



## **Cultural Competency**

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## Cultural Competency Program

### **Avēsis' Corporate Commitment to Cultural Competency**

As a company dedicated to providing all of its public and private sector clients with superior service, Avēsis 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 their health care services.
- Some members come from other cultures that view health-related behaviors and health care differently than the dominant culture.

Avēsis is committed to ensuring that its staff and our network of participating providers, as well as all 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 Avēsis' continuous quality improvement program. We believe tangible gains in member satisfaction have and will continue to result from the measures we have deployed and which are outlined in this document.

## Purpose

The Cultural Competency Program aims to ensure that:

- Avēsis meets the unique and diverse needs of all members in the populations that we service
- The all Avēsis associates 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 Avēsis 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 are 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
- Provide continuing education to Avēsis associates 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 benefit delivery to meet patients' social, cultural, and linguistic needs. It is both a vehicle to increase access to quality care for all patient populations, as well as being a business strategy to attract new patients and market share.

**Culturally and linguistically appropriate services (CLAS):** Health care services that are respectful of, and responsive to, cultural and linguistic needs.<sup>1</sup> The U.S. Department of Health and Human Services, Office of Minority Health, has issued national CLAS standards. Avēsis is committed to a continuous effort to perform according to those standards.

The delivery of culturally competent services requires providers and/or Avēsis associates 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.<sup>2</sup>

## Rationale

Performing in a culturally competent manner is not just good for our members, it is good for business. Avēsis endorses the view, promulgated by the federal government,<sup>3</sup> 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.<sup>4</sup>

Achieving cultural competency is an on-going process, not a single act. With that knowledge, this document sets forth the approach Avēsis has implemented and updates in an ongoing effort toward becoming an increasingly more culturally competent organization.

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<sup>1/</sup> *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.

<sup>2/</sup> Centers for Medicare and Medicaid Services (precise source document uncertain).

<sup>3/</sup> *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.

<sup>4/</sup> 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 Avēsis' 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 Avēsis 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 Avēsis to community resources, to enhance the cultural and linguistic capabilities of our participating providers and to educate members so that their experience with Avēsis 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, Avēsis reviews the data provided and does the following:

- Compares the data with information available regarding the cultural and linguistic composition of our network
- Assesses the Customer Care Center to ensure that assistance with members' requests for information or complaints and grievances are handled with the utmost sensitivity and regard to cultural and linguistic diversities

Whenever possible, we 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. Avēsis 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 Avēsis' 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.

Avēsis' 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 Avēsis functional units in making certain that the Cultural Competency Program is fully and properly executed.

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

, Avēsis reviews client-provided needs assessments and, where possible, works with community-based organizations to ensure that Avēsis services the entire population in accordance with cultural competency objectives. A report is presented to the Chief Operating Officer or designee, who is accountable for the results.

## ***Diversity and Language Abilities of Staff***

Avēsis recruits diverse talented staff members to work in all levels of the organization. We do not discriminate with regard to race, religion or ethnic background when hiring associates, or in how we treat our members and providers.

Avēsis ensures that bilingual associates are hired for functional units that have direct contact with members to meet the needs identified. Spanish is the most common language 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..

Where we enroll significant numbers of members who speak languages other than English or Spanish, Avēsis endeavors to recruit associates who are bilingual in English plus one of those other languages, or establish communication with a language interpretation vendor, as needed.

## ***Diversity and Suitability of Provider Network***

Avēsis recruits providers to ensure that the network includes a diverse array of providers to care for the population served. By building our network around “significant traditional providers,” whose demographic profile mirrors that of the community they serve, we have providers and supportive services in place 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, Avēsis strives to achieve the best match possible in each community.

Avēsis 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 Avēsis associates must attend cultural competency training within three (3) months of the date of hire and annually thereafter. Major elements of the training include:

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

Avēsis also incorporates diversity exercises into staff meetings to ensure that all associates respect diversity within the organization and among the enrolled population.

At each performance appraisal period, Avēsis associates are evaluated on their respect for diverse backgrounds as a core value that Avēsis measures. Associates are assessed for their cultural competency through testing, direct observation, and monitoring of patient/consumer satisfaction with individual Customer Care 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 6<sup>th</sup> grade level or lower.

Language other than English – Materials are routinely prepared in full in both English and Spanish. Upon request, Avēsis prepares 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, speaks a language other than English or Spanish, we explain how the member can contact a translation service to assist with interpretation.

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

### **Foreign Language Translation Services**

Communication with Avēsis – There is a Spanish language queue set up in the Customer Care Center that members can access as they call into Customer Service. Avēsis employs Customer Care Representatives who speak Spanish. In addition, Avēsis uses a qualified vendor for interpreter services as needed to communicate with members who have limited English proficiency. Avēsis pays all costs of commercial language services required by its members.

Special Services for Persons with Hearing Impairments – Avēsis' members who are deaf or hard of hearing may require devices, or services to aid them in communicating effectively with their providers. Customer Care 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 associates 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 also try to guide the member to appropriate community resources that can help the member improve his or her literacy skills.

Website adaptations – Avēsis' 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***

Avēsis is dedicated to partnering with community organizations to promote cultural understanding and to meet the needs of the diverse population. Wherever possible, Avēsis pursues 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, Avēsis focuses on recruiting associates that have roots in the community. We make it known to our member population when there are openings, in the hope that some of our own members might join the Avēsis family.

#### ***Provider Education***

Avēsis educates providers regarding the Cultural Competency Program through the Provider Handbook, the Provider Portal of the Avēsis website, and as part of routine encounters with Provider Services staff. The topic is covered regularly in Avēsis' provider newsletter. We also distribute appropriate reference materials to providers—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. Avēsis arranges for appropriate follow-up assistance to providers who, after using it, report a need for help in becoming more culturally competent.

## 4. Performance Improvement

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

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

### *Ongoing Self-Assessment*

#### **Process and Tools**

Avēsis continually assesses 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 is focus groups comprised of members, providers, and staff to explore the needs of all Avēsis constituent groups and to listen to suggestions for improving our Cultural Competency Program.

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

#### **Reporting**

All measures are 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 reviews the literature on innovations and best practices in cultural competency at least once yearly. The results of this review are compared to the findings of the assessment (above) to identify gaps between Avēsis' Cultural Competency Program and industry benchmarks.

## **Setting Priorities and Assignments**

Avēsis, 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***

Avēsis' 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.