



Overcoming Cultural Barriers in a Hispanic Medicaid Population

by Michael Zagami, Mara Jimenez and Marirosa Goetz

Objectives:

- To engage a Hispanic population and inspire action in healthcare, it's essential to understand its cultural context. Where many communicators fail is in the notion that every English message can be simply translated to Spanish word-for-word and have the same impact.
- Improve healthcare compliance among Spanish-speaking, Medicaid members using a culturally adapted, engagement approach.
- Improve HEDIS diabetes screening (HbA1c and nephropathy) rates using an omni-channel, outreach approach, including email, text and interactive voice response (IVR) technology.
- Increase annual wellness visit rates for children ages three to six years old and adolescents using an omni-channel outreach, including email, text messaging and IVR.

Program Description: In May 2015, Eliza Corporation, a Danvers, Mass.-based, healthcare engagement company, launched diabetes management and well-child, preventive care programs among Hispanic members in coordination with 18 other programs for one Medicaid managed care organization.

Eliza identified and reached out to Medicaid members age 18 and over with a diabetes diagnosis, who met HEDIS qualifications for inclusion in the Comprehensive Diabetes Care measure and had a care gap in 2015 based on claims history. The diabetes management program was comprised of several timed and tailored IVR calls, emails and text message interactions, encouraging recommended diabetes screenings. Members could decide whether to receive messages in English or Spanish.

The goal of a Hispanic approach is to do more than simply translate the English content; thus, key components of each diabetes outreach were tailored specifically for a Hispanic population, focusing on culturally relevant barriers to care, including cost, transportation and language.

Culturally specific messaging strategies, such as email subject lines, were used in key engagement points. For example, the English version of an email subject line might say, "Keep up to date and feel your best." Eliza's culturally adapted Spanish message was, "Do you know how you can make your family happy?"

Eliza also identified and reached out to the parents/guardians of Medicaid members ages three to six and adolescents who qualified for inclusion in the HEDIS well-child visits and had a 2015 gap in care based on claims history. Similar to the outreach for diabetes, the well-child program was comprised of several timed and tailored IVR calls, emails and text message interactions encouraging parents/guardians to take their children to visits. Parents/guardians could choose to receive outreach in English or Spanish. While it's not uncommon for parents to have a protective instinct when it comes to their children's medical care, it is especially prevalent in a Hispanic community. This may contribute to challenges developing relationships with healthcare professionals. It's a trust issue, and it needs to be acknowledged and addressed when creating a dialogue.

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“Our deep understanding of the Hispanic healthcare consumer allows us to design culturally relevant solutions and connect with Hispanic populations. We’re increasing engagement, improving outcomes and strengthening brand messages,” says Michael Zagami, vice president of health engagement design at Eliza.

“We continue to explore ways in which we can create culturally sensitive outreaches that take into account not just someone’s language preference, but also what it means to be a healthcare consumer in America. We believe it’s time to embrace the Spanish-speaking population in the United States as a segment that deserves attention,” he says.

Here are some of the variations in content that make a difference in the way Spanish speakers receive well-child outreach:

- In English, the question, “Does your child have a doctor you work well with?” was adapted in Spanish to “Does your child have a doctor who you feel comfortable with?” A doctor in Hispanic culture is someone who is trusted, such as a friend. Instead of the word “work,” the message needs to revolve around care and comfort to build trust.
- In another example, Eliza says, “Your child’s doctor is the best place to go to make sure they’re growing healthy.” The Spanish, enhanced message is: “Taking your child to your doctor is the best thing you can do to make sure their growth and development is healthy.” The terms “development” and “growth” are very common to Hispanics during medical check-ups for their children. Changing the phrase just a little bit adds a familiar tone to the message.

Evaluation Process: Hispanics represent many different countries and while social status, acculturation, age and local environment play a role in sub-group identities, there are certain consistent values that appear in most communities.

These include a strong sense of family, community and respect. But beyond these basic values, there are deeper ideologies like “personalismo,” which refers to the emphasis on personal relationships and the sense of courtesy and politeness. There’s also “Jerarquía,” a symbolic construct of deference and authority, in particular, between different genders.

In addition, Hispanics have specific, culturally defined beliefs and expectations about disease, illness and treatments. In order to establish a dialogue, it is crucial to examine all these attributes and consider how these factors affect their healthcare views and the impact of language and perceived biases.

For instance, when Eliza tries to engage Hispanic women in health campaigns, the need for trust and “personalismo” in their provider relationships is acknowledged. “For many Latinos, a doctor/patient relationship needs to feel personal, welcoming and concerned for an individual as a whole. This makes the American healthcare setting, in which doctors often rush visits and lack time to establish relationships with patients, seem untrustworthy,” according to an article in *The Atlantic*.¹

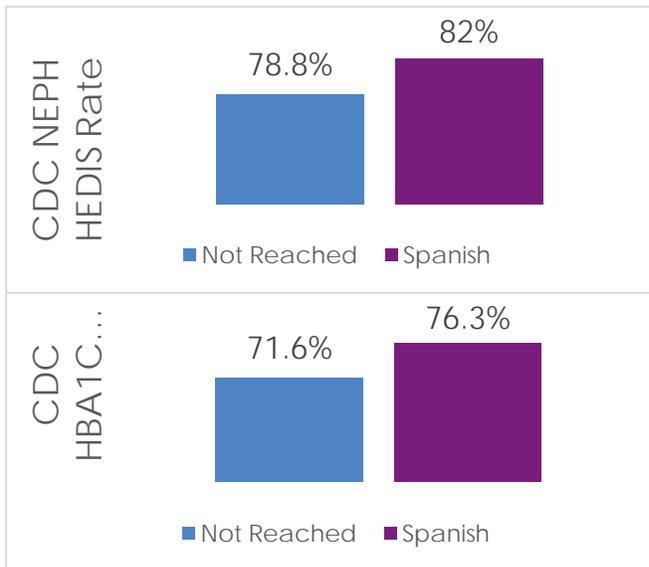
Hispanic women expect courtesy, warmth and respect when seeking medical care, and the tone of messages might be the bridge that connects them to that possibility. Eliza doesn’t simply tell them what to do; instead, it provides valuable information and resources that resonate to help these women make the best choices for their health. Once a foundation of trust has been established, it’s a lot easier for a Hispanic population to find meaning.

Results: For the diabetes screening compliance program, more Spanish-speaking members closed their clinical gaps for their microalbumin analysis (kidney disease monitoring) and HbA1C tests versus members who did not receive outreach from Eliza.

Eliza’s culturally adapted approach saw a 3.2% higher nephropathy testing rate for those who chose to receive communications in Spanish versus those who were not reached. In addition, there was a 4.7% higher HbA1c testing rate (based on HEDIS methodology) for those who chose to interact in Spanish.

Comprehensive Diabetes Care (CDC) HEDIS Measures	Average Calculated Rate— Not Reached	Average Calculated Rate—Spanish Reached
Medical Attention for Nephropathy (CDC)	78.8%	82.0%
HbA1c Testing (CDC)	71.6%	76.3%

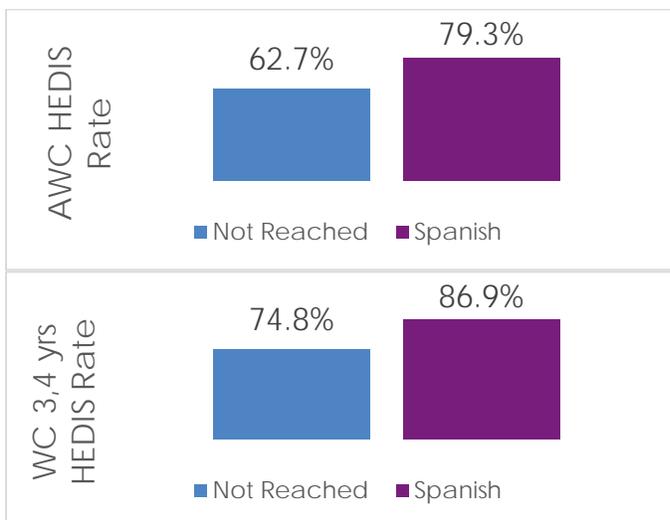
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For annual well-child visits, Spanish-speaking parents who received Eliza’s culturally adapted messages were more likely to close gaps in their children’s routine healthcare visits.

A 16.6% higher annual well-child HEDIS rate was achieved among those choosing Spanish outreach and a 12.1% higher HEDIS rate compared with those who were not reached.

Well-Child Visit Measures	Average Calculated Rate— Not Reached	Average Calculated Rate— Spanish Reached
Adolescent Well-Child Visit	62.7%	79.3%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (HEDIS)	74.8%	86.9%



Also, when a culturally adapted approach was used in the well-child program, those that responded in Spanish had a 42.2% opt-in rate to either email or text for future messages, and a 12.7% lift in rates for those who chose to speak Spanish (vs. English).

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Lessons Learned:

- To achieve successful healthcare engagement with a growing Hispanic community, Eliza uses a culturally adapted approach by designing messages that reflect Hispanic values and demonstrate respect for the ways in which they're comfortable communicating.
- Ultimately, this resulted in better outcomes for these diabetes management and well-child, preventive care programs.
- Hispanics have specific culturally defined beliefs and expectations about disease, illness and treatments. In order to establish a dialogue, it is crucial to examine all these attributes and consider how these factors affect their healthcare views and the impact of language and perceived biases.
- Hispanics have high-digital communication opt-in rates.

¹ Machado A. "Why Many Latinos Dread Going to the Doctor." *The Atlantic*. May 7, 2014.

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