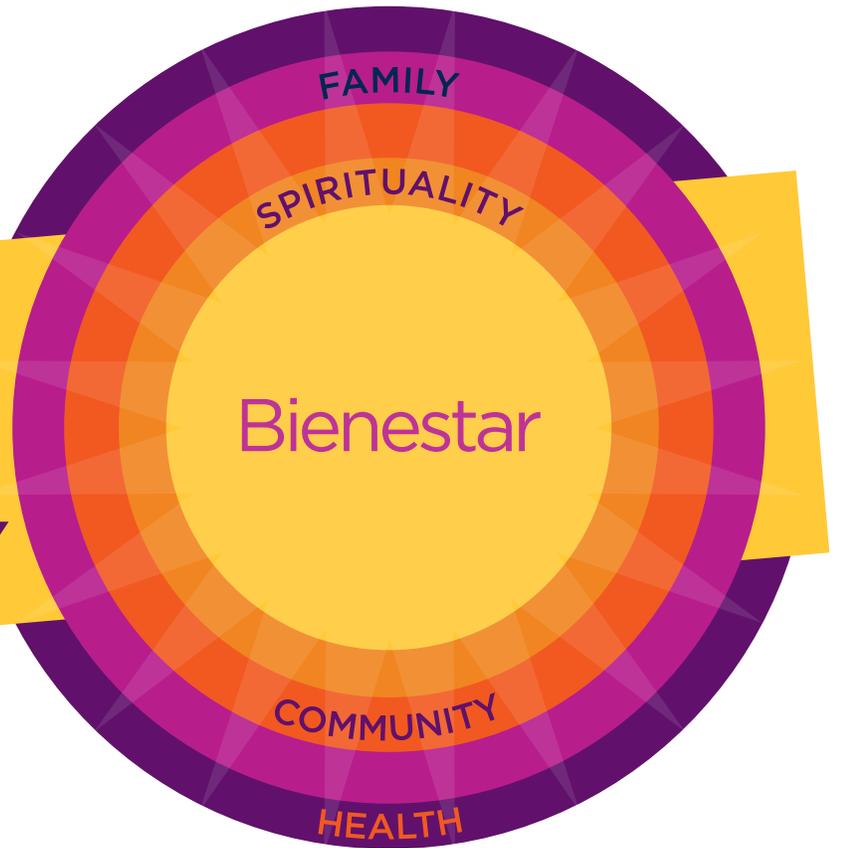


# AMERICA'S HISPANIC COMMUNITY

Improving health outcomes  
through engagement with  
health care professionals



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# Part 1: The context



A dramatic demographic shift is taking place across the United States. Hispanics — the largest “minority” in the United States — are now part of the American mainstream. U.S. census data indicates that about one in six Americans is Hispanic — roughly 50 million people — more than double the number in 1990, and more than the populations of Canada, Denmark, Iceland, and Norway combined. As a group, Hispanics account for 56 percent of all U.S. population growth. By 2025, Hispanics are expected to make up a quarter of the population.

## Hispanics are at the forefront of “the shift” toward America’s “new growth majority”

The graphic below puts the recent growth of the U.S. Hispanic population into perspective as compared to other minority groups:



## Additional considerations:

- One in four babies born each year in the United States is Hispanic.
- If Hispanics in the United States were a country, they would be the second-largest Spanish-speaking country in the world and, with \$1.5 trillion in buying power, the 15<sup>th</sup> largest consumer economy in the world.
- As consumers, Hispanics outspend non-Hispanics per capita on electronics, movies, clothing, health and beauty products, videos, CDs, and groceries.

These statistics underscore the critical importance of engaging Hispanic Americans. This is a *must* for growth-oriented firms in all industries, but especially in health care, where understanding Hispanic cultural characteristics and preferences is a prerequisite to better health outcomes.

Cigna is taking a lead role in this effort. As an organization striving to be more customer-centric, Cigna is implementing the strategic and organizational steps necessary to identify and address the health care needs of Hispanic Americans. For example, the company is refining its communications and educational resources to relate more effectively to Hispanics as health service consumers and as individuals. Cigna also is partnering with health advocacy and professional groups to help resolve health issues and concerns specific to the Hispanic community.

## Bienestar: The Hispanic concept of a state of deep well-being derived from the interrelationship between family, community, and good health.



### Helping Hispanic patients along the road to *bienestar*

The U.S. Hispanic population is hardly homogeneous; it displays as much racial and ethnic diversity as the general U.S. population. Yet despite the wide spectrum of cultural and national backgrounds, Hispanics tend to share an important core trait: *Their strong connections to family and community.*

In fact, for Hispanics, improving and maintaining health means attaining a sense of *bienestar* — a state of deep well-being derived from the interrelationship between family, community, spirituality, and good health. It's a concept of holistic wellness firmly rooted in many Hispanic cultures — a concept that has traveled north with them to their communities in the United States.



### What we know about Hispanic social attitudes and how they relate to health issues

In his book *The Inclusion Paradox: The Obama Era and the Transformation of Global Diversity*, Andrés T. Tapia makes the case that Hispanics tend to think in communal terms and identify themselves as part of *todo el mundo* (“all the world”), essentially meaning an extended family of relatives, friends, and fellow members of the community. In contrast with America’s traditional emphasis on individualism, most U.S. Hispanics are comfortable relying on *todo el mundo* for help and support on matters of personal importance, particularly health and health care.

Of special interest in cultural terms is the so-called Hispanic Paradox – a documented finding which suggests that Hispanics often have health outcomes and life expectancies comparable to, or even better than, those of their non-Hispanic white counterparts. This is especially striking because on average, Hispanics have lower incomes and less formal education. Lower socioeconomic status typically predicts poorer health and higher death rates almost everywhere in the world.

One can speculate that this phenomenon is at least partly due to the Hispanic cultural embrace of *bienestar* and the positive health outcomes it represents.

At the same time, we have to be careful not to generalize too broadly about Hispanic traits and habits. For example, Mexicans, Cubans, and Puerto Ricans share a common language but have separate histories and cultural backgrounds, as well as different approaches to health care and differing susceptibilities to various illnesses. This is in part why it's essential to avoid making assumptions about each group based on what we know about Hispanic culture in general.

**“To help our customers with their health and well-being, we must first embrace their individuality and understand their unique needs. Respecting the culture and experiences of the people we serve is a springboard for innovation and equips us to respond to seismic shifts in the marketplace.”**

*- David M. Cordani, President & CEO, Cigna*



## Health care disparities in the Hispanic community

Despite the advantages associated with *bienestar*, the Hispanic community contends with numerous health disparities compared to the non-Hispanic white population. For example, Hispanics tend to suffer more frequently and severely from a number of serious health conditions:

- Hispanic women contract cervical cancer at twice the rate of white women.
- 10 percent of Hispanics have been diagnosed with diabetes, compared to 6.6 percent of non-Hispanic whites. They're also twice as likely to die of the disease.
- Hispanics experience new HIV infections at more than twice the rate of whites.
- Puerto Ricans are twice as likely to suffer from asthma. About one in five Puerto Rican children have the disease.
- Obesity, a national problem, disproportionately affects U.S. Hispanic adults and children. About two in five Hispanic children are overweight or obese.

### **The disparity also extends to medical care:**

- Latinos undergo more diabetes-related amputations than non-Hispanic whites, indicative of delayed interventions.
- Physicians are less likely to detect depression in Hispanics, and Hispanics are 50 percent less likely to receive mental health treatment or counseling.
- Hispanic children are twice as likely not to receive all their medications. Of those taking meds, 19 percent reported taking smaller doses or skipping them entirely.
- Hispanics who self-identify as lesbian, gay, bisexual, or transgender are more reluctant to seek care — for HIV-related treatment and general medical issues — and to disclose relevant personal data once in care, based on a fear of discrimination or social stigma.

### **Hispanics also face serious health issues because of communication problems relating to language proficiency:**

- 70 percent of Hispanic physicians speak Spanish, but only four percent of white physicians speak Spanish.
- 33 percent of Hispanics report communication issues with their physicians, compared to 16 percent of whites.
- Hispanic patients are four times less likely to understand medicine labels when their physician does not speak Spanish.
- Obese Hispanic adults with limited proficiency in English are less likely than those that are English speaking to receive advice about the health benefits of exercise.
- Hispanic diabetes patients with limited English skills treated by physicians who don't speak Spanish are twice as likely to have poor control of their blood sugar as those whose physicians speak Spanish, even when interpreter services were available.
- Hispanic patients who are not proficient in English are 52 percent more likely than patients proficient in English to suffer adverse events resulting from communication errors.

**“Our culture, our country, and our companies are changing. We’re starting a new chapter in the American story, and now we have a chance to shift our thinking.”**

*– The Center for Hispanic Leadership*



### Uncovering the reasons for inferior health care among Hispanics

Because most U.S. Hispanics belong to both a racial and a linguistic minority, they face a particular disadvantage when it comes to health care. We know that when people are sick, they typically revert to their first language. As a result, they might not fully grasp the details of verbal instructions or ask their physician for clarification.

We also know that patients in the lower economic class, regardless of race, are more likely than affluent patients to receive substandard care. Because Latinos are overrepresented in the American underclass, the issue of inferior care based on socioeconomic status becomes especially relevant.

Numerous studies have even shown that Latinos receive inferior care compared to whites *within the same department of the same hospital*. This is a serious concern within our current health care system. It indicates that aside from the linguistic, economic, and cultural barriers to treatment, Hispanics may be facing biases of medical personnel. Not surprisingly, racial minorities indicate a lack of respect as one of their leading complaints about some health care professionals they have interacted with in the health care setting.

As you may be aware, any racial bias, including subtle or unconscious, contributes to a more expensive health care system for everyone. For example, the national epidemic of obesity, diabetes, and cardiovascular illness is depleting our nation’s financial resources. Racial and ethnic minorities suffer disproportionately from these costly diseases.

As the U.S. population grows more diverse, health care costs will spiral out of control unless we can remedy the disparities in illness and treatment across different ethnic groups. By doing so, we not only help marginalized groups attain parity with the white population, we also help heal our increasingly crippled health care system.



### Cigna initiatives to reduce health care disparities

Cigna launched its Health Equity Council in 2008 with a goal to reduce health care disparities. The Council is staffed by more than 200 employee-volunteers who facilitate the exchange of ideas, knowledge sharing, and identification of opportunities to address health care disparities in culturally sensitive and medically appropriate ways. In fact, the Council was recognized at the White House in August 2012 by the Obama Administration for efforts to reduce health care disparities.

A key part of the effort has been improving the cultural competency and linguistic sensitivity of Cigna employees. More than 20,000 employees have completed cultural competency training and all bilingual employees are tested for language proficiency.

Cigna has also collaborated with organizations such as the Robert Wood Johnson Foundation’s *Finding Answers* program and RAND Corporation to conduct health disparities research. The *Finding Answers* study showed that Cigna and other health service companies can offer resources that can be adapted as part of a public health strategy. This strategy includes efforts to improve patient engagement in their own health care and to help patients of diverse backgrounds manage their health conditions so they may obtain better health outcomes.

The serious health disparities faced by Hispanics are all the more difficult to resolve because *more than one in three Hispanic individuals are uninsured*. By comparison, only about one in eight whites lacks health insurance. Additionally, Hispanics are only half as likely as whites to have a regular physician or source for health care. This gap diminishes the quality of life for too many people, and needs to be narrowed.

# Part 2: The opportunity

The rapid growth of the U.S. Hispanic population presents both a challenge and an opportunity. By engaging with Hispanic patients to gain a deeper understanding of their needs and expectations, health care professionals will be ideally positioned to help improve their patients' health and well-being.



## The Patient Protection and Affordable Care Act: Impacts to Hispanics

Because so many Hispanics are likely to be uninsured, they may benefit from the Patient Protection and Affordable Care Act in a variety of ways.

### Data from the RAND Corporation suggests that because of the health care law:

- 5.4 million Hispanics who would otherwise be uninsured will gain coverage by 2016.
- 763,000 Hispanic young adults (ages 19 to 25) can be covered by their parents' health insurance.
- Over 6 million Hispanics will have access to preventive health services with no cost-sharing (e.g., deductibles and copayments).
- 3.9 million elderly and disabled Hispanics who receive health coverage from Medicare will have access to an expanded list of preventive services with no cost-sharing.

### Additional highlights of the law are that it will:

- Establish state-run health insurance exchanges through which individuals and small businesses can compare and purchase lower-cost health insurance plans. This will begin in 2014.
- Foster the introduction of less-expensive individual and voluntary-benefit health insurance programs, which is an appealing prospect for the 2.3 million self-employed Hispanics who would otherwise be unable to afford private insurance for their small-business employees. These policies also offer value to the millions of Hispanics who work on an hourly or part-time basis.

The rationale behind the health care reform changes under the Obama Administration was the recognition that our current system fails to guarantee equal access to health care and health insurance. Approximately 32 million uninsured people will soon

be able to obtain health coverage; however, is health coverage enough? Equal access means not only gaining entry into the system, but finding needed services and connecting with a health care professional who can inspire trust and communicate effectively with their diverse population of patients.

Even in the era of the Obama Administration, approximately 20 million residents of the United States — mostly undocumented immigrants — will not have access to health coverage. Yet the 1986 Emergency Medical Treatment and Labor Act entitles many of them to emergency care, regardless of their ability to pay. In the end, society bears the cost.



## The Patient Protection and Affordable Care Act: Fundamentals for health care professionals to consider

That's the context for the effort to improve the health of Hispanics in America. Whether you're a physician, nurse practitioner, or other health service professional, there are some key fundamentals for you to keep in mind when it comes to treating Hispanic patients:

- Some Hispanics may have a limited understanding of the U.S. health care system, which can be complex even when language is not an impediment, so they may need logistical help and support in navigating the process.
- Social and cultural factors should also be considered. For example, Hispanics tend to view health and wellness through a cultural prism that reflects a strong connection to family and community. Physicians who want their Hispanic patients to modify their behaviors and embrace a healthier lifestyle are encouraged to engage family and friends in the effort.
- Disease management and prevention are not core concepts for many Hispanics, Health care professionals are encouraged to make certain that Hispanic patients understand the benefit of regular preventive screenings.



## What you can do... today

The Cultural and Linguistic Work Group of the Industry Collaboration Effort for Health — a consortium of health plans and providers in which Cigna plays a prominent role — has made available a useful checklist that health care professionals may use to more effectively engage Hispanic patients. Several highlights of the group's recommendations are:

### **Build rapport with the patient.**

- Recognize that patients from diverse backgrounds have different communication needs.
- Explain the different roles of people who work in the office.
- Focus your attention on patients when addressing them.
- Learn basic words in your patient's primary language, like "hello" or "thank you".

### **Make sure patients know what you do.**

- Prepare a handout that explains office hours, how to contact the office when it is closed, and how the primary care physician arranges for care when referrals are required.
- Have instructions available in the common language(s) spoken by your patients.

### **Keep patients' expectations realistic.**

- Keep patients informed of delays or extended waiting times. If the wait is longer than 15 minutes, encourage the patient to make a list of questions for the physician, review health materials, or view waiting room videos.

### **Work to build patients' trust in you.**

- Be clear about your office procedures, for example, when patients can expect a call with lab results, how follow-up appointments are scheduled, and typical wait times.

### **Determine if the patient needs an interpreter for the visit.**

- Document the patient's preferred language in the patient chart.
- Have an interpreter access plan. An interpreter with a medical background is preferable to family or friends of the patient.
- Assess your bilingual staff for ability to serve as interpreters.

### **Give patients the information they need.**

- Make available topic-specific health education materials in languages that reflect your patient base.
- Offer handouts that explain the guidelines for immunization – for adults and children – preventive screenings, and culturally appropriate dietary recommendations for diabetes or weight loss.

### **Make sure patients know what to do.**

- Review all follow-up procedures with the patient before he or she leaves your office.
- Verify call back numbers, the locations for follow-up services such as labs, radiology, or screening tests, and whether or not a follow-up appointment is necessary.
- Develop pre-printed simple handouts of frequently-used instructions, and translate the handouts into the common language(s) spoken by your patient base.

Ultimately, it comes down to the basics for connecting with Hispanics as well as the general population:

- *Listen* to patients and customers
- *Understand* what they are saying
- *Help them* by developing accessible solutions for achieving their health goals
- *Make it easy* for them to benefit from the best possible health services our industry can provide

Cigna is committed to a strong and lasting partnership with health care professionals to improve the health and well-being of Hispanic Americans.



## For more information

You can find helpful information and resources on Cigna's Cultural Competency Training and Resources page, available on these Cigna web sites:

- Cigna.com > Health Care Professionals > Resources for Health Care Professionals > Health and Wellness Programs > Cultural Competency Training and Resources.
- CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Cultural Competency Training and Resources

### Sources:

- *NCLR 2009 Profiles of Hispanic Health: The Top Twelve Questions about Hispanics and Health Care*
- *How Health Care Reform Will Benefit Hispanic Americans. Center for American Progress*
- *Center for Disease Control and Prevention: Diabetes, National Diabetes Fact Sheet, 2007*
- *NHE Fact Sheet, Centers for Medicare and Medicaid Services website*
- *The good and bad of health-care job growth, The Washington Post online, January 6, 2012*
- *Health, United States, 2010, Centers for Disease Control website*
- *Annual Report: U.S. Cancer Death Rates Decline, but Disparities Remain, American Cancer Society website, June 17, 2011*
- *The Commonwealth Fund 2001 Health Care Quality Survey*
- *National Healthcare Disparities Reports 2010*
- *Language Barriers, Physician-Patient Language Concordance, and Glycemic Control Among Insured Hispanics with Diabetes: The Diabetes Study of Northern California. Journal of General Internal Medicine, 2011, Volume 26, Number 2*
- *The Cultural and Linguistic Work Group of the Industry Collaboration Effort for Health*

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