

PEACH STATE HEALTH PLAN

2009 CULTURAL COMPETENCY STRATEGIC PLAN SUMMARY

For a complete copy of the 2009 Cultural Competency Strategic Plan, please contact
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PREFACE

In 1985, then Secretary of Health and Human Services, Margaret Heckler, released a historic document called the Heckler Report that would initiate a national agenda and focus to improve the health of racial ethnic minorities in the US. The Heckler Report identified that people of color suffered disproportionately higher rates of preventable death and disease than their White counterparts. As a result, the nation turned its attention to the issue and began a long and arduous journey to eliminate health disparities.

In the US, racial/ethnic minorities experience shorter life spans, decreased years of quality life, greater morbidity and mortality rates, and suffer unequal treatment in healthcare. The Heckler Report initiated the first federal response to address the disparities. The federal government established the Office of Minority Health within the Department of Health and Human Services and the goal to establish state offices of minority health throughout the country. Later in 2001, Cultural and Linguistic Appropriate Services (CLAS) standards were established to improve cultural and linguistic appropriate healthcare services. Although federal activities to eliminate health disparities became stagnant, efforts within the private sector, for example, universities, national non-profit health organizations, state health agencies, payors, and community based groups moved to action and remain the driving force behind most state and federal policy efforts.

The Institute of Medicine (IOM) report “Unequal Treatment” (2001) spurred national debate and validated minority health advocates claims that minorities experience differential treatment when they access health services. The IOM report identified that when all factors are the same between minorities and non-minorities such as age, gender, social economic status, insurance, disease group, and stage of illness, they are assessed and treated differently. Most often, they experience less aggressive treatment or are not treated at all.

Healthy People 2010, the Department of Health and Human Services public health blueprint reinforced the federal policy initiative to eliminate health disparities not only for racial/ethnic minorities but also inclusive of people with disabilities, rural Americans and the poor. The policy agenda has the support of Commonwealth Fund, the Agency for Healthcare Research and Quality (AHRQ), Office of Minority Health, Center for Healthcare Strategies and the Center for Medicare and Medicaid Services (CMS) as well as many others. The policy agenda identified the following key elements to ensure success;

- Race specific data collection and the use of data to drive resources and services,
- Effective evaluation methods for disparity reduction programs,
- Expansion of state Offices of Minority Health,
- Increase the number of minorities in the healthcare workforce,
- Mandatory integration of CLAS standards in health services,
- Increase access to services including screening,
- Use of evidence based practices that include the identified target groups, and
- Increased involvement of key stakeholders including community based groups.

Peach State Health Plan™ (Peach State) and its parent company Centene Corporation© support the national policy agenda to eliminate health disparities. Centene Corporation actively addresses health disparities through its partnerships with the Center for Health Care Strategies (CHCS), CMS and through the Centene Foundation for Quality Healthcare. The Foundation specifically addresses health literacy, cultural competence, access to care and collaborative processes that include all key stakeholders.

The cultural competency plan outlined in this document serves as the blue print to assist Peach State in its efforts to improve health outcomes by removing barriers to health care for our members. This strategic plan further demonstrates our commitment, the initiatives and activities that are being undertaken to meet the needs of our members, providers, residents of Georgia, and the Department of Community Health (DCH).

GEORGIA DEMOGRAPHIC OVERVIEW

Peach State's demographic profile was updated in March of 2009 to include the most recent demographic data available for the state of Georgia. The sources of this information are as follows: The Urban Institute, Kaiser Commission on Medicaid and the Uninsured, and the Georgia Health Equity Initiative, 2008 Health Disparities Report.

Georgia has a very diverse demographic make up with 159 counties and more than nine million people. Our diversity comes with a unique set of challenges that are amplified by issues of race, ethnicity, income and the unique challenges in rural areas of the state where there are fewer providers available to provide health care services.

Georgia's population estimates by Race/Ethnicity for states (2005) indicates the number of people by category as follows:

White (not Hispanic) – 5,411,373, (59%)

Black/African American (not Hispanic) – 2,665,629 (29.4%)

Hispanic/Latino (all races) – 646,568, (7.1%)

Asian – 239, 798 (2.6%)

Native American/American Indian – 19,119 (.2%)

Native Hawaiian or Pacific Islander – 4,487 (.05%)

Racial and ethnic minorities make up approximately one-third of Georgia's population, yet according to the 2008 Health Disparities report, the diseases for these ethnic groups are substantially higher with documented disparities in cardiovascular disease, diabetes, kidney disease, cancer, stroke and HIV/AIDS. Other notable Georgia findings from the survey include the number of low birth weight babies that were common among Blacks at 13.8% as compared to Whites at 7.4%. These and other health disparities among racial and ethnic groups are key reasons why Georgia's continues to perform poorly in the national health status rankings. Georgia's overall position in the United Health Foundations' America's Health Rankings declined by one point from 40th in 2007 to 41st in 2008. Challenges noted in the survey include the following:

Low high school graduation rates with 61.7% percent of incoming 9th graders who graduate within four years, high incidence of infectious diseases, high levels of air pollution, and high rates of uninsured.

African Americans make up the largest minority group in Georgia. When compared to national rankings, Georgia's African American population is 29 %, more than twice the national average of 12.8 %. These numbers are due in part to the history of northern migrations and the subsequent return of many African Americans to Georgia over the past 20 years.

Whites make up 59% of the total population of Georgia, with 11% living in poverty according to information from the Kaiser Family State Health Facts 2006- 2007 data. African Americans make up 29% of the total population with 31% living at the poverty level. Hispanics/Latinos make up just 8% of the population, but 27% are living in poverty. These numbers indicate that while strides have been made in many areas to increase access to health care, income continues to be a key contributor to the disparities in health care in Georgia.

Georgia's Hispanic/Latino population continues to see significant growth year over year and is three times the size it was in 1995 according to the U.S. Census demographics. Hispanics/Latinos make up 25% and 28% respectively of the population in Hall and Whitfield counties. The majority of Hispanics/Latinos live in the Central and Atlanta regions. Their total population represents 600,000 plus of Georgians with over 350,000 concentrated in six metro Atlanta counties (Cherokee, Clayton, Cobb, Dekalb, Fulton and Gwinnett).

According to the 2006-2007 Kaiser Family Foundation state health data, 53% (375,301) of Georgia's Hispanic/Latino (Nonelderly) population is uninsured. Language abilities continue to create multiple barriers to healthcare for this population as well as cultural differences that make Hispanics/Latinos more likely to seek health care through the emergency room rather than through a Primary Care Physician. Over 24.5% of Spanish speaking residents are linguistically isolated; this number represents over 44,000 people.

Georgia's Asian American and Pacific Islander population has also experienced growth over the last three decades. This growth is primarily occurring in four of Georgia's major metro counties – Gwinnett, Fulton, Clayton and Dekalb. While this population only represents 46,926 members in total, close to 30% are linguistically isolated. These findings will require additional research and monitoring to ensure that there are adequate resources available to meet the needs of this growing population.

Developing language skills and cultural knowledge are critically important skills that health organizations and providers must embrace in order to positively influence and change the issues surrounding health disparities. The ability to influence healthy lifestyle changes, timely and appropriate access of healthcare services, and cultural linguistic appropriate services is paramount to the delivery of healthcare.

In addition, raising awareness regarding the need for culturally sensitive care, acknowledging the importance of valuing different cultures and the ways in which these differences influence how care is obtained, and expanding access to meet the needs are key factors to bridging the gap to health inequalities.

PEACH STATE SIX PRIORITY AREAS

Peach State's Cultural Competency Strategy is based within two frameworks: DCH's definition of cultural competency and the federal CLAS standard guidelines. Understanding cultural competence is a developmental process that evolves over an extended period and includes people at various levels of cultural competence. Our program defines our commitment to the principles, behaviors, attitudes, policies, and structure that enables our employees to work effectively across cultures. As part of our commitment, we will continue to conduct self-assessments and manage the dynamics of differences throughout our company. The foundation of our program incorporates our six priorities and all fourteen aspects of the CLAS standards. The program is designed to ensure that we deliver a culturally appropriate program that respects diversity and assures the delivery of culturally appropriate care to the members and communities we serve.

Cultural Competency – A set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance, and respect for cultural differences and similarities within, among and between groups and the sensitivity to know how these differences influence relationships with members. This requires a willingness and ability to draw on community-based values, traditions and customs, to devise strategies to better meet culturally diverse member needs, and to work with knowledgeable persons of and from the community in developing focused interactions, communications, and support.

Peach State Priorities

- 1) Peach State will ensure on going strategic plan development, implementation, monitoring, and evaluation of the Cultural Competency Plan.
- 2) Peach State will maintain diverse representation throughout all levels of the company. Staff, providers, and company leadership will mirror the demographics of the communities we serve.
- 3) Peach State will maintain current demographic, cultural, epidemiological profiles of our communities; and conduct a needs assessment of the community that will enable the plan to appropriately plan and implement services that respond to the cultural and linguistic characteristics of our membership. Peach State will establish participatory and collaborative partnerships with community organizations and agencies through formal and informal mechanisms to facilitate community and member involvement in designing and implementing CLAS related activities.
- 4) Peach State will maintain contracts with vendors and provide language assistance services, including interpreters, translators, signers and TDD/TTY services free of charge to its members. Peach State will ensure the competence of language assistance services delivered by staff, vendors, and providers.
- 5) Peach State will provide culturally appropriate and competent care and services to its members that are understandable and respectful. Members will receive from Peach State staff and providers effective, understanding, and respectful care that is centered on the individual and provided in a manner compatible with their cultural health beliefs, practices and preferred language. Members will have the ability to resolve conflicts and grievances through process and procedures that are sensitive, linguistically and culturally appropriate, and capable of identifying, preventing, and resolving cross-cultural conflicts and complaints.

- 6) Peach State will ensure accurate data is collected about individual members that identify the members' race, ethnicity, and language. This information will be collected and integrated into Peach State's management information systems. Members will not be compelled to provide such data and the data collected will never be used to deny services or discriminate against members.

INTRODUCTION

Peach State Health Plan Mission

Peach State Health Plan will help our members to grow healthy and stay healthy by providing access to better healthcare.

Peach State will utilize the cultural competency strategic plan to ensure access to quality healthcare and ultimately improve health outcomes for our members. The following process ensures that Peach State is accountable for monitoring implementing this plan.

Regulatory affairs will assume the responsibility for ensuring that the policy and procedure development process for the Plan's Cultural Competency Plan is maintained and updated annually. The department will also have direct responsibility for the following:

- Ensuring that all functional areas are implementing the strategic plan objectives;
- Developing the required annual cultural competency report and CLAS assessment;
- Updating, and informing the Peach State board on the status, barriers, and solutions to implement the plan;
- Establishing cultural competency committees
- Working with vendors to ensure quality deliverables.

FRAMEWORK OF STRATEGIC PLAN GOAL AND OBJECTIVES

The Cultural Competency Mission of Peach State is to develop a culturally competent system of care that acknowledges and incorporates, at all levels, the importance of culture, the assessment of cross-cultural relations, and the expansion of cultural knowledge and adaptation of services to meet the needs of our members.

Goal 1

Ensure on going strategic plan development, implementation, evaluation and monitoring

Objectives:

- 1.1 Complete annual evaluation/ monitoring and conduct on going organizational assessments
- 1.2 Make available to the public and providers information about Peach State progress and successes in implementing CLAS standards

Goal 2

Maintain diverse representation throughout all levels of the company

Objectives

- 2.1 Recruit, hire and retain racial/ethnically diverse staff, boards and committees
- 2.2 Recruit and develop racial/ethnically and culturally diverse provider network
- 2.3 Establish recruitment and retention programs

Goal 3

Maintain updated community needs assessments and partnerships

Objectives

- 3.1 Complete annual community needs assessments
- 3.2 Conduct routine focus groups to allow for community/member input
- 3.3. Develop community partnerships to assist in implementing CLAS standards

Goal 4

Provide competent and appropriate language services

Objectives

- 4.1 Provide access 24 hours a day, seven (7) days a week to bilingual interpreter services
- 4.2 Provide information at points of member contact about the availability of language services and inform members how to access information in an alternative format
- 4.3 Conduct interpreter training for bilingual staff providing interpretation for members
- 4.4 Establish minimum standards for cultural competency training and interpreter services for all contracted interpreter/translator and subcontracted service providers

Goal 5

Provide culturally appropriate and competent care and service

Objectives

- 5.1 Peach State will develop and implement a training curriculum for providers and staff
- 5.2 Recognize and reward staff who attain cultural proficiency standards and/or provide interpreter services
- 5.3 Conduct assessments of provider practices to ensure compliance
- 5.4 Train all new hires and existing staff and providers
- 5.5 Provide on going monitoring and assessment of staff
- 5.6 Include cultural competency related questions in the connections/member services satisfaction survey to solicit member feedback
- 5.7 Ensure grievance and appeal process is culturally appropriate
- 5.8 Ensure members are aware of Peach State policies, process and commitment to address all complaints in a sensitive and culturally appropriate manner

Goal 6

Collect, maintain and use race, ethnicity and language membership data

Objectives

6.1 Identify populations by service areas

6.2 Collect data on individual members' race, ethnicity, and language and integrate into Peach State information systems

6.3 Ensure data accuracy through verification processes

6.4 Ensure data interface with Medical Management to assist in the monitoring of access, utilization, and quality of care and the development of quality improvement initiatives.

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