CULTURAL COMPETENCY AND HEALTH LITERACY STRATEGIC PLAN

SUFFOLK CARE COLLABORATIVE
OFFICE OF POPULATION HEALTH
STONY BROOK MEDICINE
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SUFFOLK CARE COLLABORATIVE VISION

As the healthcare landscape changes, access to appropriate levels of care, patient clinical needs, payment methodologies and delivery models have increased in complexity. The vision for The Office of Population Health (OPH) at Stony Brook Medicine is to improve county-wide health by addressing a wide range of challenges to health, to focus on building strategy and programs that will identify and stratify the risk in our population, to improve clinical outcomes and financial results.

SUFFOLK CARE COLLABORATIVE MISSION

Based on a continuing community needs assessment, the Office of Population Health (OPH) will support the Suffolk Care Collaborative (SCC) by designing programs and a care management infrastructure with its partners in order to align system transformation, clinical management and population health.

PURPOSE OF PLAN

The Cultural Competency and Health Literacy Strategic Plan (the "Plan") for the SCC - the Performance Provider System (PPS) provides a foundation for promoting cultural competency and health literacy which are essential to address healthcare issues and disparities in the SCC community. The purpose of this plan is to provide a framework for: (1) cultural competence which enables systems, agencies, and groups of professionals to function effectively understanding the needs of groups accessing health information and healthcare; and, (2) health literacy which enables individuals to understand information and services and uses them to make informed decisions about their health.

Successfully engaging clinicians, non-clinicians, staff, and community-based organizations and community members accessing care is essential for SCC to achieve its mission and vision of becoming a highly effective, accountable, integrated, patient-centric delivery system.

The mission, vision and organizational priorities will guide SCC's cultural competency and health literacy efforts to develop a culturally competent organization, a culturally responsive system of care, and promote and maintain health literacy, helping SCC achieve its strategic goals.

CULTURAL COMPETENCY AND HEALTH LITERACY ADVISORY WORKGROUP

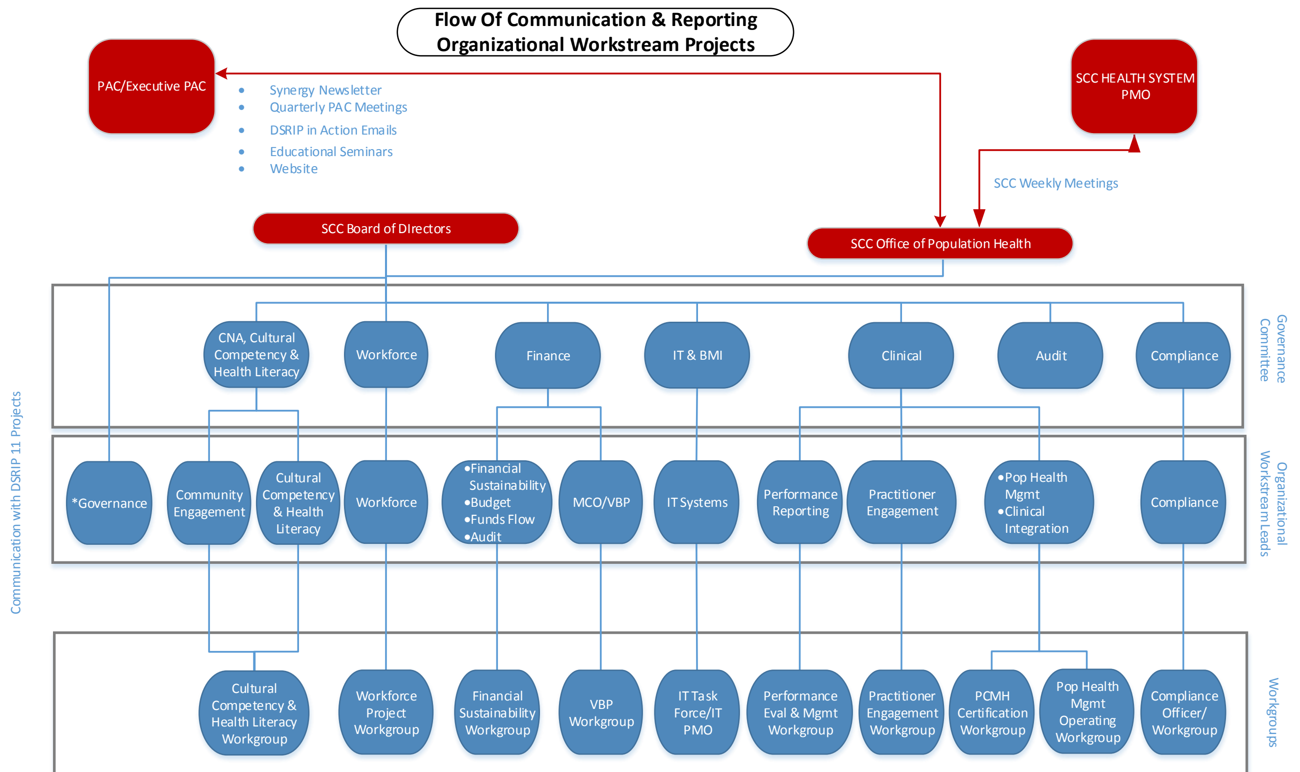
The SCC formed the Cultural Competency and Health Literacy Advisory Workgroup (the "Workgroup"). The Workgroup is composed of key PPS stakeholders and partners. The role of this Workgroup is to achieve the two milestones from the NYSDOH DSRIP Organizational Application Section 7 (PPS Cultural Competency/ Health Literacy):

> *Milestone #1 Finalize* ***cultural competency/health literacy strategy.***
>
> *Milestone #2 Develop* ***a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material)***

The Workgroup reports to the Community Needs Assessment, Outreach, and Cultural Competency and Health Literacy Committee (the "Committee") (see Addendum A).

The Plan is developed by The Workgroup in collaboration with the Committee. The Committee recommends the Plan for approval to the PPS Board of Directors (see Exhibit 1).

Exhibit 1



GOAL AND OBJECTIVES:

To improve health inequities and health literacy; and eliminate disparities in an effort to improve health outcomes across SCC communities served and partners.

OBJECTIVES:

- Utilizing the Community Needs Assessments and other analyses we will Identify priority groups experiencing health disparities
- Identify key factors to improve access to quality behavioral health, preventive, and primary healthcare
- Define plans for two-way communication with the population and community groups through specific community forums
- Identify assessments and tools to assist patients and caregivers in the self-management of chronic disease conditions (considering cultural, linguistic and health literacy factors)
- Identify community-based interventions to address the goal of eliminating health disparities and improve outcomes
- Promote recruitment, hiring and retention of multilingual/multicultural staff
- Develop cultural competency and health literacy training strategies and/or resources for SCC staff, clinician partners and non-clinician segment partners.

IMPLEMENTATION PLAN

The SCC has developed a sustainable plan which implemented over time is expected to improve cultural competency and health literacy in Suffolk County

Objective #1: Utilizing the Community Needs Assessments and other analyses we will Identify priority groups experiencing health disparities.

Plan		Deliverable
1.1	Gather and build on information obtained from community needs assessments, PPS-wide surveys and other data analyses to ascertain priority groups experiencing health disparities to elucidate the cultural needs, demographic trends and service gaps in care.	Describe and maintain an understanding of the distribution and needs of priority groups experiencing health disparities to develop plans/steps to address the gaps including targeted outreach, engagement, communication, education, etc. Ongoing evaluation for performance improvement.

Objective #2. Identify key factors to improve access to quality behavioral health, preventive, and primary healthcare.

Plan		Deliverable
2.1	Collect information to create a PPS wide definition for cultural competency and health literacy using CLAS and other best practice models ensuring the definitions are understood by the PPS including the project leads, project teams, partners and patients.	Standardize the meaning of cultural competency and health literacy across all PPS entities (leaders, organizations, providers, CBOs, frontline staff and all other partners) and community members
2.2	Collect information to create a PPS wide standard for culturally competent and linguistically appropriate services using CLAS and other best practice models ensuring the definitions are understood by the PPS including the project leads, project teams, partners and patients.	Develop a standard for culturally competent and linguistically appropriate services across all PPS entities (leaders, organizations, providers, CBOs, frontline staff and all other partners) and community members
2.3	Collect data from patient satisfaction surveys, (i.e. CG-CAPHS) as well as complaints	Use patient satisfaction metrics information to evaluate and monitor access to quality of care as well as the impact of the CCHL Strategy
2.4	Collect data to track access to care for those experiencing health disparities (i.e., REAL data) as well as other diverse groups	Use metrics information from data points to evaluate and monitor access to quality healthcare as well as the impact of the CCHL Strategy. Use shared IT infrastructure for ongoing hot spotting and high utilization information (aw)
2.5	Gather information for project leads and workgroups (i.e. 2di, 2ai, etc.), community-based organizations and community members to identity partners in our network with capacity to provide supportive services for those experiencing health disparities	Use information gathered to communicate the opportunities to provide supportive services for those experiencing health disparities

Objective #3. Define plans for two-way communication with the population and community groups through specific community forums.

Plan		Deliverable
3.1	The SCC will identify opportunities to maximize two-way communication with the population and community groups to inform and obtain feedback on events/activities as community forums to support reducing health disparities	The SCC will develop information exchange platforms with feedback mechanisms (i.e., SCC website; SCC PAC meetings; SCC newsletters; webinars; community engagement plan and project workgroups and committees, etc.)
3.2	In collaboration with project leads and workgroups, care managers, community health workers, PPS partners, etc., the SCC will identify existing/standing community forums and/or to develop community forums that educate on specific health topics as well as provide education on community resources/programs	The SCC will receive and maintain current lists of community forums (including community resources and program information) and inform to partners (i.e., care managers, CBOs, etc.) and populations. The SCC may also develop these community forums.

Objective #4. Identify assessments and tools to assist patients and caregivers in the self-management of chronic disease conditions (considering cultural, linguistic and health literacy factors).

Plan		Deliverable
4.1	In collaboration with the Clinical Committee, the Workgroup will review patient self-management assessments and tools (i.e. for care transitions, discharges from hospitals & emergency rooms or ambulatory facilities)	Approval of self-management assessments and tools which are cultural, linguistic and literacy appropriate to assist patients and supporting those groups experiencing health disparities
	In collaboration with IT Task Force, create plans for IT support to engage attributed members - (i.e., example pt. engagement strategies such as web-based tools).	Workgroup engagement with the IT Task Force

Objective #5. Identify community-based interventions to address the goal of eliminating health *disparities and improve outcomes.*

Plan		Deliverable
5.1	In collaboration with the Workforce Committee, data will be collected to identify community-based interventions utilized by CBO and organization partners to reduce health disparities and improve outcomes.	Use intervention information gathered from partners to develop best practices in reducing health disparities and improving outcomes (prioritizing communities areas)
5.2	In collaboration with project leads, workgroups (i.e., 2di), care managers, will gather information to identify community-based interventions	Use intervention information gathered from partners to develop best practices in reducing health disparities and improving outcomes (prioritizing communities areas)

Objective #6. Promote recruitment, hiring and retention of multilingual/multicultural staff.

Plan		Deliverable
6.1	In collaboration with the Workforce Committee will promote awareness of recruitment, hiring and retention of multilingual/multicultural staff	Identify gaps in existing workforce and promote awareness of recruitment, hiring and retention to engage a more diverse workforce

Objective #7. Develop cultural competency and health literacy training strategies and/or resources for SCC staff, clinician partners and non-clinician segment partners.

Plan		Deliverable
7.1	In collaboration with the Workforce Committee will collect data on the training practices and training resources for clinicians and non-clinician segments	Identify training gaps in existing clinical and non-clinical segments and support development of training practices, resources and plans (include best practices, services, evidence based research, PCMH practices etc.)
7.1.1	Develop a cultural competency and health literacy training strategy (Milestone #2). This strategy is a separate document which will be fully aligned with the SCC's CC/HL Strategy Plan	CCHL Training Strategy Plan

EVALUATION AND MONITORING PROCESS

It is understood that the impact of this strategic plan will be realized over time. The SCC Central Service Organization (CSO) will conduct ongoing collection, evaluation and monitoring to determine the effectiveness of the strategic plan. The following information will be considered:

(1) Use key metrics from patient satisfaction data defined in the CG-CAPHS surveys. 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) Use information attained from projects implementation evidence-based strategies for disease management in high risk/affected populations for measuring Health Literacy (QHL13, 14 and 16).

(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 (i.e., REAL) that can be used through analytics to identify areas where disparities need to be addressed.

(5) Ongoing review of developing and/or modifications of regulations/standards affecting cultural competency, health literacy, and this plan.

(6) SCC will use the DSRIP Domain 1 documentation templates for CCHL Milestone #1: Meeting Schedule template (Appendix B) and Training Materials template (Appendix C), to track activities for quarterly reporting to the DOH.

ADDENDIX A

CHARTER OF THE
COMMUNITY NEEDS ASSESSMENT, OUTREACH,
AND CULTURAL COMPETENCY COMMITTEE

This Charter (this "Charter") of the Community Needs Assessment, Outreach, and Cultural Competency Committee was adopted by the Board of Directors (the "Board") of SB Clinical Network IPA, LLC, a New York State limited liability company (the "Company"), on June 29, 2015. This Committee previously was known as the Community Needs Assessment and Outreach Committee, and this Charter amends and restates in its entirety the Charter that previously was in effect for this Committee.

1. Name. The name of the Committee is the "Community Needs Assessment, Outreach, and Cultural Competency Committee" (the "Committee").

2. Authority; Relationship to the Board. The Committee is a committee of, and reports to, the Board. The duties of the Committee shall be solely advisory. Determinations of actions to be taken and policy to be expressed with respect to the reports or recommendations of the Committee shall be made solely by the Board.

3. Mission. The charge of the Committee shall be to provide guidance in identifying community health needs, in ensuring that the Company's projects and other initiatives are effective in addressing such needs, in engaging Medicaid and uninsured populations, and in recognizing and addressing the unique culture, language and health literacy of diverse patient populations. Specific functions include –

(a) Review the findings of the community health needs assessments conducted by the Company and assist the Board in identifying community health needs with particular relevance for Medicaid and uninsured patient populations of Suffolk County;

(b) Review the Company's goals, strategies, projects, and initiatives, including without limitation the DSRIP Project Plan, to ensure that they are consistent with the community health needs of Medicaid and uninsured patient populations of Suffolk County;

(c) Assist in the oversight of the implementation of the DSRIP Project Plan and the Company's other initiatives to ensure that they effectively address the community health needs of Medicaid and uninsured patient populations of Suffolk County;

(d) Inform the Board on the perspective and needs of the Medicaid and uninsured patient populations of Suffolk County;

(e) Promote awareness, participation, and engagement efforts among the Company's Coalition Partners under DSRIP and community stakeholders with respect to the Company's programs and community health improvement efforts that address the health needs of the Medicaid and uninsured patient populations of Suffolk County;

(f) Monitor and evaluate community health improvement efforts; and

(g) Promoting cultural competency and recognizing and addressing the unique culture, language and health literacy of diverse patient populations.

4. Composition, Appointment, and Term.

(a) Composition and Appointment. The Committee shall be composed of such members as shall be appointed by the Board from time to time.

(b) Term. Each Committee member shall serve at the pleasure of the Board. A Committee member may resign by giving written notice thereof to the Chair of the Committee and the Chair of the Board. A Committee member may be removed (with or without cause) by the Board.

5. Officers.

(a) Officers. The Committee shall have a Chair and a Secretary and may have one or more Vice Chairs and other officers. The Chair and the Secretary shall be appointed by the Board. The Chair may appoint Vice Chairs and such other officers as he or she considers necessary to effectively carry out the workload of the Committee.

(b) The Duties of the Chair. The Chair shall prepare and approve all meeting agendas, approve or call all of the Committee's meetings, attend and preside over all Committee meetings, adjourn any meeting when the Chair determines adjournment to be in the Company's interest, submit the reports and recommendations of the Committee to the Board, and, in general, perform all duties incident to the office of Chair and such other duties as may, from time to time, be assigned by the Board.

(c) The Duties of the Secretary. The Secretary shall prepare or cause to be prepared the minutes, if any, of the meetings of the Committee and, in general, perform all duties incident to the office of Secretary and such other duties as may, from time to time, be assigned by the Chair.

(d) The Duties of Other Officers. The Committee's Vice-Chairs and other officers shall have such duties as may from time to time be prescribed by the Chair.

(e) Terms of Officers. The Chair and the Secretary shall serve at the pleasure of the Board. Any Vice Chairs or other officers appointed by the Chair shall serve at the pleasure of the Chair. Any officer may resign by giving written notice thereof to the Chair of the Committee and the Chair of the Board. Any officer may be removed (with or without cause) by the Board.

6. Quorum and Voting. It is anticipated that the Committee will work toward consensus decision-making. Should voting occur, fifty (50%) percent of the members of the Committee shall constitute a quorum for the holding of a vote by the Committee. Each Committee member shall have one vote. The Committee may issue recommendations to the Board upon the

Confirmatory vote of at least a majority of the Committee members present at a meeting at which a quorum is satisfied.

7. Rules and Regulations. The Chair may prepare and adopt necessary rules and regulations for the conduct of the business of the Committee.

8. No Compensation. Members of the Committee shall serve without compensation.

9. Duration. The Committee shall operate until such time as it is dissolved by the Board.

ADDENDIX B

Meeting Schedule Template

PPS Name:	
PPS ID	

Committee Name:

Meeting Description (Brief description of purpose)	Meeting Date (mm/dd/yyyy)	Agenda Available (Y/N)	Meeting Minutes Available (Y/N)	Meeting Sign-in / Attendance Sheets Available (Y/N)

ADDENDIX C

Training Materials Template

PPS Name:	
PPS ID	

Training Name	Nature of Training (Focus area/Topic) (Brief description of purpose)	Training Dates	Number of staff trained	Training Sign-in / Attendance Sheets Available (Y/N)	List of training materials developed (brief description)