



2020

**Cultural Competency
Plan and Evaluation**

Introduction

South Florida Community Care Network Db a Community Care Plan (CCP) is a partnership between Broward Health (BH) (aka North Broward Hospital District) and the Memorial Healthcare System (MHS). These two health systems serve a diverse, multi-cultural population in Broward County. The CCP is committed to provide safe, quality, cost-effective, patient and family centered care, with the goal of improving the health of the MMA population it serves.

It is for this reason that the CCP has 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.

One aspect of cultural competence must also be the consideration of treatment in a holistic manner that does not allow stigma. Therefore, it deserves mention that CCP views care as being inclusive of all behavioral aspects of treatment from expected reactions to health problems and non-addictive substance use, to severe mental illness and problematic substance use.

As cultural competence is a concept that goes beyond race and ethnicity and includes all factors that can create stigma, in addition to general behavioral issues, we must also consider the impact of gender and sexual identity issues. Problems with emotions, behavior, and substance use are already notable concerns with the population covered by this contract, as is suicide. However, within this cultural competency lens, we must also consider the added factors that are posed by gender and sexual orientation disparities and the associated stigma on health outcomes. Consider

the following statistics on LGBTQ (lesbian, gay, bi-sexual, trans-sexual, and questioning) persons¹:

- These youth are 3x more likely than ‘straight’ youth to attempt suicide at some point in their lives
- Medically serious attempts are 4x more likely in the LGBTQ group
- If LGBTQ youth are not accepted in their family, they are 8x more likely to attempt suicide than those that are accepted
- Each time a LGBT person is the victim of verbal or physical harassment or violence, they become 2.5x more likely to hurt themselves

Any research into the LGBTQ population shows that they are now considered to have significant health care disparities in services from primary care through oncology, and everything in between. These factors have contributed to CCP’s expanded view of the term ‘cultural competence’ and our approach to addressing it. This view of the term should be assumed throughout the rest of the document.

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

CCP 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 CCP staff (Enrollee Services, Case/Disease Management, Provider Relations, Grievance and Appeals, Utilization Management, and Quality Improvement). CCP recognizes that respecting the diversity of our Enrollees has a tremendous and positive impact on outcomes of care. CCP has incorporated the Cultural and Linguistically Appropriate Services (CLAS) standards developed by the U.S. Department of

¹ <https://save.org/about-suicide/suicide-facts/>

CCP MISSION:

CCP is driven by our community responsibility to positively impact the health and wellness of those we serve.

CCP VISION:

CCP will be the vehicle for population health for Broward County.

WITH ROOTS IN OUR COMMUNITY:

South Florida Community Care Network is Broward Health and Memorial Healthcare System.

Each has a long history of helping to make sure that *everyone* gets the right care, at the right time, in the right place. South Florida Community Care Network was launched in 2000 as the first safety-net hospital-owned Provider Service Network.

Health & Human Services, Office of Minority Health, as our guidelines for furnishing culturally competent services. The CLAS standards are listed below:

Principal Standards

1) Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership and Workforce

2) Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

3) Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

4) Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability

9) Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.

10) Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.

11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12) Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13) Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

14) Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

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

(must copy and paste into browser to activate link)

CCP 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 CCP level, or the provider level through the evaluation of enrollee grievance, cross-culture complaints report, and enrollee satisfaction survey result on cultural competency.

Goal 2: CCP staff, contracted/employed Providers, and systems can effectively provide services to all people regardless of their ages, cultures, races, ethnicities, and religions.

- Review the demographic profiles of the service areas (Refer to page 6-7 – Data Analysis)
- Review number of providers with language spoken other than English
- Provide Member Services in three languages: English, Spanish, and Creole

Goal 3: CCP will complete an annual evaluation of the effectiveness of the Cultural Competency Plan. CCP 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.

CCP will provide high quality, culturally sensitive services by identification, delivery and continual monitoring of Enrollees' needs. The CCP hires bilingual staff and provide cultural competency training at orientation and annually after hired. CCP Quality Improvement Teams will continuously monitor and evaluate the level of cultural competency through medical services provided by its Provider Network. CCP 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 CCP strongly entreats its Providers and Staff 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 or download a copy at www.ccpcares.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 is 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

CCP has 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. CCP 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. CCP educates its providers on the availability of interpretation services as well.

The CCP 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 CCP website and is updated periodically. CCP 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

CCP and its staff, and employed providers require upon hire, and annually thereafter, to complete Diversity and Cultural Competency Training. Contracted Providers' offices will be responsible for providing cultural competency training for all office personnel and staff.

CCP provides training materials for all network Providers at no cost to the provider. The training material will include ideas and assistance about how to provide care in a culturally competent manner.

Providers can access educational materials through the following websites:

(Must copy and paste into browser to activate link)

- Physician Toolkit and Curriculum:
<http://minorityhealth.hhs.gov/assets/pdf/checked/toolkit.pdf>
- Physician's Practical Guide:
<https://cccm.thinkculturalhealth.hhs.gov>
- 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
www.hrsa.gov/CulturalCompetence/research.html

Translation Services

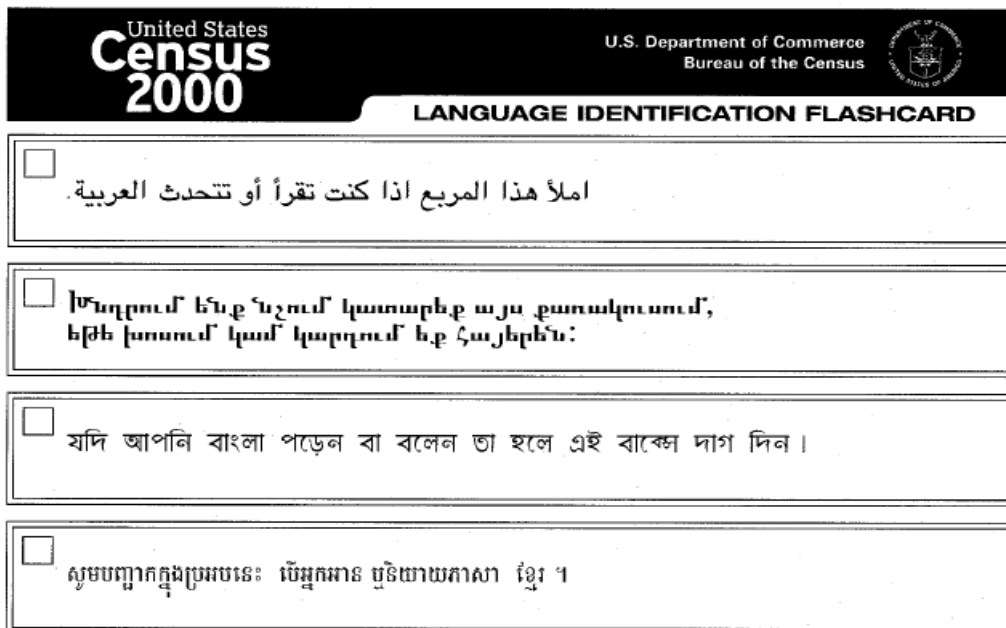
Addressing language access issues requires multi-faceted strategies. CCP's first contact with the Enrollee begins with the Welcome Letter. CCP sends mailings in English and Spanish, the prevalent languages in Broward County, with a special adage that states that materials are available in other languages 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 CCP utilizes 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. CCP uses the following interpreter phone service vendors listed below:

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

The Spanish and Creole languages and cultures are the most prevalent in the CCP 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 the CCP as well CCP 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.justice.gov/crt/about/cor/Pubs/ISpeakCards.pdf>



The image shows a 'LANGUAGE IDENTIFICATION FLASHCARD' from the U.S. Department of Commerce, Bureau of the Census, for the 2000 Census. It features four checkboxes with text in different languages: Arabic, Armenian, Bengali, and Khmer. The header includes the 'United States Census 2000' logo and the 'U.S. Department of Commerce Bureau of the Census' text with a seal.

United States
Census 2000

U.S. Department of Commerce
Bureau of the Census

LANGUAGE IDENTIFICATION FLASHCARD

املأ هذا المربع اذا كنت تقرأ أو تتحدث العربية.

Մարդկանք ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:

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

សូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

- The Florida Agency for Workforce Innovation a document that has the following statement in 21 languages: “If you do not speak English, or if you are deaf, hard of hearing, or sight impaired, you can have interpreter and translation services provided at no charge. Please ask for assistance.”
www.floridajobs.org/PDG/PostersforEmployers/IS%20Poster%2011x17.pdf
- Online resource that provide an index to more than 6,900 known living languages
www.ethnologue.com/web.asp

Evaluation and Assessment

The CCP completes an annual evaluation of the effectiveness of its Cultural Competency Plan. Results of this evaluation are used to determine the future direction of the Cultural Competency Plan. This evaluation may include results from the Enrollee Satisfaction Surveys, Enrollee Grievances, Enrollee Appeals, Provider feedback, medical record reviews, Performance Improvement Plans, Performance Measures and CCP employee surveys. The CCP Quality Improvement tracks and trends any issues the number of cross-cultural complaints and cross-cultural grievance or appeal cases identified in the evaluation and implement interventions to improve the provision of culturally competent services if needed.

Importance of Cultural influence²

Cultural differences affect patients' attitudes about medical care and their ability to understand, manage, and cope with the course of an illness, the meaning of a diagnosis, and the consequences of medical treatment. Patients and their families bring culture specific ideas and values related to concepts of health and illness, reporting of symptoms, expectations for how health care will be delivered, and beliefs concerning medication and treatments. In addition, culture specific values influence patient roles and expectations, how much information about illness and treatment is desired, how death and dying will be managed, bereavement patterns, gender and family roles, and processes for decision making.

Many African-Americans participate in a culture that centers on the importance of family and church. There are extended kinship bonds with grandparents, aunts, uncles, cousins, or individuals who are not biologically related but who play an important role in the family system. Usually, a key family member is consulted for important health-related decisions. The church is an important support system for many African-Americans.

Although Hispanics share a strong heritage that includes family and religion, each subgroup of the Hispanic population has distinct cultural beliefs and customs. Older family members and other relatives are respected and are often consulted on important matters involving health and illness. Fatalistic views are shared by many Hispanic patients who view illness as God's will or divine punishment brought about by previous or current sinful behavior.

² (How Culture Influences Health Beliefs, McLaughlin, L., & Braun, K. (1998) *Health and Social Work*, 23 (2), 116-126.)

Hispanic patients may prefer to use home remedies and may consult a folk healer, known as a curandero.

Broward County population (census 2000):

- Language spoken at home
 - English only – 71.2%
 - Language other than English – 28.8%
 - Speaks English less than ‘very well’ – 11.4%
 - Speaks Spanish – 16.3%
 - Speaks English less than ‘very well’ – 10.4%
- Hispanic population – 16.7%
 - Puerto Rican – 20.2%
 - Cuban – 18.7%
 - Colombian – 11.1%
 - Mexican – 7.2%

CCP membership (03/2019 Enrollment File):

- Race
 - White – 12.68% (decreased from last year: 12.98%)
 - Black or African American - 39.91% (decreased from last year: 40.02%)
 - Other – 21% (increased from 18%)
- Hispanic population – 26.4% down from 28%
 - Breakdown of place of origin is not available.

The CCP enrollees responding to the member satisfaction survey (**CAHPs**) answered the following:

- Race (Adult)
 - White – 43%
 - Black or African American
 - Other – 19%
 - Hispanic population – 28%
- Race (Child)
 - White – 47%
 - Black or African American – 38%
 - Other – 19%
 - Hispanic population – 50%

LANGUAGE

March 2019, enrollee language percentages from the enrollment files are:

- English – 80%
- Spanish – 15%
- Haitian Creole – 2%
- Undeclared – 3%

In 2018-2019, CCP employed 25 member services representatives including a Director. Of the 25 staff, 22 are bilingual (English and Spanish), 2 are bilingual (English and Creole) and 1 is trilingual (English, Spanish and Creole). CCP staff speaking Spanish equals 92% of the total employed and Creole speaking staff equals 12% of the total staff, which far exceeds our own CCP membership and Broward County demographics per Census 2000.

Languages Spoken by CCP practitioners

Language	Count of providers by Language	Percentage
Hindi	1	0.01%
Arab	1	0.01%
Arabic	21	0.21%
ASL	2	0.02%
Bangla	1	0.01%
Bengali	3	0.03%
Cantonese	1	0.01%
Chinese	21	0.21%
Dutch	1	0.01%
English	9915	100%
Farsi	3	0.03%
French	95	0.96%
Haitian Creole	192	1.94%
German	10	0.10%
Greek	3	0.03%
Gujarati	4	0.04%
Hebrew	41	0.41%
Hindi	28	0.28%
Hungarian	2	0.02%
Italian	14	0.14%
Japanese	12	0.12%
Latin	1	0.01%
Macedonian	1	0.01%
Malayalam	3	0.03%
Malayan	3	0.03%
Mandarin	4	0.04%
Marathi	1	0.01%
Philippines	1	0.01%
Polish	1	0.01%
Portuguese	23	0.23%
Punjabi	1	0.01%
Romanian	7	0.07%
Russian	23	0.23%
Russian Hebrew	1	0.01%
Serbian	1	0.01%
Span	8	0.08%
Spanish	1047	10.56%
Tamal	2	0.02%
Telugu	2	0.02%
Turkish	1	0.01%
Ukrainian	2	0.02%

Language	Count of providers by Language	Percentage
Urdu	7	0.07%
Vietnamese	3	0.03%
Yiddish	5	0.05%
Zisayan	1	0.01%
Total	9915	100.00%

EDUCATION

As important as language in a multi-cultural population is the understanding of how cultural impacts the medical care of a member. To that end, in early 2017 and again in 2018, CCP has held Motivational Interviewing programs for case and disease managers. Motivational Interviewing is designed around the following principles:

1. Drawing Out, Rather Than Imposing Ideas (member’s own skill for change)
2. Autonomy versus Authority (empowering member)
3. Express Empathy (see through member’s eyes)
4. Support Self-Efficacy

All newly hired employees, as part of their orientation to CCP, attend a Cultural Diversity Class. Annually all employees attend “Diversity, Inclusion & You” workshop. This hour and a half workshop is mandatory and covers the value of diversity and the multicultural society in which we live. Participants are expected to enhance their appreciation of diversity, renew a commitment to avoid use of stereotypes and assumptions and strengthen competence in diversity and inclusion. To date, all 176 staff have had training.

CCP continues to educate the vast provider network during orientation, provider newsletters, and postings on the CCP web page. On the web page, providers can find the entire Cultural Competency Plan.

SATISFACTION / MEMBER EXPERIENCE

In 2018-2019, CCP had only one-member complaint regarding “felt talked down to because of my accent” by a practitioner’s staff member. This was sent to Provider Operations and the practitioner was made aware of the complaint so that staff education could be completed.

There were no HUB complaints regarding treatment of members due to race, language, or ethnicity.

CCP’s CAHPS Survey showed:

Medicaid Adult Survey	2018	2017	2016	2015
Doctor explained things in an understandable way	88.5%	93.7%	93.2%	93.4%
Doctor listened carefully to you	91.1%	93.9%	91.7%	95.1%
Doctor showed respect for what you had to say	93.8%	93.9%	93.2%	94.4%
Treated with courtesy and respect by customer service	93.3%	90.8%	96.2%	91.9%

Medicaid CHILD Survey	2018	2017	2016	2015
Doctor explained things in an understandable way	91.6%	94.6%	94.6%	92.0%
Doctor listened carefully to you	94.8%	93.4%	95.7%	96.0%
Doctor showed respect for what you had to say	97.4%	95.2%	96.1%	98.0%
Treated with courtesy and respect by customer service	93.2%	97.3%	91.9%	89.2%

Both the Adult and Child Surveys showed a decrease in the question, “Doctor Explained Things in an Understandable Way.” This would be an educational opportunity for Provider Operations to discuss with CCP practitioner during their monthly/quarterly onsite visits.

CCP Enrollee Services monthly member experience surveys show ratings from 91.67% to 98.72% in the last quarter of 2018.

For 2018 to 2019, CCP will continue to monitor:

- Enrollee complaints regarding discrimination or language/ethnic/religious needs monthly
- Enrollee satisfaction annually through the CAHPS survey and monthly ad hoc surveys
- Enrollee language needs through language requests
- Training needs about cultural disparities of our provider network
- Provider demographics in regard to language, race, ethnicity to meet our enrollees’ needs

Websites/resources for additional information:

- www11.georgetown.edu/research/gucchd/nccc/features/CCHPA.html
- www.peacecorps.gov/wws/educators/enrichment/culturematters/index.html
- www.emstac.org/resources/disproportionality.htm
- www.edchange.org/multicultural/
- www.clas.uiuc.edu/
- http://ericae.net/faqs/Cognitive_Styles/ericbib_inventoryvalidity.htm
- <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlid=3>
- www.npsf.org/for-healthcare-professionals/programs/ask-me-3/
- www.ahip.org/disparities/QIModules/
- www.ncqa.org/tabid/451/Default.aspx
- www.samhsa.gov/
- www.nimh.nih.gov/index.shtml
- www.nami.org/Home