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Developing a Latino serving health care workforce in the era of health reform

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Executive Summary:

Latinos currently face challenges to accessing culturally competent health care in the United States due to shortages of culturally competent health care providers. As the Patient Protection and Affordable Care Act is implemented, the need to develop a culturally competent health care workforce emerges as a critical priority. According to newly released Census data, Latinos are the largest and fastest growing minority group. In 2010, one in six Americans was Latino, composing 16 percent of the total population. More than half of the growth in the total population of the United States between 2000 and 2010 was due to the increase in the Hispanic population. Hispanics are also the ethnic group with the highest rate of uninsurance. Under the new health reform law, almost 6.4 million legally present, non-elderly Latinos will be newly eligible for Medicaid. This coverage expansion will have a direct impact on the group's high rate of uninsurance. Due to the increasing Latino population and the projected decrease of uninsurance, there will be an increased demand for culturally competent care. Increasing the diversity of the health workforce is key component to reducing health disparities related to socioeconomic, geographic and ethnic factors for Latinos. Unfortunately, in the era of health reform, creating, developing and maintaining a culturally competent workforce has received little attention. With new grant announcements supporting the expansion of the health care system, cultural competency must be a priority in order to create a health care workforce equipped to meet the needs of an ever-growing Latino population. Without access to culturally competent care, Latinos will continue to be locked out of a health care system they have been granted access to by law.

**Note: Hispanic and Latino are used interchangeably in this document*

Introduction

Today in the United States there is a shortage of culturally and linguistically competent health care providers.[1] This dilemma must be addressed as we move forward with the implementation of the Patient Protection and Affordable Care Act (PPACA). A closer examination is warranted to identify and develop approaches to better care for a more racially and ethnically diverse nation. To ensure the massive expansion of our health care system is equitable for all Americans, it is imperative to identify how the PPACA will support the provision of culturally and linguistically appropriate health care services to Latinos, the largest and fastest growing minority group in the United States. The ultimate goal is a health care workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, or English proficiency.

According to new Census data, one in six Americans is Latino. In 2010, there were 50.5 million Hispanics in the United States, composing 16 percent of the total population. Between 2000 and 2010, the Hispanic population grew by 43 percent—rising from 35.3 million in 2000, when this group made up 13 percent of the total population. The Hispanic population increased by 15.2 million between 2000 and 2010, accounting for over half of the 27.3 million increase in the total population of the United States.[2] Without the adequate availability of culturally and linguistically appropriate health care services, Latinos will continue to face disparities to accessing quality health care

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— U.S. Census Bureau

"Latinos are the group that stands to gain the most from health care reform if implemented correctly."

—National Hispanic Medical Association

in a timely manner. They will continue to be locked out of a health care system they have been granted access to by law.

The President's fiscal year 2012 budget for the Department of Health and Human Services (HHS) included a $163 million allocation for the Health Resources and Services Administration (HRSA) to improve the diversity of our nation's workforce. According to HHS, increasing the diversity of the health workforce is key to reducing health disparities related to socioeconomic, geographic and ethnic factors. However, the creation, development and maintenance of a culturally and linguistically competent health care workforce has received little attention thus far.

To strengthen our health care workforce, Department of Health and Human Services Secretary Kathleen Sebelius announced $320 million in grant awards in 2010 to improve and expand the primary care workforce.[3] Unfortunately, the grant award funding announcement did not include a specific requirement for cultural and linguistic competence training. While it is understandable that the first step to ensure the effective expansion of our heath care workforce is increasing providers, we must ensure the training and development of these new providers includes a cultural competency requirement. This critical component will ensure that the health care workforce of the future is prepared to provide health care services to all patients equally.

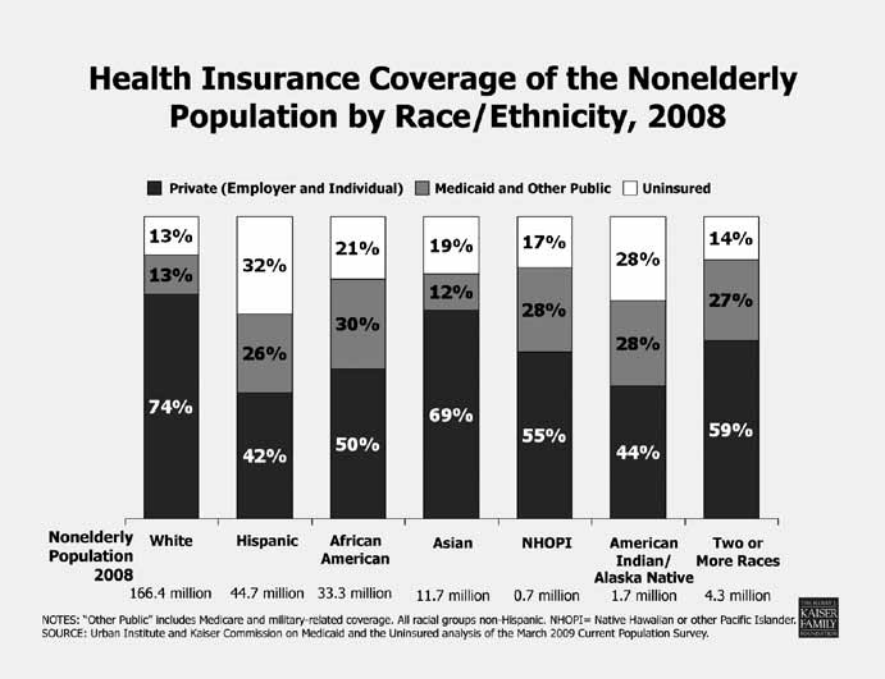
This policy brief outlines the current health care access disparities that exist in the Latino community and how they impact the provision and attainment of culturally competent care. It also aligns cultural competency priorities with the PPACA and highlights potential legislative pitfalls in the delivery of such care. In conclusion, policy recommendations are made to address the health care access needs of the Latino community.

Latinos and Health Care Coverage

Latinos have the highest rate of uninsurance of all racial and ethnic groups. In 2009, 14.6 million Latinos were uninsured, making up nearly one-third of the nation's 46 million uninsured. This disparity is the result of various factors ranging from lack of employment benefits to citizenship issues and language barriers, many of which disproportionately affect the Latino community. Worsening the problem of uninsurance, welfare and immigration reforms enacted in 1996 require that legal residents who immigrated after 1996 be excluded from Medicaid or the Children's Health Insurance Program (CHIP) for five years. A report by the U.S. General Accounting Office suggested that Medicaid-eligible Latino children may not be enrolled by their parents for multiple reasons including the lack of understanding of eligibility awareness and language barriers.[4]

Health reform lays out a national plan for covering Americans that has a large expansion of Medicaid eligibility as its cornerstone.[5] The PPACA will expand Medicaid to significantly cover millions more low-income uninsured individuals. The Congressional Budget Office (CBO) estimates that the legislation will reduce the number of uninsured by 32 million in 2019. As a result of the expansion, 16 million more people will be enrolled in Medicaid and CHIP. Medicaid will be expanded to 133% of the federal poverty level ($14,404 for an individual and $29,327 for a family of four in 2009) for all individuals under age 65.[6]

Latinos have the second lowest income of all ethnic groups; the average median household income with a Latino head of household is $38,039.[7] Therefore under the new law, almost 6.4 million legally present, non-elderly Latinos will be newly eligible for Medicaid.[8] This coverage ex-



Medical providers have a duty to deliver high quality medical care to all of their patients. Regrettably, Latinos may receive lower quality health care services as a result of cultural differences that affect their health care seeking behaviors.

pansion will result in decreased rates of uninsurance for Latinos, however as the law is implemented it is left to be determined whether disparities related to accessing culturally appropriate care will be impacted in a positive way.

Latinos and health care reform

Once fully implemented in 2014, the PPACA signed into law on March 24, 2010 will provide access to health care for millions of Americans. The newly eligible beneficiaries will be more diverse and as such will require the development of a health care workforce that can deliver culturally and linguistically appropriate care.

According to the National Hispanic Medical Association, Latinos are the group that stands to gain the most from health reform if it is implemented correctly[9] since they currently have the highest rate of uninsurance of all racial and ethnic groups in the United States (32%). This uninsured rate varies among Latino subgroups, at 38 percent for Mexican-Americans, 20 percent for Puerto Ricans, 23 percent for Cubans, and 32 percent for other Latino groups.[10]

Delivering culturally appropriate care

Cultural competence training for health professionals has gained credibility as a strategy for improving the quality of care delivered to culturally and linguistically diverse patients. In addition to improving the quality of patient-provider interactions in clinical settings, integrating principals of cultural competence at the organizational level can assist in deinstitutionalizing racism and guiding culturally competent program development and evaluation.[11]

Medical providers have a duty to deliver high quality medical care to all of their patients. Regrettably, Latinos may receive lower quality health care services as a result of cultural differences that affect their health care seeking behaviors. For example, they may be more likely than whites to refuse recommended services and delay seeking healthcare. These behaviors and attitudes can develop as a result of a poor cultural match between minority patients and their providers, mistrust, misunderstanding of provider instructions and poor prior interactions with health care systems. Moreover, inadequate access to private physician offices and clinics may result from a lack of knowledge of how to best use health care services.[12]

The PPACA reauthorized the Prevention and Public Health funding for workforce development appropriating $250 million towards these efforts in 2010. The majority of this funding was used for the National Health Service Core whose focus is directed at increasing providers in medically underserved areas. Although this program will have an effect on the Latino community because they form part of underserved populations, these efforts are not solely targeted at Latinos.

One of the main goals of the Office of Minority Health (OMH) is to increase the pipeline, diversity and cultural competency of the health workforce. Through the center of Linguistic Competence in Health Care, the OMH continues to promote the availability of culturally and linguistically appropriate services in health care. Although existing programs have been reauthorized by the PPACA, it is important to note that in the FY 2010 Health and Human Services budget there were no new monies authorized for workforce development.

Health Care Disparities and Cultural Competency

The field of cultural competence has emerged as part of a strategy to reduce health care disparities[13] in access to quality health care. It becomes important to incorporate such care when caring for ethnically diverse patient populations. When accessing health care services, Latinos must overcome various disparities due to their cultural background including:

1.) **Limited English proficiency:** Latinos with limited English proficiency are less likely to have a regular source of primary care and receive preventive care. They are also generally less satisfied with the care they do receive, more likely to report overall problems with care, and may be at increased risk of experiencing medical errors.[14]
2.) **Usual source of care:** Minorities are less likely to have a usual source of care than whites. Lack of access is especially acute for Hispanics, who are over three times as likely as whites to have no regular provider.[15]
3.) **Poor quality of care:** Almost one in four Latinos who received health care in the past five years report having received poor quality medical treatment. Those who believed that the quality of their medical care was poor attribute it to their financial limitations (31 percent), their race or ethnicity (29 percent), or the way they speak English or their accent (23 percent). According to the CDC, the proportion of Hispanics who report that they have no usual place to receive health care is more than double that of non- Hispanic whites and non- Hispanic blacks.[16]
4.) **Location of care:** Hispanics are the least likely of the racial and ethnic groups to use private physicians as their place of care and mostly likely to use community health centers (CHC).

"No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

— Civil Rights Act of 1964

Hispanics high usage of the CHC's may be explained by the facilities support services (i.e. interpreter services, off-peak hours, and transportation).[17]

Culturally Competent Care as a Civil Right

Cultural competence in the delivery of health care is a matter of social justice for it demands that everyone, regardless of their culture or language, has the opportunity to make informed choices, including the freedom to choose a health care provider and be treated equally in the provision of services.[18] According to a study by the Pew Hispanic Center, race or ethnicity and accent or English skills were found to be among the top reasons (behind only lack of insurance) why many Latino patients do not have a regular primary physician.[19] Latino patients with doctors who do not speak their language are more likely to omit medication, miss office appointments and rely on the emergency room for care, which often leads to poorer health outcomes.[20] Latinos who may not speak English as their first language, are at risk of becoming even more marginalized by the health care system if culturally competent care is unavailable.

Title VI of the Civil Rights Act of 1964 states "no person in the United States shall, on ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." As a federally funded law, the PPACA must serve all Americans equally while ensuring that no one is excluded. The law includes provisions designed to support the development of our health care workforce. However, it places minor emphasis on cultural competency. Service providers who fail to provide meaningful access to individuals with limited English proficiency may be in violation of the law.

Latinos are expected to make up a large proportion of the newly insured; therefore making services available to them that are designed to meet their needs is necessary. Limited linguistic providers place Latinos' health in jeopardy and at increased risk of serious illness.[21] When a patient feels that the person that is responsible for their care does not understand them, they may be less likely to visit their primary care provider and be less engaged in preventive health. When patients are able to ask questions and get answers they understand, they are better able to participate in making decisions about their treatment. Latinos should have the right to actively participate in their care, however many do not due to the unavailability of culturally competent health care providers.

Diversity of our Health Care Workforce

The United States is one of the most ethnically diverse countries in the world, yet its health care workforce does not reflect this diversity. The Institute of Medicine has raised concerns about the racial and ethnic diversity of the health care workforce. A more diverse healthcare workforce—including a more diverse group of providers in training— is important because (1) minority groups disproportionately live in areas with provider shortages, (2) patients who receive care from members of their own racial and ethnic background tend to have better outcomes, and (3) members of racial and ethnic minority groups are more likely to enter primary care and practice in shortage areas.[22]

Despite the soaring Latino population, the number of Latino health providers is inadequate, with physicians comprising less than 3 percent; clinical psychologists at 1 percent; 4.3 percent of social workers; and 1.7 percent of registered nurses.[23] Diversifying the health care workforce by increasing Latino health providers and training the existing health care workforce on cultural competency is essential for meeting the demands of newly eligible Latinos. Although there are efforts under way focused on recruiting diverse health care providers, the emphasis is on increasing health care providers and not necessarily on ensuring these providers are culturally competent. Additionally, much of the funding for recruitment and training programs and incentives has been allocated on a short-term basis. There is a probable chance that a new president or Congress may not support the continuation of these provisions in the future. Increased focus on efforts supporting the recruitment and development of Latino health providers are needed to increase the diversity of our health care workforce and to increase the availability of culturally competent care.

Evidence from the past four decades of research suggests that members of minority groups would benefit from the greater cultural understanding and linguistic capabilities of a workforce that is ethnically and racially similar to them.[24] A patient's satisfaction, understanding of the prescribed treatment regimen, and willingness to comply with a doctor's orders increase when patient and care provider have similar ethnicity or language background. In addition to providing distinct advantages to minority communities, a diversified health workforce enhances the capacity and quality of the entire U.S. health care system. [25]

"When patients are able to ask questions and get answers they understand, they are better able to participate in making decisions about their treatment."

PPACA Health Care Workforce Provisions

Title V of the PPACA includes provisions to support and enhance the development of the nation's health care workforce. The new health reform law attempts to address the low numbers of health professionals from minority communities through additional scholarship and loan repayment opportunities for disadvantaged students who commit to work in medically underserved areas and who serve as faculty in participating institutions. Moreover, the PPACA reauthorizes and expands programs to support the development, evaluation, and dissemination of cultural competency curricula at health professional schools and in continuing education programs. It also expands the allowable uses of the nurse diversity program.

PPACA also provides grants to states, public health departments, clinics, and hospitals to promote the use of community health workers in medically underserved areas. Community health workers create a bridge between providers of health, social, and community services and the underserved and hard-to-reach populations they serve. They provide culturally appropriate health education and information, offer informal counseling and guidance on health behaviors, and advocate for individual and community health needs.

Model of Culturally Competent Care

Promotores

Compared to other populations, Latinos disproportionately use community health centers as their source of primary and preventive care. For example, of those who used community health centers in 2008, approximately 33 percent were Latino. There is some focus and new support for cultural competency as well as the promotion of a community health workforce to promote positive health behaviors and outcomes in medically underserved areas through use of community health workers. One such example is a model known as *Promotores* in Latino communities.

Often seen as a trusted source of information, community health workers—commonly referred to as "promotores" in the Latino community—are able to provide a unique link between members of the community and health care services. Since community health workers' and promotores' are part of the community, they provide information and resources in a culturally appropriate manner. Currently, community health workers do not receive dedicated funding and are not provided sufficient support to carry out their work.[26]

Community health workers are also recognized in the Patient Protection and Affordable Care Act as important members of the health care workforce. As members of the community, these frontline workers are valued for their cultural competence and mediate between providers and other members of diverse communities. They can improve health care access and outcomes, strengthen health care teams, and enhance quality of life for people in poor, underserved, and diverse communities. [27]

Training community health workers to be culturally and linguistically competent will be challenging, but it is a necessary commitment. Most of these professions require less than five years of training, compared to 11 to 16 years for physicians. Incorporating a cultural and linguistic training program into the training curriculum of community health workers may prove very beneficial for the efficient provision of care to Latinos. Although a number of factors can be attributed to the existing barriers for Latinos in need of health care, disparities in the availability of, access to, and the provision of quality, culturally and linguistically competent health services, can be improved with a more diverse and multidisciplinary bilingual and bicultural workforce.

Conclusion

Latinos tend to have lower incomes and are more likely to be uninsured than non-Hispanic whites. Thus, they have much to gain from the passage of the Patient Protection and Affordable Care Act and the coverage expansions included in the law. Latinos also tend to have different health care seeking behaviors than the rest of the population due to cultural differences. As a result, the provisions specific to the health care workforce expansion will likely have a significant impact on the type of care that Latinos will have access to. There is much to be determined with regards to the implementation of the PPACA, but with increased focus on cultural competency, existing and future health care providers will be better equipped to meet the demands of newly eligible Latinos.

Recommendations

As we move forward with the implementation of the PPACA, attention must be focused on how the health care workforce will be prepared to care for an increasingly diverse patient population. As Americans, Latinos are entitled to the same quality of care as non-Hispanic Americans, therefore increasing the diversity of the health workforce and ensuring the services they provide are culturally appropriate will be a key component to reducing health disparities faced by Latinos.

- Encourage the usage and implementation of culturally and

linguistically appropriate health care services in all Latino serving institutions to improve the communication between providers and patients resulting in better quality of care and increased health outcomes for Latinos.

- Provide financial incentives so that providers improve their completion rates of culturally and linguistic competency training.
- Utilize funding provided by the PPACA to incorporate cultural competence training in medical education and for the existing and pipeline health care workforce to ensure that the next generation of medical providers has improved culturally and linguistic competence.
- Allocate and appropriate funding for diverse provider recruitment and training programs and incentives long term to ensure that the nation's health care workforce is able to expand and meet the needs and demands of the diverse patient population they serve.
- Provide sustainable financing of community health worker services and other innovative programs supporting the development and engagement of community health workers as members of the health care workforce. The PPACA should support the establishment and development of this workforce as they prove to be a vital tool supporting the delivery of culturally competent care and offer an alternative structure for the delivery of primary care.

Endnotes

1 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 competency is one the main ingredients in closing the disparities gap in health care.

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