



Improving Health Equity Through a Culturally and Linguistically Intelligent Approach

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ABNER MASON

While health care has made significant advances over the years, many populations continue to be marginalized due to a lack of knowledge about their specific needs. SmartBrief spoke with Abner Mason, founder and CEO of SameSky Health, to find out what health plans are doing to improve equity for their members.

What steps should health plans take to address health equity and engage members in their health?

The first step is to get to know your members, beginning with collecting accurate race, ethnicity and language data. We know that the one-size-fits-all approach to health care doesn't work. If you understand your members and the communities they live in, you can identify and address known disparities such as lack of access to care, challenges with the quality of care and other important factors.

You should also consider how other factors, such as sexual orientation, disability, income and other social determinants of health (SDOH) affect an individual. You may find that members are reluctant to provide this information, and that's why it's so important to establish a relationship and clearly communicate the purpose behind collecting the information, so members feel comfortable providing it.

Once you get to know your members, you can uncover their barriers to health and help guide them to the tools, resources and care they need.

Why is the delivery of culturally and linguistically intelligent services important to addressing health equity?

When it comes to engagement, health care still works like it did in the 1970s. Content is typically created by an English speaker, for an English speaker. Content may be translated into other languages, but it's not usually translated well.

Health care treats all of us like we're the same and the truth is, we're not. We have different levels of trust for the health care system. We have different abilities to engage in health care and we have different levels of willingness to engage. SDOH also affects us differently.

The more we can create and deliver services that are culturally and linguistically centered, the more opportunity we have to truly meet the needs of individuals and help them successfully navigate and engage with the health care system.

What gaps still need to be addressed to make health care more inclusive?

There are several gaps, but I think there are two areas that can have a significant impact on making health care more inclusive and effective.

The first area for improvement is around using texting as a means of communication. Some organizations are still holding on to policies against texting, but this status quo is a threat to health equity. To overcome the pandemic and build a healthier, more equitable world, health plans need to use every tool available to them.

The technology for texting is already in place. [Eighty-five percent of Americans](#) own a smartphone — and so do 76% of people who live in households earning \$30,000 or less per year. And people love to text. In fact, [85% of consumers](#) want to be able to send and receive texts from businesses.

What's holding health plans back? In many cases, it's risk aversion — they have too much to lose.

But we've reached the point where we need to balance caution with action. The health inequities plaguing our country demand an effective response. It could be as easy as embracing this simple technology that Americans already intimately know and love.

Second, addressing SDOH by expanding supplemental benefits for Medicaid, similarly to what has been done for Medicare Advantage, could address non-medical related issues such as transportation, meal delivery and more.

[As much as 80% to 90%](#) of a person's health is decided outside the clinic. That means that quality care and increased access aren't enough to empower underserved communities to achieve good health.

This country needs to address SDOH. That said, there's no sense in medicalizing these factors, because it could make accessing necessities more challenging and confusing. We need to bring health care and upstream SDOH services to members in a way that fosters coordination and shared insights.

There's no easy solution to this challenge. It requires mobilization from all levels of government and health care organizations, but we're beginning to see that out in the market.

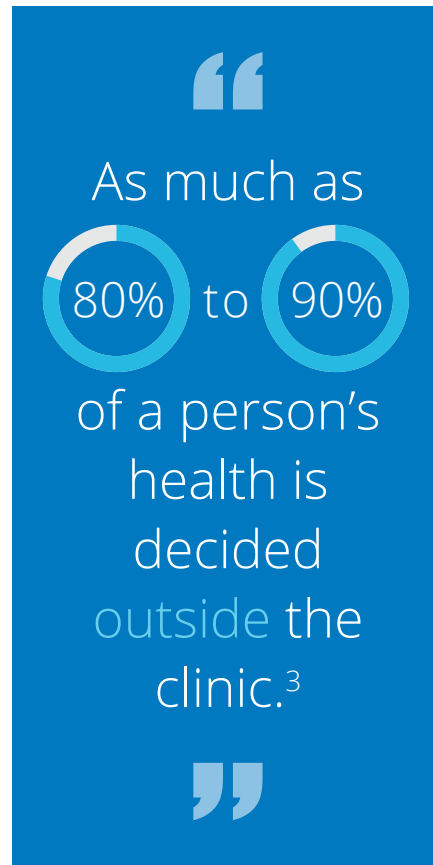
Medicare Advantage plans and their expanded supplemental benefits also play a role. The ability for health plans to invest in addressing SDOH — through things like air-conditioning units and transportation — is good for everyone. Medicaid plans need the ability to use federal funding for similar initiatives. Right now, that's all but impossible.

Most health care leaders understand the importance of SDOH. It's time we become more innovative, flexible and coordinated in our approach to addressing the barriers to health in underserved communities.

Can you share an example of where you have seen success in engaging hard-to-reach, underserved communities?

Culture is the foundation of everything we do at SameSky Health. Our Community Health Guides are first-generation Americans who share the same cultures, backgrounds, languages, beliefs and other experiences with the members we engage. These Guides understand the reservations a member may have and how to address their individual concerns and questions.

As an example, late in summer 2021, most remaining unvaccinated people in the US were hard to reach and dead set against getting the shot. We worked with a health plan to increase vaccine rates in these priority



populations. Over several months, our efforts increased the vaccination rate by more than 16% over a control group that received no outreach. Even in this polarized climate, culturally intelligent and linguistically appropriate approaches work.

What is the greatest opportunity you see to address health equity over the next year?

Addressing health equity isn't easy. But there's one thing we can all do right now to make a difference, and that's meet members where they are, in ways they understand.

We need to understand their values, concerns and preferences. And we need to understand their cultures.

If someone works long hours without access to a phone or speaks a language other than English, that knowledge ought to be front and center when it comes time to book an appointment. If a member identifies with a particular racial or ethnic group, that should inform a clinician's approach. And when

it's clear that a family lacks access to nutritious food, connecting them to the right community resources must become as simple as pressing a button.

We can engage underserved communities with culturally and linguistically intelligent services right now. We should seize the opportunity to do so. ■

***Abner Mason** is the founder and CEO of SameSky Health, a cultural experience company that forms meaningful relationships to bring people to health. He has spent decades working to reduce barriers to care faced by underserved people nationally and internationally, from the federal to the local level. He currently sits on the Boards of Manifest MedEx and the California Black Health Network, and is a member of United States of Care's Founders Council, the American Medical Association's External Equity and Innovation Advisory Group, and HIMSS' Social Determinants of Health Committee. Abner is also the founder of HealthTech 4 Medicaid.*

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ABOUT SAMESKY HEALTH

SameSky Health is a cultural experience company that removes barriers to care and forms meaningful relationships to bring people to health. We guide health plan members on their annual wellness journeys by building trusted relationships that encourage dignity, autonomy and companionship as they navigate disparate life experiences within a complex healthcare system.

To learn more, visit sameskyhealth.com.

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