



2010 CULTURAL COMPETENCY PLAN

Introduction

South Florida Community Care Network (SFCCN) is a partnership of three Subnetworks – the Broward Health (BH) (aka North Broward Hospital District), the Memorial Healthcare System (MHS), and the Public Health Trust of Miami-Dade County (PHT). These three Subnetworks serve a diverse, multi-cultural population in both Broward and Miami-Dade Counties. The SFCCN and its Subnetworks are committed to provide safe, quality, cost-effective, patient and family centered care, with the goal of improving the health of the population it serves.

It is for this reason that the SFCCN and its Subnetworks have committed to develop a system that can 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 Enrollees and protects and preserves the dignity of each. We believe that by addressing the cultural and linguistic needs of our Enrollees, it will improve access to care, quality of care and ultimately, health outcomes. This will be done through the development of a Cultural Competency Plan as well as an evaluation tool to determine if implementation of the plan is effective.

Cultural Competence

Cultural Competence is the willingness and ability of a health care plan to value the importance of culture, ethnicity, race and religion in the delivery of services which enables them to work effectively across different cultures. It is the use of a systems perspective which values differences and is responsive to diversity at all levels of the health plan. Cultural competence requires a comprehensive and coordinated plan that includes interventions on levels of policy making, infra-structure, program administration and evaluation, the delivery of services and the population it serves. It is the promotion of quality services to underserved, racial/ethnic groups through the valuing of differences and the integration of cultural attitudes, beliefs, and practices into diagnostic and treatment methods. It should be practiced throughout the health plan to support the delivery of culturally relevant and competent care.

Cultural competency skills can be developed through the training of staff and providers. It also includes implementation of objectives to ensure that administrative policies and practices are responsive to the culture and diversity within the populations served. It is a process of continuous quality improvement.

Purpose

SFCCN has developed a Cultural Competency Plan to ensure that its enrollees are receiving services delivered in a culturally and linguistically sensitive manner. The plan is comprehensive and incorporates all Enrollees, Providers, and staffs (SFCCN and Subnetwork Administration, Enrollee Services, Case/Disease Management, Provider Relations, Grievance and Appeals, Utilization Management, and Quality Improvement). SFCCN and its Subnetworks recognize

that respecting the diversity of our Enrollees has a tremendous and positive impact on outcomes of care. SFCCN has incorporated the Cultural and Linguistically Appropriate Services (CLAS) standards developed by the U.S. Department of Health & Human Services, Office of Minority Health, as our guidelines for furnishing culturally competent services. The CLAS standards are listed below:

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2 Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8

Health care organization should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related 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.

Standard 10

Health care organizations should 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.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

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.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

Goals

Goal 1: Ensure that services are provided in a culturally competent manner to all Enrollees, including those with limited English proficiency, whether at the SFCCN level, the Subnetwork level or the provider level through the evaluation of enrollee grievance, cross-culture complaints report, and enrollee satisfaction survey. It is assessed against the Cultural and Linguistically Appropriate Services (CLAS) standards.

Goal 2: SFCCN and its Subnetworks' staffs, contracted/employed Providers, and systems can effectively provide services to all people regardless of their ages, cultures, races, ethnicities, and religions. The emphasis is on provider and staff education. Standards are developed and are assessed through medical record review, Performance Improvement Plans, Performance Measures, and internal and external processes (surveys, newsletters, and the establishment of guidelines communicated to staffs and providers).

Goal 3: SFCCN will complete an annual evaluation of the effectiveness of the Cultural Competency Plan. SFCCN will track and trend any issues identified in the evaluation and implement interventions to improve the provision of services. The analysis of the results, interventions to be implemented and a description of the evaluation will be described in the annual CCP submitted to the Agency of Health Care Administration.

SFCCN will provide high quality, culturally sensitive services by identification, delivery and continual monitoring of Enrollees' needs. The Subnetworks hire bilingual staff and provide

cultural competency training at orientation and annually after hired. SFCCN Quality Improvement Teams will continuously monitor and evaluate the level of cultural competency through medical services provided by its Subnetworks' Provider Networks. SFCCN will develop programs for improving cultural awareness, where a need is identified, through the comprehensive assessment of the Provider Services Network evaluation process. Our aim is to increase the Providers' and Staffs' awareness and appreciation of customs, values and beliefs, and the ability to incorporate them into the assessment of, treatment of, and interaction with Enrollees. The SFCCN and its Subnetworks strongly entreat their Providers and Staffs to share or utilize their own cultural diversity to improve the services provided to our Enrollees.

If Provider would like to request a copy of the Cultural Competency Plan, please call 1-866-899-4828 (Provider contracted with Memorial Healthcare System and Broward Health - Reform Plan) and 1-877-838-7526 (Provider contracted with Public Health Trust - Non Reform Plan) or download a copy at www.sfccn.org.

Objectives

- To educate providers of their responsibility to provide competent health care that is culturally and linguistically sensitive. Expect providers to be knowledgeable about their patient's culture and use this information in treatment. Expect providers to ask questions relevant to how the family and culture values might influence how the patient deals with being sick.
- To provide Enrollees access to quality health care services that are culturally and linguistically sensitive. To offer Enrollees a choice of providers with cultural and linguistic expertise.
- To identify Enrollees with cultural and/ or linguistic needs through demographic information and Enrollee expressed wishes. Empower enrollees by allowing them to influence how the system will meet their needs, expecting the enrollees to be socially responsible and accountable.
- To provide competent translation services to Enrollees who require these services. Provide Enrollee Services in predominant area languages, such as Spanish and Creole.
- To provide Enrollees with Limited English Proficiency the assistance they need to understand the care being provided and to accomplish effective interactions with their health care providers. Encourage providers to listen to the enrollees' opinions in considering treatment options.

Delivery of Care and Services

SFCCN and its Subnetworks have staff available to meet the cultural and linguistic needs of its populations. These staff members provide culturally sensitive information and the linguistic skills required for meeting the needs of Enrollees. If staff is not available for a non-prevalent language, outside interpretation services are used to meet the need of the individual enrollee.

SFCCN will implement a new report for the Enrollee Services Department; the report will capture complaints relating to cross-culture issues, which will be referred to the Quality Improvement Department for review, to be addressed appropriately. SFCCN Subnetworks will educate their providers on the availability of interpretation services as well.

The Subnetworks' Provider Credentialing Applications also capture the capacity to recruit providers of diverse racial and ethnic background by documenting the provider's self identified ethnicity, culture and race (if provided). The Application also includes a question about other languages spoken by providers to indicate their linguistic diversity – this information is used in the provider directory for informational purposes to enrollees.

This information is available via the SFCCN website and is updated periodically. SFCCN monitors the delivery of care and services in relation to the provision of culturally competent services through a comprehensive set of Quality Methods that includes, but is not limited to, Performance Improvement Plans, Medical Record Reviews, Enrollee Satisfaction Surveys and Provider Satisfaction Surveys.

Education and Training

SFCCN and its Subnetworks will provide staff training, particularly to Enrollee Services, Provider Relations, and Utilization Management, Case/Disease Management Departments at least on an annual basis to ensure that services are provided effectively to our multi-cultural population. This training will be customized to fit the needs of SFCCN based on the nature of contacts with enrollees and/or providers.

SFCCN and its Subnetworks will provide training for all network Providers with direct Enrollee 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 care in a culturally competent manner.

Providers can access educational materials through the following websites:

- Physician Toolkit and Curriculum:
<http://www.omhrc.gov/assets/pdf/checked/toolkit.pdf>
- Web-based Training:
<http://www.aafp.org/online/en/home/cme/selfstudy/qualitycarevideo.html>
- Physician's Practical Guide:
<https://cccm.thinkculturalhealth.org>
- Provider's Guide to Quality and Culture
<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>
- HRSA Cultural Competence Resources for Health Care Providers
<http://www.hrsa.gov/culturalcompetence/>

Translation Services

Addressing language access issues requires multi-faceted strategies. SFCCN Subnetworks first contact with the Enrollee begins with the Welcome Letter. SFCCN Subnetworks send mailings in English and Spanish, the prevalent languages in Miami-Dade and Broward Counties, with a special adage that states that materials are available in other languages or formats if needed. Translations needed in a language or format other than those prevalent in the area are provided based on the individual enrollee's needs. The Subnetworks utilize bilingual staff and interpreter phone service to facilitate communication with non-English speakers. The interpreter phone service is a secondary language access service that allows the health plan to communicate with those non English, non Spanish, or non Creole enrollees. Each of the Subnetwork uses a different interpreter phone service vendor which is listed below:

- MHS uses Optimal Phone Interpreters (1-877-746-4674)
- BH uses Language Line Services (1-866-874-3972)
- PHT uses Language Line Services (1-866-874-3972)

The Spanish and Creole languages and cultures are the most prevalent in the SFCCN service area at this time. We ensure our Enrollee Services representatives are able to communicate with the enrollees in English, Spanish, and Creole.

Some websites available to assist the SFCCN Subnetworks as well SFCCN Subnetworks' providers with translation services, include but are not limited to:

- U.S. Census Bureau developed an "I Speak" document that has the following statement in 38 languages: "Mark this box if you read or speak (language)."
<http://www.usdoj.gov/crt/cor/Pubs/ISpeakCards.pdf>

United States
Census 2000

U.S. Department of Commerce
Bureau of the Census

LANGUAGE IDENTIFICATION FLASHCARD

املا هذا المربع اذا كنت تقرأ أو تتحدث العربية.

խոսողում ե՞նք նշում կատարե՞ք այս քառակուսում, եթե խոսում կամ կարդում ե՞ք հայերեն:

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

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- The Massachusetts Department of Public Health has a document that has the following statement in 31 languages: "You have a right to a medical interpreter at no cost to you. Please point to your language. A medical interpreter will be called. Please wait."