Mount Sinai PPS
CULTURAL COMPETENCY AND HEALTH LITERACY WORKGROUP

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We could not have come this far without you!

Cultural Competency and Health Literacy Workgroup
Mount Sinai Performing Provider System

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Section 1

Introduction

The Mount Sinai Performing Provider System (MSPPS) is committed to providing comprehensive and quality care to patients from diverse cultural and linguistic backgrounds. It is also committed to reducing health disparities and barriers to quality care by promoting health literacy within the PPS and adopting techniques to effectively communicate with patients for whom health literacy is a challenge. The MSPPS embraces cultural competency as a framework for best practices that recognize and address the diverse health beliefs, practices, and cultures of those it serves.

The Cultural Competency and Health Literacy (CC/HL) Workgroup will provide leadership in identifying, evaluating, promoting, and advocating best practices and resources that will foster continuous improvement in cultural competency and health literacy across the MSPPS. We will also provide guidance on emerging developments and issues, and will continuously explore new perspectives and approaches as efforts in these complementary areas evolve.

As part of our foundational work, our workgroup has developed a comprehensive CC/HL strategy, with objectives and key actions. We will continue to enhance and refine the strategy as we proceed with its implementation, engaging a variety of stakeholders in our work.

Cultural Competency and Health Literacy Workgroup
Mount Sinai Performing Provider System

Section 2

Cultural Competency and Health Literacy Workgroup Governance

a. Charter

See pages 3-4, below.

CHARTER

Co-Chair: Linda Reid, Director, Workforce Planning & Diversity, Visiting Nurse Service of New York
Co-Chair: Emma Sollars, Program Coordinator, Training and Education, Social Work Services, Mount Sinai Hospital

Overview
To better engage Medicaid members throughout the Mount Sinai Performing Provider System (MSPPS) and improve the overall delivery of care to our Medicaid members, we have developed a Cultural Competency and Health Literacy (CC/HL) Workgroup that aims to address health disparities and the significant barriers to accessing care noted by our Community Needs Assessment (CNA) provider survey. The CC/HL Workgroup will collaborate closely with MSPPS Leadership to cultivate shared understanding about the critical importance of cultural competency and health literacy to all aspects of patient care.

The CC/HL Workgroup will develop a cultural competency and health literacy strategy designed to improve patient care by addressing these concepts throughout the care continuum within the MSPPS.

The CC/HL Workgroup will also develop a cultural competency and health literacy training strategy for clinicians and other segments of the MSPPS workforce.

Ultimately, the CC/HL Workgroup will monitor and report on the implementation and outcomes of these strategies. It will collaborate closely with MSPPS leadership, partners, other technical committees and consumers (patients) on an ongoing basis to achieve these aims.

Purpose
Key objectives of the CC/HL Workgroup include:

- Develop a cultural competency and health literacy strategy that addresses health disparities noted by our CNA and other analyses.
- Develop a cultural competency/health literacy training strategy for clinicians and other segments of the PPS workforce.
- Partner with Workforce, Clinical, Finance and IT Committees to develop workforce needs, goals funding and reporting mechanisms.

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Membership

Between 10 and 15 members who are geographically representative and reflective of the continuum of care as demonstrated in the MSPPS. The CC/HL Workgroup aims to include the consumer (patient) perspective as a key element of CC/HL Workgroup participation.

Roles and Responsibilities

The CC/HL Workgroup will be responsible for:

- Providing guidance and oversight, as needed, regarding the development and execution of cultural competency/health literacy strategies for all MSPPS providers
- Sharing best practices of cultural competency/health literacy throughout the MSPPS

Deliverables

The following is an example of the DSRIP project requirements that the CC/HL Workgroup may be responsible for:

- Identify priority groups experiencing health disparities
- Identify key factors to improve access to quality primary, behavioral health and preventive health care
- Define plans for two-way communication with the population and community groups through specific community forums
- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors)
- Identify community-based interventions to reduce health disparities and improve outcomes
- Develop training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups
- Develop training plans for other segments of the PPS workforce regarding specific population needs and effective patient engagement approaches

b. Reporting Structure

The CC/HL Workgroup is a subgroup of the MSPPS Workforce Committee. We regularly report our deliverables and other activities and work products to the Workforce Committee for feedback and, as appropriate, approval. We also vet our activities with the leadership of the MSPPS Clinical Committee, Clinical Executive Team, the Stakeholder Engagement Committee, and Board of Managers. We plan to partner with the Patient Advisory Committee (PAC) to gain consumer insight and feedback. In addition, we will collaborate closely with the Finance and IT Committees on activities related to identifying, funding, securing, and managing resources as we implement the CC/HL strategy. This strategy of engagement and collaboration was approved by the Board of Managers on December 15, 2015. (See Appendix A).

Figure 1. PPS Reporting Structure
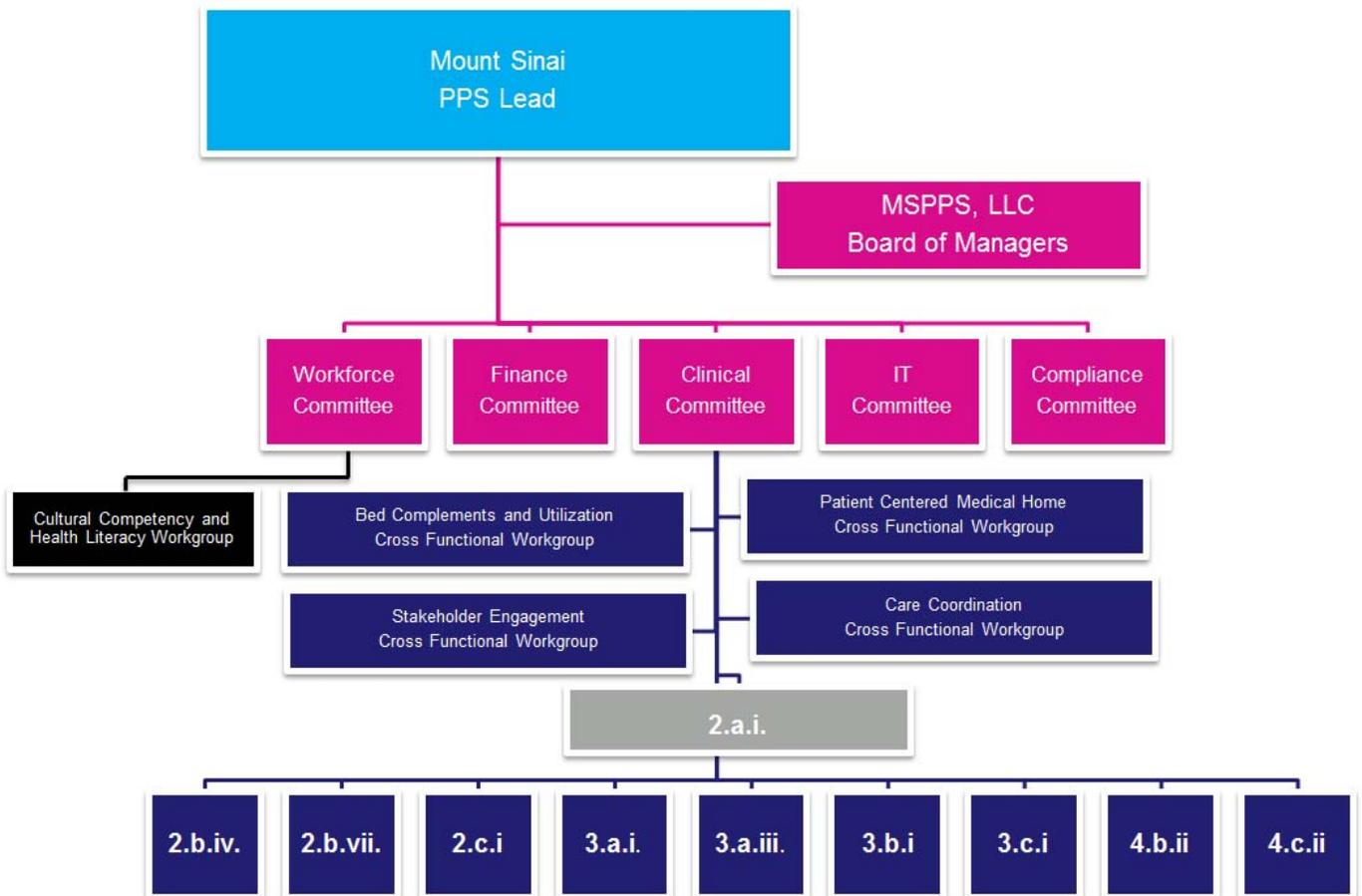
c. Membership

CC/HL Workgroup membership includes representation from 13 partner organizations and 9 provider types. Membership reflects expertise in workforce training and development, as well as direct service delivery to a diverse patient/client population. *See Appendix b for the CC/HL Workgroup Roster and Appendix c for the CC/HL Workgroup Meeting Schedule.*

Section 3

Key Definitions

The CC/HL Workgroup adopted the definitions for "cultural competency" and "health literacy" of the National Institutes of Health (NIH), U.S. Department of Health & Human Services. *See Appendix d for these definitions.*

Mount Sinai Performing Provider System
Cultural Competency and Health Literacy Workgroup

WORKGROUP BEST PRACTICES

The Mount Sinai Performing Provider System (MSPPS) Cultural Competency and Health Literacy (CC/HL) Workgroup has conducted a review of current best practices in the healthcare field as they relate to cultural competency and health literacy in healthcare organizations. One of the key responsibilities of the MSPPS CC/HL Workgroup, as per the group's charter, is to share "best practices of cultural competency/health literacy throughout the PPS." It is these best practices that will inform the development of a cultural competency and health literacy patient care and workforce training strategy for the MSPPS.

Members of the CC/HL Workgroup reviewed publicly-available materials from a variety of sources between June and September 2015. To identify these materials, members drew on their own knowledge as subject matter experts in the field, their collective practice experience and by conducting a literature review. The Workgroup members identified and reviewed numerous sources, listed below in the "References" section of this document. After this review and discussion by the Workgroup members of current Best Practices and training practices at their respective institutions and in the field as a whole, it was decided by the Workgroup to formally adopt *The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (See Appendix E), developed by the U.S. Department of Health & Human Services, Office of Minority Health, Think Cultural Health (see full citation below), as the best practices that will guide the cultural competency and health literacy strategy for the MSPPS.

These comprehensive standards have been developed through a rigorous, nationally-based research and review process over the last decade and have been widely accepted by both federal and state agencies, as well as numerous healthcare organizations, as benchmarks for delivering competent care, reducing health disparities and promoting health equity. *See Appendix e for the NCLAS standards*.

Section 5

Gap Analysis: Key Findings of the Cultural Competency/Health Literacy Survey and Related Recommendations

Survey Methodology

To build on the findings from the MSPPS Community Needs Assessment, the CC/HL Workgroup conducted a survey to gain more specific feedback from the MSPPS Partners about policies and practices pertaining to cultural competency and health literacy.

The survey was written by Workgroup members. It incorporated ideas based on the Community Needs Assessment, a literature review, the NCLAS Standards, discussion in Workgroup sessions, and the collective practice experience of our Workgroup members. The survey was vetted and piloted by the Workforce Committee and Stakeholder Engagement Cross-functional Workgroup and Clinical leadership prior to dissemination.

The survey (see Appendix F) was structured into six content areas:

1. Demographics
2. Linguistic Capacity
3. Cultural Competency and Health Literacy Training
4. Employee and Patient/Client Resources
5. Stakeholder Engagement
6. Cultural Competency and Health Literacy Improvement

It was administered using Survey Monkey and was sent to DSRIP Year 1 MSPPS partners in mid-November 2015. The survey response rate was 94%, with 192 partner organizations participating.

Summary of Results

The survey results were analyzed by the MSPPS Project Management Office and the CC/HL Workgroup. (*See detailed survey results in Appendix g.*) Further analysis will be conducted as the CC/HL Workgroup continues its strategic planning process and moves toward implementation.

The Workgroup collaborated to conduct a gap analysis of the survey results on segments related to Milestone 1. The results are summarized below. [1] Recommendations on ways to address these findings are discussed below and incorporated into the Strategic Work Plan. (See Section 6, page 16).

Survey Section 2: Linguistic Capacity of the Workforce

Organizations were asked to report on the linguistic capacity of the workforce in the following segments:

- Group A – Clinicians and Allied Health Professionals
- Group B – Clinical Support and Home Health Care
- Group C – Behavioral Health, Care Management, Patient Education

(See Appendix F, page 5 for category definitions.)

Organizations were queried on both current and anticipated (future) needs.

Key Findings:
- The survey results indicate that there is a lack of workforce capacity in many different languages, especially in Groups A & C, which include occupations requiring advanced training and licensure.
- Community Needs Assessment indicates that 25% of the NYC population is Spanish-speaking and also that diverse populations that experience language barriers commonly do not seek treatment."
- In all 3 Groups (A, B, and C), Spanish is the only language that has more current needs than future anticipated needs.
- Highest anticipated language needs by group are:
    - ASL (Group A&B)
    - Mandarin (Group C)

Recommendations:
- Based on the Community Needs Assessment finding of a high Illiteracy Rate amongst New Yorkers (25% Manhattan; 41% Bronx; 37% Brooklyn; 46% Queens; 14% Staten Island and 13% Westchester), and the multi-lingual nature of the patient population, it is recommended that

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[1] Survey results that pertain to Milestone 2 will be addressed in additions to this strategic plan during DSRIP Y2Q1 (by June 30, 2016).

simple pictures with different language captions are a potentially more effective way to communicate health information, rather than written, English-only materials.

- All partners should have access to phone based interpretation services if they are not currently in place.
- Explore Interpretation / Translation Certification program for all MSPPS staff (for example, through 1199 Training and Employment Fund).
- Explore creation of MSPPS-wide pool of staff interpreters.
- Explore options for ASL interpretation services (via internet or video chat).
- Healthcare providers include language capacity as a priority in hiring based on the demographic needs of their patient population and communities served.

- ● Linguistic Capacity of Workforce: Training and Assessment Practices

Organizations were asked to report on their training practices and policies as they relate to assessing and improving the linguistic capacity of staff.

Key Findings:

- There is currently no standard method employed by MSPPS partners to assess the linguistic skills of staff whose jobs require proficiency or fluency in a language other than English.
- Most respondents do not assess (31%) or have ad hoc conversations with bilingual staff (60%) whose jobs require proficiency in more than one language.
- Approximately 11% of partners reported they are "Doing Well" providing training to staff in medical translation, while 50% either "Need Improvement" or are not providing the service.
- A significant majority (64%) of MSPPS partners do not provide tuition assistance or other form of subsidy for staff to take a language course.

Recommendations:

- Use a standardized assessment and establish minimum proficiency standards for staff whose jobs require proficiency or fluency in a language other than English.
- Explore opportunities for medical translation instruction. For example, TEF offers a customized healthcare language class "Language of Care" that is customized specifically for what workers need to communicate on their job, to their patients, or within their department/area (Spanish, Mandarin, Cantonese, Korean, Russian and French).
- For those organizations that can afford to do so provide reimbursement or other incentives to pursue instruction that promotes conversational proficiency.

- Encourage creation of informal mixed conversational groups for staff as an option to promoting linguistic capacity among staff.

Survey Section 4: Employee and Patient/Client Resources

MSPPS organizations were asked to self-report how well they were utilizing a range of resources to facilitate communication with patients/clients with a variety of language preferences and from a variety of cultures. Organizations were also asked about staff resources dedicated to CC/HL initiatives, and about organizational registration practices.

Key Findings:

- A majority of MSPPS organizations reported "doing well" in their ability to provide printed materials in multiple languages, and in providing phone-based interpretation services, community resources, and using multi-lingual staff to communicate.
- Significant gaps were noted in MSPPS organizations' capacity to provide printed materials in braille, online communication in multiple languages, trained sign interpreters, online translation, volunteer translation and hearing devices.
- Respondents indicated low utilization of alternative communication means such as those noted above, and also with use of visual aids, A/V materials, and scripts for patients.
- 55% of respondent organizations do not have a staff resource dedicated to addressing questions, problems and suggestions related to providing culturally sensitive and appropriate services.
- Most organizations are asking about a wide range of cultural factors that may impact care during the patient or client registration process.

Recommendations:

- Explore opportunities to leverage MSPPS resources and community resources and make available to MSPPS partners (see Sample Resource List in Appendix H).
  - Identify resources specifically for phone interpretation and translation services, print materials translation and existing multilingual resources, and A/V materials, and scripts for patients and clients.
- Network with other PPSs to identify and leverage resources.

- Employee and Patient/Client Resources: Specific Communication Techniques

MSPPS partners were asked to report on communication techniques with patients in the organization's physical environment and health education materials. They were also asked about stakeholder input regarding cultural competency and health literacy practices.

Key Findings:

- The most significant gaps exist in connection with communication via Braille (24%) and the existence of a gender-neutral bathroom (22%).
- There are also gaps in the number of partners who provide communication vehicles via multiple languages (47%), large print signage (48%) and affirmative multi-cultural messages (43%).
- MSPPS partners provide literature materials, in some form, in a variety of different languages, with Spanish being the most common reported (77%). However, gaps exist for all languages other than Spanish.
- There is a significant gap in use of audio/visual materials in comparison to print materials.
- Majority of respondents have a mechanism for obtaining feedback from their staff (73%), patients and families (57%) and board of directors (53%). Significant gaps exist in obtaining feedback from service provider partners, CBOs, subject matter experts and other stakeholders.

Recommendations:

- Sub-analyze results to identify partner characteristics, such as provider type, languages served, and location, to better understand utilization of and barriers to communication strategies.
- Do outreach to providers reporting low utilization of alternative communication techniques to find out what alternate solutions are used, and how extensive their needs are.
- Identify partners providing comprehensive alternative communication techniques and determine if vendors, materials, and/or strategies can be leveraged throughout the MSPPS.
- Engage subject matter experts and stakeholders to participate in the evaluation of CC/HL vendors and products.
- Conduct outreach to partners that report no mechanism for stakeholder feedback to identify barriers to engagement. Recommend best practice per CLAS standard to adopt mechanism for all to provide feedback.

Survey Section 6. CC/HL Improvement

Organizations were asked to report on whether CC/HL was an identified area in the organization's quality improvement plan and about strategies for and barriers to ongoing CC/HL improvement.

Key findings:

- 52% of MSPPS partners indicated their organizations do <u>not</u> include cultural competency/health literacy as a defined area in their organizational quality improvement plans.
- Nearly half (47%) of MSPPS partners indicated their organizations do not regularly conduct literature reviews to stay abreast of and utilize new evidence-based CC/HL practices.
- Budgetary constraints (65%), operational constraints and clinical demands (48%), and lack of designated staff to lead initiatives (37%) are the key barriers cited by partners to implementation, delivery, or expansion of CC/HL initiatives.
    - Several partners commented that CC/HL is "not an [organizational] priority or that CC/HL initiatives are "not needed.".

Recommendations:

- MSPPS should
    - Establish cultural competency and health literacy as a defined area in its quality improvement plan.
    - Implement process for periodic comprehensive review, evaluation, and, as needed, remedial action and/or revision of MSPPS CC/HL QI plan.
    - Engage diverse pool of stakeholders in CC/HL QI planning, evaluation, and revision of policies and practices. (Engaged stakeholders might include representatives of CC/HL Workgroup, Workforce Committee, Clinical Executive Committee, Stakeholder Engagement Committee, and Patient Advisory Committee)
    - Present CC/HL QI updates (*e.g.*, findings, new developments) at governance and other stakeholder sessions (*e.g.*, town halls) and solicit feedback at these or related forums.
    - Establish a CC/HL section of the MSPPS website to facilitate the sharing of knowledge and resources across the MSPPS.
    - Leverage Mount Sinai LMS and other MSPPS technology to enable sharing of CC/HL information and instruction across largest stakeholder pool, at lowest cost, possible.
    - To improve stakeholder engagement, conduct/facilitate CC/HL forums for MSPPS leads and champions to share best practices, new developments, experiences, and identify and address challenges.

Additional Recommendations

The following recommendations address gaps that cross survey categories.

The MSPPS should:

- Recommend that each MSPPS partner adopt and document organizational models that are aligned with MSPPS standards and practices.
- Leverage existing MSPPS resources across partners where possible.
- Determine which, if any, best practices will be required (versus recommended).
- Consider identifying CC/HL leadership metrics for CC/HL champions, to provide incentive payments to partners to support CC/HL initiatives that are aligned with MSPPS objectives.

The CC/HL Workgroup should:

- Conduct targeted outreach to particular partners to clarify and supplement survey responses.
  - *In particular, discussion with the Mount Sinai Health System regarding the reporting of its data and information is essential.* Because of the size and scope of the institution, many of the survey questions require further exploration and outreach to better understand the breadth of practices and policies related to cultural competency and health literacy within the MSPPS.
- Sub-analyze results to identify partner characteristics, such as provider type, languages served, and location, to better understand utilization of and barriers to communication approaches and other strategies.
- Conduct targeted outreach to partners most in need of support for CC/HL initiatives and identify barriers to meeting recommendations.

Key Next Steps

The CC/HL Workgroup will:

- Present recommendations to Clinical Committee and Clinical Executive team to facilitate implementation of strategy.
  - Encourage inclusion of CC/HL recommendations in project work plans.
- Present recommendations to Stakeholder Engagement CF Workgroup and Patient Advisory Committee for feedback.

Mount Sinai Performing Provider System
Cultural Competency / Health Literacy Workgroup

Milestone 1: Finalize cultural competency/health literacy strategy.
Due: DYI, Q3 (December 31, 2015)

Objectives

1) Identify priority groups experiencing health disparities based on your CNA and other analyses.
2) Identify key factors to improve access to quality primary, behavioral health, and preventive health care.
3) Define plans for two-way communication with the population and community groups through specific community forums.
4) Identify assessments and tools to assist patients with self-management of conditions, considering cultural, linguistic and literacy factors.
5) Identify community-based interventions to reduce health disparities and improve outcomes.

The strategy to achieve these objectives must be signed off by the MSPPS Board.

Subsequent quarterly reports will require updates on the implementation of the strategy.

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard
Step 1: Identify MSPPS partners with CC/HL expertise and establish CC/HL workgroup.	List of MSPPS partners with CC/HL expertise CC/HL Workgroup membership list and charter	Completed	9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
Step 2: Building on the CNA, conduct a gap analysis of cultural competency at the partner and MSPPS level to:	Gap Analysis Summary	Completed ● Analyzed CNA findings and conducted related research. Selected findings are noted directly below. CNA results will be consulted and supplemented, as needed, throughout DSRIP period.	12. 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.
1) Identify populations and practices with greatest health disparities and/or poor patient experience;		● Completed See Appendix I for the Priority Groups, Disparities, and Barriers to Care	
2) Identify key factors and barriers to improve access to primary, behavioral health and preventive care; and		● Completed See Appendix I for the Priority Groups, Disparities, and Barriers to Care	

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard
		• Ongoing • Collaborating with Clinical Executive Committee and Stakeholder Engagement Committee to develop strategies to address barriers to care; goal is for CC/HL sensibility to be evident in every project plan.	

3) Define role/ capabilities of CBOs in our network to provide supportive services.		• Completed
		  • Primary inventory of services captured via MSPPS contract-related documents.
		  • Supplementary information captured through CC/HL Workgroup survey. See discussion of survey findings at pages 11 – 17, above, and Appendix J for the Community Based Interventions Inventory. Also see *Recommendations* at page 23, below.
			11. 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.
			12. 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.
			13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard

Step 3: Inventory best practices and existing resources for training staff and delivering CC/HL-sensitive services.		• Completed
		  • Inventoried CC/HL Workgroup members and consulted other subject matter experts regarding knowledge, experiences, and current organizational practices.
		  • Conducted initial literature review. Research will be ongoing throughout duration of MSPPS.
		• Underway
		  • Survey developed by CC/HL Workgroup; sent to 180 partners in November 2015; 94% response rate.
		• Pending
		  • Under the direction of the Workforce Committee, the 1199 Training & Employment Fund will partner with the PMO to further identify CC/HL and other workforce training needs and resources.
			9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.
			10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
			11. 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.
			12. 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.

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard
Using this information, establish MSPPS-wide definition of CC-HL, and standards for culturally and linguistically appropriate services and care.	Document of key CC/HL terms and definitions to be used across MSPPS	● Completed ● Adopted National Institutes of Health definitions for key terms.	
	Inventory of best practices	● Adopted *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* as framework; incorporated into CC/HL Best Practices document. Additional standards may be adopted as strategy implementation proceeds. ● Will reference *The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice (The Blueprint).*	

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard
Step 4: Develop, and collaborate with the Workforce Committee to present, CC/HL strategy to appropriate committees for approval,	CC/HL strategy document; Meeting agendas	● Underway ● CC/HL framework approved by MSPPS Board of Managers on December 15, 2015.	1. 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. 13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. 14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public."

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard

including plans for patient-related education and materials (including verbal scripts, print, media, online) with Clinical and Patient Advisory Board.		● Ongoing
		  ● Collaborating with Clinical Executive Team and Stakeholder Committees.
		  ● Establishment of Patient Advisory Board is pending.
		  ● Primary collection of Patient Assessment Tools for disease self-management in Appendix K.
		
		● Ongoing
		  ● As requested, the CC/HL Workgroup will review and provide feedback to the PPS PMO, project teams, and partners regarding patient-related materials (*e.g.*, MSPPS Opt-out letter FAQs, 10/2015).	

Meet with partners and community groups to get buy-in and support.	Meeting Minutes and Summaries; CC/HL Policies at Partners' Level	● Ongoing
		  ● Ongoing with Stakeholder Engagement Cross-functional Workgroup, made up primarily of Community Based Organization (CBO) partners in the PPS.
		  ● Planned collaboration with the Patient Advisory Committee.	

Collaborate with IT and Finance Committees to outline and finalize financial and IT needs necessary to implement training strategy		● Ongoing
		  ● CC/HL Workgroup will bring forth recommendations to the IT and Finance Committees for collaboration and approval of next steps
		  ● CC/HL Workgroup will work with IT and Finance Committees to leverage MSPPS Learning Management System (MSPPS LMS) (PEAK – the Portal for Education and Advancement of Knowledge) to support workforce CC/HL training.	

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard
		● CC/HL Workgroup will work in alignment with the Workforce Committee to incorporate the CC/HL strategy and use of the MSPPS LMS into the broader Workforce Training Strategy being developed by the Workforce Committee.	
Step 5: Develop communications and engagement approach designed to get partner and patient buy-in.	Patient opt-out letter FAQs and Stakeholder Engagement meetings agendas.	● Ongoing ● Partner with Stakeholder Engagement Cross-Functional Workgroup to develop engagement approach with key stakeholders. ● Plan to present recommendations to Patient Advisory Board and invite ongoing feedback and dialogue as implementation proceeds. ● Provide CCHL-specific consultation to PPS leadership as needed on patient communications, such as the FAQs developed for patients regarding the opt-out letter.	13. Partner with the community to design, implement and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard
Step 6: Develop metrics to evaluate and monitor ongoing impact of CC/HL initiatives.		● Ongoing 　● Post-Implementation Surveys 　● See further discussion of evaluation/metrics strategy below, section 7.	11. 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. 12. 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.

Recommendations for Improving CC/HL Policies and Practices at the MSPPS and Partner Levels

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MSPPS Governance/Leadership

Focus:
- MSPPS guidance and actions to promote and support best CC/HL policies and practices across the MSPPS

MSPPS
- Recommend that each MSPPS partner adopt and document organizational models that are aligned with MSPPS standards and practices.
- Leverage existing MSPPS resources across partners where possible.
- Determine which, if any, CC/HL best policies and practices will be adopted as MSPPS standards that are "required" of partners (*versus* recommended).
- Set expectation that every MSPPS clinical project should include CC/HL strategies/tactics as part of their work plans.
- Consider providing financial support to partners, as needed, to support CC/HL initiatives that are aligned with MSPPS objectives.

CC/HL Workgroup
- Present recommendations to Clinical Committee and Clinical Executive team to facilitate implementation of CC/HL strategy.
    - o Advocate for inclusion of CC/HL recommendations in each clinical project work plan.
- Present recommendations to Stakeholder Engagement Cross-functional Workgroup and Patient Advisory Committee for feedback.
- Conduct further analysis of CC/HL Survey results to identify partner characteristics (*e.g.*, provider type, languages served, location, and size) and other factors associated with CC/HL policies and practices. Also conduct research to clarify and obtain additional information. Utilize additional knowledge to refine MSPPS CC/HL strategies.
- Represent the MSPPS on the New York State PPS CC/HL Collaborative as an avenue for sharing information and discussing issues.

Targeted Capacity Areas

Workforce Linguistic Capacity

Focus:

- Capacity of workforce to communicate with patients/clients in languages other than English
- Organizational capacity to assess and improve workforce capacity in languages other than English

MSPPS

- Explore interpretation/translation certification program for MSPPS staff (*e.g.*, Training and Employment Fund course).
- Explore creation of MSPPS-wide pool of staff interpreters.
- Define minimum proficiency standards and promote use of standardized assessment method/tool for staff whose jobs require proficiency or fluency in a language other than English.
- Explore opportunities for medical translation instruction. For example, TEF offers a customized healthcare language class "Language of Care" that is customized specifically for what workers need to communicate on their job, to their patients, or within their department/area (Spanish, Mandarin, Cantonese, Korean, Russian and French).

Partners

- Utilize phone-based interpretation services if other solutions, or insufficient resources, to address patient/client linguistic needs are not currently in place.
- Explore options for ASL interpretation services (*e.g.*, internet or video chat).
- Include language capacity as a priority in hiring; align required or preferred skills with linguistic needs of their patient population and the communities they serve (which might have unmet linguistic needs).
- Consider greater use of graphic materials (*e.g.*, images with captions in a variety of languages) as an alternative to narrative-heavy print materials.
- Apply minimum proficiency standards and use standardized assessment method/tool for staff whose jobs require proficiency or fluency in a language other than English.
- Provide reimbursement or other incentives to pursue instruction that promotes conversational proficiency in targeted language(s) (subject to budget considerations).
- Encourage creation of informal mixed conversational groups for staff as an option to promoting linguistic capacity among staff.

Employee and Patient/Client Resources

Focus:

- Utilization of a range of resources to facilitate communication with patients/clients with a variety of language preferences and from a variety of cultures
- Communication techniques with patients in the organization's physical environment and in health education materials

MSPPS

- Explore opportunities to leverage MSPPS resources and community resources and make them available MSPPS partners. (See Sample Resource List in Appendix H).
    - o Identify resources specifically for phone interpretation and translation services, translation of print materials, existing multilingual resources and A/V materials, and scripts for patients and clients.

- Network with other MSPPSs to identify and leverage resources.
- Identify opportunities to leverage vendors, materials, and/or strategies utilized by individual organizations to facilitate utilization across the MSPPS.

CC/HL Workgroup

- Conduct further analysis of CC/HL Survey results to identify partner characteristics (*e.g.*, provider type, languages served, location, and size) and other factors associated with utilization and non-utilization of specific communication strategies. Complement analysis with outreach to partners to obtain additional information.
- Do outreach to providers reporting low utilization of alternative communication techniques to find out what alternate solutions are used and whether there are gaps between need and capacity.
- Analyze Community Based Intervention and Patient Assessment Tools inventories and present results to Clinical Executive team and Clinical Committee for review, supplementation, and matching with Clinical projects and initiatives. Share results of Community Based Intervention inventory with Care Coordination Cross Functional Workgroup and Project 2ci for use in planned referral systems and call centers.

Stakeholder Engagement

Focus:
- Availability of mechanisms for stakeholder feedback regarding CC/HL training, policies, practices, and resources
- Stakeholder participation in development, evaluation, and implementation of CCHL training and policies.

MSPPS
- Engage subject matter experts and stakeholders to participate in the evaluation of CC/HL vendors and products.

CC/HL Workgroup
- Conduct outreach to partners that report no mechanism for stakeholder feedback to identify barriers to engagement. Recommend best practice per CLAS standard to promote greater engagement.

CC/HL Improvements

Focus:

- Strategies for, and barriers to, ongoing improvement in CC/HL policies and practices

MSPPS

- Establish CC/HL policies and practices as a defined area in the MSPPS quality improvement plan.
- Implement process for periodic comprehensive review, evaluation, and, as needed, remedial action and/or revision of CC/HL elements of MSPPS QI plan.
- Engage diverse pool of stakeholders in development, evaluation, and revision of CC/HL QI plan and activities. (Engaged stakeholders might include representatives of CC/HL Workgroup, Workforce Committee, Clinical Executive Committee, Stakeholder Engagement Committee, and Patient Advisory Committee.)
- Present CC/HL QI updates (*e.g.*, findings, new developments) at governance and other stakeholder sessions (*e.g.*, town halls). Solicit feedback at these forums and through other opportunities, as available.
- Establish a CC/HL section of the MSPPS website to facilitate the sharing of knowledge and resources across the MSPPS.
- Leverage MSPPS technology and expertise to enable sharing of CC/HL information and instruction across largest stakeholder pool, at lowest cost possible.
- Conduct/facilitate forums for MSPPS CC/HL "champions," educators, policymakers, etc., to share best practices, new developments, experiences, and identify and address challenges.

CC/HL Workgroup

- Identify strategies and tactics to facilitate adoption of CC/HL policy and practice model aligned with recommendations, above, for the MSPPS.

Milestone 2:   Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).
Due: DY2, Q1 (June 30, 2016)

Objectives

1) Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy.

2) Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches.

The strategy to achieve these objectives must be signed off by the MSPPS Board.

Subsequent quarterly reports will require evidence of training programs delivered. PPSs will need to provide: a description of training programs delivered and participant-level data, including training outcomes.

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard
Step 1: The CC/HL Workgroup and PMO will create an inventory among network partners in MSPPS to identify existing training practices.	Summary document of survey mechanism and questions	● Pending 　● Survey underway. See above.	2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. 3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. 4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard

Step 1.a: Prioritize and finalize training needs and programs with Workforce Committee and other stakeholders.	List of prioritization	• Pending
		  • Survey results pending
		  • Collaboration with 1199 TEF pending. See note above.
			4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Step 2: Develop and test a uniform training and education platform that blends e-learning, self-assessment, and in-person review. This platform will educate both clinicians and non-clinicians on health literacy and cultural competency. The format and delivery of trainings will be consistent for clinicians and non-clinicians, however; content will vary for clinicians and non-clinicians to ensure relevance.	List of trainings, their modalities, and their validation process.	• Pending	4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Step 2.a: Identify CC "champions" within each partner and establish	List of identified CC champions.	• Underway • MSPPS identified CC/HL contacts at each partner organization in the	2. Advance and sustain organizational governance and leadership that promotes CLAS and

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard
corresponding points of contact with CBOs.		Partner Contact survey in Q2. These contacts were used to distribute the CC/HL survey. ● The Workgroup has identified Community Healthcare Network as a key stakeholder and site "champion" in health literate communication with patients. A member of CHN sits on the CC/HL Workgroup and will work with the MSPPS to leverage these effective communication strategies throughout the MSPPS.	health equity through policy, practices, and allocated resources.
Step 3: Collaborate with IT Committee to create web-enabled training.	Report of successful upload of training materials into the Learning Management System.		4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Step 4: Develop tracking mechanism and evaluation mechanism to receive feedback from staff on trainings and	Summary of tracking and program evaluation metrics and mechanisms	**Ideas for Evaluation:** -Pre/post/post-post training assessment -HCAHPS or equivalent - pre/post -Track patient complaints - pre/post	10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard
possible steps to improve. This may include conducting focus groups with supervisors in open forums.		-Focus groups -Unit based team assessments for patients and staff on CC/HL - pre and post (LP, MS, NM)	CLAS-related measures into measurement and continuous quality improvement activities.
Step 5: MSPPS governance will prioritize training and rollout for the following three priority areas, using CNA and MSPPS-led meetings above [see Milestone 1],with the goal of maximizing the potential number of patients benefitted by the enhanced training: 1. Primary care sites and providers with identified patients having high specific cultural needs and low health literacy levels. 2. Sites/providers with the largest workforce numbers			2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. 3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. 4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate

Key Step(s) & Additional Action(s)	Documentation	Status / Results	CLAS Standard
requiring cultural competency/health literacy training. 3. Sites/providers/practitioners that have the largest number of patients serviced by the MSPPS projects			policies and practices on an ongoing basis.

Section 7

Evaluation and Monitoring Process

The CC/HL Workgroup will work with MSPPS Leadership and other Stakeholders to evaluate and monitor progress on the above noted plans and recommendations throughout the DSRIP 5-year project timeline (CLAS standards 10, 11). Some evaluation strategies include:

- Re-survey MSPPS members at intervals to determine progress and re-assess gaps as needed. Now that baseline data has been established, re-surveying will allow trends to emerge over time.
- Collaborating with the Stakeholder Engagement Committee and Patient Advisory Board to conduct focus groups, outreach and community forums where patients and other stakeholders can provide qualitative feedback on these issues.

The CC/HL Workgroup is exploring the feasibility and utility of additional metrics for consideration, including:

- HCAPS or other Patient Experience surveys
- Pre and post-training evaluations of staff
- Unit-based team assessments for patients and staff on CC-HL

The CC/HL Workgroup will continue to refine the evaluation strategy as the strategy evolves and is implemented.

SECTION 8

Appendices

See attachments.

Section 9

References

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