Clinical Policy Guiding Document:
Health Equity, Literacy, and Cultural Competency

HEALTH EQUITY

The AHRQ funds three Centers which focus on the delivery of preventive services in clinical settings. Each conducts three research projects seeking solutions to problems of underuse, overuse, and disparities in the use of preventive services. For more information on their efforts click here or on one of the following Center's websites:[1]

- The Center for Advancing Equity in Clinical Preventive Services | Northwestern University
- Research Center for Excellence in Clinical Preventive Services | University of North Carolina
- The Center for Research in Implementation Science and Prevention (CRISP) | University of Colorado

The Office of Disease Prevention and Health Promotion's Healthy People provides evidence-based, 10-year national objectives for improving the health of Americans. Healthy People 2020 goals include:[2]

- Attaining high-quality, longer lives free of preventable disease, disability, injury, and premature death;
- Achieving health equity, eliminate disparities, and improve the health of all groups;
- Creating social and physical environments that promote good health for all; and
- Promoting quality of life, healthy development, and healthy behaviors across all life stages.

For the complete list of Healthy People 2020 topics and objectives, click here.[3] General information about Healthy People 2020 can also be found here.[2]

HEALTH LITERACY

Literacy requires basic reading skills, the ability to understand oral communication, use numbers and math skills, understand how to navigate the health system on a basic level, and communicating with health care providers and their staff. These skills are imperative for patients to be able to:

- Communicate health problems to their providers and understand health information[4]
- Locating providers and preventive services[5]
- Understand warning labels to recognize potentially life-threatening complications from medications[6]
- Implement self-care strategies and manage their health at home[7]
- Read and understand health insurance forms, informed consent, and public assistance applications[8]

Research indicates that low health literacy contributes to the following:[9]

- Increased hospitalization and ED usage [10]
- Inability to implement appropriate self-care activities[11]
- Difficulty understanding medication instructions and adhering to treatment[6]
- Lower utilization of preventive care and services[12]
- Health care costs that are four times higher[13]
- Worse health outcomes and increased mortality[14]

Providers can access the North Carolina Program on Health Literacy's *Universal Precautions Toolkit* here.[14]

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In addition to Healthy People 2020, the Office of Disease Prevention and Health Promotion published the *National Action Plan to Improve Health Literacy.* The Plan seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy. Core principles include 1) all people have the right to health information that helps them make informed decisions; and 2) health services should be delivered in ways that are easy to understand and improve health, longevity, and quality of life. For more information including the 7 goals to improve health literacy and strategies for success, click here.[15]

CULTURAL CONSIDERATIONS

National Prevention Information Network (NPIN)

The CDC NPIN notes that that cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes. Principles include:[16]

- Define culture broadly
- Value clients' cultural beliefs
- Recognize complexity in language interpretation
- Facilitate learning between providers and communities
- Involve the community in defining and addressing service needs
- Collaborate with other agencies
- Professionalize staff hiring and training
- Institutionalize cultural competence

Cultural Competence emphasizes the idea of effectively operating in different cultural contexts, and altering practices to reach different cultural groups; cultural knowledge, sensitivity, and awareness do not include this concept with regard to how action applies or structural change. It includes examining special needs and life contexts of those who are marginalized because of race, ethnicity, socioeconomic status (SES), sexual orientation, age, or gender.

Cultural Humility is the ability to take an interpersonal stance that is open minded while considering the principles of cultural competence. Examples of Cultural Humility include: education and intervention programs; staff participation; and the surveillance of staff, researchers, investigators, and others involved with the delivery of prevention services, care, and treatment programs. WellCare understands the importance of these utilizing such methodologies to assure that the principles of Cultural Humility are a part of the WellCare culture. Additional information regarding cultural and diversity considerations for health topics can be on the NPIN website here.

United States Department of Health and Human Services Office of Minority Health (OMH)

The OMH has published the Minority Population Profiles and provides detailed demographic, language fluency (where relevant), education, economic, insurance coverage and health status information, as well as full census reports. Health is often shaped by factors such as language/cultural barriers, geographic isolation, fear of deportation, low income, lack of access to preventive care, health inequities, and the lack of health insurance. Highlights are included below; the profiles can be found in their entirety here.[17]

Black / African American Health

- Death rates are generally higher than Whites for heart disease, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide.
- Food insecurity is a larger issue among the population compared to Whites.
- In 2015, 54% of non-Hispanic blacks in comparison to 76% of non-Hispanic whites used private health insurance. In addition, 44% of non-Hispanic blacks in comparison to 33% of non-Hispanic whites relied on Medicaid. The percentage of uninsured was higher among non-Hispanic blacks (11%) compared to non-Hispanic whites (6%).

Hispanic / Latino Health

- Leading causes of illness and death include heart disease, cancer, unintentional injuries (accidents), stroke, diabetes, and obesity.
- Conditions and risk factors that significantly affect Hispanics are: asthma, chronic obstructive pulmonary disease, HIV/AIDS, obesity, suicide, and liver disease.

American Indian / Alaska Native Health

- Leading diseases and causes of death include heart disease, cancer, unintentional injuries (accidents), diabetes, and stroke.
- This population has a high prevalence and risk factors for mental health and suicide, obesity, substance abuse, sudden infant death syndrome (SIDS), teenage pregnancy, liver disease, and hepatitis.
- The infant death rate is 60 percent higher than the rate for Caucasians among AI/ANs. They are also twice as likely to have diabetes as Caucasians as well as have disproportionately high death rates from unintentional injuries and suicide.

Asian American Health

- Asian American women have the highest life expectancy (85.8 years) of any ethnic group in the U.S.
- Most at risk for cancer, heart disease, stroke, unintentional injuries (accidents), and diabetes.
- Asian Americans also have a high prevalence of the following conditions and risk factors: chronic obstructive pulmonary disease, hepatitis B, HIV/AIDS, smoking, tuberculosis, and liver disease.

Native Hawaiian and Pacific Islander Health

- In comparison to other ethnic groups, Native Hawaiians/ Pacific Islanders have higher rates of smoking, alcohol consumption, and obesity.
- Little access to cancer prevention and control programs.
- Leading causes of death include: cancer, heart disease, unintentional injuries (accidents), stroke and diabetes. Other prevalent conditions and risk factors include hepatitis B, HIV/AIDS, and tuberculosis.

HHS Action Plan to Reduce Racial and Ethnic Health Disparities

The United States Department of Health and Human Services (HHS) published the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities* which outlines goals and actions the Department will take to reduce health disparities among racial and ethnic minorities. The OMH leads through continuous assessment of the impact of all policies and programs on racial and ethnic health disparities as well as promote integrated approaches, evidence-based programs and best practices to reduce disparities. Goals include:[18]

1. Transform health care
2. Strengthen the nation's health and human services infrastructure and workforce
3. Advance the health, safety and well-being of the American people
4. Advance scientific knowledge and innovation
5. Increase the efficiency, transparency and accountability of HHS programs

The *HHS Action Plan* builds on the foundation of the Affordable Care Act and is aligned with programs and initiatives such as Healthy People 2020 and the President's National HIV/AIDS Strategy. Click here to access.

Additional Information

Select the "Resource Center" tab on the OMH website (here). The Knowledge Center is a repository of information on health disparities and includes 50,000 documents, articles, reports, books, journals and media related to racial and ethnic minority populations. Items for the public are also available in over 35 languages. Capacity building includes technical assistance on communications, community outreach, and program design; each are aimed at increasing the strength and competence of health care agencies and programs. The OMH also provides Information Services that include research on inquiries as well as assistance for database search results and current data on prevalent health conditions. Other resources include:[19]

- Center for Linguistic and Cultural Competency in Health Care
- National CLAS Standards (Culturally and Linguistically Appropriate Services)

- Office of Minority Health's Resource Library
- National Partnership for Action to End Health Disparities
- National Stakeholder Strategy for Achieving Health Equity

Related WellCare Guidelines

WellCare has a library of CPGs on a variety of behavioral, chronic, and preventive conditions. Clinical Policies can be accessed by going to www.wellcare.com – select the Provider tab, then "Tools" and "Clinical Guidelines".

In addition to CPGs, WellCare has published the following Clinical Policy Guiding Documents: *Clinical Policy Guideline (CPG) Hierarchy; Long Term Services and Support (LTSS);* and *Measures of Compliance.*

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MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
10/4/2018	• Approved by MPC. No changes.
12/7/2017	• Approved by MPC. New.