



Tools to address cultural gaps in care

At CarePlus, we recognize the persistent challenges faced by racial and ethnic minorities in accessing quality healthcare. Despite advancements in overall health, these populations often encounter barriers that result in lower quality care, reduced likelihood of receiving routine medical services, and higher rates of morbidity and mortality compared to non-minorities. We are dedicated to developing strategies that eliminate health disparities and encourage healthcare providers to critically evaluate their practices to ensure equity in care.

Background

In 2000, the U.S. Department of Health and Human Services (HHS) launched the Healthy People 2010 initiative, aiming to enhance the overall health of Americans while eliminating racial and ethnic health disparities. A pivotal report¹ by the Institute of Medicine (IOM) in 2003 highlighted the existence of these disparities and deemed them unacceptable due to their association with adverse health outcomes. This report has since sparked renewed efforts to comprehend the underlying causes of disparities, identify contributing factors, and design effective interventions to mitigate or eliminate these inequities.²

CarePlus initiatives

CarePlus is committed to delivering healthcare services equitably to all members, regardless of race, ethnicity, age, language, disability, gender identity, socioeconomic status, veteran status, or religion. Our initiatives include:

Diverse provider network: We ensure that the number of minority providers within our network reflects the diversity of our member population, enhancing accessibility and cultural relevance in care.

Community partnerships: We actively partner with underserved communities through national grants aimed at removing barriers to healthy living and facilitating access to quality healthcare services.

Bilingual support services: Our member service representatives are fluent in both English and Spanish, and we maintain a Spanish-language website to ensure accessibility for all members and visitors.

Cultural competency education: We mandate cultural competency training for all CarePlus associates, fostering an understanding of diverse cultural needs and promoting equitable care delivery.

Resources for continuing medical education

Cultural competence refers to the knowledge, skills, attitudes, and behaviors required of a healthcare professional to provide optimal care and services to patients from a wide range of cultural and ethnic backgrounds. CarePlus is committed to enhancing awareness of care disparities and promoting equitable, culturally competent care by providing physicians and other healthcare providers with a variety of resources and materials, including the following tools.

Web-based module for continuing education credit

- ❑ **A Physician's Practical Guide to Culturally Competent Care**, a guide from the U.S. Department of Health & Human Services' Office of Minority Health (9.0 free continuing medical education credits).
[Physician's Site \(hhs.gov\)](https://www.hhs.gov/physician)

Learn more about the cultures you serve

- ❑ **Cultural Competence**, through its focus on health literacy, Agency for Healthcare Research and Quality (AHRQ) provides information for providers and patients related to cultural competence.
[Culturally and Linguistically Appropriate Services](https://www.ahrq.gov/cultural-competence)

Toolkits for clear health communication and language services

- ❑ **Ask Me 3™**, Good Questions for Your Good Health, a quick and effective tool from the Institute for Healthcare Improvement that encourages patients and families to ask specific questions to their providers to better understand their health conditions and what they need to do to stay healthy.
[Ask Me 3: Good Questions for Your Good Health \(ihi.org\)](https://www.ihim.org/ask-me-3)
- ❑ **The Guide to Providing Effective Communication and Language Assistance Services**, a document from the Office of Minority Health that can help physicians better serve patients with limited English proficiency.
[Guide to Providing Effective Communication and Language Assistance Services \(hclsig.thinkculturalhealth.hhs.gov\)](https://hclsig.thinkculturalhealth.hhs.gov)

Frameworks and guidelines for culturally appropriate care

- ❑ **National Standards for Culturally and Linguistically Appropriate Services in Health Care**, a report published by HHS.
[National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(thinkculturalhealth.hhs.gov\)](https://www.thinkculturalhealth.hhs.gov/CLAS)
- ❑ **One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations**, a guide from The Joint Commission.
[One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations \(pdfs.semanticscholar.org\)](https://pdfs.semanticscholar.org)

Additional sources that address healthcare disparities

- ❑ **National Healthcare Quality and Disparities Reports**, a collection of the annual reports that track disparities related to the quality of and access to healthcare, published by AHRQ.
[National Healthcare Quality and Disparities Reports \(ahrq.gov\)](https://www.ahrq.gov/reports)

- ❑ **Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care**, the landmark report that raised awareness of clinical disparities among diverse populations, published by IOM.
[Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care \(pubmed.ncbi.nlm.nih.gov\)](http://pubmed.ncbi.nlm.nih.gov)

Notes:

Publication of these resources is not a promise or guarantee of coverage. Your CarePlus-covered patients should review their Evidence of Coverage for detailed information.

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REFERENCES:

1 "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care": Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care; Smedley BD, Stith AY, Nelson RL, editors. Washington (DC): National Academies Press (US); 2003.

2 Egede L. E. (2006). "Race, ethnicity, culture, and disparities in health care." Journal of General Internal Medicine, 21(6), 667-669. <https://doi.org/10.1111/j.1525-1497.2006.0512.x>