A Discussion on Cultural Competency and Health Disparities

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Understanding Why Cultural Competency is So Important

- Cultural competency is a powerful tool in closing the disparities gap in health care.

- Physicians, nurses, social workers, community health workers, other caregivers and all office staff personnel can help close the gap when they understand and respond to the different attitudes, values, verbal cues and body language that patients bring to their health care encounters.
Health Disparities

• Differences among specific populations in the ability to achieve full health potential

• Measured by differences in incidence, prevalence, mortality, burden of disease and other adverse health conditions
Impact on Children

• Among children multiple factors contribute to these disparities, including but not limited to:
  – Economic stability
  – Access to health care

• 12 million children in the U.S. were living in poverty in 2019, including 1/3 of African American households

• Since the pandemic, more than 50% of African American, Latinx and multi-ethnic adults have no medical insurance, directly affecting the health security of their children

Source: Annie E. Casey Foundation
2021 Pennsylvania DHS Data

• 12% of Pennsylvanians identify as Black or African American, yet are disproportionately enrolled in public assistance programs:
  • 29% of Medicaid recipients
  • 29% of Supplemental Nutrition Assistance Program (SNAP)
  • 53% of Temporary Assistance for Needy Families (TANF)
• Black or African American children represent 13% of all Pennsylvania’s children but make up 35% of the Commonwealth’s foster care population.
• 67% of youth referred to secure youth treatment centers are Black or African American.
Disproportionate Representation

The origins of these disparities are centuries old. They persist because of:
- Intentional divestment of resources away from communities that are primarily non-White
- Segregation
- Past federal, state and local policies

They result in decreased access to:
- Quality education
- Housing
- Nutritious food
- Employment
- Medical care
- Social service programs
- Delivery of justice
Impact of Inequities

These inequities fuel intergenerational poverty and trauma, which deeply impacts:

• Child development
• Success in education
• Success in the workforce
• Quality of life
Racial Health Disparities in America

People of Color Fare Worse than their White Counterparts Across Many Measures of Health Status

Number of health status measures for which group fared better, the same, or worse compared to White counterparts:

- Black: 3 Better, 5 No Difference, 19 Worse
- American Indian or Alaska Native: 7 Better, 2 No Difference, 17 Worse
- Hispanic: 11 Better, 2 No Difference, 14 Worse
- Native Hawaiian or Other Pacific Islander: 10 Better, 3 No Difference, 8 Worse
- Asian: 21 Better, 3 No Difference, 3 Worse

Note: Measures are for 2018 or the most recent year for which data are available. "Better" or "Worse" indicates a statistically significant difference from Whites at the p<0.05 level. No difference indicates no statistically significant difference. "Data limitation" indicates data are not available for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.
Racial Health Disparities in America

- The U.S. remains among the most dangerous developed nations in the world for childbirth. Over 700 women die each year from pregnancy-related causes, and the CDC reports that 60 percent are preventable. It is even more dangerous for communities of color:
  - Black women are 3 times more likely than White women to die from pregnancy-related causes nationwide.
  - Black babies are more than twice as likely as White babies to die before their first birthdays.
  - Women of color are up to 50 percent more likely to give birth prematurely.

*Source: March of Dimes*
LGBTQ+ Health Disparities

- Compared to straight/cisgender people, the LGBTQ+ community experiences higher rates of:
  - Minority stress
  - Depression
  - Anxiety
  - Substance use
  - Violence
  - Unemployment discrimination
  - Homelessness
  - Suicide

- Transgender and Gender Non-Conforming (TGNC) people experience more violence and discrimination than LGB folks and are 7x more likely to contemplate suicide than the average population.
LGBTQ+ Experiences in Health Care Settings

- Nationwide, transgender patients report higher incidences of
  - Being denied care
  - Having to teach the physicians about their identities and health issues
  - Doctors refusing to touch them or using excessive precautions
  - Doctors being physically rough or abusive
  - Doctors using what the patient perceives as harsh or abusive language
  - Being blamed for their health status

Due to this history of discrimination & abuse, LGBTQ+ patients may delay getting treatment or avoid healthcare settings entirely due to fear of being harassed, misunderstood, mocked, or refused care.
Cultural Competence

Cultural competence is more important than ever in the face of growing concerns about racial and ethnic disparities in health.

Health care systems must accommodate increasingly diverse patient populations.
Values, Beliefs and Behaviors about Health and Wellbeing

• Shaped by
  • Race
  • Ethnicity
  • Nationality
  • Language
  • Gender
  • Socioeconomic status
  • Physical abilities
  • Mental abilities
  • Sexual orientation
  • Occupation

• These factors impact everyone: patients, front desk staff, social workers, community health workers, nurses or physicians.
Culturally Competent Providers

- Understand their own beliefs and biases; explicit and implicit
- Learn about their patients’ beliefs
- Integrate these factors into their day-to-day provision of care
Cultural Competence

- Is the responsibility of everyone in the practice
- Is a process, rather than an ultimate goal
- Is often developed in stages by building upon previous knowledge and experience

The goal is always to provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, English proficiency or literacy.
Health Outcomes

- **Medical care** accounts for **20%** of a population’s health outcomes.

- **Social determinants** account for approximately **80%** of those outcomes.

- Our ability to understand and respond to the needs of the patients we serve has tremendous impact.
Layered marginalized identities lead to compounded experiences of discrimination and inequity.
The Provider’s Role with LGBTQ+ Patients

- Treat all patients with dignity; respect their identities.
- Break the cycle of discrimination that creates barriers for LGBTQ+ communities to access health care.
- Adopt best practices that are inclusive of and welcoming to LGBTQ+ communities.
- Provide complete, unbiased, person-centered care that results in risk reduction and expanded access to resources and wellness for LGBTQ+ patients.
National CLAS Standards

• Culturally and Linguistically Appropriate Services Standards, developed by HHS Office of Minority Health in 2000.

• Principle Standard:
  – Provide effective, equitable, understandable, and respectful qualify care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

• Governance, leadership and workforce.
• Communication and language assistance.
• Engagement, continuous improvement and accountability.
Promoting Change

- **As Medical Providers:**
  - Check in with families and maintain open communication
  - Provide access to telehealth visits
  - Remove obstacles that interfere with patient care
  - Lead charge to confront the public health crisis
  - Drive future of medicine through improved technology, MD training, education

- **As a Community:**
  - Raise public awareness of racial/ethnic disparities in health care
  - Expand insurance coverage
  - Improve capacity & number of providers in underserved communities
  - Increase knowledge base on causes and interventions to reduce disparities
Resources

- To help providers learn more about culturally and linguistically appropriate health care, Health Partners Plans recommends reviewing *A Physician’s Practical Guide to Culturally Competent Care*, sponsored by DHHS Office of Minority Health.

- This is a free, self-directed training course for physicians and other health care professionals with a specific interest in cultural competency in the provision of care.

- Continuing Medical Education (CME/CE) credits are available. Access the website at cccm.thinkculturalhealth.hhs.gov
“Members have the right to receive services provided in a culturally and linguistically appropriate manner which includes consideration for members with limited knowledge of English, limited reading, vision, hearing skills, and those with diverse cultural and ethnic backgrounds.”

Limited English Proficiency

- LEP individuals do not speak English as their primary language and have a limited ability to read, speak, write or understand English.
- LEP is associated with poorer health outcomes among Latinx, Asian Americans and other ethnic minorities across the United States.
- Less than half of non-English speakers who say they need an interpreter during clinical visits report having one.
- The inability of providers to communicate with LEP patients leads to
  - More diagnostic procedures
  - More invasive procedures
  - Over-prescribing of medications
Provider Responsibilities

• Providing access to and assuming the cost for medical interpreters, signers and TDD/TTY services to facilitate communication.
  – Includes all points of contact and during all hours of operation.
  – Includes members with sensory impairments.

• Providing members with verbal and written notice (in their preferred language or format) about their right to receive free language interpreters.
Provider Responsibilities (cont’d)

• Posting and have printed materials in English and Spanish, and any other required non-English language requested by the member.
• Offering office staff cultural competency training and development.
• Providing care with consideration for the patient’s race/ethnicity, disability and language and how this impacts the patient’s health status.
• Please make no assumptions about a patient’s ability to understand English. All patients should be asked what their primary language is and provided with information on professional interpretation if that primary language is other than English.
Who is a Qualified Interpreter?

- Patients should always know that they have access to professional medical interpreters, including sign language interpreters, and TDD/TTY services to facilitate communication, at no cost to them.

- Office staff wishing to complete training on professional medical interpretation can contact the HPP’s Provider Services Helpline at 1-888-991-9023 to learn more about training options in their area.

- Family or friends are not considered qualified interpreters, and should not provide medical interpretation.
Available Professional Medical Interpretation

- In-person medical interpreters
- Telephonic interpretation
- Video interpretation
- Provider offices can contact the HPP’s Provider Services Helpline for assistance in connecting to telephonic interpretation, as well as access options for in-person interpreters or video interpretation.
Culturally competent care and ongoing support to the membership is of the utmost importance to Health Partners Plans.

Critical components include:
- Regain or maintain optimum health
- Support provider’s treatment plan and health care goals
- Reduce or eliminate barriers to care
- Connection to resources in the community for needs outside of the benefit package
- Collaboration with BH-MCOs
Holistic Approach to Case Management

Assessment

Family

Emotional/Mental Health

Thinking/Processing/Learning

Residence/Community

Complex Problem Solving/Emotional Regulation

Medical

Behavior Person/Caregiver Interactions

Vocation/Employment

Education/School

Environment/Home

Developmental

Bonding/Friendships/Relating

Communication

Sensory

Diet/Nutrition

Interests/Values

Culture/Spirituality
HPP’s Clinical Programs

• Baby Partners
• Clinical Connections
• Complex Care Coordination
• Healthy Kids
• Special Needs Unit

To learn more, call 1-866-500-4571.
Coordination of Care
QUESTIONS?

Thank you for your participation!