

# PEACH STATE HEALTH PLAN

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## CULTURAL COMPETENCY STRATEGIC PLAN 2017



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## PREFACE

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Peach State Health Plan™ (Peach State) and its parent company Centene Corporation actively address health literacy, language and cultural competence and awareness, health disparities, access to care and collaborative processes through its partnerships with the Center for Health Care Strategies, CMS and the Centene Foundation for Quality Healthcare.

Within a health system, cultural competence must be a guiding principle, to ensure that care and services are culturally sensitive and provide appropriate prevention, outreach, assessment and intervention.

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.

Developing language skills and cultural knowledge are critically important skills that health organizations and providers must embrace in order to provide quality care and positively influence and change the issues surrounding health disparities. The ability to influence culturally-linguistically appropriate services is paramount to the delivery of quality healthcare.

Health professionals must recognize the impact that social determinants have on health outcomes of specific populations—and be aware of the disparities they create. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health.

The cultural competency plan outlined in this document serves as the blue print to assist Peach State Health Plan in its ongoing efforts to provide culturally competent and linguistically appropriate preparation and awareness tools to all stakeholders, including Plan-wide staff, Contract Providers/PCPs and Contractor staff at all levels. Continuous Improvement with accountability throughout the organization's planning and operations, incorporating Cultural Competence into Utilization Management & Quality Improvement, will provide 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. This strategic plan further demonstrates our commitment and activities that are being undertaken to meet the needs of our members, providers, residents of Georgia, and the Department of Community Health (DCH).

## **Peach State Health Plan Mission**

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

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 language and culture, the assessment of cross-cultural relations, and the expansion of cultural & linguistic knowledge and adaptation of services to meet the needs of our members.

Peach State will empower all key stakeholders to utilize the cultural competency strategic plan to ensure provision of quality healthcare and ultimately improve health outcomes for our members. The following process ensures that Peach State is accountable for monitoring and 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;
- Maintaining the establishment of a cultural competency committee
- Working with providers and vendors to ensure cultural competency and quality deliverables.
- Ensuring ongoing education and training of the health-related workforce in cultural and linguistic competency and diversity.
- Submitting the Cultural Competency Plan to DCH for review and approval annually, and as updated.

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## PEACH STATE SIX PRIORITY AREAS

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Peach State’s Cultural Competency Strategy is based on DCH’s contract including DCH’s definition of cultural competency and the federal national 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 fifteen aspects of the CLAS standards. The program is designed to ensure that we deliver a culturally appropriate service that respects diversity and assures the delivery of culturally and linguistically 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 ongoing 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 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, including those with limited English proficiency. Members of all cultures, races, ethnic backgrounds, sex, and religions 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 preserve individual worth and dignity and 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.

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## GEORGIA DEMOGRAPHIC OVERVIEW

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Georgia's demographic profile was updated in January 2017 to include the most recent demographic data available for the state of Georgia, July 1, 2015 to July 1, 2016. The source of this information is as follows:

- [www.census.gov/](http://www.census.gov/)
- Georgia Quick Facts - <https://www.census.gov/quickfacts/table/>

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/Gender (up to July 2015) indicates the percentage of people by category as follows:

White (alone) - 61.6% ↓

Black or African American (alone) - 31.7% ↑

American Indian and Alaska Native (alone) - 0.5%

Asian (alone) 4% ↑

Native Hawaiian and Other Pacific Islander (alone) - 0.1%

Two or More Races 2%

Hispanic or Latino, may be of any race, 9.4% ↑

Male 4,729,171 - 48.8%

Female 4,958,482 - 51.2%

African Americans make up the largest minority group in Georgia. When compared to national rankings, Georgia's African American population is 31.7 %, more than twice the national average of 14.4% in 2015.

Whites make up 61.6% of the total population of Georgia with 13.4% living in poverty and 27.9% of Blacks living at the poverty level. Hispanics/Latinos make up just 9.4% of the population, but 32.1 % 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.

According to the U.S. Census demographics, Georgia's Hispanic/Latino population continues to see significant growth year over year and is three times the size it was in 1995. Hispanics/Latinos make up 27% and 32.9% respectively of the population in Hall and Whitfield counties. The majority of Hispanics/Latinos live in the Central and Atlanta regions. Their population is concentrated in six metro Atlanta counties (Cherokee, Clayton, Cobb, Dekalb, Fulton and Gwinnett).

According to the American Community survey conducted in 2012, 41.1% (364,996) of Georgia’s Hispanic/Latino 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 29 % of Spanish speaking residents below poverty level are linguistically isolated and do not speak English while 15.6% of Georgia’s total residents below poverty level speak only English.

Georgia’s Asian American and Pacific Islander populations have 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 a small number 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.

Also, the city of Atlanta has one of the highest LGBT populations per capita. It ranks 3rd of all major cities, behind San Francisco and slightly behind Seattle, with 12.8% of the city's total population identifying themselves as gay, lesbian, or bisexual<sup>1</sup>

**Peach State’s demographic profile was updated in January 2017 to include the most recent demographic data available at year end 2016.** Data was provided by Finance Department.

**Membership Data at Year End 2016**

*Peach State Health Plan Rank Order of Population by Race*

<b>Race Description – Medicaid Population</b>	<b>Population %- 2016</b>
Black African American (AA)	51.45%
Caucasian - European Americans (EA)	35.21%
Other	3.11%
Black Non-Hispanic	3.02%
Asian	3.01%
Hispanic	1.02%
American Indian or Native American	0.17%
White Non-Hispanic	0.11%
Pacific Islander	0.09%
NA	2.81%
<b>Total</b>	<b>100.0%</b>

**Peach State Health Plan - Current Age/Gender Status – Year End 2016**

<b>MEMBER COUNT - Medicaid</b>			
<b>GA - Age Cohort</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
0-9	103,493	105,896	209,389
10-19	75,118	72,506	147,624
20-34	41,457	2,663	44,120
35-50	17,272	3,043	20,315
>50	1,884	640	2,524
PC (Peach Care for Kids)	18,630	19,423	38,053

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## FRAMEWORK OF STRATEGIC PLAN GOALS AND OBJECTIVES

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### Goal 1

#### Ensure ongoing strategic plan development, implementation, evaluation and monitoring

##### Objectives:

- 1.1 Identify 2 departments implementing at least one CLAS standard by December
- 1.2 Find 1 provider aware of access information about Peach State progress and successes in implementing CLAS standards by October

### Goal 2

#### Maintain diverse representation throughout all levels of the company

##### Objectives:

- 2.1 Interview two racial/ethnically diverse board and committee members by September
- 2.2 Identify two racial/ethnically and culturally diverse providers by October
- 2.3 Find one job description related to recruitment, hiring and retaining racial/ethnically diverse staff by November

### Goal 3

#### Maintain updated community needs assessments and partnerships

##### Objectives:

- 3.1 Complete one community needs assessment by October
- 3.2 Conduct 2 group interaction meetings to allow for community/member agent input by October
- 3.3. Identify 2 community partnerships to assist in implementing CLAS standards by October

### Goal 4

#### Provide competent and appropriate language services

##### Objectives:

- 1.1.1 Provide access 24 hours a day, seven (7) days a week to bilingual interpreter services – annually
- 1.1.2 Identify three members requesting language services by end of October
- 1.1.3 Identify all bilingual staff providing interpretation for members by end of October
- 1.1.4 Find three vendors with members requesting access information in an alternative format by beginning of November

## Goal 5

### **Provide Culturally Appropriate and Competent Care and Services to its members, including those with limited English proficiency**

#### **Objectives:**

- 5.1 Interview 2 providers regarding opinion of cultural competency by end of October
- 5.2 Identify 3 departments that discuss CLAS Standards during meetings by beginning of November
- 5.3 Find one provider who accessed Web site disparity information by beginning of September
- 5.4 Capture & resolve all complaints (if any) directly related to interpretation by end of November.
- 5.5 Capture & resolve all complaints (if any) directly related to Race by end of November.

## Goal 6

### **Ensure accuracy of collected data that identifies the members' race, ethnicity, and preferred language**

#### **Objective:**

- 6.1 Identify two races in the Medicaid population by beginning of September

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## GOAL 1

### ENSURE ON GOING STRATEGIC PLAN DEVELOPMENT, IMPLEMENTATION, EVALUATION AND MONITORING.

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The first goal addresses CLAS standards 8, 9 and 14. It enables Peach State to monitor and assess accountability of key departments and accurately plan strategies, to conduct self-assessment of CLAS related activities for improvement and evaluation of progress. Although cultural competency development is a continuum that evolves and expands, a strategic plan allows the plan to accurately plot a course and make necessary adjustments.

#### Objective 1.1

**Identify 2 departments implementing at least one CLAS standard by December**

**Complete annual evaluation and monitor ongoing organizational assessments**

#### Actions:

1. Develop an audit tool for departments to conduct self-assessments and audits of CLAS related activities, and conduct ongoing annual assessments of the Plan to evaluate and monitor the status of the program
2. Complete, at a minimum, annual assessments of the program:
3. Conduct annual Cultural Competency meetings with leadership represented at meetings to monitor Cultural Competency
4. Hold CCP Committee responsible and accountable for setting new goals and ensuring the company maintains areas of achievement and monitoring progress throughout year.

#### Indicators:

1. Agendas, minutes, or work plans of committee meetings used to oversee the Cultural Competency Strategic Plan, annually
2. Leadership presence from contracting, compliance, human resources, member services, provider services, medical management, marketing, quality improvement and regulatory affairs
3. List of departments participating in CLAS assessments to identify progress, barriers and solutions in reaching the strategic plan goals annually.
4. Approval from Peach State Health Plan Board on CCP assessments

#### Outcomes:

- Integration of CLAS related responsibilities and accountability into all functional areas, staff performance – evaluations, and job descriptions
- Established goals, policies and planned activities relevant to CLAS services into each business functional area.
- Designated management staff from each department with the authority to implement CLAS-specific activities, monitor progress, and direct activities
- Executive level leadership is engaged in CLAS activities.

**Evaluation:**

Peach State at minimum will conduct an annual assessment to monitor and track its progress against established goals and objectives. Each affected department will have an established cultural competency goal with identified objectives that must be completed annually. Write an annual cultural competency report that identifies the goals, accomplishments, and areas for improvement.

**Accountable-Functional Areas:** Office of Compliance and Regulatory Affairs, Human Resources, Quality Improvement, Member Services, Provider Solutions, Medical Management, Medical Affairs, Marketing and Communications, and Contracting.

**Objective 1.2**

**Find 1 provider aware of access information about Peach State progress and successes in implementing CLAS standards by October**

**Make information available to the public and providers about Peach State's progress and success implementing CLAS standards.**

**Actions:**

1. Post CCP on the Web site
2. Enter CC guidelines and resources in Provider Manual
3. Present CC materials at on-site visits

**Indicators:**

1. Number of providers outreached Face-Face for cultural competency information and summary progress updates
2. Number of Community events included in updates of Peach State's cultural competency progress.
3. Cultural competency information items posted on the Web site
4. CLAS awareness items available in member handbook
5. CLAS awareness items available in Provider Manual

**Outcomes:**

- Easily accessible information on Cultural Competency activities, goals and objectives
- Publicized progress updates to include community initiatives.
- Demonstration of our accountability to our members, the state and the public

**Evaluation:**

Regulatory Affairs will have the responsibility of ensuring that information is presented in both print and electronic media. Executive management will ensure the accuracy of the content. Documents will be reviewed and compared to previous years.

**Functional Areas Accountable:** Regulatory Affairs, Marketing and Communications, Member Services, and Administration

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## GOAL 2

### MAINTAIN DIVERSE REPRESENTATION THROUGHOUT ALL LEVELS OF THE COMPANY

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The second goal addresses CLAS standards 1 and 2. The National Center for Cultural Competence publication “It all starts at the Front Desk” states that “staff requires organizational support to develop the attitudes, behaviors, skills, and knowledge necessary to serve families in culturally and linguistically competent ways.”(S. Bronheim, PhD). Organizational support starts at the top through the recruitment of culturally and linguistically diverse board members and staff. Diversity at decision-making levels increases the likelihood of input and consideration of how decisions could disproportionately affect people of color. Incorporated into recruitment strategies, cultural competency develops welcoming environments that encourage active and open participation.

#### Objective 2.1

**Recruit, hire and retain racial/ethnic diverse staff, board, and committee members that are reflective in culture, race and ethnicity of the communities we serve.**

**Interview two racial/ethnically diverse board and committee members by September**

#### Actions:

1. Write hiring, retention and recruitment policies that address diversity
2. Develop racially diverse retention programs
3. Develop racially diverse leadership

#### Indicators:

1. Percentage breakdown by race and language of members of Board of Directors, committees, and staff reflective of the communities we serve
2. Retained candidates inducted from the Emerging Talent Retention Program
3. Employee advisory committees/ representatives are reflective of the communities we serve

#### Outcomes:

- Board of Directors who understand the communities and members served
- Cultural Competency support and influence throughout the organization to include the executive level
- Improved patient care and outcomes by ensuring the availability and accessibility of staff that can relate to members racially, linguistically and culturally

#### Evaluation:

Senior Management will maintain and report to Peach State board leadership, their affiliations, and other unique qualities that provide resources to the health plan and support the company’s cultural competency initiatives. Committees/groups will have established operating guidelines and reporting mechanisms that ensure their comments, concerns, and suggestions reach the senior management. Information will be provided to the committee regarding all identified concerns and actions taken or planned to address issues.

**Functional Areas Accountable:** Senior Management, Member Services, Human Resources

## Objective 2.2

### Identify two racial/ethnically and culturally diverse providers by October

**Peach State will recruit, contract, and develop a racial/ethnic, linguistic, and culturally diverse provider network.**

#### Actions:

1. Present face-to-face cultural assessment and language interpretation information at provider office
2. Issue Provider Tool kits which includes cultural assessment and language interpretation information to all new physicians
3. Recruit physicians reflective of the communities we serve

#### Indicators:

1. Providers within the Peach State network - assessed and identified by race/ethnicity, and language speaking abilities
2. Community regions needing additional physician recruitment efforts based on assessments
3. New physicians received Provider Tool Kits in provider recruitment program that takes into consideration criteria that supports the development of a diverse network that is culturally and linguistically proficient to provide care to the patient demographic served by the plan.
4. Physicians received face-to-face trainings.

#### Outcomes:

- Diverse Provider Network
- Targeted and strategic recruitment efforts
- Culturally Proficient Provider Network to ensure improved patient care and outcomes by ensuring the availability and accessibility of providers that can relate to members racially, linguistically and culturally.

#### Evaluation:

Peach State Provider Solutions and Contracting departments will have established processes for data sharing and comparison to enable the development of strategic recruitment and contracting plans. Upon identifying current baseline data for provider race, ethnicity and language ability, Peach State will establish yearly recruitment goals. Peach State will monitor, plan and evaluate provider-training programs to improve providers' cultural competency and proficiency skills.

**Functional Areas Accountable:** Provider Solutions, Contracting, Member Services.

## Objectives 2.3 and 2.4

### Find one job description related to recruitment, hiring and retaining racial/ethnically diverse staff by November

**Peach State will develop minority employee recruitment and retention programs.**

#### Actions:

1. Peach State will implement a recruitment minority recruitment strategy. Recruitment strategies shall include internal sourcing, encouraging managers to consider multiple applicants for positions, external sourcing, the use of minority recruiters, using minority media and job fairs, and partnering with minority special interest groups.
2. Peach State and Centene Corporation will implement retention programs that include succession planning, mentoring programs, flexible work scheduling and individualized staff development plans.

#### Indicators:

1. Recruitment programs which after hire resulted in retention to at least year end
2. Retention programs which after completion, resulted in continued employment to at least year end
3. Employees engaged in flexible work schedules

**Outcomes:**

- Increased diversity in the field
- Improved staff skill level
- Sustained positive staff morale

**Evaluation:**

Peach State will demonstrate attainment of goals, tracking of applicants, hires, and voluntary/involuntary staff turnover. Annually goals and minimum standards will be reviewed and set for plan performance. Succession planning data will identify gaps in promotion and ensure that minority staff is in the pipeline for promotion within the company in a timely manner consistent with current promotion timelines based on skills and performance.

**Functional Areas Accountable:** Human Resource, Senior Management, Regulatory Affairs.

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## GOAL 3

### **MAINTAIN CURRENT DEMOGRAPHIC, CULTURAL, EPIDEMIOLOGICAL PROFILES AND NEEDS ASSESSMENTS OF THE COMMUNITY TO ENABLE APPROPRIATE PLANNING AND IMPLEMENTATION OF SERVICES THAT RESPOND TO THE CULTURAL AND LINGUISTIC CHARACTERISTICS OF THE SERVICE AREAS.**

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Goal 3 addresses CLAS standards number 11, 12, and 14. Taking the time to learn as much as possible about the culture of those who could potentially use program services is accomplished by reaching our third goal. Peach State will make a conscious effort to learn as much as possible about our members. How members access care, how they define and view healing, their language, and social structure and preferred method of obtaining information are just a few of the pearls of wisdom that will be accessed through community profiles and needs assessments. Peach State will use information gathered to adapt services and develop skills

#### **Objective 3.1**

**Peach State will complete a comprehensive community needs assessment that at a minimum identifies demographic make up, health indicators, health disparities, preferred modes of communication (i.e. how a community receives its information), and epidemiological profiles that identify health trends by community and as it pertains to our membership.**

#### **Complete one community needs assessment by October**

##### **Actions:**

1. Partner with community agencies to complete community needs assessments, inventory of existing needs assessments and existing advocacy groups.
2. Hold at a minimum, annually, a member advocacy group to give input into the member survey tool to collect the appropriate data needed to evaluate the members' cultural experience, identify community perceptions and experiences, access to health care issues and gaps in existing health services.
3. Conduct CAHPs survey and monitor P4HB program status

##### **Indicators:**

1. Partnerships with community agencies, health fairs, faith-based and advocacy organizations were encountered to complete community needs assessments, inventory of existing needs assessments and to raise cultural awareness.
2. Member responses (combined) from surveys and agents' input from group meetings were used to assess the member's cultural experiences identify community perceptions and experiences, access to health care issues and gaps in existing health services.

##### **Outcomes:**

- Appropriate assessment tools
- Raised cultural awareness
- Community and member input into Plan processes
- Community assessments and profiles

**Evaluation:**

- Documentation and review of group findings, minutes from meetings with community partners and completed assessments.
- Comparison of observed cultural diffusion in communities to previous years

**Functional Areas Accountable:** Member Services, Medical Management, Marketing, Regulatory Affairs, and Cultural Competency Committee.

**Objective 3.2**

**Conduct 2 group interaction meetings to allow for community/member agent input by October**

Peach State will conduct routine group meetings to gather member and community input for ongoing development of the cultural competency plan.

**Action:**

1. Establish a member advisory committee made up of member advocacy and agents from community.
2. Monitor Community Advocacy Board Activities

**Indicators:**

1. Member-Community Advocacy Board meetings were used to assess the agent's feedback re: member's cultural experience
2. Members from various service regions served on committee

**Outcomes:**

- On going input into the Cultural Competency plan
- Increased ability to gauge the needs of the community and members
- Early identification of emerging community health issues

**Evaluation:**

- Member Surveys (customer & CAHPS) will be reviewed to identify responses related to cultural awareness and competency as compared to surveys in previous years
- Review of meeting documents to assess interaction and cultural awareness with community advocacy groups or agencies.

**Functional Area Accountable:** Member Services & Cultural Competency Committee.

**Objective 3.3**

**Identify 2 community partnerships to assist in implementing CLAS standards by October**

**Peach State will develop community partnerships to assist in implementing CLAS standards. The partnerships will include community organizations, and groups conducting state initiatives to address health disparities.**

**Actions:**

1. Identify faith and community based organizations, health related activities, and health fairs, and other health related special initiatives within each service region.
2. Identify and assign appropriate staff to participate on community-based boards and planning groups.
3. Determine/estimate an annual budget to support community related activities.
4. Establish Latino Health Coalition to assess wellness and community needs.

**Indicators:**

1. Partnerships with community agencies, health fairs, faith-based and advocacy organizations were encountered to complete community needs assessments, inventory of existing needs assessments and to raise cultural awareness.
2. Staff participated in all community events
3. Value of budgeted work completed

**Outcomes:**

- Clearly identifiable and recognizable community partnerships
- Community assistance and involvement in developing appropriate and accepted services
- Ability to identify what is important to the members and community
- Staff engagement with the communities we serve

**Evaluation:**

- Identify and review partnerships, activities, experienced outcomes, appropriate annual budget and resources allocated to activities.
- Compare outcomes to previous years

**Functional Areas Accountable:** Member Services, Marketing and Communications, Regulatory Affairs, and Finance.

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## GOAL 4

### **MAINTAIN, OFFER, AND PROVIDE LANGUAGE ASSISTANCE SERVICES INCLUDING INTERPRETERS, TRANSLATORS, SIGNERS, AND TTY SERVICES. PEACH STATE WILL ENSURE THE COMPETENCE OF LANGUAGE ASSISTANT SERVICES DELIVERED BY STAFF, VENDORS AND PROVIDERS**

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The fourth goal addresses CLAS standard number 4, 5, 6, and 7. Too often, the development of linguistic competence is ignored. Members belonging to minority groups face barriers when accessing or receiving healthcare. Many have difficulty communicating with healthcare staff and providers. It is the responsibility of Peach State to ensure our staff and providers communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, low literacy skills, and individuals with disabilities. As a part of our cultural competence strategic plan, this goal will ensure that Peach State has the capacity, practices, procedures and dedicated resources to support our efforts.

#### **Objective 4.1**

**Provide access 24 hours a day, seven (7) days a week to bilingual interpreter services – annually**

**Peach State will provide its members access to language services free of charge 24 hours a day, seven (7) days a week.**

#### **Actions:**

1. Uphold contracts with vendors to provide language services. Services will include translations, interpretation (written, telephonic and face to face) certified signers for the deaf and TTY services.
2. Provide timely translation services by trained bilingual staff available.
3. Provide access to community-based services as part of an established language bank, and written translation abilities as a back- up to contracted services.
4. Fully implement local language interpreter service to provide onsite Burmese language interpretation services
5. Explore contracting a Burmese provider

#### **Indicators:**

1. Various language assistance services (translations, interpretation -written, telephonic and face to face - certified signers for the deaf and TTY) were offered to members, staff and physicians
2. Trained bilingual staff were available to provide translation services
3. Type of language assistance service used most often, and least
4. Length and time of day of use of Voiance.
5. Staff of various disciplines provided Voiance

#### **Outcomes:**

- Continual availability and access to language services
- Timely multiple access and back up services
- Convenience and easy access for members

**Evaluation:**

Review the cultural competency annual report to identify and review needs assessment, translation vendor agreements, services available by type, hours of operation, numbers of staff and community based language bank partnerships.

**Functional Areas Accountable:** Member Services, Provider Solutions, Communications and Marketing, Senior Management, and Regulatory Affairs.

**Objective 4.2**

**Identify three members requesting language services by end of October**

Peach State will have available understandable, easily identifiable, and linguistically appropriate information at points of member contact about the availability of language services and how to access.

**Actions:**

1. Member Services will ensure that all member materials including but not limited to: handbooks, newsletters, and member website access areas clearly identifies in appropriate literacy levels details on the availability of language services, when and how to access services and members rights to receive services free of charge.
2. Peach State Provider/Member Services will ensure that providers and staff have policies and procedures that outline how to use and access language services for members, clear policy guidelines on the legal and ethical use of language services and interpreters code of ethics.
3. Marketing and Communications will ensure that all member materials including but not limited to: handbooks and newsletters comply with the required reading level and include information offering materials in alternative formats and languages upon request

**Indicators:**

1. Timely Voiance services to members and physicians
2. Multiple available sources of information in member/physicians preferred languages both verbal and written about their rights to receive language interpretation assistance ( member handbooks, member newsletter, member materials and Website)
3. Member access areas clearly identifies details on the availability of language services, when and how to access services and members rights to receive services free of charge (in appropriate literacy levels)
4. Utilization rate of Voiance
5. Up-to-date P&Ps reflect Voiance steps/guidelines

**Outcomes:**

- Clearly communicated language service standards
- Increased utilization of language services
- Appropriate utilization of language services
- Communicated ethical and legal standards for interpreters

**Evaluation:**

Evidence and review of policies, guidelines in member and provider handbooks, member materials, DCH approved postings,

special mailings, and articles in Peach State newsletters about language services.

**Functional Areas Accountable:** Member Services, Provider Solutions, Marketing and Communications.

### **Objective 4.3**

**Identify all bilingual staff providing interpretation for members by end of October**

**Action:**

1. Train all bilingual staff interacting with members or providing interpreter services. Training may include proficiency assessment in English and second language, medical terminology, cross cultural communication, cultural competency and Interpreter Code of Ethics.

**Indicator:**

1. Interpreters will be assessed and evaluated for proficiency

**Outcomes:**

- Uniformed service delivery
- Quality Interpreter Services
- Ongoing skill development
- Competency and proficiency development
- Low errors in translation and interpretation

**Evaluation:**

Review training program and internal audit of member service representatives' phone conversations

**Functional Areas Accountable:** Member Services and Human Resources

### **Objective 4.4**

**Find three vendors with members requesting access information in an alternative format by beginning of November**

**Peach State will provide interpreter training for bilingual staff providing in-house interpretation for members.**

**Peach State will have established minimum standards for cultural competency training and ensure standards are set and monitored for all contracted interpreter/translator service providers.**

**Actions:**

1. Complete an annual assessment of vendors to identify skills sets, training requirements, staff proficiency, and cultural competency levels.
2. Provide through contract requirements: All vendors providing services to Peach State's members meet Peach State's minimum standards for interpreter services.

**Indicators:**

1. Vendors are audited/assessed to identify cultural competency readiness.
2. Vendors providing services to Peach State members are meeting Peach State's minimum standards for interpreter services.

**Outcomes:**

- Quality Service Delivery
- Improved Client understanding of services provided
- Monitoring and oversight of vendor performance

**Evaluation:**

Utilization reviews, quality review of translated services, member satisfaction surveys and review of vendor policies and procedures to ensure culturally competent and proficient services

**Functional Areas Accountable:** Office of Compliance, Quality Improvement, Members Services.

## GOAL 5

### PROVIDE CULTURALLY APPROPRIATE AND COMPETENT CARE AND SERVICES TO ITS MEMBERS, INCLUDING THOSE WITH LIMITED ENGLISH PROFICIENCY

Goal 5 addresses CLAS standard number 1, 3 and 13. Members will receive from Peach State staff and providers, effective understanding and respectful care 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/culturally appropriate, and capable of identifying, preventing, and resolving cross-cultural conflicts and complaints.

#### Objective 5.1

**Interview 2 providers regarding opinion of cultural competency by end of October**

**Peach State will develop and implement training curriculum for network providers, practice staff, Peach State Board and staff.**

#### Actions:

1. Execute a cultural competency training curriculum for network providers, practice staff, Peach State Board and staff, annually
2. Provide mandatory cultural competency training activities for all staff and board members. Staff training will include level oriented curriculum beginning with self -awareness and ending in cultural proficiency. Staff will be required to participate in Cultural Competency training, to include understanding the LGBT Community and health barriers. . Refresher and skill development training will occur annually, to maintain proficiency status.
3. Provide cultural sharing and learning experiences of internal company activities via Cultural Competency Committee
4. Provide availability and access to Cultural Competency training resources for the providers within its network. Provider training curriculum will be level oriented and provided in several mediums. Training courses and seminars with CME credits will be available through partnerships with local universities, medical association and the like. On site training will be offered as part of large group provider orientations and on an individual basis in provider offices. Web-based training for cultural orientation, self-assessment, office staff assessment and refresher courses will be available to providers. Tool kits that provide staff, self and practice assessment will be issued. Peach State will provide reference tools and guides that provide cultural clues for populations identified within Peach State service area.
5. Conduct on site Provider Cultural Competency training for the providers within network at the office.
6. Provide reference tools and guides that provide cultural clues for populations identified within Peach State service area.

#### Indicators:

3. Mandatory Cultural Competency training activities of employees
4. Provider outreach F-F for cultural competency training information
5. Cultural competency educational information items are posted on the Website
6. CLAS awareness items are available in Provider Manual
7. Tool kits to all new physicians

#### Outcomes:

- Improved Provider/patient relationships
- Reduced cross cultural complaints and grievances
- Improved quality of care for all members including LGBT
- Positive Patient Experiences

- Appropriate utilization of services
- Increased staff awareness, sensitivity and abilities during member interaction

**Evaluation:**

- Member satisfaction survey results indicating positive experiences, feeling welcomed and satisfied with level of care.
- Staff performance reviews to compare number of staff who reach and maintain the level of advanced cultural competence as compared to previous years
- Report of Provider Calendar

**Functional Areas Accountable:** Human Resources, Provider Solutions, Member Services, Medical Management, and Quality Improvement

**Objective 5.2**

**Identify 3 departments that discuss CLAS Standards during meetings by beginning of November**

**Peach State will recognize and reward Staff who attains cultural proficiency standards.**

**Actions:**

1. Recognize employees who attain demonstrated cultural proficiency
2. Incorporate key skills and ability ratings for staff evaluations that impact pay grade and/or staff bonuses.
3. Incorporate cultural competency requirements, where applicable, in job descriptions/responsibilities.

**Indicators:**

1. Employee survey demonstrates cultural awareness
2. Staff rewarded for attainment of cultural proficiency
3. Employees included 'increase of cultural competency/awareness' as one of their goals

**Outcomes:**

- Motivated Staff for Cultural Proficiency attainment
- Employee satisfaction
- Incentives that further staff development of cultural competency skills

**Evaluation:**

Review of responsibilities and accountability that communicate the importance of Cultural Competency at all levels of Peach State as compared to efforts in previous years

**Functional Areas Accountable:** Human Resources and Administration

### Objective 5.3

Find one provider who accessed Web site disparity information by beginning of September

**Peach State will implement ongoing monitoring and assessment of staff.**

#### Actions:

1. Establish monitoring systems to track and identify staff cultural proficiency when handling member phone call
2. Conduct ongoing monitoring and assessment of staff's cultural competency proficiency
3. Human Resources, Member Services and Medical Management departments will establish annual assessment programs for connections and health check coordinators, and case management staff to measure job performance.

#### Indicators:

1. Staff members are monitored, identified and tracked on use of cultural proficiency when handling member phone calls
2. Improvement events are identified

#### Outcomes:

- Ability to evaluate and design appropriate training programs and internal cultural activities
- Ability to intervene and take immediate corrective action

#### Evaluation:

Review of internal reporting of audited staff work that indicates whether there is steady improvement and increasing numbers of staff reaching advanced cultural competence/proficiency

**Functional Areas Accountable:** Human Resources, Administration, Medical Management and Member Services Departments.

### Objective 5.4

**Capture & resolve all complaints (if any) directly related to interpretation by end of November.**

**Peach State will track and monitor member complaints, grievances and appeals to ensure that member concerns are addressed and resolved in a manner that is sensitive and takes into consideration their linguistic and cultural needs.**

#### Actions:

1. Process incoming member complaints within DCH and CMS-specified timelines
2. Acknowledge member complaints in member's primary language
3. Utilize Voiance to ensure timely and sensitive process of complaints and appeals
4. Track complaints and appeals of non- English speaking members regarding inability to access the appropriate interpreter to submit a complaint

#### Indicators:

1. % of non-English or Spanish cross cultural complaints and appeals processed
2. % non-English resolution cases processed
3. % complaint regarding inability to access an appropriate interpreter to submit a complaint in their language

**Outcomes:**

- Early identification, prevention and resolution of cross-cultural conflicts and concerns raised by members.
- Oversight and monitoring of culturally or linguistically related complaints/grievances as part of the overall quality assurance program

**Evaluation:**

Review quarterly reports to the Quality Improvement Committee of complaints and trends to ensure oversight and appropriate resolution

**Functional Areas Accountable:** Appeals and Grievance, Quality Improvement, Member Services, Medical Management, and Provider Solutions

**Objective 5.5**

**Peach State will ensure grievance and complaint process is culturally appropriate.**

**Capture & resolve all complaints (if any) directly related to Race by end of November.**

**Actions:**

1. Enter cultural competency related questions in the annually administered connections/member services satisfaction survey to solicit member feedback on grievance and complaint procedures.
2. Identify key existing questions that indicate member experiences when interacting with the plan and their providers. – Member Services
3. Note any additional questions needed to assist in collecting cultural experience/interaction. - Member Services
4. Solicit feedback on grievance procedure through annual questionnaire for group participants and member advisory committees.
5. Implement a tracking and reporting system for all member/provider grievances that are cross-cultural related.
6. Collect community demographics and profiles data, annually

**Indicators:**

1. % of tracked Member complaints, grievances and appeals addressed and resolved in English and Spanish (verbal and written) to ensure consideration of linguistic and cultural needs
2. % of Member concerns addressed and resolved in a timely manner
3. Cultural competency related questions are in the annually administered connections/member services satisfaction survey to solicit member feedback on grievance and complaint procedures.
4. Feedback on grievance procedure from an annual questionnaire of group participants and member advisory committees

**Outcomes:**

1. Accurate and relevant data collection

2. Identification and tracking of problems
3. Destigmatizing of the grievance process to include member input.

**Evaluation:**

1. Review of data collected and used to attain HEDIS level outcomes to look for trends.
2. Review of documentation of member suggestions, activities to address identified issues and development of corrective actions will be provided to the board.

**Functional Areas Accountable:** Member Services, Appeals and Grievance, Quality Improvement, Regulatory Affairs

**Objective 5.6**

**Peach State will ensure members are informed of Peach State processes and commitment to address all complaints in a sensitive and appropriate manner.**

**Actions:**

1. Published in English and Spanish simplified details of the administrative review rights to appeal decisions and right to information on the disposition of cases in Member Handbook
2. Make available the process and procedures in the members' primary language upon request to member and staff
3. Post information at appropriate literacy and language levels of grievance rights and procedures via the Web site

**Indicators:**

1. Member handbooks contains simplified detail of the administrative review rights to appeal decisions at appropriate literacy and language levels
2. All outreach information/reminders are in English and Spanish and/or primary language
3. Information available upon request in members' primary language.
4. Grievance rights and procedures are available at appropriate literacy and language levels via the website

**Outcomes:**

- Identification in all member materials of when, where, and how a member can file a complaint
- Awareness of Peach State's commitment and policy to address all complaints in a culturally sensitive and appropriate manner
- Available and accessible information on the administrative review processes and procedures

**Evaluation:**

Review DCH approved materials, Member Handbook, Peach State Website, Member newsletter for inclusion of best information

**Functional Areas Accountable:** Member Services, Marketing, and Communication, Appeals and Grievance departments

**Objective 5.7**

**Identify all AAs with high risk conditions, including members of Low Birth Weight babies, who were touched with educational and access information by December 2017**

Ensure provider awareness and focus on reduction of health disparities

**Actions:**

1. Inform providers about the availability and utilization of disparities data and follow up with targeted educational mailings to providers with high volume minorities
2. Provide educational outreach to AA members with high risk conditions, including members of Low Birth Weight babies

**Indicators:**

- Compare total number of targeted AAs with high risk conditions who obtained follow up exam to the total number of targeted EAs who also got exam
- Count number of AAs with high risk conditions, including members of Low Birth Weight babies, who were touched with educational and access information in 2016 & 2017
- Compare Y/E 2016 data & outreach results related to members of Low Birth Weight babies for each AAs and EAs.

**Outcomes:**

- Reduced health disparities

**Evaluation:**

1. Review AA to EA annual comparison data
2. Review content and count of educational report received by AAs with high risk conditions.

**Functional Areas Accountable:** Provider and Member Services, Marketing, and Communication, QI

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## GOAL 6

### ENSURE ACCURACY OF COLLECTED DATA THAT IDENTIFIES THE MEMBERS RACE, ETHNICITY, AND PREFERRED LANGUAGE.

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Goal 6 addresses CLAS standard numbers 10 and 11. The collection of race, ethnicity, and language data presents a substantial challenge. Members cannot be compelled to provide this information; confusion around standard race/ethnicity categories and exhaustive lists of spoken languages in the USA makes it difficult to ensure the uniformed collection of data across the healthcare industry. Peach State realizes the need for the collection and accuracy of cultural data to facilitate the provision of quality services and improvement in health outcomes for its membership. As a result, data will be collected and integrated into Peach State's management information systems (i.e. Amysis). Information will also be obtained from the DCH eligibility files and integrated into the system. Data collected will be used to compile and update community assessments, to assist in the design of quality initiatives and studies to identify health trends within Peach State member population. Members will be advised that providing race, ethnicity and/or language, data is voluntary and will never be compelled to provide information. All staff will follow an established script (if needed) to ensure information is requested in sensitive, inoffensive, and culturally competent manner.

#### Objective 6.1

Identify two races in the Medicaid population by beginning of September

**Peach State will collect ongoing, accurate, and consistent race, ethnicity and language data.**

#### Actions

1. Observe race, ethnicity, and language data fields to all existing information systems. – IS
2. Observe verified data from the DCH eligibility files, Corporate, HEDIS, and CMS and integrate into the system.
3. Monitor the top five languages used by members
4. Track and monitor population changes by region

#### Indicators:

1. Monthly Voiance Reports of top five languages
2. Adult General Assessment – CM
3. HRA – CM
4. Tracked and monitored population changes by region
5. Updated health records with race/ethnicity data

#### Outcome:

1. Member spoken languages, race and ethnicity are integrated into Peach State's IS Information Management System/database
2. Initial assessments conducted by Case Management includes cultural and linguistic needs and background on each active participant
3. Increased understanding of membership composition

#### Evaluation:

Compare integrated information management systems to previous years

**Functional Areas Accountable:** Quality Improvement, Marketing and Communication, Information Systems

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