



**OneCity Health PPS**  
**Cultural Competency and Health Literacy Strategic Plan**

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## Introduction

NYC Health + Hospitals is the lead entity for New York State's largest DSRIP Performing Provider System (PPS), known as OneCity Health. NYC Health + Hospitals has a long history of caring for the most vulnerable and underserved New Yorkers. As the public safety net system for New York City, NYC Health + Hospitals fulfills its mission, each and every day, to provide comprehensive health services of the highest quality to New York City residents, regardless of insurance, immigration status, or ability to pay. NYC Health + Hospitals has historically provided culturally responsive, patient-centered care to a vastly diverse patient population, and recognizes the need to stay ahead of the curve in responding to the unique culture, language and health literacy needs of diverse consumers.

The OneCity Health PPS is organized into four separate geographic service areas, or hubs that are representative of the diverse communities served by NYC Health + Hospitals and its 200+ partner organizations spanning the entire care continuum. Within the OneCity Health partner network are multiple individuals and organizations with expertise upon which we might draw during our path to significant improvement in the delivery of culturally competent care, improvement in health literacy, and achievement of health equity.

The development and execution of the PPS' strategy to improve cultural competency and health literacy and to achieve health equity is overseen by the OneCity Health Stakeholders Committee with final approval by the Executive Committee. The Stakeholders Committee members include a diversity of members from community based organizations and advocacy groups, acute hospitals, Federally Qualified Health Centers, unions, and others with depth of expertise and demonstrated interest in this critical endeavor. As with all work under the Stakeholder Committee's domain, this strategy was developed under guiding principles established in the first few weeks of the Committee's operationalization. A subset of these guiding principles include:

- Commitment to the importance of treating the medical, psychological and social aspects of the whole person
- Empowerment of patients, individuals, families and workers
- Openness to adapting approaches to meet changing needs
- Accountability to performance-based metrics, while understanding that measuring the success of engagement efforts is difficult
- Facilitation of bi-directional communication between, and responsiveness to, the community

Cultural competence in health care describes the ability of systems to provide effective care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.<sup>1</sup> One widely-recognized definition of health literacy is "the wide range of skills, and competencies that people develop to seek out, comprehend, evaluate and use health information and concepts to make informed choices, reduce health risks and increase quality of life."<sup>2</sup>

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<sup>1</sup> Betancourt, J.R., Green, A.R., Carrillo, J. E. C (2002). Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches, *The Commonwealth Fund*.

<sup>2</sup> Zarcadoolas C, Pleasant A, Greer DS. Understanding health literacy: an expanded model. *Health Promotion International* 2005; 20(2):195-203. <http://heapro.oxfordjournals.org/content/20/2/195.full.pdf+html>

When health or social services providers are not culturally competent, or when providers do not contextualize and tailor communications with patients to the appropriate health literacy level, issues of communication and trust arise and patients are not sufficiently engaged in prevention, decision-making, and self-management. The overall impact of the absence of cultural competence and failure to increase and strengthen health literacy in health care jeopardizes health equity, which can be defined as “equal access to available care for equal need, equal utilization for equal need, and equal quality of care for all.”<sup>3</sup>

Demographic changes across New York City as well as the advent of the Affordable Care Act heighten the need to further examine issues related to cultural competence, health literacy, and health equity. The diversity of the populations residing within OneCity Health's PPS hubs highlights the need for culturally competent care and service delivery that is meaningful to diverse populations and meets their linguistic or communication needs.

Across the OneCity Health PPS network of provider types, specific challenges may vary with respect to addressing cultural competency and health literacy needs and achieving significant improvement in health equity. Large, Medicaid provider organizations may not have provided adequate attention to or investment in system-wide interventions, policies, and governance structures that address diverse patient populations on a continuous and sustainable level. On the other hand, while OneCity Health's smaller provider and community-based partners are likely to have extensive experience and expertise in providing care and services appropriate for the cultural and communications needs of specific populations, they may lack the resources or infrastructure to scale their work for a larger audience (if appropriate) and sustain their efforts.

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<sup>3</sup> Whitehead, M. 1992. The concepts and principles of equity in health. *International Journal of Health Services* 22(3):429-445.

## **Overall Approach**

OneCity Health seeks to ensure that all New Yorkers seeking health and social services are able to make informed choices about their health and quality of life, and will achieve its aim using a strategy to enrich and sustain cultural competency training and health literacy improvement.

This strategy will be executed in three phases, each of which will be informed by bidirectional communication and community engagement: assessment; intervention design; and implementation, measurement and continuous improvement.

### **I. ASSESSMENT:**

#### ***Goals include:***

- Identification of priority groups experiencing disparities in physical and mental health care, including often-overlooked aspects of health like oral, nutritional, and sexual health and the impact of nutrition and food security on health improvement
- Identification of key factors to improve access to and utilization of quality primary, behavioral health, and preventative health care

#### ***Key Activities:***

- Completion of a comprehensive organizational and systems assessment to refine OneCity Health's health equity agenda, including organizational cultural and communications competence and health literacy
- Completion of individual, family and caregiver assessments of health literacy and an approach to understanding patients' health beliefs and treatment expectations, each of which should be tailored to the nature of the patient's physical or behavioral health problem and will contribute to more effective tailoring of healthcare and services delivery
- Refinement and focusing of the extensive analyses of primary and secondary health outcome data introduced in the four PPS hub Community Needs Assessments (CNAs)
- Improving/refining collection, reliability and application of standardized race, ethnicity and language (REAL) and other demographic patient-level data, such as age, disability status, and sexual or gender identity, to support needs assessments, measure disparities, and inform new initiatives to strengthen services

### **II. INTERVENTION DESIGN**

#### ***Goals include:***

- Identification of appropriate community-based interventions to reduce disparities in health and health care and improve service utilization and outcomes
- Identification of appropriate assessments and tools to assist patients with self-management of conditions and health promotion and disease prevention activities, with attention to health/illness beliefs and understanding of health literacy level

**Key Activities:**

- Incorporation of training and retraining specific to participating provider or worker type and discipline into the development of OneCity Health's clinical care models, including inter-disciplinary and inter-professional team training. Leadership must also receive training non-specific to individual care models.
- Building capacity of all PPS partners to deliver equitable health care services through the development of leadership and workforce training, education, and recruitment initiatives
- Engagement and partnerships with community businesses and other community resources, including public and consumer health librarians involved in health literacy and cultural competency initiatives, to share validated or appropriate resources with PPS provider organizations and partners and with diverse populations and communities

**III. IMPLEMENTATION, MEASUREMENT, and EVALUATION**

**Goals include:**

- Evaluation and monitoring of the quality, effectiveness, and impact of cultural competency and health literacy training and services using methods appropriate for PPS partner type, professional/worker category and inter-disciplinary teams, and leadership
- Evaluation and monitoring of the impact of organizational health equity, cultural and linguistic/communications competence, and health literacy initiatives on quality improvement and patient safety activities and other Triple Aim outcomes

**Key Activities:**

- Seek to integrate health equity, cultural and linguistic/communications competence, and health literacy activities into ACA-related community health needs assessment and improvement projects and report out as a part of meeting federal and state community benefit requirements<sup>4</sup>
- Develop and implement cultural competency, health literacy and health equity performance frameworks or dashboards to measure progress

All three phases will be informed by extensive communication and stakeholder engagement mechanisms, including two-way communication with the population and community groups through hub-level consumer advisory workgroups

**Background: NYC Health + Hospitals and Health Equity**

OneCity Health's cultural competency and health literacy strategic plan is an extension of the framework developed by NYC Health + Hospitals to expand and enhance its internal cultural competency and health equity initiatives. The cross-continuum network of PPS partners will allow this framework to be enriched and further developed by the deep skills and expertise of PPS community partners. Additionally, OneCity

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<sup>4</sup> Like RC, Martinez EL, Hobby FD. "Engaging the Community to Eliminate Disparities in Health and Health Care." Hospitals and Health Networks Daily February 27, 2014

Health and NYC Health + Hospitals can provide infrastructure to sustain the impact and expertise of these community partners going forward.

NYC Health + Hospitals has always sought to deliver high-quality care to all New Yorkers, regardless of ability to pay, and as part of that mission, the system has long provided resources to support front-line staff in improvement of delivery of culturally-appropriate services, including language. For example, nearly one of three New Yorkers seeking services within NYC Health + Hospitals facilities is considered limited English proficient, and in FY2015, over eleven million minutes of interpretation services were rendered on a 24/7 basis, spanning 188 languages and dialects.

Beginning in spring 2014, NYC Health + Hospitals further intensified its efforts to incorporate principles of health equity into all aspects of its care delivery. This work commenced with the convening of an expert Steering Committee, whose work culminated in the spring of 2015 with an inaugural Health Equity Symposium, a strategic planning session including some 110 stakeholders and NYC Health + Hospitals staff from across the system. One portion of the symposium was dedicated to six concurrent working group sessions to identify goals and strategies for improving health equity, and one of the sessions was led by Community Healthcare Network, a OneCity Health partner organization (workgroup focus areas: Patient Experience, Data Governance, Governance, Health Literacy, and Communications).

The recommendations of these workgroups were reviewed and consolidated to create a conceptual framework for five critical domains to support planning, workforce development, and training, and quality improvement efforts aimed at improving health equity:

They include:

- Completing a comprehensive **organizational assessment** to refine OneCity Health's health equity agenda;
- Improving/refining collection, reliability and application of **standardized race, ethnicity and language (REAL) patient-level data** to support needs assessments, measure disparities, and inform new initiatives to strengthen services;
- **Building organizational capacity** through workforce training, education, and development as well as workforce hiring and recruitment strategies that meet diverse population needs;
- **Implementing staff and community engagement strategies** that more effectively reach, inform and engage OneCity partners, patients, and communities in efforts to advance health equity;
- **Establishing standardized policies and practices** in operations, procedures, protocols and guidelines that govern the delivery of equitable health care to ensure they integrate best practices relating to cultural competence and sensitivity and meet the literacy needs of all patients

OneCity Health's three-phased cultural competency and health literacy strategy builds on the five critical domains identified above and seeks to further expand and deepen them by leveraging the skills and capacity of the PPS partner network.

**Each phase is described in further detail below.**

## I. Assessment

### 1. *Completion of a comprehensive organizational assessment to refine OneCity Health's cultural competency, health literacy, and health equity agenda*

The OneCity Health cultural competency, health literacy, and health equity strategy will be informed by an Organizational Assessment (OA) that reviews gaps in capacity, particularly in primary care and outpatient behavioral health services, but also in service to all aspects of health, including oral health, sexual health, and attention to nutrition and food security in health improvement. These assessments will be conducted to identify factors to improve access to quality care and build stronger, more effective integrated delivery systems.

Organizational assessments will be appropriate for OneCity Health partner organization type and professional type, and will be conducted with the goal of understanding more fully PPS partners' strengths and opportunities for improvement. They will be selected from a pool of evidence-based organizational assessments that are identified as appropriate by nationally-recognized experts in cultural competency, health literacy, and health equity promotion for designated organizational and professional /worker types.

A small sampling of the many well-known organizational cultural competency assessment tools under consideration include:

- Clearview COA360, a web-based tool developed by Johns Hopkins School of Public Health and intended to assist hospitals and physician practices, including clinical and administrative staff, in identifying strengths and gaps<sup>5</sup>
- Communication Climate Assessment Toolkit (C-CAT), a suite of surveys for staff, patients and leadership developed by the AMA Ethical Force Program and owned by the University of Colorado Center for Bioethics and Humanities. The tools are intended to baseline and benchmark performance in meeting the communications needs of diverse populations.<sup>6</sup> The C-CAT is also a validated measurement system helpful in achieving Culturally and Linguistically Appropriate Services (CLAS) standards.
- The Cultural and Linguistic Competence Policy Assessment (CLCPA), developed by the National Center for Cultural Competence and intended to assist community health centers<sup>7</sup>

Some examples of organizational health literacy tools under consideration include:

- Discussion Paper: Attributes of a Health Literate Organization<sup>8</sup>, a summary of views of an Institute of Medicine roundtable that is not in and of itself an assessment tool, but a description of key attributes that are applicable to a wide range of health and services provider organizations and could inform outcomes measure selection

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<sup>5</sup> <https://clearview360.org/>

<sup>6</sup> [www.ucdenver.edu/C-CAT](http://www.ucdenver.edu/C-CAT) last accessed December 19, 2015

<sup>7</sup> <http://clcпа.info/>

<sup>8</sup> Brach C, et al. Discussion Paper: Attributes of a Health Literate Organization, Institute of Medicine, January 2012.

<http://www.jointcommission.org/assets/1/6/10attributes.pdf>

- The Agency for Healthcare Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit<sup>9</sup>, an aggregation of tools intended for patients, caregivers, and practitioners in the primary care setting to improve spoken and written communication and to improve self-management, empowerment, and supportive systems

The Organizational Assessment will help to collect a baseline inventory and define benchmark measures for meeting "best practice" standards in comparable settings. The gaps in baseline capacity versus best practice benchmarks will inform how OneCity refines its cultural competency recruitment and training efforts, workforce development, and evaluation metrics for gauging progress in achieving optimal cultural competency and health literacy capacity over time.

***2. Refinement of the extensive analyses of primary and secondary health outcome data introduced in the four PPS hub Community Needs Assessments (CNAs)***

During the DSRIIP planning process, NYC Health + Hospitals spearheaded four borough- or hub-specific Community Needs Assessments to identify and quantify the distinct health needs of each hub, as well as to capture the unique cultural, language and other characteristics of its population. These hubs include neighborhoods with high concentrations of foreign-born, immigrant, and non-English speaking residents living at or under the Federal Poverty Level. Within these PPS hubs, there are even more concentrated "hot spots", or communities that exhibit some of New York City's highest rates of physical and mental health and socioeconomic disparities and barriers to high-quality health care services due to cultural and language barriers. These data may be refined and augmented by recently published NYC Department of Health and Mental Hygiene assessments and other information gathered by PPS partners in order to identify priority groups experiencing health disparities and key factors to improve access to quality primary, behavioral health, and preventative health care.

NYC Health + Hospitals is initiating work for its 2016 community health needs assessment (CHNA) and has in its plans to obtain, as always, robust community input on health priorities and current needs from community members from NYC Health + Hospitals Community Advisory Boards, as well as our OneCity Health Community Based Organizations.

***3. Improve/refine the collection, reliability and application of standardized race, ethnicity and language (REAL) and other demographic patient-level data such as age, disability status, and sexual or gender identity, to support needs assessments, measure disparities, and inform new initiatives to strengthen services***

Developing a comprehensive cultural competency/health literacy strategy must be based on the collection and analysis of reliable race, ethnicity, and language (REAL) data and other demographic information across all OneCity Health partners. According to a 2013 benchmark study of US Hospitals

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<sup>9</sup> <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthliteracytoolkit.pdf>

performed by Health Research & Educational Trust in partnership with the American Hospital Association<sup>10</sup>, other relevant and commonly-collected data that might allow for identification of gaps in care include disability status, sexual orientation/gender expression, and veteran status, and we will investigate current ability and feasibility of reliably and consistently capturing this data, as well.

While there has been a historical correlation between race/ethnicity and socioeconomic deprivation and poor health outcomes, the changing demographics of New York City alter the nature of some of these disparities over time. Rates of chronic disease such as hypertension, diabetes, asthma, and heart failure continue to plague low-income communities of color, yet health disparities in "hot spot" neighborhoods within the broader PPS hub service area reflect recent immigration and emigration patterns, and are impacted by a changing set of socioeconomic, cultural, and language-based challenges. OneCity Health will establish a process by which it continually refines and collects new information to inform its cultural competency and health literacy initiatives.

OneCity Health will improve the collection, reliability, and application of REAL and other demographic data at patient level by working with its partner organizations to emphasize the relevance of collecting accurate demographic data. These data will be used to inform the Organizational Assessment performed across PPS partners, and used on an ongoing basis to enhance understanding of patients served and health disparities that may be addressed through targeted interventions. Importantly, OneCity Health will also investigate how to responsibly implement processes to collect additional demographic information as appropriate for improvement of health outcomes, including disability or gender identity information. REAL and other demographic data will be important in developing workforce training and development strategies that will be most relevant to priority populations as well as to specific OneCity Health DSRIP projects.

## **II. Intervention Design**

OneCity Health will build the capacity of all PPS partners to deliver equitable health care services through workforce training, education, and recruitment initiatives that provide the tools needed to deliver high-quality, culturally responsive, patient-centered care to diverse populations. The PPS is in the midst of developing a detailed training strategy and execution plan, and will submit it with proper governance approval in summer, 2016.

While at this point in time, we are aware of numerous programmatic efforts implemented by our OneCity Health partners, a necessary first step in intervention design is to complete a robust review of community-based interventions and patient self-management tools that are likely or proven to be successful in achieving health equity.

On an overall basis, training will be based on evidence-based strategies for addressing health disparities, and developed with OneCity Health partner input and oversight by our Stakeholders governance committee, to address general, overarching concerns relating to clinical care and patient communication. Training will be subsequently refined to address more specific needs identified at the PPS hub level, and in all cases of intervention and evaluation, includes all New Yorkers regardless of immigration status. In all cases, the training will also be applicable to the undocumented uninsured who seek services with OneCity Health partners, including NYC Health + Hospitals, who provides services to all New Yorkers regardless of immigration or payer status. While the undocumented uninsured are by

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<sup>10</sup> [http://www.hpoe.org/Reports-HPOE/Diversity\\_Disparities\\_14\\_Web.pdf](http://www.hpoe.org/Reports-HPOE/Diversity_Disparities_14_Web.pdf)

no means a monolithic group, in addition to general cultural competency and communications training needs, there are shared, specific challenges to trust-building that must be addressed in order for engagement and health improvement to occur. We will undertake that work as part of Project 11 and also as part of ongoing, general care and services delivery. Additionally, OneCity Health will work closely with the Mayor's Office of Immigrant Affairs, the Department of Health and Mental Hygiene (DOHMH) and other city agencies on the Direct Access Pilot, designed to improve access to healthcare for those excluded from federal and state efforts.

Training will also need to occur for specific clinical projects, and for this need, there is significant opportunity to implement learning collaboratives for providers themselves to share approaches that are proven to be culturally competent and appropriate for language or communication needs. We know that there is a rich trove of approaches that originate *within* the community, and that many are effective and can be applied more widely *across* appropriate communities, with partner staff teaching partner staff. Part of our training strategy will include this provider led, cross-training approach. We expect to carry out this training through some combination of formal, in-person cross-partner learning, web-based approaches to link organizations, and joint strategic planning and execution of training efforts.

The care model development process for each of OneCity Health's clinical projects will incorporate cultural competency training specific to participating provider type and clinical discipline, and will include inter-disciplinary or inter-professional team training. The majority of our clinical projects, including those associated with primary care access, care management and coordination, also address patients with behavioral health conditions. For example, the ED Care Triage project requires that a wide range of staff (care managers, health insurance enrollers, etc.) have the skills to appropriately engage diverse populations in order to understand with each patient the rationale for ED visits for conditions best served in the primary care setting, and to facilitate access to preventive outpatient services. Another example of a training-intensive project is the effort to embed palliative care services in Patient Centered Medical Homes. Teams of primary care providers, nurses, social workers, and others will need to recognize and understand particular cultural sensitivities around chronic illness so they can have meaningful interactions with patients and families about issues ranging from chronic pain management to more difficult end-of-life issues.

For improved cultural competence and health literacy, workforce training and development will focus on the following areas and must be tailored to professional/worker type and reflect the needs of the local geographic area served:

- Provider and Staff Communication Skills- OneCity Health will go beyond generic customer service training and engage providers at all levels of care in training that highlights how cultural understandings of health/illness and treatment expectations affect health care utilization, adherence to treatment, and communication with providers. Providers must understand how to approach diverse patients and caregivers, and effectively engage them in care by understanding and respecting how external forces such as family relationships and cultural beliefs have impact lasting well beyond the medical visit. More specific trainings will relate to caring effectively for patients with limited health literacy, and cultural competence for certain populations on basis of cultural views of illness and care, religious and spiritual background, sexual orientation or gender identification, veteran status, and disability.
- Provider Sensitivity - OneCity Health and its partners care for a large number of patients with special needs, including but not limited to individuals with developmental and/or physical

disabilities, or serious and persistent mental illness. OneCity partners also serve many patients who have one or more "stigmatized" conditions that are challenging for some providers to handle in a sensitive manner. This may include patients with infectious diseases (HIV/AIDS and hepatitis), those with serious or persistent mental illness, people addicted to drugs and/or alcohol, and homeless or previously incarcerated individuals. Unfortunately, these patients frequently require the most intensive level of services to have a positive impact on their health. All PPS providers must be given the background and resources to be able to treat all patients with dignity, respect, and an understanding of how to communicate effectively, and will as part of training be expected to be non-judgmental and to uphold confidentiality.

- Provider Recruitment and/or Technology Training - based on substantive demographic evidence, Spanish is the most frequently translated language across the four PPS hubs, yet this does not nearly address the additional linguistic need in specific geographic areas within these hubs. At NYC Health + Hospitals alone, we see that nearly one of three patients is limited English proficient (LEP), and in FY2015, over 188 languages and dialects were interpreted. Although telephonic translation services are generally available at PPS acute care facilities and some partner organizations, they are not always an optimal solution and are limited in availability across smaller partner organizations. Staff proficiency in languages not as widely spoken as Spanish are often limited. OneCity Health's cultural competency and health literacy strategy will include efforts to build a cadre of existing employees with requisite language proficiency to acquire competencies in interpretation, and to recruit and deploy bi-lingual staff speaking languages frequently spoken in specific PPS hot spots, with recognition that adequate training can only occur in setting of language fluency and with significant effort to effectively train in physical and mental health terminology and other interpretation skills.

Because recruitment of adequate numbers of staff often requires more time than ideal to meet patient or consumer need, our strategy will include assessment of new and emerging language access technologies and investigation of feasibility of implementing these technologies across the OneCity Health partner network, where different geographies have different language needs and likely variable patient-level acceptance of use. Providers may need training in order to use the technology effectively while maintaining proper engagement during an interaction with a patient or consumer.

- Training in self-management tools – Tools for patient self-management vary in terms of degree of simplicity of use and degree of patient effort required (i.e. passive vs. active or autonomous). We will take the time required to identify tools that are effective for the service or interaction, as well as ensure appropriateness for language, culture, and importantly, level of motivation and level of technological skill. Then, these tools can be introduced as part of provider/staff training as a known resource that will improve health outcomes.

## **IV. Implementation, Measurement, and Evaluation**

OneCity Health will integrate program evaluation and monitoring protocols into each of its eleven DSIRIP project domains to report on program milestones as well as measure the impact each project has on health care outcomes and broader system-level change. Under oversight of the OneCity Health

governance committees, and with input from several partner organizations including NYC Health + Hospitals, we will in next several months define a performance dashboard that integrates agreed-to new measures with existing and related measures of interest as we develop population health capabilities.

Data-driven evaluation of patient outcomes will be based on baseline REAL and other demographic information, utilization data, and other measures of equitable health care, such as prevalence of ambulatory care-sensitive conditions in specific populations, hospital readmission rates for specific conditions, avoidable ED utilization, and other measures that identify inequities in care. Importantly, patient experience, cost, and measures of health promotion and disease prevention will be incorporated as part of existing areas of focus. We will also use interval Patient Activation Measure (PAM®) survey data to assess efficacy of cultural competency training, including coaching for activation in those subpopulations linked to primary care. For outcomes assessment and identification of gaps, it will be critical to look at performance by subgroup as enabled by REAL and other demographic data.

Workforce preparedness is also an important component of evaluation and we will carry out periodic assessments of cultural competency and health literacy knowledge, skills, and attitudes of staff and leadership. From these assessments, we can refine our training plans and determine retraining needs.

Implementing a robust evaluation program will also help to measure the effectiveness of *existing* hospital- and community-based interventions intended to achieve health equity and the ability of highly effective interventions to be shared via cross-partner organization learning. A small sample of the numerous programming efforts already in place include:

- In-person and e-learning modules on cultural competency, including at Coney Island Hospital, where all medical residents, nursing staff and hospital leadership participate in twelve (12) hours of cultural competency grand rounds, including at-the-bedside training in communications skills
- NYC Health + Hospitals enterprise-wide training in LGBT care, which in 2015 resulted in multiple diagnostic and treatment centers being certified by the Human Rights Campaign-Health Equity Index as a leader in Lesbian, Gay, Bisexual and Transgender (LGBT) Healthcare Equality
- After an organizational assessment and health literacy training session in 2013 for the Women's Health team at Gouverneur Diagnostic and Treatment Center, the team initiated and sustained several improvements, including creation of picture books to help demonstrate body parts and disease processes during discussions
- At least three of our community-based organizations (Public Health Solutions, CAMBA, and Northern Manhattan Perinatal Partnership) provide home visits via community health workers, and as condition of accreditation, the workers in the program must demonstrate cultural competency and reflect the diversity of the population served
- Harlem Hospital Center's Medina Clinic provided 2,880 visits in calendar year 2014, offering obstetrics/gynecology, pediatric, general medicine, and support care services in a manner consistent with cultural and religious observances of Muslim residents, many of whom originate from the West African countries of Senegal, Ivory Coast, Mali, Guinea, and Burkina Faso
- Bellevue Hospital offers services through multiple clinics dedicated to meeting specific cultural and health needs, including the Bellevue/NYU Program for Survivors of Torture, a Women of Color dermatology clinic and an Asian hepatitis clinic
- Woodhull Medical Center introduced a Latina Adolescent Suicide Prevention Campaign in 2008, a multi-channel campaign including radio and print ads targeted at Latina adolescents ages 13-17 and developed with input from students, community partners, and staff of the Department of Psychiatry alongside

- Through the Libertas Center for Human Rights, situated in Elmhurst Hospital Center in Queens, primary and secondary torture survivors are offered holistic and multidisciplinary services as well as advocacy in order to address physical and mental health care
- Lincoln Hospital has a longstanding Men's Health Taxi and Limousine health outreach initiative, through which weekly, an outreach team of public health educators, nurses and others visit any of thirty-five taxi bases in the Bronx and Upper Manhattan to provide educational workshops and screenings for common health conditions like hypertension and diabetes. Visits also include assistance with linkage to primary care

## Communication and Engagement

Effective communication and engagement is the cornerstone of all DSRIP transformation efforts, and culturally competent communication is crucial to the success of all efforts to improve health equity.

As New York State's largest PPS, OneCity Health faces unique challenges in establishing a comprehensive two-way communication strategy that is broad enough to reach a four-hub service area, yet nuanced to be meaningful to a hugely diverse number of racial, ethnic, religious, and other cultural groups.

The OneCity Health DSRIP project plan applications were developed using significant input from key stakeholders, community groups, and local residents. Data collection was done in partnership with numerous community organizations representing a range of targeted neighborhoods and populations with specific needs, and nearly 3,000 surveys, interviews, and focus groups were conducted so that the voices of the diverse communities served were clearly heard. Focus group participants were recruited by community-based organizations, senior centers, social-service providers, tenant associations, and health providers, among others.

As OneCity Health moves forward, it will elicit input and feedback from the PPS-wide **Project Advisory Committee (PAC)** as well as **four hub-specific PACs** whose members include hospital and community-based health care providers, social services and faith-based organizations, and other community stakeholders. These committees are open to all partners to provide feedback on PPS initiatives and share expertise and meet on a regular basis to review DSRIP activities and outcomes.

In addition to the PPS PACs, OneCity Health established a **Stakeholder and Patient Engagement Committee**, which is responsible for providing leadership in the development and oversight of stakeholder and patient engagement activities across the entire enterprise. This committee currently has membership comprising multiple organizations with well-known expertise in culturally competent care and services delivery, examples of which include SUNY Downstate, Commission on the Public Health System (CPHS), the Department of Aging, New York Immigration Coalition, and the Coalition for Asian American Children and Families.

OneCity Health is also forming **four Consumer Advisory Workgroups**, one for each hub, to ensure that the 'voice' of end users, or healthcare consumers, is incorporated into our DSRIP work. We expect these groups to be operationalized in January, 2016. These groups will consist of community residents who utilize the services of OneCity Health partner organizations. The groups will provide guidance on how the PPS can meaningfully engage members of the community and serve as a sounding board for the strategies, plans and materials developed for project implementation, cultural competency planning, patient engagement, and other efforts.

OneCity Health's comprehensive communications strategy will be designed to inform and educate all PPS partners and the public at large about health equity principles and goals. By promoting awareness of its efforts to advance health equity and improve population health outcomes and the quality of care, OneCity Health will establish the framework for more community and provider-specific communication strategies to promote its objectives.

Information will focus on availability of services and programs, as well as other access-related information such as availability of sliding fee scales, assistance with medical bills, and health insurance eligibility. OneCity Health will also collaborate with its partners to establish more culturally appropriate health education materials and integrated services (e.g. prevention, screening, disease management, adherence instructions [Rx, pre-surgical or pre-procedural, dietary advice, etc.]) to meet the health literacy needs of targeted populations.