



Business Case: for Promoting Equity in the Behavioral Health Care System through Cultural and Linguistic Competency

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The Ohio Department of Mental Health and Addiction Services (OhioMHAS) is committed to meeting the behavioral health and wellness needs of Ohioans in all their diversity. The department has dedicated itself to providing services and programs that are appropriate and accessible to our customers, who encompass a broad range of human differences such as disability, age, educational level, ethnicity, gender, geographic origin, race, religion, sexual orientation, socio-economic status and beliefs.

Lack of health equity has a significant economic and societal impact in our state. Many individuals are unable to attain their highest level of health for several reasons, including inequitable access to quality care or limited personal resources. They receive fewer services and experience less favorable outcomes.

Absent or ineffective services and treatments carry higher costs in the long term for employers, taxpayers and society as a whole. According to an Institute of Medicine (IOM) report¹: "Achieving higher quality care at lower cost will require fundamental commitments to the incentives, culture, and leadership that foster continuous learning, as the lessons from research and each care experience are systematically captured, assessed, and translated into reliable care."

OhioMHAS realizes that some populations experience disparities at a higher rate when compared to the general population and is committed to overcoming those inequities in behavioral health services. During 2014, OhioMHAS established a Disparities and Cultural Competency (DACC) Advisory Committee made up of state agency representatives and community leaders to create a plan that will encourage and support community system partners, including county and state entities, to identify and initiate services that can reach and positively affect all segments of our varied population. The DACC Advisory Committee issued its *Into Action: 2020 Strategic Vision for Cultural and Linguistic Competency Plan* in January 2015.

Understanding Cultural & Linguistic Competency

A person's health is said to be a product not only of biological factors, but also of the social, economic and environmental climate in which he or she lives. Factors such as education, income, employment, housing, safety and the availability of quality provider/hospital services have a significant impact on an individual's ability to obtain optimal health. When individuals experience significant barriers with these social determinants of health, disparities emerge. A remedy to reducing health disparities is addressing social determinants. Cultural and linguistic competency must be key components.

While many professionals understand the diversity intrinsic to the concept of race and ethnicity, the same cannot be said for the concept of culture. Cultural and linguistic competency includes responding to the unique needs of an individual by utilizing the person's background as a tool to assist with the treatment, intervention or support service process. The components that make people unique can also shape their views of the behavioral health system and impact their ability to seek appropriate help.

For the organization, cultural competence means the ability to provide equal and meaningful access and equal quality to individuals from each cultural and linguistic population served, based on an understanding of each

¹ Institute of Medicine. 2012. "[Best Care at Lower Cost: The Path to Continuously Learning Health Care in America.](#)"



population's distinct needs. For the professional, the ability to see the client's culture as a strength and use it as a resource will depend, in part, upon knowledge of specific cultures and their histories, skills in cross-cultural and culturally specific practices and the ability to communicate effectively.

According to the Ohio Development Services Agency, non-white citizens comprise 19 percent of Ohio's total population. This reflects a 20 percent increase since 2000. The number of immigrants in Ohio increased 33 percent since 2000. Ohio's Hispanic population grew by 63 percent and the Asian population by 45 percent. African Americans, the largest non-white population in Ohio, experienced an increase of 20 percent since 2000. In 2012, among people at least five years old living in Ohio, 7 percent spoke a language other than English at home.

However, be careful not to view culture only as race or ethnicity. Many people who are poor, homeless, disabled, gay/lesbian/bisexual/transgender, or immigrants/refugees exhibit distinct cultural characteristics, which may present special service delivery issues.

Improving Care and Lowering Costs

The often-cited 2008 article titled *The Triple Aim: Health, Care, and Cost*² states that Improving the U.S. health care system requires simultaneous pursuit of three aims: improving the experience of care, improving the health of populations and reducing per capita costs of health care.

As health systems integrator for the State of Ohio, the [Governor's Office of Health Transformation](#) has worked to focus attention to these key areas. Initiatives targeted to achieve better health, better care and cost savings through improvement are aligned with the OHT vision.

The Triple Aim authors also point out that a large part of costs in complex systems of care are due to lack of health literacy. Health literacy is the capacity to understand basic health information and make appropriate health decisions. Recent federal policy initiatives, including the Affordable Care Act of 2010, the U.S. Department of Health and Human Services' National Action Plan to Improve Health Literacy and the Plain Writing Act of 2010 have brought health literacy to the forefront.

Pursuing cultural and linguistic competence in prevention, treatment and recovery services will enhance effectiveness, leading to financial savings and efficiencies that allow our system to serve more customers in need.

Staying Competitive and Compliant

Cultural and linguistic competence is increasingly required by state and federal law and a condition of government funding. Ohio's changing demographics are presenting new market opportunities and new demands for health

care products and social services. The organizations that can improve outcomes for diverse populations, provide equal access to services and increase client satisfaction will have the competitive edge.

Health care organizations have four interrelated incentives to provide culturally competent care:

- 1) appeal to diverse consumers to enlarge market share, since non-white Americans constitute a large and growing part of the health care market;
- 2) increase performance on quality measures of interest to private purchasers, particularly in competitive markets;
- 3) understand that Medicare, Medicaid and other public purchasers are placing an emphasis on cultural and linguistic competency as a standard of quality; and
- 4) improve cost-effectiveness in patient care. For example, hiring bilingual staff or interpreters could be a cost-effective intervention, permitting more accurate medical histories to be taken and eliminating unnecessary testing that may be ordered simply because of a communication barrier between the patient and service provider.

Cultural competence has the potential to change both clinician and patient behavior in ways that result in the provision of more appropriate services.

Continuous Learning and Collaborative Action

An individual administrator or professional cannot be culturally competent alone. It requires organizational commitment. We must work together to create a service delivery structure where cultural competence is possible and strategy is formed to reduce health care inequities. To monitor progress in creating a behavioral health system that focuses on equity, the first step should be based on community health needs assessments to capture vulnerable populations and core indicators.

Physicians and health care providers are realizing that treatment recommendations must take into account cultural differences. As health care purchasers, employers should work with all health care partners to tackle disparities: "... an employer must hold its data partners, such as health plans and wellness/health promotion vendors, accountable for customizing plan designs and health and productivity programs that economically support the health and cultural needs of an employer's diverse workforce."³

Increased competence will greatly impact our system's capacity to address health inequities and disparities to provide individualized care. The cost of not moving our system forward through improved health equity that meets the need of all impacted populations is costly and unacceptable.

2 Berwick, D., Nolan, T., and Whittington, J. 2008. "[The Triple Aim: Care, Health, And Cost.](#)" Health Affairs vol. 27, no. 3 pp. 759-769

3 Dan D, Finch R, Harrison D, Kendall D. "[An Employer's Guide to Reducing Racial & Ethnic Health Disparities in the Workplace.](#)" Washington, DC: National Business Group on Health. October 2011.