

# Cultural competency in health care

## Delivering quality care to an increasingly diverse population

### Overview

Health disparities are differences in health status between segments of the population due to greater social and/or economic barriers to health. Health disparities are prevalent and, as the U.S. population becomes increasingly diverse, they are likely to increase if not adequately addressed. One way to address them is through cultural competency. Cultural competency in health care is the ability to recognize and understand cultural distinctions, address unconscious/conscious bias, and adapt care delivery and services to meet individuals' unique social, cultural, and language needs. Cultural competency can increase patient engagement, utilization of preventive services, treatment adherence rates and overall health status. As the population becomes more diverse, it is a business and social justice imperative that health care providers, employers, and health plans recognize the need to deliver culturally competent care and services to improve health outcomes, lower the total cost of care, and improve patient satisfaction.

*"The U.S. population is increasingly diverse. Cultural competency is essential to deliver health care services that meet the needs of each individual and improves overall health."*  
- Christina Stasiuk, D.O., National Medical Director for Health Equity, Cigna

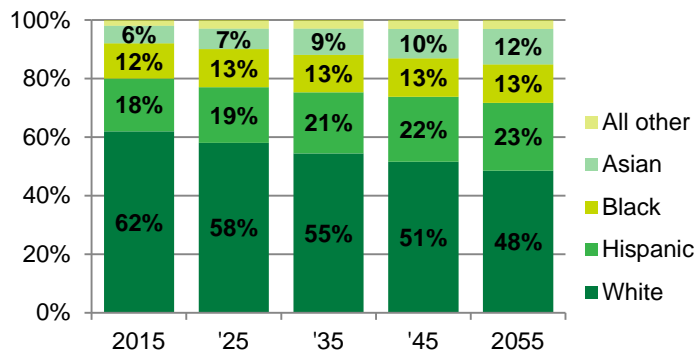
### Diversifying U.S. population

Racial and ethnic minorities currently make up about a third of the U.S. population, and are expected to become a majority by 2055. See figure 1.<sup>1</sup> Additionally:

- › *Hispanics* will continue to make up the largest portion of the minority population.<sup>2</sup>
- › The *Asian population* is expected to grow at the fastest rate between 2015 and 2055.<sup>3</sup>
- › The *foreign-born population* will increase at a higher rate than the native born population, accounting for approximately 20% of the U.S. population by 2060.<sup>4</sup>

As the U.S. becomes more diverse, it is likely that more individuals will have limited English proficiency or will not adhere to Western cultural norms, which may contribute to greater health disparities.

Figure 1. Projected U.S. population by race and Hispanic origin



### Health disparities

Multiple individual and systemic factors can limit access to care and impact disparities. Individual factors include:

- › Language barriers
- › Cultural beliefs and practices
- › Medical bias, conscious and unconscious, towards specific groups
- › Variations in care access and quality
- › Low health literacy
- › Social determinants, such as socioeconomic status, education, and/or physical environment
- › Individual characteristics such as age, race, ethnicity, sexual orientation, gender identity/expression, and disability status

Additionally, historical unethical medical practices that targeted minorities still contribute to lack of trust in the health care system. There are multiple historical instances of studies, medical trials, and procedures performed on minorities without informed consent.<sup>5</sup> This mistrust, further aggravated by the lack of diversity within the health care workforce, can reduce the likelihood that an individual will proactively seek care.

1. Pew Research Center population projections, "Modern Immigration Wave Brings 59 Million to US, Driving Population Growth and Change Through 2065," 2015.

2. Pew Research Center population projections, "Modern Immigration Wave Brings 59 Million to US, Driving Population Growth and Change Through 2065," 2015.

3. Pew Research Center population projections, "Modern Immigration Wave Brings 59 Million to US, Driving Population Growth and Change Through 2065," 2015.

4. Colby, Sandra L., Ortman, Jennifer M., Current Population Reports, United States Census Bureau, "Projections of the Size and Composition of the U.S. Population: 2014 to 2060," March 2015.

5. For example: CDC: The Tuskegee Timeline, updated 19 February 2016; U.S. National Library of Medicine, National Institutes of Health, *Health & Human Services*, "Native Peoples' Concepts of Health and Illness: Native Voices Timeline"; Cepko, Roberta, *Berkeley Journal of Gender, Law & Justice*, "Involuntary Sterilization of Mentally Disabled Women," September 2013.

## Impact on cost, quality, and access

Health disparities directly and indirectly cost the U.S. economy \$309 billion annually.<sup>6</sup> It is estimated that approximately 30% of direct medical costs for Blacks, Hispanics, and Asians are unnecessary costs resulting from health disparities, and indirect costs include lost work productivity and premature death.<sup>7</sup> Some examples of current health disparities experienced by minority populations that impact health outcomes include:

- › *Adults with disabilities* are more likely to be obese, smoke, have high blood pressure, and be inactive than adults without disabilities. They are also three times more likely to have heart disease, stroke, diabetes, or cancer.<sup>9</sup>
- › *Bisexual adults* are almost twice as likely to fail to obtain needed medical care due to costs compared to straight adults.<sup>10</sup>
- › *Non-Hispanic black infants* are significantly more likely than non-Hispanic white and Hispanic infants to be born pre-term and/or at a low birth weight, the two leading causes of mortality among black infants.<sup>11</sup>
- › *Less educated, low-income, and minority* populations are less likely to have health coverage, negatively impacting their ability to access and afford care.<sup>12</sup>

### Health disparities in accessing medicine<sup>8</sup>

While there is little variation across populations in face-to-face time spent with physicians, considerable differences exist in time spent traveling to and waiting to receive care.

	<u>Clinic time</u> (waiting for/obtaining care)	<u>Travel time</u>
non-Hispanic whites:	80 minutes	36 minutes
non-Hispanic blacks:	99 minutes	45 minutes
Hispanics:	105 minutes	45 minutes
Unemployed:	94 minutes	41 minutes
Highest hourly income:	72 minutes	34 minutes

## Market trends exacerbating health disparities

The health care market is changing rapidly, and there is potential that certain trends will have a more adverse effect on minority populations. These trends include:

- › **Rising health care costs** that impact individuals' ability to afford care, particularly those who are uninsured or underinsured. The Affordable Care Act (ACA) and Medicaid expansion decreased uninsured rates, however coverage disparities remain.<sup>13</sup>
- › **Localized physician shortages.** The physician workforce is unevenly distributed across the U.S. largely affecting rural and low-income households. These localized shortages are further exacerbated if physicians have limited or closed patient panels or lack cultural competency skills.

## Regulatory efforts to reduce disparities

In an effort to reduce disparities, the U.S. government has implemented various initiatives, including:

- › An ACA provision (effective October 2016) prohibiting discrimination based on sex or gender identity and requiring assistance services for individuals with limited English proficiency or with disabilities.<sup>14\*</sup>
- › The 2011 Department of Health and Human Services (HHS) Disparities Action Plan, which builds on the ACA and is used to assess the impact of policies and programs on health disparities.<sup>15</sup>
- › The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS standards), which provide a framework to support health care organizations' efforts to deliver culturally and linguistically appropriate health care.<sup>16</sup>

## Opportunities to address health disparities through cultural competency

Reducing health disparities is a business and social imperative. Minority populations will likely become an increasing share of providers' patient panels, employers' workforces, and health plans' customers, requiring that all stakeholders seek ways to promote health equity to improve health and access, reduce costs, and improve experience. Moreover, as the health care industry transitions to a provider payment system that rewards providers for the quality and efficiency of services (i.e., fee-for-value) instead of the volume of services, addressing health disparities has the ability to improve health outcomes and efficiency, thereby increasing provider reimbursement. There are several opportunities for providers, employers, and health plans to address disparities by increasing cultural competency to more effectively engage and communicate with consumers and meet their health needs. There are also opportunities to reduce disparities through emerging delivery models by addressing the needs of minority populations.

6. Henry J. Kaiser Family Foundation, "Focus on Health Care Disparities," December 2012.

7. Artiga, Samantha, *The Henry J. Kaiser Family Foundation*, "Disparities in Health Care and Health Care: Five Key Questions and Answers," 12 August 2016.

8. JAMA Internal Medicine, "Disparities in Time Spent Seeking Medical Care in the United States," 5 October 2015.

9. Centers for Disease Control and Prevention: 35 million adults in the US living with a disability, 30 July 2015.

10. Ward, Brian W. et al., *National Health Statistics Report* "Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013," 15 July 2014.

11. March of Dimes, "Racial and Ethnic Disparities in Birth Outcomes," 27 February 2015.

12. Barnett, Jessica C., Vornovitsky, Marina S., U.S. Census Bureau, Current Population Reports, "Health Insurance Coverage in the United States: 2015," September 2016.

13. Artiga, Samantha, *The Henry J. Kaiser Family Foundation*, "Disparities in Health Care and Health Care: Five Key Questions and Answers," 12 August 2016.

14. HHS "HHS takes next step in advancing health equity through the Affordable Care Act," 3 September 2015. *\*Applies to Health Insurance Marketplaces and health programs/activities that receive government funding.*

15. HHS Office of Minority Health, "HHS Disparities Action Plan," 13 September 2016.

16. HHS Office of Minority Health, "The National CLAS Standards," 1 September 2016.

## **Incorporating cultural competency in emerging care delivery models**

**Non-traditional providers.** Non-traditional providers (e.g., retail clinics) can supplement traditional health care providers and help mitigate the negative impacts of localized physician shortages. They are generally more cost-effective, have extended hours, and are conveniently located, increasing accessibility. Despite increased use of non-traditional providers, minority populations still frequently turn to more costly care.<sup>17</sup> For example, a survey of parents/caregivers utilizing the emergency department for their children's non-urgent care needs showed that they were more likely to be Latino and foreign-born and almost half were low-income, and/or lacking health insurance themselves, even though almost all the children had insurance and a primary care physician (PCP).<sup>18</sup> Non-traditional providers could increase appropriate use by minority populations through culturally competent outreach and care delivery and serve as a referral source to traditional PCPs for ongoing health care delivery and management.

**Integrated care delivery.** There are efforts underway to more fully integrate medical, behavioral, and pharmacological care for optimal treatment planning and outcomes. Many cultures have different views of care, particularly when it comes to discussing mental health and accepting treatment, which may make them less likely to seek treatment or disclose critical information to their care provider. Moreover, low health literacy may be one factor that influences whether individuals adhere to medications.<sup>19</sup> Therefore, it is important that any integrated care approach has the flexibility to be personalized to offer culturally competent care to individuals.

### **Views of Mental Health: Vietnamese-Americans<sup>20</sup>**

*In Vietnamese culture, there is significant stigma associated with mental health, in part due to low mental health literacy, and a "morality view" of mental health as a reflection of an individual rather than a disease. This has a significant impact on likelihood to seek treatment. For example, a UC Irvine Center for Health Care Policy study found that Vietnamese-Americans report depression and anxiety at more than twice the rate of whites, but are less than half as likely to have discussed mental health with a professional. By not seeking appropriate treatment and disclosing their concerns, overall health may suffer.*

### **What health care providers can do**

Health care providers can help eliminate health disparities by recognizing that the best possible care for one population may not be the best option for another. By taking steps to improve their cultural agility, they will be better equipped to serve each of their patients, regardless of race, ethnicity, culture, gender or sexual orientation or other individual factors. Some ways they can do this are to:

- › Identify training needs by taking a cultural competency assessment and addressing any identified opportunities to reduce personal bias and increase knowledge and cross-cultural communication skills that will help build trust, engagement and positive relationships with patients
- › Create a welcoming office environment with a culturally diverse staff reflective of the community served or provide staff with cultural competency resources and training
- › Establish language services policies and procedures to provide professional interpreter services and/or hire bilingual staff certified as medical interpreters; provide frequently-used patient instructions and health education materials at the right level of literacy and in the most common languages of the community served
- › Indicate in patient records whether a patient requires special services, such as interpreter services, so that each time the patient visits he/she experiences the same seamless experience as any other patient
- › Collaborate with community-based organizations/other providers on solutions to improve population health

### **What employers can do**

Employers can also take steps to build cultural competency and improve health outcomes for all their employees by:

- › Expanding their human resources leadership team to include experts in cultural competency and diversity
- › Instituting multicultural staff representatives to support onsite health services, such as health fairs and open enrollment
- › Seeking feedback from diverse groups of employees about their experiences as health care customers
- › Providing materials and benefits information that are culturally competent, e.g., culturally adapted or language-specific
- › Proactively gathering the demographic data of their workforce to measure and take action on health trends
- › Collaborating with their health plan to better engage employees in their health

### **What health plans can do**

It is important for health plans to offer culturally competent services to their customers and support health care providers' efforts to be culturally competent. Health plans can do this by:

- › Offering multi-lingual health coaching or customer service lines
- › Offering cultural competency training/resources to educate health care providers and staff
- › Helping health care providers adhere to Federal and/or State regulations focused on reducing health disparities and providing culturally competent care (e.g., provision of language services)

17. Kubicek, Katrina, et al., *NCBI*, "A profile of non-urgent emergency department usage in an urban pediatric hospital," 28 October 2012.

18. Kubicek, Katrina, et al., *NCBI*, "A profile of non-urgent emergency department usage in an urban pediatric hospital," 28 October 2012.

19. Zhang, NJ, Terry, A., McHorney, CA, *NCBI*, *The Annals of Pharmacology*, "Impact of health literacy on medication adherence: a systematic review and meta-analysis," 11 March 2014.

20. Kandil, Caitlin Yoshiko, *Los Angeles Times*, "Mental health literacy may be a roadblock for Vietnamese Americans seeking help, study shows," 8 July 2016.

- › Passing on interpreter services discounts to in-network health care providers to make these services more affordable
- › Encouraging culturally competent care in value-based models, such as accountable care organizations (ACOs)
- › Making translated versions of standard forms available online for physician offices to use
- › Seeking advice from health care providers to better understand what resources and training they need to be more culturally competent, and their preferred method for that training

## Cigna's response

Our goal is to enable optimized relationships that connect the care between our customers and their health care providers to improve health, affordability, and experience. Health equity and cultural competency are essential to meeting this goal. Cigna's Health Equity Council is dedicated to achieving health equity through a coordinated, multidisciplinary strategy, aligned with the HHS' National Partnership for Action to End Health Disparities. The strategy focuses on:

- › **Increasing awareness** of the significance and impact of health disparities, and the necessary actions to improve health outcomes for marginalized and underserved populations
- › **Developing and promoting health equity leadership** throughout the organization to address health disparities and promote health equity solutions at all levels
- › **Improving data utilization** to help build and optimize solutions for improved outcomes
- › **Improving health and health outcomes** for marginalized and underserved populations
- › **Improving cultural and linguistic competency** of our diverse workforce that better reflects and can better serve the needs of our customers

### Health Advocates In-Reach and Research (HAIR) Campaign: Community-based health interventions

*Underutilization of colorectal cancer screening among African Americans is associated with higher mortality rates.<sup>21</sup> However, non-traditional settings can be very effective for health intervention outreach. The Cigna Foundation provided a \$200K grant to expand the University of Maryland's HAIR campaign to improve screening rates by partnering with Black barbershops and salons. The program trains barbers, leaders in the community, to become health advocates to promote colorectal screening. The program has been successful at improving community awareness and knowledge.*

We provide resources to our in-network health care providers to support their efforts to offer culturally competent care, including:

- › A cultural competency assessment in collaboration with Georgetown University
- › Discounts for interpreter and translation services to in-network health care providers
- › Access to CultureVision™ which provides learning guides and other resources to improve engagement with customers with backgrounds or identities unfamiliar to our staff or our in-network providers
- › Cultural competency training for the care coordinators in large physician groups with a value-based relationship with Cigna, focusing on cultural agility, unconscious bias, and delivering culturally responsive care to the Hispanic community

In addition to supporting our in-network health care providers to deliver culturally and linguistically appropriate care, Cigna has ongoing efforts to help ensure that Cigna staff is culturally and linguistically competent, including:

- › Developing and retaining a diverse workforce which better represents our customers and communities
- › Training customer-facing staff on cultural competency and educating staff on how cultural issues affect health care and its delivery across the world
- › Providing customers language-specific resources and service lines
- › Making sure all customer communications are relevant, simple, valuable, engaging, in plain language and follow health literacy best practices

As the U.S. population and health care market evolve, there is an opportunity for health plans, health care providers, and employers to collaborate to support individuals' increasingly diverse needs. By understanding the cultural, social, and language needs of individuals – in addition to health care needs – health plans and employers can support health care providers to optimize care delivery and better engage customers through a personalized experience to help improve health outcomes.

21. May, FP, et al, NCBI, *National Library of Medicine*, "Low uptake of colorectal cancer screening among African Americans in an integrated Veterans Affairs health care network," August 2014.

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