

PHP
2014 QUALITY PERFORMANCE AND IMPROVEMENT PROGRAM

CULTURAL & LINGUISTIC PROGRAM

Purpose

The Cultural and Linguistic (C&L) Program relies on staff, providers, policies and infrastructure to meet the diverse cultural and linguistic needs of members/clients/patients, including:

- People with limited English proficiency. This includes members whose primary language is a language other than English, as well as native English speakers who are not fully literate.
- People with disabilities or cognitive impairments that affect communication abilities and use of health services.
- People whose cultural beliefs about health are different from the dominant culture.

The Cultural & Linguistic Program supports AHF activities for health plans, health care centers, disease management and pharmacy services.

Program Goals

1. Provision of health care services that are effective, respectful, and sensitive to the cultural beliefs.
2. Provision of health care services in preferred languages to increase comprehension, adherence, and experience of care.
3. Accessible information, training and tools to staff and practitioners to support culturally competent communication.
4. Ensure that organizational structures support a comprehensive C&L program that includes:
 - a. Evaluation of cultural and linguistic needs, preferences or limitations including the analysis of potential and/or significant health care disparities in clinical areas.
 - b. Collection of data from focus groups or key informant interviews with cultural or linguistic minority members to determine how to better meet their needs.
 - c. Using mix-methods for evaluation to better understand the differences in care provided and outcomes achieved.
 - d. Member/patient/client-focused interventions with culturally competent outreach materials that focus on race/ethnicity/language specific risks.

Authority and Responsibility

The Program is managed by the Health Education Program Manager with a Master of Public Health degree with a focus on Health Promotion/Education. The Member & Provider Committee and Quality Management Committee oversee the Cultural and Linguistic Program.

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Program Components

The Program components were developed from the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

Principal Standard

Culturally Competent Care. Healthcare organizations should provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

To increase the overall effectiveness of the C&L program, all PHP/PHC staff receive annual training on how to apply best practices in cultural competence, health literacy and clear communication to people living with HIV/AIDS (PLWHA). Members with limited English proficiency have access to 24 hour spoken and sign language interpretation services. Written health education materials are available to members in the threshold languages of the service area and at or below a 4th grade reading level.

PHP/PHC recognizes and values the diversity of its membership. The Plan makes every effort to ensure that contracted providers and delegated entities are positioned to provide services that are respectful of that diversity.

Governance, Leadership and Workforce

Organizational Leadership. Health care organizations should advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources

Plan providers effectively provide services to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes, values affirms and respects the worth of members.

Staff Recruitment. Health care organizations should recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

It is the continuing policy of Positive Healthcare DM to provide equal employment and advancement opportunities to all individuals without regard to race, color, religion, sex, gender, national origin, age, mental or physical disability, sexual orientation, pregnancy status, medical condition, genetic information, veteran status, or any other characteristic protected by law. Staff and leadership of PHP/PHC represent a diverse array of cultural and linguistic backgrounds that mirror the Plan population.

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Human Resources makes a concerted effort to ensure that the workforce reflects the cultural and linguistic composition of the service area. Bilingual Spanish and Creole speakers are actively recruited to better serve limited English proficiency members.

Education and Training. Health care organizations should educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Plan leadership, staff and providers receive ongoing annual training for the practical application of health literacy and cultural competence best practices. Applying Concepts of Cultural Concepts in Practice: Working with People Living with HIV/AIDS-Parts 1&2 offer skills based training for addressing the language and health literacy needs and diverse cultural backgrounds of those most often served by the Plan: LGBT, African American, Latino/as and Older Adults.

The Health Education Program Manager regularly informs PHP/PHC Care Managers, providers and staff of local and online learning events. These training opportunities offer evidence-based strategies for working with special populations of PLWHA: racial and ethnic groups, sexual and gender minority groups, women, older adults, recently incarcerated, and people with mental health and substance abuse problems. The Plan offers bimonthly Continuing Medical Education events that often focus on providing care to these same populations.

Communication and Language Assistance

Language Assistance. Healthcare Organizations must offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. PHP/PHC has a contract with AT&T Language Line Services, a 24 hour telephonic interpretation tool. Language Line utilization is monitored on a continuous basis and reports are presented quarterly to the Member & Provider Committee to determine trends and identify any opportunities for improvement based on increased utilization for specific languages or newly identified language needs.

Patient Notification and Language Assistance. Health care organizations must inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. Quarterly notification of Special Needs accommodations is included in the member newsletter. Multi-lingual language access notifications are posted at all staff model healthcare centers.

Interpreter Competence. Health care organizations must ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. Family and friends should

not be used to provide interpretation services (except on request by the patient/consumer).

PHP/PHC makes interpreter services available at no cost to the member and with as little delay as possible in receiving services. Members have the right to a medical interpreter or sign language interpreter, to interpret health information accurately, who must respect the member's privacy and keep all information confidential. Interpretation services are provided through Language Line interpreters or by bilingual, clinical staff acting in their own job capacity.

Language Line Services has a Quality Assurance Process for Recruiting and Testing to ensure interpreters are knowledgeable and are effective in the following areas: Language proficiency in both native and non-native language; Deep understanding of the culture of both languages; Competent interpreting skills; Understanding of industry protocols and terminology; Memory and note-taking skills; and Customer service skills. Sign interpretation services are provided by Coda Link, Inc.

Patient Education Materials and Signage. Health care organizations must provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability

Program Description and Work Plan. Health care organizations should establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.

The C&L Program works with multi-level strategies and interventions to ensure that Members receive services that are respectful of their cultural backgrounds and in a language they can understand. Using the CLAS standards as a framework for C&L activities, providers, Health Plan staff and Members are engaged in a systematic quality improvement process to better meet the member "where they are." Ongoing measurement of cultural and linguistic indicators provide a roadmap for the C&L Program to improve access to culturally and linguistically appropriate services and information.

Self-Assessment and Quality Improvement. Health care organizations should conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities, and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Health Information Management. Health care organizations should collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery and ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Detailed, self-reported demographic data are collected upon enrollment and during assessments with the RN Care Team Manager. Demographic indicators include age, gender, race, ethnicity, sexual orientation, gender identity, preferred spoken language, preferred written language, income and education. The Plan uses the PosiTrack electronic database where data are collected and maintained for specific demographic characteristics.

Needs Assessment. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community and conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

An annual population analysis is conducted to assess the characteristics and needs of the Plan member population and relevant subpopulations. The analysis is used to revise or design processes to address member needs such as complex care management. Informed program design enables PHP/PHC to support the needs of people living with HIV/AIDS (PLWHA). Findings are considered in defining program structure and resources (e.g., staffing ratios, clinical qualifications, job training, external resource needs and contacts, cultural competency). Finally, reviewing population characteristics by age, race/ethnicity and gender is helpful in prioritizing improvement activities.

Community Referral Network. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

The Health Plan maintains a comprehensive community resource network that include social and support services for specific cultural groups and language preferences, including limited English proficiency members.

Grievances. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of

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identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Program Progress and Success. Health care organizations are encouraged to communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Program Monitoring and Evaluation

Rationale, standards, goals, activities and measures are established to ensure the program's success. The Health Education Program Manager will:

- Evaluate C&L interventions using mixed-methods such as member satisfaction surveys, provider self-assessment surveys, and focus groups.
- Review data and complete the annual evaluation for presentation to the MPC and QMC. The feedback received from both these committees is included in the program description for the following year.
- Provide a summary of the key achievements and opportunities for improvement to the Board of Directors.