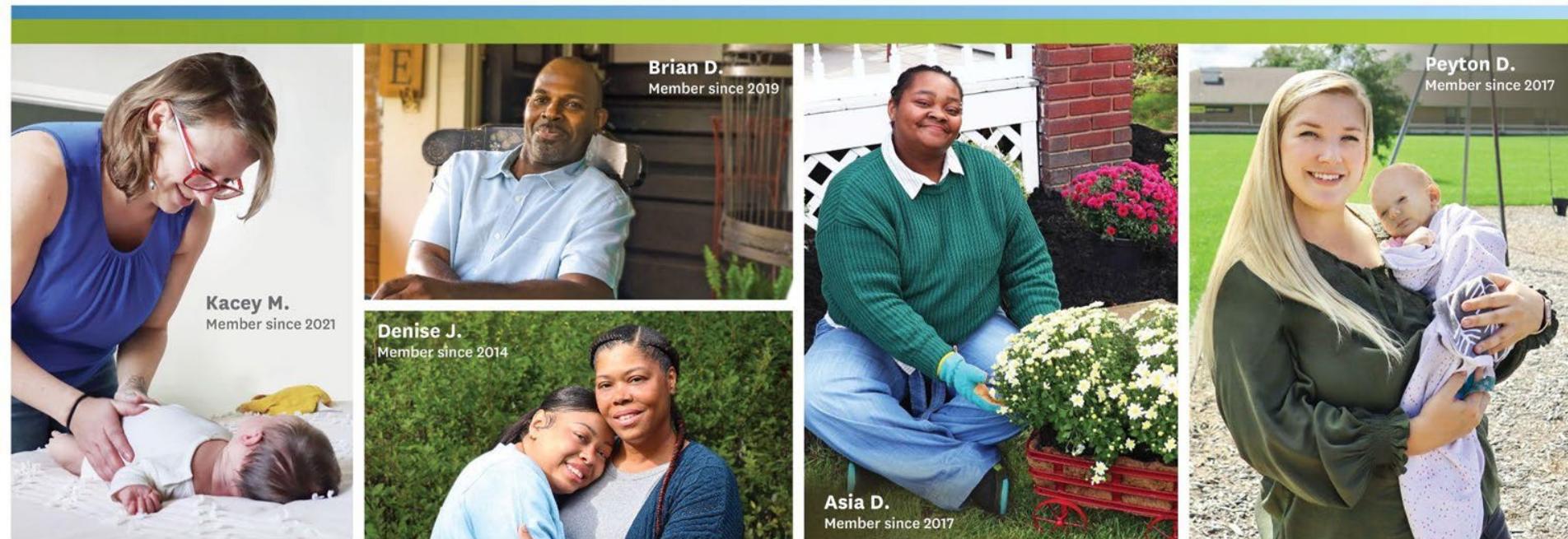


Health Equity

Understanding Race vs. Ethnicity Training



Understanding Race vs. Ethnicity in Managed Care

In managed care, distinguishing **race** from **ethnicity** is essential for delivering equitable, culturally responsive care and effectively addressing health disparities.

- **Race** refers to groups of people who share common physical characteristics such as skin color, facial features, and ancestry. It is often categorized based on biology and visible traits.
- **Ethnicity** relates to shared cultural practices, traditions, language, nationality, and family heritage. It reflects a group's cultural identity and social experience rather than physical characteristics.

Understanding these differences helps **Buckeye Health Plan** providers recognize the unique challenges faced by diverse member populations. Health disparities often arise not only from genetics but also from systemic issues such as access to care, socioeconomic factors, and cultural barriers.

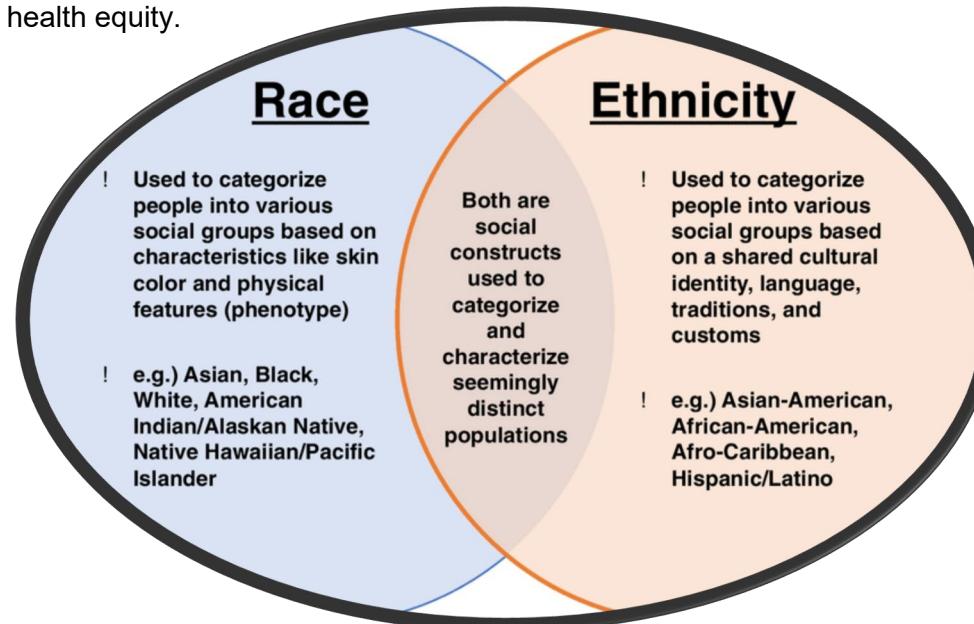
By appreciating both race and ethnicity, **Buckeye Health Plan** providers can:

- Deliver more personalized, culturally competent care
- Build stronger member-provider relationships
- Identify and address specific needs or barriers within the communities we serve
- Support health equity initiatives that improve outcomes for all Buckeye Health Plan members



Why It Matters for Buckeye Health Plan Providers ?

- Helps recognize and respond to the diverse experiences and challenges of members.
- Moves the focus beyond biology to include cultural, social, and structural determinants of health.
- Promotes culturally responsive care that builds trust, strengthens communication, and advances health equity.



Understanding Ethnicity's Impact on Health Equity

Why It Matters

Ethnicity significantly influences healthcare access, quality, and outcomes. These disparities are not random—they stem from **systemic, social, and economic forces** that we must address to improve equity

1. Access to Care

Challenge: Black, Hispanic, and American Indian/Alaska Native members are more likely to be uninsured or underinsured.

Impact: Delayed or forgone care leads to worsened health outcomes.

Action Items: *How can Buckeye Health Plan improve outreach and enrollment strategies for these communities?*

2. Quality of Care

Challenge: Minority patients often receive lower quality care, face longer wait times, and experience communication barriers.

Impact: Reduced trust and engagement with the healthcare system.

Action Items: *What training or tools can we provide to providers to improve cultural competence and communication?*

3. Health Outcomes

Challenge: Higher rates of chronic disease, premature death, and hospitalizations among minority populations.

Impact: Increased healthcare costs and reduced quality of life.

Action Items: *What data can we use to identify and target high-risk populations for proactive interventions?*

How Race Affects Healthcare

Access to Care

Insurance Coverage: Members from racial and ethnic minority groups especially American Indian/Alaska Native, Hispanic, and Black populations are more likely to be uninsured or underinsured, leading to delayed or missed care.

Geographic Location: Predominantly Black communities often face shortages of primary care providers and essential healthcare resources.

Transportation: Limited access to reliable transportation can prevent members from attending appointments and following through with treatments.

Quality of Care

Bias and Stereotyping: Implicit bias among healthcare providers can result in disparities, such as minority patients receiving less adequate pain management compared to White patients.

Diagnostic Errors: Minority members may face delayed or inaccurate diagnoses influenced by unconscious bias.

Communication Barriers: Non-English-speaking members might not receive the same quality of care due to language barriers and insufficient interpreter services.

Patient-Provider Relationship: Interactions between providers and people of color may suffer from less patient-centered communication and fewer positive exchanges, impacting trust and care quality.

How Race Affects Healthcare

Health Outcomes

Higher Mortality Rates: Minority members experience elevated rates of infant and maternal mortality, as well as deaths from conditions like heart disease and stroke.

Increased Morbidity: Disparities exist in chronic diseases such as asthma, diabetes, maternal and HIV/AIDS among racial and ethnic minority groups.

Shorter Life Expectancy: Members of racial and ethnic minorities generally have shorter life expectancies compared to White members.

Systemic Factors: Social Determinants of Health:

Factors such as poverty, limited education, and unsafe living conditions disproportionately affect racial and ethnic minorities, further driving health disparities.

Role of Buckeye Health Plan Providers

Understanding the profound impact of race on healthcare is essential for **Buckeye Health Plan providers** to:

- Develop **tailored care** that address each patient unique social, cultural, and economic needs
- Build trusting, respectful patient-provider relationships that improve engagement and adherence
- Use culturally responsive communication to overcome barriers and foster better health outcomes
- Connect members with resources that address social determinants of health
- Support Buckeye Health Plan's commitment to advancing health equity and eliminating disparities

Call to Action

- **How can we partner to reduce these disparities?**
- **How can we measure progress and accountability across departments and provider partners?**
- **Who are our community partners in this work—and how can we strengthen those relationships?**

Race vs. Ethnicity in Addressing Disparities in Care

Disparities in Care Experience

Research consistently shows that racial and ethnic minority patients often report poorer healthcare experiences, including:

- Limited access to necessary services
- Longer wait times for appointments and treatments
- Challenges communicating effectively with healthcare providers

At **Buckeye Health Plan**, we recognize these disparities and are committed to ensuring all members receive timely, respectful, and high-quality care, regardless of race, ethnicity, or language preference.

Provider Bias

Both conscious and unconscious biases can influence clinical decisions, potentially leading to unequal treatment and poorer outcomes for minority patients. Recognizing and addressing these biases is critical for equitable care delivery.

Buckeye Health Plan provides ongoing cultural competency training and educational resources to help providers identify and mitigate implicit bias, ensuring every member receives care based on individual needs and not assumptions.

Race vs. Ethnicity in Addressing Disparities in Patient Care

Cultural Competence

Providing effective, patient-centered care requires understanding and respecting our members' cultural backgrounds, values, and health beliefs.

- Cultural competence enables **Buckeye Health Plan** providers to:
- Communicate more effectively with members from diverse backgrounds
- Develop tailored care plans that align with members' needs, preferences, and cultural context
- Build trust and strengthen the member-provider relationship

By embedding cultural competence into everyday practice, **Buckeye Health Plan** providers can help reduce disparities, improve health outcomes, and advance health equity across our communities.

Language Barriers

Language differences can significantly hinder members' ability to access, understand, and follow healthcare instructions, which may negatively impact health outcomes.

Buckeye Health Plan is committed to overcoming these barriers by:

- Providing free, professional interpreter services available 24/7 for all providers and members
- Offering culturally appropriate translated materials in the most common languages spoken by our members
- Training staff on how to effectively utilize language access resources to support clear communication



Data Collection and Analysis

Importance of Race and Ethnicity Data Collection

Accurate collection of race and ethnicity data is essential for **Buckeye Health Plan** to:

- Identify health disparities affecting our member populations
- Monitor and evaluate the effectiveness of interventions designed to reduce inequities
- Inform culturally responsive care strategies and guide appropriate resource allocation

Methods of Collecting Race and Ethnicity Data

Self-Identification (Preferred Method):

Members are encouraged to personally select their race and ethnicity categories. This ensures that data reflects their identity accurately and respectfully. Providers should foster a private and supportive environment to promote honest self-reporting and build trust.

Geocoding:

When self-identification data is unavailable, Buckeye Health Plan uses geocoding techniques to infer race and ethnicity based on residential location and demographic patterns. While useful, this method is less precise, especially in culturally diverse or mixed communities, and should be used cautiously.



Data Collection and Analysis

Using Data to Develop Tailored Care Plans

Race and ethnicity data help providers better understand member needs and develop care plans that are culturally sensitive and aligned with individual preferences. This targeted approach improves engagement, adherence, and health outcomes across diverse populations served by Buckeye Health Plan.

Why the Distinction Matters in Care

Race is based on physical traits while Ethnicity is Based on cultural identity.

- **Race** helps identify health disparity trends
- **Ethnicity** supports culturally appropriate services

How Understanding Can Drive Results

- Improve patient-provider trust and communication
- Address health disparities across racial and ethnic groups
- Comply with NCQA and CLAS standards
- Enhance culturally responsive care



BHP Strategies to Address Disparities

Buckeye Health Plan takes a proactive and intentional approach to addressing health disparities. By implementing targeted strategies such as cultural competency training, robust language access services, and ongoing monitoring and evaluation, providers can foster a more inclusive and equitable healthcare environment. These efforts not only strengthen communication and trust with diverse patient populations but also help identify and close gaps in care, ultimately advancing health equity for all Buckeye Health Plan members:

1. Cultural Competency Training

- Mandatory annual cultural competency training for all providers and staff
- Post-training feedback surveys to continuously improve content and relevance
- Partnerships with community leaders and cultural experts to provide authentic perspectives and real-world insights

2. Language Access Services

- Free language access services, including 24/7 interpreter availability for all providers
- Quick reference guide for providers on how to access language resources efficiently
- Translation of key member materials into the most common languages spoken by Buckeye Health Plan members
- Regular monitoring of interpreter utilization rates and member satisfaction related to communication

BHP Strategies to Address Disparities

3. Monitoring and Evaluation

- Ongoing collection and analysis of data by race, ethnicity, and language to identify potential disparities in access, quality, and outcomes
- Development of health equity dashboards to track key performance indicators and progress toward closing gaps in care
- Regular review of findings with providers and Health Equity team to guide targeted interventions
- Use member and provider feedback to refine programs and address barriers in real time

Key Takeaways

Race and ethnicity are distinct but both essential

- Recognizing the difference allows providers to avoid assumptions, respect individual identities, and strengthen trust.
- Accurate identification helps ensure health equity work is based on reliable, meaningful data.

Use self-identified data for accurate reporting

- Collecting member-reported race and ethnicity ensures authenticity and accuracy.
- Builds member confidence that their voice and identity are valued.
- Enables more precise tracking of disparities and targeted quality improvement.

Apply knowledge to improve culturally responsive care

- Use race and ethnicity insights to adapt communication styles, treatment plans, and preventive care.
- Recognize cultural health beliefs and practices that may influence care decisions.
- Partner with interpreters via Buckeye Health Language services, community organizations, and culturally aligned resources to reduce barriers and improve outcomes.

Providers Can Implement This!



Access

- Use Buckeye Health Plan resources such as **language access services, demographic data reports, and online training modules on BHP site.**
- Provide members with interpreter services, translated materials, and cultural resources to ensure clear communication and trust.
- Stay current with available provider toolkits, quick-reference guides, and member-facing resources to support culturally appropriate care.

Integration

- **Document race and ethnicity data for every patient** in the provider system accurately and consistently.
- Use self-identified data to guide care planning, referrals, and preventive screenings.
- Review aggregated data to identify gaps in care, track improvements, and align with NCQA/CLAS standards.

Partnership

- Collaborate with **Buckeye Health Plan care managers and provider relations representatives** to address identified disparities and improve outreach.
- Engage with **community-based organizations, cultural liaisons, and local health advocates** to strengthen connections with diverse populations.
- Share success stories, lessons learned, and challenges with Buckeye to inform system-wide health equity strategies.

