



New York State Department Of Health
Delivery System Reform Incentive Payment Project

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DSRIP PPS Organizational Application

Mohawk Valley PPS (Bassett) (PPS ID:22)

SECTION 7 – PPS CULTURAL COMPETENCY/HEALTH LITERACY:

Section 7.0 – PPS Cultural Competency/Health Literacy:

Description:

Overall DSRIP and local PPS success hinges on all facets of the PPS achieving cultural competency and improving health literacy. Each PPS must demonstrate cultural competence by successfully engaging Medicaid members from all backgrounds and capabilities in the design and implementation of their health care delivery system transformation. The ability of the PPS to develop solutions to overcome cultural and health literacy challenges is essential in order to successfully address healthcare issues and disparities of the PPS community.

This section is broken into the following subsections:

- 7.1 Approach To Achieving Cultural Competence
- 7.2 Approach To Improving Health Literacy
- 7.3 Domain 1 - Cultural Competency / Health Literacy Milestones

Scoring Process:

This section is worth 15% of the total points available for the Overall PPS Structure Score. The responses will be evaluated for completeness and a scoring determination will be made based upon the quality of the response.

- 7.1 is worth 50% of the total points available for Section 7.
- 7.2 is worth 50% of the total points available for Section 7.
- 7.3 is not valued in points but contains information about Domain 1 milestones related to these topics which must be read and acknowledged before continuing.

Section 7.1 – Approach to Achieving Cultural Competence:

Description:

The National Institutes of Health has provided evidence that the concept of cultural competency has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients. Cultural competency is critical to reducing health disparities and improving access to high-quality health care. When developed and implemented as a framework, cultural competence enables systems, agencies, and groups of professionals to function effectively to understand the needs of groups accessing health information and health care—or participating in research—in an inclusive partnership where the provider and the user of the information meet on common ground.

In the response below, please address the following on cultural competence:

*Competency 1:

Describe the identified and/or known cultural competency challenges which the PPS must address to ensure success.

Specific cultural challenges in the service area include low literacy; low health literacy; a small, but growing, Hispanic community; several developmentally disabled populations located in residential communities; and geographic isolation from available health care services. Additionally, the service area faces rural poverty, particularly in Herkimer, Otsego, and Oneida Counties (with federal poverty rates of 15.8%, 15.7% and 15.4%, respectively higher than the State average of 15.1%). The service area's average unemployment rate (7.7%) is higher than the rest of the State (6.9% excluding NYC). In addition to these challenges, the service area includes 18 Jehovah's Witness congregations and nine Amish settlements (Association of Religion Data Archives, 2010) including two settlements of Old Order Amish residing in Otsego County. Health care delivery could be impacted by prohibition of blood products among Jehovah's Witnesses, while cultural factors such as discomfort in high-tech settings and reliance on horse and buggy could impact health care delivery for over 12,000 Amish residing in NY State (Amish Studies, Elizabethtown College). Previously, four Muslim congregations in the service area accounted for approximately 1% of the population (ARDA, 2010). As this population continues to grow, especially in Delaware and Oneida Counties, LCHP must incorporate strategies for addressing its cultural norms for diet, dress and social interaction (Taheri, N. 2008). Bassett, LCHP's lead agency and the primary Health Benefit Exchange enrollment site for Herkimer County, is experienced in meeting these challenges to provide culturally competent services to patients, as are the other LCHP partners.

*Competency 2:



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Describe the strategic plan and ongoing processes the PPS will implement to develop a culturally competent organization and a culturally responsive system of care. Particularly address how the PPS will engage and train frontline healthcare workers in order to improve patient outcomes by overcoming cultural competency challenges.

With increased cultural diversity in LCHP's service area, there is a strong need for culturally competent care coordination and patient navigation services that will be sensitive to the beliefs and practices of the areas scattered ethnic and religious groups. The LCHP Workforce Committee, under the oversight of the PAC, will develop and implement training, aligned with the National CLAS Standards, to ensure the cultural competency of frontline workers, and will make hiring bilingual workers in Spanish or other prevalent languages a priority. LCHP will network with community organizations to identify the best ways to respond to the challenges presented by the increasing religious diversity in the service area, including the growing Muslim population. LCHP has identified a variety of online resources, including the NYLearnsPH.com Learning Management System (LMS) and the Empire State Public Health Training Center (ESPHTC), which it will incorporate into its comprehensive training program. LMS allows learners to identify online public health training opportunities relevant to their specific job roles. ESPHTC is an academically-affiliated educational center offering continuing education credits through free and publically available cultural competency and health literacy online modules. LCHP will develop its capacity for culturally competent nursing care coordination by providing training through the Duke University Population Care Coordinator Program, which will be tailored to the specific needs of LCHP. LCHP will integrate resources into a cultural competency training program engaging all employees, with an emphasis on culturally competent care coordination and navigation.

***Competency 3:**

Describe how the PPS will contract with community based organizations to achieve and maintain cultural competence throughout the DSRIP Program.

LCHP has entered into partnerships with numerous community-based organizations representing the cultural diversity of its service area population. For example, Catholic Charities of Chenango County provides Medicaid service coordination to individuals with developmental disabilities. In Delaware County, Southern Tier Care Coordination offers care management to eligible Medicaid participants with a variety of chronic health conditions and participates in the Health Homes program connecting community members with health care providers. LCHP has also partnered with Herkimer County ARC, Pathfinder Village, and Springbrook, who provide services and care coordination to people with intellectual disabilities. LCHP will network with other community organizations (across the State if needed) to identify the most appropriate community organizations to address the challenges posed by the area's increasingly diverse cultural and religious groups. The LCHP Workforce Committee will utilize the expertise of its partners who serve diverse populations to develop cultural competency standards, consistent with the National CLAS Standards, to be incorporated into service contracts, which will be reviewed and approved by the PAC. A training session will equip all partners with tools to integrate these standards into their organizational policies. Partners contracting with LCHP will be required to adhere and attest to these cultural competency standards as one of their contract provisions. LCHP will explore contracting with a number of partner organizations, integrating LCHP-specific cultural competency training at the appropriate level of intensity according to each organization's role in the planned activities.

Section 7.2 – Approach to Improving Health Literacy:

Description:

Health literacy is "the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions". Individuals must possess the skills to understand information and services and use them to make appropriate decisions about their healthcare needs and priorities. Health literacy incorporates the ability of the patient population to read, comprehend, and analyze information, weigh risks and benefits, and make decisions and take action in regards to their health care. The concept of health literacy extends to the materials, environments, and challenges specifically associated with disease prevention and health promotion.

According to Healthy People 2010, an individual is considered to be "health literate" when he or she possesses the skills to understand information and services and use them to make appropriate decisions about health.

***Literacy:**

In the response below, please address the following on health literacy:

- Describe the PPS plan to improve and reinforce the health literacy of patients served.
- Indicate the initiatives that will be pursued by the PPS to promote health literacy. For example, will the PPS implement health literacy as an integral aspect of its mission, structure, and operations, has the PPS integrated health literacy into planning, evaluation measures, patient safety, and quality improvement, etc.



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- Describe how the PPS will contract with community based organizations to achieve and maintain health literacy throughout the DSRIP Program.

LCHP's plan for improving and reinforcing health literacy will adhere to best practices as recommended by the United States Department of Health and Human Services and to its 15 National Standards for Culturally and Linguistically Appropriate Services in Health Care. LCHP partners acknowledge cultural differences and present health information in a socially and culturally appropriate manner. Materials will be updated routinely to reflect social and cultural norms, factoring in the age, cultural diversity, language, and literacy skills of the LCHP population. Health literacy will be reinforced by using the "read back" method, in which the patient is asked to restate the message, ensuring it is understood. Open-ended questions will be utilized to identify domains in which patients need further clarification. LCHP partners will utilize a professional interpreter service to communicate with patients in their native language, while ensuring that facility signage has universal symbols promoting ease of flow through facilities. Staff will be trained to create and sustain a respectful and shame-free environment where patients and staff feel comfortable and safe. LCHP will leverage existing relationships with regional organizations (i.e., Rural Health Network of Central New York, Inc.) in its effort to reduce disparities and improve health literacy for the State's rural populations. Partners will engage LCHP's Learning Collaborative Committee to optimize recruitment and retention of staff representing the demographics of the service area.

Health literacy is a critical component of patient safety and will be a key factor in LCHP's mission for health improvement. Current processes established to monitor and improve health literacy will be enhanced through mandatory staff and provider education, data collection and information management. Patient safety incidents will be reviewed for possible health literacy implications. The Clinical Performance Committee will engage project teams in establishing and incorporating specific health literacy metrics. These metrics will include compliance with recommended screenings, medication regimens, and follow-up care plans, among others. Patient satisfaction surveys will be administered to gauge the degree of health literacy in LCHP's population and the extent to which patients are engaged in their care. These data will be stratified on race, ethnicity primary language and religious affiliation, where applicable (i.e., Jehovah's Witnesses). Partners not meeting the standard will be required to submit a corrective action plan to the Executive Governance Body.

Section 7.3 - Domain 1 – Cultural Competency/Health Literacy Milestones :

Description:

Progress towards achieving the project goals and core requirements specified above will be assessed by specific milestones for the DSRIP program, which are measured by particular metrics. Investments in technology, tools, and human resources will strengthen the ability of the Performing Provider Systems to serve target populations and pursue DSRIP project goals. Domain 1 process milestones and measures will allow DOH to effectively monitor DSRIP program progress and sustainability. The following outlines the milestones that will be required and expected of the PPS to earn DSRIP payments. The milestone is presented for informational purposes only, however, the PPS will be expected to develop a work plan to outline the steps and timeframes in which these milestones will be achieved.

- Report on the development of training programs surrounding cultural competency and health literacy; and
- Report on, and documentation to support, the development of policies and procedures which articulate requirements for care consistency and health literacy.

Please click here to acknowledge the milestones information above.