# AIDS Healthcare Foundation
# 2019 Cultural Competence Program

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## Mission and Values

AIDS Healthcare Foundation (AHF) is a global organization with the mission to **cutting-edge medicine and advocacy regardless of ability to pay**. AHF is an expert in the delivery of HIV/AIDS medical care and an influential advocate. The organization 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 core values** represent how AHF conducts operations, sets goals and manages the organization as a whole**.** AHF 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 clients, including:

- People with limited English proficiency. This includes clients 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 CCP 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 C&L Plan 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. 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 Education Program Manager 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 Competence Program

## Program Components

The Program components were developed from the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

### 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.

The CCP engages all levels of staff and leadership to promote the delivery of care and services that meet clients where they are in terms of cultural and health beliefs, language and literacy access and membership in diverse communities.

### 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.

AHF is mission driven to support underrepresented populations with high-quality equitable and effective care. ”Respect for diversity” is one of the organization’s Core Values.

*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.

The recruitment and retention policies of AHF are responsive to the needs of local communities and actively seek out staff who reflect the cultural and linguistic heritage of the populations served.

*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.

The CCP Program conducts a comprehensive annual Cultural Competence training program for all staff and providers. Staff are encouraged to participate in ongoing periodic supplemental training and education for special populations.

**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.

AHF has a contract with Language Line Services. Staff training to reiterate policies regarding appropriate use of translation services and interpreters is conducted annually.

*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.

Notification of Interpreter Services are posted at the point of care for all AHF affiliated healthcare centers.

*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 makes interpreter services available at no cost to clients and with as little delay as possible in receiving services. Clients have the right to a medical interpreter or sign language interpreter, to interpret health information accurately, who must respect the client'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. Family member or friends acting as interpreters is strongly discouraged and only permitted upon request of the client and after they have been informed of alternate services. Sign language interpretation services are provided by Life Signs.

*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.

All client education is written at or below a $6^{th}$ grade reading level to address health literacy levels. Patient education materials are available in the threshold languages of the service area both through the electronic health record (EHR) and through care management teams.

**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.

The CCP is one of the foundational portions of the organization's Quality & Performance Improvement Program and informs the ongoing improvement activities across AHF.

*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.

The success of the CCP is monitored through satisfaction surveys, periodic assessment and the grievance tracking process. Adjustments to improve program effectiveness are made in response to any deficiency identified in through monitoring.

*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.

Data on race, ethnicity, language preference and gender are collected in both the care management electronic database and the EHR - (AIRES). Data are updated during annual assessments and can be used to identify disparities based on these social determinants of health.

*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.

AHF conducts an annual population analysis to compare the membership profile to that of the people living with HIV in the service area. The annual analysis drives decision making around resource allocation for special projects.

*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 care management teams at AHF partner with community organizations to access and develop programs that support the diverse clientele of the organization.

*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.

There is a robust grievance reporting system in place that identifies any complaints regarding cultural and linguistic services and establishes corrective action plans to rectify any gap areas.

*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.

Program progress and success is regularly reported to internal stakeholder through the committee oversight structure and shared with the public in professional conference forums.

## Program Monitoring and Evaluation

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

- The annual evaluation reviews the effectiveness of the CCP interventions using mixed-methods. It may include client satisfaction surveys, provider self assessment surveys, focus groups, health outcomes for certain cultural groups, client grievances, client appeals, provider feedback and employee surveys.
- 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.
- Track and trend any issues identified in the evaluation and implement interventions to improve the provision of services.