

Culturally Responsive Care in Colorado

What People Want and How to Address a “One-Size-Fits-All” Health Care System

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Dedicated to ensuring that everyone has access to quality, affordable health care regardless of health status, social, need, or income

- ✓ **A people-centered** approach to health care
- ✓ Our work is guided by **foundational listening work** to understand what people want in health care
- ✓ This listening work informs the policy solutions we center in state campaigns that we can also uplift on the federal level

How did we get here and *what does our report cover?*

What is “**culturally responsive care**”?

What did we hear from **people**?

What can **we** do about it?



Lowell Hamilton, PhD
*Research and Public
Engagement Manager*



Liz Hagan, MPA
Director of Policy Solutions



Haley Sue Robinson, MAS
Community Member

About 18% of Black adults, 12% of American Indian/Alaska Native adults, 11% of Hispanic adults, and 10% of Asian adults

say they have been treated unfairly or with disrespect by a health care provider in the past three years because of their race or ethnic background.

Approximately one-third of LGBTQ+ adults

report negative experiences while receiving health care in the last three years.

Nearly one-third of adults with disabilities

report unfair treatment in health care settings in a December 2022 survey.

Defining “culturally responsive care”

Culturally responsive health care seeks to close gaps and improves access to high-quality care and health outcomes for people with varied cultural origins and identities, regardless of their culture, race, ethnicity, language, geography, or ability.

It acknowledges and provides an inclusive atmosphere where ***patients' cultural beliefs are respected and taken into account when providing care.*** Health care professionals must be conscious of their own prejudices, preconceptions, and cultural beliefs that may be different from someone else's. Being aware of cultural differences aids in reducing prejudices and prevents the stereotyping of patients according to their cultural background.

Understanding and accepting the patient's cultural norms—even if it deviates from the provider's—is a necessary component of culturally responsive care.



Colorado's culturally responsive networks

- Collect **voluntary demographic data** for both in-network plan providers and enrollees to allow the state Department of Insurance to set benchmarks to ensure provider networks are representative of their communities.
- Require **enhanced cultural competency trainings and accessible language accessibility services** to ensure all patients feel welcome and heard.
- Increase access to **essential community providers** that are uniquely positioned to improve equity and provide needed services.

We know...

- there's interest and growing momentum around health equity, dependability of coverage, and improving access to care; and
- that over 80,000 Coloradans enrolled in OmniSalud + Colorado Option plans with newly culturally responsive network requirements

We asked...

→ **How can the system serve people better?**

...and then we listened.

- ✓ **10 virtual key-informant interviews** with advocacy organizations, state government entities, and academic institutions
- ✓ **7 virtual in-depth interviews** with health care providers practicing in Colorado
- ✓ **4 in-person community conversations** (3 English, 1 Spanish) with patients, primarily from communities of color, the LGBTQIA+ community, and the disability community



Key Findings



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*I feel like health
care is one size
fits all and that
size is white.*

– Asian woman, suburban Colorado

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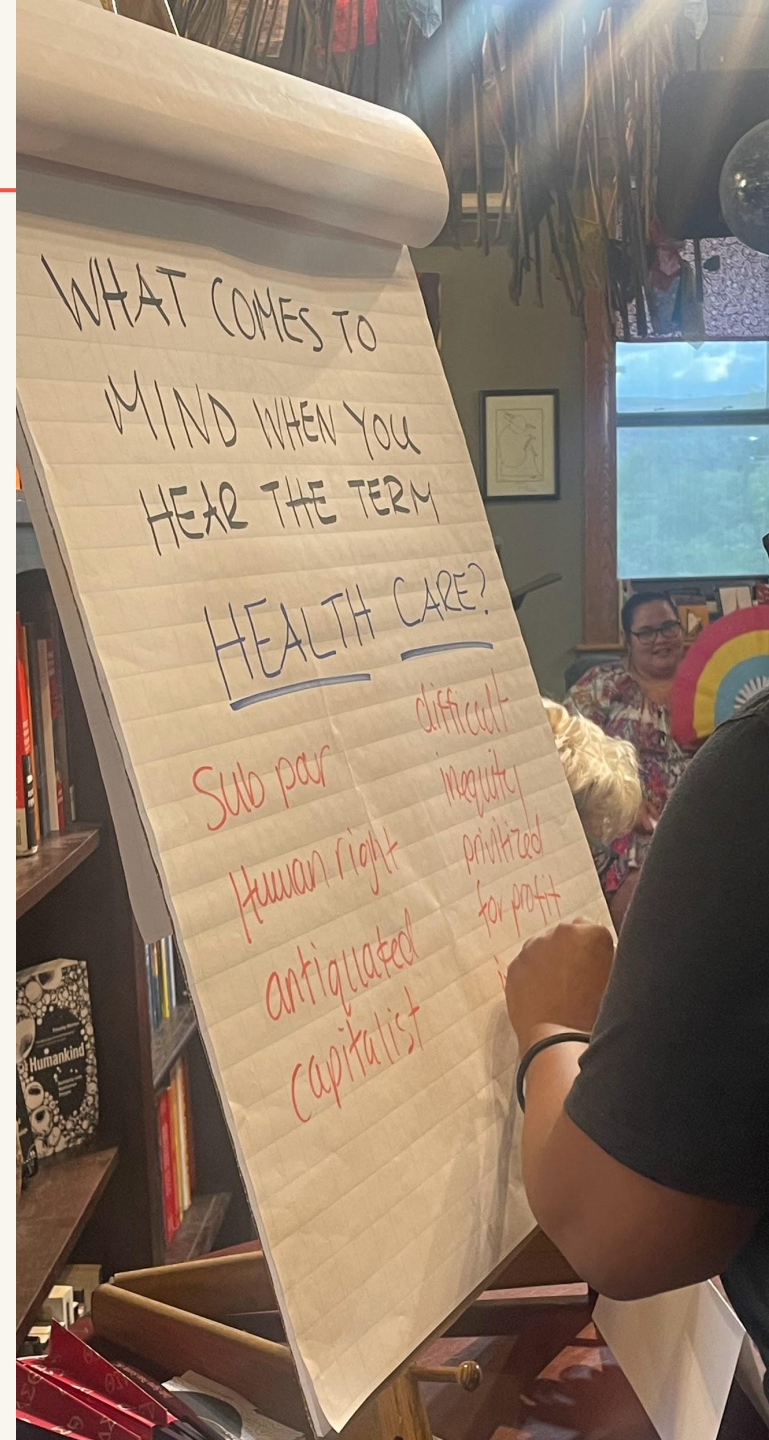
Key Findings

- Patients have **low expectations** of our health care system, with an understanding that it does not need to be perfect—but they feel **the status quo makes them feel disrespected**.
- Patients have a desire to have **their identity**—whatever that may be—**not impede their access to care** and **not be disregarded when receiving care**.
- **Implicit bias** among health care providers, health insurance carriers, and other health care professionals, **and a lack of understanding** about unique population-based needs (such as gender-affirming care or technology accommodations) **are negatively impacting patients' experience in receiving care**.



Key Findings (cont.)

- There's a **lack of diversity in Colorado's health care workforce** and those that are able to practice in underserved and diverse communities face administrative burdens, a high cost of living, low compensation, and high turnover; and
- A **fragmented system**, including a **lack of standardization across data** collection efforts and administrative requirements, **leads to rushed appointments**—and patients are left feeling burdened.



From A Participant's Perspective: Haley Sue Robinson

- **What has been your experience seeking care in Colorado?**
- **Why do you believe it is important for the care you receive to be culturally responsive?**
- **What do you wish policymakers knew about seeking health care in Colorado?**



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Policy Recommendations

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POLICY RECOMMENDATIONS

1. Develop and train a culturally responsive care workforce.

2. Recruit and retain a diverse health care workforce.

3. Advance culturally responsive care through health insurance.

4. Address people's barriers to accessing culturally responsive care.

It's disheartening how often I have to teach the medical professionals about their own jobs, their own policies about what's medically necessary. I'm looking for a new doctor because I think he's just googling how to treat me because he has no idea.

– Bisexual woman, urban Colorado

1. Develop and train a culturally responsive workforce.

- Establishing standard culturally responsive care **curriculum requirements** for all health care *providers entering the field*.
- Establishing anti-bias or cultural competence and cultural responsiveness **training requirements for providers already practicing**.
- Adding **CME requirements** related to culturally responsive care for providers already practicing.
- Requiring **training** for plans' **customer service representatives, including brokers and navigators**.
- Increasing the amount of **funding** dedicated to establishing and maintaining training programs.

*The ability to practice
medicine is very
privileged, and those
who need it are not.*

– Queer person, rural Colorado

2. Recruit and retain a diverse health care workforce.

- Create a health care workforce diversity **task force** or similar entity to analyze and implement programs intended to recruit and retain providers from underrepresented communities.
- Further **incentivize** diverse providers to practice in Colorado – especially in areas of need – and health care employers to recruit and retain diverse health care professionals and care teams.

“Even the most well trained cis provider is not going to be as equipped as a queer one would be.”

– Queer person, rural Colorado

If they [insurance companies] were to ask, “Are you looking for a doctor who fits your needs, or what you consider culture?” And you put in a few key phrases, and then they pull from doctors files, and give you that information - that’s not something that I have come across.

– Person of color, urban Colorado

3. Advance culturally responsive care through health insurance.

- Expand **network adequacy requirements** to ensure more diverse providers are included and more Coloradans benefit from the existing requirements.
- Improve **provider directory standards** across non-Colorado Option plans to ensure patients can identify providers best suited to meet their cultural and health care needs.
- Increase **access to services that are high-value** and known to reduce disparities.

- Require more health equity or cultural responsiveness **accreditation for health plans and providers.**
- Utilize a **streamlined credentialing process** for providers.

“We have to learn how to approach people... You don’t have to be Mexican to take care of Mexicans, or be from El Salvador to take care of people from El Salvador. But, we have to inform everybody and learn about those cultures so we can approach them in their own cultural space and language.”

– Health care provider, Colorado

Terminology is very important. Because sometimes, parents take their seven-year-olds to translate for them when they go to the doctor. A seven- or nine-year-old honestly doesn't have the capacity or a way to correctly express things. They have to figure out a better way to do things when someone comes in who doesn't speak the language. Because that's not acceptable.

– Latina woman, Denver

4. Address people's barriers to accessing culturally responsive care.

- Explore ways to **better coordinate** and provide whole-person, patient-first care, such as integrating health care and housing or transportation.
- Expand the reach of **language accessibility** requirements.
- Embrace opportunities to **improve and expand internet access** and digital literacy in underserved rural communities.



Questions?

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Thank you!

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