



**AlohaCare**

*Aloha is the difference*

## **Cultural Competency Plan**

**Our Commitment to Our Health Plan Members**

**Commitment**

AlohaCare is more than our company name. It is our commitment to our health plan members and the physicians and providers who partner with us in their care.

We promise to treat each of our health plan members and our physician-partners with aloha.

Aloha conveys an inclusive and embracing philosophy of care that recognizes differences and finds ways to tailor interactions in culturally valued ways to benefit our customers.

As such, we have developed a cultural competency plan to achieve specific target outcomes to benefit our customers.

**CLAS is the Foundation**

The foundation of AlohaCare's Cultural Competency Plan is the recognized national standards for Culturally and Linguistically Appropriate Services (CLAS).

We have used the CLAS as the framework for creating goals, policies, operational plans, and oversight accountability.

## **National Standards for Culturally and Linguistically Appropriate Services (CLAS)**

The following national standards are organized by themes:

- Culturally competent care
- Language access services
- Organizational supports for cultural competence.

The Office of Minority Health (OMH) has identified and classified these standards for health care organizations as follows:

- Mandates - Standards 4-7
- Guidelines - Standards 1-3 and 8-13
- Recommendations - Standard 14

### **Culturally Competent Care**

1. Health care organizations should ensure that patients/ consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that all staff receive ongoing education and training in culturally and linguistically appropriate service delivery.

### **Language Access Services (Mandated for all recipients of federal funds)**

4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/ consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/ consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

**Organizational Supports for Cultural Competence**

8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS related 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.

10. Health care organizations should 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.

11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

12. 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.

13. 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.

14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

## **Target Outcomes**

Through the development and execution of this cultural competency plan, AlohaCare will target the following key outcomes as outlined by the national CLAS:

1. Deliver culturally competent care
2. Offer language access
3. Create organizational supports for cultural competency

## **Recognizing Difference**

There are unique factors and differences that affect the perceptions, satisfaction level, ease of access to health care, and the quality of health care received by our AlohaCare members. These differences include:

- Cultural
- Ethnic
- Linguistic
- Socio-economic
- Educational
- Geographic
- Age

These same differences can also present barriers to effective education and health care interventions.

## **Plan Strategy**

AlohaCare's approach to our cultural competency plan and the design of our target interventions will involve several components:

- First, identify the differences to tailor and customize approaches.
- Second, the plan will involve testing and refining approaches based on observations and feedback received.
- Third, the plan will also include identifying areas of commonality. In this way, best practices can be shared across various cultural populations.

## **Plan**

Using the CLAS as the framework, AlohaCare's efforts will initially concentrate on developing and initiating focused interventions to address the three CLAS categories listed below:

- Culturally Competent Care
- Language Access Services
- Organizational Supports for Cultural Competence

This plan is a multi-year initiative and will be a standard part of our SPIP efforts to promote and improve member satisfaction.

AlohaCare's Cultural Competency Plan is the primary member satisfaction intervention for our 2007 SPIP workplan.

## **Deliver Culturally Competent Care/Services**

### **Target Interventions**

1. Design community profiles of AlohaCare's population segmented by language preference, geographic residence, and other defining characteristics.  
Initiate: Spring 2007
2. Develop a mechanism that identifies existing language and cultural competencies of potential and existing staff members.  
Note: AlohaCare currently identifies language capabilities of existing staff. Maintain and update as needed.
3. Develop a mechanism that identifies existing language and cultural competencies of potential and existing providers that contract with AlohaCare. This would also include those serving on AlohaCare's advisory committees.  
Note: AlohaCare currently identifies language capabilities of network providers and office staff. Ensure that this information is accurately captured in information system, maintain and update as needed.
4. Develop internal teams formed based on either language abilities, geographic experience with a locale, or specialized training with a particular demographic group.  
Note: These teams have been formed to assist with the Positive Enrollment effort.  
Plan: June/July 2007 - Assess effectiveness and consider continuation beyond open enrollment.
5. Conduct annual cultural and linguistic sensitivity training for all AlohaCare employees.  
Plan: Fall 2007 - Develop plan to operationalize Cultural Competency Training and yearly re-training and incorporation into New Employee training (similar to AlohaCare Compliance Program)
6. Conduct quarterly training for key areas that frequently interact with customers.  
Plan: Fall 2007 – Develop plan to operationalize Cultural Competency Training for customer servicing areas.
7. Integrate cultural competency training into new employee orientation and training.  
Plan: Fall 2007
8. Devote a portion of the provider newsletter to the promotion of provider cultural competency.  
Plan: Fall 2007
9. Collaborate/partner with contracted large clinics, community health centers and community agencies to share experiences, expertise and insight gained from providing medical care and services to demographic

groups prevalent within the provider's community. Use these "lessons learned" to develop tools and/or educational materials to assist other network providers to better recognize and promote the delivery of culturally competent care.

Plan: Summer 2007 – Begin discussions with provider groups.

10. Conduct "Talk Story" sessions with members by demographic groups prevalent in the AlohaCare member population to gain insight into cultural factors that influence their perception of medical care and behavior when seeking or receiving medical care.

Plan: Summer 2007 – Develop Plan.

## **Offer Language Access Services**

### **Target Interventions**

1. Develop and distribute language assistance service directories to help staff and providers identify both community and contracted resources that are available for interpretation and translation assistance.
2. Educate members, providers and staff on member's right to receive interpretation and translation assistance services at no cost.  
Plan: Include in Provider Newsletter article, Fall 2007
3. Recruit bilingual customer service staff  
Plan: Immediate. Include as desirable attribute in staff recruitment activities.
4. Require and ensure that all translations of member related documents be certified by the entity providing the translations services.  
Note: Current translation vendor is certified. Materials will be translated into the four (4) prevalent languages as identified by the DHS, (Ilokano, Tagalog, Korean, Chinese) at a minimum.
5. Develop clear and simple communications that help our customers make well-informed decisions relating to their health care, effectively navigate the health care system and become engaged in their health care. Design a communication checklist that evaluates member communications to ensure that they are clear, simple, and culturally competent.  
Plan: AlohaCare has already initiated this effort for our member marketing and educational materials. Develop checklist by Fall 2007.
6. Develop a list of key customer communications that will be translated and certified based on the most frequently used languages of our population.  
Plan: This is already a requirement by MQD.

## **Create Organizational Supports for Cultural Competence**

### **Target Interventions**

1. Integrate this cultural competency plan as an intervention within the corporate Service Perception Improvement Plan (SPIP).  
Note: Cultural Competency is the primary member satisfaction intervention in AlohaCare's 2007 SPIP workplan.
2. Conduct an initial and ongoing organizational self-assessment of CLAS related activities.  
Plan: Develop self-assessment tool by Summer 2007
3. Update appropriate policies and procedures to promote cultural competency within AlohaCare  
Plan: Develop appropriate p&p by May 2007.
4. Develop and implement corporate Service Perception Improvement Plan (SPIP) activities (interventions) that support the cultural competency plan.  
Plan: Develop and implement interventions by Fall 2007.
5. Integrate the collection of member demographic information including ethnic, race, preferred language, geographic area, into member data bases.  
Note: Assess fields needed and how information obtained/passed thru to AlohaCare. May 2007
6. Develop participatory/collaborative partnerships with communities to better understand our customers' cross-cultural preferences. Involve physicians, providers, and other community experts along with members in talk story sessions to design, evaluate, and test CLAS-related interventions.
7. Share with our members, providers and the general community, the cultural competency standards and other relevant information and our progress and lessons learned with implementing the CLAS standards.
8. As part of the Provider Agreement, each network provider agrees to participate in AlohaCare's Cultural Competency Program. Information about the program will be made available to Providers via any of the following: a) Provider Manual; b) Provider Newsletter; c) Applicable Policy and Procedure if requested by the Provider; d) copy of the Cultural Competency Plan, as requested by the Provider; e) as part of focus group efforts to obtain provider feedback; f) as part of provider office visits by AlohaCare staff; and any other means available.
9. Provider support of AlohaCare's Cultural Competency Program will be gauged and monitored via any of the following: a) member complaints, grievance and appeals; b) provider complaints, grievance and appeals; c) provider onsite/office visits by AlohaCare staff; d) observations by AlohaCare staff during provider/member interactions; e) focus group feedback; and f) member satisfaction surveys; g) any other means available. Non-compliant providers will receive retraining regarding

assistance available through language lines, translated materials, AlohaCare case managers, etc. AlohaCare will then reevaluate the provider's compliance with standards for cultural competency. Additionally, the Provider will be subject to the current complaints, grievance and appeals process in place at AlohaCare. Providers who do not adhere to the terms of the Provider Agreement are reported to the Credentials Committee and/or the Clinical and Service Quality Improvement Committee for disposition recommendation. .