AHF MCO of Florida, Inc.
Positive Healthcare Florida
2013 Cultural Competency Program
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Mission and Values
AHF MCO of Florida, Inc.'s mission is cutting-edge medicine and advocacy regardless of ability to pay. AHF MCO of Florida, Inc. (AHF MCO) is an expert in the delivery of HIV/AIDS managed care and an influential advocate. Positive Healthcare Florida is the HIV/AIDS Specialty Plan. The Plan develops systems of care and advocates for high quality and effective delivery systems that address the needs of HIV positive patients and the expert providers who provide their medical care.

The AHF MCO core values represent how AHF MCO conducts operations, sets goals and manages the organization as a whole. AHF MCO’s core values are:

- Patient-Centered
- Value Employees
- Respect for Diversity
- Nimble
- Fight for What’s Right

Purpose
The Cultural Competence Program (CCP) relies on staff, providers, policies and infrastructure to meet the diverse cultural and linguistic needs of members/clients/patients, including:

- People with limited English proficiency. This includes members whose primary language is a language other than English, as well as native English speakers who are not fully literate.
- People with disabilities or cognitive impairments that affect communication abilities and use of health services.
- People whose cultural beliefs about health are different from the dominant culture.

The Cultural Competence Program supports AHF activities for health plans, health care centers, disease management and pharmacy services.

Program Goals
1. Provision of health care services that are effective, respectful, and sensitive to each member’s cultural beliefs.
2. Provision of health care services in preferred languages to increase comprehension, adherence, and experience of care.
3. Accessible information, training and tools to staff and practitioners to support culturally competent communication.
4. Ensure that organizational structures support a comprehensive CCP that includes:
   a. Evaluation of cultural and linguistic needs, preferences or limitations including the analysis of potential and/or significant health care disparities in clinical areas.
b. Collection of data from focus groups or key informant interviews with cultural or linguistic minority members to determine how to better meet their needs.

c. Using mix-methods for evaluation to better understand the differences in care provided and outcomes achieved.

d. Member/patient/client-focused interventions with culturally competent outreach materials that focus on race/ethnicity/language specific risks.

Authority and Responsibility
The Program is managed by the Health Educator with a Master of Public Health degree with a focus on Health Promotion/Education. The Member & Provider Committee and Quality Management Committee oversee the Cultural Competency Program.

Program Components
The Program components were developed from the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Network providers have access to the Plan’s Cultural Competency Program, the full CCP is available to network providers through the Plan website: http://positivehealthcare.net/florida/miami-dade-broward-county/. The Provider Manual includes a CCP summary and instructions on how to access the CCP documents at no charge.

Principal Standard
*Culturally Competent Care.* Healthcare organizations should 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.

To increase the overall effectiveness of the CCP, all Plan staff receive annual training on how to apply best practices in cultural competence, health literacy and clear communication to people living with HIV/AIDS (PLWHA). Members with limited English proficiency have access to 24 hour spoken and sign language interpretation services. Written health education materials are available to members in the threshold languages of the service area and at or below a 4th grade reading level.

Positive Healthcare recognizes and values the diversity of its membership. The Plan makes every effort to ensure that contracted providers and delegated entities are positioned to provide services that are respectful of that diversity.

Governance, Leadership and Workforce
*Organizational Leadership.* Health care organizations should advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources
Plan providers are effectively providing services to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes, values affirms and respects the worth of members. The Plan maintains a grievance program that surpasses the standards set by the Accreditation Association for Ambulatory Health Care (AAAHC). Members are informed annually of their rights to file grievances for cultural or linguistic complaints. All Member grievances related to cultural or linguistic are resolved in a timely manner, and if needed, with corrective action. In addition, the CAHPS® 5.0 Member Survey Adult Medicaid – HMO is administered to assess Plan member ratings and perceptions about various aspects of the care. AHF MCO uses CAHPS supplemental questions to assess language and cultural needs using the following:

- Q14a. Received health care services in a language you could understand (% responding “Always” or “Usually”)
- Q14b. Health care staff was sensitive to your cultural needs (% responding “Always” or “Usually”)

**Staff Recruitment.** Health care organizations should recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

It is the continuing policy of AHF MCO to provide equal employment and advancement opportunities to all individuals without regard to race, color, religion, sex, gender, national origin, age, mental or physical disability, sexual orientation, pregnancy status, medical condition, genetic information, veteran status, or any other characteristic protected by law. Staff and leadership of AHF MCO represent a diverse array of cultural and linguistic backgrounds that mirror the Plan population.

AHF MCO Human Resources makes a concerted effort to ensure that the workforce reflects the cultural and linguistic composition of the service area. Bilingual Spanish and Creole speakers are actively recruited to better serve limited English proficiency members.

**Education and Training.** Health care organizations should educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Plan leadership, staff and providers receive ongoing annual training for the practical application of health literacy and cultural competence best practices. Applying Concepts of Cultural Concepts in Practice: Working with People Living with HIV/AIDS-Parts 1&2 offer skills based training for addressing the language and health literacy needs and diverse cultural backgrounds of those most often served by the Plan: LGBT, African American, Latino/as and Older Adults. A
monthly publication, *Creating Harmony and Opportunities to Realize Diversity (CHORD)* is published and distributed to all levels of Plan staff and leadership.

The Health Educator regularly informs leaders of the Plan Members’ Interdisciplinary Care Teams of local and online learning events. These training opportunities offer evidence-based strategies for working with special populations of PLWHA: racial and ethnic groups, sexual and gender minority groups, women, older adults, recently incarcerated, and people with mental health and substance abuse problems. The Plan offers bimonthly Continuing Medical Education events that often focus on providing care to these same populations. The Plan staff is encouraged to utilize the resources of the Florida/Caribbean AIDS Education and Training Center through in-person and self-study cultural competence training.

**Communication and Language Assistance**

*Language Assistance.* Healthcare Organizations must 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. The MCO has a contract with Language Line Services. Staff training is needed to reiterate policies regarding appropriate use of translation services and interpreters. Language Line utilization is monitored on a continuous basis and reports are presented quarterly to the Member & Provider Committee to determine trends and identify any opportunities for improvement based on increased utilization for specific languages or newly identified language needs.

*Patient Notification and Language Assistance.* Health care organizations must inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

*Interpreter Competence.* Health care organizations must ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer). AHF MCO makes interpreter services available at no cost to the member and with as little delay as possible in receiving services. Members have the right to a medical interpreter or sign language interpreter, to interpret health information accurately, who must respect the member’s privacy and keep all information confidential. Interpretation services are provided through Language Line interpreters or by bilingual, clinical staff acting in their own job capacity. Language Line Services has a Quality Assurance Process for Recruiting and Testing to ensure interpreters are knowledgeable and are effective in the following areas: Language proficiency in both native and non-native language; Deep understanding of the culture of both languages; Competent interpreting skills; Understanding of industry protocols and terminology; Memory and note-taking skills; and Customer service skills. Sign interpretation services are provided by Coda Link, Inc.
Patient Education Materials and Signage. Health care organizations must 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

Program Description and Work Plan. Health care organizations should establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations. See Attachment A: 2013/2014 CCP Work Plan.

The CCP works with multi-level strategies and interventions to ensure that Plan Members receive services that are respectful of their cultural backgrounds and in a language they can understand. Using the CLAS standards as a framework for CCP activities, providers, Health Plan staff and Members are engaged in a systematic quality improvement process to better meet the member “where they are.” Ongoing measurement of cultural and linguistic indicators provide a roadmap for the CCP to improve access to culturally and linguistically appropriate services and information.

Self-Assessment and Quality Improvement. Health care organizations should conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities, and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Health Information Management. Health care organizations should 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 and ensure that data on the individual patient’s/consumer’s race, ethnicity, and spoken and written language are collected in health records, integrated into the organization’s management information systems, and periodically updated.

Detailed, self-reported demographic data are collected upon enrollment and during assessments with the Member’s RN Care Manager. Demographic indicators include age, gender, race, ethnicity, sexual orientation, gender identity, preferred spoken language, preferred written language, income and education. The Plan uses the PosiTrack electronic database where data are collected and maintained for specific demographic characteristics.

Needs Assessment. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community and 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.

An annual population analysis is conducted to assess the characteristics and needs of the Plan member population and relevant subpopulations. The analysis is used to revise or design processes to address member needs such as complex care management. Informed program design enables AHF MCO to support the needs of people living with HIV/AIDS (PLWHA). Findings are considered in defining program structure and resources (e.g., staffing ratios, clinical qualifications, job training, external resource needs and contacts, cultural competency). Finally, reviewing population characteristics by age, race/ethnicity and gender is helpful in prioritizing improvement activities.

*Community Referral Network.* Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

The Plan social worker maintains a comprehensive community resource network for Broward and Dade counties that include social and support services for specific cultural groups and language preferences, including limited English proficiency members. The South Florida AIDS Network in Broward County releases an annual list of groups and agencies that provide services to meet the diverse needs of PLWHA.

*Grievances.* Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

*Program Progress and Success.* Health care organizations are encouraged to communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

*Cultural and Linguistic Performance Improvement Project*
A three year Performance Improvement Project (PIP) was implemented in 2011: Improving Satisfaction with Cultural and Linguistic Services for People Living with HIV/AIDS. This topic was chosen because AHF MCO members are expected to be from diverse sociocultural backgrounds some will have Limited English Proficiency.

Outcome measures include responses to two Member Satisfaction Survey items:
1. In the last 6 months, did you receive health care services in a language that you could understand?
   a. Never
b. Sometimes  
c. Usually  
d. Always  
2. In the last 6 months, did you feel that the health care staff was sensitive to your cultural needs?  
   o Never  
   o Sometimes  
   o Usually  
   o Always  

Analysis of the 2012 Member Satisfaction survey results reveal:

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you receive health care services in a language that you could understand?</td>
<td>74%</td>
<td>75%</td>
</tr>
<tr>
<td>Did you feel that the health care staff was sensitive to your cultural needs?</td>
<td>91%</td>
<td>88%</td>
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</table>

Plan staff conducted a telephonic survey of these items with Plan Members on July 24-27, 2012. The survey had a 35% response rate with 20 respondents. At the time the survey was conducted, the Plan did not distinguish between Reform/Non-Reform contracts. The results of the survey represent both Broward and Dade Counties:

<table>
<thead>
<tr>
<th>Survey Results</th>
<th>Responded “Always”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you receive health care services in a language that you could understand?</td>
<td>19/20 = 95%</td>
</tr>
<tr>
<td>Did you feel that the health care staff was sensitive to your cultural needs?</td>
<td>20/20 = 100%</td>
</tr>
</tbody>
</table>

PIP intervention strategies are determined through:
- Health Educator analysis  
- Quality Improvement Workgroup task force discussion and analysis  
- Quality Management Committee and Member & Provider Committee recommendations  
- Demographics report analysis  
- RN Care Member education and discussions with members  
- Client Advisory Committee recommendations, focus groups  
- Member and provider surveys

Activities and interventions to support the Performance Improvement Project in 2012 included:
<table>
<thead>
<tr>
<th>Date</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>7/12/12</td>
<td>AHF MCO Language Line instructional flyer distributed with personalized code specific to MCO</td>
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<tr>
<td>7/12/12</td>
<td>Annual training for plan staff on how to access Language Line</td>
</tr>
<tr>
<td>06/26/12</td>
<td>Applying Cultural Concepts in Practice: Working with People Living with HIV/AIDS Part One-Language pilot tested with NorthPoint HCC staff and providers</td>
</tr>
<tr>
<td>09/25/12</td>
<td>Applying Cultural Concepts in Practice: Working with People Living with HIV/AIDS Part Two-Culture pilot tested with NorthPoint HCC staff and providers</td>
</tr>
<tr>
<td>11/23/12</td>
<td>Applying Cultural Concepts in Practice: Working with People Living with HIV/AIDS assigned to plan and HCC staff</td>
</tr>
<tr>
<td>12/21/12</td>
<td>Inclusion of English and Spanish fact sheet library in the electronic health record</td>
</tr>
</tbody>
</table>

### Barriers to Alignment with CLAS Standards

1. Unknown racial or ethnic identity accounts for 39% of members in the PHC FL Plan database systems
2. Client Advisory Committee has low attendance, limiting opportunities for client involvement and feedback for the Plan
3. Need for Creole speaking HCC and linkage to care staff to accommodate large Creole-speaking population
4. Procedure for displaying signage for health and prevention messages in all Plan HCCs is not well established. Program could benefit from increased collaboration with HCC leadership.

### Recommendations for Improvement

1. Distribute demographic supplemental questionnaire to PHC FL members and document results in the appropriate databases
2. Mirror successful marketing strategies for Client Advisory Committee (CAC) activities in California. California Positive Healthcare Plans. Strategies include:
   a. educating Plan and HCC staff to actively promote CAC meetings;
   b. easily accessible meeting advertisements in the HCCs;
   c. division leaders invited to educate and address service issues;
   d. set speaker schedule for the year and offer schedule to clients upon enrollment.
      i. Any marketing materials produced for improvement in PHC FL attendance are submitted to AHCA for approval in advance of release.
3. Work with HR to actively recruit bilingual Creole speakers for the HCCs and linkage to care teams
4. Determine best method to develop and/or purchase health and prevention message signage. Continue to develop collaborative relationship with HCC staff and leadership

Program Monitoring and Evaluation
Rationale, standards, goals, activities and measures are established to ensure the program's success. The Health Educator will:

- Evaluate CCP interventions using mixed-methods such as member satisfaction surveys, provider self-assessment surveys, and focus groups.
- Review data and complete the annual evaluation for presentation to the Member and Provider Committee and Quality Management Committee. The feedback received from both these committees is included in the program description for the following year.
- Provide a summary of the key achievements and opportunities for improvement to the Board of Directors.
AHF MCO of Florida, Inc. (AHF) is committed to scientific mindedness and understanding cultural differences in member’s issues, knowing when to generalize about certain behaviors and when to individualize, and developing culture-specific expertise thorough understanding of the cultural groups most prevalent in the marketplace. This includes linking members with health care and other community providers who can meet cultural, racial, ethnic, and linguistic needs.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Metric/Methodology and Goal</th>
<th>Frequency</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Applying Concepts of Cultural Concepts in Practice: Working with People Living with HIV/AIDS • Part 1-Communication</td>
<td>Assigned annually to all Plan staff and staff providers to instruct on best practices for linguistic competence for health literacy, clear communication and working with limited English proficiency members</td>
<td>Annually</td>
<td>Health Educator</td>
</tr>
<tr>
<td>2. Applying Concepts of Cultural Concepts in Practice: Working with People Living with HIV/AIDS • Part 2- Culture</td>
<td>Assigned annually to all Plan staff and staff providers to instruct on best practices in cultural competence for groups most often affected by HIV/AIDS: LGBT, African Americans, Latino/as and Older Adults</td>
<td>Annually</td>
<td>Health Educator</td>
</tr>
<tr>
<td>3. Member Newsletter</td>
<td>Each issue of Positive Outlook member newsletter is produced in English and Spanish. Positive Outlook is AHCA-approved and translations are provided with a Certificate of Accuracy</td>
<td>Quarterly</td>
<td>Health Educator</td>
</tr>
<tr>
<td>4. Language Line Utilization Report</td>
<td>Summary Report of languages accessed through telephonic interpretation service to assess the language needs of service areas.</td>
<td>Quarterly</td>
<td>Manager of Member Services and Fulfillment</td>
</tr>
<tr>
<td>5. Language Line training</td>
<td>Train-the-trainer program to instruct on appropriate use of telephonic interpretation service for administrative and clinical staff</td>
<td>Annually</td>
<td>Health Educator</td>
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</tbody>
</table>
# Attachment A

**AHF MCO of Florida, Inc.**  
Positive Healthcare Florida  
2013-2014 Cultural Competency Program Work Plan

<table>
<thead>
<tr>
<th></th>
<th><strong>6. Cultural Diversity publication</strong></th>
<th><strong>Communicating Harmony and Opportunities to Realize Diversity (CHORD) publication</strong> to raise staff awareness regarding health and cultural issues relevant to people living with HIV/AIDS (PLWHA)</th>
<th>Monthly</th>
<th>Health Educator</th>
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<tbody>
<tr>
<td></td>
<td><strong>7. Member Satisfaction Survey</strong></td>
<td><strong>Supplemental questions on CAHPS survey.</strong> The percentage of members who respond usually or always to the following questions: 1. In the last six months, how often did you receive healthcare services in a language that you could understand? 2. In the last six months, how often did you feel that healthcare staff was sensitive to your cultural needs?**</td>
<td>Annually</td>
<td>Clinical Quality Team Lead/ Quality Improvement Manager</td>
</tr>
<tr>
<td></td>
<td><strong>8. Facility Site Review</strong></td>
<td><strong>Network provider facilities are assessed for compliance with language access requirements:</strong> 1. Interpreter services are made available in identified threshold languages specified for location of site. 2. Persons providing language interpreter services on site are certified in medical interpretation.</td>
<td>Every 3 years</td>
<td>Quality Improvement Manager</td>
</tr>
<tr>
<td></td>
<td><strong>9. Population Assessment</strong></td>
<td><strong>Report on the demographic characteristics of Plan membership and how they compare to the demographic composition of PLWHA in the service area</strong></td>
<td>Annually</td>
<td>Clinical Quality Team Lead</td>
</tr>
<tr>
<td></td>
<td><strong>10. Organizational Culture/Health</strong></td>
<td><strong>To assess the organization’s cultural climate</strong></td>
<td>Every 3 years</td>
<td>Health Educator</td>
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</tbody>
</table>
### Attachment A

**AHF MCO of Florida, Inc.**  
**Positive Healthcare Florida**  
**2013-2014 Cultural Competency Program Work Plan**

<table>
<thead>
<tr>
<th>Literacy Assessments</th>
<th>and capacity to deliver services in accordance with Health Literacy best practices</th>
<th></th>
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<tbody>
<tr>
<td><strong>11. Community Referral Network</strong></td>
<td>A community referral network is maintained by the Plan social worker to link members to culturally and linguistically appropriate social support services. The referral network is updated on an annual basis.</td>
<td>Annually</td>
</tr>
</tbody>
</table>
| **12. Demographic Data collection** | Demographic data on members are collected upon enrollment and reassessment to assess  
  - Age  
  - Race/ethnicity  
  - Gender (including transgender)  
  - Sexual orientation  
  - Written language  
  - Spoken language  
  - Education/income | Ongoing | RN Care Team Managers |