



MEMBER DEMOGRAPHICS AND SERVING OUR MEMBERS



*At Buckeye Health Plan, treating the whole person, not just their conditions, is central to delivering high-quality healthcare. Understanding who our members are, including their language and cultural needs, helps ensure care is **accessible, equitable and responsive**.*

Diversity of Our Members

Buckeye Health Plan members speak more than 49 languages. While nearly 92% of Ohio residents report speaking English at home (ACS 2023), Buckeye's membership is even more English dominant at 96%. Still, more than 12,000 members prefer a language other than English, representing important populations that require language access services.



Key Language Groups

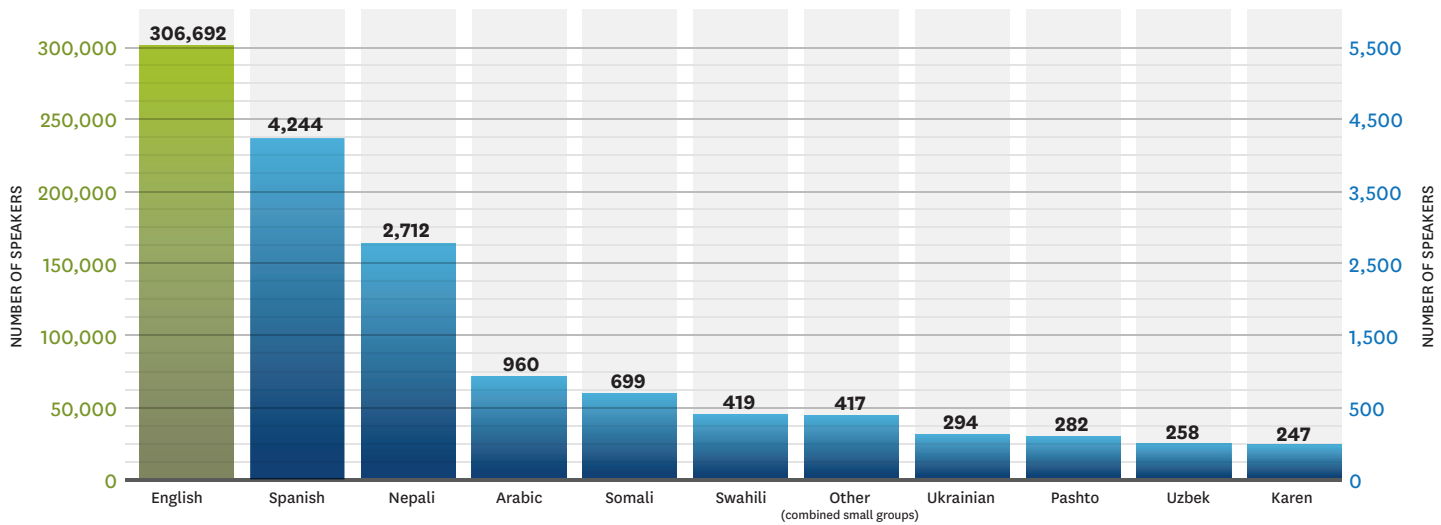
Spanish is the largest non-English language, spoken by **4,244 members (1.3%)**. Nepali is also significant, with **2,712 members (0.8%)**, which is higher than the Ohio average. Other important languages include Arabic, Somali, Swahili and Ukrainian, alongside emerging refugee and immigrant languages such as Pashto, Uzbek, Karen, Dari and Kinyarwanda. Smaller but meaningful groups include Russian, Farsi, Haitian Creole, Tigrinya, Amharic and Vietnamese.



Comparing Ohio Residents and Buckeye Members

Language	Ohio Residents (ACS 2023 est.)	Buckeye Medicaid Members (2025)
English only	91–92%	96.0% (306,692)
Spanish	2.5%	1.3% (4,244)
Chinese (Mandarin + Cantonese)	0.4%	<0.1% (not a threshold group)
Arabic	0.5%	0.3% (960)
Somali	0.2%	0.2% (699)
Nepali/Indic languages	0.2–0.3%	0.8% (2,712)
French	0.2%	0.1% (236)
Ukrainian/Russian	<0.1%	0.1%/0.1% (294/208)
Swahili/Kinyarwanda/ other African languages	<0.1% (growing)	0.1% each (Swahili 419, Kinyarwanda 216)

Buckeye Health Plan Medicaid Members by Language (2025)



Key Takeaways:

- English remains the predominant language for both Ohio residents and Buckeye members.
- Nepali/Indic languages are more prevalent among Buckeye members, reflecting refugee and immigrant resettlement patterns.
- Other languages such as Arabic, Somali, Swahili, Kinyarwanda and Ukrainian highlight emerging language needs in our membership.



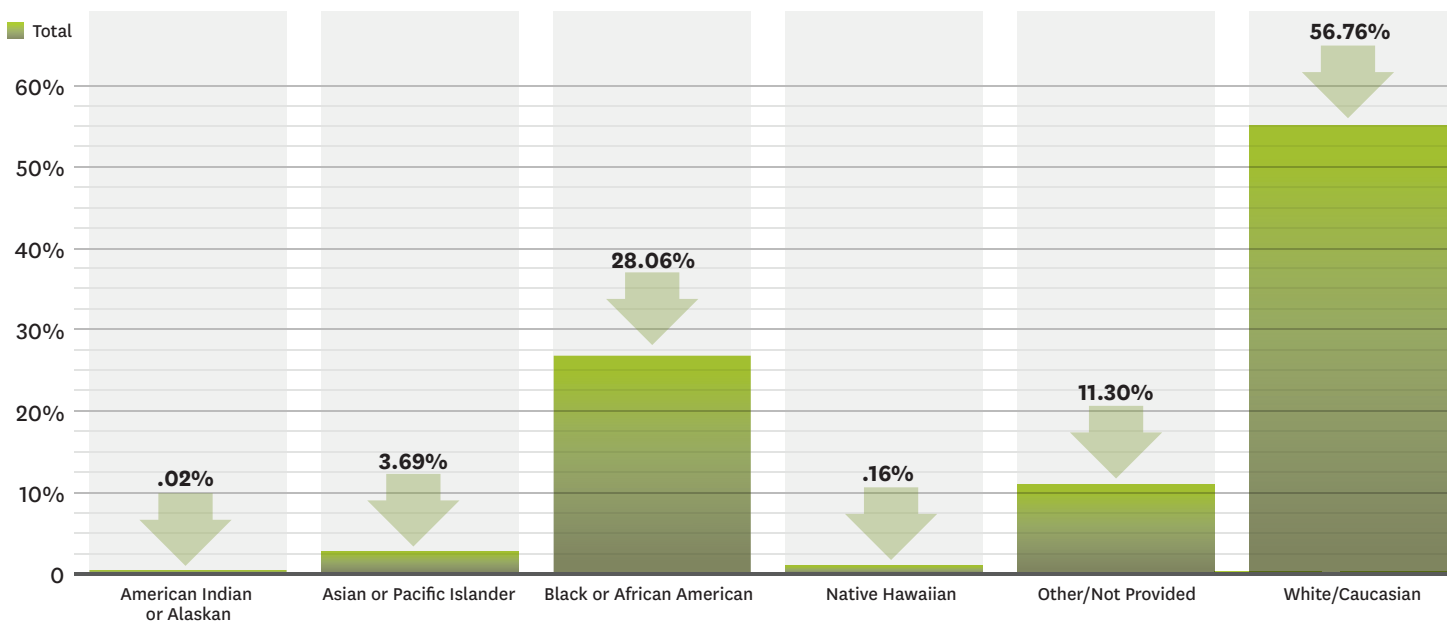
Member Race and Ethnicity

In 2025, Buckeye Health Plan Medicaid members reflect Ohio's racial and ethnic diversity:

- **White/Caucasian:** 185,050 (≈50%)
- **Black/African American:** 91,474 (≈25%)
- **Asian or Pacific Islander:** 12,045 (≈3%)
- **Native Hawaiian:** 535 (<1%)
- **American Indian/Alaskan Native:** 58 (<1%)
- **Other/Not Provided:** 36,853 (≈10%)



% of Race and Ethnicity by Total Medicaid Membership



Summary:

The membership demonstrates significant diversity, with members representing multiple racial and ethnic communities across Ohio. While the majority identify as White, sizable populations of Black or African American, Asian or Pacific Islander and other groups are also represented. The “Other/Not Provided” category reflects multi-racial identities or members who prefer not to report.

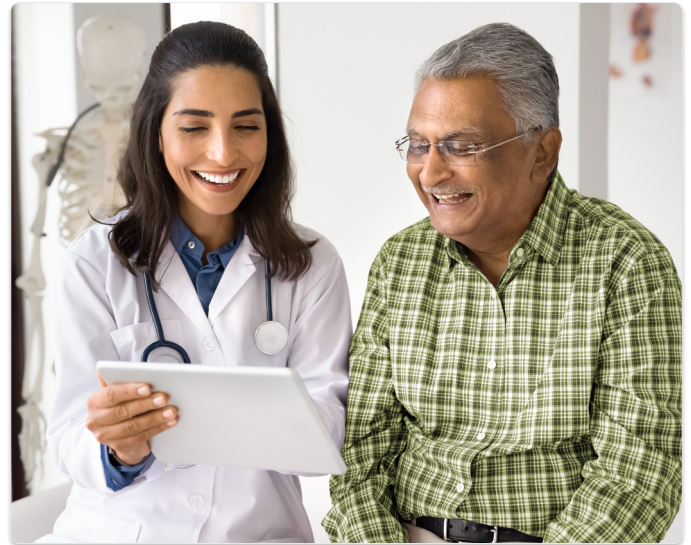
This diversity underscores the importance of **culturally responsive care**, **language access services** and **inclusive practices**. Understanding the racial, ethnic and language composition of our membership helps providers deliver care that is respectful, equitable and tailored to the unique needs of each member.

Supporting Member Access

Buckeye Health Plan provides **free language access services for providers, including:**

- **Interpreter services** at no cost for members.
- **Translated materials** in threshold languages.
- **Culturally responsive training** for providers and staff.

These services help ensure that every member can **communicate effectively** with their providers and receive care in their preferred language.



Working With Interpreters in Your Practice

To request an on-demand **telephonic interpreter**, call **1-866-246-4358** and provide the member's ID.

- If the member's language is unknown, visit our website, click **"Language Assistance"** in the footer and have the member point to their language.
- Use the **speakerphone** for efficient communication between the provider, member and interpreter.
- Bilingual staff may act as interpreters only if they are **qualified** and can interpret accurately both to and from English, including specialized terminology.



Documentation Requirements:

- Document the use of **family, friends or minors** as interpreters.
- If a patient declines an offered interpreter, this must also be **documented in the medical record**.

Interpreter Requirements for Providers:

- Bilingual staff acting as interpreters **must meet quality standards**, including proficiency assessment documentation.
- Patients **cannot be required** to bring their own interpreters.
- **Minors may not interpret**, except in emergencies without a qualified interpreter.
- An accompanying adult may interpret if the patient consents and it is appropriate.

