



# Public Policy Position

## Cultural Competence

### ISSUE

The United States is becoming more diverse, and research shows several populations experience health disparities. These populations include several demographic dimensions including race, ethnicity, income level, gender, sexual orientation, and geography. In addition to producing worse health outcomes, health disparities result in lower quality, inefficiency, and higher costs. Some health policy experts assert cultural competence may serve as one component of a solution to health disparities. The issue is what are best practices and evidence that show that cultural competence improves health outcomes and equity of services across populations that struggle with health and health care disparities.

### BACKGROUND

The United States is continuing to become more demographically diverse. For example, people of color are projected to comprise 54 percent of the nation's population by 2050 and more than half of the nation's children by 2023.<sup>1</sup> As minorities become a greater proportion of the general population and workforce, researchers have been studying health disparities and trying to determine if cultural competence has potential as a strategy to improve health care quality and eliminate racial and ethnic disparities in health care.<sup>2</sup> While racial and ethnic minorities tend to struggle with socioeconomic status, studies show health disparities exist among minorities for both diagnosis and treatment procedures even after controlling for age, sex, income, disease severity and insurance status. Researchers estimate that between 2003 and 2006 the combined costs of health inequalities and premature death in the United States were \$1.24 trillion.<sup>3</sup>

Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.<sup>4</sup> Health disparities can affect population groups based on race, ethnicity, gender, age, socioeconomic status, geography, sexual orientation, disability, or special health care needs. Health care disparities refer to differences between two or more population groups in health care access, coverage, and quality of care, including differences in preventive, diagnostic, and treatment services. Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations to improve health care quality.<sup>5</sup>

Many government initiatives at the federal level address health disparities and cultural competence. When federal lawmakers established the Agency for Healthcare Research and Quality in 1999, they identified six priority populations regarding health disparities

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research and demonstration projects: low-income groups; minority groups; women; children; the elderly; and individuals with special health care needs, including those with disabilities and individuals who need chronic care or end-of-life health care.<sup>6</sup> In August 2000, the president signed an executive order mandating all federal programs and those receiving federal assistance to comply with language access services standards.<sup>7</sup> In late 2000, the federal government announced 14 standards for culturally and linguistically appropriate services (CLAS) in health care. These CLAS standards are intended to advance health equity, improve quality, and help eliminate disparities in health care. The standards also provide a blueprint for health and health care organizations to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.<sup>8</sup> In 2013, the federal government announced enhanced CLAS standards that broaden the concepts of culture and health. The updated standards encourage health care organizations to consider not just race and ethnic background, but other factors, including spirituality, disability status, sexual orientation, gender identity, and geography.<sup>9</sup> The Patient Protection and Affordable Care Act (ACA) includes provisions to expand research on health and health care disparities, encourage racial and ethnic diversity in the health care workforce, support cultural competency programs for health care providers, and address disparities in preventive care and health insurance coverage. The law also requires collection of patient data on race, ethnicity, and language preferences in federally funded health care and public programs.<sup>10</sup> Several health policy experts say the ACA provides an "unprecedented" opportunity to address health disparities, because Medicaid expansion and health insurance subsidies are expected to reduce the disproportionately high levels of uninsured people within minority groups. Furthermore, the law established the Patient-Centered Outcomes Research Institute, which includes addressing disparities among its national priorities.<sup>11</sup>

In 2005, New Jersey became the first state requiring physicians to obtain instruction on cultural competence as a condition of licensure. New Jersey medical schools are also required to provide cultural competency instruction for licensed physicians who were not required to and did not receive cultural competency training in their medical school curriculum.<sup>12</sup> Despite opposition from some providers who are skeptical of training mandates, several states have enacted similar licensure requirements.<sup>13</sup> While they agree health disparities exist, some providers say cultural competence mandates impose administrative burdens that could exacerbate provider shortages.<sup>14</sup> Improving cultural competency skills of providers and the health literacy of patients will not eliminate medical malpractice claims, but evidence shows cultural competency and comprehensible communication can decrease the likelihood of medical malpractice litigation.<sup>15</sup>

Cultural competence training shows promise as a strategy for improving the knowledge, attitudes, and skills of health professionals. However, there is scant evidence that it

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improves patient adherence to therapy, health outcomes, and equity of services across racial and ethnic groups.<sup>16</sup> Cultural competence proponents say trained medical interpreters can improve the quality of patient-physician communication.<sup>17</sup> In Florida, health care facility patients who do not speak English have the right to an interpreter if one is readily available.<sup>18</sup> Other cultural factors can pose barriers in the health care setting. For example, the Tuskegee Syphilis Study created distrust of medical research among some African-Americans.<sup>19</sup> Also some studies show that Latinos are more likely than whites to believe cancer is a death sentence.<sup>20</sup> Lesbian, gay, bisexual, and transgender (LGBT) persons constitute sexual and gender minorities with unique health care needs.<sup>21</sup> For several decades, health providers and researchers have been aware that members of the LGBT community face financial, structural, personal, and cultural barriers as they attempt to access competent, sensitive health care services.<sup>22</sup>

To address the interests and needs of providers, employers, and members, health plans such as Florida Blue have begun cultural competence initiatives to address health disparities and cultural competence.<sup>23</sup> Florida Blue conducts disease management outreach for minority communities and has established multilingual capabilities to serve customers in the languages they prefer. Florida Blue also seeks to help its business partners increase their cultural competency through educational tools.<sup>24</sup> The National Committee for Quality Assurance (NCQA) developed the Multicultural Health Care (MHC) Distinction Program for insurers and other health care organizations to assess and improve efforts to meet linguistic and cultural needs.<sup>25</sup>

### PUBLIC POLICY POSITION

***Florida Blue supports the advancement of cultural competence.*** Scientifically based research methods are the best way to link culturally competent techniques to the positive impact of health outcomes and the reduction of health disparities. Florida Blue continues to seek opportunities to determine the effectiveness of cultural competence techniques in improving health outcomes and reducing health disparities. Florida Blue seeks to collaborate with health care providers to identify effective culturally competent techniques and the best way to teach those techniques to providers.

***Florida Blue supports the federal CLAS standards and other best practices that promote culturally competent health care.*** As more culturally competent techniques are linked to improved health outcomes and the reduction of health disparities, Florida Blue will apply such techniques, as are appropriate, to its internal and external efforts to provide superior services to all of its customers. Florida Blue will also consider such techniques as it engages medically underserved populations throughout Florida in its community and philanthropic activities.

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