

CULTURAL COMPETENCY PLAN

INTRODUCTION

Arkansas Health & Wellness (AHW) is committed to establishing multicultural principles and practices throughout its organizational systems of services and programs as it works towards the critical goal of developing a culturally competent service system. It is the goal of the AHW to reduce healthcare disparities and increase access to care by providing quality, culturally competent healthcare through strong doctor-patient relationships. The mission is supported by facilitating the creation of a process by which AHW can respond to the health care needs of all individuals, regardless of their ethnic, cultural or religious backgrounds. The intent of the language of the plan is that it is inclusive and subject to additions as implementation of particular aspects of the plan are undertaken. The plan will be reviewed annually and collaboration is expected to become a larger aspect of the work as it evolves. This serves as an exemplary process for others to follow.

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. It is the use of a systems perspective which values differences and is responsive to diversity at all levels of an organization, i.e., policy, governance, administrative, workforce, provider, and consumer/client. Cultural Competence is developmental, community focused, and family oriented. In particular, it is the promotion of quality services to the underserved, of all cultures, races, ethnic backgrounds, and religions 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. It is also the development and continued promotion of skills and practices important in clinical practice, cross-cultural interactions, and systems practices among providers and staff to ensure that services are delivered in a culturally competent manner.

Cultural Competence activities include the development of skills through training, use of self-assessment for providers and systems, and 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. It is a process of continuous quality improvement.

BACKGROUND

It is AHW responsibility to ensure culturally competent care. AHW will assist in the reduction of racial and ethnic health disparities through the education of health professionals, addressing language, access issues, and a focus on cultural competence. AHW respects members whose lifestyle or customs differ from those of the majority of its membership. Cultural competency training is the foundation to improve care, through inclusion in our strategic plans, goals, and objectives; integration into training and in-service curricula; in contract in collaborative efforts with members, providers, advocates and policy makers, and through the promotion of service access to all populations with specific attention given to traditionally underserved populations. Our mission is to develop and implement a management model that will contain cost and



improve quality, while serving as a platform for continuous improvement in the way minorities receive health care services in Arkansas.

PURPOSE

The Cultural Competency Plan used by AHW will ensure that members receive care that is delivered in a culturally and linguistically sensitive manner. The Cultural Competency Plan is comprehensive and incorporates all members, providers and AHW staff. AHW recognizes that respecting the diversity of our members has a significant and positive effect on outcomes of care. AHW has adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards as our official guidelines for providing culturally sensitive services.

GOALS

- 1. Ensure that services are provided in a culturally competent manner to all members, including those with limited English proficiency.
- Providers, AHW employees, and systems will 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 the individual members and protects and preserves the dignity of each.
- 3. AHW will assess the effectiveness of the CCP including, but not limited to the following measures: Member Satisfaction Survey, Provider Survey and the Access and Availability Audit Process. AHW will track and trend any issues identified in the evaluation and implement interventions to improve the provision of services

OBJECTIVES

- 1. To relay to providers their responsibility to provide competent health care that is culturally and linguistically sensitive.
- 2. To provide members access to quality health care services that are culturally and linguistically sensitive.
- 3. To educate and facilitate communication to develop partnerships among providers and AHW in an effort to enhance cultural awareness.
- 4. To identify members with cultural and/or linguistic needs through demographic information and members expressed wishes.
- 5. To provide competent translation/interpreter services to our members who require these services.
- 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 provider.



TRANSLATION AND INTERPRETATION SERVICES

Addressing language access issues requires multi-faceted strategies. First contact with the Enrollee begins with the Welcome Letter which includes language that states materials are available in other languages as needed or for the visually or hearing impaired. The Member Handbook includes information on the availability of oral and interpretive services. AHW provides to members in their preferred language, both verbal offers and written notices informing them of their right to receive language assistance services.

AHW utilizes a phone service that facilitates communication with non-English speakers, 24 hours a day, 7 days a week as its secondary language access service for Limited English Proficiency Enrollees. Translations are provided on a case-by-case basis.

Interpretation services are offered to every member as needed. Interpreter services are offered and will be available for any member who requests the services, in-person or telephonically, regardless of the prevalence of the member's language within the overall Plan. AHW will never use children to provide interpretation services.

If the member declines offered free interpretation services, staff informs the member of the potential consequences of declination with the assistance of a competent interpreter to assure the member's understanding. Member's declination is documented in the member's medical record. Interpreter services are re-offered at every new contact. Every time interpreter services are offered and declined the declination is documented in the member's medical record.

AHW bears the cost of interpretive services, including American Sign Language (ASL) interpreters and translation into Braille materials available to hearing- and vision- impaired members.

STAFF DEVELOPMENT

Internally, AHW will provide staff training, particularly to Customer Service, Provider Relations and Medical Case Management Departments at least on an annual basis to ensure that services are provided effectively to our Enrollees of different cultures. This training will be customized to fit the needs of AHW based upon the nature on the contacts with our Enrollees and/or providers.

PROVIDER DEVELOPMENT

AHW will provide training for our Providers as needed with direct member contact to ensure that they are aware of the importance of providing services in a culturally competent manner. This training will include ideas and assistance about how to provide culturally competent care.

All Provider Relations Specialist/Managers, at the point of contract, will make Providers aware of interpreter services that are available through AHW. The Provider Credentialing Application also captures Network Developments' capacity to recruit Providers of diverse racial and ethnic backgrounds by documenting the Provider's self-identified ethnicity, culture and race. Furthermore, the Provider Re-credentialing Application includes a question about other languages spoken by Providers to indicate their linguistic diversity.



AHW distributes the Cultural Competency Plan to all contracted providers on an annual basis. In addition, this information is available via the AHW website. At any time a provider may to request a copy of the Cultural Competency Plan directly from the Plan.

AHW 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 but are not limited to the CAHPS Member Satisfaction Survey and Provider Satisfaction Survey.

AHW will develop plans and programs for improving cultural awareness, where a need is identified, through the comprehensive assessment of the Provider Services Network evaluation process. This will ensure that providers and staff develop awareness and appreciation of customs, values and belief, and the ability to incorporate them into the assessment of, treatment of, and interaction with our members. AHW encourages providers and staff to share and utilize their own cultural diversity to enhance our program and the services provided to our members.

LITERACY

AHW will communicate in ways that can be understood by persons who are not literate in English or their native language. Accommodations may include the use of audio-visual presentations or other formats that can effectively convey information and its importance to the member's health and health care.

EVALUATION AND ASSESSMENT

AHW 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, Complaints and Grievances, and any other methods identified.

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

AHW collects data regarding member's race, ethnicity, and spoken and written language in accordance with the current best practice standards from the Office of Management and Budget and/or the 2011 final standards for data collection as required by Section 4301 of the Affordable Care Act from the federal Department of Health and Human Services. The purpose is to gather member race/ethnicity and language information that helps Plan provide culturally and linguistically appropriate services.

AHW assesses threshold and prevalent languages (other than English) spoken by its membership at least annually and develop a language services program that meets members' needs.



AHW annually assesses current demographic, cultural, and epidemiological profile of the community, including a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

AHW assesses the race/language of its provider network in order to facilitate a practitioner network that can meet the cultural and linguistic needs of its members.

AHW collects and updates the member record with member's race, ethnicity, and spoken and written language as collected by any Plan and Delegated Vendor staff, such as but not limited to Case Managers and Disease Managers.

REPORTING

The CCP shall be updated annually and submitted for approval to the Quality Management Committee and the Board of Directors. Annually an analysis will be completed of the effectiveness of the CCP program. This analysis will be reported to the QMC and Board of Directors annually.

AHW will annually make public on the Provider and Member websites information on their CCP, any progress in implementing CLAS standards and successful and innovative interventions.