LATINOS SHOULD BE ADVOCATING BOTH AT THE FEDERAL, STATE AND COUNTY LEVEL FOR:
  1. A “NO WRONG DOOR” APPROACH FOR ENROLLMENT FOR THE NEW CALIFORNIA BENEFIT EXCHANGE AND THROUGH MEDI-CAL IN A LINGUISTICALLY AND CULTURALLY SENSITIVE MANNER SO WE CAN ENROLL PERSONS QUICKLY AND EFFICIENTLY.
  2. THE ADVANCEMENT OF THE CONCEPT OF “HEALTH HOMES” SO THAT WHEN A PERSON IS SEEN BY A PRACTITIONER, THE QUESTIONS DON’T STOP AFTER A DIAGNOSIS BUT CONTINUE TO THE POTENTIAL ROOT CAUSE(S) OF THE DIAGNOSIS.
  3. A ROBUST SYSTEM OF CLINICAL SOCIAL WORKERS AND COMMUNITY HEALTH WORKERS THAT IDENTIFY AND WORK ON THE SOCIAL DETERMINANTS OF HEALTH
  4. ACCESS TO THE NEW DATA THAT WILL BE COLLECTED THROUGH THE ACA ON ETHNIC INDICATORS SO THAT WE CAN WORK ON CONTINUING HEALTH DISPARITIES.
  5. ENSURING THAT THE FUNDS FOR COMMUNITY CLINICS REMAIN IN THE FEDERAL BUDGET AS THIS EXPANDS ACCESS FOR OUR ENTIRE COMMUNITY AND NOT JUST THOSE THAT WILL BE COVERED THROUGH THE ACA.
  6. IDENTIFYING ACCESS POINTS FOR THOSE WHO REMAIN UNCOVERED BY THE ACA; PARTICULARLY THE UNDOCUMENTED WERE SPECIFICALLY EXCLUDED FROM COVERAGE UNDER THE ACA.
  7. MAKE SURE THAT THOSE ALREADY WITH COVERAGE KNOW TO INQUIRE ABOUT ANY FREE PREVENTIVE SERVICES NOW REQUIRED BY THE ACA.
  8. USING THE VARIOUS HEALTH PROFESSIONS OPPORTUNITIES IN THE ACA TO CONTINUE TO PUSH FOR EDUCATIONAL EQUITY IN THE HEALTH PROFESSIONS.
  9. DEMAND A SEAT AT THE TABLE AS OUR COUNTIES APPLY FOR “COMMUNITY TRANSFORMATION GRANTS” TO MAKE SURE THAT THEY HAVE IDENTIFIED THE ISSUES WE CARE ABOUT AND WANT TO FIX IN OUR COMMUNITIES THAT WILL CREATE A HEALTHIER LIVING ENVIRONMENT.