

# INTEGRATING CULTURAL COMPETENCY INTO A HEALTH PLAN'S POLICIES AND PRACTICES

Gamini Gunawardane,  
Ph.D., JD  
Care1st Health Plan



## An Overview of Care1st Health Plan

- Primarily a Medi-Cal health plan
- 160,000 Medi-Cal members in LA
- Also serves Sacramento and Arizona
- One of the first health plans to adopt national CLAS standards
- Ranked #1 in California for Medi-Cal language assistance services (DMHC OPA survey 2005)

## **Cultural Competency Became a Priority Because....**

- Highly diverse population served (LA)
- Member retention became a priority when state turned strict on eligibility
- Company belief that quality of care/customer satisfaction depends on both outcome and process
- Company policy adopting CLAS standards including non-mandatory stds
  - Cultural component in # 1,2,3,8,9,11,12,13

## **We Had to Convince...**

- **Ownership and Board**
  - Already diverse but private for-profit company
- **Medical management (QM, UM)**
  - Focused on issues in state/county audits
- **HR: hiring and training**
  - Focused on labor laws
- **Contracted medical groups and providers**
  - See no need for additional knowledge or training

## What We've Accomplished

- **Convince Board to adopt National CLAS Standards**
  - Business Case approach
  - Cost of Quality approach
- **Convince Board and Top Management of CLAS Standard # 2:**
  - “The diversity of organization’s staff is a necessary, but not sufficient condition for providing culturally and linguistically appropriate health care services “
  - Current HR policy favors diversity
  - Member services staff speaking Spanish, Chinese, Vietnamese, Armenian, Russian, Tagalog, Hmong, Cambodian.

## What We've Accomplished

- **Cultural competency activities for all staff**
  - Mandatory training for new hires
  - Annual awareness/attitude/knowledge/skills training via seminars, workshops, symbolic events (“cultural day”)
- **Cultural competency activities for providers and staff**
  - Newsletters containing cultural practices
  - Seminars, workshops
  - Tool kits

## What We've Accomplished

- **Integrating “culture” into health care management activities**
  - E.g. Health Education
    - Menu planning based on cultural food preferences
    - Educate members on sharing information on cultural beliefs and home remedies with providers
    - Use culturally relevant pictures and articles in member newsletters
- **Testing translated documents for cultural appropriateness**
  - Assistance from our own CBO Advisory Committee and Public Policy Committee, and industry sources.

## Further challenges .....

- **Identifying significant and addressable cultural non-competencies**
  - An ABC Analysis approach
- **Integrating culture into QM and UM activities**
  - Vital documents (e.g., denial letters)
- **Exploring coordinating mechanisms with IPAs/Medical Groups to reach providers**

## Further challenges .....

- Expanding awareness, attitudes, knowledge, and skills at provider level
  - Incentives to providers and staff
- Expand staff further to include other ethnic groups (e.g., Korean, Arabic)

## Advice for Plans and Medical Groups Wanting to Integrate Cultural Competency

Follow a total quality management (TQM) approach

- Leadership
- Strategic plan to incorporate cultural competency
- Human Resource Development
  - Own staff + providers and staff
- Customer Focus
  - Identify customer groups; identify cultural non-competencies
- Integrate into all processes
  - QM, UM, Health Education, Member Services