STRATEGY FOR

CULTURAL COMPETENCY AND HEALTH LITERACY

DECEMBER 2015

BRONX PARTNERS FOR HEALTHY COMMUNITIES
www.bronxphc.org

1. INTRODUCTION

BRONX PARTNERS FOR HEALTHY COMMUNITIES

Bronx Partners for Healthy Communities (BPHC) was created in 2014 with the goal of developing an integrated delivery system capable of improving the quality of health care, the utilization of health resources and the health outcomes of the population of the Bronx. BPHC integrates over 160 health service providers, together with social service agencies and community organizations. Participants focus on underserved communities facing significant socio-economic disadvantages and racial, ethnic and cultural barriers to equitable access to high quality health resources.

Cultural competency and health literacy are core components of BPHC strategy to address the health inequities and disparities that are common among disadvantaged communities in the Bronx**. Ultimately this strategy seeks to improve the responsiveness and quality of health service provision; to address cultural and communication barriers in access to care; and to build engagement and participation of patients and their communities in addressing their health needs.**

For BPHC, we have adopted a working definition of cultural competence as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations" (Cross, Bazron, Dennis, & Issacs, 1989, p. 13). Cultural competence integrates care providers' knowledge, skills and attitudes, together with organizational practices and policies. It relates to the target group's characteristics, and the social, economic, and political context of care provision.

Developing a culturally competent system of care requires effective provider, patient, family and community engagement that can effectively respond to social determinants of health.

At the individual level, cultural competency focuses on the motivation, skills, attitudes and knowledge of health services providers. At the organizational level, cultural competency includes recruitment and training of staff; the structure of assessment and intervention services; the service delivery models of prevention and care; organizational development processes; supervision practices; and ethical standards.

Health literacy is an important component of cultural responsiveness and is defined by the ACA as "the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions." Health literacy includes "the wide range of skills, and competencies that people develop to seek out, comprehend, evaluate and use health information and concepts to make informed choices, reduce health risks and increase quality of life." (Zarcadoolas C, Pleasant A, Greer DS. Understanding health literacy: an expanded model. Health Promotion International *2005; 20(2):195-203.*

In order to ensure a systematic and sustainable implementation of cultural competency and health literacy strategies, BPHC will deploy a set of strategic interventions as part of its core programs, including workforce training, community outreach and clinical improvement projects.

2. DEVELOPING A CULTURAL COMPETENCY AND HEALTH LITERACY PLAN

This plan seeks to generate a systematic and sustainable process for integrating cultural competence practices and health literacy resources in core PPS work streams:

1. Implementation of training and re-training programs;
2. Clinical improvement projects, e.g. 3.a.i;
3. Community outreach and forums for dialogue;
4. Institutional and program operating policies and standards;
5. Ongoing needs-assessment and priority group identification; and
6. Monitoring and evaluation of services and patient satisfaction.

3. PROCESS

CULTURAL COMPETENCY AND HEALTH LITERACY WORK GROUP (CC/HL)

BPHC established a Cultural Competency and Health Literacy Work Group under its Quality and Care Innovation Sub Committee (QCIS). Participants included Mary Morris, Albert Alvarez, Robin Moon and Aayesha Vichare, Bronx Partners for Healthy Communities; Nicole Hollingsworth, Montefiore Medical Center; Dr. David Collymore, Acacia Network; Debbie Pantin, VIP Community Services; Charmaine Ruddock, Bronx REACH; Lynette Alvarado, St. Barnabas Health System; Eugenia Al-Amin, Phipps Houses; Christina Nieves, Bronx District Public Health Office; Barbara Hart, Health Link; and Rosa Mejias, 1199 TEF: Twiggy Rodriguez, Acacia Network..

The workgroup gathered input and information systematically through regular meetings, reviewing the formulation of this strategic plan. Its work focused on the following Milestones in the NYSDOH DSRIP Organizational Application Section 7 (PPS Cultural Competency/ Health Literacy):

- **Milestone #1** Finalize cultural competency/health literacy strategy. Including the following objectives:
    1. Identify priority groups experiencing health disparities, based on the community needs assessment results and participant input;
    2. Identify specific initiatives and standards based on best practice of member organizations, to improve access to quality services and address health disparities;
    3. Identify tools and resources in selected thematic areas that could build health literacy and support effective self-management of health conditions for priority groups experiencing health disparities, as well as the providers serving them;
    4. Identify community interventions that could reduce health disparities and improve outcomes;
    5. Outline the requirements and timing for integration of cultural competency in the training and re-training strategies linked to implementation of clinical projects and community initiatives.

- **Milestone #2** Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material)

This milestone will be completed by 6/30/2016 in conjunction with the Workforce Subcommittee. Although the training strategy will be informed in part by this strategic plan, the training strategy is not currently part of this strategic plan.

Continuity in the activities of this workgroup will be considered as part of the implementation process, in order to provide a forum for review of activities, integration of support resources, monitoring of results, and reporting to other PPS governance groups.

4. IMPLEMENTATION PLAN

Objective #1: Identify priority groups experiencing health disparities, based on the community needs assessment results and participant input.

1.1 Through CNA and PPS member surveys, identify priority populations and neighborhoods experiencing health disparities and having low literacy. Particular attention to be focused on immigrant populations and populations experiencing food and/or housing insecurity.

Analysis of CNA results, health survey data, NYC Community Health Profiles 2015, and community forum inputs has established an initial understanding of health disparities and barriers to health care access (see Appendix). Priority groups identified include Hispanics, African Americans, and recent immigrants. The need to address the growing presence and linguistic diversity of new immigrant groups was identified through community engagement forums (see http://www.nytimes.com/2015/11/27/nyregion/influx-of-west-africans-in-the-bronx-spurs-demand-for-interpreters.html). In addition, the workgroup identified the need to focus on the special needs of the growing elderly immigrant population and the LGBT community.

Going forward, the Cultural Competence/Health Literacy Working Group will regularly review the results of health surveys and community health profiles; gather inputs from coordinators of community engagement forums, including the Not62! Campaign and the Bronx Borough President Annual Health Summit; and seek information from PPS project coordinators to enable regular updating of priority groups and their specific needs.

Deliverable: annual summaries of available population health survey data and community engagement inputs, including identification of priority groups and service gap hotspots. These summaries will be broadly disseminated among PPS participants.

Objective #2: Identify specific initiatives and standards based on best practices of member organizations, to improve access to high quality, equitable services and address health disparities.

2.1 Gather information from key stakeholders with expertise in CC/HL to identify PPS and community-based interventions to reduce health disparities and improve outcomes.

An initial inventory of existing CC/HL practices across PPS members was completed in the fall of 2015 (see Appendix). Building on the results of this inventory, activities will focus on establishing a PPS-wide understanding of CC/HL measures and resources and their relevance to quality improvements.

Deliverable: Building on the work done by the CC/HL workgroup, develop a BPHC forum to disseminate information about best practices and lessons learned over time in the implementation process.

2.2 Identify applicable standards for culturally competent and linguistically appropriate services across the different groups of health service providers and community-based organization partners, including achievement of PCMH Level 3 certification. The CC/HL Work Group will support PPS member adoption of CC/HL standards and policies, such as CLAS and IOM "health literate organization."

Deliverable: Provide systematic access to commonly employed standards for culturally competent and linguistically appropriate services to PPS entities. Support the adoption and implementation of appropriate standards and policies by facilitating access to toolkits and other resources to inform and support their implementation.

2.3 The CC/HL Working Group participants will regularly gather information from project leads and coordinators of community engagement activities to support the identification of community-based organizations (e.g. Health People, Bronx REACH, Bronx Health Link), and will seek input from established community based organizations to identity partners with capacity to provide supportive services for organizations that have identified needs to reach CLAS or IOM health literacy standards.

Deliverable: Contract with CBOs to provide supportive services to member organizations. Regularly highlight the CC/HL activities of PPS member organizations, including community-based organizations providing supportive services that address health disparities.

Objective #3: Identify tools and resources for Domain 3 projects that could build health literacy and support effective self-management of health conditions for priority groups experiencing health disparities;

Plan Deliverable 3.1: In collaboration with the QCIS Committee, the CC/HL Workgroup will:

- Identify and promote self-management assessments and tools which are culturally, linguistically and literacy appropriate to engage patients in Domain 3 projects.
- Identify opportunities to work with the New York Public Library and institutional health libraries, to support access to health literacy resources by PPS staff and groups experiencing health disparities.

Objective #4: Identify best practices in cultural responsiveness and health literacy interventions to reduce health disparities and improve outcomes in primary care and care management models.

Plan Deliverable 4.1: In collaboration with community engagement team, project leads and workgroups,

- Gather information from PPS Primary Care Practices and Providers, and care coordinators to identify best practices in reducing health disparities and improving outcomes. Identify lessons learned and good practices to inform training curriculum and develop materials for dissemination among PPS participants.

Objective #5: Outline the requirements and timing for integration of cultural competency in the training and re-training strategies linked to implementation of clinical projects and community initiatives.

Plan Deliverable 5.1: In collaboration with the Workforce Committee will identify and highlight CC/HL resources for the diverse BPHC workforce and develop mechanisms to promote their inclusion in program activities.

Plan Deliverable 5.2: In collaboration with the Workforce Committee will collect data from key PPS participants on training practices and training resources for clinicians and non-clinician segments of the workforce.

- Identify training gaps in existing clinical and non-clinical workforce segments and support access to CC/HL training practices, resources, and plans (including best practices, services, evidence-based research, PCMH practices, etc.).
- Develop technical assistance resources for integration of CC/HL-specific training into program offerings.
- Develop specific training interventions to address the particular needs of clinical improvement project participants (e.g., using the DSM-5 Cultural Formulation Interview).

Plan Deliverable 5.3: In collaboration with the Workforce Committee, develop a timeline for integration of CC/HL into training activities of key segments of the PPS workforce.

Plan Deliverable 5.4: Integrate a training strategy based on CC/HL Milestone #2 by June 2016.

5. EVALUATION AND MONITORING PROCESS

The success of this Strategic Plan is premised on the successful integration of CC/HL principles and resources in the plans and activities of the core work streams of BPHC. This should be based on a continuous and incremental process that is informed by documentation of implementation activities, integration of lessons learned, and identification and dissemination of good practices. At the same time, evaluation of core indicators of service quality, fulfillment of standards, and patient satisfaction should inform the evolution of this strategy. The following information will be considered:

(1) Key existing metrics from data on patient satisfaction and experience defined in existing surveys (see NQF cultural competency/health disparities metrics and CAHPS cultural competency and health literacy surveys) https://cahps.ahrq.gov/surveys-guidance/item-sets/cultural/index.html. These metrics include: access to care, communication with providers, staff courtesy, and provider ratings. The data will be used to identify performance improvement opportunities and changes that can lead to sustainable improvements.

(2) Ongoing evaluation of member organizations for their compliance with PCMH 2014 standards, including cultural competency/health literacy (Standard 2, Element C). FQHCs and hospitals will establish a baseline rating for Administration, Technology, Workflow and Reporting within 2C by site. Ratings will be reviewed regularly to achieve NCQA standards and submit for PCMH 2014 Achievement.

(3) Information gathered through ongoing Community Needs Assessments, surveys, etc. will be used to identify groups as well as communities in need of greater resources and/or community-based interventions.

(4) Collection of information from data points (e.g., RHIO) that can be used through analytics to identify areas where disparities need to be addressed.

(5) Ongoing review of regulations, standards and policies affecting cultural competency, health literacy, and this plan.

6. IMPLEMENTATION PROCESS

Implementation of the CC/HL strategy will be overseen by an ongoing workgroup of key PPS participants that will include staffing support for tracking and reporting on activities. Implementation will be integrated into the core work streams of the BPHC program:

- Training and re-training of existing staff and new recruits
- Community dialogue and engagement of community-based organizations
- Development and integration of CC/HL practices (e.g., Cultural Formulation Interview) in clinical improvement projects
- Integration of CC/HL standards for the different types of PPS participants
- Expanded access by PPS participants to culturally and linguistically appropriate health literacy resources that promote patient activation and engagement in care.

Implementation will be based on PPS-wide resources and specific activities to be integrated within key projects:

- Participate in project formulation to review the integration of CC/HL components
- Provide technical assistance on existing resources and methodologies for implementation
- Work group to act as a learning community for systematic review of activities, identification of lessons learned, and systematization of knowledge generated.
- Gather information on a regular basis through member surveys, patient satisfaction and experience surveys, and service provision data for monitoring and evaluation

Partnership with key Cultural Competency / Health Literacy resource organizations:

- Build collaboration with key resource organizations (e.g., NYS Center of Excellence for Cultural Competence at NYS Psychiatric Institute and the NY Public Library) to develop a catalog of on-line and live resources for training and best practices in CC/HL (see Appendix).
- Build collaboration across NYC PPS programs to promote joint learning and knowledge-building on CC/HL.
- Support the integration of lessons learned and best practices through a Learning Community with regular workshops that establish a knowledge base for dissemination.
- Integrate technical assistance resources to support CC/HL strategic implementation.