

## Health equity, language access and cultural competency contribute to a patient's overall health care

Members who are not proficient in English are less likely to get needed health care because of limited language access. To improve individual and community-wide health, it's important to recognize and address the unique culture, language and health literacy of its diverse population.

Security Health Plan recognizes the strong link between health equity, language access and cultural competency in health care. Because Security Health Plan is committed to managing the health care needs of our members, Security regularly collects information regarding practitioners' abilities to meet the cultural and linguistic needs of our members. Practitioner languages, race and ethnicity, are also voluntarily collected during the credentialing process, as is the language capacity of provider staff. Security Health Plan analyses this information to help shape different initiatives to best serve our members.

As the population of the country grows more diverse every year, it becomes clear that language and culture are intricately linked. Understanding these trends allows practitioners to become self-empowered and to empower patients with their care. In Wisconsin, English and Spanish are the two most commonly spoken languages. According to the 2021 US Census, 91.4% of Wisconsinites aged 5 and older speak only English while 8.6% speak a language other than English.<sup>1</sup> The report also shows 1.3% of Wisconsin households are limited English-speaking.<sup>2</sup> Spanish is the leading number of limited English-speaking households followed by Asian and Pacific Islander languages.

The U.S. Department of Human Services provides a list of the estimates of the top 15 languages spoken by individuals with limited English proficiency for the 50 states, the District of Columbia and U.S. territories.<sup>3</sup> The top three ranked languages for the number of limited English individuals in Wisconsin are Spanish, Hmong and Chinese. These language trends align with the interpretation requests received by Security Health Plan. The top two requested languages for Security Health Plan members are Spanish and Hmong. These race and ethnicity trends are similarly reflected in our Medicaid members. The following charts provide more information regarding the race, ethnicity and language of our Medicaid members and Wisconsin.

Table 1: 2023 Security Health Plan Medicaid Member Race and Ethnicity

Race and Ethnicity	Total	Percent
Total	41,122	100%
White	34,717	84%
Two or More Races	1,677	4%
Asian	1,477	4%
I Choose Not to Answer	1,155	3%
Hispanic/Latino	948	2%
Black or African American	646	2%
Alaska Native	320	1%
No Race Recorded	111	0%
Native Hawaiian	55	0%
Chinese	5	0%
Native American	4	0%
Vietnamese	2	0%
Filipino	2	0%
Japanese	1	0%
Asian Indian	1	0%
Amerasian	1	0%

Table 2: 2023 Security Health Plan Medicaid Member Detailed Ethnicity

Detailed Ethnicity	Total
Total	41,122
No Ethnicity Provided	36,815
Not Hispanic or Latino	491
Another Hispanic Latino or Spanish Origin	133
Mexican Mexican American or Chicano/a	30
Puerto Rican	4
Cuban	1

Table 3: 2023 Security Health Plan Medicaid Member Primary Language

Member Primary Language	Total
Total	41,122
No Language	24,232
English	16,035
Spanish	401
Hmong	368
Somali	19
Chinese	17
Vietnamese	11
Russisan	11
Portuguese	4
Polish	4
Laotian	4
Albanian	4
Ukrainian	3
Indian	2
Greek	2
Arabic	2
German	1
Burmese	1
American Sign Language	1

Table 4: 2020 Census Wisconsin Race and Ethnicity

Race and Ethnicity Categories	Total	Percent
Total:	5,893,718	100%
Hispanic or Latino	447,290	8%
Not Hispanic or Latino:	5,446,428	92%
Population of one race:	5,242,682	89%
White alone	4,634,018	79%
Black or African American alone	366,508	6%
American Indian and Alaska Native alone	48,384	1%
Asian alone	174,267	3%
Native Hawaiian and Other Pacific Islander alone	1,892	0%
Some Other Race alone	17,613	0%
Population of two or more races:	203,746	3%

Source: US Census Data: 2020 Decennial Census Hispanic or Latino, and Not Hispanic or Latino by Race

<https://data.census.gov/table?q=Race&g=0400000US55&tid=DECENNIALPL2020.P2>

Table 5: 2021 Census Limited English-Speaking Households

	Total	Percent	Limited English-speaking households	Percent limited English-speaking households
All households	2,449,970	(X)	31,730	1.3%
Households speaking --				
Spanish	115,526	4.7%	18,859	16.3%
Other Indo-European languages	61,094	2.5%	5,899	9.7%
Asian and Pacific Island languages	41,078	1.7%	5,716	13.9%
Other languages	12,427	0.5%	1,256	10.1%

Source: US Census Data: 2021 1-Year Estimates Subject Tables Limited English Speaking Households

<https://data.census.gov/table?t=Language+Spoken+at+Home&g=0400000US55&tid=ACSST1Y2021.S1602>

Table 6: Top 15 Languages Spoken by Individuals with Limited English Proficiency

Rank	State	Language	Estimate
1	WI	Spanish	103,190
2	WI	Hmong	17,202
3	WI	Chinese	8,142
4	WI	German	6,583
5	WI	Arabic	2,816
6	WI	Russian	2,482
7	WI	Korean	2,398
8	WI	Vietnamese	2,151
9	WI	Pennsylvanian Dutch*	1,970
10	WI	Laotian	1,767
11	WI	French	1,678
12	WI	Polish	1,666
13	WI	Hindi	1,472
14	WI	Albanian*	1,460
15	WI	Tagalog	1,336

Source: Resource for Entities Covered by Section 1557 of the Affordable Care Act Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency for the 50 States, the District of Columbia, and the U.S. Territories.

<https://www.hhs.gov/sites/default/files/resources-for-covered-entities-top-15-languages-list.pdf>

Security Health Plan requires all practices to have language services available to their patients. In addition, all contracted providers can access Security Health Plan's contracted language services for when their contracted language services don't have a member's language. This ensures that all members receive care in their preferred language. The provider manual includes instructions on accessing the language line along with training and information regarding language assistance resources, training for the provision of language services, cultural competence and other health equity topics. The following link will lead you to the resources on the provider manual:

<https://www.securityhealth.org/providers/provider-manual/shared-content/health-equity-and-cultural-sensitivity-awareness/cultural-competence?health-equity-and-cultural-sensitivity-awareness-medicare-advantage>

<sup>1</sup><https://data.census.gov/table?q=American+community+survey&t=Language+Spoken+at+Home&g=0400000US55&tid=ACSST1Y2021.S1602>

<sup>2</sup><https://data.census.gov/table?q=American+community+survey&t=Language+Spoken+at+Home&g=0400000US55&tid=ACSST1Y2021.S1602>

<sup>3</sup><https://www.hhs.gov/sites/default/files/resources-for-covered-entities-top-15-languages-list.pdf>