BASSETT MEDICAL CENTER PPS

Cultural Competency & Health Literacy Strategic Plan

LCHP Cultural Competency/Health Literacy Subcommittee

2015

BASSETT MEDICAL CENTER PPS 1 ATWELL ROAD COOPERSTOWN, NY 13326

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I. Statement of Purpose:

According to the American Journal of Preventative Medicine, "Cultural Competence in an individual or organization implies having the capacity to function effectively within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."[i]

According to the Institute of Medicine report, *Health Literacy: A Prescription to End Confusion* Health literacy defined as "the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions".[ii] Additionally, the same report notes that nearly half of all American adults—90 million people—have inadequate health literacy to navigate the health care system. Inequitable delivery of care and the resulting disparities affect the overall health and wellbeing of individuals in a manner that may ultimately result in a public health concern.[iii]

The LCHP Cultural Competency Health Literacy work group exists to develop the following:

- A cultural competency and health literacy strategy, and;
- A workforce training strategy focused on the drivers of health disparities for the Leatherstocking Collaborative Health Partners (LCHP).

II. Background:

With increased cultural diversity in LCHP's service area, there is a strong need for culturally competent care coordination and patient navigation services that will be sensitive to the beliefs and practices of the areas diverse populations. Specific opportunities for a paradigm shift on how the health care culture interacts with different populations in the service area defined as low literacy, low health literacy, socioeconomic/class disparities, rural isolation, a small but growing Hispanic community, disabled populations, a growing LGBTQ population, and geographic isolation from available health care services. Health literacy also is a critical component of patient safety, regardless of culture and therefore will be a key factor in LCHP's mission for health improvement.

The Leatherstocking Collaborative Health Partners PPS seeks to address these disparities by achieving the following goals and objectives:

III. Goals:

- To ascertain where disparities in care for the LCHP population exist and effectively address disparities;
- To improve health literacy between and among stakeholders (including, but not limited to, providers, consumers, community members, etc.);
- To implement ongoing program reviews to ensure the effectiveness of Cultural Competency and Health Literacy policies and procedures

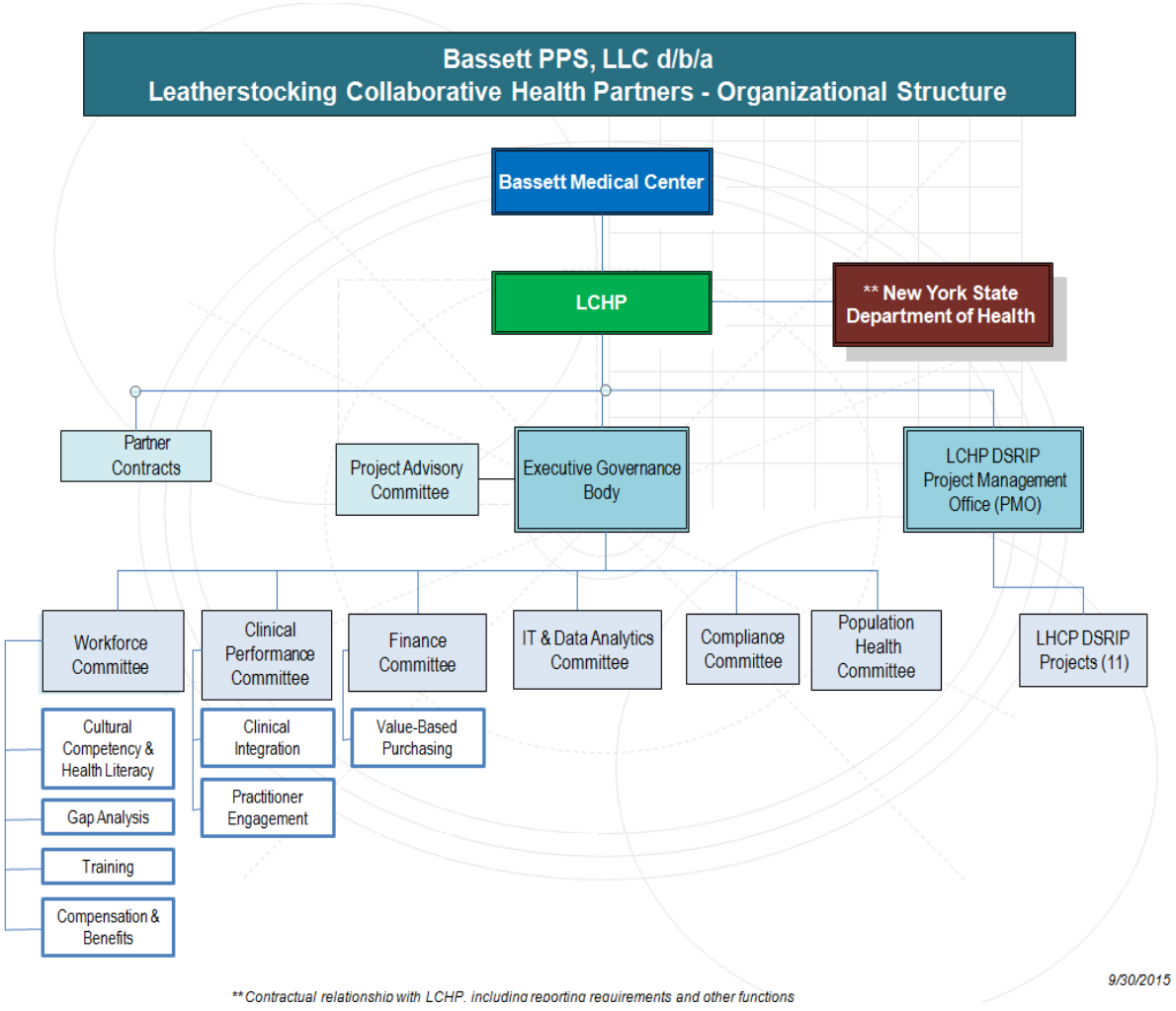
IV. Objectives:

- Utilizing the Community Needs Assessment and other relevant data, identify priority groups experiencing health disparities;

- Partner with community-based organizations to develop interventions to reduce disparities and increase health literacy;
- Promote the use of evidence-based language tools and resources to effectively communicate with non-English speaking and low-literacy consumers;
- Remove barriers to affordable, accessible and high-quality behavioral, primary and preventive health care services through increased knowledge, awareness and training;
- Address the underlying causes of health disparities in the LCHP communities

Furthermore, by Federal mandate, LCHP PPS will adopt the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care throughout the PPS. See Appendix I for CLAS Standards.

Bassett Medical Center PPS Organizational Chart



Leatherstocking Collaborative Health Partners
Cultural Competency & Health Literacy Strategic Plan
December 2015

Objective 1	**Utilize the Community Needs Assessment and other relevant data, identify priority groups experiencing health disparities**	
#	**Objective**	**Tactic**
1.1	In attempt to identify populations and geographic areas where most work is needed, utilize CNA data and other key analyses, e.g. Upstate Health and Wellness Survey, Healthy People 2020, results from County Public Health Dept Screenings, New York State, Cancer Prevention Plan, New York State Comprehensive Cancer Control Plan 2012-2017, updates from NYS required community service plans, etc. to identify priority groups experiencing health disparities; continue to build and develop community needs assessment methods to determine changing and growing needs of the PPS including health disparities and the under-served	• Gather information and identify additional resources, as necessary, to ensure key populations are identified on which to focus this work; • Build on community needs assessment by working with key stakeholders, including, but not limited to Cultural Competency Health Literacy work group, PHIP, and partner organizations. • Identify populations that are not the focus of the CNA, including, but not limited to, hearing impaired, LGBTQ, disabled and elderly populations, as well as those isolated from health and social services.
1.2	Utilizing data from key analyses create a work plan to address highest priorities, and obtain approval from EGB	• Determine additional resources from which to garner data, with a focus on highest priority populations and those who are currently underserved.
1.3	As part of the work plan, utilize existing resources with cultural competency expertise within the PPS (e.g., NYSDOH Cancer Services Program, CBOs) as well as projects relating to serving the uninsured and low utilizers, to better meet the health care needs of PPS disparate population	• Establish meetings of key stakeholders to gain a better understanding of who is reaching the uninsured and underinsured populations; • Assess and catalogue all activities in this regard throughout the PPS to more effectively coordinate this work
Objective 2	Determine the underlying causes of health disparities in the LCHP communities Tactics the PPS will employ to achieve Objective 2 measures:	
#	**Objective**	**Tactic**
2.1	Identify administrative leader within PPS to direct and oversee partner and consumer engagement work	• Director-PPS Partner and Patient Engagement to develop work groups and engage stakeholders in defining the cultural competency needs and determining the focus for the PPS

2.2	Director of PPS Partner & Consumer Engagement to lead PPS Collaborative Learning initiative	• The CCHL group will now combine efforts with a regional health disparity group led by Bassett Medical Center; determine methods to engage and educate the target population based on information derived from the community needs assessment, community forums, PAM assessments, patient navigation and key community stakeholders.
2.3	Identify metrics to evaluate and monitor ongoing impact of cultural competency / health literacy initiatives. Develop method to track metrics for annual reporting and publish on PPS website	• Identify data reporting to be collected such as patient satisfaction survey dashboards, Patient Activation reporting dashboard, as well as other data to evaluate and monitor patient engagement, access to LGBTQ services, etc.
2.4	Engage Population Health Improvement Program (PHIP) team within lead agency to identify drivers of health disparities	• Collaboration of project teams • Ensure standards and tenets of a culturally competent encounters are woven throughout each project and organizational committee
Objective 3: Partner with community-based organizations to develop interventions to reduce disparities and increase health literacy		
#	**Objective**	**Tactic**
3.1	Gather information as input to a resource guidebook that outlines community services in conjunction with Navigation/PAM project teams to ensure appropriate and ready access to necessary information	• Through engagement with PHIP and Navigation teams, leverage existing resources such as 211 to develop a comprehensive resource guide of local, county and statewide services for consumers and providers.
3.2	Market the availability of community based navigation services to public	• Develop strategic plan for marketing to consumers, general public, via website and strategic placement of materials in hot spot areas to ensure key stakeholders are able to effectively access information.
3.3	Leverage resources in existing Medicaid Health Home as a model to be expanded to address cultural competency issues in LCHP, while connecting individuals to coordinated, comprehensive medical and behavioral health care	• Utilizing the existing infrastructure of the Community Health Navigators within the Medicaid Health Home, expand workflows, and standardize job roles, duties and caseloads for utilization in hot spots with key stakeholders.
3.4	Building on lead agency's Institute for Learning, continue to develop educational programs dedicated to building cultural competency among key stakeholders including, but not limited to, provider and other clinical staff, front line staff and leadership. Determine how CBOs, as well as 11th Project	• Engagement of the CCHL workgroup with LGBTQ, PHIP, research, cancer screening, mental/behavioral health, county health departments, Navigation and PAM, and other local and regional workgroups to determine appropriate and linguistically appropriate screening assessments and tools for the population with the intention of connecting individuals to quality healthcare providers

	stakeholders, can engage in this work to better serve the population	
Objective 4: Promote the use of evidence-based language tools and resources to effectively communicate with non-English speaking consumers		
#	**Objective**	**Tactic**
4.1	Develop culturally and linguistically appropriate materials for patient education based on defined needs of population	• Increase access to resources including interpreter services, translators, cultural competency classes • Develop links to educational resources for medical providers, mental health providers, and educators will be shared across PPS.
Objective 5	Remove barriers to affordable, accessible and high-quality behavioral, primary and preventive health care and social services, through increased knowledge, awareness and training	
#	**Objective**	**Tactic**
	Identify patient health disparity training needs for clinicians based on CNA data and practitioner focus groups	• Training workgroup formed (workforce subcommittee); • Disparities in Care Workgroup formed (physician-led) to further identify training needs for LCHP provider groups
	Based on identified training needs, develop training criteria for clinicians; utilize mechanisms such as grand rounds and/or other electronic training systems to deliver trainings	• Disparities in Care Work Group to identify most effective way in which to reach provider group; • AHEC (workforce consultants) developing HWApps which will be able to host online training modules for cultural competency and other trainings; • Utilizing workforce consultant resources, develop a training strategy for non-clinical staff; develop training schedule throughout PPS region to ensure greater attendance and participation
	Collaborate with other PPS' regarding their training strategy for similar patient populations to repurpose concepts and materials	• Leverage relationship with CCNY and Care Compass PPS' to develop an effective training strategy
	Engage navigators in CBOs and other organizations to determine needs of population with regard to food, clothing, shelter, health care access, transportation and the like	• Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member; • Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations; • Ensure direct hand-offs to navigators prominently placed at "hot spots", partnered CBOs, emergency departments or community events, to facilitate education on health insurance coverage, age-appropriate primary & preventive healthcare services & resources

APPENDIX I:[iv]

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.

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.

9. Conduct support groups for transgender patients out of the Gender Wellness Center in Oneonta, NY.

10. Partner with Gender Wellness Center to provide a Community Advisory Committee for transgender patients or parents of transgender patients to create ideas for moving forward with multidisciplinary center.

11. Expand upon a monthly patient focus group with key items from cultural competency and health literacy to score providers from the patient perspective.

12. Conduct survey of inpatient interactions including cultural competency and health literacy with the patients' medical resident, as well as soliciting feedback from the patient. Both of these surveys are entered online for the medical residents performance review. One on one meeting with each resident for coaching and support is available if necessary.

Engagement, Continuous Improvement, and Accountability:

13. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

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

15. 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.

16. 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.

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

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

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

20. Ensure education of diabetes self-management tools are presented to each diabetic patient.

21: Providing Asthma Action Plans to patients diagnosed with persistent moderate and persistent severe asthma.

22. Develop care pathways for Asthma, CHF, COPD and Diabetes including self-management.

23. Inform all individuals of downloadable smart phone applications to track BP and BGs. Each individual brings information for review at each office visit.

LCHP Cultural Competency & Health Literacy Committee Membership:

Co-Chairpersons: Zoe Aponte, Catskill Area Hospice & Susan Cipolla, Catholic Charities
Tamie MacDonald, Delaware County Office for the Aging
Frances Wright, Otsego County Office for the Aging
Carol Mandigo, LEAF
Bonita Gibb, Bassett Medical Center, Population Health Improvement Program (PHIP)
Aletha Sprague, Bassett Medical Center, Population Health Improvement Program (PHIP)
Gerry Falco, MD

Cultural Competency and Health Literacy Workgroup Charter

Purpose Statement and Objectives:

This workgroup is being formed to develop 1) a cultural competency and health literacy strategy and 2) workforce training strategy focused on the drivers of health disparities for the Leatherstocking Collaborative Health Partners (LCHP). Specific cultural challenges in the service area include low literacy; low health literacy; a small, but growing, Hispanic community; several developmentally disabled populations located in residential communities; and geographic isolation from available health care services. With increased cultural diversity in LCHP's service area, there is a strong need for culturally competent care coordination and patient navigation services that will be sensitive to the beliefs and practices of the areas scattered ethnic and religious groups. Health literacy is a critical component of patient safety and will be a key factor in LCHP's mission for health improvement.

Source: Leatherstocking Collaborative Health Partners DSRIP Implementation Plan Project

Duration and Time Commitment:

The workgroup will be committed through the end of DSRIP DY2, Q1 (June 30, 2016); bi-weekly effort - TBD.

Scope:

Decisions and activities outside of the identified milestones will be documented and pursued following the achievement of steps and milestones laid out in the revised plan submitted to the Department of Health on August 6, 2015. Depending on proposed strategy, the workgroup will reassess whether to continue in support of implementation activities beyond the current meeting schedule.

Membership:

Co-Chairpersons: Zoe Aponte, Catskill Area Hospice & Susan Cipolla, Catholic Charities
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References:

[i] American Journal of Preventative Medicine. 2003. *Culturally Competent Healthcare Systems from http://www.ajpmonline.org/article/S0749-3797(02)00657-8/abstract*

[ii] IOM. 2004. *Health literacy: A prescription to end confusion.* Washington, DC: The National Academies Press

[iii] Ibid

[iv] Office of Minority Health US Department of Health & Human Services. April 2013. *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. Retrieved December 3, 2015 from* https://www.thinkculturalhealth.hhs.gov/Content/clasvid.asp