

## **Absolute Total Care Health Plan 2018 Cultural Competency Plan**

### **INTRODUCTION**

Absolute Total Care (ATC) is committed to establishing multicultural principles and practices throughout its organizational systems of services and programs. ATC strives to reduce healthcare disparities and increase access by providing high quality, culturally-competent healthcare. A key component of this goal is ATC's desire to respond to the health care needs of all individuals, regardless of their ethnic, cultural, religious beliefs or language. ATC's intent is to be inclusive but flexible, in order to adapt to the changing needs of members and the addition of new components as the plan evolves. The plan will be reviewed and updated annually.

### **OVERVIEW**

When healthcare services are delivered without regard for cultural differences, members are at risk for sub-optimal care; for example, members may be unable or unwilling to communicate their healthcare needs resulting in reduced effectiveness of the entire healthcare process. Despite on-going efforts by all stakeholders in the health care delivery system to provide culturally competent medical care, there may still be significant gaps. Lack of awareness about cultural differences can make it difficult for both providers and patients to achieve the best, most appropriate care. In spite of all our similarities, fundamental differences among people arise from nationality, ethnicity, and culture, as well as from family background and individual experiences. These differences impact health beliefs, practices, and behavior on the part of both patient and provider, and also influence the expectations that patient and provider have of each other.

### **WHAT IS CULTURAL COMPETENCE?**

Cultural Competence is the willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population. Culturally competent systems:

- Value differences and are responsive to diversity at all levels of an organization, i.e., policy, governance, administrative, workforce, provider, and consumer/client.
- Are community focused and family oriented?
- Promote quality services to underserved, racial/ethnic groups through the valuing of differences and integration of cultural attitudes, beliefs, and practices into diagnostic and treatment methods, and throughout the system to support the delivery of culturally relevant and competent care.
- Develop and promote skills and practices important in clinical practice, cross-cultural interactions, and systems practices among providers and staff that support the commitment for services delivery in a culturally competent manner.

Cultural Competence activities include:

- Development of skills through training.

- Use of self-assessment for providers and systems.
- Implementation of objectives to ensure that governance, administrative policies and practices, and clinical skills and practices are responsive to the culture and diversity within the populations served.

These practices must be evaluated regularly and made subject to a process of continuous quality improvement.

The Institute of Medicine report entitled “Unequal Treatment,” along with numerous research projects; reveal that when accessing the healthcare system people of color are treated differently. Research also indicates that a person has better health outcomes when they experience culturally appropriate interactions with medical providers. The path to developing cultural competency begins with self-awareness and ends with the realization and acceptance that the goal of cultural competency is an on-going process. Providers should note that the member’s experience begins at the front door. Failure to use culturally competent and linguistically competent practices could result in the following:

- Feelings of being insulted or treated rudely
- Reluctance and fear of making future contact with the office
- Confusion and misunderstanding
- Non-compliance
- Feelings of being uncared for, looked down on and devalued
- Parents resisting to seek help for their children
- Unfilled prescriptions
- Missed appointments
- Misdiagnosis due to lack of information sharing
- Wasted time
- Increased grievances or complaints

## **GOALS**

Members are entitled to dignified, appropriate and quality care, and ATC is committed to the development, strengthening and sustaining of healthy provider/member relationships. Towards this end it is the goal of ATC to provide services to all of our members that:

- Recognize, value, affirm and respect the worth of the individual members
- Protects and preserves the dignity of people of all cultures, races, ethnic backgrounds, sexual orientations, and religions
- Is culturally competent including being able to manage diverse languages

ATC will strive to provide high-quality, culturally sensitive services through identification, delivery and continual monitoring of Member’s needs.

ATC’s Cultural Competency Program is based on the Georgetown University National Center for Cultural Competence framework.

<https://nccc.georgetown.edu/foundations/framework.php>

This framework requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- Incorporate the above in all aspects of policy making, administration, practice and service delivery, and systematically involve consumers, key stakeholders and communities.

In addition, the Culturally and Linguistically Appropriate Services (CLAS) Standards as developed by the US Department of Health and Human Services, Office of Minority Health, serves as a key source for guidelines for providing culturally sensitive services which promote 15 standards organized by themes, including:

Principal Standard (Standards 1); Governance, Leadership and Workforce (Standards 2-4); Communication and Language Assistance (Standards 5-8), and Engagement, Continuous Improvement and Accountability (Standards 9-15).

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

## **OBJECTIVES**

- To relay to Providers their responsibility to provide competent health care that is culturally and linguistically sensitive.
- To provide Members access to quality health care services that are culturally and linguistically sensitive.
- To educate and facilitate communication to develop partnerships among Providers and ATC in an effort to enhance cultural awareness.
- To identify Members with cultural and/or linguistic needs through demographic information and develop mechanisms to utilize this information in service delivery.
- To provide competent translation/interpreter services to our Members who require these services in their preferred language.
- To provide our Members with Limited English Proficiency (LEP), the assistance they need to understand the care being provided and to accomplish effective interactions with their health care Providers.

## **DELIVERY OF CARE AND SERVICES**

ATC has available bilingual/bicultural staff to provide culturally sensitive information and to provide the linguistic skills required for meeting the needs of our Members, including one-on-one communication and access to interpreter services. All Provider Relations Specialist/Managers, at the point of contract, will make Providers aware of interpreter

services that are available through ATC. Furthermore, the Provider Re-credentialing Application includes a question about other languages spoken by Providers to indicate their linguistic diversity.

Absolute Total Care provides information to contracted providers of cultural competency via the provider manual and website. ATC monitors the delivery of care and services in relation to the provision of culturally competent services through a comprehensive set of Quality Methods that include, the CAHPS Member Satisfaction Survey.

### **EDUCATION AND TRAINING**

Internally, ATC will provide staff training through Cornerstone Learning, particularly to Member Services, Provider Relations and Medical Case Management Departments to ensure that services are provided effectively to our Members of different cultures. This training will be customized to fit the needs of ATC based upon the nature of the contacts with our Members and/or providers.

### **INTERPRETIVE AND TRANSLATION SERVICES**

ATC is committed to ensuring that staff and subcontractors have the necessary resources to facilitate effective communication to its members with special linguistic needs and cultural differences. Trained interpreters have the skills and knowledge to assure an effective and accurate interpretation. In order to meet this need, ATC provides the following interpretive and translation services:

- Hearing and speech access for members who are impaired is available by calling 711 or calling member services at 1-866-433-6041, TTY 711. Language Line services that will be available 24 hours a day, seven (7) days a week in 140 languages to assist providers and members in communicating with each other during urgent/emergent situations, non-urgent/emergent appointments as requested, or when there are no other translators available for the language requested. Accessed through Member Services during regular business hours or through NurseWise, medical triage advice line, after normal business hours.
- Member Services and health education materials in alternative formats such as language translation; all alternative methods must be requested by the member, provider or designee.
- Member mailings are sent in English and Spanish. The material can be translated to different languages upon request on an as-needed basis.

### **EVALUATION AND ASSESSMENT**

ATC monitors the delivery of care and services in relation to the provision of culturally competent services through a comprehensive set of Quality Methods that include the CAHPS Member Satisfaction Survey, Provider Satisfaction Survey, and Member communications such as Complaints and/or Grievances.

Survey results are accessed to identify areas for improvement and revision. The evaluation will serve as the foundation for planning the upcoming year's plan and activities relating to elevating cultural awareness.

## **Culturally and Linguistically Appropriate Health Promotion Materials and Resources:**

- The Centers for Medicare & Medicaid offers an online toolkit entitled: Making Written Material Clear and Effective, to include a chapter on culturally appropriate translation <http://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html>
- This website from the American Academy of Pediatrics offers a toolkit entitled: Culturally Effective Care Toolkit:  
<https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/effective-care.aspx>
- Taking Cultural Competency from Theory to Action:  
<http://www.commonwealthfund.org/publications/fund-reports/2006/oct/taking-cultural-competency-from-theory-to-action> A Family Physician's Practical Guide to Culturally Competent Care:  
[www.thinkculturalhealth.org](http://www.thinkculturalhealth.org)

### **The following websites offer information, examples and other resources that may be helpful:**

- The National Center for Cultural Competence at Georgetown University increases the capacity of health care and mental health programs to design implement and evaluate culturally and linguistically competent service delivery systems. Publications and web links available: <https://nccc.georgetown.edu/>
- The Multicultural Pavilion offers resources and dialogue for educators, students and activists on all aspects of multicultural education:  
<http://www.edchange.org/multicultural/>
- Information on different learning styles, possibly another dimension in understanding an individual's culture. Provided by ERIC (Educational Resources Information Center) Clearinghouse on Assessment and Evaluation at the University of Maryland:  
[http://ericae.net/faqs/Cognitive\\_Styles/Cognitive\\_styles.htm](http://ericae.net/faqs/Cognitive_Styles/Cognitive_styles.htm)
- Information from the California HealthCare Foundation new on cultural competence in healthcare: Creating a Culturally Competent Health Care System:  
<http://www.californiahealthline.org/think-tank/2012/creating-a-culturally-competent-health-care-system.aspx>