
Subject: THA Cultural Competency

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Objective:

- I. To ensure that all Tuality Health Alliance (THA) members are treated in a manner that respects their cultural background and beliefs.
- II. THA will ensure that services provided are in a culturally appropriate manner to all members, including those with limited English proficiency or reading skills, diverse cultural and ethnic backgrounds, and physical or mental disabilities.
- III. THA encourages “cultural sensitivity, or awareness that one group’s habitual actions and patterns of thought cannot be assumed to be the same as those of people from other societies or cultures.”¹
- IV. THA acknowledges that members are first and foremost individuals with unique needs derived from many influences including cultural background and belief. Culture and language may influence:
 - A. Health, healing, and wellness belief systems;
 - B. How illness, disease, and their causes are perceived; both by the patient/consumer and their family/caregivers.
 - C. The behaviors of patients/consumers who are seeking health care and their attitudes toward health care providers;
 - D. The delivery of services by the provider who looks at the world through his or her own limited set of values, which can compromise access for patients from other cultures.²

Definition:

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors,

¹ M.O. Loustanaunau and E. J. Sobo, *The Cultural Context of Health, Illness, and Medicine*. 1997: 161

² What is Cultural Competency by the Office of Multicultural Health
<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=11>

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and needs presented by consumers and their communities. (Adapted from Cross, 1989).

Health care is a cultural construct, arising from beliefs about the nature of disease and the human body. Cultural issues are actually central in the delivery of health services treatment and preventive interventions. By understanding, valuing, and incorporating the cultural differences of America's diverse population and examining one's own health-related values and beliefs, health care organizations, practitioners, and others can support a health care system that responds appropriately to, and directly serves the unique needs of populations whose cultures may be different from the prevailing culture (Katz, Michael. Personal communication, November 1998).

Policy:

- I. THA staff actively engages in efforts to promote the delivery of services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds.
 - A. THA Case Management provides written or audio educational material in English, Spanish and any other language upon request.
 - B. THA Medical Management staff provide education to THA providers on the provision of culturally competent care to members at least annually via newsletters or meetings.

- II. THA accepts as policy the National Standards on Culturally and Linguistically Appropriate Services (CLAS) that are mandated by the Federal requirements for all recipients of Federal Funds. (Standards 4, 5, 6, and 7).
 - A. Standard 4
Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

THA is required to provide interpreter services that are culturally appropriate to THA members who are considered non-English speaking.

 - B. Standard 5
Health care organizations must provide to patients/consumers in their

preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

If THA has a non-English speaking population of greater than 35 households, THA provides both interpreter services and written materials in the primary language of that non-English speaking population.

- C. Standard 6
Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
 - D. Standard 7
Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
- III. THA has the following systems in place to identify and address the needs of our diverse population and meet Federal regulations:
- A. THA reviews the DMAP demographic report monthly to identify new members with alternative language needs.
 - B. Videos and audio tapes on multi-cultural communications are available by contacting the THC librarian. Employees are also required to complete the THC intranet HealthStream annual mandatory education.
- IV. THA's network of practitioners provides the capability of meeting the member's cultural, racial, ethnic and linguistic needs and preferences.
- V. Access audits are completed during the recredentialing period of the Primary Care Provider (PCP) and OB/Gyns and currently include the following:
- A. Provider office policies and procedures
 - B. The PCP or specialists utilization of interpreter services for non-English speaking patients.
 - C. PCP or specialist's utilization of the TTY lines or professionals that provide interpretation by sign language or the use of the Braille Institute for visually impaired or hearing-impaired individuals.

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- D. The provider's adherence to the Americans with Disabilities Act (e.g., wheelchair access, handicap parking).

Attachment A: CLAS Standards

Refer: THA Policy I-4 Interpreter Services
THA Policy I-7 Physical Access
OAR 410-141-0220
OAR 410-141-0280
ORS 411.970
42 CFR 438.10 (a)-(d)
Office of Minority Health @ <http://www.omhrc.gov>

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THA Plan Director

THA Medical Director

Attachment A

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

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Standard 10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.