

# NYS DSRIP Cultural Competency and Health Literacy (CCHL) Collaborative

All PPS Meeting

February 17, 2016

# CCHL Panel Discussion

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- Regulatory Oversight**
  - Overview CCHL Statewide Collaborative**
  - CCHL Definitions**
  - CCHL Organizational Workstream**
  - CCHL Training**
  - Health Literacy Community Interventions**
  - Community Based Organizations in DSRIP**

# Regulatory Oversight

- Legal requirements
- CLAS Standards, Title VI Civil Rights Act
- Resources from OMH

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**Dr. Annette Johnson, Office of Minority Health**

# Overview of CCHL Statewide Collaborative

History

Structure

Benefits

Accomplishments

# HISTORY IN THE MAKING

## September 17, 2015

HL/CC: Know

All providers can also appreciate  
 print materials written at a  
 simple reading level

That "Health Literacy & Competency"  
 titled training is neither  
 Health Literate nor Culturally  
 competent

Do we receive AV's for CC/HL  
 P4P or P4R? = P4R

HL/CC is fully integrated into DSLIP

Training

conscious bias  
 working at CC/HL throughout the org.  
 by provider level

CC change the dynamic from  
 "How do our patients need to change?"  
 to "How can I/my practice change  
 to meet the patient where they are?"

What should the HL/CC  
 strategy look like?

- CNA findings
- Community Engagement/Feedback
- Identify the collective vision
- Gather best practices from providers
- Does PPS have the right
  - policies
  - procedures
 in place?
  - ↳ Health Lit
  - ↳ Cult. comp
- Understanding your best resources
- Consider different cultures as well as other types of differences

\* Need: for PPS/Counties/Cities  
 to form CC/HL workgroups @ Multi PPS Grp

Best Practices:

- Training should match your populations
- PPS are looking for best practices:
  - around creating strategy
  - around training
- How do we conduct a comprehensive assessment of each of our providers
  - baseline → needs

Workstream Development:

- Work group ← partners provide feedback to leads
- part of governance committee's work
- PPS level vs outsourcing

- CC/HL integration into DSLIP  
 Projects

- ↳ incorporated into EVERY PLAN
- ↳ Ensure

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Community Engagement

- ↳ Make it meaningful:
  - Community Council
    - ↳ incentivize participants
  - Engage CBO's in agreements for work

# CCHL Statewide Collaborative: Future State

## What is your biggest barrier to implementing CC and HL strategies?



- Lack of knowledge of CC/HL
- Weak CC/HL presence in organizational structure
- Lack of resources (training programs, materials, etc.)
- Push-back from partner agencies (they don't see the value—too many other priorities, etc.)
- Lack of funds
- Developing Metrics to measure success
- Other?

# CCHL Learning Symposium

**Help us inform the upcoming learning symposium  
by submitting your feedback on LinkedIn:**

## Focus on CCHL Milestone 2: Training Strategy

Are there any specific

- Vendors
- Resources
- Subject Matter Experts

that PPSs would like us to include at the symposium?

Email us or post on the New York State Delivery System Reform Incentive Payment (DSRIP) Program Group on LinkedIn.



If you have not already joined the new DSRIP Program Group on LinkedIn, we encourage you to do so today and begin participating in conversations on key DSRIP topics and issues.

# Cultural Competency Defined

- A set of congruent behaviors, attitudes and policies that come together as a system, that system, agency or those professionals to work effectively in cross-cultural situations. The word “culture” is used because it implies the integrated pattern of human thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having a capacity to function effectively.  
(Cross et al)

# Cultural Competency Defined

- Cultural competence is a key factor in enabling educators to be effective with students from cultures other than their own.
- Cultural competence is having an awareness of one's own cultural identity and views about difference, and the ability to learn and build on the varying cultural and community norms of students and their families. It is the ability to understand the within-group differences that make each student unique, while celebrating the between-group variations that make our country a tapestry. This understanding informs and expands teaching practices in the culturally competent educator's classroom.
  - National Education Association

# Health Literacy Defined

**The individuals' capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.**

- Institute of Medicine, 2004

**Health literacy allows the public and personnel working in all health-related contexts to find, understand, evaluate, communicate, and use information. It is the use of a wide range of skills that improve people's ability to act on information in order to live healthier lives.**

- Calgary Charter, 2008

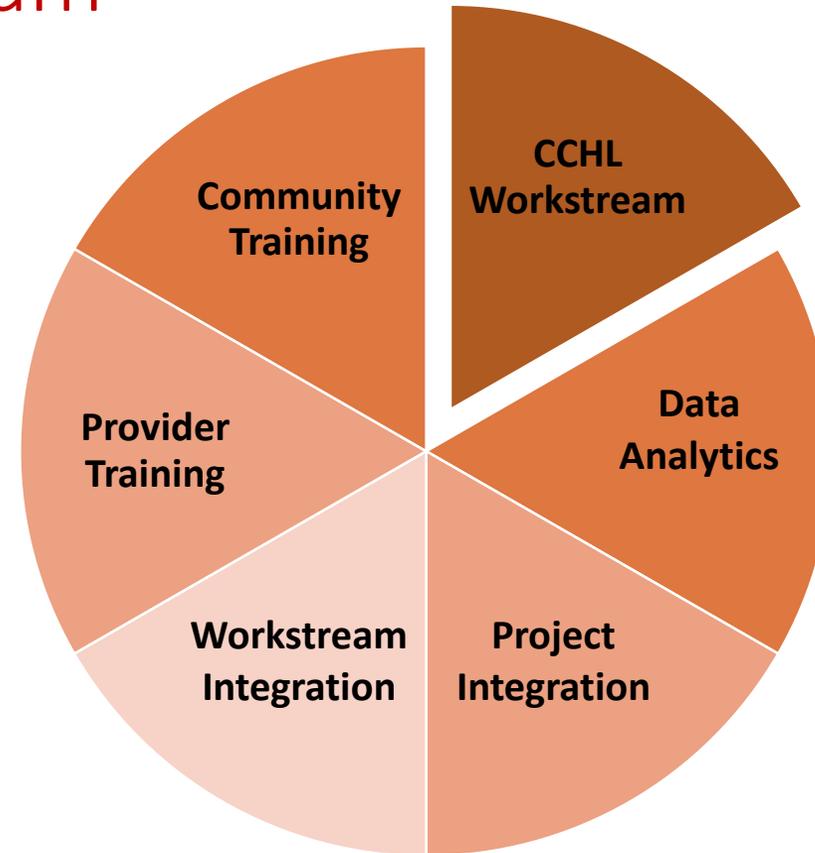
# CCHL Organizational Workstream

## Milestone 1:

- Finalize cultural competency / health literacy strategy

## Milestone 2:

- Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).





## What works:

- Including Diversity and Inclusion in the Governance structure
  - Including CBOs on Committee
  - CCHL *Site Champions*
- Laying the foundation with Communication! (Language Access)
- Correlating languages served at partner sites with Nation of Origin data
- Weekly project strategy meetings
- Partner and CBO site visits

## Challenges:

- Collection standards for and availability of REAL Data
- Varying degrees of partner perceptions and interpretations of regulations
- Limited conceptual knowledge of CC/HL
- Addressing population-wide Health Literacy issues
- +/- Addressing CCHL as PPS-wide and Community-wide instead of project/provider/comm. group specific

### Integration into Workstreams and Projects:

- Established a **Community Needs Assessment, Outreach and Cultural Competency/Health Literacy Committee & a Cultural Competency/Health Literacy Workgroup**. There is overlap of membership within projects/workstreams.
- **Practitioner engagement** – Onboarding education
- **Clinical Governance Committee (CGC) /Project Leads/Workgroups**- Collaborates with CCHL Workgroup to review patient education materials.
- **Projects:**
  - Project IDS/2.a.i:  
PCMH Standard : CLAS, Patient Satisfaction Survey Data;  
Social Determinants of Health - Community Resource Partnership with  
GNYHA/HITE Community Connections
  - Informational Materials and Surveys (Project 2.d.i)

# CCHL Workstream: Audience Share

How does your PPS ensure that Cultural Competency and Health Literacy (CC/HL) are integrated into your projects and workstreams?



- As an example, one PPS has a team member that is part of the development of all project plans. This person serves as the PPS' CC/HL guru and helps ensure that project plans are examined with that lens.

What are some examples of successful or challenging CC/HL Strategies that your PPS has encountered?

- Audience examples

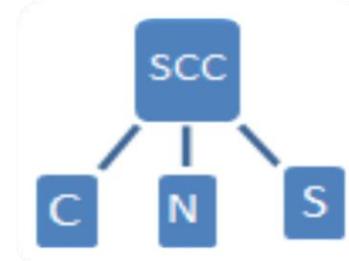
# CCHL Training at PPS Sites: Two Perspectives

- Leveraging Existing PPS Capabilities
- CBO Collaborations

## 3 HUBs

Stony Brook Medicine, Catholic Health Systems and Northwell Health

- Local Hospitals, SNFs, Local Department of Health, HHs, CBOs
- PCMH Transformation



## Long Island Population Health Improvement Program – Long Island Health Collaborative

- CCHL Training Vendors



## Hospital Emergency Department SBIRT Implementation Initiative

- OASAS certified SBIRT training includes motivational interviewing



## Cultural Competency and Health Literacy Workgroup

- Program and Training Vendors participate



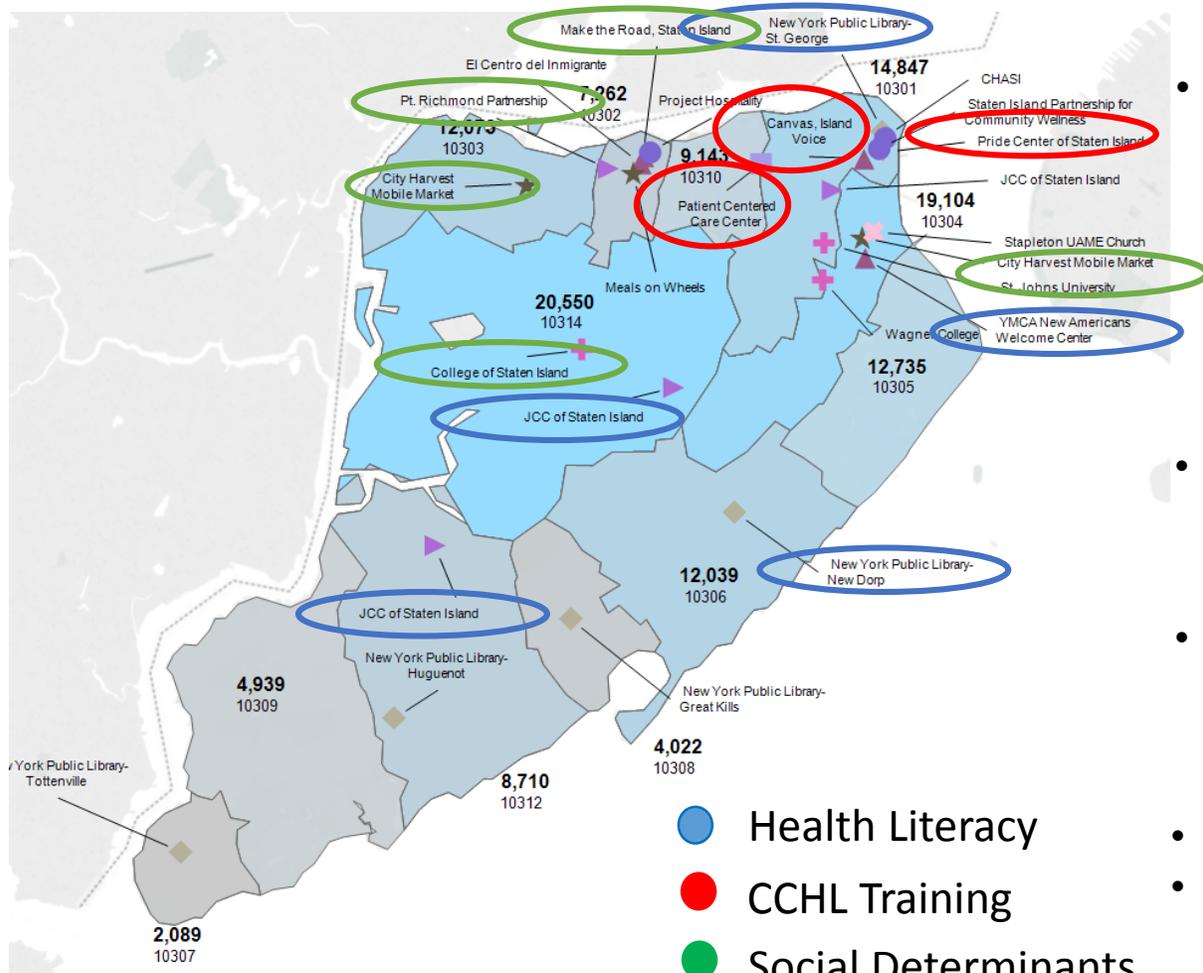
# CCHL Staff Training at PPS Sites: Example of CBO Collaborations



**Staten Island**  
Performing Provider System



# CCHL Staff Training at PPS Sites: Example of CBO Collaborations



2/18/2016

## Pride Center of Staten Island

- According to NY State LGBT Health and Human Services Needs Assessment:
  - 25% LGBT population have no PCP
  - Reported lack of access to local LGBT friendly health services
  - Reported deficit in LGBT culturally sensitive healthcare providers

## Patient Centered Care Services

- According The Office of People with Developmental Disabilities (OPWDD):
  - 3,527 people on Staten Island with a developmental disability
- Staten Island Opportunities Alliance reports ‘Lack of Culturally Competent Sensitivity training’ for providers as a barrier to care

## Canvas, Island Voice

- Staten Island is home to ~ 15,000 West Africans
- Multiple *training* efforts will take place through this partnership: CC for local providers, Health Literacy, Peer Navigation and Chronic disease self-management for community members

# CCHL Staff Training at PPS Sites: Audience Share

How are PPSs leveraging existing capabilities within their PPS?

As an example, one PPS is creating an RFP (Request for Proposals) for members of their PPS who would contract with the PPS to conduct trainings

➤ How do you determine and triage needs for training?

➤ Should CCHL training be mandatory or not?

➤ Are you aligning CCHL training with CMEs/CEUs?



# Community Health Literacy Education Programs

# Why Health Literacy Education?

Main goal of DSRIP: reduce avoidable hospital use by 25%.

These programs can help achieve this goal by helping people with low literacy or low English proficiency to learn how to take care of their health at home and engage successfully in the healthcare services that are available to them.

- Basic health knowledge
- How to seek primary care and urgent care
- How to communicate with providers
- How to manage chronic disease
- How to adopt healthy habits

# What to Do For Health? Book Series

*IHA: The Institute for Healthcare Advancement*

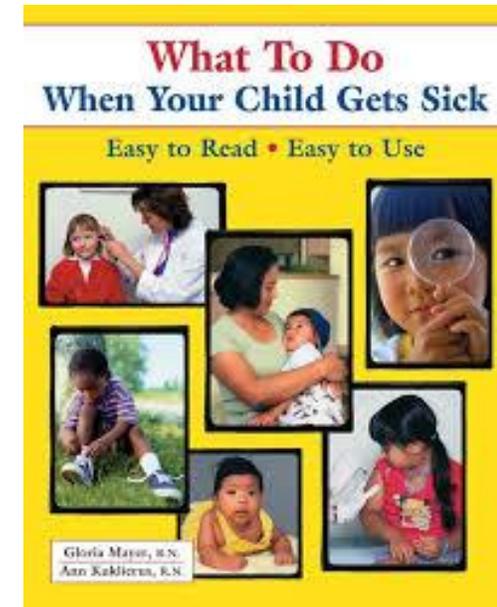
## Topics:

What to Do....

- When Your Child is Sick
- When Your Child is Heavy
- For Senior Health
- For Teen Health
- And more...

## Evidence:

- 39-56% fewer unnecessary doctor visits
- 57-61% fewer emergency room visits
- 43-60% few school days missed by children
- 41-47% fewer work days missed by parents
- 82% increased confidence taking care of children's illnesses



# Staying Healthy: An English Language Learner's Guide to Healthcare and Healthy Living

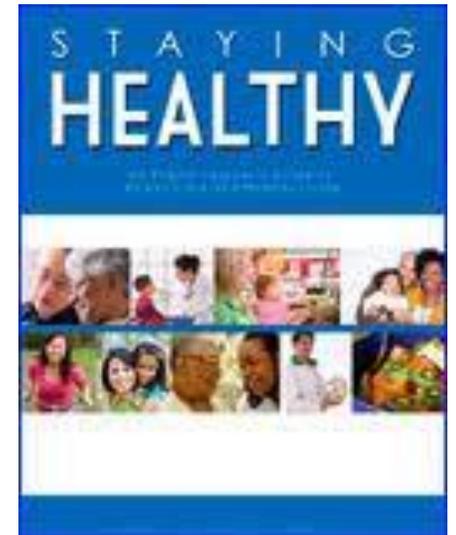
## *Florida Literacy Coalition*

### Features:

- Resource Guide and curriculum
- Written at 3-5<sup>th</sup> grade level
- Focuses on Engaging w/ the health system
- Beginner level version

### Evidence:

- Increase in health literacy knowledge
  - Finding low cost health care
  - Communicating with doctors
  - Taking medicine properly
  - Understanding of chronic diseases



# English for Health

## *Literacy Network*



### **Features:**

- 12-week program teaches English and Health Literacy
- Mock Clinic at end brings students into health centers
- Partnerships w/ CBOs built into training

### **Evidence:**

- Improved health-related knowledge
- Improved skills interacting with health services

# HEAL: Health Education in Adult Literacy

## *Literacy for Life*

### **Features:**

- Curriculum for English language learners and low literate adults
- 3 levels of instruction
- Training program for healthcare providers



### **Evidence:**

- Knowledge gains
- Preliminary data showing reduced hospital and ER use

# Health Literacy Community Interventions: Audience Share



How many PPSs are planning community Health Literacy interventions?

- How do you decide which target populations to focus on?
- How do you decide which CBO's to work with?
- How are resourced being allocated for this?



**Department  
of Health**

**Medicaid  
Redesign Team**

# **Community-based Organizations (CBOs) in DSRIP**

February 17, 2016

2/18/2016

# Definitions of CBOs in DSRIP

## Definition is determined by context:

- PPS provider networks:
  - Integrated delivery system requires linkages of hospitals with community-based providers and other community-based organizations.
- Speed and Scale:
  - Community-based providers with MMIS and NPIs fall into provider categories.
  - CBOs without MMIS or NPIs fall into CBO category.
- Quarterly reports - Contracting and engagement with CBOs
  - DOH is looking for contracts with **both** community providers and CBOs.

# Value-based Payment Workgroup on Social Determinants and CBOs

## Definitions in VBP Workgroup context:

- **Tier 1** - Non-profit, Non-Medicaid billing, community-based social and human service organizations
  - e.g. housing, social services, religious organizations, food banks
- **Tier 2** - Non-profit, Medicaid billing, non-clinical service providers
  - e.g. transportation, care coordination
- **Tier 3** - Non-profit, Medicaid billing, clinical and clinical support service providers licensed by the NYS Department of Health, NYS Office of Mental Health, NYS Office with Persons with Developmental Disabilities, or NYS Office of Alcoholism and Substance Abuse Services.

# Successful CBO Engagement Strategies

- ✓ Should strive to include CBO representatives at various levels of governance
- ✓ Should strive to include CBOs with varying levels of infrastructure
- ✓ Should strive to include CBO representatives during the early stages of planning all the way through implementation
- ✓ Should strive to pay CBOs for their time and expertise

# CBO Engagement Strategy Examples

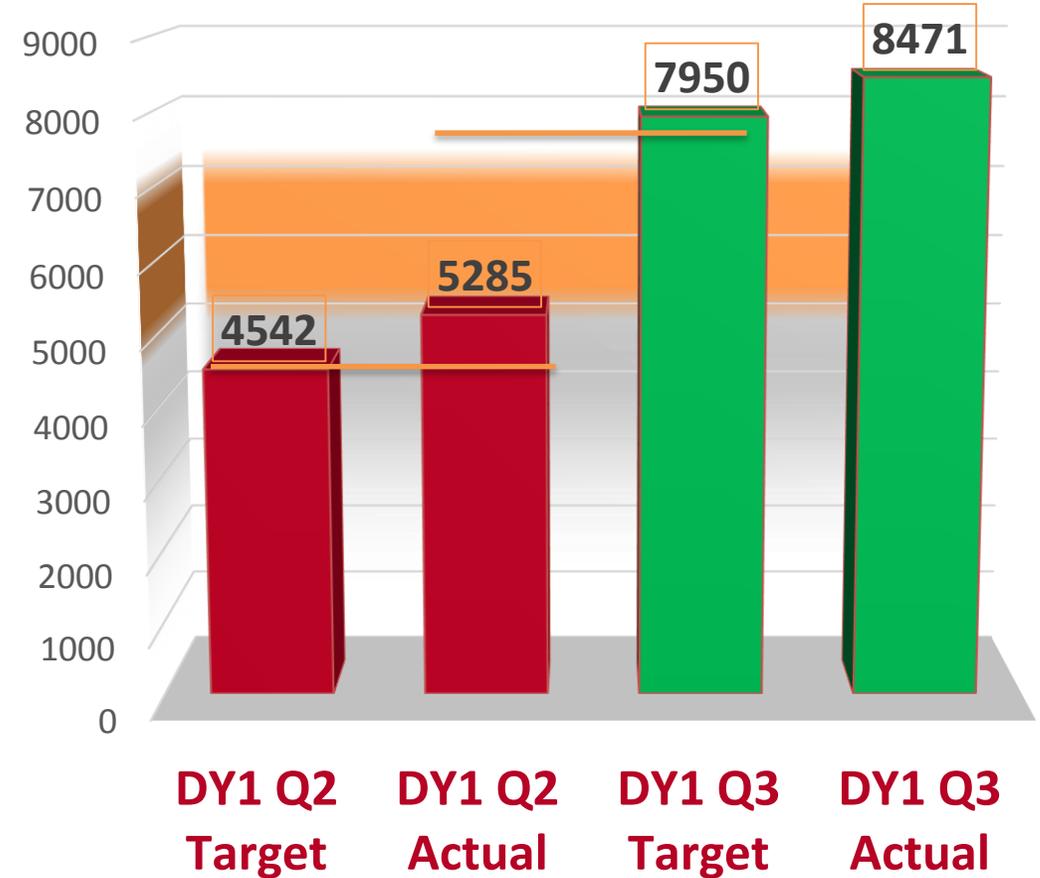
# COMMUNITY BASED ORGANIZATIONS LEAD COMMUNITY HEALTH ACTIVATION PROGRAM (CHAP) (2DI)



### Project 2di Workgroup (left to right)

**Front row:** Michael Miller, *Intern, HRHCare*; Roberta Leiner, *Chief, Patient Engagement, HRHCare*; Amy Solar-Greco, *Project Manager, SCC*; Tara Larkin-Fredricks, *Director of Special Projects, MHAW*; Anne Stewart, *Director of Programs, EOC*; Gwen O'Shea, *President/CEO, HWCLI* **Back row:** Halim Kaygisiz, *Director of Health Outreach Services, EOC*; Andrew Lehto, *Director, Community Outreach & Engagement of Special Populations, HRHCare*; Michael Stoltz, *CEO, MHAW* **Not Pictured:** Adrian Fassett, *President/CEO, EOC*; Paula Fries, *COO, MHAW*; Pedro Martinez, *Outreach Worker, EOC*; Sarah McGowan, *MHAW*; Trevor Cross, *Community Liaison, HRHCare*; Nalini Purvis, *VP Community Initiatives, HRHCare*

### PAM SURVEY COUNT



- **CBO representation in PPS**
- **LIPHIP-LIHC:**
  - Collaborative partner on CBO Summit. A county-wide initiative to support the CNA & **Hospital Community Benefit Plan**
- **Community Engagement Workgroup**
- **Collaborating** with Suffolk County Department of Labor Licensing & Consumer Affairs to identify local Consumer Resource Centers and their meeting dates.
- **Projects:** Asthma, Integration of Behavioral Health/PCP, Diabetes, Cardiology, SBIRT, Stanford Model Program



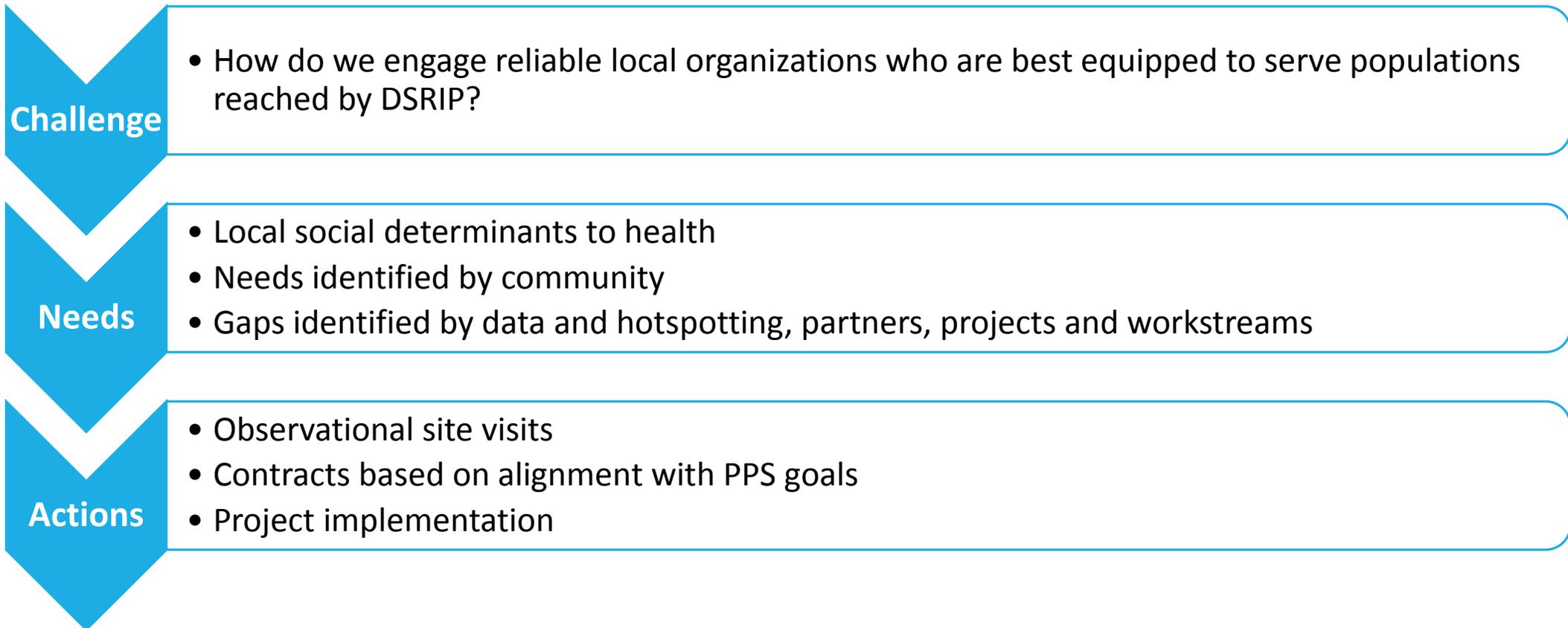
- Project Advisory Committee Membership
  - Membership directory just over 1,100
- Communication Strategies: eNewsletters
  - Synergy and DSRIP In Action
- Website at [www.suffolkcare.org](http://www.suffolkcare.org) guide for partners/providers, community and project stakeholders



**Quarterly PAC Meeting Participation**

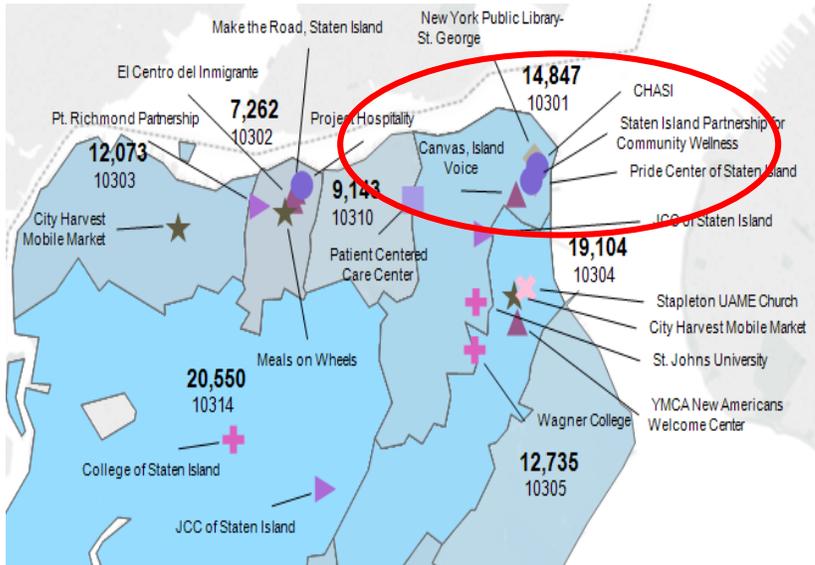
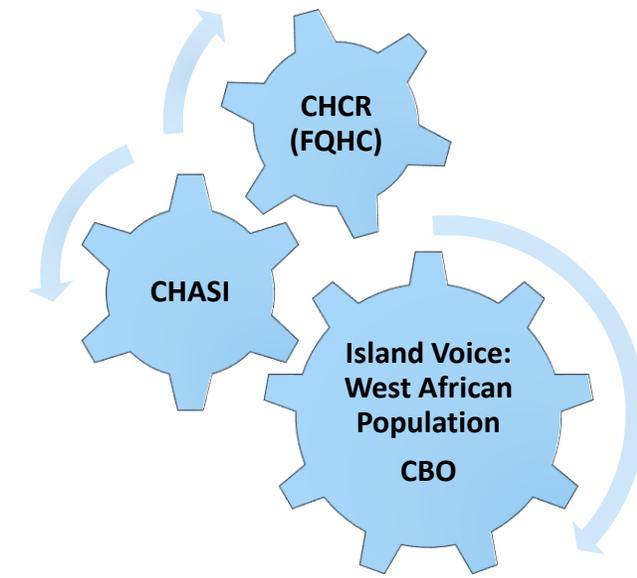


# SI PPS CBO Engagement Strategy





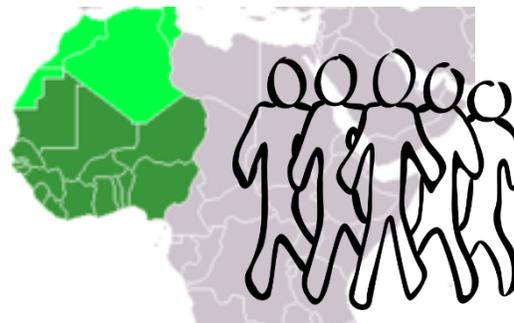
# Strategic Engagement: CBO and PPS



**CHASI** provides health related services



**Canvas** serves islands ~ 15,000 West Africans



## Linking CBO with Clinical Partner

- Community engagement events
- Outreach and trust building
- Screenings:
  - Renal Screening- New Program
  - Comprehensive Screening Program
- Referrals to primary care
- Referrals to social services
- Patient activation
- Health Literacy health education



# Strategic Engagement: CBO and PPS

## 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure- CBO Lead:

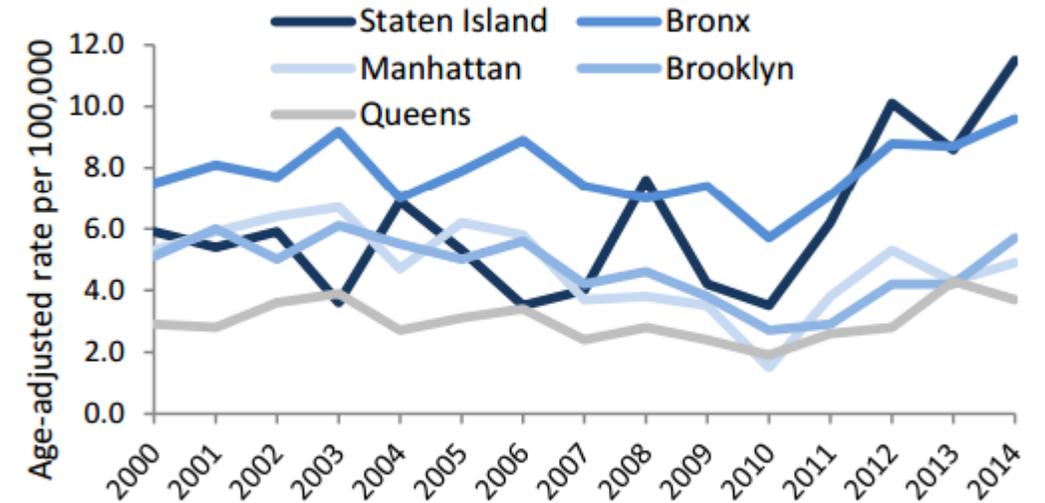
Staten Island Partnership for Community Wellness (SIPCW)/ Tackling Youth Substance Abuse (TYSA)

TYSA is a cross-sector coalition aimed at driving major improvements in youth substance abuse on Staten Island, with the ultimate goals of decreased use of alcohol and prescription drugs and youth making healthy choices overall.

### Youth Substance Abuse on Staten Island

- Staten Island has the highest proportion of youth who binge drink in NYC.
- Staten Island also has the highest percent of youth who have used prescription medication without a prescription in NYC in the past year.

## Unintentional overdose deaths involving heroin by borough of residence, New York City, 2000–2014\*



\* Data for 2014 are preliminary and subject to change  
 Source: NYC Office of the Chief Medical Examiner and NYC DOHMH Bureau of Vital Statistics



# CBO Engagement Strategies: Audience Share



What are some examples of successful CBO engagement?

What have been some of your challenges in engaging CBOs?

How are PPSs approaching CBO current capacities and capacity-building for the future?

Questions?