

## How your practice and patients may be affected

# HEALTH DISPARITIES



### Executive summary

Health disparities are avoidable and unfair differences in health status between segments of the population. Health disparities negatively affect groups of people who have experienced greater social or economic obstacles to health based on their race, ethnicity, education, literacy, income level, language, culture, age, sexual orientation, gender identity or expression, disability, or geographic location.

At the national or macro-level, health inequities account for an annual loss to the U.S. economy of roughly \$309 billion.

At a micro-level, health disparities rob individuals of good health and their sense of well-being and personal security. They deprive communities of human resources and money. They drive up costs, decrease productivity, and diminish the quality of life for everyone.

Many medical professionals are not yet aware of how health disparities impact the lives of their patients and the quality of the medical services they provide. That's where Cigna can help.

We are focused on eliminating health disparities and cultivating health equity among the customers we serve. To find out more about how we can work in partnership with you to influence and resolve health disparities in your medical practice and your community, please refer to the resources listed on page 6 in this document, such as **CultureVision** and **Better communication, better care: Tools to care for diverse populations**. These and other resources are also available on our **Cultural Competency Training and Resources** web page. If you'd like more information, we encourage you to contact your Cigna representative.

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*"If we hope to help all Americans achieve better health and well-being, it's critically important for health care professionals to be sensitive to health disparities, see each of their patients as a unique individual, and discover what barriers might be blocking that individual's path to better health."*

*- Alan M. Munez, MD, Chief Medical Officer, Cigna*

**GO YOU**<sup>®</sup>



## Cigna and the pursuit of health equity

Cigna is more than an “insurance company.” We are a *health service company* on a mission to help the people we serve improve their health, well-being, and sense of security.

We work closely with clients, your patients who are Cigna customers, and health advocates in the public and private sectors to eliminate the health disparities that continue to plague far too many people and populations. Our company is committed to cultivating a state of *health equity* in the marketplace – deploying strategic and operational resources to improve access to high-quality health care for people who, for a variety of reasons, aren’t yet fully engaged in managing their own health.

For Cigna, customer-centricity is the key. At a fundamental level, being “customer-centric” means seeing life through the eyes of the people who depend on us, identifying the problems they face as they attempt to navigate an increasingly complex health care system, and evolving workable, real-life solutions to those problems. The goal is to help every individual get the information they need to be healthy and *stay* healthy, and ultimately, enhance the quality of life at home, in the workplace, and in the community.

## What are health disparities?

As described in the Executive Summary, a health disparity is an avoidable and unfair difference in health status between segments of the population. Health disparities negatively affect groups of people who have experienced greater social or economic obstacles to health based on their race, ethnicity, education, literacy, income level, language, culture, age, sexual orientation, gender identity or expression, disability, or geographic location. Health disparities can lead to a state of health inequity that can have serious consequences at home, in the workplace, and in the community.

## Did you know?

- **African American women are more likely to die from breast cancer than white women, in part because the former have lower screening rates, and are diagnosed at later stages of the disease.<sup>1</sup>**
- **African American infants are almost four times as likely to die from complications related to low birth weight as white infants.<sup>2</sup>**
- **Adults aged 65 years and older represent the largest single group in the United States who have limited general literacy and health literacy skills.<sup>3</sup>**
- **Military members suffer higher rates of depression and anxiety than civilians.<sup>4</sup>**

## Why do health disparities exist?

Health disparities don’t happen in a vacuum; they arise for a variety of reasons. Many health disparities are related to social determinants of health, the conditions in which people are born, grow, live, work, and age. For example, poor health outcomes are more prevalent among groups with lower levels of health literacy and those that face language barriers. Such factors make it more difficult to understand and navigate the health care system and limit the ability to communicate effectively with health care professionals.

Culture can be a factor, too. Cultural beliefs about health and wellness among various ethnic groups can vary significantly from the conventional “mainstream” perspective. In some cultures, for example, people don’t seek “preventive care” because of a prevailing belief that destiny, fate, or a higher being determines if someone will become sick.

A general lack of access to quality care or nutritional foods, educational limitations, subpar living conditions, and simple bias in the medical profession toward specific groups and populations can also give rise to health disparities.

All of these factors – separately or in combination – pose obstacles to better health for people in populations commonly afflicted by health disparities. The good news is these obstacles are not insurmountable. Identifying and addressing the health differences and determinants in varying populations is an essential first step.

### Did you know?

- **Hispanics are less likely to receive or use medications for asthma, cardiovascular disease, HIV/AIDS, mental illness or pain, and prescription medications in general.**<sup>5</sup>
- **Low-income individuals have higher mortality rates than high-income individuals, even when health insurance is universally available.**<sup>6</sup>
- **Lesbian, gay, and bisexual young adults who experienced strong rejection from their families were six times more likely to report high levels of depression than their peers with supportive families.**<sup>7</sup>
- **People with disabilities get fewer health screenings and have more difficulty accessing health services than people without disabilities.**<sup>8</sup>

### Why do health disparities matter?

#### The growing diversity of the U.S. population

The United States is in the midst of a sweeping demographic transformation. Younger Americans are becoming ever more racially and ethnically diverse, while the more homogenous baby boomer population is now reaching retirement age. The U.S. Census Bureau projects that, in 2043, this country will be a “majority-minority” nation for the first time. While non-Hispanic whites will remain the largest single group, no group will make up a majority. In fact, the Census Bureau estimates that minorities – now 37 percent of the U.S. population – will constitute 57 percent of the population in 2060.

Despite improvements in U.S. health outcomes over the past decade, better health is still elusive for many minorities and subpopulations because of the lingering and pervasive impact of health disparities. Even when members of racial and ethnic groups have the same health insurance benefits and socioeconomic status, they often receive lower-quality health care than do their white counterparts due to health illiteracy and cross-cultural issues.

Today, one in three U.S. residents self-identifies as African American, Native American, Asian, Native Hawaiian/Pacific Islander, Hispanic/Latino or multiracial. As America becomes more diverse, addressing disparities in health status and outcomes becomes a critical – and clinical – imperative.<sup>9</sup>

#### Cost impact

Additionally, health disparities take a heavy toll on the U.S. economy. Federal data show the impact of health disparities, reflected in higher health care spending, lost productivity and premature death, amounts to approximately \$309 billion annually in direct and indirect costs.<sup>10</sup>

These macro-level costs also carry serious consequences for the affected individual. Recent reports from the federal government suggest that disparities in the delivery of health care services account for up to 30 percent of direct medical costs for African-Americans, Hispanic-Americans, and Asian-Americans. These are excess costs directly attributable to inequities in the system.<sup>11</sup>

#### Health outcomes

As the racial and ethnic composition of our nation changes – gradually and inexorably – the need for health care professionals to provide culturally sensitive and competent care has never been more pressing. As you may be aware, patients of diverse backgrounds benefit from personalized and culturally appropriate care. Health care professionals who make the good-faith effort to deliver such care will see the benefits in improved health outcomes for their patients at reduced cost.



The facts tell us that patients are more likely to accept help from health care professionals who are culturally sensitive. When a patient's cultural perspectives and circumstances are fully understood, and when the health care professional can communicate patient-specific treatment recommendations clearly and completely, health outcomes are more likely to improve.

The objective, of course, is to overcome cultural and social impediments to achieving better health – helping patients realize the value of wellness and prevention in averting serious health problems before they develop, or in treating them more appropriately, if they materialize.

### Did you know?

- **Members of racial and ethnic minorities, even among insured populations, are less likely to receive preventive health services than are members of the majority population.<sup>12</sup>**
- **Patients are 29 percent more likely to be hospitalized if they have limited health literacy skills.<sup>13</sup>**
- **People with diabetes living in metropolitan areas are more likely to receive the recommended health services than their non-metropolitan counterparts.<sup>14</sup>**

### Implications of PPACA

The implementation of the Patient Protection and Affordable Care Act (PPACA) has also changed the dynamic. The health care law places new emphasis on improving health while controlling costs through integrated, accountable care.

To help physicians achieve what the Centers for Medicare & Medicaid Services calls the “triple aim” – improving the experience of care, improving the health of populations, and reducing costs – Cigna has established a rapidly expanding network of collaborative accountable care arrangements that span the U.S. These programs engage tens of thousands of primary care physicians and specialists in the care of an ever-growing number of patients nationwide.

In the collaborative accountable care arrangement, Cigna and health care professionals work together to coordinate care for patients, taking steps to ensure that the patient receives the best possible treatment and follow-up care, efficiently and cost effectively.

Essentially, the new business paradigm is focused on quality of care – not on the sheer quantity of tests and procedures administered during the course of treatment. Medicare, for example, increasingly is mining for value (not volume) from every dollar it spends in physician and hospital reimbursements. Doctors who can provide patients with cost-effective, high-quality care – and who take steps necessary to help patients stay out of the hospital – stand to benefit from Medicare's new approach.



## Seeing life through your patient's eyes

Though formidable, the challenges arising from health care disparities in America can be addressed and confronted successfully.

In 2001, the Institute of Medicine published a report documenting racial health disparities in the United States. The report served to significantly increase awareness and resulted in several federal initiatives, including the National Standards for Culturally and Linguistically Appropriate Services (CLAS) that seek to ensure that every person receives health care services in a culturally and linguistically appropriate manner.

Health care professionals at every level – doctors, nurses, nurse practitioners, physician aides, and assistants – can use the CLAS standards to make their practices more culturally and linguistically accessible. The goal is to help every patient – regardless of their background or circumstance – reap the full benefit of culturally sensitive treatment.

There are several CLAS standards particularly appropriate for individual health care professionals as they work to implement CLAS within their practice or organization.<sup>15</sup> They are listed here, adapted for use in this paper, with some specific recommendations:

### Governance, leadership, and workforce

- Recruit, promote, and support a culturally and linguistically diverse workforce that is responsive to the population in the service area.
- Keep everyone in the organization informed and up to date on culturally and linguistically appropriate policies and practices.

### Communication and language assistance

- Offer language assistance at no cost to individuals who have limited English proficiency and or other communication needs to give them ready and timely access to all health care and related services.
- Inform all patients – clearly and in their preferred language, verbally and in writing – of the availability of language assistance services.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and or minors as interpreters could be problematic and should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

### Engagement, continuous improvement, and accountability

- Keep abreast of the organization's CLAS-related goals and policies; offer suggestions for improving them, and consider how to implement them during individual patient encounters.
- Stay informed about community resources that may be helpful in supporting patients as they work to manage their own care and health.
- Make the effort to collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes within your patient groups.

Using the CLAS standards as a guideline can help improve outcomes among people – your patients – who, because of any number of health disparities, might not typically have access to appropriate care.



# PARTNERING WITH HEALTH CARE PROFESSIONALS TO BE “BEST IN CLAS”

Cigna provides a broad spectrum of unique resources aimed at helping health care professionals deepen their cultural competency and better understand and address the health care needs of diverse patient populations.

**Go to either of these websites to learn more:**

**Cigna.com > Health Care Professionals > Resources for Health Care Professionals > Health & Wellness Programs > Cultural Competency Training and Resources**

**CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Cultural Competency Training and Resources**

**Here are just a few of the valuable resources:**

## **CultureVision™**

Use this comprehensive, user-friendly, online resource to gain insights and understanding of patient care for more than 50 cultural communities. Learn more about topics such as communication, etiquette, diet and nutrition, treatment protocol, ethnopharmacology, and family patterns.

## **Cultural Competency Assessment**

Examine your own level of cultural competency and increase your cultural awareness by taking a brief self-assessment. Appropriate for physicians, clinical staff, and office staff.

## **Patient Health Care Preferences Questionnaire**

Print and use this brief questionnaire – available in English and Spanish – to gather patient details that may indicate a need for cultural sensitivity when providing care. (Please note: Cigna will not be collecting this data.)

## **Tips on Working with a Language Interpreter**

Learn tips to help create an optimal experience with language interpreters and limited English proficiency patients.

## **America’s Hispanic Community: Improving health outcomes through engagement with health care professionals**

Read about the health care needs of the Hispanic and Latino population, and how to help them achieve better health outcomes and well-being.

## **Close the Cultural Divide – Webinar Replay**

Listen to this 30-minute session to learn steps in bridging the cultural divide between patients and health care professionals.

## **Better communication, better care: Tools to care for diverse populations**

Access this toolkit, created by the Industry Collaboration Effort (ICE), a consortium of health plans and health care professionals in which Cigna plays a prominent role. The toolkit is meant to help health care professionals and staff build rapport with patients, learn how to manage expectations, and screen for cultural needs of a diverse patient practice. It also gives you access to several layers of learning on how to enhance patient and health care communication to help improve health outcomes of your diverse patient population.

## WORKING WITH YOU TO IMPROVE HEALTH AND WELL-BEING

Cigna recently conducted a pilot study in the Mid-Atlantic region to determine what type of outreach could increase the number of colorectal cancer screenings among African-Americans, a population that has the lowest screening rate in the region. More African Americans develop and die from cancers than any other racial or ethnic group in the U.S.<sup>16</sup>

Cigna has undertaken an aggressive education campaign in the Southeast region to help combat hypertension – a condition that disproportionately affects African Americans. As part of the effort, Cigna encourages customers with hypertension to participate in wellness programs aimed specifically at helping people reduce and control blood pressure.

In a recent national survey, nearly one-third of Cigna’s network of participating physicians reported that their most challenging cultural-competency concern for their practice was meeting the needs of patients with cultural or religious beliefs that are not consistent with traditional Western medicine. In response, Cigna is providing **CultureVision** – a comprehensive, user-friendly, online resource to help medical professionals gain insights and understanding of patient care for more than 50 cultural communities.

## ENGAGING YOUR PATIENTS FOR BETTER HEALTH

The Cultural and Linguistic Work Group, a part of ICE, has offered this useful checklist health care professionals may use to more effectively engage a diverse patient population:

- Build rapport with your patients**
- Make sure patients know what you do**
- Keep patients’ expectations realistic**
- Work to build patients’ trust in you**
- Determine if the patient needs an interpreter for the visit**
- Give patients the information they need**
- Make sure patients know what to do**

As a health care professional committed to improving health and well-being for patients of all backgrounds and circumstances, it ultimately comes down to this: Listen to them; understand what they are saying; help them by developing accessible solutions for achieving their health goals; and make it easy for them to benefit from the best possible health services our industry can provide.



## Accolades

- The National Business Group on Health presented its **Award for Innovation in Reducing Health Care Disparities** to Cigna's Health Equity Council, citing the Council's work in "leveraging the ingenuity and diversity of its own employees to design innovative programs that engage its customers, health care professionals, and employers in enabling greater health care equality."
- Cigna was honored at the White House for its efforts to reduce health care disparities, earning the U.S. Surgeon General's **Medallion of Honor**, awarded in recognition of exceptional achievements that advance the cause of public health and medicine.

## CONCLUSION

### Cigna in action: Health disparity to health equity

Health disparities are all too pervasive and costly to our country and our economy. People suffer when they can't access necessary and appropriate health care.

Cigna has been actively engaged in the effort to address and eliminate disparities in health care and stands ready to partner with you to identify and resolve health disparity issues within your patient group and in your community. In fact, Cigna:

- Leads the health services industry as an advocate for health equity
- Uses evidence-based data to identify health disparities
- Collaborates with communities to improve health through far-reaching health improvement initiatives and intervention
- Supports cultural competency in our network of health care professionals

Striving for true health equity in the marketplace is what we do; it's a prime imperative for us as a global health service company. We're working every day to meet the highest standards of cultural competency within our own organization so that we can continue to improve the health and well-being of our increasingly diverse customer base.

To find out more about how Cigna can partner with you to influence and resolve health disparities in your medical practice and your community, please go to the resources referenced in this document. We also encourage you to contact your Cigna representative for more information.



# DATA SOURCES AND ENDNOTES

Data pertaining to the impact of health disparities in the U.S. have been adapted for this paper from:

1. American Cancer Society. *Breast cancer facts and figures*.
2. U.S. Department of Health and Human Services. *HIS Fact Sheets*.
3. Annals of Family Medicine. *Health Literacy and Disparities in Older Adults*.
4. Healthline. *Depression and Military Service*.
5. National Alliance for Hispanic Health. *Genes, culture, and medicines: Bridging gaps in treatment for Hispanic Americans*.
6. American Journal of Public Health. *Low-income employees' choices regarding employment benefits aimed at improving the socioeconomic determinants of health*.
7. National Center for Cultural Competence. *Helping Families Support Their LGBT Children*.
8. World Health Organization. *Disability and Health*.
9. CultureVision.
10. Joint Center for Political and Economic Studies. *The Economic Burden of Health Inequalities in the United States*.
11. Kaiser Family Foundation. *Focus on Health Care Disparities*.
12. Institute of Medicine. *Challenges and successes in reducing health disparities*.
13. Joint Commission. *Improving Health Literacy*.
14. Agency for Healthcare Research and Quality. *Priority Populations*.
15. Monica McCann, MA, MPH. *What Do the CLAS Standards Mean for Individual Providers?* Office of Minority Health and Health Disparities, Maryland Department of Health and Mental Hygiene. August 2013.
16. American Cancer Society. *Colorectal Cancer Facts and Figures 2011-2013*.



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