



**2023**

**Cultural Competency Plan**

**Florida Healthy Kids  
Corporation**

## 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, Miami-Dade, Martin, Palm Beach, St. Lucie, Monroe, Indian River, and Okeechobee counties. CCP is committed to provide safe, quality, cost-effective, patient and family centered care, with the goal of improving the health of the Florida Healthy Kids (FHK) 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. CCP promotes the delivery of services in a culturally competent manner to all enrollees, including those with diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity. 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, gender, race, and religion in the delivery of holistically delivered 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 people who are underserved, or in any way subject to stigma in the community 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. Considering the contract population, the presence of these issues in caregivers must also be monitored. Care is most culturally competent when any potential barriers are identified and addressed without judgment.

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.

**The below excerpt demonstrates the need for culturally competent care in the healthcare system:**

### ***Importance of Cultural influence<sup>1</sup>***

*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.*

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. At all levels of treatment, these issues have begun to be recognized and addressed. Problems with emotions, behavior and substance use are already notable problems with youth covered by this FHKC, as is suicide. However, within this cultural competency lens, CCP also must 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, transsexual, and questioning) children: <sup>1</sup>

- These kids are 3x more likely than 'straight' kids to attempt suicide at some point in their lives
- Medically serious attempts are 4x as likely that attempts made by 'straight' children

- If these children come from families that don't accept their sexual or gender identification, they are 8x more likely to attempt suicide than those accepted by their families
- Each time a LGBTQ person is a victim of verbal or physical harassment or violence, they become 2.5x more likely to hurt themselves
- Internet searches on LGBTQ and healthcare reveal volumes of data on how these issues have created health care disparities in everything from primary care to oncology

These factors have contributed to CCP's expanded view of the term cultural competence and our approach to addressing it.

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

## 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 all CCP staff, including 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 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 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:

CCP is owned by the 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.

CCP was launched in 2000 as the first safety-net hospital-owned Provider Service Network.

## 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 results 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 leadership will ensure that annual competency training be completed by all employed staff. Competency training will be conducted by Provider Operations during practitioner/provider orientation. The CCP Competency Plan with links to sites for practitioner/provider staff ongoing training is posted on the CCP website.

**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 evaluation.

CCP will provide high quality, culturally sensitive services by identification, delivery, and continual monitoring of enrollees' needs. CCP hires bilingual staff and provides 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 the Provider hotline at 1-855-819-9506 or download a copy at [www.ccpcare.org](http://www.ccpcare.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 cultural barriers 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. Utilize CCP social workers to provide in home assessment of needs.

## 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 utilizes a complaint type for the Enrollee Services Department; the complaint type captures complaints relating to cross-culture issues, which will be referred to the Quality Improvement Department for review, to be addressed appropriately. CCP educates its practitioners/providers on the availability of interpretation services as well.

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, and their staff, 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 weekly. 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 practitioners are required 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>  
<https://www.nbcnews.com/feature/nbc-out/nih-recognizes-lgbtq-community-health-disparity-population-n661161>

## 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 offer Spanish and Creole, the prevalent languages in Broward, Indian River, Martin, Miami-Dade, Monroe, Okeechobee, Palm Beach, and St. Lucie 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 currently. 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**

املا هذا المربع اذا كنت تقرأ أو تتحدث العربية.

Խոսողո՞ւմ ե՞նք նշո՞ւմ կատարե՞ք այս քարտիկու՞մ, եթե խոսո՞ւմ կամ կարդո՞ւմ եք հայերեն:

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্স 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

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 Department 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.

In, the last twelve months, CCP received no grievances due to dissatisfaction with health care providers care or their staff regarding health care disparities, treatment with respect, or relationship.

## Linguistics and Ethnicity

Below is the linguistic and ethnic demographics of people for CCP's Florida Healthy Kids Counties, based on the U.S. Census Bureau's American Community Survey -2019 and Censusscope.org for language 2000 vs (1990):

	Only English at home	Speaks English less than well	Speaks Spanish at home	White	Black	American Indian	Asian	Native Islander	HISPANIC
<b>Broward</b>	71.21	11.4 (6.86)	16.32	63.1	30.2	0.4	3.9	0.1	31.1
<b>Indian River</b>	89.56	4.41 (2.49)	6.43	86.7	9.6	0.4	1.6	0	12.7
<b>Martin</b>	88.71	5.23 (3.55)	6.71	90.1	5.7	1	1.5	0.2	14.2
<b>Miami Dade</b>	32.08	34.71 (31.30)	59.22	79	17.7	0.3	1.6	0	69.4
<b>Monroe</b>	78.59	8.31 (6.21)	15.95	89	7.1	0.5	1.5	0.1	25.3
<b>Okeechobee</b>	76.91	10.34 (7.95)	16.46	86.9	9	1.5	1	0.1	26
<b>Palm Beach</b>	78.28	9.71 (6.31)	11.89	74.6	19.8	0.6	2.9	0.1	23.4
<b>St. Lucie</b>	86.22	5.98 (3.48)	7.59	73.6	21.4	0.6	2	0.1	19.9
<b>Service Area Average</b>	75.20	11.26	17.57	80.37	15.06	0.67	2.0	0.09	27.75
<b>STATE AVG.</b>	82.11	8.13 (6.07)	20.9	77.3	16.9	0.5	3	0.1	26.4

### Broward

Only English language spoken at home has increased from 60% to 71% while speaks English less than well increased from 6.86 to 11.4%.

Hispanic or Latino (of any race) increase by 1 percentage point

### Indian River

Only English language spoken at home increased by over 3 percentage points while speaks English less than well increased from 2.49 to 4.41.

Hispanic or Latino (of any race) remained relatively the same over the last two years.

### Martin

Only English language spoken at home increased 2.5 percentage points.

English less than well increased from 3.55 to 5.23.

Hispanic or Latino (of any race) increased 1 percentage point from 13.2%

### **Miami-Dade**

Only English language spoken at home increased almost 6 percentage points while speaks English less than very well changed less than 1 percentage point.  
Hispanic or Latino (of any race) increased from 67.5% to 69.4%

### **Monroe**

Only English language spoken at home by almost 2 percentage points.  
Speaks English less than 'very well' increased by 2 percentage points.  
Hispanic or Latino (of any race) increased by just under two percentage points from 23.5%

### **Okeechobee**

Only English language spoken at home remained unchanged.  
Speaks English less than 'very well' increased by 2.39 percentage points.  
Hispanic or Latino (of any race) increased one percentage point.

### **Palm Beach**

Only English language spoken at home remained increased by 9 percentage points and speaks English less than 'very well' increased by almost 2.5 percentage points.  
Hispanic or Latino (of any race) increased 2 percentage points.

### **St. Lucie**

Only English language spoken at home increased 8 percentage points with speaks English less than 'very well' increased by 2.5 percentage points.  
Hispanic or Latino (of any race) increased 1.8 percentage points.

### **CCP Staff Languages**

In 2022, CCP employed 22 member services representatives including a Director. Of the 22 staff, 12 are bilingual (English and Spanish), 1 is bilingual (English and Creole) and 2 are trilingual (English, Spanish, and Creole). Seven are English speaking only.

CCP staff speaking Spanish equals 55% of the total employed in member services and Creole speaking staff equals 14% of the total staff, which far exceeds our own CCP membership, and the County demographics displayed above, except for Miami-Dade (Spanish).

At CCP most of the enrollees who contact the Enrollee Services department speak English. The second highest requested language is Spanish. Please note the 2022 breakdown of calls:

Total FHK = 35,256

English FHK Calls= 17,945 (520.9%)

Spanish FHK Calls =6,465 (18.3%)

Other FHK Calls = 10,846 (30.8%)

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

- There were 486 translation requests in customer service for 2022. The breakdown of requests is in line with the current census and membership population.

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

In 2022, there were zero (0) enrollee complaints about practitioner inability to meet enrollee ethnic, racial, cultural, or linguistic needs.

In sum, based on available data, we conclude that members have the following ethnic, racial, cultural, or linguistic needs which must be met by network practitioners:

- Practitioners that speak Spanish
- Ability to have Translation Services for a multitude of other languages like Creole, Portuguese, and Vietnamese.
- Practitioners of various ethnic groups, including but not limited to, Hispanic or Latino and Black or African American.

The health plan examines available data about network practitioner’s ability to meet enrollee’s ethnic, racial, cultural, or linguistic needs. Community Care Plan’s provider network has similar religious beliefs to larger community as a whole and can meet member needs.

However, the health plan does have reliable data on practitioners who speak languages other than English. The results of this analysis are below.

## CCP FHKC Practitioner Languages

LanguageSpoken	FHK Provider Coun	FHK Percentage
ENGLISH	8523	100%
SPANISH	1028	12%
CREOLE	133	2%
FRENCH	95	1%
HINDI	48	1%
HAITIAN CREOLE	45	1%
ARABIC	28	0%
PORTUGUESE	22	0%
HEBREW	19	0%
RUSSIAN	23	0%
GERMAN	17	0%
ITALIAN	15	0%
URDU PAKISTAN	17	0%
GUJARATI	11	0%
GREEK	7	0%
FARSI; PERSIAN	10	0%
CHINESE (OTHER)	6	0%
MALAYALAM	7	0%
TAMIL	5	0%
PUNJABI	3	0%
ROMANIAN	6	0%
CHINESE, CANTONESE (INC TOISHANESE)	4	0%
BENGALI	4	0%
HAITIAN	1	0%
BULGARIAN	2	0%
CHINESE (MANDARIN)	1	0%
KOREAN	2	0%
TURKISH	2	0%
TAGALOG	2	0%
VIETNAMESE	2	0%
POLISH	2	0%
SIGN LANGUAGE	1	0%
DUTCH	2	0%
FILIPINO	1	0%
THAI	1	0%
UKRANIAN	1	0%
YIDDISH	0	0%
ARAMAIC	1	0%
ALBANIAN	1	0%
HUNGARIAN	1	0%
UZBEK	1	0%
KANNADA	1	0%
CROATIAN	0	0%
GUARANI	1	0%
NATIVE AMERICAN INDIAN	0	0%
SWEDISH	0	0%
JAPANESE	0	0%

#### FHKC 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	189	45%
White/Caucasian	147	35%
Black or African American	43	10%
Asian	21	5%
Other	19	4%
Prefer Not to Say	5	1%

Although the proportion of membership that speaks Spanish is higher than the proportion of network providers who speak Spanish, CCP believes the current network can meet member needs through use of office staff who speak Spanish plus use of interpreters during physician office visits. Upon comparison of data about the practitioner network capabilities the Community Care Plan network meets enrollee needs.

#### SATISFACTION / MEMBER EXPERIENCE

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

There were no FHK Corporation filed complaint for any member regarding treatment of members due to race, language, or ethnicity.

#### How Well Doctor Communicate:

FHK CHILD Survey	2022	2021	Goal
Doctor explained things in an understandable way	94.4%	98.7%	85%
Doctor listened carefully to you	93.0%	98.7%	85%
Doctor showed respect for what you had to say	93.0%	98.0%	85%
Treated with courtesy and respect by <b>customer service</b>	98.3%	95.3%	85%

The FHK Child Survey showed a decrease in the question, “Doctor Explained Things in an Understandable Way.” The decrease was noted across all lines of business for CCP from 2021 to 2022. This would be an educational opportunity for Provider Operations to discuss with CCP practitioners during their monthly/quarterly onsite visits.

Both surveys had valid n – for How Well Doctors Communicate (142-143) with a low n on Customer Service (59). The Customer Service question increased by 3 percentage points. This was the 3<sup>rd</sup> full year of contract with FHK and the 2<sup>nd</sup> member experience survey.

#### HEALTH CARE DISPARITIES ANALYSIS

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

**Child and Adolescent Well Care Visits (WCV) and Enrollee Experience (Race and Ethnicity)**

**Race – Goal QC 90<sup>th</sup> percentile: 62.70%**

Year - Total	Total	White	Black	Asian	Hawaiian /Islander	American Indian	Other	Asked No Answer	Unknown Race
2022	3212/4749 67.64%	951/1375 69.15%	314/447 70.25%	56/82 68.09%	0/0 NA	1/1 100%	10/14 71.43%	1114/1618 68.85%	766/1212 63.20%

All races met the goal of 62.70% (90<sup>th</sup> Quality Compass 2022 percentile)

**Ethnicity**

Year-Total	Hispanic	Non-Hispanic	Unknown Ethnicity
2022	766/1212 63.2%	0/0 NA	2446/3537 69.15%

All Ethnicity met the goal of 62.70% (90<sup>th</sup> Quality Compass 2022 percentile)

**Enrollee Experience – Rating of Personal Doctor (Race)**

Summary Rate of 8, 9, and 10 – Best personal doctor possible

Year	White	Black	Asian	Hawaiian /Islander	American Indian	Other	Hispanic	Non-Hispanic
2022	131/142 92.3%	45/47 95.7%	8/8 100%	2/2 100%	2/2 100%	25/26 96.2%	110/115 95.7%	84/82 91.3%
2021	129/139 93.6%	45/48 93.8%	10/10 100%	0/1 0%	4/4 100%	33/36 91.7%	106/113 93.8%	99/105 94.3%

Goal for every year is 85%

All races were above the goal of 85% for both years except for 1 Hawaiian/Pacific Islander in 2021.

**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 2020 and annually, CCP has held Motivational Interviewing reminders 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 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**

For 2023, 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 and satisfaction with the translation services.  
Training needs about cultural disparities of our practitioner/provider network  
Practitioner demographics regarding language, race, ethnicity to meet our enrollees' needs  
Claims data to identify health disparities regarding race, ethnicity, gender, gender identity, sexual orientation and/or language.

### **Websites/resources for additional information:**

<http://www11.georgetown.edu/research/gucchd/nccc/features/CCHPA.html>

<http://www.peacecorps.gov/www/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://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>