



NH Healthy Families 2017 Cultural Competency Plan

INTRODUCTION

NH Healthy Families is committed to establishing multicultural principles and practices throughout its organizational systems of services and programs. NH Healthy Families strives to reduce healthcare disparities and increase access by providing high quality, culturally competent healthcare. A key component of this goal is NH Healthy Families' desire to respond to the healthcare needs of all individuals, regardless of their ethnic, cultural, religious beliefs, or language. For this reason, NH Healthy Families has developed the following Cultural Competency Plan (CCP). The CCP's intent is to be inclusive but flexible, in order to adapt to the changing needs of members and the addition of new components as the plan evolves. The plan will be reviewed and updated annually.

OVERVIEW

In spite of all our similarities, fundamental differences among people arise from nationality, ethnicity, and culture, as well as from family background and individual experiences. These differences impact health beliefs, practices, and behavior on the part of both patient and provider, and also influence the expectations that patients and providers have of each other. When healthcare services are delivered without regard for cultural differences, members are at risk for sub-optimal care; for example, members may be unable or unwilling to communicate their healthcare needs resulting in reduced effectiveness of the entire healthcare process. Despite on-going efforts to provide culturally competent medical care, there may still be significant gaps due to these differences in perception and communication, and an overall lack of awareness about cultural differences. This can make it difficult for both providers and patients to achieve excellent care.

GOAL

Members are entitled to dignified, appropriate, and quality care. NH Healthy Families is committed to the development, strengthening and sustaining of healthy provider/member relationships. Towards this end, NH Healthy Families' goal is to provide services to all of our members that:

- Recognize value, affirm, and respect the worth of the individual members.
- Protect and preserve the dignity of people of all cultures, races, ethnic backgrounds, sexual orientations, and religions.
- Are culturally competent including being able to manage diverse languages.

OBJECTIVES

The objectives of the CCP are:

1. To relay to providers their responsibility to provide competent healthcare that is culturally and linguistically sensitive.
2. To provide members access to quality healthcare services that are culturally and linguistically sensitive.
3. To educate and facilitate communication to develop partnerships among providers and NH Healthy Families in an effort to enhance cultural awareness.
4. To identify members with cultural and/or linguistic needs through demographic information and develop mechanisms to utilize this information in program planning and service delivery.
5. To provide competent translation/interpreter services to our members who require these services in their preferred language.
6. To provide members with Limited English Proficiency (LEP) assistance to understand the care being provided and to accomplish effective interactions with their healthcare providers.

CONCEPTUAL FRAMEWORKS

NH Healthy Families strives to provide high quality, culturally sensitive services through identification, delivery, and continual monitoring of members' needs. To accomplish this, NH Healthy Families continually develops its cultural competence program objectives and activities based on these frameworks and standards:

1. [Georgetown University National Center for Cultural Competence \(NCCC\) frameworkⁱ](#)
2. [National Standards on Culturally and Linguistically Appropriate Services \(CLAS\), as developed by the Department of Health and Human Services, Office of Minority Health.ⁱⁱ](#)

The NCCC embraces a conceptual framework and model for achieving cultural and linguistic competence based on the work of Cross et al. (1989).

The NCCC framework requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- Have the capacity to:
 - Value diversity
 - Conduct self-assessment
 - Manage the dynamics of difference
 - Acquire and institutionalize cultural knowledge and
 - Adapt to diversity and the cultural contexts of the communities they serve.
- Incorporate the above in all aspects of policy making, administration, practice, and service delivery; systematically involve consumers, key stakeholders, and communities.

The NCCC framework acknowledges that cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

The CLAS Standards are organized into one Principal Standard and 14 standards categorized into themes: (1) governance, leadership, and workforce; (2) communication and language assistance; (3) engagement, continuous improvement, and accountability.

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

Principal Standard:

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. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
3. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

4. 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.
5. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
6. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
7. 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

8. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
9. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
10. 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.

11. 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.
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. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
14. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.ⁱⁱⁱ

WHAT IS CULTURAL & LINGUISTIC COMPETENCE?

What is cultural competence? A commonly accepted definition for cultural competence is:

Cultural Competence: A set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework.^{iv}

Closely associated with cultural competence is the concept of linguistic competence, which is defined as:

Linguistic Competence: Providing readily available, culturally appropriate oral and written language services to limited English proficiency (LEP) members through such means as bilingual/bicultural staff, trained medical interpreters, and qualified translators.^v

For healthcare providers, cultural and linguistic competence can simply be defined as, “The ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by the patient to the health care encounter”^{vi}

Cultural Competence activities include:

- Cultural competency education and skills development.
- Self-assessments for providers, staff and systems (organizations).
- Implementation of objectives and activities to ensure that governance, administrative policies and practices, and clinical skills and practices are responsive to the culture and diversity within the populations served.

These practices must be evaluated regularly and made subject to a process of continuous quality improvement.

THE NEED FOR CULTURALLY COMPETENT SERVICES

The Institute of Medicine report entitled “Unequal Treatment,”^{vii} along with numerous research projects reveal that when accessing the healthcare system, people of color are treated differently. Research also indicates that a person has better health outcomes when they experience culturally appropriate interactions with medical providers. The path to developing cultural competency begins with self-awareness and ends with the realization and acceptance that the goal of cultural competency is an ongoing process. Providers should note that the experience of a member begins at the front door.

Failure to use culturally competent and linguistically competent practices could result in the following:

- Feeling of being insulted or treated rudely.
- Reluctance and fear of making future contact with the office.
- Confusion and misunderstanding.
- Non-compliance.
- Feeling of being uncared for, looked down on, and/or devalued.
- Parents resisting to seek help for their children.
- Unfilled prescriptions.
- Missed appointments.
- Misdiagnosis due to lack of information sharing.
- Wasted time.
- Increased grievances or complaints.

CULTURAL COMPETENCY DEVELOPMENT & TRAINING

The road to developing a culturally competent practice begins with the recognition and acceptance of the value of meeting the needs our members. NH Healthy Families is committed to helping its staff, providers and other stakeholders in the care delivery process reach this goal. As first steps toward providing culturally competent care, NH Healthy Families encourages those involved in the care delivery process to assess their cultural competence using a variety of tools, with links and/ or references provided. In addition, NH Healthy Families asks its staff and network providers to take into consideration the following as they provide care to the NH Healthy Families members:

- What are your own cultural values and identity?
- How do or can cultural differences impact your relationship with your patients?
- How much do you know about your patients’ cultures and languages?
- Does your understanding of culture take into consideration values, communication styles, spirituality, language ability, literacy, and family definitions?
- Do you embrace differences as allies in your patients’ healing process?

Education and Training:

1. **NH Healthy Families Staff:** All NH Healthy Families employees will receive cultural competency training to ensure their services are provided effectively to our members of

different cultures. This training will be customized to fit the needs of NH Healthy Families based upon the nature on the contacts with our members and/or providers.

2. **Providers:** NH Healthy Families provides a cultural competence section in the Provider Manual which outlines the CCP. The goal of the Cultural Competency section in the Provider Manual is to educate providers on the key components of our CCP, define expectations for performance, and to highlight NH Healthy Families linguistic/translation services. NH Healthy Families also posts the CCP on the NH Healthy Families website which includes useful resources for developing cultural competence. NH Healthy Families will alert providers of cultural competency development opportunities and updates through provider newsletters and other communications. To improve its cultural competency development program, NH Healthy Families monitors the delivery of care and services in relation to the provision of culturally competent services and, additionally, obtains feedback from its training activities. Based on the results, NH Healthy Families implements changes through the Annual Quality Improvement Work Plan

DELIVERY OF CARE AND SERVICES

The development and implementation of our Cultural Competency Plan is part of a collaborative effort between NH Healthy Families and its providers to deliver and provide culturally and linguistically appropriate care to our enrollees. NH Healthy Families also offers a choice of providers with cultural and linguistic expertise.

Cultural competency more than just a part of the care delivery process; it is an expectation. Some specific expectations for the delivery of care and services are outlined below.

Cultural Competency Expectations for Delivery of Care and Services

1. NH Healthy Families expects the provider to be aware of cultural differences and the potential impact of those cultural differences
2. NH Healthy Families expects the provider to acquire cultural knowledge and skills to understand the needs of the populations they serve.
3. NH Healthy Families expects the provider to ask questions relevant to how the family and culture values might influence the patient's health care perceptions and needs.
4. NH Healthy Families encourages the provider to listen to the patient's opinion in considering treatment options.

INTERPRETIVE AND TRANSLATION SERVICES

Addressing language access issues requires multi-faceted strategies. First contact with the Enrollee begins with the Welcome Letter which includes language that states materials are available in other languages as needed or for the visually or hearing impaired. The Member Handbook includes information on the availability of oral and interpretive services. NH Healthy Families provides to members in their preferred language, both verbal offers and written notices informing them of their right to receive language assistance services.

NH Healthy Families utilizes a phone service that facilitates communication with non-English speakers, 24 hours a day, 7 days a week as its secondary language access service for Limited English Proficiency Enrollees. Translations are provided on a case-by-case basis.

Interpretation services are offered to every member as needed. Interpreter services are offered and will be available for any member who requests the services, in-person or telephonically, regardless of the prevalence of the member's language within the overall Plan. NH Healthy Families will never use children to provide interpretation services. Family and friends will not be used to provide interpretation services (except on request by the member).

If the member declines offered free interpretation services, staff informs the member of the potential consequences of declination with the assistance of a competent interpreter to assure the member's understanding. Member's declination is documented in the member's medical record. Interpreter services are re-offered at every new contact. Every time interpreter services are offered and declined the declination is documented in the member's medical record.

NH Healthy Families bears the cost of interpretive services, including American Sign Language (ASL) interpreters, translation into Braille, or providing large print materials for hearing- and vision- impaired members.

Provider credentialing applications include a question about other languages spoken by providers to indicate their linguistic diversity. NH Healthy Families will inform providers of Cultural competency resources in several ways: Annual update of the CCP through the Provider Manual, NH Healthy Families website links, and newsletters.

NH Healthy Families will provide the following interpretive and translation services:

Service	Description	Access
TDD/TTY Access	<ul style="list-style-type: none"> Assists the hearing impaired. 	1-855-742-0123
Language Line Services/Member Services Staff	<ul style="list-style-type: none"> Provides assistance in 100 languages to providers and members in communicating with each other during urgent/emergent situations, non-urgent/emergent appointments as requested, or when there are no other translators available for the language requested. 	<ul style="list-style-type: none"> Available 24 hours a day, 7 days a week Accessed through Member Services during regular business hours or through the 24 Hour / 7 Day medical triage advice line after normal business hours.
Written Material	<ul style="list-style-type: none"> Selected Health education materials are available in several languages. Translations of member services and health education materials are available through the Member Services phone and TTY/TDD lines. 	Upon request of the member, provider, or designee.
Member Mailings	<ul style="list-style-type: none"> Mailings are sent in English and select mailings are also sent in Spanish. The Member Handbook has been translated in Spanish and will be translated into other languages upon request. 	Babel sheets offer translation of material upon request, on an as-needed basis.

EVALUATION AND ASSESSMENT

In order to identify the cultural, racial, ethnic and linguistic needs and preferences of its members, NH Healthy Families conducts a population needs assessment and analysis annually. The assessment may include data and information from the following sources:

- Center for Medicare and Medicaid Services (CMS) and/or State of New Hampshire data,
- NH Healthy Families enrollment files,
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) or other member satisfaction surveys,

4. Member complaints, grievances, and appeals, and
5. Other relevant data sources.

NH Healthy Families will also conduct an assessment and analysis of network provider / practitioner availability by location (GeoAccess® report). This report, coupled with information from the population assessment, will be used to identify any current or forecasted member needs or gaps in services to specific population segments.

NH Healthy Families also monitors the delivery of care and services in relation to the provision of culturally competent services through a comprehensive set of quality data and information sources that may include:

- The CAHPS Member Satisfaction Survey.
- Provider Satisfaction Survey.
- Staff, vendor, and stakeholder feedback.
- Member communications such as complaints, grievances and/or appeals.

Data, information, and survey results are analyzed and evaluated to identify opportunities for improvement. This evaluation will serve as the foundation for planning the upcoming year’s cultural competency objectives and activities.

ADDITIONAL RESOURCES

NH Healthy Families encourages its staff and providers to learn more about how to provide culturally and linguistically competent care. Listed below are some helpful resources.

Resource	Website
Georgetown University National Center for Cultural Competence (NCCC) framework	https://nccc.georgetown.edu/index.php
U. S. Department of Health and Human Services Office of Minority Health	https://minorityhealth.hhs.gov/Default.aspx
Center for Health Care Strategies, Inc., Racial and Ethnic Health Care Disparities Resources	http://www.chcs.org/info-url_nocat5108/info-url_nocat_list.htm?attrib_id=18631
The Commonwealth Fund: Taking Cultural Competency from Theory to Action	http://www.commonwealthfund.org/publications/fund-reports/2006/oct/taking-cultural-competency-from-theory-to-action

A Family Physician's Practical Guide to Culturally Competent Care	https://cccm.thinkculturalhealth.hhs.gov/
Healthcare Communities Resource Center: Effective Communications Tools for Healthcare Professionals	http://www.healthcarecommunities.org/ResourceCenter.aspx?tid=4294981107
Ethnologue Languages of the World language index	http://www.ethnologue.com/language_index.asp
U.S. Department of Health and Human Services Office of Minority Health: National Standards for Culturally and Linguistically Appropriate Services in Health and Health care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice	http://www.healthinfoweb.org/sites/default/files/article-files/EnhancedCLASStandardsBlueprint.pdf

REFERENCES:

ⁱ <http://nccc.georgetown.edu/index.html>

ⁱⁱ <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=15>

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

^{iv} Cross et al. 1998. Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed. Washington DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

^v United States Department of Health and Human Services, Office of Minority Health. National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report, March 1 2001. United States Department of Health and Human Services, OPHS, Office of Minority Health; 2001 <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>

^{vi} Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. 2002. Edited by B. D. Smedley, A. Y. Stith, and A. Nelson. Board on Health Sciences Policy. Washington, DC: The National Academies Press. <http://iom.edu/Reports/2002/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care.aspx>