

Transformation Plan Element #6

Addressing Members' Cultural, Health Literacy, and Linguistic Needs

Transformation Plan Guidance and Technical Assistance

Oregon Health Authority's technical assistance is designed to provide Coordinated Care Organizations (CCOs) with guidance on specific areas each plan should address; examples of approaches and outcomes that can help inform discussions and strategies as the CCO develops its plan; other resources and additional technical assistance available to CCOs; and staff assistance to answer specific questions through an assigned OHA contact. Please call or email your OHA Transformation Plan contact if you need assistance with a particular subject or item.

Overview

Forty percent of Medicaid enrollees are people of color, who along with other culturally and socially diverse groups, continue to experience the most disparities in access, quality and outcomes of care. Studies nationwide and in Oregon have demonstrated that health systems that incorporate best clinical practices, coordination of benefits and care, and offer culturally specific care not only deliver better health outcomes but reduce health care costs. In accordance with the objectives and requirements established in HB 3650 (2011) and SB 1580 (2012) Health System Transformation, CCOs will be responsible for integrated and coordinated health care with a focus on improving including culturally appropriate prevention, care, and elimination of health disparities.

Background

Culture has been described as everything that is not nature. Providing health care that addresses members' cultural, health literacy and linguistic needs requires an adaptive approach that permeates all aspects of service delivery and all levels of CCO staffing. This includes communications (web, print, audio, and video), various aspects of facilities (which could include way finding signage, art, magazines in waiting areas, and culturally appropriate nutrition services), and all member interactions whether on-line, by phone, or in person – in any phase of the clinical encounter. Engaging CCO members in all aspects of their health care requires thoughtful attention to their culture, health beliefs, health norms, literacy, and language – and is essential for CCOs to achieve health outcomes, reduce costs, and improve the quality of care.

RFA references

6.2. Technical Application Evaluation

Evaluation of Applicant's Technical Application will be based on criteria included in this RFA and OAR 410-141-3015, including but not limited to the Applicant's demonstrated experience and capacity for:

6.2.3. Engaging community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the Members and in the CCO's community.

A.I. Background Information about the Applicant

In narrative form, provide an answer to each of the following questions.

p. Applicants must describe their demonstrated experience and capacity for:

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(3) Engaging community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the entity's enrollees and in the entity's community.

A.2.1. Member and Family Partnerships

Members should be actively engaged partners in the design and implementation of their treatment and care plans through ongoing consultations regarding preferences cultural preferences and goals for health maintenance and improvement. Member choices should be reflected in the selection of their providers and in the development of treatment plans ensuring Member dignity and culture will be respected.

A.2.1.b. Describe how the Applicant will ensure a comprehensive communication program to engage and provide all Members, not just those Members accessing services, with appropriate information related to benefits and accessing physical health, behavioral health and oral health services, including how it will:

- Engage Members in culturally and linguistically appropriate ways;
- Educate Members on how to navigate the coordinated care approach and ensure access to advocates including peer wellness and other non-traditional healthcare worker resources;
- Encourage Members to use effective wellness and prevention resources and to make healthy lifestyle choices in a manner that is culturally and linguistically appropriate;

A.3.5.h. Describe how the Applicant will provide access to primary care to conduct culturally and linguistically appropriate health screenings for Members to assess individual care needs or to determine if a higher level of care is needed.

Comprehensive transitional care: The Applicant must ensure that Members receive comprehensive transitional care so that Members' experience of care and outcomes are improved. Care coordination and transitional care should be culturally and linguistically appropriate to the Member's need.

A.3.6.c. Describe how the Applicant has integrated care and service delivery to address mental health and chemical dependency issues by proactively screening for and identifying Members with them, arranging and facilitating the provision of care, development of crisis intervention plans as appropriate, and coordinating care with related Health Services including DHS Medicaid-funded LTC services and other health services not funded by the Applicant. This includes Members from all cultural, linguistic and social backgrounds at different ages and developmental stages.

A.3.6.d. Describe how the Applicant has organized a system of services and supports for mental health and chemical dependency, including:

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- Recognized evidence-based practices, best emerging practices and culturally competent services that promote resilience through nationally recognized integrated service models

A.4.1. CCOs and their providers are encouraged to work together to develop best practices of culturally appropriate care and service delivery to reduce health disparities and improve health and well-being of Members. Describe how the Applicant and its providers will achieve this objective.

Standard #4 – Services for the American Indian/Alaska Native Population (AI/AN)

(a) Please describe your experience and ability to provide culturally relevant Coordinated Care Services for the AI/AN population.

Standard #6 – Integrated Service Array (ISA) for children and adolescents

(c) Describe how the Applicant's service delivery approach is family-driven, strength-based, culturally sensitive, and enhances community-based service delivery.

Accountability Standards

C.1.1.e. Describe the mechanisms that the Applicant has for sharing performance information in a culturally and linguistically appropriate manner with Members.

Quality Improvement:

- C.2.1.g.** Describe how the Applicant addresses QI in relation to:
- Customer satisfaction: clinical, facility, cultural appropriateness

Definitions

Culture refers to the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving.

- Culture is the systems of knowledge shared by a relatively large group of people.
- Culture is communication, communication is culture.
- Culture in its broadest sense is cultivated behavior; that is the totality of a person's learned, accumulated experience which is socially transmitted, or more briefly, behavior through social learning.
- A culture is a way of life of a group of people--the behaviors, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next.
- Culture consists of patterns, explicit and implicit, of and for behavior acquired and transmitted by symbols, constituting the distinctive achievement of human groups, including their embodiments in artifacts; the essential core of culture consists of traditional ideas and especially their attached values; culture systems may, on the one hand, be considered as products of action, on the other hand, as conditioning influences upon further action.

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- Culture is the sum of total of the learned behavior of a group of people that are generally considered to be the tradition of that people and are transmitted from generation to generation.

Source: <http://www.tamu.edu/faculty/choudhury/culture.html>

Cultural Competence (Please note: This definition was recently adopted and recommended by the Oregon Health Authority's Cultural Competence Continuing Education Committee): A life-long process of examining values and beliefs, of developing and applying an inclusive approach to health care practice in a manner that recognizes the context and complexities of provider¹-patient interactions and preserves the dignity of individuals, families and communities.

This process is applicable to all patients²; assumptions will not be made on the basis of a person's expressed or perceived race, color, spiritual beliefs, creed, age, tribal affiliation, national origin, immigration or refugee status, marital status, socio-economic status, veteran's status, sexual orientation, gender identity, gender expression, and gender transition, level of formal education, physical or mental disability, medical condition or any other consideration under federal, state and local law. The term "cultural" is used here in its broadest sense as "the totality of a person's or a group's accumulated experience", and the term "competency" is defined as the "ability to do something well." Based on this document's definition of cultural competency, it would mean to adequately engage in the lifelong process or self-examination, inclusivity, awareness and respect in health care practice.

Health care interpreter means a person who is readily able to communicate with a person with limited English proficiency and to accurately translate the written or oral statements of the person with limited English proficiency into English, and who is readily able to translate the written or oral statements of other persons into the language of the person with limited English proficiency.

Health Literacy: Health Literacy is defined in the Institute of Medicine report [Health Literacy: A Prescription to End Confusion](#) as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

Health literacy is not simply the ability to read. It requires a complex group of reading, listening, analytical, and decision-making skills, and the ability to apply these skills to health situations. For example, it includes the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, doctor's directions and consent forms, and the ability to negotiate complex health care systems.

Limited English Proficiency: Individuals who do not speak English as their primary language, who have a limited ability to read, write, speak, or understand English, and who have not

¹ For simplification, the term "provider" is used and intends to represent the broadest spectrum of roles in health care, including but not limited to physician, social worker, medical technician, community health worker or "promotor/a," etc.

² For simplification, the term "patient" is used and intends to represent the broadest spectrum of roles in health care, including but not limited to patient representative, client, resident, consumer, patient's family and community, etc.

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developed fluency in the English language may be limited English proficient, or "LEP." They may be eligible to receive language assistance with respect to a particular type of service, benefit, or encounter.

Non-Traditional Health Care Workers (NTHWs) are trusted community-based providers who provide a bridge between health care systems and community members. They promote health by serving as a liaison between communities, individuals and coordinated care organizations; providing health and mental health guidance and social assistance to community residents, enhancing community residents' ability to effectively communicate with health care providers by providing culturally and linguistically appropriate health education; advocate for individual and community health conduct home visitations to monitor health needs and reinforce treatment regimens; identify and assist in resolving issues that create barriers to care for specific individuals; provide referral and follow-up services or otherwise coordinate health and social service options; and proactively identify and enroll eligible individuals in federal, state, local, private or nonprofit health and human services programs.

While many titles have been applied to NTHWs, in Oregon, Community Health Workers, Peer Wellness Specialists, Personal Health Navigators and Doulas were named in the legislation to firmly establish these workers as providers in Oregon:

- Community Health Workers: promote health or nutrition within their community by serving as a liaison between communities, individuals and coordinated care organizations
- Peer Support Specialists: provide peer services in the field of behavioral health and addictions recovery to individuals or families with similar life experiences
- Peer Wellness Specialists: provide peer services in the field of behavioral health and addictions recovery with an expanded role encompassing physical health promotion, and disease prevention and intervention activities
- Personal Health Navigators: provide information, assistance, tools and support to enable patients to make the best health care decisions in the context of their particular circumstances
- Doulas: provide personal, non-medical support to women and families throughout a woman's pregnancy, childbirth and postpartum experience

References/Resources

http://www2.massgeneral.org/disparitiessolutions/z_files/Assuring%20Health%20Care%20Quality%20Equity%20Blueprint.pdf

<http://www.rwjf.org/content/dam/web-assets/2008/01/improving-quality-and-achieving-equity>

http://www.nap.edu/catalog.php?record_id=12502

<http://nces.ed.gov/pubs2006/2006483.pdf>

http://www.health.gov/communication/hlactionplan/pdf/Health_Literacy_Action_Plan.pdf

<http://nnlm.gov/outreach/consumer/hlthlit.html#A9>

http://www.lep.gov/guidance/guidance_Fed_Guidance.html#HHS

<http://www.lep.gov/video/video.html>

Components

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1. Proactive strategy for how the CCO plans to assure communications in formats that reflect the needs of all members
 - o This may include assessment of communication and literacy needs of CCO members to assure effectiveness of communications
 2. CCO details how they demonstrate competence of health care interpreters, translators, and bilingual staff
 3. Engage CCO members in culturally and linguistically appropriate ways
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1. Assessment of communication and literacy needs of CCO members

OHA Expectations

OHA expects that CCO communications with members are effective. To assure effectiveness of communications, CCOs may choose to assess communication and literacy needs of CCO members, as well as underserved populations that are eligible but not engaged or enrolled due to unaddressed language or literacy barriers.

Measurement Methodology

- Annual analysis of the preferred spoken and written languages of CCO members, persons eligible for Medicaid, or underserved populations
 - o Include an analysis of other data sources beyond CCO membership, such as spoken and written languages of students in the local school districts or American Community Survey Data to understand potential unmet need.
- Conduct annual assessment of literacy of CCO membership, or adopt a “universal precautions” approach and conduct periodic assessments of CCO communications (written, audio, video) to meet specified estimated health literacy level of CCO members and potential members.

Baseline Measure

- Based on your measurement methodology(ies), please explain how/when you will report your baseline measure.
Baseline is defined as the contractor’s status in effect on the Contract effective date, primarily in light of any policies, procedures, operational or contractual arrangements or provider arrangements, including but not limited to materials submitted during the RFA as well as information submitted to OHA during the review process.

Transformative Activity

CCO transformation plans may include the following strategies:

- CCO determine the methods they will use for assuring the language and alternate format needs of members
 - o Will the CCO rely solely on the 834's/MMIS, or assess needs directly with the client, etc.?
- CCO determine the methods they will use for assessing the literacy levels of their members and/or for assessing the literacy level of CCO communications

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- The CCO may explain additional activities they will engage in to improve the baseline measure.

Improvement Metrics

- Explain how you will know that the baseline measure is improving – longitudinal measures that show the change over time; include milestones (progress reports) and benchmarks (the ultimate goal value the CCO plans to achieve).
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2. CCO proactively provides a strategy for how they plan to assure communications in formats that reflect the needs of all members

OHA Expectations

- Plan details how communication materials are developed and made available in multiple languages and various formats, including written, braille, large print, audio (i.e., recorded phone messages), and video
- Plan details how CCO administrative and clinical staff members are trained to provide health information that meets the language and health literacy levels of all members, as well as to utilize various best practices to assure member understanding.
- Plan details how CCO administrative and clinical staff members are trained to access health care interpretation, either in person, telephonic, or video, and how to appropriately work with health care interpreters as a member of their clinical or administrative team.
- Plan details how CCO communications in various languages, including English, are developed collaboratively and/or vetted with Community Advisory Committee, CCO members, bilingual staff, health care interpreters, community members, people requiring alternate formats, etc. to assure appropriateness of terminology and health literacy level.

Measurement Methodology

- % of documents/vital documents available in multiple languages
- % of documents/vital documents available in alternate formats
- # of audio messages in multiple languages (health promotion, member engagement, translation of documents); identify languages
- # of web pages in multiple languages; identify languages
- # of types of clinical and administrative staff receiving # of hours of training on health literacy
- # and types of clinical and administrative staff receiving # of hours of training on health care interpretation (accessing services and partnering with service providers)
- # and types of communications developed collaboratively and/or vetted with CCO Community Advisory Committee, CCO members, bilingual staff, health care interpreters, community members, people requiring alternate formats, etc. to assure appropriateness of terminology and health literacy level

Baseline

- Based on your measurement methodology(ies), please explain how/when you will report your baseline measure.

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- Baseline is defined as the contractor's status in effect on the Contract effective date, primarily in light of any policies, procedures, operational or contractual arrangements or provider arrangements, including but not limited to materials submitted during the RFA as well as information submitted to OHA during the review process

Transformative Activity

- CCOs should proactively provide access to qualified or certified health care interpretation for all members with limited English proficiency at no cost to the member.
- CCO should demonstrate how it can communicate to members that the materials and services can be offered in alternate formats and languages and what specific formats and languages are available
- CCOs make translated documents available, at a minimum, for eligible Limited English Proficiency language members in language groups that constitute five percent or 1,000, whichever is less, of the population of persons eligible to be served *or likely to be affected or encountered*
 - If there are fewer than 50 persons in a language group that reaches the five percent trigger (above), the recipient does not translate vital written materials but provides written notice *in the primary language of the LEP language group* of the right to receive competent oral interpretation of those written materials, free of cost
- CCOs proactively provide translated written and oral translation of *vital documents* which include:
 - Consent and complaint forms
 - Intake forms with the potential for important consequences
 - Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services, actions affecting parental custody or child support, and other hearings
 - Notices advising LEP persons of free language assistance
 - Written tests that do not assess English language competency, but test competency for a particular license, job, or skill for which knowing English is not required
 - Applications to participate in a recipient's program or activity or to receive recipient benefits or services
- Translation of non-vital documents, if needed, can be provided orally

Improvement Metric

- Explain how you will know that the baseline measure is improving – longitudinal measures that show the change over time; include milestones (progress reports) and benchmarks (the ultimate goal value the CCO plans to achieve).

3. CCO details how they demonstrate competence of health care interpreters, translators, and bilingual staff

OHA Expectations – OHA encourages that Health Care Interpreters are certified or qualified using the State of Oregon process or a similarly standardized and validated methodology. Translators are certified through a standardized, validated, and nationally recognized methodology. Bilingual staff are tested for bilingual proficiency using a standardized, validated,

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and nationally recognized methodology. Bilingual staff members who engage with CCO members at any point of contact are annually trained in standard medical and behavioral health terminology.

Measurement Methodology –

- % of health care interpreters (whether on staff or contracted) who are certified
- % of health care interpreters (whether on staff or contracted) who are qualified
- % of translators (whether on staff or contracted) who are certified
- % of bilingual staff tested for bilingual proficiency
- % of bilingual staff annually trained in standard medical and behavioral health terminology
- Policies differentiating the roles and responsibilities of staff/contractors who are health care interpreters, translators, and/or staff in various roles who have bilingual skills and/or clarifying how staff performing multiple functions will be identified and appropriately trained and credentialed.

Baseline

Baseline is defined as the contractor's status in effect on the Contract effective date, primarily in light of any policies, procedures, operational or contractual arrangements or provider arrangements, including but not limited to materials submitted during the RFA as well as information submitted to OHA during the review process

Suggested baselines might include: Current % as of April 1, 2013:

- % of health care interpreters (whether on staff or contracted) who are certified
- % of health care interpreters (whether on staff or contracted) who are qualified
- % of translators (whether on staff or contracted) who are certified
- % of bilingual staff tested for bilingual proficiency (clearly define CCO standard for bilingual proficiency)
- % of bilingual staff annually trained in standard medical and behavioral health terminology
- Existence of policy differentiating roles and responsibilities of staff/contractors who are health care interpreters, translators, and/or staff in various roles who have bilingual skills

Transformative Activity

- Assurance of competence of health care interpreters can be demonstrated by utilizing Oregon's system for certifying/qualifying health care interpreters (<http://www.oregon.gov/oha/oei/pages/intrprtr/overview.aspx>) for both staff or contracted health care interpreters.
- Translators are certified by the American Translators Association or similarly recognized certifying body.
- Language proficiency of all bilingual staff is assessed using standard tools such as Language Testing International, Language Line University
- Glossaries of translations of standard health care, diagnoses, public health, health promotion, behavioral health, pharmaceutical and health insurance terms are developed in

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common languages; bilingual staff are regularly trained and tested for their proficiency in these terminology.

- Clear policy language and training for managers and clinical leads on the differences between staff/contractors who are health care interpreters, translators, and/or staff in various roles who have bilingual skills

Improvement Metrics

- Explain how you will know that the baseline measure is improving – longitudinal measures that show the change over time; include milestones (progress reports) and benchmarks (the ultimate goal value the CCO plans to achieve).

4. Engage CCO members in culturally and linguistically appropriate ways

OHA Expectations

CCO implement culturally and linguistically appropriate strategies that activate members to engage in health promotion and prevention practices, preventive care and screening, early detection, chronic disease management, tertiary and other types of care as appropriate.

- Measurement Methodology

The CCO should explain how they will define, operationalize and report their baseline and improvement metrics (benchmarks and milestones) to ensure that the transformation activities are effective. For example,

- Quarterly analysis of the appropriate use of care by race, ethnicity and language
- Quarterly analysis of primary care sensitive hospitalizations by race, ethnicity and language
- CCO engagement in partnerships with trusted culturally specific providers, community/faith based organizations, and community leaders so that CCOs can develop and implement informed and relevant strategies for member engagement
- Number of community and member engagement activities tailored to meet the needs of specific member sub-populations experiencing health disparities.
- Analysis of the themes of member grievances, complaints, and hearings by race, ethnicity, and language, as well as other cultural factors (a quarterly review may provide optimal quality control)

Baseline Measure

- Based on your measurement methodology(ies), please explain how/when you will report your baseline measure.
- Baseline is defined as the contractor's status in effect on the Contract effective date, primarily in light of any policies, procedures, operational or contractual arrangements or provider arrangements, including but not limited to materials submitted during the RFA as well as information submitted to OHA during the review process

Transformative Activity

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- CCO details the methods they will use for assuring development and implementation of culturally and linguistically appropriate member engagement strategies, which may include but are not limited to:
 - Communicating in plain language and multiple languages/formats, clear processes for engaging members in providing suggestions to CCOs and the Community Advisory Council
 - Developing multi-lingual health promotion, prevention, and early detection messages (recorded on CCO phone lines or web-based videos), as well as recorded translations of various common health care documents
 - Providing, supporting, communicating and removing barriers to (by providing child care, transportation, simultaneous translation or language specific) opportunities for CCO members to engage in quality improvement processes, Community Advisory Council meetings, community health assessment planning, and other opportunities for members to inform CCO policies, communication strategies, facilities improvements, and health practices and interventions
 - Supporting CCO managers and clinical leadership and staff opportunities to develop trust-based relationships with community leaders, culturally specific service providers, culturally diverse community/faith based/tribal organizations to inform member engagement strategies
 - Supporting CCO clinical leadership and staff in developing cultural competence and skills for developing empowering member engagement strategies in clinical encounters
 - Communicating in plain language and multiple languages/formats, clear processes for member complaints, grievances, and hearings
 - Implementation, evaluation, and budgetary support of strategies developed by trusted, culturally specific non-traditional health workers to support member engagement

Improvement Metric

- Explain how you will know that the baseline measure is improving – longitudinal measures that show the change over time; include milestones (progress reports) and benchmarks (the ultimate goal value the CCO plans to achieve).