Diverse State, Diverse Needs

Coloradans' Needs and Experiences Highlight Demand for Culturally Responsive Care

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No two people have the same needs and experiences when they visit a doctor. Characteristics like language, cultural identity, sexual orientation, and previous experience with trauma can all shape a person's health care needs.

Health care providers who deliver culturally responsive care are aware of and sensitive to these diverse values, beliefs, and behaviors. Receiving culturally responsive care is associated with better health outcomes and more positive experiences with the health care system.[1]

According to the 2021 Colorado Health Access Survey (CHAS), about one in 14 (6.9%) Coloradans reported needing health care that was responsive to a particular need or part of their identity, most often due to their disability, language, sexual orientation, or experience with violence or abuse.

People who reported that their identity or personal history made a difference in the care they needed were more likely to report being treated with less respect by health care providers. They were also more likely to avoid getting health care when they needed it due to their fear of being treated unfairly.

Colorado providers and policymakers are working to strengthen fluency in culturally responsive care across the health care workforce, but they can do more to ensure that the health care system meets the unique needs of all Coloradans.

Key Takeaways:

- In 2021, nearly 7% of Coloradans (over 388,000 people) reported needing health care that responded to at least one unique need, such as language, sexual orientation, culture, disability, or experience with trauma.
- People who reported needing culturally responsive care were disproportionately likely to report being treated with less respect. They may avoid seeking health care when they need it due to their fear of being treated unfairly.
- Having access to culturally responsive care can reduce health disparities and improve patients' trust in the health care system.

The Need for Culturally Responsive Care

According to the 2021 CHAS, an estimated 388,000 Coloradans needed culturally responsive care. The most common reasons people reported for needing this care were disability status, experience with abuse or violence, language, and/or sexual orientation (see Table 1). CHI's work in stigma and health equity leads us to believe that this is very likely an undercount, indicating that many more Coloradans need some form of culturally responsive care than are reflected in the data. Additionally, those who need culturally responsive care due to characteristics like refugee status or experiences with homelessness are likely being undercounted. The CHAS is only administered to those with home mailing addresses and is only offered in English and Spanish, which means this data excludes people experiencing homelessness and people who speak neither English nor Spanish, two groups that are likely to need culturally responsive care.

Intersectionality in Health Care

Nearly three out of four people who needed culturally responsive care reported that more than one characteristic affected the care they needed; more than half reported at least three. Some Coloradans identified six or more characteristics that made a difference in the care they needed (see Figure 1).

Figure 1: Multiple Characteristics or Experiences Affected the Health Care Needs of Most Coloradans Who Needed Culturally Responsive Care

Number of characteristics for which Coloradans needed culturally responsive care, by percentage, 2021

Note: The graph only represents Coloradans who reported needing culturally responsive care.

Table 1: Coloradans Needed Culturally Responsive Care Due to a Range of Characteristics

Factors That Affected Why Coloradans Needed Culturally Responsive Care	Estimated Number	Percentage of Those Who Need Culturally Responsive Care Who Identified This Need
Total Reporting Needing Culturally Responsive Care	388,206	100.0%
Disability or Physical, Mental, or Cognitive Condition	202,696	54.6%
Experience With Violence or Abuse	112,291	30.6%
Language	91,060	24.3%
Sexual Orientation	88,492	24.1%
Ethnic Background or Culture	69,743	19.1%
Other Reason*	35,143	19.0%
Race	66,607	18.3%
Gender Identity	65,941	17.8%
Experience With Homelessness	39,844	10.9%
Religion	35,399	9.8%
Asylum Seeker or Refugee Status	8,957	2.5%

*Respondents could write in a factor beyond those listed. Common responses under this entry included age, history of sexual abuse, and other health conditions. Numbers do not total 100% because respondents could reply yes to multiple factors.

How the Colorado Health Access Survey Defines Culturally Responsive Care and Discrimination

To understand Coloradans' need for culturally responsive care, CHI asked the following questions in a series. This brief defined those who answered "yes" to the first question as needing culturally responsive care. Our definition of culture is expansive and includes socioeconomic factors and personal histories that can guide health decisions.[2]

1. Does your language, race, religion, ethnic background, culture, gender identity, sexual orientation, disability, or other personal history, such as domestic violence or refugee status, make a difference in the kind of health care you need?
2. Which of the following makes a difference in the kind of care you need: language other than English; race; religion; ethnic background or culture; gender identity; sexual orientation; a disability or physical, mental, or cognitive condition; experience with violence or abuse (such as domestic violence); experience with homelessness; asylum seeker or refugee status; other (specify)? Respondents could choose as many responses as they felt appropriate.
3. In the last 12 months, have all of your health care providers met those needs?
4. Thinking back to the health care providers who did not meet your needs, did your experience with them impact your ability to get the care you needed or the quality of care you received?

The CHAS also asked respondents who were 18 and older about discrimination in the health system. While this concept is related to culturally responsive care, this question focused on experiences in the health care system, as opposed to health care needs. The question was:

In the last 12 months when seeking health care, did you feel you were treated with less respect or received services that were not as good as what other people get?

These overlapping experiences and identities affect the type of care people needed. One common set of factors that combined to affect the health care Coloradans needed is language, culture, and race. Of people who said that the language they speak affected their health care needs, 43.5% also reported needing culturally responsive care due to their culture and 38.3% due to their race.

The most common reason people reported needing culturally responsive care on the 2021 CHAS was a disability. Of this group, 39.6% reported that their history with abuse or violence affected the care needed and an additional 22.1% reported sexual orientation also affected their health care needs. Some people who needed culturally responsive care due to a disability also reported that their gender identity (17.5%) or their experiences with homelessness (15.2%) affected their needed care.

To offer comprehensive culturally responsive care, providers need to incorporate intersectionality — the notion that different identities can overlap and interact to create unique experiences, such as privilege, disadvantage, or discrimination — when providing care to patients, understanding that many dynamics shape their patients' experiences and needs.

In the United States, people with disabilities are disproportionately likely to be victims of abuse or to experience homelessness.[3,4] The same is true for LGBTQ people, particularly youth and youth of color.[5] Providers need to be aware that their patients' experiences affect the care they need and their perceptions of or trust in the health care system. Similarly, in treating LGBTQ Coloradans with disabilities, doctors providing intersectional, culturally responsive health care must consider not only how sexual orientation and disability can independently impact patients' health care needs but also how those overlapping identities can affect the care that patients need. For instance, research has found that LGBTQ patients with disabilities often face additional difficulties within the health care system because they have to "come out" multiple times to providers — by explaining both their disability and their sexual orientation — and navigate multiple identities when seeking care.[6]

What Does Culturally Responsive Care Look Like?

Culturally responsive care is an overarching term for health care that meets patients' social, cultural, and linguistic needs.[7] There is no one type of culturally responsive care because different patients have different cultural and social backgrounds, and even those within one group can have diverse needs and experiences. While care should be tailored to individual patients, specific culturally responsive practices can include:

- Providing translation services or access to clinicians and staff who speak languages other than English[8]
- Acknowledging the role that historical trauma and current oppression can play in patients' health
- Offering trauma-responsive care, which can include not forcing patients to unnecessarily retell their stories and avoiding language that blames patients for their trauma[9]
- Avoiding assumptions about patients' pronouns or sexual orientation
- Incorporating non-Western healing practices, such as Native American traditional healing ceremonies[10]
- Demonstrating understanding of the fact that people's disabilities do not need to be fixed[11]

Culturally Responsive Care and Income

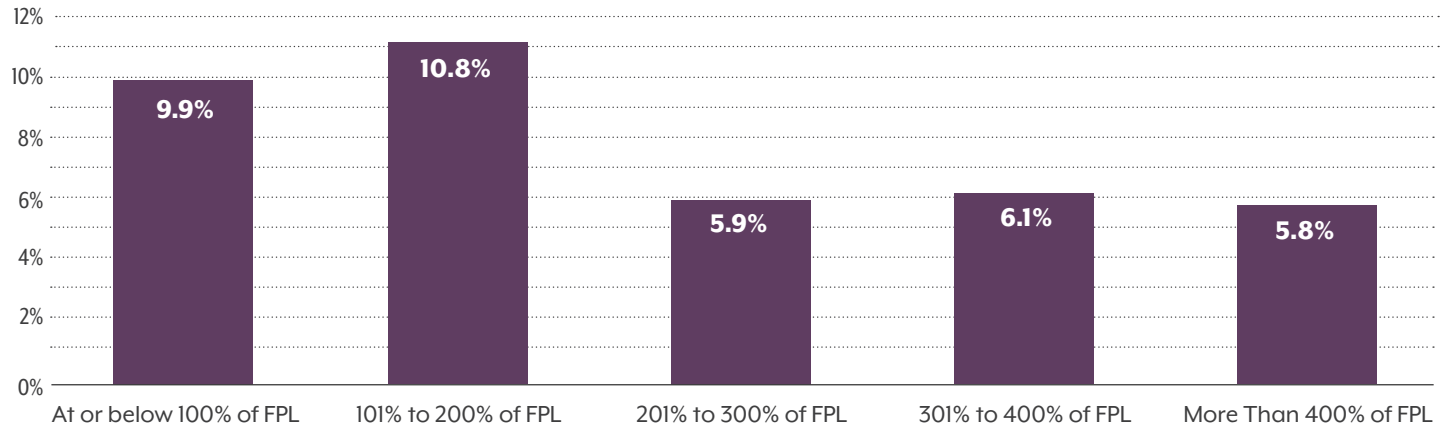
People who had household incomes at or below 200% of the Federal Poverty Level (FPL) — or $53,000 for a family of four in 2021 — were almost twice as likely to report needing culturally responsive care (10.5%) as those with incomes above 200% (5.9%).[12] This difference held true when income level was further broken down (see Figure 2).

The most common characteristics that affected care for Coloradans with incomes under 200% of the FPL were disability (63.0%), experiences with violence or abuse (29.8%), language (28.8%), and culture (22.4%).

The cutoff for many government aid programs is around 200% of the FPL. For instance, benefits for the Supplemental Nutrition Assistance Program (SNAP), which was previously called the Food Stamp Program, generally cut off at 200%, and the Child Health Plan *Plus* (CHP+) covers those with household incomes up to 260% of the FPL.[13,14] Furthermore, Health First Colorado, the state's Medicaid program, caps income-based eligibility at 138% of the FPL.[15] Many lower-income Coloradans receive benefits through some or all of these programs, and they are disproportionately likely to need culturally responsive care.

Figure 2: Coloradans With Incomes Under 200% of the FPL Were More Likely to Need Culturally Responsive Care*

Percentage of people who needed culturally responsive care, by income level, 2021



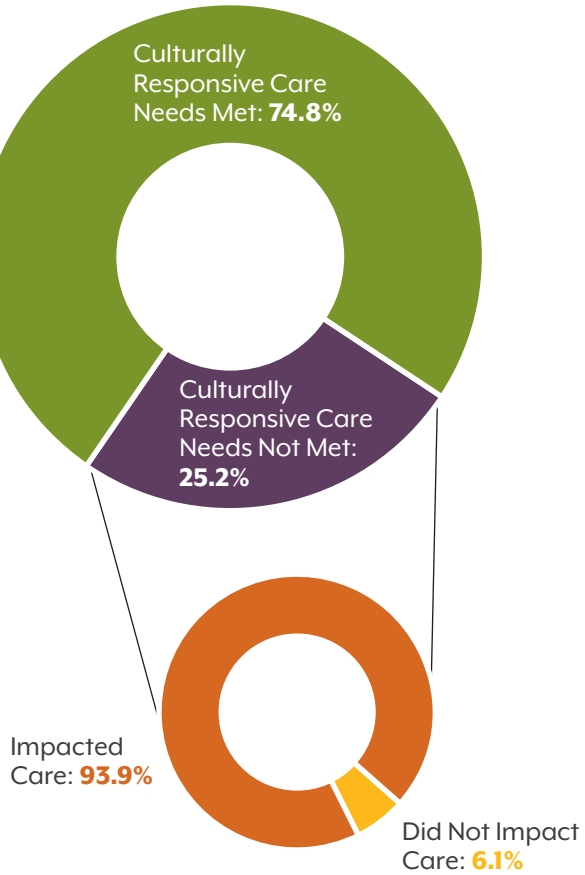
*In Colorado, 200% Federal Poverty Level for a family of four was $53,000 in 2021.[16]

This means that safety net providers — or other providers who know they are working with Medicaid, CHP+, and SNAP patients — need to be aware that their patients are disproportionately likely to need culturally responsive care. Although the CHAS did not ask Coloradans whether their income affected the care that they needed, income likely does affect these Coloradans' experiences within the health care system and the care that they need.[17]

Who Receives Culturally Responsive Care?

In Colorado, most people who needed culturally responsive care (74.8%) reported that providers met those needs in the past year. Still, more than a quarter of people who needed culturally responsive care — over 71,000 Coloradans — did not receive that care (25.2%). Nearly all of these Coloradans (93.9%) reported that not having their needs met affected the quality of care they received (see Figure 3).

Figure 3: Among Coloradans Who Did Not Have Their Care Needs Met, Nine in 10 Said It Affected Their Quality of Care



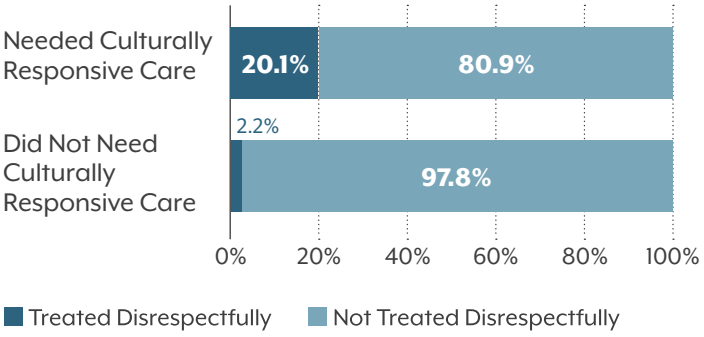
Culturally Responsive Care and Discrimination

Adults who needed culturally responsive care, whether or not they received it, were more likely to report receiving disrespectful or lower-quality treatment in the past year (20.1%) than those who did not need it (2.2%) (see Figure 4).

The CHAS also asked Coloradans whether they skipped care because they were afraid of receiving unfair treatment. Nearly one-fifth of Coloradans who needed culturally responsive care reported skipping care due to fear of unfair treatment (see Figure 5).

Figure 4: Coloradans Who Needed Culturally Responsive Care Were Nine Times as Likely to Receive Less-Respectful or Lower-Quality Treatment*

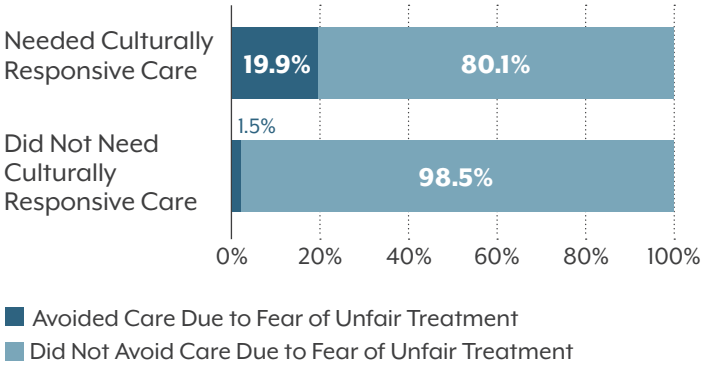
Percentage of people treated with less respect by culturally responsive care need, 2021



*Among Coloradans ages 18+

Figure 5: Nearly One in Five Coloradans Who Needed Culturally Responsive Care Skipped Treatment Due to Fear of Being Treated Unfairly

Percentage of people who skipped treatment due to fear of unfair treatment, 2021



This lines up with research suggesting that people who do not receive needed culturally responsive care often report facing bias, discrimination, or unfair treatment within the health care system.[18] The same people can also face health disparities when they do not receive needed culturally responsive care. To decrease barriers to care among Coloradans with specific cultural needs, policymakers should focus on taking steps to build trust in the health care system among these Coloradans, which can decrease health disparities and improve mental health outcomes.[19]

Policy Implications

Colorado policymakers have prioritized ensuring that Colorado has a culturally and trauma-responsive health care workforce in recent years. In 2021, policymakers passed the Colorado Option (HB21-1232), which required the Division of Insurance (DOI) to ensure that all carriers offering a Colorado Option Standardized Health Benefit Plan develop a provider network that is culturally responsive and representative of the community it serves.[20] Although this work is still in its early stages, the DOI has created regulations directly informed by the experiences of people who need culturally responsive care. These regulations require carriers to prove that their networks are culturally responsive, which may include diverse workforces; training in cultural competency for providers, front office staff, and customer service representatives; enhanced language access requirements; and availability to see patients outside traditional business hours.[21]

This year, the legislature passed HB22-1267, which allocates $900,000 in grant funding for nonprofits and statewide provider associations — such as the Colorado Pharmacists Association — to develop trainings on culturally responsive care with a focus on intersectionality.[22] However, for these trainings to truly be successful, they will need to be developed or strongly informed by patients who need culturally responsive care.

Outside the legislative arena, certain health systems, particularly safety net clinics, have taken steps to expand their hours outside of traditional work hours, proactively hire multilingual providers and translators, provide trauma-responsive victim services, educate providers about a range of healing practices, create more inclusive patient forms and portals, and employ peer navigators and community health workers with whom patients may be more comfortable.[23,24] Other clinics have worked to build trust by engaging with community leaders, such as church and temple leaders, and hiring providers who are culturally reflective of the patients they serve. Safety net clinics have often pioneered these services and approaches because of their considerable experience working with patients who need culturally responsive care. In their efforts to provide more culturally responsive care, other providers and health systems may choose to emulate these safety net clinics.

Providing culturally responsive care is an ongoing, evolving process that requires health care staff and providers to learn and use new information and skills. Next steps may include encouraging medical providers, other service providers, and other health care staff to participate in trainings and incorporate culturally responsive practices into their daily patient interactions. Policymakers may also want to take steps to educate and develop a more diverse workforce, one which is reflective of and responsive to all Coloradans. This can include not only updating medical education but also moving upstream to recruit diverse Coloradans to medical school and other health education programs. It will be important to evaluate whether these efforts improve patients' health care experiences and reduce health disparities. These efforts are more likely to be successful if they center the voices and experiences of patients who need culturally responsive care.

Conclusion

Colorado is a diverse state, which means that the health care system must be prepared to respond to a diverse range of needs. People's lived experiences and identities are integral to how they experience health and their interactions with the health care system.

The CHAS suggests that Coloradans are not always receiving care that matches their needs. This analysis also suggests that, by understanding how people's various identities and characteristics interact to inform their experiences with the health care system, providers and health systems can build trust and ultimately reduce health disparities. It is essential that policymakers and providers prioritize trainings and systems changes that promote culturally responsive care, so that all Coloradans have access to care that supports their health and well-being.

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About the CHAS

The Colorado Health Access Survey (CHAS) is the premier source of information about health insurance coverage, access to health care, use of health care services, and the social factors that influence health in Colorado. The biennial survey of more than 10,000 households has been conducted since 2009. Survey data are weighted to reflect the demographics and distribution of the state's population. The 2021 CHAS was fielded between February 1 and June 7, 2021. The survey was conducted in English and Spanish. New questions were added to the 2021 survey to capture the impact of the COVID-19 pandemic as well as the impact of telehealth, social factors, and other topics. Visit colo.health/CHAS21 for information on the 2021 CHAS and our generous sponsors.

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