2023
Cultural Competency Plan
and
Evaluation

Introduction

South Florida Community Care Network dba 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.

CCP MISSION:

To promote healthier communities.

CCP VISION:

To be the driving force to ensure that every community has access to
high quality affordable health care.

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.

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) persons[1]:

- 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

[1] https://save.org/about-suicide/suicide-facts/

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 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 Member Experience 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, sexual orientation, and religion.

- Review the demographic profiles of the service areas
- Review number of providers with language spoken other than English
- Provide Member Services in three languages: English, Spanish, and Creole
- Provide Direct connect Language Line vendor for all other language needs

Goal 3: Analyze care for performance measures and Member Experience by race and language. Report race and language to accreditation bodies.

- Performance Measures for 2023: Controlling Blood Pressure (CBP), Hemoglobin A1c Control for Patients with Diabetes (HBD), Prenatal and Postpartum Care (PPC), Child and Adolescent Well Care Visits (WCV)
- Member Experience Race and Language questions: Never had a problem finding a doctor that knows Child's Culture(#43) and Child's Language (#44).

Goal 4: 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 reports to the Quality Improvement Committee on all complaints, monthly. Data is aggregated and trended for use in credentialing and quality activities. Complaints relating to cross-culture issues, which will be referred to the Quality Improvement Department for review, are addressed by Provider Operations directly with the office involved. 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, Member Experience 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
  http://www.hrsa.gov/CulturalCompetence/research.html

Translation Services

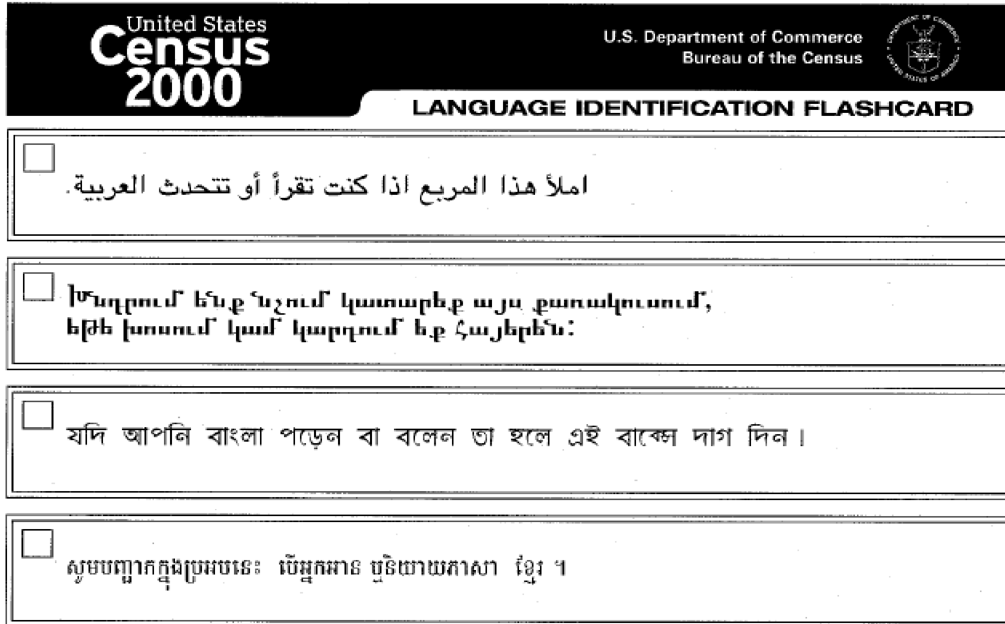
Addressing language access issues requires multi-faceted strategies. CCP's first contact with the Enrollee begins with the Welcome Letter and Onboarding phone call. CCP sends mailings in English and Spanish, the prevalent languages in Broward County, with a special adage that states that materials are 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



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.

☐ Խնդրում 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.”
  http://www.floridajobs.org/PDG/PostersforEmployers/IS%20Poster%2011x17.pdf

- Online resource that provides an index to more than 6,900 known living languages
  http://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 Member Experience 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 influence[1]

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

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

In the Haitian/Creole culture, there are three overarching barriers to overcome in engaging in preventive screening and obstetrical care:

- *Unfamiliarity with preventive care and mistrust of Western medicine*
- *Preference for natural remedies - hot/cold medicine beliefs in the Caribbean*
- *Belief that disease is to be endured as atonement for past sins (Fate)*

Broward County population (U. S. Census v2019)

- Race and Hispanic Origin:
  White alone - 63.1%
  Black alone – 30.2%
  American Indian/Alaska Native – 0.4%
  Asian – 3.9%
  Native Hawaiian and Other Pacific Islander – 0.1%
- Hispanic population – 31.1%
  - Statewide – 1,028,508 originating from Cuba, 285,400 from Columbia

Broward County population (Florida Department of Health, 2019)

- Race and Hispanic Origin:
  White alone – 60.7% (State – 75.1%)
  Black alone – 28.6% (State – 16.1%)
  American Indian/Alaska Native – 0.3% (State – 0.3%)
  Asian – 3.6% (State – 2.7%)
  Native Hawaiian and Other Pacific Islander – 0.1% (State – 0.1%)
- Hispanic population – 29.8% (State – 25.6%)

CCP membership (02/2021 State Enrollment File):

- Race
  - White – 13.2% (decreased from last year: 12.68%)
  - Black or African American – 39.4% (decreased from last year: 39.91%
  - American Indian – 0.15%
  - Asian – 1.97%
  - Other – 13.1% decreased from 21%
- Hispanic population – 25.5% decreasing year over year (26.4% down from 28%
  - Breakdown of place of origin is not available.

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

- Race (Adult)
  - White – 35.2% (38.2%)
  - Black or African American 53.3% (52.6%)
  - Other – 19%
  - Hispanic population – 35.5% (28.4%)

- Race (Child)
  - White – 44.7% (48.8%)
  - Black or African American – 41.8% (38%)
  - Other – 20%
  - Hispanic population – 51.2% (50%)

LANGUAGE

February 2022, enrollee language percentages from the State of Florida enrollment files are:

- English – 81.8%
- Spanish – 13.8% down from 15%
- Haitian Creole – 2.8% slightly increased from 2%
- Undeclared – 1.6% down from 2%

In 2022, CCP employed 24 customer experience service representatives including a Director, Supervisor and Team Lead. Of the 24 staff, 7 are bilingual (English and Spanish) and 3 are bilingual (English and Creole). All CCP staff speaking Spanish equals 84% 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 U. S. Census v2019.

Data on language translation requests in customer service for 2022 is below:

- There were 486 translation requests in customer service. The breakdown of requests is in line with the current census and membership population.

Over-the-phone Interpreting	
Language	**Number of Calls**
Spanish	356
Haitian Creole	92
Portuguese	11
Vietnamese	10
Russian	9
Mandarin	2
Bengali	2
Korean	2
Cantonese	1
Croatian	1

Languages Spoken by CCP practitioners

LanguageSpoken	MMA Provider Count	MMA Percentage
ENGLISH	9291	100%
SPANISH	1358	15%
CREOLE	113	1%
FRENCH	121	1%
HINDI	58	1%
HAITIAN CREOLE	36	0%
ARABIC	29	0%
PORTUGUESE	35	0%
HEBREW	34	0%
RUSSIAN	26	0%
GERMAN	22	0%
ITALIAN	23	0%
URDU PAKISTAN	18	0%
GUJARATI	13	0%
GREEK	9	0%
FARSI; PERSIAN	5	0%
CHINESE (OTHER)	8	0%
MALAYALAM	7	0%
TAMIL	7	0%
PUNJABI	8	0%
ROMANIAN	5	0%
CHINESE, CANTONESE (INC TOISHANESE)	6	0%
BENGALI	3	0%
HAITIAN	5	0%
BULGARIAN	3	0%
CHINESE (MANDARIN)	4	0%
KOREAN	3	0%
TURKISH	2	0%
TAGALOG	2	0%
VIETNAMESE	2	0%
POLISH	1	0%
SIGN LANGUAGE	2	0%
DUTCH	1	0%
FILIPINO	2	0%
THAI	1	0%
UKRANIAN	1	0%
YIDDISH	2	0%
ARAMAIC	1	0%
ALBANIAN	1	0%
HUNGARIAN	1	0%
UZBEK	1	0%
KANNADA	1	0%
CROATIAN	1	0%
GUARANI	0	0%
NATIVE AMERICAN INDIAN	1	0%
SWEDISH	1	0%
JAPANESE	1	0%

Practitioner Ethnicity

Provider ethnicity information is gathered from CAQH. Only 12% of in-network providers have elected to disclose this information. The data received is below:

Provider Ethnicity	Provider Count	Percentage
Hispanic or Latino/a	165	43%
White/Caucasian	137	36%
Black or African American	41	11%
Asian	19	5%
Other	17	4%
Prefer Not to Say	5	1%

Community Care Plan's provider network reflects the community as whole. We believe practitioners in the network have similar religious beliefs to the larger community as a whole and can meet member needs.

According to our CAHPS Data, the percentage of members who are white is proportional to the providers of white ethnicity. Similarly, the percentage of members who are Hispanic or Latino, are proportional to the providers of Hispanic or Latino descent. In addition, this data is also in line with the US census results for the area.

The volume of member calls in English, Spanish and Other languages is proportional to the percentage of providers who speak English, Spanish and Other languages. Translation services were utilized when needed for members who speak other languages.

SATISFACTION / MEMBER EXPERIENCE

In 2022, CCP had no member complaints about race, religion, gender bias, language or ethnicity.

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

CCP's CAHPS Survey showed:

Medicaid **Adult** Survey	2022	2021	2020	2019	2018
Doctor explained things in an understandable way	90.9%	93.9%	96.9%	97%	88.5%
Doctor listened carefully to you	88.2%	95.2%	95.7%	98%	91.1%
Doctor showed respect for what you had to say	92.1%	97.6%	98.2%	98%	93.8%
Treated with courtesy and respect by **customer service**	91.7%	96.4%	94.6%	94%	93.3%

Medicaid **CHILD w/CCC** Survey	2022	2021	2020	2019	2018
Doctor explained things in an understandable way	90.9%	94.8%	96.4%	95.8%	91.6%
Doctor listened carefully to you	89.4%	97.4%	98.8%	95.4%	94.8%
Doctor showed respect for what you had to say	91.0%	97.4%	98.8%	97.2%	97.4%
Treated with courtesy and respect by **customer service**	93.3%	95.7%	100%	93.6%	93.2%

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.

Both surveys had low valid ns: Adults 77 on Doctor communicate questions and 60 on Customer Service question; Child w/CCC 66-67 on Doctors Communicate and 30 on Customer Service question.

HEALTH CARE DISPARATIES ANALSIS

In 2022, CCP analyzed the following measures of care and health care experience:

Pediatric Care Domain

• Analysis showed for Adolescent Immunizations:
  o No differences in results by gender, language preferred, or race/ethnicity.
  o Parents refusing meningococcal vaccine due to confusion with MMR vaccine controversy.
  o Parents refusing HPV vaccine or not bringing child back for 2nd or 3rd in series.
  o Providers starting HPV series too close to 13th birthday.
• Analysis showed for Childhood Immunizations:
  o No difference by gender, language preferred, or race/ethnicity.
  o Religious Exemption is 3.3% in Broward compared to 2.9% statewide.
  o Anti-vaccine sentiment rising in Florida overall. Broward has lowest vaccination rates in Florida – dropped from 94% in 2020 to 44% in 2021.
  o Identified 10 medium to large practices that were giving 3 DTap and 3 Prevnar instead of the required 4 each.
• Describe initiatives implemented based on recommendations:
  o Text messaging to all households that are deficient in completion of shots/annual well visit.
  o List of enrollees that need to get caught out before turning 2 or 13 years old sent to providers monthly.
  o Education to providers about starting HPV at 11 years of age.
  o Sponsor of Vaccinate Broward each year with Memorial Healthcare System and Broward Health.

• Identify any noted performance improvement as a result of initiatives implemented (if applicable):
  • Current Combo 3 rate for 2-year-old is 60.98% with 4 months left in year, 3.74 points below final last year.
  • Current Combo 2 rate for 13-year-old is 31.83%, 1.82 points below final rate last year

• Identify any barriers to implementing initiatives: (See Attachment A)
  • COVID-19 pandemic – turn out for Vaccinate Broward was lower than expected. Vaccinate Broward is a one-day county wide event (up to ten sites) for vaccination catch-up.
  • Religious Exemption is 3.3% in Broward compared to 2.9% statewide.
  • Anti-vaccine sentiment rising in Florida overall. Broward has the lowest vaccination rates in Florida – dropped from 94% in 2020 to 44% in 2021.
  • Parent/guardian limiting vaccines given at one time creating a missed opportunity to finish a series (i.e., 3 rotavirus vaccines before age 6 months)

• Identify strategy for continued improvement or overcoming identified barriers:
  • Continue to send practice specific rates and monthly list of enrollees needing to complete series prior to birthday.
  • Continue monthly Well Child Visit reminder lists to providers – to encourage enrollee outreach from their established primary care provider.

Women’s Care Domain

• Describe initiatives implemented based on recommendations:
  • Conducted analysis of compliance with breast and cervical cancer screening by race/ethnicity and language.
  • Breast Cancer Screening: Women ages 60+ were less likely to complete a mammogram. Spanish language preferred also showed a higher non-compliance.
  • Cervical Cancer Screening: Women post child-bearing years completed the exam less than women ages 20-39. There were no overt differences in compliance based on race or preferred language.

• Identify any noted performance improvement as a result of initiatives implemented (if applicable):
  • Breast Cancer Screening MY 2022 is 52.09 as of August which is slightly higher than yearend MY2021.
  • Cervical Cancer Screening: not available

• Identify any barriers to implementing initiatives: • Breast Cancer Screening: Identifying and targeting Spanish language preferred enrollees with correct education in their Spanish dialect.

• Identify strategy for continued improvement or overcoming identified barriers:
  • Breast Cancer Screening:
    o Posts on social media.
    o Text campaign.
    o Education through Community Resource Center personnel/website.
  • Cervical Cancer Screening:
    o Reminders to women post child-bearing years.
    o Offer women’s care at new Community Resource Center opening in 2023 – full OB/routine preventive care will be available at the Center site.

Breast Cancer Screening: Language - Enrollees that speak English (56.30%), Spanish (57.45%), and Unknown (66.67%) met the goal of 53.93%. Enrollees speaking Creole (Haitian) had a compliance rate of 50.0% which was 3.93 percentage points less than goal. The denominator was only 4 so comparisons and conclusions were made with caution.

Living With Illness Domain
a. Describe initiatives implemented based on recommendations: • Conducted analysis of diabetic enrollees and compliance with hemoglobin A1c testing and retinal examination by race/ethnicity and language. o Hemoglobin A1c: Age was a factor in completing testing for enrollees 18-29 years old. Low compliance in both working and older enrollees was due to telehealth visits (member not receiving lab order in person), having to leave the house to go to a lab, and labs open by appointment only in 2020 and early 2021. o Retinal Examination: Younger enrollees did not complete the examination. Race/Ethnicity was not a factor. Overall, in meetings with providers, increase use of telehealth by primary care provider, enrollee reports 'no eye problems', Broward County lock down of non-essential services in 2020 and into 2021 were barriers to closing care gap. • Implemented: o Suggestion to large clinics to purchase point of care hemoglobin A1c test kits. o Implemented residential retinal screening program with eye care vendor. o Vision vendor opened facility in north central part of Broward County by appointment for screening. o Expanded in clinic program (2 cameras in place) to a sickle cell clinic.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Residential retinal screening program captured 86 screenings versus 24 in primary care clinic.
c. Identify any barriers to implementing initiatives: • Facilities in north Broward County have declined working with eye care vendor for in clinic cameras.
d. Identify strategy for continued improvement or overcoming identified barriers: • Continue residential screening program and begin early in next measurement year. • Attempt expansion of cameras in clinics program to north Broward County.

AAP:

No race met the performance goal of 78.30%. All races combined including Unknown and Declined resulted in a compliance rate of 60.83%. Declared races (Black, White, Asian, American Indian, and Other race) resulted in a compliance of 57.19%. All categories declined in 2020; many were significant in the decrease: Black (7.39 points), other race (14.44 points), Unknown (10.1 points) and White (8.55 points). Decreases in visits has direct correlation to the Covid-19 pandemic.

PPC-Timeliness of Prenatal Care:

Language - Enrollees that speak English (87.21%) and Spanish (98.0%) met the goal of 85.89%. Enrollees speaking Creole (Haitian) had a compliance rate of 69.23% (an increase of 8.12 percentage points) which was 16.66 percentage points less than goal although the denominator is only 13.

Race - American Indian and Declined resulted in 100% compliance with a combined denominator of 6. White and Unknown also met the performance goal of 85.89%. All races combined including Unknown and Declined resulted in a compliance rate of 85.4% just missing the performance goal by 0.49 percentage points. Declared races (Black, White, Asian, American Indian, and Other race) resulted in a compliance of 84.23%

Enrollee Experience – finding a personal doctor for your child who knows your child's culture, finding a personal doctor for your child who speaks your child's language (CAHPS)

Culture - White, Hispanic, and Not Hispanic exceeded the plan rate of 56.31%. The result for Black was 3 percentage points less than goal. Those responders that identified as Other were 25 percentage points below goal. Other had only 4 responses.

Only the increase in White (24 percentage points) was statistically significant; Hispanic with a 16.2 percentage point increase was not statistically significant. Other categories with double digit decreases were not statistically significant by Fisher's exact with two tailed tests.

There were no complaints about language or culture differences in the year.

Language - There were increases in all categories except for Black which decreased by 4.1 percentage points but not a statistically significant decrease. Although Other and Not Hispanic increased by 10 percentage points and 2.9 percentage points respectively, those categories did not meet goal and the increases were not statistically significant. White increased 15 percentage points and met the goal of 75%. Hispanic increased 4.8 percentage points and met the goal. None of the increases/decreases was statistically significant.

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, beginning in early 2017 and continuing to present, 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 185 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.

For 2023, CCP will continue to monitor:
Enrollee complaints regarding discrimination or language/ethnic/religious needs monthly
Member Experience 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
Performance measures and Member Experience survey analysis for health care disparities
Open Community Resource Center with women's care services available and resources for entire community.

Websites/resources for additional information:

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

https://www.samhsa.gov/
https://www.nimh.nih.gov/index.shtml
https://www.nami.org/Home