

Proposed Policy GEN-5: Access to Culturally Competent Healthcare
Governor’s Directive and Agency Recommendation
State Health Coordinating Council
June 5th, 2024

Proposal:

In the 2024 North Carolina State Medical Facilities Plan (SMFP or “Plan”), Governor Cooper directed the State Health Coordinating Council (SHCC or “Council”) to include “a new general policy to address how CON applicants will provide culturally competent healthcare that also integrates principles which increase equitable access to healthcare services and reduce health disparities in underserved communities.”¹ Social and environmental factors within these communities may contribute to conditions such as unmet food, housing, transportation and safety needs that can have a detrimental impact on health.²

Culturally competent healthcare delivery systems provide services which are structured to meet the diverse social, cultural, and linguistic needs of patients. Several modalities exist for providing culturally competent healthcare. They include cultural competence training; language access services; health literacy initiatives; culturally tailored interventions; community engagement and outreach; and patient navigation. Programs designed with these elements can provide a pathway for improved health outcomes by impacting access, patient knowledge, clinical outcomes and patient satisfaction.^{3,4}

The Agency recommends the following policy language.

Policy GEN-5: Access to Culturally Competent Healthcare

A certificate of need (CON) applicant applying to offer or develop a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will provide culturally competent healthcare that integrates principles to increase health equity and reduce health disparities in underserved communities. The delivery of culturally competent healthcare requires the implementation of systems and training to provide responsive, personalized care to individuals with diverse backgrounds, values, beliefs, customs, and languages. A certificate of need applicant shall identify the underserved populations and communities it will serve, including any disparities or unmet needs of either, and document its strategies to

¹ “2024 State Medical Facilities Plan.” *NC Department of Health and Human Services*, https://info.ncdhhs.gov/dhsr/ncsmfp/2024/2024_SMFP.pdf. Accessed 29 May 2024.

² “About Healthy Opportunities.” *NC Department of Health and Human Services*, <https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/about-healthy-opportunities>. Accessed 29 May 2024.

³ Joo, Jee Young, and Megan F. Liu. "Effectiveness of culturally tailored interventions for chronic illnesses among ethnic minorities." *Western Journal of Nursing Research* 43.1 (2021): 73-84.

⁴ Briant, Katherine J., et al. "Using a culturally tailored intervention to increase colorectal cancer knowledge and screening among Hispanics in a rural community." *Cancer Epidemiology, Biomarkers & Prevention* 27.11 (2018): 1283-1288.

provide culturally competent programs and services, and articulate how these strategies will reduce existing disparities as well as increase health equity.

CON applications will include the following:

The applicant shall, in its CON application, address each of the items enumerated below:

Item 1: Describe the demographics of the relevant service area with a specific focus on the medically underserved communities within that service area. These communities shall be described in terms including, but not limited to: age, gender, racial composition; ethnicity; languages spoken; disability; education; household income; and payor type.

Item 2: Describe strategies it will implement to provide culturally competent services to members of the medically underserved community described in Item 1.

Item 3: Document how the strategies described in Item 2 reflect cultural competence.

Item 4: Provide support (e.g., best-practice methodologies, evidence-based studies with similar communities) that the strategies described in Items 2 – 3 are reasonable pathways for reducing health disparities, increasing health equity and improving the health outcomes to the medically underserved communities within the relevant service area.

Item 5: Describe how the applicant will measure and periodically assess increased equitable access to healthcare services and reduction in health disparities in underserved communities.

In approving an application, Certificate of Need shall impose a condition requiring the applicant to implement the described strategies in a manner that is consistent with the applicant's representations in its CON application.

Background Information:

In the SMFP, the basic principles of safety and quality, and of access reflect assertions that culturally competent healthcare can improve health outcomes. The Safety and Quality Basic Principle asserts that patient satisfaction and favorable clinical outcomes are established as indicators of health service quality. Meanwhile, the Access Basic Principle is concerned with barriers to health care that may be based on a group's race, ethnicity, culture, language, education, and health literacy, among other sociodemographic characteristics. In Governor Cooper's December 21, 2023, memorandum to Dr. Sandra Greene, he wrote, in relevant part, "To achieve progress for all North Carolinians, we must reduce health disparities and improve access to health

care – two related objectives which intersect well with the work and guiding principles of the NC State Health Coordinating Council.” He further stated, “Applicants for new institutional health services subject to a Certificate of Need (CON) can and should play an important role in improving the health of NC residents and communities. Their CON applications should also specify how they will meet the needs of underserved communities.”

Discussion:

The development of the SMFP heavily relies on data the state’s health service providers submit to the Division of Health Service Regulation. Annual submissions of license renewal applications, dialysis reports, and equipment registration and inventory forms contain utilization data. However, some health services and facilities also provide patient data such as payor source (e.g., Medicaid, Medicare, self-pay, private insurance), age, and location of residence. Hospice services are the only health service for which race and ethnicity data are collected. No data is collected on culture, language, education, or health literacy for any health service. Additionally, it is beyond the function and expertise of the Healthcare Planning and Certificate of Need Section to track, assess, or evaluate elements that characterize culturally competent healthcare such as patient satisfaction, patient knowledge, and clinical outcomes for each group that may experience barriers to healthcare. However, it is reasonable to require applicants to demonstrate in their CON applications their plan and commitment to provide culturally competent healthcare services.