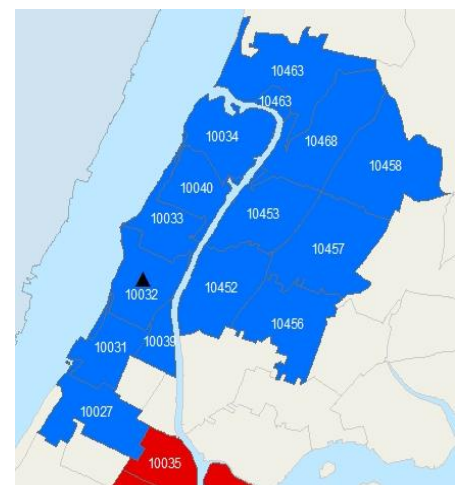


PPS Overview: The New York and Presbyterian Hospital Performing Provider System is anchored by the New York- Presbyterian Hospital’s 5 Manhattan-based locations (Weill Cornell Medical Center, Lower Manhattan Hospital, Columbia University Medical Center, Morgan Stanley Children’s Hospital of New York, and The Allen Hospital) as well as its Ambulatory Care Network (with practices across Manhattan and the Bronx); the network draws on patients from across Manhattan, the Southwest Bronx, Western Queens, and Western Brooklyn. The PPS network is centered on three hubs:

- Columbia University Medical Center and Washington Heights-Inwood,
- Weill Cornell Medical Center and East Harlem, Queens, Brooklyn, and
- Lower Manhattan Hospital and Lower Manhattan.

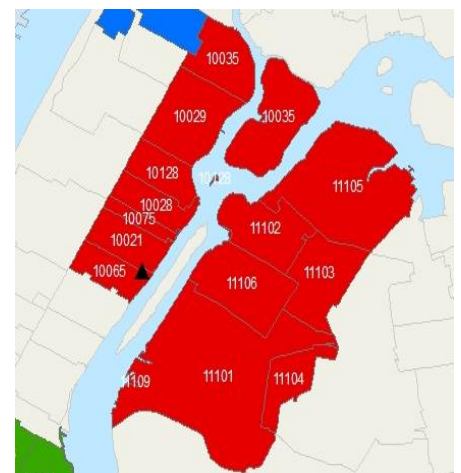
Columbia University Medical Center & Washington Heights-Inwood:

There are a total of 870,000 people who live in the Columbia University Medical Center campus region. This region includes the communities of the Washington Heights, Inwood, Harlem, and portions of the Southwest Bronx. The median household income for this community is between \$25,000 and \$34,999 per year. Sixty-one percent of the CUMC region is of Hispanic descent, and 31% are African American. Forty percent of the total population in the CUMC region is foreign born. Spanish is the predominant language spoken in these communities (55%); however, 35% of the population report English as their primary language. There are 477,212 patients with Medicaid who live in the Northern Manhattan & Southwest Bronx area. Approximately 18% of the population does not have health insurance.

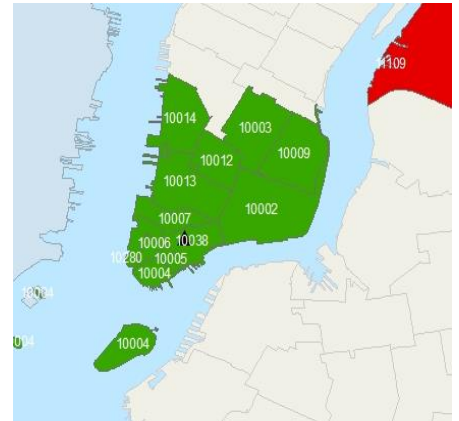


Weill Cornell Medical Center & East Harlem, Queens, and Brooklyn:

There are a total of 524,000 people who live in the Weill Cornell Medical Center campus region. This region includes the communities of the Upper East Side of Manhattan, East Harlem, and Northwest Queens. The median household income for this community is between \$50,000 and \$74,999 per year. Twenty-five percent of the WCMC region is of Hispanic descent, with an additional 11% African American and 11% Asian/Pacific Islander. Thirty-one percent of the total population in the WCMC region is foreign born. English is the predominant language spoken in these communities; however, 22% of the population report Spanish as their primary language. There are 125,267 patients with Medicaid who live in the WCMC area. Approximately 13% of the population does not have health insurance.



Lower Manhattan Hospital & Lower Manhattan: Based on the most recent U.S. Census Bureau data available, there are a total of 336,000 people who live in the Lower Manhattan region. The median household income for this community is between \$50,000 and \$74,999 per year. Twenty-five percent of the LM region is of Asian descent, with the vast majority (75%) of Chinese origin. In addition, 30% of the total population in the LM region is foreign born. There are 86,522 patients with Medicaid who live in the LM area. Approximately 9% of the population does not have health insurance.



The NYP PPS is comprised of approximately 90 collaborators, including a single integrated Hospital system, post-acute providers, behavioral health providers, independent community physicians, FQHCs, pharmacies and community-based organizations. The network, as a whole, has a tremendous amount of resources committed to improving the health and wellbeing of the safety net population.

The Community Needs Assessment identified the health disparities experienced by the attributed population. These disparities informed the selection of the following projects in an attempt to achieve the triple aim:

1. Integrated Delivery System (2.a.i)
2. Ambulatory ICU (2.b.i)
3. ED Care Triage (2.b.iii)
4. Transitions of Care to Reduce 30-Day Readmissions (2.b.iv)
5. Behavioral Health and Primary Care Integration, Model II (3.a.i)
6. Behavioral Health Community Crisis Stabilization (3.a.ii)
7. HIV Center of Excellence (3.e.i)
8. Integration of Palliative Care into PCMHs (3.g.i)
9. Tobacco Cessation (4.b.i)
10. Reducing HIV Morbidity (4.c.i)

Background: Much of the NYP PPS service area is comprised of linguistically isolated and culturally diverse ethnic and racial minorities. In response, the NYP PPS has adopted a patient-centered approach to cultural competency, known as the “Culture of One,” which is aligned with the National Quality Forum’s (NQF) Cultural Competency framework (Reference: A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency, NQF, April 2009). As part of the Culture of One, the NYP PPS realizes that the burden of clear communication and understanding is placed on the provider, not the patient. A patient’s unique culture defines the illness experience and the target of effective treatment and care. On the other hand, the culture of a population determines the characteristics of successful public health and community health interventions.

Initial Target Population Experiencing Health Disparities (DY1 and DY2): The NYP PPS will take both a global- and population-specific approach to addressing the Cultural Competency and Health Literacy needs of its collaborator network and its attributed population. This dual approach will help to drive the fundamental culture shifts that will need to occur across PPS partner organizations. The micro approach will utilize data available to the PPS, both quantitative and qualitative, to target specific segments of the population for engagement and training.

Global Approach: The Cultural Competency and Health Literacy Workgroup, under the direction of Dr. Emilio Carrillo, will be responsible for pushing this strategy forward, including regular presentations to the PPS Clinical Operations Committee (which he is a co-chair), the PPS Project Advisory Committee, and the PPS Executive Committee. The Workgroup will use these to inform the evolution of the Strategy outlined in this document. These presentations will be conducted on both an annual and ad-hoc basis to ensure that the committees and stakeholders have an understanding of cultural competency and health literacy and are provided regular updates on changes, successes, and/or lessons learned on the implementation of the strategic and training plan.

Guidelines and materials developed through the Cultural Competency and Health Literacy Workgroup will be disseminated/made available to the broader network through its normal distribution paths, including the PPS website, newsletters, in-person meetings, webinars, and the potential of a future learning management system. All deliverables will be informed by a continuous assessment of the collaborators, the workforce, and the community.

Population Approach: In addition to employing an overall strategy for incorporating cultural competency and health literacy into the philosophy of the NYP/Q PPS, the PPS will also utilize a tactical approach for engaging specific segments of the PPS and population in cultural competency and health literacy. The Community Needs Assessment, completed as part of the PPS formation process, identified a number of significant conditions disproportionately experienced by the attributed population that will be targets for the Cultural Competency and Health Literacy strategy and training plan, including:

Adults	Children
<ul style="list-style-type: none"> • Hypertension • High Cholesterol • Low Back Pain • Diabetes • Depression 	<ul style="list-style-type: none"> • Persistent Asthma • Developmental Delay • Vision Problems • ADD • Hearing Problems

To address these specific clinical conditions, the PPS will continue to work with its collaborators to understand promising resources and interventions to improve related outcomes.

Beyond these specific clinical conditions, there are a number of other target disparities will be addressed through the PPS Cultural Competency and Health Literacy Strategy, including:

Disparity	PPS Strategy
Hospital / Emergency Department Use by Minority Community Members	The PPS will inventory materials and resources to support patients, caregivers, and providers to access appropriate services when acute care is not necessary.
Sexual Health Rates for Minority Community Members	The PPS aims to provide training and resources to patients, caregivers, and providers in addressing

	sexual health risks. The PPS has also targeted projects 3.e.i and 4.c.i to improve these disparities.
Chronic Disease Outcomes for Minority Community Members	The PPS aims to provide training and resources to patients, caregivers, and providers in management of these chronic diseases.
Access to Quality Healthcare and Social Services for all Community Members	The PPS will work to ensure training for both providers and the community on the necessity for behavioral health, the sensitivity of care in this field, the potential barriers to access, and resources available.

As outlined in the strategy below, the PPS will make cultural competency and health literacy training and resources available to the PPS leadership, clinicians, and frontline staff; this broad approach will ensure that all members of a patient’s care team will have an introduction to the concepts and easy access to navigate the resources.

Cultural Competency / Health Literacy Goal: The goal of the NewYork-Presbyterian Performing Provider Cultural Competency and Health Literacy Strategy is to develop a PPS-wide approach that respects diversity, focuses on clear communication, emphasizes the importance of understanding differences and engages the individual. As such, the Strategy will specifically focus on: **(a)** identifying key priority groups experiencing health disparities through a community needs assessment, **(b)** identifying factors to improve access to quality primary, behavioral, and preventive care, **(c)** surveying partners on their cultural competency and health literacy needs **(d)** enhancing communication with the attributed population, **(e)** deploying assessments/tools to assist patients with self-management, **(f)** improving provider and community-based organization’s cultural competency, and **(g)** leveraging community-based interventions to reduce health disparities and improve outcomes.

Strategy: For Medicaid beneficiaries attributed to the NYP PPS and collaborators participating in the network, the NYP PPS will focus on:

- a. **Identifying key priority groups experiencing health disparities (as initially identified above) through a community needs assessment**
 - i. The PPS will conduct a formal community needs assessment every three years, as required by New York State and/or the Attorney General.
 - ii. The Clinical Operations Committee (and ratified by the Executive Committee) will make recommendations on the re-allocation of programmatic resources to address identified populations.
 - iii. The PPS will collaborate with longstanding CBOs in communities to enhance understanding of community needs.
- b. **Identifying factors to improve access to quality primary, behavioral, and preventive care**
 - i. The PPS Clinical Operations Committee (and ratified by the Executive Committee) will make recommendations on enhancing access to quality care.
 - ii. The PPS will capture the necessary data to refine cultural competency and health literacy strategies, including (1) disparity sensitive outcomes, (2) measures associated with cultural competency, and (3) participation in relevant training.
 - iii. The PPS will measure improvements in levels of cultural competency amongst the workforce and provide feedback to network members, through such methods as patient satisfaction surveys and provider cultural competency pre- and post-tests.

- c. **Surveying partners on their cultural competency and health literacy needs so that the PPS can provide support and resources as needed, including**
 - i. If and how partners currently provide cultural competency and health literacy training
 - ii. How partners currently handle health literacy in their organization
 - iii. How partners provide interpretation services to their clients
 - iv. Whether Project Leads have particular needs related to the individual projects (i.e. discharge summaries available in other languages)
- d. **Enhancing communication with the attributed population**
 - i. The PPS will assist members with their interpretation needs.
 - ii. The PPS will develop a training/tip sheet on how to effectively interact with an interpreter. How to avoid the pitfalls of “false fluency” and refraining from the use of family interpreters or bilingual providers as ad hoc interpreters will be emphasized.
- e. **Deploying assessments and tools to assist patients with self-management**
 - i. The PPS will develop patient portal content, including specialized, relevant, multi-lingual content to improve health literacy such as asthma-related materials for parents of asthmatic children and information about managing multiple chronic diseases for adults.
 - ii. The PPS will build on existing community forums to conduct outreach to the community around the self-management of conditions in a manner that addresses cultural, linguistic and literacy factors.
- f. **Improving provider and community-based organization’s cultural competency and health literacy strategies**
 - i. The PPS will adopt the “Culture of One” program to meet the distinct needs of the community and attributed beneficiaries. This approach treats patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoids racial or ethnic stereotyping.
 - ii. A subcommittee of cultural competency and health literacy experts from the PPS network will be developed to guide the work of the Cultural Competency and Health Literacy Strategy.
 - iii. A training based on the “Culture of One” curricula will be developed and delivered, which will train network members on best practices in cross-cultural communication. A series of live webinars will be conducted and a recording will be made available through the PPS Web site. In-person follow-up at staff meetings will take place to address any questions that staff may have.
 - iv. An online eLearning resource on cultural competency, such as Quality Interactions, will be made available to member organizations of the PPS. A webinar will be provided on how to use the resource.
 - v. Trainings and resources on working with LGBT populations will be made available to network members.
 - vi. Standards for health literacy will be developed for PPS members, for both written and verbal communication. Project Leads will be trained on health literacy standards and given access to a health literacy consultant to address any questions that arise around creation of written materials. Materials/training on health literacy techniques for delivering verbal information, such as the Teach Back method, will also be made available.
 - vii. A cultural competency/health literacy page of the NYP PPS Web site will be developed with materials, trainings, resources and assessment tools for PPS members. Tools to assist patients with self-management of conditions will be included. A general resource section as well as project-specific sections will be created.
 - viii. An overall guiding document for PPS members which outlines best practices for the provision of cultural and linguistically appropriate care will be developed. An attestation process for PPS members to acknowledge the guiding principles will be created.
- g. **Leveraging community-based interventions to reduce health disparities and improve outcomes**
 - i. The PPS will co-invest in an ASCNYC-hosted Peer Training Institute, which will be a PPS center for CHW, Patient Navigator and Health Educator training serving all NYP PPS projects and Network Members.

- ii. Culturally competent CHWs will serve as a link between patients and medical/social services. The CHWs will see patients in their homes and document their findings, e.g., psychosocial issues that may be hurdles to the delivery of optimal care and recommendations for referrals to community-based organizations.

Coordination with other PPSs: The NYP PPS will coordinate its Cultural Competency and Health Literacy approach with the NewYork-Presbyterian/Queens Performing Provider System. This will help ensure the most efficient use of resources to meet the diverse needs of the New York City community.