# Emerging America:

## Engaging Hispanics in the U. S. Healthcare System

How are healthcare organizations addressing both the challenges and rewards of engaging Hispanic consumers in their markets? Six experienced executives representing different parts of the healthcare industry gathered in Los Angeles to discuss the results of new research, and establish a conversation that helps organizations put their best foot forward.

*In just under 15 years, the U.S. Hispanic population has grown from a group of 35.7 million to 55.4 million people. Under the Affordable Care Act, more than 10 million Hispanic-Americans are eligible to gain health insurance coverage. For healthcare organizations across the country, understanding the Hispanic population represents a huge opportunity to improve community engagement, population health management and more—an opportunity that is largely being untapped.*

*As the national leader for North Highland's healthcare consulting division, I am proud to be part of a group that is helping healthcare organizations recognize and realize these unique opportunities. We are bringing to healthcare what we've learned through successful partnerships in other industries, and are pleased to present with Modern Healthcare Custom Media new research, information and insights about how organizations are taking on the challenges and rewards of engaging Hispanic consumers in their markets. I invite you to learn more, and join our conversation, at [ModernHealthcare.com/EmergingAmerica](ModernHealthcare.com/EmergingAmerica), and [Info.NorthHighland.com/EmergingAmerica](Info.NorthHighland.com/EmergingAmerica).*

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## How do Latinos view the traditional U.S. healthcare system?

**Dr. Santana:** It is seen as something that does not always meet their needs, and is a little bit foreign and intimidating. That happens by way of language, and by way of access—whether that's geographic, transportation-based or financial.

**Dr. Mulligan:** The health system is bewildering for many of us, but especially for this population. Many Hispanics are used to getting their health information from the local botanica or pharmacy—because that's the way healthcare is provided in many countries outside the United States. In the U.S., we are somehow expecting them to make an appointment and spend 15 minutes with a doctor, who likely will not identify with their unique needs and values.

**Dr. Martinez:** It's true that a lot of healthcare institutions sit back and receive, and they don't really reach out into the community, which is a focal point for the Hispanic population. When they do come into the system, they find it very difficult to navigate and not all that welcoming. Those are opportunities for the healthcare system to embrace and integrate. Other industries not only recognize the growing power of the Hispanic community, but actively compete for that population. Healthcare has this same opportunity.

## A recent survey of healthcare executives shows that language is the No. 1 barrier to delivering quality healthcare to Hispanic patients. Why is that?

**Mr. Gil:** Two years ago I spoke to our board of 12 physicians and issued the challenge, how can you have 12 patient populations that are 60% Hispanic and not have taken the medical Spanish course? After that, 10 of the 12 have taken it. The feedback I received is they're closer to the patient. They can actually laugh with the patient, and there's not that delayed smile because somebody translated something funny and endearing the patient said three minutes ago. That creates better understanding, better trust and better healthcare. Taking medical Spanish is something that physicians who have a significant Hispanic patient population should take, even if they have colleagues around them who do speak Spanish. They should be part of the conversation.

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**Ms. Mallory:** When I worked at Johnson & Johnson, we conceived for Blue Cross and Blue Shield of Texas the most basic, simple thing: laminated pages in a binder that listed terms in English, along with translations into Spanish. Case managers working the phones thought they had "died and gone to heaven," because when they're talking about even the most basic terms, there are different words that may mean different things. And they may or may not be fluent in Spanish, but in either case you can't have people translating such precise information on the fly if you want to develop coherent, continuous health education.

**Mr. Luna:** In my experience, I've noticed many hospital systems are content to have installed interpreter phone systems, but they're not implementing the

### Top challenges for healthcare organizations when providing services to the Hispanic population

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| Language barrier | 49% |
| Hiring culturally competent staff | 40% |
| Cost of healthcare | 39% |
| Building relationships with the community | 34% |
| Access to healthcare | 30% |
| Trust, retention, engagement | 29% |
| Reaching Hispanic consumers | 28% |

Source: Healthcare Executive Survey on Hispanic Health, 2015
Note: Multiple responses permitted

organizational change necessary to ensure the solution is used. So taking a Lean approach, you discover the barriers to actually using that system, and you begin to restructure and reengineer the culture.

## What other barriers exist?

**Ms. Mallory:** Part of the problem is a "we know what's right" attitude. Even the most sophisticated provider networks are not doing multi-cultural or Hispanic market research. They're assuming because they've treated patients in their service area, they know what the consumer needs, thinks and wants. In South L.A., for example, we know that 47% of women in our area do not receive prenatal care. We say, "We know we have the issues, so we know what we need to do." As opposed to asking, "Why is that? Is it a problem of access? Perceived value? What their moms tell them? Importance compared to other priorities in their lives?" The industry must dive deeper and not make assumptions.

**Mr. Gil:** The idea of visiting hours and other "typical" hospital rules run counter to the Hispanic culture. It takes volume and critical mass for the American health system to adjust to those cultural differences. That said, it would be a mistake to say Latinos are having trouble coming into our orderly system, because there is nothing orderly about American healthcare. They are coming into something that is, in my opinion, broken and fragmented.

**Dr. Martinez:** We must remember that healthcare is in a period of change, but so are our patients. We're being asked to redesign the system to provide proactive care, to be able to manage populations and manage risk, and the Hispanic community provides that opportunity. It's just not being viewed that way.

## What are some ways providers can engage?

**Mr. Gil:** I wish we had more than 5% Latino doctors, but that's not going to happen in my lifetime. The biggest improvement we can make now is the promotoras, the navigators, who help build a support system that takes the mystery out of access and makes healthcare accessible and understandable.

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**Dr. Mulligan:** Organizations can engage patients, especially Latino populations, through telemedicine. MDLIVE has a pilot in New Mexico, where 47% of the population is Spanish speaking, to help a large insurer there deliver behavioral health benefits. In the Hispanic culture, behavioral health can be considered taboo, but with telemedicine you can quietly make your appointments and talk to someone without anyone knowing.

**Dr. Santana:** Another benefit of telemedicine is connecting clinics and primary care to multispecialty groups. Accountable care organizations are exploring those opportunities because as payment models are changing, we do not have enough man or woman power to access the care the patient may need.

## What is the importance of "cultural competence"?

**Mr. Luna:** Cultural competence, to me, begins with being willing to inquire and discover the actual needs and preferences of the patient in a clinical setting, and of the populations that you have in your overall patient population. And right now there's still too little willingness to inquire, to discover.

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**Mr. Gil:** I agree. Hospital executives are used to deciding what food to serve, how many people to allow in a hospital room, and so forth, instead of culturally engaging. Healthcare management needs to do more listening instead of issuing directives.

**Dr. Martinez:** Other industries are already doing this. We worked with a large home improvement retailer, for example, which found that the No. 1 home improvement project for Hispanic consumers turned out to be converting a garage into a bedroom because they have multigenerational families living together. That changed their perspective of how the company marketed, and increased their sales. Cultural competence is more than being bilingual, it is what you present to build that relationship. In the end, market share, patient experience and outcomes in healthcare are all going to be related to trust, so the faster you can start taking those lessons from other industries and build it into your healthcare system, the faster you're going to be successful.

**Mr. Luna:** Another cue to take from other industries is the "less than" mentality: don't give Hispanic consumers less than you would offer any other segment of your customers. Make sure Spanish-language portals have all the same functionalities offered when targeting the general population. A "less than" experience can torpedo your trust with this community.

## How do the goals of achieving the Triple Aim—better experiences and better outcomes at a lower cost per capita—intersect with improved access and outcomes for Hispanics?

**Mr. Gil:** First, we have 32 million more lives covered, and the 32 million more covered are disproportionately lower

socioeconomic levels, so that's a good thing. Secondly, the creation of accountable care has moved from episodic interventions to a longitudinal model of care. And so we're now creating a longer-term engagement than the ER visit, and you're getting a greater engagement between the health system and patients.

Latinos tend to have a higher loyalty factor than most others, so when you're talking about population health, I think Latinos will end up outperforming other groups. They will stay in the system and be compliant within the rules of accountable care organizations.

**Dr. Martinez:** There is a huge opportunity here to move from standing still as a health system, and moving out into the community. That leads to better patient engagement, better outcomes, and early intervention. The Hispanic community provides an opportunity to create new capabilities and innovate, allowing you to achieve the Triple Aim and helping drive long-term success in the new environment. ■

## About North Highland

North Highland is a global management consulting firm that delivers unique value, big ideas and strategic business capabilities to drive digital, clinical, organizational, and financial transformation for its healthcare clients. The firm solves complex business problems for some of the nation's leading healthcare payers and providers, among a variety of Fortune 500 clients, through an integrated approach and offers specialty services via its Data and Analytics, Managed Services, and Sparks Grove divisions. North Highland is an employee-owned firm that has been named as a "Best Firm to Work For" every year since 2007 by Consulting Magazine. The firm is a member of Cordence Worldwide (www.cordenceworldwide.com), a global management consulting alliance. For more information, visit northhighland.com and connect with us on LinkedIn, Twitter and Facebook.

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