



Cultural Competency

2009

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Cultural Competency Program & Plan 2009

Avesis' Corporate Commitment to Cultural Competency

As a company dedicated to providing all of its public and private sector clients with superior service, Avesis fully recognizes the importance of serving members in a culturally and linguistically appropriate manner. We know from direct experience and the experiences of our client groups that:

- Some members have limited proficiency with the English language including some members whose native language is English but who are not fully literate.
- Some members have disabilities and/or cognitive impairments that impede their communicating with us and using health care services.
- Some members come from other cultures that view health-related behaviors and health care differently than the dominant culture.

Avesis is committed to ensuring that its staff and its participating providers, as well as its policies and infrastructure, are attuned to meeting the diverse needs of all members, especially those who face these challenges.

Cultural competency is a key component of Avesis' continuous quality improvement efforts. We expect to realize tangible gains in member satisfaction resulting from the measures set forth in this plan.

Purpose

The Cultural Competency program aims to ensure that:

- Avesis meets the unique diverse needs of all members in the populations that we service
- The staff of Avesis value diversity within the organization and for the members that we serve
- Members with limited English proficiency have their communication needs met
- Our participating providers fully recognize and are sensitive to the cultural and linguistic differences of the Avesis members they serve.

Objectives

The objectives of the Cultural Competency program are to:

- Work with our clients so that once members are identified that may have cultural or linguistic barriers alternative communication methods can be made available
- Utilize culturally sensitive and appropriate educational materials based on the member's race, ethnicity and primary language spoken
- Ensure that resources are available to overcome the language barriers and communication barriers that exist in the member population
- Make certain that providers care for and recognize the culturally diverse needs of the population
- Teach staff to value the diversity of both their co-workers inside the organization and the population served, and to behave accordingly

Definitions

Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs. It is both a vehicle to increase access to quality care for all patient populations and a business strategy to attract new patients and market share.¹

Culturally and linguistically appropriate services (CLAS): Health care services that are respectful of, and responsive to, cultural and linguistic needs.² The U.S. Department of Health and Human Services, Office of Minority Health, has issued national CLAS standards. Avesis is committed to a continuous effort to perform according to those standards.

The delivery of culturally competent services requires providers and/or employees to possess a set of attitudes, skills, behaviors, and policies which enable the organization and staff to work effectively in cross-cultural situations. It reflects an understanding of the importance of acquiring and using knowledge of the unique health-related beliefs, attitudes, practices, and communication patterns of beneficiaries and their families to improve services, strengthen programs, increase community participation, and eliminate disparities in health status among diverse population groups.³

Rationale

Performing in a culturally competent manner is not just good for our members, it is good for business. Avesis endorses the view, promulgated by the federal government,⁴ that achieving cultural competence will help us to:

- Improve services and care for current members (improved understanding leads to better satisfaction)
- Increase market penetration by appealing to potential culturally and linguistically diverse members
- Enhance the cost-effectiveness of service provision
- Reduce potential liability from medical errors and Title VI (Civil Rights Act) violations.⁵

Achieving cultural competency is an on-going process, not a single act. With that knowledge, this document sets forth Avesis' approach toward becoming a more culturally competent organization.

¹ Betancourt, Green and Carillo, *Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches*, The Commonwealth Fund, October 2002.

² *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, U.S. Department of Health and Human Services, Office of Minority Health, December 2000.

³ Centers for Medicare and Medicaid Services (precise source document uncertain).

⁴ *Planning Culturally and Linguistically Appropriate Services: A Guide for Managed Care Plans*, Centers for Medicare and Medicaid Services and Agency for Health Care Research and Quality, 2003.

⁵ Title VI of the Civil Rights Act specifically requires that managed care organizations provide assistance to persons with limited English proficiency, where a significant number of the eligible population is affected. Department of Justice regulations (28 CFR Section 42.405(d)(1)) state: "Where a significant number or proportion of the population eligible to be served or likely to be directly affected by a federally assisted program needs service or information in a language other than English in order effectively to be informed of or to participate in the program, the recipient shall take reasonable steps, considering the scope of the program and the size and concentration of such population, to provide information in appropriate languages to such persons. This requirement applies with regard to written material of the type which is ordinarily distributed to the public."

Plan Components

The main components of Avesis' Cultural Competency program are:

1. **Needs Assessment** – Activities we conduct to identify the cultural and linguistic needs of the communities and members we serve, as well as health disparities present in the enrolled population and the community at large.
2. **Organizational Readiness** – Steps Avesis takes to make certain that we have the platforms, systems, and people skills needed to operate in a culturally competent manner.
3. **Program Development** – The implementation of programs to link Avesis to community resources, to enhance the cultural and linguistic capabilities of our participating providers and to educate members so that their experience with Avesis and our providers is more positive and their outcomes are more favorable.
4. **Performance Improvement** – Ongoing identification of opportunities to improve the operation of the Cultural Competency Program or to improve outcomes through new responses to cultural and linguistic needs of members.

1. Needs Assessment

Data Analysis

When provided with information from our clients regarding the cultural and linguistic needs of their populations, Avesis will review the data provided and will:

- Compare the data with information available regarding the cultural and linguistic composition of our network
- Assess the customer service center to ensure that assistance with members' requests for information or complaints and grievances are handled with the utmost regard to cultural and linguistic diversities

Whenever possible, we will team up with public health entities and private groups having a similar charter, to share information that will guide all health service organizations in each region and community in directing resources where they will yield the most benefit.

Community-based Support

Our success requires linking with other groups having the same goals. Avesis reaches out to community-based organizations that support racial and ethnic minorities and the disabled to be sure that the community's existing resources for members having special needs are utilized to their full potential. The goal is to coordinate the deployment of resources, as well as to take full advantage of the bonds that may exist between the community-based entities and the covered population.

2. Organizational Readiness

Management Accountability for Cultural Competency

The Board of Directors maintains ultimate responsibility for the activities related to cultural competency. The Chief Executive Officer is a member of the Board and is responsible for ensuring implementation of Avesis' Cultural Competency program. The Chief Operating Officer (COO) is a member of the Quality Improvement Committee, which oversees the day-to-day operations of the quality program including the Cultural Competency program.

Avesis' Director of Quality Improvement is the principal executive in charge of the company's efforts to meet its internal cultural competency objectives and any externally set rules and guidelines on the subject. The Director of Quality Improvement collaborates with the heads of all Avesis functional units in making certain that the Cultural Competency program plan is fully and properly executed.

The Senior Management Team, comprised of the unit leaders of all departments of Avesis is responsible for ensuring that culturally sensitive training occurs in their respective areas.

In 2006-2007, beginning with our new Georgia program, Avesis will review client-provided needs assessments and, where possible, work with community-based organizations to ensure that Avesis services the entire population in accordance with cultural competency objectives. A report will be presented to the Chief Operating Officer, who will be accountable for the results of cultural competency efforts in the state.

Diversity and Language Abilities of Staff

Avesis recruits diverse talented staff to work in all levels of the organization. We do not discriminate with regard to race, religion or ethnic background when hiring staff.

Avesis ensures that bilingual staff is hired for functional units that have direct contact with members to meet the needs identified. Spanish is the most common translation required. Whenever possible, we will distinguish place of origin of our Spanish-speaking staff, so as to be sensitive to differences in cultural backgrounds, language idioms, and accents. For example, in Georgia, approximately two-thirds of the Hispanic population is of Mexican origin.

Where we enroll significant numbers of members who speak languages other than English or Spanish, Avesis will either recruit staff bilingual in English plus one of those other languages or establish communication with a language line vendor, as needed.

Diversity and Suitability of Provider Network

Avesis recruits providers to ensure that the network includes a diverse array of providers to care for the population served. By building our network for the Medicaid programs around “significant traditional providers,” we intend to have providers and supportive services that value diversity and are committed to serving people of racial and ethnic minorities. Though it is unlikely that the make-up of the provider network will reflect the composition of the enrolled population exactly, Avesis strives to achieve the best match possible in each community.

Avesis captures information from providers regarding their own and their staff’s language abilities. This information is maintained on the website so that members can choose providers that speak the languages that they do.

Education on Cultural Responsiveness

All new Avesis staff must attend cultural competency training within three (3) months of the date of hire. Major elements of the training include:

- The rationale and need for providing culturally and linguistically competent services
- Effective approaches to communicating information to Medicaid beneficiaries
- Gauging members’ perception (i.e., fearful versus trustful) of providers and their staff

Avesis also incorporates diversity exercises into staff meetings to ensure that staff respects diversity within the organization and among the enrolled population.

At each performance appraisal period, Avesis staff is evaluated on their respect for diverse backgrounds as a core value that Avesis measures. Staff will be assessed for their cultural competency through testing, direct observation, and monitoring of patient/consumer satisfaction with individual Customer Service Representative encounters.

Linguistic Services

Preparation of Materials

Readability – Materials that are used for member marketing, enrollment, education, etc. are tested for readability and must be scored at the 5th grade level or lower.

Language other than English – Materials are routinely prepared in full in both English and Spanish. Upon request, Avesis will prepare materials in any other languages spoken by five percent or more of the client's member population, if requested.

Whenever we learn that a segment of the population that is under five percent, but not negligible, speaks a language other than English or Spanish, we will explain how the prospective member or active member can contact a translation service to assist with interpretation.

Materials for persons with cognitive impairments – Materials will be specially prepared in large-print versions for people who can see but not read normal size print, or in Braille or audiotape for people who are legally blind.

Foreign Language Translation Services

Communication with Avesis – There is a Spanish language queue set up in Customer Service that members can access as they call into Customer Service. Avesis employs customer service representatives who speak Spanish. In addition, Avesis uses Language Line for interpreter services as needed to communicate with members who have limited English proficiency. Avesis pays all costs of commercial language services required by its members.

Special Services for Persons with Hearing Impairments – Avesis' members who are deaf or hard of hearing may require devices or services to aid them in communicating effectively with their providers. Customer Service Representatives ask members who are hearing impaired if they would like a certified interpreter—such as a computer assisted real-time reporter, oral interpreter, cued speech interpreter, or sign-language interpreter—to be present during a visit to the provider. Customer Service maintains a list of phone numbers and locations of interpreter services, by county. If the use of an interpreter is not appropriate, Customer Service will offer the member the chance to specify what other type of auxiliary aid or service they prefer.

Also, Provider Services and Provider Relations staff will educate providers on what they can do to make facilities more accessible for individuals with hearing impairments, such as the following:

- Ensure a quiet background for the patient
- Reduce echoes to enhance sound quality
- Add lighting to enhance visibility
- Install flashing lights that work in conjunction with auditory safety alarms
- Clearly identify all buildings, floors, offices and room numbers
- Include a TTY (teletypewriter) or TDD (telecommunications devices for deaf persons) in the office

Functional Illiteracy – Often hidden from view is the fact that many members who speak English as their native language cannot read at a level that allows them to perform basic tasks such as filling out forms used in everyday transactions. Fearing embarrassment, seldom do such members identify themselves to staff or to network providers. Nevertheless, we are committed to making best efforts to help these individuals so that they can get the most out of their health care plan.

We begin by encouraging our staff and providers' office staffs to look for telltale signs of literacy problems. These personnel then attempt, with sensitivity and discretion, to help the member with the immediate need, such as completing a form. We will also try to guide the member to appropriate community resources that can help the member improve his or her literacy skills.

Website adaptations – Avesis' website has been updated to improve the content and interactive capabilities available to members and prospective members. We are also working on translating key pages of the website into Spanish.

3. Program Development

Linkage to Community

Avesis is dedicated to partnering with community organizations to promote cultural understanding and to meet the needs of the diverse population. Wherever possible, Avesis will pursue linkages with national, state-level and local organizations dedicated to advancing both the broad interests and the health interests of groups having needs for culturally-based supports.

To reinforce community ties, Avesis will focus on recruiting staff that have roots in the community. We will make it known to our member population when there are openings, in the hope that some of our own members might become Avesis staff.

Provider Education

Avesis educates providers regarding the Cultural Competency program through the Provider Handbook, the Provider Portal of the Avesis website, and as part of routine encounters with Provider Services staff. The topic will be covered regularly in Avesis' provider newsletter. We will distribute appropriate reference materials to providers as well—for example, the national CLAS standards.

All Providers receive a Cultural Competency Checklist, approved by the federal Centers for Medicare and Medicaid Services, to assess their cultural competency in their offices. (See Appendix.) Use of the tool is voluntary for providers at the present time. Avesis will arrange for appropriate follow-up assistance to providers who, after using it, report a need for help in becoming more culturally competent.

4. Performance Improvement

Avesis is committed to conducting performance improvement projects both pertaining to culturally and linguistically appropriate services and related to health care disparities identified in the population served.

Provider Performance Monitoring

In the event that members file complaints or grievances with Avesis concerning a provider that behaves in a manner inconsistent with standards for culturally and linguistically appropriate services, Avesis will investigate the matter with the same degree of concern applied to any other complaint or grievance. Offending providers will be expected to take corrective measures, and Avesis will follow up to make certain that such action indeed was taken.

If we observe patterns in complaint and grievance information that suggest there are systemic deficiencies in providers' conformance to cultural competency aims, we will investigate the causes and define broad performance improvement projects to eliminate the weakness.

Ongoing Self-Assessment

Process and Tools

Avesis will continually assess the cultural competency of the company to ensure that we are meeting the diverse needs of our members, providers, and staff. A component of the assessment will be focus groups of members, providers, and staff to explore the needs of all Avesis constituent groups and to listen to suggestions for improving our Cultural Competency program.

Annually the Cultural Competency program will be reviewed, revised, and presented to the Quality Improvement Committee and the Board of Directors to ensure compliance with the program objectives.

Reporting

All measures will be reported to the Quality Improvement Committee and Board of Directors for recommendations, interventions, and approval.

Determination of Performance Improvement Projects

Benchmarking Against Best Practices

The Quality Improvement Department will review the literature on innovations and best practices in cultural competency at least once yearly. The results of this review will be compared to the findings of the assessment (above) to identify gaps between Avesis' Cultural Competency program and the state of the art.

Setting Priorities and Assignments

Avesis, at least annually, presents member demographics and provider demographics to the Quality Improvement Committee. The QI Committee is responsible for setting priorities and assigning owners for quality improvement activities and ensuring that continuous quality improvement is incorporated throughout the organization.

Linking Cultural Competency/CLAS with Other Quality Improvement Efforts

Avesis' Quality Improvement Committee is charged with ensuring that there is an active feedback loop between the cultural competency activities and other quality improvement efforts. When opportunities for improvement are identified in either of the two domains, the department staff and the committee are expected to explore ways to introduce that improvement opportunity into the other realm.

ATTACHMENT A

**Promoting Cultural and Linguistic Competency:
Self-Assessment Checklist for Personnel**

Developed by: Tawara Goode, National Center for Cultural Competence, Georgetown University

Target Group

Healthcare workers

Purpose

1. To increase individual awareness of practices, beliefs, attitudes and values that promotes and hinders cultural and linguistic competence in the delivery of health care.
2. To identify training needs.

Length of Survey

30-item list

Distinguishing Characteristics

Divided into 3 categories:

1. Physical Environment, Materials, and Resources
2. Communication Styles
3. Values and Attitudes

Each item is rated on a 3-point scale

Self-Assessment Checklist for Personnel Providing Primary Health Care Services

Georgetown University Child Development Center-National Center for Cultural Competence

This checklist is intended to heighten the awareness and sensitivity of personnel to the importance of cultural and linguistic cultural competence in health and human service settings. It provides concrete examples of the kinds of beliefs, attitudes, values and practices, which foster cultural and linguistic competence at the individual or practitioner level.

DIRECTIONS: Select A, B, or C for each item listed below.

A = Things I do frequently

B = Things I do occasionally

C = Things I do rarely or never

PHYSICAL ENVIRONMENT, MATERIALS & RESOURCES

- ___ 1. I display pictures, posters, artwork and other décor that reflect the cultures and ethnic backgrounds of clients served by my program or agency.
- ___ 2. I insure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served by my program or agency.
- ___ 3. When using videos, films or other media resources for health education, treatment or other interventions, I insure that they reflect the cultures and ethnic background of individuals and families served by my program or agency.
- ___ 4. I insure that printed information disseminated by my agency or program takes into account the average literacy levels of individuals and families receiving services.

COMMUNICATION STYLES

- ___ 5. When interacting with individuals and families who have limited English proficiency I always keep in mind that:
 - ___ • limitations in English proficiency is in no way a reflection of their level of intellectual functioning.
 - ___ • their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin
 - ___ • they may or may not be literate in their language of origin or English.
- ___ 6. I use bilingual-bicultural staff and/or personnel and volunteers skilled or certified in the provision of medical interpretation during treatment, interventions, meetings or other events for individuals and families who need or prefer this level of assistance.
- ___ 7. For individuals and families who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.
- ___ 8. I attempt to determine any familial colloquialisms used by individuals or families that may impact on assessment, treatment or other interventions.

- ___ 9. When possible, I insure that all notices and communiqués to individuals and families are written in their language of origin.
- ___ 10. I understand that it may be necessary to use alternatives to written communications for some individuals and families, as word of mouth may be a preferred method.

VALUES & ATTITUDES

- ___ 11. I avoid imposing values which may conflict or be inconsistent with those of cultures or ethnic groups other than my own.
- ___ 12. I screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before sharing them with individuals and families served by my program or agency.
- ___ 13. I intervene in an appropriate manner when I observe other staff or clients within my program or agency engaging in behaviors which show cultural insensitivity, racial biases and prejudice.
- ___ 14. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.
- ___ 15. I understand and accept that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents).
- ___ 16. I accept and respect that male-female roles may vary significantly among different cultures and ethnic groups (e.g. who makes major decisions for the family).
- ___ 17. I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decision of elders, the role of eldest male or female in families, or roles and expectation of children within the family).
- ___ 18. Even though my professional or moral viewpoints may differ, I accept individuals and families as the ultimate decision makers for services and supports impacting their lives.
- ___ 19. I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.
- ___ 20. I accept that religion and other beliefs may influence how individuals and families respond to illnesses, disease, and death.
- ___ 21. I understand that the perception of health, wellness and preventive health services have different meanings to different cultural or ethnic groups.
- ___ 22. I recognize and accept that folk and religious beliefs may influence an individual's or family's reaction and approach to a child born with a disability, or later diagnosed with a disability, genetic disorder, or special health care needs.
- ___ 23. I understand that grief and bereavement are influenced by culture.

Cultural Competency Program

- _____ 24. I seek information from individuals, families or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse groups served by my program or agency.
- _____ 25. Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs, and expectations that are unique to the culturally and ethnically diverse groups served by my program or agency.
- _____ 26. I keep abreast of the major health concerns and issues for ethnically and racially diverse client populations residing in the geographic locale served by my program or agency.
- _____ 27. I am aware of the socio-economic and environmental risk factors that contribute to the major health problems of culturally, ethnically and racially diverse populations served by my program or agency.
- _____ 28. I am well versed in the most current and proven practices, treatments and interventions for major health problems among ethnically and racially diverse groups within the geographic locale served by my agency or program.
- _____ 29. I avail myself to professional development and training to enhance my knowledge and skills in the provision of services and supports to culturally, ethnically, racially and linguistically diverse groups.
- _____ 30. I advocate for the review of my program's or agency's mission statement, goals, policies, and procedures to insure that they incorporate principles and practices that promote cultural and linguistic competence.

There is no answer key with correct responses. However, if you frequently responded "C", you may not necessarily demonstrate beliefs, attitudes, values and practices that promote cultural and linguistic competence within health care delivery programs.

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