Refuah Community Health Collaborative
Cultural Competency and Health Literacy Strategy

Introduction

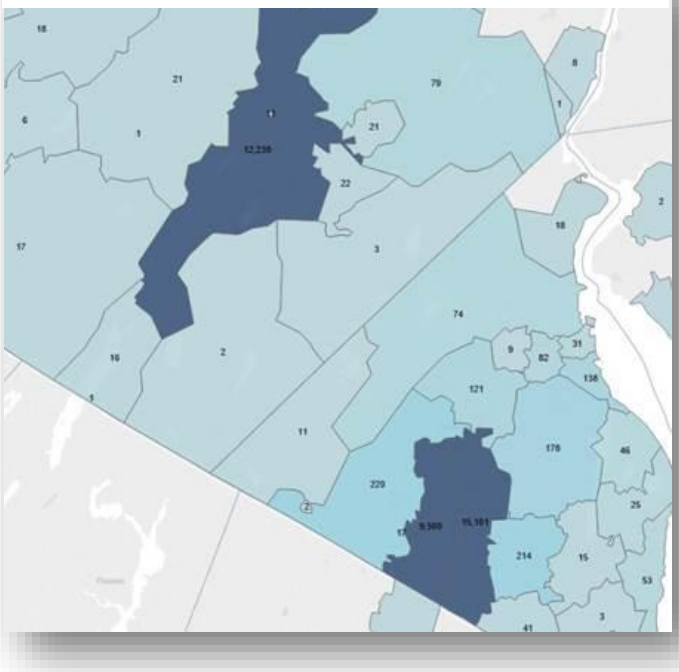
As a result of a culture of marginalization, there are systemic barriers which prevent historically oppressed groups from successfully accessing healthcare. In order to achieve cultural equity and decrease healthcare disparity the Refuah Community Health Collaborative (Refuah CHC) is dedicated to addressing not only individualized conscious and unconscious discrimination, but also the institutional oppression that is present throughout the care network. On the provider side, Refuah CHC will meet its goal by providing cultural competency training, including but not limited to undoing racism, gender, economic disparity, sexual identity, ethnicity, religion, language, disabilities, sexual orientation and age. For the communities served, Refuah CHC will provide those with traditionally disparate health outcomes with the tools to empower themselves, focusing on awareness and education about how and where to access health care services including the role of the primary care provider, urgent care and the emergency room. These efforts will be developed around three key principles:

1) Patient empowerment
2) Provider cultural humility
3) Structural competency

Priority Groups Experiencing Health Disparities

The Refuah CHC has identified three primary regions where efforts will be focused based on a heat map developed using the attribution assigned to the agency. Three zip codes, Spring Valley, Monroe and Monsey, account for 93% of patient lives assigned to the Refuah CHC.

Heat Map: Refuah CHC Attribution by Region



Using the Community Needs Assessment and census data, the PPS will focus efforts in these areas on the following racial and ethnic minority groups who have traditionally experienced disparate health outcomes:

1. African American / Black (specific focus on population of Haitian descent)
2. Hispanic/Latino(a) (specific focus on population of Central American descent)
3. Orthodox Jewish (specific focus on Hasidic population)
4. Asian (specific focus on Indian and Philippine descent)

Refuah CHC's CBO-led workgroup also recognizes other marginalized groups in the region who experience healthcare disparities and who will require focused attention: individuals who are intellectually or developmentally disabled, individuals who identify as being members of the LGBTQ community (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning - specific focus on youth/adolescent population), individuals suffering from mental illness or drug dependence, impoverished individuals, and immigrants, particularly those with limited English proficiency.

Moving forward, the PPS will utilize existing data sources to identify those specific areas of health where the above listed groups are experiencing healthcare disparities in the region, and identify the local providers with expertise in those areas of care, as well as the existing cultural brokers who will be able to help bridge the gap between the populations served and the healthcare providers.

Key Factors to Improve Access to Quality Primary, Behavioral Health, and Preventive Healthcare

Several barriers to quality healthcare have already been identified, specifically:

- Linguistic barriers, such as insufficient translation and interpretation services
- Management barriers, such as culturally insensitive staffing patterns /limited office hours
- Financial barriers that prevent patients from accessing care, such as the lack of affordable daycare
- Transportation barriers, such as limited availability of public transportation
- Conscious and unconscious prejudice at the provider level, creating judgments about patients based on stereotypes, which in turn result in unsuccessful service delivery
- Low levels of health literacy in the target population

Over the next months, the Refuah CHC will more closely review the barriers present in each region and how they impact service delivery for each of the target populations. Additional barriers will be identified by working with cultural brokers and community groups to surface the unmet needs particular to each group at the local level, and through a review of existing materials, including but not limited to those published by the HRSA, National Center for Cultural Competence, Office of Minority Health and the Agency for Healthcare Research and Quality. These needs will not be limited to direct health care issues, but will also include the social service needs of the target populations. The baseline cultural competency of the community agencies will be assessed through tools utilized by the Cultural Equity Taskforce in Orange County.

Two-way Communication with the Population and Community Groups through Specific Community Forums

Refuah CHC will support the convening of community forums in each of the three target regions. These forums will designed to improve bilateral communication between health and safety net providers and the patients who are experiencing disparate health outcomes. The selection of locations and agency participants will be based on the needs expressed by the cultural brokers and community members above, as well as the strengths of the existing agencies in the region. In addition, it will improve the confidence levels in the community in their ability to understand and manage their interactions with the healthcare system. Lastly, the forums will provide Refuah CHC with an opportunity to work together with the patients, families, natural supports, and providers to develop methods for overcoming the barriers identified above.

Self-Management Assessments and Tools (considering cultural, linguistic and literacy factors)

Refuah CHC will research evidence based tools for culturally sensitive self-assessment e.g. "A Culturally Targeted Self-Management Program for African Americans with Type 2 Diabetes Mellitus." http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3667585/ For each group identified above, similar tools will be made available to patients with the encouragement of cultural brokers and community leaders. These tools will be selected based on evidence based practice guidelines, whenever possible, which have been shown to effectively address risk factor reduction as well as to ensure appropriate management of chronic diseases. In addition, through its local partners, the PPS will administer the PAM to measure baseline levels of patient engagement, and to measure subsequent improvement in engagement.

Community-Based Interventions

The community-based solutions to the problems identified above will take a variety of forms including but not limited to:

- Building knowledge and capacity of the workgroup through a series of webinars on the topics of CC/HL awareness, best practices, assessment tools and menu of strategies
- The development of community navigators, highly trained individuals who specialize in linkage and referral to local resources, whose goal is help people gain access to the services and support they need, both formal and informal.
- Extensive training to partner agencies at all staff levels to create a clear cultural competence and willingness to engage Medicaid members in the design and implementation of system transformation. This would also include assisting partners in the development of organizational plans responsive to the needs identified in agency assessments. Training topics discussed to date include:
    1. Culturally competent (CLAS) and health literate care and service (10 Attributes)
    2. Using cultural competency and health literacy interventions.

3. Working effectively with translation, interpreters and community health outreach workers.
4. Engaging with and partner with community-based organization and providers

- Development and distribution of best practice materials, strategies, tools and resources to regional providers
- Culturally sensitive community education programs, developed in collaboration with community-based organizations, which will provide information about community resources as well as how and where to access health care services. These programs can be integrated into existing education offerings in the target communities (libraries, community colleges, ESL classes etc.)
- Specific interventions at health offices, such as distributing a plain language plan to ensure that all written materials are culturally and linguistically appropriate for the target population or discharge coordination improvements that can assure a warm hand-off to local resources familiar with the needs of the population.

RCHC CC/HL Strategy

- To be approved by EGB by 12/31/15 and updated quarterly
- State requirements below as per "DSRIP Reporting and Validation Protocols: Domain 1 Milestones and Minimum Standards for PPS Supporting Documentation and Independent Assessor Validation Process" v. Oct 2015

1. Identifies priority groups experiencing health disparities	2. Identifies key factors to improve access to quality primary, preventive, and behavioral care	3. Defines plans for two-way communication with the population and community groups through specific community forums (copies of material presented at forums must be available upon IA request)	4. Identifies assessments and tools to assist patients with self-management of conditions	5. Identifies community-based interventions to reduce health disparities and improve outcomes
Create a heat map of RCHCs service area to identify	Evaluate literature to identify barriers to care, including but not limited to, the social determinants of health	Identify the most efficient/effective forums for communication of relevant information and receipt of feedback	Research and evaluate currently available CC and HL tools to help empower traditionally marginalized populations and the PPSs target groups in obtaining the healthcare they deserve	Develop strategies to reduce barriers consistent with findings
Use census data, DSRIP Community Needs Assessment and County Community Health Assessments to identify priority groups	Use ongoing dialogue with patients, families, community representatives to determine barriers	Identify "community brokers" to assist in patient outreach and engagement		Develop quality measures to monitor effectiveness of interventions

Use County Community Health Assessments and PPS baseline performance data to highlight key disparities	Collaborate with other PPSs across state to share findings and best-practices	Develop methods for evaluating effectiveness of strategies e.g. surveys of patients, families, providers, access patterns		Regularly review quality measures to improve and refocus strategy on an on-going basis
		Review results of evaluation process to improve and refocus strategy on an on-going basis		

*According to "Milestones and Minimum Standards for PPS Supporting Documentation and Independent Assessor Validation Process" DSRIP Reporting and Validation Protocols: Domain 1 document v. Oct 2015

RCHC CC/HL Training Strategy

- Strategy must be focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material)
- To be approved by EGB by 6/30/16 and updated Quarterly
- State requirements below as per "DSRIP Reporting and Validation Protocols: Domain 1 Milestones and Minimum Standards for PPS Supporting Documentation and Independent Assessor Validation Process" v. Oct 2015

1. Training plans for clinicians, focused on available evidence-based research addressing health disparities for PPSs target groups (copies of training materials must be available upon IA request)	2. Training plans for other segments of workforce (and others) regarding specific population needs and effective patient engagement approaches (copies of training materials must be available upon IA request)
Review literature on effective ways to address the disparities identified in PPS target groups	Review literature on effective patient engagement approaches for PPS target groups
Conduct training needs assessment using PPSs workforce workstream	Conduct training needs assessment using PPSs workforce workstream
Select training topics based on identified gaps	Select training topics based on identified gaps
Determine training methods (e.g. online or in-person) and schedule	Determine training methods (e.g. online or in-person) and schedule

*According to "Milestones and Minimum Standards for PPS Supporting Documentation and Independent Assessor Validation Process" DSRIP Reporting and Validation Protocols: Domain 1 document v. Oct 2015