Cultural Humility Plan

Department: Plan Operations and Health Equity

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Overview

A. Policy:

CountyCare has established this Cultural Humility Plan (formerly known as Cultural Competency Strategic Plan) to help guide and monitor efforts to ensure cultural competence and humility, building on CountyCare's partners experience and established relationships in the communities served.

B. Purpose:

As a safety-net provider, CountyCare recognizes its population comes from some of the most disinvested communities in Cook County. To that end, and in a recognition that health inequities can often be produced by adverse experiences in health care systems, CountyCare is committed to developing and implementing culturally humble services and programs in order to best serve its enrollees, providers, and the community. CountyCare is also committed to ensuring that providers, partners, and staff are educated about, remain aware of, and are sensitive to the cultural differences and linguistic needs of enrollees we serve.

Shift to cultural humility: In line with current research and recommended best practices, CountyCare has shifted internal language from use of the term "cultural competence" to the phrase "cultural humility." While cultural competence reflects completion and mastery of a skill, cultural humility reflects an openness to continual learning that is well aligned with person-centered care. The concept of cultural humility will be incorporated into future cultural humility trainings for all staff, including care managers, and in future versions of the annual Cultural Humility Plan that will be incorporated into the Structural and Social Determinants of Health (SSDOH) Plan, as required by the State of Illinois. In adapting the concept of cultural humility, CountyCare aims to address the needs of members from relationships with members and ultimately health outcomes.

C. Scope:

This plan addresses the following aspects of the Cultural Humility Plan:

1. Cultural humility standards
2. Oversight and responsibility
3. Understanding and assessing enrollee needs
4. Recruitment and training of staff and providers

5. Implementation and accountability
6. Monitoring and reporting

D. Stakeholders:

CountyCare employees, providers, enrollees and contractors

E. Definitions:

CLAS - Culturally and Linguistically Appropriate Services.

Cultural Competence - The ability to appreciate, understand, and interact with persons of different cultures and/or beliefs different than their own.

Cultural Competency – Is a developmental process in which one achieves increasing level of awareness, knowledge, and skills along a continuum, improving one's capacity to work and communicate effectively in cross-cultural situations.

Cultural Humility – Is a reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them.

Other Prevalent Languages - Shall exist when 5% or more such households speak a language other than English, as determined by the Department according to published Census Bureau data.

F. Procedure:

Cultural Humility Standards

CountyCare's Cultural Humility Plan is based on the adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health care published by the US Department of Health and Human Services' Office of Minority Health in 2000, laws and regulations from federal legal standards (Title VI of the Civil Rights Act of 1964 and Federal Executive Order 13166). These standards and federal legal standards are noted below:

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

1. Assurance that enrollees receive effective, understandable, and respectful care that is provided in a manner compatible with their cultural beliefs and practices and preferred language from all providers.
    a. "Effective care" is that which successfully restores the client to the desired health status and takes steps to protect future health by incorporating health promotion, disease prevention, and wellness interventions. In order for health services to be effective, the clinician must accurately diagnose the illness, discern the correct treatment for that individual, and negotiate the treatment plan successfully with the enrollee.
    b. "Understandable care" focuses on the need for enrollees to fully comprehend questions, instructions, and explanations from clinical, administrative, and other staff. To be understandable, the concepts must "make sense" in the cultural framework of the enrollee.
    c. "Respectful care" includes taking into consideration the values, preferences, and expressed needs of the enrollee and to help create an environment whereby

enrollees from diverse backgrounds feel comfortable discussing their specific needs with any staff member.

2. Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each enrollee with limited English proficiency at all points of contact, in a timely manner during all hours of operation;
3. Provide to enrollees in their preferred language both verbal offers and written notices informing them of their right to receive language services;
4. Ensure the competence of language assistance provided to limited English proficient enrollees by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the enrollee/
5. Make available easily understood enrollee-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area;
6. Implement strategies to recruit, retain, and promote at all levels a diverse staff and leadership representative of the demographic characteristics of the service area;
7. Ensure that staff at all levels and across all disciplines receive ongoing education in culturally humble service provision;
8. Develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally appropriate services;
9. Ensure that data on the individual enrollee's race, ethnicity, spoken/written language, sexual orientation, gender identity and sex are collected in health records, and/or integrated into the management information systems and periodically updated;
10. Maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for a service that respond to the cultural characteristics of the service area;
11. Develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms, to facilitate community and enrollee involvement in designing and implementing CLAS-related activities;
12. Ensure that conflict and grievance resolution processes are culturally sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by enrollees; and
13. Regularly make available to the public information about their progress and successful innovations implementing the CLAS Standards.

Title VI of the Civil Rights Act of 1964

1. Title VI of the Civil Rights Act of 1964 states that entities, such as companies or corporations, receiving federal financial assistance shall not do any of the following based on race, color, or national origin:
    a. Deny an individual a service, aid, or other benefit
    b. Provide a benefit that is different or is provided in a different manner
    c. Subject an individual to segregation or separate treatment
    d. Restrict an individual in the enjoyment of benefits, privileges, etc.
    e. Treat an individual differently when determining eligibility
    f. Select sites or facility locations that exclude protected individuals

Federal Executive Order 13166

1. On August 11, 2000, the President signed Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." The Executive Order requires Federal agencies and those receiving Federal financial assistance to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them.

Oversight and Responsibility

The entire CountyCare organization including Executive Senior Management, contractors and staff is involved in the development and operation of the Cultural Humility Plan.[1] The CountyCare Director of Health Equity[2] has responsibility for implementing and providing ongoing oversight of the Cultural Humility Plan across CountyCare. The Enrollee Advisory Committee and the Community Stakeholder Committee include enrollees, those with lived experience that understand the assets and needs of the community, and members of community- based organizations. The committees assist the Director of Health Equity and CountyCare in identifying the needs of Enrollees and developing programs and tools to meet those needs.[3] Further, the committees are reflective of the geographical and cultural groups served by CountyCare.[4] The committees will be comprised of at least 51% members and may also include members from community-based organizations.[5] These meetings will be hosted on a quarterly basis and CountyCare will make every effort to make the meetings inclusive by hosting these meetings bilingually when appropriate.

Through monitoring and oversight, CountyCare seeks to assure cultural humility at each level of care.[6] To do this, CountyCare will develop:

- Indicators to measure cultural humility and progress toward achieving cultural humility.
- Written policies and procedures for cultural humility.[7]
- Strategies for recruiting staff to reflect the enrollee community.[8]

CountyCare will also develop strategies and programs for specific population needs:

- Enrollees who face persistent and unjust health inequities
- Enrollees needing interpretive services [9]
- Enrollees with transportation barriers[10]
- Enrollees with developmental disabilities and cognitive disabilities[11]
- Home-bound enrollees[12]

These strategies and programs will be described in the Structural and Social Determinants of Health Plan.

[1] MCCN Contract 2.7.2.1
[2] MCCN Contract 2.7.2.2
[3] MCCN Contract 2.7.2.3
[4] MCCN Contract 2.7.2.3.1
[5] MCCN Contract 2.7.2.3.2
[6] MCCN Contract 2.7.2.4
[7] MCCN Contract 2.7.2.6
[8] MCCN Contract 2.7.2.7
[9] MCCN Contract 2.7.2.8
[10] MCCN Contract 2.7.2.9
[11] MCCN Contract 2.7.2.10
[12] MCCN Contract 2.7.2.11

CountyCare seeks to engage providers, enrollees, and local organizations in developing and/or providing cultural humility training and initiatives to increase and measure the effectiveness of culturally humble service delivery.[13] In addition, these trainings will provide stakeholders with a foundational understanding of what are drivers of health inequities. This training will be developed and continuously updated by the Director of Health Equity. Updates in the training will include new data on health-related social needs, any updated best practices on cultural humility and be informed by the EAC and CSC.

CountyCare supports processes and activities designed to achieve demonstrable and sustainable activities including cultural and linguistic diversity of the membership and network providers to identify interventions to reduce health disparities and improve health outcomes.[14]

To address enrollees' needs, CountyCare hires culturally humble staff and will obtain input from enrollees regarding its services. CountyCare monitors customer service phones (the Member Services line) through silent monitoring techniques to ensure services are provided in a culturally humble manner. This commitment includes, but is not limited to, ongoing training and periodic reviews of the effectiveness and appropriateness of this plan and delivery of linguistic and cultural humility services to enrollees.

CountyCare seeks to serve its enrollees by recruiting staff and providers that reflect the makeup of the community. In order to develop a culturally competent organization and provider network, CountyCare will conduct an annual assessment of enrollee needs. This assessment includes:

- Review of US Census data in service area to determine primary language spoken.
- Report from all affiliated EMRs that collect information about preferred language.
- Assessment of percentage of HRAs requested and completed and in Spanish or other prevalent languages as determined by the Department.
- Review of complaints and satisfaction survey results regarding communication, network cultural humility, and access for enrollees with special needs.
- Review of requests for written information in alternative formats (Braille, large type, Spanish, other prevalent languages).
- Monitor of care coordination requests for transportation assistance.

In addition, CountyCare will analyze its own organization and provider network, to determine current availability and accessibility. Analysis will include:

- Network providers, including languages spoken in the office, gender of providers, American Disabilities Act (ADA) accessibility, and geographic distribution.
- Staff, including race, ethnicity, and languages spoken by customer service, care coordination, and community outreach staff.

CountyCare will address the needs of enrollees by:

- Providing access to a vendor to provide interpreter services in 140 languages to assist staff and enrollees in communicating with each other and) and no child 18 or under should be responsible for providing interpretation services at any time. Provider offices are required to either utilize their own language line/vendor or to use the CountyCare vendor.[10]
- Providing TDD/TTY Customer Service access for enrollees who are hearing and vision impaired. All materials are available in alternative formats, such as Braille or large format,

[13] MCCN Contract 2.7.2.12
[14] MCCN Contract 2.7.2.13

upon request.

- Providing CountyCare employees copies of enrollee materials in Spanish, English, and other prevalent languages, as determined by the Department.
- Incorporate training on health equity to new employee onboarding for all new CountyCare employees.
- Encouraging and educating staff to provide assistance with enrollees who are low literacy or who are not able to read.
- Offering bilingual customer service and care coordination staff.
- Creating communication materials in alternate formats, Spanish, Polish and other languages upon request.
- Involving members in quarterly meetings, such as the Enrollee Advisory Committee and Community Stakeholder Committee, to ensure active participation and engagement from members. The Enrollee Advisory Committee will be hosted in community and in Spanish when appropriate.

Recruitment

Following the enrollee needs assessment, CountyCare will seek to remove barriers and implement changes to improve cultural humility within the organization and the network. Actions may include:

- Recruitment of staff who speak necessary languages.
- Recruitment of staff who live in the communities served.[15]
- Partnering with local community organizations to provide training and education to staff about their communities.
- Recruitment of providers who reflect the linguistic and cultural needs of the enrollees, based on the analysis done performed.[16]
- CountyCare requires that all subcontractors comply with their Cultural Humility Strategic Plan and complete annual training.[17]

Training

CountyCare is committed to ensuring that its employees and provider offices:

- Are educated about the linguistic needs and an approach that is respectful of cultural differences of enrollees.
- Have an understanding of the population that they serve.
- Are willing to be responsive and sensitive to the enrollee's needs.
- Have the ability to communicate effectively with enrollees.
- Have annual trainings on health equity, cultural humility, bias, diversity, and/or inclusion. Trainings will be kept online on the CountyCare website or under the provider portal. Information on trainings will be available via the provider newsletter.
- Host trainings or webinars that focus on culturally humble care for members that come from communities and populations most impacted by health inequities (e.g., Black and Latinx communities, LGBTQ+ population).

[15] MCCN Contract 2.7.3
[16] MCCN Contract 2.7.4
[17] MCCN Contract 2.7.5

CountyCare is committed to ensuring that employees and provider offices receive appropriate training to meet the needs of the population. CountyCare will facilitate annual cultural sensitivity training to all CountyCare staff and to provider offices.[17] For provider offices that have their own cultural sensitivity, humility, or competence training, CountyCare staff will assess the training to ensure it covers all required topics. CountyCare will monitor training schedules to ensure that training is completed upon hire and annually thereafter. Topics for training may include:

- Communication styles guided by respect and individuality.
- Understanding that negative feelings may not be freely expressed by enrollees.
- Appreciation of different communication styles (including non-verbal expressiveness) by individuals of various ethnic backgrounds.
- Importance of interpreter services provided by trained personnel (e.g., lack of proper training could compromise communications).
- Assessment of patient's language of choice and level at intake.
- Conveyance of a warm welcome and sincerity.
- Screening for high-risk health factors.
- Teaching the value of prevention.
- Understanding the social needs of populations living in poverty.
- Embracing the values, attitudes, and beliefs about different ethnic groups and social classes. This can include cultural and societal norms.
- Embracing the values, attitudes, and beliefs about different religions or religious preferences.
- Understanding and developing culturally humble care for members that come from historically disinvested communities.
- Understanding health equity, social determinants of health, and how they impact health.
- Understanding diversity and inclusion, along with learning how to identify bias.
- Additional training resources on CLAS, diversity, inclusion, and health equity will be provided through the following means:
    - U.S. Department of Health and Human Services, Office of Minority Health has free, continuing education e-learning (Culturally and Linguistically Appropriate Services in Maternal Health Care, Behavioral Health, Oral Health) programs to help health care professionals provide culturally competent care.
    - List of implicit bias training compiled by the Innovation to ImPROve Maternal OuTcomEs in Illinois to comply with Public Act 102-0004, which requires healthcare professionals to complete a training in implicit bias to retain licensure or registration.
    - American Medical Association's resource titled "Advancing Health Equity: A Guide to Language, Narrative and Concepts" to support providers and staff using the most updated and respectful language when interacting with Enrollees.
    - A list of recommended readings that can support providers and staff understanding of the history that has created health inequities in the Cook County area.
    - Staff Lunch and Learn events to address cultural humility related topics,

supporting Justice-Involved members, health equity, and trauma-informed care.

Additionally, to communicate the Cultural Humility Plan, CountyCare will enhance efforts to distribute and share the Annual Plan with all staff. All staff will receive a copy of the Cultural Humility Plan for their review, and the Plan will be outlined and discussed at one of the Health Plan's monthly all-staff webinars.

Implementation and Accountability

CountyCare's Cultural Humility Plan ensures that the health plan addresses the needs of enrollees system-wide consistently and effectively. The premise is that every person in the organization has some level of responsibility and will be held accountable for implementing the program that provides services to individuals of all cultures, races, ethnic backgrounds, sexual orientations, gender identities, and religions. CountyCare's Cultural Humility Plan is implemented throughout the organization to provide health-related services to enrollees in a manner that affirms each enrollee's worth and protects their dignity as individuals.

Customer Service and Care Coordination staffs play a critical role in the implementation of the Cultural Humility Plan. As the CountyCare staff that most often interacts with enrollees, Customer Service Representatives and Care Coordinators must be able to meet the needs of the enrollees.

These staff will:

- At the request of an enrollee, assist in identifying providers with certain language capabilities, ethnic or racial background.
- Respond to requests for enrollee language specific materials such as the Member Handbook or culturally sensitive education materials provided by the health plan.
- Identify and refer enrollees with special health education needs to the Health Services Department.
- Identify and assist enrollees with transportation needs, enrollees with special needs or disabilities, and enrollees who may be home-bound.
- Forward all complaints about cultural and/or linguistic services to the complaint coordinator.
- Track follow-up activity and resolution of complaints or inquiries received by the enrollee.
- Coordinate staff efforts to address problem areas identified through the reports and surveys.
- Report on information regarding complaints to the complaint coordinator (sometimes this is a health plan employee), including complaints stemming from lack of cultural sensitivity and linguistic competence.
- Conduct studies and evaluations of service and education activities to determine if they are meeting planned objectives in regard to cultural and linguistic services.
- Assist with efforts to establish, maintain, and strengthen relationships with external organizations supporting health education, diversity, and cultural humility.
- Ensure adequate assignment of bilingual and ethnically diverse enrollee services staff to meet performance objectives and service standards.

Monitoring and Reporting

CountyCare will report the following indicators to be used as benchmarks towards achieving

cultural humility[7]:

- Language:
    - Percent of enrollees who speak Spanish or other prevalent languages.
    - Percent of CountyCare staff who speak Spanish or other prevalent languages.
    - Percent of provider offices with self-designated Spanish (or other prevalent languages) speaking staff.
- Gender:
    - Availability of female and male primary care and obstetrician/gynecological services through the geographic area (100% within set standards).
- Training:
    - Percent of provider offices who have participated in annual cultural humility training.
    - Percent of CountyCare staff who have participated in annual cultural humility training.
- Education:
    - In-service sessions for CountyCare staff from a local organization to increase effectiveness of culturally competent service delivery.
- Satisfaction/Complaints
    - Satisfaction results on cultural humility indicate "good," "very good," or "excellent."
    - Assessment and resolution of complaints regarding cultural humility in a timely manner.
    - Monitor complaints or grievances filed by members.
- Communication Materials
    - Materials will be developed and/or reviewed by the CountyCare Communications Team for presentation in a layout and manner that enhances enrollees' understanding in a culturally competent manner and meets a sixth-grade reading level.
    - Translation of all materials will be done by a certified translator to ensure that the materials are at the appropriate reading level and the translation is culturally appropriate.
    - Assessment and resolution of complaints regarding cultural humility in a timely manner.

CountyCare recognizes that inequities in health may be linked to poor cultural competence and humility. In order to measure this link, and to take action to improve health for all enrollees, CountyCare will develop health indicators for sub-sets of its population.[15] These measures may include:

- Breast cancer screening rate for women whose primary language is Spanish
- Immunization rates for children in urban areas
- Gaps in Care by disproportionately impacted areas (DIA) zip code

CountyCare will present the results of assessment of enrollee needs, network adequacy, indicators of competence, and disparities in health to the Quality Committee at least annually.

G. Effectiveness Criteria:

CountyCare will submit all reports to Health and Family Services on behalf of CountyCare. They include:

- Training: report summarizing all initial and annual cultural humility training provided to staff, providers, and contractors.
- Staff: reporting of staff hired who reflect the diversity of enrollee demographics.
- Providers: Reporting on languages used by Providers, including American Sign Language, and physical access to Provider office locations.
- Subcontractors: reporting on Subcontractors' compliance with CountyCare's Cultural Humility Plan; annual cultural humility training; regular monitoring of enrollee Complaints; and, documentation of issues and development of a corrective action plan, as warranted, to improve performance.
- Provider Monitoring: reporting on Quality Assurance evaluations of Provider practices, which shall include monitoring of Enrollee accessibility to ensure linguistic and physical accessibility.[18]

H. References:

MCCN Contract: 2.7.1 through 2.7.7

[18] MCCN Contract 2.7.6

I. Revision History:

Revision	Date	Description of changes	Requested By
0.0	1/26/2016	Initial Release	CountyCare
1.0	11/2/2017	Annual review/Updated provisions to new model contract	CountyCare
2.0	10/1/2019	Annual Review	CountyCare
3.0	09/27/2022	Update based on NCQA standards	CountyCare
3.1	10/01/2022	Annual Review	CountyCare
4.0	7/23/2024	Annual Review	CountyCare